Bundle Partnerships, People and Population Health Committee 20 May 2022

1 09:00 - GOVERNANCE

2 PP22/31 Apologies

Due to deferred meeting date : Chris Stockport for whom Sally Baxter is deputising for relevant items, Teresa Owen for whom Louise Woodfine is deputising, Nick Lyons for whom Colin Fitzpatrick is deputising
Helen Thomas Director of Digital Health and Care Wales will present to July meeting as unavailable on the re-arranged date.

3 PP22/32 Declaration of Interest

5 PP22/33 Draft minutes of the previous meeting held on 10.2.22 for approval

PP22.33 Draft PPPHC minutes 10.2.22 v.02.docx

6 09:00 - PP22/34 Matters arising and table of actions

PP22.34 Table of actions Live.doc

7 09:05 - PP22/35 Report of the Chair

Linda Tomos

8 09:07 - PP22/36 Notification of matters referred from other Board Committees on this or future agendas

Sally Baxter (verbal update - Audit Committee referral)

9 09:09 - PP22/37 North Wales Regional Partnership Board Update

Sally Baxter in attendance
Catrin Roberts Collaboration Team NWRPB in attendance

PP22.37a NWRPB May 2022 v1.docx

PP22.37b NWRPB minutes 11.3.2022 Eng.pdf

PP22.37c NWRPB minutes 11.3.2022 Cymraeg.pdf

10 STRATEGIC ITEMS FOR DECISION - THE FUTURE

11 Developing strategies or plans

11.1 09:19 - PP22/38 Living Healthier, Staying Well (LHSW) strategy refresh

Sally Baxter in attendance
Recommendation
The Committee is asked to receive the engagement feedback and the outcome report on the refresh of the Health Board's long term strategy, Living Healthier, Staying Well

PP22.38a LHSW refresh.docx

PP22.38b App1 LHSW refresh outcome report for PPPH May 2022 final.docx

PP22.38c App2 LHSW Discussion document.pdf

PP22.38d App3 LHSW Engagement Report final March 2022.docx

11.2 09:34 - PP22/39 Draft People Strategy and Plan – Stronger Together

Sue Green
Recommendation
The Committee is asked to:
i. recommend the draft People Strategy and Plan 2022 – 2025 for approval at the Health Board meeting on 26.5.22
ii. note and comment on the draft Delivery Plan

PP22.39a Draft People Strategy_Plan Report.docx

PP22.39b Draft People Strategy_Plan V14.docx

PP22.39c People Strategy_Plan Appendix 1 People (Workforce) Plan v.2.docx

PP22.39d People Strategy_Plan Appendix 4 Draft Delivery Plan Year 1.docx

11.2.1 PP22/40 Item deferred

11.3 09:49 - PP22/41 Third Sector Framework and Approach

Helen Stevens Jones in attendance
Recommendation
The Committee is asked to receive and note the contents of this report, and its appendices, and to feedback on any concerns or comments to the relevant leads, in order to ensure that they are captured and actioned upon.

PP22.41a Third Sector Framework and approach_FINAL.docx

PP22.41b Appendix 1 Third Sector Summary Position Statement_v.01_31.03.22.pdf

11.4 10:09 - PP22/42 Response to the Review of Emergency Preparedness Resilience and Response (EPRR) Arrangements

Gill Harris
Debbie Lewis, EPRR Lead in attendance
Recommendation
To receive the Response to the Review of Emergency Preparedness Resilience and Response (EPRR) Arrangements report for information and assurance.

PP22.42a Response to the Review of EPRR Arrangements May 2022 v0.4.docx

PP22.42b App 2 BCUHB EPRR Dashboard.pptx

12 THE PRESENT for assurance

13.1 10:29 - PP22/43 Operational Plan Monitoring Report 2021-22 Position as at 31st March 2022

Amanda Lonsdale, Performance Director in attendance
Recommendation
The Partnerships, People and Population Health Committee is asked to scrutinise the report.

PP22.43a OPMR.docx

PP22.43b Operational Plan Monitoring Report - Position 31st March 2022 DRAFT v0.3 PPPH.pdf

13.2 10:44 - PP22/44 Corporate risk register

Gill Harris
Simon Evans Evans, Interim Director of Governance and Justine Parry, Asst Director Risk and Assurance in attendance
Recommendations
That the Committee:-
1. Note two key highlighted points of the discussions that took place at the RMG:
• The meeting used `check and challenge` and `deep dive` as tools for driving learning, sharing best practice and enhancing the Health Board`s risk management footprint. For example, members noted after some debate and discussions that controls when expressed as `…policy in place` or `business case in place` were not properly articulated. They then advised that such controls be refreshed to focus on their implementation as neither a policy nor a business case in itself can mitigate a risk.
• Members also agreed as an action that once Executive Directors have approved risks, there was no need to present them to the RMG, ET or Committees for further approval as this doesn`t align with best practice and the dynamic and timely escalation of risks. This aligns with the UK Code 2018 and the FRC Risk Guide 2014, which advise that Committees should focus on their `oversight function` and not to get involved in `risk management` by satisfying themselves that Executive Directors are consistently mitigating and managing risks in line with best practice. This will be reflected in the updated Risk Management Strategy to be presented to the Board in July for approval.
2. Review, note and approve the progress on the Corporate Tier 1 Operational Risk Register Report as set out below and in detail at Appendix 1:
CRR20-06: Informatics - Patient Records pan BCU
• Note the risk has been reviewed and updated, no further change to scoring proposed at this time.
• Note the closure of action ID 12424 as it has been extrapolated out of this risk to form a new risk with Datix ID 4184, so that it will be archived and removed from the next report.
• Note that action ID 12429 remains on hold until the Mental Health Business Case is progressed with the Welsh Government.
CRR20-07: Informatics infrastructure capacity, resource and demand
• Approve the closure and transfer of the residual actions to the BAF21-16. Both RMG and the Executive Team (ET) at their meetings of the 16th and 25th August and 14th and 22nd December continue to support and recommend approval for the risk closure. Confirmation has been received from the Digital Director that the outstanding actions from CRR20-07 have been included within the updated BAF21-16 risk.
CRR21-11 – Cyber Security
Please note this risk is presented In-Committee to protect and maintain the security arrangements of the Health Board.
CRR21-12: National Infrastructure and Products
• Note the risk has been reviewed and updated.
• Approve the proposal to reduce the risk score from 20 to 12 recognising the completion of 75% of actions.
• Note the extension to the target risk due date from 31/03/2022 to 30/06/2022 to enable implementation of the outstanding actions.
• Note the closure of action ID 15285 as quarterly meeting is now in place, so that it will be archived and removed from the next report, recognising that its implementation will be captured as part of the controls within the next iteration of the risk.
• Note the closure of action ID 15286 as a reporting process is now in place, so that it will be archived and removed from the next report, recognising that its implementation will be captured as part of the controls within the next iteration of the risk.
• Note the closure of action ID 15474 as BCUHB now has representation on multiple groups.
• Note the closure of action ID 17753 as the Welsh Patient Administration System (WPAS) and Welsh Clinical Care Information System (WCCIS) business cases are completed and in place, so that it will be archived and removed from the next report, recognising that monitoring compliance with the implementation will be captured as part of the controls within the next iteration of the risk.
• Note the closure of action ID18681 as Executive engagement is now in place, so that it will be archived and removed from the next report.
• Note the closure of action ID 21270 as this is now managed as business as usual as teams are in place to develop local business cases to support ongoing national products, so that it will be archived and removed from the next report.
• Note the delay to action ID 15287 as templates are being revised for reporting; anticipated implementation by the end of April 2022.
3. Approve the following new risks which are being presented following escalation approval from the RMG for escalation onto the Tier 1 Operational Risk Register as set out below and in detail at Appendix 2:
Risk IDs:
• 4200 – There is a risk that residents in North Wales may be unable to achieve a healthy weight as a result of wider determinants;
• 4201 – There is a risk that adults who are overweight or obese will not achieve a healthy weight due to engagement & capacity factors.
4. Approve the risk being presented to this Committee for de-escalation consideration at this time:
• CRR21-12: National Infrastructure and Products - Recognising the completion of 75% of actions, the Digital Chief Information Officer is requesting for approval to de-escalate the risk from a Corporate Tier 1 risk to a Tier 2 risk for future management.
5. Note the following emerging risks raised at the Risk Management Group meeting, which will be presented to the appropriate Committee for future oversight:
Risk IDs:
• 4241 – Inability to deliver timely Infection Prevention & Control services due to limited capacity;
• 4325 – Potential that medical devices are not decontaminated effectively so patients may be harmed;
• 3731 – Delivery of Safe and Effective resuscitation maybe compromised due to training capacity issues.
6. Note the distribution and throughput of risks by Tier currently recorded within Datix, providing a snap shot view across BCUHB. Work continues to support the development of the Once for Wales RL Datix Cloud IQ Risk Module which will include the development of reporting the breadth and categories of risks recorded in a meaningful and consistent way:
Risk Tier (and risk score: NB
Consequence x Likelihood = Risk Score) Total number of live risks on registers Number of risks held as

'Being Developed' (not yet live) Number of live risks added in the last 6 months
(not via escalation) Number of risks closed in the last 6 months
(not via de-escalation)
Tier 1 (15-25) 15 0 0 0
Tier 2 (9-12) 382 97 47 117
Tier 3 (1-8) 259 86 31 128

PP22.44a Corporate Risk Register.docx

PP22.44b Appendix 1 Corporate Risk Register.docx

PP22.44c Appendix 2 New Risks for Escalation Consideration onto the CRR.docx

PP22.44d Appendix 3 Full List Corporate Risks V.4.docx

PP22.44e Appendix 4 Risk Key Field Guidance V2-Final.docx

13.3 10:59 - Comfort break

13.4 11:09 - PP22/45 Population Health : Update on Tobacco Control in BCUHB

Louise Woodfine, Consultant in Public Health deputising for Teresa Owen
Recommendation
The Committee is asked:
To note the progress made in the Health Board with respect to Tobacco Control and Smoking Cessation activity in 2021/22, and
To be aware of the upcoming workplan for 2022/23.

PP22.45a Tobacco and Smoking Cessation Final V1.docx

PP22.45b Tobacco and smoking cessation Appendix 1 Early Years and Prevention Funding Tobacco Control.docx

PP22.45c Tobacco and smoking cessation Appendix 2 - BCUHB Response - TC Strategy Delivery Plan Consultation Final V1 (2).docx

13.5 11:24 - PP22/46 Test, Track and Trace update -- for information

For information

PP22.46 TTP update report v1.0 Final.docx

13.6 11:24 - PP22/47 People/Workforce Performance Report

Sue Green
Recommendation
The Committee is asked to note the report and planned improvements to reporting.

PP22.47a Workforce Performance Report.docx

PP22.47b Workforce Performance Report Appendix 1 Recruitment Improvement Review.docx

13.7 11:39 - PP22/48 Codi Llais yn Ddiogel/Speak Out Safely (CLYD/SOS) Year 1 Progress Report

Sue Green
Recommendation
The Committee is asked to:
i. NOTE the progress achieved during the first year of implementing Codi Llais yn Ddiogel/Speak Out Safely Speak Out Safely (CLYD/SOS)
ii. NOTE activity to date, emerging themes and feedback from staff; and
iii. APPROVE the recommendations presented to further develop Codi Llais yn Ddiogel/Speak Out Safely during 2022/23, these being based on the learning generated during the last year
iv. NOTE the intention to continue reporting through Partnerships, People & Population Health as part of the People Strategy and Plan reporting.

PP22.48 Speak Out Safely.docx

13.8 11:49 - PP22/49 Annual Equality report 2021/22

Sue Green
Recommendation
The Committee is asked to NOTE the report and highlight to the Health Board through the Chair's Assurance Report

PP22.49a Equality Annual Report.docx

PP22.49b Equality Annual Report Appendix 1 Final Annual Equality Report 21_22.pdf

13.9 11:54 - PP22/50 Consultations and Engagement Update April 2022

Helen Stevens Jones
Recommendation
The Committee is asked to note the progress detailed in this paper.

PP22.50 Consulations and Engagement Update FINAL.docx

14 LEARNING FROM THE PAST

14.1 12:09 - PP22/51 Partnership Governance Arrangements Update

Helen Stevens Jones
Recommendation
The Committee are asked to receive this update report on work being undertaken to address and strengthen partnership governance arrangements.

PP22.51 Partnership Governance Arrangements FINAL.docx

15 CLOSING BUSINESS

16 12:19 - PP22/52 Annual workplan 2022/23

Recommendation
The Committee is asked to review and provide feedback on
• Draft 2022/3 Committee workplan
• Terms of Reference

PP22.52a Draft PPPHC 2022.23 Workplan.docx

PP22.52b App1 DRAFT PPPH Workplan 2022.23 v.03 May 2022.docx

PP22.52c App2 PPPH ToR v1.04.docx

17 PP22/53 Agree items for Board/Other Committees

18 PP22/54 Review of Risks highlighted in the meeting for referral to risk management group

19 PP22/55 Agree items for Chair's Assurance report

20 12:24 - PP22/56 Review of meeting effectiveness

21 12:29 - PP22/57 Date of next meeting 12.7.22

22 Exclusion of the Press and Public

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

Partnerships, People and Population Health (PPPH) Committee
Draft minutes of the meeting held in public on 10.2.22
via Teams virtual platform

Present:	
Linda Tomos	Independent Member (Chair)
Nicky Callow	Independent Member
John Cunliffe	Independent Member
John Gallanders	Independent Member
In Attendance:	
Sally Baxter	Assistant Director ~ Health Strategy (part meeting)
Molly Marcu	Interim Deputy Board Secretary
Phil Corrin	Interim Director of Digital (part meeting)
Simon Evans-Evans	Interim Director of Governance (part meeting)
Sue Green	Executive Director of Workforce and Organisational Development (OD)
Gill Harris	Executive Director Nursing and Midwifery
Siwan Jones	Principal Public Health Practitioner (part meeting)
Nick Lyons	Executive Medical Director (part meeting)
Rob Nolan	Finance Director – Commissioning and Strategic Financial Planning (part meeting)
Teresa Owen	Executive Director Public Health
Justine Parry	Assistant Director Risk and Assurance (part meeting)
Chris Stockport	Executive Director Primary Care and Community Services (Lead Director)
Jo Whitehead	Chief Executive
Diane Davies	Corporate Governance Manager (Committee secretariat)
Observing	
Andy Burgen	Vice Chair North Wales Community Health Council
Dave Harris	Head of Internal Audit
Fflur Jones	Audit Wales

Agenda item	**Action By**
PP22/6 Chair's welcome and apologies Apologies were received from Helen Stevens-Jones	
PP22/7 Declaration of Interest Prof Nicky Callow Independent Member declared an interest in item PP22/15 as her substantive role is an employee of Bangor University.	
PP22/8 Draft minutes of the Partnerships, People and Population Health Committee held on 10.12.21	

The minutes were approved.	
PP22/9 Matters arising and table of actions **PP22/9.1** There were no matters arising. **PP22/9.2** The table of actions was updated. **PP22/9.3** In regard to SP20/10 It was noted that the Committee was disappointed that the Asset Management (AM) Strategy (previously referred to as the Estate Strategy) had not been ready for discussion. The Chief Executive advised that the Director of Asset Management had been requested to prioritise work to develop a Strategic Outline Case for a Health and Wellbeing Centre in Bangor before the end of the financial year. She agreed to feedback when the AM Strategy would be presented to the Committee. **PP22/9.4** In regard to PP21/38 The Chief Executive advised that the Strategic Steering Group would be meeting later that day. Following discussion of potential other educatioal developments between the organisations, it was agreed to close the action. **PP22/9.5** In regard to PP21/40 Emergency Planning Resilience and Response (EPRR), the Committee was disappointed that a follow up report had not been provided. The Committee Chair requested that a follow up report be provided to address the concerns outlined to the May Committee meeting	JW GH
PP22/10 Report of the Chair None	
PP22/11 Report of the Lead Director The Executive Director of Primary Care and Community Services advised the Living Healthier Staying Well strategy report was in the final stages of collation and would be provided to the next meeting. It was noted that this would also help to inform BCU's developing Clinical Services Strategy and the Integrated Medium Term plan.	CS(SB)
STRATEGIC ITEMS - THE FUTURE **Developing strategies or plans**	
PP22/12 Draft Integrated Medium Term Plan (IMTP) 2022/25 **PP22/12.1** The Executive Director of Primary Care and Community Services advised that the comments provided at the latest Board Workshop were being worked through into the next iteration. In addition, there had been some some significant changes in recent days including slightly changing the manner planned care would be reported and BCU's return to core activity. Welsh Government (WG) also required additional detail within the IMTP this year which had not previously been provided. Following further sense checking and triangulation it was anticipated that documentation would meet the Performance, Finance and Information Governance timescale for submission. **It was resolved that the Committee**:	

• noted further discussion would take place in the private session due to the documents being in working draft format. • noted further work was being undertaken to finalise the plan ahead of presenting to the Health Board in March 2022.	
PP22/13 Developing the People Strategy and Plan **PP22/13.1** The Executive Director of Workforce and OD presented this item, highlighting the need for a robust strategy that would support the IMTP and also the co-design methodology employed in development. She invited members to consider whether any further detail was required and what level of detail might be needed prior to submission at the Board meeting on 10.3.22. **PP22/13.2** The Committee commended the level of work undertaken to develop the draft strategy since the previous submission, especially in regard to integration with the IMTP. In response to the Committee, the Executive Director of Workforce and OD acknowledged the significant work undertaken by volunteers during the pandemic which would continue to be a fundamental part of BCU's delivery moving forward. She agreed to strengthen volunteer narrative within the strategy. The Committee Chair asked that the benefits realisation of role tranformations being undertaken be clarified within the document , ideally in the executive summary, to emphasise why these transformational improvements would be critical to the Heath Board. The Committee Chair stated that she would be pleased to discuss this further outside the meeting if required. **It was resolved that** the Committee • noted the progress made to date in the development of the People Strategy and Plan and provided feedback comments and suggestions for inclusion in the Draft Strategy as part of the co design phase in advance of submission to the Board on 10th March 2022. • noted the version of the Draft Strategy would continue to be updated and refined in line with the Integrated Medium Term Plan. As a strategy it would have high level delivery priorities supported by a detailed delivery plan for 2022/23. The supporting delivery plans, would need to balance the requirement for detail, with the commitment to co-design many of the "interventions" and/or "products".	
PP22/14 No Wrong Door Strategy 2022-27 **PP22/14.1** The Assistant Director Children's Services West joined the meeting to present this item which the Committee had found to be an excellent demonstration of partnership working, although the Committee Chair commented that the document lacked financial information to assess whether it represented a good return on investment for the Health Board. **PP22/14.2** The Assistant Director Children's Services West described the strategy as the beginning of what would be a lengthy journey that provided a huge opportunity in transforming the delivery of care and lessons to be learned. She described the enormous	

amount of partnership working that would be required and reflected on the challenges this would involve. She stated that a sub-group of the North Wales Regional Partnership Board had been set up to work on implementation and would also consider, as a key element , how 'Children and Adolescent Mental Health' (CAMHS) might be better described as a service to incorporate Health and Social Wellbeing. **PP22/14.3** The Chief Executive reflected on recent conversations in relation to this strategy with partner organisations in which more complexities would be developing around potential integration of educational needs as well as social care. The Executive Director of Primary Care and Community Services concurred on the complexities involved however, he emphasised the joint appetite within the RPB for this development. He also referred to the ambition of developing a pooled budget to finance this area. **PP22/14.4** The Committee was pleased to recognise that the RPB were prioritising the issue of children and young people's issues however, in questioning the risks which were understood to have been identified the Assistant Area Director Children's Services West undertook to prioritise and enlarge upon at a future stage of the development. **PP22/14.5** In response to the Committee the Assistant Area Director Children's Services West undertook to look into 'Four levels of need' defined in the document to improve clarity. Discussion ensued on current challenging balancing work in regard to repatriation, intermediate tier placements and commissioning. The Chief Executive referenced jointly designed solutions being developed in the Central area. **PP22/14.6** The Executive Director of Primary Care and Community Services suggested that partnership governance could be considered at a future Board workshop as partnerships continued to evolve. The Assistant Area Director Children's Services West took on board the Commttee's comments in regard to the chart on Page 8 regarding Cognitive Behavioural Therapy (CBT). It was resolved that the Committee supported • the development of a multi-agency 'No Wrong Door' partnership approach to service provision and support the principles to inform an agreed Service Model and Implementation Framework for service transformation and improvement. noted • the report provided an overview of the North Wales' No Wrong Door Strategy, a 5 year plan to improve services for children, young people and their families. • development of the strategy had been commissioned and overseen by the North Wales Regional Partnership Board (RPB) which formed part of the North Wales Social Care and Wellbeing Services Improvement Collaborative.	LF LF

• the RPB has endorsed the strategy and agreed that the newly formed RPB Children's Sub Group would be responsible for design of an agreed service model and the implementation.	
PP22/15 North Wales Medical and Health Sciences School **PP22/15.1** The Committee was grateful to receive the verbal update provided by the Chief Executive on recent progress. The Executive Medical Director also advised that in addition to the Steering Group meeting taking place that evening that there had been much work taking place in regard to research, with an agreement in principle for a joint appointment in managerial leadership to be taken forward at pace, as well as working more closely with both Universities which could potentially improve recruitment and retention of staff. **PP22/15.2** A Committee member alluded to the GMC's encouragement to name the school which was being progressed at Bangor University's court under the brand of North Wales Medical School. She also commented that there were four year graduate entry medical students already at the University with the first graduating cohort taking place on 23.7.22. A pamphlet was being prodiced which would outline the timeline which, dependent on successful funding, could see potential student applications being made to commence from 24.9.22 as a 5 year entry option. **It was resolved that the Committee** received the report	
THE PRESENT for assurance **PP22/16 Operational Plan monitoring report 2021-22** **PP22/16.1** The Committee Chair welcomed the addition of Committee oversight assigned to each of the actions and looked forward to the improved version to be provided in the new financial year. The Interim Performance Director highlighted that there were 19 new 'Red' status, of which 9 were within Mental Health due mainly to recruitment issues. He commented that there had been some improvements and that overall 70% were on track, which he felt to be reasonable given the incredible pressures on the organisation. **PP22/16.2** A Committee member questioned the accuracy of the Committee assignments, especially in regard to Digital which was in the scope of the Performance, Finance and 'Information Governance' Committee (PFIGC). **PP22/16.3** The Committee raised concern regarding Safe Clean Care performance, questioning the level of risk exposure in regard to all infections and lack of mitigating actions provided within the narrative. The Executive Director of Nursing and Midwifery advised on environment upgrades and business case development that was taking place to address them however, there remained some difficult issues to address. The Chief Executive also reminded colleagues of the Infection Prevention and Control annual report which had provided assurance at a recent Board meeting.	

