

- 1 09:30 - PP23/1 Apologies  
*Sue Green, Rob Nolan, Phil Orwin, Angela Wood, Dave Harries.*
- 2 09:31 - PP23/2 Declaration of Interest
- 3 09:32 - PP23/3 Draft minutes of the previous meeting held on 8.11.22 ~ for approval  
PP23.3 PPPHC Minutes 08 11 22 draft v.02 public session.docx
- 4 09:33 - PP23/4 Matters arising and table of actions  
PP23.4 Table of actions.doc
- 5 PP23/5 Executive Lead report ~ verbal  
*Chris Stockport*
- 7 Strategies and plans
- 8 09:40 - PP23/6 Living Healthier, Staying Well ~ verbal  
*Chris Stockport*
- 9 09:45 - PP23/7 Development of the IMTP ~ verbal update  
*Chris Stockport*
- 10 09:55 - PP23/8 Estate Strategy  
*Rob Taylor in attendance*  
*Recommendation:*  
*To receive and scrutinise the draft Estate Strategy, prior to submission to the Health Board for approval.*  
PP23.8a Estate Strategy v.01 amended.docx  
PP23.8b BCUHB\_Estate Strategy\_Draft\_v5.0 230106.pdf
- 11 10:15 - PP23/9 Clinical Services Strategy update  
*Nick Lyons*  
*Recommendation:*  
*The Committee is asked to:*  
*Receive the update report*  
*Note the proposed next steps*  
*Offer comments on the content to help shape the ongoing implementation*  
PP23.9 Clinical Services Strategy update.docx
- 12 10:25 - PP23/10 Betsi Cadwaladr University Health Board Winter planning and resilience update.  
*Nick Lyons for Gill Harris*  
*Recommendation*  
*The Committee is requested to note the ongoing work with an awareness of a national steer from Welsh Government in relation to the Health and Social Care Plan 2022-2023 is still yet to be released.*  
PP23.10 Winter Resilience Plan- Jan 2023 (003)12.1.23.docx
- 13 10:30 - PP23/11 Learning Disability Strategy - LD Service - Transformation and Strategy Development update  
*Teresa Owen*  
*Recommendation*  
*Note the update and the plans for the next quarter 4, 2022/23 and 2023/24.*  
PP23.11a Mental Health Learning Disability Strategy Paper - 06.01.2023 v.05.pdf  
PP23.11b Appendix 1 - Update Report v.06.pdf  
PP23.11c Appendix 2 - North Wales Together Seamless Service for People with Learning Disabilities Newsletter May 2022.pdf
- 14 10:45 - PP23/12 Third Sector Strategy update : Reaffirming Commitment to the 3rd Sector  
*Helen Stevens Jones*  
*Recommendation*  
  - *Note the timescales set out within the report in relation to the development of a Volunteering Strategy*
  - *Approve the decision to implement Socially Responsible Public Procurement (SRPP) / Social Value within its commissioning and procurement practices*PP23.12a Reaffirming Our Commitment\_3rd Sector Update.docx  
PP23.12b Appendix 1 Social Procurement Discussion Document.docx  
PP23.12c Appendix 2\_Development of standard definitions of key terms.docx  
PP23.12d Appendix 3 Carers Pathway and Outcomes\_v.03\_17.05.22 (003).pptx

- 15 11:05 - Comfort break
- 16 Partnerships
- 17 11:15 - PP23/13 NW Regional Partnership Board  
*Sally Baxter in attendance*  
*Recommendation*  
*The Committee is asked to receive the report, and note the key issues arising from the most recent meetings.*  
PP23.13a RPB update January 2023-CS.docx  
PP23.13b NWRPB draft notes 11.11.22 (002).pdf
- 18 11:20 - PP23/14 Public Service Board : Conwy and Denbighshire  
*Sally Baxter in attendance*  
*Recommendation*  
*The Committee is asked to:*
  - *Receive the revised well-being plan for 2023 – 2028*
  - *Approve the Plan for onward submission to the Health Board for approval, as part of the partner scrutiny and approval process, prior to formal sign off at the PSB in March 2023*PP23.14a CD PSB well-being plan January 2023.docx  
PP23.14b Appendix 1 - Draft Well-being Plan 2023 to 2028 v5.pdf
- 19 11:35 - PP23/15 Mid Wales Joint Committee Chair's assurance reports  
~ for information  
PP23.15a Mid Wales Joint Committee Chair's Assurance Report PPPH January 2023-CS.docx  
PP23.15b MWJC Update Oct 2022.pdf
- 20 People
- 21 11:40 - PP23/16 People report : People Strategy and Plan  
*Claire Wilkinson in attendance*  
*Recommendation*  
*The Committee is asked to note what has been achieved so far within the Year 1 Delivery Plan, and to note the process to refresh the People Strategy & Plan and Year 2 Delivery Plan*  
PP23.16a People Strategy and Plan report V0.2\_SG Final.pdf  
PP23.16b People StrategyPlanReport\_Appendix 1\_People(Workforce)ReportingProposal.pdf  
PP23.16c People StrategyPlanReport\_Appendix 1\_Enc 1 - PPPH ToR.pdf  
PP23.16d People StrategyPlanReport\_Appendix 1\_Enc 2 - PFIG ToR.pdf  
PP23.16e People StrategyPlanReport\_Appendix 1\_Enc 3 - RaTS ToR.pdf  
PP23.16f People StrategyPlanReport\_Appendix 2 - OM Slides Update Dec '22.pdf  
PP23.16g People StrategyPlanReport\_Appendix 3 - WorkforcePerformanceReport\_PFIG\_22.12.22.pdf  
PP23.16h People StrategyPlanReport\_Appendix 4\_BoardWorkshopSlides\_RecruitReview PDF.pdf
- 22 12:00 - PP23/17 Speak out Safely  
*Gareth Evans in attendance*  
*Recommendation:*  
*The Committee is asked to:*
  - i. *NOTE the progress achieved during the first 18 months of implementing Codi Llais yn Ddiogel/Speak Out Safely Speak Out Safely (CLYD/CYLD/SOS)*
  - ii. *NOTE activity to date, emerging themes and feedback from staff; and*
  - iii. *APPROVE the recommendations presented to further develop and consolidate the approach taken with Codi Llais yn Ddiogel/Speak Out Safely in the organisation for 2023/24, these being based on the learning generated during the last 18 months.*
  - iv. *NOTE the intention to continue reporting through Partnerships, People & Population Health as part of the People Strategy and Plan reporting*PP23.17 Speak Out Safely PPPH Report v2\_Final.pdf
- 23 PP23/18 Strategic Equalities Forum Chair Assurance report  
*Claire Wilkinson in attendance*  
~ for information  
PP23.18\_EHRSF Assurance Report to Committee Approved.pdf
- 24 Population Health
- 25 12:10 - PP23/19 Violence Prevention

Teresa Owen  
Louise Woodfine in attendance  
Recommendation

*The Committee is asked to:*

*Note the content of this report in relation to the Serious Violence Duty and the recent guidance for preventing and reducing violence, which includes Health Boards as specified authorities across Wales working with partners in supporting the Duty.*

*Note the production of the North Wales Violence SNA which provides a baseline needs assessment of violence in North Wales, including the risk and protective factors for violence, the demand of violent crime on hospitals, police and communities.*

PP23.19a Violence Prevention Paper.pdf

PP23.19b Appendix 1 - Serious Violence Duty Preventing and reducing serious violence Additional information.pdf

PP23.19c Appendix 2 - Violence in North Wales Strategic Needs Assessment Executive Summary.pdf

26 12:25 - PP23/20 Test, Trace and Protect update

Teresa Owen  
Recommendation

*The Committee is asked to note the plans to decommission the TTP service, due to the end of the current TTP Welsh Government funding, by using the Health Board's formal Organisational Change Policy (OCP).*

PP23.20 TTP Report for PPPH Committee Jan 23 v3.0.pdf

27 PP23/21 Population Health EDG Chair Assurance report

Teresa Owen  
~ for information

PP23.21 PH EDG Chair's Assurance Report Dec 22 v.02 PP22.178.pdf

28 12:35 - PP23/22 Primary Care update : Cluster Development and Planning

Gill Harris  
Karen Higgins and Jo Flannery in attendance  
Recommendation

*The PPPH Committee is asked to:*

*Note the requirements for the development of the Cluster Annual Plans 2022/23, set by the Welsh Government*

*Note the progress made to date in the development of the cluster plans*

*Note the proposals to strengthen cluster planning and cluster plans and to ensure alignment and read across with Health Board, Pan Cluster Planning Group and Regional Partnership Board Plans*

*Confirm future reporting requirements to monitor the ongoing progress and delivery of the plans*

PP23.22 Primary Care report\_Cluster Planning 2023.01.17.docx

29 Risk

30 12:50 - PP23/23 Board Assurance Framework

Molly Marcu  
To follow

31 13:00 - PP23/24 Corporate Risk Register

Phil Meakin in attendance  
Recommendation

*The Committee is asked to:*

*Review and discuss the report.*

PP23.24a PPPH Corporate Risk Register\_Public v2.docx

PP23.24b Appendix 1 - Partnership People and Population Health Committee Corporate Risks (Public).docx

PP23.24c Appendix 2 PPPH - Newly Escalated risks.docx

PP23.24d Appendix 3 - Full List Corporate Risks.docx

PP23.24e Appendix 4 Risk Key Field Guidance V2-Final.docx

32 13:10 - Closing business

33 PP23/25 Items previously discussed in private session at previous meetings:

*It was noted that Corporate Risk CR21-11 and a Cyber assurance report were discussed*

34 PP23/26 Review of Risks highlighted in the meeting

35 PP23/27 Agree items for escalation to the Board

36 PP23/28 Review of meeting effectiveness

37 PP23/29 Date of next meeting 14.3.22

38 13:20 - Exclusion of Press and Public



**Betsi Cadwaladr University Health Board**

**DRAFT**

**Partnerships, People and Population Health (PPPH) Committee**

**Minutes of the meeting held in public on 8 November 2022  
held virtually via Teams**

<b>Present:</b>	
Linda Tomos	Independent Member / Committee Chair
Nicola Callow	Independent Member / Committee Vice Chair
John Cunliffe	Independent Member
John Gallanders	Independent Member
<b>In Attendance:</b>	
Sally Baxter	Assistant Director - Health Strategy
Sue Green	Executive Director of Workforce & Organisational Development
Emma Hosking	Associate Medical Director for Professional Development
Phil Meakin	Associate Director of Governance
Rob Nolan	Finance Director – Commissioning and Strategic Financial Planning
Teresa Owen	Executive Director of Public Health
Andrea Williams	Head of Informatics Programmes Assurance and Improvement
Helen Stevens-Jones	Director of Partnerships, Engagement and Communication
Chris Lynes	Area Nurse Director (West)
David Seabrooke	Interim Assistant Director Corporate Governance – minutes
Helen Thomas	Digital Health and Care Wales CEO
<b>Observing</b>	
Dave Harries	Head of Internal Audit

<b>Agenda Item</b>	<b>Action</b>
<b>PP22/111 Chair's welcome and apologies</b>	
Apologies were received from Nick Lyons, Gareth Evans, Angela Wood, Gill Harris and Chris Stockport	
<b>PP22/112 Declarations of Interest</b>	
There were no declarations of interest in the items on the agenda.	



<p><b>PP22/113 Draft minutes of the Partnerships, People and Population Health Committee held on 13 September 2022</b></p> <p>The minutes were approved, subject to an amendment to Emma Hosking's job title as Acting Deputy Medical Director at the time of the meeting.</p>	
<p><b>PP22/114 Summary table of actions</b></p> <p><b>PP22/114.1</b> The table of actions was updated, including acceptance of items to be closed. The following principal points arose:</p> <ul style="list-style-type: none"> <li>• Request for clarity as to whether the forthcoming Estates Strategy included Asset Management or not</li> <li>• It was noted that the transfer of public health staff had been approved by the CEO without an account being taken of the full range of infrastructure costs</li> </ul>	<p>RN</p> <p>TO/RN</p>
<p><b>PP22/115 Report of the Chair</b></p> <p><b>PP22/115.1</b> The Chair thanked authors for their informative papers on today's agenda, however she emphasised the importance of receiving the papers within the allotted timescale to enable Committee members to have sufficient time to read them. She referred to the continuing need for the Committee to bear in mind the triangulation between the Integrated Medium Term Plan, Workforce and Financial matters as a context for Committee discussions.</p>	
<p><b>PP22/116 Report of the Lead Executive</b></p> <p><b>PP22/116.1</b> On behalf of the Lead Executive, the Executive Director of Workforce &amp; Organisational Development referred to an email that previously had been sent to the Chair and Vice-Chair of the Committee, explaining the position on the development of the Integrated Medium Term Plan. The Chair noted the information but suggested that as it had not formed part of the papers for today's meeting, it would not be included in meeting discussions.</p> <p>There were no other matters to raise not covered on the agenda.</p>	
<p><b>STRATEGY</b></p>	
<p><b>PP22.117 Presentation - Digital Health and Care Wales</b></p> <p><b>PP22/117.1</b> The Chair welcomed Helen Thomas, CEO Digital Health and Care Wales who gave a presentation highlighting the following updates:</p> <ul style="list-style-type: none"> <li>• Trial of a model to assess digital maturity at BCU</li> </ul>	

- Implementation of the Patient Administration System in Central and West; delivered with no unplanned downtime
- Roll out of the Community Care Information System – pilots were being evaluated
- Roll out of the Nursing Care Record
- Patient referral service
- Cancer Informatics – noted that this would replace the old PAS system, increasing functionality and addressing gaps in the record
- Progress with the diagnostics LINK and RISPP was being made towards a contract award in spring 2023
- Time was set aside for staff to receive training on new systems
- Support including training and disaster recovery continued to be provided in relation to Cyber in the wake of the cyber-attack on OneAdvanced
- In general, it was noted that the relationship between the Health Board and DHCW was providing new opportunities to collaborate.

The Chair thanked Helen Thomas for attending today and for providing further information on issues directly related to BCUHB developments.

## **PP22/118 Integrated Digital Data and Technology Report**

**PP22/118.1** The Committee received a report from the Chief Digital and Information Officer and the Chair welcomed Andrea Williams to the meeting – the report highlighted the following principal developments, in some instances building on information in the earlier DCHW presentation:

- Welsh Emergency Department System (WEDS)/Symphony
- Multi-Disciplinary – WCCIS a shared system between Health and Social Care
- Welsh Patient Administration System (WPAS) Phase 4 - this was currently in its freeze period
- Ophthalmology - Eye care Digitisation Programme
- Pathology- Laboratory Information Network Cymru Programme (LINC)

There were 170 projects in hand.

Independent Members welcomed the improved reporting format.

**PP22/118.2** Coding was below target due to staffing issues, but recruitment was progressing in this area. The GP out of hours outage had increased the rate of Helpdesk calls.

A deep dive was taking place in relation to appointment letters.

<p>It was noted that two local authorities had not signed up to use the WCCIS system- it was suggested that this be escalated to Chief Executive level if not resolved.</p> <p>Andrea Williams undertook to provide an update on the DPIA in relation to Ophthalmology.</p> <p><b>PP22/118.3</b> The Committee accepted the recommendations in the report as follows:</p> <ol style="list-style-type: none"> <li>1. An overview of the projects outlined within the Digital Strategy Reporting Dashboard.</li> <li>2. A mechanism for the PPPH Committee to gain assurance on the operational performance of DDAT.</li> <li>3. Following on from recent presentations to Board, it was recommended that the format and content of this report is updated and discussed with John Cunliffe and the Chair, Linda Tomos.</li> </ol>	<p><b>AW</b></p>
<p><b>PP22/119 Living Healthier, Staying Well Strategy Report</b></p> <p><b>PP22/119.1</b> The Chair welcomed Sally Baxter to present the report from the Executive Director of Transformation, Strategic Planning and Commissioning.</p> <p>The Strategy set out the following long-term goals:</p> <ul style="list-style-type: none"> <li>• Improve physical, emotional and mental health and well-being for all</li> <li>• Target our resources to people who have the greatest needs and reduce inequalities</li> <li>• Support children to have the best start in life</li> <li>• Work in partnership to support people – individuals, families, carers, communities – to achieve their own well-being</li> <li>• Improve the safety and quality of all services</li> <li>• Respect people and their dignity</li> <li>• Listen to people and learn from their experiences</li> </ul> <p><b>PP22/119.2</b> The above goals were informing a range of other strategies and plans. Sally Baxter highlighted the work going on in relation to children and early years. An annual report would be produced. Risks to the objectives would continue to be monitored through the assigned Executive Delivery Groups and the Board Assurance Framework.</p> <p>The Committee noted the update report.</p>	
<p><b>PP22.120 Integrated Medium Term Plan 2023-26</b></p>	

<p><b>PP22/120.1</b> The Committee received the report from the Executive Director of Transformation, Strategic Planning and Commissioning.</p> <p>The Committee expressed concerns that the brevity of the update report did not enable a detailed discussion to take place on progress in developing the IMTP.</p> <p><b>PP22/120.2</b> It was noted that the 1 December Board Workshop had a session on this subject at which it was hoped to be able to present a high level draft of the Plan. The Welsh Government Head of Planning was expected to join.</p> <p>It was noted that the guidance from Welsh Government had yet to be received. There was also concern about the savings position - this was touched on in the report on page 4.</p> <p>The Committee noted the update report.</p>	
<p><b>PP22/121 Clinical Services Strategy update</b></p> <p><b>PP22/121.1</b> The Committee received the report from the Executive Medical Director describing the implementation of the strategy:</p> <ul style="list-style-type: none"> <li>• Development of the prioritisation framework</li> <li>• Further strengthening of the Clinical Senate – including alignment with the Health Care Professionals Forum</li> <li>• Developing our approach to clinical services plans</li> </ul> <p><b>PP22/121.2</b> There were sustainability and improvement plans underway or in development as follows:</p> <ul style="list-style-type: none"> <li>• Vascular Services improvement plan</li> <li>• Orthopaedics recovery and sustainability plans</li> <li>• Oncology sustainability review to address workforce constraints</li> <li>• Stroke Services, responding to the national stroke services improvement programme and considering the establishment of regional specialist centres</li> <li>• Urology services, for which an invited review by the Royal College of Surgeons is underway</li> </ul> <p><b>PP22/121.3</b> The QSE committee would provide comments around the Estates strategy, including the whether resources were available to address the range of requirements. it was noted that that some aspects of building management had been moved to the integrated clusters, such as cleaning and portering.</p>	

<p>The HCP forum provided input from a wide range of clinical staff. Engagement with the Senate had been positive.</p> <p>The Chair thanked the Executive Medical Director for the update and the report was noted by the Committee.</p>	
<p><b>PP22/122 Not used</b></p>	
<p><b>PP22/123 Research and Development annual report 2021/22</b></p> <p><b>PP22/123.1</b> The Committee received the report from the Executive Medical Director covering the period November 2021 to October 2022, describing the academic face of the Health Board.</p> <p>Research is one of the three pillars within University Designation, and R&amp;D contributes to BCUHB's continued designation as such.</p> <p><b>PP22/123.2</b> The Committee welcomed the informative update on the range of activity. Suggestions were made around providing greater access through a patient portal and linking with more 3<sup>rd</sup> sector organisations. BCUHB R&amp;D currently have 305 research studies open to recruitment or in follow-up detailed in the report, and in the last 12 months had recruited 2487 participants to research studies. The team had been Principal or Chief Investigator for 41 projects. It had been awarded over £700k research funding.</p> <p>In October 2021 the Health Board launched the North Wales Clinical Research Facility (NW CRF) to run clinical trials using experimental medicines.</p> <p>The Committee noted the report and requested that an update be provided on a 6 monthly rather than an annual basis if possible.</p>	<p>NL</p>
<p><b>PP22/124 Clinical Coding Policy - for approval</b></p> <p><b>PP22/124.1</b> The Chair welcomed Dafydd Ap Gwyn to speak to this item proposing the approval of the Clinical Coding Policy.</p> <p>The Policy provided relevant staff with standards, guidelines and best practice for clinical coding that to support accurate, consistent and timely information. The policy replaced a number of individual policies arising from a 2018 Welsh Audit Office review.</p> <p><b>PP22/124.2</b> It was noted that the Health Board supported staff to obtain the National Coding Qualification – unqualified staff would start as trainees while this was undertaken.</p>	

<p>The Committee approved the policy, subject to the above point being reflected therein, and the Chief Digital and Information Officer was requested to circulate the completed document for information.</p>	<p>DR</p>
<p><b>PP22/125 Mental Health Strategy update</b></p> <p><b>PP22/125.1</b> The Committee received a report from the Executive Director of Public Health, setting out updates on the strategy in respect of:</p> <ul style="list-style-type: none"> <li>• Clinical Strategy</li> <li>• Together for Mental Health Strategy</li> <li>• Targeted Intervention (TI) Progress</li> <li>• North Wales Suicide and Self-harm Strategy</li> </ul> <p><b>PP22/125.2</b> A Clinical Strategy document has been developed and describes the priorities and future direction of clinical services in MHLD as the basis for consultation with partner organisations.</p> <p>The North Wales Together for Mental Health Strategy was now being reviewed, taking a transformational approach to improving population mental health and wellbeing. On Targeted Intervention, the focus continues within the Division on the maturity matrix and the TI approach.</p> <p><b>PP22/125.2</b> On the refreshing of the North Wales Suicide and Self-harm Strategy, key areas have been identified are as follows:</p> <ul style="list-style-type: none"> <li>• Resilience (prevention) – this involves community and population resilience, early stage support, and accessible service for people in need;</li> <li>• Response (intervention) – the support available for people in crisis or in need. There is also a clear focus on improved training for key teams;</li> <li>• Relationships (integrated approach) – in this area, the focus is on improving the network of support available</li> </ul> <p><b>PP22/125.3</b> The North Wales Suicide and Self-Harm Prevention Forum has continued to build upon the assets already in place across North Wales. These include the community hub provision (ICAN), the Papyrus Community Ambassadors, SOBS Peer Support Groups and the self-harm services.</p> <p>The Committee thanked the Executive Director of Public Health and noted the report.</p>	
<p><b>PP22/126 Not used</b></p>	
<p><b>PP22.127 Winter plan</b></p>	

<p><b>PP22/127.1</b> The Chair welcomed Phil Orwin to address this item. It was noted that the planning guidance from Welsh Government had not yet been received.</p> <p><b>PP22/127.2</b> The Health Board faced a range of additional risks this winter; risks from Covid were understood but factors such as industrial action, the loss of nursing and care home places and the effects of fuel/heating poverty were less advanced. Work continued to mitigate the loss of care home beds.</p> <p><b>PP22/127.3</b> The response to the challenge included community-based schemes as well as providing inpatient beds. In a worst case “twindemic”, the Health Board was around 150 beds short. At present, the Welsh Government was indicating that no further financial support would be available.</p> <p><b>PP22/127.4</b> In response to a question, the three things needed from the presentation to the Health Board to support the plan included support for actions that would be a trade-off against recovery, (e.g. changes around A&amp;E Minors) all-round agility and staffing.</p> <p>Phil Orwin undertook to consider a suggestion around extending the TTO medicines provided to patients at discharge owing to changes to the issuing of oral medicines within community pharmacy.</p> <p>The Committee noted the report, that it would be received by the Board in November and that further updates would be produced as the situation developed.</p>	<p>PO</p>
<p><b>PP22/128 Seasonal Influenza &amp; COVID-19 Plan 2022-23</b></p> <p><b>PP22/128.1</b> The Committee received a report from the Executive Director of Public Health and Executive Director of Clinical and Integrated Services outlining how the Health Board and primary care providers will protect and improve the health of the population through maximising the uptake of the flu and COVID-19 vaccines. The report also summarised performance in 2021-22.</p> <p><b>PP22/128.2</b> The Flu vaccine uptake for 2022-23 WAS 75% for all eligible groups, and those with Chronic Obstructive Pulmonary Disease (COPD) the target is 80%. For Covid 19 The Welsh Government ambition is to achieve 75% take up across North Wales.</p> <p><b>PP22/128.3</b> It was noted that there was more challenge this year in delivering vaccines, some vaccination fatigue setting in. There continued to be great support from the vaccinators.</p>	

<p><b>PP22/128.4</b> Committee members reported concerns about the availability of vaccine appointments for over 65s. The Executive Director of Public Health undertook to follow this up.</p> <p>The Committee approved the plan.</p>	TO
<p><b>PP22/129 Nurse Staffing levels assurance report: 1 October 2021-30 September 2022</b></p> <p><b>PP22/129.1</b> The Committee received the report from the Executive Director of Nursing &amp; Midwifery and the Chair welcomed Alison Griffiths to present it. The Nurse Staffing Levels (Wales) Act 2016 required a formal annual presentation to the Board detailing the respective nurse staffing levels for each individual ward defined by the Act.</p> <p><b>PP22/129.2</b> The review identified the regular (and in some areas sustained) use of “escalation beds” in response to system pressures and funding for these beds will be sought via IMTP / Winter pressures schemes that sat outside normal funding. This would be considered via PFIG.</p> <p><b>PP22/129.3</b> The Committee noted that a financial assessment arising from the organisation’s statutory duty to calculate nurse staffing levels has been submitted consideration within the financial planning cycle for 2023/24. The report indicated a shortfall in relation to the assessed requirement of 180 health care assistants and 26 qualified nurses.</p> <p><b>PP22/129.4</b> Reference was made to the role of agency staff and how they were deployed via safety huddles and on the basis of clinical judgement. The Chair requested a follow-up paper to come to the Committee’s next meeting on how skills gaps were being identified for nursing.</p> <p>The Committee noted the report:</p> <ol style="list-style-type: none"> <li>1. Betsi Cadwaladr University Health Board (BCUHB) is meeting its statutory “<i>duty to calculate and take steps to maintain nurse staffing levels</i>” in all wards that fall under the inclusion criteria of Section 25B of the Nurse Staffing Levels (Wales) Act 2016.</li> <li>2. BCUHB is meeting its statutory duty to provide an Annual Presentation to the Board detailing calculated nurse staffing levels</li> </ol>	AW
<p><b>PP22/130 Not used</b></p>	
<p><b>PP22/131 Operational Plan Monitoring Report (OPMR) 2022-23 – Q2</b></p>	



<p><b>P22/131.1</b> The Committee received a report from the Executive Director of Finance and the Chair invited Amanda Lonsdale to present. Of 49 schemes, 24 were rated as green/on track, 16 off-track and mitigated. Updates on ratings were given around the three areas shown in the report as red rated, Prehabilitation, Validations and Audiology which were now rated amber.</p> <p>The accommodation issue identified in relation to perinatal services would be addressed via the Estates Strategy.</p> <p>The Chair thanked Amanda and noted the clearer format for the report which it was acknowledged was still being refined.</p> <p>The Committee noted the report.</p>	
<p><b>PP22/132 2022/23 Board Assurance Framework</b></p> <p><b>P22/132.1</b> The Committee received a report from the Board Secretary including an extract of BAF risks assigned to the Committee under Strategic Aim 2: Target our resources to people who have the greatest needs and reduce inequalities and Strategic Aim 4: Work in partnership to support people (individuals families, carers, communities) to achieve their own well-being.</p> <p><b>P22/135.2</b> A new risk scored 20 was highlighted: “There is a risk that we are unable to maintain the minimum level of service to our patients and population caused by having inadequate digital applications, infrastructure, security and resources that may result in major ICT failures or cyber-attack. This will lead to compromised – safety and quality of care, reduced public confidence, reputational damage and, financial and regulatory non-compliance. There was also a risk around unsupported applications in use at the organisation.”</p> <p><b>P22/135.3</b> The Board Secretary confirmed that she would be updating the risk in relation to the built environment (3.1) and the primary care risk (3.3) and it was noted that there were limits on what could be delivered from available capital resources.</p> <p>It was suggested that, as the public health service had transferred the matrix of impacts should be revised.</p> <p>The Committee noted the revised BAF.</p>	MM
<p><b>PP22/133 Corporate Risk Register</b></p> <p><b>P22/133.1</b> The Committee received a report from the Board Secretary Risk Management Group meeting on 4 October 2022 and to note the progress on the</p>	

<p>management of the Corporate Risk Register and the three new escalated risks aligned to the Committee which related to the vascular service. The timescales stated in the report would be reviewed.</p> <p><b>P22/133.2</b> The Committee was reminded that QSE Committee reviewed all of the Corporate Risk Register. Work continued to improve the impact of mitigations on risk score and the reporting of this.</p> <p>The Committee noted the revised Corporate Risk Register.</p>	
<p><b>PP22/134 Good Mental Wellbeing – It’s Everyone’s Business”; Annual Report of the Executive Director of Public Health 2022</b></p> <p><b>P22/134.1</b> The Committee received a report from the Executive Director of Public Health indicating that this year’s Annual Report of the Executive Director of Public Health focuses on mental wellbeing. This builds on the research about mental wellbeing given the impact of the pandemic over the last couple of years.</p> <p><b>P22/134.2</b> The Committee welcomed the Annual Report and noted that it will be presented in full at the Health Board meeting on 24 November.</p>	
<p><b>PP22.135 Update on Test, Trace and Protect (TTP)</b></p> <p><b>P22/135.1</b> The Committee received a report from the Executive Director of Public Health providing an update on the Test, Trace, Protect programme, with a specific focus on the wider testing for respiratory viruses amongst Health and Social Care staff and residents of closed settings. In addition, noting the Antigen Service response to support health screening of Ukrainian citizens displaced by the ongoing conflict.</p> <p><b>P22/135.2</b> It was noted that the Health Board had been capturing the learning from earlier episodes and was linking in with the emergency planning resilience and response team. The Health Protection Review in Wales was expected to provide further guidance on approaches.</p> <p>Funding to the Covid 19 hubs was expected to end although some remained for prevention work.</p> <p>The Committee noted the update report.</p>	
<p><b>PP22.136 Recruitment Review Deep Dive</b></p> <p><b>PP22/136.1</b> The Committee received a report from the Executive Director of Workforce &amp; OD providing an update on feedback from the Recruitment Process Improvement</p>	

<p>Deep Dive held in August. Six sessions had been held. The methodology used had worked well and she thanked the improvement team for their support in this regard.</p> <p><b>PP22/136.2</b> The Executive Director of Workforce &amp; OD reported that changes to the recruitment process were being implemented through September, including the removal of the unconditional offer stage, a review of establishment control and use of virtual ID checks. There was a backlog of recruitment checks. Feedback to participants was being given via a survey.</p> <p><b>PP22/136.3</b> There was disappointment that no Workforce report was presented to the Committee this time. Committee members emphasised the importance of Workforce as an enabler. The Executive Director of Workforce &amp; OD undertook to consider the most appropriate format for this report.</p>	
<p><b>PP22.137 Anti-Racist Action Plan 2022</b></p> <p><b>PP22.137.1</b> The Committee received a report from the Executive Director of Workforce and OD and the Chair welcomed Sally Thomas to the meeting.</p> <p><b>PP22.137.2</b> The report detailed the Health Board's response to the Anti-Racist Wales Action Plan which included 5 priority actions:</p> <ul style="list-style-type: none"> <li>1: Leadership require anti-racist leadership at all levels by direction</li> <li>2: Workforce</li> <li>3: Data improve workforce data quality and introduce a Workforce Race Equality Standard (WRES)</li> <li>4: Access to services</li> <li>5: Health Inequalities</li> </ul> <p><b>PP22.137.3</b> Draft plans were included for Workforce and for Service Delivery. The Health Board was required to develop anti-racism action plans for both employment and service delivery by December 2022. Progress will be monitored with the IMTP, Annual Plans and Joint Executive Team process. Gareth Evans had assumed the Champion role.</p> <p><b>PP22.137.4</b> To take the initiative forward, three groups had been established: service delivery, workforce and oversight. The terms of reference and membership of these groups would be circulated to the Committee.</p> <p>The Committee approved the Anti-racist Action Plan for Betsi Cadwaladr University Health Board:</p> <p>Plan A –Service Provision</p> <p>Plan B –Workforce</p>	

<p><b>PP22/138 Regional Partnership Board update and Annual Report 2021/2</b></p> <p><b>PP22.138.1</b> The Committee received the report, setting out key issues discussed, including Life After School report, focusing on the needs of young people with learning disabilities moving on from specialist secondary school, Increasing Community Care capacity update, Census data, Regional Capital Fund, BCU HB update, RPB planning workshop.</p> <p><b>PP22.138.2</b> It was noted that Welsh Government allocated £2.2m funding to NWRPB to support the delivery of Discharge to Recover and Assess (D2RA) pathways as part of the Winter Plan.</p> <p>The Committee noted the RPB Update and annual Report 2021/2.</p>	
<p><b>PP22.139 North Wales Substance Misuse Area Planning Board (APB) Q1 Update</b></p> <p><b>PP22.139.1</b> The Committee received the report from the Area Planning Board. It was noted that BCUHB is a service provider commissioned/funded (approx. £2.5m pa) by the APB to deliver a number of substance misuse services (in addition to/alongside those funded by BCUHB), including:</p> <ul style="list-style-type: none"> <li>• Substance Misuse Treatment and Support Service (part funded alongside BCUHB funding)</li> <li>• Enhanced Harm Reduction/Collaborative Outreach Service</li> <li>• Alcohol &amp; Drug Liaison Service</li> <li>• Specialist Substance Misuse CAMHS capacity</li> <li>• Prescribed Medication &amp; Support Service (part-funded alongside BCUHB Funding)</li> </ul> <p>The Committee noted the Quarter 1 update.</p>	
<p><b>PP22/140 Positives From the Pandemic: Health innovation and new ways of working in north Wales</b></p> <p><b>PP22.140.1</b> The Committee received the report summarising the Royal College of Physicians Connect event in June which discussed medical education, workforce wellbeing, clinical research and innovation, and widening access to medicine.</p> <p>The Committee noted the report.</p>	
<p><b>PP22/141 Chair assurance reports: <i>Together to Mental Health Partnership Board</i></b></p>	

<p><b>PP22.141.1</b> The Committee received the report of the October meeting of the Partnership Board which had heard a patient story, updated on strategy renewal, on CAMHS and the impact of Covid on mental well-being. The report concluded that there was continued dedication to partnership working to provide seamless provision of services for patients across the health economy.</p> <p>The Committee noted the report.</p>	
<p><b>PP22/142 no item</b></p>	
<p><b>PP22/143 Items discussed previously in private to be reported in public session</b></p> <p>A Corporate Risk was noted to have been discussed in private session</p>	
<p><b>PP22/144 Items for Board/Other Committees</b></p> <p>No matters identified</p>	
<p><b>PP22/145 Review of Risks highlighted in the meeting for referral to risk management group</b></p> <p>A Corporate Risk was noted to have been discussed in private session</p>	
<p><b>PP22/146 Agree items for Chair's Assurance report:</b> To be agreed following the meeting.</p>	
<p><b>PP22/147 Date of Next Meeting:</b> 17 January 2023</p>	
<p>The Chair closed the meeting to the public and representatives of the press.</p>	

Ref	Lead Executive / Member	Minute reference and agreed action	Original Timescale	Update (date)	Action status	RAG status
<b>Partnerships, People and Public Health Committee</b> Actions agreed at meeting held on 20.5.22						
1	Exec Director Integrated Service Delivery  >  Executive Director Finance	<b>PP22/42 Response to the Review of Emergency Preparedness Resilience and Response (EPRR)</b> <b>PP22/42.5</b> 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	<b>Update received as at 4/7/22</b> – Finance unable to meet with DL at present. Issue to be escalated to Executive Finance Director for meeting to be arranged.  Item ongoing.  <b>Update received 12/7/22</b> – MM to clarify when the meeting is taking place.  <b>Update 6.9.22</b> Acting Executive Director of Finance advises that a provision of £186,000 is set aside within our financial planning assumptions, however the recruitment timeline needs to be further understood to ascertain whether in year funding or full year. A meeting is being arranged with DL to discuss and reach a conclusion.  <b>13.9.22</b> – Acting Executive Director of Finance to circulate outcome to members outside the meeting  <b>1.11.22 - update</b> Meeting held with Debbie Lewis on the 27 <sup>th</sup> September, the main EPRR Budget requirements agreed as:		

Ref	Lead Executive / Member	Minute reference and agreed action	Original Timescale	Update (date)	Action status	RAG status
Partnerships, People and Public Health Committee						
	Rob Nolan			<ul style="list-style-type: none"> <li>recruit 3 x 8b Senior EPRR Managers on an interim basis from November onwards for each of the IHCs</li> <li>produce the job descriptions within the next week/10 days</li> <li>recruit into these posts substantively by 01.04.23</li> <li>roll out Emergo Training both internally and with external partners and stakeholders for each of the IHCs and the initial set costs for this are in the region of £40k</li> </ul> <p>Funding agreed for 22-23 based on £40k for training and cost of Snr EPRR Managers once recruited and to be advised to finance, and the FYE of £186k in 23-24.</p> <p><b>8 November 2022</b> Circulate confirmed dates of decisions</p>		
Actions agreed at meeting held on 13.9.22						
1	RN/MM	<b>PP22/88 Summary table of actions</b> <b>Estates Strategy update</b> The final draft of BCU's Estate Strategy would be submitted to the Committee on 17.1.23,	5.1.23	Further Board Seminar on 1 December 2022  9.1.23 Draft Estate Strategy on PPPHC agenda	Suggest action to be closed	

Ref	Lead Executive / Member	Minute reference and agreed action	Original Timescale	Update (date)	Action status	RAG status
Partnerships, People and Public Health Committee						
		following discussion at a Board workshop/development session to be scheduled.				
11	TO          TO          RN	<p><b>PP22/99 The TUPE transfer of Local Public Health Team (LPHT) to the Health Board</b></p> <p><b>PP22/99.4</b> An Independent Member expressed concern in relation to the transfer of financial resources and the need for this to be agreed in advance of the transfer of staff.</p> <p>The Executive Director of Public Health agreed to take this point back to discuss with colleagues covering in the absence of Executive Director of Finance and to raise this with the national team.</p>	<p>15.10.22</p> <p>15.9.22</p> <p>30 November</p>	<p><b>1.11.22</b> PP22/99 - The public health team have now transferred fully to the Health Board and since the 1<sup>st</sup> October are fully employed by the Health Board. The Chief Executive of the Health Board has been in correspondence with PHW to confirm the transfer arrangements.</p> <p><b>1.11.22</b> PP22/99.4 - As part of the learning exercise following the transfer, this point in relation to the finance resource transfer has been shared.</p> <p><b>8.11.22</b> Memorandum of Understanding will be sent to all Board members for information. 9.11.22 Circulated by OBS</p> <p>Respond to latest email in this regard (DS).</p>		



Ref	Lead Executive / Member	Minute reference and agreed action	Original Timescale	Update (date)	Action status	RAG status
<b>Partnerships, People and Public Health Committee</b> <b>Actions agreed at meeting held on 8 November 2022</b>						
1	Dylan Roberts	<b>P22/118 Integrated Digital Data and Technology Report</b> Ophthalmology - Eye care Digitisation Programme  Provide an update on the status of the DPIA	30 November			
2	Dr Nick Lyons	<b>P22/123 Research &amp; Development – annual report</b> Consider strengthening the future reporting to committee on R & D	March '23			
3	Dylan Roberts	<b>P22/124 Clinical Coding policy</b>  Policy approved, subject to clarification around support for staff in achieving the national clinical coding qualification.  Circulate final policy	30 November	Revised policy circulated 10/11/22	Suggest action to be closed	
4	Phil Orwin	<b>P22/127 Winter Plan</b>  Confirm whether increasing TTO drug supply would benefit discharge	30 November			

P	Complete
G	On track
A	Slippage on delivery
R	Delivery not on track

Ref	Lead Executive / Member	Minute reference and agreed action	Original Timescale	Update (date)	Action status	RAG status
<div> <div>P Complete</div> <div>G On track</div> <div>A Slippage on delivery</div> <div>R Delivery not on track</div> </div>						
<b>Partnerships, People and Public Health Committee</b>						
5	Molly Marcu	<b>P22/132 Board Assurance Framework</b> Update “under review” primary care risk 3.3	30 November			
6	Sue Green	<b>P22/137 Anti-racist Wales Action Plan</b> Share Terms of Reference in relation to trade union participation	30 November	Circulated 10/11/22	Suggest action to be closed	
Transferred from 22.12.22 PFIGC meeting						
PFIG 4	SG (NG)	<b>PF22/189 People (Workforce) report</b>  <b>PF22/189.1</b> The Chair of the Partnerships, People and Population Health Committee requested that this issue (Agency Useage) be referred to the PPPH Committee to consider the impacts on workforce strategy and reporting within its remit.	January PPPHC			



<b>Teitl adroddiad:</b>	Estate Strategy
<b>Report title:</b>	
<b>Adrodd i:</b>	Partnership, People and Population Health Committee
<b>Report to:</b>	
<b>Dyddiad y Cyfarfod:</b>	Tuesday, 17 January 2023
<b>Date of Meeting:</b>	
<b>Crynodeb Gweithredol:</b> <b>Executive Summary:</b>	<p>The purpose of this report is to brief the committee on the development of the Estate Strategy and to provide the opportunity for the committee to scrutinise the draft strategy prior to formal submission to the Health Board for approval.</p> <p>The Estate Strategy responds to Living Healthier, Staying Well and the Clinical Services Strategy. It is part of a suite of enabling strategies, including People, Digital and Finance, and provides the vision and framework for the future development and utilisation of our estate and how we will work with partners to maximise the benefits of our collective property portfolios.</p> <p>It promotes a future estate that is fit for purpose and provides a safe and effective environment that meets the clinical and business needs of the Health Board. It offers the opportunity to eliminate high, significant and moderate backlog maintenance risks over the longer term.</p> <p>The strategy provides the basis and structure for the prioritisation of often competing investment requirements. The strategy is for the long term, 10 years, but its implementation will align with the Health Boards planning cycle. It will be subject to regular review and must be flexible to respond to the changing needs and priorities of the Health Board.</p> <p>In taking forward this strategy we will continue to engage with staff, communities and stakeholders and, if significant changes are proposed, will undertake formal consultation when appropriate.</p>
<b>Argymhellion:</b> <b>Recommendations:</b>	To receive and scrutinise the draft Estate Strategy
<b>Arweinydd Gweithredol:</b> <b>Executive Lead:</b>	Stephen Webster, Interim Executive Director of Finance
<b>Awdur yr Adroddiad:</b> <b>Report Author:</b>	Rod Taylor, Director of Estates Neil Bradshaw, Assistant Director of Finance – Capital Supported by Lexica

<b>Pwrpas yr adroddiad:</b> <i>Purpose of report:</i>	<b>I'w Nodi</b> <i>For Noting</i> <input checked="" type="checkbox"/>		<b>I Benderfynu arno</b> <i>For Decision</i> <input type="checkbox"/>		<b>Am sicrwydd</b> <i>For Assurance</i> <input checked="" type="checkbox"/>
<b>Lefel sicrwydd:</b> <i>Assurance level:</i>	<b>Arwyddocaol</b> <i>Significant</i> <input type="checkbox"/> Lefel uchel o hyder/tystiolaeth o ran darparu'r mecanweithiau / amcanion presennol  <i>High level of confidence/evidence in delivery of existing mechanisms/objectives</i>	<b>Derbyniol</b> <i>Acceptable</i> <input checked="" type="checkbox"/> Lefel gyffredinol o hyder/tystiolaeth o ran darparu'r mecanweithiau / amcanion presennol  <i>General confidence / evidence in delivery of existing mechanisms / objectives</i>	<b>Rhannol</b> <i>Partial</i> <input type="checkbox"/> Rhywfaint o hyder/tystiolaeth o ran darparu'r mecanweithiau / amcanion presennol  <i>Some confidence / evidence in delivery of existing mechanisms / objectives</i>	<b>Dim Sicrwydd</b> <i>No Assurance</i> <input type="checkbox"/> Dim hyder/tystiolaeth o ran y ddarpariaeth  <i>No confidence / evidence in delivery</i>	
<p><b>Cyfiawnhad dros y gyfradd sicrwydd uchod. Lle bo sicrwydd 'Rhannol' neu 'Dim Sicrwydd' wedi'i nodi uchod, nodwch gamau i gyflawni sicrwydd 'Derbyniol' uchod, a'r terfyn amser ar gyfer cyflawni hyn:</b></p> <p><b><i>Justification for the above assurance rating. Where 'Partial' or 'No' assurance has been indicated above, please indicate steps to achieve 'Acceptable' assurance or above, and the timeframe for achieving this:</i></b></p> <p>The strategy has been subject to broad engagement including two Health Board workshops</p>					
<b>Cyswllt ag Amcan/Amcanion Strategol:</b>  <b><i>Link to Strategic Objective(s):</i></b>		The strategy is an enabling strategy to support the delivery of the objectives of Living Healthier, Staying Well and the Clinical Services Strategy.			
<b>Goblygiadau rheoleiddio a lleol:</b>  <b><i>Regulatory and legal implications:</i></b>		The strategy will assist the Health Board in meeting its statutory and mandatory estate requirements.			
<b>Yn unol â WP7, a oedd EqIA yn angenrheidiol ac a gafodd ei gynnal?</b>  <b><i>In accordance with WP7 has an EqIA been identified as necessary and undertaken?</i></b>		<p>Do/Naddo    Y/N</p> <p>The estate strategy responds to the vision and future framework for health, well-being and healthcare as described in Living Healthier, Staying Well (LHSW) which was subject to formal Equality Impact Assessment.</p> <p>However, an EqIA is currently being completed in support of the submission to the Health Board and as individual priorities are progressed they will be subject to an equality impact assessment as appropriate.</p> <p>The strategy is presented here for scrutiny and <b>not</b> decision.</p>			

<p><b>Yn unol â WP68, a oedd SEIA yn angenrheidiol ac a gafodd ei gynnal?</b></p> <p><i>In accordance with WP68, has an SEIA identified as necessary been undertaken?</i></p>	<p>As above</p>
<p><b>Manylion am risgiau sy'n gysylltiedig â phwnc a chwmpas y papur hwn, gan gynnwys risgiau newydd (croesgyfeirio at y BAF a'r CRR)</b></p> <p><i>Details of risks associated with the subject and scope of this paper, including new risks( cross reference to the BAF and CRR)</i></p>	<p>There is as risk that failure to provide a safe and compliant built environment will adversely impact on the Health Board's ability to implement safe and sustainable services could result in avoidable harm to patients, staff, public, reputational damage and litigation. (BAF 3.1)</p>
<p><b>Goblygiadau ariannol o ganlyniad i roi'r argymhellion ar waith</b></p> <p><i>Financial implications as a result of implementing the recommendations</i></p>	<p>The potential investment is significant. But the strategy is for the long term (10+ years) and the Health Board will seek alternative funding sources where appropriate and economical.</p> <p>Investment priorities will be subject to an appropriate business case for formal approval in accordance with the Health Board's Standing Financial Instructions.</p>
<p><b>Goblygiadau gweithlu o ganlyniad i roi'r argymhellion ar waith</b></p> <p><i>Workforce implications as a result of implementing the recommendations</i></p>	
<p><b>Adborth, ymateb a chrynodeb dilynol ar ôl ymgynghori</b></p> <p><i>Feedback, response, and follow up summary following consultation</i></p>	<p>In developing this draft strategy engagement with key stakeholders included:</p> <p>Health Board Health Board Leadership Team Capital Investment Group Clinical Senate IHCs and regional services Primary care Patient safety and experience Health, safety and equality Operational Estates Community Health Council</p>
<p><b>Cysylltiadau â risgiau BAF:</b> (neu gysylltiadau â'r Gofrestr Risg Gorfforaethol)</p> <p><i>Links to BAF risks:</i></p>	<p><b>Board Assurance Framework</b> BAF 21-14 Pandemic exposure BAF 21-09, Infection prevention control</p>

<p><i>(or links to the Corporate Risk Register)</i></p>	<p>BAF 21-13, Health and safety  BAF 21-03, Primary Care  BAF 21-04, Timely access to planned care  BAF 21-01, Safe and effective management of unscheduled care  BAF 21-06, Safe and effective mental health service delivery  BAF 21-17, Estates and assets development  BAF 21-20, Development of IMTP  BAF 21-21, Estates and assets</p> <p><b>Corporate Risk Register:</b>  20-01, Asbestos management and control  20-03, Legionella management and control  20-04, Noncompliance of fire safety systems</p>
<p><b>Rheswm dros gyflwyno adroddiad i fwrdd cyfrinachol (lle bo'n berthnasol)</b></p> <p><b><i>Reason for submission of report to confidential board (where relevant)</i></b></p>	
<p><b>Camau Nesaf:</b>  <b>Gweithredu argymhellion</b></p> <p><b><i>Next Steps:</i></b>  <b><i>Implementation of recommendations</i></b></p> <p>Following any requested amendments the draft strategy will be submitted to the Health Board for formal approval at its meeting of 26<sup>th</sup> January 2023.</p>	
<p><b>Rhestr o Atodiadau:</b>  Dim</p> <p><b><i>List of Appendices:</i></b></p> <p>Draft Estate Strategy</p>	

# Betsi Cadwaladr **Estate Strategy**

DRAFT Final Report v5.0

6<sup>th</sup> January 2023

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# Foreword

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This document sets out BCUHB's Estate Strategy to 2033. The strategy has been developed between October - December 2022, building upon the previous (2019) estate strategy and includes the most recent data submitted to the Welsh Government via the Estates and Facilities Performance Management System (EFPMS) and published in October 2022.

The estate strategy has been developed to align with current BCUHB strategies including Living Healthier, Staying Well, Clinical Services Strategy, Digital Strategy, People Strategy and Plan, and the Decarbonisation Action Plan. Development of the strategy has included engagement with key stakeholders and regular reporting via forums including BCUHB's Capital Investment Group, Health Board Leadership Team, Clinical Senate, Board, and Community Health Council workshops.

Since the previous estate strategy was completed in Feb 2019 the COVID-19 pandemic has had a significant impact upon the Board's estate, particularly in terms of capacity, suitability and shifts to digital, which is reflected in the analyses and recommendations below.

The document is structured to reflect national guidance and to answer the three key questions – Where are we now?, Where do we want to be ?, How do we get there?

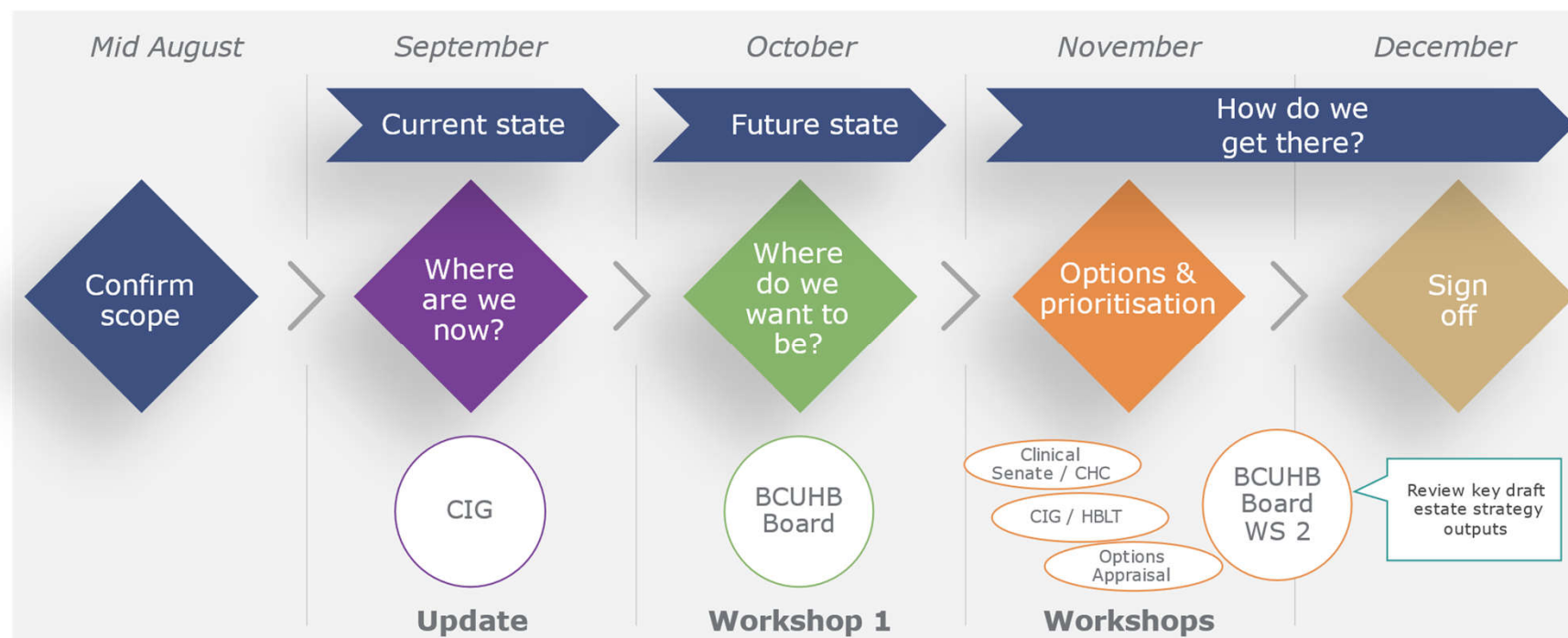
The estate strategy will be continually reviewed to ensure alignment with the Integrated Medium Term Plan cycle.

# 1.0 Introduction

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# 1.1 Background and Context

This Estate Strategy provides a refresh of the 2019 Betsi Cadwaladr University Health Board (BCUHB) Estate Strategy. It was developed over a four month period from September to December 2022 using the traditional 'Where, Where, How' approach (summarised below). Key tasks undertaken during the three phases include desk top review of key strategy and estates information, quantitative and qualitative analysis of existing available estate data and information, and stakeholder engagement via interviews and workshops (please refer to Appendix 1).



## **2.0 Current State (Where Are We now?)**

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## 2.1 Existing Estate Overview

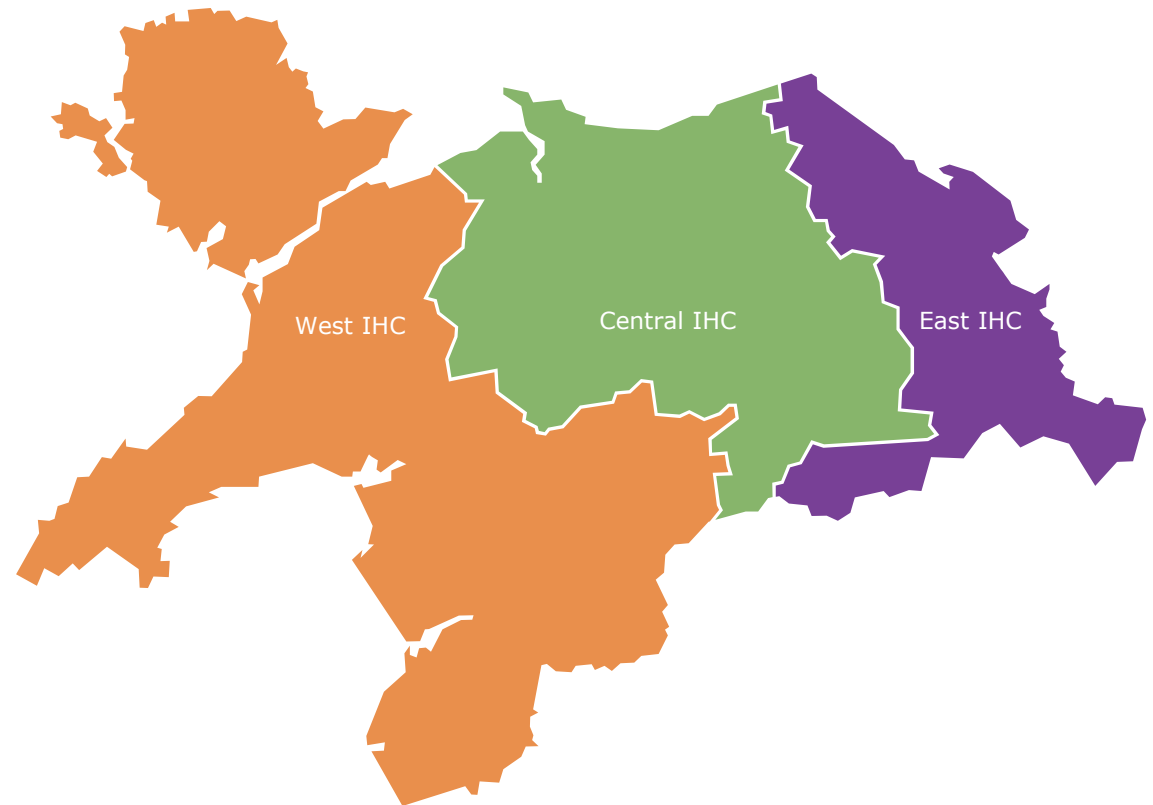
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BCUHB currently has one of the largest property portfolios in Wales; services are delivered from c.238 properties (a total of c.420,000 m<sup>2</sup>) with a value of £569m<sup>1</sup> and an annual running cost of £73m<sup>2</sup> in 21/22.

### Existing Estate Profile and Localities

Our services are delivered from, and our staff are based at a total of 238 properties (including GP owned, third party developer and private landlord primary care premises). The accommodation also hosts staff and services from other organisations including local authority and third sector.

A detailed breakdown of location and function of our estate across the three Integrated Health Communities (IHCs) is provided in Appendix 2.



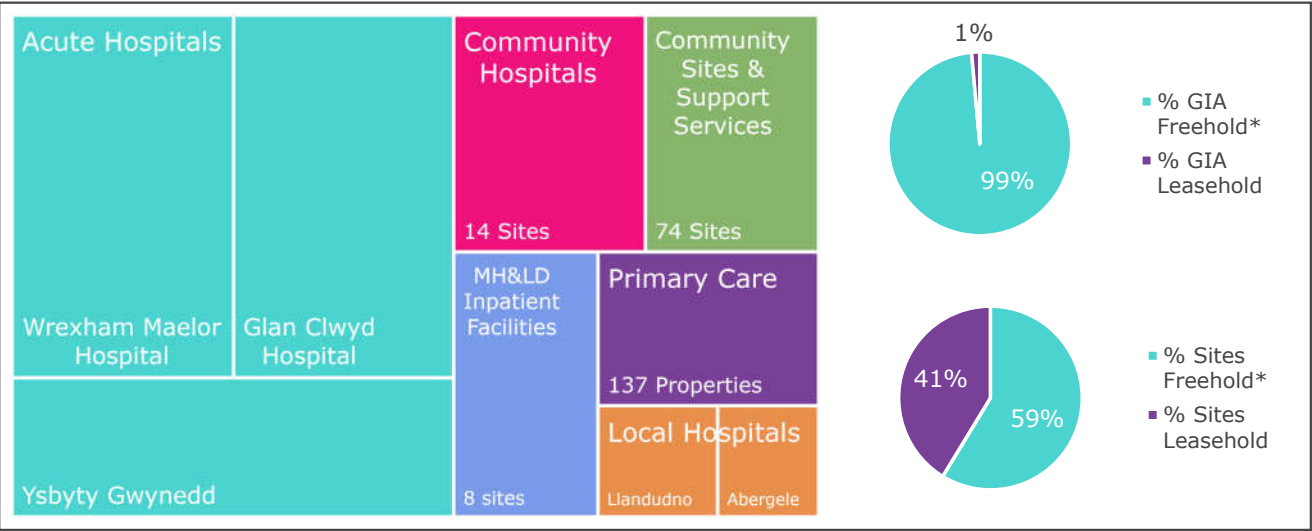
<sup>1</sup>Total freehold buildings, external works and land value as of 31/3/22; <sup>2</sup>Estates and facilities pay and non-pay costs

# 2.2 Existing Estate Type and Age Profile

Our estate comprises a range of property types, from acute hospitals to primary care facilities. Circa 45% of the estate is greater than 40 years old, compared to a Wales average of 49%. The majority of estate, by total Gross Internal Area (GIA) m<sup>2</sup>, is freehold.

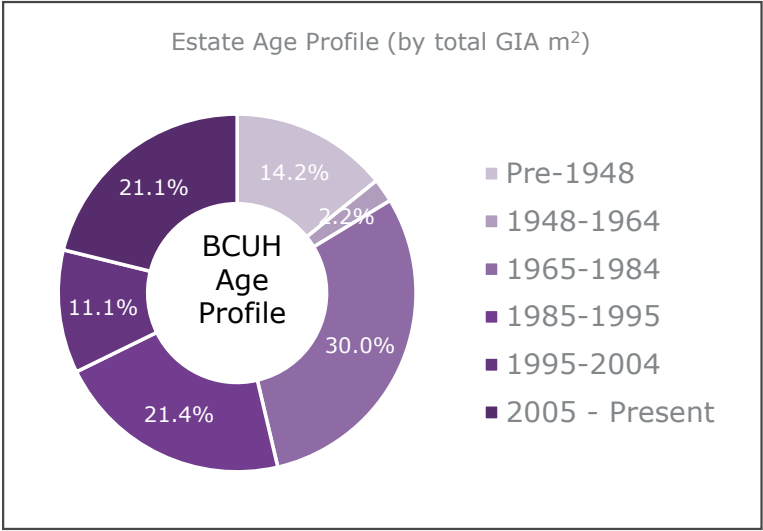
## Existing Estate Type†

Our estate comprises a range of owned and leased property types. The breakdown, by number of properties and by total GIA m<sup>2</sup>, is provided below.



## Existing Estate Age Profile†

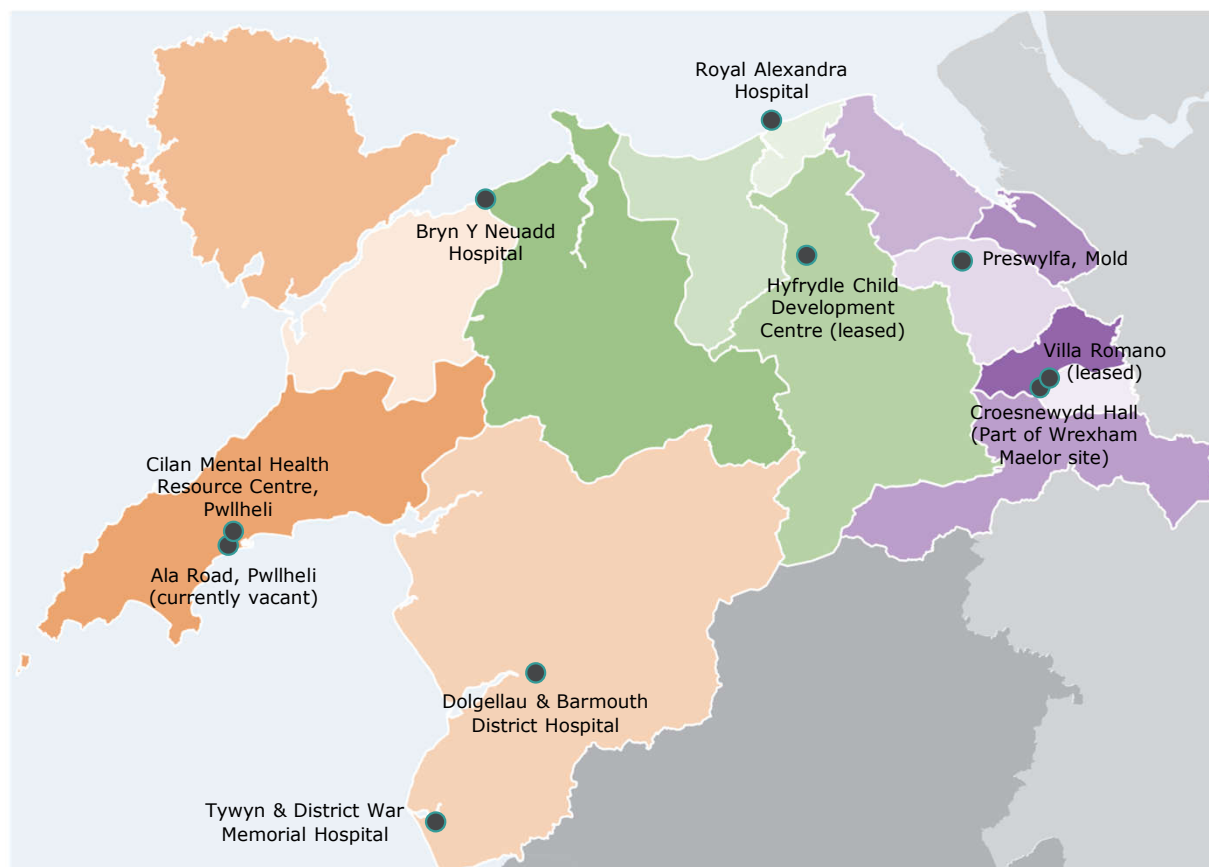
The age range of our estate, which varies widely from the 1813 Denbigh Infirmary to the Flint Health Centre, is summarised below.



†Data from Estates and Facilities Performance Management System (EFPMS) 2021/22 and Welsh Government Review of Primary Care Facilities - Primary Care Premises Database  
\*Data from Asset register, using Gross Internal Area (GIA) m<sup>2</sup> from EFPMS 2021/22 for sites where available. NHS Wales values exclude Welsh Ambulance Service NHS Trust.

## 2.3 Existing Estate - Listed Buildings/Sites

Our estate portfolio contains a number of Grade II listed historic building and grounds (shown below) which, in their own right, add a number of additional challenges regarding their listings and essential maintenance obligations.



### West Integrated Health Community

1	Bryn Y Neuadd Hospital
2	Ala Road, Pwllheli (currently vacant)
3	Cilan Penlan, Pwllheli
4	Dolgellau / Barmouth District Hospital
5	Tywyn District War Memorial Hospital

### Central Integrated Health Community

1	Royal Alexandra Hospital
2	Hyfrydle, Denbighshire (Leased)

### East Integrated Health Community

1	Croesnewydd Hall (Wrexham Maelor site)
2	Villa Romano (Leased)
3	Preswylfa, Mold



## 2.4 Estate Condition and Performance

At aggregate level for all estate\*, our estate falls short of both national targets and NHS Wales average values for all estate condition and performance indicators, except space utilisation.

### National Indicators for Evaluation

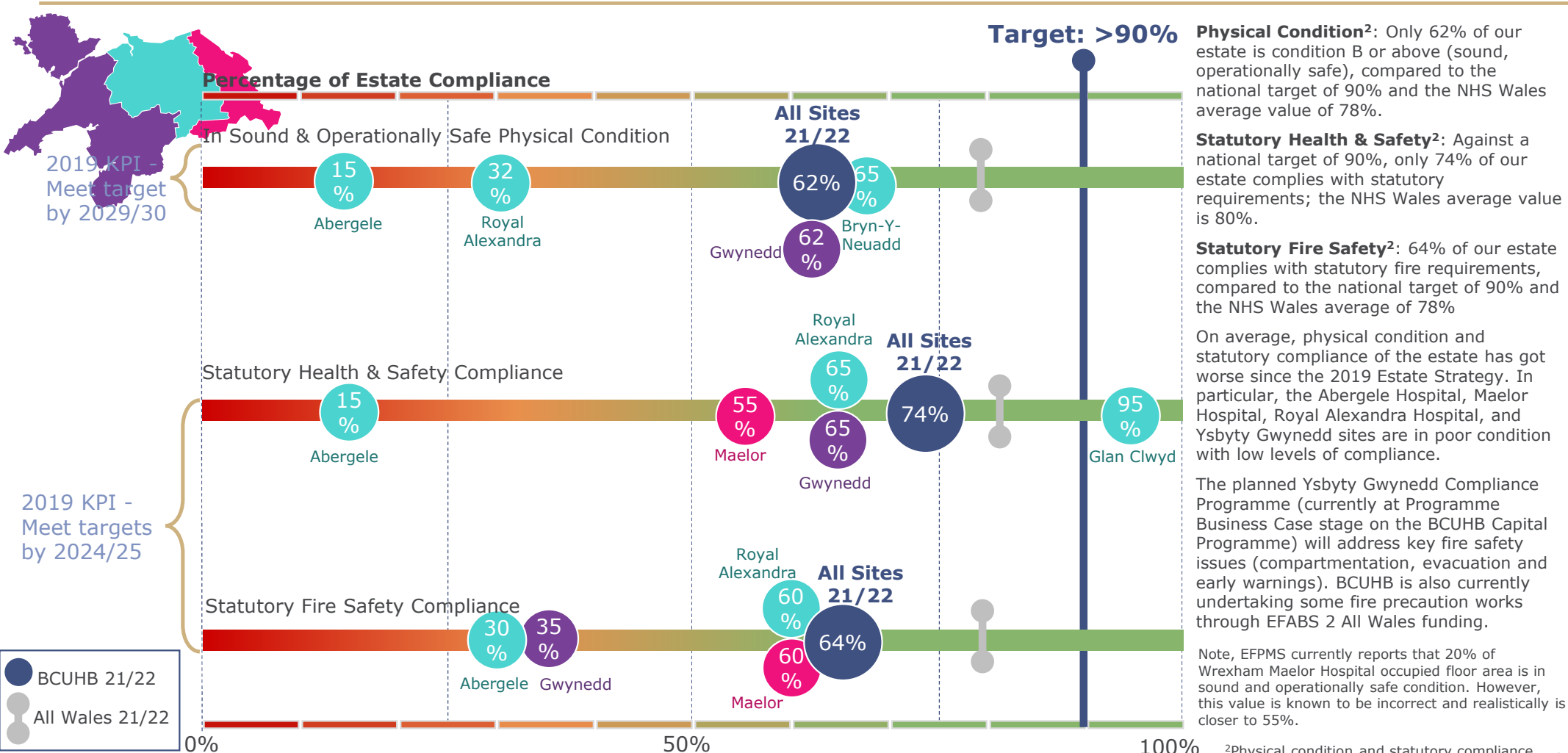
Estate condition and performance is evaluated against the standard indicators (defined by NHS Wales) opposite. Our estate currently falls short of all national targets except space utilisation. BCUHB estate also falls short of NHS Wales average values for all condition and performance indicators except space utilisation. In the 2019 Estate Strategy, compared to NHS Wales average values, our estate performed less well for all indicators except functional suitability. Since 2018/19, BCUHB estate condition and performance has reduced across all indicators except space utilisation.

Indicator	Definition	BCUHB 21-22*	Wales Average 21-22
Physical Condition	A minimum of 90% of the estate should be sound, operationally safe and exhibit only minor deteriorations.	62%	78%
Statutory Compliance	A minimum of 90% of the estate should comply with relevant statutory requirements.	74%	80%
Fire Safety Compliance	A minimum of 90% of the estate should comply with relevant statutory requirements.	64%	78%
Functional Suitability	A minimum of 90% of the estate should meet clinical and business operational requirements with only minor changes needed.	74%	81%
Space Utilisation**	A minimum of 90% of the estate should be fully used.	93%	93%
Energy Performance	The estate should consume no more than 410 kWh/m <sup>2</sup> .	455 kWh/m <sup>2</sup>	383 kWh/m <sup>2</sup>

\*Data for 98 sites from EFPMS 2021/22, including 3 acute sites, 8 mental health inpatient facilities and 15 community hospitals. Excludes significant proportion of primary care properties. NHS Wales values exclude Welsh Ambulance Service NHS Trust.

\*\*Space utilisation based on EFPMS definition of unutilised space: 'Percentage of occupied floor area where space utilisation is classified as being either "empty" or "under-used" as defined in Estatecode and Developing an Estate Strategy documents.'

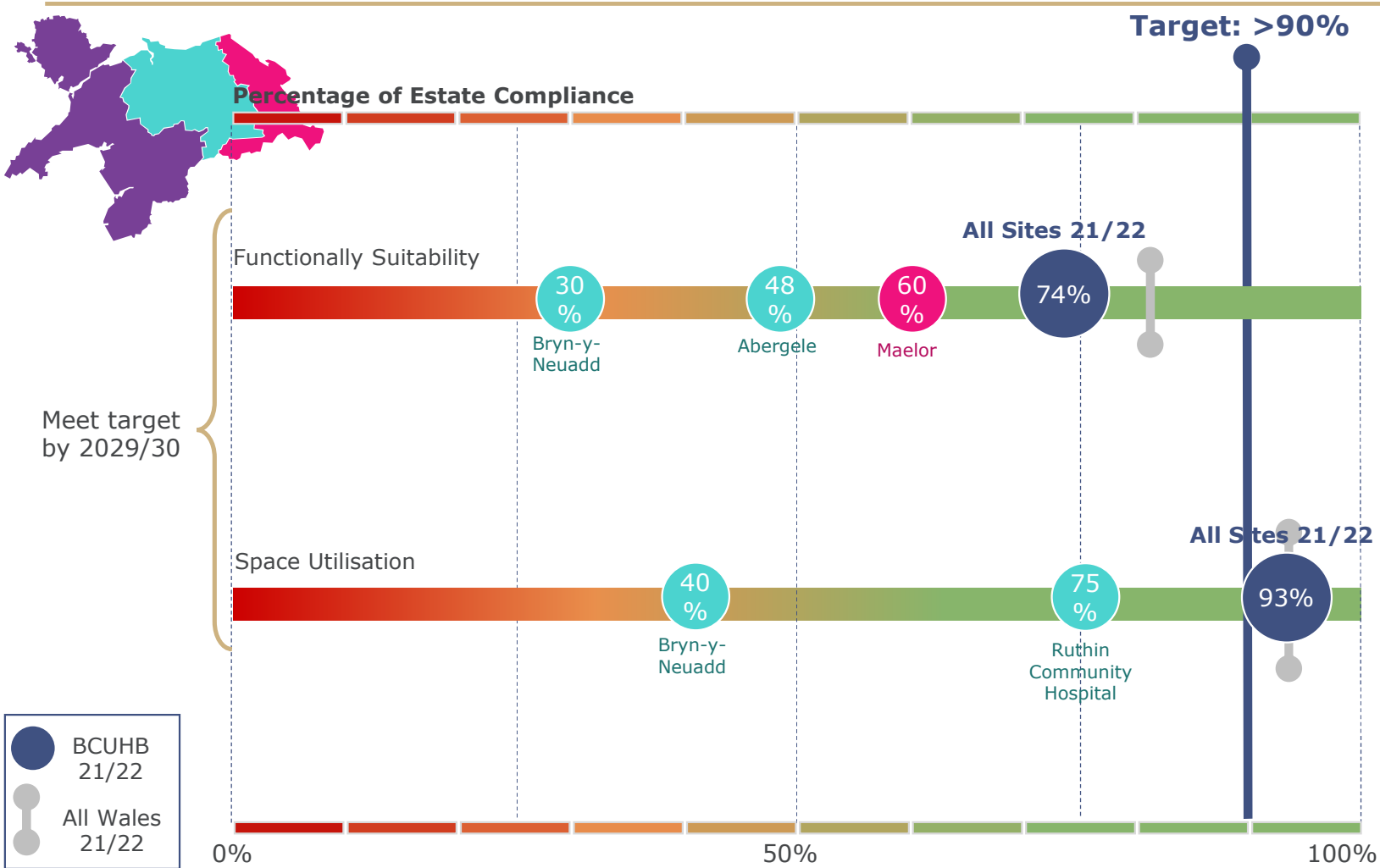
## 2.4.1 Overview - Physical Condition and Compliance (All Properties<sup>1</sup>)



<sup>1</sup> Excludes significant proportion of primary care properties. Values are per occupied floor area (OFA). NHS Wales values exclude Welsh Ambulance Service Trust.

<sup>2</sup>Physical condition and statutory compliance definitions are provided in Appendix 3.

# 2.4.2 Overview - Functional Suitability and Space Utilisation (All Properties<sup>1</sup>)



**Functional suitability<sup>2</sup>:** 74% of our estate is considered to be functionally suitable, compared to the national target of 90% and the NHS Wales average value of 81%.

On average, there has been a reduction in the functional suitability of our estate (from 85% to 74%) since the 2019 Estate Strategy. In particular, Bryn-Y-Neuadd, Abergele and Wrexham Maelor estate all have low levels of functional suitability.

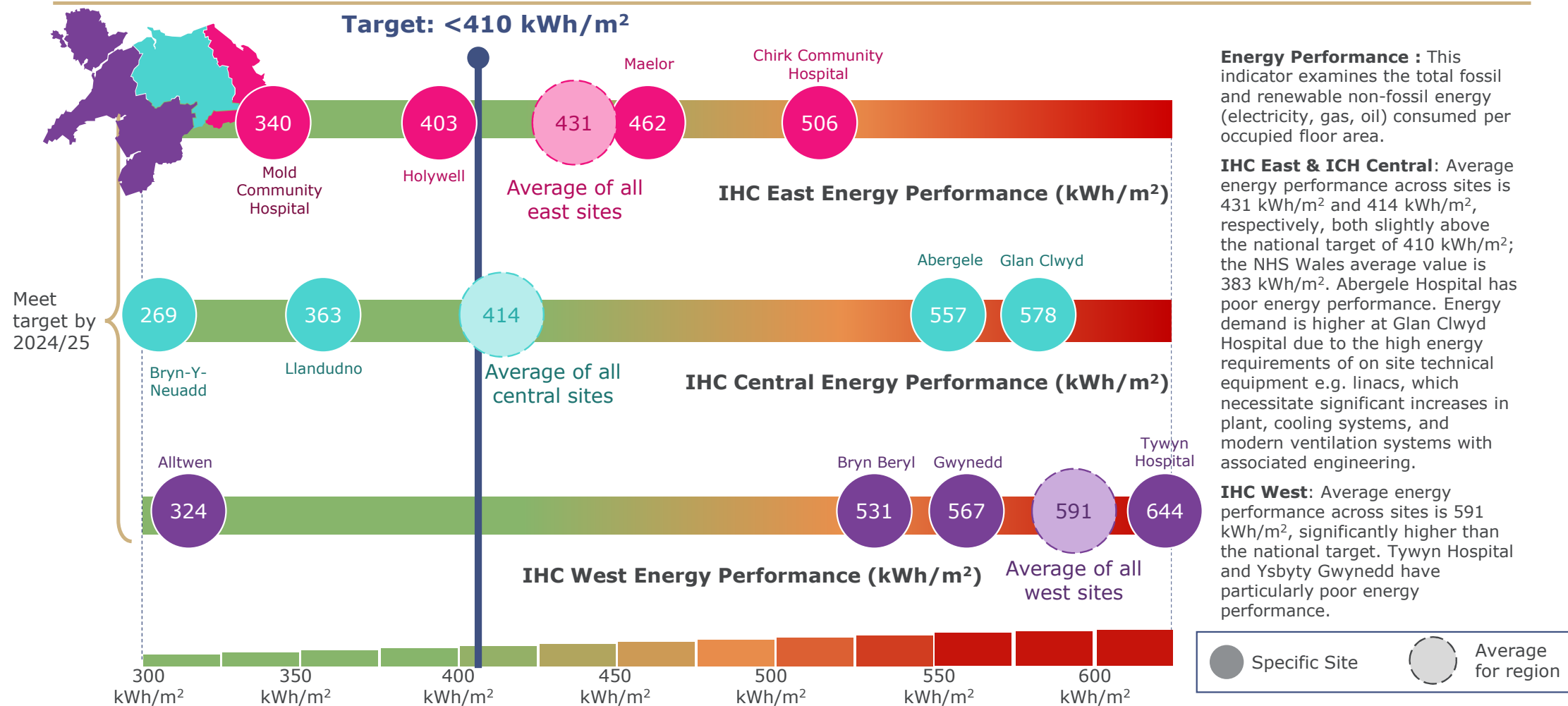
**Space Utilisation<sup>2</sup>:** 93% of our estate is utilised, compared to the national target of 90% and the NHS Wales average value of 93%.

Since the 2019 Estate Strategy, utilisation of the estate has increased (from 88% to 93%). However, this indicator does not identify whether space is being used at the required level of efficiency.

<sup>2</sup>Functional suitability and space utilisation definitions are provided in Appendix 3.

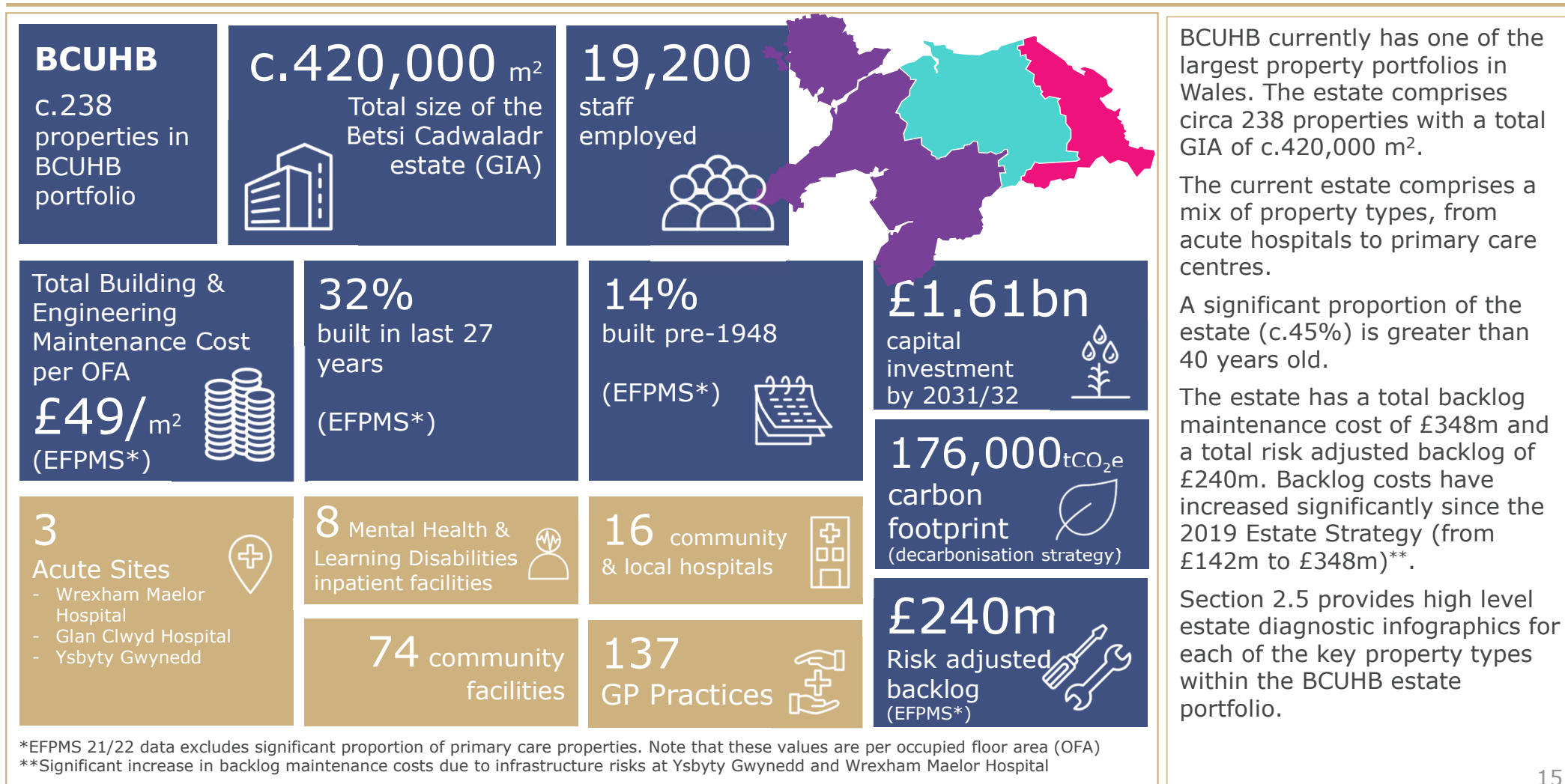
<sup>1</sup> Excludes significant proportion of primary care properties. Note that these values are per occupied floor area. NHS Wales values exclude Welsh Ambulance Service Trust.

# 2.4.3 Overview - Energy Performance (All Properties\*)

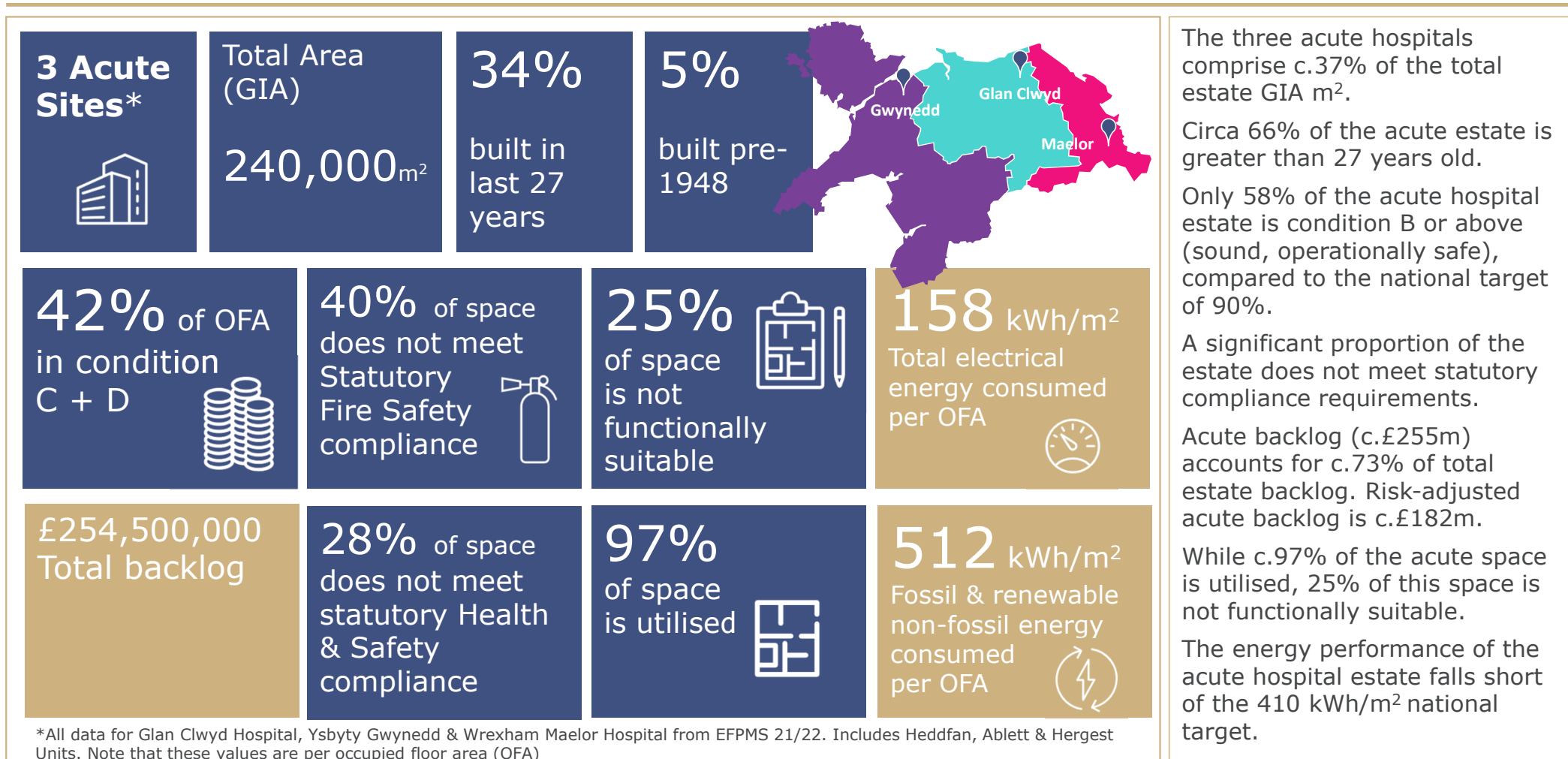


\*kWh from BCUHB Utilities 2021 - 2022 report for each region. Occupied floor areas from EFPMS 2021/22. Excludes significant proportion of primary care properties. Note that values are based on occupied floor area. NHS Wales values exclude Welsh Ambulance Service Trust.

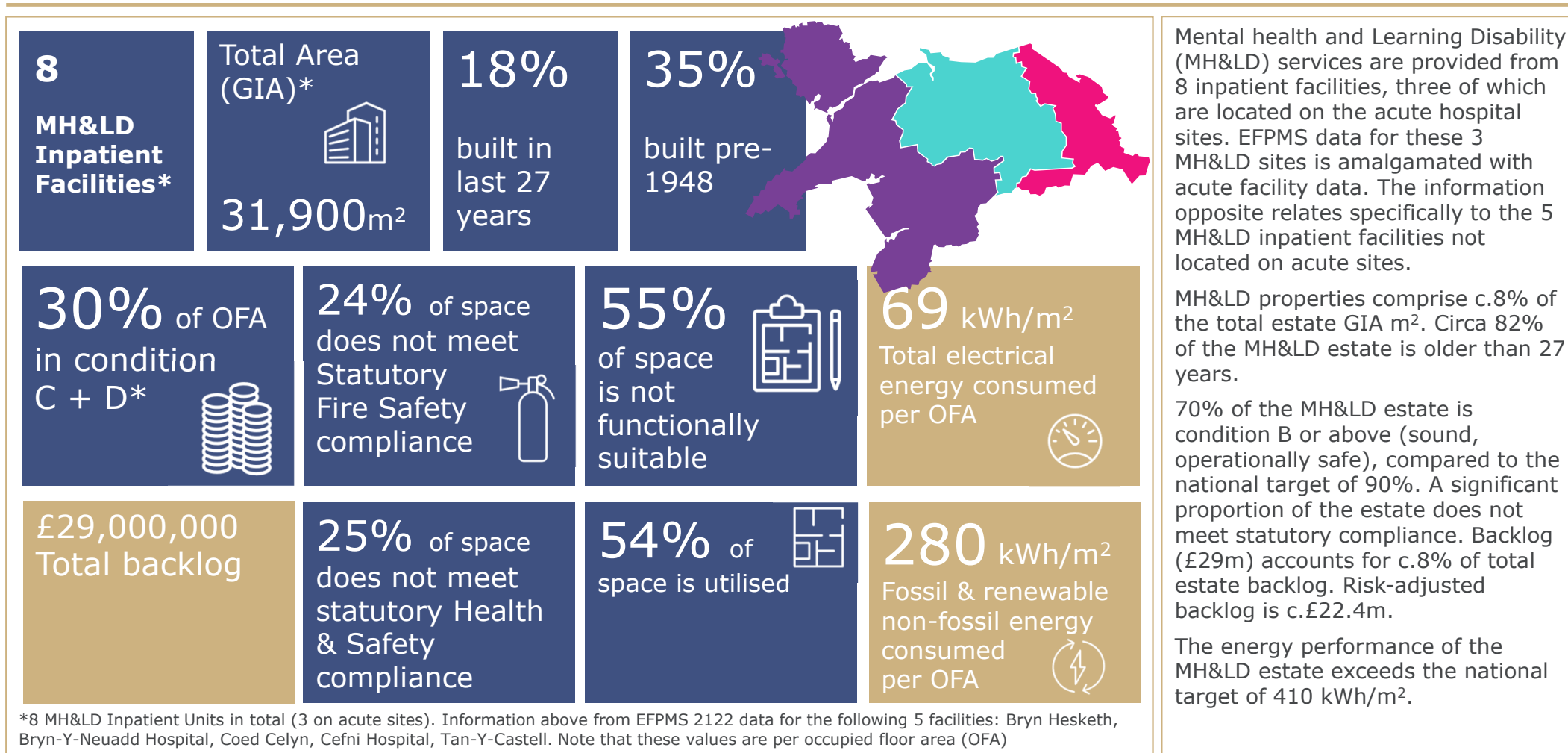
## 2.5 Estate Overview



## 2.5.1 Acute Hospitals- Estate Condition and Performance

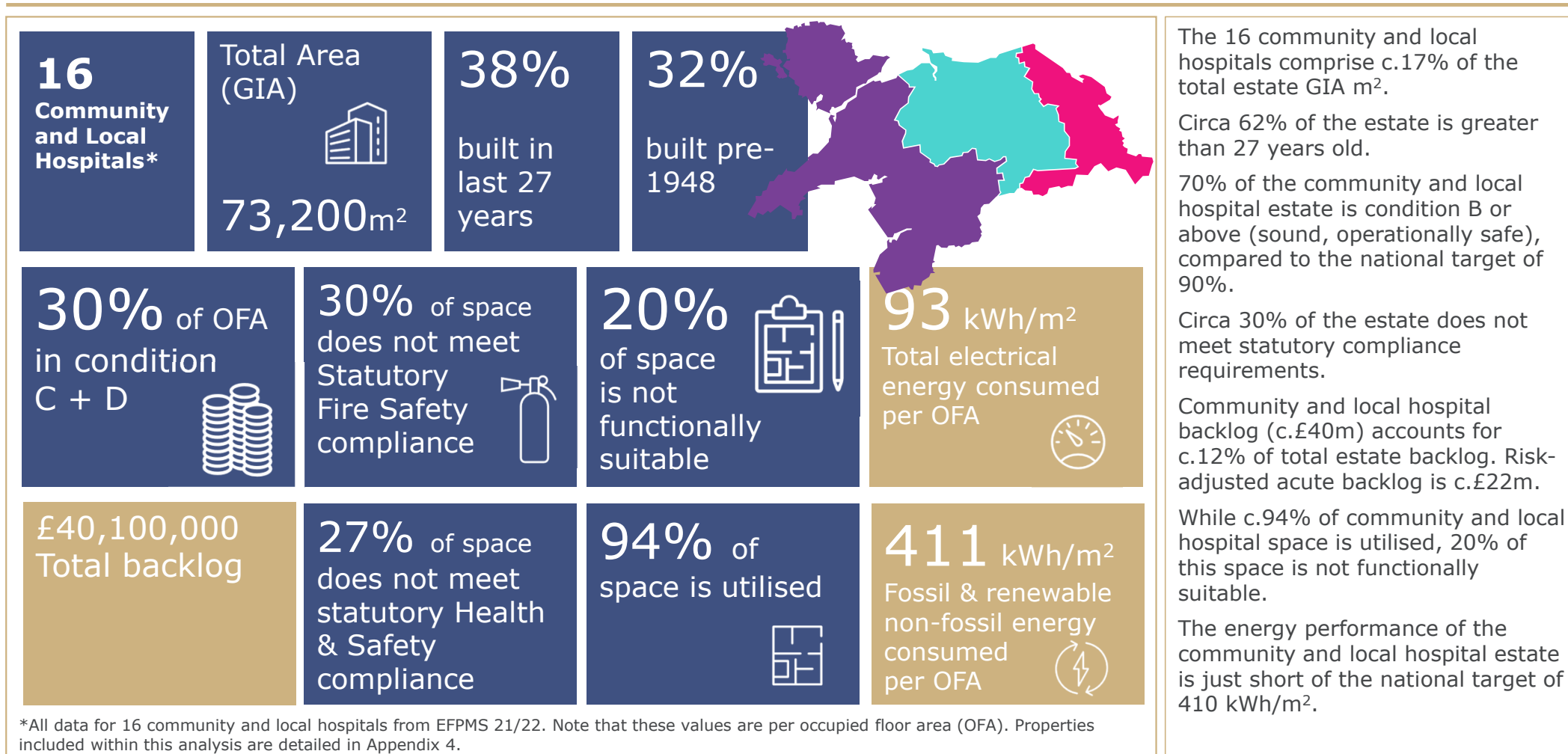


## 2.5.2 Mental Health & Learning Disabilities - Estate Condition and Performance



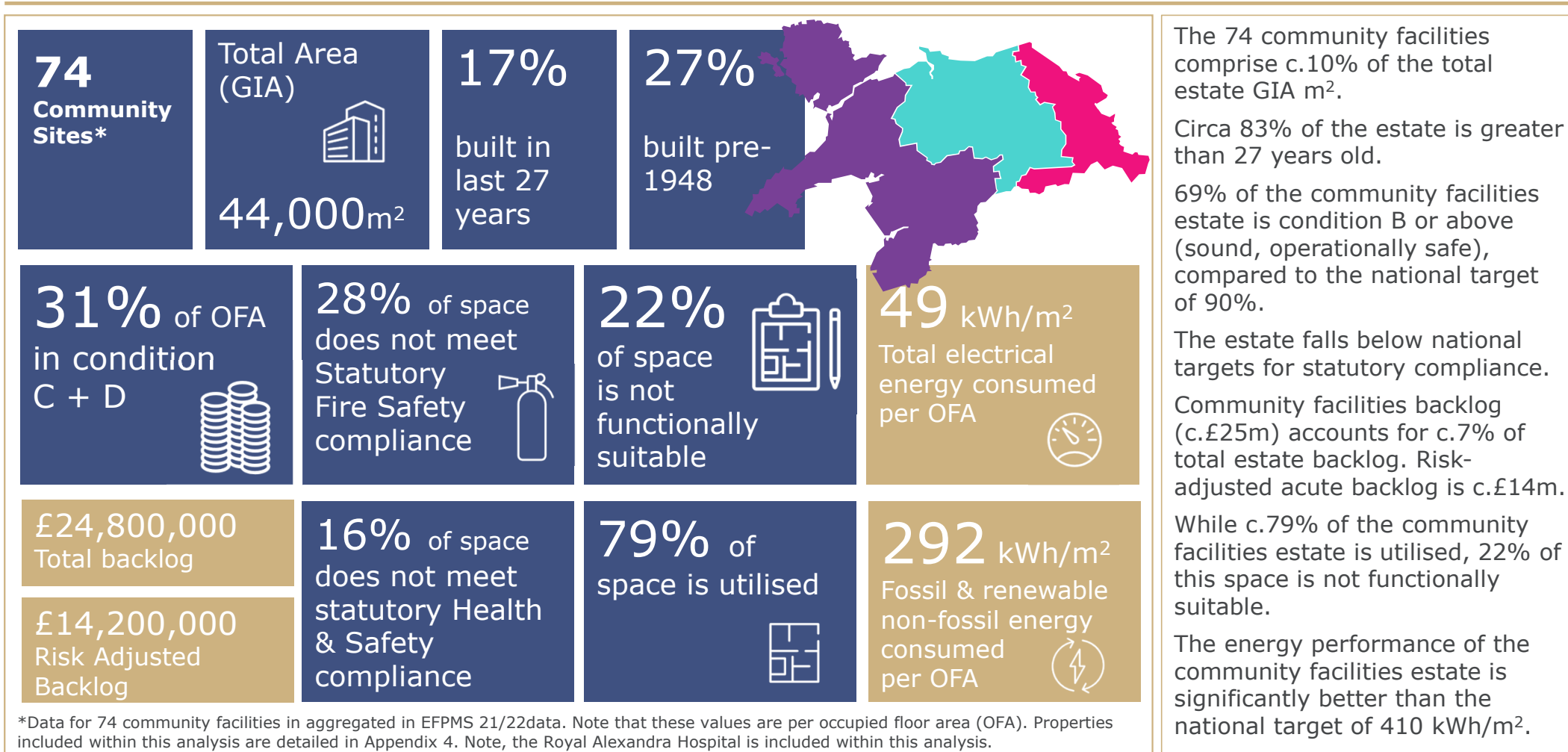


## 2.5.3 Community and Local Hospitals - Estate Condition and Performance





## 2.5.4 Community Facilities - Estate Condition and Performance



## 2.5.5 Primary Care - Estate Condition and Performance

**A complete recent data set for primary care estate condition and performance is currently not available to inform this estate strategy.**

As a significant proportion of BCUHB area primary care properties are not reported on for EFPMS data returns, an accurate assessment of current primary care estate condition and performance is not available via EFPMS. The most recent assessment of 173 BCUHB primary care facilities (the vast majority of which are owned and managed by private providers) was undertaken by Lambert Smith Hampton in 2016. Summary findings on the physical condition, equality/DDA compliance, space utilisation and functional suitability of primary care properties are presented opposite. As there is no reason to assume that the overall condition of the estate has changed significantly since 2016, this assessment is considered to still provide a reasonable representation of condition and performance of the primary care estate. It is also assumed that those properties that were the most expensive in 2016 remain as so.

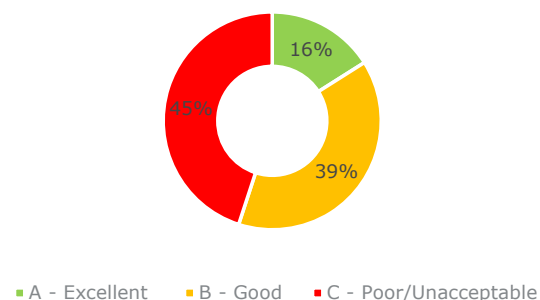
**Physical Condition:** In 2016, total required backlog maintenance across the whole estate was c.£4.5m (excluding VAT) and 45% of the primary care estate was rated as poor/unacceptable. Based on PUBSEC indices forecasts (to 4Q 2022), current backlog costs across the whole estate are estimated at c.£6.8m (excluding VAT).

**Equality Act / DDA compliance:** In 2016, it was estimated that c.£3.2m of work would be required for reasonable modifications to primary care properties to ensure compliance with Equality Act/DDA. Across the whole estate, more Equality Act/DDA compliance issues were identified in comparison to physical space and functionality issues. Based on PUBSEC indices forecasts (to 4Q 2022), current costs for reasonable modifications to primary care properties to ensure compliance with Equality Act/DDA are estimated at c.£4.8m (excluding VAT).

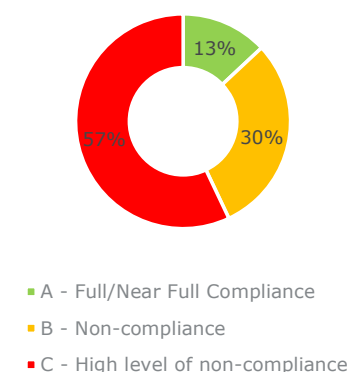
**Space utilisation:** In 2016, only 10% of primary care space was under utilised (typically, space within the more recently constructed properties designed to include future expansion space). This figure is likely to have reduced due to the impact of the COVID pandemic on additional space requirements within primary care properties.

**Functional suitability:** In 2016, 25% of properties had a poor/unacceptable level of functional suitability (generally correlating to either overcrowded or old properties).

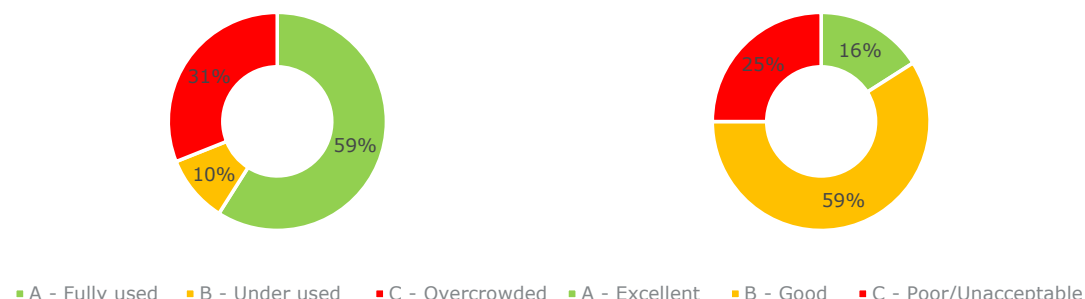
\*Physical Condition – Summary



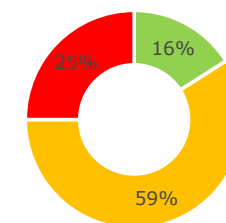
Equality Act (DDA) Compliance - Summary



Space Utilisation – Summary



Functional Suitability - Summary



\*Physical condition ratings based on the following backlog maintenance costs per m<sup>2</sup>: A – Excellent (<£15/m<sup>2</sup>); B – Good (£15-70/m<sup>2</sup>); C – Poor/Unacceptable (>£70/m<sup>2</sup>)

Based on PUBSEC indices forecasts (to 4Q 2022), current backlog maintenance costs per m<sup>2</sup> are estimated as follows: A – Excellent (<£23/m<sup>2</sup>); B – Good (£23-105/m<sup>2</sup>); C – Poor/Unacceptable (>£105/m<sup>2</sup>)

## 2.5.5 Primary Care - Estate Condition and Performance

**Survey work is currently in progress to provide an updated primary care estate data set across Wales.**

### **The Future for Primary Care Premises in Wales**

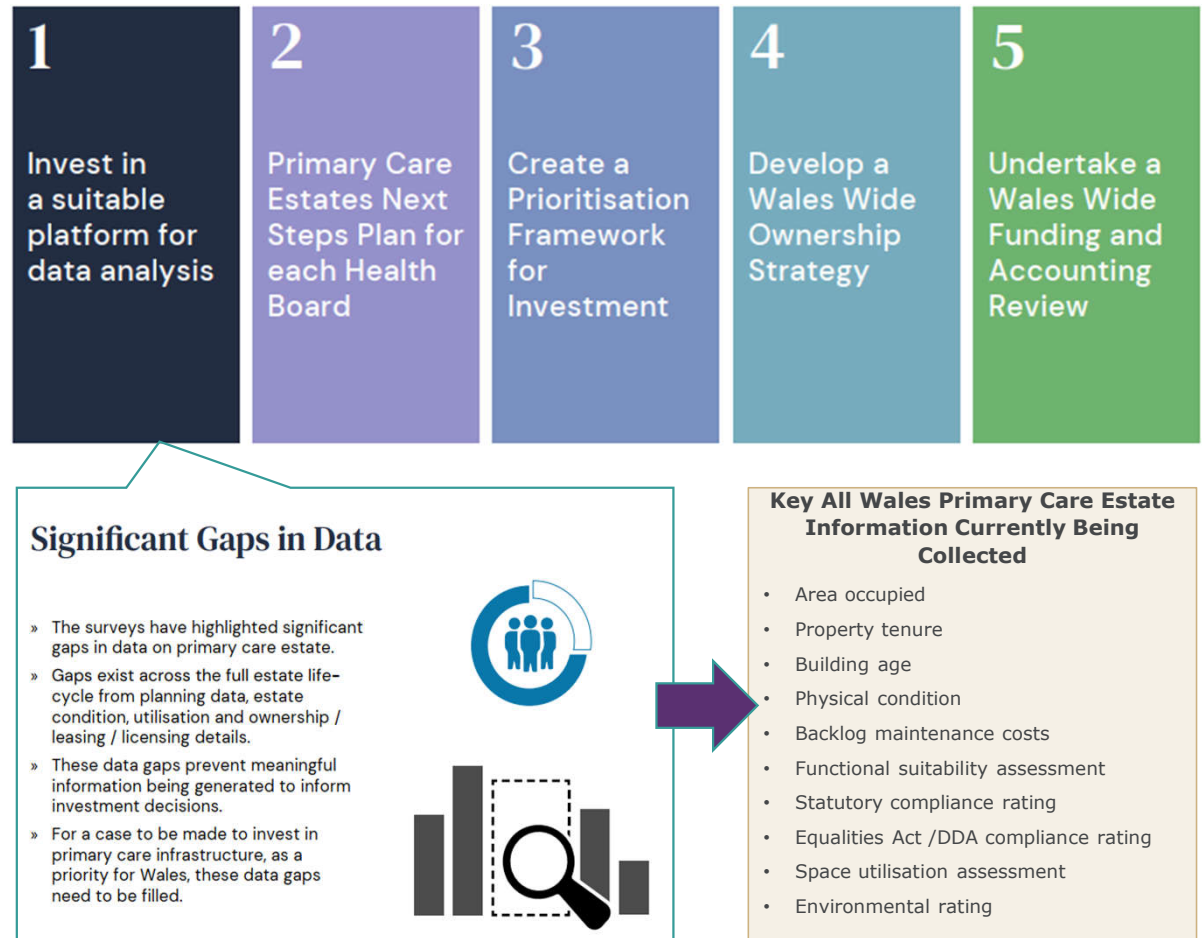
Welsh Government recently (Aug 2021) published the vision for primary care services and premises in Wales (Case for Change: Future for Primary Care Premises in Wales).

This document sets out a roadmap to improvement for primary care estate in Wales. Key steps are listed below:

- Invest in a suitable platform for data analysis
- Develop a primary care estate next steps plan
- Create a prioritisation framework for investment
- Develop a Wales wide ownership strategy
- Undertake a Wales wide funding and accounting review

Currently, significant gaps exist in primary care estate data (planning, condition, performance, ownership / leasing / licensing details) across Wales. Lack of data impacts on the ability to generate informed investment decisions.

To address this issue, a survey of all primary care premises in Wales is being undertaken. Examples of key estate metrics being collected are shown opposite. When available, this information will be used to inform and update our estate strategy.



## 2.6 Estate Backlog Maintenance Costs

Our estate has a total backlog maintenance cost of £348m and a total risk adjusted backlog of £240m. Approximately 73% of total backlog relates to the 3 acute hospitals. Total backlog costs have increased significantly since the 2019 Estate Strategy (from £142m to £348m).

### Backlog Maintenance

Backlog is the cost to bring estate assets that are below acceptable standards (either physical condition or compliance with mandatory fire safety requirements and statutory safety legislation) up to an acceptable condition.

Total 2021/22 backlog costs for all BCUHB properties is £348.4m. Cost to achieve physical condition B is c.£213m. Cost to achieve condition B for fire and safety statutory compliance is c.£136m. Total risk adjusted backlog is c.£240m. The majority (73%) of backlog relates to the 3 acute hospitals. Backlog for MH&LD, Community and Local Hospitals, and Community Facilities each comprise c.10% of total backlog.

**Profile of BCUHB 2021/22 Backlog Maintenance Costs (£m)**

Property Type	Total backlog	High Risk	Significant Risk	Moderate Risk	Low Risk	Risk Adjusted
<i>All Properties</i>	£348.79	£91.81	£142.50	£68.66	£45.42	£239.96
Acute Hospitals*	£254.51	£64.42	£113.42	£45.21	£31.46	£181.49
Mental Health Inpatient*	£28.97	£16.22	£6.38	£4.48	£2.42	£22.41
Community & Local Hospitals*	£40.12	£5.84	£15.07	£12.10	£7.12	£21.82
Community Facilities*	£24.78	£5.33	£8.15	£6.88	£4.43	£14.23
Primary Care†	£0.41					

\*All data from EFPMS 21/22.

†Data from Welsh Government Review of Primary Care Facilities - Primary Care Premises Database for 75/137 properties

## 2.7 Estate Revenue Costs

Our estate has an annual key estate cost of c.£34.7m. Since the 2019 Estate Strategy, annual estate costs have increased by 54% from £22.6m to £34.7m. Our key estate cost/m<sup>2</sup> of c£94 is above the NHS Wales average of c.£66/m<sup>2</sup>.

### Estate Revenue Costs

The table opposite provides a summary of the 2020/21 aggregated BCUHB annual estate costs compared to NHS Wales average costs. Our key total estate cost in 21/22 was c.£34.7m, of which approximately 70% relates to the 3 major acute hospitals, 20% to community hospitals, community facilities and corporate estate.

Since the 2019 Estate Strategy, annual estate costs have increased by 54% from £22.6m to £34.7m. Our key estate cost/m<sup>2</sup> of c£94 is above the NHS Wales average of c.£66/m<sup>2</sup>. Factors influencing our increasing estate costs and higher costs/m<sup>2</sup> (compared to the NHS Wales average) are as follows:

- The age, scale and geographic spread of our estate across North Wales represents significantly more risk; the ageing estate profile requires more maintenance
- We are investing more revenue on estates due to the deteriorating condition of the estate

- We are spending more on the estate to make it more compliant
- Due to the COVID pandemic, there is an increased focus on compliance and environmental improvement.

2021/22 Key Estate Costs*	BCUHB Cost (£m)	BCUHB (£/m <sup>2</sup> )	NHS Wales Average (£/m <sup>2</sup> )
<b>Estate Costs</b>			
Building and engineering <sup>1</sup>	£18.10M	£48.79	£28.48
Total energy	£13.16M	£35.48	£29.96
Water	£1.37M	£3.69	£2.04
Sewage	£0.83M	£2.25	£1.77
Waste	£1.28M	£3.46	£3.29

\*All data from EFPMS 2021/22. NHS Wales values exclude Welsh Ambulance Service NHS Trust. Definitions as per EFPMS. Excludes significant proportion of primary care properties.

<sup>1</sup>Building and engineering costs defined as total pay and non-pay costs for the provision of building and engineering maintenance services, to maintain the whole of the building fabric sanitary ware, drainage, engineering infrastructure, systems and plants, etc. both internally and externally to the buildings. Includes labour and materials costs for all directly employed and contract staff. Includes all capital investment costs that have been expensed in support of the maintenance function but excludes all capital modernisation works involving adaptations improvements, and alterations included items that will be redefined as revenue to capture the final accounts.

## 2.8 Stakeholder Engagement - Summary Priorities Statement

Engagement with stakeholders across BCUHB to understand current key estate issues revealed the requirement to address a number of immediate priorities (summarised below).

### Current State – Stakeholder Engagement

Engagement with stakeholders from the following key groups was undertaken, either via structured interviews or workshops, to understand key current estate issues and priorities to inform development of the future estate vision.

#### Integrated Health Communities and clinical leads

- Ysbyty Gwynedd
- Glan Clwyd Hospital
- Wrexham Maelor Hospital
- Community Dental Services
- Primary and Community Care
- Mental Health and Learning Disabilities
- Midwifery and Women's Services
- Cancer and Diagnostics and Clinical support
- Patient Safety and Experience

#### Corporate and external

- Board
- Health Board Leadership Team
- Capital Investment Group
- Clinical Senate
- Community Health Council

#### Estates

- Health, safety, and equality
- Operational estates
- Property and asset management

### Summary Priorities - Immediate issues



## 2.9 Key Estate Risks and Challenges

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Our estate is facing significant risks and challenges and severe limitations on expected future funding. The current estate is not sustainable or viable in the long term and will not support the implementation of key BCUHB strategies and is a significant risk to the Board.

### **Evaluation of key BCUHB estate condition and performance indicators (as per 2021/22 EFPMS data) can be summarised as follows:**

**Physical Condition:** Only 62% of BCUHB estate is condition B or above (sound, operationally safe), compared to the national target of 90%; the NHS Wales average value is 78%.