PP22/16.4 The Executive Director of Primary and Community Services clarified that that useage of Accurex within BCU had not been affected by the potential discussion to be raised regarding the national procurement programme and future funding arrangements, as it had remained functional. The Committee requested that future Digital KPI reports include updates on the Accurex programme. **It was resolved that the Committee** noted the report	PC
PP22/17 Corporate Risk Register **PP22/17.1** The Interim Director of Governance and Assistant Director of Risk and Assurance joined the meeting highlighting that the Risk Management Group meeting scheduled to be held in December had been stood down due to Gold Command implementation in response to the pandemic. He provided assurance that whilst the Board Assurance Framework (BAF) refresh was taking place no risks would be lost through the corporate risk register (CRR). **PP22/17.2** In response to the Committee Chair's observation of the connection between CRR20-06: Informatics - Patient Records pan BCU and record keeping findings in the recent Vascular report, the Executive Medical Director recognised the large amount of work undertaken in regard to the BAF and CRR, he commented that there was more to do to ensure consistency of understanding across the Health Board. **PP22/17.3** In regard to the recommended closure of CRR20-07: Informatics infrastructure capacity, resource and demand, the Committee agreed that the Independent Member whom was previously Chair of the Digital and Information Governance Committee should meet with the Interim Digital Director to discuss further. **PP22/17.4** In relation to CRR21-12: National Infrastructure and Products, the Assistant Director Risk and Assurance undertook to circulate the previous version to members for comparative purposes. The Committee questioned whether infrastructure supporting national systems had necessarily changed and therby affected the risk, it was agreed this would also be discussed with the Interim Digital Director. **PP22/17.5** The Interim Deputy Board Secretary stated that discussion in regard to the digital risks would be helpful in supporting the process of cleansing the legacy BAF. She also drew attention to the fact that the new BAF would be built on Datix for a consistency of approach and in addressing how risk was scored and control gaps dealt with together. She commended the Health Board's committment in moving this forward in this way. **It was resolved that the Committee** noted • the Risk Management Group was stood down on the 13th December 2021 to allow Gold Command and the vaccination management to be progressed. • the Risk Management Group Chair's Actions process was followed to approve the risks for presentation to the Executive Team, before onward presentation to Board Committees.	PC PC

- the Key Field Guidance Document has been updated following Audit Committee members feedback and povided as appendix 3
- due to the revised Committee arrangements, a review of these risks was currently being undertaken for presentation to the Risk Management Group meetings on the 8th February and 5th April 2022. Further updates would then be presented to the PPPH Committee in May 2022.
- In advance of the 2022/23 Board Assurance Framework (BAF) refresh, the current BAF risks were being reviewed in detail alongside the Corporate Risks against the new strategic priorities that were set out in the Integrated Medium Term Plan. The output of this exercise would be reported from April 2022 onwards.

Reviewed

- progress on the Corporate Tier 1 Operational Risk Register Report as set out below and in detail at Appendix 1:

  CRR20-06: Informatics - Patient Records pan BCU

  a) Noted following the Risk Management Group (RMG) request for the risk to be shared with Clinicians in order to support the quantifying of the score, a meeting has taken place and attendance took place at the RMG in October 2021 to present the findings. The new proposals were approved by the Executive Team on the 20th October 2021, but have yet to be presented to the PPPH Committee for noting.

  b) Approved

  i. The revised increase in the inherent risk score from 16 (Impact = 4 X Likelihood = 4) to 20 (Impact = 5 X Likelihood = 4) given the significant impact on clinical services if the patient record was not accessible at the right time and in the right place.

  ii. The revised slight decrease in the current risk score from 16 (Impact = 4 X Likelihood = 4) to 15 (Impact = 5 X Likelihood = 3) to recognise the impact remaining high, with the likelihood of the risk reducing with the controls currently in place.

  iii. The revised decrease in the target risk score from 12 ((Impact = 4 X Likelihood = 3) to 9 (Impact = 3 X Likelihood = 3) with the implementation of the proposed mitigations and further actions, to bring the target in line with the Health Board's risk appetite framework.

  c) Noted the update to the action ID12424 due date as advised by the RMG and approved by ET, which will transfer over to the revised Results Management risk for future monitoring arrangements.

  d) Noted further work to extrapolate the Results Management elements of this risk into a single risk is underway and will be owned and managed by the Office of the Executive Medical Director.

  CRR20-07: Informatics infrastructure capacity, resource and demand

  did *not* accept closure of the risk and transfer of ustanding actions to BAF21-16 risk. It would be the subject of further discussion as outlined above

  CRR21-11 – Cyber Security

  would be presented in private session to protect and maintain the security arrangements of the Health Board.

  CRR21-12: National Infrastructure and Products

  would be the subject of further discussion as outlined above

PP21/18 Integrated Digital Dashboard quarterly update **PP21/18.1** The Interim Digital Director presented the paper highlighting a key success in the last quarter was the upgrade of the pharmacy stock control system, which would provide the platform to support prescribing ongoing within the next two years and the national E-prescribing initiative taking place. The digital health record was in readiness to launch as a pilot within the Vascular service in February utilising a set of E-forms that would make their multi disciplinary team meetings paperless and have the potential to be utilised by other clinical services moving forward. Single Sign On was reported to be increasingly rolled out enabling greater ease of access to multiple systems. A delay from June to November was reported in regard to the national Cancer system. The Interim Digital Director reported that the WCCIS national gateway review was currently being reviewed by Senior Responsible Officers and likely to be available the following month, however a new platform would be piloted during the next 3 months with E-forms functionality to enable Community paperless working. In regard to business continuity, exercises had been scheduled to take place and progress would be monitored. He advised that clinical coding performance was in line with BCU targets of 95% and a single coding policy was operational across BCU. He concluded in reporting that the newly formed cybersecurity team was now in place to support their progression of the cyber Security Action Plan created with the National Cyber Resilience units in line with the national Network and Information systems. **PP21/18.2** The Committee commended the report format. In response to questioning functionality of the replacement WPAS system, the Interim Digital Director explained the process was being moved forward in identifying functionality and delays were being experienced which could have implications at a later stage however, Digital Health Care Wales (DHCW) were doubling up resource to support BCU in progressing the project. Further discussion ensued on the WPAS programme. **PP21/18.3** Functionality gaps in regard to WCCIS were raised in which it was noted that a recent upgrade had created more stable environments and there was demonstratable progress. The supplier had also exhibited a change in senior ownership of the project with more committment to provide solutions. **PP21/18.4** The Committee suggested that DHCW might consider amending the name of the Critical Care Information System (CCIS) as it could be confused with WCCIS and its unfortunate development history. Robotic Process Automation learning was discussed in regard to other potential developments. **PP21/18.5** In regard to DHCW outage statistics it was agreed that future reports would contain more root cause analysis data and supporting narrative in regard to the information provided **PP21/18.6** The Committee questioned potential risks that might arise from the silos of data being developed with the pipeline of individual patient record systems ie nursing record, urology record and digital health care record. The Interim Digital Director advised that this	PC

was acknowledged and in the process of being addressed as a three year clinical system strategy that linked with the IMTP. He advised that the substantive Digital Director would be taking this forward. The Executive Medical Director concurred that risks would need to be mitigated in this area. **PP21/18.7** The Interim Deputy Board Secretary recommended that future KPI reports cross referenced to risks of the BAF and CRR to provide a greater level of assurance, she also questioned the Coding Policy governance route and timing. **It was resolved that the Committee** noted the report	PC
PP22/19 Regional Partnership Board update **PP21/19.1** The Assistant Director Health Strategy presented the report. She advised that the No Closed Door strategy and Population Needs Assessment had both been discussed at the previous RPB meeting. The other significant item was the ongoing discussion about the Regional Integration Fund which was summarised within the paper. She informed that issues were being worked through as a complex new arrangement in terms of funding being brought together. The Assistant Director Health Strategy reported this would result in a simplified approach that would enable large numbers of schemes to be managed via a single fund instead of several. Attention was drawn to the the changing requirements for match funding from Welsh Government which were being worked through in some detail as well the the potential risk around the requirement for matched funding and/or exit strategies. The different Integrated Service Boards were working their way through their own schemes with partners in order to ascertain the resultant funds according to match funding categorisations following which BCU's financial team would be involved as lead for funding in the partnership arena. The Assistant Director Health Strategy highlighted that the funding gaps for partner organisations presented scheme risks and BCU's Mental Health team were currently working through potential impacts to present to the RPB. **PP21/19.2** The Committee questioned whether the governance issue regarding funding should be monitored via PPPHC or PFIGC and sought the Board Secretary's opinion outside the meeting. The Chief Executive reflected on future years, when this would become part of IMTP planning and meet WG expectation to deliver in mainstream business. She provided excellent examples of transformational schemes such as the Buckley Merrifield development. Discussion ensued on the governance flow through RPB to BCU's Board and involvement of the Leadership Group. The Executive Director of Primary Care and Community Services proposed this could be discussed further at a Board workshop which the Committee supported. **It was resolved that the Committee** noted the report, key issues and minutes of the RPB meeting held on 10.12.21.	MM
PP22/20 Regional Population Needs Assessment **PP21/20.1** The Executive Director of Public Health advised this to be the second of the regional joint assessments, linked with social services and well being and undertaken in	

partnership. It was a key piece of work in understanding our needs and should be the basis of all planning and visioning for the future. The document would also be presented to the Board. **PP21/20.2** Following a suggestion by the Committee, the Executive Director of Public Health undertook to share the document with the educational sector to aid their future planning. **It was resolved that the Committee** noted the report	TO
PP22/21 Update on Alcohol harm reduction work work led by BCU Public Health team. **PP22/21.1** The Principal Public Health Practitioner provided a presentation which contained detail on national and regional strategies and alcohol reduction activity ie establishment of NW Alcohol Strategic Group, Alcohol harm reduction insight project, alcohol & pregnancy, alcohol awareness week campaign, review of alcohol license applications, violence strategy needs assessment and a NW infographic providing insights into alcohol harm. **PP22/21.2** The Committee was pleased to receive the enlightening update and the Executive Medical Director advised, in response to a question, that similar Substance Misuse work was being taken forward in BCU's Clinical Strategy development and it was noted that the Committee was appraised of SMS activity through an annual report submitted by the Area Planning Board. **It was resolved that the Committee** commended the activity underway and noted the report	
LEARNING FROM THE PAST **PP22/22 Test, Track and Protect update** In addition to the report the Executive Director of Public Health provided an updated verbal report on the rapidly changing environment. She advised that testing strategies in England were being discussed which would have an impact on Wales. BCU was actively involved in the decisions being considered along with partner organisations. The Committee questioned whether the availability of lateral flow tests to Universities would be affected which was unknown at the current time. **It was resolved that the Committee** noted the report	
PP22/23 Chairs Assurance report : Together for Mental Health Partnership Board **It was resolved that the Committee** noted the report	

PP22/24 Agree items for Board/Other Committees There were no items to refer to the Board or other Committees.	
PP22/25 Review of Risks highlighted in the meeting for referral to risk management group The CRR discussion would be fed back via the Interim Director of Governance and Assistant Director Risk and Assurance	
PP2/26 Agree items for Chair's Assurance report To be considered outside the meeting	
PP22/27 Review of meeting effectiveness The Chief Executive commented that there had been a sense of shared endeavour throughout the meeting. Discussion in the digital, partnership and population health arenas had also been enlightening. She emphasised the importance of providing written assurances as a corporate record which would be a matter for Executive colleagues to reflect upon. A Committee member also reflected that report writing needed to be more measured in order to be more time resource efficient for authors and readers alike.	
PP22/28 Date of next meeting PPPHC meeting 10.5.22	
Exclusion of the Press and Public	

BCUHB People, Partnerships and Population Health Committee Table of actions – last updated 12/05/2022 18:04				
Executive Director	**Minute reference and action agreed**	**Original timescale**	**Latest update position**	**Revised timescale**
Transferred actions from SPPHC closure				
~~Mark Wilkinson (Neil Bradshaw)~~ ~~Sue Hill~~	**SP20/10 Estates Strategy** **Provide** - further detail on: 'Project Paradise' - clarification on interpretation of 'integration' re Bryn Beryl and the number of patients involved - arrange to revise wording of point 4 programme next steps and re-issue the revised document		Defer to August meeting 31.7.20 Estates Strategy deferred to October meeting 14.9.20 Agenda setting meeting agreed to defer to April 2021 1.10.20 The Committee questioned whether this might be considered earlier 23.2.21 The Committee were reassured that progress was being made with regards to implementation of estates matters. In terms of a refresh of the Strategy itself this was proposed for September which would also align better with a refresh of the workforce strategy. The Committee agreed to this timescale but requested an interim update in June. 12.3.21 Agenda setting meeting - agreed to provide position statement to June meeting and Environmental Sustainability item to October meeting 17.6.21 Update received as agenda item 4.10.21 Not available for 14.10.21 meeting due to timing of Board workshop discussion. To be transferred to PPPHC table of actions 11.11.21 Asset Management Strategy on PPPHC 9.12.21 Agenda item 30.11.21 Mark Wilkinson advised will be ready	~~1.4.21~~ June 2021 October December

			February 2022 10.12.21 To be addressed at the February meeting. 24.1.22 To be addressed at next Committee meeting. 10.2.22 PP22/9.3 To be rescheduled 11.4.22 Present to July meeting (amended workplan)	31.1.22 30.6.22
~~Mark Wilkinson~~ Chris Stockport (Sally Baxter)	**SP21.58 Well Being of Future Generations (WFG Act) Auditor General Wales report and BCUHB response** **SP21.58.2** With regard to the Well-Being Future Generation, in terms of discussion during the meeting, it was confirmed that this did form part of the Health Board's underlying thinking and discussions. **SP21.58.3** It was agreed that this would be agenda'd for a future meeting, and would need to be included on the Committee Cycle of Business.	2.8.21	Address in October meeting in order to feed into Living Healthier, Staying Well updates. 4.10.21 This action has transferred to the PPPHC table of actions 11.11.21 – To February 2022 meeting on Workplan Update 21.1.22 – Sally Baxter (Assistant Director Health Strategy) and Helen Stevens-Jones (newly appointed Director of Partnerships, Communication and Engagement) have been discussing this item and have requested deferment in order to review. Update 13.4.22 – Internal audit required us to move towards longer term funding for some of the projects addressing population health need and broader prevention. This has commenced, with a number of schemes within the IMTP being allocated core funding, including a number of the Building a Healthier North Wales schemes and the Inverse Care Law. There is further work to be done but the principles will be built into planning process for this year.	October 27.4.22
24.9.21 Inaugural meeting				
	PP21/11 Integrated Digital Dashboard	29.11.21	• Through the national programme management	

~~Chris Stockport~~	**Quarter 1 Report 2021-22** Ensure the Interim Director of Digital addresses the following points • **PP21.11.4** Provide detail of the WCCIS commissioned review of the current situation		arrangements, action has been taken at various points to review and try to accelerate delivery. However, some key issues have taken a long time to resolve or have still not been fully resolved. Recent changes to programme governance structures are intended to support a more co-ordinated national approach, including acceleration of national data standards which are key to realising some of the benefits of WCCIS. BCU will be piloting WCCIS and working with national teams to enable district nursing documentation. A local review of therapy information system requirements and WCCIS is now underway **10.12.21** Action reopened for further information to be provided on the **commissioned review** **Update 28.1.22** - A recent national strategic review of the WCCIS programme took place in November and December 2021 primarily focusing upon strategy and vision, contract and commercial arrangements, governance and the programme delivery model. The draft review went to the WCCIS Leadership board in January and the SRO's will look at the recommendations and consider how to take these forward. This will then be circulated, and stakeholder engagement days will be held for organisations. We are expecting the final report to be available mid to end of February pending SRO review The scope of the project has been reviewed with the supplier and the Health Board are currently awaiting confirmation of costs from the National Team prior to	31.1.22

Dylan Roberts wef April 2022			signing a Change Control Notice with the Supplier for this revised scope. The delays to the project and the stability issues of the platform remain a risk to any go-live and these are being monitored by the Project Manager. 27.4.22 In autumn 2021, as a direct response to specific recommendations from the 2020 Audit Wales report and the Institute of Public Care report, the WCCIS SRO's and Welsh Government commissioned Channel 3 to develop a clear and informed set of recommendations and options on how to take the programme forward. The review made the following recommendations: 1. Re-purposing and descoping the programme: simplifying the overarching purpose of WCCIS 2. Consider placing these 'descoped', works within sister program, where the work can be done best, and govern and manage interrelated delivery via formal portfolio management overseen by Welsh Government 3. Draft and sign up to some design principles to guide WCCIS design, and administer their use via a new design authority 4. Take a co-ordinated and consolidated set of actions to course correct the programme, then take advantage of technology and other opportunities now readily available 5. To take things forward at pace, several steps must be taken within 3 months of the review to maintain its momentum This review will result in better communication, better governance and better focus for Advance (the	

			supplier) at the National team level. Further detail of the recommendation can be found it the attached document in appendix 1 and 2. (see member briefing items) The National Team are currently developing and agreeing an action plan to address these recommendations. The full impact is not known and Informatics will monitor the situation.	
~~Louise Brereton~~ Molly Marcu	**PP21/14 Board Assurance Framework** • **PP21/14.3** Raise at next RMG, concern on the need for improved clarity in regard to target risk and appetite.		Risk appetite issues will be raised at December EMG and February 2022 Board seminar as part of review of 2022/23 BAF. 1.2.22 Revised BAF currently in development alongside IMTP and will be reviewed at April Board workshop which will allow for more consistent approach to target risk scores in line with appetite. Risk appetite under review as part of Risk Management strategy update via the RMG, which will be approved by the Board in April. 11.5.22 Risk appetite statement will be received at the June Board workshop ahead of approval of the risk strategy and adoption of the BAF in July 2022	
10.12.21 meeting				
~~Louise Brereton~~ Molly Marcu	**PP21/26 Committee Annual Workplan** Work through with Executive Directors appropriate scheduling of the areas discussed within the meeting.	31.1.22	3.2.22 Committee Secretariat is working through all amendments which will be presented to next Committee meeting or Committee Business Management Group – whichever takes place sooner. 11.4.22 Agenda item for May meeting	27.4.22 Action to be closed
Gill Harris (~~Russell King~~)	**PP21/40 Emergency Planning Resilience and Response (EPRR) position statement and Training and Exercising Progress Report** The Committee Chair requested that a follow up report be provided to address the concerns outlined to the 10.2.22 Committee meeting.	31.1.22	10.2.22 **PP22/9.5** In regard to PP21/40 Emergency Planning Resilience and Response (EPRR), the Committee was disappointed that a follow up report had not been provided. The Committee Chair requested	27.4.22

			that a follow up report be provided to address the concerns outlined to the May Committee meeting Agenda item 20.5.22	Action to be closed
10.2.22 meeting				
Chris Stockport (Sally Baxter)	**PP21/30 Report of the Lead Director** The Executive Director of Primary Care and Community Services advised the Living Healthier Staying Well strategy report was in the final stages of collation and would be provided to the next meeting. It was noted that this would also help to inform BCU's developing Clinical Services Strategy and the Integrated Medium Term plan.		11.4.22 Agenda item 10.5.22	Action to be closed
Liz Fletcher	**No Wrong Door** **PP22/14.4** …in questioning the risks which were understood to have been identified the Assistant Area Director Children's Services West undertook to prioritise and enlarge upon at a future stage of the development. **PP22/14.5** In response to the Committee the Assistant Area Director Children's Services West undertook to look into 'Four levels of need' defined in the document to improve clarity.	29.4.22	28.4.22 Liz Fletcher advised: A risk analysis and risk log will be part of the implementation framework for the No Wrong Door Strategy, which is still in development. Currently the major risks are identified in 6 main areas: Workforce Requirements; Partnership Working and Communication; Financial; The Cultural Change required; The High Ambition of the Strategy; Possible increasing Prevalence of Mental Health Needs The 4th Level of Need (Acute/Specialist Needs, including Safeguarding) relates to children who are on the 'Edge of Care' and may require specialist placements to provide specific interventions and/or protect from significant harm	Next update to be provided January 2023 – added to Workplan Action to be closed
Molly Marcu	**No Wrong Door** **PP22/14.6** The Executive Director of Primary Care and Community Services suggested that	29.4.22	Included on Board programme – date to be confirmed	Action to be closed

	partnership governance could be considered at a future Board workshop as partnerships continued to evolve.			
~~Phil Corrin~~ Dylan Roberts	**OPMR** The Committee requested that future Digital KPI reports include updates on the Accurex programme.	30.6.22	Noted. Will work with the person responsible for AccuRx and determine if this project needs to be included in the Informatics Integrated report for submission in July	Action to be closed
~~Phil Corrin~~ Dylan Roberts John Cunliffe	**CRR** **PP22/17.3** In regard to the recommended closure of CRR20-07: Informatics infrastructure capacity, resource and demand, the Committee agreed that the Independent Member whom was previously Chair of the Digital and Information Governance Committee should meet with the Interim Digital Director to discuss further. **PP22/17.4** In relation to CRR21-12: National Infrastructure and Products, the Assistant Director Risk and Assurance undertook to circulate the previous version to members for comparative purposes. The Committee questioned whether infrastructure supporting national systems had necessarily changed and thereby affected the risk, it was agreed this would also be discussed with the Interim Digital Director.	29.4.22	JC has meetings scheduled with Digital Director 11.5.22 Circulated to members on behalf of Assistant Director Risk and Assurance	Actions to be closed
~~Phil Corrin~~ Dylan Roberts	**Digital KPI report** **PP21/18.5** In regard to DHCW outage statistics it was agreed that future reports would contain more root cause analysis data and supporting narrative in regard to the information provided	30.6.22	Noted. Will be included in next the Report for submission in July.	Action to be closed
Phil Corrin	**PP21/18.7** The Interim Deputy Board Secretary recommended that future KPI reports cross referenced to risks of the BAF and CRR to	29.4.22	Working with Board secretary to determine how best to move forward with this action to strengthen the Assurance report. This will be looked into for the	Action to be closed

Dylan Roberts	provide a greater level of assurance, she also questioned the Coding Policy governance route and timing.		July submission. The Coding Policy will be provided to the July PPPHC meeting	
Molly Marcu	**RPB** **PP21/19.2** • The Committee questioned whether the governance issue regarding funding should be monitored via PPPHC or PFIGC and sought the Board Secretary's opinion outside the meeting. • The Executive Director of Primary Care and Community Services proposed this could be discussed further at a Board workshop which the Committee supported.	29.4.22 29.4.22	CS advised 13.4.22 that Partnership Governance Arrangements is on the agenda and a paper is being produced which will incorporate the RPB issues.	Action to be closed
Teresa Owen	**PP22/20 Regional Population Needs Assessment** **PP21/20.2** Following a suggestion by the Committee, the Executive Director of Public Health undertook to share the document with the educational sector to aid their future planning.	29.4.22	Document sent to Bangor and Glyndwr Universities on 29 April 2022.	Action to be closed

Cyfarfod a dyddiad: Meeting and date:	**People, Partnerships and Population Health Committee 20.5.22**
Cyhoeddus neu Breifat: Public or Private:	Public
Teitl yr Adroddiad Report Title:	**North Wales Regional Partnership Board meeting update**
Cyfarwyddwr Cyfrifol: Responsible Director:	Chris Stockport, Executive Director of Primary Care and Community Services
Awdur yr Adroddiad Report Author:	Sally Baxter, Assistant Director - Health Strategy Catrin Roberts, Head of Regional Collaboration
Craffu blaenorol: Prior Scrutiny:	This update is being brought for information
Atodiadau Appendices:	Notes of 11th March 2022 Regional Partnership Board meeting attached

Argymhelliad / Recommendation:

The Committee is asked to note the updates relating to the work programme of the North Wales Regional Partnership Board and to receive the notes of the meeting held on 11.3.21

Ticiwch fel bo'n briodol / Please tick as appropriate

Ar gyfer penderfyniad /cymeradwyaeth For Decision/ Approval		**Ar gyfer Trafodaeth For Discussion**		**Ar gyfer sicrwydd For Assurance**		**Er gwybodaeth For Information**	**X**

Sefyllfa / Situation:

The notes of the Regional Partnership Board meeting provide the Committee with an update on progress within the RPB partnership work programme. The notes of the 11th March 2022 meeting are attached.

Y/N i ddangos a yw dyletswydd Cydraddoldeb/ SED yn berthnasol Y/N to indicate whether the Equality/SED duty is applicable	**N**

The Equality and Socio-economic duties will be considered by each of the programmes as appropriate.

Cefndir / Background:

Items discussed at the 11th March 2022 RPB meeting include:

- The regional Population Needs Assessment, approved by the Health Board and RPB partner organisations individually, was endorsed by the RPB
- Establishment of the RPB Children's Sub-group
- Transformation Fund Programme Evaluation
- Housing and Health: Registered Social Landlords' (RSLs') offer for Innovative, Integrated Care Solutions
- Q3 Integrated Care Fund (ICF) 2021-22 report
- Future funding update and sustainability planning
- BCU HB update
- Review of NW RPB

Key issues arising from the discussions include:

Transformation Programme Evaluation

- **Community Transformation Programme**

The programme set out to transform Community Health, Well-being and Care services in North Wales via enhancing of GP clusters and social care arrangements and moving to Integrated health and social care localities incorporating Community Resource Teams (CRTs), working seamlessly to provide information, advice, care and support based on 'what matters' to individuals.

The intention was to increase care in the community by realising a shift towards well-being and population health management, as well as increasing skills and capacity within community services to meet a wider range of needs. The programme has achieved some notable success in digital transformation, community catalysts, processes and documentation. However, the programme as a whole has not fully achieved its aims. The extent of the impact has been limited, for many reasons, including the impact of the Covid-19 pandemic, and increasing workforce challenges across the health and social care sector, but also reflecting engagement between the transformation programme and operational leads during this time.

- **Children and Young People's Programme**

The Children's and Young Peoples programme has successfully developed and implemented three models of intervention for children at the edge of care, with two Edge of Care services well established and demonstrating benefits for extremely vulnerable children and families. Residential facilities are now being developed in the East and Central regions and reflect a long-term commitment to these projects.
The programme has also created a range of frameworks, resources and training to support universal health and wellbeing of young people and the Early Help workstream LIFT service which has started to demonstrate benefits directly for children and families and also for partner organisations.

- **Seamless Services for People with Learning Difficulties programme**

Successfully increased the use of technology, reduced social isolation, helped support people's physical, mental and emotional health during the pandemic, provided information and resources to individuals, their families, employers and professionals. Citizens have benefited from greater access to community activities that promote independence and progression (e.g. learning new skills), supported people with learning disabilities to have friendships and relationships, and increased awareness amongst the wider community.

The programme has also increased availability and uptake of Active Support and Positive Behaviour Support training by the learning disability workforce changing the way they work with service users to become more outcome focussed and person centred. Progress has been made in relation to the coordinated planning of accommodation on a regional basis for people with complex needs and delivery of direct payment support.

- **Together for Mental Health iCAN programme**

The iCAN programme of work is supporting people in the community with mental health issues, supporting people into work and via the iCAN primary care supporting general practice. Across the portfolio of iCAN Hubs, nearly 900 people different individuals are being supported in any given month.

There is potential to increase further the benefit of the iCAN programme through better integration into pathways across North Wales, supported by engagement of the Mental Health Teams and through

the Local Implementation Teams (LITs) which can play a key role in facilitating good collaboration between partner agencies and developing local services.

Integrated Autism Service
Partners are currently developing their implementation plans for the Code of Practice on the Delivery of Autism Services. These will be pulled together in a regional plan and submitted as required to Welsh Government. Once the baseline position and the extent of compliance against the standards within the Code of Practice is known, task and finish groups will be set up to implement the Code of Practice, to share good practice between partners and to develop regional solutions.

Memory Assessment Service
New recurrent ICF funding was confirmed in August 2021 to improve memory assessment services. Obtaining a timely diagnosis is a key aim in the Dementia Action Plan for Wales and is also one of the All Wales Dementia Standards.

The North Wales Integrated Memory Assessment Pathway will deliver a regional service that is easy to access, effective and equitable for people with dementia and their carers. A dedicated Memory Assessment Pathway Manager is being recruited along with dementia pathway trackers. Demand and capacity modelling is in progress and plans are being developed to reduce waiting times and improve outcomes.

Research, Innovation and Improvement Coordination Hub
The RIICH has continued to work with RPB partners to improve the coordination of research, innovation and improvement activity in health and social care through the North Wales Research, Innovation and Improvement Hub. Achievements in 2021/22 include mapping the activity taking place across the region and setting up online databases so this information is easier for everyone to access. The hub has collated the help available to solve health and care challenges and develop ideas for innovation and improvement, which they promote through events, social media and their website. More information is available on the hub website:
https://www.northwalescollaborative.wales/research-innovation-and-improvement-coordination-hub/

Future Funding
The Health and Social Care Regional Integration Fund (the RIF) is a 5-year fund to deliver a programme of change from April 2022 to March 2027. The RIF builds on the learning and progress made under the previous Integrated Care Fund and Transformation Fund and will seek to create sustainable system change through the integration of health and social care services. The RIF is a key lever to drive change and transformation across the health and social care system and in doing so will directly support implementation of several key pieces of policy and legislation.

Work to identify the impact of new requirements for match funding is ongoing across health and social care communities and actions being taken to address these will be reported to the Committee once the assessment has been completed.

Accelerated Cluster Development Programme
In March 2022 the Minister for Health and Social Services wrote to NHS Chairs, Leaders of Local Authorities and RPB Chairs to confirm requirements of partner organisations and of the RPB in delivering the Accelerated Cluster Development Programme (ACDP.) The Welsh Government remains fully committed to the role of clusters in both planning and delivering health and care services matched to the specific needs of individuals and communities at the cluster level (populations of between 25,000 – 100,000.) There are 14 clusters defined in North Wales.

Clusters are now expected to accelerate their development, and clusters and RPBs to align their respective planning and partnership working. This reflects the real opportunities to re-balance our health and care system as we move from pandemic to endemic.

Work is being taken forward in North Wales to progress the ACDP and establish Pan Cluster Planning Groups to support the development and in line with Ministerial requirements. Workshops are being held in each area to map current progress and structures, identify local priorities and build on good practice undertaken to date. A report on process, timescales and outcomes is being prepared for the RPB and further updates will be reported to PPPH Committee also.

Further details on the ACDP can be found at ACDP background briefing

The Head of Regional Collaboration, Catrin Roberts, will be in attendance to discuss key issues and arising from the update report.

Asesu a Dadansoddi / Assessment & Analysis

Strategy implications

There is increasing emphasis on the role of the RPB and partnership working in the national strategic direction set out in **A Healthier Wales** and in subsequent strategies and plans. The Health Board's long-term strategy, **Living Healthier, Staying Well**, recognises as one of the main strategic goals that we will work in partnership to support people – individuals, families, carers, communities – to achieve their own well-being. Our commitment to partnership working is reaffirmed in the BCU HB Integrated Medium Term Plan 2022-25.

Options considered

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

Financial implications

Financial Implications are identified within each specific workstream.

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

Risk analysis

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

Legal and compliance

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

Impact Assessment

BCU HB retains the organisational public sector duties relating to Equality, Human Rights and Socio-economic duties for strategy and plans delivered through partnership working, as do partner organisations which are designated public bodies. Each of the programmes within the RPB portfolio is responsible for ensuring impact assessment is undertaken and statutory duties are fulfilled. The

Health Board Equality Team has been working in partnership with others on the North Wales Public Sector Equality Network to support partner organisations in ensuring appropriate impact assessment is carried out.

CYDWEITHREDFA GWELLA GWASANAETHAU
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NORTH WALES SOCIAL CARE AND WELL-BEING
SERVICES IMPROVEMENT COLLABORATIVE

Minutes of the North Wales Regional Partnership Board Meeting

11th March 2022

9:00 am – 12:00 pm

Via Zoom

Present:	Mary Wimbury (Chair), Alwyn Jones, Ann Woods, Catrin Roberts, Cllr Christine Jones (attended until 11:00 am), Cllr Bobby Feeley, Cllr Dafydd Meurig, Cllr John Pritchard, Delyth Lloyd-Williams (joined at 10:20 am), David Hughes, Dr Lowri Brown, Estelle Hitchon, Fôn Roberts, Helen Corcoran, Iwan Davies (attended until 10:00 am), Lucy Reid, Meinir Williams-Jones, Morwena Edwards, Neil Ayling (stepped out from 10:30 – 11:00 am), Nicola Stubbins (attended until 10:30 am), Ricki Owen, Rob Smith (attended from 10 am), Sam Parry (attended until 10:30 am), Shan Lloyd Williams, Sian Tomos, Teresa Owen, Alison Kemp (in attendance for Bethan E Jones)
Apologies:	Bethan E Jones, Chris Stockport, Cllr Cheryl Carlisle, Cllr Llinos Medi Huws, Ffion Johnstone, Jenny Williams, Jo Whitehead
In Attendance:	Catrin Perry, Workforce and Commissioning Manager, Regional Collaboration Team (for agenda item 2) Philip Provenzano, Assistant Director IPC (for agenda item 4) Kathryn Holding, Senior Consultant IPC (for agenda item 4) Edward Hughes, Chief Executive, Clwyd Alyn (for agenda item 5)

Item		Actions
1.	Welcome, introductions and apologies The Chair welcomed attendees to the meeting and apologies were noted as above. The chair welcomed new member David Hughes representing NWFRS and gave thanks to Paul Scott, the outgoing NWFRS representative.	
2.	Regional Population Needs Assessment (PNA) The board received an update report on the progress of the work on the Regional PNA, with regard to Section 14 of the Social Services and Wellbeing (Wales) Act, which notes regional partners are required to produce Population Assessments providing an assessment of need for care and support and the support needs of carers in their area.	

	Following discussion at the January meeting, and subsequent feedback received, a revised PNA report was circulated and progressed through each partner's governance arrangements. The additional feedback received following further scrutiny as a result of the governance process has also been incorporated into the report. An action was taken from the RPB meeting in January 2022 for a summary version of the PNA be made available, and the English version of the summary has been included in today's meeting pack. The Welsh version is currently being translated. Even though the PNA is a statutory requirement, the main purpose for undertaking the work is to provide an evidence base to support organisations and services across the region for strategic planning cycles underpinning the integration of services and support partnership arrangements. CR informed the requirement to produce an accessible, regional report in a short timescale has limited the content. The work, carried out during a very challenging time due to the pressures of the pandemic, has involved a significant effort by officers to ensure that a meaningful document has been produced. The final PNA document is a live document and will be continually updated. An on-going process will be developed to improve and update the PNA so that it remains meaningful. The PNA will also be used to draft the work of the Market Stability Report (MSR) and will also be used to evidence integration work across the region. It is requested the NWRPB confirm their approval of the final NW PNA 2022. The report requires to be produced and published by the 1st April 2022. NWRPB members informed the PNA has been positively received as a result of the governance process, and were in agreement to endorse the Regional PNA.	
3.	<u>NWRPB Children's sub-group</u> The board, established in January 2022 will meet monthly and the March meeting will be utilised to discuss the Children's sub-group priorities. A written report will be provided on the priorities for NWRPB agreement in April. A formal virtual launch has been arranged 15.3.2022. Significant work has been undertaken to create this interactive launch and NWRPB members have been invited. AW enquired to the representation and if third sector colleagues were represented on the children's sub-group. FR informed in order for the sub-group to remain a smaller group and due to the significant number of membership requests from external colleagues, a decision was taken to establish a wider Stakeholder Reference Group, to provide advice on specific service proposals, to	

	encourage positive local engagement and to ensure Stakeholder views are understood and properly considered during the process. The Stakeholder Engagement Group will be key in shaping and influencing the operational work from the CYP sub-group.	
4.	<u>Transformation Fund Programme Evaluation</u> Philip Provenzano and Kathryn Holding from the Institute of Public Care (IPC) attended to present the high level findings, next steps and key recommendations from the first draft of the evaluation report. The Transformation Fund Programme Evaluation draft report has been informed by the Theory of Change, the Evaluation Framework of previous reports, consultation with programme leads, project staff, key stakeholders and partner agency representatives, and incorporated information from the Results Based Accountability (RBA) score cards and case studies. The evaluation follows the guidance developed by WG on the Transformation Fund regional evaluation requirements that has been provided to each RPB. A standard template has been provided including a series of revised research questions to make the evaluation process relevant in light of the Covid-19 pandemic outbreak and to capture its impact on Transformation Fund projects. The Final Evaluation Report demonstrates a regional perspective and provides a comprehensive and conclusive account of what the Transformation Fund has accomplished for the region as a whole. The Regional Partnership Boards are required to submit a single, overarching report of all 4 Transformation Programme Service Groups over the last 3 years. All four programs had a commonality of aims: • To provide early intervention and preventative care. • To improve peoples' experience of services, by improving integration, reducing the barriers between existing services and providing seamless care. • To improve service user outcomes. • To prevent crisis. PP commended the significant amount of work completed in North Wales over the last 3 years, with distinct highlights acknowledged for each of the programmes. The Learning Disability Transformation Programme (TP), Together 4 Mental Health TP and Children and Young People TP noted clear aims, objectives and operational ownership from the start with notable benefits having been realised. The Community Services TP, a complex and ambitious programme to transform community well-being and healthcare in North Wales, delivered across 5 work-streams had limited impact. Whilst the programme has achieved some notable success in digital transformation, community catalysts, processes and documentation, the programme as a whole has not fully achieved its aims. AK noted disappointment to learn of this feedback and enquired to	

	the detail of the evidence for future learning i.e. management engagement and data monitoring. The draft report notes the key themes in relation to the critical success factors, key themes to the barriers and notes 8 recommendations for action. Following discussion at today's board meeting, RPB members have the opportunity to provide final comments on the draft report to IPC by the 25.3.2022. The final collated document will be completed by 1.4.2022, approved by the NWRPB 8.4.2022 and submitted to WG 30.4.2022. NS acknowledged the work completed by IPC on the evaluation and confirmed support to the noted recommendations. NA queried whether an easy-read version would be made available, and KH agreed to discuss this with IPC colleagues. The draft report was noted and it was agreed the full report would be circulated again to NWRPB members with deadline date for feedback. The final report will be presented to the April NWRPB	Circulate report with deadline dates – RW Agenda April - RW
5.	<u>'Housing and Health: RSL's offer for Innovative, Integrated Care Solutions'</u> SLW provided the background to the proposal - One of the areas of discussions within RPB over past few months has been the timely medically fit for discharge of patients from hospital and the avoidance of hospital admission in the first place. The Consortia of Housing Associations have jointly discussed their contribution to a more sustainable solution to the challenges faced by the LAs and BCU. Edward Hughes, CEO Clwyd Alyn explained the Consortia of Housing Associations, in partnership with the third sectors and voluntary sector propose an integrated offer to support health and social care, to work with partners to address the causes and impacts of poverty, and to help people get back into work, combatting social isolation or support or providing access to nutritious food. The Housing sector, as an organisation are experts at delivering services within the community and offer support around intermediate care, care navigation, care co-ordination and services in the home to support primary care e.g. the intermediate care pilot in Penrhos Pwllheli, a step down partnership between LA, BCU and HA's, providing an improved value for money, with similar 18 care schemes in operation in communities across NW. Housing Association's work is embedded in supporting communities and a whole host of ongoing work across the region could be embedded in BCU pathways. i.e. delayed discharges due to lack of support once at home, building services and packages that are consistent across the whole of North Wales will provide real opportunity and cost effective solutions to ease BCU pressure. The	

	Consortia of Housing Associations would welcome the opportunity to further develop the discussion. NWRPB BCU colleagues welcome the proposal with real opportunities to collaborative working across a number of pathways. A proposal was put forward for a further discussion with the PSB's, and openings within the corporate health standard regarding volunteering work, green health sector, healthy ageing, healthy start to life, speech and language therapy and opportunities to work with experts in the community and vulnerable groups RS informed of a recent meeting of the Heads of NW Housing Associations and BCUHB CEO, and instructions are awaited on the next steps of this discussion. AK confirmed although a whole range of measures have been put in place to assist with primary care i.e. care navigators, talking points within GP practices, the support to potentially ease BCU pressure is welcome, with massive opportunities on exploring the impact and putting this exiting offer into practice. EH thanked for the comments and support. The consortia of HA, together with the third sector and voluntary organisations has a lot of offer and will looks forward to the next steps to move the agenda forward as a regional board, on this fantastic opportunity to make a real difference.	
6.	<u>Q3 Integrated Care Fund (ICF) 2021-22 report</u> NA, ICF lead officer acknowledged the significant work completed by all partner agencies on the ICF work-stream. Highlights include: Revenue - Spend at the end of Q3 is £13.2M (65% of the annual allocation). Underspend has been identified for a number of schemes, and slippage plans have been agreed. The year-end forecast is a fully spent programme by end of quarter 4. Out of the 125 project, 97 projects are highlighted a green BRAG status, 7 a red status, and 21 an amber status. The red and amber status projects are predominantly due to recruitment difficulties, staffing and Covid challenges. In the first 9 months of the year £3,9M has been spent directly supporting carers and £1.6M investment went to third sector projects. Capital - There are 18 main capital schemes and 18 discretionary capital schemes, with spend at Q3 of £1.8M (17.2 %). The underspend is due to project delays resulting from Covid impact and the bulk of the programme management being for the 2 sub-regional children's assessment centre totalling £4.4m. Additional Capital Funding – in mid-November partners had the opportunity to submit bids for additional Capital Funding – 10 schemes were approved by WG with a value of £1.12m. Funding for Larger Social Housing – in mid-December all partners had the opportunity to submit bids for larger social housing properties – 6 schemes have been approved by WG with a value of £710K.	

	Integrated Autism Service (IAS) – spend at Q3 is £584,638 (89%), with partners currently developing their implementation plans for the Code of Practice. These will be pulled together in a regional plan and submitted as required to Welsh Government. Memory Assessment Service (MAS) – recurrent funding of £678K. Following a successful commissioning exercise 4 third sector partners have been identified to deliver Parts 1 and 3 of the pathway. The NWRPB were in agreement to note the position and agree the Q3 2021/22 ICF funding streams report.	
7.	<u>Future Funding update and sustainability planning</u> CR provided members with an update on the future funding and sustainability planning. At the NWRPB in February the key principles around the infrastructure fund was agreed and how the funding would be allocated. CR informed regional colleagues have recently been working with local teams around developing proposals against each model of care for WG. This is a significant piece of work, and regional teams are to be congratulated on the progress which has been made over the last few weeks on the assessments of all projects to continue. Two draft models of care have already been prepared and will be shared with WG today. The feedback from WG on these two models will be provided to local teams for consideration on the remaining proposals. Work is on-track for the 6 draft models of care proposals and the draft report will be presented to the NWRPB in April for members' consideration, comments and agreement prior to formal submission to WG. Once the assessment of the existing programmes under ICF and the transformation has been completed, the region will be able to discuss and agree how the remaining funding will be utilised. The two Capital funding proposals and governance arrangements will also be presented at the April RPB. During discussion the following points were raised: The RIF has provided an opportunity for the region to work differently, to structure the work of the models of care on future requirements as a result of the impact of the pandemic. Consideration should be given to a RPB's full discussion to ensure everyone are in agreement to the priorities within the models of care, and linking all work to the PNA to understand future requirements, regionally and locally. CR confirmed, although the PNA has not yet been formally adopted, local teams have an understanding and are fully aware of the main requirements of the PNA and how this fits into existing programme which will be continuing. The PNA will link and shape all new programmes.	

	CR informed the 2 draft models of care already prepared are being forwarded to WG to gauge the level of detail required. These reports are work in progress, not final documents, and discussion around priorities and linking into the programme of work and the PNA will take place in the April RPB. The RIF draft programme will be submitted to WG in early April. WG have allowed for flexibility over the first 12 months, and providing the RPB an opportunity to re-visit proposals. CR confirmed all proposals will be fully discussed at the NWRPB prior to submission to WG.	
8.	<u>BCUHB update</u> Covid update – challenges remain with the recent increase seen in community numbers. The situation is being closely monitored. It is positive to note numbers are not presenting in ITU, signifying the overwhelming success of the North Wales vaccination programme. Work is ongoing and progressing on spring/autumn booster vaccination planning. Quality Work - Various reports have been presented to the Safety and Experience Committee, in line with BCUHB commitment to openness and transparency: – A Vascular Quality Panel has been established, arising from the invited review commissioned from the Royal College of Surgeons (RCS) in relation to vascular services and will be reporting regularly on findings. A partnership has been established with Liverpool University Hospital Trust, who will support the vascular service through some changes in the local clinical leadership of the service. – Work has started on MH improvement plans, bringing together recommendations from the external review. This work will be considered from a different perspective and will consider the wider system and pathways to drive improvement across mental health services. PACC – Public Accounts Committee discussed quality challenges, MH challenges in general and finance. Refer Jo helpful update at the board yesterday - written summary of key points - charter for families bereaved, important work given the learning from other incidents and BCU approach to transparency. Cllr BF enquired regarding the BCUHB re-structure and the impact on the NWRPB, particularly in terms of the community and LA partnership. TO confirmed of changes taking place within BCUHB structure to the operating model ‘Stronger Together’ to improve the way of working internally and with external partners. It would not be appropriate for TO comment further at this stage and proposed that a briefing is provided to a future NWRPB.	

9.	<u>Review of NWRPB</u> CR informed the NWRPB of a proposed review of the NWRPB. The impact of the pandemic on the NWRPB has been discussed in a number of forums, and views of all members in relation to what is working well, suggested improvements to support future changes is welcome. The first step will be to gather the views of RPB members via an electronic survey by the end of March. NWRPB members are also welcome to contact CR to discuss virtually is this is the preferred method. Consideration from RPB members will be sought on the following 4 areas: • Governance • Administration • Communication and Engagement • Raising Awareness Suggestions also welcome on other areas for improvement. The NWRPB were in agreement to note the report. A further report will be presented to the April RPB on the results of the survey and the initial proposals to improve the mechanism of the NWRPB over the next couple of months.	Agenda April - RW
10.	<u>Minutes and actions of last meeting – February 2022</u> Matters arising: The minutes were agreed as accurate record of the meeting.	
	<u>Any other business</u> ID informed the Strategic Co-ordination Group (SCG) has now been stood down. A decision was taken by the SCG not to stand up the Recovery Co-ordination Group (RCG) as the recovery themes are already being discussed by existing arrangements or by partner core business arrangements.	
	Date of next meeting: Friday 8th April 2022, 9:00 – 12:00 pm	

CYDWEITHREDFA GWELLA GWASANAETHAU GOFAL A LLESIANT **GOGLEDD CYMRU**

NORTH WALES SOCIAL CARE AND WELL-BEING SERVICES IMPROVEMENT COLLABORATIVE

Cofnodion Cyfarfod Bwrdd Partneriaeth Rhanbarthol Gogledd Cymru

11 Mawrth 2022

9:00 am – 12:00 pm

dros Zoom

Yn bresennol:	Mary Wimbury (Cadeirydd), Alwyn Jones, Ann Woods, Catrin Roberts, Cyng. Christine Jones (yn bresennol tan 11:00 am), Cyng. Bobby Feeley, Cyng. Dafydd Meurig, Cyng. John Pritchard, Delyth Lloyd-Williams (ymunodd am 10:20 am), David Hughes, Dr Lowri Brown, Estelle Hitchon, Fôn Roberts, Helen Corcoran, Iwan Davies (yn bresennol tan 10:00 am), Lucy Reid, Meinir Williams-Jones, Morwena Edwards, Neil Ayling (gadawodd rhwng 10:30 a 11:00 am), Nicola Stubbins (yn bresennol tan 10:30 am), Ricki Owen, Rob Smith (yn bresennol o 10 am), Sam Parry (yn bresennol tan 10:30 am), Shan Lloyd Williams, Sian Tomos, Teresa Owen, Alison Kemp (yn bresennol ar ran Bethan E Jones)
Ymddiheuriadau:	Bethan E Jones, Chris Stockport, Cyng. Cheryl Carlisle, Cyng. Llinos Medi Huws, Ffion Johnstone, Jenny Williams, Jo Whitehead
Hefyd yn bresennol:	Catrin Perry, Rheolwr Comisiynu a'r Gweithlu, Tîm Cydweithio Rhanbarthol (ar gyfer eitem 2 ar y rhaglen) Philip Provenzano, Cyfarwyddwr Cynorthwyol y Sefydliad Gofal Cyhoeddus (ar gyfer eitem 4 ar y rhaglen) Kathryn Holding, Uwch Ymgynghorydd y Sefydliad Gofal Cyhoeddus (ar gyfer eitem 4 ar y rhaglen) Edward Hughes, Prif Weithredwr, Clwyd Alyn (ar gyfer eitem 5 ar y rhaglen)

Eitem		**Camau Gweithredu**
1.	<u>Croeso, cyflwyniadau ac ymddiheuriadau</u> Croesawodd y cadeirydd bawb i'r cyfarfod a nodwyd yr ymddiheuriadau uchod. Croesawodd y Cadeirydd yr aelod newydd, David Hughes, a oedd yn cynrychioli Gwasanaeth Tân ac Achub Gogledd Cymru, a diolchwyd i Paul Scott, sef cynrychiolydd y gwasanaeth a oedd yn ymadael.	