**Statutory Health & Safety:** Against a national target of 90%, only 74% of BCUHB estate complies with statutory requirements; the NHS Wales average value is 80%.

**Statutory Fire Safety:** 64% of BCUHB estate complies with statutory fire requirements, compared to the national target of 90% and the NHS Wales average of 78%

On average, physical condition and statutory compliance of the estate has got worse since the 2019 Estate Strategy. In particular, the Abergele Hospital, Wrexham Maelor Hospital, Royal Alexandra Hospital, and Ysbyty Gwynedd sites are in poor condition with low levels of compliance.

**Functional suitability:** 74% of BCUHB estate is considered to be functionally suitable, compared to the national target of 90% and the NHS Wales average value of 81%.

On average, there has been a reduction in the functional suitability of BCUHB estate (from 85% to 74%) since the 2019 Estate Strategy. In particular, Bryn Y Neuadd Hospital, Abergele Hospital and Wrexham Maelor Hospital estate all have low levels of functional suitability.

**Space Utilisation\*:** 93% of the BCUHB estate is utilised, compared to the national target of 90% and the NHS Wales average value of 93%. Since the 2019 Estate Strategy, utilisation of the estate has increased (from 88% to 93%). However, this indicator does not identify whether space is being used at the required level of efficiency.

**Energy Performance:** This indicator examines the total fossil and renewable non-fossil energy (electricity, gas, oil) consumed per occupied floor area.

**IHC East & ICH Central:** Average energy performance across sites is 431 kWh/m<sup>2</sup> and 414 kWh/m<sup>2</sup>, respectively, both slightly above the national target of 410 kWh/m<sup>2</sup>; the NHS Wales average value is 383 kWh/m<sup>2</sup>. Glan Clwyd Hospital and Abergele Hospital have poor energy performance.

**IHC West:** Average energy performance across sites is 591 kWh/m<sup>2</sup>, significantly higher than the national target. Tywyn Hospital and Ysbyty Gwynedd have particularly poor energy performance.

\*Space utilisation based on EFPMS definition of unutilised space: 'Percentage of occupied floor area where space utilisation is classified as being either "empty" or "under-used" as defined in Estatecode and Developing an Estate Strategy documents.'



## 2.9 Key Estate Risks and Challenges

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**The major risks presented by our current estate may be summarised as follows:**

### **Ysbyty Gwynedd (YG)**

- The highest backlog maintenance in the property portfolio
- The age and resilience of the engineering infrastructure
- A significant percentage of occupied floor area is condition C/D, not compliant with statutory requirements, and not functionally suitable
- The design and layout of YG presents infection prevention and control risks, and does not comply with current guidance or support efficient working and new models of care
- The planned YG Compliance Programme (currently at Programme Business Case stage on the BCUHB Capital Programme) will address key infrastructure and fire safety issues (compartmentation, evacuation and early warnings) and focus on the following areas:
  - Fire packages
  - Evacuation packages
  - Low voltage infrastructure
  - Heating and ventilation

- Medical gases and distribution pipework

- Water systems

- Building fabric

- BCUHB is also currently undertaking some fire precaution works through EFABS 2 All Wales funding

### **Wrexham Maelor Hospital (WMH)**

- The second highest backlog maintenance in the estate
- The age and resilience of the engineering infrastructure
- 80% of occupied floor area is condition C/D, with high percentages not compliant with statutory requirements, and not functionally suitable
- The design and layout of WMH presents infection prevention and control risks, and does not comply with current guidance or support efficient working and new models of care
- The WMH Continuity Programme (currently at Full Business Case stage on the BCUHB Capital Programme) will address key infrastructure issues and focus on the following areas:
  - Completion of the existing HV Ring Main
  - New Intake and Phase 1 electrical sub stations



## 2.9 Key Estate Risks and Challenges

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- Replacement of obsolete fire alarm panels
- Oxygen accessible pipework
- Heating and domestic hot and cold water to the former “EMS” area
- Replacement of critical damaged fire door sets across the site
- Replacement of vacuum plant to Nucleus phases 1&2; replacement of medical air plant to Nucleus Phase 2
- Address the red risks as identified within the fire survey

### **Glan Clwyd Hospital**

- Backlog maintenance of c.£37m
- The Glan Clwyd Hospital compliance and electrical capacity project (currently on the BCUHB Capital Programme) will address key infrastructure issues focused on upgrading electrical infrastructure

### **Abergele Hospital**

- Backlog maintenance of c.£15.5m; 80% of occupied floor area is condition C/D, with similar amounts of floor area not compliant with statutory requirements, and not functionally suitable
- 10% of occupied floor area is unutilised

### **Royal Alexandra Hospital (RAH)**

- The age, design and physical condition of the building and engineering infrastructure
- Backlog maintenance of c.£15.3m
- 68% of occupied floor area is condition C/D, with 35-40% of occupied floor area not compliant with statutory requirements
- The RAH development project (currently at Full Business Case stage on the BCUHB Capital Programme) will address key infrastructure and statutory issues

### **Bryn Y Neuadd Hospital**

- The age, design and physical condition of the building and engineering infrastructure
- Backlog maintenance of c.£27.7m
- 35% of occupied floor area is condition C/D, with moderate levels of statutory non-compliance
- 70% of occupied floor area is not functionally suitable, with 60% of area being underutilised
- 40% (c.10,800m<sup>2</sup>) of the site GIA m<sup>2</sup> is unoccupied

## 2.9 Key Estate Risks and Challenges

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The design and layout of the **Hergest Unit, Ablett Unit, Cefni Hospital and Bryn Hesketh Hospital** are not considered fit for purpose and do not support new models of Mental Health care (Hergest Unit and Ablett Unit redevelopment schemes are on the current BCUHB capital programme); this will particularly impact on the following:

- Provision of an appropriate physical environment for Mental Health and Learning Disabilities services
- Service user privacy and dignity, experience, behaviours and security
- Compliance with Royal College of Psychiatrists guidance

The age, design and physical condition of the building and engineering infrastructure of:

- Colwyn Bay Hospital
- Denbigh Hospital
- Eryri Hospital
- Ruthin Hospital

The design and engineering infrastructure of **Dolgellau Hospital**.

Space limitations within community properties may prevent colocation of large teams and impact on model of care delivery.

Insufficient provision of space for training purposes; lack of accommodation for people in training.

### Net Zero Risks and Challenges

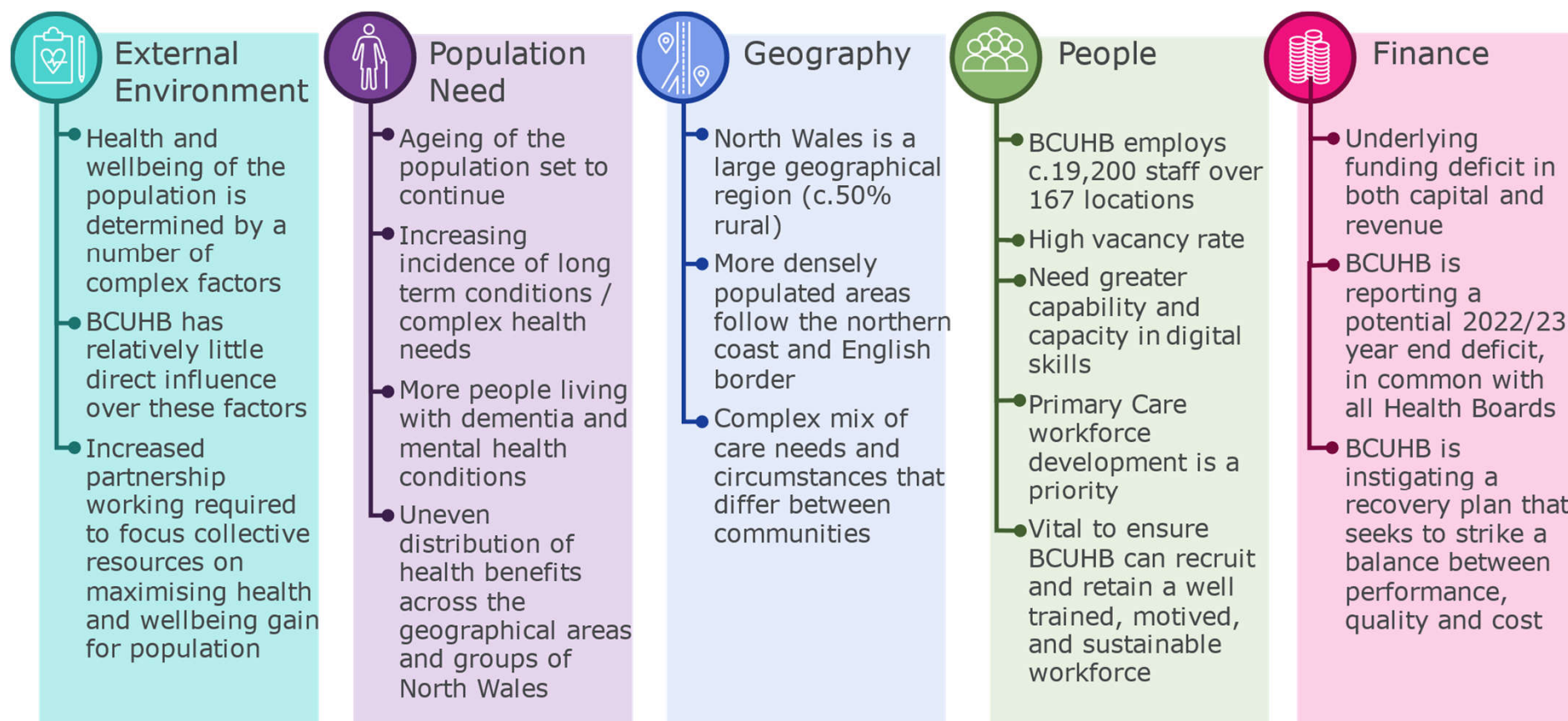
- Heat decarbonisation: To comply with NHS and Welsh Government targets, fossil fuelled boilers and CHP approaching end of life, such as at Glan Clwyd Hospital and the CHP plant at Ysbyty Gwynedd, must be identified and option appraisals conducted to switch to clean heat
- Transport: Progress on EV rollout across the estate, with 30% of lease cars electric, and 20x EV charging points having been installed at the Wrexham Maelor Hospital site, could be challenged by growing demand for charging on site
- Renewables: NHS Wales target to maintain 100% REGO backed electricity supply, could become difficult on the BCUHB estate given inflationary pressures in energy markets that are expected to continue into 2023/24
- Clinical emissions: NHS Wales ambition to use methods to minimise gas wastage and technologies to capture expelled medical gases has been identified as a significant concern by the clinical team at BCUHB

## **3.0 Future State (Where Do We Want To Be?)**

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## 3.1 Strategic Challenges

Operating in a complex and diverse environment, BCUHB faces a number of key strategic challenges as summarised below.



## 3.2 Strategic Context

In March 2018, BCUHB approved its long term strategy, Living Healthier, Staying Well, which outlines the vision for health, wellbeing and healthcare over the next ten years.

Living Healthier, Staying Well underpins the strategic framework for our future estate that will be designed to support health and wellbeing, primary and community services through a network of wellbeing centres. This network will be supported by three acute hospital campuses providing acute and specialist care together with key support services (clinical and non-clinical).

Through targeted development, repurposing, reconfiguration and rationalisation the property portfolio will be aligned to support the 14 clusters and three acute hospital campuses, with estate capacity and size reflecting the shift in care closer to home and new models of working. The future estate will support the development of regional facilities providing centres of clinical excellence and support services to all of North Wales and will be designed to be sustainable, reduce environmental impact and to support the wider economic, social and cultural wellbeing of North Wales.

The BCUHB Clinical Services Strategy (June 2022) sets out the future direction and strategic intentions for clinical services in North Wales. It provides a 'blue print' for large-scale service redesign and in conjunction with Living Healthier, Staying Well will guide implementation of the estate strategy.



Clinical, operational  
& financial  
sustainability



Holistic,  
person-centred  
care



Service user  
empowerment



Care closer  
to home



Improved  
population health  
& well-being



Integrated,  
partnership  
working



Digital  
optimisation



Step-change  
towards  
decarbonisation



Anchor institution  
for social value

### 3.3 Strategic Service and Business Objectives Informing Estate Need

The impact of BCUHB's vision, strategic objectives, major programmes and transformation priorities on future key estate requirements is summarised below.

Vision/ ambition	Lead the way on integrated care, supporting health improvement for the population now and in the future						
Strategic objectives	Improve health and wellbeing for all and reduce health inequalities	Support children to have the best start in life	Work in partnership to design and deliver excellent care closer to home	Support, train and develop our staff to excel	Improve the safety and quality of all services	Respect individuals and maintain dignity and care	Listen to and learn from the experiences of individuals
Overlapping major programmes	Improving health and reducing inequalities		Care closer to home		Excellent hospital care		
Transformation priorities	<ul style="list-style-type: none"><li>• Healthy lifestyles</li><li>• Protection and prevention</li><li>• Resilient communities, tackling inequalities</li></ul>		<ul style="list-style-type: none"><li>• Secondary prevention and early intervention</li><li>• Health and Social Care working together in local communities</li><li>• Access to care in an emergency</li></ul>		<ul style="list-style-type: none"><li>• Sustainable planned care</li><li>• Unscheduled care</li><li>• Specialist and complex care</li></ul>		
Impact on current and future estate							
Key estate requirements	Examine how we use current facilities	Share facilities with other services and organisations when possible	Develop Health and Wellbeing Centres	Improve facilities so mothers have a positive birth experience	Modernise hospitals and other facilities as required	Dispose of premises that are expensive to run or do not support models of care	Ensure buildings are more eco-friendly

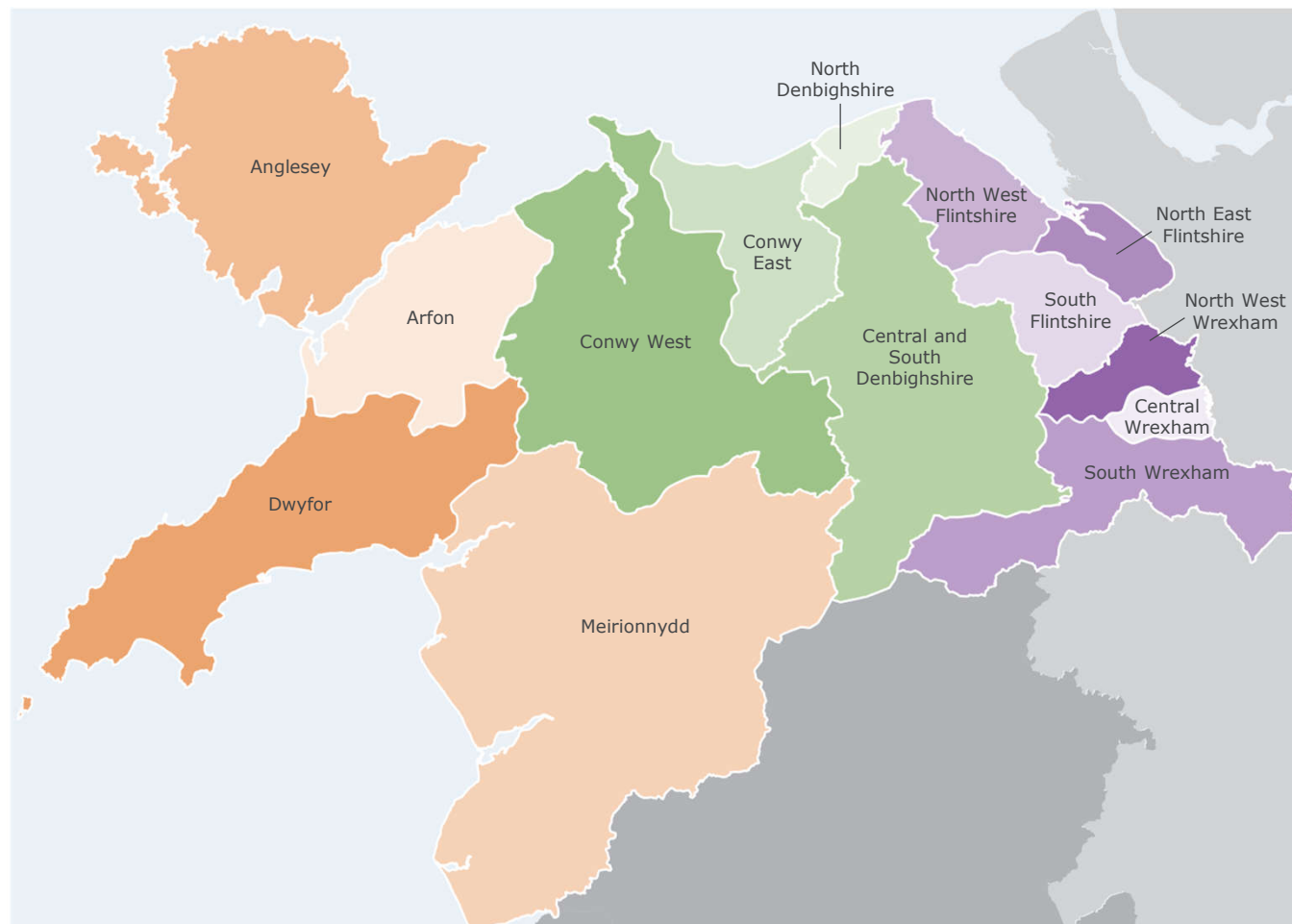


## 3.4 Opportunities - Context

The long term strategy, Living Healthier, Staying Well, outlines the vision for health, wellbeing and healthcare over a 10 year period from 2018 and defines future models of care delivery for BCUHB.

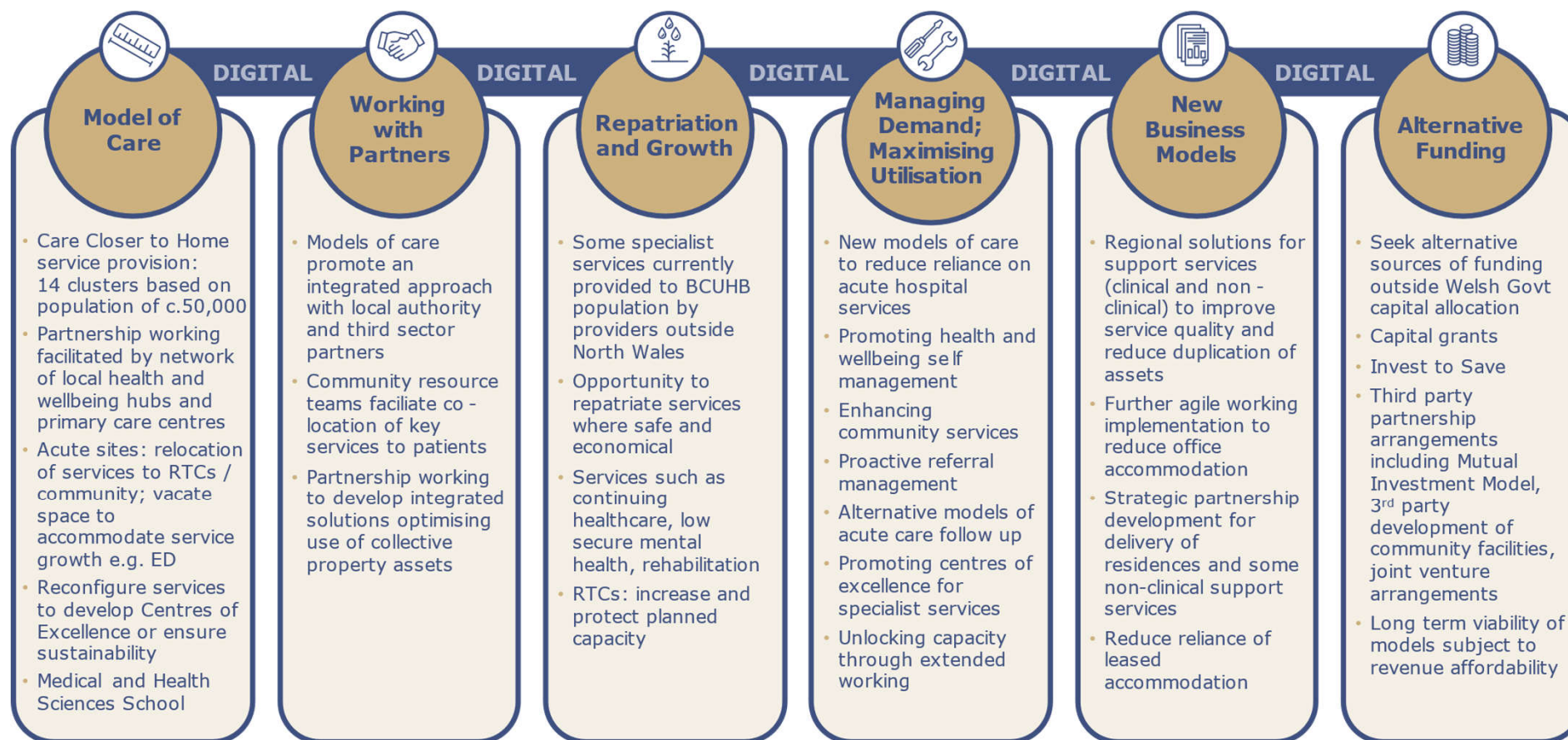
Across the three Integrated Healthcare Communities, 14 clusters, broadly coterminous with local authorities and based on a population of c.50,000, will form the footprint through which Care Closer to Home services are delivered. Within each cluster local community resource teams, GPs and mental health services will work together with local authority and the third sector partners offering a range of advice, assessment and treatment services.

To support enhancement of services within communities, there will be further development of networks of Health and Wellbeing Hubs and Primary Care Centres. Primary care facilities incorporating primary care, community services and partner organisation services will be supported by Health and Wellbeing Hubs providing a wider range of services typically incorporating urgent care (minor injuries), ambulatory consultations and treatment, and inpatient activity.



## 3.5 Opportunities - Detail

Key high level opportunities informing our strategic estate framework fall within the following broad categories: new models of care, integrated partnership working, repatriation/growth of activity, managing demand and maximising utilisation, new business models and alternative funding routes. Further specific detail on these opportunities is provided below.





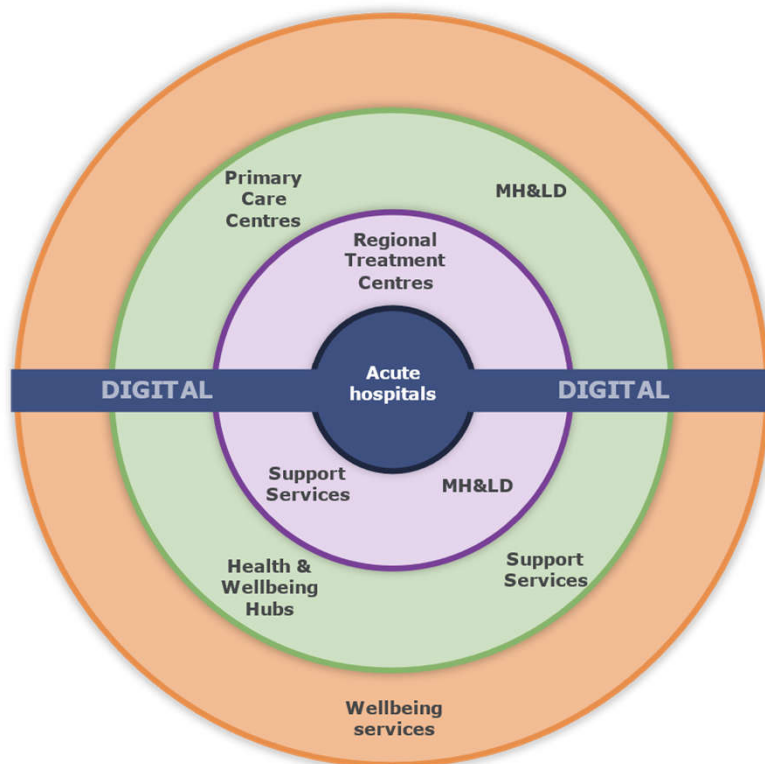
## 3.6 Vision for the Future Estate

Living Healthier, Staying Well defines the ambition for delivery of BCUHB health and care services that provide the strategic framework for our future estate. This vision, framework and detail regarding specific services and property types for delivery of services is summarised below. Additional detail is provided in the following pages.

### Summary of Vision for Future Estate

- Estate that is fit for purpose; provides a safe and effective environment for patients, carers, visitors and staff
- The estate is aligned to clinical and enabling strategies and supports transformation plans
- The efficiency of the estate is improved through appropriate utilisation and investment
- Duplication is eradicated to enable release of assets for direct patient care or disposal
- Assets are employed effectively to deliver value for money
- An agile estate that is able to respond to new growth requirements of services
- Estate that enables a step-change towards decarbonisation and net zero targets

### Strategic Framework for Future Estate



**Wellbeing services** : delivered in a range of public and commercial settings, and at home; focus on improving health and reducing inequalities



**Primary care centres**: A network of primary care facilities to enhance the existing portfolio of primary care centres and health centres



**Health and Wellbeing hubs** : Each geographical care cluster supported by at least one Health and Wellbeing hub



**Mental Health, Learning Disabilities and Substance Misuse services** : Community services colocated with community resource teams; additional accommodation required for inpatient, rehabilitation, specialist support and interventional services.



**Regional Treatment Centres** : Provide outpatient appointments, diagnostic tests and day surgery.



**Excellent hospital care** : Commitment to provide acute hospital care from three hospital campuses (Wrexham Maelor, Glan Clwyd, Ysbyty Gwynedd)



**Support services estate** : Including offices, training and academic centres, residences, medical records storage, HSDU, laundry, workshops and call centre.

## 3.6 Vision for the Future Estate

### 3.6.1 Improving Health and Reducing Inequalities

Services focused on supporting health and wellbeing and reducing inequalities will be delivered in a range of settings to facilitate ease of public access. Locations for delivery may include:

- Public community facilities, such as sports and fitness centres, community halls, and libraries
- Commercial premises such as pharmacies, supermarkets, health stores, theatres/cinemas
- Health facilities (including primary care and general dental services)
- Local authority and third sector properties

### 3.6.2 Care Closer to Home

The future network of community facilities required to deliver primary care, community, and mental health, learning disability and substance misuse services will be developed to align with the 14 clusters across the three integrated health communities, meet population needs and consider the impact of geographical factors such as location, transportation links and travel times.

#### Health and Wellbeing Hubs

It is expected that each of the 14 clusters will be supported by at least one Health and Wellbeing Hub. This network of hubs will build upon the existing portfolio of community and local hospitals and Health and Wellbeing Centres. Health and Wellbeing Hubs may be delivered via use of existing properties, by reconfiguration of existing facilities or development of new properties.

### Primary Care Centres

Welsh Government recently (Aug 2021) published the vision for primary care services and premises in Wales (Case for Change: Future for Primary Care Premises in Wales). This document sets out a roadmap to improvement for primary care estate in Wales. Key steps are listed below:



Key stages in this roadmap for all Health Boards focus on development of a next steps plan for primary care and creation of a prioritisation framework for investment.

The BCUHB clinical strategy for primary care is currently emerging. While the focus on Accelerated Cluster Development and delivery of place-based care within clusters is currently at the early stages, there are some notable examples of where BUCHB has begun to move forwards with the vision.

## 3.6 Vision for the Future Estate

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As described within Living Healthier, Staying Well, the proposed network of primary care facilities will build upon the existing portfolio of primary care centres and health centres and will provide access points to health and wellbeing services in primary care settings. Primary Care Centres may be delivered by using existing properties, by reconfiguring existing facilities or by development of new properties. There should also be a drive to deliver primary care services from appropriate non-healthcare (e.g. town centre) premises.

Options for delivery of the primary care centre vision must ensure the provision of sufficient accommodation within facilities to enable delivery of effective and efficient education and training requirements. This will require further evaluation of preferred approaches for education and training (e.g. face to face vs virtual) and alignment with existing primary care space capacity and utilisation (likely to require investigation via the use of room occupancy software).

Delivery of the Care Closer to Home vision via Primary Care Centres and Health and Wellbeing Hubs should also consider the possibility of extended working to maximise asset utilisation and reduce capital investment.

BCUHB will continue to seek Welsh Government funding for the delivery of primary care services via the Health and Social Care Integration and Rebalancing Capital Fund (IRCF).

The Board will also continue to seek opportunities to access Welsh Government improvement grants to support improvement of the condition, functional suitability, performance and sustainability of non-BCUHB primary care estate, subject to value for money assessments.

### 3.6.3 Mental Health, Learning Disabilities and Substance Misuse

The BCUHB Mental Health Strategy (2017) outlines a vision to support prevention, early intervention, support of service users within the community and a reduction in acute admissions.

Inpatient care will continue to be focused on the three acute sites together with facilities providing secure/rehabilitation services, learning disability units, and Child and Adolescent Mental Health Services facilities.

Community services may be delivered from existing facilities or from Health and Wellbeing Hubs to normalise/destigmatise attendance and enhance service user experience. Community Mental Health Teams will be co-located with the wider community resource teams with some additional accommodation required for specialist support and interventional services.

Similarly, primary care mental health teams will deliver services from primary care premises.

## 3.6 Vision for the Future Estate

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### 3.6.4 Excellent Hospital Care

There is a commitment to provide acute hospital care from the three hospital campuses at Ysbyty Gwynedd, Glan Clwyd Hospital and Wrexham Maelor Hospital.

There are plans for investment on all three acute sites, especially Wrexham Maelor Hospital and Ysbyty Gwynedd.

Relocation of activity to Regional Treatment Centres (RTCs), and potential relocation/consolidation of services across the three acute hospitals (to develop Centres of Excellence or ensure sustainability) present opportunities to vacate space on acute sites to accommodate growing services.

Administration space requirements on acute sites will be aligned with BCUHB's agile working policy and support the Welsh Government's target for 30% of the Welsh workforce to work remotely supported by technology and smart working processes. This will enable rationalisation of existing administration space and consolidation on acute sites or relocation off-site if essential functional relationships are not required (e.g. some corporate administration). Vacated administration space on acute sites may be used to accommodate growing clinical services or new care models.

### 3.6.5 Regional Treatment Centres

To increase and protect planned capacity, RTCs will provide outpatient appointments, diagnostic tests and day surgery.

Relocation of activity from the acute hospital sites to RTCs will vacate space on the acute sites to accommodate key service growth e.g. Emergency Department, Same Day Emergency Care, ambulatory care, GP out of hours, and facilitate compliance.

In addition, plans are being developed to expand capacity for orthopaedics under a separate initiative.

### 3.6.6 Support Services

BCUHB currently provides important clinical and non clinical support services from a range of freehold and leasehold properties. These services include:

- Administration (office space)
- Education and Training (Academic/Training centres)
- Staff/student accommodation (residences)
- Medical records (storage)
- Sterilisation and decontamination (Hospital Sterilisation and Decontamination Unit)
- Workshops
- Call centre

The future support services estate will be built upon strategic hubs, providing regional solutions whilst supporting local delivery e.g. centralised decontamination, regional administration hubs supporting IHCs (aligned with BCUHB's agile working policy and the Welsh Government's target for 30% of the Welsh workforce to work remotely).

This focus will reduce the current reliance on leased accommodation, eradicate duplication and rationalise the current owned assets to facilitate a more sustainable estate.

## 3.6 Vision for the Future Estate

### 3.6.7 Net Zero and Carbon Reduction

The Welsh Government has put sustainable development high on the agenda and, in 2021, announced their ambition of achieving net zero carbon status within the public sector by 2030. BCUHB has accordingly produced a decarbonisation plan aligned with NHS targets for emissions reduction, and this estates strategy triggers additional priorities that will support BCUHB to move 'beyond carbon'. Key priorities in terms of deliverables, outcomes and governance with the aim of future-proofing, greening and decarbonising our estate, are as follows:

Priority	Reduce carbon footprint	Ensure inclusive design	Address local economic inequality	Support sustainable transport	Compliance and best practice	Net zero estate	Resilience
Objective	2040 and 2045 net zero	Ensure inclusive design through the participation of local communities	Optimise local procurement and labour to support the local economy	Improved access for patients, staff and visitors	Comply with statutory regulations and best practice guidance	BREEAM standard of "very good" as a minimum	Reduced climate risk
KPI	Carbon emissions equivalent (CO2e)	Compliance: Environment Act (Wales) 2016; Well-being of Future Generations (Wales) Act 2015	PM2.5, PM10 and nitrogen dioxide	Ratio of journeys-single occupancy against active/public/sustainable	Organisational compliance risk score	Carbon emissions equivalent (CO2e)	Exposure rating
Mechanism	Decarbonisation Plan	Accessibility audit	Clean Air Hospital Framework	Green Travel Plan	EMS	Heat Decarbonisation Plan	Climate Change Adaptation Plan

# 3.6 Vision for the Future Estate

## 3.6.8 Climate Adaptation

Whilst the mitigation of BCUHB’s carbon footprint is vital to achieve Wales’s ambition of a net zero Welsh public sector by 2030, it is also imperative to consider the risk that the physical effects of climate change pose to our future estate.

To account for future risk, a climate adaptation analysis has been run across our estate using [Cervest’s](#) EarthScan climate intelligence interface. The software incorporates global and regional climate models, including the Coupled Model Intercomparison Project (CMIP6) and the Coordinated Regional Downscaling Experiment (CORDEX), to produce accurate future projections of physical climate risks over historical observational baselines.

The physical climate risks modelled across the BCUHB estate include heat stress, extreme precipitation, drought, extreme wind, flooding and wildfire.

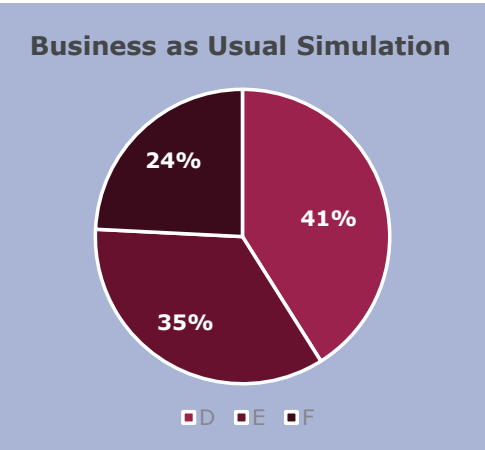
The EarthScan interface allows for the manipulation of climate modelling parameters. In line with the UK’s net zero target of 2050, the BCUHB analysis has been tailored to model climate risk for the year of 2050 across two differing climate scenarios:

- 1) Business as Usual (no-policy highest emitting climate scenario)
- 2) Paris Aligned (<2°C global warming with best efforts to limit to 1.5°C)

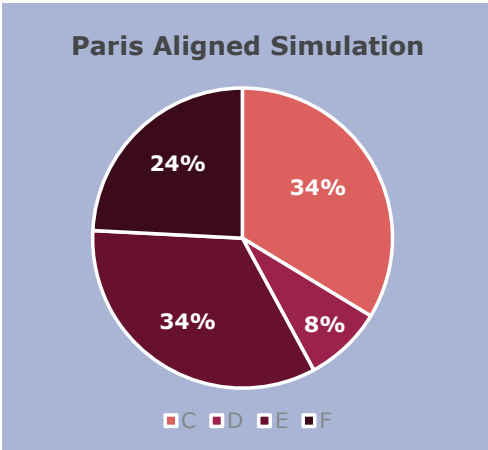
The climate risks generated for each building are quantified via a numerical scope that corresponds to a graded rating. Ratings provide a quick and clear indication of climate related risk, to reveal vulnerabilities and identify opportunities.

Cervest Rating	Cervest Score	Description
A	833-999	Excellent: very low climate-related risk
B	667-832	Good: low climate-related risk
C	501-666	Moderate: medium climate-related risk
D	334-500	Poor: high climate-related risk
E	167-333	Very poor: very high climate-related risk
F	0-166	Extremely poor: extremely high climate related risk

The graphs below display the combined physical risk rating across the two modelled scenarios. This rating is the result of the synthesis of all projected physical climate risks to facilitate comparison of building assets across multiple modelled climate risks. Addressing risks identified will be part of the site specific analysis.



Combined physical risk rating of BCUHB estate under BAU scenario



Combined physical risk rating of BCUHB estate under Paris aligned scenario

## **4.0 How Do We Get There?**

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# 4.1 Summary Priorities Statement

Engagement with stakeholders across BCUHB revealed a number of common themes around strategic ambitions for the estate.

## Future State - Stakeholder Engagement

Engagement with stakeholders from the following key groups was undertaken, either via structured interviews or workshops, to understand key priorities to inform development of the future estate vision.

### Integrated Health Communities and clinical leads

- Ysbyty Gwynedd
- Glan Clwyd Hospital
- Wrexham Maelor Hospital
- Community Dental Services
- Primary and Community Care
- Mental Health and Learning Disabilities
- Midwifery and Women's Services
- Cancer and Diagnostics and Clinical support
- Patient Safety and Experience

### Corporate and external

- Board
- Health Board Leadership Team
- Capital Investment Group
- Clinical Senate
- Community Health Council

### Estates

- Health, safety, and equality
- Operational estates
- Property and asset management

## Balancing Strategic Ambitions

### New space for growth

A legacy of underestimating the estates impact of new or expanded services reported by respondents

### Service interdependencies

Desire for co-locations limited by cost effectiveness and capacity

### Financing

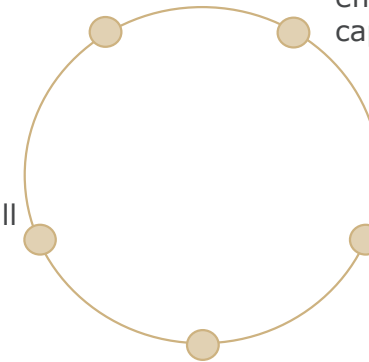
Extremely tight capital and revenue funding will initially constrain realisation of our ambition in the short term

### Fixed points

3 DGH model will remain with opportunities for consolidation and off-site transfers

### New models of care

The recently formed IHCs face the challenge of balancing system-wide objectives with legitimate local variation





## 4.2 Initial Agreed Priorities

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The proposed development of the estate to support BCUHB's suite of enabling strategies provides the opportunity to repurpose, reconfigure and rationalise the current estate portfolio.

This estate strategy proposes repurposing and reconfiguring some existing community facilities, and providing new build facilities where required, to deliver the Health & Wellbeing Hub and Primary Care Centre infrastructure to support Care Closer to Home.

Particular focus should be given to the identified high risk properties, including addressing the issues on the Wrexham Maelor and Ysbyty Gwynedd acutes sites. Consideration must also be given to the roles of Abergele Hospital and Bryn Y Neuadd Hospital sites, within the context of the key strategies of BCUHB and the Welsh Government, as both hospital sites are not sustainable in their current forms.

The Full Business Case for the new North Denbighshire Community Hospital, planned to be built next to the replaced existing Royal Alexandra Hospital, was submitted to Welsh Government in March 2021 (approval decision is currently pending). This remains a priority project for BCUHB.

From 2019/20 to 2021/22, the size (GIA m<sup>2</sup>) of our property portfolio size has decreased by 8% (from 456,000 m<sup>2</sup> to 420,000 m<sup>2</sup>) against a target reduction of 5%. This estate strategy suggests further opportunity to consolidate the estate, particularly to a smaller number of key strategic sites and rationalised support services such as administration.

To better understand this opportunity, there is a requirement to revisit the key targets for reduction in property portfolio size and estate revenue costs and undertake supporting detailed analysis and projections.

Based on recent reductions in the property portfolio, and subject to engagement and, when appropriate, formal consultation, there may be further opportunity for BCUHB to reduce the estate portfolio size against a confirmed target emerging from deep dive analysis. This would reduce some of the current estate risks and release resources to support the reconfigured estate and alternative funding models.

### **Initial pipeline of priorities identified by BCUHB**

The following schemes have been identified by BCUHB as priorities on the capital programme, with business cases currently in progress or completed:

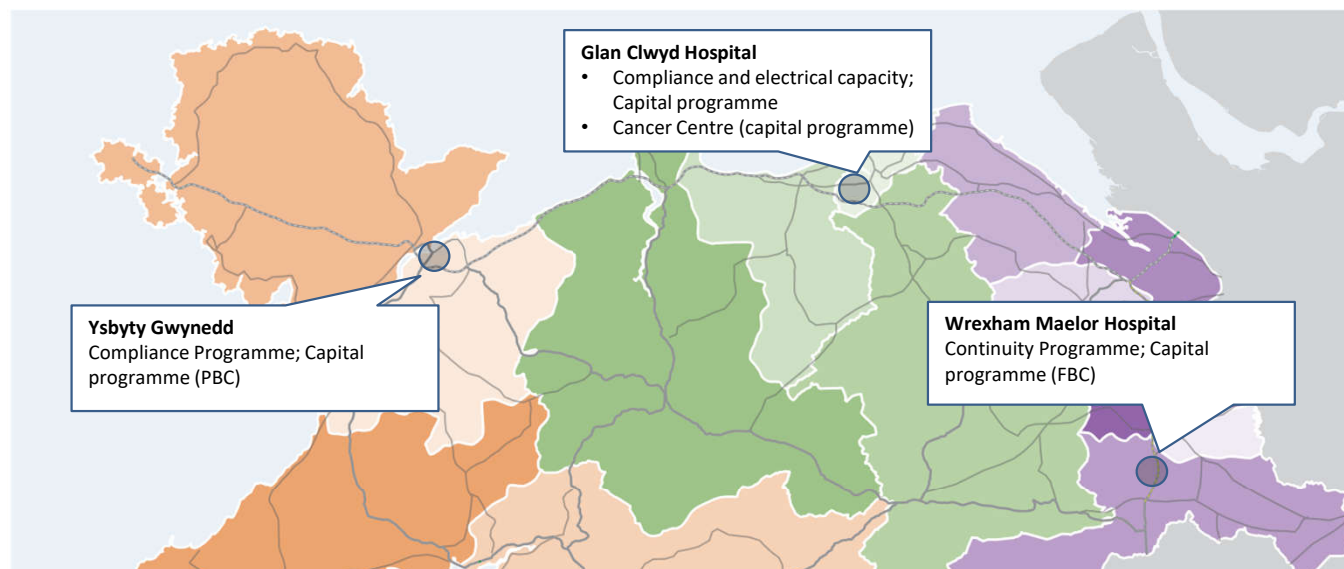
- Wrexham Maelor Hospital infrastructure continuity programme
- Ysbyty Gwynedd fire compliance programme
- Regional Treatment Centre programme and expanded orthopaedics capacity
- Royal Alexandra Hospital development project
- Replacement of the Ablett Unit at Glan Clwyd Hospital
- Medical and Health Sciences School

The estate strategy will be subject to regular review aligned with the IMTP cycle and will identify any changes in estate priorities.

Identified additional estate opportunities are detailed in section 4.3. These, and others, will be subject to further evaluation and development aligned to the estate vision.

## 4.3 Opportunities – Acute Sites

Following engagement with key BCUHB stakeholder leads, and review of options previously identified for the BCUHB 2019 Estate Strategy, estate strategy opportunities relating to acute hospital sites were identified (shown opposite and described below). These opportunities will require further investigation and discussion with key BCUHB stakeholders to confirm project options to be evaluated and prioritised for the capital investment plan. As a result of the estate response to clinical strategy implementation, there may be opportunities to repurpose, reconfigure or rationalise our estate. As discussed in section 4.13, as the priority areas identified within this estate strategy are taken forward, we will continue to engage with staff, communities and stakeholders to further develop the future estate requirements. In some areas these changes may require formal consultation.



### Opportunities Applicable To All Acute Sites

#### Regional Treatment Centres

- To increase and protect planned capacity, Regional Treatment Centres (RTCs) will provide outpatient appointments, diagnostic tests and day surgery
- Relocation of activity from the acute hospital sites to RTCs will vacate space on the acute sites to accommodate key service growth e.g. Emergency Department, Same Day Emergency Care, ambulatory care, GP out of hours and facilitate compliance
- Plans are being developed to expand capacity for orthopaedics under a separate initiative

#### Relocate/consolidate services across North Wales (acutes)

- Potential relocation/consolidation of services across the three acute hospitals (to develop Centres of Excellence or ensure sustainability) presents opportunities to vacate space on acute sites to accommodate growing services

#### Administration space

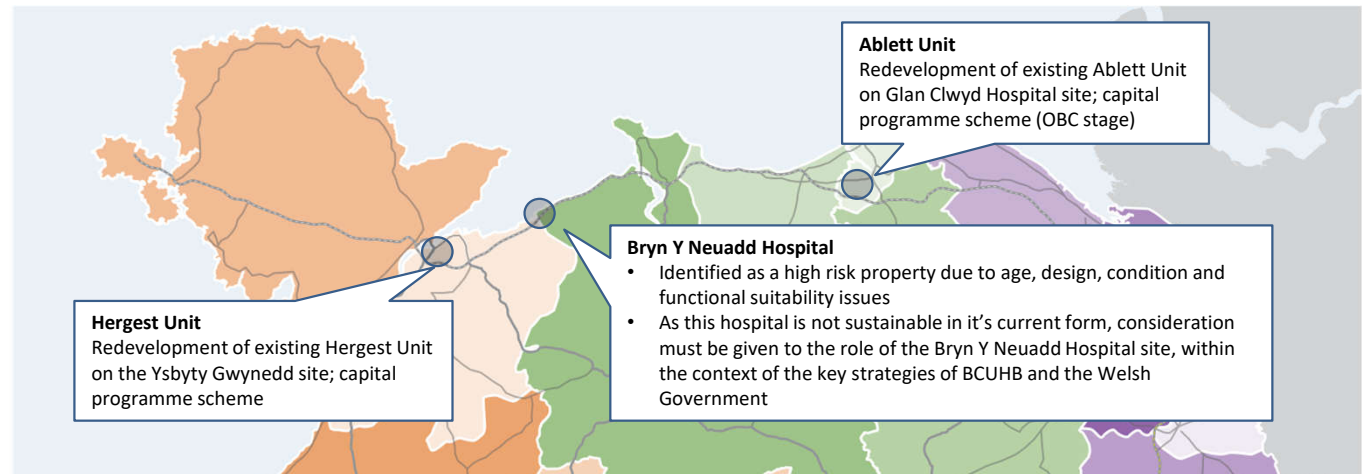
- Administration space requirements on acute sites will be aligned with BCUHB's agile working policy and support the Welsh Government's target for 30% of the Welsh workforce to work remotely supported by technology and smart working processes. This will enable rationalisation of existing administration space and consolidation on acute sites or relocation off-site (potentially to corporate administration hubs) if essential functional relationships are not required (e.g. some corporate administration)
- Vacated space may be used to accommodate growing clinical services / new care models

## 4.4 Opportunities – Mental Health & Learning Disabilities

### Mental Health & Learning Disabilities

Following engagement with key BCUHB stakeholder leads, and review of options previously identified for our 2019 Estate Strategy, estate strategy opportunities relating to mental health and learning disability properties were identified (shown opposite and described below). These opportunities will require further investigation and discussion with key BCUHB stakeholders to confirm project options to be evaluated and prioritised for the capital investment plan.

As a result of the estate response to clinical strategy implementation, there may be opportunities to repurpose, reconfigure or rationalise our estate. As discussed in section 4.13, as the priority areas identified within this estate strategy are taken forward, we will continue to engage with staff, communities and stakeholders to further develop the future estate requirements. In some areas these changes may require formal consultation.



### Opportunities Required for Current Issues

- **Space utilisation:** there is currently a lack of effective information to understand how well allocated space is being used e.g. Bryn Y Neuadd Hospital
- **Capacity issues in community facilities:** opportunities exist to optimise use of space, repurpose/reconfigure, and relocate teams and services to provide better colocation of staff and services
- **Current service provision gaps** e.g. perinatal mental health service, adult eating disorder clinic
- **Repatriation:** service users are still being sent out of area, specifically in terms of secure units (no provision for women in Wales at all); continuing healthcare patients with complex needs often have to be sent out of area (long term placements)
- **Estate gaps:** there is insufficient estate to establish equitable services (as per Royal College guidelines); require additional rented accommodation to deliver services
- **Older Person's inpatient capacity:** recent reduction in beds due to changing model for managing care; likely future capacity constraints due to ageing population (potentially more of an issue in west IHC)
- **Adult inpatient capacity Wrexham:** current inpatient capacity constraints
- **Inappropriate mixing of patient cohorts:** recent Health Inspector review; mixing older persons and adult 18+; appropriate segregation required

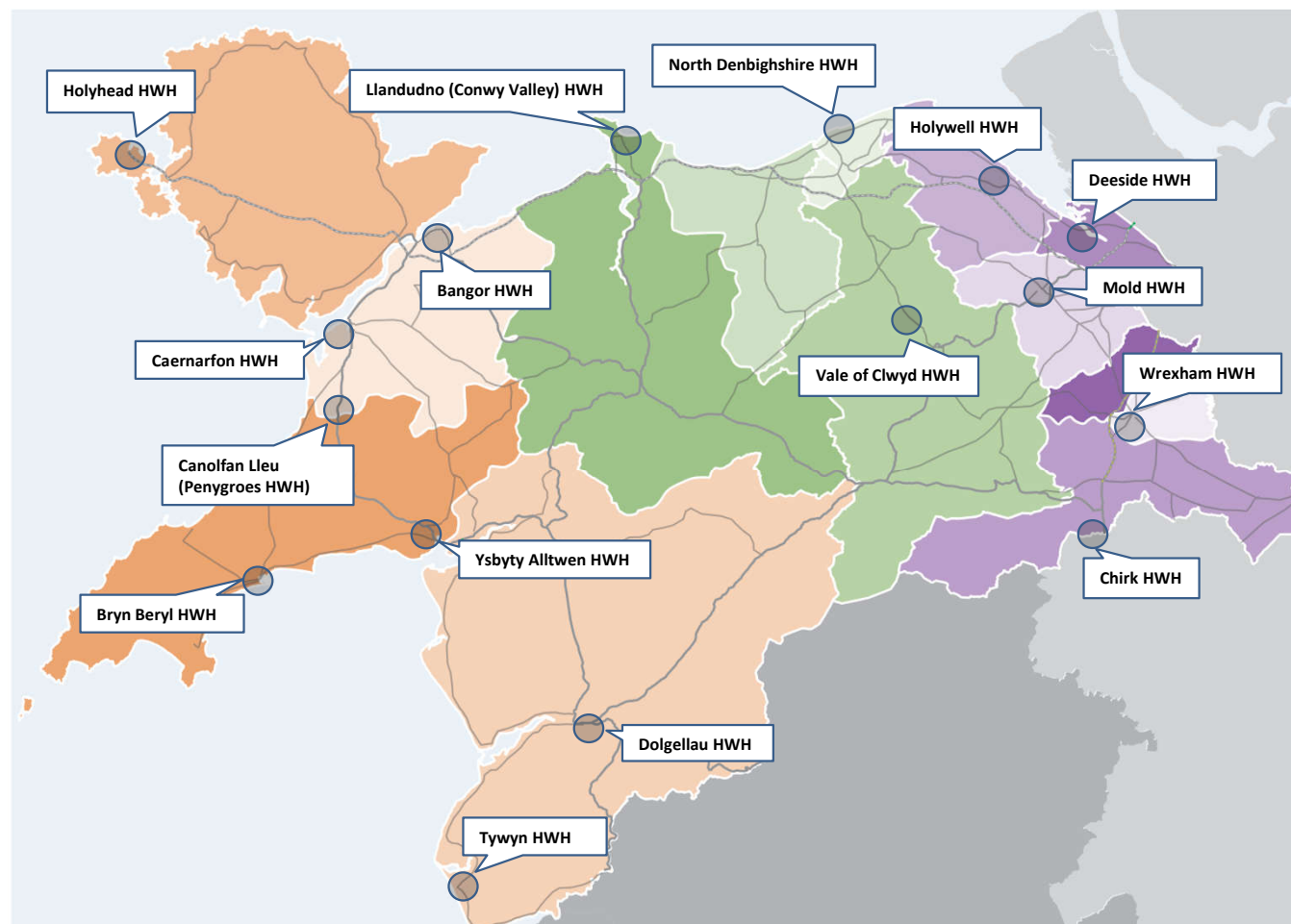
## 4.5 Opportunities - Health and Wellbeing Hubs

### Health and Wellbeing Hubs

Following engagement with stakeholder leads from the three Integrated Health Communities, and review of options previously identified for the BCUHB 2019 Estate Strategy, opportunities to enable delivery of the network of Health and Wellbeing Hubs were identified (shown opposite).

These opportunities will require further investigation and discussion with key BCUHB stakeholders to confirm project options to be evaluated and prioritised for the capital investment plan.

As a result of the estate response to clinical strategy implementation, there may be opportunities to dispose of a number of BCUHB properties. As discussed in section 4.13, as the priority areas identified within this estate strategy are taken forward, we will continue to engage with staff, communities and stakeholders to further develop the future estate requirements. In some areas these changes may require formal consultation.



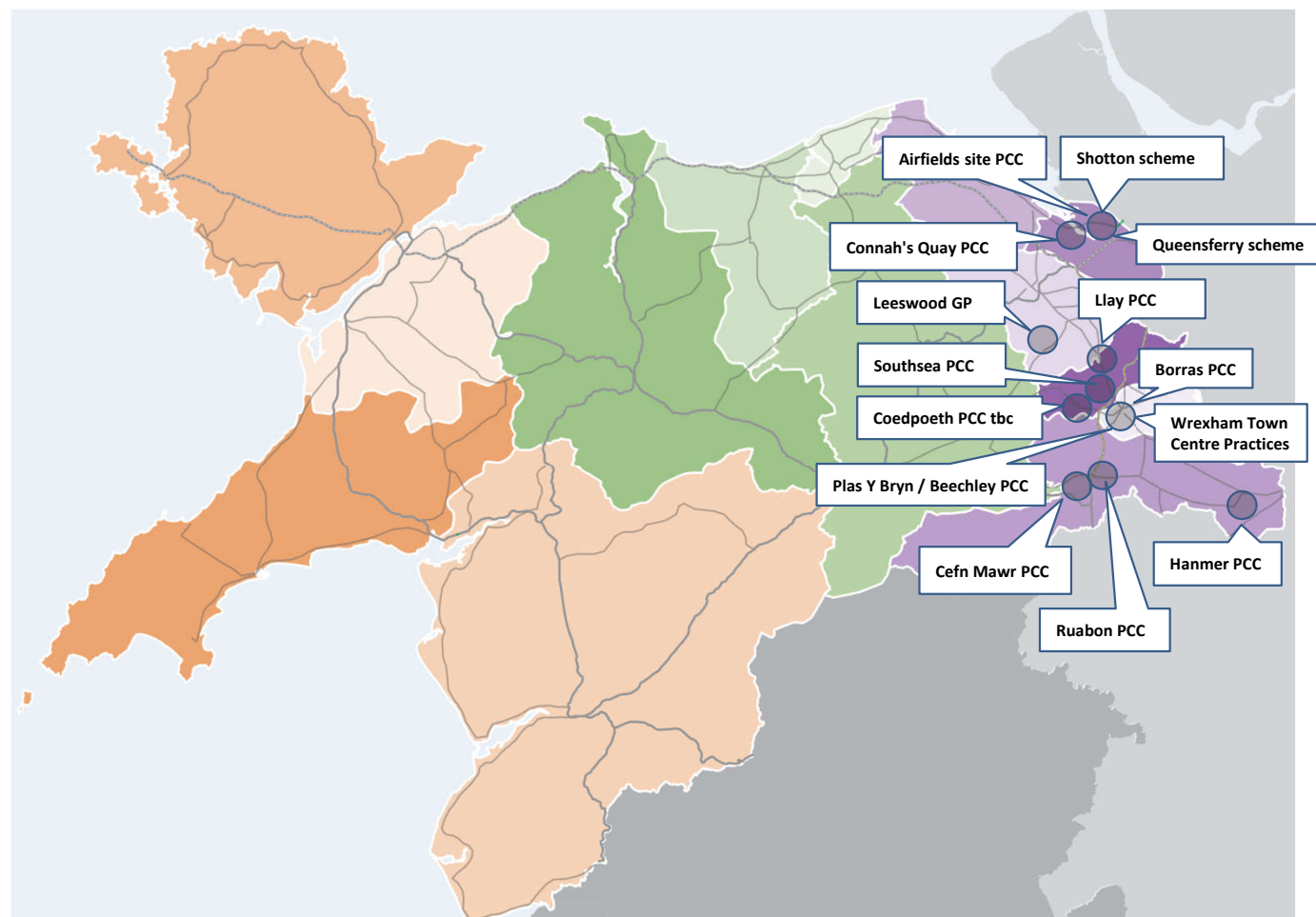
## 4.6 Opportunities - Primary Care Centres (East)

### Primary Care Centres – East IHC

Following engagement with stakeholder leads from the East Integrated Health Community, and review of options previously identified for the BCUHB 2019 Estate Strategy, opportunities to enable delivery of the network of Primary Care Centres were identified (shown opposite).

These opportunities will require further investigation and discussion with key BCUHB stakeholders to confirm project options to be evaluated and prioritised for the capital investment plan.

As a result of the estate response to clinical strategy implementation, there may be opportunities to dispose of a number of BCUHB properties. As discussed in section 4.13, as the priority areas identified within this estate strategy are taken forward, we will continue to engage with staff, communities and stakeholders to further develop the future estate requirements. In some areas these changes may require formal consultation.





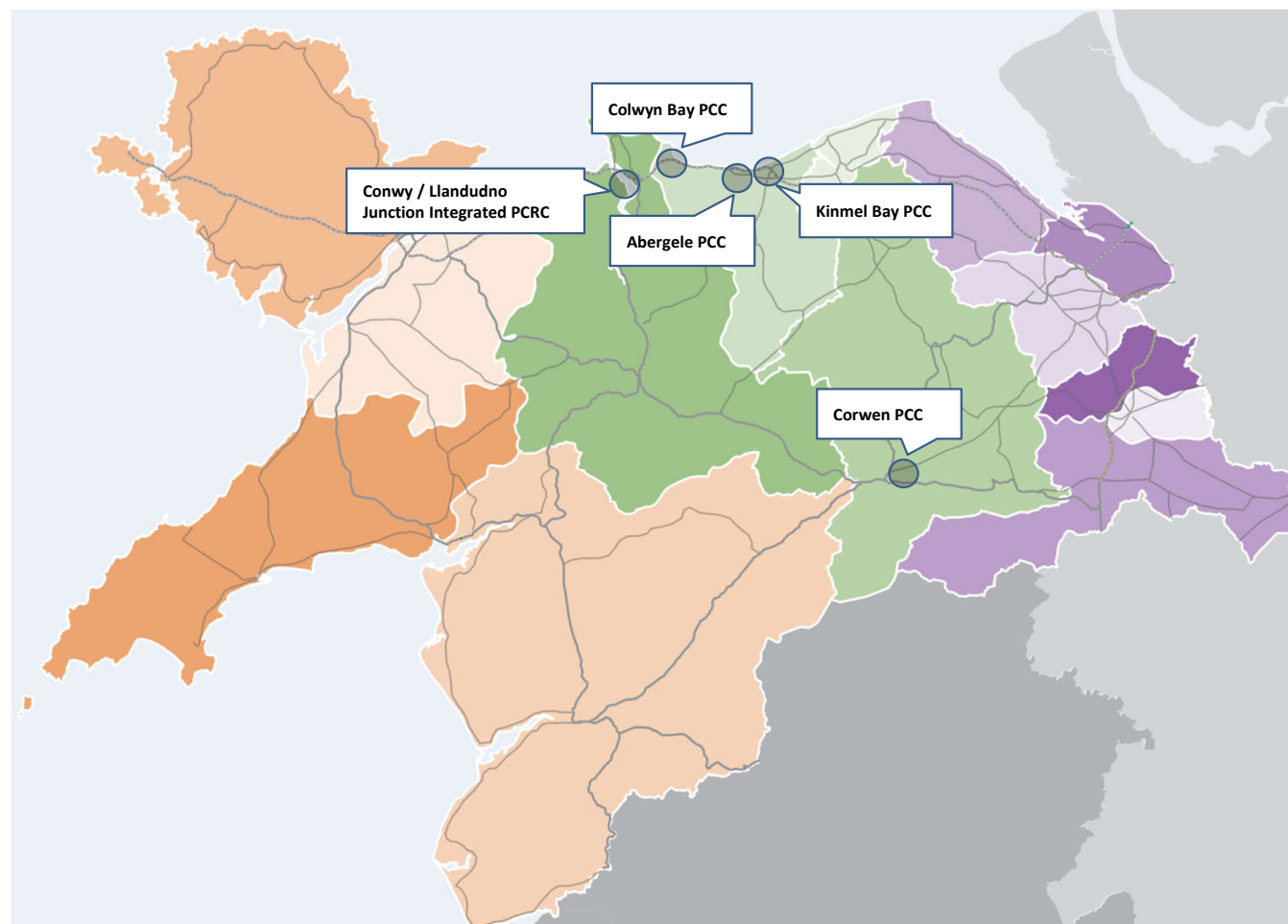
## 4.7 Opportunities - Primary Care Centres (Central)

### Primary Care Centres – Central IHC

Following engagement with stakeholder leads from the Central Integrated Health Community, and review of options previously identified for the BCUHB 2019 Estate Strategy, opportunities to enable delivery of the network of Primary Care Centres were identified (shown opposite).

These opportunities will require further investigation and discussion with key BCUHB stakeholders to confirm project options to be evaluated and prioritised for the capital investment plan.

As a result of the estate response to clinical strategy implementation, there may be opportunities to dispose of a number of BCUHB properties. As discussed in section 4.13, as the priority areas identified within this estate strategy are taken forward, we will continue to engage with staff, communities and stakeholders to further develop the future estate requirements. In some areas these changes may require formal consultation.



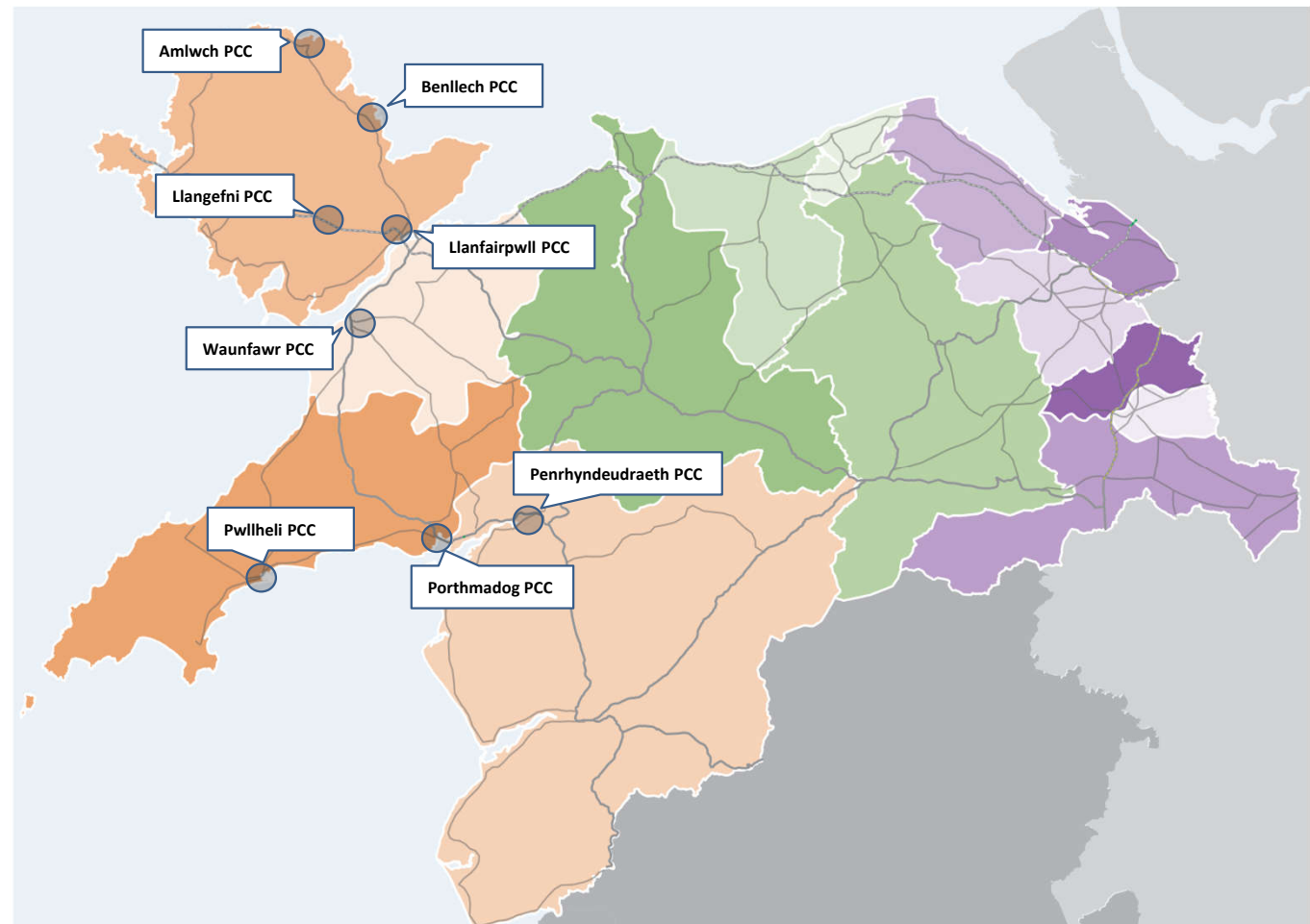
## 4.8 Opportunities - Primary Care Centres (West)

### Primary Care Centres – West IHC

Following engagement with stakeholder leads from the West Integrated Health Community, and review of options previously identified for the BCUHB 2019 Estate Strategy, opportunities to enable delivery of the network of Primary Care Centres were identified (shown opposite).

These opportunities will require further investigation and discussion with key BCUHB stakeholders to confirm project options to be evaluated and prioritised for the capital investment plan.

As a result of the estate response to clinical strategy implementation, there may be opportunities to dispose of a number of BCUHB properties. As discussed in section 4.13, as the priority areas identified within this estate strategy are taken forward, we will continue to engage with staff, communities and stakeholders to further develop the future estate requirements. In some areas these changes may require formal consultation.



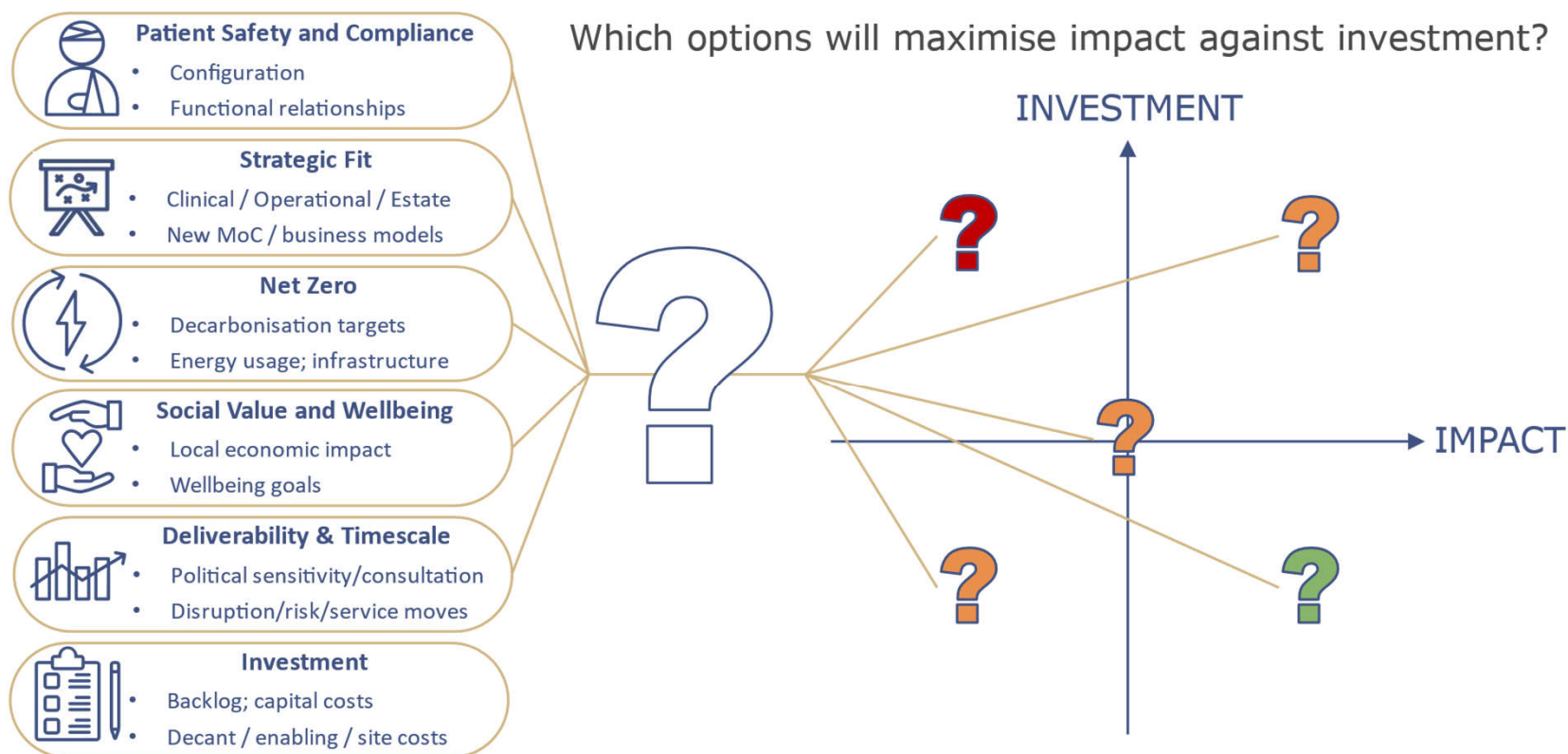
## 4.9 Delivering the vision





## 4.10 Prioritisation and Impact: Evaluation Criteria

To determine future investment requirements and changes to the estate, evaluation and prioritisation of projects must be undertaken on an iterative basis to ensure alignment with key criteria and underpinning enabling strategies. The evaluation criteria summarised below have been agreed for use by the Board. These criteria will be applied to evaluate and determine the priority order of future projects to inform the BCUHB capital investment programme and project implementation plans.



## 4.11 Strategy Alignment

This Estate Strategy forms a vital component of a suite of BCUHB enabling strategies that both support key NHS Wales Strategies and BCUHB's Living Healthier, Staying Well vision and inform BCUHB transformation programmes and delivery plans (summarised below). The BCUHB enabling strategies are interdependent and must be complementary to ensure successful delivery. BCUHB strategies will require regular updating. Prioritisation of infrastructure projects should be aligned with the key suite of BCUHB strategies.

Key Strategies	Living Healthier, Staying Well; A Healthier Wales; Pan Wales Digital Strategy; NHS Wales Decarbonisation SDP						
Strategic Objectives	Improve health and wellbeing for all and reduce health inequalities	Support children to have the best start in life	Work in partnership to design and deliver excellent care closer to home	Support, train and develop our staff to excel	Improve the safety and quality of all services	Respect individuals and maintain dignity and care	Listen to and learn from the experiences of individuals
Overlapping Major Programmes	Improving health and reducing inequalities		Care closer to home		Excellent hospital care		
Key Enabling Strategies	BCUHB Clinical Services Strategy <ul style="list-style-type: none"><li>Quality improvement and patient experience</li></ul>	BCUHB People Strategy & Plan <ul style="list-style-type: none"><li>Whole health, care and support systems workforce</li></ul>	Our Digital Future <ul style="list-style-type: none"><li>Digital roadmap for health in North Wales</li></ul>		BCUHB Decarbonisation Action Plan <ul style="list-style-type: none"><li>Reduce carbon emissions</li></ul>	BCUHB Estates Strategy <ul style="list-style-type: none"><li>Infrastructure to support delivery of BCUHB strategies</li></ul>	
Transformation Programmes	Three year Service Transformation Programmes (Integrated Medium Term Plans)						
Overlapping Major Programmes	Underpinning Divisional/Service Delivery Plans						

## 4.12 Targeted Deep Dive Analysis

Further detailed information and analysis may be required to inform projects and enable better evaluation and prioritisation of estate options. Targeted deep dive analysis may include as appropriate on a project by project basis:

- Demand and capacity modelling (clinical activity and administrative activity) to determine future capacity requirements
- Space utilisation studies to identify baseline capacity surplus/shortfall, support demand and capacity modelling, and inform options
- Site feasibility studies to understand the range of options
- Analyses to support patient/service user/staff access and travel times to specific properties and locations
- Impact of new models of care and site locations on staffing models and requirements
- Equality Impact Assessment for estate options
- Socio-Economic Impact Assessment for estate options



## 4.13 Continued Engagement and Consultation

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This estate strategy has been developed in response to BCUHB's 10 year strategy to improve health, well-being and healthcare in North Wales. Living Healthier, Staying Well was subject to significant engagement and co-produced with partners and communities across North Wales. The foundations of this strategy have therefore been built on the priorities determined by the population of North Wales.

Also, this estate strategy forms a key component of a suite of BCUHB enabling strategies which are interdependent and complementary to successful delivery.

As we take forward the priority areas identified within this estate strategy we will continue to engage with staff, communities and stakeholders to further develop the future estate requirements and co-produce associated detailed implementation plans. It is clear that our estate must change if it is to be sustainable, viable and support the implementation of Living Healthier, Staying Well. In some areas these changes may require formal consultation.



## 4.14 Collaborative Delivery

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Further partnership working between health, local authority and third sector partners to deliver integrated community services, together with new business models for non-clinical services, present opportunities for partners to develop integrated solutions, share collective property assets and promote joint developments.

The identification, evaluation and prioritisation of opportunities to promote collaborative delivery will form part of an iterative process.

These new models of delivery will require formal contractual agreements between each party to ensure clarity of responsibility, liability (financial and non-financial) and governance. Where such agreements impact upon BCUHB's accounting regime, for example joint ventures, formal support will also be required from Welsh Government.



## 4.15 Managing Delivery

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Following evaluation and prioritisation of projects, an agreed prioritised investment pipeline will be defined within BCUHB's Integrated Medium Term Plan.

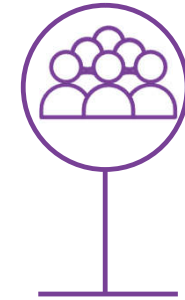
All projects will be subject to the development of appropriate business cases for formal approval in accordance with the Board's Standing Financial Instructions. Business cases will establish the benefits to be realised and define the quality, cost and time parameters.

Projects will be required to comply with BCUHB policy and procedures for managing capital projects. Discrete project boards will be established to deliver the agreed projects. Each project board will be led by a Project Director, under the overall leadership of a Senior Responsible Owner, with a clear responsibility to ensure that the project is delivered within the agreed parameters and realises the expected benefits.

Implementation of the estate strategy will be an iterative process which must be flexible and able to respond to the changing needs, priorities and financial challenges of the BCUHB.



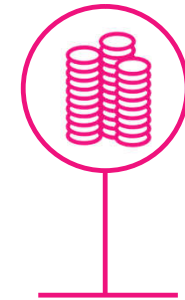
**Leadership**



**People and  
capability**



**Data driven  
decisions**



**Investment**



## 4.16 Measuring Success

### Estate Strategy Implementation

The existing BCUHB Capital Investment Group (CIG) will advise the BCUHB Board and other key groups on the development and implementation of the estate strategy and ensure that property assets occupied by BCUHB services are utilised, managed and developed optimally and align with BCUHB service and business needs and available resources.

### Monitoring of Key Performance Indicators

Key performance indicators (KPIs) have been established to monitor the delivery and success of the estate strategy. The estate strategy should target delivery of the KPIs shown opposite.

### Improvement Dashboard and Performance Management Arrangements

The most efficient and effective way to ensure that focus is maintained on delivering the improvement expected is by embedding the measures within routine performance management arrangements. Within BCUHB, mechanisms already exist for appraising performance and testing progress against targets. Benefits from capital and revenue projects should be assimilated into this process.

### Regular Review and Update

The estate strategy will be reviewed and updated to align with Integrated Medium Term Plan timescales.

Indicator	Definition	Target
Revenue cost	Reduction in estate revenue cost	3% per IMTP cycle
Property portfolio	Planned reduction in property portfolio	5% per IMTP cycle
Statutory Compliance	A minimum of 90% of the estate should comply with relevant statutory requirements	Meet national target within 10 years
Fire Safety Compliance	A minimum of 90% of the estate should comply with relevant statutory requirements	Meet national target within 10 years
Energy Performance	The estate should consume no more than 410 kWh/m <sup>2</sup>	Meet national target within 10 years
Backlog maintenance (BLM)	<ul style="list-style-type: none"><li>• 90% reduction in high risk BLM</li><li>• 75% reduction in significant risk BLM</li><li>• 70% reduction in risk adjusted BLM</li></ul>	Meet target within 10 years
Physical condition	A minimum of 90% of the estate should be sound, operationally safe and exhibit only minor deterioration	Meet national target within 10 years
Functional Suitability	A minimum of 90% of the estate should meet clinical and business operational requirements with only minor changes needed	Meet national target within 10 years
Space Utilisation	A minimum of 90% of the estate should be fully used	Meet national target within 10 years

# Appendix 1 – Stakeholders Engaged

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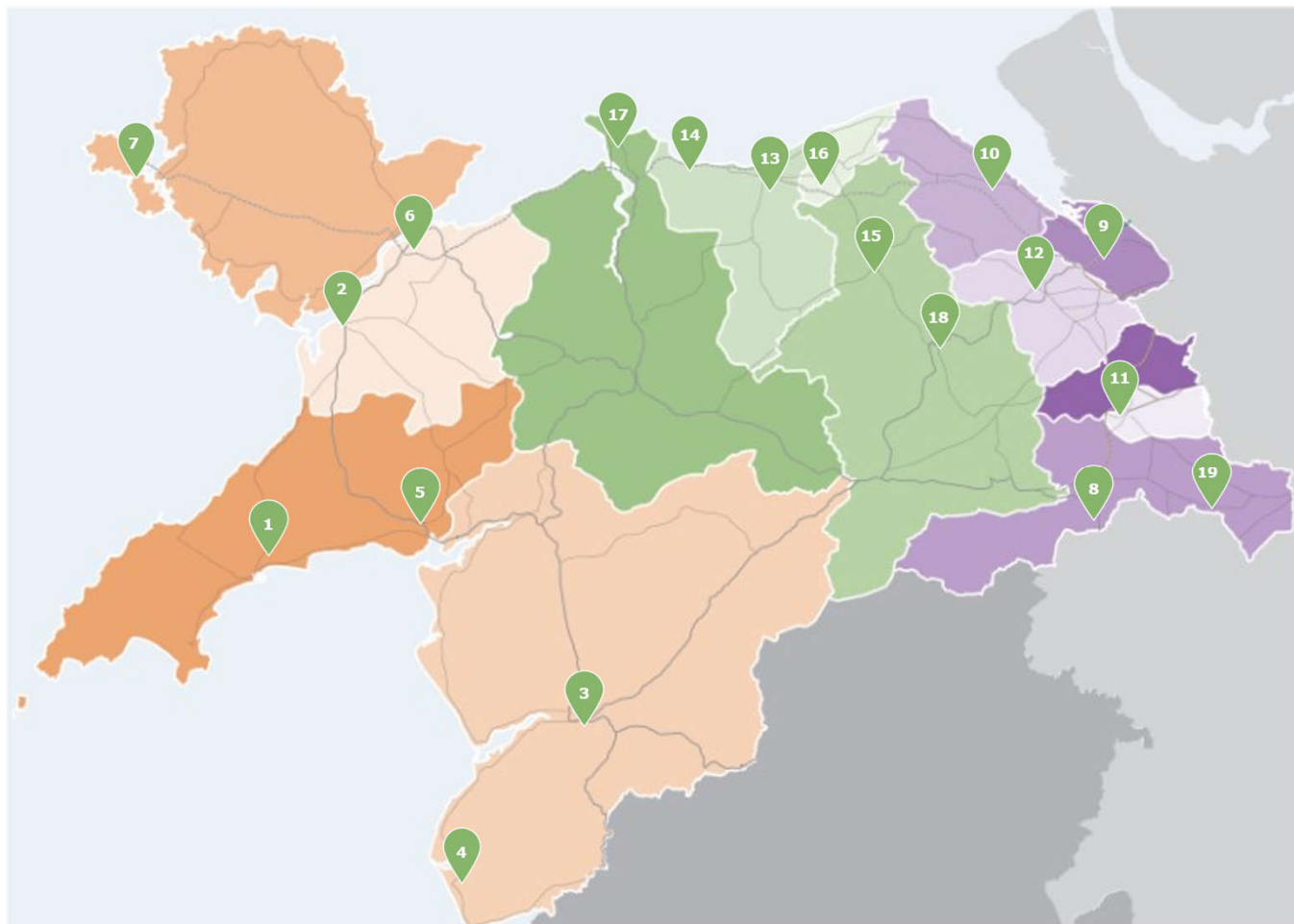
- Alison Kemp - Associate Director Community and Primary Care Central IHC
- Alyson Constantine - Director of Operations, Central IHC
- Andrea Williams - Head of Informatics Programmes, Assurance, and Improvement
- Anita Pierce - Deputy Medical Director Mental Health & Learning Disabilities
- Arwel Hughes - Head of Operational Estates
- Barry Williams - Hospital Director, Ysbyty Gwynedd
- Carolyn Owen - Assistant Director of Patient and Carer Experience
- Chris Lindop - Head of Planning and Performance, Mental Health, and Learning Disabilities
- Clive Ball - Head of Property Services Cardiff
- David Fletcher - Divisional General Manager, Diagnostics and Clinical Support
- Eleri Roberts - Associate Director, Community, West IHC
- Gemma Nosworthy - Primary Care Academy Manager
- Geraint Roberts - Divisional General Manager, Cancer
- Hazel Davies - Hospital Director, Wrexham Maelor Hospital
- Ian Donnelly - Director of Operations, East IHC
- Jo Flannery - Senior Health Planning Manager
- Jodie Berrington - Primary Care West
- John Thomas - Head of ICT Digital Services
- Laura Vernon - Deputy Divisional General Manager- Cancer
- Liz Davis - General Manager Midwifery and Women's Services
- Martin Woodcock - Senior Property and Asset Manager
- Neil Rogers - Director of Operations, West IHC
- Paul Andrews - Hospital Director, Glan Clwyd Hospital
- Paul Bowker - Principal Programme Manager, North Wales Community Dental Services
- Paul Clarke - Head of Facilities Management
- Peter Bohan - Associate Director of Health, Safety and Equality
- Rachel Wright - Patient and Carer Experience Lead
- Rachael Page - Associate Director Primary Care, East IHC
- Rod Taylor - Director of Estates and Facilities
- Shaun Taylor - Planning and Commissioning Manager
- Wyn Thomas - Associate Director, Primary Care, West IHC
- BCUHB Capital Investment Group
- BCUHB Leadership Team
- BCUHB Board
- BCUHB Clinical Senate
- BCUHB Community Health Council



## Appendix 2 – BCUHB Estate Locality Maps

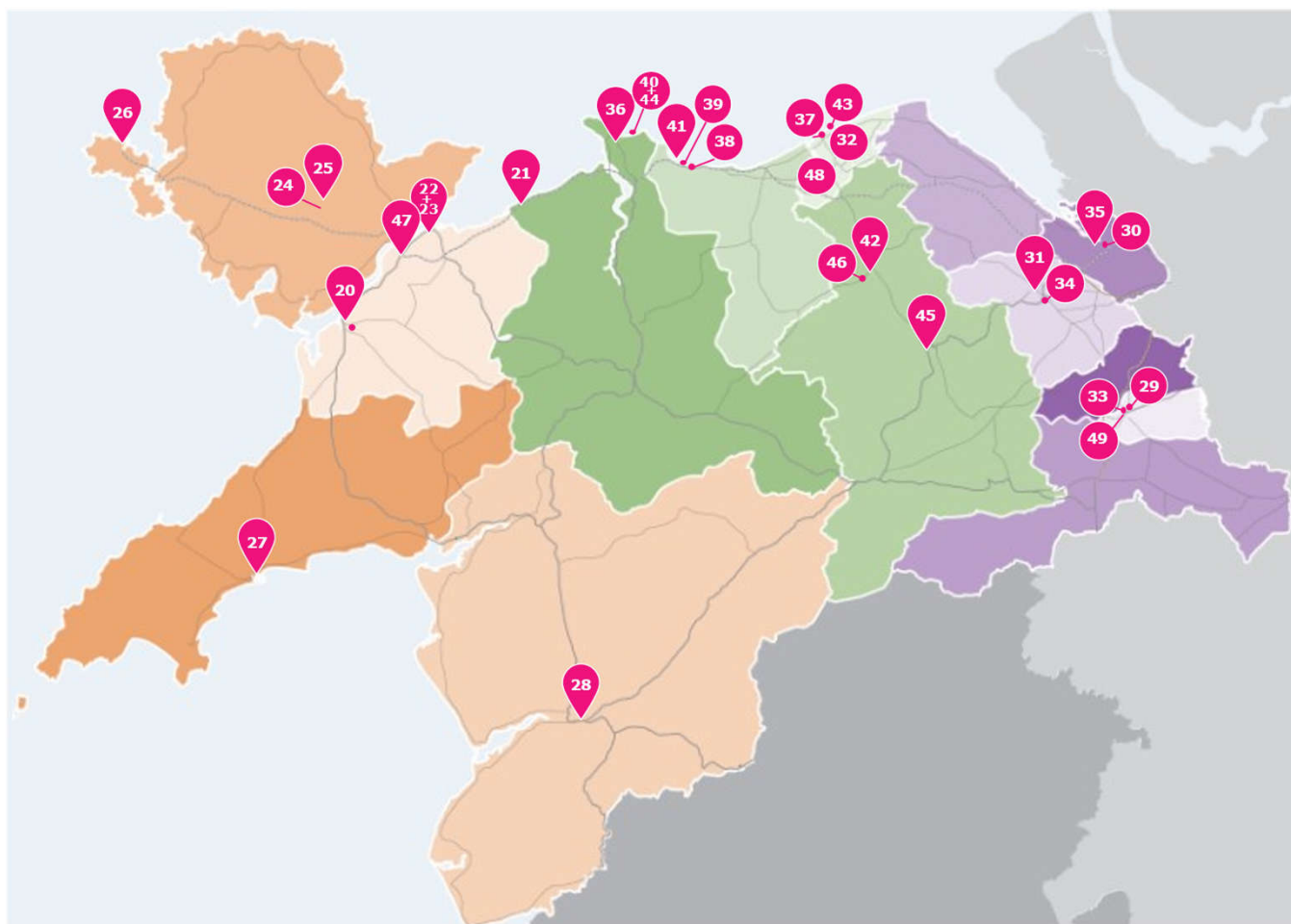
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# BCUHB Estate Locality Map - Hospitals



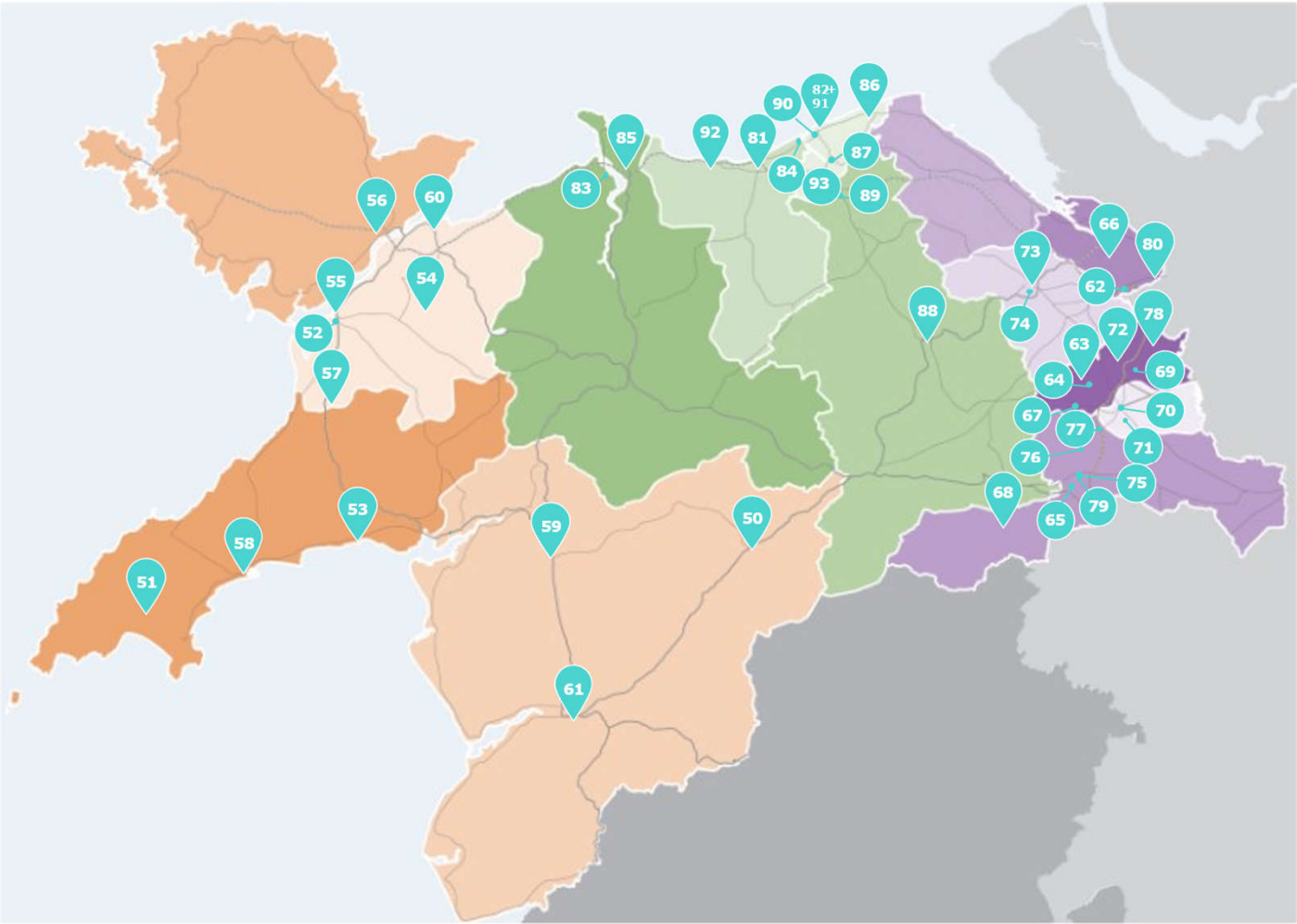
1	Bryn Beryl Hospital
2	Eryri Hospital & Bodfan, Caernarfon (Rehabilitation)
3	Dolgellau & Barmouth District Hospital
4	Tywyn & District War Memorial Hospital
5	Ysbyty Alltwen
6	Ysbyty Gwynedd
7	Ysbyty Penrhos Stanley
8	Chirk Community Hospital
9	Deeside Community Hospital
10	Holywell Community Hospital
11	Wrexham Maelor Hospital
12	Mold Community Hospital
13	Abergele Hospital
14	Colwyn Bay Community Hospital
15	Denbigh Community Hospital & Clinic
16	Glan Clwyd Hospital
17	Llandudno Hospital
18	Ruthin Community Hospital
19	Penley Rehabilitation Hospital (Rehabilitation)

# BCUHB Estate Locality Map - Mental Health & Learning Disabilities



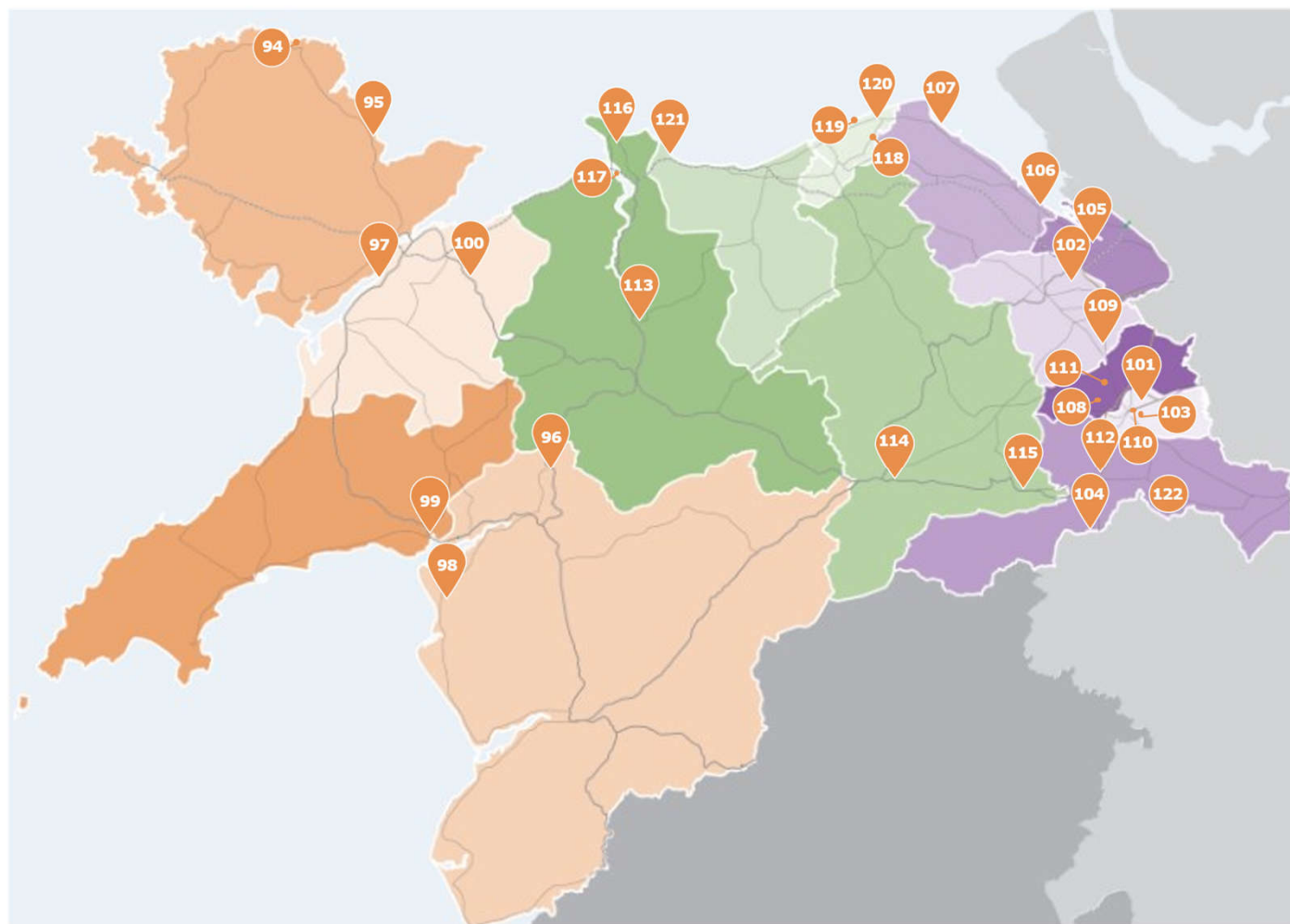
20	Bryn Y Castell (Substance Misuse Service)
21	Bryn Y Neuadd Hospital (Rehabilitation/LD/secure)
22	Child Development Centre, Bangor (CAMHS)
23	Talarfon Child Development Services, Bangor (CAMHS)
24	Cefni Hospital
25	Isgraig Clinic, Llangefni (Substance Misuse Service)
26	Craig Hyfryd, Holyhead (Mental Health Resource Centre)
27	Cilan Mental Health Resource Centre, Pwllheli
28	Plas Brith Health Centre (Mental Health Resource Centre)
29	Coed Celyn & Swyn Y Coed Wrexham (Rehabilitation)
30	Deeside Counselling Centre, Shotton (Substance Misuse Service)
31	Mold Mental Health Resource Centre
32	Glan Traeth, Rhyl (Memory Service)
33	The Elms, Wrexham (Substance Misuse Service)
34	Unit 14 Mold (Mental Health Resource Centre)
35	Wepre House, Connahs Quay (Mental Health Resource Centre)
36	Bodnant, Llandudno (Community Mental Health Team Unit)
37	5&7 Brighton Road, Rhyl (Substance Misuse Service)
38	Bryn Hesketh, Colwyn Bay (Older People's IP and Day Unit)
39	Colwyn Bay Mental Health Resource Centre
40	Conwy Child Development Centre, Llandudno
41	Dawn Centre, Colwyn Bay (Substance Misuse Service)
42	Dyffryn Clwyd CMHT, Denbigh
43	Hafod, Rhyl (Community Mental Health Team Unit)
44	Roslin Mental Health Resource Centre, Llandudno
45	Tan-Y-Castell Mental Health Unit, Ruthin (Rehabilitation)
46	Treferian Mental Health Day Centre, Denbigh
47	Hergest Unit (on Ysbyty Gwynedd site)
48	Ablett Unit (on Glan Clwyd Hospital site)
49	Heddfan Unit (on Wrexham Maelor Hospital site)

# BCUHB Estate Locality Map - Health Clinics



50	Bala Health Centre
51	Botwnnog Health Centre
52	Bron Hendre Health Clinic
53	Criccieth Health Centre
54	Deiniolen Health Clinic
55	Hafan Iechyd Surgery
56	Llanfairpwll Health Centre
57	Penygroes Health Clinic
58	Pwllheli Health Clinic
59	Trawsfynydd Health Centre
60	Ty Cegin, Bangor (Flying Start)
61	Y Lawnt Health Clinic
62	Broughton Clinic
63	Brymbo Health Clinic
64	Brynteg Clinic Southsea
65	Cefn Mawr Clinic
66	Mancot Clinic, Catherine Gladstone House
67	Coedpoeth Clinic
68	Glyn Ceiriog Clinic
69	Gresford Health Centre
70	Grove Road Health Centre
71	Beechley Medical Centre
72	Llay Health Centre
73	Mold Clinic
74	Mold Primary Care Centre
75	Plas Madoc Acrefair
76	Rhosllannerchrugog Health Centre
77	Rhostyllen Clinic
78	Rossett Clinic
79	Ruabon Clinic
80	Saltney Clinic
81	Abergele Clinic
82	Fforddlas Clinic
83	Gyffin Surgery
84	Kinmel Bay Clinic
85	Maes Derw Clinic
86	Prestatyn Clinic
87	Rhuddlan Clinic
88	Ruthin Clinic
89	St. Asaph Health Centre
90	West Rhyl Primary Care Centre
91	Royal Alexandra Hospital
92	Child Health Clinic Colwyn Bay (Child Services)
93	Community Dental Centre, Glan Clwyd Hospital)

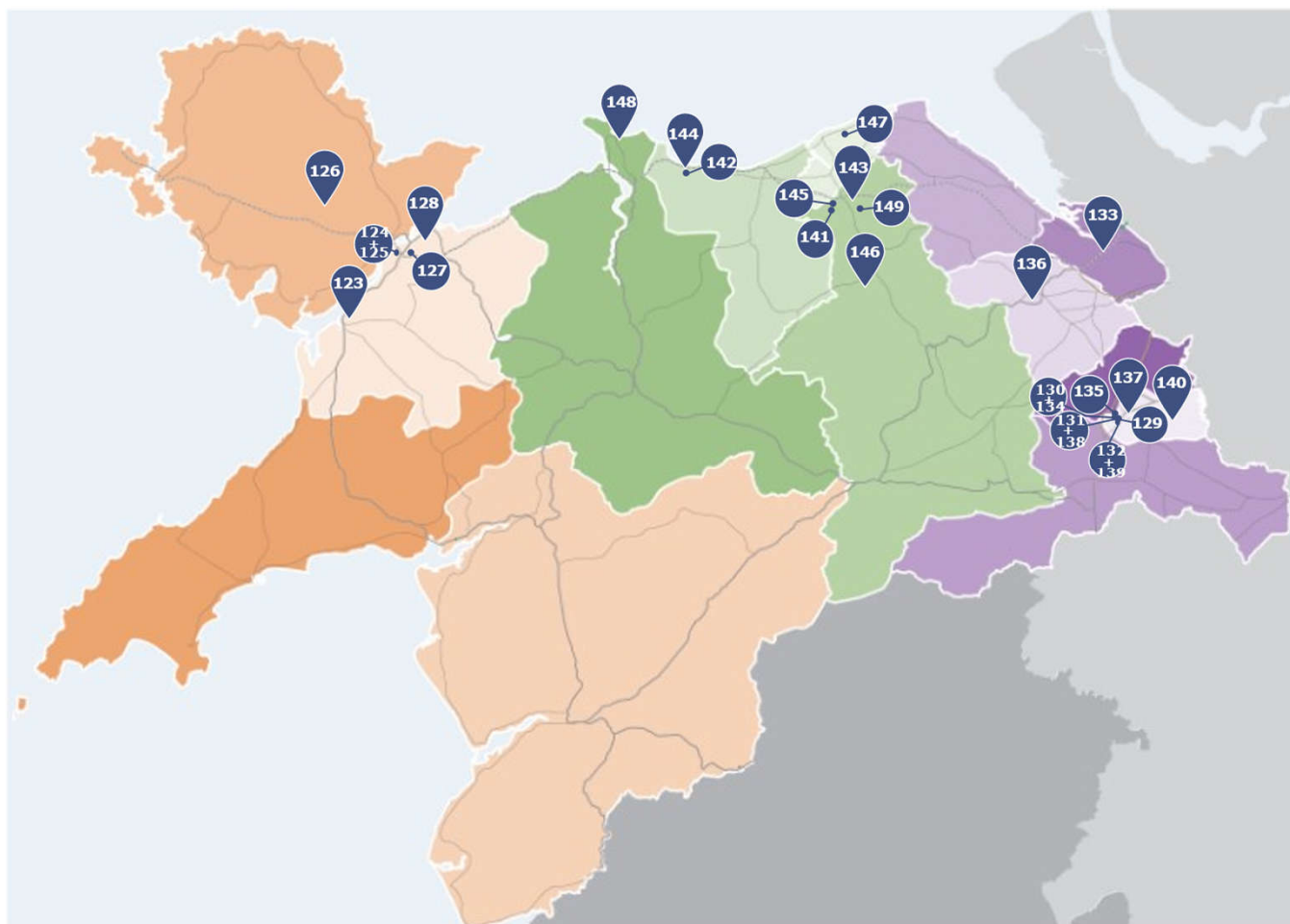
# BCUHB Estate Locality Map - Primary Care Centres



94	Amlwch Primary Care Centre
95	Benllech Primary Care Centre
96	Blaenau Ffestiniog Health Centre
97	Felinheli Primary Care Centre
98	Harlech Primary Care Centre
99	Porthmadog Health Centre
100	Yr Hen Orsaf Medical Centre
101	Borras Park Surgery, Wrexham
102	Buckley Medical Centre
103	Caia Park Primary Care Centre
104	Castle Health Centre, Chirk
105	Connah's Quay Primary Care Centre
106	Flint Health & Wellbeing Centre
107	Ffynongroyw Primary Care Centre
108	Forge Road Surgery
109	Hope Health Centre
110	Hillcrest Medical Centre
111	Pen Y Maes Clinic, Summerhill
112	Ruabon Medical Centre
113	Canolfan Crwst Primary Care Centre
114	Corwen Health Centre
115	Llangollen Health Centre
116	Llys Dyfrig Primary Care Centre, Llandudno
117	Llys Meddyg Conwy Primary Care Centre
118	Meliden Primary Care Centre
119	Seabank Primary Care Centre
120	Ty Nant Primary Care Centre
121	West End Medical Centre
122	Overton Primary Care Resource Centre



# BCUHB Estate Locality Map - Other Property Types



123	Erylodon Caernarfon (Administrative Services)
124	Intec, Unit 10, Parc Menai Bangor (Administrative Services)
125	Intec, Unit 11, Parc Menai Bangor (Administrative Services)
126	Mon Sector Offices (Administrative Services)
127	Mountain View, Bangor (Occupational Health)
128	Plumbing Centre, Bangor (Covid 19 Vaccination Centre)
129	ALAC Centre, Wrexham (Artificial Limb / Appliance Centre)
130	Berwyn House, Wrexham (Education & Training)
131	Cambrian House, Wrexham (Education & Training)
132	Block B, Clwydian House, Wrexham (Administrative Services)
133	Deeside Enterprise Centre, Shotton (Administrative Services)
134	Gwenfro Wrexham Technology Park (Administrative Services)
135	Plas Gororau, Wrexham (Multipurpose Building)
136	Preswylfa, Mold (Administrative Services)
137	Villa Romano, Wrexham (Administrative Services)
138	Wrexham Hospital Sterilisation and Decontamination Unit (HSDU)
139	Wrexham Medical Institute (Education & Training)
140	Dutton Road Dental Unit, Wrexham (Workshop/Storage)
141	87 Bowen Court, St Asaph (Administrative Services)
142	Brain Injury Service Unit, Colwyn Bay (Brain Injury Service)
143	Carlton Court, St Asaph (Administrative Services)
144	Eirias Park Health Precinct (Joint Care Administrative Services)
145	72 Fford William Morgan, St Asaph (Administrative Services)
146	Hyfrydle, Denbigh (Child Development Centre)
147	Oasis Dental Centre, Rhyl (Dental Centre)
148	Sector House, Llandudno (Covid 19 Vaccination Centre)
149	St Kentigerns Hospice, St Asaph (Hospice)

# Appendix 3 – Key Definitions\*

- **Backlog maintenance cost:** is the cost to bring estate assets that are below condition B in terms of their physical condition and/or compliance with mandatory fire safety requirements and statutory safety legislation up to condition B
- **Physical condition rankings**
  - A - As new and can be expected to perform adequately to its full normal life
  - B - Sound, operationally safe and exhibits only minor deterioration
  - B(C) - Currently as B but will fall below B within five year
  - C - Operational but major repair or replacement is currently needed to bring up to condition B
  - D - Operationally unsound and in imminent danger of breakdown
  - X - Supplementary rating added to C or D to indicate that it is impossible to improve without replacement
- **Mandatory fire safety requirements / statutory safety legislation rankings**
  - A - Complies fully with current mandatory fire safety requirements and statutory safety legislation
  - B - Complies with all necessary mandatory fire safety requirements and statutory safety legislation with minor deviations of a non-serious nature
  - B(C) - Currently as B but will fall below B within five years as a consequence of unabated deterioration or knowledge of impending mandatory fire safety requirements or statutory safety legislation
  - C - Contravention of one or more mandatory fire safety requirements and statutory safety legislation, which falls short of B
  - D - Dangerously below conditions A and B
- **Risk categories**
  - **Low risk elements** can be addressed through agreed maintenance programmes or included in the later years of an estate strategy
  - **Moderate risk elements** should be addressed by close control and monitoring. They can be effectively managed in the medium term so as not to cause undue concern to statutory enforcement bodies or risk to healthcare delivery or safety. These items require expenditure planning for the medium term
  - **Significant risk elements** require expenditure in the short term but should be effectively managed as a priority so as not to cause undue concern to statutory enforcement bodies or risk to healthcare delivery or safety
  - **High risk elements** must be addressed as an urgent priority in order to prevent catastrophic failure, major disruption to clinical services or deficiencies in safety liable to cause serious injury and/or prosecution
- **Risk-adjusted backlog:** Backlog costs and associated risk rankings are combined to produce a risk-adjusted backlog figure for comparative purposes and as a driver for the eradication of high-risk sub-elements and buildings with short remaining lives
$$\text{Risk-adjusted backlog (£)} = \frac{\text{Non-critical backlog}}{\text{Remaining life of building/block}} + \text{Safety-critical backlog}$$
  - Non-critical backlog (£) = Total backlog cost relating to low and moderate risk sub-elements for the building/block
  - Safety-critical backlog (£) = Total backlog cost relating to significant and high risk sub-elements for the building/block

\*As per 'A risk-based methodology for establishing and managing backlog' NHS England (<https://www.england.nhs.uk/publication/a-risk-based-methodology-for-establishing-and-managing-backlog>)

# Appendix 3 – Key Definitions\*

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- **Gross internal site floor area:** Total internal floor area of all buildings including temporary buildings or premises or part therein, occupied or non-occupied, which constitute the site operated by the NHS Organisation and is either owned by the NHS Organisation or is defined within the terms of a lease, Service Level Agreement, or tenancy agreement. Includes embedded education and training facilities, university accommodation and areas temporarily in the possession of building contractors. Excludes any leased-out areas. This figure should be the sum of the occupied and non-occupied floor areas.
- **Occupied floor area:** Total internal floor area of all buildings or premises or part therein which are in operational use and required for the purpose of delivering the function/activities of the NHS Organisation (i.e. occupied by the NHS Organisation), and either owned by the NHS Organisation or defined within the terms of a lease, license, Service Level Agreement or tenancy agreement. Include leased-in areas, industrial process areas, embedded education and training facilities and university accommodation which are occupied. Measured as for the Gross Internal Floor Area, inclusive of plant rooms, and circulation spaces, but excluding areas which are not required for operational purposes (i.e. non-occupied areas and not in use). The total of the non-occupied floor area and occupied floor area should equal the gross internal floor area. Excludes leased-out and licensed-out areas. PLEASE NOTE FROM 2013/14 EXCLUDES MULTI-STOREY CAR PARKS
- **Unoccupied floor area:** Total internal floor area of all buildings or premises or part therein, which are not used by the NHS Organisation for the purpose of delivering the function/activities of the NHS Organisation (i.e. non-occupied area) but are in the ownership of the NHS Organisation or within the terms of a lease, license, Service Level Agreement or tenancy agreement. Includes unoccupied embedded education and training facilities, university accommodation and areas temporarily in the possession of building contractors. Measured as for the Gross Internal Floor Area, inclusive of any associated plant rooms, and circulation spaces, or part therein, which are directly related to the nonoccupied area(s). The total of the non-occupied floor area and occupied floor area should equal the gross internal floor area. Excludes leased-out and licensed-out areas.
- **Not functionally suitable:** Percentage of occupied floor area that is below Estatecode Condition B for functional suitability (i.e. below an acceptable standard, or unacceptable in its present condition, or so below standard that nothing but a total rebuild will suffice).
- **Un-utilised space:** Percentage of occupied floor area where space utilisation is classified as being either "empty" or "under-used" as defined in Estatecode and Developing an Estate Strategy documents.



# Appendix 4 – Properties included in community estates diagnostic

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## Community and Local Hospitals - Estate Condition and Performance

Section 2.5.3 provides an overview of community and local hospital estate condition and performance (based on EFPMS 2021/22 data). The following 16 community and local hospitals are included within this analysis.

Abergele Hospital, Bryn Beryl Hospital, Eryri Hospital, Penley Hospital, Deeside Community Hospital, Colwyn Bay Community Hospital, Chirk Community Hospital, Denbigh Community Hospital, Dolgellau & Barmouth District Hospital, Holywell Community Hospital, Llandudno General Hospital, Mold Community Hospital, Ruthin Community Hospital, Tywyn & District War Memorial Hospital, Ysbyty Alltwen, Ysbyty Penrhos Stanley

## Community Facilities - Estate Condition and Performance

Section 2.5.4 provides an overview of the condition and performance of community facilities (based on EFPMS 2021/22 data). The following 74 community facilities are included within this analysis.

5 & 7 Brighton Road, Abergele Clinic, Alder House, Bodnant, Maes Du Road, Blaenau Ffestiniog Pcc, Bala Health Clinic, Bowen Court, Unit 87, Bron Hendre, Broughton Clinic, Brymbo Health Clinic, Brynteg Clinic (Southsea), Caia Park Pcc, Catherine Gladstone House, Cefn Mawr Clinic, Child & Adolescent Mh, Talarfon, Child Development Centre, Ymca Holyhead, Coedpoeth Clinic, Corwen Health Clinic, Deiniolen Health Clinic, Deeside Counselling Centre, Criccieth Health Clinic, Denbigh Stores, Drug & Alcohol, High Street, Rhyl, Dyffryn Clwyd Cmht, Denbigh Clinic, Eryldon, Fforddlas Clinic, Flint Pcc, Glyn Ceiriog Clinic, Gresford Health Clinic, Grove Road Dental Clinic, Hafan Iechyd (Clinic Section), Hightown Medical Centre, Hyfrydle, Llanfairpwll Health Clinic, Kinmel Bay Clinic, Iscraig (Substance Misuse), Llangollen Health Clinic, Bishops Walk, River Lodge, Llay Health Clinic, Maes Derw Clinic, Llandudno, Mhrc Cilan, Mhrc Craig Hyfryd, Mhrc Plas Brith, Mold Clinic, Mold Mhrc (Pwll Glas), Occupational Health Dept, Mountain View, Overton Pcc, Pen Y Maes Clinic, Summerhill, Penygroes Health Clinic, Preswylfa, Prestatyn Clinic, Plas Madoc, Acrefair, 51-52 Bodlyn, Rhosllanerchrugog Health Clinic, Rhostyllen Clinic, Rhuddlan Clinic, Roslin Mhrc, Rossett Clinic, Royal Alexandra Hospital, Ruabon Clinic, Ruthin Clinic, Saltney Clinic, St Asaph Health Clinic, Swn Y Coed, The Elms, Unit 14, Mold, Treferian Mh Day Centre, Trawsfynydd Health Clinic, Villa Romano, Wepre House, West End Medical Centre, Rysseldene, Wrexham Hsdu, Y Lawnt Health Clinic, Ysgol Gogarth, Llandudno, Hafod Mhrc, Pwllheli Health Clinic



GIG  
CYMRU  
NHS  
WALES

Bwrdd Iechyd Prifysgol  
Betsi Cadwaladr  
University Health Board



<b>Teitl adroddiad:</b> <i>Report title:</i>	Clinical Services Strategy update			
<b>Adrodd i:</b> <i>Report to:</i>	Partnerships, People and Population Health Committee			
<b>Dyddiad y Cyfarfod:</b> <i>Date of Meeting:</i>	Tuesday, 17 January 2023			
<b>Crynodeb Gweithredol:</b> <i>Executive Summary:</i>	The purpose of this paper is to provide an update on the Clinical Services Strategy and highlight next steps in the development of clinical service plans.			
<b>Argymhellion:</b> <i>Recommendations:</i>	<p>The Committee is asked to:</p> <ul style="list-style-type: none"> <li>- Receive the update report</li> <li>- Note the proposed next steps</li> <li>- Offer comments on the content to help shape the ongoing implementation</li> </ul>			
<b>Arweinydd Gweithredol:</b> <i>Executive Lead:</i>	Dr Nick Lyons, Executive Medical Director			
<b>Awdur yr Adroddiad:</b> <i>Report Author:</i>	Kamala Williams, Head of Health Strategy and Planning / Sally Baxter, Assistant Director – Health Strategy			
<b>Pwrpas yr adroddiad:</b> <i>Purpose of report:</i>	<p>I'w Nodi <i>For Noting</i></p> <p><input checked="" type="checkbox"/></p>	<p>I Benderfynu arno <i>For Decision</i></p> <p><input type="checkbox"/></p>	<p>Am sicrwydd <i>For Assurance</i></p> <p><input type="checkbox"/></p>	
<b>Lefel sicrwydd:</b> <i>Assurance level:</i>	<p>Arwyddocaol <i>Significant</i></p> <p><input type="checkbox"/></p> <p>Lefel uchel o hyder/tystiolaeth o ran darparu'r mecanweithiau / amcanion presennol</p> <p><i>High level of confidence/evidence in delivery of existing mechanisms/objectives</i></p>	<p>Derbyniol <i>Acceptable</i></p> <p><input checked="" type="checkbox"/></p> <p>Lefel gyffredinol o hyder/tystiolaeth o ran darparu'r mecanweithiau / amcanion presennol</p> <p><i>General confidence / evidence in delivery of existing mechanisms / objectives</i></p>	<p>Rhannol <i>Partial</i></p> <p><input type="checkbox"/></p> <p>Rhywfaint o hyder/tystiolaeth o ran darparu'r mecanweithiau / amcanion presennol</p> <p><i>Some confidence / evidence in delivery of existing mechanisms / objectives</i></p>	<p>Dim Sicrwydd <i>No Assurance</i></p> <p><input type="checkbox"/></p> <p>Dim hyder/tystiolaeth o ran y ddarpariaeth</p> <p><i>No confidence / evidence in delivery</i></p>
<p><b>Cyfiawnhad dros y gyfradd sicrwydd uchod. Lle bo sicrwydd 'Rhannol' neu 'Dim Sicrwydd' wedi'i nodi uchod, nodwch gamau i gyflawni sicrwydd 'Derbyniol' uchod, a'r terfyn amser ar gyfer cyflawni hyn:</b></p> <p><i>Justification for the above assurance rating. Where 'Partial' or 'No' assurance has been indicated above, please indicate steps to achieve 'Acceptable' assurance or above, and the timeframe for achieving this:</i></p>				
<b>Cyswllt ag Amcan/Amcanion Strategol:</b>  <b>Link to Strategic Objective(s):</b>		<p>The Clinical Services Strategy is aligned to and consistent with other relevant national and local strategies and plans, including the National Clinical Framework</p>		

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

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

**PPPH COMMITTEE MEETING IN PUBLIC**  
**Tuesday 17 January 2023**  
**Clinical Services Strategy update**

## **1. Introduction/Background**

The Clinical Services Strategy (CSS) provides a framework to help shape future direction and agree the strategic clinical intentions and priorities of the Board by providing a 'blueprint' for large-scale service redesign, and was approved by the Health Board in August 2022. In November, the progress report to PPPH Committee confirmed the development of the prioritisation framework, which is now being more widely tested across the Health Board, the strengthening of the Clinical Senedd and the initial identification of service areas for which more in-depth sustainability plans are required. The paper provides a further update on the implementation of the Clinical Strategy, following the update to Committee in November 2022.

## **2. Context**

Components of the Clinical Services Plan (the 'Plan') for North Wales are currently in development and will describe how the Board intends to operationalise and implement the CSS. Development of the Plan is in the context of an extremely challenging financial position, which is likely to limit the scale and pace of progress and will necessitate delivery of an ambitious efficiency and productivity improvement programme, in addition to targeted disinvestment, in order to achieve financial balance.

Given these difficult circumstances, the Plan needs to be agile and will evolve over time. The first iteration will map out the development of clinical services for the next three years and will seek to address the immediate challenges facing the north Wales health care system as well as creating the conditions that will enable long-term service sustainability.

The Plan will triangulate workforce, finance, performance and quality data to ensure the constituent elements are deliverable and optimise value. It will take into account and aim to address existing resource constraints particularly in relation to workforce, estates and finance.

The three priority areas that will influence the development of the Plan, which are taken from 'Living Healthier, Staying Well' and the CSS, can be categorised as follows:

- Service user support, empowerment and enablement.
- Right place, right care – providing alternatives to acute hospital care where clinically appropriate and ensuring that care in an acute hospital setting is for the shortest possible duration.
- High quality, safe and sustainable services – facilitated by the physical decoupling of planned and unscheduled care wherever feasible alongside the development of new regional service models for complex care.

This paper provides an update on how the Clinical Services Strategy is informing the IMTP planning process, which will in turn form the basis of the 2023/26 Clinical Services Plan; see further detail below.

There are a small number of key strategic developments, for example, the Regional Treatment Centres (RTCs) and elective orthopaedic surgical hub, which will materially influence and shape other service change. To enable the work on these areas to inform the Plan the intention is to take a draft version of the Plan to PPPH Committee in the autumn and to seek Board approval subsequently to inform the refresh of the IMTP into the next year (2024).

### **Integrated Medium Term Plan (2023/24 - 2025/26)**

The financial outlook is exceptionally challenging with increasing pressure across the whole health and care system in north Wales. These constraints will severely curtail the Board's ability to take forward planned developments at the desired scale and pace.

In addition to financial constraint the recruitment and retention of staff is a major limiting factor for current and future service delivery with a high level of vacancies, which has led to a number of fragile services, lacking resilience.

Whole system pathway change spanning health and care services is required and this will take time. The plans implemented over the next three years will be crucial in laying the foundations that will enable the Board to achieve its vision for clinical services. The Plan will reflect the new service models needed to optimise value from the resources available, to include consolidation of services in regional 'Centres of Excellence', extending pan BCU networking of service delivery and increased levels of integrated partnership working.

### **3. Clinical Service Plan priorities 2023/2026**

#### ***SERVICE USER SUPPORT, EMPOWERMENT AND ENABLEMENT***

The 'Betsi Pathway' methodology underpins the review and redesign of pathways and is a key enabler for the CSS, it increases the focus on upstream interventions that prevent or delay the onset of health conditions and keep people as well as possible.

The outputs of the Pathway work will inform the Plan by facilitating the development of service models that support, empower and enable service users to maximise the control they have over their health care needs.

#### **IMTP themes**

*Promotion and prevention* - For example, healthy lifestyle programmes, community screening and health inclusion.

*Prehabilitation* – Services have commenced for arthroplasty and major cancer surgery with the aim being to extend to cover other treatments and conditions.

*Effective self-management and care* – Providing support that is accessible and timely, for example, via digital solutions, increased use of social prescribing, expanding the range of services offered within the service users' preferred setting (home, primary care or community).

#### ***RIGHT CARE, RIGHT PLACE***

Right care, right place starts with the premise that care in an acute setting should be for shortest possible duration with the aim that people should live well and remain in their own

home. To facilitate this the Plan will champion alternative service models i.e. by location, mode of delivery (in person vs virtual) and the skill mix of the healthcare professionals involved.

## **IMTP themes**

*Urgent Primary Care Centres* – Key to creating an unscheduled care system that provides timely access to urgent and emergency care in the most appropriate clinical setting.

*Telemedicine and video consultations* – Extending provision, for example, SOS (See On symptoms), PIFU (Patient Initiated Follow Up), virtual group clinics and virtual therapy.

*Early supported discharge/discharge to assess and recover* – Expanding services at home, increasing community capacity, increased partnership working with Local Authorities.

## **HIGH QUALITY, SAFE SUSTAINABLE SERVICES**

There are significant challenges associated with the delivery of high quality, safe and sustainable services.

Unscheduled care requires cross sector transformation underpinned by the development of integrated infrastructure and systems with sufficient capacity to support timely patient access and flow.

Pre pandemic there were several planned care services with an underlying gap between demand and 'core' capacity resulting in a persistent ongoing backlog of long waiting patients. The position has significantly deteriorated over the last few years and there is a need to focus efforts on clearing the backlog whilst simultaneously creating the conditions for service sustainability through a combination of increased core capacity and demand management.

Increasing medical subspecialisation and proposed changes to the service model for ambulatory care will require a different approach to the delivery of 'complex' care across north Wales. This approach is likely to necessitate consolidation of some services at a smaller number of locations as well as the increased use of hub and spoke and networking arrangements.

## **IMTP themes**

### **Planned Care**

*Deliver planned care recovery programme:* Planned care recovery is a prerequisite for the delivery of high quality, safe sustainable services. Recovery schemes include:

- implementation of a single booking service
- outpatient transformation
- insourcing
- outsourcing
- additional clinical sessions
- regional diagnostic hubs
- additional orthopaedic capacity

*Continue with planned care sustainability programme,* including but not limited to:



- Delivery of the vascular quality improvement plan
- Development of an elective orthopaedic hub

*Areas proposed for service review and potential proposed reconfiguration 2023/26*

- urology
- clinical oncology
- ophthalmology

*Address recommendations in relation to general surgery delivery*

*Planned Care Transformation*

- Develop a refreshed cancer strategy for North Wales
- Physical decoupling of planned and unscheduled care where feasible.
- Implement ambulatory care service model (RTCs) to drive efficiency and productivity.
- Commence the review and redesign of complex planned care, to commence following agreement of RTC plans to ensure strategic fit with ambulatory care model.
- Implement new service modes for complex care e.g. hub and spoke, centres of excellence.

*Unscheduled Care*

- YGC Journey 2 Excellence: Roll out of learning and good practice across all health board services.
- Continue with next phases of stroke improvement plan: Development of a hyper acute stroke service in north Wales.
- Encourage and embed more integrated working: Primary care Out of Ours (OOH service), develop community pharmacy 'offer' including independent pharmacy prescribing.

*Mental Health*

- Refresh of the strategies to support people with mental health needs and people with learning difficulties
- Working in close collaboration with the relevant Partnership Boards
- Continue implementation of 'I Can' Programme

## **4. Next steps**

To ensure that work is aligned with strategic direction and the aggregated impact and opportunities are identified, a clinical services planning coordination group is to be established. Appointments to the Office of the Medical Director have now been finalised and clinical leaders will be confirmed to support the work. The Clinical Senedd will continue to support and advise on the plans and the overarching programme.

The programme will take account of the National Clinical Framework pathway and network developments and respond to Quality Statements that are being developed. The role of commissioning in service sustainability will be critical, as strategic partnerships may be developed with external partners.

Above all, the person-centred approach set out in the CSS will be embedded into the work, with co-design and wider engagement underpinning developments.

## **5. Budgetary / Financial Implications**

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

## **6. Risk Management**

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

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

## **7. Equality and Diversity Implications**

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

<b>Teitl adroddiad:</b> <i>Report title:</i>	Betsi Cadwaladr University Health Board Winter planning and resilience update.			
<b>Adrodd i:</b> <i>Report to:</i>	Partnerships, People and Population Health Committee			
<b>Dyddiad y Cyfarfod:</b> <i>Date of Meeting:</i>	Tuesday, 17 January 2023			
<b>Crynodeb Gweithredol:</b> <i>Executive Summary:</i>	The following report provides further updates on current progress of the winter and resilience plan for BCUHB for the winter period for 2022-2023.			
<b>Argymhellion:</b> <i>Recommendations:</i>	The Committee is requested to note the ongoing work with an awareness of a national steer from Welsh Government in relation to the Health and Social Care Plan 2022-2023 is still yet to be released.			
<b>Arweinydd Gweithredol:</b> <i>Executive Lead:</i>	Gill Harris, Interim Chief Executive - BCUHB			
<b>Awdur yr Adroddiad:</b> <i>Report Author:</i>	Phil Orwin – Interim Regional Delivery Director Geraint Farr – Interim Associate Director For Emergency Care			
<b>Pwrpas yr adroddiad:</b> <i>Purpose of report:</i>	I'w Nodi <i>For Noting</i> <input type="checkbox"/>	I Benderfynu arno <i>For Decision</i> <input type="checkbox"/>	Am sicrwydd <i>For Assurance</i> <input checked="" type="checkbox"/>	
<b>Lefel sicrwydd:</b> <i>Assurance level:</i>	<b>Arwyddocaol Significant</b> <input type="checkbox"/> Lefel uchel o hyder/tystiolaeth o ran darparu'r mecanweithiau / amcanion presennol  <i>High level of confidence/evidence in delivery of existing mechanisms/objectives</i>	<b>Derbyniol Acceptable</b> <input type="checkbox"/> Lefel gyffredinol o hyder/tystiolaeth o ran darparu'r mecanweithiau / amcanion presennol  <i>General confidence / evidence in delivery of existing mechanisms / objectives</i>	<b>Rhannol Partial</b> <input checked="" type="checkbox"/> Rhywfaint o hyder/tystiolaeth o ran darparu'r mecanweithiau / amcanion presennol  <i>Some confidence / evidence in delivery of existing mechanisms / objectives</i>	<b>Dim Sicrwydd No Assurance</b> <input type="checkbox"/> Dim hyder/tystiolaeth o ran y ddarpariaeth  <i>No confidence / evidence in delivery</i>
<b>Cyfiawnhad dros y gyfradd sicrwydd uchod. Lle bo sicrwydd 'Rhannol' neu 'Dim Sicrwydd' wedi'i nodi uchod, nodwch gamau i gyflawni sicrwydd 'Derbyniol' uchod, a'r terfyn amser ar gyfer cyflawni hyn:</b>  <i>Justification for the above assurance rating. Where 'Partial' or 'No' assurance has been indicated above, please indicate steps to achieve 'Acceptable' assurance or above, and the timeframe for achieving this:</i>				
<b>Cyswllt ag Amcan/Amcanion Strategol:</b> <i>Link to Strategic Objective(s):</i>	Health and Social care (Wales) Winter plan 2022-2023			
<b>Goblygiadau rheoleiddio a lleol:</b> <i>Regulatory and legal implications:</i>	Health and Safety Executive  Civil Contingencies Act – Level 1 Responder.			

Yn unol â WP7, a oedd EqIA yn angenrheidiol ac a gafodd ei gynnal?  <i>In accordance with WP7 has an EqIA been identified as necessary and undertaken?</i>	Do/Naddo <u>Y/N</u>  Attached within the appendices (07)
Yn unol â WP68, a oedd SEIA yn angenrheidiol ac a gafodd ei gynnal?  <i>In accordance with WP68, has an SEIA identified as necessary ben undertaken?</i>	Do/Naddo <u>Y/N</u>  Os naddo, rhowch esboniad yn ymwneud â'r rheswm pam nad yw'r ddyletswydd yn berthnasol  <i>If no please provide an explanation as to why the duty does not apply</i>  <u>Gweithdrefn WP68 ar gyfer Asesu Effaith Economaidd-Gymdeithasol.</u>  <u>WP68 Procedure for Socio-economic Impact Assessment.</u>
Manylion am risgiau sy'n gysylltiedig â phwnc a chwmpas y papur hwn, gan gynnwys risgiau newydd (croesgyfeirio at y BAF a'r CRR)  <i>Details of risks associated with the subject and scope of this paper, including new risks( cross reference to the BAF and CRR)</i>	Inability to provide timely care for the patient population of North Wales.  Inability to maintain service provisions for the patient population of North Wales.
Goblygiadau ariannol o ganlyniad i roi'r argymhellion ar waith  <i>Financial implications as a result of implementing the recommendations</i>	To be confirmed pending outcome from Health and Social care winter planning 2022-2023
Goblygiadau gweithlu o ganlyniad i roi'r argymhellion ar waith  <i>Workforce implications as a result of implementing the recommendations</i>	To be confirmed pending outcome from Health and Social care winter planning 2022-2023
Adborth, ymateb a chrynodeb dilynol ar ôl ymgynghori <i>Feedback, response, and follow up summary following consultation</i>	Amendments as per Email 03/11/2022 GH Amendments following up on health economy updates (Appendix 6)
Cysylltiadau â risgiau BAF: (neu gysylltiadau â'r Gofrestr Risg Gorfforaethol) <i>Links to BAF risks:</i> (or links to the Corporate Risk Register)	To be confirmed once identified within the IHC's and Social Care
Rheswm dros gyflwyno adroddiad i fwrdd cyfrinachol (lle bo'n berthnasol) <i>Reason for submission of report to confidential board (where relevant)</i>	Amherthnasol Not applicable
Camau Nesaf/Next Steps: Monthly reviews in line with constant social economic changes, Ongoing developments in line with IHCs developments on services.	
Rhestr o Atodiadau/List of Appendices: As per narrative.	

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

Draft v 1.4

Review due: 30/01/2023

## **Reporting Arrangements**

*BCUHB Executive Team*

*BCUHB Performance, Finance & Information Governance Committee*

*BCUHB Health Board public meeting*

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## 1. Executive Summary

Winter typically results in increased demand from seasonally affected conditions, increased risk connected to infection prevention and control outbreaks along with the potential risk of influenza. Using the learning from our pandemic experience, it is necessary for the Health Board to have a strong resilience plan allowing us to respond to pressures, which can occur at any time, alongside sustaining and increasing our elective activity, whilst having the ability to be flexible to a variation of demands. While we have been experiencing health services challenges caused by the ongoing impact of Covid-19 we are now in the phase of recovering from and controlling the Covid -19 impact, along with a developing influenza risk. The aim is to manage the associated infectious risks alongside other seasonal risks while returning to business as usual, even during the winter period.

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

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

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

The Plan includes the critical operational triggers status (OPEL) which is reported through the daily Tactical Control Centre (TCC) to the System Lead or Silver On-Call out of hours along with normal metrics such as SITREP levels, and Emergency department risk scores for the Health Board. The triggers will identify local system pressures. The process informs other sites within the health board and external services of additional surge / contingency plans that may be required to control risk and maintain operational effectiveness. This will be done in conjunction with the Welsh Ambulance Service Operational Delivery Unit (ODU) at regular intervals.

The triggers compliment local winter contingency plans developed by each service. They include delivery of SAFER (patient flow) and SORT actions (methodologies that ensure the mitigation of risk and maximisation of a positive clinical outcome and experience) in acute and community hospital settings. The aim is to maximise operational discharge planning to mitigate winter unscheduled care pressures, infectious disease demands, and support the delivery of surge options for critical care, inpatient beds or the

redeployment of resources to mitigate system pressures, alongside maintaining elective activity.

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

## 2. Introduction

Winter pressures are a recurrent issue for the NHS and presents significant and increasing challenge for the health and social care system, typically with an increase in urgent presentations to primary care, Emergency Departments (EDs) and presentations to hospital, which subsequently affects system capacity and flow. There are also significantly increased pressures on the social care and independent sectors, as needs increase and capacity to respond is challenged.

When flow across a hospital slows, EDs become overcrowded, ambulance delay's occur, discharge delays occur with the potential for poorer patient outcomes and experience along with increasing lengths of stay within the emergency departments. This will often resulting in longer lengths of stay, loss of packages of care and the need to open escalation beds.

The Royal College of Emergency Medicine (RCEM Statement 2020 – Overcrowding in Emergency departments) highlights that overcrowding in EDs is unsafe and affects quality of care and patient experience along with increasing admission rates due to capacity.

It is a gauge of whole-system difficulties that adversely affect capacity and resilience and as such, whole-system planning and action is required to mitigate the impact. This emphasises the need for continually increasing partnership working across all stakeholders, not just in Winter but on a permanent basis.

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

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



**Fig 1: 6 Goals for Urgent and Emergency care**



The Plan is our response to the escalated levels of need for patient assessment, treatment and care during the winter period. The proposals in the plan represent an increase of the scale and pace of the initiatives already in place to address ongoing challenges on the urgent and emergency care system with a focus on supporting patients at home, closer to home and enhanced hospital avoidance.

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

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

### 3. Principles and Priorities

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

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

### 4. Protecting us from COVID

Together with our partners in the Regional Partnership Board, we have been working to manage Covid-19 since the onset of the pandemic. In addition to ongoing work through the RPB and supporting programmes, we are working formally through a

Strategic Winter Pressures Group managed by the North Wales Emergency Preparedness Resilience and Response (EPRR) forum. This was established to share awareness of, and respond to pressures in the whole system, particularly affecting health and social care. The Group provides a route for the RPB's leadership group to be able to seek swift senior action to emerging issues. The purpose of the group is to:

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

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

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

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

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

#### 4.1 Monitoring and Modelling

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

Covid-19 modelling is well established in the Health Board and reported on a regular basis to the Executive Team and Board. The BCUHB Business Intelligence Unit has also constructed its own predictive model for influenza, based on available data alongside Welsh government all Wales modelling

At the time of updating of this Plan forecasting data identifies our peak demand across the Health community will occur in December 2022, this will result in regular updates

of plan in relation to demand and capacity as we approached the forecasted trajectory for COVID

#### 4.2 COVID-19 Vaccination Programme

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

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

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

#### 4.3 Test Trace and Protect (TTP)

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

#### 4.4 Infection Prevention and Control

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

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

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

As of the 14<sup>th</sup> November 2022, All BCUHB Sites require staff/patients and visitors to wear facemasks in hospital settings unless clinically exempt.

### 5. Keeping people well

The Health Board continues to work in partnership with Local Authorities, third sector and other colleagues to enable and support people to stay well, to manage their own conditions and adopt a healthy lifestyle. There are many initiatives already in place across North Wales, which facilitate this approach including work with Public Services

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

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

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

### 5.1 Self-care

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

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

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

### 5.2 Seasonal influenza

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

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

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

### 5.3 Respiratory and long-term conditions

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

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

## 6. Maintaining safe health services

### 6.1 Health inequalities and vulnerable groups

It is well recognised that health inequalities have been exacerbated because of the Covid-19 pandemic, and the impact of the Covid-related harms has been greater on specific groups.

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

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

### 6.2 Mental health and wellbeing

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

- Maintaining mental health services as ‘essential’ services and responding to immediate mental health needs, joint communication through WEDFAN to support those high attendance service users and support them with care closer to home.

- Strengthening protective factors and reducing the socioeconomic impacts of the pandemic on mental health and wellbeing, recognising that many of the levers for mental health protection and prevention sit outside of the health system.
- Supporting the NHS to meet the changing mental health needs in their areas and ensuring mental health services can stabilise and recover for the long term.

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

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

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

### 6.3 Primary and community services

#### Primary Care

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

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

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

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



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

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

#### 6.4 Integrated Health Communities (IHC's)

Each Integrated Health Community is required to ensure local winter planning encompasses all elements within their service footprint and to ensure they are presented back into the Health Board winter resilience plan, aware of the need for local demographic variances.

These will be reviewed monthly in line with the Health and Social care position to ensure flexibility to meet demand following on from the Health and Social Services Care Group (HSSG)

As part of the planning, all IHC's have to provide:

- 1) Surge capacity and triggers for utilising.
- 2) Staffing capacity.
- 3) Planned care capacity.
- 4) Unscheduled care planning in line with the six goals for urgent and emergency care.

The IHCs ensure all plans are completed in conjunction with Womens Services, Paediatric services, Renal Services, Oncology service and mental health services due to geographical locations. These are highlighted in appendices 6

#### 6.5 Post-COVID syndrome (Long COVID)

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

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

## 6.6 Children and young people's services

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

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

The Paediatric sit rep can be access via the link below for BCUHB staff once approved:

BCU PAEDIATRIC SITREPS RSV REPORT - CURRENT DATE

05/01/2023

Contact Karen Carter

Hospital Site	Total number of Level 1 paediatric critical care beds capacity	Total number of Level 2 paediatric critical care beds capacity	Total number of Level 3 paediatric critical care beds capacity	Total number of general paediatric ward beds capacity	Total Bed Capacity	Total number of Level 1 paediatric critical care beds occupied	Total number of Level 2 paediatric critical care beds occupied	Total number of Level 3 paediatric critical care beds occupied	Total number of general paediatric ward beds occupied	Total Bed Occupancy	% Occupancy Total	Paediatric Admissions in the last 24hours	Total number of RSV positive patients	*Total number of infectious respiratory patients inc RSV	*Total number of COVID Patients (Suspected and confirmed)	Total number of Covid-19 patients who are receiving active Treatment	Total number of patients with PIM-TS	Number of CAMHS Patients on the ward
YG	5	2	0	14	21	3	0	0	14	17	80.95%	9	1	4	0	0	0	1
YGC	9	1	0	8	18	0	0	0	11	11	61.11%	25	2	2	2	1	0	1
WMH	8	1	0	13	22	0	1	0	10	11	50.00%	15	3	4	1	0	0	1
Total	22	4	0	35	61	3	1	0	35	39	63.93%	49	6	10	3	1	0	3

Hospital Site	Number of additional beds available	Closed Beds - Level 1	Closed Beds - Level 2	Closed Beds - Level 3	Closed Beds - General Paediatrics	Total Bed Closure	Delayed Transfer of Care Level 1	Delayed Transfer of Care Level 2	Delayed Transfer of Care Level 3	Delayed Transfer of Care General Paediatrics	Total Delayed Transfers of Care	Total Staff short of templated roster	Are there any staffing challenges	Is Elective Surgery going ahead	Escalation Status
YG	0	0	0	0	0	0	0	0	0	0	0	4	Yes	Yes	OPEL 1B
YGC	0	0	0	0	0	0	0	0	0	0	0	3	Yes	Yes	OPEL 1B
WMH	0	0	0	0	0	0	0	0	0	0	0	0	No	N/A	OPEL 1A
Total	0	0	0	0	0	0	0	0	0	0	0	7	No	N/A	OPEL 1A

<http://bcudatawarehouse/PowerBIReports/powerbi/RS/Karen%20Carter/Paediatric%20SITREPS%20RSV?rs:Command=Render&rc:Toolbar=false>

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

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

## 6.7 Essential services

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

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



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

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

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

## 6.8 Planned care

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

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

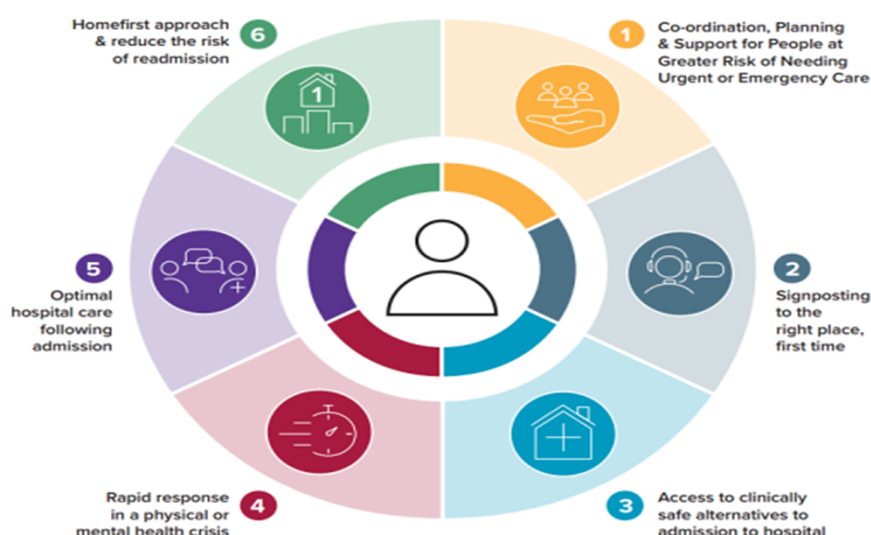
The Board has developed a six point Planned Care Recovery Plan to address the elective waiting list backlog, further work is ongoing to finalise the action plans, which will underpin the plan for the remainder of 2022/23 and 2023/24. The aspiration to achieve 80% of the 2019/20 i.e. pre-Covid activity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

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

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

## 6.9 Urgent and emergency care

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



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

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

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

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

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

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

The challenge was set to the Board to undertake actions that would solve the issue of congestion and poor patient flow with support from external partners as part of the six goals for urgent and emergency care to identify lessons learnt from other health providers across Wales and share good practice.

## Community Services

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

Priority for the Community Services during winter months are:

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

## **Acute Services**

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

Priority for the Acute Services during winter months are:

- Working closely with WAST to focus on safe and timely ambulance patient handover and the triage of patients in ED's.
- Working closely with WAST to focus on alternative pathways (Primary care/MIU/SDEC)
- Clinical criteria for managing patients waiting in an ambulance with clear actions for escalation.
- Utilising single integrated clinical assessment and triage (SICAT) to review of 999 patients to triage, advice, discharge or stream to alternative services if clinically appropriate

- Expansion of SDEC so that patients are assessed, receive diagnosis and start treatment on the same day, resulting in improved patient experience and outcomes and reducing unplanned hospital admissions and where possible with the intent to safely reduce transport to hospital or to bypass the Emergency Department.
- Development and instigation of Hospital Full Protocol pan BCU with local variances with clear actions to support de-escalation.
- Outcome focused Board Rounds with senior decision makers involved with patient discharge from day of admission (SAFER)
- Adoption and expansion of Criteria Led Discharge to all wards.
- Implementation of electronic OPEL reporting to support early escalation and a clear visual display to support the rising tide of demand.

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

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

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

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

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

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

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

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

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

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

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

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

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

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

Concerning the 243 placements across North Wales, each IHC has identified a range of schemes across Health & Social Care for additional bedded capacity or community support packages of care, as at November 2022 there are 203 placements identified across 15 schemes, (98 step down beds, 72 packages of care and 33 efficiencies within length of stay). Fortnightly progress review meetings are held with the Delivery Unit against agreed trajectories for these schemes between October 2022 and March 2023. Local IHC monitoring meetings are also in place fortnightly to review progress and monitor risks. Additional schemes, including support to care homes, accessing underutilised residential care beds and are being developed to increase the number of placements and bring them on line as soon as possible.

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

Work is also underway with Care Inspectorate Wales (CIW) to achieve registration to enable Community teams to attract additional staff to provide some social care and extend community / home first teams that bridges the gap in domiciliary care.

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

### **Menai Suspension Bridge Closure**

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

The Business continuity plan will aim to ensure full stakeholder engagement and planning to support the health and social care needs of the population on Mon. This is inclusive of developing a reception and resuscitation area should we lose the ability to convey patients to hospital along with managing renal/cancer/paediatric and Womens services on the Island, It is being prepared for 6 month duration in the first instance.

## **7. Maintaining our social care services**

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

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

## **8. Supporting unpaid carers**

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

## **9. Keeping everyone informed**

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

These include promotion of the vaccine programme, testing and self-isolation, and

the personal behaviours required of people, as outlined in the Covid Code.

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

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

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

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

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

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

## 10. Working together across North Wales

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

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

## 11. Schemes to support delivery over winter

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

Potential schemes have been assessed using the below narrative:

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



### Schemes to support delivery over winter

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

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

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

## 12. Triggers to Determine Mitigation and Surge Plans

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

The surge plans are currently being updated which will cover:

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

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

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

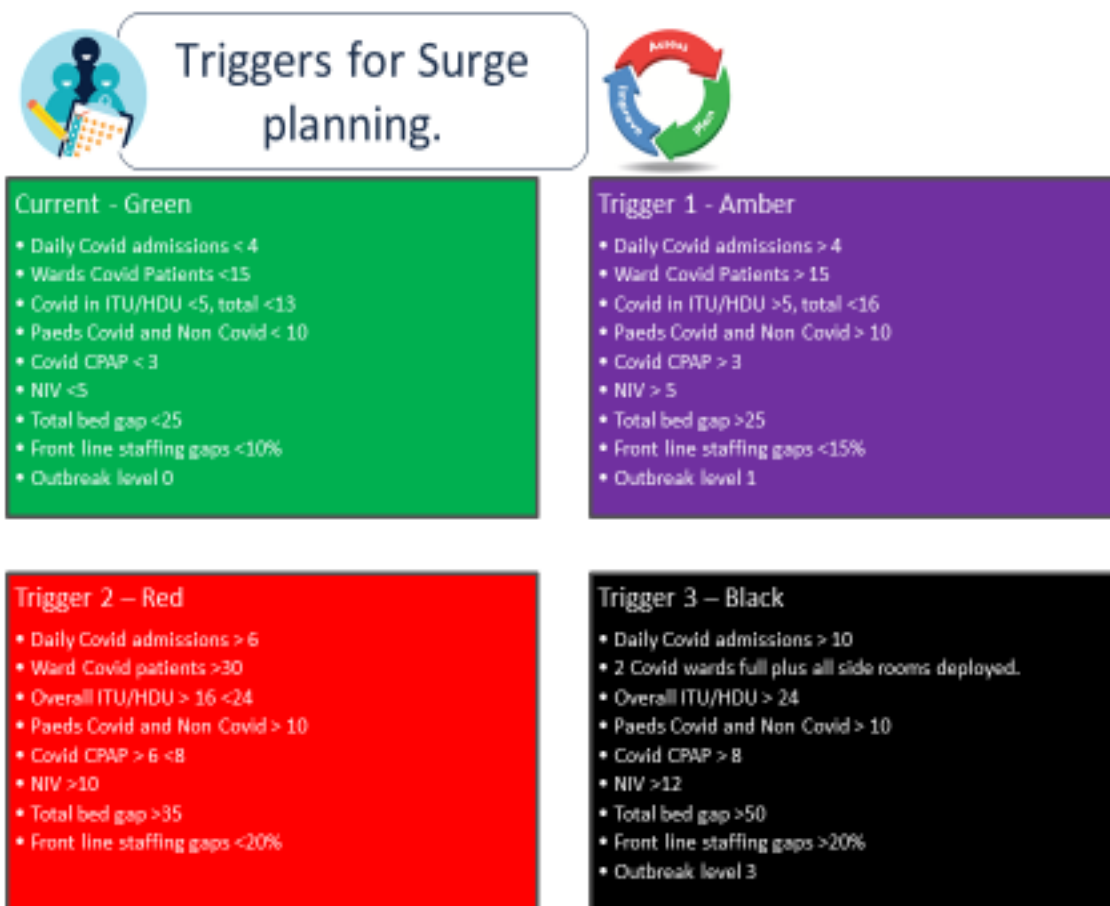
The Health Community Plans include operational triggers to support local decision making in order to meet winter and Covid-19 surge capacity and inform the Silver and Gold Command structures of operational trends that might require further internal and external support.

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

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

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

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



With regards Covid 19, BCUHB is currently at a Green status in relation to escalation, with system resilience back to pre Covid status in that:

- Covid Patients are being managed at local level through isolation initially and co-horting when required.
- Visitors are allowed back onto the wards with a verbal screening prior to arrival and appropriate PPE
- Elective work is ongoing.
- Outpatient clinics are functioning

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

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

1. OMFD (patients who are optimised and medically fit for discharge)
2. Total numbers waiting in the ED departments (by category)
3. Total number of Covid inpatients (admission due to Covid and admission due to other physical health need with Covid)
4. Ambulances waiting (and length of wait)
5. Additional beds in operation as a result of the instigation of the surge plans
6. Capacity in primary care reduction in GP appointments based on baseline 2019/20

7. Availability of next day GP surgery slots by area
8. Overall bed availability in community, acute, mental health and women's and children's services

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

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

### 13. Command and control

The System lead manager Command and Control framework continues in the current format of a senior operational manager-supporting pan BCUHB Monday to Friday. This operates 12 hours per day, five days per week.

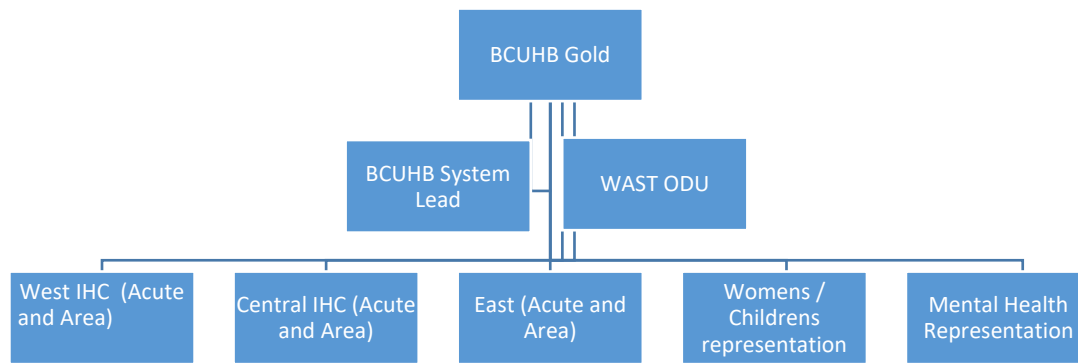
It provides the senior operational decision making to enact local plans within acute hospitals and community hospitals. Acting as the communication and decision making support framework to enable Integrated Health Community decisions that support patient flow, decompression of services and integrated planning of resources to enable plans to be delivered on a daily basis which is then managed out of hours/weekends by the silver on call.

This system can be activated to 7/7 at the request of Gold.

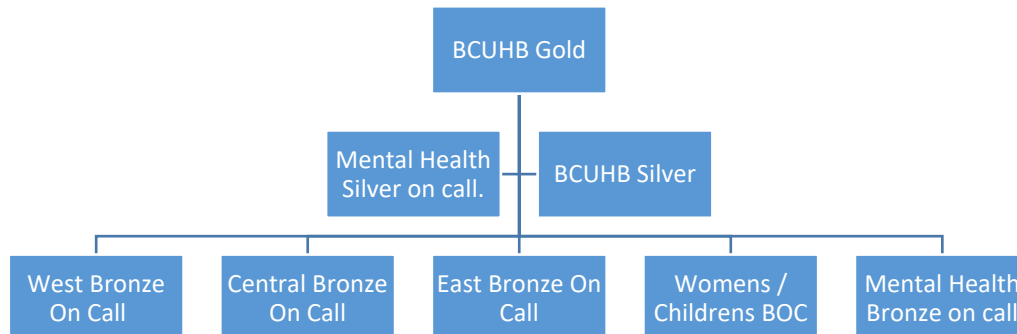
The Senior System lead manager is the singular point of contact for the ODU in relation to national reporting and escalation. Senior operational directors within the health board manage this rota.

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

The current modelling for on call is:

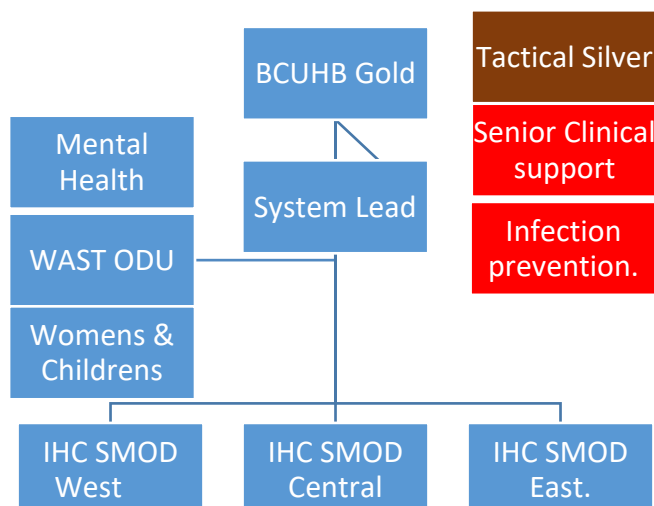


In Hours System Resilience, currently has in excess of 10+ participants –



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

Potential changes due to escalation due to winter pressures:



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

- Tactical Silver that would be there to support rising tide events and subject matter expert on Resilience and planning i.e.: Monkey Pox/ Bridge closure etc. to allow system lead / silver on call to manage day to day aspects.

- Senior Clinician to be available to support any difficult conversations when requesting additional elements of work i.e.: recalling of Consultants, escalating of any delays in communications regarding referrals.
- Senior representation of a Subject matter expert in relation to Covid/Respiratory conditions to allow early planning.

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

#### 14. Potential ideas for further consideration

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

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



- Nurse specialist and all other clinical staff returned to wards where appropriate, including all staff with registration who work in non-clinical facing roles

Winter additional planning and staffing requirements are included in appendix 2

## 15. Risks

The Winter Resilience Plan risks fall into the following categories:

- Increase in Covid-19 transmission, infection, and other seasonal illnesses.
- Workforce capacity and recruitment of additional resource required to deliver winter schemes
- Environment - existing infrastructure and social distancing.
- Bed spacing restrictions
- Unscheduled Care attendances
- Optimised Medically Fit for Discharge (OMFD) patients
- Planned Care – Essential and Elective Services
- Local Infrastructure failure.

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

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

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

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

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

The risks associated with planned care relate to restricted capacity arising from the Covid measures still in place, limited opportunities to secure additional internal or

external non-recurrent capacity and the challenge of protecting elective capacity in the face of increasing pressure from unscheduled and emergency care and capacity constraints in the social care system.

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

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

## 16. Glossary

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

## Appendices

Appendix:
1. Surge capacity within the IHC's
2. Winter bids staffing requirement.
3. West IHC winter planning brief
4. Central IHC winter planning brief
5. East IHC winter planning brief
6. Combined IHC Resilience plans.
7. EQIA Assessment

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



Scheme Outline	Description of additional resource required	WTE Required
WEST IHC		
SDEC	1 x Band 3 HCW 7 days 8-6	2.25
NEPTS	Additional WAST crew, above core WAST contract	
Security	Additional Security over Christmas and New Year	
GP at front Door	<i>Awaiting info for costing purposes</i>	
EC Transfer Team	Band 2 HCA Proposed 10.00 – 00.00, 7 days a week (2 on each shift)	6.40
Additional ED Reception Team	2.17 WTE Band 3 - to provide additional reception cover	2.17
Point of Contact Hub – admin staff to support incoming calls for ED/SDEC/Gogarth/Aran	Band 2 A&C Proposed 08:00 - 20:00, 7 days per week	0.00
Additional Primary care support/speciality support at the front door for the Emergency Care Directorate	8a budget for 1.5 WTE - be able to offer evening OT shifts to ANPs currently working elsewhere	1.50
EC Portering Staff	Band 2 Porter Proposed 08:00 - 00:00, 7 days per week	0.00
Intentional Rounding Teams - YG	1 x HCA per Ward 08:00-20:00 x 7 days x 14 wards	7-12
Rapid Response bed cleaning	2 x HCA (for site) 08:00 - 22:00 x 7 days	0.00
Increased Ortho-Geriatrician (plus SHO support) cover	<b>Dr Singla</b> - plus SHO support (both Agency) - additional hours - 4 hours each per day x 5 days per week Oct to March	0.00
Echo support for wards	1 WTE band 2, 1 WTE Band 4	2.00
Respiratory Specialist Nurse Support	Band 3 2 WTE for TB screening/spec nurse pressures	2.00
Sleep Apnoea	1 WTE Band 2	1.00
Nursing Vascular Access Service	Combined costing	4.00
2 WTE off Framework Agency		2.00
SHOs - 6/8 see Fawad Mohammed's email re: Medicine and winter	6 SHOs (specialties to cover Covid rota) plus Fatima and Aqib	8.00
Ward Clerk Provision	Request for 2wte Band 2 ward clerks to act as relief clerks.	2.00
1 WTE off Framework Agency - Respiratory		1.00
<b>TOTAL</b>		<b>34.32</b>

Scheme Outline	Description of additional resource required	WTE Required
Central IHC		
GIM Consultant Locum	To support with management of medical outliers and thus reducing burden on speciality teams of 'safari' ward rounds. Locum consultants x 2 for ward 10. Reduce internal outliers. Support to ward 9 for General Medicine	3.00
Additional junior doctor out of hours support	2nd Medical SpR on nights. Re-appoint winter x 6 SHOs	8.00
Locum Respiratory Medicine Consultant	Support respiratory medicine in EQ over winter: speciality in-reach	1.00
Weekend Discharge Registrar	Increased SHO / PA cover to support with weekend discharges and intake of patients in Medicine	3.00
Support respiratory ward	Increase resp ward physiotherapy x 1 WTE	1.00
Night Sisters	B7 Night Sisters for Medicine to help with overnight selection and preparation of patients for early discharge / escalation re MFFD delays	4.80
WEDFAN +	Re-establish a 'WEDFAN' team with clinical psychology support to reduce admissions in high risk patients	3.00
Post Take Ward Round support	Efficient PTWR with prompt follow up and delivery	4.80
Manage complex respiratory patients: ILD and biologics	B8a Pharmacist to support biological asthma and ILD to release consultant respiratory medicine time for USC / UEC	1.00
Pharmacy extended hours (plus weekend) pilot	B8A Pharmacist and 7 Technician.	2.00
<b>TOTAL</b>		<b>31.60</b>

Scheme Outline	Description of additional resource required	WTE Required
East IHC		
Admin & Clerical Support	Additional admin support for the out of hours period to trial keeping WPAS updated so that the patients lists and ward accuracy are real time to support effective discharges and efficiencies for junior doctors. Working Hours = 5pm-2am, 7 days per week. (Based on period from 1st November to 31st March)	9.60
Winter Surgical Registrar	Middle grade doctor to work with surgical manager of the day, SAU and A&E to focus on the timely management of surgical assessments and admissions. Based on period from 1st October. Focus on discharging and creating capacity.	1.00
Golden Bed for # NOF and enhancement of orthogeriatric input. Additional locum ortho-geriatrician for 4 months	This is aimed at ensuring x 1 ring fenced T&O bed at any given time. This capacity can be created with prompt daily discharge profile reviews. When T&O patient from ED needs to be accommodated when ward is full, then the ward can temporarily go up to go down.	0.00
Strengthening of ambulatory trauma model	To enhance the ambulatory trauma model introduced during COVID escalation to manage day case trauma outside of the inpatient ward footprint - One RN and one HCA for 4 months	2.00
Increase to 16 critical care beds (currently funded for 12)	Based on Period from 1st October to end of March	0.00
Hot clinic nursing support	Band 5 Nurse and Band 3 HCA to support hot clinic - Based on the period from 1st October to 31st March	2.00
Deteriorating Patient Matron	Provision of a Sepsis/Deteriorating Matron that will work in conjunction with Critical Care, AIT team and wider directorates in totality so all patients have access to this clinical expertise and standardised clinical approach. Band 8a for 4 months	1.00
GIM Consultant Locum	To support with management of medical outliers and thus reducing burden on speciality teams of 'safari' ward rounds. B7 OT appointed at risk to link between wards and HFB for complex discharges	1.00
Band 2 Medical relief	Band 2 medical relief x4 per shift (early late and night). To support wards, escalation, additional demand	19.20
Additional junior doctor out of hours support	x1 additional night doctor per night x1 additional junior doctor to support AMU per night x1 additional on call junior support on weekend 0900-2130	3.00
Band 3 Medical Assistants	To support cannulation/venepuncture/bloods etc. on wards.	11.00
Weekend Discharge Registrar	Increased cover to support with weekend discharges and intake of patients in Medicine	1.00
Support for Lung Cancer patients	Nurse time to support with patients who present to ED or admitted to hospital with lung cancer. - 4 months	1.00
Specialist resp practitioner	Support acute NIV for patients in acute setting - 4 months	1.00
CRT at the front door	Increasing capacity into CRT at the front door to support more crisis patients with the aim of avoiding admission	2.80
2 x Pharmacy Technician and 2 x Pharmacy Assistant to support timely discharges	Appointment of permanent (or locum) Pharmacy Technicians and permanent Pharmacy Assistants to ensure TTO are provided to patients in a timely manner to facilitate earlier in the day discharges. Suggested ward cover - Panto, POW, Bonney & Bromfield.	4.00
Discharge Lounge Extended Opening	Increase discharge lounge opening to facilitate 7 day opening through winter period Proposal/suggestion - 10:00am - 9pm weekdays- use of bank hours) weekends - change opening times 12-7pm (no additional staff required)	0.00
Additional junior doctor support on inpatient wards	Increase junior doctor input to inpatients wards to support with TTO's and EPOCS	12.00
Increased therapy for wards	Increased therapy input into Wards	7.00
Pharmacy Technician input into Community Hospitals	To directly support and facilitate earlier in the day discharge from Community Hospitals	4.80
Physio & OT Support in ED Minors	Physio/OT in triage to enable patients to receive assessment and treatment earlier in their pathway. Both physio and OT are Band 7 Mon - Sun 9am - 5pm for 6 months	2.00



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

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

## IHC West update to inform Board updates 24<sup>th</sup> November 2022:

- Emergency Care Assurance Paper
- Winter Plan and Resilience Assurance Paper

### Emergency Care:

Work is progressing well within West IHC in line with the Six Goals approach to improve urgent and emergency care. The IHC has reported back on progress with the first three goals via the 6 Goals Board on 3<sup>rd</sup> November, and is due to report back on Goals 4, 5 and 6 at the 6 Goals Board on 17<sup>th</sup> November. As well as the corporate oversight that the 6 Goals Board provides, for West IHC, all activity related to Unscheduled Care and Winter Planning & Resilience reports through the West Unscheduled Care Group. This is a well-established multi-disciplinary monthly forum and has a good level of clinical engagement and input from system partners.

West IHC and system partners have recently held a Multi-Agency Discharge Event (MADE) on 9<sup>th</sup> & 10<sup>th</sup> November. This is the second event held in West. This time, the focus of the first day was the community hospitals, and the second day focussed on Ysbyty Gwynedd. This was again successful in moving the pathway forward for a number of individual patients, and in identifying areas where further focus is needed. This will be taken forward by relevant task & finish groups aligned under the 6 Goals, rather than creating additional streams of improvement work that could be difficult to co-ordinate, monitor and confuse our teams.

The latest officially reported performance (September 2022) showed Ysbyty Gwynedd type 1 ED performance within 4 hours as 55.3%. This was the highest of the three BCU Acute sites. This compares with the average in England of 56.9% in September. The draft position for YG for October was 54.0%, and again this was the highest of the three sites for major Emergency Department performance.

The West IHC is committed to delivery of the improvement trajectories that are in place for 4 hour performance and for reducing 12 hour waits, reducing ambulance offload delays and reducing the profile of super stranded (length of stay 21 days plus) patients. As well as fine-tuning the systems of processes within the ED itself, the key focus is on improving flow through the hospital and a relentless focus on reducing the volume of Medically Fit for Discharge (MFFD) patients held with beds at YG and community hospitals.

The medical Same Day Emergency Care service is scheduled to move from its current location adjacent to the ED to create a dedicated emergency assessment floor during week commencing 14<sup>th</sup> November. It is anticipated that there will be significant benefits from this change and the volume of patients who can be managed through a short stay or ambulatory pathway, and where an admission to inpatient ward can be avoided. It also enables an expansion of patients who can be treated through the Surgical SDEC, which will remain on the ground floor. Further changes to expand the functionality of the Urgent Primary Care Centre co-located with the ED as an ED streaming option go live the following week.

### Winter Planning:

The focus at Ysbyty Gwynedd is to provide improved senior decision making in order to reduce the overall number of emergency admissions, and where admission is necessary to manage this more effectively to reduce length of stay.

A number of actions have been identified with system partners as part of the most recent MADE event. These include a more consistent and objective focus at MFFD meetings and long stay reviews to identify earlier opportunities for discharge, ensure that placements and packages of care are not being over-prescribed, and focus in on what matters to the patient to prevent their deconditioning in a hospital bed. Crucially, we will be relaunching the “End PJ Paralysis” ethos across the West IHC, and seek to engage better with our patients’ families and loved ones with a view to identifying options for discharge. It has been evident that the Choice Policy has not been fully implemented, leaving some nursing and residential homes with potentially empty beds (though it is difficult to gain clarity on whether these are adequately staffed) and a more rigorous approach will now be followed, accepting the additional geographical challenges of the West patch relative to other parts of BCU.

There is commitment from the senior IHC leadership team to focus in on effective processes and challenge at ward level, and all have been allocated a ward to buddy with and support board rounds at YG on a regular basis.

A workshop is planned before the end of November to undertake a stocktake / mapping of all our community resources within the West IHC, including their eligibility and referral criteria. The particular focus is on managing frailty, and pro-active wraparound care for those patients identified as being at high risk of readmission (informed by the Lightfoot data.) This is in recognition of current pressures that will intensify over the coming months; to ensure that what we are doing with the current resource is being put to the best possible use for the maximum number of patients possible. Given the current financial position, it appears unlikely that worked up bids to expand pre-hospital provision and admissions avoidance and improved support for patients to facilitate timely discharge will be funded in the short term. The request made of our teams has therefore been to think flexibly and creatively, and to make best possible use of other funding streams such as non-recurrent Regional Integration Fund (RIF) monies.

The following provides a high level summary of work that has been commenced over the last two months to ensure that we continue to provide a safe, patient focussed service over the winter period:

**Enhanced Care at Home** – we have reviewed our enhanced care referral criteria and pathways, with a view to increasing pre front door assessment and triage capacity for the frail elderly population. The focus initially is on Anglesey, linking in to existing activities and the dedicated Community Geriatrician who is in place. The enhanced care service will fully integrate the Consultant, Advanced Nurse Practitioners and Community Resource Teams on the island to promote step up care within the community setting (patient’s own home/ residential and nursing home and community hospital as appropriate). This has been linked to the Lightfoot high-risk patient data. Roll out to Gwynedd is currently under discussion, but there are less pre-existing resources in place to achieve this.

**Increased Tuag Adref** - 30 additional Health Care Support Workers are in the process of being recruited. The current evidence is that this is staff who are new to the care sector, and this is not depleting existing care homes or domiciliary care agencies. This will provide additional capacity to maintain people safely at home and to provide step down reablement capacity within the West IHC.

Across Tuag Adref and District Nursing services, a total of 59 patients are now being supported in their own homes with packages of care that cannot currently be supported by social care due to capacity constraints; this is the highest number ever and is projected to grow further as winter progresses as part of the 1,000 Beds response. It is likely that these 59 patients would be in a hospital bed currently if this service has not been put in place. This is funded from RIF for the current financial year; there is a risk in future years if the IMTP bid is not successful, and the staff are being recruited substantively as previous take up on a fixed term basis was limited.

**Menai Suspension Bridge closure** - contingency plans are being developed, including the establishment of capacity to support urgent care requirements at Ysbyty Penrhos Stanley (YPS) in Holyhead.

**24/7 MIU/Urgent care facility at YPS.** MIU currently works 8am – 8pm. Recruitment for additional posts to deliver a 24/7 facility is underway. This will support alternatives for self-presenters and WAST conveyance to Ysbyty Gwynedd. Crucially, with the UPCC it will create an unscheduled care hub to support reduce YG ED footfall in the longer term. Again, this is RIF funded and therefore a risk without substantive investment.

**Enhanced discharge support team.** This is being recruited to with some staff already in place. This will ensure dedicated support to the wards across the IHC to support complex discharge planning, attend MDTs and liaise with external agencies regarding placements and to secure more timely patient discharges. This will also include the development of the trusted assessor model, which was agreed with partners via the recent MADE event. Again, this is an IMTP submitted bid and being supported via RIF monies at risk.

**Urgent Primary Care Centres.** This is a newly established service in the West, operational since 30<sup>th</sup> May 2022. Uptake has been very positive and number are continuing to increase. From 1<sup>st</sup> October, the service went from being operational on 2 sites each day to 3 sites each day (now including Ysbyty Gwynedd, co-located with ED) Monday to Friday. There has been a very positive peer review with plans being developed for a fourth site in Tywyn, and collaborative working with the MIUs in Alltwen and YPS. A Community Pharmacy pilot is being trialled mid November, to streamline the referral process for practices. A meeting is scheduled on 18<sup>th</sup> November to review pathways and expand the UPCC criteria to ensure the skill-mix of clinicians is fully utilised. Work is also underway to improve the interface between ED and the co-located UPCC at YG in order to derive maximum benefit, which will be crucial going in to the winter months.

**Therapies.** The capacity within the Community Resource Teams has been expanded via Band 4 Therapy Support workers; this has been enable through RIF monies. This will contribute to the admissions avoidance work with the frail elderly and “high risk” patient cohort outlined above. Discharge to Recover and Assess (D2RA) support has also been expanded to seven days.

It should be noted that the west IHC is also committed to working towards the Ministerial priorities for elective care, and is currently ahead of the planned position on 52 weeks (stage 1 December 2022), 104 weeks (all stages March 2023) and 156 weeks (all stages) where zero breaches are anticipated by March 2023. Protecting Urgent Suspected Cancer and other urgent activity, as well as maintaining a full outpatient and diagnostic programme over the winter months, is firmly built in to our plans. It is also crucial that we continue to focus on flow out of the acute site to maintain the functionality of Day Surgery and the ring-fenced arthroplasty ward at YG. This is to keep routine activity moving and continue to deliver against the challenging trajectories, and not storing up a bigger challenge for 2023-24 as the “bulge” of outpatients who have been seen convert to needing an operation.

Further detailed work will now be undertaken to plan in detail for the two week Christmas / New Year period. This will include reaching out to the two local authorities to seek an acceptable level of coverage to prevent additional pressures in early January that could be avoided.

Contact: IHC Director Central – Libby Ryan-Davies

Update as at 10<sup>th</sup> November 2022

**Purpose:** to provide an update to Geraint Farr on the current status of Winter Preparedness Arrangements for IHC Central ahead of a report to Board.

In order to fully engage in wider health board winter resilience planning and to align with the BCU Winter Resilience Task and Finish Group and Silver to Gold Winter Resilience Group the IHC for Central (IHCC) has established an IHC Winter Preparedness and Planning Task and Finish Group (The Group). This will ensure that our solutions and mitigations have that floor to board alignment. The Group held a Winter Planning and Preparedness workshop on Wednesday 9<sup>th</sup> November bringing together colleagues from across the system, including our WAST partners, to agree key actions to minimise the impacts over winter. The focus of the session was to identify and develop practical and tangible responses to the predicted winter pressures and wider system demands on a whole system basis.

This built on work commenced in the summer with local authority colleagues which focused on tackling high risk cohorts identifying through the Lightfoot work, both within ED as well as care homes, including targeting frequent attenders before they hit out front door. Through the workshop on 9<sup>th</sup> November, a number of areas where work was already underway were identified. The workshop focused on identifying committed timescales and leads who could drive forward this work at pace. Those commitments are in the process of being collated and will be shared back with the Group for review and scoring. This process will also help to identify whether we may have resource implications, although the main focus of the workshop was about using existing resources to their maximum capacity and impact.

Key areas of focus identified to be progressed include:

Already in train:

- Frailty Team in YGC – further work to increase therapy input and further work with WAST. Previous pilot showed an approx. 20% reduction on conveyances.
- Earlier therapy intervention for rehab to promote earlier discharges.
- Build on Lightfoot work – focus in identifying high risk patients for early intervention and care planning – working across GPs, CRTs, Wast and Acute services. NB there is a need to ensure this aligns to Mental Health responses as data shows majority of these are mental health related.
- Care home support including rapid response, wrap around support, step down care and commissioning beds during the winter months
- Additional HCSWs in community to support individuals and avoid unnecessary hospital admissions – funded through Discharge to Recover and Assess funding via the Regional Integrated Fund – recruitment in progress.

Further work being progressed and implemented imminently include:

- Regular MDT board rounds with focus on expediting discharges – ensuring daily check and challenge sessions
- Establishing a discharge lounge
- Streaming appropriate ED attenders to MIUs pilot
- Cohorting wards in our community hospitals – focus on Holywell and Llandudno
- Tracking packages of care from ED to community Hospital to avoid lost care provision and facilitate discharge to usual place of residence.
- Checklists to support discharge planning
- Protecting Urgent planned cancer work is a priority for the IHC and this will be undertaken by ensuring capacity is available for this group of patients as taken place centrally and across the Health Board previously
- The Lightfoot work demonstrated the need for a reduction in the first two weeks following Christmas to support a much quicker recovery including the preservation of planned care throughout the winter is currently being mapped through
- The imminent procurement of insourcing and outsourcing to ‘cold site’ providers will also secure continued planned care

Areas of work we need to further investigate and understand feasibility:

- Exploring capacity of HFB and potential extension of their remit
- Continue discussions and planned improvements across a number of identified pathways with a view to implement between December 22 and January 23.
- Protecting our staff health and wellbeing

Next Steps

A full operational plan will be developed over the course of the next week, with clearly defined and agreed action plans and identified leads established to ensure delivery. This includes service level responses to cover the immediate ‘Festive Period’ including management of planned care, urgent procedures as well as system impacts of reduced care home, domiciliary care, and local authority provision during that period.

We will work with BCU divisions such as Mental Health and Women's to ensure alignment of plans and associated impacts. For example, our focus on High Risk Adults identified in the Lightfoot work tells us that a large number of these patients are known to mental health services, and therefore the solution on how to manage these individuals needs to align to the Mental Health response.

We will also test our plans and arrangements with our local authority colleagues and seek their support in strengthening in-reach, particular from a social care perspective during the holiday period.

## IHC East Winter Plan Brief Summary

The East IHC is having its inaugural Winter resilience Preparedness and Planning Group next Tuesday 15<sup>th</sup> November. This will enable the team to engage in an informed and positive in wider Health Board winter resilience planning and to align with the BCU Winter Resilience Task and Finish Group and Silver to Gold Winter Resilience Group the IHC for Central (IHCC) has established an IHC Winter Preparedness and Planning Task and Finish Group (The Group).

We have split our plans out into relevant services to identify what is being planned, either with or without funding.

## Community Hospitals

**Much of this work is** built on ongoing collaboration with local authority colleagues which focused on tackling high risk cohorts identifying through the Lightfoot work, both within ED as well as care homes, including identifying and anticipatory interventions of high-frequency and high-intensity service users in partnership with LAs and the Ambulance service before they hit out front door:

- **Community Hospitals** – bed surge escalation plan in place by community hospital site. This is based on risk assessment of each area and staffing resources. As this is a dynamic situation, the need to surge will be assessed and monitored on the community daily SITREP call and surge capacity agreed. Nurse staffing will be mobilised to support each surged area. The additional funding required will be to support additional nurse staffing for surged beds through use of overtime, bank and agency as a last resort (F)
- **Additional surge beds in Deeside Community Hospitals** (6) (f) –Community team are meeting with finance today but essentially surging asap when staffing is 'secure'. Supported mainly by temporary staffing.
- **District Nursing Services** – Additional support will be available to care homes, following the model that was put in place at the commencement of the pandemic. All DN teams have allocated care homes, and will support a 'ward round' approach to ensure that all residents are assessed and monitored from a health perspective, and that appropriate support is given to care home colleagues. In addition to the support from core DN services, an ANP on call rota is in place to support the timely response to care homes in assessing residents and the delivery of clinical care over a 24 hour period, to support admission avoidance.
- **Roll out of red bag scheme** – this has commenced in Wrexham County with a number of residential care homes agreeing to be part of the work programme. To date 8 care homes have had support in each resident having support in gathering key information into a red file, which is easy for hospital staff to read if admission is required. This is both an information tool that is quick to hand, and also a communication aid with the care home to support discussions about the residents care needs and discharge planning. It is envisaged that more care homes will be coming on line over the next weeks and into the winter.
- **CRT/Home First Provision** – a review of the CRT provision in ED is taking place to support the work programme linked with the 'high risk' patient lists that are updated daily by Lightfoot Solutions. This will be linked to an automated alert system which will alert the Home First team if a known 'high risk' patient is at risk of admission or has been admitted into ED. This will support the timely actions and MDT communication to ensure patient assessment and planning takes place to support admission avoidance or early discharge from ED or admission areas. The additional funding requirement will be in the form of agreement for temporary posts, bank and overtime to support an extended roster (F)
- **Community Wellbeing scheme** in East - Driven by community nursing. This is a winter project that focuses on health and social issues that help support individuals to stay well and at home, so anything from skin care (reduction in movement etc) to ensuring vulnerable groups are aware of dinner clubs, warm spaces to exercises to prevent deconditioning.

## Therapies

- The WAST and OT project for reduced conveyance for patients who've sustained a fall is moving to 7 days from 5<sup>th</sup> December for 10 weeks
- The Clinical Specialist therapist in HFB is working to change pathways to ensure patients requiring therapy input to enable a sooner discharge (liaison for social service colleagues).
- Clinical Specialist OT put in at risk to support complex discharges from the Maelor
- As part of the ED frailty we are requesting a band 7, band 6 and two Band 5's to support the admission avoidance work. (F)
- Therapies always work to clinical priority in event of a surge and so as required staff would be moved along the acuity continuum
- Where possible we are continuing to seek locum staff to mitigate vacancies – these would be from core budget

## Ysbty Wrexham Maelor

- Priority 1s (must dos if possible) from the winter plan, noting there is no additional funding available. 2 schemes are already in the run rate hence total additionally would be circa £1m, though it is acknowledged the changing financial climate may prohibit.
- Critical Care staffing for additional beds included to enable surge. Since last winter plan Crit Care has moved to a larger footprint but the funding for additional nurses is included in the Pan BCU BC, as yet unapproved, so this is in the winter plan simply to take account of potential surge cost should a combination of Flu and Covid require it.
- Matrons to support 7 day working as opposed to on call to support quality and safety. Plan to start pending negotiations and rota changes in January.
- Extended discharge lounge opening (f) From 7:30 mon – Friday (the weekend discharge profile currently doesn't support the cost currently, but it will be monitored continually to assess increasing requirement.
- Expansion of AEC hours (TBC)
- Expansion of UTC/ED – will be completed within two weeks:
  - UPCC in place and throughput improving

- Streaming at the front door
- Frailty Team at the front door – currently 5/7 but looking at weekend expansion
- Staffing increase where possible – weekend and out of hours resilience
- LOS Improvement acute and community – ongoing focussed reviews, scrutiny of POCs and scrutiny of those POCs that are not achievable due to lack of resource to find a different solution.
- 6 Goals Programme – number of schemes within this i.e increased therapy input, LOS focus, criteria led discharge
- Surge capacity discussions ongoing to include
  - Ongoing reverse Boarding
  - Assertive Discharge Lounge usage
- Focussed discharge event discussion held last week with David Coyle plan for one early and one Mid-December Discharge Event to –
  - Increase capacity
  - Reduce community dependency load
  - Identify non-conveyance opportunities
  - Preservation of inpatient surgical activity capability

## **Facilities**

Winter and ongoing focus is on filling current vacancies to ensure that we can meet the demands on our services including increased cleaning frequencies to meet the requirements of the All Wales Covid addendum and enhanced cleaning needs.

East Facilities Team is hosting a recruitment/ information event in Wrexham next week to enable achievement of the addendum.

## **HMP Berwyn**

Working alongside the prison about Winter contingency planning so slightly a different organisational approach but the plan also links in with East IHC winter plan.

Our main priorities are:

- Increased reserve staffing resource that we can draw upon from agencies/ Bank staff that have prison clearance if the registered nurse sickness levels increase (this is already within the agreed budget).
- We are included in the HMP Berwyn's Winter plans with regards to the use of the RMP (regime management plan).
- Health care delivery plan dependant on rag rating re staffing levels.

## **Primary Care**

- Supporting UPPC to improve E flow and additional Primary care slots
- Managed practice improvement programme with focus on access, recruitment, and communications
- Dedicated care home visiting team (Subject to funding)
- Practice Manager training and support programme provided by East IHC Team
- Substantive recruitment of admin staff for managed practices
- Further development of buddy / cross site cover within clusters for GP and Nursing staff – GMS and Managed Practices, focussed on extend hours (evenings)
- Securing physical capacity for the UPCC at both Maelor and Mold sites
- Support from Area Vaccination Team to co-deliver Flu and Covid vaccines in Managed Practices reducing requirement for practice staff to be involved and allowing them to focus on core capacity
- Dedicated Care Home team to reduce the requirement for 'home' visits from registered practices – subject to funding
- Consider further integration of MIU / OOH and UPCC to offer a full urgent care (Injury and Illness) service
- Development of an off-site hub to provide telephone capacity to practices – subject to funding





## System Resilience Planning

### Acute Unscheduled Care (ED, SDEC, AMU):

- Admission avoidance/turnaround in place inc 9<sup>th</sup> CRT, Admissions bleep holder to be linked in with senior community nurse, Community Team contact details recirculated
- SDEC closed over the bank holiday apart from 27<sup>th</sup> December and 2<sup>nd</sup> January 2022
- Any shortfalls in nurse staffing for all areas going out to agency
- Additional Consultant cover in ED over the bank holidays

### Acute Unscheduled Care (Medicine on call and AMU medical cover):

- GIM 24 hr on-call rota normal pattern of staffing covered for both Christmas weekend (inclusive of BH and New Year): 1 x Consultant, 1 x middle-grade, 3 SHOs, 1 FY1
- GIM on-call rota additionally confirmed: FY1 ward cover (26/12, 27/12 and 31/12), Discharge SHO (1 x 24/12 to 27/12 and 31/12; an further additional SHO has been booked for 25/12), middle grade for long days (24/12 to 28/12), middle grade for nights (26/12, 27/12, 30/12 and 31/12), consultant (day only 24/12 to 27/12 and 31/12)

### Community & Primary Care (MIU, MEC, CRTs, UPCC, GPOOH, HFB, Tuag Adref):

#### Community:

- Urgent response prioritisation for patients to support admission avoidance
- CRT support in discharge planning and pull
- Focus in areas of high risk of admission - per lightfoot data - community frailty/enhanced care at home.
- Recruitment for Tuag Adref expansion ongoing - this will provide additional re-ablement/rehab POC to support discharge and independent living
- Discharge leaflet refresh - including key messages around need for family support and links to community support agencies
- MIUs remain open 8am - 8pm with colocation and integration developing with UPCCs proving beneficial with community sites
- Additional urgent care service (Tywyn) to commence Q4 pending current recruitment process
- Daily escalations to LA regarding patients waiting LA POC, placements etc due to gridlock situation emerging

#### UPCC:

- Staff have been re-aligned to ensure that there is sufficient UPCC cover at the Acute site in Ysbyty Gwynedd & Ysbyty Alltwn (busiest UPCC site) from the 15<sup>th</sup> December until the 6<sup>th</sup> January 2022.
- Bank cover were recruited before the strike days were announced, therefore has had an impact on the cover UPCC can provide on the days above as they have decided to strike.
- The UPCC service in the West is operational over the Christmas period, in line with GMS in-hours, but with reduced staff to accommodate annual leave. We will still be able to offer remote consultations and where possible F2F appointments at some of our locations.
- UPCC sites where no F2F is available - Bank staff are being sourced to try and provide cover at those sites. If no cover is sourced, the consultations can be carried out remotely from staff at other UPCC locations - dependent on capacity
- Following the newly agreed ED pathway - UPCC clinicians based in YG will have a reduced limit on referrals from GMS to accommodate the 'pull' of patients from ED (dependent if the patients within ED are suitable for UPCC)



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## System Resilience Planning

### Planned Care (Elective Surgical, Planned Care Medical, Renal, cancer):

#### SACC:

- Reactive Rota management to support increase in General Surgery emergency demand through SDEC to enhance patient flow.
- Reactive Theatre management to support increase in Trauma demand.
- Continued additional Registrar weekend cover for Trauma between 8am and 6pm.
- Continued daily review of TCIs to support our Elective ward (Tudno) and ensure adequate capacity for all planned surgery including USC.
- Orthopaedic Clinical Lead designated to SDEC to enhance patient flow for Trauma and Fracture patients.
- 2<sup>nd</sup> Anaesthetist on a non resident on call rota to support Critical Care and C-19 demand.
- Renal Dialysis over the Christmas / new year period is normal service - no escalations

### Other Services (Childrens, Pharmacy, facilities):

#### Therapies Bank Holiday & Weekends:

- Podiatry & Orthotics - no service
- Dietetics - no service
- SLT - no service except on call for acute stroke bundle compliance
- Physiotherapy 24/7 on call service acute respiratory . 7 day cover acute wards and T&D
- Occupational Therapy - Acute stroke compliance; Elective Orthopaedics Sunday rota
- Routine Therapy services will continue on other days across all IHC services vacancies and sickness allowing
- Every effort will be made to support inpatients, flow across acute and community services, admission and ED avoidance. Discussion with staff will take place to maintain the above areas

#### Pharmacy:

- Pharmacy services will continue as per usual weekend / bank holiday working with emergency duty pharmacist available for emergencies for bank holidays
- Staffing - Currently we are able to staff our usual weekday service / POAC / aseptics / dispensary / clinical ward services - however there have been 6 members of staff off with COVID over the last 7 days.
- Risks - further unplanned sickness on top of current vacancy risk / procurement with significant number of stock shortages and availability of antibiotics for with strep A / scarlet fever. Additional stocks sourced from YG but may not be sufficient to meet demand. Impact on community pharmacy with increased demand for supplies and advice.

#### Children's

- Rosters up to template for the ward and SCBU, usual sickness cover solutions will be in place
- Senior management cover for every day of the two week holiday period
- All on urgent elective work has been stood down in December except OPD, to strengthen availability of
- Improved attendance of senior staff at site meetings to facilitate communication and mutual support
- Consideration to be given to direct streaming to ward in times of high escalation.



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## System Resilience Planning

### Our biggest Risks – West IHC:

- Staff Sickness – block booking of agency staff in place.
- Management of IPC issues – Covid vaccination team have been deployed to have a further push on staff vaccination (Covid and flu) and vaccination of inpatients at Ysbyty Gwynedd. Formalisation of flu cohort area in the event of further escalation is agreed.
- Management of spikes in paediatric emergency demand – additional middle grade deployed until midnight plus additional on call consultant throughout the period.
- Procurement, with significant number of stock shortages and availability of antibiotics for with Strep A / scarlet fever.
- Capacity to discharge (POC and placements of concern) – Home First Bureau in place, escalation with Local Authority partners as part of Internal Critical Incident response to achieve as many MFD patient discharges as possible ahead of Christmas.
- Management of Weds 28<sup>th</sup> December in the context of likely additional demand compared to the first WAST strike day and more limited staffing – Hospital Full Protocol is being reviewed to ensure clarity of escalation plans to be able to provide rapid and safe offload capacity.
- Inability to continue elective care - Utilising the Local Options Framework, all **routine** inpatient elective and day case activity is stood down until Monday 9<sup>th</sup> January 2023. Lists consolidated where casemix allows to free up staff to mitigate pressures. Consultant time liberated to provide additional speciality inreach / ward support, or OPD capacity for Stage 1 / urgent suspected cancer in pressurised specialities



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## East Integrated Health Community 2022 Winter Pressures System Resilience Planning



Bwrdd Iechyd Prifysgol  
Betsi Cadwaladr  
University Health Board



## System Resilience Planning

### Acute Unscheduled Care (ED, SDEC, AMU, UTC AEC):

- Frailty model in ED continues with COTE Consultant, consultant Therapist to maximize admission avoidance
- Community Team contact details recirculated to WAST
- SDEC – plan to avoid bedding the area in order to maximise zero LOS turnover.
- Additional Consultant cover in ED over the bank holidays

### Acute Unscheduled Care (Medicine on call and AMU medical cover):

- Acute medicine - 24 hr on-call rota normal pattern of staffing covered for both Christmas weekend (inclusive of 8H and New Year): 1 x Consultant, 1 x middle-grade, 3 SHOs, 1 FY1
- Acute Medicine on-call rota : FY1 ward cover (26/12, 27/12 and 31/12), Discharge SHO (1 x 24/12 to 27/12 and 31/12; an further additional SHO has been booked for 25/12), middle grade for long days (24/12 to 28/12), middle grade for nights (26/12, 27/12, 30/12 and 31/12), consultant (day only 24/12 to 27/12 and 31/12)
- Additional Trauma Registrar 27<sup>th</sup> – 30<sup>th</sup> December

### Community & Primary Care (MIU, UTC, CRT, UPCC, GPOOH):

#### Community:

- Urgent response prioritisation for patients to support admission avoidance
- Home First support in discharge planning and patient identification
- Focus in areas (identified clusters in Wrexham initially) and patient groups (stratification) of high risk of admission
- Focus on right-sliding POCs in partnership with Local Authorities
- Discharge and Choice policy refresh – staff instructed to provide key messages around need for family support
- MIUs open 8am – 6 (Mold)pm with colocation and integration developing with UPCCs proving beneficial with community sites
- Daily escalations to LA regarding patients waiting LA POC, placements etc due to gridlock situation emerging
- GP Out of Hours staffing to be robust ? over-established.

#### UTC & UPCC:

- Staff have been re-aligned to ensure that there is sufficient UPCC cover at the Acute site in YsbytyWrexham Maelor & Ysbyty Mold
- The UPCC service in the East is operational over the Christmas period, in line with GMS in-hours, but with reduced staff to accommodate annual leave. We will still be able to offer remote consultations and where possible F2F appointments at some of our locations.
- UPCC sites where no F2F is available, the consultations can be carried out remotely from staff at other UPCC locations
- Following the newly agreed ED pathway – UPCC/UTC clinicians based in YWM will have a reduced limit on referrals from GMS to accommodate the 'pull' of patients from ED



## System Resilience Planning

### Planned Care (Elective Surgical, Planned Care Medical, Renal, cancer):

- Reactive Theatre management to support increase in Trauma demand.
- Additional Registrar weekend cover for Trauma between 8am and 6pm.
- Continued daily review of TDOs to support our Elective ward and ensure adequate capacity for all planned surgery including USC.
- Orthopaedic Clinical Lead designated to SDEC to enhance patient flow for Trauma and Fracture patients.
- Reactive Rota management to support increase in General Surgery emergency demand through SDEC to enhance patient flow.
- Renal Dialysis over the Christmas & New year period is normal service.

### Other Services (Childrens, Pharmacy, facilities):

#### Therapies Bank Holiday & Weekends:

- SLT – no service except on call for acute stroke bundle compliance
- Physiotherapy 24/7 on call service acute respiratory . 7 day cover acute wards and T&O
- Occupational Therapy - Acute stroke compliance ; Elective Orthopaedics Sunday rota
- Routine Therapy services will continue on other days across all IHC services vacancies and sickness allowing
- Podiatry & Orthotics – no service
- Dietetics - no service
- Every effort will be made to support inpatients , flow across acute and community services , admission and ED avoidance .
- Ongoing discussion with staff will take place to maintain the above areas

#### Pharmacy:

- Pharmacy services will continue as per usual weekend / bank holiday working with emergency duty pharmacist available for emergencies for bank holidays
- Staffing - Currently we are able to staff our usual weekday

Risks - further unplanned sickness on top of current vacancy risk / procurement with significant number of stock shortages and availability of antibiotics for with strep A / scarlet fever. mpact on community pharmacy with increased demand for supplies and advice. Hospital Pharmacy supporting Community Pharmacy over BH if required.

## System Resilience Planning

### Facilities

Winter and ongoing focus is on filling current vacancies to ensure that we can meet the demands on our services including increased cleaning frequencies to meet the requirements of the All Wales Covid addendum and enhanced cleaning needs.

East Facilities Team is hosting a recruitment/ information event in Wrexham next week to enable achievement of the addendum.

### HMP Berwyn

Working alongside the prison about Winter contingency planning so slightly a different organisational approach but the plan also links in with East IHC winter plan.

Our main priorities are

- Increased reserve staffing resource that we can draw upon from agencies/ Bank staff that have prison clearance if the registered nurse sickness levels increase (this is already within the agreed budget).
- We are included in the HMP Berwyn's Winter plans with regards to the use of the RMP (regime management plan).
- Health care delivery plan dependant on rag rating re staffing levels.

## System Resilience Planning

### Our biggest Risks – East IHC:

- Management of IPC issues – Covid vaccination team have been deployed to have a further push on staff vaccination (Covid and flu) and vaccination of inpatients at Ysbyty Gwynedd. Formalisation of flu cohort area in the event of further escalation is agreed.
- Management of spikes in paediatric emergency demand – additional middle grade deployed until midnight plus additional on call consultant throughout the period.
- Procurement, with significant number of stock shortages and availability of antibiotics for with Strep A / scarlet fever.
- Staff Sickness – block booking of agency staff in place.
- Capacity to discharge (POC and placements of concern) – Home First Bureau in place, escalation with Local Authority partners as part of Internal Critical Incident response to achieve as many MFD patient discharges as possible ahead of Christmas. POC rightsizing ongoing and LA occupational therapists co-assessing patients.
- Management of Weds 28<sup>th</sup> December in the context of likely additional demand compared to the first WAST strike day and more limited staffing – Hospital Full Protocol is being reviewed to ensure clarity of escalation plans to be able to provide rapid and safe offload capacity.
- Inability to continue elective care - Utilising the Local Options Framework, all **routine** inpatient elective and day case activity is stood down until Monday 9<sup>th</sup> January 2023. Lists consolidated where casemix allows to free up staff to mitigate pressures. Consultant time liberated to provide additional speciality inreach / ward support, or OPD capacity for Stage 1 / urgent suspected cancer in pressurised specialities.



## BCU Primary Care – System Resilience Planning Including Christmas and New Year

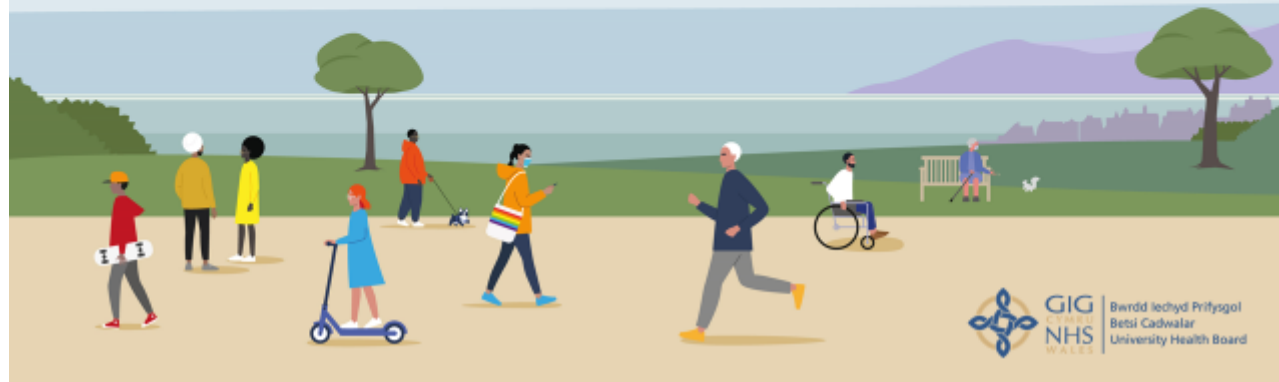


### Primary Care

<b>GMS</b>	-Independent contractors, GP collaborative level planning, proposed winter pressure ES, contractual expectation to continue all services. Increasing levels of staff absence and higher escalation levels reported via tool kit. Step A demand particular risk
<b>Managed Practices</b>	-IHC management, practices pivot to emergency only service, pressure with expected leave/locum availability over festive period, sharing of staff across sites, use of GP hub for remote consultation Step A demand ongoing risk
<b>OOH</b>	-Holiday period rota gaps identified and 111 increased rates making hard to fill Step A: requiring pivot to F2F assessment Mitigations in place for strike days:
<b>UPCCs</b>	-Under IHC, No confirmed model in centre Step A: altered clinical pathways
<b>Vaccination</b>	Rota well staffed -Surge plan in place, continuing to offer vaccination to unvaccinated staff Stepping down activity to aid strike planning
<b>Dental</b>	-GDS: Independent contractors CDS no issues with rota Festive period: mandated urgent EDS sessions running across holiday period, dental helpline not manned Xmas day



## Mental Health and Learning Disability Services (Adult) Winter planning 22/23 Arrangements over the holiday period.





## Local arrangements currently in place -

- MH&LD Winter Plan 22/23 – developed and circulated across the Division.
- Business Continuity Plans and Business Impact Assessments reviewed in November 2022 for all Inpatient and community services, to ensure preparedness.
- Gold Command stood up for Strike days on 15<sup>th</sup> and 20<sup>th</sup> December, with agreed Command Arrangements shared with IHC's. All derogated service request agreed.
- Daily area Safety Huddles held locally at 9.30am, governance process in place ensuring escalated issues shared with DSLT.
- Daily SITREPS and PPE summaries submitted by 11.00am daily, and circulated to DSLT, Corporate colleagues and Staff Side Representative.
- Divisional 1pm Huddle minutes shared with Divisional Senior Leadership teams to ensure awareness, monitor, review and escalation as required.
- Regular Divisional communication in place with MH&LD Staff Briefing, Generic In box, and Divisional circulation list.
- No change to 24/7 inpatient / liaison and 12hour x 7 days home treatment operational arrangements for urgent acute care
- Bronze and Silver on Call arrangements in place with no gaps in rota during December and January 2023
- Adverse Weather procedure shared across the Division to reaffirm process.
- Ongoing focus on 6 goals progress, linking in with the area Integrated Health Communities.
- Ongoing focus on discharge planning with progression of DToC patients, weekly DToC reports presented at DSLT Business meeting.



## Staffing measures currently in place -

- Block booking of Agency to support Inpatient and CMHT approved at DSLT in November 2022.
- Wellness, Work and Us provision of ongoing staff support with dedicated MH&LD counsellor visiting acute units on a rotational basis, which includes staff drop-in provision.
- Additional 6 TRiM trained staff within the Division to provide additional staff support if required.
- Just R 12 month Marketing recruitment campaign, started in September 2022 to increase the number of applicants applying to join the Division and reduce the number of vacancies.
- Development of an innovative Talent pool recruitment process to streamline recruitment timeframes.
- Covid19 Absence reports completed weekly, and discussed in DSLT if any items for escalation.
- Weekly flu and Covid19 vaccination status reports shared with local areas, and discussed in Operational Leadership meeting to monitor and review uptake.



## Potential impacts on service provision -

- Increase in staff sickness due to flu, Covid19 and RVS
- Number of Staff vacancies across the Division
- Additional Industrial Action and strike days
- Dolgarrog Asylum seekers impact on services
- Care home closures due to increase in staff absences and vacancies
- Timely communication to all staff groups, especially staff groups who do not have access to emails
- Inability to fill bank, overtime, agency request for additional staffing

Our 111 press 2 services will support service users to receive assessments, advice/and or directing through to appropriate services at the earliest possible point in their pathway. Consequently we will be monitoring impact of the 111 service on our wider services and particularly for the potential reduction in demand via our MHM services.

The implementation of our BCU 111 press 2 service will be in **January 2023**. Planning work to ensure that the project goes live has been enabled by recruitment to some key roles as per the approved workforce model, the securing of accommodation, and installation of equipment. Critical pathways have been developed and CAMHS, GP and UPCC pathways are currently being worked to completion. The approved operating model supporting documents have been prepared, including a Standard Operating Procedure (SOP) and Business Continuity Plan (BCP). Engagement across the region's stakeholders is active and on-going. Training for the staff is schedule.

The 111 press 2 service covers the entire BCUHB region, and will be facilitated through one hub in the East with the possibility of remote extensions in other areas in the future. The service will initially operate for 15 hours a day, every day, and the plan to operate the required 24/7 service is being worked through.

This WG mandated service is within the approved funding envelope of £1.6 million and is developing well, with some issues experienced. Similar to other NHS services, the recruitment to posts has created delays in the plan progression. Further interviews for Band 6 posts will take place in late November and early December 2022. The CAMHS elements of the service have also experienced some resource issues that have slowed progression to date, but solutions to ensure the recurrent resource are being worked through.



#### Women's Essential Services that have to be maintained

Winter Pressure Operations – all of the following Services have to be maintained	Christmas & New Year Bank Holiday Operations – all of the following have to be maintained at each 3 Site
<b>Gynaecology</b> <ul style="list-style-type: none"> <li>• Early Pregnancy Assessment Unit (0900-1700) – 3 Sites</li> <li>• Gynae Inpatient and Emergency 24/7 Service – 3 Sites</li> <li>• Emergency Gynae Theatre – 3 Sites</li> <li>• Elective Gynae Theatre – 3 Sites</li> <li>• OPD Services – 3 Sites</li> <li>• CSW Screening and Services</li> <li>• Gynae Oncology and USC Services (OPD and Inpatient)</li> <li>• Planned Care Recovery Activity (based on Risk Assessment)</li> </ul> <b>Maternity</b> <ul style="list-style-type: none"> <li>• Community Midwifery Services – All IHCs</li> <li>• All Wales Antenatal and Neonatal Screening</li> <li>• Acute Maternity Services – 3 Sites</li> <li>• Fetal Medicine</li> <li>• Emergency C-Section Theatre – 3 Sites</li> <li>• Emergency Obstetric Theatre – 3 Sites</li> <li>• Elective C-Section Lists – 3 Sites</li> </ul>	<b>Gynaecology</b> <ul style="list-style-type: none"> <li>• Gynae Inpatient and Emergency 24/7 Service – 3 Sites</li> <li>• Emergency Gynae Theatre – 3 Sites</li> </ul> <b>Maternity</b> <ul style="list-style-type: none"> <li>• Community Midwifery Services – All IHCs</li> <li>• Acute Maternity Services – 3 Sites</li> <li>• Emergency C-Section and Obstetric Theatres – 3 Sites</li> </ul>



### Women's Service Business Continuity Mobilisation/ Staffing Plan

- Maternity Escalation Policy in Place ([Mat 84 - Maternity Unit Escalation Procedure - V4.pdf \(sharepoint.com\)](#))
- Winter Business Impact Assessment and Business Continuity Plan – includes Industrial Action contingencies
- Women's Business Continuity Staffing Plan in place – includes Industrial Action contingencies
- Women's Pan North Wales Escalation and Communication Plan – includes Sites, Community and SLT input
- Compliant Medical, Midwifery and Nursing Rotas - 24/7 on all Sites
- Women's Senior Leadership On call 24/7
- SLT Senior Leadership Cover for the BH & IA periods
- Daily SitRep Reporting and Pan North Wales meeting schedule to manage services and risks
- No Holiday staffing issues identified to date



### Women's Essential and Routine Services – Key/ Emerging Risks

#### 1. Temporary Suspension of Home Birth Service (Risk ID 4490) Score 12

- Suspended on 21<sup>st</sup> July 2022
- Position to remain until mid January 2023 and reviewed on 6 weekly basis post this
- All stakeholders updated (CHC and Voices)
- BCUHB Representative attending all National meetings with WG and WAST to review system pressures

#### Emerging Risk

#### 1. Impact of RCN, WAST Industrial Action and potential RCM Industrial Action (Risk ID TBC) Score 12

#### 2. Risk of not being able to maintain Emergency and Essential Services (Risk ID TBC) Score 12

#### 3. Risk of not progressing Planned Care Recovery Targets (Risk ID 3524) Score 12



## BCU Cancer Services Winter Pressures – System Resilience Planning Including Christmas and New Year



## Cancer Services – HBLT response

### 1. What services will not be operating?

- Some elective clinics will not be operating as per clinician leave (Oncology and Haematology)

### 2. What additional services will be in place?

- Additional nursing staff provided to support oncology triage service on 27<sup>th</sup> Dec to handle any increased demand (patients on SACT who are unwell)
- Additional phlebotomy capacity provided on 27<sup>th</sup> Dec to support SACT delivery and reduce delays/defers
- Additional pre-SACT assessment capacity provided on 26<sup>th</sup>, 27<sup>th</sup> December and 2<sup>nd</sup> January to ensure patients are fit for SACT treatment and no delays are incurred



### 3. What overall staffing looks like?

- Inpatient cover good with on call consultant support as per normal
- Day unit and outpatient staffing is good
- Medical rota in place and no gaps identified
- Admin cover in place as appropriate
- Radiotherapy and Medical Physics cover as appropriate and on call support as per normal
- Senior management team rota in place to support issues

### 4. Main Risks

- Any further sickness or emergency leave will reduce ability to support all areas
- Any loss of capacity reduces ability to treat patients within target or as prescribed

### 5. Any other critical factors

- Consultant capacity is limited due to vacancies
- SACT pharmacy production capacity is limited due to sickness in centre



## BCU Diagnostics & Specialist Clinical Support Services Winter Pressures – System Resilience Planning Including Christmas and New Year



Winter pressures / Xmas and New Year holiday arrangements / risks  
Diagnostics & Specialist Clinical Support Services

Radiology  
Pathology (labs / phlebotomy / mortuary)  
Audiology  
Neurophysiology  
Medical Physics (inc EBME)

Christmas Eve - Normal Saturday service  
Christmas day – Bank holiday cover  
Boxing day – Bank holiday cover  
27th December – Bank holiday cover  
New year's eve – Normal Saturday service  
New Years day Bank holiday cover  
2nd January Bank holiday – bank holiday cover



## DSCSS specific managed risks:

- Contingency in place to ensure lab service is maintained across North Wales
- Phlebotomy: limited staffing levels on core working days, dynamic prioritisation remains in place
- Mortuaries: daily review of occupancy and systems in place to manage





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

<b>For:</b>	<b>Betsi Cadwaladr University Health Board - Winter and Resilience Plan 2022 -2023</b>
<b>Date form completed:</b>	November 2022

**PARTS A: SCREENING and B: KEY FINDINGS AND ACTIONS**

### Introduction

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

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

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

### Assessing Impact

As part of the preparation for your assessment of impact, consideration should be given to the questions below. You should also be prepared to consider whether there are possible impacts for subsections of different protected characteristic groups. For example, when considering disability, a visually impaired person will have a completely different experience than a person with a mental health issue. It is increasingly recognised that discrimination can occur based on more than one ground. People have multiple identities; we all have an age, a gender, a sexual orientation, a belief system and an ethnicity; many people have a religion and/or an impairment as well. The experience of black women, and the barriers they face, will be different to those a white woman faces. The elements of identity cannot be separated because they are not lived or experienced as separate. Think about:

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

## Part A – Form 1: Preparation

1.	<b>What are you assessing i.e. what is the title of the document you are writing or the service review you are undertaking.</b>	Betsi Cadwaladr University Health Board 2022-2023 Winter and Resilience Plan
2.	<b>Provide a brief description, including the aims and objectives of what you are assessing.</b>	<p>The purpose of this screening is to consider the equality impact of the Winter and Resilience Plan.</p> <p>Winter typically results in increased demand from seasonally affected conditions, increased risk connected to infection prevention and control outbreaks and the potential risk of influenza. Learning from the pandemic experience it is necessary for the Health Board to have a strong resilience plan allowing us to surge to respond to pressures which can occur at any time, alongside managing our elective capacity. We have been experiencing health service challenges caused by the ongoing impact of Covid-19 and whilst we are in the phase of recovering from the Covid-19 impact, there has, more recently, been a noticeable increase in Covid-19 demand across the health community.</p> <p>The Plan takes into consideration factors such as the existing pressures in health and social care, the predicted and expected increase in winter respiratory viruses and Covid-19 presentations (and admissions), proposed industrial action from the fire service and possibly the health service, the cost of living crisis and fuel poverty</p> <p>It responds to six objectives described in the Welsh Government guidance 'Urgent and Emergency Care: Increasing system operational resilience for Winter 2022 – 2023' paper :</p> <ul style="list-style-type: none"> <li>• NHS Wales Ambulance Delivery Plan</li> <li>• Fit to Sit implementation across all acute hospitals</li> <li>• Maintaining critical care services</li> <li>• Maintaining Children and Young People's services</li> <li>• Delivering milestones set out in the Transforming and Modernising Planned Care and Reducing Waiting lists guidance</li> <li>• Maintaining cancer treatments</li> </ul> <p>The Plan also responds to six goals set by the national programme for urgent and emergency care:</p> <ul style="list-style-type: none"> <li>• Co-ordination, planning and support for people at greater risk of needing urgent care</li> <li>• Signposting people with urgent care needs to the right place, first time</li> <li>• Clinically safe alternatives to admission</li> <li>• Rapid response in crisis</li> <li>• Optimal hospital care and discharge practice from the point of admission</li> <li>• Home first approach and reduce risk of admission</li> </ul> <p>Whilst guidance from WG on USC funding has not been received, it is their expectation that we do not have a separate winter plan this year and that the schemes are aligned to the USC Improvement Programme as part of the six goals for Urgent and Emergency Care.</p>

		There is a focus on supporting care close to home, utilisation of the 1000 beds campaign and improved discharge planning.
3.	<b>Who is responsible for whatever you are assessing i.e. who has the authority to agree or approve any changes you identify are necessary?</b>	The Six Goals Programme Board chaired by Chris Subbe, Consultant Physician, Ysbyty Gwynedd, has responsibility for co-ordinating the work to develop the Winter and Resilience Plan.
4.	<b>Is the Policy related to, or influenced by, other Policies or areas of work?</b>	<p>The Winter and Resilience Plan is aligned to the Unscheduled Care Improvement Plan and the Six goals for Urgent and Emergency Care. It also responds to the priority areas described in the 'Urgent and Emergency Care: Increasing system operational resilience for Winter 2022 – 2023' (WG guidance Sept. 2022) which has a clear focus on prevention against the five harms from Covid-19.</p> <p>Further initiatives are being developed through the Regional Partnership Board (RPB) with partners in Local Authorities, the third sector and other public services to address the broader winter resilience issues for our population and in conjunction with Emergency Preparedness Resilience and Response (EPRR).</p> <p>The Plan has also been developed in the context of the wider legislative duties of the Health Board, national policy and guidance and local policy frameworks:</p> <ul style="list-style-type: none"> <li>▪ A 'Healthier Wales: our Plan for Health and Social Care 2018'</li> <li>▪ BCUHB Clinical Services Strategy</li> <li>▪ 1000 beds campaign</li> <li>▪ Equality Act 2010</li> <li>▪ Equality Act 2010 (Statutory Duties) (Wales) regulations 2011</li> <li>▪ Special Measures Improvement Framework</li> <li>▪ NHS Wales Delivery Framework</li> <li>▪ NHS Wales Planning Guidance</li> <li>▪ BCUHB's long term strategy Living Healthier, Staying Well (2018)</li> <li>▪ BCUHB LHSW Strategy Refresh (2021)</li> </ul>
5.	<b>Who are the key Stakeholders i.e.: who will be affected by your document or proposals?</b>  <b>Has a plan for engagement been agreed?</b>	<p>There are a wide range of stakeholders who are affected by this plan including:</p> <ul style="list-style-type: none"> <li>▪ Citizens, their families, carers and communities</li> <li>▪ BCUHB Staff</li> <li>▪ The Health Board's statutory advisory forums: <ul style="list-style-type: none"> <li>- Performance, Finance and Information Governance Committee</li> <li>- Population Partnerships and Public Health Committee</li> </ul> </li> <li>▪ BCUHB Leadership Team</li> <li>▪ Partnership organisations including Local Authorities, third sector and existing networks</li> <li>▪ Regional Partnership Board</li> <li>▪ Primary Care contractor professions i.e. General Practice, Pharmacy</li> <li>▪ Welsh Ambulance Services Trust (WAST)</li> <li>▪ Neighbouring Local Health Boards in Wales</li> <li>▪ Mid Wales Joint Committee</li> <li>▪ Public Health</li> <li>▪ Independent sector e.g. private care providers</li> <li>▪ Elected representatives including MPs, AMs, Town and Community Councillors.</li> </ul>
6.	<b>What might help or hinder the success of whatever you are doing, for example communication, training etc.?</b>	<p>Key enablers to effectively deliver the Winter and Resilience Plan include:</p> <ul style="list-style-type: none"> <li>• Strong leadership</li> <li>• The engagement of staff to respond and deliver the change required to fulfil the Plan.</li> </ul>

		<ul style="list-style-type: none"> <li>• Effective partnership working with WAST, Local Authorities and third sector organisations</li> <li>• The ability of staff and partners to embrace new ways of working to avoid admissions where possible and reduce the number of prolonged admissions</li> <li>• Resources re-aligned to deliver the priorities</li> <li>• Accurate and robust capacity, demand and performance data</li> <li>• Service and divisional plans aligned to deliver the winter priorities</li> <li>• A clear accountability structure to ensure performance management and remedial action is carried out where needed.</li> </ul> <p>Potential barriers which could hinder implementation of the Plan may include:</p> <ul style="list-style-type: none"> <li>▪ Uncertainty around COVID-19 and other winter respiratory viruses</li> <li>▪ Lack of capacity amongst our workforce and the social care sector</li> <li>▪ Funding constraints</li> <li>▪ Stability of the independent sector</li> </ul>
7.	<p><b>Think about and capture the positive aspects of your policy that help to promote and advance equality by reducing inequality or disadvantage.</b></p>	<p>The Plan is in response to the escalated levels of need for patient care during the winter period. The proposals in the Plan represent a stepping up of the scale and pace of the initiatives already in place to address ongoing challenges on the urgent and emergency care system with a focus on supporting patients closer to home and hospital avoidance.</p> <p><b><i>There are many factors that influence our health and well-being, not least rising levels of poverty and inequality. The Winter and Resilience Plan describes the arrangements in place to manage the anticipated increased demand over the winter period across the Health Board. The following programmes of work will strengthen the population health approach by prioritising prevention, early intervention and will therefore assist in reducing health inequalities :</i></b></p> <p><b>Covid-19 vaccination programme</b> - at the time of writing the Winter Plan (November 2022), there is a noticeable increase in Covid-19 demand across the health community. Vaccination is a key mitigation for this winter as part of the ongoing response to protect against the harms of Covid-19. BCUHB has operated an extremely successful vaccination campaign with high vaccination rates across all age groups, and stands up to comparison with achievements across Wales.</p> <p>The Covid-19 vaccination programme has established an Equity Group which is supporting the identification of specific needs, making connections with seldom heard groups and gathering feedback through stakeholder groups on any areas of concern in order that the operational response is geared towards promoting uptake amongst underserved groups.</p> <p><b>Keeping people well</b> - BCUHB continues to work in partnership with Local Authorities, the third sector and other colleagues to enable and support people to stay well, to manage their own conditions and adopt a healthy lifestyle. There are many initiatives already in place across North Wales, which facilitate this approach including work with Public Services Boards, the Regional Partnership Board and the Health Board's work on Building a Healthier Wales. The Health Improvement and Reducing Inequalities Group has been managing a programme of evidence-based initiatives designed to promote healthier lifestyles and is building on successful outcomes achieved to date.</p> <p><b>Self-care</b> - our Expert Patient Programme has been supporting self-care and the approach is now being enhanced to support people who are experiencing symptoms of long-Covid</p>

		<p><b>Seasonal influenza</b> - the 2022 / 2023 flu vaccination campaign to combat seasonal influenza is underway. As in previous years, the Health Board is working with primary care (GPs and pharmacists) to deliver the flu vaccination programme across North Wales in a timely fashion</p> <p><b>Health inequalities and vulnerable groups</b> - it is recognised that health inequalities have been exacerbated because of the Covid-19 pandemic and the impact of the Covid-related harms has been greater on specific groups. As a result, Community Support Hubs have been established to support people from specific groups to stay well and access a wide range of support and advice. In addition, equality impact assessment (and where required, socio-economic duty impact assessment) is being undertaken on key service response areas to ensure support to address inequalities in access for specific groups.</p> <p><b>Mental health and well-being</b> - in keeping with WG guidance we will maintain mental health services as 'essential' services and respond to immediate mental health needs. The Wales Emergency Department Frequent Attenders Network (WEDFAN) supports service users that have a high rate of ED attendances / 999 calls by managing their complaints with clear action plans to support their care closer to home and escalation plans to provide support in a crisis.</p> <p>Action taken via the USC Improvement Programme includes establishment of a Crisis Care Steering Group with system-wide representation to oversee all elements of the crisis care programme, including 111 Mental Health Practitioner service, Mental Health Assessment Unit, Sanctuary, and Older Person's Crisis Care.</p> <p><b><i>Increasing the accessibility of healthcare for the population of North Wales including those people sharing different protected characteristics will assist in reducing health inequalities. Examples include:</i></b></p> <p><b>Primary care services</b> continue to face a range of challenges including unprecedented new demands for care, national recruitment difficulties and the on-going vaccination programme. Despite these challenges, the pandemic has presented opportunities to fast track a number of developments, which will help to address winter pressures. Examples include enhanced remote triage and access using virtual platforms, consultant connect and the continued expansion of Urgent Primary Care Centres (UPCC).</p> <p><b>Children's service leads</b> are working in close collaboration with colleagues in Local Authorities and the third sector to ensure sustainability of essential children's services during the winter period.</p> <p><b>Planned care</b> – BCUHB has a significant number of patients waiting for a planned intervention / treatment, many of whom are waiting in excess of 52 weeks. This situation is not unique to BCUHB and mirrors experience across Wales and the wider NHS however, the number and length of time patients are required to wait for treatment is of concern. BCUHB has developed a six point Planned Care Recovery Plan to address the elective waiting list backlog. Work is on going to finalise the action plan for the remainder of 2022 – 2023 and 2023 – 2024.</p> <p><b><i>Work to improve and expand the supporting infrastructure and framework in our integrated health communities will help address the health inequality challenges facing the local population including people sharing different protected characteristics. Examples include:</i></b></p> <p><b>Community services</b> continue to work closely with colleagues in social care and acute hospitals to increase capacity and capability within the community, respond to population need, deliver care closer to home and support with surge capacity when the integrated health communities are in crisis. Examples include the expansion and enhancement of Community Resource Teams, expansion of D2RA, the better utilisation of Minor Injury Units and the expansion of UPPC's across North Wales.</p>
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		<p><b>Acute services</b> – Integrated Health Communities continue to work closely with social services to increase capacity and capability within the acute sites to respond to population need and deliver optimal hospital care. The priorities for acute services during the winter months include working with WAST to focus on alternative pathways such as primary care, Minor Injury Units and the expansion of Same Day Emergency Care so that patients are assessed, receive diagnosis and treatment on the same day.</p> <p><b>Additional physical capacity</b> – BCUHB has brought forward works to support opening additional beds early in the winter season with work on going at the Wrexham Maelor Hospital and Ysbyty Glan Clwyd to create additional capacity.</p> <p><b>1000 beds (across Wales) campaign</b> – there is a requirement to commission an additional 1000 care home or care places across all Wales in preparation for winter pressures. The requirement for North Wales is 243 additional care placements, which can be additional bedded capacity or community support packages of care. The expectation is that there are no or minimal delays for patients deemed ready for discharge across all health in-patient services who are assessed as medically fit for discharge.</p>
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Part A
Form 2: Record of potential Impacts: protected characteristics and other groups

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

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

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

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

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

Protected characteristic or group	Will people in each of these protected characteristic groups be impacted by what is being proposed? If so is it positive or negative? (tick appropriate below)				Reasons for your decision (including evidence that has led you to decide this) A good starting point is the EHRC publication: "Is Wales Fairer (2018)?" You can also visit their website here	How will you reduce or remove any negative Impacts that you have identified?
	Yes	No	(+ve)	(-ve)		
Age	X		X		<div><p><b>OLDER PEOPLE</b></p><p>North Wales has an ageing population. The percentage of the population aged 85 years and over is expected to increase by 66% between 2021 and 2043.</p><p>Around 10% of people aged over 65 live with frailty, rising to between 25% and 50% for those aged over 85. Frailty is characterised by issues such as reduced muscle strength and fatigue and describes an individual's overall resilience.</p><p>Falling is a key concern for older people and a major contributing factor to their social isolation. There were 1,009 hip fracture admissions in BCUHB in 2020.</p><p>Flu immunisation uptake in 65 year olds and over is 78% in BCUHB and 77% across Wales.</p><p>Older people are vulnerable to experiencing mental health problems. Depression and dementia are the most common problems. Around 11,600 people aged 65 and over in BCUHB with dementia, this number is predicted to increase to around 18,700 by 2040.</p></div> <div><p>2043</p><p>↑</p><p>2021</p><p>aged 85 years+ Increase by 66%</p></div> <p>Health inequality has been compounded by the COVID-19 pandemic. Age UK have reported that 27% of older people (around 4.3 million) can't walk as far since the start of the pandemic and 37% of older people</p>	



				<p>(nearly 6 million) have less energy since the start of the pandemic.</p> <p>According to the Office of National Statistics, of the 4 million people in the UK who have never used the internet, 84% were over the age of 65 and 62% were over the age of 75.</p> <p>There are a number of specific challenges that our population face in the coming years which mean that we need to change the way we work and how we involve people in order to meet them.</p> <p><b>A list of schemes have been prioritised for inclusion in the Winter and Resilience Plan. Mitigating actions have been noted where an EQIA has been undertaken and negative impacts identified.</b></p> <p>The Covid-19 vaccination programme established an Equity Group which is supporting the identification of specific needs, making connections with seldom heard groups and gathering feedback through stakeholder groups on any areas of concern in order that the operational response is geared towards promoting uptake amongst underserved groups.</p> <p>Examples of schemes include:</p> <ul style="list-style-type: none"> <li>• The <b>Vaccination Programme</b> has undergone an EQIA informed by engagement undertaken during the Covid-19 pandemic and the emerging evidence relating to the impact of Covid. Themes identified mostly related to the accessibility of vaccine centres, the accessibility of information, the difficulty of booking appointments and staff awareness and training.</li> </ul> <p>Elements of Test, Trace and Protect remain in place to support surge demand across north Wales. If required testing units would be recommissioned in the event of a peak and be deployed to support identified need across north Wales</p> <ul style="list-style-type: none"> <li>• The further development of <b>Same Day Emergency Care Services (SDEC)</b> on each District General Hospital site. This will improve patient flow and ensure high quality, safe care is achieved in line with local and national targets</li> <li>• The provision of an additional <b>243 care placements across North Wales</b>, which can be an additional bedded capacity or community support packages. This will reduce prolonged in-patient care when a patient is medically fit for discharge (which can present a number of risks and actual harm) and will support the delivery of safe effective care to the residents of north Wales</li> <li>• The provision of <b>essential Children's and Young People's services</b> over the winter period in collaboration with colleagues in Local Authorities and the Third Sector</li> <li>• The <b>Community Frailty pathway</b> will assist in reducing waiting times and variation across north Wales</li> </ul>	<p>There are significant positive impacts because of the protective impact for health and life. However, negative potential impacts were identified. Mitigating actions include:</p> <ul style="list-style-type: none"> <li>- the development of targeted communications and information materials in accessible formats and languages including BSL;</li> <li>- the modelling of travel and transport implications to support equitable access;</li> <li>- Targeted information and engagement campaigns with protected characteristic groups.</li> </ul>
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				<ul style="list-style-type: none"><li>Public messaging is important to enable citizens of all ages to know which service is the right one to meet their needs, particularly in the case of urgent need. The WG <b>'Help Us Help You'</b> campaign covers access to the NHS in Wales, self-care and well-being and will increase its activity during Autumn / Winter along with the <b>'Keep Wales Safe'</b> campaign aimed at encouraging behaviours required to stop further spread and harm from Covid-19 and other respiratory infections</li></ul>																												
Disability	x		x	<p>North Wales Equality Profiles 2021</p> <p>The UN Human Rights Office of the High Commissioner has found that disabled people have been left uniquely exposed and disadvantaged during the pandemic.</p> <p>Disabled people are more likely to have pre-existing health conditions, are more likely to be unemployed, have mental health issues and have more difficulty accessing services. They are also more reliant upon publicly provided services for their daily living, yet many such essential services were withdrawn or rationed during the pandemic, often at short notice. Some disabled people were left isolated and unable to survive during lockdown, others unable to access information and essential long-term healthcare.</p> <p>A report from ONS found that the proportion of recent internet users was lower for adults who were disabled (78%) as defined by those who identified as disabled in the Equality Act, compared to those who were not disabled (95%). In addition, disabled people are three times more likely to have never used the internet.</p> <p>More people are living with one or more complex health issue such as diabetes or heart disease and we will support people to manage these conditions better so that they can live their life to the full.</p> <div><div><p><b>CHRONIC CONDITIONS</b></p><p>Percentage of patients registered with a North Wales GP surgery as having a chronic condition.</p><table><thead><tr><th></th><th>BCUHB (%)</th><th>WALES (%)</th></tr></thead><tbody><tr><td>Hypertension</td><td>16.9</td><td>15.9</td></tr><tr><td>Diabetes mellitus (patients aged 17+)</td><td>7.8</td><td>7.8</td></tr><tr><td>Asthma</td><td>7.6</td><td>7.4</td></tr><tr><td>Cancer</td><td>3.7</td><td>3.3</td></tr><tr><td>COPD</td><td>2.7</td><td>2.4</td></tr><tr><td>Atrial fibrillation</td><td>2.6</td><td>2.4</td></tr><tr><td>Stroke &amp; transient ischaemic attack</td><td>2.2</td><td>2.2</td></tr><tr><td>Heart failure</td><td>1.1</td><td>1.1</td></tr></tbody></table><p>Patients with chronic conditions are recorded by GPs on registers are part of the Quality Assurance and Improvement Framework (QAIF). Limitations of the data include variation in practice coding and recording of data.</p></div><div><p>The Winter and Resilience Plan has the potential to improve access to services for disabled people e.g. through an increased</p></div></div>		BCUHB (%)	WALES (%)	Hypertension	16.9	15.9	Diabetes mellitus (patients aged 17+)	7.8	7.8	Asthma	7.6	7.4	Cancer	3.7	3.3	COPD	2.7	2.4	Atrial fibrillation	2.6	2.4	Stroke & transient ischaemic attack	2.2	2.2	Heart failure	1.1	1.1	
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				<p>focus on community based services.</p> <p>Examples include:</p> <ul style="list-style-type: none"> <li>• Expansion and enhancement of <b>Community Resource Teams (CRT's)</b> to provide both planned and urgent care. CRT's will work closely with primary care colleagues in supporting patients with long term conditions (including routine reviews) and patients who require immediate assessment. This will increase capacity and capability within the community, respond to population need, deliver care closer to home and support with surge capacity when the Integrated Health Communities are in crisis. This will have positive impacts for some disabled people e.g. access to healthcare services from home will reduce the need to travel and avoid potential car parking difficulties.</li> <li>• The provision of <b>community alternatives to attendance at an Emergency Department</b> and / or admission to acute hospital for people who need urgent care but would benefit from staying at, or as close as possible, to home. Examples include alternative pathways such as Primary Care, Minor Injuries Units or Same Day Emergency Care Services. This will result in improved patient experience and outcomes, reduce unplanned hospital admissions and where possible the intent to safely reduce transport to hospital or to bypass the Emergency Department.</li> <li>• Development of an all age community based 24 / 7 <b>mental health crisis care pathway</b> directly accessible to all professionals, service users and carers. This will ensure the fastest and best response times for people who are in imminent danger of loss of life; are seriously ill or injured; or in mental health crisis.</li> <li>• A number of developments in primary care will help address winter pressures. These include the use of enhanced remote triage and access using virtual platforms and consultant connect.</li> </ul>	<p>Issues associated with access, travel distance and transport can present barriers for disabled people, older people and their families. The provision of CRT's that are geographically located in a way that maximises the number of patients that can be seen closer to home will be highly beneficial</p>
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						Any negative impacts will be addressed by undertaking Equality Impact Assessments on a scheme-by-scheme basis. The importance of ensuring that healthcare services are available for those who do not have the digital skills or digital platforms is recognised as being essential.																																				
Gender Reassignment	x		x		The development of a new primary care-led Gender Identity Care pathway in Wales for trans people has been a positive step forward in relation to care and support.  No direct impact has been identified as a result of implementing these proposals																																					
Pregnancy and Maternity	x		x		A Fair Treatment for the Women of Wales report (November 2020) found increased levels of stress, anxiety, and mental health distress and baby loss among women. Disabled women, including the accessibility of Covid-19 compliant maternity environments, have experienced additional barriers.  After-birth care, including visits from health visitors to the home have been largely cancelled and conducted over the phone, excluding many mothers who are deaf or have hearing loss. Evidence also suggests perinatal mental health issues are less likely to be identified in the absence of face-to-face appointments. It will be necessary to assess the long-term effects on future generations of inadequate and inaccessible maternity services.	The Women’s Directorate has produced a Winter and C19 Business Continuity Plan for providing maternity services to pregnant women and care for new mothers in the event of a Winter surge and an outbreak of Covid-19																																				
Race / Ethnicity	x		x		<b>Ethnicity by area and ethnic group, Wales, Betsi Cadwaladr UHB Areas &amp; Local Authorities, 31st March 2020</b> <table><thead><tr><th></th><th>White</th><th>Black, Asian and minority ethnic</th><th>Percentage of people who are Black, Asian and minority ethnic</th></tr></thead><tbody><tr><td>Wales</td><td>2,929,600</td><td>186,600</td><td>6</td></tr><tr><td>Betsi Cadwaladr UHB</td><td>679,600</td><td>17,800</td><td>2.6</td></tr><tr><td>Isle of Anglesey</td><td>69,500</td><td>*</td><td>*</td></tr><tr><td>Gwynedd</td><td>118,400</td><td>4,400</td><td>3.6</td></tr><tr><td>Conwy</td><td>111,000</td><td>3,700</td><td>3.3</td></tr><tr><td>Denbighshire</td><td>90,900</td><td>4,200</td><td>4.4</td></tr><tr><td>Flintshire</td><td>153,800</td><td>2,500</td><td>1.6</td></tr><tr><td>Wrexham</td><td>136,000</td><td>3,000</td><td>2.2</td></tr></tbody></table> <p>Source: StatsWales (WG)</p> <p>There remains variation in how individuals access and engage with the available health services in North Wales, leading to differences in health outcomes.</p>		White	Black, Asian and minority ethnic	Percentage of people who are Black, Asian and minority ethnic	Wales	2,929,600	186,600	6	Betsi Cadwaladr UHB	679,600	17,800	2.6	Isle of Anglesey	69,500	*	*	Gwynedd	118,400	4,400	3.6	Conwy	111,000	3,700	3.3	Denbighshire	90,900	4,200	4.4	Flintshire	153,800	2,500	1.6	Wrexham	136,000	3,000	2.2	BCUHB is committed through the Strategic Equality Plan to deliver our part of the Welsh Race Equality Action Plan
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				<p>We know there has been greater disease and death in certain groups of the population in North Wales due to COVID-19. We recognise there is much to be done to improve how public health messaging is developed and how we engage with ethnic minority communities who are not accessing care for both immediate emergencies and for preventative health messaging.</p> <p>There are specific challenges for women from ethnic minority backgrounds and measurable adverse differences in health outcomes, for example in maternity services.</p> <p>We also know that Gypsy, Roma and Traveller people live shorter lives, suffer from chronic ill health at a higher rate than the general population, and have higher rates of stroke and poorer mental health.</p> <p>Schemes that aim to positively impact this protected characteristic group include:</p> <ul style="list-style-type: none"><li>• The <b>111 First / SICAT / healthcare professionals’ line – clinical assessment</b> will signpost patients to the most appropriate pathway of care and proactively increase access to advice and guidance for under-served groups.</li><li>• The Protect programme has established six <b>Community Support Hubs</b> to support people from specific and underserved groups to stay well and access a wide range of support. In addition, equality impact assessment (and where required, socio-economic duty impact assessment) is being undertaken on key service response areas to ensure support to address inequalities in access for specific groups.</li></ul>																																																																													
Religion, belief and non-belief	x		x	<p>North Wales Equality Profiles 2021</p> <table><tr><th></th><th><i>All categories: Religion</i></th><th><i>Christian</i></th><th><i>Buddhist</i></th><th><i>Hindu</i></th><th><i>Jewish</i></th><th><i>Muslim</i></th><th><i>Sikh</i></th><th><i>Other religion</i></th><th><i>No religion</i></th><th><i>Religion not stated</i></th></tr><tr><td>Isle of Anglesey</td><td>69,751</td><td>45,400</td><td>165</td><td>45</td><td>40</td><td>250</td><td>43</td><td>257</td><td>17,797</td><td>5,754</td></tr><tr><td>Gwynedd</td><td>121,874</td><td>72,503</td><td>426</td><td>238</td><td>55</td><td>1,378</td><td>39</td><td>637</td><td>36,163</td><td>10,435</td></tr><tr><td>Conwy</td><td>115,228</td><td>74,506</td><td>347</td><td>206</td><td>62</td><td>583</td><td>17</td><td>478</td><td>30,017</td><td>9,012</td></tr><tr><td>Denbighshire</td><td>93,734</td><td>60,129</td><td>266</td><td>167</td><td>32</td><td>469</td><td>8</td><td>345</td><td>25,132</td><td>7,186</td></tr><tr><td>Flintshire</td><td>152,506</td><td>101,298</td><td>344</td><td>158</td><td>70</td><td>482</td><td>29</td><td>362</td><td>38,726</td><td>11,037</td></tr><tr><td>Wrexham</td><td>134,844</td><td>85,576</td><td>351</td><td>504</td><td>58</td><td>860</td><td>87</td><td>310</td><td>36,927</td><td>10,171</td></tr></table> <p>Source: ONS, Census 2011</p> <p>Christianity is still the largest religion in Wales, although the proportion has decreased alongside an increase in those stating no religion. Muslim, Hindu and Buddhist populations have approximately doubled since 2001, remaining the next three largest religions in Wales.</p>		<i>All categories: Religion</i>	<i>Christian</i>	<i>Buddhist</i>	<i>Hindu</i>	<i>Jewish</i>	<i>Muslim</i>	<i>Sikh</i>	<i>Other religion</i>	<i>No religion</i>	<i>Religion not stated</i>	Isle of Anglesey	69,751	45,400	165	45	40	250	43	257	17,797	5,754	Gwynedd	121,874	72,503	426	238	55	1,378	39	637	36,163	10,435	Conwy	115,228	74,506	347	206	62	583	17	478	30,017	9,012	Denbighshire	93,734	60,129	266	167	32	469	8	345	25,132	7,186	Flintshire	152,506	101,298	344	158	70	482	29	362	38,726	11,037	Wrexham	134,844	85,576	351	504	58	860	87	310	36,927	10,171
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					<p>In North Wales, the vast majority of the population describe themselves as Christian. There is a slightly higher Muslim population in Gwynedd and Wrexham, and slightly higher numbers of Buddhists living in Gwynedd.</p> <p>There is no specific impact anticipated from the Winter Plan proposals. Appropriate support is in place as needed for religious or belief requirements. In general, staff will be more familiar with specific local needs and requirements.</p> <p>The winter plan schemes will work to provide holistic services that understand and address the specific needs of the population.</p>	
<b>Sex</b>	x		x		<p>North Wales Equality Profiles 2021</p> <p>Analyses of age and sex with the WIMD levels of deprivation found the following:</p> <ul style="list-style-type: none"> <li>• Females from all age groups are more likely to live in more deprived areas than males.</li> <li>• On average, 9.2% of females live in the 10% most deprived LSOAs compared with 8.7% of males.</li> <li>• Females make up a greater share of all those living in the 10% most deprived LSOAs.</li> <li>• 52.1% of those living in the 10% most deprived LSOAs are female.</li> <li>• Younger people are more likely than older people to live in the 10% most deprived LSOAs, with the likelihood slightly higher for females than males. Around 21% of people aged 24 or under live in the most deprived 20% of LSOAs in Wales compared with around 14% of those aged 65 or over.</li> <li>• Nearly 61,000 children under age 16 live in the 10% most deprived LSOAs compared with 38,300 people aged 65 and over.</li> </ul> <p>There remain differences in outcomes experienced by men and women in specific circumstances, and differences in the way that they access health advice, information and support.</p> <p>Overall, men have a lower life expectancy (78 years, compared to 82 years for women); there are more premature deaths from cancer, more deaths from cardiac disease and a three times higher risk of death from suicide.</p> <p>No direct impact has been identified because of implementing these proposals. It is considered that the schemes would have no impact on either sex, most of which represent a stepping up of the scale and pace of services that are already in place.</p>	
<b>Sexual Orientation</b>	x		x		<p>In general, trans people are more reliant on health care services than LGB people. Trans people's health needs sometimes require care that is more specific and we know that there are currently significant gaps in trans healthcare provision in Wales. However little robust evidence is available on inequalities in respect of gender identity and there is a bias towards research on sexualities (LGB).</p> <p>Since the Gender Recognition Act 2004, there has been increasing public awareness of the transgender population. Evidence is mounting that this</p>	

				<p>community experiences significant health inequalities due to numerous factors. One such determinant, as defined by Meyer (2003) is 'minority stress' – this is the lifelong, cumulative, psychological and physical effects of having a minority identity.</p> <p>LGBTQ+ people face a number of barriers in being unable to access healthcare services or medication and are at increased risk of violence, abuse, homelessness, lower employment, social isolation and loneliness.</p> <ul style="list-style-type: none"> <li>• The <b>111 First / SICAT / healthcare professionals' line – clinical assessment</b> will signpost patients to the most appropriate pathway of care and proactively increase access to advice and guidance for under-served groups.</li> <li>• <b>Community alternatives to attendance at an Emergency Department</b> and / or an admission to an acute hospital for people who need urgent care but would benefit from staying at, or as close to home as possible. Examples include the development of Urgent Primary Care Centres in each health community and Enhanced Care at Home (Hospital at Home)</li> </ul>	
<b>Marriage &amp; civil Partnership (Marital status)</b>	x		x	No specific impact identified	
<b>Low-income households</b>	x		x	No specific impact identified	
<b>Intersectional Impacts of COVID-19</b>	x		x	<p><b>Intersectional impacts of COVID-19 and the Winter Resilience Plan</b> - COVID-19 has highlighted that health inequality is above all an intersectional issue, and that people with multiple protected characteristics, and / or living with socio-economic disadvantage, are most at risk of further health inequality as a result.</p> <p>The continuing delivery of the COVID-19 <b>Vaccination Programme</b> will have positive impacts on those experiencing the greatest health inequality. However, we recognise through the detailed impact assessments undertaken on these programmes that there is a risk of inequality including:</p> <ul style="list-style-type: none"> <li>- The location of vaccine centres, particularly for older and disabled people, and Black and Ethnic minority people, who as groups have lower car ownership and are therefore more likely to be reliant on others or public transport;</li> <li>- Vaccine hesitancy in black and ethnic minority communities, where we have seen lower vaccination rates.</li> <li>- Vaccine scepticism in younger people</li> <li>- Access due to environmental barriers</li> <li>- Understanding of arrangements and process.</li> </ul> <p><b>Post –Covid syndrome (Long Covid)</b> – an extensive on line-resource has been developed to support individuals who experience on-going Covid symptoms. The patient pathways required to support the population to manage the longer-term health conditions resulting from long Covid, and improve their outcomes will</p>	<p>The <b>Vaccine Equity Group</b> addresses Covid-19 issues as part of their ongoing programme of work. Mitigating actions include the modelling of travel and transport implications to support equitable access to vaccination programmes; and targeted communication / campaigns that focus on specific groups</p>



					support us in addressing health inequality for our populations living with health inequality. Prevalence rates of self-reported long COVID were greatest in people aged 35 to 69 years, females, those living in the most deprived areas, those working in health or social care, and those with a pre-existing, activity-limiting health condition.	
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## Part A Form 3: Record of Potential Impacts: Human Rights and Welsh Language

### Human Rights:

Do you think that this policy will have a positive or negative impact on people's human rights? For more information on Human Rights, see our intranet pages at: <http://howis.wales.nhs.uk/sitesplus/861/page/42166>

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

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

Will people's Human Rights be impacted by what is being proposed? If so is it positive or negative? (tick as appropriate below)				Which Human Rights do you think are potentially affected	Reasons for your decision (including evidence that has led you to decide this)	How will you reduce or remove any negative Impacts that you have identified?
Yes	No	(+ve)	(-ve)			
x		x			<p><b>Evidence Considered:</b></p> <ul style="list-style-type: none"> <li>• How Fair in Wales, 2011, Equality and Human Rights Commission</li> <li>• From safety net to springboard: A new approach to care and support for all based on Equality and Human Rights, Equality &amp; Human Rights Commission</li> <li>• The Human Rights Act: Changing Lives</li> <li>• Welsh Government: Standards for Improving the Health and Well-Being of Homeless People and Specific Vulnerable Groups</li> </ul> <p>The Winter and Resilience Plan aims to actively eliminate inequalities where they may exist and improve access to high quality, safe and sustainable healthcare. There is recognition that we must deliver services for the population of North Wales, whilst ensuring that appropriate, sustainable community services are delivered within locality / county areas.</p> <p>The plan acknowledges the growing prevalence in the population of people with for instance, cognitive impairment / dementia who are at the greatest risk of having their human rights breached.</p>	

					On-going training and awareness raising amongst all staff groups through our mandatory Equality and Human Rights training is key to mitigating against this risk.	
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### Welsh Language:

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

Welsh Language	Will people be impacted by what is being proposed? If so is it positive or negative? (tick appropriate below)				Reasons for your decision (including evidence that has led you to decide this)	How will you reduce or remove any negative Impacts that you have identified?
	Yes	No	(+ve)	(-ve)		
<b>Opportunities for persons to use the Welsh language</b>	x		x		<p>The Health Board's Welsh Language Strategic Plan ensures that changes in the legislative landscape are reflected in our approach to planning high quality, language appropriate care. The Welsh Language Standards and the 'More than just words' Framework provides the foundation on which we continue to build and improve.</p> <p>The Winter and Resilience Plan therefore aims to deliver increased and improved access to the Welsh Language, particularly through its focus on community based services – recognising that healthcare delivered within local communities has the potential to more likely respond through the medium of Welsh.</p> <p>Where a patient's first language is Welsh every effort to accommodate the patient's wishes utilising Welsh speaking staff members will be made. Should this not be possible, then Language line can be used or WITS for face to face interpretation. It will be necessary to assess any potential impact on Welsh Language on a scheme by scheme basis.</p>	
<b>Treating the Welsh language no less favourably than the English language</b>	x		x		<p><b>Evidence Considered:</b></p> <ul style="list-style-type: none"> <li>Welsh Language Measure, 2011</li> <li>Welsh Language Standards, effective from 2016</li> <li>BCUHB Welsh Language Scheme</li> </ul> <p>Ensuring the safety, dignity and respect of Welsh speakers is integral to the provision of health services in Wales. The Welsh Language Standards under the Welsh Language (Wales) Measure 2011 establishes the legislative requirements for the Health Board and whilst the Health Board is committed to achieving its legal requirements, it has also set a greater level of ambition that will be driven by the desire to improve the quality of care provided for patients in their first language.</p>	

## Part A Form 4: Record of Engagement and Consultation

Please record here details of any engagement and consultation you have undertaken.