2.	<u>Asesiad Rhanbarthol o Anghenion y Boblogaeth</u> Derbyniodd y bwrdd y wybodaeth ddiweddaraf am gynnydd y gwaith ar yr Asesiad Rhanbarthol o Anghenion y Boblogaeth, mewn perthynas ag Adran 14 Deddf Gwasanaethau Cymdeithasol a Llesiant (Cymru), sy'n nodi bod angen i bartneriaid rhanbarthol lunio Asesiadau o Boblogaeth sy'n asesu'r angen am ofal a chymorth ac anghenion cymorth gofalwyr yn eu hardal. Yn dilyn trafodaeth yn y cyfarfod ym mis Ionawr, ac adborth a gafwyd wedi hynny, rhannwyd adroddiad diwygiedig o'r Asesiad ac aethpwyd drwy drefniadau llywodraethu pob partner. Roedd yr adborth ychwanegol a gafwyd yn dilyn gwaith craffu pellach o ganlyniad i'r broses lywodraethu hefyd wedi ei gynnwys yn yr adroddiad. Cymerwyd cam gweithredu o gyfarfod y Bwrdd Partneriaeth Rhanbarthol yn Ionawr 2022 i sicrhau bod fersiwn gryno o'r Asesiad ar gael, ac mae fersiwn Saesneg y crynodeb wedi ei chynnwys ym mhecyn y cyfarfod heddiw. Mae'r fersiwn Gymraeg yn cael ei chyfieithu ar hyn o bryd. Er bod yr Asesiad o Anghenion y Boblogaeth yn ofyniad statudol, y prif ddiben dros ymgymryd â'r gwaith yw darparu sylfaen dystiolaeth i gefnogi sefydliadau a gwasanaethau ar draws y rhanbarth ar gyfer cylchoedd cynllunio strategol, gan ategu'r bartneriaeth o integreiddio gwasanaethau a chefnogi trefniadau partneriaeth. Esboniodd CR fod y gofyniad i lunio adroddiad hygyrch, rhanbarthol mewn cyfnod byr o amser wedi cyfyngu ar yr hyn y gellir ei gynnwys. Mae'r gwaith, a gynhaliwyd yn ystod amser heriol iawn oherwydd pwysau'r pandemig, wedi arwain at gryn dipyn o waith i swyddogion er mwyn sicrhau bod dogfen ystyrlon yn cael ei llunio. Mae dogfen derfynol yr Asesiad o Anghenion y Boblogaeth yn ddogfen fyw a bydd yn cael ei diweddaru'n barhaus. Bydd proses barhaus yn cael ei datblygu er mwyn gwella a diweddaru'r Asesiad fel ei fod yn parhau i fod yn ystyrlon. Defnyddir yr Asesiad hefyd i ddrafftio gwaith yr Adroddiad ar Sefydlogrwydd y Farchnad ac fe'i defnyddir hefyd i ddangos tystiolaeth o waith integreiddio ar draws y rhanbarth. Gofynnir i Fwrdd Partneriaeth Rhanbarthol Gogledd Cymru gadarnhau eu bod yn cymeradwyo fersiwn derfynol Asesiad o Anghenion Poblogaeth Gogledd Cymru 2022. Mae angen llunio a chyhoeddi'r adroddiad erbyn 1 Ebrill 2022. Dywedodd aelodau'r Bwrdd fod yr Asesiad wedi derbyn ymateb cadarnhaol o ganlyniad i'r broses lywodraethu, ac roedden nhw'n cytuno y dylid cefnogi'r Asesiad Rhanbarthol o Anghenion y Boblogaeth.	
3.	<u>Is-Grŵp Plant Bwrdd Partneriaeth Rhanbarthol Gogledd Cymru</u> Bydd y Bwrdd, a sefydlwyd yn Ionawr 2022, yn cwrdd yn fisol a	

	defnyddir y cyfarfod ym mis Mawrth i drafod blaenoriaethau'r is-grŵp Plant. Darperir adroddiad ysgrifenedig ar y blaenoriaethau er mwyn i'r Bwrdd gytuno arnyn nhw ym mis Ebrill. Mae lansiad ffurfiol dros y we wedi'i drefnu ar 15.3.2022. Gwnaed llawer o waith i greu'r lansiad hwn dros y we ac mae aelodau'r Bwrdd wedi cael eu gwahodd. Holodd AW am y cynrychiolwyr a gofynnodd a oes cynrychiolwyr o blith cydweithwyr yn y trydydd sector ar yr is-grŵp plant. Er mwyn i'r is-grŵp barhau i fod yn grŵp llai ac oherwydd y nifer sylweddol o geisiadau gan gydweithwyr allanol i fod yn aelodau ohono, esboniodd FR eu bod wedi penderfynu sefydlu Grŵp Cyfeirio Budd-ddeiliaid ehangach, i roi cyngor ar gynigion gwasanaethau penodol, i annog ymgysylltiad lleol cadarnhaol ac i sicrhau bod safbwyntiau Budd-ddeiliaid yn cael eu deall a'u hystyried yn gywir yn ystod y broses. Bydd y Grŵp Ymgysylltu â Budd-ddeiliaid yn allweddol er mwyn siapio a dylanwadu ar y gwaith gweithredol gan yr is-grŵp Plant a Phobl Ifanc.	
4.	<u>Gwerthuso Rhaglen y Gronfa Drawsnewid</u> Mynychodd Philip Provenzano a Kathryn Holding o'r Sefydliad Gofal Cyhoeddus i gyflwyno'r canfyddiadau lefel uchel, y camau nesaf a'r argymhellion allweddol sy'n deillio o ddrafft cyntaf yr adroddiad gwerthuso. Cafodd adroddiad drafft y Gwerthusiad o Raglen y Gronfa Drawsnewid ei fwydo gan y Ddamcaniaeth Newid, y Fframwaith Gwerthuso o adroddiadau blaenorol, gwaith ymgynghori ag arweinwyr y rhaglen, staff y prosiect, budd-ddeiliaid allweddol a chynrychiolwyr asiantaethau partner, ac roedd yn cynnwys gwybodaeth gorfforedig o gardiau sgôr ac astudiaethau achos Atebolrwydd yn Seiliedig ar Ganlyniadau. Mae'r gwerthusiad yn dilyn canllawiau a ddatblygwyd gan Lywodraeth Cymru ynghylch gofynion gwerthuso rhanbarthol y Gronfa Drawsnewid a ddarparwyd i bob Bwrdd Partneriaeth Rhanbarthol. Darparwyd templed safonol yn cynnwys cyfres o gwestiynau ymchwil diwygiedig er mwyn gwneud y broses werthuso'n berthnasol yn sgil pandemig Covid-19 a chanfod ei effaith ar brosiectau'r Gronfa Drawsnewid. Mae Adroddiad Terfynol y Gwerthusiad yn dangos safbwynt rhanbarthol ac yn rhoi darlun cynhwysfawr a chadarn o'r hyn mae'r Gronfa Drawsnewid wedi ei gyflawni ar gyfer y rhanbarth yn ei gyfanrwydd. Mae gofyn i Fyrddau Partneriaeth Rhanbarthol gyflwyno un adroddiad cyffredinol am 4 Grŵp Gwasanaeth y Rhaglen Drawsnewid dros y 3 blynedd diwethaf. Roedd yr amcanion canlynol yn gyffredin i'r pedair rhaglen: • Darparu gofal ataliol ac ymyrraeth gynnar. • Gwella profiad pobl o'r gwasanaethau, drwy wella dulliau integreiddio, lleihau'r rhwystrau rhwng y gwasanaethau sydd eisoes yn bodoli a darparu gofal di-dor.	

	• Gwella canlyniadau defnyddwyr gwasanaethau. • Atal argyfwng. Rhoddodd PP ganmoliaeth i'r gwaith sylweddol a wnaed yng Ngogledd Cymru dros y 3 blynedd diwethaf, a nodwyd uchafbwyntiau penodol ar gyfer pob rhaglen. Fe wnaeth y Rhaglen Drawsnewid Anableddau Dysgu, Rhaglen Drawsnewid Law yn Llaw at Iechyd Meddwl a Rhaglen Drawsnewid Plant a Phobl Ifanc nodi nodau, amcanion a pherchnogaeth weithredol eglur o'r cychwyn cyntaf, a gwelwyd manteision amlwg. Ychydig o effaith a gafodd y Rhaglen Drawsnewid Gwasanaethau Cymunedol, sef rhaglen gymhleth ac uchelgeisiol i drawsnewid lles a gofal iechyd yn y gymuned yng Ngogledd Cymru, wedi'i chyflwyno ar draws 5 ffrwd waith. Er y gwelwyd llwyddiant nodedig gyda'r rhaglen o ran trawsnewid digidol, catalyddion cymunedol, prosesau a dogfennau, nid yw'r rhaglen wedi cyflawni ei hamcanion yn llawn. Nododd AK ei bod yn siomedig i glywed yr adborth hwn a gofynnodd am fanylion y dystiolaeth er mwyn dysgu ar gyfer y dyfodol h.y. ymgysylltiad y rheolwyr a monitro data. Mae'r adroddiad drafft yn nodi'r prif themâu mewn perthynas â'r ffactorau llwyddiant hanfodol, themâu allweddol y rhwystrau ac mae'n nodi 8 argymhelliad ar gyfer gweithredu. Yn dilyn trafodaeth yng nghyfarfod y bwrdd heddiw, bydd gan aelodau'r Bwrdd gyfle i roi sylwadau terfynol ar yr adroddiad drafft i'r Sefydliad Gofal Cyhoeddus erbyn 25.3.2022. Bydd y ddogfen derfynol wedi ei chwblhau erbyn 1.4.2022, wedi ei chymeradwyo gan y Bwrdd Partneriaeth erbyn 8.4.2022 a'i chyflwyno i Lywodraeth Cymru erbyn 30.4.2022. Fe wnaeth NS gydnabod y gwaith a wnaed gan y Sefydliad Gofal Cyhoeddus ar y gwerthusiad a chadarnhaodd ei bod yn cefnogi'r argymhellion a nodwyd. Holodd NA a fyddai fersiwn hawdd ei ddarllen ar gael, a chytunodd KH y byddai'n trafod hyn gyda'i chydweithwyr yn y Sefydliad. Nodwyd yr adroddiad drafft a chytunwyd y byddai'r adroddiad llawn yn cael ei rannu gydag aelodau'r Bwrdd unwaith eto gan nodi'r dyddiad cau ar gyfer cyflwyno adborth. Cyflwynir yr adroddiad terfynol i Fwrdd Partneriaeth Rhanbarthol Gogledd Cymru ym mis Ebrill.	Rhannu'r adroddiad, gyda dyddiadau cau - RW Rhaglen Ebrill - RW
5.	<u>'Tai ac Iechyd: Cynnig Landlordiaid Cymdeithasol Cofrestredig ar gyfer Atebion Gofal Arloesol ac Integredig'</u> Esboniodd SLW gefndir y cynnig - Un o'r pethau y bu'r Bwrdd yn eu trafod dros y misoedd diwethaf oedd sut yr anfonir cleifion adref o'r ysbyty ar yr adeg iawn pan maen nhw'n feddygol barod i wneud hynny, yn ogystal ag osgoi mynd i'r ysbyty yn y lle cyntaf. Mae'r Consortia o Gymdeithasau Tai wedi cyd-drafod eu cyfraniad i	

	sicrhau ateb mwy cynaliadwy i'r heriau sy'n wynebu'r Awdurdodau Lleol a Bwrdd Iechyd Prifysgol Betsi Cadwaladr. Esboniodd Edward Hughes, Prif Weithredwr Clwyd Alyn, fod y Consortia o Gymdeithasau Tai, mewn partneriaeth â'r trydydd sector a'r sector gwirfoddol, yn rhoi cynnig integredig gerbron i gefnogi iechyd a gofal cymdeithasol, i weithio gyda phartneriaid er mwyn mynd i'r afael ag achosion ac effeithiau tlodi, ac i helpu pobl i ddychwelyd i'r gwaith, brwydro yn erbyn arwahanrwydd cymdeithasol neu gefnogi a darparu mynediad at fwyd maethlon. Mae'r sector Tai, fel mudiad, yn arbenigwyr ar ddarparu gwasanaethau yn y gymuned ac maen nhw'n cynnig cymorth o ran gofal canolraddol, sut i ganfod gwasanaethau gofal, cydlynu gofal a gwasanaethau yn y cartref i gefnogi gofal sylfaenol e.e. y cynllun peilot ar ofal canolraddol ym Mhenrhos Pwllheli, partneriaeth camu i lawr rhwng yr Awdurdod Lleol, Bwrdd Iechyd Prifysgol Betsi Cadwaladr a'r Awdurdodau Iechyd, gan ddarparu gwell gwerth am arian, gyda 18 o gynlluniau gofal tebyg ar waith mewn cymunedau ar draws Gogledd Cymru. Mae gwaith Cymdeithasau Tai yn rhan annatod o gefnogi cymunedau a gellid ymgorffori llawer o waith parhaus ar draws y rhanbarth yn llwybrau Bwrdd Iechyd Prifysgol Betsi Cadwaladr, h.y. oedi cyn gadael i gleifion adael yr ysbyty oherwydd diffyg cefnogaeth yn y cartref, bydd creu gwasanaethau a phecynnau sy'n gyson ar draws Gogledd Cymru i gyd yn rhoi gwir gyfle ac atebion cost effeithiol i leihau'r pwysau ar y Bwrdd Iechyd. Byddai'r Consortia o Gymdeithasau Tai yn croesawu'r cyfle i fwrw ymlaen â'r drafodaeth. Mae cydweithwyr Bwrdd Partneriaeth Rhanbarthol Gogledd Cymru ym Mwrdd Iechyd Prifysgol Betsi Cadwaladr yn croesawu'r cynnig, gyda gwir gyfle i gydweithio ar nifer o lwybrau. Rhoddwyd cynnig gerbron i gael trafodaeth bellach gyda'r Bwrdd Gwasanaethau Cyhoeddus, yn ogystal ag agoriadau o fewn y safon iechyd corfforaethol ynghylch gwaith gwirfoddoli, y sector iechyd gwyrdd, heneiddio'n iach, dechrau iach mewn bywyd, therapi lleferydd ac iaith a chyfle i weithio gydag arbenigwyr yn y gymuned a grwpiau bregus. Soniodd RS am gyfarfod diweddar o Benaethiaid Cymdeithasau Tai Gogledd Cymru a Phrif Weithredwr Bwrdd Iechyd Prifysgol Betsi Cadwaladr, a disgwylir am gyfarwyddyd ynghylch camau nesaf y drafodaeth hon. Cadarnhaodd AK, er bod ystod lawn o fesurau wedi eu rhoi yn eu lle i gynorthwyo gyda gofal sylfaenol h.y. cyfeirwyr gofal, pwyntiau siarad gyda meddygfeydd, croesawir y gefnogaeth i leihau'r pwysau ar y Bwrdd Iechyd, gyda chyfleoedd gwych o ran edrych ar yr effaith a gweithredu'r cynnig hwn i ddarparu llety i bobl sy'n gadael yr ysbyty.	

	Diolchodd EH am y sylwadau a'r gefnogaeth. Mae gan y consortia o Gymdeithasau Tai, ynghyd â'r trydydd sector a sefydliadau gwirfoddol, lawer i'w gynnig ac edrychir ymlaen at y camau nesaf i fwrw ymlaen â'r rhaglen fel bwrdd rhanbarthol, a'r cyfle ardderchog hwn i wneud gwir wahaniaeth.	
6.	<u>Adroddiad y Gronfa Gofal Integredig Ch3 2021-22</u> Fe wnaeth NA, swyddog arweiniol y Gronfa Gofal Integredig gydnabod y gwaith sylweddol sydd wedi'i wneud gan yr holl asiantaethau partner ar ffrwd waith y Gronfa. Ymhlith y prif bwyntiau mae: Refeniw – Mae'r gwariant ar ddiwedd Ch3 yn £13.2m (65% o'r dyraniad blynyddol). Nodwyd tanwariant mewn sawl cynllun, a chytunwyd ar gynlluniau llithriant. Y rhagolygon ar gyfer diwedd y flwyddyn yw rhaglen wedi ei gwario'n llawn erbyn diwedd chwarter 4. Allan o'r 125 prosiect, mae gan 97 ohonyn nhw statws BRAG gwyrdd, 7 â statws coch a 21 â statws oren. Mae'r prosiectau sydd â statws coch ac oren yn deillio'n bennaf o broblemau recriwtio, a heriau staffio a Covid. Yn 9 mis cyntaf y flwyddyn, roedd £3.9m wedi'i wario'n uniongyrchol i gefnogi gofalwyr a £1.6m o fuddsoddiad wedi mynd tuag at brosiectau yn y trydydd sector. Cyfalaf - Mae yna 18 o brif gynlluniau cyfalaf a 18 o gynlluniau cyfalaf disgresiwn, gyda gwariant o £1.8m yn Ch3 (17.2%). Daw'r tanwariant oherwydd oedi i brosiectau yn deillio o effaith Covid a bod rhan helaeth o waith rheoli'r rhaglen ar gyfer 2 ganolfan is-ranbarthol ar gyfer asesu plant yn arwain at gyfanswm o £4.4m. Cyllid Cyfalaf Ychwanegol - yng nghanol mis Tachwedd, cafodd partneriaid gyfle i gyflwyno cynigion ar gyfer Cyllid Cyfalaf ychwanegol - cafodd 10 cynllun eu cymeradwyo gan Lywodraeth Cymru, gwerth £1.12m. Cyllid ar gyfer Tai Cymdeithasol Mwy - yng nghanol mis Rhagfyr, cafodd yr holl bartneriaid gyfle i gyflwyno cynigion ar gyfer eiddo tai cymdeithasol mwy - mae Llywodraeth Cymru wedi cymeradwyo 6 chynllun, sydd â gwerth o £720,000. Gwasanaeth Awtistiaeth Integredig - y gwariant yn Ch3 yw £584,638 (89%), gyda phartneriaid ar hyn o bryd yn datblygu eu cynlluniau gweithredu ar gyfer y Cod Ymarfer. Caiff y rhain eu dwyn ynghyd mewn cynllun rhanbarthol a'u cyflwyno yn ôl y gofyn i Lywodraeth Cymru. Gwasanaeth Asesu Cof - cyllid cylchol o £678,000. Yn dilyn ymarfer comisiynu llwyddiannus, mae 4 partner trydydd sector wedi eu canfod i gyflawni Rhan 1 a 3 y llwybr. Cytunodd y Bwrdd y dylid nodi'r sefyllfa a chytuno ar adroddiad Ch3 2021/22 o ffrydiau cyllido'r Gronfa Gofal Integredig.	
7.	<u>Y wybodaeth ddiweddaraf am Gyllid yn y Dyfodol a chynllunio cynaliadwyedd</u>	

	Rhoddodd CR y wybodaeth ddiweddaraf i'r aelodau ar y cyllid yn y dyfodol a chynllunio cynaliadwyedd. Yng Nghyfarfod y Bwrdd ym mis Chwefror, cytunwyd ar yr egwyddorion allweddol ynghylch y gronfa isadeiledd a sut byddai'r cyllid yn cael ei ddyrannu. Esboniodd CR fod cydweithwyr rhanbarthol wedi bod yn gweithio'n ddiweddar gyda thimau lleol ynghylch datblygu cynigion yn erbyn pob model gofal ar gyfer Llywodraeth Cymru. Mae hwn yn ddarn o waith sylweddol, a dylid llongyfarch y timau rhanbarthol ar y cynnydd a wnaed dros yr wythnosau diwethaf ar asesiadau pob prosiect . Mae dau fodel gofal drafft eisoes wedi cael eu paratoi a byddan nhw'n cael eu rhannu gyda Llywodraeth Cymru heddiw. Bydd adborth gan Lywodraeth Cymru ar y ddau fodel hyn yn cael ei ddarparu i dimau lleol ei ystyried ar y cynigion sy'n weddill. Mae gwaith ar y trywydd iawn ar gyfer 6 chynnig y modelau gofal a bydd yr adroddiad drafft yn cael ei gyflwyno i'r Bwrdd ym mis Ebrill i aelodau ei ystyried, ynghyd â chynnig sylwadau a chytuno arno cyn ei gyflwyno'n ffurfiol i Lywodraeth Cymru. Ar ôl i'r asesiad o'r rhaglenni presennol o dan y Gronfa Gofal Integredig a'r trawsnewid gael ei gwblhau, bydd y rhanbarth yn gallu trafod a chytuno ar sut bydd gweddill y cyllid yn cael ei ddefnyddio. Bydd y ddau gynnig cyllid Cyfalaf a'r trefniadau llywodraethu'n cael eu cyflwyno i'r Bwrdd ym mis Ebrill. Codwyd y pwyntiau canlynol yn y drafodaeth: Mae'r Gronfa Integreiddio Ranbarthol wedi rhoi cyfle i'r rhanbarth weithio'n wahanol, i strwythuro gwaith y modelau gofal ar y gofynion yn y dyfodol o ganlyniad i effaith y pandemig. Dylid ystyried trafodaeth lawn y Bwrdd er mwyn sicrhau bod pawb yn cytuno ar y blaenoriaethau o fewn y modelau gofal, a chysylltu'r holl waith â'r Asesiad o Anghenion y Boblogaeth er mwyn deall gofynion y dyfodol, yn rhanbarthol ac yn lleol. Cadarnhaodd CR, er nad yw'r Asesiad wedi ei fabwysiadu'n ffurfiol, fod gan dimau lleol ddealltwriaeth a'u bod yn gwbl ymwybodol o brif ofynion yr Asesiad a sut bydd hyn yn cyd-fynd â'r rhaglen bresennol a fydd yn parhau. Bydd yr Asesiad yn cysylltu ac yn siapio'r holl raglenni newydd. Esboniodd CR fod y 2 fodel gofal drafft sydd eisoes wedi eu paratoi'n cael eu hanfon ymlaen at Lywodraeth Cymru er mwyn canfod faint o fanylion sydd eu hangen. Gwaith ar y gweill yw'r adroddiadau ar hyn o bryd, nid dogfennau terfynol, a cheir trafodaeth am y blaenoriaethau a sut i gysylltu â'r rhaglen waith a'r Asesiad o Anghenion y Boblogaeth yng nghyfarfod y Bwrdd ym mis Ebrill. Cyflwynir rhaglen ddrafft y Gronfa Integreiddio Ranbarthol i Lywodraeth Cymru ar ddechrau mis Ebrill. Mae LlC wedi caniatáu hyblygrwydd dros y 12 mis cyntaf, ac mae wedi rhoi cyfle i'r Bwrdd Partneriaeth Rhanbarthol ailymweld â'r cynigion. Cadarnhaodd CR	

	y bydd yr holl gynigion yn cael eu trafod yn llawn gan y Bwrdd cyn eu cyflwyno i Lywodraeth Cymru.	
8.	<u>Y wybodaeth ddiweddaraf am BIPBC</u> Diweddariad am Covid - mae'r heriau'n parhau, gyda'r cynnydd diweddar yn nifer yr achosion yn y gymuned. Mae'r sefyllfa'n cael ei monitro'n agos. Mae'n galonogol nad yw'r niferoedd yn cynyddu yn yr adran gofal dwys, sy'n dangos llwyddiant ysgubol rhaglen frechu Gogledd Cymru. Mae'r gwaith yn parhau ac yn datblygu ar gynllunio rhaglen atgyfnerthu'r brechlyn yn y gwanwyn/hydref. Gwaith o Ansawdd - cyflwynwyd amryw o adroddiadau i'r Pwyllgor Diogelwch a Phrofiad, yn unol ag ymroddiad BIPBC i fod yn agored a thryloyw. – Sefydlwyd Panel Ansawdd Fasgwlaidd, sy'n deillio o'r adolygiad a gomisiynwyd gan Goleg Brenhinol y Llawfeddygon mewn perthynas â gwasanaethau fasgwlaidd a bydd yn adrodd yn rheolaidd ar eu canfyddiadau. Sefydlwyd partneriaeth gydag Ymddiriedolaeth Ysbyty Prifysgol Lerpwl, a fydd yn cefnogi'r gwasanaeth fasgwlaidd drwy rai newidiadau yn arweinyddiaeth glinigol y gwasanaeth yn lleol. – Mae gwaith ar y gweill ar gynlluniau gwella gwasanaethau Iechyd Meddwl, gan ddwyn ynghyd argymhellion o'r adolygiad allanol. Bydd y gwaith hwn yn cael ei ystyried o safbwynt gwahanol a bydd yn ystyried system a llwybrau ehangach i yrru gwelliannau ar draws y gwasanaethau iechyd meddwl. PACC - cafodd y Pwyllgor Cyfrifon Cyhoeddus drafodaeth am heriau ansawdd, heriau Iechyd Meddwl yn gyffredinol a chyllid. Holodd y Cynghorydd BF ynghylch gwaith ailstrwythuro BIPBC a'r effaith ar Fwrdd Partneriaeth Rhanbarthol Gogledd Cymru, yn enwedig o ran y gymuned a'r bartneriaeth gyda'r ALl. Cafwyd cadarnhad gan TO am y newidiadau sy'n digwydd o fewn strwythur BIPBC i'r model gweithredu 'Yn Gryfach gyda'n Gilydd' er mwyn gwella dulliau gweithio mewnol a chyda phartneriaid allanol. Ni fyddai'n addas i TO wneud sylw pellach ar hyn o bryd a chynigiwyd y rhoddir briff yn un o gyfarfodydd y Bwrdd yn y dyfodol.	
9.	<u>Adolygiad o Fwrdd Partneriaeth Rhanbarthol Gogledd Cymru</u> Esboniodd CR wrth y Bwrdd am adolygiad arfaethedig o'r Bwrdd. Trafodwyd effaith y pandemig ar y Bwrdd mewn nifer o fforymau, a chroesawir safbwyntiau'r holl aelodau mewn perthynas â'r hyn sy'n gweithio'n dda a'r gwelliannau a awgrymir i gefnogi newidiadau yn y dyfodol. Y cam cyntaf fydd casglu safbwyntiau aelodau'r Bwrdd Partneriaeth Rhanbarthol drwy arolwg electronig erbyn diwedd mis Mawrth. Mae croeso hefyd i aelodau'r Bwrdd gysylltu â CR os byddai'n well ganddyn nhw gael trafodaeth dros y we. Gofynnir i aelodau'r Bwrdd	

	ystyried y 4 maes canlynol: • Llywodraethu • Gweinyddu • Cyfathrebu ac Ymgysylltu • Codi Ymwybyddiaeth Croesawir awgrymiadau hefyd ar feysydd eraill y gellir eu gwella. Cytunodd y Bwrdd y dylid nodi'r adroddiad. Cyflwynir adroddiad arall i gyfarfod y Bwrdd ym mis Ebrill ynghylch canlyniadau'r arolwg a'r cynigion cychwynnol i wella mecanwaith y Bwrdd dros y deufis nesaf.	Rhaglen Ebrill - RW
10.	<u>Cofnodion a chamau gweithredu'r cyfarfod diwethaf - Chwefror 2022</u> Materion yn codi: Cytunodd pawb fod y cofnodion yn adlewyrchiad cywir o'r cyfarfod.	
	<u>Unrhyw fater arall</u> Esboniodd ID fod y Grŵp Cydgysylltu Strategol nawr wedi dod i ben. Penderfynodd y Grŵp Cydgysylltu Strategol na fyddai'r Grŵp Cydlynu Adferiad yn parhau gan fod y themâu adferiad eisoes yn cael eu trafod gan drefniadau cyfredol neu gan drefniadau busnes craidd y partneriaid.	
	Dyddiad y cyfarfod nesaf: Dydd Gwener, 8 Ebrill 2022, 9:00 – 12:00 pm	