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

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

<b>What steps have you taken to engage and consult with people who share protected characteristics and how have you done this? Consider engagement and participatory methods.</b>	Regular updates have been given to the BCUHB's Statutory Committee's and the Regional Partnership Board. Winter schemes have been identified by each Integrated Health Community for 2022 – 2023 and have been informed by local engagement mechanisms and partnership working with Local Authorities, the third sector and WAST. Overall however, proposals in the Plan represent a stepping up of the scale and pace of initiatives already in place.
<b>Have any themes emerged? Describe them here.</b>	The themes that have emerged from those schemes that have undertaken an EQIA to-date include communication, access and digital exclusion. Mitigating actions have been flagged in the respective EQIA's and the programmes will be required to keep these under review, undertaking more specific impact assessment as needed as initiatives progress.
<b>If yes to above, how have their views influenced your work / guided your policy / proposal, or changed your recommendations?</b>	Schemes (where appropriate) will require Equality Impact Assessment Screening to determine whether full Equality Impact Assessment is necessary. This will enable a detailed analysis of potential impacts and mitigating actions will be considered as part of this.

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

## Part B Form 5: Summary of Key Findings and Actions

<b>1. What has been assessed? (Copy from Form 1)</b>	Betsi Cadwaladr University Health Board 2022-2023 Winter and Resilience Plan
<b>2. Brief Aims and Objectives (Copy from Form 1)</b>	<p>The purpose of this screening is to consider the equality impact of the Winter and Resilience Plan.</p> <p>Winter typically results in increased demand from seasonally affected conditions, increased risk connected to infection prevention and control outbreaks and the potential risk of influenza. Learning from the pandemic experience it is necessary for the Health Board to have a strong resilience plan allowing us to surge to respond to pressures, which can occur at any time, alongside managing our elective capacity. We have been experiencing health service challenges caused by the ongoing impact of Covid-19 and whilst we are in the phase of recovering from the Covid-19 impact, there has, more recently, been a noticeable increase in Covid-19 demand across the health community.</p>

	<p>The Plan takes into consideration factors such as the existing pressures in health and social care, the predicted and expected increase in winter respiratory viruses and Covid-19 presentations (and admissions), proposed industrial action from the fire service and possibly the health service and the cost of living crisis and fuel poverty</p> <p>It responds to six objectives described in the Welsh Government guidance ‘Urgent and Emergency Care: Increasing system operational resilience for Winter 2022 – 2023’ paper:</p> <ul style="list-style-type: none"> <li>• NHS Wales Ambulance Delivery Plan</li> <li>• Fit to Sit implementation across all acute hospitals</li> <li>• Maintaining critical care services</li> <li>• Maintaining Children and Young People’s services</li> <li>• Delivering milestones set out in the Transforming and Modernising Planned Care and Reducing Waiting lists guidance</li> <li>• Maintaining cancer treatments</li> </ul> <p>The Plan also responds to six goals set by the national programme for urgent and emergency care:</p> <ul style="list-style-type: none"> <li>• Co-ordination, planning and support for people at greater risk of needing urgent care</li> <li>• Signposting people with urgent care needs to the right place, first time</li> <li>• Clinically safe alternatives to admission</li> <li>• Rapid response in crisis</li> <li>• Optimal hospital care and discharge practice from the point of admission</li> <li>• Home first approach and reduce risk of admission</li> </ul> <p>Whilst guidance from WG on USC funding has not been received, it is their expectation that we do not have a separate winter plan this year and that the schemes are aligned to the USC Improvement Programme as part of the 6 goals for Urgent and Emergency Care.</p> <p>There will be a focus on supporting care close to home, utilisation of the 1000 beds campaign and improved discharge planning.</p>
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From your assessment findings (Forms 2 and 3):

3a. Could any of the protected groups be negatively affected by your policy or proposal?	Yes	<input type="checkbox"/>	No	<input checked="" type="checkbox"/>
3b. Could the impact of your policy or proposal be discriminatory under equality legislation?	Yes	<input type="checkbox"/>	No	<input checked="" type="checkbox"/>
3c. Is your policy or proposal of high significance? For example, does it mean changes across the whole population or Health Board, or only small numbers in one particular area?	Yes	<input checked="" type="checkbox"/>	No	<input type="checkbox"/>
4. Did your assessment findings on Forms 2 & 3, coupled with your answers to the 3 questions above indicate that you need to proceed to a Full Impact Assessment?	Yes	<input type="checkbox"/>	No	<input checked="" type="checkbox"/>
	Record here the reason(s) for your decision i.e. what did Forms 2 & 3 indicate in terms of positive and negative impact for each characteristic, Human Rights and Welsh Language?			
5. If you answered ‘no’ above, are	Yes	<input checked="" type="checkbox"/>	No	<input type="checkbox"/>

there any issues to be addressed e.g. reducing any identified minor negative impact?	Where it is perceived there may be a risk of negative impact arising or unintended consequences, these will be flagged in the respective EQIA's and schemes will be required to keep these under review, and undertake more specific impact assessment as projects and initiatives progress.	
6. Are monitoring arrangements in place so that you can measure what actually happens after you implement your policy or proposal?	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
	How is it being monitored?	The BCU Health Board and its Sub Committees will be responsible for providing the necessary scrutiny through regular updates on the Winter and Resilience Plan
	Who is responsible?	Gill Harris, Acting Chief Executive has overall responsibility for the Winter and Resilience Plan with delivery linked to respective Executive Directors
	What information is being used?	BCU Health Board information relating to Quality, Performance and Finance
	When will the EqIA be reviewed? (Usually the same date the policy is reviewed)	The EQIA will be subject to ongoing review and further supporting EQIA work will be undertaken for any new scheme developments

7. Where will your policy or proposal be forwarded for approval?	Six Goals Programme Board
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8. Names of all parties involved in undertaking this Equality Impact Assessment: please note EqIA should be undertaken as a group activity	Name	Title/Role
	Wendy Hooson	Head of Health Strategy and Planning (Interim)
	Geraint Farr	Associate Director for Emergency Care (Interim)
	Medwyn Jones	USC Programme Director
	Chris Subbe	Consultant Physician, Ysbyty Gwynedd
	Members of the Six Goals Programme Board	
	Phil Orwin	Interim Director of Regional Delivery
Senior sign off prior to committee approval:		
Please Note: The Action Plan below forms an integral part of this Outcome Report		

### Action Plan

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

	Proposed Actions	Who is responsible for this action?	When will this be done by?
1. If the assessment indicates significant potential negative impact such that you cannot proceed, please give reasons and any alternative action(s) agreed:	Not applicable	Not applicable	Not applicable
2. What changes are you proposing to make to your policy or proposal as a result of the EqIA?	Due to the transformational and individual nature of the schemes, they will not be assessed collectively, but each will require Equality Impact Assessment Screening to determine whether full Equality Impact Assessment is required.	Individual project leads will undertake this action.	In line with scheme milestones
3a. Where negative impacts on certain groups have been identified, what actions are you taking or are proposed to reduce these impacts? Are these already in place?	By screening individual schemes, detailed analysis of the potential impacts will be undertaken in relation to specific plans. Mitigating actions will be considered as part of this.	Individual project leads will undertake this action.	In line with scheme milestones
3b. Where negative impacts on certain groups have been identified, and you are proceeding without reducing them, describe here why you believe this is justified.	Not applicable	Not applicable	Not applicable
4. Provide details of any actions taken or planned to advance equality of opportunity as a result of this assessment.			

<b>Teitl adroddiad:</b> <i>Report title:</i>	Learning Disabilities Service - Transformation and Strategy Development update for PPPH			
<b>Adrodd i:</b> <i>Report to:</i>	Partnerships, People and Population Health (PPPH) Committee			
<b>Dyddiad y Cyfarfod:</b> <i>Date of Meeting:</i>	Tuesday, 17 January 2023			
<b>Crynodeb Gweithredol:</b> <i>Executive Summary:</i>	The purpose of this paper is to provide an update on the strategic developments and transformational activity within the Learning Disabilities service (within Mental Health and Learning Disability Services, Betsi Cadwaladr University Health Board (BCUHB) ), including the partnership activity relating to Learning Disability activity across North Wales.			
<b>Argymhellion:</b> <i>Recommendations:</i>	The PPPH Committee members are asked to:  Note the update and the plans for the next quarter 4, 2022/23 and 2023/24.			
<b>Arweinydd Gweithredol:</b> <i>Executive Lead:</i>	Teresa Owen, Executive Director of Public Health			
<b>Awdur yr Adroddiad:</b> <i>Report Author:</i>	William Haydn Williams, Head of Operations, Regional Specialist Services and Specialist Commissioning Care.  Carole Evanson, Interim Director Of Operations, Mental Health & Learning Disabilities.			
<b>Pwrpas yr adroddiad:</b> <i>Purpose of report:</i>	I'w Nodi <i>For Noting</i> <input checked="" type="checkbox"/>	I Benderfynu arno <i>For Decision</i> <input type="checkbox"/>	Am sicrwydd <i>For Assurance</i> <input checked="" type="checkbox"/>	
<b>Lefel sicrwydd:</b> <i>Assurance level:</i>	Arwyddocaol <i>Significant</i> <input type="checkbox"/> <small>Lefel uchel o hyder/tystiolaeth o ran darparu'r mecanweithiau / amcanion presennol</small>  <small>High level of confidence/evidence in delivery of existing mechanisms/objectives</small>	Derbyniol <i>Acceptable</i> <input checked="" type="checkbox"/> <small>Lefel gyffredinol o hyder/tystiolaeth o ran darparu'r mecanweithiau / amcanion presennol</small>  <small>General confidence / evidence in delivery of existing mechanisms / objectives</small>	Rhannol <i>Partial</i> <input type="checkbox"/> <small>Rhywfaint o hyder/tystiolaeth o ran darparu'r mecanweithiau / amcanion presennol</small>  <small>Some confidence / evidence in delivery of existing mechanisms / objectives</small>	Dim Sicrwydd <i>No Assurance</i> <input type="checkbox"/> <small>Dim hyder/tystiolaeth o ran y ddarpariaeth</small>  <small>No confidence / evidence in delivery</small>
<p><b>Cyfiawnhad dros y gyfradd sicrwydd uchod. Lle bo sicrwydd 'Rhannol' neu 'Dim Sicrwydd' wedi'i nodi uchod, nodwch gamau i gyflawni sicrwydd 'Derbyniol' uchod, a'r terfyn amser ar gyfer cyflawni hyn:</b></p> <p><b><i>Justification for the above assurance rating. Where 'Partial' or 'No' assurance has been indicated above, please indicate steps to achieve 'Acceptable' assurance or above, and the timeframe for achieving this:</i></b></p>				
<b>Cyswllt ag Amcan/Amcanion Strategol:</b>  <b><i>Link to Strategic Objective(s):</i></b>		<ul style="list-style-type: none"> <li>• Priorities within "A Healthier Wales: long term plan for health and social care"</li> <li>• North Wales Learning Disabilities Strategy</li> </ul>		





	<ul style="list-style-type: none"> <li>Alignment with the BCUHB Integrated Medium Term Plan (IMTP)</li> <li>Supports delivery against Targeted Intervention requirements</li> <li>Aligned with the Divisional Clinical Strategy/Clinical Effectiveness</li> <li>Supports integration agenda and aligns with BCUHB Operating Model</li> <li>Linkages with delivery of the Digital Strategy</li> <li>Covid-19 response and recovery</li> <li>Strengthen our wellbeing focus</li> <li>Recovering access to timely planned care pathways</li> <li>Improved unscheduled care pathways</li> <li>BCUHB Estates Strategy</li> <li>People Stronger Together Strategy</li> </ul>
<b>Goblygiadau rheoleiddio a lleol:</b>  <b>Regulatory and legal implications:</b>	As per the mandate of the Health Board.
<b>Yn unol â WP7, a oedd EqlA yn angenrheidiol ac a gafodd ei gynnal?</b>  <b>In accordance with WP7 has an EqlA been identified as necessary and undertaken?</b>	Yes
<b>Yn unol â WP68, a oedd SEIA yn angenrheidiol ac a gafodd ei gynnal?</b>  <b>In accordance with WP68, has an SEIA identified as necessary ben undertaken?</b>	Yes
<b>Manylion am risgiau sy'n gysylltiedig â phwnc a chwmpas y papur hwn, gan gynnwys risgiau newydd (croesgyfeirio at y BAF a'r CRR)</b>  <b>Details of risks associated with the subject and scope of this paper, including new risks( cross reference to the BAF and CRR)</b>	<ul style="list-style-type: none"> <li>BAF 21-05: Effective Stakeholder Relationship</li> <li>BAF 21-06: Safe and Effective Mental Health and Learning Disability Service Delivery. There is a risk to the safe and effective delivery of Mental Health and Learning Disability Services</li> </ul>
<b>Goblygiadau ariannol o ganlyniad i roi'r argymhellion ar waith</b>  <b>Financial implications as a result of implementing the recommendations</b>	Financial implications are highlighted within the strategic update in Appendix 1.
<b>Goblygiadau gweithlu o ganlyniad i roi'r argymhellion ar waith</b>  <b>Workforce implications as a result of implementing the recommendations</b>	Workforce implications are currently being reviewed aligned to the programme plans.
<b>Adborth, ymateb a chrynodeb dilynol ar ôl ymgynghori</b>	This paper has been prepared to provide an update for the PPPH Committee.





<b>Feedback, response, and follow up summary following consultation</b>	
<b>Cysylltiadau â risgiau BAF:</b> (neu gysylltiadau â'r Gofrestr Risg Gorfforaethol)  <b>Links to BAF risks:</b> (or links to the Corporate Risk Register)	<ul style="list-style-type: none"> <li>• BAF 21-05: Effective Stakeholder Relationship</li> <li>• BAF 21-06: Safe and Effective Mental Health and Learning Disability Service Delivery. There is a risk to the safe and effective delivery of Mental Health and Learning Disability Services</li> </ul>
<b>Rheswm dros gyflwyno adroddiad i fwrdd cyfrinachol (lle bo'n berthnasol)</b>  <b>Reason for submission of report to confidential board (where relevant)</b>	As requested by PPPH.
<b>Camau Nesaf:</b>  <b>Next Steps:</b>  The priority activity for quarter 4 and moving into 2023/24 is as follows – <ul style="list-style-type: none"> <li>• Finalise the inpatients pathway review in addition to the demand and capacity analysis to inform the future Learning Disabilities model of care.</li> <li>• With estates colleagues undertake an estates rationalisation review for the site and obtain capital investment requirements.</li> <li>• To implement a pooled budget pilot in quarter 4, including a local joint commissioning panel established with Ynys Mon Local Authority.</li> <li>• A commissioned independent evaluation to be completed by the end of quarter 2 23/24 in order to consider and agree next steps.</li> <li>• Continue with the development of an intermediate care facility in the West, and together with Estates scope out land or buildings in Central and East area</li> <li>• To continue to work in partnership with Local Authorities to skill up the workforce within the community through the promotion of Positive Behaviour Support (PBS) and Active Support approaches. An established steering group will review this work to continue to review progress aligned to the aims of the funded PBS implementation plan across Health and Social Care across the six local authorities in North Wales.</li> </ul>	
<b>Rhestr o Atodiadau:</b>  <b>List of Appendices:</b>  <b>Appendix 1</b> - Learning Disabilities Service - Transformation and Strategy Development Update for Partnerships, People and Population Health (PPPH) Committee  <b>Appendix 2</b> - North Wales Together Seamless Service for People with Learning Disabilities Newsletter, May 2022	

## **Appendix 1 - Learning Disabilities Service - Transformation and Strategy Development Update for Partnerships, People and Population Health (PPPH) Committee, 17/01/2023**

### **1. Introduction**

The purpose of this paper is to provide an update on the strategic developments and transformational activity within the Learning Disabilities Service (LDS), within the Mental Health and Learning Disability Division, Betsi Cadwaladr University Health Board (BCUHB), including the partnership activity relating to Learning Disability activity across North Wales.

BCUHB Learning Disability Services spans across North Wales. The team work closely with partners in an integrated model, overseen by the Regional Learning Disabilities Partnership Board. This ensures that the Learning Disability (LD) strategy (strategy period 2019 to 2023) directs all aspects of service development and delivery.

Working with the 6 Local Authorities across North Wales and other key partners, BCUHB have focused on a range of developments to ensure delivery of the core principles and shared vision of the LD strategy.

### **2. Background**

The BCUHB LD Service transformation programme was first implemented in 2019 with the initial focus on the core health elements of the North Wales LD strategy and in particular the Welsh Government Improving Lives programme (commenced February 2018). The Welsh Government Improving Lives programme, developed recommendations in the areas of early years, housing, social care, health and well-being, education, employment and skills for people with learning disabilities. The review took a lifespan approach from pregnancy to end of life, and identified three key priorities:

1. To reduce health inequalities through reasonable adjustments to mainstream services and access to specialist services when needed.
2. To improve community integration, including increasing housing options closer to home; integrated social care, health and education; and, increased employment and skills opportunities.
3. To enable improved strategic and operational planning and access to services through streamlined funding, better data collection, partnership working and more training and awareness.

In addition to the Improving Lives Programme, on the 14<sup>th</sup> February 2022, Welsh Government requested an audit be completed by all Health Boards to identify the status and future plans for Welsh residents with a learning disability who were inpatients in a specialist learning disability hospital as of the 21<sup>st</sup> February 2022. A similar audit had been carried out shortly before the pandemic in 2020.

The key headlines of audit were as follows:

- Lack of suitable care provision: both in the community and healthcare provision
- Lack of available suitable accommodation in the community
- Individuals losing tenancy when admitted to specialist hospital care and becoming home less
- Delay in commissioning care, including S117 responsibility, and funding 12 week assessment
- Gatekeeping disputes
- Family/nearest relative disputes of proposed plan

The key objectives of the LD Service improvement programme have developed in response to the audit and includes service transformation initiatives that include the following key objectives -

- Reduce health inequalities for the Learning Disabilities population in North Wales.
- Develop clinical practices that promote reduction in restrictive practices.
- Reduction in out of area placements with focus on care closer to home.
- Reduction and alternatives in hospital admissions and length of stay.
- Develop a more cohesive system approach in the delivery of Learning Disability services.
- Develop a system with partners to promote joint strategic and operational planning.
- Ensuring patients receive the appropriate care at the appropriate time, in the appropriate setting.
- An enhancement of the capacity of community based intermediate care to reduce inappropriate hospital admissions and length of stay.

The programme of work has been impacted by the pandemic however, over the last 12 months work has progressed at pace. The programme objectives have been assimilated into an overarching programme plan, and the following working groups have been established to progress delivery of the priorities:

- Community Pathways Group
- Inpatients Pathways Group
- Enhanced Community Residential Service (ECRS) Redesign and Intermediate Care Development Group
- Pooled Budget group

Each of the working groups has established programme plans with clear milestones, outcomes, risks and benefits that supports the delivery of the overarching plan objectives.

**Community Pathway Group** – The key objective is to process map existing services and pathways to provide clarity around the current Learning Disability community pathways. The team are working with the Health Liaison service to undertake a review of primary and secondary care pathways for individuals, ensuring these existing pathways are responsive to individuals with learning disabilities needs and offer a fair and equitable access to physical health care services, including where necessary reasonable adjustments.

This group has reviewed Multidisciplinary Team working and developed improvement plans which have identified areas for effective system integration including a demand and capacity analysis to ensure the community services are adequately resourced having the right staff, at the right time with the right skills.

**Inpatient pathway group** – The key objective is to review the current inpatient pathway, with the aim of streamlining the pathway and the number of services currently operating on the Bryn y Neuadd site to develop a revised inpatient model of care options for consultation. This review will include a demand and capacity analysis to ensure inpatient services are adequately resourced having the right staff, at the right time with the right skill. The scope focuses on future pathway development needs, ensuring workforce, estates and appropriate skills are considered.

**Intermediate care development group** – The key objective of this group is to undertake a programme of transformation of BCUHB's existing Enhanced Community Residential Services (ECRS). ECRS is a specialist domiciliary care service that comprises of Learning Disabilities nurses and enhanced Health Care Support Workers. This long established service is commissioned by the Local Authority to support individuals with learning disabilities and complex needs within a supported living model of care. A joint right sizing exercise with partners has identified that the service is no longer supporting individuals with complex needs. The individuals needs within this service have reduced over time and have been assessed as requiring a social care model. The intention is to utilise this existing provision and repurpose the resource to support the development of an intermediate care model and service for individuals assessed with complex needs who are currently placed either in a specialist hospital, or out of area in specialist placements.

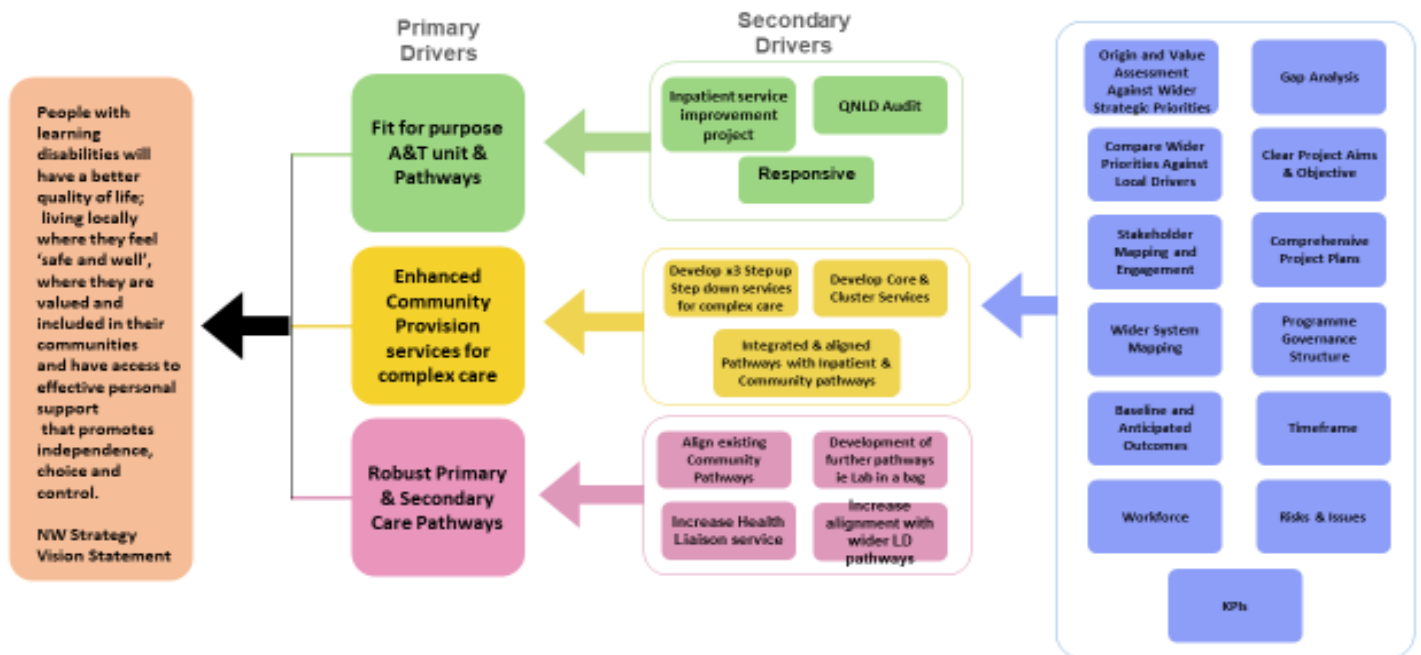
**Pooled Budget Group** – The key objective of this group is to pilot a pooled budget scheme with Ynys Môn Local Authority. The purpose of the pilot is to evaluate the benefits for service users and their families, through the streamlining of the funding processes and having one system for reviewing and approving jointly funded packages of care. The pilot will include an evaluation on the social and health care return on investment, identifying the benefits and risk of pooled budgets for respective partner organisations.

### **3. Programme Overview**

The driver diagram below offers a visual representation of the identified key programme drivers which offers a logical approach towards achieving the programme outcomes.



## Driver Diagram



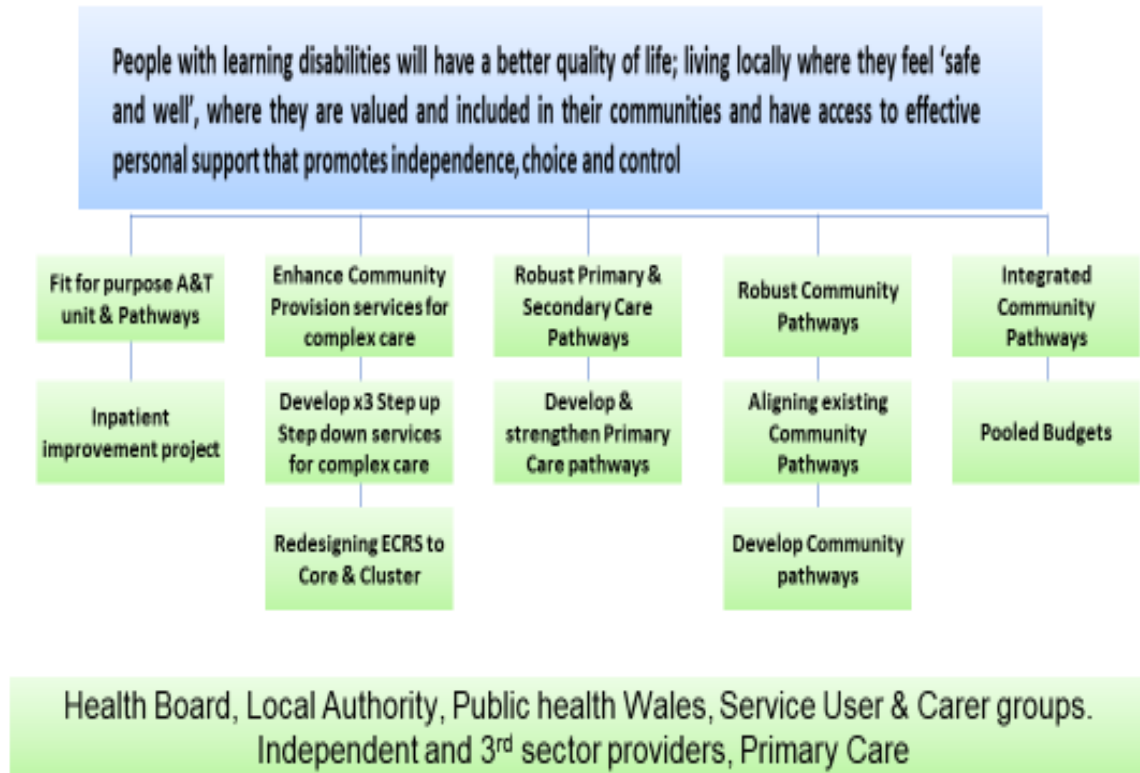
The driver diagram illustrates the project management systems, and key foundation work that is required to ensure success in delivering of the objectives, and this discipline is embedded with each working group's plans. Secondary drivers are also identified as these are necessary to affect the changes that is required, which are included as core objectives and tasks for the established working groups.

The primary drivers are identified as the primary transformational goals that are required to support the North Wales LD strategic vision:

***'People with learning disabilities will have a better quality of life; living locally where they feel 'safe and well', where they are valued and included in their communities and have access to effective personal support that promotes independence, choice and control'***

Below is an illustration of the overarching plan. This demonstrates how each component of the plan is developed with the aim of supporting the overarching strategic vision set out in the North Wales LD Strategy.

## Plan on a page



### 4. Progress update

The following provides an overview of the key areas of work currently underway.

#### **Intermediate care services programme**

First Choice Housing are in the process of applying for 'Housing with Care' funding to adapt an existing BCUHB property in the West area, Carreg Hafan. This resource will provide three self-contained and adapted flats that will be utilised to provide intermediate care for people with Learning Disabilities and complex needs, either in order to avoid hospital admission or to prevent delayed transfer of care from hospital settings.

The North Wales Together team are working with the BCUHB Estates to identify similar resources in the central and east areas, with a potential property being explored in Ewloe. Again, the 'Housing with Care' fund will be utilised to fund the capital investment required to fund these resources.

The project team have been working with our North Wales partners to identify people with a learning disability placed out of area, this includes hospital settings. Discussions will be progressed with individuals who wish or need to return to supported living settings in North Wales and a plan agreed on how this will be facilitated.



## **Community Pathway Programme - initial focus on improving physical health outcomes**

### **Increasing Annual Health Checks (AHC)**

The 'Improving Lives All Wales group' aim is to increase an improvement in health outcomes and one of the key aims is to improve uptake of annual health checks for people with a Learning Disability in Wales.

Practitioners in each of the community learning disability teams have been trained to deliver the 'Lab in a Bag' model of delivering annual health checks. This resource will target rural areas where uptake for health checks are lower, and also for individuals who find it difficult to access GP surgeries.

The Primary Liaison Nurse and Cluster Link Nurses will carry out part one of the AHC in the individuals home which will implement physical observations that are required utilising the 'lab bag' approach.

The GP will carry out the virtual assessment whilst the nurse is present, so that support can be provided with the assessment as required. The GP will make a decision whether a further face to face visit is required or any further investigations/referrals need to be made, and they will document the health check information on the usual screening documentation in the surgery.

Primary Liaison Nurses and Cluster Link Nurses will work with individual GP surgeries to identify individuals who are a priority for the Annual Health Check aligned to the 'Lab in a Bag'.

### **Pooled Budget Pilot**

The pooled budget pilot scheme with Ynys Môn Local Authority has been developed with a section 33 agreement in place. The pooled budget is comprised of all jointly commissioned packages of care between BCUHB and Ynys Môn Local Authority. All packages of care within the scheme will be subject to joint reviews and monitoring, with joint decision making aligned to the development of a local joint commissioning panel.

The purpose of this pilot is to evaluate the effectiveness and efficiency of joint decision making. This brings together a shared ownership of the budget to ensure efficient management of the resource, whilst maximising joint commissioning opportunities that promote positive outcomes for the citizens of Ynys Môn, and reflects best value for money for the public purse. Initial findings demonstrate significantly improved working relationships, a reduction in costly disputes, and right sizing opportunities of high cost packages of care. The programme will run for the next 12 months, with a project evaluation planned ahead of any potential further roll out.



## **5. Next Steps**

The priority activity for quarter 4 and moving into 2023/24 is as follows –

- Finalise the inpatients pathway review in addition to the demand and capacity analysis to inform the future Learning Disabilities model of care.
- Work with estates colleagues to undertake an estates rationalisation review for the site and obtain capital investment requirements.
- To implement a pooled budget pilot in quarter 4, including a local joint commissioning panel established with Ynys Mon Local Authority.
- A commissioned independent evaluation to be completed by the end of quarter 2 2023/24 in order to consider and agree next steps.
- Continue with the development of an intermediate care facility in the West, and together with Estates scope out land or buildings in Central and East area.
- To continue to work in partnership with Local Authorities to skill up the workforce within the community through the promotion of Positive Behaviour Support (PBS) and Active Support approaches. An established steering group will review this work to continue to review progress aligned to the aims of the funded PBS implementation plan across Health and Social Care across the six local authorities in North Wales.

## **6. Budgetary / Financial Implications**

The programme has identified a number of financial and budgetary risks, whilst also identifying financial opportunities and benefits. The major financial risk factor within the programme is aligned to the inpatient services due to the poor condition of the current estates. As noted previously in this paper, it is likely that any future model will require significant capital investment. All risks are captured within our programme risk log and escalated accordingly to the Programme Overview Group (POG) which is chaired by the Mental Health and Learning Disabilities (MH&LD) Director of Operations, with further escalation via POG to the BCHUB Executive Delivery group.

Saving opportunities have been identified as part of the Intermediate Care Programme as stepping service users down from high cost specialist placements into intermediate care services will release significant recurring savings against Continuing NHS Health Care budget (CHC). Furthermore, supported by the North Wales (LD) Strategy Transformation team this programme has been successful in accessing 'Housing with Care' grants to support the capital development of Carreg Hafan. There are some minor revenue costs identified with this programme, however as part of the outline business case this has been offset by the savings identified against the CHC budget. Risks, and any mitigation, will be captured in the business cases submitted for approval via POG before the programme proceeds.

## **7. Risk Management and Governance arrangements**

The North Wales Learning Disability Strategy is an integrated strategy, which has been developed, monitored and implemented jointly between the six Local Authorities across North Wales and BCUHB. Partnership working remains at the core of everything the Mental Health and Learning Disabilities undertakes, as one part of the system cannot work without the other. Our programme governance arrangements are intertwined with our partnership

arrangements must be two fold. This ensures we have partners involved with every working group, and also the transformational lead for Local Authority is a standing member of the programme board.

The programme board provides updates and progress reports to the Regional Learning Disabilities Partnership Board, and quarterly updates are provided to the Learning Disabilities Transformational Group.

In addition, the Together for North Wales Team produce a quarterly Newsletter which provides regular up-dates on the progress of the LD Strategy. A copy of the latest Newsletter is provided in appendix 2. Alongside this edition of the newsletter, both organisations appeared in a promotional video discussing the benefits of the pooled budget for services users and respective organisations.

Internally, the programme governance arrangements are aligned to the Health Board's Governance framework. The Learning Disabilities Programme Board is chaired by the Head of Operations for Regional Specialist Services, who provides monthly progress reports to the Programme Overview Group, (POG) chaired by the MH&LD Director of Operations.

The Learning Disabilities programme (via the Chair) will also report where required, to the Clinical Strategy group chaired by the MH&LD Medical Director, to ensure all clinical decisions are considered/challenged within a clinical forum. Any proposed changes or clinical recommendations are considered by a wide range of senior clinicians, and consideration is given to known best practice, and evidence of sound clinical effectiveness.

## **8. Equality and diversity implications**

The North Wales LD strategy is founded on the principle of co-production, which is:

*“An asset-based approach that enables people providing and people receiving services to share power and responsibility, and work together in equal, reciprocal and caring relationships” (Co-production Network for Wales).*

Whilst co-production is the aim of this programme that we are working towards, it is likely to be an ongoing process of learning. For example, while BCUHB involved a wide range of people in the programme from the outset, the size and scale of the overall project, means traditional methods of consultation, such as questionnaires and workshops have been used at times. There are likely to be further opportunities to truly co-produce service design, delivery and evaluation as we put the programmes into action at a local level. This will mean focussing on utilising a co-productive approach where it will make the greatest difference to people's lives across North Wales.

# North Wales Together: Seamless Services for people with Learning Disabilities

## News: May 2022

*Welcome to the May 2022 Edition of our Newsletter.*



### **Update from Kathryn**

It's good to be back, feels like I was never away!! I am grateful to Ange for all her very hard work over the last year, and for moving such a lot forward during that time.

Good News!! As you are likely aware, The Learning Disability Transformation Programme has been extended for another 5 years.

### **A few changes to the work streams**

**Technology** - Paul Mazurek will continue to promote and support around technology with Sioned Williams.

**Children's** - Stephanie Hall will lead on this along with Sioned Williams.

**Accommodation & PBS** – Steve Brown will continue with this work stream.

**Employment** – Kim Killow will continue to lead on this with support from Helen Dransfield 1 day a week.

**Communities & Culture** – Mark John – Williams and Allison Lowry Phillips continue on this work stream.

**Here is an update from the team.**



## **Community and Culture Change – Mark & Allison**

We are working on an end of programme showcase film to celebrate just some of our achievements with our partnerships across North Wales. The film will be launched early June 2022.

### **Voice and Control Project**

The Voice and Control Project members have been working on a school resource “My Life My Choice”. Branding, design and content have been completed. We have a film being created with our group of citizens sharing their negative experiences from the past to support the theme of stigmas and labels surrounding living with a learning disability. Citizens will be reviewing the content of all sections of the resource and working together to decide how they would like to test and co-deliver training to young people.

Below is an example of the self-care plan workbook coproduced with our citizens for young people;



MySelfCarePersonal  
Plan.pdf

## Evaluation & Monitoring

We are exploring our approaches to evaluation and monitoring for the next 5 years. It is paramount we are clear what the outcomes for people with LD want and how this will reflect the WG outcomes.

## Payments for Citizen Involvement

We have also been finalising payments for Service User involvement and coproduction. We have developed a policy and process that lays out when and how we can pay people with lived experience for their work without impacting on their welfare benefits.



**Technology with Paul & Sioned**



## Learning Disabilities, Mindfulness & Well-Being Project.

Bangor University is working in partnership with the North Wales Together Learning Disabilities Transformation Programme to develop a bespoke Mindfulness and Well-being Toolkit for people with a learning disability, parents, carers and support networks. Dr Ceryl Davies is leading on this project, which will initially focus on developing the toolkit in partnership with two key pilot sites, Gwynedd and Conwy. Training has now extended across the region with third sessions just completed, fourth session due to start.

## Quotes from attendees

*Comment 1: Thank you again for the course, it's been a great reminder of how important it is to be regularly checking in with ourselves.*

***Comment 2:** Just to let you know the feedback from the mindfulness sessions that Ceryl has been running for community support, SW and LD nursing and EIP and all other Disability service is very positive. We are now on week 6 and Ceryl has been very proactive and offered to hold on going sessions in the new year to embed the new tool kit but also allow staff the space to practice the mindfulness practices 3-4 every wed. Thanks for investing in this approach to the service as individual staff, managers and OT we are all gaining a lot from it.*

Comment 3: diolch yn fawr ceryl mae'r cwrs di bod yn brill , ac wedi cael lot fawr allan or cwrs , a just negas bach i ddiolch i chdi xx



The Toolkit (currently draft) has been developed and is out for feedback, we are hoping this will be rolled out in the not too distant future.



## Digital Unite – Easy Read Guides

We came across these useful documents from Digital Unite, a handy collection of easy read guides to get you started with using technology– please take a look and share.

<https://www.digitalunite.com/technology-guides/easy-read-technology-guides>

Please get in touch if you require further information or support:

[paul.mazurek@flintshire.gov.uk](mailto:paul.mazurek@flintshire.gov.uk) or [sioned.williams@flintshire.gov.uk](mailto:sioned.williams@flintshire.gov.uk)



## Employment with Kim & Helen

### Supported Employment Strategy for people with learning disabilities

A paper detailing the 5 high level proposals that will make up a new supported employment service model for learning disability services was presented to the NW Learning Disability Partnership Group in April. This model is firmly underpinned what citizens told us needs to change through the '**Having a Job**' engagement activity we undertook in Oct and Nov 2011.

The proposals were approved in principle by the service managers. Following this Kathryn and I have been speaking to the service managers individually around delivery options. All are backing a regional approach. We have had early discussion with the regional collaboration unit around securing funding from RIF for the model which have been positive. Over the summer we will

be working with the LAs and citizens to develop the model in more detail, including costings and refine the business case for investment working to a deadline of Autumn when decisions about RIF allocation will be made for the following year.

The model is made up of 4 key elements:

1. The LDPG takes a leadership role in identifying funding for a supported employment offer across the region. We are recommending to start small and grow the offer over time. This will include requirements for supported internships (where established) plus an individual offer of specialist job coaching for other young people and adults.
2. Locally or sub-regionally, establish an in-house employability pathway coordinator to facilitate culture change/ raise aspirations; act as one point of contact and coordinate access and progression through a menu of employability options and opportunities.

The second element is to create a role for a Peer Champion/ Ambassador to work alongside the coordinator as a key piece in tackling the current culture of low aspirations and expectations.

3. Local Authorities and Health Board to test new approaches to making it easier for people with learning disabilities to compete for their job vacancies
4. With support from the LD Transformation Programme, Local Authorities to review day, work and job finding services to ensure they align and proactively enhance the progression of people with learning disabilities into paid work.

### **Pooled Fund Pilot**

The pilot has now commenced though it was noted at the last Partnership Management Board (PMB) that the partnership agreement still needs to be signed to enable the budget to be formally pooled. The Pooled Fund Board have had their first

meeting and early signs are very positive that having the partners all around the same table is a productive way of working. We have been working with the PMB with support from the regional research and innovation help to develop a tender brief for the independent evaluation.

### **DWP Local Supported Employment Trailblazer**

DWP announced funding for 20 local authorities to take part in the Local Supported Employment Trailblazer in April 2021 with a deadline of the **26<sup>th</sup> of May** for applications. We along with a number of the LAs attended the information session. Given the above developments with the supported employment strategy the service managers have opted to pursue this as a model for the region. The overall view was that we needed to take more time to develop a model that will work effectively for people with significant learning disabilities and ensure it is underpinned by the values of the Social Services and Wellbeing Act. This does not preclude applying for future funding through DWP depending on next steps after the trailblazer concludes.

However, we are in discussion with DWP Policy Officers around our own supported employment model and issues relating to work and benefits which are a significant barrier due to real and perceived risks that paid work will mean people will lose their benefits and the knock on effect on their care packages.



**Accommodation with Steve  
C's Story : 'Thankyou PBS'**

C has benefitted from the PBS approaches the programme is delivering across the region. We have permission from her family to share her experiences. Here is her story...

C is 20 years old, has a learning disability and generalized anxiety disorder. She has an incredible personality and a great sense of humour, but suffers from extreme anxiety throughout the day. She communicates this through her behaviours. Whilst at school C



would engage with very few activities...swimming, short walks and listening to music. C would always sit away from other pupils.

C left school at 19 and started attending a new service 5 days a week. Soon after, a unique opportunity arose in a small property on a temporary basis.

Staff worked with C to coproduce a transition plan and with involvement from family, education, health and existing support providers wrote a holistic personal plan.

The property was prepared to cater for all C's preferences and needs. Regular meetings were planned which everyone contributed to. This was a very nervous time for all.

We started with activities based on C's likes – listening to the radio, quizzes, daytime chat shows, tearing paper and drive out in the car for a walk. There were some noted increases in behaviours of concern, were we recorded and identified some potential triggers.

We held weekly meetings to discuss the data collected and identified areas to work on. This included some small demand: locking the front door when going out, unclipping one clip on her lunch box, and conversations about current affairs to gain insight into C's preferences and future activities.

***“Allowing her to talk about how she is feeling – the team found this helped her, instead of saying ‘is there anything wrong’ and then telling her ‘not to worry’ but saying ‘what is it about that ...’ and this seemed to help her”***

*“We are now giving her choices and is this too much – a discussion took place by giving her too many choices throughout the day is this too much at this stage and would it be best to start her off with a few choices for the whole day and give instruction for the rest of the day and then build on the choices”*

We carried out a functional assessment to understand what C was communicating through her actions and behaviours. We were then able to understand the settings, events, slow and fast triggers, and in particular what was making her behave in that way.

We were able to build a trusting relationship giving C control of how her day went, and through conversations identified activities she would like to do.

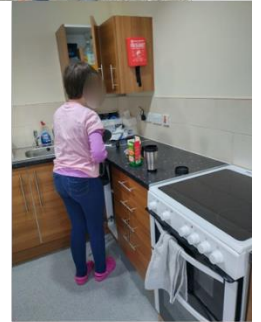
C really enjoys her cookies, and eating cookies is a naturally rewarding activity! Using backward chaining, we set the activity up starting with eating the cookie!



We progressed the activity planning right back to buying all the ingredients for C to make her own.

C's confidence has grown and with this growth, she started identifying activities she would like to do:

- Playing football
- Making pizzas
- Helping staff
- Visiting lots of new places
- Buying her own cakes in the bakery
- Eating lunch in the café
- Swimming in public swimming baths



The next steps for C? She is looking at joining the gym, learning new coping skills – holding up a card to show what she wants, using her own words and using mindfulness to help manage any worries. She is moving to a new building where we'll re visit the functional assessment. Whilst staff undertake their PBS qualifications, we are also delivering a PBS overview training for families.

Seeing the people you work with become so much happier, have positive relationships, become part of society and have fulfilled lives is an incredible feeling and experience





### **Children and Young People with Stephanie.**

We are excited to announce that we have started a brand new children's workstream, as we recognise this is an area we haven't focussed on enough in the past. This workstream will be led by Stephanie, with Sioned supporting in the West, and with communities and technology elements. We are going to spend the first few months speaking to people about what they feel are the priorities for children with learning disabilities in North Wales. We want to speak to professionals and citizens. If you would like to speak to us about this, please get in touch!

Some of our priorities over the next 5 years are going to include:

- Working on implementing some of the recommendations from our Life After School report – including looking at how technology can be better promoted and used to help young people in their transition from secondary school, for example in helping with independence.
- We are going to be involved in Wales-wide post-16 Additional Learning Needs (ALN) meetings on behalf of our social care colleagues in North Wales.
- We are setting up a steering group to look at how the recommendations from the recent Let Me Flourish report by the Care Inspectorate for Wales can be implemented for people with learning disabilities in North Wales. If you would like to find out about this report, you can access the full version and in easy read here:  
<https://careinspectorate.wales/let-me-flourish-national-review-early-help-care-and-support-and-transition-disabled-children-wales>
- The recent open day at Glan Llyn for people with learning disabilities was a huge success, so we are going to support them in holding another open day in the summer – so watch



this space! We also want to explore other respite activities and events for families.

- We will also have links to our accommodation workstream led by Steve, as we will be continuing to work with partners to identify future accommodation need for children and young people with learning disabilities across North Wales.

If you would like to get in contact with us about this new workstream, please contact Stephanie at [Stephanie.hall@flintshire.gov.uk](mailto:Stephanie.hall@flintshire.gov.uk) or on 07500 530429 Monday to Thursday



### Update from Shell – Project Board Co-Chair

### Social Care Accolades.

The project was nominated for a Social Care Wales Accolade and reached the final three.



Neil Ayling asked me to accept the award on behalf of the project if we were successful. Me and Kathryn travelled down to Cardiff the night before and Nicholas Bettis and Mark joined us, Neil and Susie Lunt at the accolades the following day. There was a reception and a band playing at the Royal College of Music and

Drama. The project did not win the award but was a runner up and were given a certificate for being highly commended.

It was a really fun day out and I am very proud of the team for all their work coproducing with citizens and family members.

My thank you speech is on the North Wales Together Facebook page, you can see it here >>

<https://www.facebook.com/100066579949382/videos/354895053264971/>

## **Adfest**

Watch this space. James and I have agreed to represent the team at the ADFEST All Wales People First conference being held at the Deganwy Quays hotel on June 21<sup>st</sup> and 22<sup>nd</sup> 2022. We have prepared a presentation talking about our roles with the North Wales Together programme and advocacy in general. We will have a stall where we will share information about the programme, especially community activities, employment and technology. It is going to be a good conference.

## **And Finally**

If you have any questions about our work please get in touch with Helen our administrator, who will always try to help.

[learning.disability.transformation@flintshire.gov.uk](mailto:learning.disability.transformation@flintshire.gov.uk).

Until next time stay safe and positive!



<b>Teitl adroddiad:</b> <i>Report title:</i>	Reaffirming our commitment to the third sector - Update		
<b>Adrodd i:</b> <i>Report to:</i>	People, Partnerships and Population Health Committee		
<b>Dyddiad y Cyfarfod:</b> <i>Date of Meeting:</i>	Tuesday, 17 January 2023		
<b>Crynodeb Gweithredol:</b> <i>Executive Summary:</i>	<p>The Health Board is undertaking a programme of work to re-affirm its commitment to the third sector, and develop new ways of working that foster stronger partnerships. Through collaboration and co-design, the aim is to achieve sustainability and growth for a sector that plays an ever-increasing role in the delivery of high-quality care and support to the people of North Wales.</p> <p>The purpose of this report is to provide the Committee with an update on the work undertaken to reaffirm our commitment to the third sector, and in particular, provide information on:</p> <ul style="list-style-type: none"> <li>▪ The proposal to implement a robust model for socially responsible procurement across the Health Board</li> <li>▪ The development of a new Volunteering Strategy</li> <li>▪ The development of a new model and approach for commissioning with the third sector, including an outcomes focused approach</li> <li>▪ Work being undertaken to jointly commission with Local Authority partners, and</li> <li>▪ Proposals to enable effective local decision-making regarding third sector commissioning, linked to Accelerated Cluster Development (ACD) programme</li> </ul>		
<b>Argymhellion:</b> <i>Recommendations:</i>	<p><i>The Committee is asked to:</i></p> <p><i>Note</i></p> <ul style="list-style-type: none"> <li>• Note the timescales set out within the report in relation to the development of a Volunteering Strategy</li> <li>• Approve the decision to implement Socially Responsible Public Procurement (SRPP) / Social Value within its commissioning and procurement practices</li> </ul>		
<b>Arweinydd Gweithredol:</b> <i>Executive Lead:</i>	Helen Stevens-Jones, Director of Partnerships, Communications and Engagement		
<b>Awdur yr Adroddiad:</b> <i>Report Author:</i>	Jo Flannery, Acting Associate Director Primary Care (Strategy)		
<b>Pwrpas yr adroddiad:</b> <i>Purpose of report:</i>	I'w Nodi <i>For Noting</i> <input type="checkbox"/>	I Benderfynu arno <i>For Decision</i> <input type="checkbox"/>	Am sicrwydd <i>For Assurance</i> <input checked="" type="checkbox"/>

<b>Lefel sicrwydd:</b>  <b>Assurance level:</b>	<b>Arwyddocaol</b> <b>Significant</b> <input type="checkbox"/> Lefel uchel o hyder/tystiolaeth o ran darparu'r mecanweithiau / amcanion presennol  <i>High level of confidence/evidence in delivery of existing mechanisms/objectives</i>	<b>Derbyniol</b> <b>Acceptable</b> <input checked="" type="checkbox"/> Lefel gyffredinol o hyder/tystiolaeth o ran darparu'r mecanweithiau / amcanion presennol  <i>General confidence / evidence in delivery of existing mechanisms / objectives</i>	<b>Rhannol</b> <b>Partial</b> <input type="checkbox"/> Rhywfaint o hyder/tystiolaeth o ran darparu'r mecanweithiau / amcanion presennol  <i>Some confidence / evidence in delivery of existing mechanisms / objectives</i>	<b>Dim Sicrwydd</b> <b>No Assurance</b> <input type="checkbox"/> Dim hyder/tystiolaeth o ran y ddarpariaeth  <i>No confidence / evidence in delivery</i>
<p><b>Cyfiawnhad dros y gyfradd sicrwydd uchod. Lle bo sicrwydd 'Rhannol' neu 'Dim Sicrwydd' wedi'i nodi uchod, nodwch gamau i gyflawni sicrwydd 'Derbyniol' uchod, a'r terfyn amser ar gyfer cyflawni hyn:</b></p> <p><b><i>Justification for the above assurance rating. Where 'Partial' or 'No' assurance has been indicated above, please indicate steps to achieve 'Acceptable' assurance or above, and the timeframe for achieving this:</i></b></p>				
<p><b>Cyswllt ag Amcan/Amcanion Strategol:</b></p> <p><b><i>Link to Strategic Objective(s):</i></b></p>		<p>The work detailed within this report supports the delivery of the Health Board's key strategic plans, including:</p> <ul style="list-style-type: none"> <li>The Programme's focus on prevention and population health supports the achievement of <i>Living Healthier, Staying Well</i>, and in particular the commitments to improve the physical, emotional and mental health and well-being of all, and to work in partnership to support individuals, families, informal carers, and communities, to achieve their own well-being.</li> <li>The Programme's focus on responding to the needs of communities, and developing mechanisms for ensuring that the voice of the third sector is given prominence is aligned to the Health Board's new operating model and people strategy, <i>Stronger Together</i>, as well as the Strategic Programme for Primary Care's <i>Accelerated Cluster Development</i> programme. The proposed model seeks to ensure services and initiatives are commissioned according to locally determined need, and that funding is provided in order to deliver what matters to communities and populations.</li> </ul>		
<p><b>Goblygiadau rheoleiddio a lleol:</b></p> <p><b><i>Regulatory and legal implications:</i></b></p>		<p>Any future commissioning activity will be undertaken in accordance with current procurement legislation and guidance. Regular reports will be prepared for the Board in order to provide information and assurances over the impact of future commissioning decisions on third sector providers.</p>		



<p><b>Yn unol â WP7, a oedd EqlA yn angenrheidiol ac a gafodd ei gynnal?</b></p> <p><i>In accordance with WP7 has an EqlA been identified as necessary and undertaken?</i></p>	<p>Formal Impact Assessment has not currently been undertaken, however due consideration has been given to Equality and Human Rights issues and impact assessment will be undertaken on specific proposals for change and development in support of the work</p>
<p><b>Yn unol â WP68, a oedd SEIA yn angenrheidiol ac a gafodd ei gynnal?</b></p> <p><i>In accordance with WP68, has an SEIA identified as necessary been undertaken?</i></p>	<p>Socio-economic duty: central to our new model of commissioning with the third sector is the requirement of Health Communities / Pan-Cluster Planning Groups to demonstrate they have taken into account and responded to the needs of their local communities, including social, economic, cultural and environmental well-being</p>
<p><b>Manylion am risgiau sy'n gysylltiedig â phwnc a chwmpas y papur hwn, gan gynnwys risgiau newydd (croesgyfeirio at y BAF a'r CRR)</b></p> <p><i>Details of risks associated with the subject and scope of this paper, including new risks( cross reference to the BAF and CRR)</i></p>	<ul style="list-style-type: none"> <li>▪ There is a risk that not all providers are engaged with as part of this programme. Mitigating actions currently in place include active engagement and support from the Health Board's Communications team, and CVC Health and Well-being facilitators.</li> <li>▪ There is a risk that providers may raise objection in the event that their current service(s) is decommissioned. Mitigating actions currently in place include regular engagement and consultation with providers, including face-to-face meetings with any providers likely to be impacted by changes to commissioning practices</li> <li>▪ Current funding agreements have been extended for a further 12 months, whilst we work through and agree our new approach, and review existing funding agreements. There is a risk that this work will not be completed within this timeframe due to capacity within the contracts team. Mitigating actions currently in place include ongoing capacity monitoring by the Head of Healthcare Contracts.</li> </ul>
<p><b>Goblygiadau ariannol o ganlyniad i roi'r argymhellion ar waith</b></p> <p><i>Financial implications as a result of implementing the recommendations</i></p>	<p>Work is being undertaken within existing resources, and does not require additional expenditure, at this stage. However, future consideration will need to be given as to whether there are sufficient resources within the corporate contracts team, and within Third Sector commissioning, for example, to sustain robust annual monitoring of contracts and funding agreements.</p>



	The Third Sector is well placed at community level to support a range of preventative health support, which over time could reduce the demand at the front door of health services. Additional financial resources could be sought in the future as this work is developed.
<b>Goblygiadau gweithlu o ganlyniad i roi'r argymhellion ar waith</b>  <b><i>Workforce implications as a result of implementing the recommendations</i></b>	No specific implications identified arising from this developmental work, with the exception of consideration of contracting and commissioning capacity as above.
<b>Adborth, ymateb a chrynodeb dilynol ar ôl ymgynghori</b>  <b><i>Feedback, response, and follow up summary following consultation</i></b>	The work has been based on involvement and co-design both with the sector and with individuals, and the carers' outcomes framework summary report (attached) identifies feedback from carers which has shaped the outcomes approach.
<b>Cysylltiadau â risgiau BAF:</b> (neu gysylltiadau â'r Gofrestr Risg Gorfforaethol)  <b><i>Links to BAF risks:</i></b> (or links to the Corporate Risk Register)	Not applicable
<b>Rheswm dros gyflwyno adroddiad i fwrdd cyfrinachol (lle bo'n berthnasol)</b>  <b><i>Reason for submission of report to confidential board (where relevant)</i></b>	Amherthnasol  Not applicable
<b>Camau Nesaf:</b> <b>Gweithredu argymhellion</b>  <b><i>Next Steps:</i></b> <b><i>Implementation of recommendations</i></b>  The work described within this report will continue to be driven forward by the Reaffirming Our Commitment to the Third Sector Steering Group	
<b>Rhestr o Atodiadau:</b> Dim  <b><i>List of Appendices:</i></b>  <i>Appendix 1: Socially responsible procurement discussion document</i>  <i>Appendix 2: Development of standard definitions of key terms (core, project and commissioned)</i>  <i>Appendix 3: Carers outcomes framework</i>  <i>Appendix 4a: DRAFT Provider Monitoring &amp; Evaluation Plan</i>  <i>Appendix 4b: DRAFT Quality Improvement Monitoring Tool</i>	



## PPPH COMMITTEE MEETING IN PUBLIC

17 JANUARY 2023

## REAFFIRMING OUR COMMITMENT TO THE THIRD SECTOR – UPDATE

### 1. Introduction / Background

The Health Board is undertaking a programme of work to re-affirm its commitment to the Third Sector, and develop new ways of working that foster stronger partnerships. Through collaboration and co-design, the aim is to achieve sustainability and growth for a sector that plays an ever-increasing role in the delivery of high-quality care and support to the people of North Wales. This report provides an update on the work undertaken to date, including commissioning and procurement, socially responsible procurement, and our Volunteering Strategy.

The information contained within this report has been developed by, and shared with, the multi-agency *'Reaffirming Our Commitment to the Third Sector'* Programme Board.

### 2. Body of the Report

#### 2.1. Summary of Commitments

Our work to re-affirm our commitment to the Third Sector includes eight aims, or intentions:

- To ensure the Third Sector are full partners in Health Board service re-design
- **To maximize the potential of, and support to those who give their time**
- To make best use of charitable support
- **To capitalise on the 'corporate social responsibility' clause within public contracts**
- **To co-design a model for Third Sector commissioning**
- **To commission for outcomes**
- To review existing contracts
- **To align commissioning across health and social care**
- **To make commissioning work locally**

The information within the main body of this report outlines the work undertaken against those key aims and intentions highlighted above in bold, as this programme develops.

#### 2.2. Maximizing the potential of, and support to those who give their time

Volunteering is well known to enhance people's well-being, and adds value for patients, staff and volunteers, as well as providing financial benefits for organisations too. Consequently, many Health Boards are expanding their volunteering programmes in order to help meet their strategic aims.

The Welsh Government is committed to improving access to volunteering, encouraging more effective involvement of volunteers, and raising the status of volunteering. BCUHB plans to deliver on this commitment through developing a new Volunteering Strategy. This Strategy is aligned with and will respond to the recent King's Fund report *'How Can a Strategic Approach*



to *Volunteering in NHS Trusts Add Value?* (2022) as well as the Bevan Commission Report *'The Values and Value of Volunteering – Our Hidden Asset'* (2022).

Volunteering should not be perceived as a welcome 'added extra'; it should be viewed as an integral contribution to the delivery of health care in North Wales. Good support and supervision are essential to ensuring volunteers and staff can get the most out of volunteering programmes. Senior Strategic support also plays a key role in the sustainability of volunteering intervention. In order for volunteers and volunteering to thrive, the right governance, resource and process needs to be in place.

BCUHB has its own volunteering schemes and it works in partnership with a range of voluntary organisations. Whilst the breadth of volunteering activity is vast, the types of volunteering we see across BCUHB can be grouped as follows:

- The Robins and the Public Volunteers, BCUHB's volunteering schemes that have a robust governance framework for volunteer recruitment and deployment for specific duties in approved locations and services. These volunteers are overseen by BCUHB's Workforce and Organisational Development Division.
- Additional BCUHB volunteering initiatives e.g. ICAN Volunteers managed by Mental Health Services and Audiology volunteering programmes. These volunteers are overseen by different BCUHB healthcare services across the region.
- Awyr Las, Leagues of Friends and other charitable groups that support with fundraising, catering and retail provision on BCUHB premises. These volunteers are supported by the Charitable Funds & Charitable Partnerships Team in BCUHB's Partnerships, Communications and Engagement Directorate.
- Community Voluntary Councils and other local Third Sector groups that are dedicated to supporting and providing health and social care in the community. These relationships are managed by multiple internal stakeholders within BCUHB.
- British Red Cross, Alzheimer's Society and other national charities that are commissioned to provide specific patient support programmes using their own volunteer base. These relationships are managed by multiple internal stakeholders within BCUHB.

There is also a range of unexplored volunteering opportunities across BCUHB services.

Building on what has been learnt both through the development of the Robins scheme over the past decade and during the pandemic, as well as from initiatives across the country, BCUHB is in a good position to create a high-quality flexible, inclusive volunteering service or services which complement, not supplement, the BCUHB workforce. However, a clear strategy and operational plan is required to lay out and deliver BCUHB's vision for volunteering and its short and long-term aims and objectives

### *2.2.1. Our proposal*

Delivered through the 'Reaffirming Our Commitment to the Third Sector' Steering Group, the intention is to develop a Health Board wide Volunteering and Volunteer Support Strategy for 2023-28. To support this work an objective scoping exercise will be carried out from February to May 2023 in order to provide clarity on the current position of volunteering within BCUHB and to help inform our strategy and operational plan moving forward.

The aim of this scoping exercise is to offer the following outcomes:

- A good understanding of the current volunteering offer within BCUHB and the needs that could be met by BCUHB's volunteering service(s) in the future
- Confirmation of the necessary management structure, support models, policies and processes, systems and resources required to execute a high-quality volunteering service(s)
- Clarity on BCUHB's scale of ambition for its volunteering service(s), its vision, aims and objectives for volunteering, and how partner organisations' own volunteering plans fit with this

In order to ensure objectivity and to meet the agreed timescales for the work, the scoping exercise will be carried out by an externally commissioned provider, and is being funded by an NHS Charities Together Development grant.

The key output of the scoping exercise will be a report which identifies opportunities, and presents prioritised options, to a) develop and expand volunteering in BCUHB services b) enhance and improve support for voluntary partners c) offer guidance and advice to BCUHB staff who wish to volunteer. The report is expected to contain:

- A volunteering benchmarking project against other NHS bodies
- An assessment of current governance arrangements
- A framework and key performance indicators (KPIs) for the development of a BCUHB Volunteering and Volunteer Support Strategy
- Advice on budgetary, sustainability and equality and diversity planning
- Recommendations and an action plan, which includes suggested key milestones, to embed best practice, develop an organisational culture that embraces volunteering, and enhance existing volunteer services and support for voluntary partnerships.

The 'Reaffirming Our Commitment to the Third Sector' Steering Group is overseeing the delivery of the Volunteering Scoping project. Committee members are asked to note the following project timescales:

Phase	Timetable	Responsibility
Independent review brief approval	June – November 2022	Steering Group
Tender process	December - January 2023	Steering Group
Scoping Project	February – May 2023	Steering Group
Draft strategy & operational plan review	June - September 2023	Steering Group
Volunteering Strategy approval	October 2023	BCUHB Board

### 2.3. Capitalising on the 'corporate social responsibility' clause within public contracts

In addition to the way we commission services from the Third Sector, there are opportunities for the Health Board to add value to its commissioning arrangements with commercial suppliers and contracts. The contracts we have with such companies present a significant

opportunity to build and maintain socially responsible procurement, including embedding 'corporate social responsibility' clauses within our contracts with commercial suppliers.

Socially Responsible Public Procurement (SRPP) is about achieving positive social outcomes in public contracts. As such, it represents a set of social considerations in public contracts to achieve positive social outcomes. SRPP is determined by the Public Sector, aims to address the impact on society of the goods, works, and services it purchases. By purchasing wisely, the Health Board can promote employment opportunities, decent work, social inclusion, accessibility, design for all, ethical trade, and seek to achieve wider compliance with social standards.

The 2014 Public Procurement Directives made it clear that social aspects can be taken into account throughout the procurement cycle, from preliminary market consultation, with reservations and the light-touch regime, and social award criteria and contract performance conditions. As a public buyer, it is important that we take advantage of these opportunities and demonstrate real social impact in our purchasing.

Social Value and Socially Responsible Public Procurement has been implemented within Local Authority commissioning arrangements for some time. However, as a procurement practice, it is relatively new to Health Boards. It is likely to be something that increasingly comes into focus, as Welsh Government mature in their thinking on this matter.

The discussion document attached at **Appendix 1** (Socially Responsible Procurement Discussion Document) provides further details of how the implementation of SRPP might look within the Health Board.

The work will be reviewed further with colleagues in the steering group and the corporate contracting team for confirmation, the next steps will be to develop a clear implementation plan, including wider socialisation of the proposal amongst Health Board teams and wider partners.

## 2.4. Co-designing a model for Third Sector commissioning

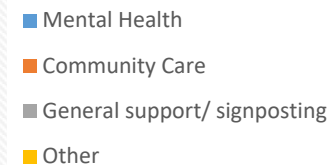
The bulk of the work undertaken to date relates to the development of a co-designed model and approach for Third Sector commissioning.

### 2.4.1. Funding and contracting arrangements

The Third Sector represents an important part of the healthcare landscape. As a Health Board, we provide funding to a wide variety of services from Third Sector providers, to the value of nearly £10m per annum. Additional funding is provided to the Third Sector via Welsh Government Grants, including the Regional Investment Fund (RIF), Cluster Funding, Service Improvement Funding, and the Primary Care Investment Fund.

Apart from funding to hospices, funding is provided to the Third Sector for the delivery of 87 services across mental health and community care. The services listed within the Contracts Register can be categorised as belonging to one of four care types – mental health, community care, general support / signposting, and ‘other’. The majority (53%) of Third Sector funding agreements are for mental health services.

### Agreements by care type



- **Contract type:** The Health Board provides funding to the Third Sector via a number of different routes. Approximately 2/3 of funding agreements are ‘commissioned services’, and are therefore awarded via a formal procurement exercise. The remaining 1/3 of the Health Board’s Third Sector agreements take the form of ‘Grant Funding Agreements’ (GFAs). Grant Funding Agreements are where a commissioner makes a partial contribution to a Third Sector provider’s costs in running a service. GFAs are also known as ‘core funding agreements’, and can be used to contribute towards basic ‘core’ organisational and administrative costs, including salaries and non-project staff, rent, equipment, utilities and communications. However, it is sometimes unclear whether the GFAs issued by the Health Board are made as a contribution to the running costs of an organisation, or whether they have been awarded to cover full or partial costs of a project, outside of a formal procurement process. In these instances, GFAs are issued on a rolling 1-year basis, subject to (discretionary) inflationary uplift.
- **Contract status:** The majority (94%) of GFAs were out of contract as of the end of March 2022; of which 44% were already out of contract by at least 6 months. Of the 56 services commissioned via competitive tender, the majority were out of contract as of 31<sup>st</sup> March 2022 (7 services had been out of contract for over 12 months; 5 were out of contract since 2019; and one had been out of contract since 2017).

It is important that the Health Board acts quickly in order to resolve the situation with regards the number of funding agreements that are out of contract. In addition, work is required to unpick whether all Grant Funding Agreements do in fact represent GFAs, or whether they should ideally have been awarded as service contracts. This is because, in some instances, funding appears to be ‘purchasing a service; rather than being given to support an organisation to operate.

#### 2.4.2. Provider engagement

In addition to the work undertaken to map existing Health Board funding arrangements, we sought to engage with providers to understand their views on what good Third Sector procurement looks like, their experiences of being commissioned by the Health Board, and their suggestions for what improvements could be made to support the development of a strong and resilient sector. Whilst a number of providers reported positive relationships with BCUHB commissioners, providers spoke at length about some of the key challenges with the Health Board’s current commissioning approach:

- Short-term funding:** Providers spoke about how the Health Board's programme of 1-year rolling contracts meant that they were unable to plan more than 12 months ahead. They spoke about how such funding arrangements meant they were unable to retain skilled and valuable staff members, who needed the security of longer-term employment. Providers also spoke of the impact of short-term funding on the people they support, especially vulnerable groups and/ or people with mental ill-health, who often took time to engage, and often only did so just as project funding was coming to an end. Providers also spoke of the need to improve processes for allocating year-end slippage monies to ensure equity of access, as well as allow maximum benefit to be achieved.
- Innovation:** Providers discussed how they felt that current commissioning approaches did little to encourage innovation, especially from the bottom-up. It was felt that opportunities should be created to allow providers to 'pitch' ideas, as well as to pilot projects using short-term funding that could then be formally commissioned dependent upon successful evaluation.
- Inequity:** Providers felt that the way the Health Board and other Public Sector organisations commission services tended to favour larger organisations, who had the infrastructure and the skills needed to complete complex tender applications. Smaller providers therefore felt excluded from the procurement process. Others talked about not knowing how to bid for tenders, or even where to find out the Health Board's commissioning intentions. Opportunities were. Providers therefore called for greater openness and transparency in the procurement process.

It is important that the Health Board reviews how funding is provided to the Third Sector, as well as its wider commissioning and procurement practices in order to ensure that the sector is able to deliver longer-term sustainable change. As the Health Board moves towards the provision of place-based care and support, it will be important that commissioning practices enable providers of different sizes to compete on an equal footing; attention will therefore need to be given to how our procurement can be opened up and simplified so as not to disqualify smaller providers. Finally, consideration should be given to ensuring that any new commissioning approach is open and transparent, and allows Third Sector providers to innovate as well as draw upon their experience of working with citizens, to determine priorities for commissioning.

#### *2.4.3. Proposed new model*

In order to address the issues outlined above, and to enable the Third Sector to achieve greater sustainability it is important that the Health Board reviews its commissioning model, and that this model is co-designed with providers as part of the re-affirming our commitment to working together as collaborators in care. Reflecting the concerns raised by providers, our new commissioning model will need to:

- Be equitable, and provide space for Third Sector organisations (TSOs) of all sizes to 'compete' on an equal footing
- Allow for innovation to be built from the ground up, whether that be in the form of grants or commissioned services
- Balance the benefits of economies of scale that come from regional contracts with the requirement to respond to local priorities and need
- Enable flexibility and allow providers to respond to changes in situations
- Be underpinned by an asset-based approach, and represent good social value

Before moving on to describe the proposed model, it is important to highlight a number of givens, which underpin it:

- Opportunities for joint commissioning with Local Authorities will be identified wherever possible
- Future decision-making will sit within Integrated Health Communities / Pan-Cluster Planning groups, and will respond to local population need
- All funding agreements will be outcomes focused
- There will be mechanisms in place to enable providers to use the funding flexibly in response to changing needs
- Funding for (core) grant funding agreements and commissioned services will be provided on a 3+2 year basis. Some restricted grant / project funding will be provided for 1-year in order to support a small test of change. Robust exit clauses within contracts will help mitigate risk
- Robust regular monitoring will be put in place to measure the impact for people of north Wales. Consideration will need to be given to whether there are currently sufficient resources to enable this to happen
- Decisions over which services to commission / organisations to provide core funding to will sit within the Integrated Health Communities and where appropriate delegated to Clusters in order to support commissioning at place

The current financial position may slow the pace of change and implementation of revised models; however the development of improved governance arrangements and clarity over objectives and outcomes (see below) will support greater efficiency and effectiveness in the utilisation of our resources. The models are currently being finalised and will be tested on a pilot basis before a wider implementation is agreed.















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## Proposed model overview

Approach		Required Actions
	A portfolio approach is adopted, allowing funding to be allocated according to an agreed set of criteria for 'core', 'project' and 'commissioned' activity	<ul style="list-style-type: none"><li>▪ Development of standard definitions of key terms (core, project and commissioned) (<b>Appendix 2</b>)</li><li>▪ Clear processes and guidance to support decision-making around when something constitutes core funding, a project grant, or a commissioned service</li><li>▪ Development of assessment process and clear documentation</li><li>▪ Agreement over priorities for investing core funding and/ or development of a bidding process</li><li>▪ Develop process for annual/bi-annual market engagement linked to IMTP planning cycle</li><li>▪ Scope opportunities for providers to bid for tenders outside of Sell2Wales / Bravo Solutions</li></ul>
	The use of consortia and / or alliance contracts is promoted for commissioned services, and in particular those operating across the Health Board footprint, to better enable smaller providers to access larger contracts, and to support local delivery	
	The growth in the use of unrestricted grants / core funding to smaller organisations to support sustainability and enable TSOs to bid for additional funding	
	Clear and more transparent commissioning and procurement practices, which ensure active market engagement, and proportionate means by which to apply for funding	
	Restricted grants / project funding used to support bottom-up innovation and 'small tests of change', with clear processes to enable transition to longer-term funding. Annual 'bidding processes' to be aligned with the IMTP planning cycle	
	The development of 'Third Sector Grant Fund' to manage the allocation of unrestricted and project grants and receive ideas from the third sector in response of population need	<ul style="list-style-type: none"><li>▪ Mechanisms to allow TSOs to 'pitch ideas', linked to Integrated Health Communities/ Clusters and the IMTP</li><li>▪ Development of process to evaluate impact and identify ongoing funding</li><li>▪ Further engagement with providers to understand and map the level of core funding that would support sustainability</li></ul>
The review and re-commissioning of existing Third Sector funding agreements aligned to this new approach will mean:		
	Applying the agreed definitions to existing contracts	
	Assessing whether individual funding agreements fit within the agreed outcomes framework and/ or a duplication of other services	
	Decommissioning / ceasing any arrangements that are not consistent with the agreed outcomes frameworks	
	Transferring continuing funding agreements over a new outcomes-focused agreement/ re-tendering (depending on award date)	





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Releasing funding to enable the development of a 'Third Sector grant fund' to be delegated to Integrated Health Communities/ Pan-Cluster Planning Groups

## 2.5. Commissioning for outcomes

### 2.5.1. Developing outcomes frameworks

Work to develop an outcomes-focused commissioning approach has commenced. Using Carers services as a small test of change, work has been undertaken to co-design an Outcomes Framework for carers services, which will underpin the review of existing Third Sector carers contracts, as well as help inform future commissioning of carers services (see **Appendix 3** for Carers Outcomes Framework). Consistent with the 'pathways' approach set out in the Clinical Services Strategy and the methodology being developed by the Transformation and Innovation team, the framework takes a pathways approach to ensure a holistic approach is achieved, and spans the entirety of people's journey into and out of caring. Our next steps are to map existing contracts against this outcomes framework, including those funded via Local Authorities, in order to identify areas of duplication, as well as any gaps. Once complete, work to review individual funding agreements in terms of activity and performance, will commence. Recommendations for how services should be commissioned moving forward will then be taken to the steering group for approval.

### 2.5.2. Outcomes-focused quality monitoring

In addition to the work described above, which seeks to ensure the way we commission is outcomes focused, and delivers what matters to the people of North Wales, it is equally important that the way we monitor funding agreements with the Third Sector allow us to evidence whether or not outcomes are being achieved, and whether the services commissioned have the desired impact. It is recognised that this can often be a balance between a requirement for tangible activity and performance data, and softer evidence of impact. A number of Quality Improvement tools have been drafted, which is agreed, will help to provide the appropriate assurances to commissioners and allow the purposeful monitoring of outcomes.

Appendix 4a	Provider Monitoring & Evaluation Plan	Completed post contract award, jointly between commissioner and provider(s) to describe what evidence will routinely be collected to support ongoing monitoring and review
Appendix 4b	Quality Improvement Monitoring Tool	Completed by the provider(s) at agreed intervals in order to report against agreed outcomes

## 2.6. Aligning commissioning across health and social care

Central to the programme of work is that greater efforts are made to ensure a joined up approach to commissioning Third Sector services across health and social care. To that end, the Steering Group that oversees this work is comprised of key officers from across the Health Board, Local Authorities and CVCs. In addition, individual task and finish groups have also sought representation from partners, particularly when developing outcomes frameworks, and mapping services/ contracts against the Outcomes Frameworks. The intention here is to develop Outcomes Frameworks that are organisationally agnostic, but reflect what matters to individuals. This approach then allows us to commission as a 'system', and thereby maximize our collective resources. The ambition is to use this approach to increase the joint commissioning of Third Sector services across health and social care.

Work has commenced in order to begin the process of working with a number of Local Authority colleagues in order to jointly understand our commissioning needs relating to advocacy provision. A Joint Provider workshop was held in September 2022, which sought to engage Third Sector advocacy providers and better understand current service issues and gaps in provision, with a view to developing new jointly commissioned advocacy services in Conwy and Denbighshire.

## 2.7. Making commissioning work locally

The Health Board's new operating model and people strategy - *Stronger Together* – describes our intention to better organise ourselves around the needs of our communities; ensuring a local focus is maintained throughout. Building on the assets available within our communities will be key to achieving this vision.

In support of this new way of working, and building on the lessons learnt through the Community Services Transformation Programme, partners are working to implement the National Programme for Primary Care's model for Accelerated Cluster Development (ACD). Central to this programme of work will be greater integrated commissioning at 'place', in response to the specific needs of local people and communities.

The implementation of ACD provides an ideal opportunity to begin to shift decision-making about what services to commission nearer to communities. The intention of the Reaffirming Our Commitment to the Third Sector steering group is to explore the possibility to delegating all, or part of the Health Board's Third Sector budget to Pan-Cluster Planning Groups and/ or Clusters. In particular, we are keen to explore the development of a 'Third Sector grant' that can be held at Cluster level to support short-term innovation and change.

## 3. Goblygiadau Cyllidebol / Ariannol / Budgetary / Financial Implications

There are no immediate budgetary implications associated with this paper. Resources for maintaining compliance oversight are overseen within the Planning Team, the Contracts Team and Awyr Las.

## 4. Rheoli Risg / Risk Management

There are no risks on Datix linked to this area

## 5. Goblygiadau Cydraddoldeb ac Amrywiaeth / Equality and Diversity Implications

Following confirmation of the approach and piloting in a small number of areas, a more formal impact assessment will be undertaken before the approach is confirmed through Executive Team and presented to the Committee for ratification.



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# Socially Responsible Procurement

## Discussion Document



# Introduction

Betsi Cadwaladr University Health Board is the largest Health Board in Wales and is responsible for the delivery of a wide range of statutory and discretionary public services. The Health Board delivers its services directly through its own workforce and through private and third sector organisations, procuring a diverse range of goods, services and works from suppliers, service providers and contractors.

The Health Board has a responsibility to manage public money with probity, to ensure that the value for money is achieved and to manage it in such a way that wider Health Board objectives can be supported. The Health Board is keen to increase its focus on the delivery of social, economic, environmental and cultural well-being through the way in which it manages its procurement activity. This discussion document places a particular focus on three key Welsh Government initiatives:

- **Community Benefits** – drives the creation of employment and training opportunities including apprenticeships, support for small and medium sized enterprises and delivery of community, educational and environmental initiatives.
- **Code of Practice Ethical Employment in Supply Chains** – focuses in ensuring a high standard of ethical employment practices by our suppliers, service providers and contractors.
- **Opening Doors**: the Charter for SME Friendly Procurement: seeks to create a fair and open environment in which we can all do business together and address issues of particular concern to SMEs.

This Socially Responsible Position Statement aims to provide an overarching framework for the delivery of these initiatives, the wider associated legislative and policy driven requirements and importantly delivery of the Health Board's own commitments as set out in the "Reaffirming Our Commitment to the Third Sector" position statement. This will ensure that the Health Board maximises social, economic, environmental and cultural well-being through its procurement activity.



# Welsh Policy Drivers

## The Well-being of Future Generations (Wales) Act 2015

Which came into force on 1 April 2016, focuses on improving social, economic, environmental and cultural well-being of Wales, The aim of Act is to help create a Wales that we all want to live in, now and in the future. The Act recognises the important role procurement can play.



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*“The role of procurement will be an important part of how a public body allocates resources under the Act. It is expected that public bodies comply with their existing legal obligations in relation to procurement and that they also apply the Wales Procurement Policy Statement which adopts the Sustainable Procurement Task Force’s definition of sustainable procurement. This sets out the procurement practices and the specific actions expected of every public sector organisation in Wales.”*

## The Social Services and Well-being (Wales) Act 2014

Introduces a duty of local authorities and local health boards to promote the development (in their area) of not for profit organisations to provide care and support for carers, and preventative services. These models include services across the range that make up the third sector – social enterprises, co-operatives, co-operative arrangements, and user-led services.



The “Reaffirming Our Commitment to the Third Sector” Steering Group is a pan-North Wales partnership programme aimed at bringing partners together to develop a shared understanding and common agenda for working collaboratively with the third sector. The aim of the Board is to encourage a flourishing and sustainable third sector to develop, and includes work to move the social value agenda forward.

## The Wales Procurement Policy Statement (WPPS)

Established a number of key principles by which the Welsh Government expects public procurement to be managed across Wales. This includes a number of principles that directly support the delivery of the Well-being of Future Generations Act, namely:

- Social, economic and environmental impact
- Community benefits
- Open and accessible competition
- Simplified standard processes across the public sector
- Policy development and implementation

## Welsh Government Initiatives

Community Benefits - Delivering maximum value for the Welsh pound

Code of Practice – Ethical employment in supply chain

Opening Doors – The Charter for SME Friendly Procurement



## What are Community Benefits?

The Welsh Government Community Benefits Guidance 'Delivering Maximum Value for the Welsh Pound' provides an overview of the Community Benefits that the public sector should be looking to deliver. The Guidance sets out six broad categories of Community benefits, which are shown in the diagram.

In line with the Wales Procurement Policy Statement the Health Board will aim to apply Community Benefits clauses to all appropriate procurements which such benefits can be realised and applies the Measurement Tool to all such contracts over £1million to capture and report the outcomes.



The Health Board will continue to utilise Community Benefit Clauses in all contracts over £1million and look to utilise them in contracts below this threshold. It will be the role of the Corporate Commissioning function/ team to consider on a contract-by-contract basis the potential for community benefits to be delivered through the procurement process and the most appropriate way of achieving this.

This Discussion Document seeks to deliver Community Benefits across all appropriate Health Board contracts. This will require a step change in how the Health Board procures services, enabling the inclusion of Community Benefits clauses within its tendering process.

## What is Opening Doors Charter?

### Opening Doors: the Charter for SME Friendly Procurement

Has been produced through Value Wales. This Charter is part of a programme of actions to deliver a consistent approach to procurement across the public sector in Wales while at the same time addressing issues of particular concern to SMEs. Betsi Cadwaladr University Health Board will actively encourage its main suppliers to provide opportunities for SMEs to deliver elements of appropriate contracts. It will also encourage its main suppliers and SMEs to embrace an ethos of sustainable development within their organisations.

With regards commissioning with the Third Sector, the Health Board is committed to working in such a ways as to enable small and medium size Third sector local community organisations to compete for contracts on an even footing with larger national Third Sector organisations. In doing so, the Health Board will consider how it advertises procurement opportunities, the platforms it uses to received tender applications, encouraging contractors to submit consortia or collaborative bids for health Board work, and participating in regular 'meet the buyer' events.





# Priorities and Delivery

This Discussion Document aims to describe how as a Health Board, we will seek to ensure a joined-up and consistent approach to the development and implementation of ‘Socially Responsible Procurement’ that encapsulates Wales-wide policy drivers. To aid this, a number of priorities have been identified:

Promoting the Well-being of Young People and Vulnerable Adults

Local Training and Employment

Think North Wales First

Partners in Communities

These priorities will be delivered through a series of co-ordinated activities, which seek to embed Socially Responsible Procurement in our contracting arrangements.

- Consult on our ambition for Socially Responsible Procurement with relevant Health Board teams, external partners and stakeholders; seeking Executive Team approval to proceed
- Oversee implementation of the project through the ‘Reaffirming Our Commitment to the Third Sector’ Steering group.
- Develop and maintain a Social Responsibility Toolkit to support both suppliers and buyers to maximise the delivery of social value
- Publicise and raise awareness of the Health Board’s social responsibility objectives to ensure that suppliers and contractors are clear about what we want them to deliver

- Develop and implement a Socially Responsible Procurement Delivery Plan for inclusion in tender documents so that suppliers, providers and contractors can set out how they will support implementation of the policy
- Manage delivery of community benefits through effective contract management arrangements and ensure that contractors utilise the Welsh Government Measurement Tool to measure delivery on appropriate contracts over £1million

## Governance and Management

The “Reaffirming Our Commitment to the Third Sector” Steering Group will oversee the implementation of Socially Responsible Procurement across Health Board contracts. The Steering Group includes IM Board Members, Directors and senior managers from across the Health Board, as well as senior managers from social care and the third sector CVCs. The Steering Group meets on a bimonthly basis.

## Reporting and Monitoring

Successful contractors and suppliers will be required to provide regular monitoring information outlining Community Benefits delivery progress. The Contract manager will be responsible for ensuring the supplier/contractor is meeting their Community benefit obligations and providing information to Commissioners on a regular basis. Commissioning Leads will be responsible for reviewing the Community Benefit information and submitting regular reports into the Reaffirming Our Commitment Steering Group, as well as the Health Board’s PPPH Committee.



# Priorities and Delivery

## Promoting the Well-being of Young People and Vulnerable Adults

We want:  
To develop a range of community-led and community-based assets, which support people to be healthy and well

We will:

- Help make communities places where all citizens, including the most vulnerable, feel safe and included
- Ensure contractors work with local communities and local community groups to deliver what matters to local people
- Establish clear links between contractors and Pan-Cluster Planning Groups in order to ensure strategic alignment
- Develop a series of local 'shopping lists' to assist contracts in fulfilling their Social Responsibility duties
- Encourage contractors to promote and sponsor opportunities for vulnerable children and adults who are in need of care and support, or whom have a life-limiting illness. i.e., events for carers

## Local Training and Employment

We want:  
To create inclusive employment and training opportunities for local people in order to reduce unemployment and raise the skills level of our local workforce, especially in target groups such as long-term unemployed

We will:

- Require bidders for contracts worth over £1m to make a commitment to provide employment and training opportunities
- Encourage our contractors to create more opportunities for apprenticeships, work placements and jobs
- Work in partnership with employers, training providers and employment services to promote and co-ordinate access to local employment and training opportunities
- Encourage suppliers and contractors to work with schools and colleges, offering work experience and business awareness to students, care leavers and NEETs

## Think North Wales First

We want:  
To take account of the social and economic impacts of buying locally when commissioning and contracting, and want our suppliers and contractors to do the same

We will:

- Consider the use of lotting strategies and acceptance of consortia bids to improve access to higher value contracts
- Encourage our suppliers and partners to buy locally and where appropriate make it a requirement for key contractors to advertise supply chain opportunities
- Continue to standardise and simplify our procedures and processes in line with Welsh Government guidance



## Partners in Communities

### We want:

To play an active role in local communities and community support organisations, especially in those areas and communities with the greatest need

### We will:

- Encourage our suppliers to make a local impact by supporting initiatives to improve local facilities and by encouraging them to operate paid staff volunteering schemes to support local community groups and initiatives
- Promote volunteering and social action through local Volunteering Networks
- Make opportunities from contractors accessible to a diverse supply base including the Third Sector, social enterprises and local suppliers. Also provide mentoring and support to assist these organisations to tender for and deliver these supply opportunities where necessary
- Help to support the health and well-being of communities in which the business operates by for example, linking with local schools and colleges, other local businesses and residents' groups to help run or sponsor activities/ events, which will directly benefit those living there
- Promote diversity, inclusion, equality and fairness – target effort towards those in greatest disadvantage and tackle deprivation across the region





## Reaffirming our commitment to the third sector

### Funding Arrangements – Agreed Definitions

The following definitions outline the three principle means by which the Health Board will provide funding to third sector organisations, and have been agreed as part of the 'Reaffirming Our Commitment to the Third Sector' programme.

These definitions are to be used alongside the funding 'decision-tree', when deciding the most appropriate funding arrangement to use when commissioning with the third sector.

Funding type	Description	Procurement route	Duration	Monitoring arrangements
<b>Core funding agreement</b>	<ul style="list-style-type: none"> <li>Core costs for strategically important organisations that add value to the locality and/ or support others</li> <li>Used to support organisational stability and sustainability by strengthening independence; buffering against unexpected hardships; contributing to organisational overheads; buying time and space for thinking and planning</li> <li>Grantee's objectives are aligned with the funder's objectives. Funds are spent in accordance with furthering the charities objectives</li> <li>No obligation to provide a specific service for the funding</li> </ul>	<p>Direct award following market engagement</p> <p>Funders may wish to request potential providers complete a short proforma detailing how their strategic objectives are aligned to those of the funding, and outlining what value the funding will bring for their organisation, together with how it will be used.</p>	<p>5 years (3+ 2 years)</p> <p>Rationale for terminating a Core Funding Agreement is aligned with the funder's objectives – replacing one organisation with another better able to generate social or environmental returns</p>	<p>Light-touch monitoring to ensure grantee's objectives remain aligned</p> <p>@ Year 3 - How funding is being used and the impact it is having. If positive, then continue for +2</p> <p>@ Year 5 – review all CFAs to ensure strategic alignment and VFM</p>
<b>Project grant</b>	<ul style="list-style-type: none"> <li>A financial transfer used to fund an activity because that activity is considered to add value to the Health Board's strategic aims</li> <li>Funding for specific projects to allow new ideas/ ways of working to be tested and evaluated</li> <li>Project funding usually provided on a full-cost recovery basis</li> </ul>	<p>Project grants are not subject to EU procurement rules, however, the health board must demonstrate a transparent process for selection.</p> <p>Grantees may apply/ bid for a Project Grant following an open call by the Health Board/ IHC/ PCPG</p>	<p>2 years – clear exit plan to be developed, with projects becoming commissioned services, where they can evidence impact and VFM</p>	<p>Monitoring should be proportionate to the level of project grant awarded, but should be annual as a minimum</p>
<b>Commissioned service</b>	<p>Contracts for the acquisition of goods or for the provision of services on behalf of the Health Board lead to a legally binding relationship between the parties</p> <p>Used to purchase a specific service against an identified need</p>	<p>Commissioned services are generally subject to EU procurement rules, and should be awarded via a competitive tender process</p>	<p>5 years (3+2 years)</p>	<p>Robust contract and quality monitoring should be established, particularly where a contract is new and/ or a service is being delivered by a new provider.</p>

		There may be some instances where a waiver from tender can be granted, however, this should be the exception rather than the rule		Monitoring should be quarterly, with an annual review  @ Year 3 - How funding is being used and the impact it is having. If positive, then continue for +2  @ Year 5 – review and recommission with any required amendments to the service specification
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## Reaffirming our Commitment to the Third Sector

## Understanding What Matters to Carers

# Building a picture of unpaid carers in North Wales

- Around 79,000 people provide unpaid care in North Wales, which is about 11% of the population (slightly lower than the all-Wales figure of 12%)
- Number of carers in North Wales has been increasing, particularly in North-West Wales
- There were 6,000 more carers in North Wales in 2011 than in 2001 (8% increase)
- More women (57%) provide unpaid care than men (42%)
- Number of carers by local authority (2011)
  - Anglesey – 8,000
  - Gwynedd – 12,000
  - Conwy – 14,000
  - Denbighshire – 12,000
  - Flintshire – 18,000
  - Wrexham – 15,000



Table 65: Number of carers in North Wales by age and local authority, 2011

Local council	Age 0 to 15	Age 16 to 24	Age 25 to 34	Age 35 to 49	Age 50 to 64	Age 65 and over
Anglesey	140	360	520	1,800	3,000	2,200
Gwynedd	250	620	780	3,000	4,500	3,300
Conwy	260	550	750	3,200	4,800	4,100
Denbighshire	260	640	740	2,800	4,100	3,100
Flintshire	340	920	1,200	4,500	6,600	4,100
Wrexham	290	860	1,300	4,000	5,400	3,200
North Wales	1,500	4,000	5,300	19,000	28,000	20,000

- Carers as a proportion of the total population
- People age 50-64 are the most likely to provide unpaid care – proportion of people providing unpaid care increases with age until the 65 and over age group. In the 65 and over age group 14% of people provide unpaid care, which is the same proportion as in the 35 to 49 age group
- 50% of carers who are in employment work full time. 30% of carers are retired
- Of the 39,000 carers in employment across North Wales, 5,800 provide more than 50 hours of care a week, and 1,600 work full-time and provide more than 50 hours or more of care a week
- 3,500 carers in North Wales describe themselves as having a long-term illness or disability, of which 1,500 provide 50 or more hours of care a week
- November 2020 – 18,250 people in North Wales claimed Carers' Allowance – increased from 15,750 in 2011
- Number of assessments and assessments which led to a care plan (2019-20)
  - Anglesey – 563 – 186
  - Gwynedd – 25 – 3
  - Conwy – 350 – 199
  - Denbighshire – 234 – 35
  - Flintshire – 498 – 478
  - Wrexham – 108 – 52

”

Numbers have been rounded so may not sum

Source: Census 2011, Office for National Statistics



# Who are the different types of carers?

Reaffirming our  
Commitment to the  
Third Sector

Understanding What  
Matters to Carers

*Young carers  
(under age of 18)*



*Young adult carers  
(age 16 to 25)*



*Parent  
carers*



*Adult  
Carers*





## Reaffirming our Commitment to the Third Sector

### Understanding What Matters to Carers

*Young carers (under age of 18)*



*Young adult carers (age 16 to 25)*



## Understanding our young carers

- Welsh Government defines young carers are carers who are under the age of 18. The Code of Practice for Part 3 defines young adult carers as being aged 16 to 25
- Where the carer is a child the council must have regard to their developmental needs and the extent to which it is appropriate for the child to provide care
- As of November 2021 – 1,725 young carers are being supported across north Wales
  - 92 in Anglesey
  - 81 in Gwynedd
  - 423 in Conwy
  - 578 in Denbighshire
  - 202 in Flintshire
  - 376 in Wrexham
- Funding for young carers only allows organisations such as Action for Children to support young carers who have a moderate to high caring role/ impact of caring. Therefore the numbers above are conservative
- Young carers can be difficult to identify and this can mean their needs only come to light when there is a crisis
- The extent of the child's caring role and the impact that it has on their own development can be a safeguarding concern in itself, which is why it is vital that services quickly recognise and fully assess their needs to ensure the right support is in place at the right time
- The caring role can place a significant strain on young people, which can impact on their educational attainment, access to training and employment and their general health and well-being

## Reaffirming our Commitment to the Third Sector

### Understanding What Matters to Carers

*Parent carers – caring for a  
young child with a disability/  
additional need*



*Parent carers – caring for an  
adult child with a disability/  
additional need*



## Understanding Parent carers

- A parent carer is someone who a parent or legal guardian who has additional duties and responsibilities towards her/ his child because of the child's illness or disability.
- Parent carers will often see themselves as parents rather than carers, but they may require additional services and support to meet the needs of their child
- There are a (small) number of small groups for parent carers which provide opportunities to meet with like-minded people, and to get information and advice, as well as some respite
- As the life expectancy for people living with a physical and/ or learning disability rises, there are an increasing number of parents carers of adult children. Many of these parent carers will reach a stage in life when they too may need some care and support/ their health needs increase
- There may be an increasing impact on parents and carers as children get older and larger in terms of manual handling, behaviour management and safety, which can mean a requirement for additional support for parent carers.
- Predicted number of children 0-17 with a limiting long-term illness (2020-24)
  - Anglesey – 1,100 – 1,000
  - Gwynedd – 1,950 – 1,950
  - Conwy – 1,800 – 1,650
  - Denbighshire – 1,600 – 1,500
  - Flintshire – 2,700 – 2,550
  - Wrexham – 2,400 – 2,150

## Reaffirming our Commitment to the Third Sector

### Understanding What Matters to Carers

#### Adult Carers



## Understanding adult carers

- Around 79,000 people provide unpaid care in north Wales, which is about 11% of the population (slightly lower than the all-Wales figure of 12%)
- Number of carers in North Wales has been increasing, particularly in North-West Wales
- There were 6,000 more carers in North Wales in 2011 than in 2001 (8% increase)
- More women (57%) provide unpaid care than men (42%)
- Number of carers by local authority (2011)
  - Anglesey – 8,000
  - Gwynedd – 12,000
  - Conwy – 14,000
  - Denbighshire – 12,000
  - Flintshire – 18,000
  - Wrexham – 15,000
- Carers as a proportion of the total population – DCC has the highest proportion of people providing unpaid care; Gwynedd has the lowest.
- People age 50-64 are the most likely to provide unpaid care – proportion of people providing unpaid care increases with age until the 65 and over age group. In the 65 and over age group 14% of people provide unpaid care, which is the same proportion as in the 35 to 49 age group



## Reaffirming our Commitment to the Third Sector

### Understanding What Matters to Carers – Engagement with providers

I am supported  
to make healthy  
lifestyle choices

That I am  
involved in  
writing the  
person I care  
for's care plan

That I can access  
a variety of respite  
and short-break  
options that are  
flexible and which  
meet my needs

Cares would like to be able  
to access information and  
services online, but training  
and support is needed to  
help them to this

That my physical  
health isn't  
impacted on by my  
caring  
responsibilities

That I am able to afford  
heating, accommodation  
etc., if I have to give up  
my job as a result of my  
caring responsibilities

That I can spend  
quality time with  
the people who  
matter most to me,  
including the  
person I care for

That I can  
connect with  
people in a  
similar situation  
to me

That I have  
information on the  
range of services  
available to me,  
and how to  
access them

That my mental health  
needs are discussed  
and options for  
psychological support  
are identified

There is  
sufficient  
flexibility and  
choice in terms  
of respite care

That I can access a  
range of respite  
options at different  
times of the  
day/days of the  
week

That continuity plans  
are included within the  
person I care for's care  
plan, and provide cover  
for when I am no longer  
able to cope with and/  
or when the ill-health of  
the person I care for  
deteriorates

That I can  
access  
mental health  
support  
quickly

That I have access to a  
range of respite options  
to allow me to take a  
break from my caring  
role

That adaptations  
can be made to  
my home if  
necessary, even if  
my home is rented

That I won't become  
homeless if the  
person I care for  
dies/ goes into long-  
term care

What matters to  
me...