Cyfarfod a dyddiad: Meeting and date:	**Partnerships, People and Population Health Committee 20.5.22**
Cyhoeddus neu Breifat: Public or Private:	Public
Teitl yr Adroddiad Report Title:	**Living Healthier, Staying Well strategy refresh**
Cyfarwyddwr Cyfrifol: Responsible Director:	Chris Stockport, Executive Director Transformation, Strategic Planning, and Commissioning
Awdur yr Adroddiad Report Author:	Sally Baxter, Assistant Director – Health Strategy
Craffu blaenorol: Prior Scrutiny:	An update was given to the Health Board on 23 September 2021
Atodiadau Appendices:	Appendix 1 – LHSW refresh outcome report Appendix 2 – LHSW engagement discussion document Appendix 3 – LHSW engagement report

Argymhelliad / Recommendation:

The Committee is asked to receive the engagement feedback and the outcome report on the refresh of the Health Board's long term strategy, **Living Healthier, Staying Well**

Ticiwch fel bo'n briodol / Please tick as appropriate

Ar gyfer penderfyniad /cymeradwyaeth For Decision/ Approval	✓	**Ar gyfer Trafodaeth For Discussion**		**Ar gyfer sicrwydd For Assurance**		**Er gwybodaeth For Information**	

Y/N i ddangos a yw dyletswydd Cydraddoldeb/ SED yn berthnasol Y/N to indicate whether the Equality/SED duty is applicable	**Y**

The original Living Healthier, Staying Well strategy (produced in 2018) was supported by a full Equality Impact Assessment. An updated Equality Impact Assessment and a Socio-Economic Duty Impact Assessment has been undertaken for the refreshed strategy, building on the feedback gained during engagement, and will be published alongside the refresh outcome report.

Sefyllfa / Situation:

The Health Board is required to ensure there is a clear organisational strategy and a supporting clinical services strategy in accordance with the NHS planning framework. These are also requirements under the Targeted Improvement framework. To support these requirements, a review has been undertaken of the previously approved long-term strategy, Living Healthier, Staying Well.

Engagement was undertaken in 2021 to support the refresh and an updated summary needs assessment was produced by the Public Health team, including a summary assessment of the impact on population health needs of the Covid-19 pandemic.

The overall feedback confirmed that the long term goals are still relevant. There was rich and wide ranging feedback on a number of areas which informed the development of the Health Board's Integrated Medium Term Plan which was approved by the Board in March 2022. Key messages are now feeding into the draft Clinical Services Strategy, which will set out more detail on the delivery of health and well-being support and healthcare services for the population of North Wales.

Feedback has been shared with the Health Board's senior management group so that issues raised in respect of individual service areas can be addressed.

Cefndir / Background:

The **Living Healthier, Staying Well** strategy was approved by the Board in March 2018. It is timely to review and refresh the strategy as three years have passed since publication. The context and environment in which the strategy was produced has also changed. The publication of **A Healthier Wales,** subsequent to the production of Living Healthier, Staying Well, set the long-term direction for health and social care in Wales. The Covid-19 pandemic has also had a significant impact on health and well-being for all in our communities, bringing unprecedented challenges, but also opportunities to develop new ways of working.

Asesu a Dadansoddi / Assessment & Analysis

Goblygiadau Strategol / Strategy Implications

LHSW reflects the strategic direction for health and care set by A Healthier Wales The initial strategy set out the Health Board's well-being goals as required under the Well-being of Future Generations Act.

Opsiynau a ystyriwyd / Options considered

Not applicable.

Goblygiadau Ariannol / Financial Implications

There are no specific financial implications identified at present.

Dadansoddiad Risk / Risk Analysis

There is a risk that the long-term goals set out by the strategy are not recognised and do not connect with the overall delivery of the Health Board's business. Work is underway to ensure effective links between the high level strategy goals, the delivery structures and supporting and enabling strategies.

Cyfreithiol a Chydymffurfiaeth / Legal and Compliance

The refresh engagement exercise addressed the requirements in respect of engagement and consultation, the equality and human rights specific duties on engagement and the expectation under the WFG Act that the organisational goals are shaped by engagement.

Asesiad Effaith / Impact Assessment

Both EqIA and SED IA have been produced to support the review and refresh, and have linked into impact assessments for the Integrated Medium Term Plan. There was a strong focus on equality and human rights considerations in the development of the initial strategy and we will continue to test with stakeholders that we are ensuring this is sufficiently embedded. The identification of the planning principle of Fairness will help focus on this.

LIVING HEALTHIER, STAYING WELL
Improving health, well-being and health care in North Wales

Refreshing our strategy

Report to PPPH Committee May 2022

Byw'n Iach | Living Healthier
Aros yn Iach | Staying Well

Introduction

During 2017, we spent many months discussing what our priorities should be with patients, carers and community representatives, out staff and partner organisations. This led to the publication of our long term strategy, **Living Healthier, Staying Well** (LHSW) in 2018.

Whilst we have made some progress in many areas, there is a lot more to do to fulfil our ambition and deliver against the priorities we had identified. Much has changed since the strategy was developed, including the onset of the Covid-19 pandemic in early 2020. In 2021, as we entered the later stages of the pandemic and what we hope is the recovery phase, we decided the time was right to review where we were:

- To review our existing plans and priorities, to ensure we are focusing on what is important as we begin to tackle the challenges facing us
- Check with our staff, patients, partner organisations and the public how Covid-19 has affected health and well-being and what we can do to learn from the experience
- And finally, to check whether our long term strategy for health and well-being is still relevant.

We asked people their views to support us in doing this. A short engagement exercise took place using the discussion document (attached) to describe why we need to review our plans and priorities, recap the priorities we had set out, and describe what has changed.

You can find the detailed engagement report on our website. This report summarises key areas identified for which our strategic approach is being refreshed, and how we will address these as we take the strategy forward.

The strategic context

At the time of writing the long-term strategy, the Parliamentary review of Health and Social Care in Wales had recently published its initial report. Since that time, Welsh Government has published A Healthier Wales: our Plan for Health and Social Care. This describes the ambition for health and social care services to work more closely together, providing services that are designed and delivered around the needs and preferences of individuals and with a much greater emphasis on keeping people healthy and well. The plan is predicated on the quadruple aim:

The principles of A Healthier Wales are embedded into all of our planning and development work. We are working in partnership, through the North Wales Regional Partnership Board and supporting programmes, to transform how we deliver health and social care. We will work with Local Authorities to continue to deliver the transformation programmes we have commenced, to maximise the outcomes from the new Regional Integration Fund, and respond to the ongoing national work programmes on rebalancing care and support.

The Well-being of Future Generations Act placed new emphasis on improving the well-being of both current and future generations. In addressing the Act we have been moving to plan more for the long-term, work better with people, communities and other organisations, seek to prevent problems and take a more joined-up approach.

We have been working in partnership through the Public Services Boards in North Wales - Gwynedd and Ynys Môn, Conwy and Denbighshire, Flintshire, and Wrexham – to respond to the Act.

We have also increased our emphasis on sustainability, including environmental sustainability, in the Health Board. Green groups are established across North Wales and are introducing innovative practices to improve our response; there are a number of partnership schemes which focus on green health and the environment. We are currently finalising work on a **decarbonisation plan** for the Health Board which will be published shortly. In addition, through our Integrated Medium Term Plan, we have identified long-term sustainable funding for a number of initiatives which were previously funded through short term grant funding.

Getting it right for the future – our long term goals: Responding to the engagement feedback

LHSW described our goals for health and well-being. These are as set out below.

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

The overall feedback on our long term goals was that these are still relevant. In the online survey undertaken, the overwhelming majority either strongly agreed or agreed with this. Many people identified that the first goal – improving health and well-being for all – was most important, although a similar number felt all the goals should be of equal priority.

Specific feedback was given on a wide range of themes, which have been shared with relevant leads in the Health Board to feed into the planning, development and delivery of their services. There were a number of themes that were more widely recognised and these are summarised below, with our response.

- **Our goals are too aspirational and are not recognised as being delivered**

Notwithstanding the support for the goals as set out, there were many comments that the goals feel aspirational and that delivery has not progressed as it should have. We need clear and measurable objectives, performance indicators and focus on outcomes. Our **Integrated Medium Term Plan for 2022-2025** sets out clear and SMART actions for delivery against priorities, with short, medium and longer term outcomes identified. We are increasing focus and pace to refine or develop high quality, evidence-based pathways to underpin and deliver against both Living Healthier, Staying Well and the developing Clinical Services Strategy.

We are also developing set of clear metrics which will help us to understand and be able to demonstrate how much we have done, how well we have done it, and who is better off as a result. This work will be completed in the early part of 2022-23.

- **Support for children and young people**

Supporting children to have the best start in life was again considered relevant by the majority. It was felt more education would help young people embed the importance of healthy lifestyles including diet and exercise. Infant feeding education for mothers helps promote a health start in life. We know that giving children the best start in life can make a significant difference, and that getting it right can also reduce lifelong health problems such as heart disease, diabetes and cancer. These areas are a key focus of the **Population Health** programme. Partnership working is essential in addressing these needs and there is a newly established children's sub-group of the **Regional Partnership Board** through which we will work to develop our support in this area. We also recognise the levels of concern regarding children and young people's mental health needs, exacerbated by the impact of the pandemic and the CAMHS development programme under the Targeted Improvement Framework is focusing on delivery of improvements.

- **Dignity, respect, quality and safety**

Whilst some felt that dignity, respect, safety and quality should be embedded in all that we do, we know there is further work to do. Our **Strategic Equality Plan** recognises and supports the promotion of FREDA principles – Fairness, Respect, Equality, Dignity and Autonomy - - and as a Health Board we need to continue to strive to embed these in all that we do.
There is also further work to be done to ensure that we understand and address variation in performance against quality standards. Our **Quality Improvement Strategy** is to be reviewed and refreshed and will support this goal. There are specific initiatives within our IMTP such as development of the Atlas of Variation which will facilitate this. The principle of information driven improvement is also key within the draft Clinical Strategy which is currently being developed.

Quality also encompasses the experience of patients and their families, and we need to focus on ensuring compassionate care is delivered consistently.

- **Ability to deliver the strategy due to organisation culture, leadership as well as staff capacity and well-being**

In the original LHSW strategy, the need to support, train and develop our staff to excel in order to fulfil the long-term goals was recognised, and workforce issues were woven into the supporting programmes of action. However, feedback has emphasised the need to recognise and address staff well-being, capacity, recruitment and retention, as well as organisational development, skills and leadership. Our **People Strategy & Plan** addresses these issues and the need for strategic organisational reset, building upon the learning from previous years and particularly through the Covid19 pandemic, working with our people to create the environment for improvement, transformation and ultimately delivering better services, experience and outcomes for our patients and the citizens of North Wales.

- **Mental Health access and waiting times**

There were a number of concerns raised regarding access to and waiting time for mental health support and care, and concerns regarding the levels of support post-pandemic. Improvement plans for mental health are set out within our IMTP and are being taken forward in partnership across health, social care, third sector, those with lived experience of mental health needs, their carers and families. There has however been positive feedback in relation to a number of initiatives including the iCAN programme. The IMTP sets out plans to take forward the improvement plans for mental health care and support as well as extending the iCAN programme.

- **Care closer to home**

There are concerns regarding access to GP and dentist services in particular, considered to be much more difficult because of the pandemic. The role of pharmacists was highlighted as a positive aspect. Both positive and negative aspects of digital appointments were raised, with the recognition that there needs to be flexibility to meet individual needs. It is recognised that these are national challenges which will take some time to address. The IMTP details a range of schemes to be taken forward in North Wales, including the Accelerated Cluster Development Programme, further development of the Primary Care Academy, urgent primary care centres and widening the primary care workforce.

- **Access to hospital care**

Understandably, the engagement exercise generated much comment regarding access to hospital care, both planned and unscheduled (urgent or emergency.) Waiting times have increased significantly during the pandemic, worsening an already challenging position. The planned care programme team is working to refine finalise and deliver the planned care recovery proposals set out in the IMTP, to restore core activity affected by the Covid-19 pandemic and to develop additional activity. Unscheduled care pressures continue to generate high demand on our hospitals and other urgent access services. Our unscheduled care programme is developing proposals to address the local situation aligned to the national six goals identified for unscheduled care, which will be updated early in 2022/23.

The health and well-being of our population – assessment of needs

Understanding our population health and trends is critical to ensuring we are able to focus on delivery of our strategic goals. We know that some aspects of health and well-being have deteriorated as a result of a number of significant influences over recent years, not least the impact of the Covid-19 pandemic, but also the impact of austerity and economic well-being. We also know from the evidence that the pandemic, and the measures introduced to control this, have exacerbated health inequalities in a number of areas.

During 2021 our Public Health Team reviewed and updated the key data relating to health needs. The summary reports are included as appendix 1. We know that in North Wales we have an ageing population, with the percentage of the population aged 85 years and over expected to increase by 66% by 2043. However, we also know from recent analysis of trends that there has been a stalling in life expectancy and a slowing down of improvements in mortality rates from circulatory diseases. This is similar to trends in other countries.[1]

Covid-19 has had far reaching consequences on all aspects of life, including both physical and mental health and well-being. Some groups have been disproportionately impacted by the pandemic including older people; Black, Asian and minority ethnic groups; children and young people, in particular mental health; low skilled workers and the most disadvantaged members of society. There is also some evidence of similar groups being adversely affected by the impact of Brexit, and at greater risk from the impact of climate change.[2]

During 2021, along with our Local Authority partners on the North Wales Regional Partnership Board (RPB) we have supported the development of the second Population Needs Assessment (PNA.) This assesses the care and support needs of the population and identifies gaps or development needs in the services required to provide this care and support. The PNA was approved by the Health Board and endorsed by the RPB in March 2022. This will inform the revision of the regional partnership action plan (by 2023), and inform the Market Stability Report which is now being developed.

The Public Services Boards (PSBs) are currently producing updated Well-being Assessments. The Well-being Assessments are required by the Well-being of Future Generations Act and will address broader aspects affecting well-being including prosperity, health, resilience, equality, vibrant culture, global responsibility and cohesive communities. Although the PNA and Well-being Assessments are being run as separate processes, there are working links between the teams developing the assessments. The Well-being Assessments will update our understanding of these broader aspects and enable us to work with the wider partnerships to develop well-being plans for each area.

We have also developed Locality Needs Assessment for each of the 14 localities across North Wales, which will enable a greater focus on needs and variation in needs at a local level. These assessments will support the further development of the Integrated Health and Social Care Localities, aligned to the Accelerated Cluster Development Programme, and wider place-based planning.

[1] Life Expectancy and Mortality in Wales 2020, Public Heath Wales, 2022

[2] Rising to the Triple Challenge of Brexit, Covid-19 and Climate Change for health, well-being and equity in Wales, Public Health Wales, 2021

Equality and human rights

The LHSW strategy set out our ambition to adopt a rights based approach which places human rights at the centre of our policies and practice, and the person at the centre of his or her own care. This approach is based on the values of Fairness, Respect, Equality, Dignity and Autonomy.

Feedback on this area shows there is a lack of certainty amongst people responding to our survey as to whether we have delivered on this commitment. However, a range of detailed comments received drew attention to areas of concern. These aspects point to the need to re-emphasise our commitment and to ensure it is enacted.

Since the publication of the strategy, there have been a number of significant developments in the equality and human rights field including:

- Implementation of the socio-economic duty from April 2021 and the requirement to assess the impact of strategic decisions
- Consultation on the Wales Race Equality Action Plan, which will require fresh commitment to delivering on anti-racism and race equality, when the final plan is published
- Emerging evidence of inequalities being exacerbated, as described above, during the pandemic but also as a result of austerity, Brexit, and the potential impact of climate change
- Publication of a range of further important evidence and guidance documents, such as Locked Out - Liberating disabled people's lives and rights in Wales beyond Covid-19, and the Code of Practice on the Delivery of Autism Services, amongst others.

There have been some positive actions during the pandemic which have recognised and addressed the challenges we have faced, such as the Equity Steering Group which has supported the Covid-19 vaccination programme in reaching groups that are seldom heard and less likely to access services. We will learn from the approaches used in this programme to inform future delivery models.

We have committed as an organisation to putting the UN Convention on the Rights of the Child at the centre of all that we do, and work is currently underway to develop a Children's Rights Charter for North Wales. We have also committed to working to fulfil the UN Principles for Older Persons and will ensure that these principles are recognised in our strategic planning and delivery.

Further work is needed to embed equality and human rights, including socio-economic factors, consistently into all that we do, and particularly to be aware of the impact of intersectionality. We are also mindful that the Covid recovery programme, which will address the ongoing impact of the pandemic, access and waiting times, must be responsive to specific needs including digital inclusion, travel and access, and the rebuilding of relationships with groups who have experienced barriers to services during this time.

The **Strategic Equality Plan** sets out more detailed actions to be taken to address equality and human rights matters and is an important enabling plan for the delivery of this strategy.

We are continuing to progress actions to fulfil the Welsh Language Standards and are clear in our commitment to promoting the Welsh language and culture. We recognise people's rights to use the language of choice in healthcare and the positive impact this has on health outcomes for that person and the experience for them and their family.

An Equality Impact Assessment and a Socio-economic Duty Impact Assessment have been undertaken in support of the review and refresh process.

Taking forward our priorities

A number of messages emerged from the engagement exercise regarding the need for greater clarity on the strategic direction of the Health Board. People reported that the vision within LHSW seemed right but that it was difficult to translate into ideas for service development that fitted together and ensured we prioritised those areas that would best deliver LHSW. This has led to the creation of the 'Plan on a Page' approach to link together our various strategies, values, and the absolute need and commitment to work in partnership and distil them into 5 BCUHB Planning Principles.

Using our Plan on a Page will help simplify our priorities for the whole Health Board and will make sure every change is designed to have the biggest all-round impact.

Fairness — we will reduce avoidable and unfair differences in health

Well-being & resilience — we will maximise prevention, self-care, well-being, and strong community networks

Right place — we will provide services that are sustainable, delivered close to where people live where it is safe and effective to do so

Excellent care — we will design services that can deliver world-class outcomes and experience for patients

Employer of choice — we will work, and organise, improve and transform ourselves, to support our teams to flourish

From 2022 onwards we will test all of our developments against the 5 Planning Principles as a matter of course. The principles are hard-wired into our business case and planning cycle such that an early test against the principles occurs in all cases. Furthermore, our Transformation and Improvement Team will ensure the principles are built into individual pieces of continuous improvement activity, where a more formal business case is usually not required.

Next steps

We will monitor, review and evaluate to ensure that the refreshed strategic goals and priorities are driving the delivery of improved outcomes, better patient experience and contributing to improved health and well-being for the population. Work is underway to confirm a set of metrics that will facilitate this clarity. The linking of the Health Board's delivery groups with the goals is being mapped and will enable greater line of sight from goals to delivery.

During 2022-23 we are also developing our **Clinical Services Strategy and plan**, which will provide the framework for addressing strategic service models and development, based on a set of design principles which will be subject to discussion and debate with our clinicians, our wider staff group, patients, carers, and representatives of partner organisations and the public, before finalising. The Clinical Services Strategy builds on the goals in Living Healthier, Staying Well and the plan will begin to set out the next layers in relation to design and delivery of our services for the future. Engagement on the draft strategy is underway, and further more specific engagement will support the co-design and development of specific service plans. Proposals will need to be consistent with the planning principles, and address the whole pathway of care and support, focusing improving outcomes and quality. Further details are set out within the draft strategy which is being produced for engagement.

A short, public facing document setting out the key messages from the LHSW engagement and how we are responding to these is being developed, which will be published, together with the full engagement report, in order to ensure people who contributed their views are kept informed about what we are doing to respond and address the issues raised.

Appendix 1: health needs and the impact of Covid

Betsi Cadwaladr University Health Board

Population

703,360 persons

Age group	BCUHB (%)	Wales (%)
0-15	17.6	17.8
16-64	59.0	61.2
65+	23.4	21.1
85+	3.1	2.7

Children & Young People

5.6% of singleton births in BCUHB are of low birth weight and 5.9% in Wales.

90% of 4 year olds in BCUHB and 88% in Wales are up to date with vaccinations.

70% of 5 year olds in BCUHB are of healthy weight compared to 74% in Wales.

Risk factors for mental illness in childhood include parental alcohol, tobacco and drug use during pregnancy and poor parental mental health.

Poor mental health has a significant impact on a range of outcomes during childhood, including poor educational attainment and a greater risk of suicide and substance misuse, through into adulthood.

	BCUHB	Wales
Percentage rating their life satisfaction as 6 or above	80	81
Mean lonelineness score**	5	5

SWEMWBS: Short Warwick-Edinburgh Mental Wellbeing Scale
*SWEMWBS scores range from 7-35; a higher score reflects more positive wellbeing
** Loneliness scores range from 3 (less frequent loneliness) to 9 (more frequent loneliness)

Estimates show that in BCUHB, around 9,280 children aged 5 to 16 years have a mental health condition.

Older People

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.

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,

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.

Flu immunisation uptake in 65 year olds and over is 78% in BCUHB and 77% across Wales.

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.

Behaviours affecting health

	BCUHB (%)	Wales (%)
Smoking	18	17
Use of e-cigarettes	6	6
Drinking above guidelines	18	19
Active at least 150mins in previous week	55	53
Fruit & vegetable consumption	26	24
Overweight/obese	55	60
Follow 0/1 healthy behaviours	9	10

Inequalities

BCUHB has some of the most deprived areas in Wales, with 12% of the population living in the most deprived fifth in Wales.

Almost a quarter of children and young people under the age of 20 years live in poverty in Wales. Across BCUHB this ranges from 18% in Gwynedd to 25% in Denbighshire.

Rhyl West 2 is the most deprived area in Wales, followed by Rhyl West 1.

Welsh Index of Multiple Deprivation, 2019

Ten most deprived areas in Betsi Cadwaladr UHB.

LSOA Name	LA Name	WIMD Rank
Rhyl West 2	Denbighshire	1
Rhyl West 1	Denbighshire	2
Queensway 1	Wrexham	9
Rhyl West 3	Denbighshire	11
Rhyl South West 2	Denbighshire	19
Glyn (Conwy) 2	Conwy	20
Wynnstay	Wrexham	45
Rhyl South West 1	Denbighshire	57
Abergele Pensarn 2	Conwy	70
Tudno 2	Conwy	78

Mental health & wellbeing

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

Mental ill health is associated with increased physical ill health and reduced life expectancy.
Poor mental health is also associated with increased risk-taking behaviour and unhealthy life-style behaviours.

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

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

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

Chronic Conditions

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

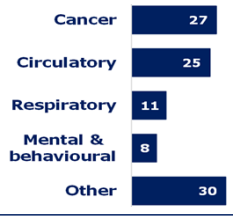
	BCUHB (%)	Wales (%)
Hypertension	16.9	15.9
Diabetes mellitus (patients aged 17+)	7.8	7.8
Asthma	7.6	7.4
Cancer	3.7	3.3
COPD	2.7	2.4
Atrial fibrillation	2.6	2.4
Stroke & transient ischaemic attack	2.2	2.2
Heart failure	1.1	1.1

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

Main causes of mortality

Cancer, heart disease and respiratory disease are the leading cause of death in BCUHB.

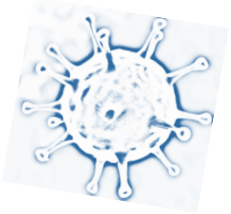
Main causes of death as a percentage of all deaths in BCUHB.



Evidence & data based on latest published sources which are available as an appendix.
The impact of Covid-19 is presented in a seperate infographic.
Infographic created: September, 2021

Impact of COVID-19 on Betsi Cadwaladr University Health Board

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



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

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

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

Long Covid

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

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

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

Impact on Children & Young People

Childline has reported 'unprecedented demand' for service during the coronavirus pandemic.

32% of young people with mental health needs reported that coronavirus had made their mental health much worse.

The Coronavirus pandemic is likely to have a particularly significant impact on children living in poverty.

Impact of health & social care staff

Staff fatigue, particularly for those who have been on the front line over the last 12 months.

Staff absence due to infection; isolation; or caring responsibilities.

Impact on mental health & wellbeing

Drivers of worsening mental health during the pandemic:

- Job and financial loss
- Social isolation
- Housing insecurity and quality
- Working in a front-line service
- Loss of coping mechanisms – contact/exercise/work
- Reduced access to mental health services

People in the most deprived groups are more likely to be very worried about their mental health during the coronavirus pandemic.

Impact on Older People

Those with pre-existing mental health conditions have experienced an increase in the severity of their symptoms; others are experiencing symptoms for the first time.

1 in 3 older people agree that their anxiety is now worse or much worse than before the start of the pandemic.

Proportion of over 70s experiencing depression has doubled since the start of the pandemic.

Impact of isolation on physical health:

- 1 in 3 have less energy
- 1 in 4 older people are unable to walk as far as before
- 1 in 5 feel less steady on their feet

95.7% of BCUHB residents aged 80 years and over have received 2 doses of the Covid vaccine compared to 95.0% across Wales.

Impact on health & social care services

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

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

Produced alongside a BCUHB general population health and wellbeing infographic.
Evidence & data based on latest published sources which are available as an appendix.
Infographic created: September, 2021

Living Healthier, Staying Well

BEYOND THE PANDEMIC

Tackling the challenges facing the Health Board:

HAVE YOUR SAY

GIG CYMRU NHS WALES

Bwrdd Iechyd Prifysgol Betsi Cadwalar University Health Board

https://bcuhb.nhs.wales/lhsw/

CONTENTS

INTRODUCTION

Our staff have worked tirelessly to respond to the pandemic. Other organisations and individuals have worked equally hard to protect our community from the impact of the virus and we are grateful for their continued support. This includes Local Authorities, North Wales Police, the third sector, and other key workers in the private sector.

Many of our planned care services were disrupted and we have had to change the way we deliver other services.

The vaccination programme offers hope that we can begin to return to living our lives with fewer restrictions. We know we have further years of hard work to recover from the disruption caused by the pandemic. We therefore believe the time is right to review our existing plans and priorities, to ensure we are focusing on what is important as we begin to tackle the challenges facing us.

We want to check with our staff, patients, partner organisations and the public how Covid-19 has affected health and well-being and what we can learn from this experience.

We also want to check whether our long term strategy for health and well-being is still relevant, or whether we need to amend this now. We want to hear your views on both of these matters.

> “...to ensure we are focusing on what is important as we begin to tackle the challenges facing us.”

GIG CYMRU NHS WALES
Bwrdd Iechyd Prifysgol
Betsi Cadwalar
University Health Board

Byw'n Iach | Living Healthier
Aros yn Iach | Staying Well

LIVING HEALTHIER, STAYING WELL

Our long term plan for health, well-being and healthcare

Byw'n Iach | Living Healthier
Aros yn Iach | Staying Well

During 2017, we spent many months discussing what our priorities should be, with patients, carers and community representatives as well as our staff and partner organisations. We held workshops and attended meetings of community groups to get your feedback. What you told us fed into our long-term plan, which we produced in 2018. You can find the plan here.

A HEALTHIER WALES

Since we produced our long-term strategy, Welsh Government has published A Healthier Wales: our Plan for Health and Social Care. This described the ambition for health and social care services to work more closely together, providing services that are designed and delivered around the needs and preferences of individuals and with a much greater emphasis on keeping people healthy and well.

A HEALTHIER WALES SETS OUT A QUADRUPLE AIM

1 Improved population health & well-being

2 Better quality & more accessible health & social care services

3 Higher value health and social care

4 A motivated and sustainable health & social care workforce

Since then we have been working more closely in partnership with Local Authorities, other public services, the third sector and communities to support health and well-being. We can do more, and working together needs to be the usual way we do business.

Examples of partnership working include the North Wales Regional Partnership Board that oversees the planning and integration of services to ensure effective care and support are in place to meet the needs of the population. At a more local level Public Services Boards (PSBs) improve joint working across all public services in each local authority area in Wales. For more information on your PSB please click below:

- Gwynedd and Anglesey
- Conwy and Denbighshire
- Flintshire
- Wrexham

We are proposing to update our long-term plan to reflect the ambition set out in **A Healthier Wales**. We want to be clearer as well about the priorities we have agreed with our partners in North Wales.

OUR LONG TERM GOALS

As well as making sure we are working together to fulfil A Healthier Wales, we want to check whether the original priorities we proposed are still relevant.

Living Healthier, Staying Well described our goals for health and well-being. These are to:

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

Q:

Do you agree that these goals are still relevant?

Q:

Are there any other priorities that the Health Board should now include or change?

Q:

Given the challenges that Covid-19 has brought about over the last year are there any goals you think we should prioritise more than others?

Q:

Have you had any experience of how these goals are being put into practice?

OUR PRIORITIES FOR ACTION

There were three main themes in Living Healthier, Staying Well, for which we identified the priority actions we would work on in the first years of the strategy. Whilst we have made progress in many areas, we have a lot more to do. Some areas have proved challenging to put into practice.

Improving health and reducing health inequalities
We said that in the first years of the strategy we would focus on helping people make healthy lifestyle choices.

Since then we have been working with partner organisations across North Wales to develop schemes to support these and implement the programme Building a Healthier Wales e.g.

- Healthy eating and lifestyle – such as Let's Get Moving North Wales, and Foodwise in Pregnancy
- Infant feeding - additional support for parents to continue breastfeeding once they leave hospital
- Emotional health and well-being - increased support for practitioners and parents including a bilingual on-line support tool
- Physical activity - support for young people and their families to enjoy physical activity and sporting opportunities across North Wales
- Suicide prevention plans
- Alcohol support and smoking cessation services
- Food poverty - including now working through the community hubs developed in response to Covid-19
- Homelessness – such as the development of an onsite café at the Bangor Homelessness Centre to develop skills and employability as well as access to support services including health and housing.

Q:

Do you agree that this is still the right approach?

Covid-19: Community Support Hubs Working with partners and local communities, we have developed five hubs across North Wales where people can get home testing kits, advice about money, help with food or energy problems and support for their mental well-being.

CARE CLOSER TO HOME

Care Clusters

Helping services work together better in one place.

Primary Care Workforce

Working together, sharing information and supporting needs.

Health & Well-being Centres

Offering advice, assessment, outpatient appointments and much more.

Digital Healthcare and Technology

Offering independence and control.

Community Resource Teams

One point of assessment, co-ordinated care and support.

Social Prescribing

Non-clinical activities and support in the community that improve well-being.

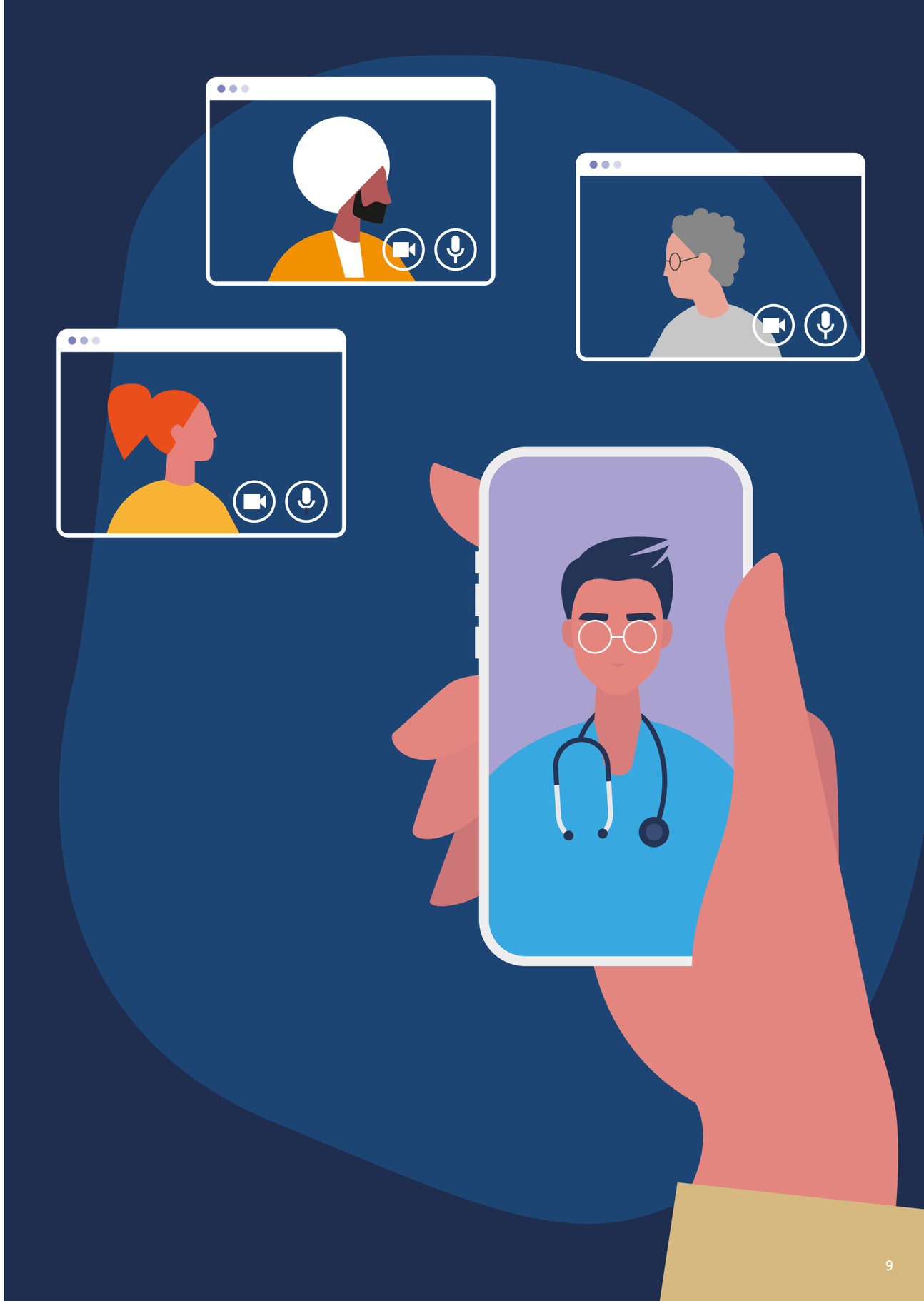
It's important to have local services that can meet needs in the right way at the right time. People want care as close to home as possible.

What we have done:

- Local (cluster) developments - including support for mental health and well-being, advanced practitioners and pharmacists
- Health and well-being centres such as Dolgellau Hospital
- Major proposals such as the Royal Alexandra Hospital, Rhyl replacement.
- Community Resource Teams are working together across health, social care and third sector
- We have established a Primary and Community Care Academy to focus on innovation, research, new ways of working and recruitment
- Home First Bureaux to support care out of hospital
- The transformation fund programme has supported significant improvements
- Social prescribing across North Wales.

Q:

To ensure local services can meet people's needs in the right way and at the right time, do you agree that this is still the right approach to take?



CARE WHEN YOUR HEALTH NEEDS ARE MORE SERIOUS:
Hospital Care

"The right care, at the right time, from the right person."

Our three main hospitals are Ysbyty Gwynedd, Bangor; Ysbyty Glan Clwyd, Bodelwyddan; and Wrexham Maelor Hospital. All three will play an important role in meeting the needs of the people of North Wales now and in the future. Each has a 24/7 emergency department and supporting services.

Sometimes you may need to travel further than your local hospital for care, when it is more specialised. You may also be offered care at another hospital if there is capacity to treat you more quickly.

Our aims for hospital care included:

- Better outcomes for patients
- Easier access to services
- Early diagnosis and treatment
- A wider range of specialist care
- Safe and high quality care
- Meeting increasing demand
- Offer more alternatives to hospital care

We have completed a number of major projects to help achieve these aims such as the redevelopment of Ysbyty Glan Clwyd; opening the new Sub-Regional intensive care centre for newborn babies; improving stroke services; and launching the NHS 111 phone service.

Whilst we have made many improvements, we have not completed all the commitments in Living Healthier, Staying Well (such as for orthopaedics and urology.)

In our strategy we said we needed to provide quicker access to services. However waiting times have deteriorated further during the pandemic.

It has been necessary to reduce planned care in order to redirect clinical staff to manage the increased number of patients admitted to hospital as emergencies with Covid-19. This means that a large number of people with less urgent needs have had long delays that we now need to tackle.

The plan to address these delays will need to be delivered over a number of years. Current estimates suggest this could be four – five years, which is broadly in line with other Health Boards in Wales.

We are working to increase capacity to help reduce the long waits people are now facing. This includes considering the development of new dedicated Regional Treatment Centres. The Centres will improve access for services such as day case surgery, ophthalmology, orthopaedics and diagnostics.

We will provide more information on these centres as the proposals move forward but you might have views on how these could work to help you.

The case studies below provide examples of some of the innovative improvements that are being made to our care pathways (by pathway we mean the journey from start to finish of a healthcare treatment or experience):

CASE STUDY
Virtual Follow-up in Orthopaedics

Prior to the Covid-19 pandemic we managed our orthopaedic follow-ups using face-to-face appointments. The Covid-19 pandemic challenged our ability to maintain activity levels including face-to-face consultations. This provided the incentive to consider other models of follow-up care. In response, a system to determine the clinical need for face-to-face follow-up consultations was developed and a new pathway designed by our clinicians. This led to the provision of 'virtual' orthopaedic follow up clinics at Wrexham Maelor Hospital for those patients who are fit and healthy.

1,132 patients have been transferred to the new pathway. Of those, an assessment (based on completed patient questionnaires) determined that over 90% of patients don't require any further review after their initial appointment six weeks after surgery, and can be virtually monitored instead.

Work is underway to monitor and assess patient feedback. Initial evidence suggests that patients have welcomed attempts to reduce unnecessary hospital visits. There have been a number of other benefits. The virtual clinics have helped to release clinical capacity to manage the increased waiting lists due to Covid-19 and helped to reduce the footfall in our hospital facilities.

We are now making plans to implement the service at Ysbyty Glan Clwyd and Ysbyty Gwynedd.

CASE STUDY
Virtual Group Education in Major Joint Replacement (hip and knee)

'Joint school' is a programme for people about to have a major joint replacement. Our experiences have been that attending a 'joint school' results in people feeling better prepared, better informed and less anxious about their surgery. It also helps people to be actively involved in their treatment choices.

Historically, at our three main hospitals - Ysbyty Gwynedd, Ysbyty Glan Clwyd and Wrexham Maelor Hospital, our joint schools provided face-to-face sessions in a group clinic environment. Unfortunately, as a result of the Covid-19 pandemic, clinical teams were unable to continue to provide these invaluable sessions.

Working together with experts in virtual and group clinic models of care at ELC-Redmore, and supported by Welsh Government, our Orthopaedic team at Ysbyty Gwynedd, Bangor, is leading the way in Wales in the development of a pioneering virtual-based joint school. It is planned that the first of these sessions will take place during September 2021.

The virtual model will include a combination of on-line educational videos and patient journey videos as well as interactive sessions in dedicated virtual group clinics. They will provide the patient, their carer or relative with the ability to access this vital education prior to their operation. It also offers an opportunity for them to meet with and ask questions of the clinical team, and learn from the experience of others from the comfort of their home.

Patients and their carers or relatives benefit from a reduced number of journeys to hospital and it allows staff more time to fulfil their clinical duties. The aim is to replicate the virtual education model across the Health Board, and share the learning Wales-wide.

Q:

Do you agree that our aims for hospital care are still the right ones?

What would it mean for you if you were asked to travel further to get treatment sooner or more specialised care?

EQUALITY AND HUMAN RIGHTS

In Living Healthier, Staying Well, the promotion of equality and human rights was agreed as an underpinning principle for delivering our long term goals.

This means:

- Identifying and addressing barriers to accessing services
- Providing culturally appropriate services
- Making reasonable adjustments and working towards improved outcomes for people from protected characteristic groups and those with lived experience of stark inequalities.

Our equality objectives are set out in the Health Boards Strategic Equality Plan: This outlines key areas of focus, for example, implementation of the Race Equality Action Plan: An Anti-racist Wales.

We know that Covid-19 has worsened many inequalities for people with protected characteristics and those who are socio-economically disadvantaged. The evidence shows that older people, people from ethnic minority backgrounds and some disabled people in particular have been affected. It is now more important than ever that equality and socio-economic considerations are placed at the heart of our work and that we create opportunities for your voice to influence our plans.

Q:

We are interested to learn more about your experiences. Are there any areas where you think we could respond better to inequalities?

INVOLVING PATIENTS, CARERS AND THE PEOPLE OF NORTH WALES

When we developed Living Healthier, Staying Well we involved many people in thinking about what was important, what was working well and what could be improved. It's really important that we continue to involve people in our plans to improve health and well-being and how we deliver healthcare services. We want to do this more consistently and do more to design services together.

One issue we want to address is making sure that we design our services to support people seamlessly from start to finish of their health and well-being experience – the pathway of care.

We can learn from what people are telling us through a range of methods. Individual patient and carer experiences can be used to improve services. Local communities can help shape what services are available in their area. And we can do more to ensure that the decisions our Board makes are based on what people are telling us.

Recent feedback through our Patient Advice and Liaison Services showed that what people said was good about their experience of healthcare included staff attitude and approach; quality of care; communication and assistance.

What could have been improved included general facilities, nutrition, communication, waiting times, and coordination of care – and also staff attitude (Ref: BCUHB Patient Feedback: Themes and Trends 2020 / 2021)

> "It's really important that we continue to involve people in our plans to improve health and well-being and how we deliver healthcare services."

COVID-19

Since the start of the global pandemic, we have been working to protect our population and staff, and to respond to health needs.

Important new services were developed such as Test, Trace and Protect, and the temporary Enfys hospitals in Deeside, Llandudno and Bangor. Technology was used much more to support people with advice and care.

Many services had to change how they delivered care and support and some services were suspended or reduced until we could safely open these up again. Urgent and essential services were kept going throughout the pandemic.

We also know that some people did not come forward for health care because they were fearful of the risks caused by Covid-19. There have been real concerns about mental health and well-being, for people of all ages.

Covid-19 pandemic in North Wales as of July 2021:

- More than 1,020,000 Covid-19 tests
- More than 46,000 positive test results
- More than 1,500 hospital admissions
- 940,000 vaccines given

Many people are also being affected by Long-Covid. This condition affects people who have had Covid, and now find they have symptoms which might include fatigue, muscle weakness, breathlessness, sleep difficulties, anxiety, depression or "brain fog" and more. We are working to introduce new and better support for people and we are working directly with people living with Long-Covid to design services.

We have developed the first Education Programme for Patients in Wales specifically designed for people with Long-Covid.

> It has helped me no end and I now feel far better equipped to continue my journey to a full recovery.

A report describing the response in Wales to the first phase of Covid-19 has been produced by the Chief Medical Officer for Wales.

The vaccination programme in North Wales started in December 2020 after the approval of the first vaccines.

By mid July more than 421,000 people had both doses; and nearly 90% of the eligible groups have had at least one vaccination.

More recently more than 1,000,000 vaccines have been given to people in North Wales.

Now, we are facing the challenge of how to tackle the backlog of care and keep services running as the Covid restrictions are lifted.

We have already run a survey of people's views on service changes made during the pandemic. 556 people responded, with both positive and negative experiences of services. Words frequently used were stressful, frustrating, challenging – but also understandable and necessary.

The findings from the survey offer a number of insights into people's experience of accessing some of our health services during the Covid -19 lockdown. Although many non-urgent appointments were cancelled and services stopped operating the survey findings show that people adapted to the changes and reported many positive experiences. The switch to telephone consultations, the support of local pharmacies, emergency services, the appreciation of the work of frontline staff and range of information come across in the responses.

There are however a number of themes emerging that have caused negative impacts during this period. The cancellation or postponement of appointments and planned operations has resulted in the worsening of conditions for some people. Restrictions in visiting family in hospital and physical access to services such as dentists or GPs created anxiety and stress for many people

A summary of the survey findings can be read here.

Now we would like to know more about the impact on your health and well-being during the Covid-19 pandemic.

Q:

Given the challenges that COVID-19 has brought about over the last year, are there any goals you think the Health Board should now prioritise more than others?

HOW YOU CAN HAVE YOUR SAY

You can tell us your views in a number of ways:

- Complete the **Smart Survey**
- Our **website**
- By emailing us at **BCU.Getinvolved@wales.nhs.uk**
- By calling us on **01745 586 458** Please leave a message and we will call you back so you do not have to pay for the call.

Your views will be used to help refresh our long-term plan. We will publish a summary report of your feedback and how we have taken it into account.


Juice Shop

Living Healthier, Staying Well:

Strategy Refresh Engagement Report

1. INTRODUCTION

Living Healthier Staying Well (LHSW), our long term strategy for health, well-being and healthcare, was published in 2018.