# Reaffirming our Commitment to the Third Sector

## Understanding What Matters to Carers – Examples from the PNA

During and post-lockdown, face-to-face contact with family and wider work became significantly reduced. This led to a sense of being trapped, abandoned or under siege for many carers and their resilience is at an all-time low

Many carers require immediate support with their mental health, either because of sheer fatigue, trauma or grief

Involve carers in writing care plans

Improve funding for services to improve carers mental health

Ensure carers' needs assessments are carried out by people who understand the carer's situation

Increase provision of respite care services, sitting services, night support and day centres

Provide carers with training and support to access information and services online

Unpaid carers can also be concerned that they will be made homeless if the person they care for dies or goes into residential care

Create peer support groups for carers with different experiences for example, a group for parents of disabled children

That health staff identify carers early on – in particular GPs and other primary care health staff

Include contingency plans in care plans for when the carer can no longer cope and/ or the health of the person being cared for deteriorates

Specific needs of unpaid carers living in remote or rural communities in Wales where social isolation, poverty, deprivation, lack of transport and long distances to travel to access health and carers services means that rural unpaid carers face additional challenges in accessing services

74% of carers in Wales said they suffered mental ill health and 61% said their physical health had worsened as a result of their caring role

Ensure social workers include respite care in care plans and increase the amount of respite care allowed – four hours a month is ridiculous

Flexible respite – in terms of different dates, times, locations and options

Improved access for respite care to allow unpaid carers to take breaks from their caring roles

Carers liked flexibility over how they could use respite, especially for planned events like breaks, days out, social events and family events

Carer breaks are enjoyable especially with the peer support from other carers

Transport to events can be an issue, especially if live far away

More varied activities for the person cared for

Extension of psychological support, which should be identified as part of the carers' needs assessments

Information and advice provided during short breaks is invaluable

Wellbeing improved by having a break and being able to attend with the cared for person – helps them to reconnect

Weekend respite can increase caring role – getting cared for ready to go to respite when normally more relaxed on weekends

What matters to me  
as a carer...



GIG  
CYMRU  
NHS  
WALES

Bwrdd Iechyd Prifysgoi  
Betsi Cadwaladr  
University Health Board

## Reaffirming our Commitment to the Third Sector

### Understanding What Matters to Carers – Examples from the PNA

Need respite and  
opportunities to  
socialise (giving  
them time to be a  
child)

Need to be able to build resilience,  
emotional well-being and self-esteem

Need for peer  
support networks  
with other young  
carers who  
understand

Needs to be a focus on  
the mental health and  
well-being of children and  
young people with caring  
responsibilities as a result  
of the pandemic – many  
young carers are worried  
about socialising in case  
they carry and transmit  
Covid-19 to the person  
they care for

Need to be identified  
as early as possible  
so that they can  
receive the support  
the need

Caring role can place a strain  
on young people and impact  
on their educational  
attainment, access to training  
and employment and their  
general health and well-being

Support with  
education and  
learning

Very young carers (under  
8) are at particular risk and  
have been excluded from  
some young carers'  
assessments and services  
in the past on the grounds  
that a child under 8  
shouldn't have any caring  
responsibilities

Advocacy support to  
have their voices  
heard

What matters to me  
as a young carer

Ysbyty Gwynedd Prifysgol  
Gwynedd  
NHS  
University Health Board

## Reaffirming our Commitment to the Third Sector

### Understanding What Matters to Carers – Examples from the PNA

Since the start of the pandemic there has been an increase in the numbers of carers in Wales – by June 2020 35% of people looked after or provided help and support to family, friends or neighbours. This had increased from 29% in 2019-20

Unpaid carers were extremely stressed about keeping the person they care for safe and also worried about what would happen if they were unable to continue caring

Larger number of unpaid carers than non-carers were worried about the effects that the coronavirus pandemic was having on their life (63% of carers compared with 56% of non-carers)

What matters to me  
since Covid-19

Unpaid carers indicated that the pandemic impacted life events such as work, access to healthcare and treatment, their overall health, access to groceries, medications and essentials

Unpaid carers were more likely to avoid physical contact with others when outside their household (92% compared with 88%)





## Reaffirming our Commitment to the Third Sector

### Strategic/ Policy Priorities

**National Strategy for Unpaid Carers (2021)** includes four ministerial priorities:

1. Identifying and valuing carers
2. Providing information advice and assistance
3. Supporting life alongside caring
4. Supporting unpaid carers in education and the workplace

Future policy objectives include (from PNA):

1. More carers are able to obtain 'what matters' to them without (direct) recourse to public services
2. More carers are engaged in helping each other at the family and community level
3. More carers are able to choose and access a wide range of well-being related activities
4. More carers are experiencing empowerment through peer groups and collective action
5. More carers are able to engage with public services as confident (and constructive) citizens
6. More carers maintain their well-being and independence for longer
7. There are valuable carers-led organisations in every community of viable size

**Living Healthier, Staying Well (BCUHB)** goals for health and well-being:

- Improve physical, emotional and mental health and well-being for all
- Target our resources to people who have the greatest needs and reduce inequalities
- Work in partnership to support people – individuals, families, carers, communities – to achieve their own well-being

### BCU HB IMTP (2022-25 – to be refreshed)

**Valuing Carers** – working with partners across North Wales to develop and commission a range of support options, which ensure that the needs of informal carers are taken into account across Primary and Secondary Care, and which recognise the valuable role informal carers play in enabling care closer to home

“[we will] develop services which are clinically led and ‘co-designed’ with the active involvement of patients, carers and residents, working closely with local partners across the three areas of North Wales.”

“[we will] engage fully WG, CHC and Regional partners, especially when we need to make major changes to services as well as ensuring patients, carers and community representatives are involved from the early stages. We will involve people in co-designing service models learning from their experience and follow the WG guidelines for engagement and consultation

Reaffirming our  
Commitment to the  
Third Sector

Understanding What  
Matters to Carers

Population level outcome

### Outcome/ Result

Carers in north Wales enjoy optimal health, well-being and emotional resilience



GIG  
CYMRU  
NHS  
WALES

Bwrdd Iechyd Prifysgol  
Betsi Cadwaladr  
University Health Board

	Component 1	Component 2	Component 3	Component 4	Component 5
	I recognise myself, and I am recognised by others as a carer, as soon as my caring role begins. I know my rights. I can choose not to care	I am well and can look after myself. I can access information and advice to help me stay well	I have time to ‘be me’ and have a life outside of my caring role	I can access flexible support when I need it, and that adapts to changes in my circumstances	I am helped to manage transitions in my caring role, including when it comes to an end
Goals	I am able to choose if, and how much care I provide. My caring role is acknowledged early on. I am made aware of my rights as a carer, and am confident in ensuring they are upheld. My school/ college/ employer supports me. I can access a range of information and advice to support me in my caring role	I can live well and stay healthy. My caring role does not impact negatively on my physical and mental health	I am able to stay connected to family and friends as well as my community. I am able to spend quality time with the person I care for, as well as spend time on my own when I need it.	I can access a range of services that enable me to take a break and/ or participate in activities outside of caring. These services are flexible, respond to changes in my circumstances and can be accessed in an emergency	Information, advice and support is available to me throughout the different stages of my life, and my caring role, including when my caring role ends
Standards / through the services I receive ...	<ul style="list-style-type: none"> <li>I will be asked if I am happy/ able to provide care – I can say no without fear or judgement</li> <li>My caring role will be identified early. I am made aware of my rights &amp; entitlements</li> <li>I will be offered a carers needs assessment, which is regularly reviewed, and have a care and support plan to help meet my own needs</li> <li>I will be able to access a range of information &amp; advice (i.e. housing, benefits &amp; employment)</li> <li>I will be signposted to sources of support. It is recognised that my needs may change over time</li> <li>My school/ college/ workplace are able to access information and training to help them understand the impact of my caring role, and support me better</li> </ul>	<ul style="list-style-type: none"> <li>I will be given the support, as well as well as the skills and resources to look after my own health and well-being,</li> <li>I will be able to access timely mental health support</li> <li>I will be able to access regular and routine health &amp; well-being check-ups to help me stay well</li> <li>I will have access to flexible support so that I can attend health appointments</li> <li>Contingency plans will be in place in the event that I need to go into hospital, or I need to take a break from my caring role for</li> <li>I will be supported to use digital technology and will be able to access online help and support</li> </ul>	<ul style="list-style-type: none"> <li>I will be able to access regular, consistent respite/ short-breaks either on my own, or with the person(s) I care for</li> <li>I will be able to access to a range of flexible options so that I can spend quality time (re)connecting with the person I care for</li> <li>I will be able to access to a range of flexible options so that I can spend time doing the things that are important to me, outside of caring</li> <li>I will have the opportunity to meet and connect with people in the same situation as myself,</li> <li>I will feel able to support other carers, and will be given the opportunities to do so, where that is that I want to do</li> </ul>	<ul style="list-style-type: none"> <li>I will be able to access a range of flexible support in an emergency and/ or at times of crisis</li> <li>I will be able to access a range of services when changes to my circumstances mean that I need more support (i.e., during exams)</li> <li>I will be able to access mental health support quickly, and in order to help me to continue caring, if that is what I wish to do</li> </ul>	<ul style="list-style-type: none"> <li>As a parent-carers I will be supported to manage my child’s transition into independent living if/ when the time arises</li> <li>As a young carer I will be supported to move away from home, if/ when the time arises</li> <li>As a young carer I will be supported to continue caring, as I move through education, or from education into employment</li> <li>I will be supported to make plans for when the person I care for dies</li> <li>I will be able to access support to find alternative accommodation in the event that I am unable to continue living in the family home once the person I care for dies/ moves into residential care</li> </ul>
	<b>Component 6</b> <p>I am fully involved in decisions about the person I care for</p> <p>I am recognised as a Carer by people working in Health and Social Care (e.g. GPs, Nurses, Social Workers, Doctors) and they respect me and my caring role. They listen to me and take my views into account when talking about the person I care for. I am treated as an equal partner</p> <ul style="list-style-type: none"> <li>As equal partners in care, my views, experiences and wished are recognised and heard. I will be actively involved in all decisions about the person I care for</li> <li>I will be involved in writing care plans for the person I care for</li> <li>I will feel listened to and valued throughout all my interactions with health and care professionals</li> </ul>				

# Reaffirming our Commitment to the Third Sector

## Understanding What Matters to Carers

Person cared for

Cared Carer

Carer

To live a long and healthy life, feel safe, stay connected and do what matters to me

Enable me to grow well, live well and age well

Component 1

I recognise myself, and I am recognised by others as a carer, as soon as my caring role begins. I know my rights

My caring role is acknowledged early on. I am made aware of my rights as a carer, and am confident in ensuring they are upheld. My school/ college/ employer supports me. I can access a range of information and advice to support me in my caring role

To live well and avoid preventable complications when they have been simple or stable health or care needs

Enable me to stay well and support myself

Component 2

I am well and can look after myself. I can access information and advice to help me stay well

I can live well and stay healthy. My caring role does not impact negatively on my physical and mental health

To spend as much time at home (not in hospital) as possible when I have many health and care needs with support to remain as well as possible, avoid, but be prepared for 'ups' and 'downs'

Assess and monitor me closely

Component 3

I have time to 'be me' and have a life outside of my caring role

I am able to stay connected to family and friends as well as my community. I am able to spend quality time with the person I care for, as well as spend time on my own when I need it.

To stay independent at home for as long as possible through rapid access to assessment, treatment, care and support in my home or community

Step up my care and keep me at home

Component 4

I can access flexible support when I need it, and that adapts to changes in my circumstances

I can access a range of services that enable me to take a break and/ or participate in activities outside of caring. These services are flexible, respond to changes in my circumstances and can be accessed in an emergency

To get what I need quickly, be fixed up and go home as soon as possible, spending no more time in hospital than is needed

Give me good care not at home

Component 5

I am helped to manage transitions in my caring role, including when it comes to an end

Information, advice and support is available to me throughout the different stages of my life, and my caring role, including when my caring role ends

To recover and rebuild my strength, confidence and well-being at home, or close to home, as soon as my medical needs can be met outside the main hospital

Step down my care and get me home safe

Component 6

I am recognised as an equal partner in care

Health and care professionals recognise and respect my caring role. They value my input into how care and treatment is given to the person I care for. I am treated as an equal partner



[illegible]

Organisation Name				Health Community	
Scheme/ Service Name				Operational Footprint	
Contract Type	Grant/ Core Funded		Commissioned	Date Completed	

Grant/ Core Funding	Commissioned Services
Please explain what the BCUHB/ Joint funding has specifically allowed you to deliver this year?	Please provide a brief description of the service, in terms of overall aims and objectives, etc.

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## Section 1 Achievement against priority outcomes

Outcome One: [...]			
Narrative <i>(A commentary or description of what you have done in the last quarter, and cumulatively over the year, to achieve success against this outcome)</i>	Performance <i>(provide key performance indicator metrics in the columns below. Additional supporting information/ case studies should be embedded in the section below)</i>		
	How much have you done? (activity)	How well have you done it? (quality)	Is anyone better off? (impact)
Evidence <i>(Embed as PDFs to reduce file size)</i>			



[illegible]

Quality and Improvement Outcome One	Key strengths and good practice
<p><i>Reflecting on your narrative and evidence above, please list your services' key strengths and/ or any areas of good practice within your service which you would like to highlight in relation to this Outcome in the rows to the right</i></p>	<div></div>

Issues impacting on the organisation's ability to deliver against Outcome 1  
(e.g., organisational change, staff changes; referral pathways; communications, etc.)

Outcome Two: [...]

Narrative <i>(A commentary or description of what you have done in the last quarter, and cumulatively over the year, to achieve success against this outcome)</i>	Performance <i>(provide key performance indicator metrics in the columns below. Additional supporting information/ case studies should be embedded in the section below)</i>		
	How much have you done? (activity)	How well have you done it? (quality)	Is anyone better off? (impact)

[illegible]

Quality and Improvement Outcome Two	Key strengths and good practice
<p><i>Reflecting on your narrative and evidence above, please list your services' key strengths and/ or any areas</i></p>	<div></div>

*of good practice within your service which you would like to highlight in relation to this Outcome in the rows to the right*

**Issues impacting on the organisation's ability to deliver against Outcome 2**  
(e.g., organisational change, staff changes; referral pathways; communications, etc.)

**Outcome Three: [...]**

[illegible]

Quality and Improvement Outcome Three	Key strengths and good practice
<i>Reflecting on your narrative and evidence above, please list your services' key strengths and/ or any areas of good practice within your service which you would like to highlight in relation to this Outcome in the rows to the right</i>	

Issues impacting on the organisation's ability to deliver against Outcome 3 (e.g., organisational change, staff changes; referral pathways; communications, etc.)

Outcome Four: [...]			
Narrative <i>(A commentary or description of what you have done in the last quarter, and cumulatively over the year, to achieve success against this outcome)</i>	Performance <i>(provide key performance indicator metrics in the columns below. Additional supporting information/ case studies should be embedded in the section below)</i>		
	How much have you done? (activity)	How well have you done it? (quality)	Is anyone better off? (impact)
<p><b>Evidence</b> <i>(Embed as PDFs to reduce file size)</i> <b>DO NOT DUPLICATE FILES</b> <i>Cross-reference evidence used elsewhere</i></p>			
Evidence no. <i>(e.g., 1.1, 1,2)</i>	Name/ brief description of evidence <i>(1 per row)</i>	Embedded file or website link <i>(1 per row)</i>	




Quality and Improvement Outcome Four	Key strengths and good practice
<p><i>Reflecting on your narrative and evidence above, please list your services' key strengths and/ or any areas of good practice within your service which you would like to highlight in relation to this Outcome in the rows to the right</i></p>	

<p><b>Issues impacting on the organisation's ability to deliver against Outcome 4</b> (e.g., organisational change, staff changes; referral pathways; communications, etc.)</p>
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Outcome Five: [...]			
Narrative <i>(A commentary or description of what you have done in the last quarter, and cumulatively over the year, to achieve success against this outcome)</i>	Performance <i>(provide key performance indicator metrics in the columns below. Additional supporting information/ case studies should be embedded in the section below)</i>		
	How much have you done? (activity)	How well have you done it? (quality)	Is anyone better off? (impact)

<p><b>Evidence</b> (Embed as PDFs to reduce file size) <b>DO NOT DUPLICATE FILES</b> Cross-reference evidence used elsewhere</p>		
Evidence no. (e.g., 1.1, 1,2)	Name/ brief description of evidence (1 per row)	Embedded file or website link (1 per row)

Quality and Improvement Outcome Five	Key strengths and good practice
<p>Reflecting on your narrative and evidence above, please list your services' key strengths and/ or any areas</p>	

*of good practice within your service which you would like to highlight in relation to this Outcome in the rows to the right*

**Issues impacting on the organisation's ability to deliver against Outcome 5**  
(e.g., organisational change, staff changes; referral pathways; communications, etc.)

**Outcome Six: [...]**

[illegible]

Quality and Improvement Outcome Six	Key strengths and good practice
<i>Reflecting on your narrative and evidence above, please list your services' key strengths and/ or any areas of good practice within your service which you would like to highlight in relation to this Outcome in the rows to the right</i>	

Issues impacting on the organisation's ability to deliver against Outcome 6 (e.g., organisational change, staff changes; referral pathways; communications, etc.)

## Section 2 Development & Improvement Action Plan

The improvement action plan is an opportunity to reflect on any areas where you feel improvement could be made. This can include actions required by the Commissioner(s), as well as Providers. You should use this action plan to detail any actions you will take over the course of the contract, in order to develop and enhance the services, and which are not necessarily related to improvement areas, but will nonetheless positively impact on the people accessing the service(s) you provide

[illegible]




### Section 3 Expenditure

How do you monitor expenditure against allocated budget?

How is the funding provided by BCUHB been allocated during the year?

Have you faced any challenges with regards to funding/ meeting the budget during this year and last year? How will this affect your services during the next few years?

Please sign to indicate your agreement to the following declaration:

I declare that to the best of my knowledge the answers submitted are correct and true. I understand that the information will be used in the process to assess the performance against the contract agreement. I understand that the Commissioning Authority may reject this assessment if there is a failure to answer all relevant questions fully or if I provide false/ misleading information.

Name:

Position in organisation:

Date:

Signature:

DRAFT

<b>Report title:</b>	<b>Regional Partnership Board update</b>		
<b>Report to:</b>	Partnerships, People and Population Health Committee		
<b>Date of Meeting:</b>	Tuesday, 17 January 2023		
<b>Executive Summary:</b>	The purpose of this paper is to give an update on the Regional Partnership Board and to share the confirmed notes of the recent meeting.		
<b>Recommendations:</b>	The Committee is asked to receive the report, and note the key issues arising from the most recent meetings.		
<b>Executive Lead:</b>	Chris Stockport, Executive Director of Transformation and Planning		
<b>Report Author:</b>	Catrin Roberts, Head of Regional Collaboration Sally Baxter, Assistant Director – Health Strategy		
<b>Purpose of report:</b>	For Noting <input checked="" type="checkbox"/>	For Decision <input type="checkbox"/>	For Assurance <input type="checkbox"/>
<b>Assurance level:</b>	Significant <input type="checkbox"/> High level of confidence/evidence in delivery of existing mechanisms / objectives	Acceptable <input checked="" type="checkbox"/> General confidence/evidence in delivery of existing mechanisms / objectives	Partial <input type="checkbox"/> Some confidence/evidence in delivery of existing mechanisms / objectives
No Assurance <input type="checkbox"/> No confidence/evidence in delivery			
<b>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:</b>			
N/A			
<b>Link to Strategic Objective(s):</b>	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.		
<b>Regulatory and legal implications</b>	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		
<b>In accordance with WP7 has an EqlA been identified as necessary and undertaken?</b>	N - this paper provides an update on the RPB work. EqlA is undertaken on specific programmes and initiatives within the RPB as required		
<b>In accordance with WP68 has an SEIA identified as necessary been undertaken?</b>	N - this paper provides an update on the RPB work. SEIA is undertaken on specific programmes and initiatives within the RPB as required		
<b>Details of risks associated with the subject and scope of this paper, including new risks( cross reference to the BAF and CRR)</b>	There is a risk that the HB may fail to comply with the requirements of the SSWB Act		
<b>Financial implications as a result of implementing the recommendations</b>	No specific financial requirements arising from this paper.		
<b>Workforce implications as a result of implementing the recommendations</b>	No specific workforce implications arising from this paper.		
<b>Feedback, response, and follow up summary following consultation</b>	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.
<b>Links to BAF risks:</b> (or links to the Corporate Risk Register)	N/A
<b>Reason for submission of report to confidential board (where relevant)</b>	Not applicable
<b>Next Steps:</b> <b>Implementation of recommendations</b> - Contribute to the ongoing work programme within the RPB	
<b>List of Appendices:</b>  - Minutes of RPB meeting of November 2022	

## **MEETING IN PUBLIC**

### **Tuesday 17<sup>th</sup> January**

#### **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**

###### **Key issues discussed at recent meetings:**

###### **11<sup>th</sup> November 2022**

The notes of the RPB meeting of 11<sup>th</sup> November 2022 (attached) provide an update on progress within the RPB partnership work programme. Key issues discussed at the meeting include the following:

- Voice and Engagement report
- Market Stability Report approval
- Regional Innovation Coordination Hub
- Accelerated Cluster Development programme
- Regional Funding updates
- BCU HB update
- Outcome report from recent RPB workshop

###### **13<sup>th</sup> December 2022**

The notes of the December meeting of the RPB are currently in draft and will be shared once approved. The main issues discussed at the meeting included:

- Mwy Na Geiriau Forum annual report
- Winter planning and increasing community capacity
- Neurodevelopment funding plan
- Regional Integration Fund slippage
- Dementia collaborative working governance arrangements
- Leadership Group Terms of Reference update
- Forward work plan
- BCU HB update
- Appointment of service user representative

##### **3. Budgetary / Financial Implications**

The RPB has received a number of reports on the utilisation of regional funding streams including capital and revenue. BCU HB representatives at the RPB ensure that decisions made fit

consistently with shared priorities and that decisions made are consistent with the Scheme of Delegation. Slippage was reported on Regional Integration Fund schemes, with updated projections and proposals for usage being confirmed by end quarter 3 for reporting through the RPB.

WG have confirmed funding over 3 years for neurodevelopment, with North Wales receiving £312K funding for the first year, specifically to focus on reducing pressure within Adults and Children's Services by reducing waiting times and increasing the number of Autistic Spectrum Disorder assessments and Attention Deficit Hyperactivity Disorder prescribing capacity.

#### **4. Risk Management**

Risk analysis, mitigation and management are undertaken by each of the programmes within the RPB portfolio.

#### **5. Equality and Diversity Implications**

Equality Impact Assessment and SocioEconomic Duty Impact Assessment are undertaken for specific programmes and schemes as required.





CYDWEITHREDFA GWELLA GWASANAETHAU  
GOFAL A LLESIAANT **GOGLEDD CYMRU**

**NORTH WALES** SOCIAL CARE AND WELL-BEING  
SERVICES IMPROVEMENT COLLABORATIVE

## Minutes of the North Wales Regional Partnership Board Meeting


**11<sup>th</sup> November 2022**

**9:00 am – 11:40 am**

**Via Zoom**

Present:	Mary Wimbury (Chair), Alwyn Jones, Catrin Roberts, Cllr Elen Heaton, Cllr Christine Jones, Cllr Dilwyn Morgan, Cllr John Pritchard, Cllr Alun Roberts, Cllr Liz Roberts, Dylan Owen (attended until 11:10 am), Estelle Hitchon, Fôn Roberts (attended until 10:20 am), Dr Nick Lyons, Iwan Davies, Jenny Williams, Dr Lowri Brown, Lucy Reid, Nicola Stubbins, Neil Ayling, Meinir Williams-Jones, Ricki Owen, Shan Lloyd Williams, Sian Tomos, Siobhan Edwards, Teresa Owen (attended until 10:30 am).
Apologies:	Ann Woods, Dave Hughes, Ffion Johnstone, Gill Harris, Trudy Ellis, Sam Parry
In Attendance:	Duncan Mackenzie (Senior Auditor, Audit Wales) – observing

Item		Actions
1.	<p><u>Welcome, Introductions &amp; Apologies</u></p> <p>The chair welcomed everyone to the meeting and apologies were noted as above.</p> <p>The chair formally welcomed new members: Libby Ryan-Davies, BCUHB Integrated Health Community Director, Central; Dr Nick Lyons, BCUHB Executive Medical Director (Acting Deputy Chief Executive from 16.11.2022); David Coyle, BCUHB Interim Integrated Health Community Director, East; Siobhan Edwards, North Wales Police.</p> <p>The chair formally thanked: Jo Whitehead, Iwan Davies and Helen Corcoran for their significant contribution to the Board and wished them well in the future.</p> <p>Duncan Mackenzie (Audit Wales) in attendance today as part of the Unscheduled Care Audit.</p>	
2.	<p><u>Voice and Engagement Report</u></p> <p>The board received an update from EY on the key messages from the Engagement and Voice Task &amp; Finish Group which emerged as one of the five work-streams from the WG Rebalancing Care and</p>	

	<p>Support.</p> <p>The remit of this group was to consider the role of service users, unpaid carers, third sector organisations and care provider representatives who sit as members on RPB Boards. The group were also asked to develop a Charter and other products to assist RPBs in supporting the above members.</p>  <p>Engagement voice RPB 14 Tachwedd 202</p> <p>EY thanked for the opportunity to summarise the recommendations of the Charter and highlighted some of key messages from The Charter:</p> <ul style="list-style-type: none"> <li>• the charter identifies key commitments for the RPB with regards to meaningful participation for Service Users, Carers, and Third Sector representatives;</li> <li>• That all members of the RPB are treated as equal partner in discussions and decisions made by the board;</li> <li>• Support/training is provided, as required, to any member of the board;was</li> <li>• Provide mentoring for new members – keeping in touch between meeting and arrange pastoral support;</li> <li>• To ensure discussion are held in a way that avoids jargon so that everyone has the power to understand what is going on.</li> </ul> <p>EY was pleased to report that NWRPB are already working to some of the standards of The Charter, and by working together with support from the collaboration team, the NWRPB has the ability to put participation mechanism in place across all work. Accepting The Charter will enable a positive outcome for RPB members, whilst striving to ensure every member is treated fairly and equally, each voice is heard, whatever their background and ability.</p> <p>The next steps for the NWRPB:</p> <ul style="list-style-type: none"> <li>• To adopt the Charter</li> <li>• To further develop aspects of the Charter</li> <li>• To establish a Task &amp; Finish group in North Wales to action the requirements using the toolkit provided</li> <li>• To create the right environment for all Members</li> <li>• To continue with the excellent work already happening here</li> </ul> <p>The NWRPB members acknowledged this significant piece of work, and were fully supportive of all the above actions. It was agreed the North Wales T&amp; F Group will provide periodic updates to the NWRPB in future.</p>	<p>Nominations for the T&amp;F Group - RW</p>
<p>3.</p>	<p><u>Market Stability Report</u> The board received a presentation from CR on the MSR.</p> <p>The Market Stability Report sets out the sufficiency and stability of the regulated care market in North Wales for children and adults</p>	

	<p>including care homes, home care, fostering and adoption, providing an evidence base to support organisations across the region with planning and partnership working.</p> <p>Following presentation and feedback at the June NWRPB, CR confirmed the MSR report has now been approved by the six North Wales Local Authorities and Health Board.</p> <p>CR thanked all partner for their time and commitment to the report.</p> <p>NWRPB members acknowledged the work completed by regional staff, a significant piece of work, and a valuable document, demonstrating the activities across the region.</p> <p>CR informed the follow up actions from the MSR will be incorporated into the work of the Regional Area Plan, and the workforce issues terms and conditions for staff is a prominent issue being considered.</p> <p>As the MSR has already been approved by the six North Wales Local Authorities and BCUHB, the NWRPB were in agreement to approve the Market Stability Report.</p>	
4.	<p><u>RIC Hub Quarter 2 Report</u></p> <p>JW, Lead Director of the RIC Hub provided a brief update on the RIC Hub Quarter 2 report.</p> <p>The RIC Hub is a small team who undertake significant pieces of work on behalf of the regional team and wider partners. Key milestones to report:</p> <ul style="list-style-type: none"> <li>• Completed the Annual Report for 21/22;</li> <li>• Engagement networking, to offer everyone an opportunity to utilise the RIC hub to its' full potential - research undertaken/ literature activity etc;</li> <li>• Arranged workshop to agree replacement governance structure;</li> <li>• Agree response to the regional research, innovation and improvement mapping recommendations;</li> <li>• Produce Regional Integration Fund evaluation plan and innovation strategy;</li> <li>• Produce needs assessment coordination and data development plan for the North Wales region;</li> <li>• Supporting RPB sub-groups i.e. Children's sub group and AISB's;</li> <li>• Produce Census 2021 updates for North Wales as information is released and produce easy guides for partners.</li> </ul> <p>Work for the next reporting period includes continuing to focus on the data and intelligence, offer of evaluation, research and promoting all work across partners.</p> <p>The RPB were in agreement to note the RIC Hub Quarter 2 report.</p>	
5.	<u>Accelerated Cluster Development</u>	

	<p>The Board received an update from JF on the ACD.</p> <p>JF provided the background to the ACD, launched in April 2022 to ensure a more rapid implementation of the Primary Care Model for Wales, and address perceived system barriers. It includes the introduction of Professional Collaboratives (PCs) and Pan-Cluster Planning Groups (PCPG) to strengthen clinical engagement, and to increase influence from the community/cluster to RPB decisions.</p> <p>ACD is fundamentally about a clear line of sight from the local front line health and care services, shifting resources from acute in to the community, through to the RPB in terms of understanding the needs of the local population and translating such knowledge into strategic priorities at an RPB/ County and Cluster level.</p> <p>The role of RPBs is to provide oversight of PCPG funding, planning and commissioning activity, and manage information flow between the Clusters, Health Board, and Social Care.</p> <p>WG correspondence received May 2022, set out 30 milestones to be achieved during the transitional year, to provide assurances of progressing with the work. Good progress has been made, with considerable work needed over the coming 12 months to embed ACD within mainstream planning.</p> <p>The geographical boundary across North Wales to inform the development of PCPG's has been confirmed, as follows:</p> <ul style="list-style-type: none"> <li>• Anglesey and Gwynedd – a decision was taken to move away from a sub-regional AISB and establish the Anglesey PCPG and Gwynedd PCPG, with previous AISB governance and RIF reporting transferring to the PCPG's.</li> <li>• Wrexham and Flintshire – members decided to continue with the joint AISB meeting and use this mechanism to transfer in to the AISB/PCPG and RIF reporting into the AISB/PCPG</li> <li>• Conwy and Denbighshire – governance route is via the joint existing AISB with PCPG Denbighshire and PCPG Conwy reporting into the AISB. The RIF reporting to the PCPG.</li> </ul> <p>NWRPB member's discussion highlighted:</p> <p>A request was made for practical examples of what can be achieved by the PCPG to be provided as part of the next update, noting the difference this will make.</p> <p>JF agreed to provide practical examples, noting the difference will be made by focusing existing discussion around the population need and ensuring all key partners are included. Another key piece of work to be achieved with PHW will be to reduce health inequalities at a cluster level, using population level data to develop robust solutions to health inequalities that will be bespoke to local areas.</p> <p>TO examined how the wellbeing assessments, being also important, interweave with the population assessment, and how are both taken into consideration and feature within the model.</p>	<p>Ppt to be circulated - RW</p>
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	<p>JF noted that consideration to the work of the PSB and PCPG was not fully taken into account within the national ACD work. However, locally, work to align the PSB and ACD will be part of the planning manager's role, with the vision, some time ahead, being a single place plan.</p> <ul style="list-style-type: none"> <li>• A request was made from the perspective of Housing Associations, to utilise their expertise, and voice of tenants in the cluster planning groups, with tenants are often those with highest health inequalities and health and well-being needs.</li> <li>• PCPG membership to have appropriate representation and a fair balance of regional partners.</li> </ul> <p>JF final comments, whilst notice the architecture seems overwhelming, once the work of delivery starts, the work will become less cumbersome and clearer.</p> <p>NWRPB members acknowledge the update provided on the ACD Programme to include an update on the WG Ministerial priorities. The NWRPB requested the ACD to provide examples of how the PCPG's are meeting the needs of the population at the next update.</p>	
6.	<p><u>Regional Capital Funding 2022 – 2026 update</u> Further to the presentation at the October NWRPB, CR provided an update on the two regional capital funding streams HCF and IRCF, a proposal to utilise part of the IRCF funding and an update on the proposed regional decision making process and governance structure.</p> <p><u>Capital – Housing with Care Fund (HCF) Update</u> The WG panel have now approved 4 North Wales HCF applications totaling £2.5M and a further 3 applications will be presented to the November panel totaling a further £1.1M.</p> <p>The regional Capital Programme Manager has met with partners to understand their funding requirements and provided WG with a firm forecast of this year's financial spend by 31.10.2022. North Wales have confirmed £8.8M will be utilised from the £14.2m HCF funding allocated for 2022 / 2023, leaving an underspend of £4.3M. Work is currently ongoing with partners on Year 2 and Year 3 development of capital plans, to provide a robust longer term picture/information.</p> <p><u>Capital - Integration and Rebalancing Capital Fund (IRCF) Update</u> CR informed following meeting with WG to discuss the IRCF Pathfinder schemes, and in particular the applications submitted from North Wales, WG have now concluded the Pathfinder Scheme was not sufficiently robust to enable Award of Funding letter to be circulated to award the grant under the IRCF.</p> <p>Further work has been completed with partners and WG to develop the supporting documentation, with 2 schemes completed and ready to be submitted to the Capital Grant Panel meeting in November for</p>	

approval, with work ongoing to complete the remainder of schemes.

IRCF Revenue Funding – 2 funding streams totaling £700K

The WG funding has been made available to support the implementation of the IRCF Capital schemes across Wales and also the development of the WG 10-year capital plan. The proposed WG funding proposal is as follows:

£200K – Year 1 proposal to include:

- To fund the Regional Programme Manager Post to manage the Capital fund and develop the Capital Strategy and Plan
- To fund a Regional Project Manager to specifically assist partners with all aspects of the capital application process.
- Arrange training events for regional colleagues and partners to become familiar with the generic green book process which WG are adopting in relation to Capital applications.
- To fund consultancy work, in relation to the more complex capital applications, on an as and when basis.

Please note the funding proposal may change for year 2 and year 3. A proposal for year 2 onward is to appoint an engagement/development officer to work with partners developing the integrated community hubs, focusing on partnership working and issues of sharing sites i.e. T&C, systems etc., to enable effective collaborative working on one site.

500K – WG have changed the remit of this funding and stipulate year 1 funding is to be utilised towards the development of feasibility studies. In year 2 and 3 the funding will be shared between feasibility work and consultancy. Once the Capital Plan has been finalised the funding will be utilised on changing culture and developing partnerships, the original WG remit for this funding.

Following the action taken at the October RPB relating to the governance structure and proposal to re-name the Capital Approval Panel, the new title proposed today is the Capital Steering Group Meeting. This group will review applications prior presenting to the RPB and submission to WG.

The report also proposes the actual members on both groups:

- Capital Programme Board (CPB) – 1 rep from each LA, 1 HB rep, nominated person to represent RSL and regional team members
- Capital steering Group – 1 Finance representative, 1 Capital representative, H&SC representative, the CPB chair and regional members from RCT, as appropriate.

It is not a requirement that representatives are already members of the NWRPB, and partners are asked to nominate an appropriate representative who has the delegated responsibility to act on their behalf. If several nominations are received for one representative seat on both the above board, the LG will have the final decision, with the NWRPB being formally notified of the final membership once finalised.

	<p>Following a full discussion, the NWRPB were in agreement to the following recommendations:</p> <ul style="list-style-type: none"> <li>• To note the position on the new regional capital funding streams.</li> <li>• To approve the funding proposal to utilise the IRCF Revenue Funding is agreed for submission to Welsh Government.</li> <li>• To approve the proposed Capital Fund Board membership, governance structure and board agenda.</li> <li>• To approve the revised name for the Capital Fund Approval Panel.</li> </ul> <p>TO enquired if the ToR for the Capital Steering Group could be presented to the NWRPB once approved by the Capital Programme Board, in terms of the work on the strategy and the work of the NWRPB.</p>	
	<p><b>A two-minute silence was held for Armistice Day</b></p>	
7.	<p><u>BCUHB Update</u></p> <p>NL provided the BCUHB update. Key points included:</p> <ul style="list-style-type: none"> <li>• Corporate update: Gratitude expressed to CEO Jo Whitehead, an aspiring leader for BCUHB, conveying best wishes on her retirement. Gill Harris will be Acting CEO and Nick Lyons Acting Deputy CEO from 16.11 22;</li> <li>• Integrated Health Communities (IHC): West, Centre and East IHC's are now operational, providing Primary and Secondary Care into one operating group with the opportunity to collaboratively with Social Care, and Mental Health: Ffion Johnstone, IHC Director – West Libby Ryan-Davies, IHC Director – Central David Coyle – Interim IHC Director – East Further appointments are to follow.</li> <li>• Financial challenges in relation to energy;</li> <li>• Winter challenges - significant concern with the continuing numbers of Covid and flu; not only the impact on the overall population, but on the possibility of high staff absence;</li> <li>• As a result of WG guidelines, Health staff are now resuming mandatory wearing of face masks in Health Board settings, and close monitoring is being kept on testing regimes and also potentially on the need for changes to visiting rules;</li> <li>• The likelihood of industrial action from nurses and GP's;</li> <li>• Winter issues and the impact on planned beds, planned care and the effect on routine outpatients and surgery, cancer and other specialities.</li> </ul> <p>JW enquired if masks are mandatory in shared LA/BCU community settings, as the guidance caused significant difficulties and anxiety in respect of infection control during previous lockdown.</p> <p>NL confirmed BCU have implemented mask wearing in all settings</p>	



	<p>for inpatients and outpatients including primary care. NL agreed to share the WG guidance and to discuss the action to be taken on shared community settings.</p> <p>NS informed the RPB of recently attending the BCUHB Achievement Award ceremony 21.10.22, where two of the RPB Transformation Projects were shortlisted for their achievements. For the Partnership Award - the Multi Systemic Therapy Team was shortlisted; and for the Welsh Language Award - the CAMHS service through the Friend Resilient was shortlisted. Delighted to be there representing the RPB and the Children's Transformation Programme, showcasing an inclusive award ceremony displaying staff commitment and enthusiasm.</p>	
8.	<p><u>NWRPB</u></p> <p><u>Workshop update/outcomes</u></p> <p>CR presented the update on the NWRPB improvements discussed at the October workshop, survey results outcomes include:</p> <ol style="list-style-type: none"> <li>1. The introduction of a NWRPB Forward Work Plan (FWP) – used as a planning tool for NWRPB members to influence future agenda items. The FWP will become a standing item on the agenda, displaying clear information - the author, subject, purpose and recommendations, with means of attaching documents allowing RPB members an opportunity to pre-read documents. The FWP will be populated for the December meeting pack for further discussion.</li> <li>2. It is proposed one meeting per quarter will meet in person from March 2023. This should provide NWRPB members with sufficient advance notice to manage diaries.</li> <li>3. A standard cover report template has been developed, noting the information provided on the FWP in relation to decision required from the RPB etc. The template will be used for all reports being presented to the NWRPB. The report will be concise, one A4 sheet, noting key points to encourage contribution from all RPB members. A link to related background details of the report will be provided in the FWP, and this change will provide clarity for members whilst assisting with the management of meetings.</li> <li>4. NWRPB Training Sessions - providing the background, purpose and expectation for new RPB members and a refresh for existing RPB members. The training is not mandatory, and members will be invited to attend 1 out of the 3 dates provided. It is also proposed the training session invitations are circulated wider within partner organisations, giving an opportunity for LA/BCU colleagues to further understand the NWRPB.</li> </ol> <p><u>Consider the Name of the Service</u></p> <p>CR informed prior to the workshop, the regional team discussed re-naming the service. The current title being too long and hardly used - <i>the North Wales Social Care and Wellbeing Service Improvement Collaboration</i>, and CR proposed 2 options for consideration:</p> <ul style="list-style-type: none"> <li>• North Wales Health and Social Care Partnership</li> </ul>	<p>Circulate WP template to NWRPB members – RW</p> <p>FWP – December agenda-RW</p> <p>Circulate dates to NWRPB members</p>

- North Wales Regional Partnership Board

ID proposed the name of the NWRPB is also considered by the Board, as part of this work, as the NWRPB title does not stipulate the Board considers H&SC matters.

Overall, RPB members were in agreement to the introduction of the above proposed improvements and to consider the re-naming of the service and the 2 options provided. Once the name of the service has been agreed, the regional e-mail portal and correspondence will be updated, so that the regional team is seen as a business support hub for the Health and Social Care Partnership.

CR informed, following today's meeting, an e-mail will be circulated to NWRPB members for a consensus of the two options provided, via a ballot.

#### Vision / Mission Statement and Key Priorities

Strong messages were also received from the group work during the workshop, acknowledging the need to keep things simple without using jargon.

Existing Vision statement:

**Working together to improve the wellbeing of people and communities**

Options provided from the workshop include:

1. *Working together to improve the health, social care and wellbeing of the people of North Wales;*
2. *Working together for the people of North Wales to improve health, social care and wellbeing services;*
3. *Working together for the people of North Wales, to provide the health, social and wellbeing care and support they need, when they need it and where they need it;*
4. *Working together to improve care and support for people who use health and social care services, their carers and their families*

CR informed, following today's meeting, an e-mail will be circulated to NWRPB members for a ballot on the above 4 vision proposals.

Draft Mission Statement proposed:

*We will, as equal partners, challenge how we deliver our services and through using our collective resources differently and more effectively transform our services to create an environment where people can thrive and are empowered to look after their own health and wellbeing.*

*We will enable people to be well at home, and in their community, for as long as possible.*

Additional feedback to support the vision and mission statement, received from the workshop has been pulled together and noted within 'Key Priorities' for the NWRPB. The Vision, Mission

	<p>Statement and Key Priorities will be circulated to RPB members following the meeting, for further comments and agreement.</p> <p>Feedback from NWRPB members included:</p> <ul style="list-style-type: none"> <li>• To ensure Young People are fully considered, change the word 'people' to 'people of all ages' within the Mission Statement;</li> <li>• Incorporating the vision or mission statement on the cover report sheet;</li> <li>• Refer to the Nolan principles re principles of operation;</li> </ul> <p>The chair acknowledged the work completed by CR and the regional team on the workshop outcomes. CR agreed to amend the documentation in relation to the comments received today and the updated document will be circulated to everyone for further comments.</p>	
9.	<p><u>Minutes and actions of last meeting – October 2022</u></p> <p>The minutes of meeting 14.10.2022 were agreed as an accurate record of the meeting, with all actions completed.</p> <p>Matters arising:</p> <p>Winter Plan - Once information has been received from all partners the completed plan will be circulated to RPB members, to be formally endorsed at the December NWRPB meeting.</p> <p>The situation remains unchanged with no WG additional funding provided toward the Winter Plan. The regional team are working with BCU colleagues to include the work on 'Increasing Community Capacity' as part of the Winter Plan, and this will provide a broader view of the situation across North Wales.</p> <p>All outstanding actions from July NWRPB are also reported completed.</p>	Winter Plan – December NWRPB
10.	<p><u>Any other business</u></p> <p>MW suggested the impending Government Autumn Statement and the potential effect on future funding, to be discussed at a future RPB meeting, once RPB members are clearer on the implications, if any.</p>	
11.	<p><u>For information:</u></p> <p>The notes of October NWRPB Children's sub-group were included for information.</p>	
	<p><u>Date of next meeting:</u> Friday 9<sup>th</sup> December 2022</p>	



<b>Teitl adroddiad:</b> <i>Report title:</i>	Conwy & Denbighshire Public Services Board Well-being Plan			
<b>Adrodd i:</b> <i>Report to:</i>	People, Partnerships and Population Health Committee			
<b>Dyddiad y Cyfarfod:</b> <i>Date of Meeting:</i>	Tuesday, 17 January 2023			
<b>Crynodeb Gweithredol:</b> <i>Executive Summary:</i>	<p>Conwy &amp; Denbighshire Public Services Board (PSB) draft Well-Being Plan 2023 – 2028 is presented to the Committee for ratification, prior to submission to the Board for formal approval.</p> <p>The Plan was developed to respond to the updated well-being assessment for the Conwy and Denbighshire area which was produced in 2022. The plan is intended to address the key areas which pose the greatest need or challenge for communities, where the PSB can make the greatest contribution towards social, environmental, cultural and economic well-being, adding value to existing partnerships and core services.</p>			
<b>Argymhellion:</b> <i>Recommendations:</i>	<p>The Committee is asked to:</p> <ul style="list-style-type: none"> <li>• Receive the revised well-being plan for 2023 – 2028</li> <li>• Approve the Plan for onward submission to the Health Board for approval, as part of the partner scrutiny and approval process, prior to formal sign off at the PSB in March 2023</li> </ul>			
<b>Arweinydd Gweithredol:</b> <i>Executive Lead:</i>	Chris Stockport, Executive Director of Transformation and Planning			
<b>Awdur yr Adroddiad:</b> <i>Report Author:</i>	Conwy & Denbighshire PSB officer team Cover report – Sally Baxter, Assistant Director – Health Strategy			
<b>Pwrpas yr adroddiad:</b> <i>Purpose of report:</i>	<p>I'w Nodi <i>For Noting</i></p> <p><input type="checkbox"/></p>	<p>I Benderfynu arno <i>For Decision</i></p> <p><input checked="" type="checkbox"/></p>	<p>Am sicrwydd <i>For Assurance</i></p> <p><input type="checkbox"/></p>	
<b>Lefel sicrwydd:</b> <i>Assurance level:</i>	<p>Arwyddocaol <i>Significant</i></p> <p><input type="checkbox"/></p> <p>Lefel uchel o hyder/tystiolaeth o ran darparu'r mecanweithiau / amcanion presennol</p> <p><i>High level of confidence/evidence in delivery of existing mechanisms/objectives</i></p>	<p>Derbyniol <i>Acceptable</i></p> <p><input checked="" type="checkbox"/></p> <p>Lefel gyffredinol o hyder/tystiolaeth o ran darparu'r mecanweithiau / amcanion presennol</p> <p><i>General confidence / evidence in delivery of existing mechanisms / objectives</i></p>	<p>Rhannol <i>Partial</i></p> <p><input type="checkbox"/></p> <p>Rhywfaint o hyder/tystiolaeth o ran darparu'r mecanweithiau / amcanion presennol</p> <p><i>Some confidence / evidence in delivery of existing mechanisms / objectives</i></p>	<p>Dim Sicrwydd <i>No Assurance</i></p> <p><input type="checkbox"/></p> <p>Dim hyder/tystiolaeth o ran y ddarpariaeth</p> <p><i>No confidence / evidence in delivery</i></p>
<p><b>Cyfiawnhad dros y gyfradd sicrwydd uchod. Lle bo sicrwydd 'Rhannol' neu 'Dim Sicrwydd' wedi'i nodi uchod, nodwch gamau i gyflawni sicrwydd 'Derbyniol' uchod, a'r terfyn amser ar gyfer cyflawni hyn:</b></p> <p><i>Justification for the above assurance rating. Where 'Partial' or 'No' assurance has been indicated above, please indicate steps to achieve 'Acceptable' assurance or above, and the timeframe for achieving this:</i></p>				

<b>Cyswllt ag Amcan/Amcanion Strategol:</b> <b>Link to Strategic Objective(s):</b>	The production and implementation of the Well-being Plan is part of the Health Board's duties under the Well-being of Future Generations (Wales) Act 2015 and supports the strategic goal of improving health and well-being
<b>Goblygiadau rheoleiddio a lleol:</b> <b>Regulatory and legal implications:</b>	Production of the well-being assessment and the well-being plan are key tasks of the PSBs, for which the Health Board is a named participant. The Health Board has a statutory duty as a designated public services body to fulfil the requirements of the Well-being of Future Generations Act.
<b>Yn unol â WP7, a oedd EqIA yn angenrheidiol ac a gafodd ei gynnal?</b> <b>In accordance with WP7 has an EqIA been identified as necessary and undertaken?</b>	Do Y A well-being impact assessment was undertaken in support of the plan, which is an integrated impact assessment encompassing equality impact.
<b>Yn unol â WP68, a oedd SEIA yn angenrheidiol ac a gafodd ei gynnal?</b> <b>In accordance with WP68, has an SEIA identified as necessary been undertaken?</b>	Do Y A well-being impact assessment was undertaken in support of the plan, which is an integrated impact assessment encompassing socioeconomic impact.
<b>Manylion am risgiau sy'n gysylltiedig â phwnc a chwmpas y papur hwn, gan gynnwys risgiau newydd (croesgyfeirio at y BAF a'r CRR)</b> <b>Details of risks associated with the subject and scope of this paper, including new risks( cross reference to the BAF and CRR)</b>	Risks identified by the PSB include: <ul style="list-style-type: none"> <li>• Risk that the PSB lacks influence or control to deliver against the objectives</li> <li>• Risk of duplication with work ongoing in other organisations</li> <li>• Risk of over-ambitious objectives unable to be delivered</li> <li>• Risk of not achieving approval in line with statutory deadline of March 2023</li> </ul>
<b>Goblygiadau ariannol o ganlyniad i roi'r argymhellion ar waith</b> <b>Financial implications as a result of implementing the recommendations</b>	There are no immediate financial implications arising from the plan, although further assessment of any resource or capacity required will be undertaken when taking forward steps in the plan.
<b>Goblygiadau gweithlu o ganlyniad i roi'r argymhellion ar waith</b> <b>Workforce implications as a result of implementing the recommendations</b>	No immediate workforce implications are identified arising from the plan.
<b>Adborth, ymateb a chrynodeb dilynol ar ôl ymgynghori</b> <b>Feedback, response, and follow up summary following consultation</b>	Engagement and consultation was undertaken by the PSB during the summer and autumn of 2021 to capture views on what is working well and what needs to be focused on for the benefit of future generations. The development of the plan was supported by the Co-Production Network for Wales. Public

	consultation on the draft plan took place between 17 August – 9 November 2022.
<b>Cysylltiadau â risgiau BAF:</b> (neu gysylltiadau â'r Gofrestr Risg Gorfforaethol)  <b>Links to BAF risks:</b> (or links to the Corporate Risk Register)	N/A
<b>Rheswm dros gyflwyno adroddiad i fwrdd cyfrinachol (lle bo'n berthnasol)</b>  <b>Reason for submission of report to confidential board (where relevant)</b>	Amherthnasol  Not applicable
<b>Camau Nesaf:</b>  <b>Next Steps:</b> Following consideration of the plan at PPPH Committee, the plan will be submitted to the Board for approval. The plan is currently being submitted to all partners for approval, and will be presented to the PSB on 23 March 2023 for formal sign off.	
<b>Rhestr o Atodiadau:</b>  <b>List of Appendices:</b> Conwy and Denbighshire Public Services Board Well-Being Plan 2023 - 2028	

**PPPH COMMITTEE MEETING IN PUBLIC**  
**17 JANUARY 2023**  
**CONWY AND DENBIGHSHIRE PUBLIC SERVICES BOARD**  
**WELL-BEING PLAN 2023 - 2028**

## **1. Introduction/Background**

In April 2016, the Well-being of Future Generations (Wales) Act 2015 (the WFG Act) established a statutory board, known as a Public Services Board (PSB), in each local authority area in Wales. Conwy and Denbighshire have used the power within the Act to merge both of their separate PSBs into a single board for the Conwy and Denbighshire region. The PSB is a collection of public bodies working together to improve the well-being of their county – to improve the economic, social, environmental and cultural well-being of the Conwy and Denbighshire area by working towards the seven national Well-being goals. Membership consists of senior representatives from partner organisations including the Health Board.

The WFG Act places a statutory requirement on each PSB to produce a Local Well-being Plan for their area. The Local Well-being Plan must set out how the PSB intends to improve the economic, social, environmental and cultural well-being of its area by setting local objectives that will maximise the contribution made by the Board to achieving the well-being goals in its area. The Local Well-being Plan must be published no later than one year after the publication of its Well-being Assessment. Conwy and Denbighshire therefore are working towards a proposed deadline of March 2023 for publishing the Local Well-being Plan.

## **2. Corff yr adroddiad / Body of report**

The Well-being Plan, attached to this report, 2023 to 2028 will set the Conwy and Denbighshire PSB's well-being objectives for the next 5 years.

In early 2022 the findings of the Well-being Assessment were reviewed in detail, and strategic issues where the PSB could collectively make a difference as a group of partners were identified. This work was supported by the Co-Production Network for Wales. From our analysis, the Board came up with a long list of strategic issues. The Health Board and Public Health Wales representatives on the PSB have been involved in the development of the plan throughout.

A series of workshops were then held in the summer of 2022 to prioritise areas of greatest need along Social, Cultural, Environmental and Economic themes, and to develop potential solutions. This was done by considering the synergies between priorities, the impact the PSB could have, the long-term implications, and where work was already taking place. This resulted in redefining the plan into a single priority area focusing on Conwy and Denbighshire being a more equal place with less deprivation.

Further consultation was held with the public and partners on the draft plan between August and November 2022. This included discussions with the Well-being of Future Generations Commissioner's Office. The final draft plan was then presented to the PSB in November 2022 before commencing scrutiny and approval process through the PSB partner organisations.

In addition to the involvement of officers within the development of the plan, the Health Board's Public Health team submitted comments in response to the plan which agreed with the objective within the plan, the approach and the measures of success. However attention was drawn to a number of important pieces of evidence of exacerbation in inequalities following the Covid pandemic. Public health input and expertise will be vital in ensuring the implementation of the plan continues to address these areas of inequality.



As noted above, the deadline for publication of a Public Services Board's well-being plan is within one year of publication of the well-being assessment. The Conwy and Denbighshire well-being assessment was completed by April 2022, therefore the deadline for publication of the well-being plan is by April 2023. Further PSB well-being plans for the North Wales partnerships are being finalised for scrutiny and approval and will be brought to the Committee in due course.

### **3. Goblygiadau Cyllidebol / Ariannol / *Budgetary / Financial Implications***

There are no immediate financial implications arising from the plan, although further assessment of any resource or capacity required will be undertaken when taking forward steps in the plan.

### **4. Rheoli Risg / Risk Management**

Risks related to the publication and implementation of the plan have been identified by the PSB and will be mitigated and monitored by the PSB.

There is a risk to the Health Board and other North Wales organisations which are members of the PSB that priorities in Conwy and Denbighshire differ from priorities in other areas. The plan is however a local plan and is built on local needs assessment and co-production. The PSB officers across North Wales work together as a network to share best practice and utilise resources effectively where possible.

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

The well-being impact assessment which was undertaken in support of the plan can be found with the agenda and papers for the PSB at [Denbighshire County Council - Agenda for Conwy and Denbighshire Public Services Board on Wednesday, 30 November 2022, 2.00 pm](#)



# **Conwy and Denbighshire Public Services Board**

## **Well-being Plan 2023 to 2028**

This document outlines the Conwy and Denbighshire Public Services Board's Well-being Plan under the Well-being of Future Generations (Wales) Act 2015, which seeks to make Conwy and Denbighshire a more equal place with less deprivation.

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## Contact us

For more information on our Well-being Plan or the Conwy and Denbighshire Public Services Board, please contact us by:

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Bodlondeb

Conwy

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**Email:** [countyconversation@conwy.gov.uk](mailto:countyconversation@conwy.gov.uk)

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BT Relay Service Customers with hearing or speech impairments can contact any Council service by dialling 18001 before the number they require.

**We are happy to provide this document in alternative formats on request, including large print, audio and braille.**

**We welcome correspondence in Welsh. We will respond to any correspondence in Welsh, which will not lead to a delay.**

## Introduction

The Conwy and Denbighshire Public Services Board (PSB) is pleased to present this Local Well-being Plan for our two counties. It is the culmination of work that began in 2021, and represents our conclusions on what we feel are the key areas that pose the greatest need or challenge for our communities, and where we feel the PSB can make the greatest contribution without duplicating good work already taking place within existing partnerships and organisations.

A lot of work has already taken place to get us to this point, but this is only the start of the PSB's journey. This plan is an outline of what it is we would like to achieve, but there is more work to be done to develop our programme of work, and we would welcome your input into this as part of our ongoing conversation with our communities. If you would like to be kept informed of our work, get involved or provide feedback to us, please see our contact details on the previous page.

A requirement of the Well-being of Future Generations (Wales) Act 2015, the PSB affords public services an exciting opportunity to come together to challenge serious problems in our community areas. To achieve this aim, the Board will play a greater **Leadership Role** with this Plan than perhaps its previous plan had allowed, tending to be too focussed on operational delivery. Through this approach it is hoped that the Board will provide strong shared direction and responsibility for effective long-term change, using our collective voice as partners to influence and advocate on behalf of our communities.

We must of course be realistic about the financial constraints that our sectors are facing, but at the same time see this as a chance to effect real change and remain open to working in different ways. All partners on the board are committed to working collaboratively to deliver sustainable and effective services that prevent problems emerging in the long-term. We want to support our communities to be prosperous, resilient and healthier. We want to contribute to the Welsh Government vision of a more equal and globally responsible Wales, where we have cohesive communities and vibrant culture.

## About the Conwy and Denbighshire Public Services Board

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

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

Membership consists of senior representatives from the organisations listed below. However, membership will be reviewed regularly to ensure that there is sufficient representation to deliver our priorities.

We also have a [website](#) where the public can access the Local Well-being Plan and Assessment, as well as meeting minutes and papers, newsletters, and find further information about our partners.

- [Betsi Cadwaladr University Health Board](#)
- [Community and Voluntary Support Conwy](#)
- [Conwy County Borough Council](#)
- [Denbighshire County Council](#)
- [Denbighshire Voluntary Services Council](#)
- [National Probation Service](#)
- [Natural Resources Wales](#)
- [North Wales Fire and Rescue Service](#)
- [North Wales Police](#)
- [Police and Crime Commissioner's Office](#) (for North Wales)
- [Public Health Wales](#)
- [Welsh Government](#)

## How has the Well-being Plan been developed?

The first step in the development of the Well-being Plan involved members of the Conwy and Denbighshire Public Services Board working together on developing our [Local Assessment of Well-being](#) for the area, which is available to view online. This joint approach was taken to ensure that the assessment was shaped using the expertise, knowledge and insight of all organisations.

The assessment aims to capture the strengths and positives about Conwy and Denbighshire's people, communities and places. It also describes the challenges and opportunities faced both now and in the future. It has been informed by data, national and local research, and most importantly feedback provided to us by residents, visitors and businesses through our 'County Conversation'.

During the summer and autumn of 2021, we spoke to as many people as possible to ask their views about what works well in Conwy and Denbighshire, and what we needed to focus on for the benefit of future generations. We asked people to talk about their experiences and their communities so that we could understand a bit more about local concerns and strengths. We also engaged with a wide cross section of the community, including:

- Community groups and forums, covering a range of community interests in a mix of urban and rural locations.
- Residents.
- Disabled people.
- Business networks.
- City, Town and Community Councils.
- Young people (through schools and youth school councils).
- North Wales Race Equality Network.
- Other public sector partner organisations.

Common to the rest of Wales, consultation and engagement work has proved challenging during the Covid-19 pandemic. Nonetheless, in addition to engaging with the above groups, we used a variety of communication methods to promote our County Conversation, including the use of internal partner channels and staff networks, such as



the Conwy Bulletin, Denbighshire's County Voice newsletter, Business e-Bulletins and mailing lists; but also through social media and press releases. We also monitored the County Conversation to ensure that we had received feedback from every age range, every geographic area of the county, and every subject interest area. Whilst we are confident that we have reached out to a wide cross section of the community, in terms of geography and protected characteristics, we feel that we can do more as we take our work forward to improve the depth of consultation with some groups of people who may have been underrepresented.

In early 2022 we began to discuss the findings of our Well-being Assessment in more detail, and identified the strategic issues where we could collectively make a difference as a group of partners. This work was supported by the [Co-Production Network for Wales](#). From our analysis, the Board came up with a long list of strategic issues. A series of workshops were then held in the summer of 2022 to prioritise areas of greatest need along Social, Cultural, Environmental and Economic themes, and to develop potential solutions. This was done by considering the synergies between priorities, the impact the PSB could have, the long-term implications, and where work was already taking place. This resulted in our redefining the plan into a single priority area focusing on **Conwy and Denbighshire being a more equal place with less deprivation**.

Further consultation was held with the public and partners on our draft plan between August and November 2022. This included discussions with the Well-being of Future Generations Commissioner's Office, and our Joint Overview and Scrutiny Committee for Conwy and Denbighshire. Having analysed all the feedback and finalised the final draft in November 2022, partner organisations then individually discussed and affirmed their commitment to our Well-being Plan prior to its final approval in March 2023.

## **Well-being Statement and Our Objective**

Our objective is to make **Conwy and Denbighshire a more equal place with less deprivation**. As described above, our Well-being Assessment, which examines data and the views of local people through the lens of the Well-being Goals for Wales, has supported the setting of this objective for our area. Our objective, therefore, directly contributes to the achievement of the national goals. This gives us confidence that we are

focusing our resources on delivering the right outcomes that will be of the greatest benefit to our communities.

Our [Assessment of Local Well-being](#) detailed some sixty topics on a range of subjects, arranged by the seven national well-being goals. Fourteen of these were highlighted as areas of particular concern or opportunity. 'A more equal Wales' came out most strongly as commonly connecting well-being assessment themes, aligned with the following root causes that we have identified as contributing to socio-economic disadvantage and inequality in our counties:

- The cost of living
- A need for greater physical and digital infrastructure
- Lack of confidence and aspiration
- Skill and employment opportunity gaps
- The availability of healthy housing
- Access to services
- Anti-social behaviour
- The impact of Covid-19

Our plan will seek tackle deprivation and issues relating to poverty in Conwy and Denbighshire in the long-term, including **Social, Environmental, Cultural, and Economic** inequality. This aspiration means we may not see the benefits of our plan within its life-time, but that we will make sure that we are looking ahead to the needs of two, three or four generations in the future. The Public Services Board's work will focus on areas where collaboratively, we can make a difference and have a long term impact. We do not, however, wish to duplicate work. Our Plan is based on analysis of other partnership boards already working to improve the North Wales region, such as with community safety or economic growth.

It is important that **sustainability** and the Climate and Nature Emergency is embedded in everything that we do. People and communities must not be disadvantaged or left behind by the necessary changes that are coming because of Climate Change, and we must make sure that we adapt and collaborate to fully realise the opportunities ahead.

Sustainable development is the overriding principle of the Conwy and Denbighshire PSB's activities, and we are committed to applying the 5 ways of working (collaboration,

prevention, integration, long term and involvement) to achieving Well-being priorities. In developing our priority area, we focused on the **long-term** by looking at past, current and (predicted) future data trends, and also by discussing consultees long-term aspirations for each of the national well-being goals. Looking at future trends - and considering associated risks and opportunities – enabled us to cover the principle of **prevention**. **Involvement** was a key driving principle. We have invested a lot of time in holding discussions with our communities as well as focused workshops with professionals. We endeavoured to make these representative of our community areas (reflecting age, gender, social status, occupations, etc.). The development of our plan and its delivery could not, and will not be isolated to one Public Services Board partner alone; it will require the continuing **collaboration** and commitment of all partners to guarantee its success.

Further detailed planning will take place during the first year of the plan to define our work programme and timescales. This ‘detailed planning’ is one of the places where meaningful co-production and involvement can occur. Where there is time for people to be involved, and tangible, relevant discussions to involve them in. It should also be noted though that our objective is not considered to be short-term in nature, so delivery is likely to take place over the medium to longer-term. We must also accept, however, that not everything in the Plan is within the Public Services Board’s control, especially in the long-term. For example, the success of our economy will depend on more factors outside of our circle of influence, than within it.

Below are the principles that we will apply to How We Will Work in delivering this Plan. This is followed by the four key themes that the PSB will take forward in support of its objective to make **Conwy and Denbighshire a more equal place with less deprivation**.

## How we will work

It is important to us that the PSB is set-up in the right way from the very start of this Well-being Plan, to ensure that it delivers the right benefits for our communities in the most effective and efficient way. In the undertaking of all our activities, the Public Services Board will work collectively in its partnership role to:

- **Leadership:** Provide strong shared leadership and responsibility for effective long-term change, using our collective voice as partners to influence and advocate on behalf of our communities.
- **Co-production:** Foster an environment, and encourage strong networks, that promote meaningful engagement and communication with our communities, supporting a culture where co-production and involvement thrives.
- **Fairness:** Promote fairness, equality and diversity through all of our work.
- **Informed decision-making:** Maintain effective governance that allows for strong, evidence-based decision making, acting on recommendations made through quality research and engagement.
- **Transparency:** Have clear and transparent performance management arrangements in place.
- **Assess:** Ensure that our activities and decisions are assessed for their impact in terms of the national Well-being Goals, the sustainable development principle, and five ways of working. This includes taking account of short and long-term needs, applying 'Futures Thinking' to identify and address root causes of the issues that we face, and preventing, rather than reacting to, high risk events wherever possible.
- **Reflect:** Use the advice given by the office of the Well-being of Future Generation's Commissioner, Natural Resources Wales and others to focus our discussions as we take forward our steps.

- **Development:** Explore and support joint opportunities for training and workforce development, such as secondment opportunities between our organisations.
- **Language:** Support and promote the Welsh Language in all that we do, integrating the Welsh Language strategies of partners.

We will apply these nine principles to all of our work as we take forward the steps that we have identified in support of our objective to make **Denbighshire and Conwy a more equal place with less deprivation**. These are things that we can do collectively over and above the existing roles and responsibilities of our individual members, and they will help us to define our actions and structure the detailed planning that will support this Plan's implementation. They will also help us to hold ourselves to account by monitoring and measuring our progress and success.

**Well-being – Communities are happier, healthier and more resilient in the face of challenges, such as the Climate Change and Nature Emergency, or the rising cost of living.**

### **What do we know now?**

Our Well-being Assessment looks at [emerging threats to health and well-being](#). Issues of specific concern are:

- Developing resistance to antibiotics and other drugs and medicines.
- The potential for the rapid spread of infectious diseases in an increasingly interdependent and interconnected world (pandemics).
- The potential impact of Climate Change and extreme weather events on public health.
- The impact of Covid-19 on emotional and mental-health (restrictions, changed response and anxiety associated with infection, and loss of social support structures for people).
- Communities are facing significant challenges in meeting their living costs, with an increased risk of food and fuel poverty.
- Long-term predictions suggest that these issues will only increase or get worse over time.

Our communities expressed their desire to be supported and empowered to help tackle these issues with a community-led focus. One respondent said “I would like to see even more investment in resources to help the whole county tackle Climate Change and progress forward more quickly with carbon reduction solutions. I want to see Councils have the resources to help the community have an impact too, rather than just focusing on internal functions.”

### **What steps can we take?**

In support of this area, below are some of the steps that we can collectively take forward as partners on the Public Services Board during the five-year duration of this plan:

- Engage with residents to improve equal access and signposting to the right information, advice, assistance and services that support people with what they need to thrive, including education, health and well-being, and employment.
- Stimulate and support community groups to help people remain resilient; for example, supporting healthy lifestyles, or providing help with cost of living pressures.
- Work with our partners to provide information, advice and support to those at risk of fuel or food poverty, which may include reducing costs and maximising income. We will also start to identify steps to safeguard food and energy in the longer-term and protect our natural resources.
- Give support to sustainable and green transport plans that improve overall air quality, including active and healthy travel schemes that encourage walking and cycling.
- Decrease carbon emissions and energy consumption, and increase renewable energy capacity.
- Encourage and support communities to mitigate and cope with the impacts of Climate Change, bringing together the right expertise, including lived experience, to better inform delivery and decision-making. In particular, community engagement and an assessment of local Climate Change risk will help prioritise where adaption is needed.
- Addressing the Nature Emergency and the well-being needs of communities, protect, restore and enhance biodiversity and natural habitats, whilst increasing and encouraging equal access to our natural environment. This includes access to green countryside spaces, and blue coastal spaces.

## **Who will be involved in delivering our steps?**

All PSB partner organisations and potentially others including:

- Citizen Advice
- North Wales Social Care and Well-being Improvement Collaborative
- Third sector organisations

## **What levels of prevention might our steps achieve?**

Secondary prevention: Targeting action towards areas where there is a high risk of a problem occurring. A targeted approach, which cements the principle of progressive universalism.



## What could success look like?

Short-term (1 to 5 years)	Medium-Term (5 to 10)	Long-Term (10+ years)
<p>Our understanding of the impact of climate change on our communities improves.</p> <p>When faced with an emergency climate event, harm to people or property has been reduced through clear advice and support.</p> <p>Residents are also able to access the advice and support that they need to support their health and well-being, and alleviate the impact of the rising cost of living.</p> <p>There is enhanced biodiversity and increased equal access to green countryside spaces and blue coastal spaces, benefitting the well-being of residents.</p>	<p>Carbon emission from our estates decreases, and natural habitats are resilient.</p> <p>Hardship arising from poverty is alleviated, and the number of those facing fuel and food poverty decreases.</p> <p>The use of sustainable and active travel schemes increases.</p> <p>Planned and coordinated community engagement that is meaningful.</p>	<p>Disruption from climate events is less prevalent.</p> <p>People and communities thrive, and are resilient to challenges.</p> <p>Long-term challenges are recognised and planned for.</p>

## Links to other themes in our Well-being Plan

**Economy – There is a flourishing economy, supported by a skilled workforce fit for the future:**

Having a healthy economy, where people are in secure and rewarding employment, improves wellbeing and builds social and economic resilience.

**Equality – Those with protected characteristics face fewer barriers:**

Ensuring people from diverse backgrounds, seldom-heard groups and those at a socio-economic disadvantage are heard and help shape decisions and services, improves wellbeing and builds social and cultural resilience.

**Housing – There is improved access to good quality housing:**

Good quality, affordable and energy efficient housing improves individual and community wellbeing and builds resilience against the rising cost of living, fuel poverty and climate change.

**How we will apply the 5 ways of working**

**Collaboration**

Each PSB organisation recognises its individual and collective role to provide the advice and assistance our communities need to build their resilience and thrive.

**Involvement**

The PSB will continue to involve and engage with our communities to explore what information and support they need to build their social, cultural, economic and environmental resilience.

**Integration**

The PSB recognises that social, cultural, economic and environmental wellbeing are cross-cutting and will take an integrated approach to supporting its communities in building resilience and reducing deprivation in these areas.

**Prevention**

The PSB will support our communities to become more resilient and better prepared to respond to social, cultural, economic and environmental changes, preventing further declines in mental and physical wellbeing.

## **Long-Term**

The PSB will support our communities by taking a balanced approach, ensuring that improving community wellbeing in the short term does not compromise building further resilience and reducing deprivation in the long term.

## **How our steps will maximise our contribution to the Well-being Goals**

### **Prosperous**

By supporting access to advice, information and assistance that our communities need, the PSB will help alleviate the impact of the rising cost of living, maximise income and improve overall contribution to the local economy.

### **Healthier**

By supporting access to advice, information and assistance that our communities need, the PSB will help people become better informed to make healthier lifestyle choices, leading to healthier lives.

### **Resilient**

By supporting and influencing Climate Change mitigation and adaptation in our communities, the PSB will help people be better equipped and prepared for the impacts of climate change.

### **Equal**

By supporting equal access to information, advice and services, the PSB will help our communities access the information and help they need in a way that does not create disadvantage.

### **Cohesive Communities**

By continuing to involve and engage our communities, the PSB will help people feel connected and able to contribute to their communities in a range of ways.

### **Culture and Welsh Language**

Our communities can access support in their language of choice. The PSB will encourage and improve the use of Welsh language in everyday life.

### **Globally Responsible**

Each PSB organisation recognises its individual and collective role to reduce greenhouse gas emissions and use of natural resources and protect the natural environment and habitats. The PSB will support our communities to help mitigate the global impacts of Climate Change.

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## **Economy – There is a flourishing economy, supported by a skilled workforce fit for the future.**

### **What do we know now?**

Our Well-being Assessment looks at [employment opportunities](#) in our counties. It tells us that:

- It is not just the number of available jobs that is important, but also the types of employment opportunities on offer, and how well employers keep-up with changes in the global economy, as well as local priorities. Secure, well paid employment affects not just the economic well-being of people and communities, but can also help with mental well-being as it fosters a sense of purpose and a sense of belonging within society.
- In addition to the mismatch between the number of jobs and number of working residents, the area has a significantly lower than average weekly wage for full-time jobs – £451 in Conwy, and £501 in Denbighshire (compared to £540 for Great Britain as a whole).
- There are also higher proportions of part-time jobs on offer in the area than the national average – 46% of employees in Conwy and 39% of employees in Denbighshire are part-time, compared to 32% across Great Britain and 35% in Wales.

Within the current economic climate, jobs and employment was an area of focus throughout our engagement. One respondent gave the following feedback when asked what could be improved in the area to meet future well-being goals: “help and support to get people into jobs and keep jobs. Would like to see more permanent lower level jobs in the area and not just seasonal work. More initiatives where Councils provide employment experience for people with limited work experience and employment experience for people with a disability.”

### **What steps can we take?**

In support of this area, below are some of the steps that we can collectively take forward as partners on the Public Services Board during the five-year duration of this plan:

- Work collaboratively with communities and partners to deliver projects and initiatives that will stimulate economic growth in specific sectors, including the green economy. This includes Ambition North Wales and the North Wales Growth Deal projects.
- Maximise the benefits that come with our unique natural assets and grow our sustainable tourism offer.
- Work with partners (including school, colleges and universities) to ensure that people of all ages, including those who are vulnerable or in our care, are resilient and prepared for employment, further education, or training. This includes looking at Green Skills for the future.
- Provide greater opportunities for quality volunteering, work experience and apprenticeships.
- Collectively promote public and third sector jobs to help with recruitment and retention.
- Enact socially responsible public procurement, benefitting the local supply chain and promoting a circular economy locally.
- Working regionally and within the context of the Wales Transport Strategy, we will enable those at a socio-economic disadvantage to access education, employment, services and activities.

## **Who will be involved in delivering our steps?**

All PSB partners and potentially others including:

- Schools, colleges, universities and youth services
- Careers Wales
- Department of Work and Pensions
- Partnerships, such as the Regional Skills Partnership, Ambition North Wales, North Wales decarbonisation ambition board.

## **What levels of prevention might our steps achieve?**

Secondary prevention: Targeting action towards areas where there is a high risk of a problem occurring. A targeted approach, which cements the principle of progressive universalism.

## What could success look like?

Short-term (1 to 5 years)	Medium-Term (5 to 10)	Long-Term (10+ years)
<p>Those in need of employment are supported into work.</p> <p>There is an improved skills offer that enables people to access better paid employment.</p>	<p>Businesses are attracted to, and thrive in Conwy and Denbighshire, utilising the strong skills base, and giving people the right opportunities for work. This includes a low carbon, regenerative economy, and sustainable green jobs.</p>	<p>Our green, sustainable economy flourishes.</p> <p>The average household income increases.</p>

## Links to other themes in our Well-being Plan

**Well-being – Communities are happier, healthier and more resilient in the face of challenges, such as the Climate Change and Nature Emergency, or the rising cost of living:**

Ensuring people have access to the information and assistance they need to help with the rising cost of living and food and fuel poverty and safeguarding food and natural resources in the long term, helps to improve the resilience of our local economy.

**Equality – Those with protected characteristics face fewer barriers:**

Ensuring people from diverse backgrounds, seldom-heard groups and those at a socio-economic disadvantage have equal access to employment, learning and healthcare, helps to improve the resilience of our local economy.

**Housing – There is improved access to good quality housing:**

Sufficient provision of good quality, affordable, energy efficient housing, where people can live independently and healthily, helps to improve the resilience of the local economy.

## **How we will apply the 5 ways of working**

### **Collaboration**

Each PSB organisation recognises its individual and collective role to promote public and third sector jobs to help with recruitment and retention.

### **Involvement**

The PSB will engage with other agencies and partners to ensure a skilled and resilient workforce and stimulate growth in key sectors, including the environmental sector.

### **Integration**

The PSB recognises that a flourishing local economy has a direct impact upon social, cultural and environmental wellbeing and will take an integrated approach to supporting its communities in building resilience and reducing deprivation in this area.

### **Prevention**

The PSB will support our communities to become more resilient and better prepared to respond to economic changes, building a sustainable workforce by preventing rising unemployment and attracting young people to work in the region.

### **Long-Term**

The PSB will support our communities in building a sustainable workforce with a strong skills base, supporting a thriving economy which attracts businesses to the region, giving people the right opportunities for work.

## **How our steps will maximise our contribution to the Well-being Goals**

### **Prosperous**

By ensuring people of all ages are prepared for employment, further education or training, the PSB will help people acquire the skills and knowledge to get good quality jobs, which support local communities and the wider economy.

### **Healthier**



By working with our communities and partners to build a sustainable workforce, the PSB will help people have access to secure and rewarding work and skills opportunities, contributing positively to their physical, mental and emotional well-being.

### **Resilient**

By working with our communities and partners to stimulate economic growth in key sectors, the PSB will help to build a resilient workforce and flourishing economy.

### **Equal**

By working with our communities and partners to provide equal opportunities for employment, further education and training, the PSB will help people of all abilities and backgrounds have the opportunity to achieve their potential.

### **Cohesive Communities**

By working with our communities and partners in providing opportunities for employment, further education and training, the PSB will help support people to live and work in their communities, enhancing the local economy.

### **Culture and Welsh Language**

By working to maximise the benefits of our unique natural assets and sustainable tourism, the PSB will help protect the region's culture and heritage, including the Welsh language.

### **Globally Responsible**

By working with our communities and partners to develop a strong local economy, including the green economy and socially responsible procurement, the PSB will help the local economy mitigate the global impacts of climate change.

## **Equality – Those with protected characteristics face fewer barriers.**

### **What do we know now?**

Our Well-being Assessment looks at [equality and diversity](#) within our communities in Conwy and Denbighshire. It tells us that:

- Those from diverse backgrounds or with a disability often face barriers to employment learning and health care. Our population is becoming more diverse and we need to reflect this in the services that we deliver, to ensure equality of access and opportunity for all.
- We need to better reflect the diversity of our populations when involving people in decision making, ensuring representation from all groups.
- People with protected characteristics are more likely to live in the most deprived 10% of Lower Layer Super Output Areas (LSOA) in Wales. They are most likely to suffer from socio-economic disadvantage, and will have been disproportionately affected by the impact of the pandemic. They are also, therefore, vulnerable to inflationary cost of living pressures.
- The impacts of Climate Change will also increase inequalities within our communities.

Our engagement from seldom heard groups suggests that we need to work collaboratively to ensure we do not overburden the same communities with numerous requests for the same, or similar information and that we feedback regarding the actions taken on the basis of their engagement.

### **What steps can we take?**

In support of this area, below are some of the steps that we can collectively take forward as partners on the Public Services Board during the five-year duration of this plan:

- Support the Welsh Government's Anti-Racist Wales Action Plan, to help realise the vision of Wales as an anti-racist nation and understand what that looks like for our communities.

- Reduce inequalities by ensuring that the experiences of people from diverse backgrounds, seldom-heard groups, and those at a socio-economic disadvantage are heard and inform decision making and shape our services.
- Address the emotional burden of those living with the effects of poverty and social exclusion, treating them with the respect and dignity they deserve.
- Working with our partners and networks, we will work to address gaps in our Well-being Assessment, commissioning quality research and engagement.
- Foster community cohesion by ensuring people are protected from harm, abuse and exploitation.
- Ensure that the transition to a net zero Wales is equitable and fair.

## Who will be involved in delivering our steps?

All PSB partners and potentially others including:

- Citizen Advice
- Joseph Rowntree Foundation
- North Wales Social Care and Well-being Improvement Collaborative
- Third sector organisations

## What levels of prevention might our steps achieve?

Primary prevention: Building resilience – creating the conditions in which problems do not arise in the future. A universal approach.

## What could success look like?

Short-term (1 to 5 years)	Medium-Term (5 to 10)	Long-Term (10+ years)
Challenges facing community cohesion and personal safety, and gaps in service or advice provision that	The co-production and shaping of services through the involvement of those from seldom-heard groups is embedded practice.	Inequality is removed from service provision, allowing everyone to access the services that they need to thrive.

Short-term (1 to 5 years)	Medium-Term (5 to 10)	Long-Term (10+ years)
<p>disadvantages those with protected characteristics or those who are at a socio-economic disadvantage, are identified with any immediate solutions put in place.</p> <p>We better understand and act upon the disproportionate impacts of climate change on those experiencing deprivation, and manage our transition to a net zero Wales fairly and equitably.</p>	<p>People are confident that public services will act to protect and help them.</p> <p>The most vulnerable communities who are exposed to multiple health inequalities are surrounded by an environment that makes managing and taking actions to improve health and well-being easier – for example, reducing communities' exposure to air pollution and flooding.</p>	<p>All residents are safe from harm, abuse or exploitations.</p> <p>Those experiencing deprivation are safeguarded from the impacts of Climate Change.</p>

## Links to other themes in our Well-being Plan

**Well-being – Communities are happier, healthier and more resilient in the face of challenges, such as the Climate Change and Nature Emergency, or the rising cost of living:**

Ensuring people from diverse backgrounds, seldom-heard groups and those at a socio-economic disadvantage have fair and equal access to the information and assistance they need to help with the rising cost of living and food and fuel poverty and safeguarding food and natural resources in the long term, helps to reduce inequalities and remove barriers.

**Economy – There is a flourishing economy, supported by a skilled workforce fit for the future:**

Ensuring people from diverse backgrounds, seldom-heard groups and those at a socio-economic disadvantage have equal access to employment, learning and healthcare, helps to reduce inequalities and remove barriers.

## **Housing – There is improved access to good quality housing:**

Ensuring people from diverse backgrounds, seldom-heard groups and those at a socio-economic disadvantage have fair and equal access to good quality, affordable, energy efficient housing, where people can live independently and healthily, helps to reduce inequalities and remove barriers.

## **How we will apply the 5 ways of working**

### **Collaboration**

Each PSB organisation recognises its individual and collective role to reduce inequalities and ensure that people from diverse backgrounds, seldom-heard groups and those at socio-economic disadvantage have the opportunities to inform decision-making and shape services.

### **Involvement**

The PSB will continue to engage and ensure that the lived experience of people from diverse communities inform decision making and shape our services.

### **Integration**

The PSB recognises that equality of access for our communities is integral to delivery of our priorities and therefore underpins delivery of our Wellbeing Plan.

### **Prevention**

The PSB will work with our partners and networks to carry out quality research and engagement to address gaps in our Wellbeing Assessment with the aim of continuing to prevent future inequalities and remove barriers.

### **Long-Term**

The PSB will work with partners, networks and communities to ensure inequality is removed from service provision, allowing everyone to access the advice, assistance and services that they need to thrive.

## **How our steps will maximise our contribution to the Well-being Goals**

### **Prosperous**

By removing barriers and reducing inequalities, the PSB will help people of all abilities and backgrounds have the opportunity to achieve their potential.

### **Healthier**

By involving and engaging with people from diverse communities in decision making and shaping services, the PSB will help people face fewer health inequalities.

### **Resilient**

By working with our communities and partners to reduce inequality and remove barriers, the PSB will help to address social exclusion, making communities more resilient.

### **Equal**

By working with our partners to reduce inequality and remove barriers, the PSB will support our communities and all those who live in them, irrespective of background or circumstances.

### **Cohesive Communities**

By working with our partners to protect people from harm, abuse and exploitation, the PSB will help to foster community cohesion.

### **Culture and Welsh Language**

By working with our partners to reduce inequality and remove barriers, the PSB will help to support the diverse cultures within our communities and protect the Welsh language.

### **Globally Responsible**

By supporting our communities to respond to the impacts of climate change, the PSB will help to ensure the steps taken to reduce greenhouse gas emissions are fair and proportionate.

## **Housing – There is improved access to good quality housing.**

### **What do we know now?**

Our Well-being Assessment looks at the [provision of housing](#) in our counties. It tells us that:

- Good quality and low carbon housing is vital for individual and community well-being, providing security, privacy, good health, and space for personal identity, growth and development.
- Demand for homelessness support has increased significantly in recent years, which includes the overall amount of casework involved in preventative work. As finances are squeezed and costs rise, we will see further rises in homelessness numbers.
- A person's physical environment, including access to green space, plays a key role; with poor health associated with homelessness, poor quality accommodation, and fuel poverty. Risk factors for poor mental health disproportionately affect people from higher risk and marginalised groups, including homeless people. A recent study found more patients who died by suicide were reported as having economic problems, including homelessness (Centre for Mental Health and Safety, 2016).
- In the year ending March 2021, 439 new homes were built in the area (310 in Conwy County Borough, 124 in Denbighshire), despite Local Development Plans (LDPS) predicting an annual new dwelling requirement of about 950 homes would be required across the two local authorities.
- Access to affordable housing was particularly highlighted as a concern among residents through our County Conversation. In August 2021, the average house price for a property in Conwy County Borough was £202,485, and £181,538 in Denbighshire.

This direct quote taken from the online analysis, where the respondent was asked what could be improved, gives a flavour of the feedback and concerns given throughout the engagement and in particular the public and councillor focus groups. "More availability of affordable housing for local people. House prices have increased rapidly over the last year and are out of reach of many, including young people who are unable to stay in their communities."

## **What steps can we take?**

In support of this area, below are some of the steps that we can collectively take forward as partners on the Public Services Board during the five-year duration of this plan:

- Support the Welsh Government's Rapid Rehousing approach to prevent homelessness and ensure that any instances of it are rare, brief, and unrepeatable.
- Review the amount of available housing in our county to ensure that there is quality provision that meets the needs of residents, assisting them to lead independent lives in appropriate accommodation for as long as possible.
- Identify the barriers related to people's immediate environment, such as green and blue spaces, that affects their quality of life and civic participation.
- Work with our communities to identify and overcome barriers to housing, ensuring equal access to advice and information on available options and routes to housing.
- Advocate standards of housing that supports the good health of people and families living in them, including promotion of low carbon housing that are affordable to run and resilient to the impacts of Climate Change.
- Bring together new and old partners to review innovative approaches to housing provision and upgrading.

## **Who will be involved in delivering our steps?**

All PSB partners and potentially other bodies, including:

- Welsh Water
- Registered Social Landlords
- Healthy Housing
- Private Rented Sector
- Energy saving trust Wales
- Building Control

## **What levels of prevention might our steps achieve?**

Tertiary prevention: Intervening once there is a problem, to stop it getting worse and prevent it reoccurring in the future. An intervention approach.



## What could success look like?

Short-term (1 to 5 years)	Medium-Term (5 to 10)	Long-Term (10+ years)
Residents are better informed about housing options and routes to housing.  Safe housing.  Those facing homelessness are helped into accommodation within a reasonable timeframe.	The number and quality of housing increases.  Instances of homelessness reduce.	Housing need will be met.  Instances of homelessness will be rare, brief and unrepeated.  Homes are more energy efficient.

### Links to other themes in our Well-being Plan

**Well-being – Communities are happier, healthier and more resilient in the face of challenges, such as the Climate Change and Nature Emergency, or the rising cost of living:**

Ensuring people have access to the information and assistance they need will help them access the right housing solutions which enhance their quality of life and wellbeing.

**Equality – Those with protected characteristics face fewer barriers:**

Ensuring people from diverse backgrounds, seldom-heard groups and those at a socio-economic disadvantage are involved in decision making and shaping services and are not socially excluded will help them access the right housing solutions.

**Economy – There is a flourishing economy, supported by a skilled workforce fit for the future:**

Ensuring a sustainable and skilled workforce will help provide the housing sector with the resources it needs to meet the housing demand.

## **How we will apply the 5 ways of working**

### **Collaboration**

Each PSB organisation recognises its individual and collective role to help our communities access good quality housing and support homelessness prevention.

### **Involvement**

The PSB will engage with other agencies and partners in this area to support access to quality housing and homelessness prevention.

### **Integration**

The PSB recognises that access to good quality housing has a direct impact upon social, cultural, economic and environmental wellbeing and will take an integrated approach to supporting its communities in building resilience and reducing deprivation in this area.

### **Prevention**

The PSB will work with partners and networks to help reduce and prevent homelessness and remove barriers which negatively impact people's quality of life and civic participation, further preventing wellbeing decline.

### **Long-Term**

The PSB will work with partners, networks and communities to ensure housing provision is sustainable and has a positive impact on people's lives.

## **How our steps will maximise our contribution to the Well-being Goals**

### **Prosperous**

By supporting the provision of good quality housing which people can afford, the PSB will help improve people's quality of life.

### **Healthier**

By supporting the provision of good quality, affordable housing, the PSB will help to improve community well-being, security, privacy, good health, and space for personal identity, growth and development.

### **Resilient**

By supporting the provision of good quality, affordable housing, the PSB will help to reduce deprivation associated with homelessness and poor quality housing, making communities more resilient.

### **Equal**

By supporting equal access to housing related advice, information and assistance, the PSB will help to reduce housing related inequalities and remove barriers.

### **Cohesive Communities**

By supporting the provision of good quality, affordable housing, the PSB will help people being able to stay and live in their local community.

### **Culture and Welsh Language**

By supporting local people to stay in their local communities, the PSB will help protect and conserve the Welsh culture and language.

### **Globally Responsible**

By supporting the provision of good quality, energy efficient housing, the PSB will help people play their part in reducing global greenhouse gas emissions and mitigate climate change.

## **Delivery of the plan and monitoring progress**

In its Programme Board role, the delivery of this Plan will be monitored by the PSB through regular highlight and progress reports to its meetings. As part of our monitoring arrangements, we will produce an annual report detailing the progress made by the PSB to achieve and deliver the Well-being Plan. Reporting will focus on activities discussed by the Board, and the progress of any sub-groups (to be determined) set-up to deliver on specific streams of work. The Well-being Assessment sets the baseline for the success of this plan, and we will use indicators already highlighted there to measure the progress of our activities.

A Joint Overview and Scrutiny Committee also exists between Conwy and Denbighshire, and is responsible for scrutinising the effectiveness of the PSB's governance, the decisions that it makes, and the actions that it takes. The intention is to place responsibility for challenge and accountability locally.

### **On-going conversation**

Engagement through our County Conversation was an important part of gathering local views on well-being within communities. We want to continue engaging with people and communities across Conwy and Denbighshire in a meaningful way, as well as with the workforce of our organisations. It is vital that we take account of the importance of involving people with an interest in achieving the well-being goals, and of ensuring that those persons reflect the diversity of our populations.

We will take additional steps outside of meetings to ensure that the public and professional voice is heard and continues to help shape the Well-being Plan going forward. Each PSB partner organisation has its own mechanism for engagement, including digital engagement through social media. The PSB has committed to sharing key messages between PSB organisations on engagement events, as well as promoting PSB activities. However, we will also explore opportunities to engage cohesively as partners around our shared themes, and enabling a more holistic approach to action.

All our formal meetings are held in public and are open for anyone to observe. For a list of dates and venues please visit [our website](#).

17 January 2023

## Committee Chair's Report

<b>Name of Committee:</b>	Mid Wales Joint Committee
<b>Meeting date:</b>	31 October 2022
<b>Name of Chair:</b>	Maria Battle, Chair of Hywel Dda University Health Board
<b>Responsible Director:</b>	Chris Stockport, Executive Director of Transformation and Planning
<b>Summary of business discussed:</b>	<ul style="list-style-type: none"><li>• Progress reports were given in relation to Mid Wales Priorities and Delivery Plan 2022/23. Priorities are to be reviewed and refreshed in early 2023.</li><li>• Updates from sub-committees including the Clinical Advisory Group and the Strategic Commissioning Group</li><li>• Rural Health Care Wales presented on plans for the annual conference held on 8-9 November 2022</li><li>• Updates on future arrangements which will involve the MWJC moving to twice yearly meetings, one annual planning meeting and one conference to receive updates on progress</li><li>• Changes to membership of the Committee</li><li>• Public feedback highlighted concerns around involvement with the Bro Ddyfi development at Machynlleth; proposed changes to Air Ambulance sites in Caernarfon and Newtown; and access to healthcare services in Tywyn.</li></ul>
<b>Key assurances provided at this meeting:</b>	<ul style="list-style-type: none"><li>• Monitoring reports on the delivery plan</li><li>• Minutes of sub-committees</li><li>• Members of the West Integrated Health Community leadership team are engaging well with the MWJC programme and investigating further opportunities for shared developments and commissioning of capacity</li><li>• In light of concerns regarding access to healthcare services in Tywyn, it has been agreed that the West Integrated Health Community will hold a further meeting to inform local residents of progress with recruitment to GP and community services, and to hear views and concerns. The meeting will be held early in 2023.</li></ul>
<b>Key risks including mitigating actions and milestones</b>	<ul style="list-style-type: none"><li>• Risk of disengagement of residents in the south Gwynedd area arising from the ongoing concerns regarding access to services. Existing mitigations include regular liaison with elected members and community representatives by the West IHC. Additional mitigation of a further meeting is being scheduled for early 2023.</li></ul>

<b>Targeted Intervention Improvement Framework Domain addressed</b>	<ul style="list-style-type: none"> <li>• Strategy, planning and performance</li> <li>• Engagement (patients, public, staff and partners)</li> </ul>
<b>Issues to be referred to another Committee</b>	N/A
<b>Matters requiring escalation to the Board:</b>	N/A
<b>Well-being of Future Generations Act Sustainable Development Principle</b>	<p>The Mid Wales Joint Committee was established as a joint forum for the three Health Boards (Hywel Dda University Health Board, Powys Teaching Health Board BCU HB) to collaborate to deliver shared objectives through all five ways of working supporting the Sustainable Development Principle:</p> <ol style="list-style-type: none"> <li>1. Balancing short term need with long term planning for the future;</li> <li>2. Working together with other partners to deliver objectives;</li> <li>3. Involving those with an interest and seeking their views;</li> <li>4. Putting resources into preventing problems occurring or getting worse; and</li> <li>5. Considering impact on all well-being goals together and on other bodies</li> </ol>
<b>Planned business for the next meeting:</b>	<p>Range of regular reports plus</p> <ul style="list-style-type: none"> <li>• Revised Delivery Plan</li> <li>• Feedback from the public</li> <li>• Other matters to be confirmed through the annual planning process</li> </ul>
<b>Date of next meeting:</b>	Date of next meeting is to be confirmed

# **MID WALES JOINT COMMITTEE FOR HEALTH AND CARE**

## **UPDATE REPORT – OCTOBER 2022**

### **1. Introduction**

The Mid Wales Joint Committee met virtually via Zoom on 31<sup>st</sup> October 2022. The main focus of the Joint Committee's business was to discuss latest update on the Mid Wales Priorities and Delivery plan for 2022/23, proposed future arrangements for the Joint Committee and the Rural Health and Care Wales work programme for 2022/23. Members of the public were offered the opportunity to submit any questions in advance of the meeting as well as being able to join the 'live' meeting to observe and ask any questions / raise any concerns during the Listening to You session.

### **2. Mid Wales Priorities and Delivery Plan 2022/23**

The work of the Mid Wales Joint Committee is co-ordinated by the Mid Wales Planning & Delivery Executive Group which is led by the Chief Executive of Hywel Dda University Health Board in his role as Lead Chief Executive of the Mid Wales Joint Committee. The main focus of the group's work is to oversee the development and implementation of the Mid Wales Priorities and Delivery Plan which is considered alongside individual organisational plans together with the consideration of any other emerging matters which require a collaborative discussion and regional approach.

For 2022/23 the priority areas for joint working across Mid Wales are based on the clinical priorities developed by the Mid Wales Clinical Advisory Group and the key actions within organisational COVID-19 recovery plans and IMTPs in order to support the Welsh Government's expectation for Health Boards to work together to deliver regional solutions to meet the demand of both COVID and non-COVID pathways and work together, across organisational boundaries, to plan and deliver on a regional basis. These priorities will focus on a whole pathway approach with regional links between primary, secondary, community and social care with a Value Based Health Care approach.

Key points to note are as follows:

- **Social and Green Solutions for Health**

Progress on this priority has been delayed due to its reliance on the national work being undertaken by the Welsh Government on the development of an All Wales Framework. The scoping of Social Prescribing in Wales has been completed and the "Understanding Social Prescribing in Wales" report made public in May 2022. The consultation on National Framework for Social Prescribing was launched on 2<sup>nd</sup> August 2022 with the closing date for feedback on 20<sup>th</sup> October 2022. The new framework will set out standards, guidance and actions developed at a national level to ensure a consistency of delivery across Wales.

- **Ophthalmology**

The Joint Clinical Lead for Eye Care services / Consultant Ophthalmologist for Mid Wales, which is now a joint arrangement between Powys Teaching Health Board and Hywel Dda University Health Board, was advertised in September 2022 and no applications were received for this post. A meeting of the Mid Wales Ophthalmology group has been arranged for 16<sup>th</sup> November 2022 on the available options and next steps for this Mid Wales leadership role which has been out to recruitment on three occasions over the last three years. Alternative options which will be considered for this role include

Optometrists and specialist nurses supporting this role. The preferred option will be presented to the Mid Wales Clinical Advisory Group for their approval.

- **Community Dental Services**

A meeting was held on 11<sup>th</sup> October 2022 with the Hywel Dda University Health Board and Powys Teaching Health Board Dental leads and Bronglais General Hospital General Manager to discuss next steps with the following agreed:

- Referrals for Hywel Dda University Health Board patients (North Ceredigion) to the Newtown clinic for intermediate oral surgery service for complex extractions to be resumed as from January 2023 (start date to be confirmed).
- Work to be commenced on exploring the feasibility of an integrated service for a General Anaesthetic special care service at Bronglais General Hospital.

- **Urology**

Following a number of discussions, the Mid Wales Clinical Advisory Group, agreed that the top three clinical priorities would be 1. Urology, 2. Palliative Care and 3. Rheumatology. A successful first workshop was held on 12<sup>th</sup> September 2022 (rearranged from 23<sup>rd</sup> June 2022) to ascertain what current Urology pathways looked like and what the current issues were. Issues identified include monitoring of PSA levels, challenges with capacity in the system and a lack of defined pathway. A second workshop has been arranged for 29<sup>th</sup> November 2022 to review data and feedback from GP Practices on the current processes in place for monitoring patients.

- **Cross Border Workforce solutions**

The first cohort of nursing students commenced their studies at Aberystwyth University in September 2022. Health Education and Improvement Wales awarded a Welsh Government-funded contract to Aberystwyth University to educate both adult and mental health nurses. The new degree courses offer students who started their studies this year the opportunity to study up to half of their course through the medium of Welsh and will include placements in a range of rural community settings across Mid Wales.. Nursing education at Aberystwyth University has been developed with the support of several partners, including Hywel Dda, Betsi Cadwaladr and Powys Health Boards as well as service users and carers.

To support this Aberystwyth University has created a suite of high-quality clinical practice rooms within its new Healthcare Education Centre, which is located opposite Bronglais General Hospital, Aberystwyth. The £1.7 million development was supported by a grant of £500,000 from the Welsh Government. A central part of the new site is a Clinical Skills Unit with high-fidelity simulation areas that reflect the patient's journey from home and community services through to assessment, planned and acute care. The new teaching equipment includes virtual reality headsets for experiencing ageing and life-size human models that simulate a wide variety of health conditions.

A presentation on workforce modelling provided to the Mid Wales Planning and Delivery Executive Group on 3<sup>rd</sup> October 2022 was provided by the Hywel Dda University Health Board Workforce Director. The Hywel Dda model which included planning assumptions regarding vacancies, recruitment, training, retention, support worker development etc. was outlined. This could provide a basis for developing a standard template/model approach to outline key interventions planned to address nursing workforce and their associated planning assumptions and also used to model scenarios over the next 5 years to help identify gaps/actions. The consolidated position for the three Health Boards was



outlined and it was agreed that further work be undertaken to between the three Health Board workforce teams to identify the Mid Wales position.

- **Clinical Strategy for Hospital Based Care and Treatment and regional solutions**

The Bronglais General Hospital Strategy Implementation Group met on 15<sup>th</sup> September 2022 with a focus on undertaking a stocktake of the current position. A review of the strategy is to be undertaken to ensure it is up to date post the COVID-19 pandemic. This review is being supported by the Mid Wales Joint Committee team. The review paper is planned to be presented to the Hywel Dda University Health Board meeting on 24<sup>th</sup> November 2022. Once the review is complete the strategy will be brought back as a reviewed strategy to ensure it aligns with other plans.

### **3. Mid Wales Clinical Advisory Group**

The Mid Wales Clinical Advisory Group, whose role is to provide clinical advice and make clinically based recommendations, meets bi-monthly. For this reporting period the main focus of work has been on its top priority clinical pathway - Urology. The group has also received updates on the Mid Wales Priorities and Delivery Plan 2022/23, Bronglais General Hospital Strategy, North Powys Wellbeing Programme, recruitment for the Joint Clinical Lead post in Eye Care service and future arrangements for the Mid Wales Joint Committee.

The group noted that Health Boards are being challenged by Welsh Government to start counting delays in hospitals and that Mid Wales is challenged by cross border delays. The next meeting on the group will consider delays in Hospitals including Repatriations and Transfers with members to share their ideas on shared pathways and shared learning

### **4. Future arrangements for the Mid Wales Joint Committee**

Following a post COVID-19 review of the Joint Committee, the detailed proposals on the future arrangements for the Mid Wales Joint Committee have been agreed as follows:

- Joint Committee meetings to be replaced with one annual planning meeting and one annual conference to receive updates on the delivery of the plan.
- Development and delivery of Mid Wales Joint Committee priorities and delivery plan to led by the main Joint Committee sub-groups - Mid Wales Planning and Delivery Group and Mid Wales Clinical Advisory Group.
- Establishment of a Mid Wales Social Care group in order to strengthen the focus on Social Care and the alignment of plans for social care services across Mid Wales.
- Bi-annual Mid Wales plans/reports to be reported to Health Boards and Local Authorities for monitoring and scrutinising.
- Existing engagement and involvement mechanisms for Health Boards and Local Authorities to be used as the main tools for Mid Wales engagement and involvement.
- Explore a more permanent arrangement for Rural Health and Care Wales and an academic home will be explored for Rural Health and Care Wales with the Chair post to be fulfilled by an academic role.

## **5. Mid Wales Strategic Commissioning Group**

The Mid Wales Strategic Commissioning Group was established for the three Mid Wales Health Boards to fulfil their commissioning role collaboratively, in the development and implementation of equitable, accessible, evidence-based, safe, effective and sustainable services for the residents of Mid Wales. The Group met on 4<sup>th</sup> July 2022 at which it was agreed that i) Betsi Cadwaladr University Health Board and Powys Teaching Health Board would circulate to the group their commissioning requirements and ii) Hywel Dda University Health Board would circulate the outputs of the work being undertaken to identify what additional capacity was available. Following this, two potential areas - Colorectal and Rheumatology - where there may be potential opportunities for Hywel Dda University Health Board to provide additional capacity were identified and work undertaken to date is as follows:

- Colorectal - Hywel Dda University Health Board has established a Task and Finish Group meeting to look at establishing colorectal clinics at Newtown and a Mid Wales colorectal pathway within a timescale of 6 months. Data on current activity, current waiting lists and potential capacity for Powys Teaching Health Board to be provide endoscopy services will be considered at its next meeting.
- Rheumatology - The job description for the Consultant in Rheumatology post, to be based at Bronglais General Hospital, has now been approved by the Royal College.

Work is being undertaken to explore support across the three Health Boards for the Covid-19 recovery programme.

## **6. Update on Key Programmes across Mid Wales** **North Powys Wellbeing programme**

The Strategic Outline Case for the multi-agency campus in Newtown was submitted to the Welsh Government in Spring 2022. Work has commenced on the development of the Outline Business Case which is planned to be submitted to the Welsh Government in 2023.

Workshops have been arranged for November 2022 which will be concentrating on five key areas including Mental Health, Diagnostics and Planned Care, Social Model for Health, Integrated Community Model and Children and Young People. This will support the work on scoping what can be done in North Powys and what can be done in conjunction with neighbouring Health Boards. Work will commence in January 2023 to look at how pathways will work.

## **Hywel Dda University Health Board: A Healthier Mid and West Wales Programme** **Business Case - Detail on Bronglais General Hospital**

The implementation of the Bronglais General Hospital: Delivering Excellent Rural Acute Care' is one of Hywel Dda UHB's Planning Objectives. 'Planning Objective 5F: Fully implement the Bronglais Hospital Strategy over the coming three years as agreed at Board in November 2019, taking into account the learning from the COVID-19 pandemic. The Programme Business Case Hywel Dda University Health Board's A Healthier Mid and West Wales: Our Future Generations Living Well supports the delivery of this strategy.

The Bronglais General Hospital Strategy Implementation Steering Group leads on the development and implementation of a phased approach to the delivery of the strategy. Work to implement the strategy has slipped during COVID-19, but progress has been made against a number of areas including reducing the number of single handed consultants and developing a frailty model for the site.

A review of the strategy is currently being undertaken to examine what has been learned from the changes made during the pandemic which will influence and enhance the actions set out in the plan. This review is being supported by the Mid Wales Joint Committee team. The review paper is planned to be presented to the Hywel Dda University Health Board meeting on 24<sup>th</sup> November 2022. Once the review is complete the strategy will be brought back as a reviewed strategy to ensure it aligns with other plans. Project management resource in order to support for the implementation of the strategy is being explored.

## **7. Rural Health and Care Wales**

The two-day Rural Health and Care Wales Conference will be held on 8<sup>th</sup> and 9<sup>th</sup> November 2022 and will once again staged as a hybrid event, an in-person audience at the Royal Welsh Showground, Builth Wells, and live streaming for online access. The Conference theme for this year is 'Learning from the Past, Looking to the Future – a focus on best practice, innovation and research that is driving delivery in health and care services in rural Wales with the following conference strands:

- Lessons learnt from the Covid-19 pandemic and their impact on Rural Health and Care;
- The delivery of integrated Health and Care services in Rural areas;
- The role of Rural Communities in Health and Care;
- Telehealth / Telemedicine and the remote delivery of Health and Care services in Rural areas;
- Social / Green Prescribing and their impact on Health and Wellbeing;
- Recruitment, Retention and new roles in Health and Care in Rural areas;
- Education, Training and Continuous Professional Development for Health and Care professionals working in Rural areas.

## **8. Delivering Value in Rural Wales**

Following a review of the Value Based Health Care Project Manager joint post, which was established for an initial period of 12 months, it was agreed by the three Health Boards that the role should not continue beyond its initial establishment period. The decision was based on the fact that two of the three key actions, establishment of connections between Value Based Healthcare teams for the three Health Boards and the case based education programme around delivering Value Based Health Care, had been delivered. The one outstanding action was in relation to utilising academic collaborations including a Professorship in Health Economics post at Aberystwyth University, supported by two Postgraduate Research Fellows, to deliver a body of research on what the unique challenges were for delivering Value Based Health Care in a rural economy and how to look beyond these challenges. An appointment was made to Professorship in Health Economics post in August 2022 and when in post they will lead on the recruitment to the Postgraduate Research Fellows.

## **9. Membership of the Joint Committee**

### **Lead Chair**

Maria Battle, Chair of Hywel Dda University Health Boards, has taken on the role of Interim Lead Chair for the Joint Committee in place of Professor Vivienne Harpwood whose role as Chair of Powys Teaching Health Board ended on 16<sup>th</sup> October 2022. Thanks were extended to Professor Harpwood for her support and leadership of the Mid Wales Joint Committee and the former Mid Wales Healthcare Collaborative over the last 8 years

Other changes to leadership roles across Mid Wales include:

- Jack Evershed ended his role as Chair of the Mid Wales Public and Patient Engagement and Involvement Forum on 31<sup>st</sup> July 2022. This role will no longer continue with engagement and involvement with the Mid Wales population being undertaken through existing mechanisms for Health Boards and Local Authorities had strengthened significantly over the years.
- Carl Cooper has been appointed as the new Chair of Powys Teaching Health Board for a term of four years and commenced in the role on 17<sup>th</sup> October 2022.
- Dylan Owen has replaced Morwena Edwards as the Corporate Director Lead for Adult Social Services and Health (Strategic) for Gwynedd Council.
- Nina Davies has replaced Alison Bulman as the Director of Social Services for Powys County Council.
- Audrey Somerton Edwards has been appointed to the role of Interim Statutory Director of Social Services for Ceredigion County and will replace Sian Howys who has recently retired.

#### **10. Mid Wales Joint Scrutiny Working Group**

Following the Local Authority elections in May 2022 the Ceredigion County Council and Gwynedd Council representation on the Mid Wales Joint Scrutiny Group has now been confirmed. Powys County Council ceased their membership of this group due to re-structuring and pressures on time, however, it is hoped that they will be in a position to re-engage with the group in the future.

The Mid Wales Joint Scrutiny Group will be meeting at a time and date to be confirmed to discuss its work programme and to consider what members wish to scrutinise following the Joint Committee meeting held on 31<sup>st</sup> October 2022.

#### **11. Feedback from the public**

Matters raised by the public during the Joint Committee meeting included the following:

- Concerns over how much engagement Betsi Cadwaladr and Hywel Dda University Health Boards have had with Powys Teaching Health Board regarding the new development at Bro Ddyfi, Machynlleth.
- Difficulty in accessing GPs at the Tywyn Medical Practice.
- Proposed closure of the air ambulance sites at Caernarfon and Newtown.
- Lack of a Minor Injuries Unit at Tywyn Hospital.
- Reduced number of beds at Tywyn Hospital.
- Lack of NHS Dentistry services in the South Meirionnydd area.

Given the wide ranging issues raised the Interim Lead Chair agreed to ask the Chair of Betsi Cadwaladr University Health Board and Powys Teaching Health Board for public meetings to be held at Tywyn and Machynlleth to allow members of the public the opportunity to share their concerns directly with the Health Boards. The Mid Wales Joint Committee offered to help facilitate these meetings should the individual Health Boards require support.



<b>Teitl adroddiad:</b> <i>Report title:</i>	Update on the Year 1 People Strategy & Plan		
<b>Adrodd i:</b> <i>Report to:</i>	Partnerships, People and Population Health Committee		
<b>Dyddiad y Cyfarfod:</b> <i>Date of Meeting:</i>	17 <sup>th</sup> January 2023		
<b>Crynodeb Gweithredol:</b> <i>Executive Summary:</i>	The purpose of the paper is to outline the current position in relation to the People Strategy Delivery Plan (Year 1).		
<b>Argymhellion:</b> <i>Recommendations:</i>	The Committee is asked to note what has been achieved so far within the Year 1 Delivery Plan, and to note the process to refresh the People Strategy & Plan and Year 2 Delivery Plan.		
<b>Arweinydd Gweithredol:</b> <i>Executive Lead:</i>	Sue Green Executive Director of Workforce & OD		
<b>Awdur yr Adroddiad:</b> <i>Report Author:</i>	Claire Wilkinson Interim Deputy Director of Operational Workforce & OD		
<b>Pwrpas yr adroddiad:</b> <i>Purpose of report:</i>	I'w Nodi <i>For Noting</i> <input checked="" type="checkbox"/>	I Benderfynu arno <i>For Decision</i> <input type="checkbox"/>	Am sicrwydd <i>For Assurance</i> <input checked="" type="checkbox"/>
<b>Lefel sicrwydd:</b> <i>Assurance level:</i>	<b>Arwyddocaol</b> <i>Significant</i> <input type="checkbox"/> Lefel uchel o hyder/tystiolaeth o ran darparu'r mecanweithiau / amcanion presennol <i>High level of confidence/evidence in delivery of existing mechanisms/objectives</i>	<b>Derbyniol</b> <i>Acceptable</i> <input type="checkbox"/> Lefel gyffredinol o hyder/tystiolaeth o ran darparu'r mecanweithiau / amcanion presennol <i>General confidence / evidence in delivery of existing mechanisms / objectives</i>	<b>Rhannol</b> <i>Partial</i> <input checked="" type="checkbox"/> Rhywfaint o hyder/tystiolaeth o ran darparu'r mecanweithiau / amcanion presennol <i>Some confidence / evidence in delivery of existing mechanisms / objectives</i>
			<b>Dim Sicrwydd</b> <i>No Assurance</i> <input type="checkbox"/> Dim hyder/tystiolaeth o ran y ddarpariaeth <i>No confidence / evidence in delivery</i>

**Cyfiawnhad dros y gyfradd sicrwydd uchod. Lle bo sicrwydd 'Rhannol' neu 'Dim Sicrwydd' wedi'i nodi uchod, nodwch gamau i gyflawni sicrwydd 'Derbyniol' uchod, a'r terfyn amser ar gyfer cyflawni hyn:**

**Justification for the above assurance rating. Where 'Partial' or 'No' assurance has been indicated above, please indicate steps to achieve 'Acceptable' assurance or above, and the timeframe for achieving this:**

Whilst the Executive Delivery Structure has been subject to review and operating model implemented, this has placed significant focus on the work being undertaken by corporate teams rather than being able to see evidence of ownership and delivery in clinical and operational teams and services. Assurance levels will be clearer when there is a dedicated People governance infrastructure as part of the Integrated Health Communities governance and assurance structure.