Since the strategy was published, the external environment has changed considerably. We must respond to the unique challenges arising from the Covid-19 pandemic including the increased pressures in primary care services, the increased backlog in planned care and the impact that Covid has had on people's mental health and well-being. We must also respond to the Welsh Government Plan 'A Healthier Wales' which sets out an ambition for health and social care services to work more closely together and deliver services that are better tailored to the needs of communities.

It is timely therefore to review and refresh our strategic goals and priorities to check that our long term strategy for health and well-being is still relevant and to ensure that we focus on what is important as we begin to tackle the challenges that lie ahead. To support this, we asked people's views through a short engagement exercise that took place in the last quarter of 2021. This report summarises the approach and the findings.

2. The engagement approach

We have undertaken a range of engagement activities designed to help us understand whether the public, patients, staff and key partners think that the principles and priorities set out in the LHSW strategy are still relevant. We are not starting from scratch, but building upon the extensive programme of engagement undertaken when developing LHSW in 2017 / 2018. For this reason, the engagement has been 'light touch' rather than a full formal consultation. The findings have informed the refresh of LHSW and the development of the Health Board's Integrated Medium Term Plan (IMTP) and will subsequently be used to inform the Clinical Services Plan.

Due to the on-going coronavirus pandemic engagement was undertaken through a number of different channels including:

- An on-line public survey
- Social media platforms such as Facebook and Twitter to promote key messages and a public survey
- Dedicated LHSW web pages
- A dedicated email address and telephone line
- LHSW Wakelet to provide information in a range of accessible formats
- Links to surveys and information shared widely through regional, area and community networks and groups
- Staff engagement through internal communication channels, building on approaches developed through the Stronger Together programme

- Telephone interviews with key partners
- Health Board and partnership forums
- Health Board workshop sessions

Documentation to support the LHSW engagement programme included:

- A bilingual LHSW discussion document and summary document
- A bi-lingual LHSW discussion document in an accessible format

The programme of engagement was formally launched on 15th September 2021 and ran for six weeks, although discussions with key partners such as the North Wales Community Health Council and the Regional Leadership Group had been taking place prior to this date. A mid-point review took place on the 8th October 2021 to consider the feedback received to date and make adjustments as necessary to the engagement activity e.g. further promotion of the survey with key partners.

As part of our approach, we held a number of focused events and general discussions with a wide range of groups including the Stakeholder Reference Group, Community Health Council (CHC) Service Planning Committee and Full CHC Council, Regional Leadership Group, Equality and Human Rights Strategic Forum, North Wales Cancer Network, Regional Partnership Board, Public Services Board's and Health and Well-being Networks

Targeted engagement sessions were also held with a small number of groups representing different interests:

- Virtual LHSW Q&A Sessions (30 people)
- Fresher's Fair – Wrexham
- (West Area) Engagement Practitioners Forum (42 people)
- (East Area) Engagement Practitioners Forum (25 people)
- Chinese Association lunch (60 people)
- Diabetes Q&A event (24)
- Palliative Care Q & A event (22)

Engagement varied from providing general information and signposting to the LHSW website to more considered and deliberative sessions with groups and stakeholders.

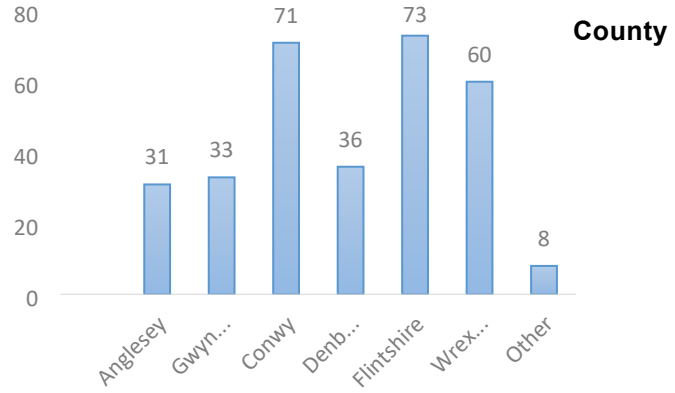
3. **The online survey**

The key engagement tool and source of feedback however was through the online public survey. This was promoted on the Health Board's website, social media, namely Facebook and Twitter, and shared widely with the public, key partners, third and community sector networks and groups. In total **312** people completed the survey. Key findings are summarized below.

3.1 About the respondents

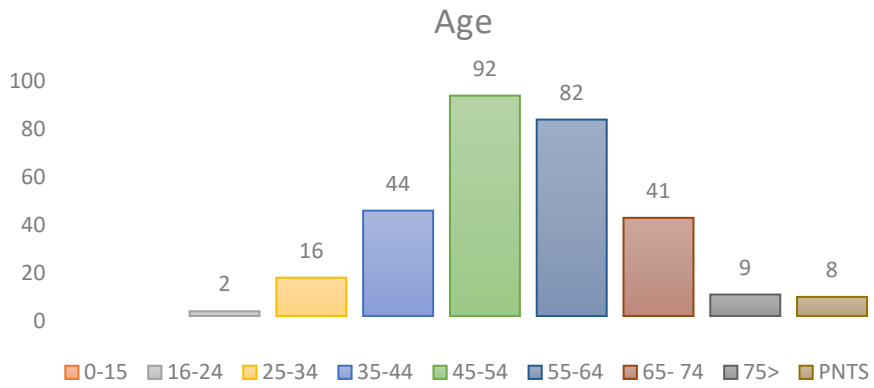
Geography

Respondents were fairly representative across the six local authorities with a higher response rate coming from Conwy and Flintshire followed by Wrexham. 40% of questionnaires from Gwynedd were completed by BCUHB staff.

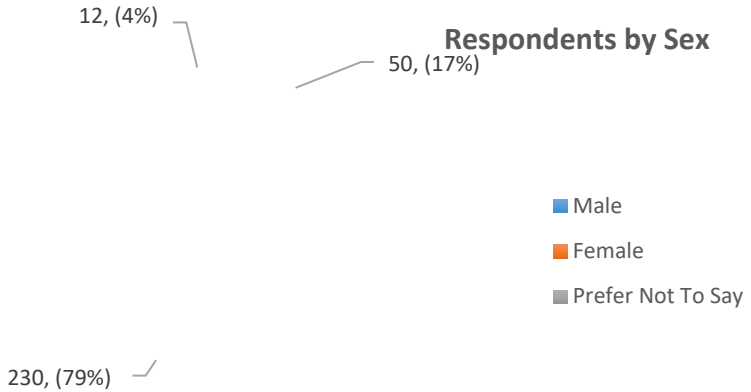


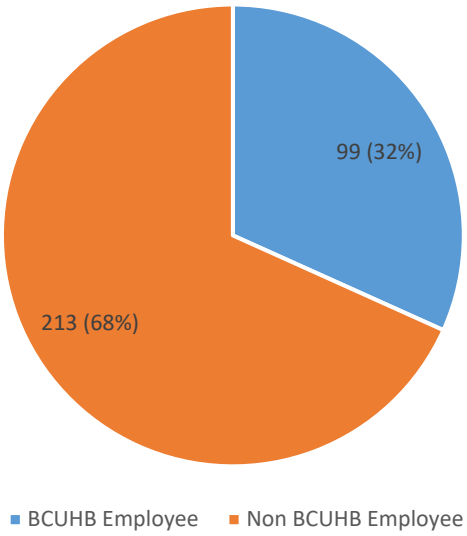
Age

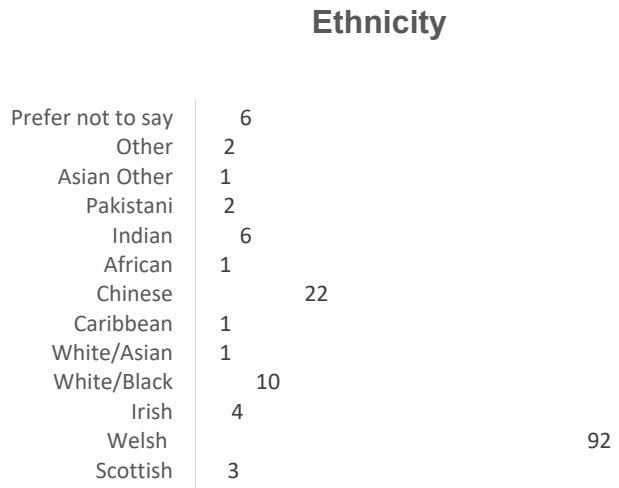
There was a spread of ages but the largest number of respondents were between the 45-55 and 55-64 age groups.



From the completed equality monitoring information it was noted that just over 79% of the respondents were female. 2021 population estimates suggest a ratio of 49% male to 51% female in North Wales.

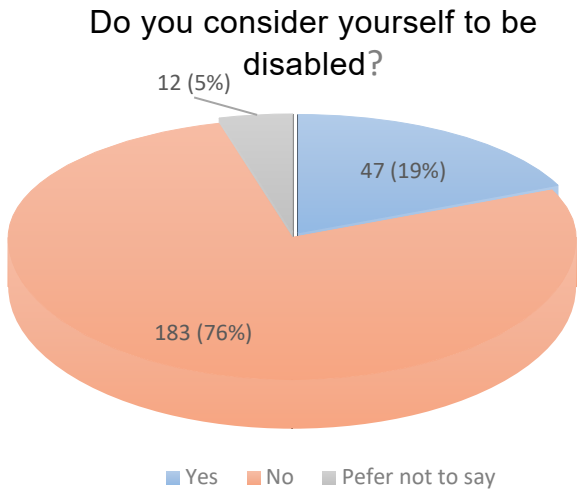




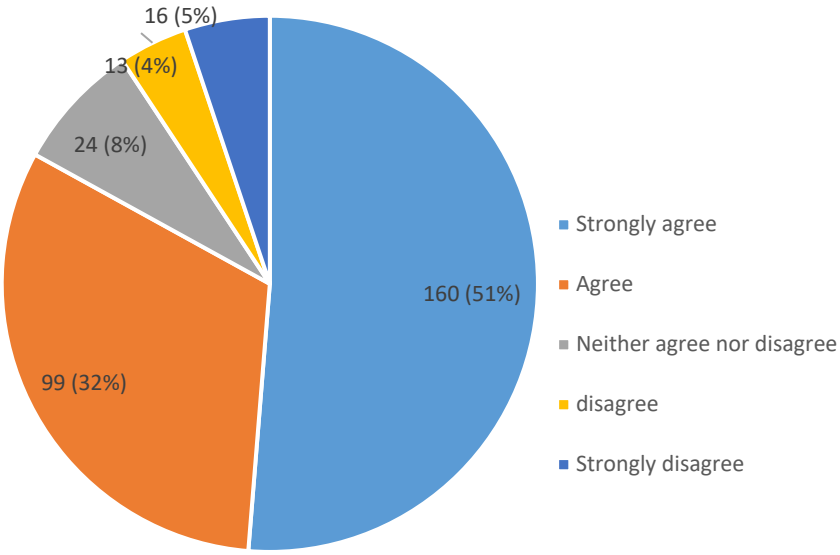


99 respondents (32%) identified as working for the Health Board

The majority of respondents described themselves as British or Welsh with the next highest ethnicities being English and Chinese. When respondents were asked if they considered themselves to have a disability 47 (19%) stated that they did



3.2 Are our Goals still relevant?



When asked if the strategy goals are still relevant, 259 respondents agreed or agreed strongly that they were.

Although there was significant support for the relevancy of our goals, the comments highlighted a number of concerns or areas for improvement. A number of themes emerged from this question including that the goals are too **aspirational** and there is **lack of delivery**. There was a view that the strategy should focus on clear and measurable strategic objectives, improving systems and processes, delivery models and pathways and include Key Performance Indicators (KPIs).

Improvements in **access and waiting times** in both primary, acute care and mental health should be given greater emphasis in the organisations goals especially where intervention is time-critical, for example, in mental health.

The importance of **prevention** was raised with specific references to mental health and early years including educating children, infant feeding, maternal health, and education on the spread of disease.

A number of comments reflected the view that there are **insufficient resources** to deliver the goals and that there should be a greater focus on treating people including **collaboration** with third sector partnerships.

"But we need to know how are they going to be achieved. For example improving mental health by creating x service or employing x number or new physiologist etc."

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

"General public's perception is that the Trust is not functioning, I think your main priority should be reducing timescales for appt and operations - that's what people really care about"

"The strategy should be a pathway focus of interventions and models of patient access and the attributes (e.g. respect and dignity and Q&A are really a given aren't they - not part of a strategy? It might be helpful to clarify what most people ASSUME is a given - like safety, treating people with dignity and the strategy focus on what service delivery models and pathways."

Please indicate any goals you think are a priority

Although the majority of respondents agreed that our goals are still relevant, the survey asked if there were any goals the Health Board should prioritise. Whilst over 44% indicated all goals were equal, respondents indicated that improving physical and mental health & well-being (45%) and listening to people and learn from their experiences (44.7%) should be given priority. Through the comments a number of themes began to emerge.

Improving access and waiting times:
In response to this question, over a third of the comments related to improving access and waiting times. This related to both primary care & acute hospitals and predominantly referred to tackling the backlog of those waiting for treatment due to the pandemic, difficulty accessing GP services and waiting times in emergency departments. There were also specific references to screening, diagnostics, surgery, neurology, dental and emergency care.

New ways of working such as employing the use of digital technology was acknowledged as positive and could be extended to include digital case notes and 24/7 access. Use of this technology should be balanced with the reintroduction of the option for face-to-face appointments with a GP for those who need it and the re-opening of MIUs. Visiting access should be reinstated especially for patients with dementia.

> ***"It seems impossible to get an appointment, either online or in person at my GP surgery. I'm happy to just speak with someone on the phone but the constant "no appointments left" followed by "go to A&E" is now unacceptable. I know the way this service is delivered is changing but apart from Drs/Nurses not being available nothing else seems to be in its place. 111 is extremely helpful but the help stops when it says you need to see your GP."***

Workforce:
Recognising the importance of staff welfare was considered a priority. This included sufficient numbers of GPs, nurses and unqualified staff, better succession planning, faster recruitment, less reliance on temporary staff and ensuring staff feel valued and appreciated.

Improving staff retention prospects and support for overseas nurses was considered important. Further suggestions include a reduction or streamlining of management posts and redirecting funding to front-line services.

Mental Health & Learning Disability:

The need for extra support for mental health services due to the pandemic was flagged as a priority area. Crisis support and specifically but not exclusively extended support for people with long Covid, children and young people, carers, substance abusers and those experiencing loneliness and on the margins of society. Also highlighted was a desire to improve the knowledge of mental ill-health in some GP practices and again use of Third Sector partners.

"The continuing chicken and egg scenario of mental health and substance misuse. Access to mental health services is difficult if you misuse substances. Misusing substances leads to mental health issues. A holistic approach is needed. A more rapid response too - no one should have to wait 6-months to get support when they are in crisis now"

Communication:

Improving the quality of communication with patients and between hospital, primary care and community services was also an emerging theme. This includes frequent and prompt information, ensuring dignity and respect at all times and ensuring proportionate influence. Improved mechanisms for listening and engaging both internally and with partners, and further development of the Welsh language provision were encouraged.

Leadership & development:

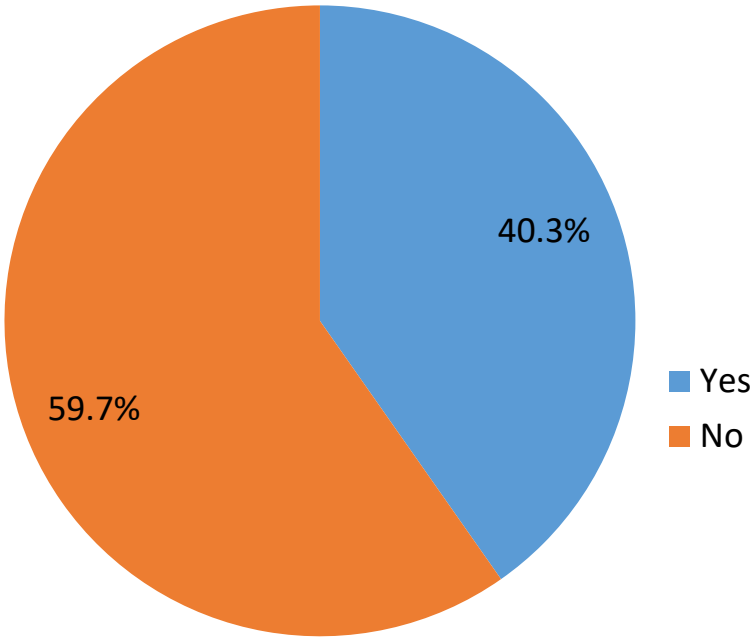
It was suggested that the Health Board might work differently and more collaboratively with best-performing organisations and that managers should be seen to lead by example.

Other suggested priorities raised included:

- Tackling climate change and promotion of the sustainability agenda as an additional organisational goal.
- Prevention and social prescribing with a focus on chronic conditions and obesity and better use of the Third Sector and partnerships.
- Services for minority groups and diverse communities run by staff that are members of these communities e.g. LGBTQIA+, Black and Asian Minority Ethnic people, Gypsy Roma Travellers, disabled people
- The need to improve performance management

- Equalising work standards and policies across North Wales, improve the integration of services and less working in silos.
- Working with partners e.g. care homes and community initiatives
- Parking, transport and outsourcing maintenance
- More help for the terminally ill

3.3 How the strategy goals are being put into practice?



Almost 60% of respondents felt that they had not experienced the strategy goals put into practice. When asked what has worked well or what needs improving, respondents highlighted a number of issues as set out below.

What's working well

Most frequently cited areas felt to be working well included aspects of care closer to home. This was mainly around the use of digital technology as an enabler but there were also examples such as specialist teams supporting GPs in the primary care setting (diabetes and spinal services) and Community Resource Teams (CRTs). Referral to rheumatology was considered good; however, the wait for podiatry was felt excessive. Inpatient care was referenced as working well but follow-up and aftercare was in need of improvement.

It was suggested that here are many areas within BCUHB that require a service similar to that provided by the BCUHB Health Improvement Team, which covers Caia Park, Central Wrexham and Flint.

Cancer services were also identified as being considered responsive to people's needs.

What needs improving

Access to services was the most frequently commented theme for improvement with GP access being the most frequently cited.

> ***"I have seen Primary Care services steadily getting worse over the last 5 years. I have a heart condition but I have to beg and demand a once a year check for blood pressure, blood testing, weight etc. This year they refused to check my weight or blood pressure and said when I eventually get acute symptoms I should present myself to A&E. This is hardly a pro-active approach to holistic care, and is also potentially much worse in terms of health outcomes and resources."***

It was also commented that there is a need to improve hospital admission systems and availability outside of normal working hours. Some felt that the use of digital communications needs to be proportionate and at times used too frequently, whilst others would welcome expanding the use of this medium in more secondary care settings and for more home monitoring.

"Have a telephone appointment in November with consultant - however, not sure how this will work as I am deaf!"

Other areas where improved access is required includes community mental health, cardiology, neurology, diagnostics, dental, phlebotomy and podiatry.

"My father with atrial fibrillation had a TIA but wasn't seen by anyone despite GP referral and went on to have a stroke a week later."

"Support for people in crisis whether physical or mental health has reduced. Things like HECS no longer seem able to respond in a timely fashion. Originally set up to support early discharge and preventing hospital admission - now seem to be aimed at palliative care."

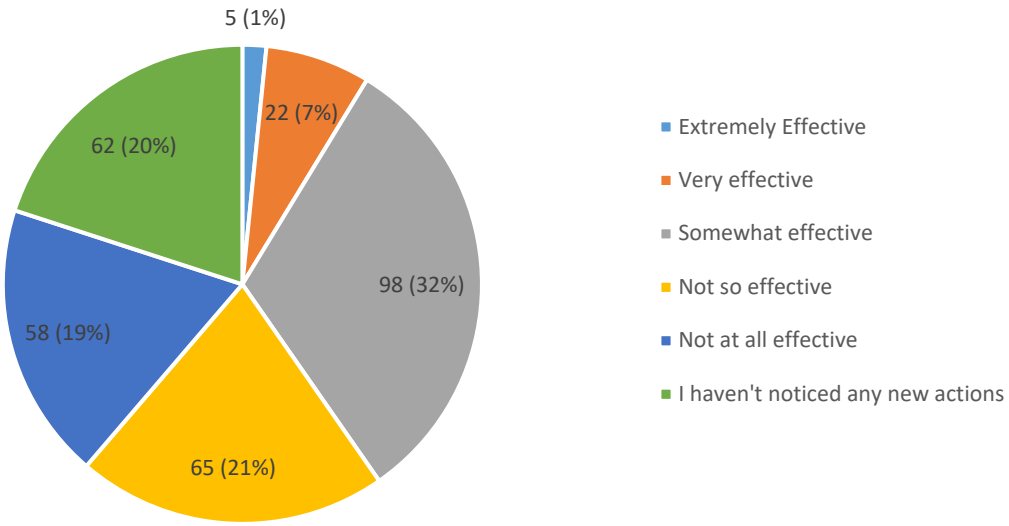
Early intervention is viewed as extremely important for children. The use of community pharmacists as a 'one-stop-shop' and potentially extending well-being support e.g. for alcohol and obesity. The IBD helpline was considered a valuable resource which has now ceased.

There was a view that, with the exception of cardiac rehab referrals (which was an example of a service that works well) rehabilitation services such as pulmonary, falls, and diabetes services were poor at delivering exercise initiatives within rural communities.

Workforce related issues such as lack of continuity of care due to the employment of locums and recruitment and retention were flagged for improvement together with staff welfare and well-being and accessibility to the staff well-being centre. Staff attendance at learning disability awareness training was highlighted as an area for improvement.

Several issues were raised in terms of improvements required in hospital care and bed availability. These include speed of access, waiting times, emergency departments and appointments running over; discharge, follow-up processes and quality of care. Safety standards for people entering community hospitals was raised as an area for improvement.

3.4 How effective do you think the Health Board has been in delivering improvements to the health and well-being of its residents?



Asked about how effective the Health Board has been in delivering improvements to the health and well-being of its residents nearly 32% said that the Health Board had been somewhat effective. Approximately 60% of respondents said it had not been effective or that they hadn't noticed any new actions. Only 8.5% felt that the health board had been effective in delivering improvements to the health & well-being of its residents.

Of those who felt the Health Board had been somewhat effective in delivering improvement, the view was expressed that the Health Board's ability to implement its plans has been adversely affected by the pandemic and the government could have done more forward thinking to support this. The success of the mass vaccination programme and provision of 'online appointments', which could be expanded further to save patients travelling to hospital, was highlighted as effective.

Comments referenced that reduced services have yet to be reinstated and in some areas telephone consultations are the new norm. Additional stress and pressures placed on staff during the pandemic were acknowledged.

A desire for more working in partnership, prevention of ill health and investment would improve outcomes. A reduction in bureaucracy to facilitate this was also highlighted.

The use of alternative channels to offer advice and support should be encouraged and better facilitated.

"The pandemic brought its challenges but also brought about opportunities to the way we work. The introduction of greater, slicker IT systems mean that we can connect with our service users however, the GP practices seem even more harder to reach than ever before. It feels like surgeries are using the pandemic as an excuse to not see our service users which in turn puts pressure on the community and acute services."

"I noticed the common ailments scheme which has the potential to be helpful, but hasn't worked for me due to the unavailability of the pharmacist during my lunch breaks, and then having to make an appointment with her for ten days later and take time off anyway."

It was also suggested that staff involvement in service improvement might be improved:

"There are some great initiatives but care would improve greatly if patient facing staff were given more opportunity to input into these services. Many issues missed by management are obvious to staff on the ground"

This was an issue reflected at the public Q&A session too.

It was commented that to be successful there needs to be an effectively resourced whole-system commitment across the BCUHB. This should include primary & secondary care and social care.