<b>Cyswllt ag Amcan/Amcanion Strategol:</b> <b>Link to Strategic Objective(s):</b>	Living Healthier Staying Well (LHSW) – Improve the safety and quality of our service Integrated Medium Term Plan (IMTP) Employer of Choice
<b>Goblygiadau rheoleiddio a lleol:</b> <b>Regulatory and legal implications:</b>	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 Clywd and Vascular Services are impacted by the workforce within these services.
<b>Yn unol â WP7, a oedd EqIA yn angenrheidiol ac a gafodd ei gynnal?</b> <b>In accordance with WP7 has an EqIA been identified as necessary and undertaken?</b>	An EQIA was undertaken in preparation of the Strategy and will be refreshed as part of the development of the Year 2 Delivery Plan.
<b>Yn unol â WP68, a oedd SEIA yn angenrheidiol ac a gafodd ei gynnal?</b> <b>In accordance with WP68, has an SEIA identified as necessary been undertaken?</b>	A SEIA was undertaken in preparation of the Strategy and will be refreshed as part of the development of the Year 2 Delivery Plan.
<b>Manylion am risgiau sy'n gysylltiedig â phwnc a chwmpas y papur hwn, gan gynnwys risgiau newydd (croesgyfeirio at y BAF a'r CRR)</b> <b>Details of risks associated with the subject and scope of this paper, including new risks( cross reference to the BAF and CRR)</b>	CRR21-13 Nurse Staffing CRR21-17 CAMHS Out of hours provision CRR22-18 IPC Capacity CRR22-23 Unscheduled care and Winter resilience
<b>Goblygiadau ariannol o ganlyniad i roi'r argymhellion ar waith</b> <b>Financial implications as a result of implementing the recommendations</b>	No direct implications arising from this report. Financial impact of workforce performance reported through Performance, Finance and Information Governance Committee.
<b>Goblygiadau gweithlu o ganlyniad i roi'r argymhellion ar waith</b> <b>Workforce implications as a result of implementing the recommendations</b>	No direct Workforce implications arising from this report.
<b>Adborth, ymateb a chrynodeb dilynol ar ôl ymgynghori</b> <b>Feedback, response, and follow up summary following consultation</b>	Realignment of reporting across three Committees: Partnerships, People and Population Health Performance, Finance and Information Governance, and Remuneration and Terms of Service Committee has been agreed with Committee Chairs. Outline Schedule attached at Appendix 1
<b>Cysylltiadau â risgiau BAF:</b> (neu gysylltiadau â'r Gofrestr Risg Gorfforaethol) <b>Links to BAF risks:</b> (or links to the Corporate Risk Register)	BAF21-18 Effective Alignment of our People

<p><b>Rheswm dros gyflwyno adroddiad i fwrdd cyfrinachol (lle bo'n berthnasol)</b></p> <p><i>Reason for submission of report to confidential board (where relevant)</i></p>	<p>N/A</p>
<p><b>Camau Nesaf:</b></p> <p><i>Next Steps:</i> <i>Development of Year 2 Delivery Plan</i></p>	
<p><b>Rhestr o Atodiadau:</b> Dim</p> <p><b>List of Appendices:</b></p> <ul style="list-style-type: none"> <li>- Appendix 1 – Schedule of Workforce Reporting agreed with Committee Chairs</li> <li>- Appendix 2 - HBLT Slides – 20.12.22</li> <li>- Appendix 3 - PFIG Workforce Performance Report – 22.12.22</li> <li>- Appendix 4 - Board Workshop Slides – 01.12.22 (Recruitment Review)</li> </ul>	

## **1. Introduction/Background**

The People Strategy & Plan including the Year 1 Delivery Plan was presented and agreed at the Health Board 26th May 2022. It had previously been discussed at Partnerships, People & Populations Health Committee 20th May 2022, the Health Board 30th March 2022 and 10th March 2022, the Executive Team on 2nd March 2022, Partnerships, People & Populations Health Committee 14th October 2021, 9th December 2021, 12th January 2022 and 10th February 2022, and at a Board Workshop on 7th October 2021.

Since that time, updates have been provided at Partnerships, People & Populations Health Committee 20th May 2022, 12th July 2022, 13th September 2022 and 8th November 2022.

Regular updates have been provided to EMG and then the new HBLT on the Operating Model hierarchies and the outstanding design work. Recent slide deck to HBLT is in Appendix 2.

Implementation of the delivery plan is overseen by the Executive Delivery Group for People & Culture (EDG) chaired by the Executive Director for Workforce & OD.

### **Evolving Design & Delivery Architecture:**

In March of this year the People Strategy & Plan was published, describing a series of ambitious goals and priorities for delivery between 1<sup>st</sup> April 2022 and 31<sup>st</sup> March 2025. Delivered via 5 large scale change programmes of work:

- Our Way of Working
- Strategic Deployment (Golden Thread)
- How we Organise Ourselves (Operating Model)
- The Best of Our Abilities
- How we Improve & Transform

Large scale change is very much an emergent process, influenced by multiple factors including outputs from detailed discovery (diagnostic activities), the capacity, capability and stability of the organisational system to absorb change, the number of changes initiatives being attempted and the availability of specialist change resource. As a consequence of these factors regular review and necessary course correction are sensible and mature actions to take.

During the course of this year we proposed to course correct our year 1 delivery architecture and scale back our short-term ambitions to enable our limited organisational capacity and capability to focus on a narrower portfolio of projects across each programme. Prioritising those projects, in particular the implementation of the revised Operating Model and recruitment review where short-term results can be more easily realised. A couple of the programmes have changed, for example The programme we called: How we Improve & Transform would be realigned permanently with the projects: (a) Building Strong Foundations in Transformation & Improvement system and structure, (b) Improving the way we manage Large Scale Change transferring to the Transformation EDG.



The purpose of the report is to provide an update and assurance to the committee on progress against all elements outlined in the sections below for the Year 1 of the People Strategy & Plan.

The report is set out into the following sections:

**People Strategy – Delivery Plan 22/23:** update against the year 1 deliverables laid out in the plan that outlines how the People Strategy programmes will be delivered across the organisation.

**Staff Survey:** update for 2023

## **2. The Delivery Plan Monitoring:**

The People Strategy & Plan continues to drive the delivery of significant activity and build momentum to deliver better outcomes for our population through our people.

The Delivery Plan monitoring arrangements aim to support the delivery of activities, provide assurance and advise EDG – People & Culture on management actions where required. This includes ensuring appropriate resource, capacity is available to support delivery and that proportionate assurance, and risk management arrangements are in place.

Programme/Project leads, named within the detailed Programme Delivery Plans, are responsible for providing a monthly update on activity progress. Information collated focuses largely on exceptions where there are issues to successful delivery and is used to build both individual activity information and whole Health Board trends over time.

The Executive Delivery Group – People & Culture plays a key role in providing assurance on the development and delivery of the People Strategy Delivery Plan activities. The EDG provides an opportunity for the Health Board's Leadership to informally engage and influence the development of delivery plan activities at an early stage. As well as this, where the Delivery Plan monitoring identifies activities of concern, the EDG provides an opportunity to address specific lines of enquiry.


The running of the EDG has been impacted by the firming up of the Operating Model Governance and Assurance structure as this has continued to change over the last quarter. In addition, the establishment of a dedicated "people" governance and delivery structure through the Integrated Health Communities etc is essential in the delivery of assurance that work and improvements are delivered "Board to Delivery (Ward)". This is not currently in place but should be agreed for quarter 4 2022/23.


### **Programme support:**

We have recently had a refresh of the programme team to enable appropriate capacity and skill set to be aligned to projects. This will strengthen our delivery opportunities going forward.

### **Year 1 Delivery Plan for 2022/23 – Summary update:**

Much of what is set out in this Year 1 Delivery Plan is underway, with issues being recognised and positive action taken. We have added additional workstreams following engagement and co-design across the organisation and have continuously re-prioritised based on the opportunities and challenges facing our people and to align efforts across the Health Board.

Strategic Theme	Year 1 Deliverables – SRO Angela Wood / Dylan Roberts
<p><b>Our Way of Working</b></p>  <p>What we value and how we should treat each other – including how colleagues are listened to and supported</p>	<p><b>Values &amp; Behaviours</b></p> <p>Develop a charter for a Health Board behavioural compact for all professional groups. The behavioural compact will be embedded in every aspect of the employee journey from on-boarding, active employment and exit. Individuals and teams will be able to demonstrate how their behaviours are having a positive impact on individual and team performance in the provision of patient care.</p> <p>Individuals will be able to describe being engaged in the organisation's health and performance. Customer focussed – ensuring patients, partners, contractors, and colleagues always receive the best service and are treated with respect and inclusivity.</p>
<p><b>Update</b></p>	<p>The co-design work which was part of the Leading Well event on 30<sup>th</sup> September 2022 has begun with a co-production contact strategy for 2023 to be in place to facilitate local compacts and an overarching pan organisation compact.</p> <p>The project scope centres on the “gives and the gets”, required to understand and act upon the root cause which creates poor behaviour in a restorative rather than punitive way, to learn, challenge and further embed the values as they are lived in the organisation, at both a Betsi and local team level.</p> <p>To ensure values and behaviours are clearly understood by all and are consistently modelled.</p> <p>Poor personal behaviours and contribution to be addressed more consistently in a compassionate and effective way across the organisation at all levels.</p> <p>The behavioural compact is embedded in every aspect of the employee journey, from on-boarding, active employment and exit.</p> <p>So far,</p> <ul style="list-style-type: none"> <li>- Work has begun to establish the foundation of a Behavioural compact at a senior leadership level with the launch of the Leading Well series of events supporting new and emerging teams as part of the new operating model.</li> <li>- The first phase has concentrated on a facilitated workshop which gave delegates the opportunity to explore key themes through appreciative enquiry in a safe environment with their own senior team.</li> <li>- The workshop was attended by 135 top tier leaders, and designed to provide an experiential experience, a show and tell, with a workbook and facilitators to support leaders replicate all or parts of the exercises delivered on the day within their local teams.</li> <li>- The co-design work which was part of the Leading Well event in September has begun with a 2023 co-production contact strategy in place to facilitate local compacts and an overarching pan organisation compact.</li> <li>- The next Leading Well event in March 2023 will measure and consolidate the impact of the first workshop.</li> <li>- Feedback has been provided to the Executive team from the event.</li> </ul> <p><b>What is next?</b></p> <ul style="list-style-type: none"> <li>• As the year 1 workstream comes to end, it will collapse the Leading Well elements into the Integrated Leadership project and will aim to hold a number of further events over the course of the year.</li> <li>• Through the work completed at the event, immersive and experiential development sessions are being rolled-out to enable staff to explore what this means for them and how they need to evolve to work within the new behavioural compact</li> <li>• The OD team will provide further support and guidance to establish local practice and co-facilitate deep dives.</li> </ul>

	<ul style="list-style-type: none"> <li>• Silver Maple to continue to provide support through Team Coaching and each team will use a series of pulse surveys to measure the impact locally.</li> <li>• Further work to integrate and establish the Betsi values into lived experience. Alignment work includes values-based recruitment, career progression, succession and talent, PADR and leadership development</li> <li>• A 3-5 year plan will be developed with key determinates and measurable as the work continues to adapt to local needs, ensuring all aspects add value and create the necessary changes for improvement.</li> </ul> <p>Within YGC, discussions remain active in the development of a phase 1 clinical compact. A clinical compact is a validated process that has been developed in many successful healthcare organisations, most notably Virginal Mason in the US. It is a tool for improving engagement between clinical staff and the organisation, most pertinently the senior leaders within the organisation. Organisations that have successfully implemented a clinical compact have reported increased consistency of performance, with shared goals that are based on mutually agreed behaviours and expectations.</p> <p>This clinical compact is an opportunity for clinicians to take the lead in outlining what the expected standards are on the YGC site that can both be applied now and equally be principles to guide us for many years to come. This will describe expectations and support that clinicians will have from managers, will describe what clinicians will commit to in return, and outline what the benefits will be for our population of progressing such an approach.</p> <p>So far, a scoping exercise has involved engagement with key stakeholders on the YGC site, and conversations have just started with the Stronger Together team in working collaboratively in shaping the content, ensuring the golden thread of the behavioural compact is embedded and to think longer term to roll this out across the organisation.</p>
<p><b>Our Way of Working</b></p> 	<p><b>Just and Learning Culture</b></p> <p>Building on the progress made with the introduction of Speak out Safely and Learning from the feedback from discovery, we will co-design our “learning from” processes as part of the development of our transformation and improvement system.</p>
<p><b>Update</b></p>	<p>Speak Out Safely (SOS), launched in April 2021, is the new approach in the Health Board supporting staff to raise concerns and replaced the former SafeHaven process. SOS includes a number of interrelated elements including: the ability for staff to raise concerns anonymously through an externally hosted platform, known as ‘Work in Confidence’; support and guidance from Speak out Safely Guardians; a Multi-Disciplinary Team (MDT) which reviews and co-ordinates responses to concerns raised to ensure a consistent approach, identify common themes and capture learning from concerns raised; and a network of SOS Champions.</p> <p>There is a draft Operating Procedure and Process Map for SOS, which outlines the process and roles within it. This includes the various routes to raise a concern, including those outside of SOS.</p> <p>The Speak Out Safely (SOS) site on the Health Board intranet site (BetsiNet) explains what SOS is; how SOS stands alongside the usual routes staff can take to raise concerns. A link and access details for Work in Confidence (WiC), the independent and anonymous platform being used in the Health Board to give staff a route to raise concerns if anonymity is an important consideration, is also provided. Other pages include information on who SOS Guardians are, how to become a SOS Champion, and who the SOS team is, including contact information.</p>

Information on SOS has been highlighted in a variety of ways to raise awareness across the Health Board, such as new starter orientation sessions, junior doctor inductions and presentations to various meetings.

Information on the service is also available on the ESR homepage and, Workforce and Organisational Development (WOD) periodically remind staff of the service and of the increasing links being made with Staff Wellbeing Support Service' (SWSS) to promote both at the same time to extend reach.

A project plan and communications plan are in place, which include how lessons learned are captured and how they will be communicated. The Project Plan details activities, target quarter, progress update and RAG status.

Over the course of the next 12 months, the aim will be to continue to build on the progress to date, remain engaged with the All Wales working group, and continue to embrace on-going improvements through maintaining a 'learning and refinement' approach, importantly using the feedback from staff themselves who have engaged with SOS to inform the ongoing development of SOS.

An audit was undertaken in November 2022 to assess SOS use by staff to raise concerns and the process operating once a concern is raised. The audit team issued reasonable assurance and to note that 2 out of the 4 assurance objectives received substantial assurance.

The project scope for Just Culture is to:

- Create a Restorative Just and Learning Culture in which people are not punished for actions, omissions or decisions taken by them which are commensurate with their experience, qualifications and training but where gross negligence, recklessness, wilful violations and destructive acts are not tolerated.
- Integrate these principles into several other areas – including psychological safety and respect & resolution.
- The current scope relies on People Services to establish good practice guidance and a set of principles that the organisation can adopt that work to increase the opportunity for improvement in complex and high-risk settings.
- Embed an approach that can support the development and improvement of patient and staff safety, wellbeing and trust amongst teams.

The Just Culture project has been taken forward by People Services colleagues to assess the infrastructure and products required for the team to act as a central hub where Just Culture flows from the employee relations work. By changing the way supporting and manage cases and enabling colleagues to coach others will make a fundamental difference to the embedding of this approach.

There is also a significant overlap to behaviours as part of the compact and strategic deployment in regard to course correction.

Just Culture has already been embedded in several NHS Trusts in England. We have linked with a Project Manager implementing the framework in the south and worked through the lessons learnt which has emphasised the need for fundamental changes in ER procedure and policy, training and a strong need for leadership engagement to ensure any behavioural change builds trust between colleagues in frontline services and management. With the economic crisis staff are more likely to work in a culture of fear because they value their job, income etc and therefore the communications around this work will need to be carefully positioned. One likely

outcome is that formal case work will reduce over time, with an initial drop, whilst local level management of the informal procedure will increase short term whilst the new process is embedded. Resource will still need to be allocated as HR colleagues will need to coach investigators through supported practice and a series of training modules and toolkits will need to be developed as part of the OD suite and leadership pathway. Longer term this approach will create trust and improve engagement but also reduce the burden on central and local resources whilst also improving patient experience. It will provide a mechanism for continual improvement and learning at both a local and national level.

So far,

- With the realignment of the new People Services, and the establishment of a new People Operations team and Case Management team, we are now reviewing our processes.
- Using evidence and insights from NHS England, Swansea and Mersey Care, a set of principles are now being tested and piloted on a number of past cases.
- The impact of a less informal route can be measured and if implemented across all informal cases could significantly reduce the number of formal cases.
- The People Business Partnering model (technique of fact establishment) is being trialled - managers and investigators will be coached through the toolkit which provides an opportunity to test whether there was deliberate harm, health issues to consider, appropriate foresight, substitution, i.e. would a peer with the same level of understanding and competence act in the same way or any mitigation that should be considered.

#### What is next?


- The Head of Case Management will attend a 4 day course in March 2023 on Implementing a Restorative Just & Learning Culture in NHS Organisations, with a particular focus on Mental Health (provided by Merseycare NHS Foundation Trust & Northumbria University) and will embed the learning in our policies and practices.
- Seminars and workshops with executives, managers and people services to determine and agree the BCUHB approach to a Restorative Just and Learning Culture.
- Develop a collective charter or agreement at Board level to ensure the approach is endorsed from the very top of the organisation.
- Develop a communication plan and campaign approach to endorse this new way of working.
- Training for managers and investigating officers will be developed and delivered, along with support for any affected individuals, decision makers and organisational leaders.
- Create comprehensive management guidance and clear communication to support all line managers in the organisation through a dedicated SharePoint Site.
- Employ the new Case Management System in establishing a reporting framework for data feeds and insights to show progress or intervention points to provide assurance and governance to key stakeholders.

**Our Way of Working**



#### **Staff Support & Wellbeing**

We will consolidate and expand our Staff Wellbeing Support Service for individual staff, teams and managers. For example: Schwartz rounds, emotional resilience

	training, relationship building, and to replicate the five tier integrated 'pyramid' model of support.
Update	<p>Over the past 12 months SWSS has continued to consolidate our staff support offers to individuals and the service has been receiving a constant flow of requests from teams/services for a range of issues but all relating to how they may navigate difficult issues that impact of staff wellbeing. Two large MDT work streams we are currently involved with include the Cancer Division and Maternity Services, and colleagues from HR and OD have joined to help assess, formulate and contribute to plans for how these departments can best support their staff.</p> <p>The organisation has now had its fourth Schwartz Round event, with themes ranging from <i>"A Patient I'll Never Forget"</i>; to <i>"A Day in the Life of"</i>; <i>"We are more than just..."</i>; and <i>"When courage and determination inspire"</i>. Overall feedback has been very positive with 100% of attendees at each round have said that they would recommend SR to colleagues; and we have been able to attract a range of panellists from portering staff to library services staff; medics; admin and chaplaincy staff, thus working towards making BCU Schwartz Rounds as broad and inclusive as possible. We are hoping to grow our pool of Schwartz Round facilitators as currently it relies on only 2-3 staff and is not sustainable on this basis.</p> <p>In addition:  100% stated that they would be likely to attend again themselves  95% stated that the Rounds had helped them gain insight that would help them better meet the needs of patients  95% stated that they believed their experience of the Round would help them work better with colleagues.</p> <p>A couple of qualitative feedback comments that have been received:</p> <p><i>"Reassuring to hear my feelings echoed in others"</i>  <i>"Very powerful and moving experience"</i></p> <p>The Schwartz Rounds and other areas of support and guidance are clearly described on the Staff Wellbeing pages on BetsiNet.</p> <p>The five-tier model that is in place for individuals has been tricky to fully replicate for teams/services so far for a number of reasons; mainly to be able to provide the breadth and depth needed we would need to grow our SWSS workforce, as most of the team/service input has been reactive to situations that have already become difficult.</p>
Our Way of Working 	Engagement & Communication <p>Strengthen existing and developing new two-way communication networks (including leadership visibility) and linkage mechanisms.</p> <p>Building on existing structures and incorporating new mechanisms to support individuals through their employee journey.</p> <p>Develop Productive leader enabling materials and infrastructure</p>
Update	<p>The main workstream for this project has shifted towards leadership development to support people managers communicate more effectively and confidently to ensure maximum engagement with staff. Team brief toolkits are being developed by the Communications &amp; Engagement Team as part of their engagement strategy</p>



	<p>Utilising the National Staff Survey to understand movement from Discovery will be an important part of the evaluation of impact and areas of increased focus required.</p> <p>HEIW will again host the national staff survey in the Spring of 2023 (release date yet to be advised), the last one being in November 2020. The purpose and content of the survey is being reviewed at national level with questions likely to explore just and compassionate cultures and the impact of policies such as the Healthy Working Relationships framework. HEIW are currently establishing two task and finish groups to prepare for the next national staff survey: the first to identify what the survey will measure (the questions to be asked); and the second to procure and develop and appropriate platform to host the survey and analyse the data. There will be an opportunity for local questions to be added and we will ensure that questions used through Discovery in 2021/2022 are included to provide a comparator. We will also use the learning from the recent work at Ysbyty Gwynedd to ensure we can track progress using common questions.</p>
	<p style="text-align: center;"><b>Leadership &amp; Management</b></p> <p>Develop an integrated Leadership &amp; Management Development Framework for all professional groups.</p> <p style="text-align: center;">To develop opportunities for placements and secondments.</p> <p>To develop and implement a suite of leadership skills and knowledge programmes aligned to our system of improvement</p>
Update	<p>The project scope centres on leadership maturity and capability, providing the opportunity to bring all the development pathways into one integrated approach.</p> <p>Our response to the Discovery phase is there is duplication and often modules are similar in content but developed as a bespoke offering for a particular service/function.</p> <p>Our approach to talent management often means individuals miss the opportunity to grow and develop in a way that would add value to their development and that of the Health Board or NHS system as a whole.</p> <p>Over the coming months in collaboration with our operational stakeholders, we will be developing a generic offering that is consolidated and repeatable through an integrated approach providing a number of pathways that manage talent more effectively.</p> <p>Work has only recently begun as this has been an emergent theme which is now part of the Our Way of Working programme.</p> <p>A provider current state mapping event took place in November to:</p> <ul style="list-style-type: none"> <li>- bring together all of the great work that is currently in development, and being deployed using the evolving Betsi Way Improvement System</li> <li>- to understand common themes and variation across the leadership development work and how it aligns to the proposal previously presented at EMG</li> <li>- to understand our collective capability and capacity to design and deliver leadership development</li> <li>- collectively understand what is happening outside of our organisational boundaries and what good practice we can adopt</li> <li>• A customer design group will be scheduled towards the beginning of April 2023 in order to discover the leadership development need versus the existing portfolio of un-co-ordinated offers</li> </ul>

	<p><b>What is next?</b></p> <ul style="list-style-type: none"> <li>- Develop a suite of development interventions tactically aimed at the top 150 senior leaders and their PAs to facilitate a dynamic shift in their working practices.</li> <li>- Team based experiential learning encompassing: Meetings Management, E-mail management, MS Team Management, Digital document management, Workload management, Programme and project status at a glance, Information processing and Thinking systems strategies.</li> <li>- A comprehensive offer to all leaders in the organisation based on the principles of transformation and improvement is now being rolled out across the organisation.</li> <li>- All Executive and Senior leaders 8D and above will continue to be trained in the skills required to lead improvement using the BCU Improvement system.</li> <li>- Links to review of PADR</li> <li>- Ensure all onboarding/induction, learning and contribution frameworks include individual and team based continuous improvement knowledge, techniques at all levels of the organisation.</li> </ul>
	<p><b>Continuous improving and coaching skills</b></p> <p>Develop with key stakeholders a comprehensive on boarding and departure process for OM model and for all future roles.</p>
<b>Update</b>	<p>This links to the Leaving Well / Joining Well project below.</p> <p>In relation to career coaching, many staff impacted by the Operating Model restructures were offered career coaching with Silver Maple in order to develop career pathway and inform application decision making. The feedback received on the sessions taken were very positive.</p> <p>Individuals leaving the organisation were also offered Leaving Well conversations.</p> <p>For Leadership Development and Support for Emerging Teams – team coaching support has also been activated from Silver Maple in order to support the development of the new emergent IHC, Pan &amp; SOF Teams.</p>
	<p><b>Leaving Well / Joining Well</b></p>
<b>Update</b>	<p>The scope of this project is to productively engage with new starters and returners to Betsi, and to support recruitment and retention by providing information, support and guidance to enable employees to settle well into their roles.</p> <p>In addition, to support employees leaving Betsi, making their departure from the organisation a smooth one and aiming to increase retention of knowledge within the organisation.</p> <p>So far,</p> <ul style="list-style-type: none"> <li>• Stakeholder engagement (Discover phase) – identified the need for more information and guidance to support the engagement and ‘settling in’ of new starters to Betsi. It also highlighted the need to capture and retain knowledge</li> </ul>



and insight of leavers, whilst equally supporting them in their transition to a new organisation or retirement.

- Collation of existing resources – these were collated on Gwella – a learning platform hosted by Health Education and Information Wales (HEIW).
- Meetings also held with a broad range of subject matter experts for equality, information governance, performance, health and safety, to establish their views on the information.
- Development of new resources – where gaps were identified, information from these topics / areas were added to the Gwella platform. During this stage of development, critical friends from within BCUHB and in addition, newly appointed Senior Leaders were asked to access the materials and provide feedback.
- Onboarding Hub was created on Betsinet which now links to a range of HR and OD information, managers' guidance, subject specific information on strategic direction, systems and processes.
- Leaving Well resources – Development of new resources – managers guide to leaving well and information and guidance to support next steps in employment, volunteering or retirement. This was for staff leaving on VERS only.
- Coaching – offered to staff who were leaving the organisation on VERS to support their next steps in their career, commissioned to Silver Maple.
- Leaving Well Handover Repository developed and shared with all staff leaving the organisation through VERS.

#### Leaving Well Handover Repository –

- The purpose of this guide is to capture the wealth of knowledge and experience of individuals that has been gained during their time within the Health Board. This will be valuable to the organisation and in particular the incoming team member.
- It was recognised that some staff handed over their area of work to a colleague within an interim or acting up arrangement. Ideally they would have had the opportunity to meet with this colleague before their leaving date in order to go through the handover in person. In the event where that was not possible, the handover documentation was given to be completed in more detail to support a smooth transition
- The document has the following sections:
  - Part A – Sharing my experience
  - Part B – Staffing / Team members
  - Part C – Role / Service Specific areas
  - Part D – Details of meetings
  - Part E – Technical/Systems/Information Governance
- 12 members of staff were sent the Leaving Well Handover Repository. At present, no evaluation has been undertaken with new post holders to understand how useful, relevant and informative the completed document was as part of their onboarding. This needs to take place.

#### Examples of improvements for Joining Well –

BETSI CADWALADR UNIVERSITY HEALTH BOARD

# Welcome to the Betsi Family!

We are excited to have you as part of our team to lead and inspire together. Your unique perspective and ideas are valued and are key in moving the organisation forward at such an exciting time.

Over the next 8-12 weeks we will be sharing resources with you around what it means to be part of the Betsi family. First of all, here is a warm welcome from some members of the Board.

We are proud to have you as part of our team and believe that together we can make a real difference!



BetsiNet - Home | Email - Nina Edwards (BCUHB) | Calendar - Nina Edwards (BCUHB) | Onboarding

https://nhs.wales365.sharepoint.com/sites/BCU\_Intranet\_OrgDev/SitePages/Onboarding.aspx?C...

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Published 10/08/2022 | Edit

### Onboarding

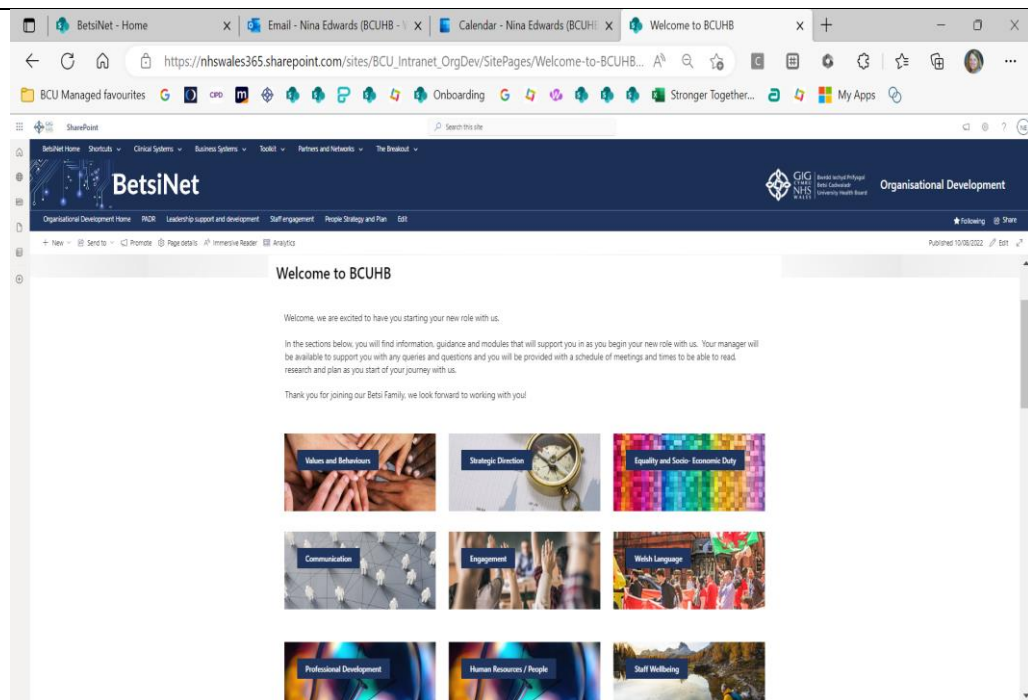
About Betsi Cadwaladr University Health Board  
Learn more ->

Welcome to BCUHB

Guidance for Onboarding New Staff

Orientation and Induction

Meet the Health Board Members and Executive Directors



What is next?

- To revise through co-design the existing joining and leaving well information and resources developed for Senior Leaders and adapt them to make them fit for purpose for all staff with the aim of greater engagement with BCUHB.
- Consider accessibility and literacy needs of all staff and develop communication channels to provide joining and leaving well information in the most suitable format for staff needs.
- To undertake some evaluation of the Joining Well supporting materials with new starters that have commenced within the last 3 months
- To undertake some evaluation of the Leaving Well Handover Repository document

### Digital Skills Development

Develop a comprehensive suite of development interventions to support increased digital literacy across the workforce.

## Update

We are implementing a new operating model to move us from an old-fashioned Informatics Function to a Digital Data and Technology function and model.

Part of this is establishing a new Office of the CCIO (Chief Clinical Information Officer) within which digital adoption and change will be a part.

In the new world, digital skills development needs to be about managers and users understanding the opportunity that digital can bring and consider how they can re-design their processes and what people do to optimise its use. We do appreciate that the basic digital literacy of staff in BCU is also on the whole poor.

As opposed to trying to address this internally we want, with partners across North Wales, to establish a Digital Inclusion and Literacy programme – joining up all of the small things that are being done across the patch. It is the intent that this would extend to all public sector staff in North Wales.

	<p>This has only just been established as a priority for the North Wales Digital Data and Technology Transformation Group, and much work is required to baseline the current position and determine a way forward that will deliver tangible improvements in this area.</p> <p>The team work closely with Cwmpas – the National Digital Inclusion organisation. (Formerly Digital Communities Wales)</p> <p>Significant work has been done with the Estates Team and this was reported to the Board in May as part of our Digital Strategy Reporting – report is attached</p> <p>We have also worked with Cwmpas in relation to a skills assessment for the nurses prior to the roll out of WNCR, this piece of work was led by Jane Brady who also completed her dissertation in this area.</p> <p>Current work also includes:</p> <ul style="list-style-type: none"> <li>- Dewi Smith, Cwmpas sitting on our EPMA (Electronic Prescribing) Board as a digital inclusion advisor and we will also be undertaking a skills audit with staff.</li> <li>- Discussing with Cwmpas about the possibility of doing some similar work with Patient Records that has been done with Estates.</li> <li>- Going for Digital Inclusion Charter Accreditation for BCUHB – Liam Allsup is leading on this – we will be engaging with patient experience on this too.</li> <li>- Looking at developing and advice sheet for our Nutrition Team about what to do if a child who is on their programmes is digitally excluded. (Nutrition and exercise is all virtually delivered) – this is where the real collaboration comes in.</li> </ul> <p>It is important to note that what we have discovered is that a lack of digital skills could mask the lack of literacy and numeracy skills with our staff. People can be digitally included but if they cannot read they will have issues completing their mandatory training. Some people will use the lack of digital skills as the barrier rather than admit literacy issues.</p>
	<p style="text-align: center;"><b>Safe environment</b></p> <p>Develop a new model for prevention of harm. Using evidence-based measures to address the root causes of harm from violence.</p> <p>Educate staff through comprehensive training programme for manual handling.</p> <p>Instigate Institute of Occupational Safety and Health (IOSH) managing safely course for key staff 8C and above.</p> <p style="text-align: center;">All managers band 8a and will receive EQIA training.</p>
<b>Update</b>	Detailed updates against this objective are provided through Quality, Safety and Experience Committee.
	<p style="text-align: center;"><b>High quality, reliable enabling services</b></p> <p>Deploy improvement methodology and apply the Operating Model design principles to support roll out operating model reviews across Support Services Functions.</p>
<b>Update</b>	<p>In March 2022, the Betsi Cadwaladr University Health Board agreed to proceed with the implementation of a new model of operating as described in the document entitled: Betsi Cadwaladr University Health Board – Operating Model. It outlined the core of the design: the creation of the three Integrated Health Economies, Pan Services and System Oversight Function; in terms of the 'Corporate Services, the following references were made:</p>

*"Feedback told us the organisation would benefit from more of a peer and partnership approach to corporate and operational working. Business partnering will be an intrinsic part of any clinical, operational delivery unit Senior Management Team (SMT) that they support through matrix working.*

*The title 'Business Partner' may be adapted; it is the ethos that is important. There are already many examples of the benefits of this approach within current arrangements."*

*'Business Partners' will maintain a strong relationship with their professional area through line management. This arrangement will be reviewed over time to assess if there is a further opportunity to meet the design principles by some roles with 'corporate' expertise directly reporting to Health Communities. Corporate Functions will be re-named Service Support functions."*

The former paragraph refers to the ethos and intrinsic working, whilst the latter refers to the structure. The question remains, does a change to the structure, a name, make a function a business partner? How does this become intrinsic to the way of working between operational delivery units and service support functions?

A summary of the key benefits to BCHUB and Executive Leads from this way of working:

Improve the delivery of operational services –support services/products meet the need

Productive deployment of existing supplier resources - focusing expertise where it's needed

Reduce cost associated with failure demand

Improved internal relationships & trust


Collective responsibility for goal delivery

Improved support service design through supplier and customer co-design

Enhance support service reputation




Continuous improvement of support services/products

For this way of working to be intrinsic within BCUHB's support services (suppliers) and our customers (Operational teams), those Executive & senior leaders and teams need to experience shared learning of this new knowledge. Practice new behaviours by being supported through service/product mapping and customer discovery conversations. It recommended that this is achieved by commissioning external specialist support who would work in partnership with internal organisational leaders, a small cadre of individuals who demonstrate the business partner ethos.


Strategic Theme	Year 1 Deliverables – SRO Sue Hill
<p data-bbox="103 1877 256 1933"><b>Strategic Deployment</b></p> 	<p data-bbox="850 1877 935 1904"><b>Goals</b></p> <p data-bbox="341 1910 1445 2007">Develop a and deploy a clear set of organisational priorities and goals with outcome and process metrics aligned to the purpose based on the refreshed Strategy – Living Healthier, Staying Well and Clinical Services Plan.</p>



The need for us all to understand how we are doing in our role and how the things we do connects to the Health Board's purpose and goals.	
	<p><b>Business Planning Mechanism</b></p> <p>Develop and implement a revised Business Planning Mechanism to enable the organisation to deploy the discovery, co-design methodology and track delivery of short-term operational improvements.</p>
	<p><b>Information &amp; Performance</b></p> <p>Develop the digital infrastructure and information architecture alongside a capability development plan for operational leads and key users across the organisation.</p>
	<p><b>Course Correction</b></p> <p>The following will be improved and integrated into the design of the organisations future model of operating: Performance feedback, risk management, clinical audit systems, complaints, and serious incident reporting &amp; management systems.</p>
	<p><b>Team and Personal Contribution</b></p> <p>Team based performance and continuous improvement events, linked to the organisations continuous improvement intervention proposal will be developed, as will enhanced appraisal mechanisms.</p>
Update	<p>First stage initiative scoping activity took place on 15<sup>th</sup> September 2022. Current state challenge - it was agreed that the feedback from discovery was still the current state for many. The group agreed that as a complex piece of work with many interdependent parts, and on a scale which transcends the whole organisation, an alternative way of working together to deliver the change should be considered. A Design and Delivery Network is proposed as alternative to formal MSP architecture.</p> <p>The initial scoping questions proposed:</p> <ul style="list-style-type: none"> <li>- How do you cut a straight line from strategies to everyone and everything: regardless of the organisational level – senior leadership, management, supervisors, and beside staff, laboratory technicians, cleaners, Digital Help Desk member etc</li> <li>- What methods/frameworks do you need to adopt that makes strategic initiatives and disseminates them, empowering individuals to view their current condition in light the organisational challenges and to establish target conditions that move them closer to overcoming the challenge. Simultaneously, establishing an upward flow of lessons-learned so that reality-based course correction can be made, even at the top.</li> <li>- What leadership patters, approaches, and methods do we need in order to manage those deployed strategies so that we work towards our target performance and learn?</li> </ul> <p>A network of senior leaders who have responsibility of the development of connecting the board to front line staff has now been formed. The group will co-ordinate the activities needed to develop pockets of good practice and then scale across the organisation.</p> <p>The Productive Series is a brilliant portfolio of products, built on the principle of lean based experiential improvement, connecting macro and micro goals and measures with self-directed work based improvement. It has been suggested to the network of senior leaders that to demonstrate that top down/bottom benefit, that they should consider identifying a supporting a small test area/pilot.</p>

Strategic Theme	Year 1 Deliverables – SRO Gill Harris
<p><b>How we organise ourselves (Operating Model)</b></p>  <p>Make it easier to get things done, improve how we organise and run</p>	<p><b>Clinical, Operational &amp; Corporate Service Design Standards</b></p> <p>Implement a detailed and managed rollout that will see the organisation transition to the new design (structure) for operational delivery &amp; large-scale change delivery.</p>
Update	<p>A managed roll-out has seen the organisation transition to the new design (structure) for operational delivery. The principles of horizontal pathway/processes supported by vertical functions, managed interdependences, job role re-design, decision making architecture, performance monitoring &amp; management, two-way feedback loops, local escalation protocols, service level agreements and risk management mechanisms are integrated into the design. The structure of the organisation can now facilitate the delivery of care through the pathways and local communities via the integrated 'Health Community'. Where multi-disciplinary and multi-agency team working will enable integrated decision-making.</p> <p>On the 01 August 2022 the new Integrated Clinical Delivery Structure i.e., Integrated Health Communities, Pan Services and System Oversight Functions became a live and working structure. Enabled by an operational governance &amp; assurance framework, scheme of reservation &amp; delegation (SoRD) and digital systems which facilitate the execution of the role &amp; responsibility by a post-holder.</p>
	<p><b>Decision Making Architecture</b></p> <p>Revise and improve the Board Assurance Framework (BAF) / Scheme of delegation to align with the operating model.</p>
Update	<p>A Board Assurance Framework (BAF)/Scheme of delegation is now in place. Board committees are proportionate in their scrutiny of quality, resources, performance, and their strategic and cultural roles. Clarity of role (autonomy, scope, connectedness, and competency) within the organisations structure is clear for all (currently levels 1 to 4).</p>
	<p><b>Roles &amp; Responsibilities</b></p> <p>Deliver plans to ensure clarity of role (autonomy, scope, connectedness, and competency) within the organisations structure is clear for all (Levels 1+ and beyond).</p> <p>Ensure the pathway/process delivery is optimised to the organisations purpose and goals.</p> <p>As the Covid-19 pandemic continues to unfold – develop strategies that improve work life balance to enable staff to thrive at work.</p>
Update	<p>A detailed consistent approach to organisational change processes and selection criteria was applied for all senior roles recruited to.</p>

Strategic Theme	Year 1 Deliverables – SRO Sue Green
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<p><b>The Best of our Abilities</b></p>  <p>Make it easier to get the skills and capacity we need from both within and from outside to support your work.</p>	<p><b>Education &amp; Learning</b></p> <p>Develop a BCU Education &amp; Learning Academy. First phase – enhancing the infrastructure in the Primary Care Academy by increasing student numbers across professional groups scaling this to cover the wider organisation.</p> <p>Develop and deliver Welsh language training to staff.</p>
<p><b>Update</b></p>	<p>There has been limited movement with this project due to changes in the Executive Team and Operating Model. However, student and placement numbers have increased managed through the current separate leads. This will remain a key priority for Year 2 delivery.</p>
	<p><b>Talent &amp; Career Development Framework</b></p> <p>Develop a framework as an outcome of the diagnostic tool completion in March 2022.</p>
<p><b>Update</b></p>	<p>In early spring we completed a diagnostic with HEIW to ascertain our status as a Health Board in relation to various elements of Talent Management.</p> <p>In September this year a Talent Management Group was established to feedback on the diagnostic report, and to agree on the four main workstreams and next steps:</p> <ul style="list-style-type: none"> <li>Foundations to enable a culture of talent management.</li> <li>Identifying, managing and retaining talent</li> <li>Developing and mobilising talent</li> <li>Working with system partners to support talent management</li> </ul> <p>Next meeting in January – to discuss and agree plan. A local diagnostic in areas.</p>
	<p><b>Workforce Planning &amp; Commissioning</b></p> <p>To successfully deliver attractive and responsive recruitment activity to support the additional recruitment required across the health board in year. 928 WTE (stretch target) across all staff groups. This will include aggregated recruitment campaigns across staff groups and services to ensure maximum impact.</p> <p>Meeting the challenges of recovery and supporting the development of new models of care and delivery e.g., Accelerated Cluster Development, enhancing prevention and primary care services and delivery of planned care through Regional Treatment Centres.</p> <p>We will successful increase our recruitment activity from an International pool to achieve our 350 target.</p> <p>We will use the intelligence gathered through the Clinical Service/Workforce Reviews to inform planning, commissioning, skill mix improvement and talent development</p> <p>We will continue to provide a positive experience including on boarding for our graduates for 2022. (Planned 953)</p>
<p><b>Update</b></p>	<p>A detailed update on this objective is provided through Performance, Finance and Information Governance Committee. Last report attached at Appendix 3</p>
<p><b>Improving the way, we manage large-scale change</b></p>	



	<p>Learning from the process of discovery, develop and deploy tools and techniques to support a standardised approach to the sustainable delivery of the management of change.</p> <p>Use Local Needs Analysis to identify priority areas for improvement as well as our strengths upon which to build further.</p>
Update	<p>A Betsi MDT Change Forum group has been established (October) in response to a request from the Executive Team. A need was identified for a group to review the range of competing requests from the organisation for bespoke support to identify, develop and deliver their change ideas. The multi-disciplinary membership will reflect the range of areas across Betsi where requests may be directed through, and it will provide a holistic perspective in considering the potential need for the right kind of set of resources. The forum will also ensure that any interdependencies with other work within the organisation are identified and aligned. The following are some key areas, however other bespoke support may be identified in addition to:</p> <ul style="list-style-type: none"> <li>• Service Improvement</li> <li>• Clinical Pathways</li> <li>• Programme and projects</li> <li>• Workforce Systems</li> <li>• Human Resources</li> <li>• Organisational Development</li> <li>• Digital, Data and Technology</li> <li>• Comms, Engagement, Partnerships</li> <li>• Risk</li> <li>• Estates</li> <li>• Safety</li> <li>• Quality</li> <li>• Strategic Planning</li> <li>• Performance</li> <li>• Finance</li> <li>• Specialist expertise from clinical, i.e., nursing, medical, therapies.</li> </ul> <p>The purpose of the group is to act as a 'funnel', receiving, assessing and agreeing what might be a multi-disciplinary perspective for a support package for relevant requests from any area of the organisation where support is required to identify, develop and deliver change. The groups must ensure that the change identified by our staff and teams is considered fairly and consistently for support so that it can be as successful as it can be by being appropriately resourced and set up for success.</p> <p>A review at the end of November took place to see how the Forum is working and whether it is delivering on the original intent and ensuring that the right people with the right skillsets and expertise are coming together on the right topics.</p> <p>The Betsi Way Improvement methodology and toolkit was launched in July. The Betsi Way Improvement Toolkit is a bespoke Toolkit for Betsi which has been inspired by best practice from all main improvement methodologies. The Betsi Way Toolkit cuts through the jargon and provides a structured guide on how to approach, understand and solve problems of any scale. Improvement at Betsi is all about making a difference for the people of North Wales. Our ambition as an Improvement Team is to be the centre of excellence for improvement approach, tools and techniques for Betsi. Our mantra is "success or failure, improvement should be celebrated, as it is the 'giving it a go' and the learning that's important". Therefore, we want to make improvement accessible to everyone in the organisation, so that everyone can give improvement a go, whatever role they do.</p>

	<p>The Betsi Way Improvement toolkit provides a 6-step approach to improvement with a range of tools that will help at each step from identifying what the issue or problem is, really understanding and analysing the problem, developing a clear strategy, testing a change, implementing an idea, maintaining the momentum and measuring the difference the improvement project has made. The toolkit has been designed to offer an introduction and short videos on the using each of the tools including easy to use templates. These can be used for a full improvement project or as standalone templates as and when required.</p>																
	<p><b>Recruitment Review</b></p>																
Update	<p>Following the Rapid Recruitment Deep Dive Event held at Venue Cymru on the 18<sup>th</sup> August 2022, a paper was developed taking into consideration feedback received from attendees. Two options were proposed to remove duplication of effort for managers i.e., inputting into Establishment Control and Trac.</p> <p>A Co-design session with WOD, Finance and Planning teams took place in November to review both options. A joint decision was reached to retain the establishment control portal but for the creation of a vacancy in Trac to be undertaken by the recruitment team for each IHC in the new People Operating Model, thus alleviating frustrations and time constraints for recruiting managers.</p> <p>The initial project delivery plan to deploy this new model are being finalised and will be shared soon.</p> <p>A detailed update was given recently at a Board Workshop, summarising the significant improvements that have been made over the months with the A4C recruitment processes.</p> <p>Recruitment Process Improvement KPIs at the end of November 2022:</p> <table><tr><th>Process Theme</th><th>Baseline Performance</th><th>Current Performance</th><th>Target KPI (Stretch)</th></tr><tr><td>Theme 1: Establishment Control</td><td>19 days</td><td>8.2 days</td><td>7 days</td></tr><tr><td>Theme 2: Creation and Verification of Vacancy</td><td>14 days</td><td>9.9 days</td><td>8 days</td></tr><tr><td>Theme 3: Advert to Offer</td><td>16 days</td><td>19.2 days</td><td>12 days</td></tr></table> <p>The recent Board Workshop Slides 22.11.22 are attached as Appendix 4</p>	Process Theme	Baseline Performance	Current Performance	Target KPI (Stretch)	Theme 1: Establishment Control	19 days	8.2 days	7 days	Theme 2: Creation and Verification of Vacancy	14 days	9.9 days	8 days	Theme 3: Advert to Offer	16 days	19.2 days	12 days
Process Theme	Baseline Performance	Current Performance	Target KPI (Stretch)														
Theme 1: Establishment Control	19 days	8.2 days	7 days														
Theme 2: Creation and Verification of Vacancy	14 days	9.9 days	8 days														
Theme 3: Advert to Offer	16 days	19.2 days	12 days														

### How We Improve & Transform

Programme purpose and architecture reviewed – sub initiatives have now been absorbed into the Our Way of Working and this programme has been realigned as described earlier in this report.

- Leadership & Management
- Continuous improving and coaching skills
- Digital Skills development

## **Preparing for Year 2 Delivery Plan**

A yearly refresh of the People Strategy and revision of the Delivery Plan is being updated now and will be signed off by the EDG – People & Culture in February prior to submission to PPPH and Health Board.

The detail within the Year 2 Delivery Plan will be aligned with the refresh of the Integrated Medium Term Plan.




The refresh will ensure:

- The programmes of work are delivering what is required and that there is evidence of tangible outcome improvement
- Any critical developments (risks and opportunities) at national and/or local level are considered and addressed for the year ahead
- Feedback (both internal and external) through the year is triangulated to ensure the priorities within the programmes of work and plan are relevant
- The workplan is effectively aligned to the delivery of the priorities and is affordable and achievable

The models used for assessment and prioritisation will continue to be refined and adapted to ensure it meets the needs of the organisation and is responsive to emerging risks and opportunities.

## People (Workforce) Reporting Proposal

1. This proposal links back to the Terms of Reference for each Committee.
2. It excludes Occupational Health and Safety as this has a direct line to the Health Board and has a single Committee – QSE
3. It is not an exhaustive list but provides a framework to assist in the determination of ad hoc requests
4. It does not restrict and actually relies upon a dynamic cross referencing and triangulation of information between committees on relevant topics/risks
5. In addition to the reporting undertaken by the Workforce (People) Service, it is strongly advised that workforce requirements/projections/risks are more consistently articulated in all other reports to the respective committees.

	Partnerships, People & Population Health Committee	Performance, Finance & Information Governance Committee	Remuneration & Terms of Service Committee
	 PP21.25b ToR Appendix 1 PPPH dr.	 PF22.46c App 2 PFIGC Terms of Refe	 RATS ToR V8.0 approved July 2021.
Proposed future state	<p>Focus: Qualitative Strategy development and delivery Improvement interventions</p> <p>People Strategy Delivery including:</p> <ul style="list-style-type: none"> <li>• Annual refresh of the People Strategy &amp; plan (linked to IMTP)</li> </ul>	<p>Focus: Quantitative Performance against the workforce plan and spend Impact of Interventions</p> <ul style="list-style-type: none"> <li>• Establishment/Variance – impact and action (Inc. pipeline)</li> <li>• Pay spend – planned and unplanned (Inc.</li> </ul>	<p>Focus: Application of terms and conditions of service for Executive &amp; very senior roles (not directly covered by national T&amp;Cs)</p> <ul style="list-style-type: none"> <li>• Appointment, Remuneration and departure of substantive Executive Directors, Board Secretary and very senior managers not covered by</li> </ul>



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	<ul style="list-style-type: none"> <li>• Annual Speak Out Safely Report</li> <li>• Annual Equality Report</li> <li>• Annual Corporate Health Standard Report</li> <li>• Annual Learning from Case Management Report</li> <li>• Quarterly - Progress against the delivery plan Inc. Values, Behaviours, Compact Leadership development Education &amp; learning Engagement Recruitment &amp; Retention improvement Talent and Succession management</li> <li>• Relevant Policy approval linked to above (and in line with agreement re workforce policies)</li> <li>• Risks to delivery and mitigation</li> </ul>	<p>Interim/agency reporting and compliance</p> <ul style="list-style-type: none"> <li>• Optimisation</li> <li>• Process performance (e.g. recruitment)</li> <li>• Risks to delivery and mitigation</li> </ul>	<p>agenda for change and temporary appointments and remuneration in accordance with WG Framework</p> <ul style="list-style-type: none"> <li>• Performance of Executive Directors and Board Secretary</li> <li>• Professional standards:</li> <li>• Professional/regulatory body regulatory reports</li> <li>• Upholding Professional Standards in NHS Wales reporting</li> <li>• Relevant Policy approval linked to above (and in line with agreement re workforce policies)</li> <li>• Risks to delivery and mitigation</li> </ul>
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2022\_11\_25 S Green – Executive Director Workforce & Organisational Development

# Partnerships, People and Population Health Committee



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University Health Board

## Terms of Reference and Operating Arrangements

### 1. INTRODUCTION

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

### 2. PURPOSE

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

### 3. DELEGATED POWERS

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

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

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

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

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

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

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

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

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

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

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

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

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



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

#### 4. AUTHORITY

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

#### 5. SUB-COMMITTEES

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

## 6. MEMBERSHIP

### 6.1. Members

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

### 6.2. In attendance

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

### 6.3. Right of Attendance

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

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

### 6.4. By Invitation

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

### 6.5. Member Appointments

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

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

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

## **6.6. Secretariat**

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

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

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

# **7. COMMITTEE MEETINGS**

## **7.1. Quorum**

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

## **7.2. Frequency of Meetings**

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

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

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

## **7.4. Conduct of Meetings**

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

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

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

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

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

## 9. REPORTING AND ASSURANCE ARRANGEMENTS

9.1. The Committee Chair shall:

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

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

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

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

- Quorum

## **11. REVIEW**

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

V1.03-04 for consideration at Inaugural PPPHC 9.12.21

# Performance, Finance and Information Governance Committee



GIG  
CYMRU  
NHS  
WALES

Bwrdd Iechyd Prifysgol  
Betsi Cadwaladr  
University Health Board

## Terms of Reference and Operating Arrangements

### 1. INTRODUCTION

- 1.1. The Board shall establish a committee to be known as Performance, Finance and Information Governance Committee (PFIG). The detailed terms of reference and operating arrangements in respect of this Committee are set out below.

### 2. PURPOSE

- 2.1. The purpose of the Committee is to advise and assure the Board in discharging its responsibilities with regard to its current and forecast financial position, performance and delivery, and information governance. This includes the Board's Capital Programme and Workforce activity costs.

### 3. DELEGATED POWERS

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

- 3.1.5. Oversee and provide evidence based and timely advice to the Board on relevant risks and concerns.
- 3.1.6. Provide relevant evidence based and timely advice to the Board on:
  - 3.1.6.1. The financial performance of the Health Board and developing the IMTP
  - 3.1.6.2. The operational performance of the Health Board and associated Impact Improvement Plans.
  - 3.1.6.3. Evidence based assurance on the financial position, forecasting, and the capital programme.
  - 3.1.6.4. Evidence based assurance to the Board and accountable officer on whether effective arrangements are in place through the operation of the governance framework for data processing and information management
  - 3.1.6.5. Development and oversight of finance and performance related strategies
- 3.1.7. Receive the results of relevant audits (clinical and non-clinical) and any other relevant investigations and provide the Board with evidence based impact assessment of the implementation of the recommendations.

3.2. The Performance, Finance and Information Governance Committee is authorised by the Board to:

### **Financial Management**

- 3.2.1. Seek assurance on the Financial Planning process and consider Financial Plan proposals.
- 3.2.2. Monitor financial performance and cash management against revenue budgets and statutory duties.
- 3.2.3. Consider submissions to be made in respect of revenue or capital funding and the service implications of such changes including screening and review of financial aspects of business cases as appropriate for submission to Board in line with Standing Financial Instructions.
- 3.2.4. Monitor turnaround and transformation programmes' progress and impact/pace of implementation of organisational savings plans.
- 3.2.5. Receive quarterly assurance reports arising from performance reviews, including performance and accountability reviews of individual directorates, divisions and sites.
- 3.2.6. To determine any new awards in respect of Primary Care contracts

## **Performance Management and accountability**

- 3.2.7. Approve the Health Board's overall Performance Management Framework (to be reviewed on a three yearly basis or sooner if required).
- 3.2.8. Ensure detailed scrutiny of the performance and resources dimensions of the Quality and Performance Report (QAP);
- 3.2.9. Monitor performance and quality outcomes against Welsh Government targets including access times, efficiency measures and other performance improvement indicators, including local targets;
- 3.2.10. Review in year progress in implementing the financial and performance aspects of the Integrated Medium Term Plan (IMTP);
- 3.2.11. Review and monitor performance against external contracts
- 3.2.12. Receive assurance reports arising from Performance and Accountability Reviews of individual teams.
- 3.2.13. Receive assurance reports in respect of the Shared Services Partnership.

## **3.3. Capital Expenditure and Working Capital**

- 3.3.1. Approve and monitor progress of the Capital Programme.

## **3.4. Workforce**

- 3.4.1. Monitor the financial aspects of workforce planning to meet service needs in line with agreed strategic plans.
- 3.4.2. To consider and determine any proposals from the Primary Care Panel (via the Executive Team) in relation to whether the Health Board should take on responsibility for certain GP Practices.

## **3.5. Information Governance**

- 3.5.1. Oversee the development of the Health Board's strategies and plans for maintaining the trust of patients and public through its arrangements for handling and using information, including personal information, safely and securely, consistent with the Board's overall strategic direction and any requirements and standards set for NHS bodies in Wales;
- 3.5.2. Oversee the direction and delivery of the Health Board's information governance strategies to drive change and transformation in line with the Health Board's integrated medium term plan that will support modernisation using information and technology.



- 3.5.3. Consider the information governance implications arising from the development of the Health Board's corporate strategies and plans or those of its stakeholders and partners;
- 3.5.4. Consider the information governance implications for the Health Board of internal and external reviews and reports;
- 3.5.5. Oversee the development and implementation of a culture and process for data protection by design and default (including Privacy Impact Assessments) in line with legislation (e.g. General Data Protection Regulation);
- 3.5.6. Oversee the direction and delivery of the Health Board's Cyber security policy (details of which will be taken in private session of the committee);
- 3.5.7. Oversee the direction and delivery of the Health Board's Patient records management;
- 3.5.8. Oversee the direction and delivery of the Health Board's National systems and programs.

#### **AUTHORITY**

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

#### **4. SUB-COMMITTEES**

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

## **5. MEMBERSHIP**

### **5.1. Members**

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

### **5.2. In attendance**

- Executive Director of Finance / Senior Information Risk Owner (SIRO) (Lead Director).
- Executive Medical Director / Caldicott Guardian
- Executive Director Nursing and Midwifery.
- Lead Director of Information Governance Department.
- Assistant Director Information Governance & Assurance/ Data Protection Officer (DPO).

### **5.3. Right of Attendance**

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

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

### **5.4. By Invitation**

- A patient representative.
- Chair of Stakeholder Reference Group
- A staff representative.

- 5.4.1. Other Directors/Officers will attend as required by the Committee Chair, as well as any others from within or outside the organisation who the Committee considers should attend, taking into account the matters under consideration at each meeting.

- 5.4.2. Trade Union Partners are welcome to attend the public session of the Committee

### **5.5. Member Appointments**

- 5.5.1. The membership of the Committee shall be determined by the Chair of the Board taking account of the balance of skills and expertise necessary to deliver the Committee's remit and subject to any specific requirements or directions made by the Welsh Government. This

includes the appointment of the Chair and Vice-Chair of the Committee who shall be Independent Members.

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

## **5.6. Secretariat**

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

## **5.7. Support to Group Members**

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

# **6. COMMITTEE MEETINGS**

## **6.1. Quorum**

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

## **6.2. Frequency of Meetings**

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

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

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

## **6.4. Conduct of Meetings**

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

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

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

In doing so, contributing to the integration of good governance across the organisation, ensuring that all sources of assurance are incorporated into the Board's overall risk and assurance arrangements.
- 7.4. The Committee shall embed the corporate goals and priorities through the conduct of its business, and in doing and transacting its business shall seek assurance that adequate consideration has been given to the sustainable development principle and in meeting the requirements of the Well-Being of Future Generations Act.
- 7.5. Receive assurance and exception reports from
  - 7.5.1.1. Executive Delivery Group Transformation and Finance.
  - 7.5.1.2. Executive Delivery Group People and Culture
  - 7.5.1.3. Capital Investment Group
  - 7.5.1.4. Estates Group
  - 7.5.1.5. Information Governance Group
  - 7.5.1.6. Caldicott Guardian.

## **8. REPORTING AND ASSURANCE ARRANGEMENTS**

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

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

## 9. APPLICABILITY OF STANDING ORDERS TO COMMITTEE BUSINESS

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

- Quorum

## 10. REVIEW

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

Version number 1.03	
Committee	Date of approval
<b>PFIG</b>	
<b>Audit Committee</b>	
<b>Health Board</b>	

# Remuneration and Terms of Service Committee



GIG  
CYMRU  
NHS  
WALES

Bwrdd Iechyd Prifysgol  
Betsi Cadwaladr  
University Health Board

## Terms of Reference and Operating Arrangements

### 1. INTRODUCTION

- 1.1. The Board shall establish a committee to be known as the Remuneration and Terms of Service Committee (RaTS). The detailed terms of reference and operating arrangements in respect of this Committee are set out below..

### 2. PURPOSE

- 2.1. The purpose of the Committee is to provide
- 2.1.1. Advice to the Board on remuneration and terms of service for the Chief Executive, Executive Directors and other senior staff within the framework set by the Welsh Government;
  - 2.1.2. Assurance to the Board in relation to the Health Board's arrangements for the remuneration and terms of service, including contractual arrangements, for all staff, in accordance with the requirements and standards determined for the NHS in Wales; and
  - 2.1.3. Specific functions as delegated by the Board and listed below.

### 3. DELEGATED POWERS

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

- 3.1.3. Provide evidence based and timely advice to the Board on developing strategies.
- 3.1.4. Provide evidence based and timely advice to the Board on the delivery of strategies.
- 3.1.5. Oversee and provide evidence based and timely advice to the Board on relevant risks and concerns.
- 3.1.6. Receive the results of relevant audits (clinical and non-clinical) and any other relevant investigations and provide the Board with evidence based impact assessment of the implementation of the recommendations.

3.2. The Remuneration and Terms of Service Committee is authorised by the Board to:

- 3.2.1. Comment specifically upon:
  - The remuneration and terms of service for the Chief Executive, Executive Directors and other Very Senior Managers (VSMs) not covered by Agenda for Change; ensuring that the policies on remuneration and terms of service as determined from time to time by the Welsh Government are applied consistently;
  - And to be sighted on the objectives set by the Chief Executive for his immediate team, confirm that Directors have had objectives set, and that appropriate and timely performance reviews have taken place
  - Proposals to make additional payments to consultants;
  - Proposals regarding termination arrangements, ensuring the proper calculation and scrutiny of termination payments in accordance with the relevant Welsh Government guidance.
  - Removal and relocation expenses
- 3.2.2. Consider and approve Voluntary Early Release scheme applications and severance payments in line with Standing Orders and extant Welsh Government guidance.
- 3.2.3. Monitor compliance with issues of professional registration, including the revalidation processes for medical and dental staff and registered nurses, midwives and health visitors and registered professionals.
- 3.2.4. Monitor and review risks from the Corporate Risk Register that are assigned to the Committee by the Board and advise the Board on the appropriateness of the scoring and mitigating actions in place;
- 3.2.5. Consider and where appropriate, approve on behalf of the Board any policy within the remit of the Committee's business including approval of Workforce policies.

- 3.2.6. Consider reports on behalf of the Board giving an account of progress where any exclusion in respect of Upholding Professional Standards in Wales (UPSW) has lasted more than six months.
- 3.2.7. Consider reports on behalf of the Board giving an account of progress on performers list regulatory cases.
- 3.2.8. Consider reports on behalf of the Board on the position as regards whistleblowing and Safe haven.

#### **4. AUTHORITY**

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

#### **5. SUB-COMMITTEES**

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

#### **6. MEMBERSHIP**

##### **6.1. Members**

- 6.1.1. A minimum of three Independent Members of the Board.
- 6.1.2. The Chair of the Audit Committee will be appointed to this Committee either as Vice-Chair or a member.



## **6.2. In attendance**

- Chief Executive Officer
- Executive Director of Workforce and Organisational Development (Lead Director)
- Executive Medical Director

6.2.1. Directors/Officers should leave the meeting when their personal remuneration or terms of service are being discussed.

## **6.3. Right of Attendance**

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

- Chair of the Board.
- Board Secretary.

## **6.4. By Invitation**

- A staff representative.

6.4.1. Other Directors/Officers will attend as required by the Committee Chair, as well as any others from within or outside the organisation who the Committee considers should attend, taking into account the matters under consideration at each meeting.

6.4.2. Trade Union Partners are welcome to attend the public session of the Committee.

6.4.3. The Executive Director of Finance may be invited to attend as required, and will be consulted on any paper to be submitted to the Committee that may have financial implications.

## **6.5. Member Appointments**

6.5.1. The membership of the Committee shall be determined by the Chair of the Board taking account of the balance of skills and expertise necessary to deliver the Committee's remit and subject to any specific requirements or directions made by the Welsh Government. This includes the appointment of the Chair and Vice-Chair of the Committee who shall be Independent Members.

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

## **6.6. Secretariat**

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

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

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

## **7. COMMITTEE MEETINGS**

### **7.1. Quorum**

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

### **7.2. Frequency of Meetings**

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

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

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

### **7.4. Conduct of Meetings**

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

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

8.1. Although the Board has delegated authority to the Committee for the exercise of certain functions as set out within these terms of reference, it retains overall responsibility and accountability for ensuring the quality and safety of healthcare for its citizens through the effective governance of the organisation.

8.2. The Committee is directly accountable to the Board for its performance in exercising the functions set out in these Terms of Reference,

8.3. The Committee, through its Chair and members, shall work closely with the Board's other Committees including joint committees/Advisory Groups to provide advice and assurance to the Board through the:

- Joint planning and co-ordination of Board and Committee business; and
- Sharing of information

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

- 8.4. The Committee shall embed the corporate goals and priorities through the conduct of its business, and in doing and transacting its business shall seek assurance that adequate consideration has been given to the sustainable development principle and in meeting the requirements of the Well-Being of Future Generations Act.

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

9.1. The Committee Chair shall:

- 9.1.1. Report formally, regularly and on a timely basis to the Board on the Committee's activities via the Chair's assurance report and an annual report.
- 9.1.2. Ensure appropriate escalation arrangements are in place to alert the Health Board Chair, Chief Executive or Chairs of other relevant committees of any urgent/critical matters that may affect the operation and/or reputation of the Health Board.
- 9.1.3. The Board Secretary, on behalf of the Board, shall oversee a process of regular and rigorous self-assessment and evaluation of the Committee's performance and operation. In doing so account will be taken of the requirements set out in the NHS Wales Quality and Safety Committee Handbook.

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

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

## **11. REVIEW**

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

<b>Version number 8.0</b>	
	<b>Date of approval</b>
<b>Audit Committee</b>	<b>10.6.21</b>
<b>Health Board</b>	<b>15.7.21</b>

People Strategy & Plan 2022/25

# Mewn Undod mae Nerth | Stronger Together

How We Organise Ourselves - Our New Operating Model

## Update – 21<sup>st</sup> December 2022



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## How We Organise Ourselves - Our New Operating Model

### Headlines Roles & the People

- Deputy Executive Medical Director – **Jim McGuigan** has been appointed to the role on a substantive basis. He will continue in his current role as Deputy Director of Integrated Clinical Delivery – Primary care. A start date has yet to be agreed. **Karen Higgins** starts in the substantive post in January 2023
- Interim Deputy Executive Medical Director – **James Risley** has been appointed temporarily to the role, his start date will be 5<sup>th</sup> January 2023
- Deputy Director of Integrated Clinical Delivery – Primary care – change the title to Deputy Director – Primary care
- Integrated Health Community Medical Director for West - **Karren Mottart** has been appointed to the role on a substantive basis. Start date TBC.
- Integrated Health Community Medical Director for East – **Emma Jane-Hoskins** has been appointed to the role on a substantive basis to start on 3<sup>rd</sup> February 2023
- Interim Integrated Health Community Medical Director for Centre – **Tom Davis** has been appointed temporarily to the role start date is being confirmed
- Deputy Director of Integrated Clinical Delivery – Regional Services – to be re-named as Chief Operating Officer and re-advertised.

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How We Organise Ourselves - Our New Operating Model

## Roles and the People

### Vacant positions

- Deputy Executive Medical Director (substantive) – the recruitment campaign is being drafted and partner organisations to support this are under review.
- IHC Medical Director Centre (substantive) – the recruitment campaign for this role is being drafted
- Associate Director of Unscheduled & Emergency Care – after internal expressions of interest Geraint Farr was appointed temporarily for an initial period of six months whilst the post is recruited substantively.

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## How we Organise Ourselves

### Our outstanding designs (a)

Speciality	Service Type	Management Capacity	Current arrangements	Design decision	Implementation target date
Renal	TBC	Strategy, Planning & Network Management	Hosted - East	Awaiting Decision	TBC
Dermatology	Network	Strategy, Planning & Network Management	Hosted - Centre	Awaiting Decision	TBC
Rheumatology	Network	Strategy, Planning & Network Management	Hosted - West	Awaiting Decision	TBC
Cardiology	Network	Strategy, Planning & Network Management	Hosted – Centre	Awaiting Decision	TBC
Diabetes	Network	Strategy, Planning & Network Management	Hosted - West	Awaiting Decision	TBC
Sexual Health	Pan Service	Operational Management	Hosted - West	Awaiting Decision	TBC
Bone Densitometry	Pan Service	Operational Management	Hosted - Centre	Awaiting Decision	TBC
Vasectomy Services	Pan Service	Contract Management	Hosted - West	Awaiting Decision	TBC
BPAS (termination of pregnancy service)	Pan Service	Contract Management	Hosted - Centre	Awaiting Decision	TBC
Care of Elderly	IHC East Centre West	Contract Management only	East - contract oversight	Awaiting Decision	TBC



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## How we Organise Ourselves

Further discovery work required (b)

Speciality	Service Type	Management Capacity	Current arrangements	Status	Implementation end goal
Therapies	N/A	Oversight (operational & professional) of Therapies in MHL D	No professional oversight	<ol style="list-style-type: none"><li>1. Design and engagement approach has been agreed and a focussed joint TS and MH&amp;LD leadership team meeting will take place to explore models.</li><li>2. Options paper to be issued in Dec 22</li><li>3. Wider engagement within BCUHB Dec-Jan</li><li>4. Analysis and production of proposal for decision Feb</li></ol>	31/3/23
Psychology care for BCHUB and MHL D	N/A	Psychology care for BCHUB and MHL D	Fragmented Operational and Professional oversight	<ol style="list-style-type: none"><li>1. Options document in the process of being written.</li><li>2. Wider engagement within BCUHB in the new year</li><li>3. Analysis and production of final proposal for decision March</li></ol>	31/3/23

# Structural Hierarchies

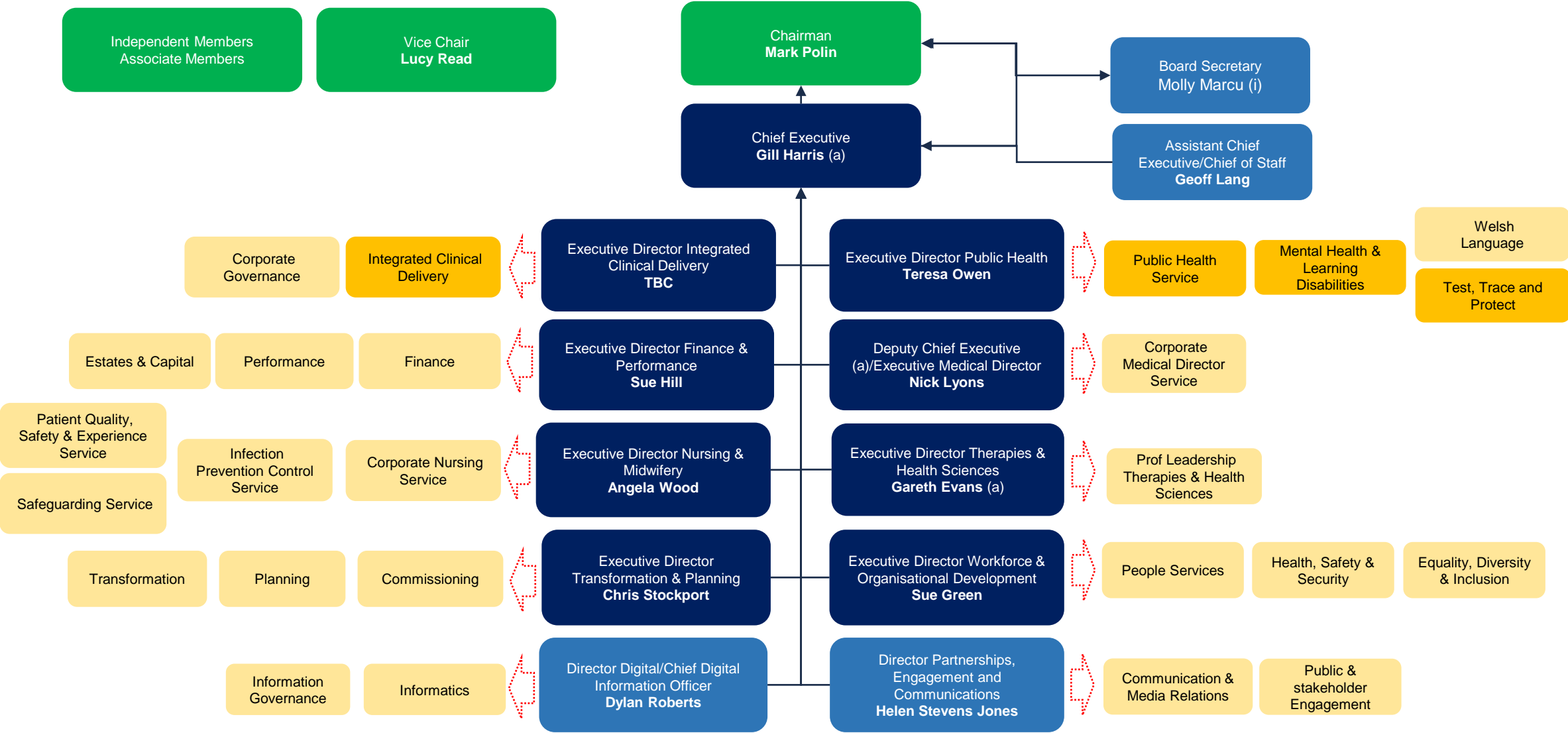


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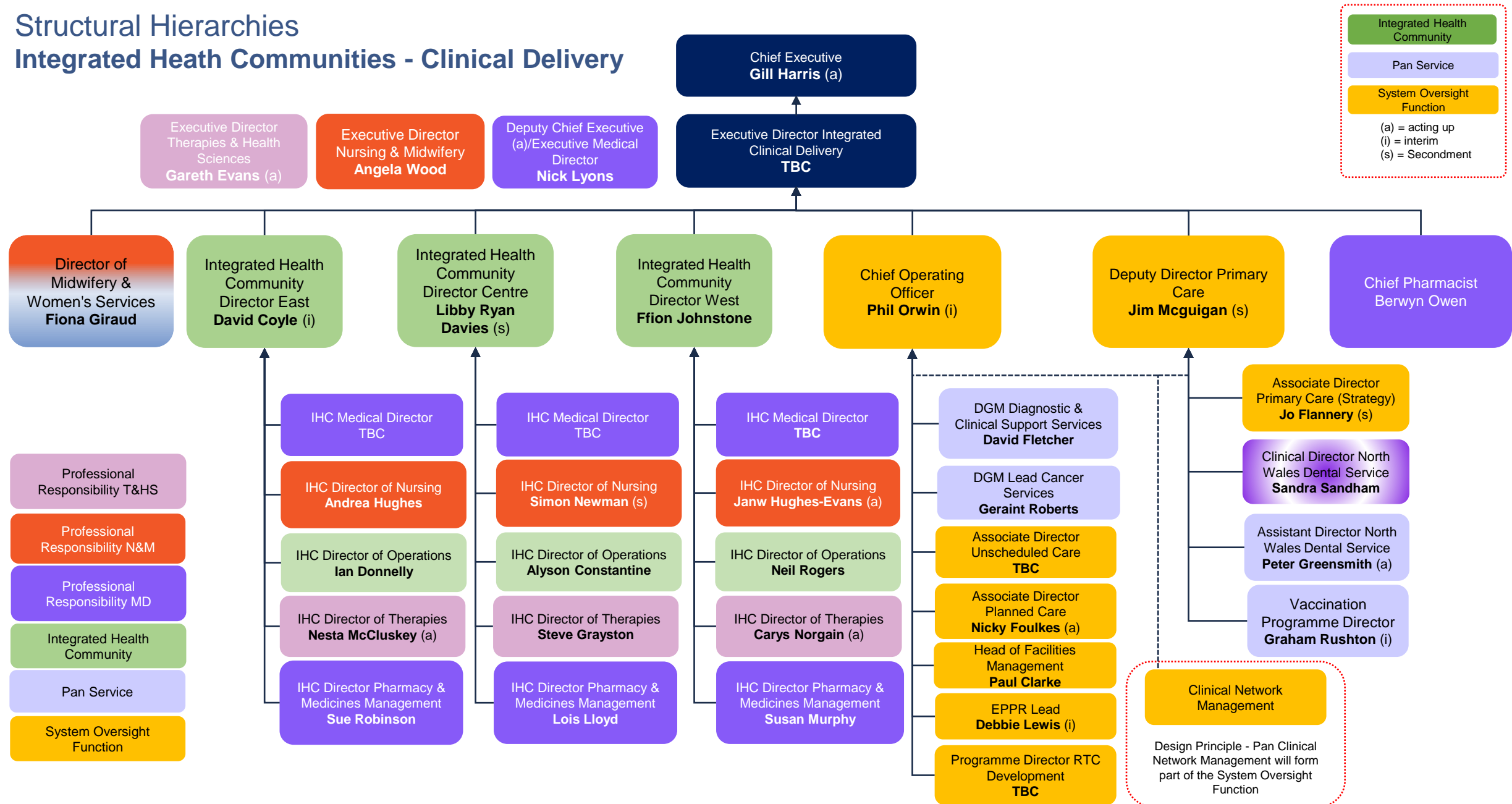


Structural Hierarchies  
Executive Portfolio's



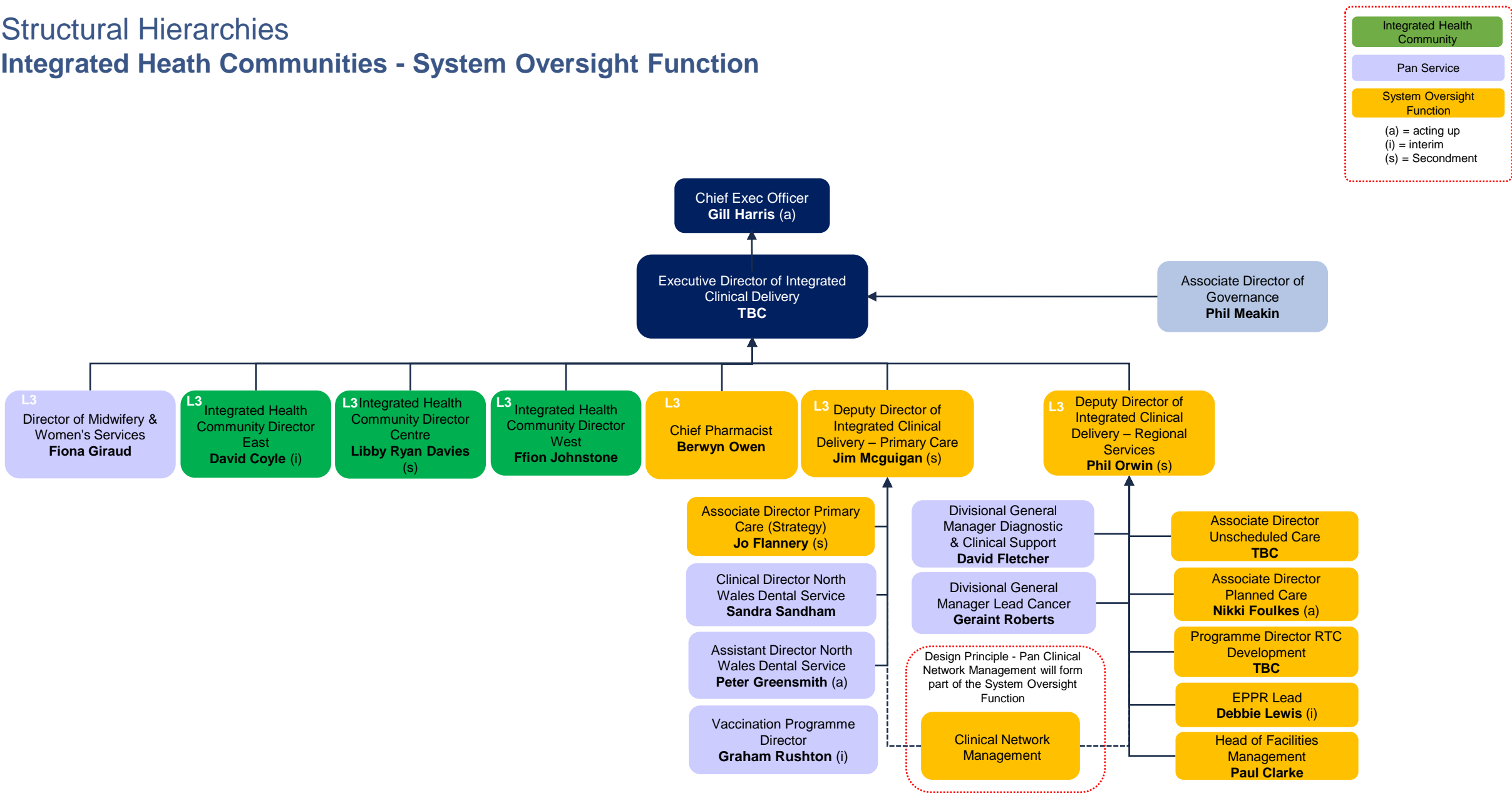
# Structural Hierarchies

## Integrated Health Communities - Clinical Delivery



# Structural Hierarchies

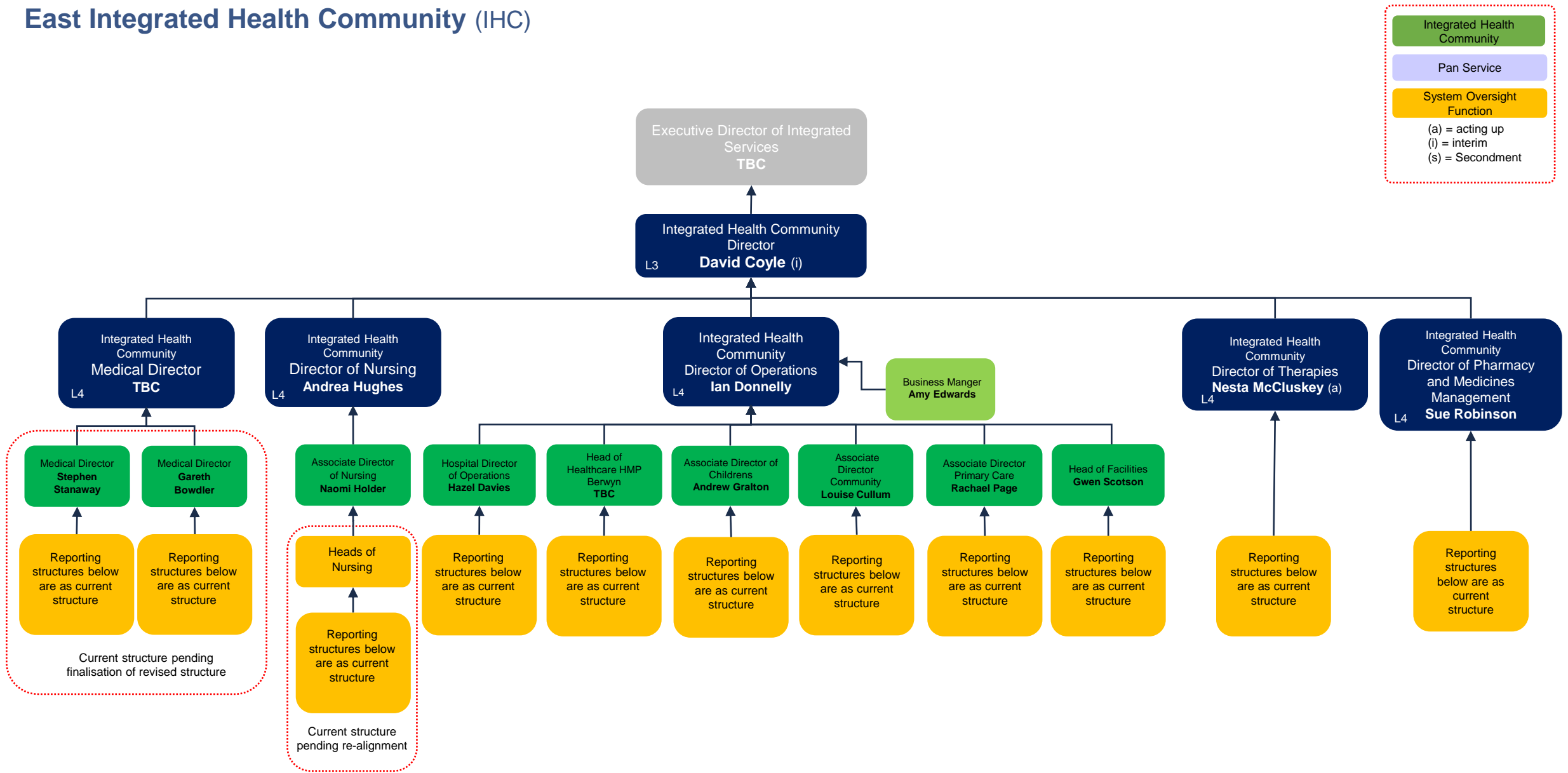
## Integrated Heath Communities - System Oversight Function



9

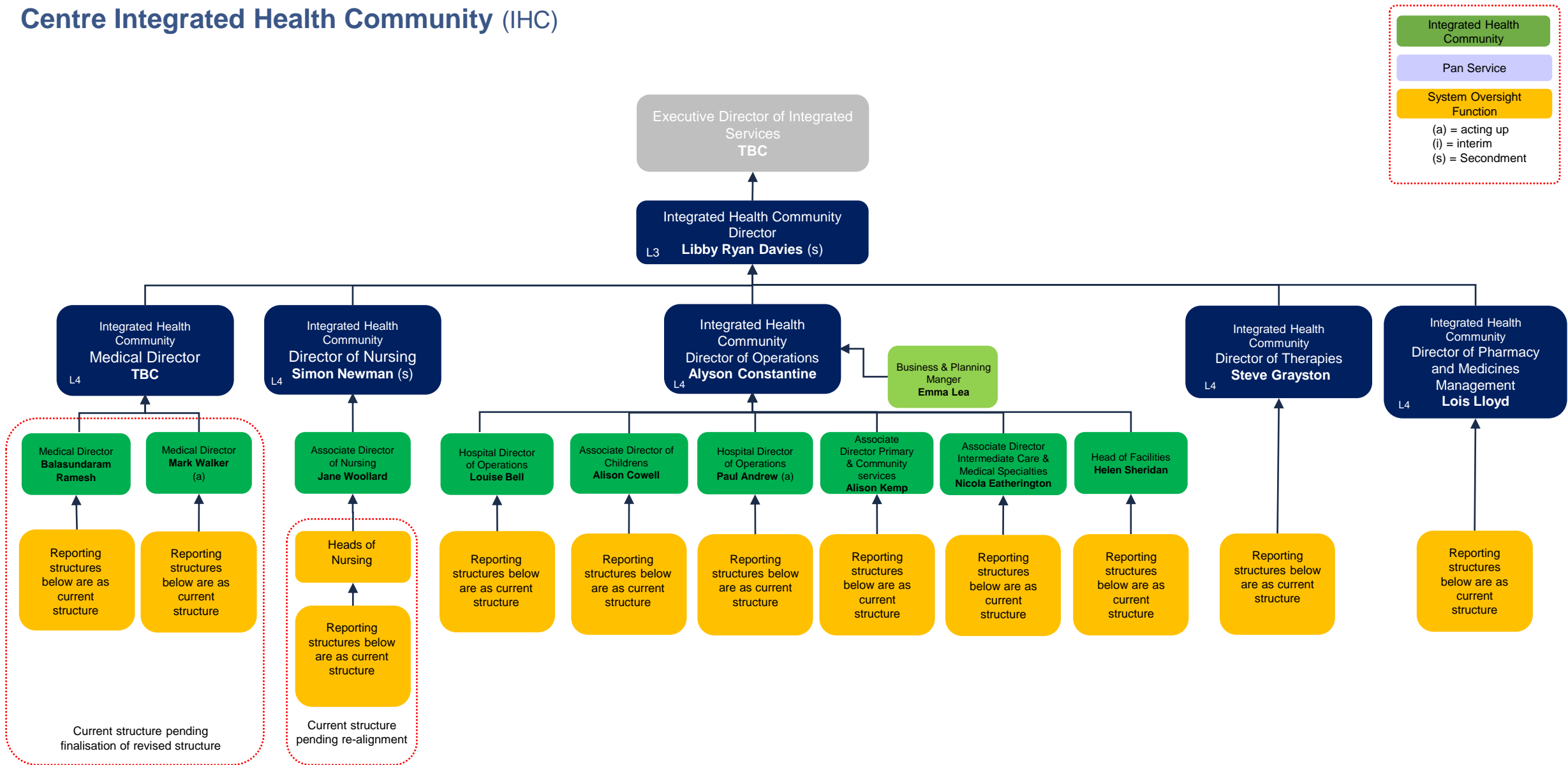
# Structural Hierarchies

## East Integrated Health Community (IHC)



# Structural Hierarchies

## Centre Integrated Health Community (IHC)



Integrated Health Community

Pan Service

System Oversight Function

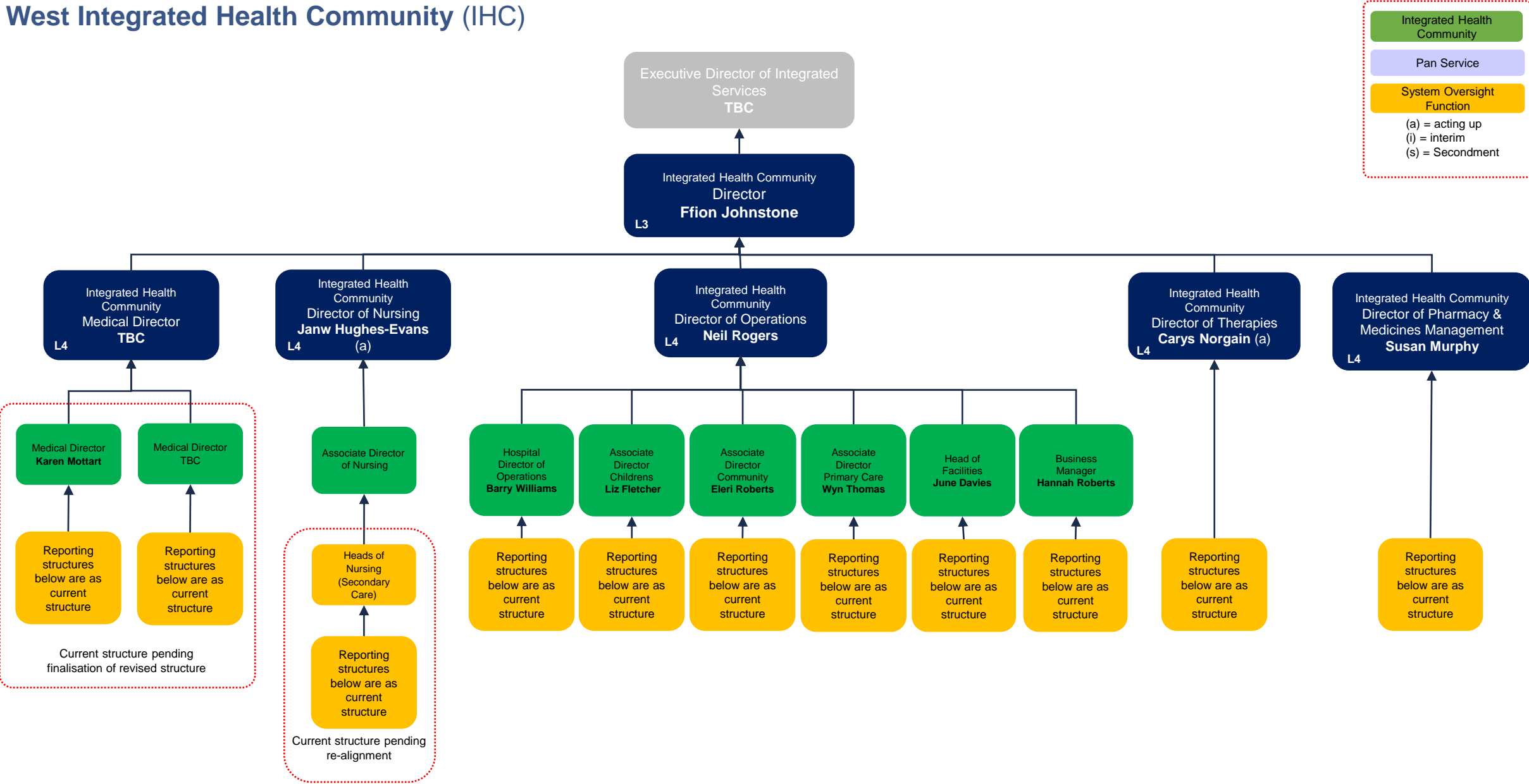
(a) = acting up

(i) = interim

(s) = Secondment

# Structural Hierarchies

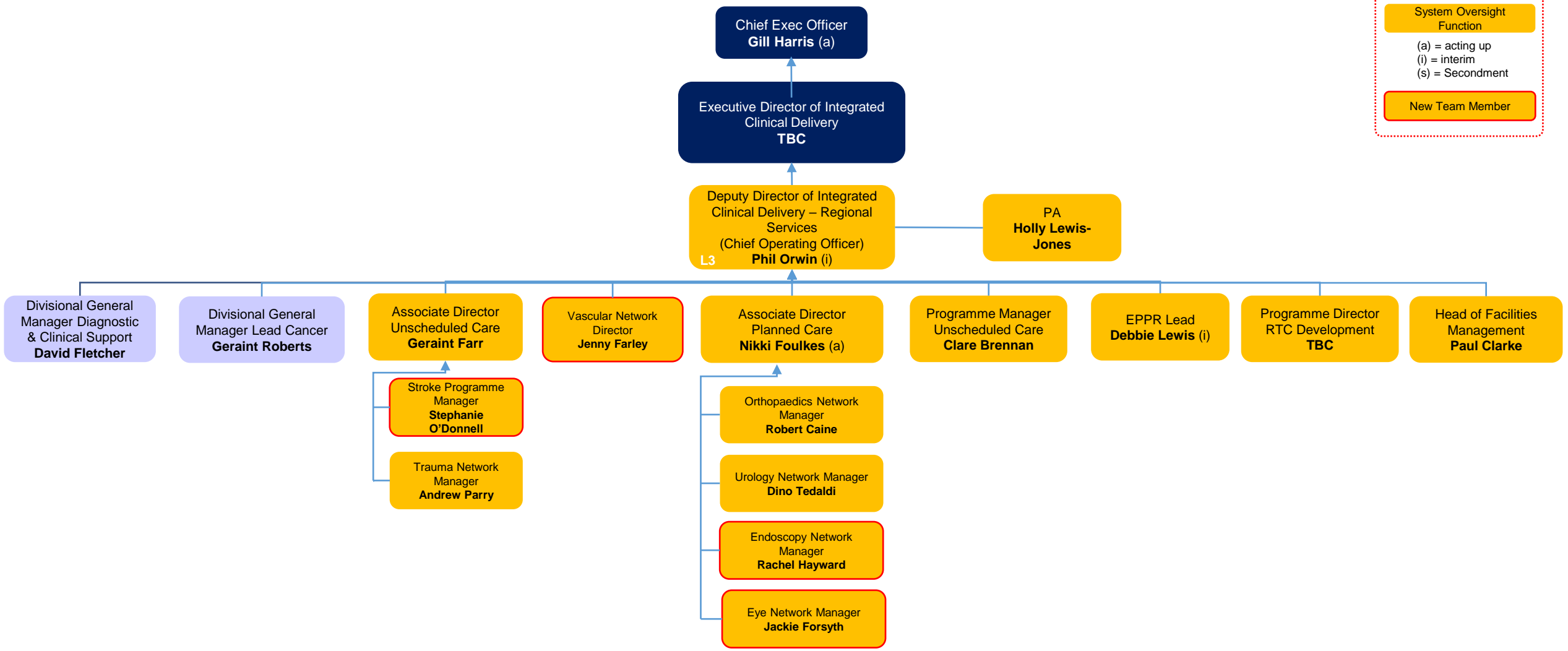
## West Integrated Health Community (IHC)





# Structural Hierarchies

## System Oversight Function – Regional Services



# For further information & support



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## How We Organise Ourselves - Our New Operating Model

If you need further information, please contact any of the following colleagues:

Roles	People
Executive Sponsor(s)	Nick Lyons, Executive Medical Director
	Sue Green, Executive Director of Workforce and Organisational Development
Programme Leadership	Claire Wilkinson, Directing Stronger Together
Communications & Engagement	Helen Stevens-Jones, Director Of Partnerships, Engagement and Communications Claire Wilkinson, Directing Stronger Together
Integrated Health Community Transition plan	Ffion Johnstone, Integrated Health Community Director – West Libby Ryan Davies, Integrated Health Community Director - Centre David Coyle - Integrated Health Community Director - East – (Date TBC)
Governance & Assurance	Phil Meakin, Associate Director of Governance
Finance	Tim Woodhead, Finance Director - Operational Finance Nigel McCann, Chief Finance Officer
Performance	Amanda Lonsdale, Director Of Performance Edward Williams, Deputy Director of Performance.
Leadership Development	Nia Thomas, Head of Organisational Development
Programme Management	Rebecca Testa, Senior Organisational Development Manager



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# Workforce Performance Report – November 2022

Sue Green

Executive Director of Workforce & OD



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# Workforce Metrics

<div>Budget Establishment</div> <table><tr><th>Staff Group</th><th>Budgeted FTE</th><th>Actual FTE</th><th>Vacancy FTE</th></tr><tr><td>BCU Total</td><td>18935.5</td><td>17554.8</td><td>1380.7</td></tr><tr><td>Medical and Dental</td><td>1684.5</td><td>1546.9</td><td>137.5</td></tr><tr><td>Nursing and Midwifery Registered</td><td>6037.9</td><td>5252.9</td><td>785.0</td></tr></table> <p>In November 2022, actual staff in post FTE increased by 96.6 FTEs, however, an increase in budgeted FTE by 103.2 caused the vacancy FTE to grow by 6.6 FTEs.</p> <p>IHC Centre increased actual FTEs by 26.3, however, budgeted FTE increased by 49.8 FTEs which in turn caused the vacancy FTE to grow by 23.6 FTEs.</p>	Staff Group	Budgeted FTE	Actual FTE	Vacancy FTE	BCU Total	18935.5	17554.8	1380.7	Medical and Dental	1684.5	1546.9	137.5	Nursing and Midwifery Registered	6037.9	5252.9	785.0	<div>Vacancy Rates</div> <table><tr><th>Staff Group</th><th>Vacancy Rate</th></tr><tr><td>BCU Total</td><td>7.3%</td></tr><tr><td>Medical and Dental</td><td>8.2%</td></tr><tr><td>Nursing and Midwifery Registered</td><td>13.0%</td></tr></table> <p>The vacancy rate remains unchanged between October 2022 at 7.3%. The Registered Nursing vacancy rate increased by 0.5% across this period whilst Medical and Dental vacancy rate decreased by 0.6%</p> <p>The areas with the greatest reduction in vacancy rates was Midwifery and Womens (down 1.6%).</p>	Staff Group	Vacancy Rate	BCU Total	7.3%	Medical and Dental	8.2%	Nursing and Midwifery Registered	13.0%	<div>Sickness Absence</div> <table><tr><th>Staff Group</th><th>Average FTE Lost per Day</th><th>Monthly Sickness %</th><th>Rolling Sickness %</th></tr><tr><td>BCU Total</td><td>1052</td><td>6.16%</td><td>6.47%</td></tr><tr><td>Medical and Dental</td><td>32</td><td>2.93%</td><td>2.87%</td></tr><tr><td>Nursing and Midwifery Registered</td><td>341</td><td>6.47%</td><td>6.83%</td></tr></table> <p>The monthly sickness rate decreased by 0.16% in November 2022 which contributed to an increase of 0.6% in the rolling sickness rate. Average FTE days lost was 15 fewer than in October 2022.</p> <p>The area with the greatest reduction in monthly sickness rates was IHC Centre (down 0.6%).</p>	Staff Group	Average FTE Lost per Day	Monthly Sickness %	Rolling Sickness %	BCU Total	1052	6.16%	6.47%	Medical and Dental	32	2.93%	2.87%	Nursing and Midwifery Registered	341	6.47%	6.83%
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<div>Staff Turnover</div> <table><tr><th>Staff Group</th><th>Turnover Rate %</th><th>External Leavers FTE</th></tr><tr><td>BCU Total</td><td>10.04%</td><td>96.0</td></tr><tr><td>Medical and Dental</td><td>12.41%</td><td>5.0</td></tr><tr><td>Nursing and Midwifery Registered</td><td>9.42%</td><td>33.4</td></tr></table> <p>There were 17 fewer external leavers during November 2022 and this led to a 0.02% drop in the turnover rate.</p> <p>Medical and Dental Turnover has increased 0.14% whilst Nursing decreased by 0.16%.</p>	Staff Group	Turnover Rate %	External Leavers FTE	BCU Total	10.04%	96.0	Medical and Dental	12.41%	5.0	Nursing and Midwifery Registered	9.42%	33.4	<div>Agency Usage</div> <table><tr><th>Staff Group</th><th>Agency Utilised FTE</th></tr><tr><td>BCU Total</td><td>701.0</td></tr><tr><td>Medical and Dental</td><td>100.1</td></tr><tr><td>Nursing and Midwifery Registered</td><td>346.1</td></tr></table> <p>Agency equivalent FTE utilised dropped by 16.4 FTEs during November 2022. M&amp;D also decreased by 4.7 FTEs whilst Nursing increased by 1.9 FTEs.</p> <p>IHC centre had the highest agency utilised FTE at 211.6 FTEs followed by IHC East at 205.9 FTEs, with IHC West agency utilised standing at 85.6 FTE in November 22.</p>	Staff Group	Agency Utilised FTE	BCU Total	701.0	Medical and Dental	100.1	Nursing and Midwifery Registered	346.1	<div>Bank Usage</div> <table><tr><th>Staff Group</th><th>Bank Utilised FTE</th></tr><tr><td>BCU Total</td><td>912.6</td></tr><tr><td>Medical and Dental</td><td>117.1</td></tr><tr><td>Nursing and Midwifery Registered</td><td>126.1</td></tr></table> <p>Bank equivalent FTE utilised reduced by 63.6 FTEs during November 2022, M&amp;D also decreased by 40.1 FTEs whilst Nursing increased by 9 FTEs.</p> <p>IHC centre had the highest bank utilised FTE at 246.2 FTEs followed by IHC West at 211.7 FTEs and MHLD at 196.3 FTEs.</p>	Staff Group	Bank Utilised FTE	BCU Total	912.6	Medical and Dental	117.1	Nursing and Midwifery Registered	126.1												
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# Workforce Plan Summary

## Bridging the Gap - Recruitment Position

The tables below outlines the initial position included in the approved plan for February 22 alongside September 22 actuals and a forecast for the end of quarter 3 which is to the end of December 22. It shows the position across all staff groups in terms of actual staff in post for February and September 22 and the net gain/loss between the two points. This provides a snapshot of additional FTE in post between two data points and enables us to see where greater focus is required in order to meet the improvement targets set.

Staff Group	February 2022 FTE Actual	September 2022 FTE Actual	Q1/2 Net Gain/Loss FTE Actual	Q3 Net Gain/Loss FTE Forecast	22/23 Recruitment Trajectory Profile	22/23 Risk Stratified Recruitment Target
Add Prof Scientific and Technical	672.7	702.5	29.7	42.0	22.1	23.2
Additional Clinical Services	3534.5	3660.7	126.2	158.0	124.8	131.1
Administrative and Clerical	3342.7	3441.8	99.1	134.2	129.4	135.9
Allied Health Professionals	1109.4	1142.3	32.9	47.3	68.4	71.8
Estates and Ancillary	1265.3	1310.8	45.5	61.4	-57.2	85.8
Healthcare Scientists	253.0	260.9	8.0	8.0	24.5	29.4
Medical and Dental	1524.9	1537.9	13.0	16.9	63.6	89.0
Nursing and Midwifery Registered	5268.1	5251.3	-16.7	47.0	284.2	397.9
	16970.5	17308.3	337.8	514.9	659.9	964.1

The table shows that there has been an actual net gain across all staff groups except Nursing & Midwifery. This is primarily due to the reduced numbers of nursing students that have come through this year as a result of them either delaying their start date or not gaining enough clinical hours as they were working as Health Care Assistants (HCAs) across the Covid period to support the pandemic response.

Where students have not obtained enough clinical hours their start date has now been pushed back to March 23 and so we should see an influx at the end of the year which on the current trajectory would give us an increase of 245 wte nurses as against an trajectory of 284 wte that was set as the original forecast for 22/23.

The forecast column has been RAG rated based on the position in the first and second quarters and on the basis of average recruitment levels across that period and the assumption that we will continue recruiting at the same rate across the 3rd and 4th quarters of 22/23.

On this basis those indicated in green will meet the March 23 target or will have exceeded it if we recruit at the same rate across each quarter going forward.

Those in amber indicate where we are off track, but based on the current information regarding recruitment forecasts we are reasonably confident the trajectory profile target can be met.

Those indicated in red are for the following reasons: the student numbers expected through the Student Streamlining Process are delayed for nursing and lower than expected for HCS at this time. The medical position is partially but not wholly based on a delay in implementation of the overseas programme with Bapio due to the ongoing pressures and significant challenges the Health Board continues to face. A more in depth review with the impending development of a number of targeted recruitment campaign plans for medics both domestically and overseas are taking place to close the gap. A number of targeted recruitment open days for nurses are being organised and we are confident that this will support closing the gaps identified.



# Senior Interims

## Current Position

As of the 30<sup>th</sup> November there were 49 senior agency interims working across the organisation. Of these 20 were covering a vacancy and 3 were providing additional capacity above an existing budgeted establishment, the other 26 were providing additional project resource or specialist skills. The tables over the next two pages show the breakdown by title and to which executive role the interims are aligned to.

BCU Executive	Post Title
Executive Director of Nursing and Midwifery	Decontamination Advisor (TG)
Executive Director of Integrated Clinical Delivery	Senior Programme Advisor for Planned Care (previously interim Head of Planned Care and Improvement) (AK)
Executive Director of Integrated Clinical Delivery	Subject Matter Expert: Outpatients Programme (AO)
Executive Director of Integrated Clinical Delivery	Directorate General Manager, Emergency Quadrant, YGC (NR)
Executive Director of Integrated Clinical Delivery	IP Specialist (AP)
Executive Director of Integrated Clinical Delivery	North Wales Insourcing & Outsourcing Manager (MP)
Executive Director of Integrated Clinical Delivery	Assistant Director of Corporate Governance (DS)
Executive Director of Integrated Clinical Delivery	RTC Project manager (CL)
Executive Director of Integrated Clinical Delivery	Interim Risk PM (PR)
Executive Director of Integrated Clinical Delivery	Project Manager Transformation & Improvements (JP)
Executive Director of Integrated Clinical Delivery	Validation SME (SE)
Executive Director of Integrated Clinical Delivery	Nursing and governance lead (HK)
Executive Director of Integrated Clinical Delivery	Emergency Preparedness, Resilience and Response (EPRR) (DL)
Executive Director of Integrated Clinical Delivery	Elective Recovery Lead - Elective Access (VO)
Executive Director of Finance	Finance Support Officer (FK)
Executive Director of Finance	SENIOR ANALYST (JC)
Executive Director of Finance	SENIOR ANALYST (BE)
Chief Digital And Information Officer	Business Manager - Informatics (HT)
Chief Digital And Information Officer	SENIOR ANALYST (RO)
Chief Digital And Information Officer	Information Development Analyst (AA)
Chief Digital And Information Officer	Development Analyst– Lightfoot project - band 7 (OO)
Chief Digital And Information Officer	Business Case Writer/Project Manager (DC)



# Senior Interims

## Current Position

BCU Executive	Post Title
Interim CEO	Board Secretary (previously Assistant Deputy Board Secretary). (MM)
Executive Medical Director	Expert Adviser Vascular (PH)
Executive Medical Director	Transformational / Change Management Lead (MA)
Executive Medical Director	Vascular programme Operational Delivery Manager (BO)
Executive Medical Director	Vascular Network Director (JF)
Executive Director Transformation and Planning	Workstream Implementation, Delivery & Oversight - Transformation and Improvement support (dg)
Executive Director Transformation and Planning	Mental Health Service Improvement (TP)
Executive Director Transformation and Planning	Workstream Implementation, Delivery & Oversight - Digital Technology Support (AMc)
Executive Director Transformation and Planning	Project manager (TH)
Executive Director Transformation and Planning	interim director of the regional treatment centre programme (HM)
Executive Director Transformation and Planning	HR Change Capability & Capacity Support (FE)
Executive Director Transformation and Planning	HR Change Capability & Capacity Support (NH)
Executive Director Transformation and Planning	Project manager transformation & Improvement (CP)
Executive Director of Workforce and OD	Operating Model Engagement & Communication Support (AF)
Executive Director of Workforce and OD	Workforce Program Advisor - Temporary Staffing (DA)
Executive Director of Workforce and OD	Workforce Programme Optimisation Advisor - (GS)
Executive Director of Workforce and OD	Specialist Power BI Report Builder (MB)
Executive Director of Public Health	Improvement Interim support (MS)
Executive Director of Public Health	Mental Health services Transformation - Recruitment (GR)
Executive Director of Public Health	Mental Health Services Transformation Support (PC)
Executive Director of Public Health	Local Public Health Programme Support (AF)
Executive Director of Public Health	Mental Health Services Transformation Support Estates (KH)
Executive Director of Public Health	MH&LD Divisional Programme Management Support (GG)
Executive Director of Public Health	Programme Support for MHLD (JW)
Executive Director of Public Health	Programme Support for MHLD (RR)
Executive Director of Public Health	Director of Nursing, MHLD (PL)
Executive Director of Public Health	Service Improvement Programme support (SI)

# Senior Interims

## Standard Operating Procedure

A new version of the SOP was introduced on 1st October which incorporated an increase in the information gathered in the approval stages and automated email reminders for managers when an interim's contract is due to expire.

As part of ongoing grip and control measures further amendments have been made to the approval process in order to tighten control over the new requests and extensions that are submitted. These include as per the request outlined in the financial audit response, the Executive Director of Workforce and OD and the Executive Director of Finance, now have to sign off and either approve or reject each request before any further action is taken by the recruitment team in processing the request for interim agency provision. It is now being amended to include the requirement for approval of RTS for any ESP level roles and for all engagements to have written, signed confirmation from the responsible executive of all discussions and agreements with agency workers regarding the nature and terms of the engagement.

Alongside this through the Workforce Optimisation programme there will be further amendments to the process that aim to reduce the use of senior agency interims, such as capping the number of months an interim can be booked or extended, to four months. Furthermore, details of establishment control, Trac reference numbers or equivalent are now required upon requesting an interim to cover a vacancy, as evidence that each department has a recruitment plan in place to fill their posts substantively.

The revised SOP will be updated by the end of December to go for sign off at the Executive Delivery Group: People & Culture in January 23 and the revised compliance report will be going to the Executive Team on a monthly basis from January 23. Whilst the above changes have been/are being made compliance reports were paused to enable the changes to be made and bedded in. They will resume in January 23.

# Senior Interims

## Benchmarking

As part of the ongoing Recovery work across the health board an external benchmarking exercise was initiated to better understand the current market position and the average daily rates across a range of positions we have used across the organisation previously. The team carried out desktop research and also approached a number of agencies we work with on a regular basis to correlate an over market position.

The benchmarking data below shows that across the sector the daily rates differ depending on a number of factors including but not exclusive to the type of function, portfolio of the role, size of area in terms of budget, and size of workforce under remit of the role.

The table below shows the external current low, high and average daily market rates for a range of senior interim roles across the Healthcare sector and the corresponding average daily rates paid by Health Board over the last 6 month period. Whilst organisational factors need to be taken into consideration regarding the rates paid by the Health Board, it is clear that the rates we pay need to be better aligned with the external market.

Role Title	Daily Rates - excluding VAT			
	External			Internal
	Low (Daily)	High (Daily)	Average (Daily)	Average (Daily)
Senior Operational roles such as Chief Operating Officer (COO)	£887	£1,183	£1,035	£1,360
Executive Roles (VSM)	£813	£1,150	£981	£1,396
Programme Directors (Transformation)	£675	£963	£819	£771

# Senior Interims

## Workforce Optimisation

To support the grip and control elements around the ongoing recovery work, a specific area under review as is the level and duration in time of the usage of non-clinical senior interims across the organisation. The key aim is to reduce the reliance on senior interims across the organisation and ensure where they are covering a vacancy or providing specialist skills the length of time they are utilised within the organisation is kept to a minimum. As part of the ongoing work analysis was carried out as to look the average contract length an interim is currently engaged within the organisation when covering a vacancy or providing specialist skills. The current average contract length is 312 days respectively. The programme of work being carried out under the Workforce Optimisation programme is looking to reduce this to 120 days and an action plan in being mobilised to ensure this happens going forward. An update against the plan will be presented at the next meeting.

The Workforce Optimisation programme as described in the last report has now been developed. The methodology behind the programme is one of building a solid foundation across services. This is around four key pillars of work. The programme focuses initially on short-term recovery whilst providing a baseline to ensure better utilisation of the services current resource whilst delivering a platform for improvement and transformation going forward. This enables a service to stabilise their current situation by reducing its reliance on temporary staffing solutions and then to look at fully utilising that resource to ensure success in any improvement/transformation initiatives going forward.

Stability – Staff Resourcing

Utilisation – Resource Management

Improvement – Pathway Redesign

Transformation – Service Redesign

# RECRUITMENT IMPROVEMENT REVIEW

## Baseline and Performance Data

December 2022



GIG  
CYMRU  
NHS  
WALES

Bwrdd Iechyd Prifysgol  
Betsi Cadwaladr  
University Health Board

# Agenda

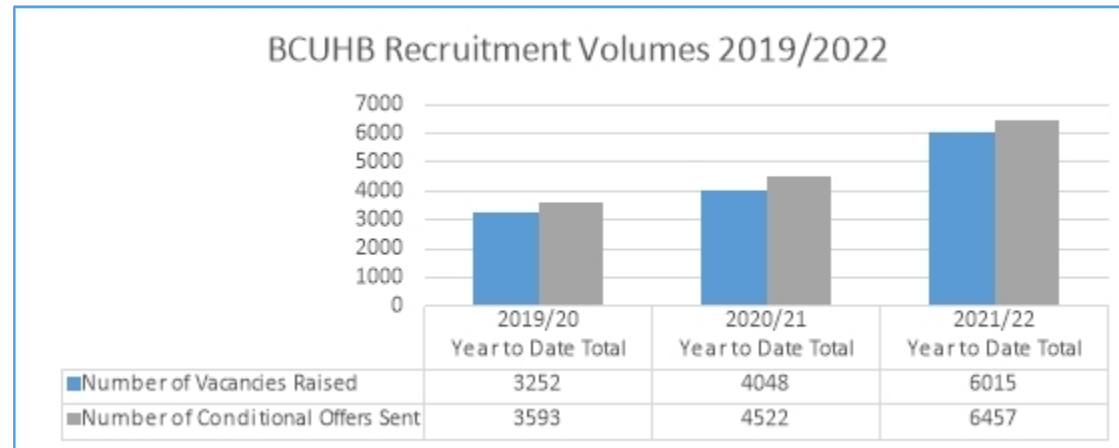
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- Context to Recruitment challenges and current volumes of activity
- Recap of the Recruitment process improvement programme
- Summary of the 4 themes in the improvement programme
- Outline plans to further reduce Trac administration from Recruiting Managers



## Recruitment Pressures in a Growing Organisation

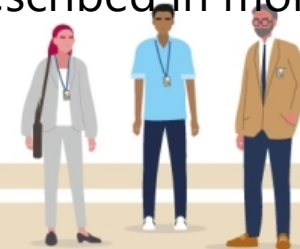
- The overall position as of October 22 is 18832 Budgeted FTE as against 17557 Actual FTE. This differs from October 20 which was 17501 Budgeted FTE as against 16129 Actual FTE. Over this period, the budgeted establishment has grown by 8% whereas the actual staff in post has grown by 9%, representing an actual addition of 1331 FTE into the Health Board.
- Key challenges remain with consultant recruitment as the budgeted establishment has risen by 9% (57 FTE) but the actual staff in post has risen by 2% (12 FTE)
- Nursing reports a better position as the increase in budgeted establishment has grown by 5% (307 FTE) but the actual in post has grown by 8% (393).
- Recruitment activity since 2019 has increased by 85% in terms of the adverts raised and 80% in terms of candidates processed



## Recruitment Activity

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- Targeting YGC and Central IHC, a recruitment marketing campaign is being underway with a range of advertising outlets, Capital Radio campaign, printed campaign on Arriva buses and a full page editorial in Civvy Street, a magazine for Armed Forces personnel with a readership of 9k+ medical military staff.
- Coordinate recruitment events and open days for Nursing and HCSWs have taken place in November and are scheduled to re-run again bi-monthly from January.
- A Medical overseas recruitment drive is being arranged through the British Association of Physicians of Indian Origin (BAPIO). So far, 46.5 FTE vacancies have been identified for the programme with interviews likely to take place in February 2023 for middle and junior grade Drs.
- Further opportunities are available in conjunction with our RPO provider Medacs to organise an overseas Medical Recruitment drive in the Middle East in early 2023, with funding of up to £25,000 available to send a team out overseas. This campaign will target Consultant posts as the BAPIO initiative outlined above is specifically targeted at middle and junior grade doctors.
- The overseas nursing campaign to recruit 380 nurses is live and will be described in more detail later in this session.





# Recruitment Process Improvement (KPIs)

The table below summarises the baseline KPIs at the start of the review and the anticipated reduction in timeframes once the improvements have been delivered and embedded.

The current performance is based on the number of working days at various stages in the process.

The following data set is derived from NWSSP reports and is AfC staff only. Medical & Dental metrics will be incorporated in future reports from December 2022 onwards.

Process Theme	Baseline Performance	Current Performance	Target KPI (Stretch)
Theme 1: Establishment Control	19 days	8.2 days	7 days
Theme 2: Creation and Verification of Vacancy	14 days	9.9 days	8 days
Theme 3: Advert to Offer	16 days	19.2 days	12 days
Theme 4: Offer Stage to On-boarding	27 days	23.4 days	22 days



# Statistical Process Control Guidance (SPC Chart)

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The following SPC charts will indicate the performance of the interventions made in the recruitment process so far. For ease, the Key to reading the SCP charts is thus;

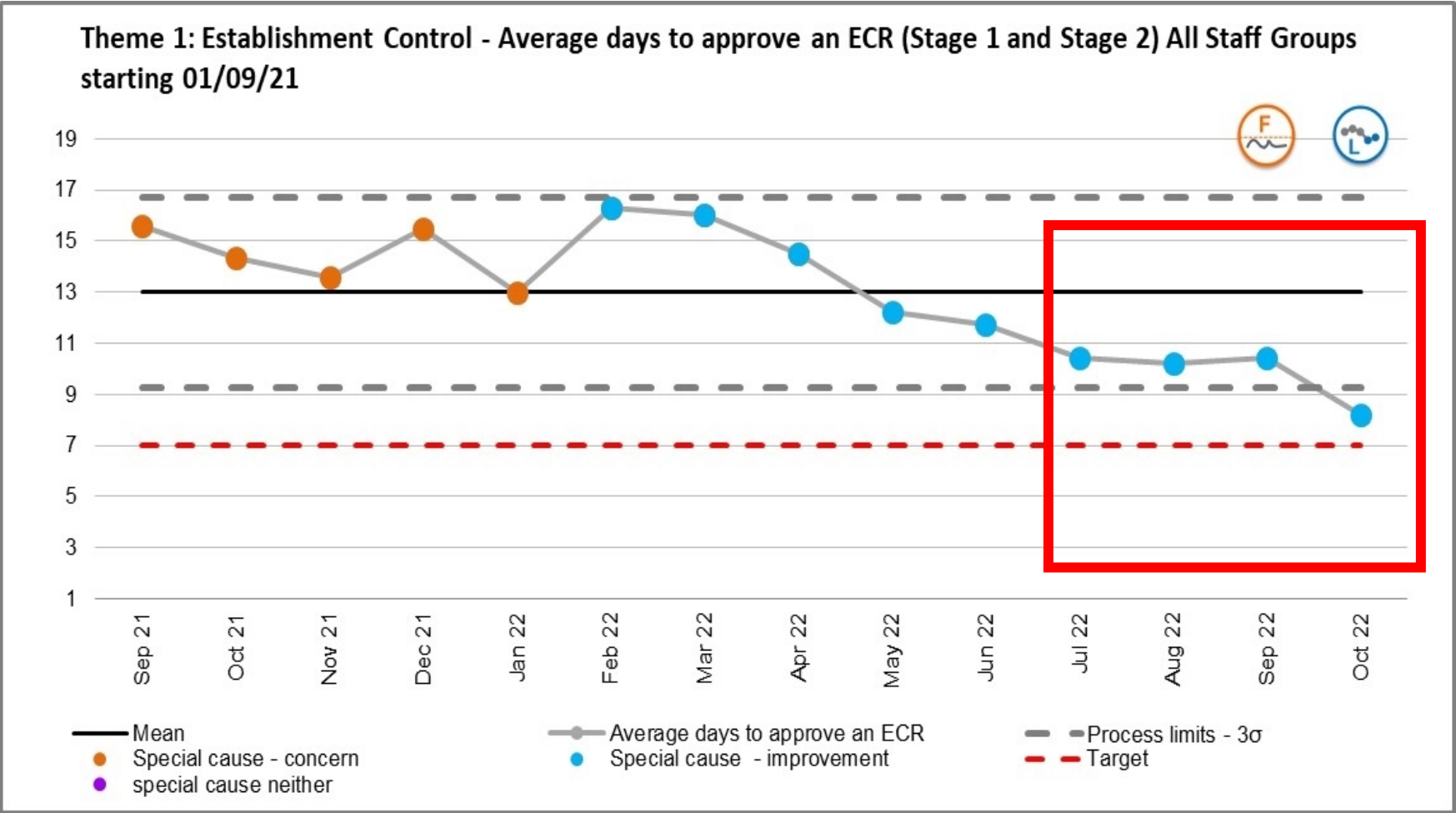
- Orange Dot = represents a continuing negative cause, identifying sustained adverse shifts in results
- Blue Dot = represents a positive cause, representing sustained positive shifts in results
- Grey Dot = represents no sustained change in the results

The target (stretch) KPI is denoted by a red dotted line - - - - -

Red boxes are overlaid on the charts to identify when the main interventions were implemented



# Theme 1: Establishment Control



Two measures account for the overall KPI of an Establishment Control Form (ECR):

**Stage 1:** (Finance, Workforce and Head of Service) 7 calendar days

**Stage 2:** (Divisional Management Team DMT) 5 calendar days

The current timeframes for both stages combined has reduced from 17 days in February to 8.2 days in October. The main interventions were implemented in July 2022.



# Theme 1: Establishment Control Trajectory

By streamlining the initial EC stages, approval times have reduced by more than half since the initial baseline was taken. To further impact the overall EC approval times and achieve the target (stretch) KPI, the next phase will be to widen the scope of roles that are allowed to bypass DMT.

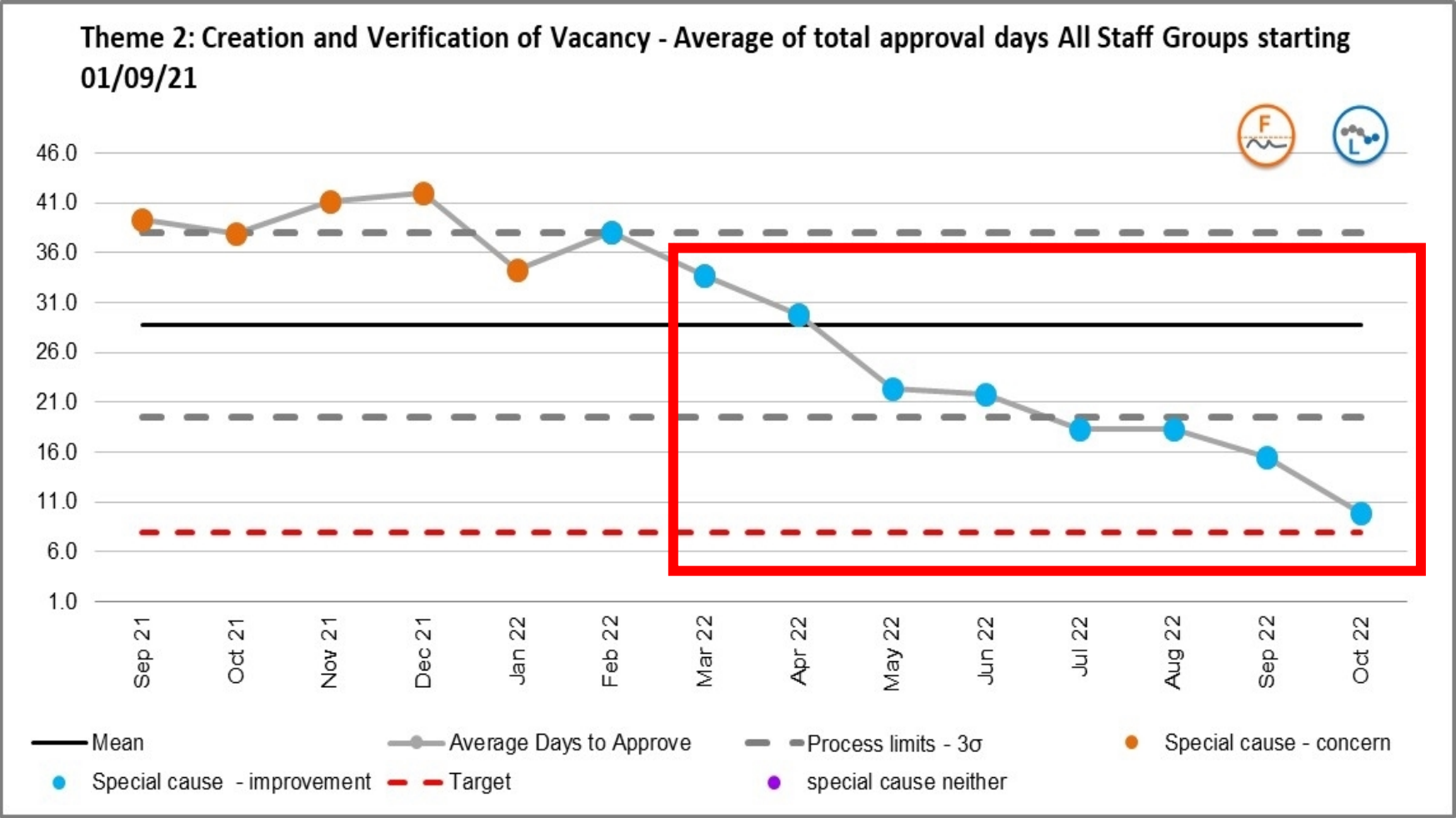
In recognition that divisional management teams may wish to retain oversight of the recruitment activity in their areas due to cost improvement requirements, it is proposed that only the following staff groups are allowed to bypass DMT when marked as within budget;

- Medical & Dental (below consultant level)
- Allied Health Professionals
- Estates & Ancillary

Process Theme	Baseline Performance	Current Performance	Target KPI (Stretch)	Planned date to achieve Stretch KPI
Theme 1: Establishment Control	19 days	8.2 days	7 days	February 2023



## Theme 2: Creation and Verification of Vacancy



Two measures account towards the overall KPI of theme 2:

**Stage 1:** (Managers time to submit a vacancy for approval)  
9 calendar days

**Stage 2:** (Time taken for the EC team to approve a vacancy)  
5 calendar days

The timescales for Theme two have reduced from 36 days in February 2022 to 9.9 days in October



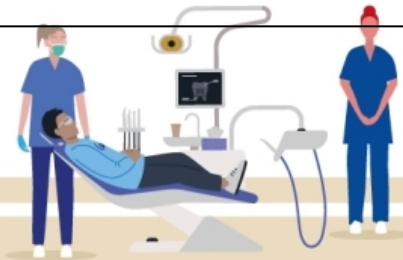
## Theme 2: Creation and Verification of Vacancy Trajectory of Further Improvement

Following the Rapid Deep Dive session in August into the Recruitment process improvement, a proposal has been drawn up to increase the support for recruiting managers and remove the duplication of data entry.

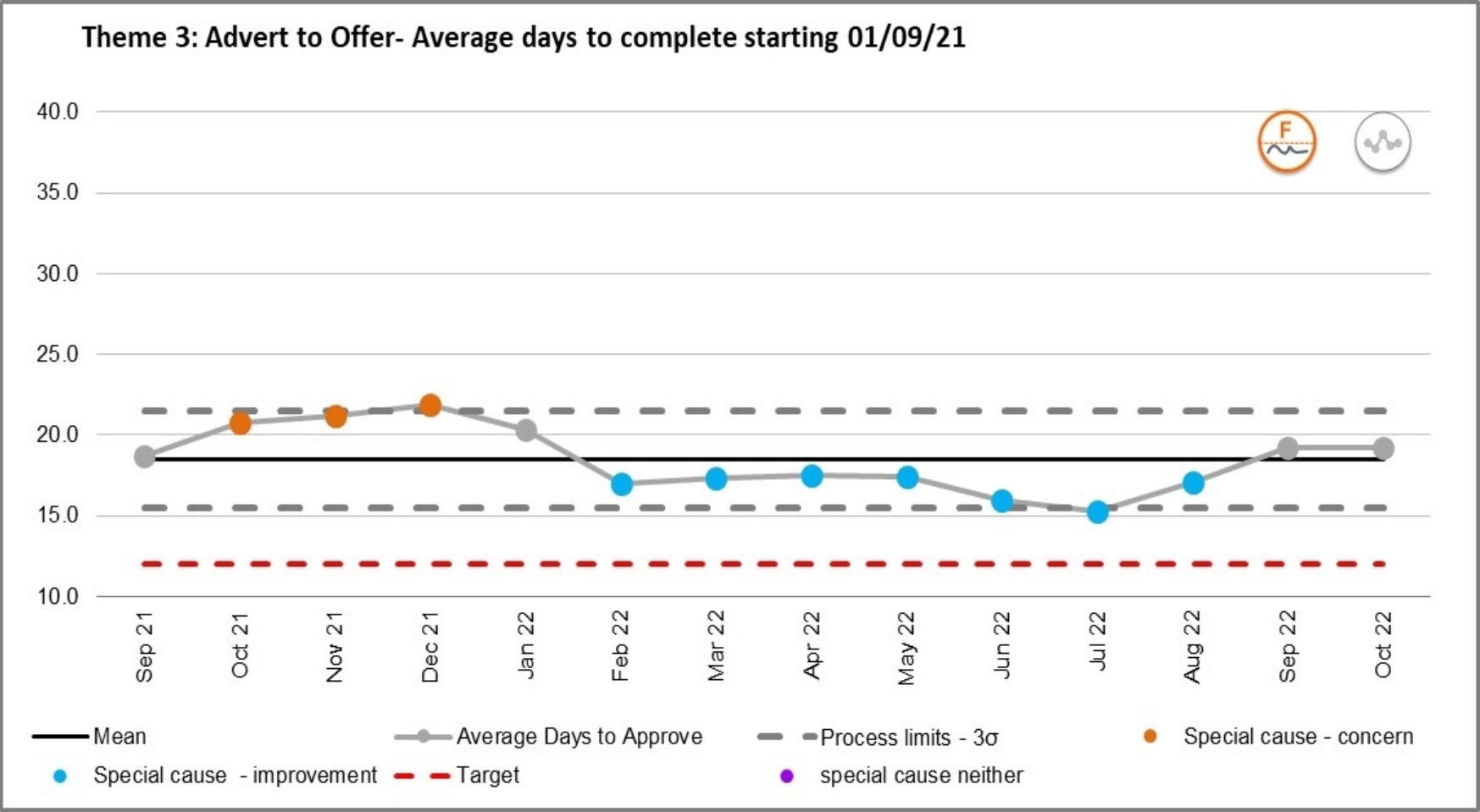
In adopting this model, managers will submit their vacancy request and the recruitment team will create the vacancy in Trac. This will release an approximate 9000 managerial hours time back into the organisation and ease the administrative burden. In addition, the principle support GIRFT as recruitment experts will be responsible for generating quality adverts with relevant and consistent supporting documents.

This proposal may require additional funding (invest to save as part of the IMTP 23/24) into the recruitment team and will necessitate a phase roll out by staff group, with the last phase to go live in April 2023.

Process Theme	Baseline Performance	Current Performance	Target KPI (Stretch)	Proposed date stretch KPI achieved
Theme 2: Creation and Verification of Vacancy	14 days	9.9 days	8 days	April 2023



# Theme 3: Advert to Offer All Actions



A number of performance measures contribute towards the KPI for theme 3. These are listed below:

- **Stage 1:** Time to Advertise
- **Stage 2:** Time to move to shortlisting
- **Stage 3:** Time to shortlist
- **Stage 4:** Time to send interview invites
- **Stage 5:** Time to update interview outcomes
- **Stage 6:** Time to send offer

The increased timescales is impacted by stage 2 - shortlisting and stage 5 updating interview times. This suggests recruiting managers need more support in these areas.



## Theme 3: Advert to Offer Trajectory

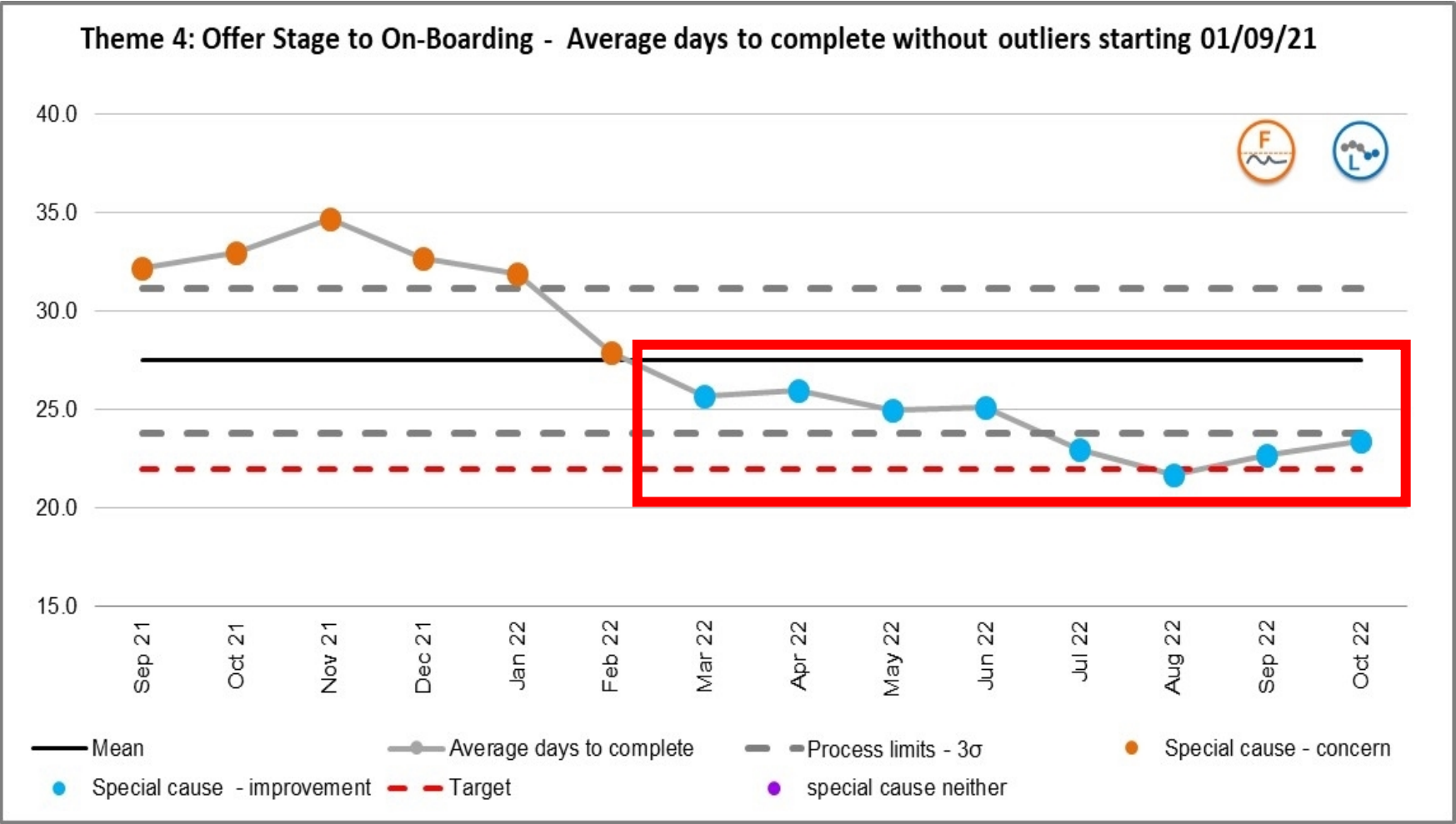
- The stages within this these clearly indicate that managers need more support with shortlisting and following up after interview. As noted in Theme two, by introducing increased support from the recruitment team that facilitates the Trac creation of adverts, having a closer working relationship with managers in this regard will ensure target deadlines are hit and the candidate experience is as good as it can be.
- Particular improvement would be expected at the time to shortlist and time to update interview outcome stage, which currently delays the overall processing time.

Process Theme	Baseline Performance	Current Performance	Target KPI (Stretch)	Proposed date stretch KPI achieved
Theme 3: Advert to Offer	16 days	19.2 days	12 days	April 2023





# Theme 4: Offer Stage to On-Boarding (without outliers)



Theme 4 average accounts for the offer stage and all pre-employments checks. The following interventions have been made;

- November 2021: Expanded list for Occupational Health self-declaration form to reduce delays.
- April 2021: Manager approval for equivalent experience/qualification
- September 2022: New streamlined internal employment check process.
- New offer letter, proposed start date and digital ID checks.



# Transfer of Trac Administration From Managers to Recruitment

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- Following the Rapid Deep Dive event in August, two options were drafted to remove the duplication of inputting into both Establishment Control and Trac, for recruiting managers. A co-design session with WOD, Finance and Planning colleagues was held in early November that agreed the most suitable option to retain the establishment control portal, under a new name, and for the recruitment team in each IHC to create the Trac advert on behalf of the manager. Part of the additional service would be to support the manager in JD selection, advert creation and welsh translation.
- Based on the current recruitment volumes it is estimated that managers will spend in the region of 2.5 hours collating all the necessary documents and liaising with the Job Evaluation team and Welsh translation, approximately 9600 hours managerial time. Conversely, 8 WTE dedicated band three recruitment officers could undertake this work at 1.5 hours per advert.
- This project will require funding of 8 FTE band three officers, which will be submitted to the 2023/24 IMTP. There are currently 4 FTE officers on temporary contracts in the establishment control team that could be seconded into the recruitment team initially on a non-recurrent basis. This resource will be allocated to each IHC recruitment team under the new People operating model.
- It is proposed that the programme will be delivered in three phases;
  - **February**; Nursing & Midwifery and Medical & Dental
  - **April**; Allied Health Professionals, Estates & Facilities and Additional Clinical Services
  - **May**; Additional Professional Scientific and Technical, Admin and Clerical and Healthcare Scientists



# Transfer of Trac Administration – Outline Plan

Key Areas of Focus	December & January 2022/23	February 2023	March 2023	April 2023	May 2023	June 2023 onwards
Communications & Engagement	Comms & Engagement Plan (Phase 1)		Comms & Engagement Plan (Phase 2)			
	Seconding and Reskilling for existing staff			Comms & Engagement Plan (Phase 3)		
People	Recruitment & Training for Required Posts (4 FTE)					
		Training/Support for affected Managers (Phase 1)		Training/Support for affected Managers (Phase 2)		
	Adjustment of EC Team Processes				Training affected Managers (Phase 3)	
Processes	Develop/ Implement Baseline Measures	Implement of TRAC Changes (Phase 1)		Implement of TRAC Changes (Phase 2)		
					Implement of TRAC Changes (Phase 2)	
Reporting		Implement Monthly Reporting from Phase 1 , Phase 2 & Phase 3				
Key Activities	<ul style="list-style-type: none"><li>- Develop Comms &amp; Engagement Plan</li><li>- Obtain financial approval for the 8 FTE</li><li>- Second existing 4 FTE into Recruitment and advertise additional 4 WTE</li><li>- Identify required Processes and training for revised EC Team Workflow</li><li>- Review KPIs and record Baseline</li></ul>	<ul style="list-style-type: none"><li>- Launch Phase one – RNMs and M&amp;D</li><li>- Implement Comms &amp; Engagement</li><li>- Recruit additional 4 FTE into recruitment</li><li>- Implement Process changes in EC Team</li><li>- Finalise training for recruitment team</li><li>- Develop Monthly KPI Report</li></ul>	<ul style="list-style-type: none"><li>- Communicate with Phase 2 staff groups and Implement Comms &amp; Engagement Plan</li><li>- Onboard Required 4 WTE</li><li>- Monitor and manage remaining EC function</li><li>- Monitor KPIs Report</li></ul>	<ul style="list-style-type: none"><li>- Launch Phase Two; AHP, E&amp;F and ACS</li><li>- Ongoing Comms &amp; Engagement in Phase 2</li><li>- Monitor and manage EC Team</li><li>- Communicate with Phase three staff groups and Implement Comms &amp; Engagement Plan</li><li>- Monitor KPIs Report</li></ul>	<ul style="list-style-type: none"><li>• Launch Phase 3; A&amp;C, HCS, APS&amp;T</li><li>- Monitor and manage EC Team</li><li>- Monitor KPIs Report</li><li>- Adjust Plan and Processes through feedback</li></ul>	<ul style="list-style-type: none"><li>- Ongoing Comms &amp; Engagement in final Phase</li><li>- Monitor KPIs Report</li><li>- Adjust Plan and Processes through feedback</li><li>- Identify any further TNA</li></ul>

Diolch yn fawr lawn / Thank you very much





<b>Teitl adroddiad:</b> <i>Report title:</i>	Codi Llais Yn Ddiogel/Speak Out Safely 18 Month Update Report
<b>Adrodd i:</b> <i>Report to:</i>	Partnerships People and Population Health Committee
<b>Dyddiad y Cyfarfod:</b> <i>Date of Meeting:</i>	Tuesday, 17 January 2023
<b>Crynodeb Gweithredol:</b> <i>Executive Summary:</i>	<p>The purpose of this paper is to provide a annual summary update on the first 18 months of Codi Llais Yn Ddiogel/Speak Out Safely (CYLD/SOS). Included is information on the number of staff contacts and concerns raised in this time. Alongside data on the types of concerns raised and actions taken to resolve such, staff evaluation feedback data is included, alongside the outcome of the first Internal Audit report into CYLD/SOS.</p> <p>The report also sets out some of the wider work being done that CYLD/SOS and/or members of the CYLD/SOS MDT feed into, including national work around speaking up cultures in public sector organisations in Wales, just and learning culture work in BCUHB and work to commence in 2023 around learning systems that will better allow learning from CYLD/SOS cases to be taken up and utilised by organisational members at different levels of the organisation.</p>
<b>Argymhellion:</b> <i>Recommendations:</i>	<p>The Committee is asked to:</p> <ol style="list-style-type: none"><li><b>NOTE</b> the progress achieved during the first 18 months of implementing Codi Llais yn Ddiogel/Speak Out Safely Speak Out Safely (CLYD/CYLD/SOS)</li><li><b>NOTE</b> activity to date, emerging themes and feedback from staff; and</li><li><b>APPROVE</b> the recommendations presented to further develop and consolidate the approach taken with Codi Llais yn Ddiogel/Speak Out Safely in the organisation for 2023/24, these being based on the learning generated during the last 18 months.</li><li><b>NOTE</b> the intention to continue reporting through Partnerships, People &amp; Population Health as part of the People Strategy and Plan reporting.</li></ol>
<b>Arweinydd Gweithredol:</b> <i>Executive Lead:</i>	Sue Green, Executive Director of Workforce and Organisational Development
<b>Awdur yr Adroddiad:</b>	Gareth Evans, Senior Organisational Development Manager

<b>Report Author:</b>				
<b>Pwrpas yr adroddiad: Purpose of report:</b>	I'w Nodi <i>For Noting</i> <input checked="" type="checkbox"/>	I Benderfynu arno <i>For Decision</i> <input type="checkbox"/>	Am sicrwydd <i>For Assurance</i> <input checked="" type="checkbox"/>	
<b>Lefel sicrwydd: Assurance level:</b>	<b>Arwyddocaol Significant</b> <input type="checkbox"/> Lefel uchel o hyder/tystiolaeth o ran darparu'r mecanweithiau / amcanion presennol <i>High level of confidence/evidence in delivery of existing mechanisms/objectives</i>	<b>Derbyniol Acceptable</b> <input checked="" type="checkbox"/> Lefel gyffredinol o hyder/tystiolaeth o ran darparu'r mecanweithiau / amcanion presennol <i>General confidence / evidence in delivery of existing mechanisms / objectives</i>	<b>Rhannol Partial</b> <input type="checkbox"/> Rhywfaint o hyder/tystiolaeth o ran darparu'r mecanweithiau / amcanion presennol <i>Some confidence / evidence in delivery of existing mechanisms / objectives</i>	<b>Dim Sicrwydd No Assurance</b> <input type="checkbox"/> Dim hyder/tystiolaeth o ran y ddarpariaeth <i>No confidence / evidence in delivery</i>
<b>Cyfiawnhad dros y gyfradd sicrwydd uchod. Lle bo sicrwydd 'Rhannol' neu 'Dim Sicrwydd' wedi'i nodi uchod, nodwch gamau i gyflawni sicrwydd 'Derbyniol' uchod, a'r terfyn amser ar gyfer cyflawni hyn:</b>  <b>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:</b>				
<b>Cyswllt ag Amcan/Amcanion Strategol:</b>	People Strategy and Plan			
<b>Goblygiadau rheoleiddio a lleol: Regulatory and legal implications:</b>	Public Interest Disclosure Act GDPR			
<b>Yn unol â WP7, a oedd EqlA yn angenrheidiol ac a gafodd ei gynnal?</b>  <b>In accordance with WP7 has an EqlA been identified as necessary and undertaken?</b>	Do/Naddo <u>Y/N</u>  An Equality Impact Assessment was completed in April 2021 to support the introduction of Codi Llais yn Ddiogel/Speak Out Safely (CYLD/SOS) and this has continued to be reviewed as CYLD/SOS has further developed.			
<b>Yn unol â WP68, a oedd SEIA yn angenrheidiol ac a gafodd ei gynnal?</b>  <b>In accordance with WP68, has an SEIA identified as necessary been undertaken?</b>	Do/Naddo <u>Y/N</u>  This report provides an update review of the CYLD/SOS process and does not involve or require any strategic decisions and thus falls outside of the remit of the SEIA			
<b>Manylion am risgiau sy'n gysylltiedig â phwnc a chwmpas y papur hwn, gan gynnwys risgiau newydd (croesgyfeirio at y BAF a'r CRR)</b>  <b>Details of risks associated with the subject and scope of this paper, including new risks (cross reference to the BAF and CRR)</b>	(crynodeb o'r risgiau a rhagor o fanylion yma)  (summarise risks here and provide further detail)			
<b>Goblygiadau ariannol o ganlyniad i roi'r argymhellion ar waith</b>	CYLD/SOS has an existing budget already approved in 2022-2023			

<b>Financial implications as a result of implementing the recommendations</b>	
<b>Goblygiadau gweithlu o ganlyniad i roi'r argymhellion ar waith</b>	No workforce implications as a direct result of this report
<b>Workforce implications as a result of implementing the recommendations</b>	
<b>Adborth, ymateb a chrynodeb dilynol ar ôl ymgynghori</b>	(crynodedb o sut mae'r papur wedi cael ei adolygu, yr ymateb a pha newidiadau a wnaed ar ôl cael adborth)
<b>Feedback, response, and follow up summary following consultation</b>	This paper has been reviewed by the Executive Lead for CYLD/SOS prior to submission to the PPPH Committee
<b>Cysylltiadau â risgiau BAF:</b> (neu gysylltiadau â'r Gofrestr Risg Gorfforaethol)	BAF21-18 Effective Alignment of our People
<b>Links to BAF risks:</b> (or links to the Corporate Risk Register)	
<b>Rheswm dros gyflwyno adroddiad i fwrdd cyfrinachol (lle bo'n berthnasol)</b>	Amherthnasol
<b>Reason for submission of report to confidential board (where relevant)</b>	Not applicable
<b>Camau Nesaf:</b> <b>Gweithredu argymhellion</b>	
<b>Next Steps:</b> <b>Implementation of recommendations</b>	
<b>Rhestr o Atodiadau:</b> Pedwar Atodiadau	
<b>List of Appendices:</b>	
Appendix 1 - Copy of Internal Audit Final Report Appendix 2 - Copy of amended MDT Process Log (in line with recommendations from Internal Audit Report)	

## 1. Cyflwyniad / Cefndir / Introduction / Background

This report provides an overview of progress with the implementation of Codi Llais yn Ddiogel/Speak Out Safely (CYLD/SOS) in the intervening time period since the last report to PPPH in May 2022. This report provides:

- A brief summary background to the introduction of CYLD/SOS for the purpose of initial context
- An update on any further developments in the ongoing implementation of the complementary elements of CYLD/SOS



- An overview of activity data, with especial attention to month by month data related to types and frequency of concern raised, response times, staff feedback on experience of using CYLD/SOS (where provided and available) and including work undertaken by the Speak out Safely Guardians (CYLD/SOSG)
- Information on emerging themes and trends
- A set of recommendations for further developing CYLD/SOS, taking account of lessons learned during the last 6 months.

It should be noted that the primary lead for CYLD/SOS (Senior Organisational Development Manager) continues to be a member of an All Wales working group set up to explore the development of an All Wales approach to supporting staff to speak up safely. Engagement with this national group is anticipated to continue into 2023 with national guidance on implementing Speaking Up Safely processes and procedures planned for publication for the start of Q1. This work has been informed by the Health Board's development of CYLD/SOS whilst also now informing the ongoing development of CYLD/SOS to ensure our processes, practices and procedures continue to be in line with the emerging evidence base and thus remain research informed.

## **2. Corff yr adroddiad / Body of report**

This assessment of the ongoing work of implementing CYLD/SOS in the time since the last report to PPPH in May 2022 includes:

- An update on further progress in implementing the component parts of CYLD/SOS
- An overview of the data – quantitative and qualitative – for both the whole period CYLD/SOS has been available to staff in BCUHB, as well as a focused set of data tables for Q2 and Q3 as the time period since the last report to PPPH, alongside the key themes to emerge from this data and from wider experiences members of the CYLD/SOS team have had in their contact with the organisation;
- A set of recommendations for continuing to improve and embed CYLD/SOS, taking account of lessons learned during the last several months.

### **1.1. Progress with Implementing CYLD/SOS**

#### **1.1.1. Work in Confidence (WiC)**

WiC was commissioned initially for a 2 year period and launched in July 2021 to enable staff to raise concerns and engage in a two way anonymous conversation, with this platform also having the functionality to gather staff feedback about their experience of using WiC and wider CYLD/SOS processes. The CYLD/SOS budget for 2023-24 will allow the organisation to continue with the contract for WiC for a further 2 year period, especially given its use by staff as compared to use of Safe Haven, our previous in-house reporting mechanism as set out below:

#### **Comparison data for WiC vs. SafeHaven**

	<b>Work in Confidence</b>	<b>Safe Haven</b>
Year 1 Concerns raised total	68	9
Year 2 Concerns raised total	27 (July to Dec only)	24
Year 3 Concerns raised total	/	44



Year 4 Concerns raised total	/	18
<b>Total Concerns raised</b>	<b>95 (two year total)</b>	<b>95 (four year total)</b>

Since the staff feedback function was brought online in October 2021, to date, 8 staff members have completed the survey which is forwarded to all staff who have used WiC on the closure of their concern. The data gathered from the staff members who have completed the survey is provided at the end of the data section. Learning from this suggests that the work done to date to encourage staff to complete the survey, e.g. personal message from involved MDT member or CYLD/SOS Guardian alongside the provision of the link to complete the survey is not seeing a commensurate return on surveys completed compared to conversations closed, e.g. 8 surveys completed to 81 conversations closed, approximately 10% of all staff who have interacted with CYLD/SOS. Further thoughts on how to encourage a greater uptake are set out in Section 2 on Recommendations.

Staff have, however, continued to provide verbal and email based feedback on their experiences of working with the Guardians and members of the Multi Disciplinary Team (MDT) which is presented in Section 1.2.3.

It is worth noting that WiC has other functionalities, which enable the use of discussion boards and bespoke staff engagement surveys that are not related to CYLD/SOS. This wider functionality is currently being explored by members of the Transformation and Improvement Service and who have begun to use the survey function in some of their service improvement work.

#### 1.1.2. Multi Disciplinary Team (MDT)

The MDT continues to meet fortnightly with these meetings providing a multi-professional forum for sharing systems intelligence on emerging themes, trends and patterns of concerns being raised in the organisation and for reviewing cases raised through WiC and directly with the Guardians.

The MDT maintains its important role in determining next steps in terms of supporting staff with the concerns they have raised. This may include advising staff on appropriate processes to follow, liaising with colleagues in their work area or requesting that a further investigation be carried out, either formally or informally. The MDT will also consider the potential need to escalate concerns where this is deemed appropriate due to safety or other concerns. During the time since the PPH meeting in May the MDT have escalated concerns with the Executive Directors of Nursing, and Workforce and Organisational Development in relation to concerns shared in YG (at the time of the YG review), and in relation to staff concerns raised about working conditions in some of our adult in-patient facilities.

The MDT continues to use a process log (subsequently updated following the first audit of CYLD/SOS in Q2 and included as an appendice for review) and a CYLD/SOS decision support tool has also recently been developed for use by the MDT. These are intended to both enhance their systems intelligence awareness (to include consideration of other sources of information such as DATIX) as well as to strengthen the ability of the MDT to triangulate data to identify emerging themes and trends.

The MDT undertakes a 6 monthly review of its current membership, the relative balance of work between MDT members, as well as providing a 'check point' to review the types of

concern being reported and whether there are any particular areas of the organisation that may require particular support. Importantly, this 6 monthly review additionally supports mutual learning and reflection by MDT members, thereby helping improve the role and effectiveness of the MDT as part of the CYLD/SOS process. Part of the review process now also includes consideration of opportunities to enhance the representation of a wider set of staff within MDT so as to better reflect the diverse cultural and ethnic backgrounds of staff within the organisation.

The current membership of the MDT is provided below. Asterisks by member names indicate a recognition of changing circumstances or demands upon individual members and an ongoing process of looking to find a suitable replacement for said person:

- Jackie Hughes – Independent Board Member, Trade Union Representative, & Radiographer
- Dr Emma Hosking – Associate Medical Director for Professional Development\*
- Reena Cartmell – Associate Director of Nursing
- George Roberts – Senior Head of Human Resources
- Justine Parry – Assistant Director of Information Governance
- Kath Clarke – Acting Assistant Director of Patient Safety\*
- Claire Jones – Interim Corporate Health & Safety Manager
- Nia Thomas – Head of Organisational Development (Welsh Speaker)\*
- Gareth Evans – Senior Organisational Development Manager/MDT Chair

#### 1.1.3 Speak out Safely Guardians (SOGG)

Following an internal advert inviting expressions of interest, the first cohort of 4 Speak Out Safely Guardians (SOSG) were appointed in October 2021, each undertaking the role for a day a week on an initial 12 month secondment basis. Following one of the original Guardians leaving the Health Board for a new post in NHS England we have interviewed for the vacant post and have offered the role to a former BCUHB employee who previously worked for the organisation as a GP and Clinical Lead for TTP. We are expecting them to be able to commence in post early in Q4.

The current set of Guardians, with the name of our newest appointment italicised for ease of reference, three are:

- Caron Jones – Renal Social Worker (Welsh Speaker)
- Janerose Buyiekha – Corporate Business Officer
- Tracey Eccles – Mandatory Training Manager
- *Awen Roberts – Health Board General Practitioner (Welsh Speaker)*

Additionally we continue to work with Trade Union colleagues in relation to ensuring good working relations are maintained within the Health Board in relation to the role of the SOS Guardian, as well as to a smaller degree, that of the Champion too. This is in recognition of tensions that have arisen in other Health Boards in Wales around the role and remit of Guardians and the intention in BCUHB to avoid the consequences of said tensions by maintaining ongoing and active dialogue and robust working relationships. Most recently this has included exploring how our Guardians can actively check with staff members raising concerns if they are members of Trade Unions, and if so, whether they have felt it appropriate to contact their TU representative so as to ensure staff have access to the fullest range of support and guidance as befits the differing remits and roles of Trade Union representative and SOS Guardian respectively.

The Guardians continue to gather anonymised feedback from staff who have approached them, on their experience of working with the Guardians and being supported through the CYLD/SOS process. As well as providing initial support for individual members of staff who approach them with a concern and helping staff with next steps, the Guardians have run awareness sessions to promote CYLD/SOS, presenting these via Teams and through socially distanced face-to-face meetings. To date, the Guardians have presented at corporate orientation for new starters, to hospital and area management teams across the organisation, to corporate administration teams, and to the Bangor and Glyndwr Universities Schools of Health Sciences.

We continue to attend to potential issues of capacity and demand on the time and resources of the Guardians and where demand has outstripped capacity we have made month by month decisions on the ability of individual Guardians to accept new cases, instead bringing such requests to MDT so that a different member of the CYLD/SOS team can pick up the case instead. All three original Guardians, following discussion with then CEO, Jo Whitehead, Vice Chair (and Health Board independent Member CYLD/SOS Champion), Lucy Reid and Sue Green, Executive Director of Workforce and Organisational Development, have accepted an extension to their Guardian secondment contract until March 2023, and at which point the current Guardian arrangements can be further reviewed and evaluated.

It should be noted that the ongoing work to grow our network of Speak out Safely Champions (SOSC) should also have a role in raising awareness, and helping to better balance the demands on the time of the Guardians in the future.

The Guardians maintain a number of ways for staff to contact them including a secure generic mailbox (access being restricted to Guardians only), a SOSG Cisco voicemail number and a SOSG Cisco dedicated direct line for each Guardian. Additionally, the Guardians have updated the induction packs developed for new starters to include information on CYLD/SOS, including contact details for the Guardians. SOSG bi-lingual posters have been developed and shared into the organisation. All three current Guardians are also available to staff via the WiC platform too.

The Guardians continue to have regular meetings with one of the Clinical Psychologists working within the Staff Wellbeing Support Service (SWSS) to support their health and wellbeing when dealing with staff facing potentially difficult and emotional situations.

For 2023, we have set up monthly meetings for the whole year between the Guardians, the CEO and Vice Chair which provides them with an opportunity to share their learning, discuss the development of their role and provide a route for escalating any issues or concerns. Moving forward, the Executive Director of Workforce and Organisational Development (who is the Executive Lead for CYLD/SOS) will also join parts of some of the meetings of the Guardians with the CEO to ensure learning and development of all aspects of CYLD/SOS can be coordinated and built upon.

Finally, the Chair of CYLD/SOS and the current SOSGs met with Teresa Owen, the Executive Director for Public Health and members of the Senior Leadership Team for Mental Health and Learning Disability (MHL) Services at the request of then CEO, Jo Whitehead to look at targeted work around CYLD/SOS in the division. A plan of action for the early part of 2023 has been agreed including targeted awareness raising around CYLD/SOS in key operational meetings and forums, and a subsequent focus on recruiting

SOS Champions across MHL. Posters and other promotional information related to CYLD/SOS and WiC has been shared in advance of upcoming activity.

#### 1.1.4 Speak Out Safely Champions (SOSC)

The recruitment of Champions began during the first few months of launching CYLD/SOS. Currently there are 25 SOSC across services areas – clinical, operational and corporate – and across East, Central and West locations, including staff working in acute and community settings.

Work has been undertaken in 2022 to support the further growth and strengthening of the Champion network through exploring how organisationally we can bring together staff in diverse Champion roles in BCUHB, e.g. Wellbeing Champions, Equalities Champions, Staff Engagement Ambassadors, SOS Champions, etc., to look at ways in which staff across this broader network of Champions might support each others' work through for example, shared dissemination of information relevant to different Champion communities thus increasing the reach and promotion of Champion work in the organisation, including that of the SOS Champion and the CYLD/SOS agenda more widely.

This work will continue into 2023 with a planned series of networking events to bring Champions together so as to co-design and co-produce the approach to this work going forward. As part of this expansion of the Champion network, it will be important to ensure there are Champions in areas of the organisation where access to IT is limited to ensure there is awareness and signposting to CYLD/SOS.

Our SOS Champions also played a role during the work undertaken in Ysbyty Gwynedd following the concerns raised by staff to the AM, Iorwerth ap Gryffydd. The names and contact information of champions based in the West area were provided to staff as part of the initial communication campaign, alongside information on how to access WiC at the time. As the network of Champions is further developed their information can be provided locally to staff in a given work area so as information related to CYLD/SOS can be more easily shared.

#### 1.1.5. Standard Operating Procedure (SOP)

The current Standard Operating Procedure (SOP) for CYLD/SOS has been recently updated (September 2022 and again in December 2022) to reflect a number of developments in CYLD/SOS including:

- Ongoing learning and improvements to the way in which core aspects of CYLD/SOS are now understood and used, e.g. the development and further refinement of the MDT process log and a continued clarification of focus in MDT meetings to ensure concerns are being best managed and reviewed
- Acknowledging the importance of attending to questions around diversity, equity and inclusion in relation to CYLD/SOS and whether it supports staff from diverse and different backgrounds to come forward and raise concerns, in part because the CYLD/SOS team itself comes to be more representative of the diverse staff employed in BCUHB
- The development of a CYLD/SOS process flow chart for staff to use to better understand the CYLD/SOS process and what to expect and that incorporates a focus on learning and information sharing at three levels – with the individual

concerned, the local area affected by the concern, and learning at the whole organisational level.

The SOP will continue to be reviewed and updated to ensure it remains valid and in line with organisational developments.

#### 1.1.6 Promotion of CYLD/SOS

Ongoing promotion of CYLD/SOS has taken place over the course of the last 6 months to raise awareness with as many staff as possible. This has included:

- Messages shared around CYLD/SOS in the Chair and CEO weekly communications
- Video messages recorded by the CYLD/SOS Guardians to coincide with Speaking Up Month (October 2022)
- The development and sharing of Welsh and English language posters to promote Work in Confidence
- The continued inclusion of awareness raising information on CYLD/SOS in the new starter orientation programme as well as in relation to the induction and on-boarding of junior doctors into the Health Board
- Ongoing engagement with the Local Partnership Forum, staff networks, and through staff engagement events, such as 'Ask the Panel'
- The continued development of the CYLD/SOS intranet page on Betsi.Net, including the development of an infographic shared on the site that provides details of who our MDT is, alongside our Guardians as well as information on all the routes staff can use to raise concerns via CYLD/SOS. To date the main CYLD/SOS intranet page has had 2231 views since Betsi.Net was launched at the start of 2022.
- Ongoing awareness raising sessions carried out by the SOSGs and the Chair of CYLD/SOS – in senior and operational management meetings, with student nurses at Bangor University, and with medical colleagues such as SAS doctors and via Grand Rounds (started in the latter part of 2022 in response to feedback from medical colleagues wanting more information on CYLD/SOS and carrying on into 2023 in liaison with colleagues supporting medical education and induction)
- Consideration for targeted promotional work in 2023 across the Health Board to ensure awareness of CYLD/SOS is enhanced across BCUHB, and especially in areas where staff don't regularly get access to email or the intranet.

## 1.2 Data, Trends and Staff Feedback

This section of the report presents an overview of the number and types of concerns raised in last 6 months. This also includes the capture of intelligence around 'secondary' themes and some qualitative feedback from staff who have raised concerns with Guardians or members of the MDT. The latter includes some feedback on the experiences of staff in raising concerns prior to engaging with the CYLD/SOS process.

### 1.2.1 Summary of All Concerns Raised since CYLD/SOS was launched – WiC and SOSG routes

The first table shows the total numbers of concerns raised in the 17 month period since the launch of Work in Confidence in July 2021, and the subsequent introduction of CYLD/SOS Guardians in October 2021. .

<b>Routes for Raising Concerns</b>	<b>Nos.</b>	<b>%</b>
Work in Confidence (WiC)	95	69%
Speak Out Safely Guardians (other than via WiC)	43	31%
<b>Overall Cases over 1<sup>st</sup> 17 months</b>	<b>138</b>	<b>100%</b>

The second table below provides a breakdown of the types of concerns that have been raised:

<b>Types of Concern Raised (across all formal routes)</b>	<b>Nos.</b>	<b>%</b>
Management and Leadership	39	28%
Bullying and Harassment	28	20%
Patient Safety/Quality of Care	16	11.5%
Other	14	10%
Staff Safety	13	9.5%
Systems & Processes	13	9.5%
Behaviour/Relationships	9	6.5%
Equality, Diversity and Inclusion	5	4%
- Racial Discrimination (2)	/	/
- Sexual Harassment (1)	/	/
Infrastructure/Environment	1	1%
<b>Overall Cases in 1<sup>st</sup> 17 mths of CYLD/SOS</b>	<b>138</b>	<b>100%</b>

The table above shows that 28% of concerns raised in the last 17 months relate to leadership and management issues, 20% to bullying and harassment, and 11.5% of cases relate to patient safety/quality of care issues. By way of comparison, the national position in NHS England in relation to the type of cases raised to Freedom to Speak Up Guardians in NHS Trusts and other organisations showed that around 30% of cases included an element of bullying and harassment and about 23% included an element of patient safety/quality of care.

The third table details the number of referrals received by our SOS Guardians – both via WiC and also via the SOSG inbox

<b>Routes for Raising Concerns</b>	<b>Nos.</b>	<b>%</b>
Work in Confidence (WiC)	14	24.5%

CYLD/SOSG In-box (other than via WiC)	43	75.5%
<b>Overall Cases over 1<sup>st</sup> 17 months</b>	<b>57</b>	<b>100%</b>

The fourth table below provides a breakdown of the types of concerns that have been raised with the SOSGs:

<b>Types of Concern Raised (via CYLD/SOS in-box)</b>	<b>Nos.</b>	<b>%</b>
Management and Leadership	17	39%
Systems & Processes	7	16%
Bullying & Harassment	6	14%
Patient Safety/Quality of Care	4	9%
Behaviour/Relationships	3	7.5%
Equality, Diversity and Inclusion	3	7.5%
- <i>Racial Discrimination (2)</i>	/	/
- <i>Sexual Harassment (1)</i>	/	/
Other	2	5%
Staff Safety	1	2%
<b>Overall Cases in 1<sup>st</sup> 14 mths of CYLD/SOSGs being in post</b>	<b>43</b>	<b>100%</b>

The table above shows that 39% of concerns raised via the SOSGs in the last 17 months relate to leadership and management issues, 16% to systems and processes issues, and 14% to bullying and harassment.

#### 1.2.2 WiC Month by Month data for Q2 and Q3 (2022)

<b>Month</b>	<b>No. Raised</b>	<b>No 1 Class of Concern</b>	<b>No 2 Class of Concern</b>	<b>No 3 Class of Concern</b>
July	22	Bullying/Harassment <b>8</b>	Manage/Leadership <b>7</b>	Patient Safety/Qual <b>3</b>
Aug	3	Bullying/Harassment <b>1</b>	Systems & Process <b>1</b>	Other <b>1</b>
Sept	2	Patient Safety/Qual <b>1</b>	Other <b>1</b>	/
Oct	4	Patient Safety/Qual <b>1</b>	Behaviour/Relationship <b>1</b>	Bullying/Harassment <b>1</b>
Nov	7	Manage/Leadership <b>3</b>	Behaviour/Relationship <b>2</b>	Other <b>2</b>
Dec	4	Manage/Leadership <b>2</b>	Staff Safety <b>1</b>	Other <b>1</b>

### 1.2.3 WiC Average First Response and Case Closure Times (Q2 and Q3)

Month	Average First Response Time	Average Case Closure Time
July	7 days	57 days
Aug	1 day	41 days
Sept	2 days	39 days
Oct	2 days	35 days
Nov	2 days	22 days
Dec	1 day	N/A (cases still open)

### 1.2.4 SOSG In-box Month by Month data for Q2 and Q3 (2022)

Month	No. Raised	No 1 Class of Concern	No 2 Class of Concern	No 3 Class of Concern
July	2	Patient Safety/Qual 2	/	/
Aug	2	Equality/Diversity 1	Patient Safety/Qual 1	/
Sept	7	Manage/Leadership 4	Staff Safety 1	Behave/Relationship 1
Oct	2	Bullying/Harassment 1	Manage/Leadership 1	/
Nov	2	Patient Safety/Qual 1	Bullying/Harassment 1	/
Dec	1	Bullying/Harassment 1	/	/

*Note: WiC system, whilst providing resource to record CYLD/SOSG activity, does not track average response times or case closed times for SOSG, hence this data is not able to be included*

### 1.2.5 Emerging Secondary Themes

A recent review was undertaken with MDT members and SOS Guardians in relation to secondary themes that emerge from the process of seeking to understand the primary concern raised. In Q2 and Q3 these have included issues related to:

- Incivility and lack of kindness and compassion being shown to staff, especially during times of prolonged crisis and demand outstripping perceived capacity
- Concerns around unsustainable and unrealistic work pressures and poor management practice related to this
- An increased tendency to make use of CYLD/SOS (especially the SOS Guardians as they offer a face to face service) to 'offload' frustrations of a general nature related to working for BCUHB at this time
- CYLD/SOS team having to chase responses from organisational colleagues asked to look into concerns that have been raised



### 1.2.6 Data on use of Work in Confidence

Since the launch of Work in Confidence on 11th July 2021, 263 staff members have registered to use the platform by requesting the activation e-mail and of these, 229 have activated their account and completed their registration. During the period since the launch of Work in Confidence, there have been 95 conversations started. As highlighted in the data table in section 1.1.1, this is an equivalent level of activity in the first 17 months of Work in Confidence being 'live' as for the total cases in the first four years of Safehaven activity.

Once a conversation has begun in Work in Confidence, the average time to first response in Q2 and Q3 has dropped from an average 7 days to respond in July to an average of 1-2 days for response across all subsequent months. Equally the average time to close cases during Q2 and Q3 has reduced from 57 days in July down to 22 days in November with an average time to close across Q2 and Q3 of 38.8 days.

Of the 95 cases raised since July 2021, 81 have been closed, a closure rate of 84% across all conversations.

Satisfaction ratings given by members of staff at the close of conversations is collected through a Likert 0-5 scale in WiC (0= not at all satisfied, 5 = extremely satisfied) and the current overall satisfaction score is 4.2 out of 5.

### 1.2.7 Qualitative Feedback Data

Qualitative data in the form of feedback from staff who have used CYLD/SOS through speaking with a Guardian or member of the MDT, has shown that the majority of staff who have provided feedback, have experienced CYLD/SOS as broadly supportive, safe to use, and positively impactful in relation to the staff member and the concerns they raised.

This feedback has been collected via a number of routes: the survey linked to closure of cases on WiC; feedback offered in the WiC conversation itself; feedback offered to the Guardians and MDT staff members via email; and feedback shared directly shared in conversation. When feedback has been offered, the CYLD/SOS team has explored with the staff member whether their feedback can be used in reports using the words staff used themselves to ensure staff are comfortable and feel safe with their comments being used. WiC Survey upon Closing Data – 8 respondents

- When asked, 5 out of 8 respondents found their experience of using WiC to be very helpful, 1 more helpful than not, and 2 not at all helpful
- When asked, 6 out of 8 totally agreed they would encourage a colleague to use WiC, and 2 partially disagreed

Qualitative comments offered in relation to using WiC and interacting with members of the CYLD/SOS team have included:

- Confidential and no fear of reprisal. Concerns listened to and taken seriously then dealt with
- I am afraid of being exposed and not remaining anonymous but so far its been ok
- Very responsive
- Very easy to use and hopefully it'll enable my concerns to be addressed

- I felt listened to and confident that my concerns will be shared in a constructive manner and with the relevant people but it now requires time to see if the issues raised through SOS will fully resolve or not
- Please keep listening

There has been feedback offered that has sought to help the team make improvements so that staff have a good experience of coming forward with concerns, including:

- Make contact frequently to update reporter; more communication
- My concern took a LONG time to be addressed. When it was addressed, it was just passed to HR
- Guarantee needed that concerns raised about individuals (eg line managers) are not directed to and handled by the very same managers!
- More advertising/ training around the service to bring awareness
- Accidentally came across it on intranet having searched for Safe Haven, now defunct.
- More awareness amongst staff of the platform.

Feedback provided whilst broadly positive does highlight the need for CYLD/SOS team members to be responsive and to maintain contact during any ongoing work being carried out in relation to the concern so as to avoid leaving staff waiting to hear back. For some staff members the proposed routes for resolution or progress clearly have not met the expectations of staff – as in the comments made about passing the concern to HR. There is a recognition amongst CYLD/SOS team members that organisational routes to resolution and/or progress sometimes will simply not satisfy the staff member involved, despite the team's best attempts to helpfully support staff members with this.

Some additional examples of feedback received in the last 6 months relation to support provided by the Guardians is included below:

- You have done an amazing job and I thank you again
- Can I take this opportunity to thank you for your help and support
- I was getting nowhere until your intervention – only at that point was there any notice taken of what I was saying... clearly the Guardian system works & I have said so publically in national meetings

### 1.3 Internal Audit Review of CYLD/SOS

In June 2022 the Audit Team began the first audit review of the CYLD/SOS process and approach (a copy of which is provided as Appendice 1). A summary of the final audit report findings in relation to a number of key objectives is included below.

- Objective 1 - The process for staff to raise concerns is clear and this has been communicated to all staff groups within the Health Board.

There is a comprehensive operating procedure/process in place for CYLD/SOS; we are advised the SOP is currently under review and once finalised will be submitted to the Executive Management Group for sign off. There is a wealth of information available to staff via the Health Board intranet site and other avenues. We have concluded *substantial assurance* for this objective.

- Objective 2 - Staff concerns raised via CYLD/SOS are captured, reviewed and monitored, with appropriate actions taken to address concerns to the staff member's satisfaction and to do so and within a timely manner.

There is evidence of concerns being captured and of discussions / advice / next steps. The log maintained by the MDT does not include dates raised / specific dates for review / outcomes ('next MDT' is noted for all items), therefore we are unable to confirm those concerns discussed by the MDT are progressed in a timely manner. We have concluded *reasonable assurance* for this objective.

- Objective 3 - Learning from concerns raised via CYLD/SOS is captured by and discussed with the Multi-Disciplinary Team (MDT) members, with this learning informing improvements to processes / services as a result of learning.

As minutes are not taken for MDT meetings we are unable to confirm attendance at meetings is quorate in line with the draft Terms of Reference, and therefore unable to establish whether learning raised in the meeting is being shared by all members to their relevant areas. There is limited evidence of learning however we expect this will increase as the processes becomes further embedded across the Health Board. The project plan does not include expected target dates / progress / RAG ratings for some activities. We have concluded *reasonable assurance* for this objective.

- Objective 4 - The benefits of CYLD/SOS are captured and information is reported to the Health Board to provide assurance on the process.

The PPPH Committee (and previously R&TS Committee and EMG) have been provided with detailed information on the progress of CYLD/SOS to date, and arrangements are in place for future reporting through the People Strategy and Plan. We have concluded *substantial assurance* for this objective.

Assurance objectives		Assurance
1.	The process for staff to raise concerns is clear and this has been communicated to all staff groups.	Substantial (Green)
2.	Staff concerns raised via CYLD/SOS are captured, reviewed and monitored, with appropriate actions taken to address concerns to the staff member's satisfaction within a timely manner.	Reasonable (Yellow)
3.	Learning from concerns raised via CYLD/SOS is captured by and discussed with the Multi-Disciplinary Team (MDT) members, with this learning informing improvements to processes / services.	Reasonable (Yellow)
4.	The benefits of CYLD/SOS are captured and information is reported to the Health Board to provide assurance on the process.	Substantial (Green)

Further to this, work was undertaken to address the issues with the Project Plan and MDT process log (including for the process log, the addition of an action log section and specification of dates for next review, etc.) and subsequently the changes to both the project plan and process log have been shared with the Audit team and confirmed as fully addressing the issues raised. A copy of the amended MDT process log is provided as Appendix 2.

## 2 Recommendations for Further Improvement to CYLD/SOS during 2023

Based on the learning gained through implementing CYLD/SOS during the last 6 months, it is once again timely to review the processes in place as well as the roles and responsibilities of those involved, to identify improvements that can be made to further strengthen and embed CYLD/SOS across the organisation.

A number of recommendations are outlined below as next steps in the evolution of CYLD/SOS and following discussion and approval by the PPPH Committee, the SOP will be reviewed and where needed, updated, and then kept under review. During this time, the Chair of CYLD/SOS will continue to remain engaged with the All Wales national group reviewing the development of Speaking Up Safely across NHS Wales to ensure that any national changes or recommendations are embedded in the Health Board's CYLD/SOS process.

### 2.1. Recommendation regarding component parts of CYLD/SOS

- It is recommended that the CYLD/SOS processes adopted by the Health Board be maintained including the continuation of WiC, the MDT, the Guardians and Champions.

### 2.2. Recommendation for the MDT

- It is recommended that the MDT continues to conduct a regular 6 monthly review of its membership, the relative balance of work between MDT members, and undertake a 'check point' to review the types of concern being reported and whether any particular areas of the organisation may require particular support. This 6 monthly review will also continue to support mutual learning and reflection by MDT members, thereby helping improve the role and effectiveness of the MDT as part of the CYLD/SOS process.

### 2.3. Recommendation for the Speak out Safely Champions (CYLD/SOSC)

- It is recommended that the work commenced in 2022 to bring together a number of Champion and Ambassadors into a wider network that can support a more integrated approach is continued. Additionally, further work to recruit more Speak out Safely Champions will continue in 2023 to enable the Champions to play a greater part in raising awareness of CYLD/SOS across all areas in the Health Board.

### 2.4. Recommendations regarding meetings within the CYLD/SOS process

- It is recommended that the current process of fortnightly MDT meetings continues including all members of the CYLD/SOS team.
- It is recommended that the monthly meetings the Guardians have with the CEO should continue in 2023 with provision for the Executive Director of Workforce and Organisational Development (who is the Executive Lead for CYLD/SOS) to attend some of these meetings to provide opportunities for collaborative development of the Guardian role and a forum for sharing learning.

- It is recommended that the task-focused fortnightly meetings between the Guardians and the CYLD/SOS Lead continue to provide practical support and guidance for the Guardians and to work through any issues or concerns the Guardians may have

It is recommended that the monthly meetings between the Guardians and a Clinical Psychologist from the Staff Wellbeing Support Service continue. These provide role supervision and support to the Guardians when working with staff in distress, as well as offering a safe space for the Guardians to attend to the experience of being in a Guardian role and look to their own well-being and support.

## 2.5. Recommendations regarding further promotion of CYLD/SOS

- Based on learning and feedback gathered, it is recommended that further work as set out in the 2023 Communication Plan for CYLD/SOS be progressed. Current awareness raising activities will continue alongside exploring with SOSGs the option of creating a monthly newsletter/update on CYLD/SOS that could form the basis of what Champions then share in their own organisational areas. Such a newsletter could:
  - Provide info on CYLD/SOS activity each month – types of referral, response times, staff feedback
  - Focus on a Champion of the month to promote the work of SOS Champions across the Organisation
  - Provide updates from the SOSGs on work with staff networks, partners, etc
  - Provide updates from National work and wider, e.g. NGO and events, etc.
- It is also recommended that the CYLD/SOS team continue to work with colleagues involved in the Staff Wellbeing Support Service (SWSS) to promote CYLD/SOS and SWSS at the same time to expand the reach of both, recognising that both are key elements to the creation of a psychologically safe culture across the Health Board.

## 2.7. Conclusion

This 6 month report has set out the progress achieved in implementing the inter-connected elements of CYLD/SOS and has provided details of the number and types of concerns raised by staff together with staff feedback and other important intelligence about staff's experiences of raising concerns. Based on the learning to date, the report has also set out a number of recommendations for further developing CYLD/SOS during 2023.

Over the course of the coming year, the aim will be to continue to build on the progress to date, remain engaged with the All Wales working group, and continue to embrace on-going improvements through maintaining a 'learning and refinement' approach, importantly using the feedback from staff themselves who have engaged with CYLD/SOS to inform the ongoing development of CYLD/SOS. In addition, it is recognised that learning and refinement now need to be coupled more purposefully with consolidation activity as in the main CYLD/SOS is now an established approach in the organisation.

## Appendix 1: Final Internal Audit Report for Speak Out Safely

### Executive Summary

#### Purpose

The audit was undertaken to assess Speak Out Safely (SOS) use by staff to raise concerns and the process operating once a concern is raised.


#### Overview

We have issued reasonable assurance on this area.

The matters requiring management attention include:

- The progress log maintained by the Multi-Disciplinary Team does not capture key dates such as date concern raised, date reviewed, date resolved.
- Some areas within the project plan do not have target dates / progress / RAG ratings noted.
- Other recommendations / advisory points are within the detail of the report.

### Report Opinion

Trend	
<b>Reasonable</b>	Some matters require management attention in control design or compliance.
	<b>Low to moderate impact</b> on residual risk exposure until resolved.
	N/A

### Assurance summary<sup>1</sup>

Assurance objectives	Assurance
1. The process for staff to raise concerns is clear and this has been communicated to all staff groups.	Substantial
2. Staff concerns raised via SOS are captured, reviewed and monitored, with appropriate actions taken to address concerns to the staff member's satisfaction within a timely manner.	Reasonable
3. Learning from concerns raised via SOS is captured by and discussed with the Multi-Disciplinary Team (MDT) members, with this learning informing improvements to processes / services.	Reasonable
4. The benefits of SOS are captured, and information is reported to the Health Board to provide assurance on the process.	Substantial

<sup>1</sup> The objectives and associated assurance ratings are not necessarily given equal weighting when formulating the overall audit opinion.

### Key Matters Arising

- 1 Dates are not captured in the process log maintained by the Multi-Disciplinary Team (Recommendation Priority – Medium)
- 2 Target dates/progress not recorded for some elements of the project plan (Medium)

## 1. Introduction

- 1.1 Speak Out Safely (SOS), launched in April 2021, is the new approach in the Health Board supporting staff to raise concerns and replaced the former SafeHaven process. SOS includes a number of interrelated elements including: the ability for staff to raise concerns anonymously through an externally hosted platform, known as 'Work in Confidence'; support and guidance from Speak out Safely Guardians; a Multi-Disciplinary Team (MDT) which reviews and co-ordinates responses to concerns raised to ensure a consistent approach, identify common themes and capture learning from concerns raised; and a network of SOS Champions.

Objectives of the area under review:

- The process for staff to raise concerns is clear and this has been communicated to all staff groups within the Health Board. We will consider communication via Workforce & OD and management teams.
  - Staff concerns raised via SOS are captured, reviewed and monitored, with appropriate actions taken to resolve concerns to a satisfactory conclusion and within a timely manner. We will also consider compliance with the Public Interest Disclosure Act (1998) 47B 'A worker has the right not to be subjected to any detriment...by his employer on the ground that the worker has made a protected disclosure'.
  - Learning from concerns raised via SOS is captured and communicated via Multi-Disciplinary Team (MDT) members, with changes made to processes / services as a result of learning.
  - The benefits of SOS are captured and information is reported to the Health Board to provide assurance on the process.
- 1.2 The potential risk considered at the outset of the review were as follows:
- Staff are unaware of the Speak Out Safely process and are therefore unclear on how to report a concern;
  - Concerns are not documented, investigated, or acted upon where appropriate;
  - Non-compliance with the Public Disclosure Act (1998); and
  - Lessons learned are not identified, communicated effectively and implemented into processes where required.
- 1.3 We have taken into consideration the current stage of delivery of the SOS process, recognising the implementation of SOS is a 'learning and adaption' process and thus takes time to be fully embedded.

## 2. Detailed Audit Findings

The findings in this report are based upon the information provided by officers at Workforce and Organisational Development. We would like to express our gratitude to colleagues for their input during the undertaking of the review. We have relied solely on the documents, information and explanations provided and, except where otherwise stated, we have not contacted or undertaken work directly to verify the authenticity of the information provided.

*Objective 1 - The process for staff to raise concerns is clear and this has been communicated to all staff groups within the Health Board.*

- 2.1 There is a draft Operating Procedure and Process Map for SOS, which outlines the process and roles within it. This includes the various routes to raise a concern, including those outside of SOS.

- 2.2 The Speak Out Safely (SOS) site on the Health Board intranet site (BetsiNet) explains what SOS is; how SOS stands alongside the usual routes staff can take to raise concerns. A link and access details for Work in Confidence (WiC), the independent and anonymous platform being used in the Health Board to give staff a route to raise concerns if anonymity is an important consideration, is also provided. Other pages include information on who SOS Guardians are, how to become a SOS Champion, and who the SOS team is, including contact information.
- 2.3 Information on SOS has been highlighted in a variety of ways to raise awareness across the Health Board, such as new starter orientation sessions, junior doctor inductions and presentations to various meetings.
- 2.4 Information on the service is also available on the ESR homepage and, Workforce and Organisational Development (WOD) periodically remind staff of the service and of the increasing links being made with Staff Wellbeing Support Service' (SWSS) to promote both at the same time to extend reach.

### **Conclusion:**

- 2.5 There is a comprehensive operating procedure/process in place for SOS; we are advised the SOP is currently under review and once finalised will be submitted to the Executive Management Group for sign off. There is a wealth of information available to staff via the Health Board intranet site and other avenues.
- 2.6 We have concluded substantial assurance for this objective.

*Objective 2 - Staff concerns raised via SOS are captured, reviewed and monitored, with appropriate actions taken to address concerns to the staff member's satisfaction and to do so and within a timely manner.*

- 2.7 The SOS Multi-Disciplinary Team use a process log to record systems intelligence, concerns raised (via various routes – WiC, MDT members, SOS Guardian, anonymous letters, etc.). This details a summary of the concern / discussion notes, themes/trends/learning and advice / next steps. The log does not include dates raised / specific dates for review / outcomes ('next MDT' is noted for all items), therefore we are unable to confirm those concerns discussed by the MDT are progressed in a timely manner.
- 2.8 However, dates are captured for concerns raised via Working in Confidence (WiC). When a conversation is closed on WiC, a survey link is automatically sent to the staff member requesting feedback on their experience of using WiC and working with either an MDT member or Guardian.
- 2.9 Additionally, WiC captures concerns raised via the platform and the Guardians have an independent module on WiC which only they and the primary system administrator for the Health Board/Senior Organisational Development Manager can access (Consolidated Case Management system) for capturing details of any concerns they work with via routes other than WiC. e.g. email, direct meeting, phone call – to ensure this information is captured and centrally held. WiC has reporting abilities related to aspects such as timescales, numbers of concerns, types of concerns, etc.

### **Conclusion:**

- 2.10 There is evidence of concerns being captured and of discussions / advice / next steps. The log maintained by the MDT does not include dates raised / specific



dates for review / outcomes ('next MDT' is noted for all items), therefore we are unable to confirm those concerns discussed by the MDT are progressed in a timely manner.

2.11 We have concluded reasonable assurance for this objective.

*Objective 3 - Learning from concerns raised via SOS is captured by and discussed with the Multi-Disciplinary Team (MDT) members, with this learning informing improvements to processes / services as a result of learning.*

2.12 The Terms of reference for the Multi-Disciplinary Team, which is included in the standard operating procedure, details the objectives, one of which is to "provide assurance to Board and other working groups, as needed, that this group is supporting and providing direction for any improvements to the SOS and raising concerns process within BCUHB".

2.13 The process log maintained by the MDT includes learning / themes identified from the concerns discussed by the MDT. These meetings are not minuted and we are unable to determine whether meetings are quorate. Members have a responsibility to take learning back to their areas, therefore contact was made with some members to determine how learning is shared more widely. Although not many cases were identified, we were provided with evidence to demonstrate that cases have been concluded, appropriate actions were taken and lessons learned have been shared.

2.14 A project plan and communications plan are also in place, which include how lessons learned are captured and how they will be communicated. The Project Plan details activities, target quarter, progress update and RAG status. A review of the Plan shows that there are several actions, relating to impact evaluation and diversity and inclusion, that do not have target dates set and are not RAG rated.

2.15 We are advised that WiC concerns have led to service improvements in the form of a review of clinical processes and a review of leadership practices following concerns raised. We are also advised learning is communicated through sharing of information via presentation and attendance at LPF meetings, staff network meetings and Workforce Partnership Group meetings. We have not been provided with evidence to corroborate this.

## **Conclusion:**

2.16 As minutes are not taken for MDT meetings we are unable to confirm attendance at meetings is quorate in line with the draft Terms of Reference, and therefore unable to establish whether learning raised in the meeting is being shared by all members to their relevant areas.

2.17 There is limited evidence of learning however we expect this will increase as the processes becomes further embedded across the Health Board.

2.18 The project plan does not include expected target dates / progress / RAG ratings for some activities.

2.19 We have concluded reasonable assurance for this objective.

*Objective 4 - The benefits of SOS are captured and information is reported to the Health Board to provide assurance on the process.*

2.20 The benefits of SOS are demonstrated through the data captured in the initial twelve months and the identification of themes and trends. A report on SOS was presented to the Partnerships, People and Population Health Committee in May

2022 which provided an update on the implementation of SOS and highlighted the following:

- A total of 64 concerns have been raised in the last 12 months (58% through the WiC platform, 28% with the Guardians and 14% with members of the MDT).
- The majority of concerns raised related to Bullying and Harassment (30%), Management and Leadership (27%) and Patient Safety / Quality of Care issues (12.5%).
- Feedback from staff was positive and several examples were provided of this.

2.21 The report concluded that “Over the course of the next 12 months, the aim will be to continue to build on the progress to date, remain engaged with the All Wales working group, and continue to embrace on-going improvements through maintaining a ‘learning and refinement’ approach, importantly using the feedback from staff themselves who have engaged with SOS to inform the ongoing development of SOS...”

2.22 Future reporting of SOS progress, activity and learning will be through the People Strategy and Plan reporting.




## **Conclusion:**

2.23 The PPPH Committee have been provided with detailed information on the progress of SOS to date, and arrangements are in place for future reporting through the People Strategy and Plan. We have concluded substantial assurance for this objective.

## Audit Report Appendice 1: Management Action Plan

Matter Arising 1: MDT process log (Design / Operation)		Impact	
<p>The SOS Multi-Disciplinary Team use a process log to record systems intelligence, concerns raised. The log does not include dates raised / specific dates for review / outcomes ('next MDT' is noted for all items), therefore we are unable to confirm those concerns discussed by the MDT are progressed in a timely manner.</p> <p>There are no minutes captured of the MDT meeting, and whilst detail of discussions / progress are updated in the process log, the attendees of the meeting should be captured to ensure the meeting is quorate in line with the draft Terms of Reference.</p>		<p>Potential risk of:</p> <ul style="list-style-type: none"> <li>Concerns not being resolved in a timely manner.</li> <li>MDT meetings are not quorate.</li> </ul>	
Recommendations		Priority	
1.1a	Dates to be added into progress log i.e., 'date recorded' 'date of review' to enable tracking of concerns to outcomes.	<b>Medium (Yellow)</b>	
1.1b	Attendance at MDT meetings to be recorded to demonstrate meetings are quorate.		
Agreed Management Action		Target Date	Responsible Officer
1.1a	To add in details of recommendations in 1.1a into the MDT process log (process log updated and provided for reference).	30 November 2022	Senior Organisational Development Manager
1.1b	Full names of attendees at MDT meetings will be captured on the process log (process log updated and provided for reference)	30 November 2022	Senior Organisational Development Manager

Matter Arising 2: Project plan update (Operation)		Impact	
The Project Plan details activities, target quarter, progress update and RAG status. A review of the Plan shows that there are several actions, relating to impact evaluation and diversity and inclusion, that do not have target dates set and are not RAG rated.		Potential risk of: <ul style="list-style-type: none"> <li>Activities are not monitored and completed.</li> </ul>	
Recommendations		Priority	
2.1a	Review plan and ensure all activities have target dates, progress and RAG ratings assigned.	Medium (Yellow)	
Agreed Management Action		Target Date	Responsible Officer
2.1a	The project plan will be updated to include all recommendations set out (project plan has been updated and provided_ for reference).	30 November 2022	Senior Organisational Development Manager

	<b>Substantial assurance</b>	Few matters require attention and are compliance or advisory in nature. <b>Low impact</b> on residual risk exposure.
	<b>Reasonable assurance</b>	Some matters require management attention in control design or compliance. <b>Low to moderate impact</b> on residual risk exposure until resolved.
	<b>Limited assurance</b>	More significant matters require management attention. <b>Moderate impact</b> on residual risk exposure until resolved.
	<b>No assurance</b>	Action is required to address the whole control framework in this area. <b>High impact</b> on residual risk exposure until resolved.
	<b>Assurance not applicable</b>	Given to reviews and support provided to management which form part of the internal audit plan, to which the assurance definitions are not appropriate. These reviews are still relevant to the evidence base upon which the overall opinion is formed.

## Appendix 2: Updated MDT Process Log

Date of Meeting:

Present:

<b>System Intel</b>	<b>Initials</b>	<b>Issues</b>	<b>MDT Discussion</b>	<b>Action</b>	<b>Review Date</b>
Raised on:					
Raised on:					
Raised on:					
Raised on:					
Raised on:					
<b>WiC Cases</b>	<b>Initials</b>	<b>Issues</b>	<b>MDT Discussion</b>	<b>Action</b>	<b>Review Date</b>
Raised on:					
Raised on:					
Raised on:					
Raised on:					
Raised on:					
<b>Other Routes</b>	<b>Initials</b>	<b>Issues</b>	<b>MDT Discussion</b>	<b>Action</b>	<b>Review Date</b>
Raised on:					
Raised on:					
Raised on:					
Raised on:					
Raised on:					
<b>AOB</b>	<b>Initials</b>	<b>Issues</b>	<b>MDT Discussion</b>	<b>Action</b>	<b>Review Date</b>
Raised on:					
Raised on:					
Raised on:					
Raised on:					

Action Log	Initials	Summary of Issue	Action to be taken	Review Date	Review Outcome – keep open – next steps/close
Raised on:					
Raised on:					
Raised on:					
Raised on:					
Raised on:					
Raised on:					

## Chair's Assurance Report

<b>Name of Committee:</b>	<b>Equality and Human Rights Strategic Forum</b>
<b>Meeting date of committee:</b>	<b>13 December 2022</b>
<b>Name of Chair:</b>	Sally Baxter, Assistant Director – Health Strategy (deputising for Chair)
<b>Responsible Director(s):</b>	<b>Sue Green, Executive Director of Workforce and Organisational Development</b>
<b>Summary of business discussed:</b>	<ul style="list-style-type: none"> <li>• Anti-Racist Action Plan including development of plan on a page</li> <li>• Guidance Note: Building Equality and Human Rights Considerations into large-scale Transformation Projects</li> <li>• Draft Strategic Equality Plan Year 4 Implementation Plan</li> <li>• It's Just Good Care BCU – guidance developed in partnership</li> <li>• Confirmation of reporting timeline for Equality Annual Report</li> <li>• Draft gender pay gap report</li> </ul>
<b>Key assurances provided at this meeting:</b>	<ul style="list-style-type: none"> <li>• Confirmation of Governance structure for Anti-Racist Action Plan</li> <li>• Proposed Equality Impact Assessment (EQIA) and Socio-economic Impact Assessment (SEIA) template following review work</li> <li>• Chairs' Assurance Reports from associated groups and forums</li> </ul>
<b>Key risks including mitigating actions and milestones</b>	<p>Verbal update on key risks logged on Datix:</p> <p>1971: Current Score: 12 - Risk of failure to comply with Statutory Duties under the Equality Act (Statutory Duties) (Wales) Regulations 2011</p> <p>3111: Current Score: 12 - Risk of Failure to comply with The Socio-economic Duty under The Equality Act 2010 (Authorities subject to a duty regarding Socio-economic Inequalities) (Wales) Regulations 2021</p>
<b>Targeted Intervention Improvement Framework Domain addressed</b>	N/A

<b>Issues to be referred to another Committee</b>	N/A
<b>Matters requiring escalation to the Board:</b>	N/A
<b>Well-being of Future Generations Act Sustainable Development Principle</b>	The work of the Strategic Forum supports delivery against the five ways of working which facilitate the Sustainable Development Principle – prevention, long term, integration, collaboration and involvement – and contribute to the well-being goal of A More Equal Wales
<b>Planned business for the next meeting:</b>	Armed Forces Covenant briefing Anti-Racist Action Plan update Strategic Equality Plan Implementation Plan 2023-24
<b>Date of next meeting:</b>	14 February 2023



<b>Teitl adroddiad:</b> <i>Report title:</i>	<b>Serious Violence Duty: Preventing and reducing serious violence</b>
<b>Adrodd i:</b> <i>Report to:</i>	<b>Partnerships, People and Population Health (PPPH) Committee</b>
<b>Dyddiad y Cyfarfod:</b> <i>Date of Meeting:</i>	<b>17<sup>th</sup> January 2023</b>
<b>Crynodeb Gweithredol:</b> <i>Executive Summary:</i>	<p>The Police, Crime, Sentencing and Courts Act 2022 makes provision through the <b>Serious Violence Duty</b> to ensure that relevant authorities and organisations work collaboratively, and put in place plans to prevent and reduce serious violence. Serious Violence Duty Statutory Guidance has recently been produced to support organisations and authorities exercising functions in relation to the Serious Violence Duty. The Health Board is identified as a 'specified authority' and is required to work together with partners to share data and information to target interventions to prevent serious violence and collectively support the development of a strategy.</p> <p>In response to the requirements of the Duty, the Safer North Wales Partnership Board (SNWPB), has established a 'Serious Violence Duty Task and Finish Group'. There is currently BCUHB representation on both the SNWPB and the Task and Finish Group.</p> <p>The purpose of this report is to provide the PPPH Committee with an update on the Serious Violence Duty and associated guidance, which looks at organisations including Health Boards working together for violence prevention and reduction in their local area (Appendix 1 provides additional information). The report also highlights the recent production of a Strategic Needs Assessment (SNA) to support this work (Appendix 2 provides the executive summary). This assessment has been led by BCUHB Public Health Team and the Wales Violence Prevention Unit. This report also looks at the next steps in progressing this agenda with partners in North Wales.</p> <p>Further reports will ensure the PPPH Committee is kept informed of progress, and any future support that may be required to help progress this work.</p>
<b>Argymhellion:</b> <i>Recommendations:</i>	<p>The Committee is asked to:</p> <ul style="list-style-type: none"> <li>• Note the content of this report in relation to the Serious Violence Duty and the recent guidance for preventing and reducing violence, which includes Health Boards as specified authorities across Wales working with partners in supporting the Duty.</li> <li>• Note the production of the North Wales Violence SNA which provides a baseline needs assessment of violence in North Wales, including the risk and protective factors for violence, the demand of violent crime on hospitals, police and communities.</li> </ul>
<b>Arweinydd Gweithredol:</b> <i>Executive Lead:</i>	Teresa Owen, Executive Director of Public Health



<b>Awdur yr Adroddiad:</b> <b>Report Author:</b>	Louise Woodfine, Consultant in Public Health Siwan Jones, Principal Public Health Officer, BCUHB Public Health Team			
<b>Pwrpas yr adroddiad:</b> <b>Purpose of report:</b>	I'w Nodi <i>For Noting</i> <input checked="" type="checkbox"/>	I Benderfynu arno <i>For Decision</i> <input type="checkbox"/>	Am sicrwydd <i>For Assurance</i> <input checked="" type="checkbox"/>	
<b>Lefel sicrwydd:</b> <b>Assurance level:</b>	<b>Arwyddocaol</b> <i>Significant</i> <input type="checkbox"/> Lefel uchel o hyder/tystiolaeth o ran darparu'r mecanweithiau / amcanion presennol <i>High level of confidence/evidence in delivery of existing mechanisms/objectives</i>	<b>Derbyniol</b> <i>Acceptable</i> <input checked="" type="checkbox"/> Lefel gyffredinol o hyder/tystiolaeth o ran darparu'r mecanweithiau / amcanion presennol <i>General confidence / evidence in delivery of existing mechanisms / objectives</i>	<b>Rhannol</b> <i>Partial</i> <input type="checkbox"/> Rhywfaint o hyder/tystiolaeth o ran darparu'r mecanweithiau / amcanion presennol <i>Some confidence / evidence in delivery of existing mechanisms / objectives</i>	<b>Dim Sicrwydd</b> <i>No Assurance</i> <input type="checkbox"/> Dim hyder/tystiolaeth o ran y ddarpariaeth <i>No confidence / evidence in delivery</i>
<b>Cyfiawnhad dros y gyfradd sicrwydd uchod. Lle bo sicrwydd 'Rhannol' neu 'Dim Sicrwydd' wedi'i nodi uchod, nodwch gamau i gyflawni sicrwydd 'Derbyniol' uchod, a'r terfyn amser ar gyfer cyflawni hyn:</b> <b>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:</b>				
<b>Cyswllt ag Amcan/Amcanion Strategol:</b> <b>Link to Strategic Objective(s):</b>		The <b>People Strategy and Plan (Stronger Together)</b> references 'over the next three years, we plan to reduce avoidable harm to our staff and patients...by providing a safe and healthy environment free from violence'.  The Health Board's <b>Living Healthy, Staying Well</b> includes 'Preventing violence and abuse' as one of the 10 public health issues to tackle.  The <b>Wellbeing of Future Generations Act (2015)</b> puts a responsibility on public bodies to think about the long term impact of their decisions, and to work to improve economic, social, environmental and cultural wellbeing which links to the violence agenda. When delivering on their <b>responsibilities under the Serious Violence Duty</b> <sup>1</sup> , authorities should consider how they can maximise their contribution to the well-being goals specified in the Act and the five ways of working.		
<b>Goblygiadau rheoleiddio a lleol:</b> <b>Regulatory and legal implications:</b>		The 'Serious Violence Duty' covers the requirements set out in Chapter 1 of Part 2 of the Police Crime and Sentencing Act. <sup>2</sup>		

<sup>1</sup> Serious Violence Duty: Preventing and reducing serious violence: Statutory guidance for specified authorities England and Wales. December 2022. [Serious Violence Duty - Statutory Guidance \(publishing.service.gov.uk\)](https://www.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/1044447/Serious_Violence_Duty_-_Statutory_Guidance.pdf)

<sup>2</sup> Police, Crime, Sentencing and Courts Act 2022 [Police, Crime, Sentencing and Courts Act 2022 \(legislation.gov.uk\)](https://www.legislation.gov.uk/ukpga/2022/23/section/1)



<p><b>Yn unol â WP7, a oedd EqlA yn angenrheidiol ac a gafodd ei gynnal?</b></p> <p><b><i>In accordance with WP7 has an EqlA been identified as necessary and undertaken?</i></b></p> <p><u>Gweithdrefn ar gyfer Asesu Effaith ar Gydraddoldeb WP7</u></p> <p><u>WP7 Procedure for Equality Impact Assessments</u></p>	<p>It is currently under review as to whether an EQIA needs to be carried out on the SNA elements of this work. This will be undertaken by the Serious Violence Duty Task and Finish Group who are leading this work.</p>
<p><b>Yn unol â WP68, a oedd SEIA yn angenrheidiol ac a gafodd ei gynnal?</b></p> <p><b><i>In accordance with WP68, has an SEIA identified as necessary ben undertaken?</i></b></p> <p><u>Gweithdrefn WP68 ar gyfer Asesu Effaith Economaidd-Gymdeithasol.</u></p> <p><u>WP68 Procedure for Socio-economic Impact Assessment.</u></p>	<p>It is currently under review as to whether a SEIA needs to be carried out on the SNA elements of this work. This will be undertaken by the Serious Violence Duty Task and Finish Group who are leading this work.</p> <p>The guidance <sup>3</sup> 'requires leads to consider how the plans reduce the inequalities of outcomes resulting from socio-economic disadvantage when delivering on responsibilities under the Serious Violence Duty'</p>
<p><b>Manylion am risgiau sy'n gysylltiedig â phwnc a chwmpas y papur hwn, gan gynnwys risgiau newydd (croesgyfeirio at y BAF a'r CRR)</b></p> <p><b><i>Details of risks associated with the subject and scope of this paper, including new risks (cross reference to the BAF and CRR)</i></b></p>	<p>BAF 1.1 – provision of safe care: This work supports opportunities to reduce this risk and further explore ways to reduce ED assault attendances.</p> <p>BAF 3.4 – promotes well-being and reduces inequalities: This work supports opportunities to improve well-being and reduce inequalities through advocating a public health approach to violence prevention.</p> <p>Potential risks include:</p> <ul style="list-style-type: none"> <li>• Lack of commitment by specified authorities, including Health Boards, in relation to implementation of the Serious Violence Duty and the impact on individual, community and population health.</li> <li>• Challenges of data sharing, and developing where necessary data sharing protocols between partners.</li> </ul>

<sup>3</sup> Serious Violence Duty: Preventing and reducing serious violence: Statutory guidance for specified authorities England and Wales. December 2022. [Serious Violence Duty - Statutory Guidance \(publishing.service.gov.uk\)](https://publishing.service.gov.uk)



<p><b>Goblygiadau ariannol o ganlyniad i roi'r argymhellion ar waith</b></p> <p><i>Financial implications as a result of implementing the recommendations</i></p>	<p>The BCUHB Public Health Team has committed £15,000 from the Welsh Governments Early Years and Prevention Funding to support this work. There are no other budgetary implications from a Health Board perspective.</p> <p>The Home Office are channelling funding for the Serious Violence Duty through the Office of the Police and Crime Commissioner for North Wales to cover the costs associated with delivering the Duty.</p>
<p><b>Goblygiadau gweithlu o ganlyniad i roi'r argymhellion ar waith</b></p> <p><i>Workforce implications as a result of implementing the recommendations</i></p>	<p>A Consultant in Public Health supports the leadership of this work from a public health perspective, and is a member of the SNWPB. The Head of Safeguarding – Children/Strategic lead for Violence against Women / Domestic Abuse and Sexual Violence (VAWDASV), and Principal Public Health Practitioner represent BCUHB on the SNWPB Serious Violence Duty: North Wales Task and Finish Group.</p>
<p><b>Adborth, ymateb a chrynodeb dilynol ar ôl ymgynghori</b></p> <p><i>Feedback, response, and follow up summary following consultation</i></p>	<p>The Serious Violence Duty, its implementation, and the SNA has been presented to and received support from:</p> <ul style="list-style-type: none"> <li>• BCUHB SLT</li> <li>• BCUHB PH EDG</li> <li>• SNWPB</li> <li>• SNWPB Serious Violence Duty : North Wales Task and Finish Group</li> </ul>
<p><b>Rheswm dros gyflwyno adroddiad i fwrdd cyfrinachol (lle bo'n berthnasol)</b> <i>Reason for submission of report to confidential board (where relevant)</i></p>	<p>N/A</p>
<p><b>Camau Nesaf:</b> <i>Next Steps:</i></p> <ul style="list-style-type: none"> <li>• To identify programmes of work and leads in BCUHB that support serious violence related initiatives. This will help support the SNWPB in mapping violence prevention leads and interventions in North Wales. To date the following leads have been identified: <ul style="list-style-type: none"> <li>- <i>Emergency Department (lead to be identified)</i></li> <li>- Public Health (lead identified)</li> <li>- Safeguarding (lead identified)</li> <li>- CAMHS (lead identified)</li> <li>- Information analyst/Emergency care (lead identified)</li> </ul> </li> </ul>	
<p><b>Rhestr o Atodiadau/ List of Appendices:</b></p> <ul style="list-style-type: none"> <li>• Appendix 1 - Serious Violence Duty: Preventing and reducing serious violence – Additional information.</li> <li>• Appendix 2 - Violence in North Wales Strategic Needs Assessment – Executive Summary.</li> </ul>	

## **Appendix 1 - Serious Violence Duty: Preventing and reducing serious violence – Additional information.**

### **Partnerships, People and Population Health (PPPH) Committee**

### **Serious Violence Duty: Preventing and reducing serious violence**

#### **Additional Information**

#### **1. Introduction**

The Serious Violence Duty covers the requirements set out in Chapter 1 of Part 2 of the Police Crime & Sentencing Act. Specified authorities, including Health Boards are required to work together to share data and knowledge to target interventions to prevent serious violence & collectively develop a Serious Violence Strategy. Statutory guidance for specified authorities <sup>1</sup> has been developed to assist in this process.

#### **2. Background**

Interpersonal violence is characterised by the intentional use of physical force or power, against an individual or small group or individuals that either results in or has a high likelihood of resulting in injury, death, psychological harm or deprivation. It has a negative impact on individuals and communities, and places a considerable burden on public services. The detrimental impact on communities obstructs prospects, widens and deepens inequality, and impedes the prosperity of society. In the UK, there is a significant effort to prevent violence, through investment and legislative change aimed at strengthening preventative, legal, and operational responses.

The Serious Violence Strategy sets out specific types of crime of particular concern, including homicide, violence against the person which may include both knife crime and gun crime, and areas of criminality where serious violence or its threat is inherent, such as in county lines drug dealing. These crimes are at the core of any definition of serious violence for the purpose of its reduction and prevention. The Serious Violence Duty requires 'specified authorities (which includes Health Boards) to identify the kinds of serious violence that occur in the area, the causes of that violence (as far as it is possible to do so) and to prepare and implement a strategy for preventing and reducing serious violence in the area.

#### **3. Violence in North Wales: Strategic Needs Assessment**

The Betsi Cadwaladr University Health Board Public Health Team commissioned the Wales Violence Prevention Unit (VPU) to produce the Violence in North Wales: Strategic Needs Assessment (SNA) and this was supported by an advisory group. The completed report provides a baseline needs assessment of violence in North Wales, including the risk and protective factors for violence, the demand of violent crime on police, hospitals and communities and the nature of the offending population in Wales.

To note that the SNA report includes some data which may require sensitive communication therefore a report has been presented to the Public Health Senior Leadership Team (SLT) and the Population Health Executive Delivery Group (EDG) to provide reassurance of adherence to the BCUHB Governance process. The Executive Summary of the North Wales Violence SNA can be viewed in Appendix 2.

BCUHB is represented on the Safer North Wales Partnership Board by a Consultant in Public Health (with respect to public health issues), and BCUHB is also represented on the Serious Violence Task and Finish Group, by the Head of Safeguarding (Children), and by a Principal

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<sup>1</sup> Serious Violence Duty: Preventing and reducing serious violence: Statutory guidance for specified authorities England & Wales. December 2022. [Serious Violence Duty - Statutory Guidance \(publishing.service.gov.uk\)](https://www.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/1071447/Serious_Violence_Duty_-_Statutory_Guidance.pdf)

Public Health Officer. Verbal and visual presentations on the Serious Violence Duty and the key highlights from the SNA have also been presented to the SNWPB and the Violence Prevention Task and Finish Group.

The Serious Violence Task and Finish Group requires specified authorities to complete a mapping template of interventions contributing to the prevention of and reduction of serious violence in North Wales. BCUHB representatives on the group are working to identify leads and violence prevention related interventions to help complete the template, and are coordinating the response from the Health Board. The Task and Finish Group are also looking at ways in which to improve data collection, recording and sharing between partners.

### **3. Budgetary / Financial Implications**

The BCUHB Public Health Team has committed £15,000 for 2022/23 from the Welsh Government Early Years and Prevention Fund. There are no other budgetary implications associated with this paper from a Health Board perspective.

The Home Office are channelling funding for the Serious Violence Duty through the Office of the Police & Crime Commissioner for North Wales to cover the costs associated with delivering the Duty. How this funding will be used is currently being discussed by the Serious Violence Duty - Task and Finish Group and associated partners.

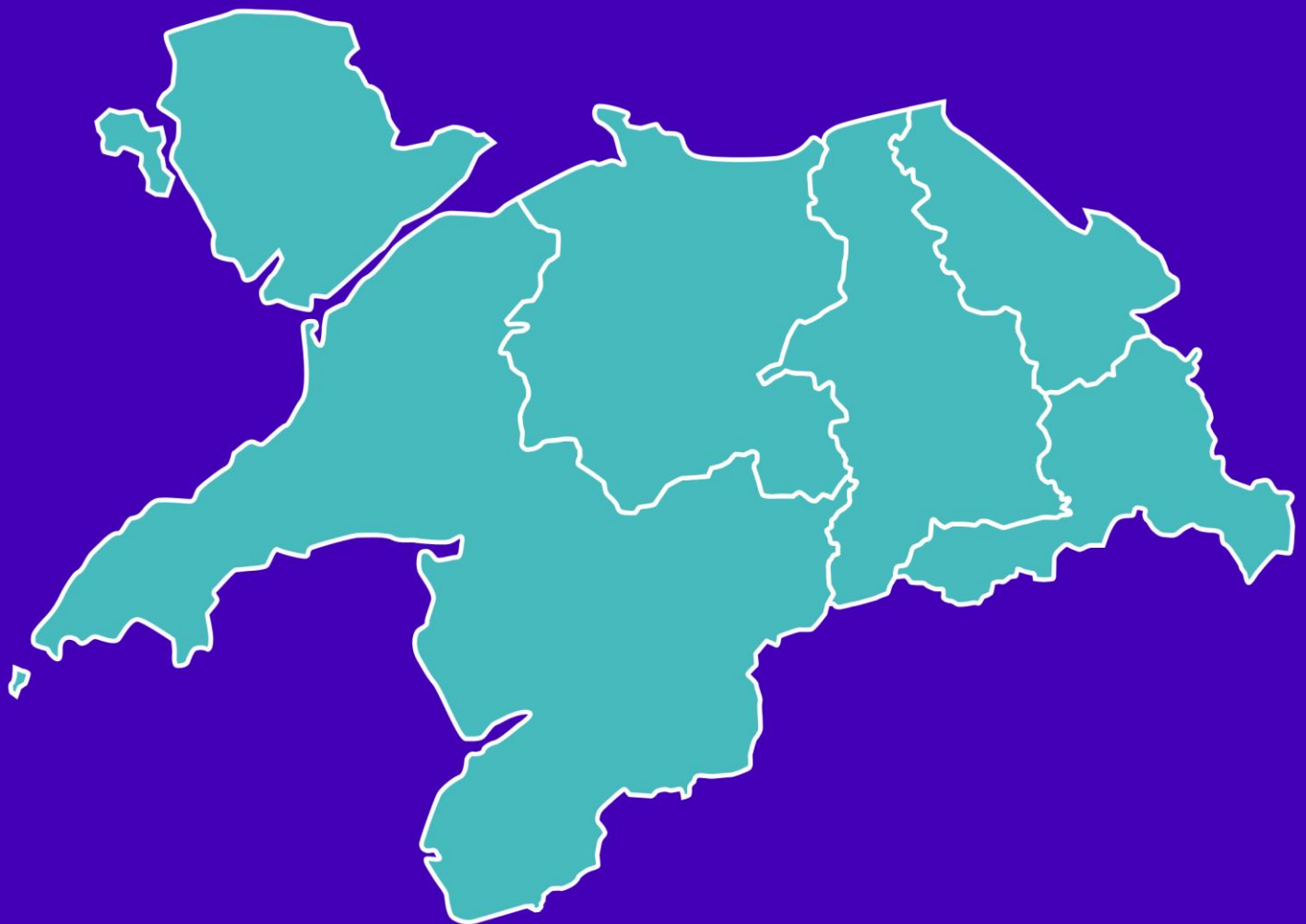
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# Violence in North Wales

## Strategic Needs Assessment

[July 2022]



# Executive Summary

Interpersonal violence has a negative impact on individuals and communities in Wales, which places considerable burden on public services. The detrimental impact on Welsh communities obstructs prospects, widens and deepens inequality, and impedes the prosperity of our society. In the UK, there is a significant effort to prevent violence, through investment and legislative change aimed at strengthening preventative, legal, and operational responses. This includes the UK government's Serious Violence Strategy (2018), and the forthcoming Serious Violence Duty with a requirement for local partners to understand how violence is affecting their communities through the production of a strategic needs assessment.

The Wales Violence Prevention Unit (VPU) has the ambition to prevent all forms of violence Wales-wide, by bringing together key partners to deliver a public health, whole systems response to violence. Therefore, services must first understand the scope of the problem within their communities, identify the causes of violence, design and test evidence-based interventions, and ensure that cost-effective solutions are widely available.

To achieve a public health approach to violence, it is essential to first understand violence at a population level through the collation and analysis of a range of data sources currently available. Considered together, these data sources provide a more comprehensive picture of violence across North Wales and have enabled specific contributing factors to be identified.

This report provides this baseline needs assessment of violence in North Wales, including, the risk and protective factors for violence, the demand of violent crime on police, hospitals and communities and the nature of the offending population in Wales. This document has two aims:

1. To provide a strategic assessment of need relating to (interpersonal) violence in North Wales.
2. To provide a baseline assessment of the epidemiology of (interpersonal) violence in North Wales.

## Methods

Interpersonal violence is characterised by the intentional use of physical force or power, against an individual or small group or individuals that either results in or has a high likelihood of resulting in injury, death, psychological harm or deprivation. To explore this picture of violence in North Wales, data has been extracted from a range of different sources. Data sources include: North Wales Police systems, Office for National Statistics, the Crime Survey for England and Wales, Welsh Index of Multiple Deprivation, Betsi Cadwaladr University Health Board, Digital Health and Care Wales, academic evidence and supporting information from Wales Violence Prevention Unit partners.



## Key findings

### Police and health board data:

- In 2021, North Wales had the highest rate of violence against a person (VAP) recorded crimes per 1,000 population compared to the other Welsh regions. Approximately, 28,500 violence against a person crimes were recorded in 2021.
- Local authority areas with the highest rates of violence with injury (VWI) police recorded crime in 2021 were Denbighshire at 11.3/1,000 population; Wrexham at 9.4/1,000 population and Conwy at 9.1/1,000 population. This finding was also reflected in the health data that showed in 2021, Conwy, Denbighshire and Wrexham had the highest number of ED assault attendances based on attendee residential address.
- During 2021, 11,054 domestic abuse related incidents were recorded by police across North Wales, with 8,628 VAP reported crimes containing a domestic abuse marker. This is an 18% increase compared to 2020. 2017 to 2021 has seen an increase in domestic abuse markers, year on year.
- In 2021, North Wales Police (NWP) recorded 836 VAP crimes where a bladed weapon had been used. Between 2019 and 2021, the general trend of violence involving a blade has slowly increased, with spikes seen between Jul-Sept of each year. In contrast, hospital admissions in North Wales for a knife related assault injury has seen a 16% reduction over the last 5 years.
- Overall, there has been a reduction in the number of people attending emergency departments (ED) across North Wales with assault related injuries, with a 27% reduction between 2017 and 2021. However, the COVID-19 pandemic is likely to have influenced this trend as 2017 to 2019 (pre-COVID-19) had relatively stable figures.
- Just over two-thirds (68%) of assault attendances to ED in 2021 were male, with 32% female.
- Since 2019, those aged 25-34 remain the most prevalent age group for ED assault attendees, however attendances for under 18 years olds has increased in 2021.

### Risk factors:

- **Poverty:** Areas of North Wales have high levels of deprivation, a significant driver of violence, with the two most socio-economically deprived areas in Wales situated in Denbighshire. Across the period reviewed (2017-2021), half of all assault attendees to EDs in North Wales were more likely to reside in the lower 2 deprivation quintiles.
- **Adverse childhood experiences (ACEs):** There is a strong link between ACEs and violence. The Welsh ACEs Study found that those with four or more ACEs were 15 times more likely to have perpetrated violence against another individual in the preceding 12 months than those without ACEs (Public Health Wales, 2015). Further, incarceration is significantly more prevalent in those with four or more ACEs than those without ACEs.
- **Statistics demonstrate that ACEs are prevalent in North Wales and that risk factors for ACEs are high.** Over twenty-five per cent of children and young people in North Wales live in low income households, with 104 children per 10,000 officially looked after by local authority. In addition, North Wales' school exclusion rates are higher than the Wales average at 392 per 10,000 pupils receiving a fixed term exclusion and 7 per 10,000 receiving a permanent exclusion from school.

## Recommendations

- Adopt a public health approach to violence prevention as a framework to take forward the findings of the strategic needs assessment and ensure that multi-agency solutions to preventing violence are data driven and evidence based.
- The strategic needs assessment presents information on violence from a range of different data sources; however, in order to better inform strategic and operational responses to the prevention of violence, there is a need to understand more accurately the total prevalence of violence across North Wales. It is therefore recommended that further work is carried out to explore innovative models to establish total prevalence of violence. This would include:
  - ◆ Improving data quality within organisations, ensuring the collection of uniformed datasets and establishing data sharing systems, at both local and regional level;
  - ◆ Aligning the recording of health data to the current information sharing to tackle violence (ISTV) dataset, and the Wales Violence Prevention Unit (VPU) violence surveillance dataset to include the mandated collection of data on assault location, assault weapon, and assailant demographics.
  - ◆ Considering types of violence and abuse that may be under-represented in administrative data sources, such as violence against women and girls, and marginalised communities.
- Data and academic evidence are crucial to understanding violence, but this needs to be complemented with the lived experience of those affected by violence. Capturing the voices and experiences of the local community, including both young people and adults, and working collaboratively with them to deliver interventions and services, must be a priority.
- It is clear that engagement with schools and levels of attainment are both associated with youth violence. Further work should be undertaken with education partners and the voluntary sector to secure appropriate levels of data to allow for a more accurate understanding of youth violence and the interventions that are effective in preventing it in education settings.
- Explore opportunities for partnership working at a regional and local level through implementing evidenced based interventions which consider the prevention of VAP. For example targeting domestic and community violence, ACEs, areas of deprivation, educational settings and identified population groups (such as males aged 25-34, under 18's, looked after children and school exclusions). Activities should be supported by good monitoring and evaluation to demonstrate learning outcomes which can be shared with others, and have a positive impact on people and communities.

<b>Teitl adroddiad:</b> <i>Report title:</i>	Update on Test, Trace and Protect (TTP) in North Wales		
<b>Adrodd i:</b> <i>Report to:</i>	Partnerships, People and Population Health Committee		
<b>Dyddiad y Cyfarfod:</b> <i>Date of Meeting:</i>	Tuesday, 17 January 2023		
<b>Crynodeb Gweithredol:</b> <i>Executive Summary:</i>	The purpose of this paper is to provide an update on the Test Trace Protect (TTP) programme, with a specific focus on the diversity of tasks now undertaken by the service and the intention to decommission the TTP service by the 31st of March 2023.		
<b>Argymhellion:</b> <i>Recommendations:</i>	The PPPH Committee members are asked to:  Note the plans to decommission the TTP service, due to the end of the current TTP Welsh Government funding, by using the Health Board's formal Organisational Change Policy (OCP).		
<b>Arweinydd Gweithredol:</b> <i>Executive Lead:</i>	Teresa Owen, Executive Director of Public Health		
<b>Awdur yr Adroddiad:</b> <i>Report Author:</i>	Sue Browne, Assistant Director of TTP		
<b>Pwrpas yr adroddiad:</b> <i>Purpose of report:</i>	I'w Nodi <i>For Noting</i> <input type="checkbox"/>	I Benderfynu arno <i>For Decision</i> <input type="checkbox"/>	Am sicrwydd <i>For Assurance</i> <input checked="" type="checkbox"/>
<b>Lefel sicrwydd:</b> <i>Assurance level:</i>	<b>Arwyddocaol</b> <i>Significant</i> <input checked="" type="checkbox"/> Lefel uchel o hyder/tystiolaeth o ran darparu'r mecanweithiau / amcanion presennol <i>High level of confidence/evidence in delivery of existing mechanisms/objectives</i>	<b>Derbyniol</b> <i>Acceptable</i> <input type="checkbox"/> Lefel gyffredinol o hyder/tystiolaeth o ran darparu'r mecanweithiau / amcanion presennol <i>General confidence / evidence in delivery of existing mechanisms / objectives</i>	<b>Rhannol</b> <i>Partial</i> <input type="checkbox"/> Rhywfaint o hyder/tystiolaeth o ran darparu'r mecanweithiau / amcanion presennol <i>Some confidence / evidence in delivery of existing mechanisms / objectives</i>
			<b>Dim Sicrwydd</b> <i>No Assurance</i> <input type="checkbox"/> Dim hyder/tystiolaeth o ran y ddarpariaeth <i>No confidence / evidence in delivery</i>
<b>Cyfiawnhad dros y gyfradd sicrwydd uchod. Lle bo sicrwydd 'Rhannol' neu 'Dim Sicrwydd' wedi'i nodi uchod, nodwch gamau i gyflawni sicrwydd 'Derbyniol' uchod, a'r terfyn amser ar gyfer cyflawni hyn:</b>  <i>Justification for the above assurance rating. Where 'Partial' or 'No' assurance has been indicated above, please indicate steps to achieve 'Acceptable' assurance or above, and the timeframe for achieving this:</i>			
<b>Cyswllt ag Amcan/Amcanion Strategol:</b> <i>Link to Strategic Objective(s):</i>		Covid-19 Response	
<b>Goblygiadau rheoleiddio a lleol:</b> <i>Regulatory and legal implications:</i>		Infection Prevention Control	



<p><b>Yn unol â WP7, a oedd EqlA yn angenrheidiol ac a gafodd ei gynnal?</b></p> <p><i>In accordance with WP7 has an EqlA been identified as necessary and undertaken?</i></p>	Yes
<p><b>Yn unol â WP68, a oedd SEIA yn angenrheidiol ac a gafodd ei gynnal?</b></p> <p><i>In accordance with WP68, has an SEIA identified as necessary ben undertaken?</i></p>	Yes
<p><b>Manylion am risgiau sy'n gysylltiedig â phwnc a chwmpas y papur hwn, gan gynnwys risgiau newydd (croesgyfeirio at y BAF a'r CRR)</b></p> <p><i>Details of risks associated with the subject and scope of this paper, including new risks( cross reference to the BAF and CRR)</i></p>	<p><b>4473</b> – Retention of sufficient staff to deliver services, during the decommissioning phase, particularly during periods of Covid Urgent (predicted surge between October 2022 and February 2023). The current funding ceases on 31<sup>st</sup> March 2023.</p> <p>Risk matrix score: 8</p> <p><b>4646</b> - There is a risk that the funding is not sustainable for a partnership project until the end of the financial year.</p> <p>Risk Matrix Score: 8</p>
<p><b>Goblygiadau ariannol o ganlyniad i roi'r argymhellion ar waith</b></p> <p><i>Financial implications as a result of implementing the recommendations</i></p>	<p>There is an expectation from Welsh Government that Health Boards will include in their IMTP the intention to provide a Health Protection function with the ability to respond to emerging health threats.(In the current financial year, the Antigen Service staff have been deployed to support this work). On the 22<sup>nd</sup> December 2022 Welsh Government wrote to confirm the Health Board's 2023/24 funding allocation to support the response to health protection measures, including Covid-19, this has been set at £3.4m.</p>
<p><b>Goblygiadau gweithlu o ganlyniad i roi'r argymhellion ar waith</b></p> <p><i>Workforce implications as a result of implementing the recommendations</i></p>	<ol style="list-style-type: none"> <li>1. Current workforce – routine sickness and absense managment and staff development ect.</li> <li>2. OCP, redeployment and end of temporary contracts (consultation is open until 30th January 2023).</li> <li>3. Development of the new required Health Protection service model.</li> </ol>
<p><b>Adborth, ymateb a chrynodeb dilynol ar ôl ymgynghori</b></p> <p><i>Feedback, response, and follow up summary following consultation</i></p>	<p>The TTP Oversight Group (A partnership meeting) is the vehicle for partnership working and governance arrangements with partners.</p>
<p><b>Cysylltiadau â risgiau BAF:</b> (neu gysylltiadau â'r Gofrestr Risg Gorfforaethol)</p>	<p>BAF 21 04 BAF 21 09 BAF 21 14 BAF 21 18</p>



<b>Links to BAF risks:</b> (or links to the Corporate Risk Register)	
<b>Rheswm dros gyflwyno adroddiad i fwrdd cyfrinachol (Ile bo'n berthnasol)</b>	Amherthnasol
<b>Reason for submission of report to confidential board (where relevant)</b>	Not applicable
<b>Camau Nesaf:</b>  <b>Next Steps:</b> <ul style="list-style-type: none"><li>• Continue to contact trace, provide testing for respiratory viruses and support Ukrainian and other foreign national health screening until 31<sup>st</sup> March 2023.</li><li>• Follow Health Board OCP regarding redeployment of staff.</li><li>• Prepare a report for the Health Board Executive Team highlighting the gaps &amp; risks of the cessation of TTP services.</li><li>• Develop a new temporary Health Protection service model as instructed by Welsh Government.</li></ul>	
<b>Rhestr o Atodiadau:</b>  <b>List of Appendices:</b> None	



## **Partnerships, People and Population Health Committee**

**04.01.2023**

### **Update on Test, Trace and Protect in North Wales**

#### **1. Cyflwyniad / Cefndir Introduction/Background**

This paper provides an update on the Test Trace Protect (TTP) programme, with a specific focus on the services' evolving activities since the last report and the plans to decommission the services by 31st March 2023, once the current TTP Welsh Government funding ceases.

The key document "Together for a safer future: Wales' long-term Covid-19 transition from pandemic to endemic", identifies that clusters and outbreaks of coronavirus will be managed in line with the Communicable Disease Outbreak Plan for Wales. This Plan has now been updated to reflect that intention.

The options for the future delivery of aspects of this comprehensive service will be subject of a paper to Health Board Executives in January 2023.

#### **2. Corff yr adroddiad /Body of report**

There have been no significant changes to the structure of the service since the last report.

##### **Service Delivery Update**

The service has been aligned under a single operational lead for all three elements of TTP since July 2022.

##### **Testing**

COVID-19 - BA.5 and BQ.1 remain the dominant strains in the UK. The latest ONS figures (5th December) estimate the number of people testing positive for COVID-19 was 74,900, equating to 1.84% of the population, or around 1 in 55 people. This is an upward trend for the past three weeks.

Welsh Government Covid-19 Testing Guidance, published on the 11th October 2022, has extended Multiplex PCR tests for COVID-19 and other respiratory viruses to symptomatic health and social care staff, due to additional uncertainty in relation to other circulating respiratory viruses including influenza and Respiratory Syncytial Virus (RSV). The Multiplex PCR tests diagnose a wider range of respiratory viruses. To protect the more vulnerable this autumn and winter, TTP are offering access to these tests for staff and service users in high risk settings including care homes. Staff are no longer required to undertake asymptomatic testing, although this can re-start if there is a public health need during the winter. Staff who are household contacts of a positive case have access to a point of care test (POCT), at a Community Testing Unit (CTU).

The latest Welsh Government Health and Social Care Staff Covid-19 testing Guidance was published on 11th October 2022. The Guidance focuses on detecting Covid-19 and other

respiratory viruses. Local guidance and Frequently Asked Questions (FAQs) have been updated. As part of a local agreement POCT is available at Wrexham, Bodelwyddan and Parc Menai CTUs to facilitate the immediate return to work of staff who are household contacts of a positive case and who test negative. Demand for staff testing has increased each week since the 21st of November 2022.

There has been a discernible reduction in the cumulative numbers of planned care patients referred to the CTUs as a result of the adoption of Welsh Government's Guidance, introducing a risk based approach to testing patients for covid. Since the last PPPH report, weekly referrals have fallen 91% from 532 (week ending 18/09) to 42 (week ending 18/12).

Mpox (formerly Monkeypox) - Since the last PPPH report, the Antigen Service has continued to support to the Health Board's response to reports of suspected Mpox. However, cases have reduced nationally and there has not been a referral via the Antigen service Referrals and Results Hub (R&R Hub) in November or December 2022, although a single case tested positive in Sexual Health services during December 2022. Weekly review meetings continue to review outcomes of the national meeting.

Ukrainian population - The Welsh Government continues to offer accommodation to people leaving conflict affected areas in Ukraine. The Antigen service continues to lead on the extensive screening and referrals for the central community.

Asylum Seekers - The Antigen Service has been significantly involved in the planning and delivery of a series of multi-agency health screening clinics of 86 men, of various nationalities. The clinics were held at the Hotel (where the men resided), the men having been relocated from migrant processing centres.

Safeguarding concerns were considered, relevant information was co-ordinated and shared with other agencies to support ongoing care and age assessments. There is on-going medical review and support from a local GP. Any mental health issues identified during screening are escalated to the Mental Health team.

Pathways, documents and experiences to date have been shared with colleagues in other parts of Wales as they also gear up to support the arrival of Asylum Seekers in their respective Health Board areas.

Welsh Ambulance Service Trust (WAST) - A local agreement has been secured to enable WAST staff to work out of CTUs. Whilst their staff cannot swab, they can alleviate staffing absences by assisting in the dropping off and collection of swabs for Ward and Care Home outbreaks and some home visits where the patient self-administers their test. A Memorandum of Understanding defining the parameters of the WAST work has been agreed.

Avian Flu - Following a request from Public Health Wales (PHW), Parc Menai CTU have also supported Avian Flu testing. The pathway documentation developed to support the swabbing of those suspected to have Avian Flu in an outbreak situation has been shared with other Health Boards.

## Tracing

On the 1st July 2022, a slimmed down Regional Tracing Service was put into place for North Wales with a remit to trace priority cases only (principally health and social care staff and vulnerable patient groups) rather than the general population. The new service, as previously reported, experienced higher number of cases than expected during the month of July 2022 (13,442 cases and 1,881 priority cases), but since then the service has seen a decline in cases, which in part reflects reduced testing requirements. For comparison during the month of November 2022, there were 1,709 cases with 309 identified as priority cases, an 87% and 83% reduction respectively. The Hospital Contact Tracing team, who work closely with Infection Prevention Control (IPC) colleagues, have also experienced a decline in Covid-19 case numbers for both patients and BCUHB health care staff from an average of 287 in July 2022 to an average of 100 in November 2022. Although during the month of December 2022 overall numbers have started to rise and in particular the Hospital Contact team (HCT) have experienced a steady rise in case numbers for both patients and BCUHB health care staff working in their infectious periods for four consecutive weeks.

Whilst case numbers raised during the month of December 2022, this must be viewed in the context of low overall volume, and from a capacity perspective the Regional Tracing service is well placed to manage the latest peak in case numbers.

Contact Tracing performance data strongly improved during the months of August and September 2022 after a challenging start and continues to sustain into December 2022. See Table 1 below for details.

Table 1

<b>Data Period</b>	<b>Overall successful follow up</b>	<b>Successful follow up in 24 hours</b>
July 2022	85.22%	33.23%
August 2022	87.23%	72.83%
September 2022	85.91%	73.51%
October 2022	62.5%	56.25%
November 2022	86.73%	80.91%
December 2022	85.19%	77.86%

Sustained performance improvement has been driven by regular case audit / review, integrated tracing pathways linked to defined standards, staff training / support, national bench marking and a continual process of reflection and improvement.

Care Homes continue to be supported by the Multi Agency Oversight Group (previously known as Care Home Multi-Disciplinary Team (MDT)). This group meets bi-weekly. Membership includes BCUHB staff from the Regional TTP Hub and Antigen service, Public Health Wales (PHW) and Local Authority contact tracing staff including appointed IPC Officers. The IPC Officers are linked to Local Authorities to ensure continuity of support to Care Homes.

## **Protect**

Covid-19 Community Hubs continue to provide valuable services to communities in greatest need. Services are tailored to ensure responsiveness to their population when winter is harsh and the cost of living crisis is facing all families with no exception. An example of this



is during November 2022 Plas Madoc Wrexham Hub provided 165 food services, whilst Penygroes Hub provided 264 food services, which also included Community Pantry and Llund Bol (free hot meal).

Fuel, heating and utility payments support has also been provided, 50 individuals were supported in Plas Madoc, 40 in Blaenau Ffestiniog, and 51 in Conwy, including fuel top-ups. It is expected that the use of warm places will be widened in the forthcoming months. Winter Warm places have been established in Llanddulas, Penygroes, Llanaelhaearn, Hwb Denbigh, Barmouth, Holyhead, Caernarfon, Rivertown/ Shotton and Gwersyllt. Cost of Living Events were also organised in several Hubs and were well attended.

Prior to Christmas Plas Madoc Hub secured funding to provide 30 'helping hand hampers', which were distributed in December 2022. Referrals were received from a variety of sources.

Social prescribing referrals reached 128 service users. Many activities have aimed to improve mental health and wellbeing. These included gardening activities, social gatherings for over sixties and craft workshops.

Sixteen Covid-19 Community Hubs secured funding from the Welsh Government Transitional Grant funds for the financial year 2022 - 2023, projects and activities are already in place to ensure effective and efficient utilisation of this money. Covid-19 Community Hubs will report by the end of April 2023 on the following elements:

1. What has worked well from the user, staff and provider perspectives
2. Services that are being delivered
3. What was developed
4. Any key learning and best practice
5. A breakdown of how the funds were used
6. What plans do hubs have in place to sustain the hub (over one, three and five years)?

Monthly Covid-19 Community Hub engagement meetings continue to take place, with links made with potential key people. For instance, the Lead officer for the Inverse Care Law (ICL) programme updated the group about the development of the ICL across North Wales and the possibility of involving the Hubs in future community projects

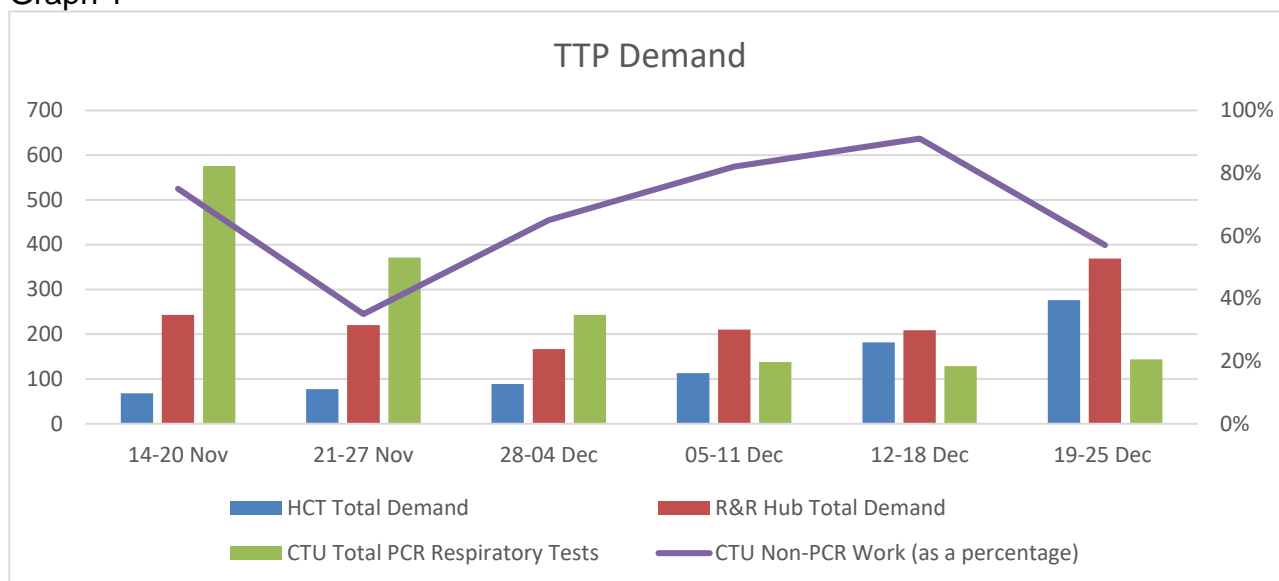
The experience of BCUHB Covid-19 Community Hubs has been shared in the All Wales Autumn Planning Conference organised by BCUHB this year." Planning Programme for Learning - Working and learning in the wider community". The audience were highly interested in learning further about the Hubs.

Covid-19 Community Hubs continue to tailor the services according to arising needs. The sustainability of funds remains the most significant challenge.

## Summary

The graph below illustrates the general rise in demand for the TTP services, despite a significant reduction in overall PCR testing, due to the diversification of responsibilities for the TTP services.

Graph 1



The cessation of Welsh Government TTP funding inevitably means that the overall TTP service will be decommissioned by the end of March 2023.

The formal Occupational Change Policy is the vehicle by which staff currently working within the service will be redeployed or temporary contracts will come to an end. A consultation paper on the approach was agreed by Unions and Workforce at the Workforce Partnership Group Meeting on the 16<sup>th</sup> of December 2022 and the TTP service is now in a period of consultation.

A plan to decommission the service to release estate assets, vehicles, IT, stores and equipment and to archive records and create a legacy document is under development.

Consideration is now currently being given to the letter received on the 22<sup>nd</sup> December 2022 from Welsh Government, confirming the Health Board's 2023/24 funding allocation to support the response to health protection measures, including Covid-19. This has been set at £3.4m. The above plans will now need to be developed in conjunction with the new Health Protection service model being considered.

A report will be prepared for the Health Board Executive Team, which will highlight the new Health Protection service model, whilst considering business as usual and identifying gaps and risks to Health Board capability created by the cessation of TTP services, the reduction in funding and the new requirement for the development of a Health Protection service.

## Conclusion

- The offer of contact tracing and multiplex testing will continue until March 2023. Symptomatic staff testing account for approximately half of all testing at CTUs, as of 22<sup>nd</sup> December 2022.
- The requirement to continue to offer testing whilst balancing the retention and redeployment of staff during OCP will be challenging.

- The Antigen Service continues to support the Health Board in responding to emerging Health Protection issues such as Mpox and Ukraine and other Foreign National Health Screening.
- The Health Board's response to the newly required health protection measures for 2023/24 are being considered.

### **3. Goblygiadau Cyllidebol / Ariannol / *Budgetary / Financial Implications***

Resources for maintaining compliance oversight are overseen by TTP Oversight Group. (A partnership meeting)

Welsh Government agreed a budget for TTP until the end of March 2023.

On the 22<sup>nd</sup> December 2022 Welsh Government wrote to confirm the Health Board's 2023/24 funding allocation to support the response to health protection measures, including Covid-19, this has been set at £3.4m.

During 2022-2023 the Health Board provided financial assistance to support the establishment of six Covid19 Community Hubs. Health Board funding will continue for the six Covid19 Community Hubs in the next financial year 2023/24. The Hubs scope / remit within their communities will be wider than Covid19 going forward.

Welsh Government made a transitional fund of £1.5m available, across Wales, to support Covid 19 Community Hubs to continue to operate, whilst Regional Partnership Boards (RPBs) develop their wider Health and Social Care Hub programme. Consideration will be given as to whether the Covid 19 Community Hubs will play a future role in the development of the Health and Social Care Hubs. Almost £600,000 was secured by sixteen Covid-19 Community Hubs in North Wales and is being administered by BCUHB.

### **4. Rheoli Risg / Risk Management**

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

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

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

- Any BCUHB specific decisions are reviewed and approved.

There are currently two TTP risks on Datix:

4646 - There is a risk that the funding for a partnership project is not sustainable until the end of the financial year. Funding was based on receiving grant funding that had never been guaranteed. The service model is currently not sustainable. The Charity and the Trustee Board responsible for the project have requested BCUHB meet any gaps in funding. An additional £25,000 has been allocated and a further £25,000 will be provided once the Health Board receive information on the future sustainable model, with evidence of financial and governance rigor.

Risk matrix score: 8.

4473 – Due to the ending of Welsh Government funding for TTP, staff redeployment and short-term contracts, there is a risk that TTP will struggle to retain sufficient staff to deliver services, particularly, during periods of Covid Urgent (predicted surge between October 2022 and February 2023), until 31<sup>st</sup> of March 2023.

Risk matrix score: 8.

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

5.1 All implications have been considered as part of the Health Board Covid response.

## Committee Chair's Report

<b>Name of Committee:</b>	Executive Delivery Group – Population Health
<b>Meeting date:</b>	15/11/2022, 12/12/2022
<b>Name of Chair:</b>	Teresa Owen, Executive Director of Public Health
<b>Responsible Director:</b>	Teresa Owen, Executive Director of Public Health
<b>Summary of business discussed:</b>	<p>Approval of the Terms of Reference including membership and reporting groups.</p> <p>IMTP progress, the process for new investment and associated risks.</p> <p>Consideration of proposals aligned to the delivery of the Prevention and Early Years plan for the use of slippage, primarily attributed to recruitment delays.</p> <p>Race Equality Plan update.</p> <p>Manon Rees-O'Brien, Regional Director, Gogledd Cymru Actif North Wales presented current work and connection opportunities.</p>
<b>Key assurances provided at this meeting:</b>	<p>The EDG has agreed the Terms of Reference.</p> <p>Gaps in membership have been identified and nominations sought.</p> <p>Reporting format has been agreed.</p> <p>Guidance is being prepared to support reporting and updates by members and the areas they represent.</p> <p>Standard agenda and attendance register is in operation.</p> <p>The sub-Groups that report to the EDG are:</p> <ul style="list-style-type: none"> <li>- Healthy Weight</li> <li>- Tobacco Control</li> <li>- Well North Wales (including Inverse Care Law, Social Prescribing and Arts in Health Programmes)</li> <li>- Primary Care</li> </ul> <p>In addition, service updates in regards to Population Health will be regularly received from:</p> <ul style="list-style-type: none"> <li>- Sexual Health</li> <li>- Immunisations</li> <li>- Maternity</li> <li>- Community Pharmacy</li> <li>- Children</li> <li>- Oral Health</li> <li>- Mental Wellbeing</li> </ul>

Key risks including mitigating actions and milestones	<div>1. There is a risk that services are not currently represented adequately.</div> <div><div>- DPH has written out to secure nominated members</div></div> <div>2. There is a risk that funding confirmation has not yet been received formally (locally and nationally) for 23/24, 24/25 to support key areas of population health activity.</div> <div><div>- Meetings with Welsh Government regarding Prevention &amp; early years funds scheduled</div><div>- BCUHB IMTP approval process</div></div>				
Targeted Intervention Improvement Framework Domain addressed	<div><div>• Strategy, planning and performance</div><div>• Leadership (including governance, transformation and culture)</div><div>• Engagement (patients, public, staff and partners)</div><div>• Mental Health (adult and children)</div></div>				
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	<div>The membership of the PHEDG, presentations and highlight reports received, alongside groups such as the Building a Healthier Wales Partner Network allow the development of proposals considered by the Committee and give adequate consideration to the sustainable development principles, including:</div> <div><div>1.Balancing short term need with long term planning for the future;</div><div>2.Working together with other partners to deliver objectives;</div><div>3. Involving those with an interest and seeking their views;</div><div>4.Putting resources into preventing problems occurring or getting worse; and</div><div>5.Considering impact on all well-being goals together and on other bodies)</div></div>				
Planned business for the next meeting:	<div>The following planned reviews:</div> <div><div>- Action log</div><div>- Membership nominations/representation</div><div>- Progress against the Prevention and Early Years funding provision</div><div>- Tier 1 risk</div><div>- Draft IMTP</div></div>				
Date of next meetings:	<table><tr><th>Date</th></tr><tr><td>23.01.2023</td></tr><tr><td>28.02.2023</td></tr><tr><td>20.03.2023</td></tr></table>	Date	23.01.2023	28.02.2023	20.03.2023
Date					
23.01.2023					
28.02.2023					
20.03.2023					



<b>Teitl adroddiad:</b> <i>Report title:</i>	<b>Primary Care Update: Cluster Development and Planning</b>			
<b>Adrodd i:</b> <i>Report to:</i>	Partnerships, People and Population Health Committee (PPPH).			
<b>Dyddiad y Cyfarfod:</b> <i>Date of Meeting:</i>	Tuesday, 17 January 2023			
<b>Crynodeb Gweithredol:</b> <i>Executive Summary:</i>	The purpose of this report is to provide PPPH Committee members with an update on work being undertaken within Primary Care, and in particular, in relation to the development of multi-profession cluster plans, and strategic Pan Cluster Planning Group plans, required as part of the implementation of the Accelerated Cluster Development (ACD) programme. The Committee is asked to note the contents of the report, and the recommendations contained within it.			
<b>Argymhellion:</b> <i>Recommendations:</i>	<p>The PPPH Committee is asked to:</p> <ul style="list-style-type: none"> <li>▪ Note the requirements for the development of the Cluster Annual Plans 2022/23, set by the Welsh Government</li> <li>▪ Note the progress made to date in the development of the cluster plans</li> <li>▪ Note the proposals to strengthen cluster planning and cluster plans and to ensure alignment and read across with Health Board, Pan Cluster Planning Group and Regional Partnership Board Plans</li> <li>▪ Confirm future reporting requirements to monitor the ongoing progress and delivery of the plans</li> </ul>			
<b>Arweinydd Gweithredol:</b> <i>Executive Lead:</i>	Gill Harris, Interim Chief Executive / Executive Director of Integrated Clinical Services			
<b>Awdur yr Adroddiad:</b> <i>Report Author:</i>	Jo Flannery (Interim) Associate Director Primary Care (Strategy)			
<b>Pwrpas yr adroddiad:</b> <i>Purpose of report:</i>	<b>I'w Nodi</b> <i>For Noting</i> <input type="checkbox"/>	<b>I Benderfynu arno</b> <i>For Decision</i> <input type="checkbox"/>	<b>Am sicrwydd</b> <i>For Assurance</i> <input checked="" type="checkbox"/>	
<b>Lefel sicrwydd:</b> <i>Assurance level:</i>	<b>Arwyddocaol</b> <i>Significant</i> <input type="checkbox"/> Lefel uchel o hyder/tystiolaeth o ran darparu'r mecanweithiau / amcanion presennol  <i>High level of confidence/evidence in delivery of existing mechanisms/objectives</i>	<b>Derbyniol</b> <i>Acceptable</i> <input type="checkbox"/> Lefel gyffredinol o hyder/tystiolaeth o ran darparu'r mecanweithiau / amcanion presennol  <i>General confidence / evidence in delivery of existing mechanisms / objectives</i>	<b>Rhannol</b> <i>Partial</i> <input type="checkbox"/> Rhywfaint o hyder/tystiolaeth o ran darparu'r mecanweithiau / amcanion presennol  <i>Some confidence / evidence in delivery of existing mechanisms / objectives</i>	<b>Dim Sicrwydd</b> <i>No Assurance</i> <input type="checkbox"/> Dim hyder/tystiolaeth o ran y ddarpariaeth  <i>No confidence / evidence in delivery</i>
<b>Cyfiawnhad dros y gyfradd sicrwydd uchod. Lle bo sicrwydd 'Rhannol' neu 'Dim Sicrwydd' wedi'i nodi uchod, nodwch gamau i gyflawni sicrwydd 'Derbyniol' uchod, a'r terfyn amser ar gyfer cyflawni hyn:</b>				



<b>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:</b>	
<b>Cyswllt ag Amcan/Amcanion Strategol:</b>  <b>Link to Strategic Objective(s):</b>	<p>WG have clearly identified the requirement for Cluster plans to be developed not only to drive the delivery of the national Primary Care Model for Wales, and the strategic document A Healthier Wales, but to also be firmly embedded in the planning processes of the Health Board and supporting longer-term strategy.</p>
<b>Goblygiadau rheoleiddio a lleol:</b>  <b>Regulatory and legal implications:</b>	<p>There are no direct legal implications to consider.</p> <p>It should be noted that Cluster working and the development of Cluster Plans is a requirement of GMS contract</p>
<b>Yn unol â WP7, a oedd EqlA yn angenrheidiol ac a gafodd ei gynnal?</b>  <b>In accordance with WP7 has an EqlA been identified as necessary and undertaken?</b>	<p>Do/Naddo    ✗/N</p> <p>Impact assessments will be undertaken at a local level in achieving the requirements as needed</p>
<b>Yn unol â WP68, a oedd SEIA yn angenrheidiol ac a gafodd ei gynnal?</b>  <b>In accordance with WP68, has an SEIA identified as necessary been undertaken?</b>	<p>Do/Naddo    ✗/N</p> <p>Impact assessments will be undertaken at a local level in achieving the requirements as needed</p>
<b>Manylion am risgiau sy'n gysylltiedig â phwnc a chwmpas y papur hwn, gan gynnwys risgiau newydd (croesgyfeirio at y BAF a'r CRR)</b>  <b>Details of risks associated with the subject and scope of this paper, including new risks (cross reference to the BAF and CRR)</b>	<p>Primary Care sustainability is noted as a key risk for the Health Board and therefore does impact on the delivery of services. However, the sector has demonstrated resilience in its response and commitment to citizens during the pandemic, and throughout the following recovery period.</p> <p>IHC teams continue to work closely with clusters and independent contractors where sustainability and capacity concerns are identified, with longer-term actions being progressed to mitigate the risk. These are also brought through the cluster planning processes,</p> <p>Work will be undertaken during the course of this year to strengthen the understanding, recording and actioning of risks within Primary Care, in order to ensure a robust process is followed and fed operationally through to senior leaders.</p>
<b>Goblygiadau ariannol o ganlyniad i roi'r argymhellion ar waith</b>	<p>Each cluster has a set, ring-fenced allocation to support the delivery of their local priorities,</p>



<b>Financial implications as a result of implementing the recommendations</b>	<p>the national delivery milestones and the principles of the Primary Care Model for Wales.</p> <p>Cluster plan priorities should also be considered as part of the whole system Health Board financial planning processes and any additional investment requirements identified for consideration.</p>
<b>Goblygiadau gweithlu o ganlyniad i roi'r argymhellion ar waith</b>  <b>Workforce implications as a result of implementing the recommendations</b>	<p>This report provides no additional requests for workforce outside those referred to in the Health Board's annual plan 2022/23. Primary care services, in the main are supported by a ring-fenced allocation from Welsh Government (WG), along with separate grants for specific areas of work</p>
<b>Adborth, ymateb a chrynodeb dilynol ar ôl ymgynghori</b>  <b>Feedback, response, and follow up summary following consultation</b>	<p>This paper has been shared with the Director of Primary Care. The recommendations regarding the need to strengthen the planning processes within Clusters and Pan-Clusters has been discussed with the Associate Director of Planning and will be discussed with IHCs in the following weeks.</p>
<b>Cysylltiadau â risgiau BAF:</b> (neu gysylltiadau â'r Gofrestr Risg Gorfforaethol)  <b>Links to BAF risks:</b> (or links to the Corporate Risk Register)	<p><b>20-04 – Primary Care Sustainable Health Services</b></p> <p>There is a risk that the Health Board will be unable to ensure timely access to Primary Care (GMS) Services for the population due to growing demand and complexity, an ageing workforce and a shift of more services out of hospital. As a gateway to health care, this could result in deterioration in the population health, impacting on other health and care services and the well-being of the primary care workforce</p>
<b>Rheswm dros gyflwyno adroddiad i fwrdd cyfrinachol (lle bo'n berthnasol)</b>  <b>Reason for submission of report to confidential board (where relevant)</b>	<p>Not applicable</p>
<b>Next Steps:</b> <ul style="list-style-type: none"> <li>▪ Discuss proposals to strengthen cluster planning with IHC Associate Directors of Primary Care</li> <li>▪ Work with IHC Primary Care/ Cluster teams on what good cluster planning looks like – providing training and development as required</li> <li>▪ Implementation of recommendations</li> </ul>	
<b>List of Appendices:</b> Appendix 1 – Cluster Plan Template Appendix 2 – Pan-Cluster Planning Group Template Appendix 3 – Cluster Planning Timeline	

**PARTNERSHIPS, PEOPLE AND POPULATION HEALTH COMMITTEE (PPPH)**  
**17 JANUARY 2023**  
**PRIMARY CARE UPDATE – ACD/ CLUSTER DEVELOPMENT AND PLANNING**

## **1. Introduction/ Background**

The purpose of this report is to provide PPPH Committee members with an update on progress being made within Primary Care, and in particular the development of multi-agency cluster plans, and strategic Pan-Cluster Planning Group plans. The report outlines the new planning requirements as they align to the Accelerated Cluster Development (ACD) programme, as well as the work undertaken within Clusters to meet them. The report notes the requirement to strengthen our Cluster planning process, not only to ensure clear alignment between Cluster and Pan-Cluster plans and the RPBs Annual Plan, the Primary Care Strategy, and the Health Board's IMTP, but also to ensure that Cluster and Pan-Cluster plans are evidence-based, with a clear rationale for how projects will address population need. Work is also required in order to strengthen Cluster and Pan-Cluster approaches to evaluation of local initiatives, and the measurement of activity and impact in order to support business case development and IMTP investment.

## **2. Information**

The Accelerated Cluster Development Programme (ACD) was introduced into the Strategic Programme for Primary Care work programme in April 2022 following a period of stakeholder engagement between December 2021 and March 2022. In response to stakeholder feedback, the ACD programme was developed to ensure a more rapid implementation of the Primary Care Model for Wales and to address perceived system barriers. The programme includes the introduction of Professional Collaboratives (PCs) and Pan-Cluster Planning Groups (PCPGs) to broaden and strengthen clinical engagement and to increase the influence from the community/ cluster into Regional Partnership Board decisions (RPB). A clearer separation of planning and delivery functions is envisaged, as is the alignment of planning system across cluster and RPB population footprint.

2022/ 2023 is the transition year for the ACD programme as the system in Wales transitions from the current (March 2022) cluster configuration into a revised planning and delivery configuration (March 2023) with Professional Collaboratives, Clusters and Pan-Cluster Planning Groups (PCPGs) more closely aligned with the RPB planning infrastructure and integrated within Health Board governance arrangements.

A '*light touch*' planning arrangement was agreed for the development of the 2022/ 2023 cluster plans (see Appendix 1), whilst cluster planning and coordination transitioned to the new interface arrangements with the emergent Professional Collaboratives, PCPGs and established RPBs. 2023/ 2024 will provide the foundation year to fully establish and start to mature the integrated collaborative planning arrangements with the RPB Area Plans due for publication by 1 April 2023 (see Appendix 3 for overview of planning timescales). The RPB Area Plans will shape and inform the content of the Pan-Cluster Planning Group three year strategic plans and respective cluster plans. The 2024/ 2025 planning cycle will provide the opportunity for the revised planning arrangements to comprehensively deliver the integrated prioritisation, planning and commissioning benefits envisaged through the ACD programme.

Guidance developed by the Strategic Programme for Primary Care (SPPC) sets out the requirements for the development of the PCPG strategic three year plan and the associated cluster plans during the 2023/ 2024 foundation year in line with the Ministerial milestones laid out in her letter of 24 March 2022.

## 2.1. Regional Partnership Board Population Needs Assessment (2022) and Area Plans 2023/ 2028

Section 14A of the Social Services and Well-being Act (Wales) 2014 places a joint duty on Local Health Boards and Local Authorities within the Regional Partnership Board (RPB) to collaborate, prepare and publish five-year area plans under the direction of the RPB.

Area plans set out the five-year strategic vision for the RPB and include information on the range and level of services the regional partners propose to provide, or arrange to be provided, in response to the RPB Population Needs Assessments (PNAs).

The PNA identifies the health, care and support needs of the population and is the foundation on which RPB planning and commissioning is built. The PNA informs regional planning and decision-making through a reliable, clear and specific evidence base of needs and mapping of current service provision. The PNA includes:

- An assessment of **population needs** – an assessment of the extent to which there are people who need care and support, and unpaid carers who need support covered by the RPB area, including those who needs are not being met
- **Range and level of services** – an assessment of the range and level of services required to meet those needs, and the actions required to provide those services
- **Sufficiency of care and support and market stability.**

The PNA provides a comprehensive picture of current and projected demand for care and support, including preventative and regulated services. RPBs must take all opportunities to align their work with clusters and should ensure that the Regional PNA is developed and refreshed to inform analysis at local authority / pan-cluster and cluster levels. RPBs should also establish arrangements to capture local intelligence to inform and influence the regional plan.

The RPB Area Plans due for publication by 1 April 2023 will help to inform the strategic delivery and commissioning requirements for the Pan-Cluster Planning Groups to translate into their three year strategic plans, which in turn will direct the development of the cluster plans.

## 2.2. Cluster Plans

The sixty clusters across Wales have been producing cluster plans for a number of years to support the full implementation of the Primary Care Model for Wales so that the aim of care closer to home in Wales can be realised. Cluster plans were initially guided by the GMS QOF/QIAF requirements (since 2014) and more recently through NHS Wales Director General (2020/2023) and NHS Planning Framework (2021/22 onwards) guidance.

The ACD programme confirms clusters as the local footprint to support and enable collaborative multi-disciplinary service planning and delivery for the population served. As the integrated system matures, clusters should become easily recognisable as a key vehicle for planning and co-ordinating community-based health care and wellbeing services that

reach beyond traditionally recognised primary care services. The Cluster is the most local level of service planning and coordination and is responsible for:

- Planning of services best delivered at the cluster level
- Integrating primary and community based services between health, social and voluntary sectors, physical and mental health services, with partners
- Providing innovative and effective alternatives to traditional models of care
- Understanding and responding to the full spectrum of health and social care needs of the population serviced by the Cluster with a particular focus on the needs of vulnerable groups
- Focus on preventing ill health, and promoting wellbeing, enabling people to self-manage where appropriate
- Providing oversight of the work programme of the cluster to translate national strategic direction into action.

IHC Primary Care Teams have drafted their plans and have shared them with the (Interim) Associate Director Primary Care (Strategy) for scrutiny. The Cluster Plans will be shared with the Executive Team for consideration and agreement to submit to Welsh Government by the end of February 2023.

An initial review of the plans demonstrates a growing maturity and ambition for the further development of multi-profession clusters, working more closely with partners and integrated health and social care localities.

Each have highlighted their specific priorities for the coming year, with a number of cross cutting themes identified, including:

- Accelerated Cluster Development
- Widening the primary care workforce/ MDT
- Planned care/ managing the chronic disease backlog
- Improving the mental health of our communities
- Social models of health and well-being

In addition, cluster plans each outline how they will deliver the following Ministerial Priorities:

- Improved access to GP and Community Services
- Improved use of community pharmacy
- Improved use of optometry services
- Increased access to dental services
- Implementation of a 24/7 urgent care service, accessible via NHS 111 Wales to support improved access and GMS sustainability

Draft Cluster plans have been shared to support the Health Board's planning process and development of the 2023/ 2024 Annual Plan (IMTP).

Moving forward into 2023/ 24, Cluster Plans will be developed in order to coordinate collaborative activities and to inform and be informed by the PCPG analysis, priorities and three-year PCPG strategic plans. Cluster Plans should also be informed by the intelligence produced and generated from the respective emerging Professional Collaboratives that feed into the cluster footprint.

Given the timing of the development and publication of the refreshed RPB area plans, the new PCPG strategic plans and feedback from Clusters and Health Boards, it was proposed that the '*light touch*' approach to cluster level planning be extended to inform the

development of the 2023/2024 cluster plans, utilising similar guidance templates to those circulated in autumn 2021 to support the development of the 2022/23 cluster annual plans.

Rationale for the 2023/24 Cluster Plan Content is:

- Alignment with the emerging RPB area plans and associated Regional Integration Fund (RIF) investment plans to deliver seamless care to the cluster population
- Taking strategic direction from the emergent PCPG three year strategic plan
- Continued demonstration in delivering the Primary Care Model for Wales as articulated in the Cluster Development Framework with ongoing planning and delivery through the multi-professional, multi-agency cluster partnership, taking into account user voice
- Ministerial National Priorities for 2022/24
- Nationally agreed priorities arising from Primary Care Contract Reform in Wales
- Primary Care National Strategic Programme Workstream PIDs and priorities
- Framed within the context of the Well-being of Future Generations Act.

The 2023-2024 Cluster Annual Plan documents are designed to be:

- Minimalist, noting NHS sustainability and recovery pressures on services
- Light touch, noting 2023-2024 is the ACD foundation year
- Pragmatic, demonstrating accountability for delivery against anticipated results / benefits and highlighting shared challenges
- Aligned to the NHS Wales Planning Framework for 2023-26 and local service.

The requirement is that cluster plans and three-year PCPG strategic plans will aggregate up into the Health Board IMTP providing a solid foundation to providing care closer to home for the majority of the population.

### 2.3. Pan-Cluster Planning Group (PCPG) Three-Year Plans

PCPGs have been introduced in Wales during 2022 through the ACD Programme. PCPGs provide the local footprint for the tactical delivery of Regional Partnership Board (RPB) priorities contained within the RPB Area Plans, coordinate the use of all available resources to meet local needs, provide the strategic direction to inform the development of their respective cluster plans, and commission services and develop agreements to support partnership working. Intelligence from Clusters will ensure that strategic PCPG plans accurately reflect the populations health, care and wellbeing needs, and support actions to address issues raised across the system.

PCPGs will use the RPB PNA, supplemented with local service intelligence flowing from the Professional Collaboratives and Clusters to lead the development of the PCPG three year strategic plan which will outline what services are needed, making prudent use of all funding, workforce, and other resources and which address the health, care and wellbeing needs of the local population. PCPG assessment of needs and integrated strategic plans must inform and be informed by regional level assessments of need (RPB PNAs). PCPGs will support the implementation of the partnership agenda, including delivery of change at a variety of levels, appropriate to need.

PCPGs are required to produce their (draft) plans by December 2022 (Ministerial letter, March 2022). Given the work underway across the RPB regions to develop and publish their area plans by 1 April 2023, and work across the Health Board to produce their Integrated Medium Term Plan (IMTP) 2023/2026 by 1 April 2023, dialogue will be required between the RPB, Health Board teams and the PCPG to agree the strategic direction of the PCPG plan.

To allow maximum flexibility during this first year of PCPG plan development and recognising the variation of establishment and formation of PCPGs across Wales, full local flexibility has been given to Health Boards and their partners to determine the structure and presentation of the PCPG plans for 2023/26 whilst the RPB area plans are under development. The emergent PCPG plans must take account of the published RPB PNAs and associated local service intelligence to inform the PCPG plan development. The PCPG strategic plans must give sufficient strategic direction to the clusters to enable them to develop their cluster plans for 2023/2024 in line with PCPG/RPB vision, taking into account local issues and priorities. It is expected that once the RPB area plans are published in April 2023 the PCPGs will work with the RPB and wider stakeholders to update and refine their three-year strategic plans over the course of 2023/24, maturing their workforce and financial intelligence to inform future annual cluster plans.

Following the publication of the RPB Area Plans by 1 April 2023, there is an expectation that the PCPGs will review and refresh their three-year PCPG strategic plan over the course of 2023/24. Work is currently progressing across Wales to fully align and integrate future RPB, IMTP and PCPG/ Cluster planning arrangements. This work will ensure that the cycle of planning activity that will take place in autumn/winter 2023/24 to inform the new Health Board IMTP, and PCPG/ Cluster plans from April 2024, are developed in unison. In future years, full alignment with the refresh of the RPB area plans and PNAs will be achieved.

Pan-Cluster Planning Groups (PCPGs) are very much in their infancy in north Wales, and as such are not yet in a position to complete meaningful 5-year strategic plans. Moreover, the current RPB and IMTP planning timescales present a challenge for PCPG planning. The Health Board is therefore of the opinion that rather than spend time producing PCPG plans that will then be amended within the next 3-6 months, that time is better spent working with partners through cluster and pan-cluster networks to describe and agree their shared vision for change. This additional time will also allow for thorough analyses of population need to be undertaken together with an understanding of what each partner around the table can contribute to meeting those needs. To help Pan Cluster Planning Groups prepare, a report template has been designed (see Appendix 2), which will be developed and refined over the coming months. The Strategic Programme for Primary Care has endorsed this decision.

### **3. Conclusions**

The implementation of the Accelerated Cluster Development programme across Wales provides an exciting opportunity to place a spotlight on cluster and pan-cluster planning and the potential benefits that may be realised through integrated healthcare strategies.

It is essential that all plans align to the IMTP, the RPB area plan and the Health Board's primary care strategy. In early 2023/24, PCPG plans will be drafted with the data and information available and then work will be undertaken to ensure they are fully aligned to the national, regional and local strategies. This will help integrate primary care with the wider healthcare system through ensuring strategic collaboration and effective partnership arrangements are in place. In turn, this will improve population health and reduce health inequalities for the people of North Wales, through care and support close to home.

**APPENDIX1:**  
**DRAFT Cluster Annual Plan 2022/23 Template**

1	Executive Summary	Overview and key actions delivered in 2022/ 23 and anticipated population and service benefits
2	Key Cluster Actions for 2023/ 24	Table – suggested format Figure II.
3	Key achievements/ successes related to the 2022/23 Cluster Plan	Summative reflective narrative
4	Finance and workforce profiles 2023/ 24	Narrative and tables as required
5	Key difficulties/ failures related to the 2022/ 23 cluster plan	Summative reflective narrative
6	Potential challenges/ issues in developing the 2023/ 24 cluster plan	Summative reflective narrative
7	Activity/ expected benefits/ strategic alignment/ funding source	Table – suggested format

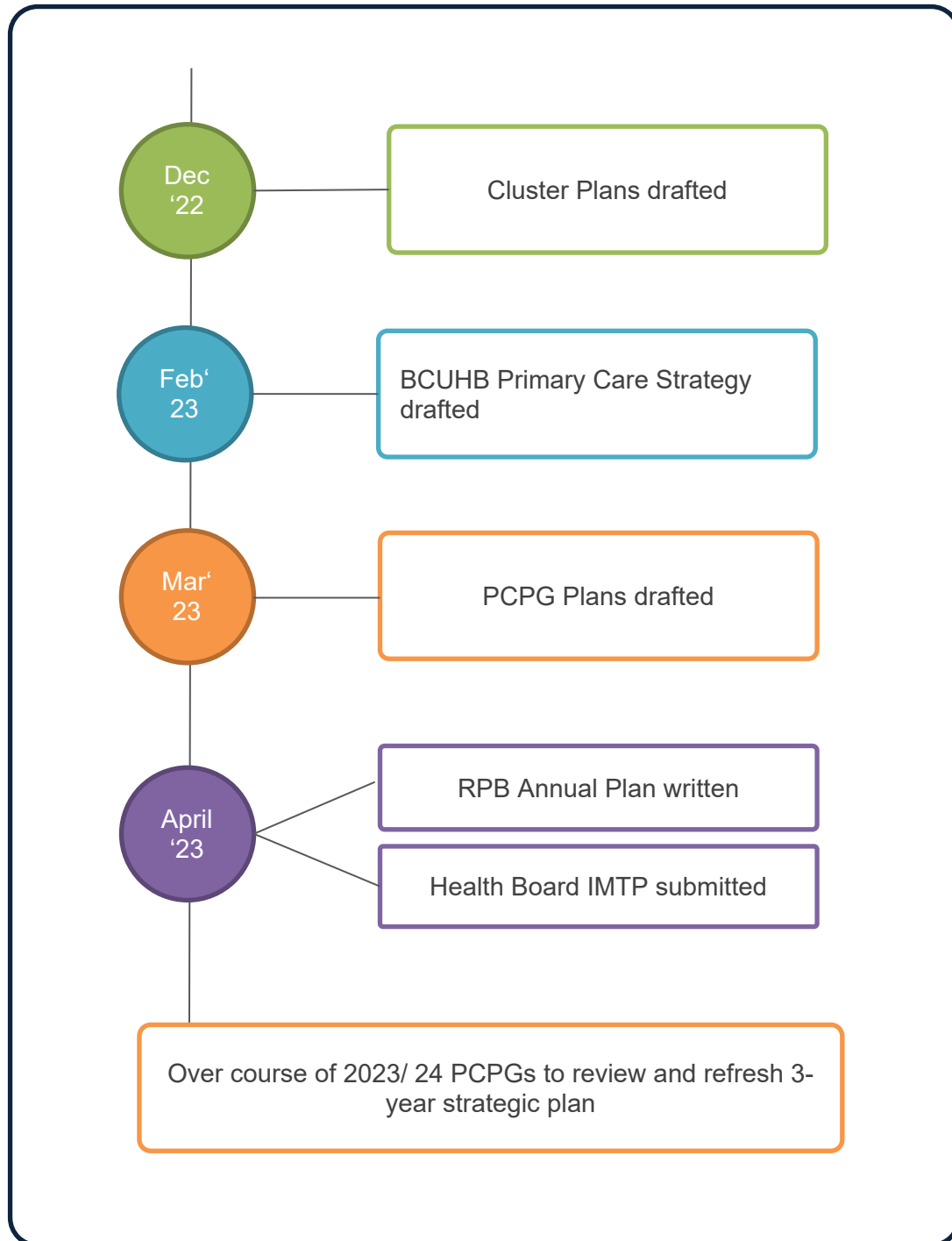


## APPENDIX 2: DRAFT BCUHB PCPG Plan Template

1	Our plan on a page	Summary of overarching vision, aims, objectives and milestones
2	Who we are	Overview of partners involved within the PCPG
3	Our assets	Summary of the assets available within the County and at Cluster level
4	Our population	Overview of population profile of PCPG population
5	Our vision	Description of the vision shared by partners re: health, social care and well-being needs of the population
6	What good looks like	Overview of what good health and social care support looks like
7	Measuring our success	Description of the outcome measures and key performance indicators used to measure success and impact of the plan
8	Why we need to work together	Summary of importance of joint agenda, and local approach
9	Our priorities	Overview of the key priorities of partners, and the RPB
10	What we'll work on together	Identification of those priorities which partners need to work together on to achieve
11	Strategic alignment	Outline of how the priorities within the plan support delivery of key local, regional and national policy/ strategy



### APPENDIX 3: Planning Timeline



<b>Teitl adroddiad:</b> <i>Report title:</i>	Corporate Risk Register Report			
<b>Adrodd i:</b> <i>Report to:</i>	Partnerships, People and Population Health (PPPH) Committee			
<b>Dyddiad y Cyfarfod:</b> <i>Date of Meeting:</i>	Tuesday, 17 January 2023			
<b>Crynodeb Gweithredol:</b> <i>Executive Summary:</i>	The purpose of this standing agenda item is to highlight and to note the progress on the management of the Corporate Risk Register and the new escalated risks aligned to the Committee. The scheduled Risk Management Group meeting which was due to be held on the 6 <sup>th</sup> December 2022 was cancelled and in accordance with good governance the Health Board Leadership Team have approved the Risk Management Group papers and recommendations.			
<b>Argymhellion:</b> <i>Recommendations:</i>	The Committee is asked to:  Review and discuss the report.			
<b>Arweinydd Gweithredol:</b> <i>Executive Lead:</i>	Nick Lyons, Executive Medical Director			
<b>Awdur yr Adroddiad:</b> <i>Report Author:</i>	Phil Meakin, Associate Director of Governance			
<b>Pwrpas yr adroddiad:</b> <i>Purpose of report:</i>	I'w Nodi <i>For Noting</i> <input type="checkbox"/>	I Benderfynu arno <i>For Decision</i> <input type="checkbox"/>	Am sicrwydd <i>For Assurance</i> <input checked="" type="checkbox"/>	
<b>Lefel sicrwydd:</b> <i>Assurance level:</i>	<b>Arwyddocaol Significant</b> <input type="checkbox"/> Lefel uchel o hyder/tystiolaeth o ran darparu'r mecanweithiau / amcanion presennol <i>High level of confidence/evidence in delivery of existing mechanisms/objectives</i>	<b>Derbyniol Acceptable</b> <input checked="" type="checkbox"/> Lefel gyffredinol o hyder/tystiolaeth o ran darparu'r mecanweithiau / amcanion presennol <i>General confidence / evidence in delivery of existing mechanisms / objectives</i>	<b>Rhannol Partial</b> <input type="checkbox"/> Rhywfaint o hyder/tystiolaeth o ran darparu'r mecanweithiau / amcanion presennol <i>Some confidence / evidence in delivery of existing mechanisms / objectives</i>	<b>Dim Sicrwydd No Assurance</b> <input type="checkbox"/> Dim hyder/tystiolaeth o ran y ddarpariaeth <i>No confidence / evidence in delivery</i>
<b>Cyfiawnhad dros y gyfradd sicrwydd uchod. Lle bo sicrwydd 'Rhannol' neu 'Dim Sicrwydd' wedi'i nodi uchod, nodwch gamau i gyflawni sicrwydd 'Derbyniol' uchod, a'r terfyn amser ar gyfer cyflawni hyn:</b>  <i>Justification for the above assurance rating. Where 'Partial' or 'No' assurance has been indicated above, please indicate steps to achieve 'Acceptable' assurance or above, and the timeframe for achieving this:</i>				
<b>Cyswllt ag Amcan/Amcanion Strategol:</b> <i>Link to Strategic Objective(s):</i>	Individual risks detail the related links to Strategic Objectives.			
<b>Goblygiadau rheoleiddio a lleol:</b> <i>Regulatory and legal implications:</i>	It is essential that the Board has robust arrangements in place to assess, capture and mitigate risks, as failure to do so could have legal implications for the Health Board.			
<b>Yn unol â WP7, a oedd EqlA yn angenrheidiol ac a gafodd ei gynnal?</b>	No			



<b><i>In accordance with WP7 has an EqlA been identified as necessary and undertaken?</i></b>	
<b><i>Yn unol â WP68, a oedd SEIA yn angenrheidiol ac a gafodd ei gynnal?</i></b>	No
<b><i>In accordance with WP68, has an SEIA identified as necessary ben undertaken?</i></b>	
<b><i>Manylion am risgiau sy'n gysylltiedig â phwnc a chwmpas y papur hwn, gan gynnwys risgiau newydd (croesgyfeirio at y BAF a'r CRR)</i></b>	Individual risks detail the related links to the Board Assurance Framework.
<b><i>Details of risks associated with the subject and scope of this paper, including new risks( cross reference to the BAF and CRR)</i></b>	
<b><i>Goblygiadau ariannol o ganlyniad i roi'r argymhellion ar waith</i></b>	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.
<b><i>Financial implications as a result of implementing the recommendations</i></b>	
<b><i>Goblygiadau gweithlu o ganlyniad i roi'r argymhellion ar waith</i></b>	Failure to capture, assess and mitigate risks can impact adversely on the workforce.
<b><i>Workforce implications as a result of implementing the recommendations</i></b>	
<b><i>Adborth, ymateb a chrynodeb dilynol ar ôl ymgynghori</i></b>	The Risk Management Group were scheduled to meet on the 6 <sup>th</sup> December 2022 to scrutinise the risks. Following the cancellation of the Group the Health Board Leadership Team have approved the papers and recommendations.
<b><i>Feedback, response, and follow up summary following consultation</i></b>	
<b><i>Cysylltiadau â risgiau BAF:</i></b> (neu gysylltiadau â'r Gofrestr Risg Gorfforaethol)	Individual risks detail the related links to the Board Assurance Framework.
<b><i>Links to BAF risks:</i></b> (or links to the Corporate Risk Register)	
<b><i>Rheswm dros gyflwyno adroddiad i fwrdd cyfrinachol (lle bo'n berthnasol)</i></b>	Not applicable
<b><i>Reason for submission of report to confidential board (where relevant)</i></b>	
<b><i>Camau Nesaf:</i></b>	
<b><i>Next Steps:</i></b> The Risk Management Group will be meeting on the 7 <sup>th</sup> February 2023, therefore any escalated risks will be presented during the Partnerships, People and Population Health (PPPH) Committee on the 14 <sup>th</sup> March 2023.	

**Rhestr o Atodiadau:**

***List of Appendices:***

Appendix 1 - Partnerships, People and Population Health (PPPH) Committee Corporate Risk Register Report. (Public)

Appendix 2 – Newly Escalated Risks.

Appendix 3 - Full List of All Corporate Risk Register Risks, including Executive Lead and Current Risk Score.

Appendix 4 - Corporate Risk Register Key Field Guidance/Definitions of Assurance Levels.

**Partnerships, People and Population Health (PPPH) Committee.**  
**17<sup>th</sup> January 2023.**  
**Corporate Risk Register Report.**

## **1. Introduction/Background**

- 1.1 This report seeks to provide assurance that the risks aligned to the Terms of Reference of the Partnerships, People and Population Health Committee are being effectively managed. In-particular this report provides an update following the Risk Management Group bi-monthly meetings. The oversight and assurance on the Risk Management process is overseen by the Quality, Safety and Experience Committee and the Assurance Committee.
- 1.2 The Associate Director of Governance (or will be in attendance at Committees to ensure that any risks identified or considered in the meeting are collated and are used on an ongoing basis to inform the Corporate Risk Register) so that the discussion of risks is not just restricted to this part of the agenda.

***(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 were due to meet on the 6<sup>th</sup> December 2022, following the cancellation of the meeting, and, in accordance with good governance, the Health Board Leadership Team were requested to review and approve the Risk Management Group papers, recommendations and proposals in relation to the updating of the risks on the Corporate Risk Register. As the Risk Management Group meeting was cancelled no “deep dive” into the Corporate Risks was undertaken, this will be carried out at the next Risk Management Group which is scheduled for the 7<sup>th</sup> February 2023.  
  
Meetings will be arranged with the risk leads to update the risks in line with the next Risk Management Group meeting which is scheduled for the 7<sup>th</sup> February 2023.
- 2.2 Following discussion and support at the Risk Management Group during August 2022, risk CRR20-06 is now being split into 3 separate risks. Revised risk for ‘Retention and Storage of Patient Records’ (CRR22-32) has been developed, and was approved for inclusion on the Corporate Risk Register at the 4<sup>th</sup> October 2022 Risk Management Group. A second of the three proposed revised risks has further been developed and included on the Corporate Risk Register following the approval from the Health Board Leadership Team ‘Risk of Lack of access to clinical and other patient data’ (CRR23-33). Work remains ongoing to develop the 3<sup>rd</sup> revised risk ‘Risk of poor clinical recording of patient information’, which will include the transfer over of open actions from the current CRR20-06 and result in the closure and archiving of the current Corporate Risk CRR20-06 ‘Management of Patient Records’.
- 2.3 The following risks have been incorporated onto the Health Board’s risk register and following Executive approval have been included onto the Corporate Risk Register (Appendix 2).

- CRR23-34 – There is a risk that residents in North Wales will be unable to quit smoking due to wider influences and determinants.
- CRR23-35 – Electrical and Mechanical Infrastructure on the Wrexham Maelor Site.

2.4 The following risks have been incorporated onto the Health Board's risk register and following Executive approval, work continues to further develop the risk descriptors, mitigating factors and action plans to include the risks onto the Corporate Risk Register.

- CRR22-28 – Risk that a significant delay in implementing and embedding the new operating model, resulting in a lack of focus and productivity.
- CRR22-29 - Risk that a loss of corporate memory as a result of the departure of key staff during the transition to the Operating Model,
- CRR22-30 - Risk that a lack of robust and consistent leadership can contribute to safety and quality concerns
- CRR22-31 - Risk of a capacity & capability gap during the transition of staff departing the organisation through the VERS process and the recruitment of people both internally and externally to posts within the new Operating Model.

It is anticipated that CRR22-28 through to CRR22-31 risks will fall under the remit of the Partnerships, People and Population Health Committee.

2.5 There were no risks that related to the Partnerships, People and Population Health Committee that have been de-escalated. For information the report author is sharing the following risks that have been de-escalated from the Corporate Tier 1 risk register and are now managed at Tier 2 level following approval of the Risk Management Group papers and recommendations by the Health Board Leadership Team (HBLT). (This is because the Risk Management Group was cancelled in December and all RMG papers were reviewed by the HBLT in December 2023 and HBLT members were given an extended opportunity to comment by 4 January 2023.)

- CRR22-25 - Risk of failure to provide full vascular services due to lack of available consultant workforce.
- CRR22-26 - Risk of significant patient harm as a consequence of sustainability of the acute vascular service.

2.6 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:

<b>Risk Tier (and risk score: NB Consequence x Likelihood = Risk Score)</b>	<b>Total number of live risks on registers</b>	<b>Number of risks held as 'Being Developed' (not yet live)</b>	<b>Number of live risks added in the last 6 months (not via escalation)</b>	<b>Number of risks closed in the last 6 months (not via de-escalation)</b>
<b>Tier 1 (15-25)</b>	29	0	5	1
<b>Tier 2 (9-12)</b>	319	97	36	100

<b>Tier 3 (1-8)</b>	218	52	43	89
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### **3. Budgetary / Financial Implications**

- 3.1 There are no budgetary implications associated with this paper. Resources for maintaining compliance oversight are overseen by the Risk Management Group.

### **4. Risk Management**

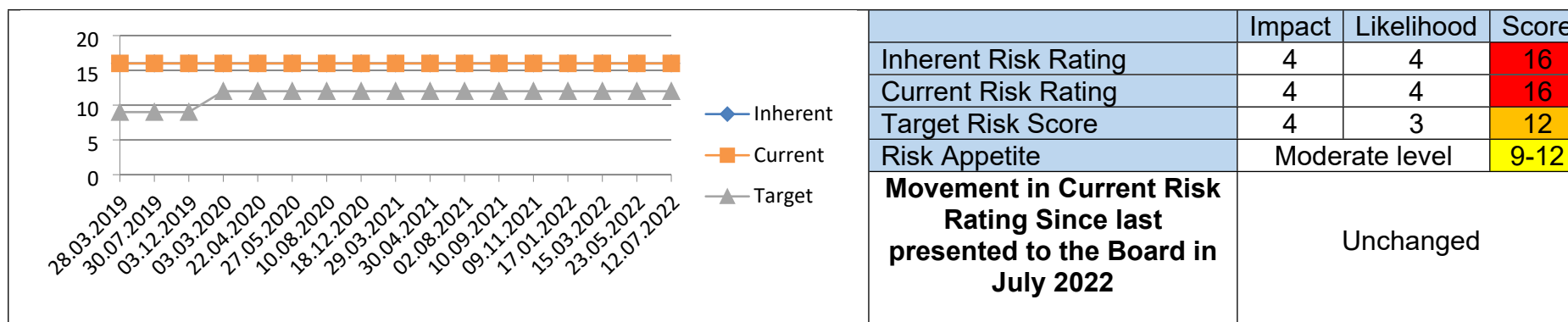
- 4.1 See the details of individual risks in Appendix 1.

### **5. Equality and Diversity Implications**

- 5.1 A full Equality Impact Assessment has been completed in relation to the new Risk Management Strategy to which CRR reports are aligned.
- 5.2 Due regard of any potential equality/quality and data governance issues has been factored into crafting this report.

# Appendix 1 – Partnership, People and Population Health Committee Corporate Risk Register (Public)

CRR20-06	<b>Director Lead:</b> Chief Digital and Information Officer	<b>Date Opened:</b> 28 March 2019
	<b>Assuring Committee:</b> Partnership, People and Population Health Committee	<b>Date Last Reviewed:</b> 12 July 2022
	<b>Risk:</b> Informatics - Patient Records pan BCUHB	<b>Date of Committee Review:</b> 12 July 2022
		<b>Target Risk Date:</b> 30 September 2024
There is a risk that patient information is not available when and where required. This may be caused by a lack of suitable storage space, uncertain retention periods, and the logistical challenges with sharing and maintaining standards associated with the paper record. This could result in substandard care, patient harm and an inability to meet our legislative duties.		



Controls in place	Assurances
<ol style="list-style-type: none"> <li>1. Informatics Strategy in place, with regular reporting to, Partnership, People and Population Health Committee.</li> <li>2. Corporate and Health Records Management policies and procedures are in place pan-BCUHB, monitored by the Patient Records Group.</li> <li>3. iFIT Radio-Frequency Identification (RFID) casenote tracking software and asset register in place at acute sites to govern the management and movement of patient records.</li> </ol>	<ol style="list-style-type: none"> <li>1. Chairs reports from Patient Record Group presented to Information Governance Group.</li> <li>2. Chairs assurance report from Information Governance Group presented to Performance, Finance</li> </ol>



<p>4. Key Performance Indicators monitored at BCUHB Patient Records Group (reported into the Information Governance Group).</p> <p>5. Centralised Team to manage 'Subject Access Requests' for Patient Records pan-BCUHB established, monitoring compliance with the legislation, monitoring compliance with legislation and supporting the rectification of commingling within patients clinical notes.</p> <p>6. Standard Operating Procedure in place pan-BCUHB and off-site storage secured to manage the increased storage demands in response to the embargo on the destruction of patient records (in line with retention) due to the Infected Blood Inquiry.</p> <p>7. Medical Examiners Service (MES) support teams established on each site to respond to the new requirements for providing scanned patient records to the MES in line with their standard operating procedures.</p>	<p>and Information Governance Committee.</p> <p>3. Information Commissioners Office Audit.</p>
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#### **Gaps in Controls/mitigations**

1. Delayed implementation and recruitment, to be able to digitalise all specialties within 4 years. Improved relationship with supplier and recruitment to take place with a phased approach for digital implementation.
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.
3. Lack of attendance at the Patient Records Group. Not all records custodians in attendance, monitoring and contacting leads within areas to implement change.
4. Lack of central oversight of records sent out by other departments. Urgent meeting to support standardisation and consistency of processes. Reporting of compliance to Patient Records Group to be implemented.
5. Compliance check for information sent out not robust. Band 4 staff currently quality checking information sent.
6. Local site improvement plans being developed in a silo manner without standardised approach across the Health Board. Health Records representation on improvement boards to be established.

#### **Progress since last submission**

1. Controls in place reviewed and updated to ensure relevance with current status of the risk.
2. Gaps in controls reviewed and updated to ensure relevance with current risk position.
3. Action ID 12429 – Action remains on hold until the Mental Health Business Case is progressed with the Welsh Government.
4. Identification of new action ID 23746 to establish a new all encompassing Patient Records Programme that pulls all streams of work under one overall governance arrangement.
5. Identification of new action ID 23747 for the identification of recruitment for a Programme Manager to bring all strands of the patient records programme together.
6. Identification of new action ID 23748 for the Acting Executive Director of Therapies and Health Sciences to become the Senior Responsible Officer for the Clinical Records Standards element and The Chief Digital and Information Officer the Senior Responsible Officer for the Paper Records Management and CITO Electronic Document Record Management System elements.
7. Identification of new action ID 23749 to ensure that the DHR Programme is re-scoped into an Electronic Document Record Management System.
8. Identification of new action ID 23750 for the immediate review of the patient record policies, standard operating procedures and the associated delivery of training and awareness, to improve integrity and quality of information in clinical records as they are now in paper form.

Links to	
Strategic Priorities	Principal Risks
Making effective and sustainable use of resources (key enabler) Transformation for improvement (key enabler)	BAF21-16 BAF21-21

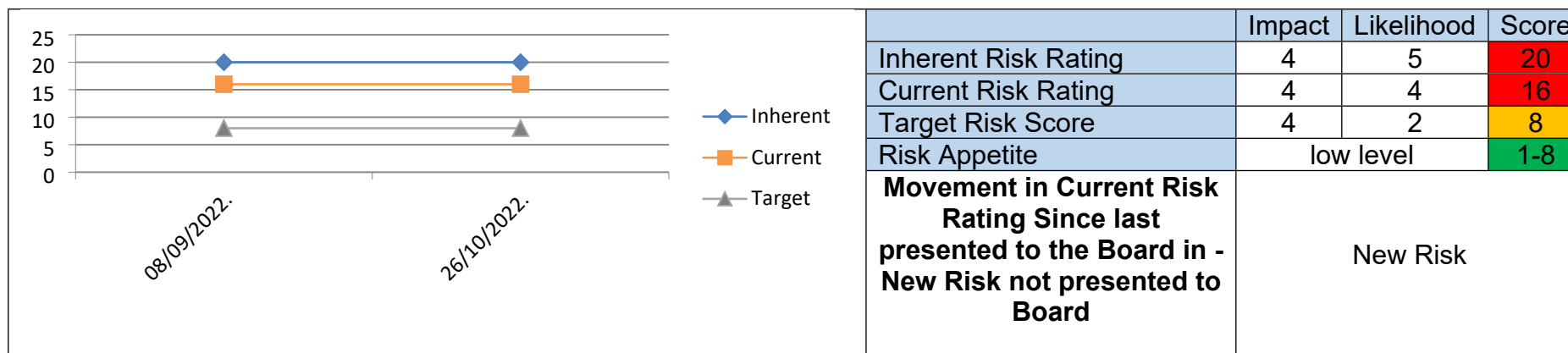
Risk Response Plan	Action ID	Action	Action Lead/ Owner	Due date	State how action will support risk mitigation and reduce score	RAG Status
Actions being implemented	12423	Development of a local Digital Health Records system.	Aspinall, Mrs Nia, Head of Patient	30/09/2024	July 2022 progress update – An SBAR will be presented to the Executive Board during	On track

to achieve target risk score			Records and Digital Integration		August, requesting a re-scope of the project. However the early adopter work is still ongoing with both vascular and rheumatology. Full update and agreed recommendations to be provided after the Executive Board.	
	12425	Digitise the clinic letters for outpatients.	Aspinall, Mrs Nia, Head of Patient Records and Digital Integration	31/12/2022	July 2022 progress update - Action remains delayed due to a delay in the start of the Medical Transcribing Electronic Discharge project, resources now in place.	On track
	12426	Digitise nursing documentation through engaging in the Welsh Nursing Care Record.	Brady, Mrs Jane, Senior Lead Nursing Informatics Specialist	30/09/2024	July 2022 progress update - Business case approved February 2022. Welsh Nursing Care Record now live across East community hospitals and all East medical and surgical wards in secondary care. This concludes the Welsh Nursing Care Record rollout in East. Planning for Central implementation has commenced with a proposed go live of mid-September 2022, starting in Ysbyty Glan Clwyd.	On track
	12429	Engage with the Estates Rationalisation	Aspinall, Mrs Nia, Head of	31/01/2023	ON HOLD until the Mental Health Business Case is	On Hold

		Programme to secure the future of 'fit for purpose' file libraries for legacy paper records.	Patient Records and Digital Integration		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.	
	23746	A new all encompassing Patient Records Programme is established that pulls all streams of work under one overall governance arrangement.	Aspinall, Mrs Nia, Head of Patient Records and Digital Integration	30/09/2024	A programme in place that will support the mitigation of the risk with the central management and oversight of the individual elements.	On track
	23747	The identification or recruitment of a Programme Manager established for the overall programme and management to ensure all three elements are scoped and re-costed.	Aspinall, Mrs Nia, Head of Patient Records and Digital Integration	30/09/2024	The action will provide support in the mitigation of the risk with the central management and oversight of the individual elements.	On track
	23748	The Acting Executive Director of Therapies and Health Science become the Senior Responsible Officer for the Clinical Records Standards element and the Chief	Aspinall, Mrs Nia, Head of Patient Records and Digital Integration	30/09/2024	These programmes require their scopes clearly being defined so that all are clear what they aspire to deliver and how to support the reduction in the risk score and reduce the volume of incidents, complaints	On track

		Digital and Information Officer the Senior Responsible Officer for the Paper Records Management and CITO Electronic Document Record Management System (EDRMS) elements.			and claims regarding inappropriate record keeping.	
	23749	The Digital Health Record Programme is re-scoped into an Electronic Document Records Management System.	Aspinall, Mrs Nia, Head of Patient Records and Digital Integration	30/09/2024	To focus on addressing the more immediate patient records management challenges facing the Health Board utilising the proven capabilities of the CITO product.	On track
	23750	Immediate review of the patient record policies, standard operating procedures and the associated delivery of training and awareness and to improve integrity and quality of information in clinical records as they are now in paper form.	Aspinall, Mrs Nia, Head of Patient Records and Digital Integration	30/09/2024	Part of this work is currently underway as part of the Ysbyty Glan Clwyd improvement plan and when fully implemented will support the reduction in the risk score.	On track

CRR22-32 (former CRR20-06)	<b>Director Lead:</b> Chief Digital And Information Officer	<b>Date Opened:</b> 08 September 2022
	<b>Assuring Committee:</b> Partnerships, People and population Health Committee	<b>Date Last Reviewed:</b> 26 October 2022
	<b>Risk:</b> Retention and Storage of Patient Records	<b>Date of Committee Review:</b> 08 November 2022
		<b>Target Risk Date:</b> 30 September 2024
<p>There is a risk that patient information is not available when and where required, this may be caused by lack of suitable and adequate storage space, uncertain retention periods (Infected Blood Enquiry/Covid) and logistical challenges of sharing and maintaining standards of paper case records across the organisation.</p> <p>This could lead to substandard care, patient/staff harm and inability to meet our legislative and Health and Safety responsibilities along with reputational damage and fiscal penalties.</p>		



<b>Controls in place</b>	<b>Assurances</b>
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<ol style="list-style-type: none"> <li>1. Digital, Data and Technology Strategy in place, with regular reporting to Partnerships, People and Population Health Committee.</li> <li>2. Corporate and Health Records Management Policies and Procedures are in place pan-BCUHB, monitored by the Patient Records Group.</li> <li>3. iFIT Radio-Frequency Identification (RFID) casenote tracking software and asset register in place at acute sites to govern the management and movement of patient records.</li> <li>4. Key Performance Indicators monitored at BCUHB Patient Records Group (reported into the Information Governance Group).</li> <li>5. Standard Operating Procedure in place pan-BCUHB and off-site storage secured to manage the increased storage demands in response to the embargo on the destruction of patient records (in line with retention) due to the Infected Blood Inquiry.</li> <li>6. New scanning and destruction provider Storetec in place, ISO 9001 accredited who are beginning to scan records directly into the CiTO records management system.</li> </ol>	<ol style="list-style-type: none"> <li>1. Chairs reports from Patient Record Group presented to Information Governance Group.</li> <li>2. Chairs assurance report from Information Governance Group presented to Performance, Finance and Information Governance Committee.</li> <li>3. Information Commissioners Office Audit.</li> </ol>
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#### Gaps in Controls/mitigations

1. Lack of fit for purpose on site estate to hold physical records with no plans to back record convert all patient records. Health and Safety review ongoing to establish safe storage options, including off site storage.
2. Lack of central oversight of records sent out by other departments. Urgent meeting to support standardisation and consistency of processes. Reporting of compliance to Patient Records Group to be implemented. Meeting held with Concerns Team and revised process implemented to ensure standard centralised process followed.
3. Local site improvement plans being developed in a silo manner without standardised approach across the Health Board. Health Records representation is now on improvement boards.
4. Lack of digital systems in place, CITO programme underway to implement an electronic document patient record and integration with National systems.

#### Progress since last submission

1. Controls in place reviewed and updated to ensure relevance with current status of the risk.
2. Gaps in controls reviewed and updated to ensure relevance with current risk position.
3. It is anticipated that a current score of 12 will be achieved by the 30 September 2023.
4. Action ID 24372, action transferred from risk CRR20-06, former action ID 12429.
5. Action ID 24374, action transferred from risk CRR20-06, former action ID 23746.
6. Action ID 24375, action transferred from risk CRR20-06, former action ID 23747.
7. Action ID 24376, action transferred from risk CRR20-06, former action ID 23749.
8. Action ID 24378, action transferred from risk CRR20-06, former action ID 23750.

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	24372	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	Formally action ID 12429 from risk CRR20-06.  Mental Health Business case has been agreed, further discussion ongoing with Estates to secure current accommodation for patient records  October 2022 progress update	On track



					– New roof in Wrexham commenced 23/10/22. New floor in the Ablett unit now in place.	
	24374	A new all encompassing Patient Records Programme is established that pulls all streams of work under one overall governance arrangement.	Mrs Nia Aspinall, Head of Patient Records and Digital Integration	30/09/2024	Formally action ID23746 from risk CRR20-06.  A programme in place that will support the mitigation of the risk  October 2022 – Meeting 26/10/22 with Integrated Clinical services leads to discuss funding for a programme lead.	On track
	24375	The identification or recruitment of a Programme Manager (8a) established for the overall programme and ensure all three elements are scoped and re-costed.	Mrs Nia Aspinall, Head of Patient Records and Digital Integration	30/09/2024	Formally action ID 23747 from risk CRR20-06  The action will provide support in the mitigation of the risk.  October 2022 – Meeting 26/10/22 with Integrated Clinical services leads to discuss funding for a programme lead.	On track
	24376	The DHR Programme is re-scoped into an EDRMS.	Mrs Nia Aspinall, Head of Patient Records and	30/09/2024	Formally action ID 23749 from risk CRR20-06.  To focus on addressing the more immediate patient	On track

			Digital Integration		records management challenges facing the Health Board utilising the proven capabilities of the CITO product.	
	24378	Immediate review of the patient record policies, standard operating procedures and the associated delivery of training and awareness to improve integrity.	Mrs Nia Aspinall, Head of Patient Records and Digital Integration	30/09/2024	Formally action ID 23750 from risk CRR20-06.  Ensure all policies are up to date and relevant with new processes and raising awareness amongst staff.	On track
	24379	Review all files and utilise off site storage for files due for destruction.	Nia Harrison, Health Records Manager	31/03/2023	Will increase the storage capacity onsite.  Ongoing – Identification of files being undertaken to be sent off site to Storetec for scanning	On track
	24380	Risk assess all file storage locations including racking at main sites - To be undertaken by Health and Safety and Fire Safety Officers.	Nia Harrison, Health Records Manager	30/03/2023	Provide safe and secure location for patient files and staff working environment.	On track
	24381	Meeting to be set up with estate management to discuss current issues i.e. – Wrexham roof, YGC porta cabins and temporary locations.	Mrs Jane Carney, Health Records Site Manager	31/12/2022	Work towards providing a safe working environment for staff and the protection of Patient records.  October 2022 progress update - further discussion ongoing with Estates to secure current	On track

					accommodation for patient records. New roof in Wrexham commenced 23/10/22. New floor in the Ablett unit now in place.	
	24382	Project to be set up to look at back record conversion of Patient records via scanning technology.	Mrs Nia Aspinall, Head of Patient Records and Digital Integration	30/09/2024	<p>Provide digitalised copies of records and reduce facility requirements of patient records.</p> <p>Ability to meet our legislative and Health and Safety responsibilities along with reputational damage and reduce any fiscal penalties.</p>	On track

CRR23-33 (former CRR20-06)	<b>Director Lead:</b> Chief Digital Information Officer	<b>Date Opened:</b> 28 October 2022
	<b>Assuring Committee:</b> Partnerships, People and Population Health Committee	<b>Date Last Reviewed:</b> 28 October 2022
	<b>Risk:</b> Lack of access to clinical and other patient data	<b>Date of Committee Review:</b> New Risk
		<b>Target Risk Date:</b> 01 April 2025
<p>There is a risk that Patient Information is not available when and where required, this is due to a lack of access to a single clinical data repository for patient records, unconnected separate clinical systems and local data repositories.</p> <p>This could result in substandard care, patient/staff harm and inability to meet our legislative and Health and Safety responsibilities along with reputational damage and fiscal penalties.</p>		

#### CRR20-06 – Proposed changes (Second of 3 proposed changes links into CRR22-32)

To be populated following approval		Impact	Likelihood	Score
	Inherent Risk Rating	4	5	20
	Current Risk Rating	4	4	16
	Target Risk Score	4	2	8
	Risk Appetite	low level		1-8
	<b>Movement in Current Risk Rating Since last presented to the Board in - New Risk not presented to Board</b>	New Risk		

Controls in place	Assurances
1. Digital, Data and Technology Strategy in place to set the direction and vision for digital	1. Chairs reports from Patient Record

<p>integration, with regular reporting to, Partnerships, People and Population Health Committee.</p> <p>2. Corporate and Health Records Management policies and procedures are in place pan-BCUHB, monitored by the Patient Records Group for the handling and management of records.</p> <p>3. Key Performance Indicators monitored at BCUHB Patient Records Group (reported into the Information Governance Group) with assurance provided to the Performance, Finance and Information Governance Committee.</p> <p>4. iFIT Radio-Frequency Identification (RFID) casenote tracking software and asset register in place at acute sites to govern the management and movement of patient records.</p> <p>5. Paper file identified as the Master Copy of the full record.</p> <p>6. Access to current clinical systems to print clinical information ready to store in the Master File.</p> <p>7. Information Governance Toolkit embedded with operational group oversight and monitoring.</p> <p>8. Contract in place with third party supplier who are ISO accredited to scan directly into CiTO and destroy clinical paper records confidentially.</p>	<p>Group presented to Information Governance Group.</p> <p>2. Chairs assurance report from Information Governance Group presented to Performance, Finance and Information Governance Committee.</p> <p>3. Internal Audit Annual Information Governance Compliance Audit.</p> <p>4. Information Commissioners Office Audit.</p>
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### **Gaps in Controls/mitigations**

1. Lack of oversight held outside of the central patient records function, for example Mental Health and Paediatrics.
2. Lack of integrated systems with a single source of truth. CiTO Programme underway to implement an electronic document patient records.
3. Single Paper Record repository. Records are held across various sites as limited transportation available which leads to delays in record availability. Current weekly collections in place, but this is not sustainable for the future.

### **Progress since last submission**

This risk is linked to CRR22-32 – Retention and Storage of Patient Records.

Links to	
Strategic Priorities	Principal Risks
Making effective and sustainable use of resources (key enabler) Transformation for improvement (key enabler)	BAF21-16 BAF21-21

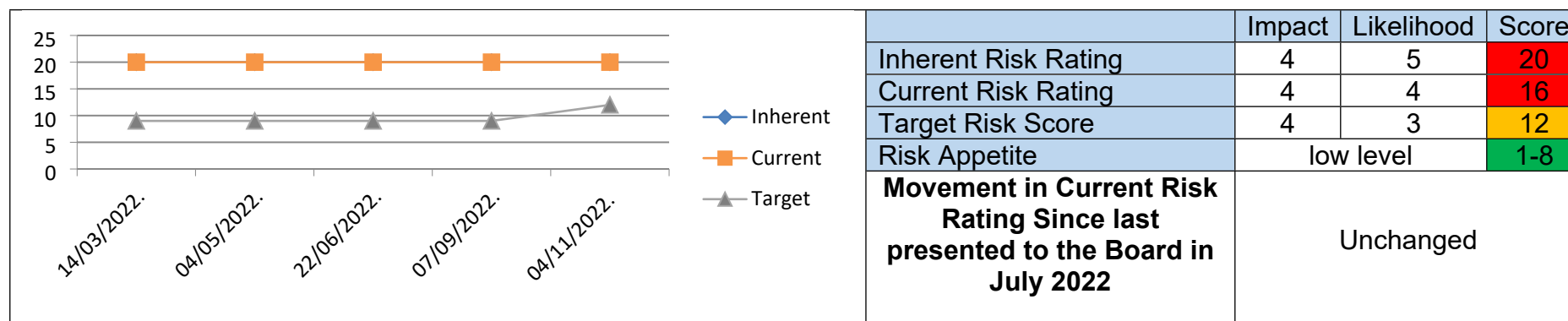
Risk Response Plan	Action ID	Action	Action Lead/ Owner	Due date	State how action will support risk mitigation and reduce score	RAG Status
Actions being implemented to achieve target risk score	24326	Establish the cost and resources requirements to back scan all live records.	Nia Aspinall, Head of Patient Records and Digital Integration	31/10/2023	The action will support a reduction in the risk score as records will be available electronically pan BCUHB.	On track
	24327	Following completion of the Baseline assessment of the location of all records, a review and recommendations will be developed and presented Partnerships, People and Population Health Committee.	Nia Aspinall, Head of Patient Records and Digital Integration	01/04/2024	The action will identify all locations of record storage, with the intention to provide a greater level of assurance with standards and compliance.	On track
	24328	Undertake a review of national systems to ensure these can be integrated in the Health Board's CiTO System.	Angharad Wiggan, DHR Programme Manager	01/04/2025	The action will provide single access to all patient data and support the achievement of the target risk score.	On track

CRR22-20	<b>Director Lead:</b> Executive Director of Public Health	<b>Date Opened:</b> 26 November 2021
	<b>Assuring Committee:</b> Partnerships, People and Population Health Committee	<b>Date Last Reviewed:</b> 04 November 2022
	<b>Risk:</b> There is a risk that residents in North Wales may be unable to achieve a healthy weight as a result of wider determinants	<b>Date of Committee Review:</b> 08 November 2022
		<b>Target Risk Date:</b> 31 December 2025

There is a risk that residents in North Wales may be unable to achieve a healthy weight and may become overweight and obese.

This may be caused by behaviours involving food intake, current circumstances, lack of physical activities, the living environment, food production and consumption, socio-economic factors and a lack of engagement with health professionals.

This may have an impact on or lead to unhealthy weight and obesity and place them at increased risk of Type 2 Diabetes, Cardiovascular disease, Cancer, Musculoskeletal conditions and low self-esteem and depression.



Controls in place	Assurances
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.	1. Risk is regularly reviewed at the Senior Manager's meetings and at their local governance meeting.

<p>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.</p> <p>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.</p> <p>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.</p> <p>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.</p> <p>6. Let's 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.</p> <p>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.</p> <p>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.</p> <p>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).</p>	<p>2. The Public Health Performance &amp; Risk Management Group meets monthly to consider current risks.</p> <p>3. Escalation from Public Health Performance &amp; Risk Management Group is to the Public Health Senior Leadership Team, with review by the Population Health Executive Delivery Group also.</p> <p>4. The risk is linked to Corporate Risk register entry CRR22-20 in respect of wider determinants.</p> <p>5. Prevention and Early Years National Programme - nationally funded.</p> <p>6. Reporting progress to National teams (Public Health Wales/Welsh Government/Regional Partnership Board).</p> <p>7. Work plans are reflected in Health Board Annual Operating Plan, Living Healthier staying well strategy and draft Integrated Medium Term Plan (22-25).</p>
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### 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.
4. Part of the existing service provision is via non-recurrent and short term funding.
5. There continues to be some recruitment issues, re-evaluation of posts has taken place.

### Progress since last submission

1. Controls in place reviewed to ensure relevance with current risk position.
2. Gaps in controls reviewed and updated to ensure relevance with current risk position.
3. Proposal to amend the target risk score from 9 (Consequence x3 x Likelihood x3), to a 12 (Consequence x4 x Likelihood x3) to reflect the current social and economic conditions and factors.
3. Performance & Risk Management Group meet monthly as part of Public Health's governance and communications structure
4. Performance and Risk Management Group report to the Population Health Executive delivery group.
5. Business cases for weight services submitted as part of Integrated Medium Term Plan process.

### 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
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Actions being implemented to achieve target risk score	22372	Whole system approach to healthy weight	Ceriann Tunnah, Consultant in Public Health	31/03/2025	<p>Taking a whole system approach to healthy weight will ensure that all partners are prioritising the issue of healthy weight and considering the impact of their decision-making on the population's ability to achieve a healthy weight. Obesity is a complex multi-factorial problem that requires a whole system approach. Key partners that are crucial to this work include spatial planners, transport providers, education providers, food providers, leisure providers etc.</p> <p>October 2022 progress update - Continuation of Full time public health team member working on whole system approach along with funding to support.</p>	On track
	22373	Healthy Choices in the workplace	Ceriann Tunnah, Consultant in Public Health	31/05/2023	<p>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,</p>	On track

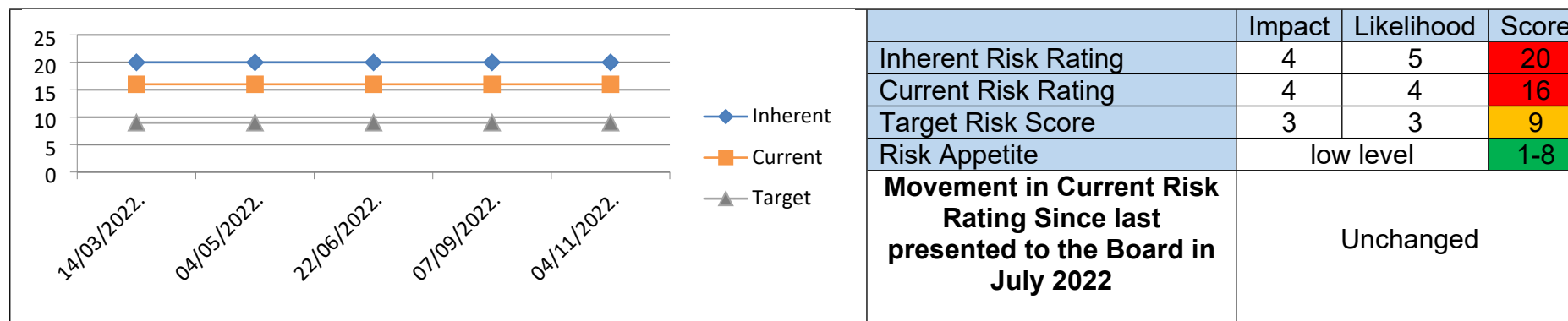
				<p>equipment to make healthy meals, enough time away from work to prepare and eat a healthy meal. It is also crucial that the workplace supports their staff to remain active while at work as both diet and physical activity are crucial to achieving a healthy weight.</p> <p>October 2022 progress update - Continuation of the plan approved via Health Weight Health Wales and prevention on early years National funding.</p>	
	22375	Social prescribing	Ceriann Tunnah, Consultant in Public Health	16/01/2023	<p>Increasing physical activity levels is crucial in supporting people to achieve and maintain a healthy weight. One way that we can support people to do this for free is by promoting access to the natural environment. By doing this will also improve people's mental health as well as their physical health. This approach will also develop people's appreciation for nature and the need to protect it. One way of doing this is to optimise access through social prescribing.</p> <p>On track</p>

					October 2022 progress update - Received proposal from Local Authorities which contribute to delivering the outcomes identified within the project initiation document. Plans are moving into delivery phase.	
	22376	Pre-diabetes programme	Ceriann Tunnah, Consultant in 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 across North Wales it is hoped more of the population who are overweight or obese will seek support to achieve and maintain a healthy weight.	On track
	22377	Weight management services	Ceriann Tunnah, Consultant in 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	On track

				<p>system approach we will start to reduce the overall prevalence of overweight and obesity in North Wales.</p> <p>October 2022 progress update - Continue to offer the services, tier 3 children's obesity service with tier 2 adult's in place and looking to expand the service. Range of ongoing projects within tier 1 funded through National funding streams as part of Healthy Weight, Health Wales and prevention and early years programme, and have contributed to the development of the Public Health communications plan.</p>	
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CRR22-21	<b>Director Lead:</b> Executive Director of Public Health	<b>Date Opened:</b> 26 November 2021
	<b>Assuring Committee:</b> Partnerships, People and Population Health Committee	<b>Date Last Reviewed:</b> 04 November 2022
	<b>Risk:</b> There is a risk that adults who are overweight or obese will not achieve a healthy weight due to engagement & capacity factors	<b>Date of Committee Review:</b> 08 November 2022
		<b>Target Risk Date:</b> 31 December 2025

There is a risk that adults who are overweight or obese will not achieve a healthy weight. This could be caused by non-engagement with services or demand for services exceeding capacity. This could impact on the health outcomes for these individuals by placing them at increased risk of Type 2 Diabetes, Cardiovascular disease, Cancer, Musculoskeletal conditions and low self-esteem and depression



Controls in place	Assurances
<ol style="list-style-type: none"> <li>1. Healthy Weight Healthy Wales funding to support with the implementation of the All Wales Adults Weight Management Pathway.</li> <li>2. Additional investment in Foodwise for life for those residents with a BMI of 25-35.</li> <li>3. The establishment of Level 2 weight management services through Foodwise for</li> </ol>	<ol style="list-style-type: none"> <li>1. The risk is linked to Corporate Risk register entry CRR22-20 in respect of wider determinants.</li> <li>2. Building a Healthier Wales Programme and Healthy Weight</li> </ol>

<p>residents with a BMI of 25-35 and Slimming World vouchers for residents with a BMI of 30-35 with certain health conditions.</p> <p>4. The establishment of a Level 3 weight management service KindEating programme for residents with a BMI of between 35-45.</p> <p>5. Investment in dedicated obesity leads within each of the LA National Exercise Referral programmes.</p> <p>6. The establishment of a BCU Healthy Weight Healthy North Wales group to oversee the delivery of specialist weight management services.</p>	<p>Healthy Wales Programme (both nationally funded).</p> <p>3. Reporting progress to National team (Public Health Wales/Welsh Government/Regional Partnership Board).</p> <p>4. Progress on mitigating and managing risks reviewed locally via the Public Health Team and Health Improvement and Reducing inequalities Group(chaired by DoPH).</p> <p>5. Work plans are reflected in Health Board Annual Operating Plan, Living Healthier staying well strategy and draft Integrated Medium Term Plan (22-25).</p> <p>6. Confirmation of the Population Health Executive Delivery Group is now in place. The group will meet during July with review of Tier 1 risks in August.</p>
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#### Gaps in Controls/mitigations

1. The current provision does not meet the scale required to address current or forecast North Wales population requirements.
2. It is acknowledged that this is a long term risk which cannot be mitigated within 1-3 years based on evidence and research. As a Health Board we will work with partners to implement the approaches which support the strongest evidence base for success.
3. Provision currently through National funding, with funding identified for 2 years, cost pressures for the health board if the national funding were withdrawn.
4. Recruitment pressures - lack of weight management workforce available - both ability to attract and numbers.

Progress since last submission
<ol style="list-style-type: none"> <li>1. Controls in place reviewed to ensure relevance with current risk position.</li> <li>2. Assurance reviewed and updated to reflect current risk position.</li> <li>3. Gaps in controls updated to reflect current position.</li> <li>4. Actions reviewed and progress provided against the actions.</li> <li>5. Business cases have been prioritised by the Population Health Executive Delivery Group.</li> <li>6. Risk is reviewed and monitored at the Population Health Executive Delivery Group.</li> <li>7. Business cases for weight services submitted as part of Integrated Medium Term Plan process.</li> </ol>

Links to
Strategic Priorities
Strengthen our wellbeing focus
Principal Risks
BAF21-02

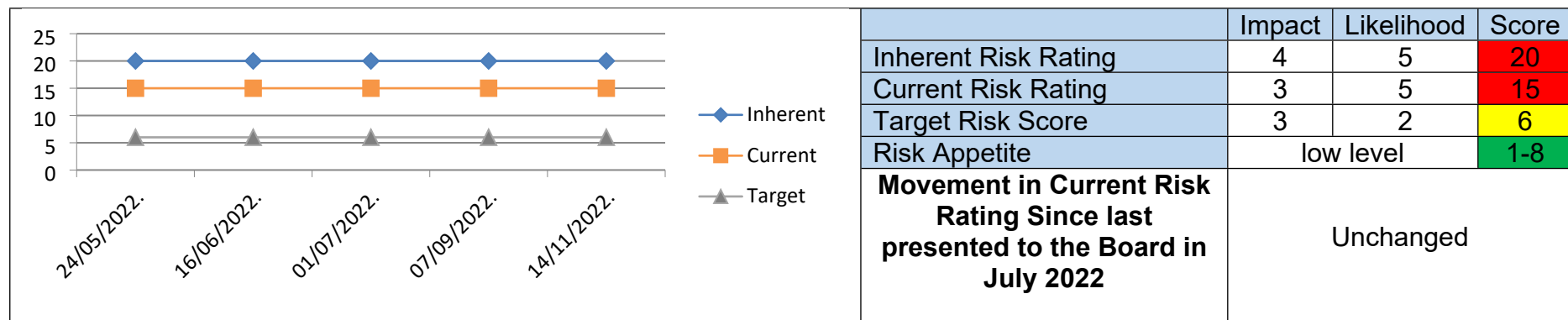
Risk Response Plan	Action ID	Action	Action Lead/ Owner	Due date	State how action will support risk mitigation and reduce score	RAG Status
Actions being implemented to achieve target risk score	22357	Insight work	Ceriann Tunnah, Consultant in Public Health	31/03/2023	Insight work will enable us to improve 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	On track



					<p>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</p> <p>October 2022 progress update - There is an approved plan in place for the development of this work.</p>	
	22358	pregnancy weight management service	Ceriann Tunnah, Consultant in Public Health	31/12/2023	<p>Providing a weight management service during pregnancy will ensure that women are able to achieve a healthy weight during and after pregnancy and maintain their healthy behaviour postnatally.</p> <p>October 2022 progress update - In the process of delivering the plan.</p>	On track
	22359	performance management dashboard	Ceriann Tunnah, Consultant in Public Health	31/03/2023	<p>Developing a performance management dashboard will ensure that we are able to monitor the uptake of the service by population groups that are at increased risk of adverse outcomes from obesity. The dashboard will</p>	On track

					<p>enable us to monitor both uptakes and outcomes by ethnicity, gender and deprivation decile</p> <p>October 2022 progress update - Development work continues, linking in with the national team at Public Health Wales and local informatics.</p>	
	22943	Implement Healthy Weight Healthy Wales Programme Plan	Ceriann Tunnah, Consultant in Public Health	31/03/2024	<p>Funded activity targeted at improving healthy eating habits and tackling obesity.</p> <p>October 2022 progress update - Approved by Welsh Government and funding identified to support the work, on track.</p>	On track

CRR22-24	<b>Director Lead:</b> Executive Director of Workforce and Organisational Development	<b>Date Opened:</b> 04 April 2022
	<b>Assuring Committee:</b> Partnerships, People and Population Health Committee	<b>Date Last Reviewed:</b> 14 November 2022
	<b>Risk:</b> Potential gap in senior leadership capacity/capability during transition to the new Operating Model.	<b>Date of Committee Review:</b> 08 November 2022
		<b>Target Risk Date:</b> 31 March 2023
<p>There is a risk of senior leadership capacity &amp; capability gaps during the transition to the new Operating Model as people depart the organisation through the VERS process and the challenges recruiting people to new posts (internally and externally) during the transition phase when all key posts have been filled.</p> <p>This has been caused by the delay to the organisational change process resulting in a divergence of parallel actions relating to those individuals leaving the organisation via VERS, the subsequent vacant posts and the recruitment to the new posts. The default position is to use the mechanism of internal backfill. Where a suitable individual cannot be identified then the posts will need to fill by external subject matter experts on an interim basis.</p> <p>This may lead to a slowdown in the decision making processes as decision and action delivery defaults up to the next level in the responsibility and accountability framework.</p>		



Controls in place	Assurances
<ol style="list-style-type: none"> <li>1. For the small number of posts which will become vacant the default option will be to look internally for people who can step-up on a short-term interim basis. Acting arrangements being agreed with Executives as a mitigation. Where this is not possible will look to use experienced external interims.</li> <li>2. The management oversight of the transition for those and induction of new teams members is a critical role of the programme of work called: How We Organise Ourselves and the project group called the roles and the people. Arrangements have developed for these leaving the Health Board including the Operational Transition Plan and Leaving Well Handover Guide &amp; Repository. These products along with a suite of induction and network products will support new people and emerging teams with knowledge transfer.</li> <li>3. The transition of affected departments will be overseen by Executive Directors between April and March 2023. There will be additional management oversight of the How We Organise Ourselves programme, as well as the 'Roles and People' project team.</li> </ol>	<ol style="list-style-type: none"> <li>1. Risks are reviewed every 4 weeks by the Risk Management Group (Board and Director level).</li> </ol>

Gaps in Controls/mitigations
<ol style="list-style-type: none"> <li>1. Capacity of Executive Directors to respond to rapid decision making requirements. How We Organise Ourselves now has a regular weekly slot on the Executive Team agenda. Weekly Divisional Q&amp;A sessions with Chief Executive Officer, Executive Director of Integrated Services / Deputy CEO and Executive Director of Workforce and Organisational Development provides a route for rapid escalation.</li> <li>2. The management of the East, Central and West Integrated Health Community Operational Transition project plans through weekly status meetings and the connectivity to the Programme Leader Group provides a route for rapid escalation of possible gaps.</li> <li>3. Demand for interim roles across the UK health sector could out-strip supply - therefore we are working closely with our agency partners to ensure we have access to the widest pool of capable individuals.</li> <li>4. An early go-live date could result in vacant new posts where backfill arrangements are not appropriate as those who are acting up into existing posts will have been appointed to their new role and the interim contract period could be too short to attract interested parties - each post will be reviewed and the appropriate mitigation solution put in place.</li> </ol>

Progress since last submission
<ol style="list-style-type: none"> <li>1. Risk description reviewed to reflect current risk position.</li> <li>2. Controls in place reviewed ensure relevance with current risk position.</li> <li>3. Gaps in controls reviewed to ensure relevance with current risk position.</li> <li>4. Action ID 23333 – Action closed as all substantive posts holders have been appointed. Where applicable interim(s) has been appointed to cover the gap between appointed and start date of the permanent post-holders.</li> <li>5. Action ID 23334 – Action closed as selection and appointment process now complete.</li> <li>6. Action ID 23335 – Action delayed, selection process taking place on 11 &amp; 14 November 2022.</li> <li>7. Action ID 23336 – Action closed, with selection and appointment process now complete.</li> <li>8. Action ID 23337 – Action delayed, selection process taking place on 11 &amp; 14 November 2022.</li> <li>9. Action ID 24129 – Action closed as substantive posts holder have been appointed. An interim(s) has been appointed to cover the gap between appointed and start date of the permanent post-holders.</li> <li>10. Action ID 24130 – Action delayed, suitable candidate not identified. Post renamed to Chief Operating Officer and re-advertised.</li> </ol>

Links to
Strategic Priorities
Effective alignment of our people (key enabler)
Principal Risks
BAF21-18

Risk Response Plan	Action ID	Action	Action Lead/ Owner	Due date	State how action will support risk mitigation and reduce score	RAG Status
Actions being implemented	23333	Set-up external selection process for Integrated Health Community	Lesley Hall, Assistant Director –	25/07/2022	No gaps in senior leadership roles	Completed

to achieve target risk score		Director roles (format, panel representation) (If required).	Employment Strategies & Practices		<b>November 2022 progress update</b> All substantive posts holders have been appointed. Where applicable interim(s) has been appointed to cover the gap between appointed and start date of the permanent post-holders	
	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 – interim/acting up arrangement in place  <b>November 2022 progress update</b> Selection and appointment process now complete.	Completed
	23335	Set-up internal selection process for Senior Medical posts (format, panel representation).	Claire Wilkinson, Deputy Director - Operational Workforce	30/12/2022	No gaps in senior leadership roles -  <b>November 2022 progress update</b> Selection process taking place on 11 & 14 November 2022	Delay
	23336	Set-up external selection process for Senior Nursing posts (format, panel	Lesley Hall, Assistant Director – Employment	01/08/2022	No gaps in senior leadership roles -interim/acting up arrangement in place	Completed

		representation) (If required).	Strategies & Practices		<b>November 2022 progress update</b> Selection and appointment process now complete.	
	23337	Set-up external selection process for Senior Medical posts (format, panel representation) (If required).	Claire Wilkinson, Deputy Director - Operational Workforce	30/12/2022	No gaps in senior leadership roles  <b>November 2022 progress update</b> Selection process taking place on 11 & 14 November 2022	Delay
	24129	Set-up internal selection process for Deputy Director posts – Regional services and Primary Care (format, panel representation).	Lesley Hall, Assistant Director – Employment Strategies & Practices	31/10/2022	No gaps in senior leadership roles – interim/acting up arrangement in place  <b>November 2022 progress update</b> Substantive posts holder have been appointed. An interim(s) has been appointed to cover the gap between appointed and start date of the permanent post-holders	Completed
	24130	Set-up external selection process for Deputy Director posts – Regional services and Primary Care	Lesley Hall, Assistant Director – Employment	30/12/2022	No gaps in senior leadership roles – interim/acting up arrangement in place	Delay

		posts (format, panel representation) (If required).	Strategies & Practices		<b>November 2022 progress update</b> Suitable candidate not identified. Post to renamed Chief Operating Officer and re-advertised.	
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## Appendix 2 – Newly Escalated Risks

CRR23-34	<b>Director Lead:</b> Executive Director of Public Health	<b>Date Opened:</b> 28 June 2017
	<b>Assuring Committee:</b> Partnerships, People and Population Health Committee	<b>Date Last Reviewed:</b> 31 October 2022
	<b>Risk:</b> There is a risk that residents in North Wales will be unable to quit smoking due to wider influences and determinants.	<b>Date of Committee Review:</b> New Risk
		<b>Target Risk Date:</b> 31 March 2024
<p>There is a risk that residents in North Wales may be unable to quit smoking.</p> <p>This may be caused by their current smoking behaviours including use of vapes and illicit tobacco, income levels, living in socio-economically deprived areas, have a mental health condition or disability, or are from ethnic backgrounds and/or from the LGBTQ+ community.</p> <p>This may result in lack of confidence and/or capacity to engage with Help Me Quit Services.</p> <p>This may result in premature mortality and disease including cancers, respiratory diseases and cardio vascular disease, including strokes, heart attacks and dementia.</p> <p>This may impact on the Board’s ability to achieve its national performance target.</p> <p>This will impact on the Board’s ability to comply with the Smoke Free Regulations 2020.</p>		

To be populated following approval		Impact	Likelihood	Score
	Inherent Risk Rating	3	5	15
	Current Risk Rating	3	5	15
	Target Risk Score	3	4	12
	Risk Appetite	low level		1-8
	<b>Movement in Current Risk Rating Since last presented to the Board in - New Risk not presented to Board</b>	New Risk		

Controls in place	Assurances
<ol style="list-style-type: none"> <li>1. Continuation of the HMQ for Baby Service with additional investment from Prevention and Early Years funding to support the development and pilot of an Incentivisation Scheme in one area.</li> <li>2. Continuation of the HMQ in Hospital Service with additional investment from WG Prevention and Early Years funding to support the further development of this service in line with NHS Performance Framework 22-23 to support both staff and patients.</li> <li>3. Investment from the WG Prevention and Early Years funding to provide support for patients with mental health conditions to support introduction of Smoke Free Regulations.</li> <li>4. Pharmacy Level 3 Services supported by Prevention and Early Years funding.</li> <li>6. Insight work to understand barriers identified by priority groups in accessing HMQ Services.</li> <li>7. HMQ Communications Plan to include a focus on promotion of new service developments and informed by engagement with priority groups with targeted social media to encourage take up of Services.</li> <li>8. Nicotine Replacement Therapy for staff insight report.</li> <li>9. BCUHB's Smoke Free Regulations response to include support for staff, patient documentation, no smoking policy, signage, mental health services provision, compliance support and interface with Local Authorities.</li> <li>10. Business Case for Hospital Compliance Officers (Smoke Free Environment Officers).</li> <li>11. 'No Ifs No Butts' campaign with partners across the region.</li> <li>12. De-normalisation actions with partners across the region.</li> </ol>	<ol style="list-style-type: none"> <li>1. Risk is regularly reviewed at the Senior Manager's meetings and at their local governance meeting.</li> <li>2. The Public Health Performance &amp; Risk Management Group meets monthly to consider current risks.</li> <li>3. Escalation from Public Health Performance &amp; Risk Management Group is to the Public Health Senior Leadership Team, with review by the Population Health Executive Delivery Group also.</li> <li>4. The risk is linked to Corporate Risk register entry CRR22-20 in respect of wider determinants.</li> <li>5. Prevention and Early Years National Programme - nationally funded.</li> <li>6. Reporting progress to National teams (Public Health Wales/Welsh Government/Regional Partnership Board).</li> <li>7. Work plans are reflected in Health Board Annual Operating Plan, Living Healthier staying well strategy and draft Integrated Medium Term Plan (22-25).</li> </ol>
Gaps in Controls/mitigations	
<ol style="list-style-type: none"> <li>1. The current provision does not meet the scale required to address current or forecast North Wales population requirements.</li> </ol>	

2. It is acknowledged that this is a long term risk which cannot be mitigated within 1-3 years based on evidence and research. As a Health Board we will work with partners to implement the approaches which support the strongest evidence base for success.
3. Provision currently through National funding, with funding identified for 2 years, cost pressures for the health board if the national funding were withdrawn.
4. Services are not based onsite at all main hospitals.
5. There are difficulties attracting to vacant posts due to fixed term nature - funding is not recurrent.

### Progress since last submission

A small BCUHB group has been established to update the policy in line with smoke free legislation relating to mental health and to complete an updated and more comprehensive EQIA alongside this policy. Occupational health are currently leading this supported by BCUHB colleagues. It is anticipated that this work will be completed by end November, following this the reports will then be submitted to relevant BCUHB groups/committees for information.

### Links to

#### Strategic Priorities

Strengthen our wellbeing focus

#### Principal Risks

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	22820	Communication - social media HMQ	Mrs Gwyneth Page, Public Health Assurance & Development Manager	31/03/2023	Encourage smokers to access services and quit	On track

	22823	HMQ Services Strengthening the Service	Mrs Gwyneth Page, Public Health Assurance & Development Manager	30/12/2022	Encourage smokers to access services and quit	On track
	22824	Communication - Partnership Plan	Mrs Gwyneth Page, Public Health Assurance & Development Manager	31/03/2023	Encourage smokers to access services and quit	On track
	22825	HMQ Services - Accommodation of staff	Mrs Gwyneth Page, Public Health Assurance & Development Manager	31/12/2022	Encourage smokers to access services and quit	On track
	24229	Maternity incentive pilot	Mrs Gwyneth Page, Public Health Assurance & Development Manager	31/03/2023	This will encourage people to attempt quit, accept support and stay quit. Reduction in pregnant smokers in line with priorities in the tobacco control action plan.	On track
	24230	Primary Care Project (EAST Managed Practices)	Mrs Gwyneth Page, Public Health Assurance & Development Manager	31/03/2023	Engaging with smokers through local GP practice to encourage interaction with service and quit attempts.	On track

### Appendix 3 - Full list of all Corporate Risk Register (CRR) Risks including Current Risk Score

Reference	Title	Executive Lead	Committee Oversight	Current Risk Score
CRR20-01	Asbestos Management and Control.	Executive Director of Finance	Quality, Safety and Experience	15
CRR20-02	Contractor Management and Control.	Executive Director of Finance	Quality, Safety and Experience	15
CRR20-03	Legionella Management and Control.	Executive Director of Finance	Quality, Safety and Experience	16
CRR20-04	Non-Compliance of Fire Safety Systems.	Executive Director of Finance	Quality, Safety and Experience	16
CRR20-05	Timely access to care homes.	Executive Director Transformation, Strategic Planning, And Commissioning	Quality, Safety and Experience	20
CRR20-06	Informatics - Patient Records pan BCU.	Chief Digital and Information Officer	Partnerships, People and Population Health	16
CRR20-07	Informatics infrastructure capacity, resource and demand – Risk entry closed by Partnerships, People and Population Health Committee			
CRR20-08	Insufficient clinical capacity to meet demand may result in permanent vision loss in some patients.	Executive Director of Nursing and Midwifery	Quality, Safety and Experience	16
CRR20-09	Potential harm to patients arising from delays in patient IVT Treatment - Not approved for escalation by QSE Committee, risk being managed at Tier 2			
CRR20-10	GP Out of Hours IT System - De-escalated by DIG Committee, risk being managed at Tier 2			
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		

Reference	Title	Executive Lead	Committee Oversight	Current Risk Score
CRR21-13	Nurse staffing (Continuity of service may be compromised due to a diminishing nurse workforce).	Executive Director of Nursing and Midwifery	Quality, Safety and Experience	16
CRR21-14	There is a risk that the increased level of DoLS activity may result in the unlawful detention of patients.	Deputy Chief Executive Officer/Executive Director of Integrated Clinical Services	Mental Health and Capacity Compliance	20
CRR21-15	There is a risk that patient and service users may be harmed due to non-compliance with the SSW (Wales) Act 2014.	Deputy Chief Executive Officer/Executive Director of Integrated Clinical Services	Quality, Safety and Experience	16
CRR21-16	Non-compliant with manual handling training resulting in enforcement action and potential injury to staff and patients.	Executive Director of Workforce and Organisational Development	Quality, Safety and Experience	16
CRR21-17	The potential risk of delay in timely assessment, treatment and discharge of young people accessing CAMHS out-of-hours.	Deputy Chief Executive Officer/Executive Director of Integrated Clinical Services	Quality, Safety and Experience	16
CRR21-18	Inability to deliver timely Infection Prevention & Control services due to limited capacity.	Executive Director of Nursing and Midwifery	Quality, Safety and Experience	15
CRR21-19	Potential that medical devices are not decontaminated effectively so patients may be harmed.	Executive Director of Nursing and Midwifery	Quality, Safety and Experience	16
CRR21-20	There is a risk that residents in North Wales may be unable to achieve a healthy weight as a result of wider determinants.	Executive Director of Public Health	Partnerships, People and Population Health	20
CRR21-21	There is a risk that adults who are a overweight or obese will not achieve a healthy weight due to engagement & capacity factors	Executive Director of Public Health	Partnerships, People and Population Health	16

Reference	Title	Executive Lead	Committee Oversight	Current Risk Score
CRR21-22	Delivery of safe & effective resuscitation may be compromised due to training capacity issues.	Executive Medical Director	Quality, Safety and Experience	20
CRR22-23	Inability to deliver safe, timely and effective care.	Executive Director of Nursing and Midwifery	Quality, Safety and Experience	20
CRR22-24	Potential gap in senior leadership capacity/capability during transition to the new Operating Model.	Executive Director of Workforce and Organisational Development	Partnerships, People and Population Health	15
CRR22-25	Risk of failure to provide full vascular services due to lack of available consultant workforce.	De-escalated, risk being managed at Tier 2		
CRR22-26	Risk of significant patient harm as a consequence of sustainability of the acute vascular service	De-escalated, risk being managed at Tier 2		
CRR22-27	Risk of potential non-compliance with regulatory standards for documentation due to poor record keeping – Vascular services.	Executive Medical Director	Quality, Safety and Experience	15
CRR22-28	Risk that a significant delay in implementing and embedding the new operating model, resulting in a lack of focus and productivity.	Executive Director of Workforce and Organisational Development		
CRR22-29	Risk that a loss of corporate memory as a result of the departure of key staff during the transition to the Operating Model.	Deputy Chief Executive Officer/Executive Director of Integrated Clinical Services		

Reference	Title	Executive Lead	Committee Oversight	Current Risk Score
CRR22-30	Risk that a lack of robust and consistent leadership can contribute to safety and quality concerns	Deputy Chief Executive Officer/Executive Director of Integrated Clinical Services		
CRR22-31	Risk of a capacity & capability gap during the transition of staff departing the organisation through the VERS process and the recruitment of people both internally and externally to posts within the new Operating Model	Executive Director of Workforce and Organisational Development		
CRR22-32 (Formally CRR20-06)	Retention and Storage of Patient Records	Chief Digital and Information Officer	Partnerships, People and Population Health	16
CRR23-33 (Formally CRR20-06)	Risk of Lack of access to clinical and other patient data	Chief Digital and Information Officer	Partnerships, People and Population Health	16
CRR23-34	There is a risk that residents in North Wales will be unable to quit smoking due to wider influences and determinants.	Executive Director of Public Health	Partnerships, People and Population Health	15
CRR23-35	Electrical and Mechanical Infrastructure on the Wrexham Maelor Site.	Executive Director of Finance	Quality, Safety and Experience	16



## Risk Key Field Guidance / Definitions of Assurance Levels V2

BAF / Risk Template Item	Please refer to the Risk Management Strategy for further detailed explanations	
<b>Risk Reference</b>	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)
<b>Risk Description</b>	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 ....
<b>Risk Ratings</b>	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).
<b>Risk Impact</b>	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).
<b>Risk Likelihood</b>	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.
<b>Risk Score</b>	Definition	Impact x Likelihood of the risk happening, using the 5 x 5 Risk Scoring Matrix.
<b>Target Risk Date</b>	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.
<b>Risk Appetite</b>	Definition	The amount and level of risk that the Health Board is willing to tolerate or accept in order to achieve its priorities. This could vary depending on the type of risk. The Board will review the risk appetite on a regular basis, and have implemented a Risk Appetite Framework to allow for exceptional circumstances.
	Low	Cautious with a preference for safe delivery options.

## Risk Key Field Guidance / Definitions of Assurance Levels V2

	Moderate	Prepared to take on, pursue, or retain some risks for the Health Board to maximise opportunities to improve quality and safety of services.
	High	Open or willing to take on, pursue, or retain risks associated with innovation, research, and development, consistent with the Health Board's Priorities.
<b>Controls</b>	Definition	<p>These are measures/interventions implemented by the Health Board to reduce either the likelihood of a risk and/or the potential magnitude/severity of its impact were it to happen.</p> <p>A collection of strategies, policies, procedures and systems - to control the risks that would otherwise arise, and ensure care and services are delivered by competent staff who are aware of how to raise concerns [NHS WALES Governance e-manual - <a href="http://www.wales.nhs.uk/governance-emanual/risk-management">http://www.wales.nhs.uk/governance-emanual/risk-management</a>].</p> <p>A measure that maintains and/or modifies risk (ISO 31000:2018(en)).</p>
	Examples include, but are not limited to	<ul style="list-style-type: none"> <li>- People, for example, a person who may have a specific role in delivery of an objective</li> <li>- Strategy, policies, procedures, SOP, checklists in place and being implemented which ensure the delivery of an objective</li> <li>- Training in place, monitored, and reported for assurance</li> <li>- Compliance audits</li> <li>- Business Continuity Plans in place, up to date, tested, and effectively monitored</li> <li>- Contracts in place, up to date, managed and regularly and routinely monitored</li> </ul>
<b>Mitigation</b>	Definition	This refers to the process of reducing risk exposure and minimising its likelihood, and/or reducing the severity of impact were it to happen. Types of risk mitigations include the 5Ts (treat, tolerate, terminate, transfer, or take opportunity).
	Examples include, but are not limited to	<ul style="list-style-type: none"> <li>- A redesigned and implemented service or redesigned and implemented pathway</li> <li>- Business Case agreed and implemented</li> <li>- Using a different product or service</li> <li>- Insurance procured.</li> </ul>
<b>Assurance Levels</b>	1	The first level of assurance comes from the department that performs the day to day activity, for example the 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.