"new monies have tended to focus on addressing critical demands for services to "make people better"; rather than working in partnership to keep people well"

"It is very difficult to get through to a GP, waiting over 20 minutes in hold to be told "someone" will call you back. At times, there is no call back and you have to begin the process all over again"

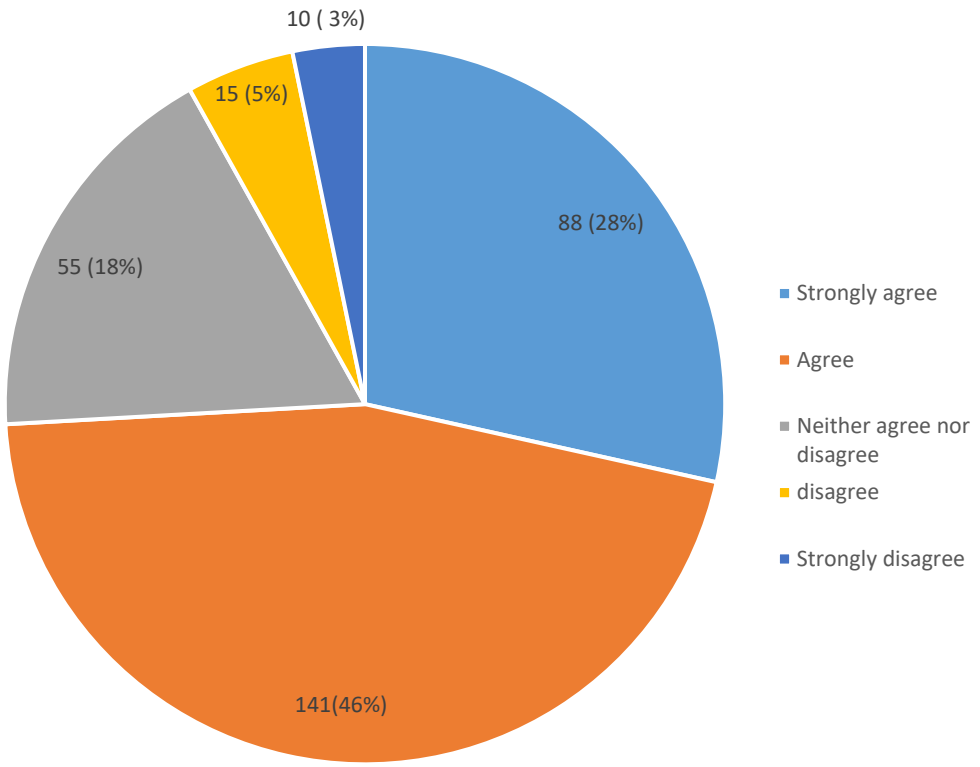
"Lack of timely assessments and support has exacerbated mental ill-health symptoms for many people."

There was an acknowledgement that deterioration is in part due to Covid-19, however there was a view that services are not recovering as quickly as they should and problems that existed pre-Covid still persist.

"I speak to people who feel let down all the time. I had to call the PALS team to help me contact my consultant."

"I had a bad experience when referred to MIND and have had no further support. I feel I can't go and see a Dr no matter what is wrong with me, and I'm worried for the future"

3.5 Improving Health and Reducing Health Inequalities



When asked if improving health and reducing health inequalities was still the right approach 74% of respondents agreed or agreed strongly that it is.

Comments reflected the view that empowering people to address their own health and well-being was important. It was felt however that some people did not want to take responsibility for their own health so incentives such as discounted facilities or classes for cooking and fitness for could be offered.

It could also be made easier for people to access help through a combination of options including digital and face-to-face appointments.

Making information available, however, isn't enough and efforts to communicate better and in a non-patronising way such as having honest conversations about weight, smoking and the barriers people experience were considered to be important. Improving staff communication skills was seen as especially important for people with learning difficulties. Other areas included providing more education to children with dietary issues / harmful lifestyle choices and giving patients access to their own health records.

Early intervention such as encouraging people to come forward early especially those living in rural areas is important:

"The NHS are very reactive and I think by providing a yearly check-up for patients, early detection could reduce the demand on secondary care services later on"

"For many we still don't step in early enough and the result can be very expensive emotionally for families and more expensive financially for the Health Board and its partners in health and social care."

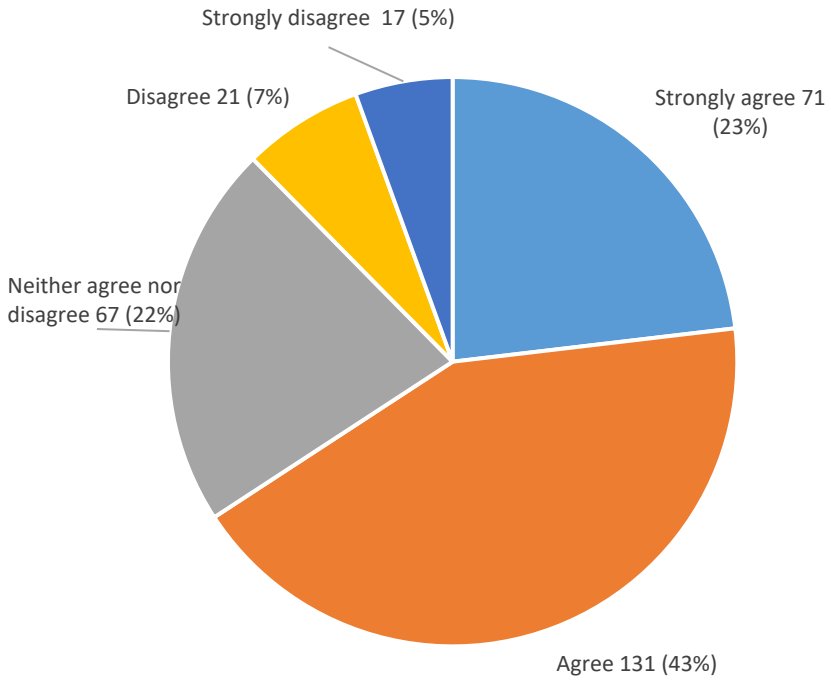
It was suggested that the Health Board should invest in more prevention into mainstream services. Examples include increasing resources for mental health to improve waiting times and ensuring sufficient resources are available when patients are discharged:

"It seems a patient can still be discharged from hospital into the care of a partner who has a severe medical problem, no carer is available to support the couple. How can this be acceptable?"

A number of respondents asked how BCUHB knows if improvement is happening and questioned how improvement is measured. There was a feeling by some that improvement is not being achieved or evidenced.

There was a view that whilst promoting and supporting healthy lifestyle choices and a focus on the quality and safety of services it should be acknowledged that poverty, poor housing, unemployment, stress, air pollution etc. also have a huge impact on people's health.

3.5 Primary and Community Services



When asked if ensuring local services meet people's needs in the right way and at the right time was the right approach, 66% agreed or agreed strongly.

Accessibility

Many people who agreed with the approach however felt that help and advice should be more accessible or available, particularly for older people. It should be simple, easy to understand and in different formats and people should be able to speak to someone when more help is needed. There should be time slots for digital appointments and better use of appropriate partnership organisations e.g. the third sector. Quality of information and advice is essential and there must be trust in the competencies of health professionals giving the advice.

There needs to be a way to destigmatise conditions affecting health e.g. diabetes, to allow for better engagement in self-care and there is a responsibility for making 'self-care' decisions on behalf of others e.g. children.

"I do worry though that when the NHS talks about people 'managing their own heath' that they have the cause and effect the wrong way around e.g. they mean that if only everyone ate healthily and exercised there would be far fewer sick people. I think that misses out on all the things that are actually in the power of the NHS and other public services to change that would improve people's health and living conditions so that they have the time and energy for healthy behaviours."

Need to see visible actions

A number of people felt that initiatives were not visible or that they had not experienced them.

"I agree it is the right approach but it is not translating into practice."

More resources needed to deliver

Some people gave examples of the areas for investment to deliver this approach more effectively, this included:

- GPs
- Parents of children with complex needs during pandemic
- Practical community support for carers
- Partner organisations capacity to deliver

The following were cited as good examples of this approach:

- Musculoskeletal service signposting
- Amlwch GP use of Facebook for signposting
- Benefit advice for cancer patients

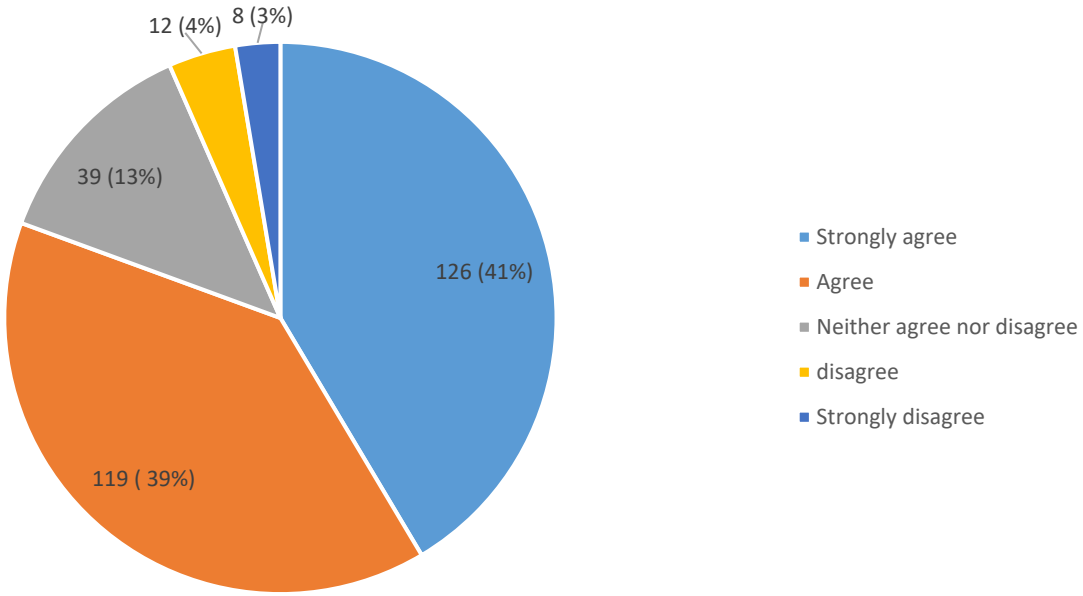
The limitations of signposting

A number of respondents however felt that signposting should be complementary and not a replacement for medical care, suggesting people may be less likely to seek treatment when it is needed and that signposting can feel to some like 'passing the buck'. There was a view that some people do not realise that they need the help or sometimes need more practical steps than advice.

There was a worry that underlying issues may not be identified and that some people are left feeling dismissed and being "*bounced around"* and their needs not acknowledged. Responsibility for care was considered by some to sit with the clinician rather than the individual.

"Too many 'management plans' in mental health signpost people to sources of advice information and support! The buck stops with the clinician (when there is one available) to provide the necessary advice, not to 'signpost'

3.6 Addressing more serious needs (hospital care)



When asked about the Health Board's aim of ensuring people are able to get support more quickly for more serious needs, 80% agreed or agreed strongly that this was the right approach to take. A number of comments stressed the need to improve access to alternatives to emergency departments (EDs). It was suggested that some people are going to EDs as an alternative when they cannot access a GP. This may have worsened since Covid and the reduction in face-to-face appointments. Other suggestions to improve this include:

- Minor Injury Units (MIU) - more would help reduce the pressure on EDs
- Community hospitals: review the role with a view to potentially extend
- Self-care - empowering people
- English providers - devolution precluding access to services across the border
- Increase ED support and efficiency
- Better communication including media messages & offer the right / same services
- Improve efficiency at EDs with better monitoring of attendances with triaging by Advanced Nurse Practitioners (before entry) to challenge and deter inappropriate attenders and redirect to, for instance a pharmacy or MIU

- Better understand the pressures on staff
- Properly resource 3 sites and social care to support discharge from hospital
- Medical school and more research in N Wales

"I think there needs to be a 24 hour out of hours proper triage i.e. can you go home till morning and a clear pathway if deteriorate - genuine integrated working with patients and staff"

"The hospitals should be the end of a journey where other alternatives have been utilised in the community - high engagement and support from Primary Care services are needed to support at early stages of treatment"

"It is, but Wrexham hospital is complete train smash.... the A&E department actually lost my mother for c 12 hours recently, it clearly struggles from a resource perspective, so how is this being addressed?"

Some respondents commented on the geography of North Wales, particularly its rurality and the need to maintain hospital emergency services in the three areas, especially during the summer months when demand increases. The proximity to the English border and catchment population of the Eastern area were also referenced.

"A&E and ambulance services are at capacity and are straggling to meet the need of the patients"

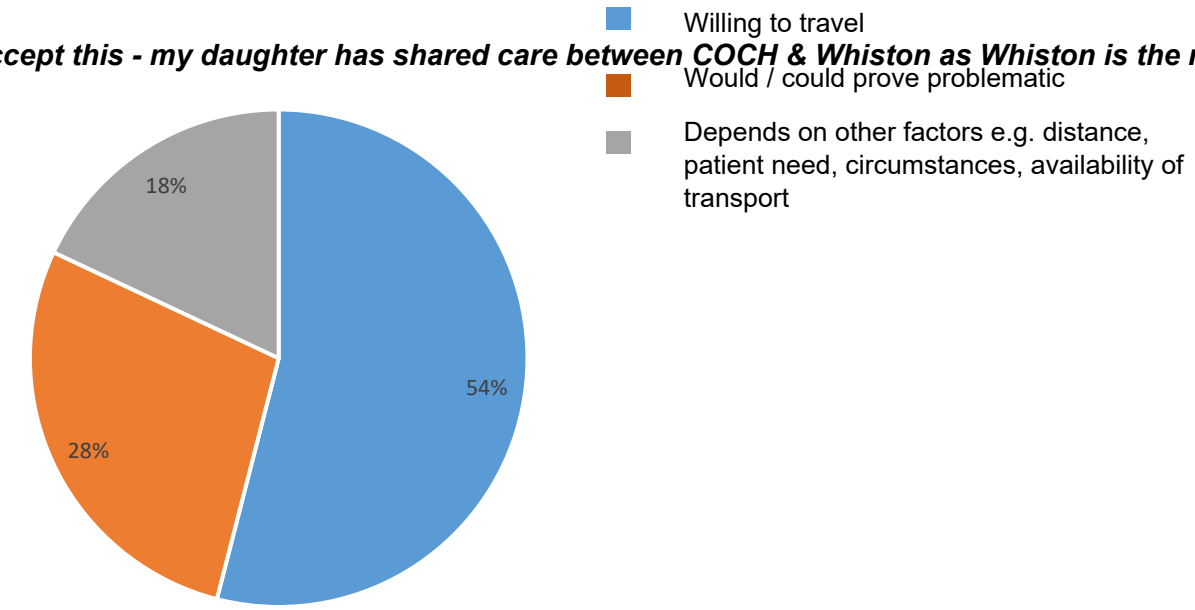
"I would say that more local services are always better but understand that there are constraints which mean that ensuring top quality at these three sites key. Access from more rural areas still an issue."

"there is too much of a burden on the acute services at the moment as they are also dealing with the chronic care that Primary services are not able to cope with."

3.7 What would it mean for you if you were asked to travel further to get treatment sooner or more specialised care?

Over half the people who answered this question said that they were willing to travel to get treatment sooner or for more specialised care.

"I would accept this - my daughter has shared care between COCH & Whiston as Whiston is the regional centre for her clinical requirement."



There was largely an acknowledgement that this is dependent upon circumstances including their state of health, the distance and their support network (or lack of) and a recognition that, the implications of travelling would have a much greater impact on some members of society.

"Not a problem for me personally but aware some people would need to access public transport etc. which is not appealing during the pandemic"

"I would be happy to do this to access specialist care but I have my own transport and friends who would help me"

"I could accept that but those of more limited means would need support. This might well be cheaper than maintaining so many services on all three sites."

Other respondents suggested that these types of factors may affect their ability to travel to get treatment sooner or specialist care and would therefore not commit to accepting this approach nor rejecting it.

"It depends on how far I'd have to travel, whether I was in a healthy enough state to travel on my own, public transport links to the location, and what condition I am in."

"Depends upon distance and what you receive when you are there. I waited 2 years for a 5 minute appointment. It was useless. All I was told I knew and then was told to look online! As if I hadn't thought of that!"

"Care should primarily be local but if super-hospitals were built and services could be accessed sooner then I agree."

Other people commented that it would prove problematic for them to travel to get treatment sooner or to receive specialist care. There was a view that travelling to get treatment sooner or for specialist care is likely to create greater inequalities for some of the population of North Wales particularly for older people, those with disabilities or complex needs and those on low incomes.

Insufficient transport infrastructure was a major concern including cost, the road network, availability of public transport especially during the pandemic and lack of hospital transport. There would be a greater reliance on support networks and carers for transportation purposes and people may be less likely to seek the treatment they need.

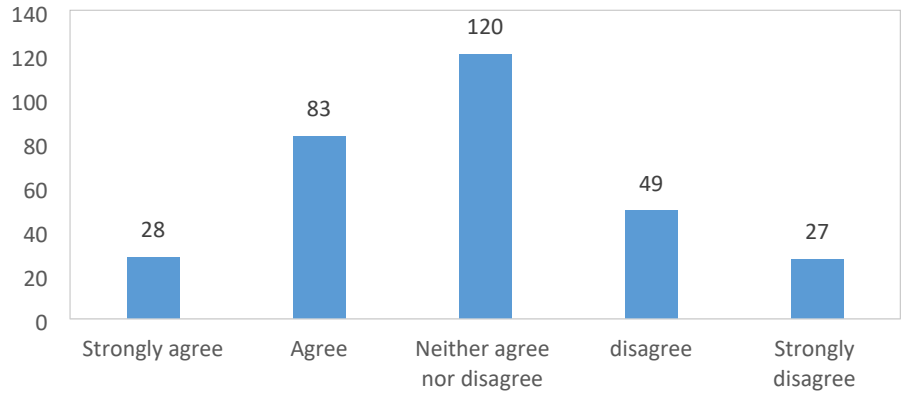
Other factors of concern include mobility, the physical and mental health of the patient, urgency, childcare, increased time off work, visiting and communication with relatives. Some people felt that some communities within North Wales already have to travel significant distances to access the nearest hospital.

"Lots of people already travel long distances - it is not reasonable to expect them to travel further except in exceptional circumstances or for very specialist treatment."

3.8 Equality and human rights matters

When asked if the Health Board had delivered on its commitment to promote equality and human rights just under a third agreed it had. However, 120 respondents neither agreed nor disagreed with this statement, with a further 25% of respondents disagreeing with the statement.

A high number of comments perceived that the Health Board was not delivering on its commitment to promoting equality and human rights. Comments included barriers to accessing services, the need to make reasonable adjustments and working towards improved outcomes for all.



Most commonly referenced were aspects of the patient experience, including:

- Quality of care and the variability in service with geographical differences being a contributing factor.
- Communication issues such as attitude of staff, both clinical and non-clinical capacity. There was experience of the use of language and terminology for disabled people, which was perceived as patronising and a need for more extensive training to attain minimum standards.
- There was a perceived gap in services for non-English / Welsh speakers and a view expressed that Welsh language services could also be improved.
- Hospital signage was referenced as potentially confusing for people with learning disabilities or mild dementia.
- The partial booking system was not viewed as flexible enough to accommodate those who are not able to respond to their appointment invitation letter and are thereby excluded.

"….***if people don`t respond to PB*** *[partial booking]* ***letters they get no care - these people in my experience are those most disadvantaged and in need of services. There should be different ways to enable service users to flag need for support - unfortunately staff are so worn down that systems are not open and adaptive enough - it`s a self-fulfilling prophecy to make services increasingly difficult to access and so disadvantage certain groups even more."***

Access to primary and community care was raised citing GPs, dentists, physio and OT as examples where access needs to improve. Methods of accessing services e.g. telephone and digital appointments were not viewed as suitable for all especially for those with sensory impairment and / or older people. There was a view that the rate of expansion of these technologies was increasing the equalities gap.

Extending hours of access to evenings and weekends was proposed to improve accessibility outside of people's normal working hours however this was not specific to primary or acute services.

Some respondents commented that more needed to be done for those who are disadvantaged, on the edge of society and who are unable to travel for appointments due to their age or for socio-economic reasons. Transportation services were not considered to have sufficient capacity to respond in a timely enough manner to meet patients' needs.

"I think the elderly and infirm are seriously disadvantaged in accessing services. Patient transport for outpatient appointments is severely over stretched. I have had elderly and very poorly patients waiting for transport sometimes for 4 hours after a 30 minute OPD appointment. Totally disgraceful."

"I don't believe the health board is patient focused and therefore falls down in providing improved outcomes for all. They don't take into account the patients situations and if they are able to access services, especially those with poor mental health and deprivation."

"Please look at the individual needs of every person e.g. a person living alone or who's family live too far away to collect the patients personal washing etc. That patient left with a bag of dirty laundry and then kept in hospital gowns until being discharged with the dirty washing. How is this giving equal advantage?

4. Other Engagement Feedback

4.1 Partner perception survey

In July 2021, 20 in-depth telephone interviews were carried out with a range of senior partners from local authorities, third sector and other health and public sector organisations. The purpose of this was to gain a better understanding of the relationships between them and the Health Board, particularly during the COVID-19 pandemic.

During the interviews, partners were asked about the Health Board's Living Healthier Staying Well strategy. This feedback provides a different perspective to public opinion as many of the partners are working in partnership to support delivery of the Health Boards strategic priorities.

Overall, the strategy is still considered to be both highly relevant.

"I have heard of it and the goals are very relevant - if not more so since COVID 19" (Third Sector)

"All relevant, no one can argue with any of the core goals they have" (Third Sector)

Several partners, however, suggest that while the strategy remains relevant it should still be revisited particularly with a view to:

- Openness about how waiting times will be tackled
- Acknowledging Welsh language and culture
- Working with the Third Sector more to deliver services without placing additional burdens on the NHS

"It needs to be looked at. There are many cases for the Welsh language and culture not being acknowledged from the Health Board." (Local Authority & Education)

"Yes, have heard of it and still relevant but needs to be refocused on patient expectations and how services are delivered has changed, we need to look at this with new eyes as it were. Maybe look at what direction this needs to go in. Some things in the plan will have moved on and being delivered now not face to face but remotely. Care closer to home, people can stay at home now and the service can come to them online." (Health Care & Social Housing)

" ..still relevant and possibly needs revisiting after Covid to see what the priorities are" (Public Sector / Police)

For others, while aware of the strategy, it was felt that it does not have much bearing on their own work or organisational goals or that they have neither seen or heard much about it since it was first published:

"Have heard of it but we don't work on this ourselves" (Health Care & Social Housing)

"I am not sure how it is all being delivered; I am familiar with it." (Local Authority & Education)

Whilst the majority of stakeholders feel that the strategy is still relevant, around three quarters say that they are working with BCUHB to achieve shared aims. Generally, they emphasise that they work within their own strategic plans but that their aims and objectives are closely aligned:

"We have our own strategy that is very much aligned with this "(Third Sector)

"Shared aims but separate strategies" (Local Authority & Education)

They highlight the need for the organisations to work flexibly together in order to meet partner and patient needs:

"Yes we have shared aims and again we need to listen…" (Local Authority & Education)

"We work with what our partners need rather than read strategies. We are able to work in an agile way responding to what they need for their strategy." (Local Authority & Education)

Among the remaining stakeholders, who do not claim to work with BCUHB on the strategy per se, a number stress that they still share aims and in some cases have aligned goals:

"We work together but parallel to each other on strategies. We do feel we are working together but we all have our own unique strategies." (Third Sector)

"We have our own strategy but it sits parallel to the Health Board one" (Local Authority & Education)

"We have shared aims but we do not work on this particular strategy with the Health Board" (Local Authority & Education)

For others there is a sense of frustration that BCUHB expects others to adopt its strategy, ignoring the strategic aims, objectives and priorities of its partners:

"There are many, many strategies I have to look at, including my own. I feel Betsi like to put their brand on everything and then want us as partners to work to their aims and strategies, without even thinking we may have our own. It's a one size fits all with them and they lack understanding about who we are as partners and what our own aims may be too. "(Local Authority & Education)

There are positive signs from partners that they feel the strategy is being applied in practice by the Health Board, particularly in the areas of housing and care at home.

4.2 Feedback from events and forums

Comments and feedback from the engagement sessions and particularly the two Q&A sessions reflected many of the comments expressed by the survey respondents. As with the survey feedback there was a general agreement that our goals and priorities were the right ones. Some concerns about primary care and access to GPs were raised and the referral times to specialist services such as mental health. The use of video and telephone consultations was raised, and as with the survey responses, there were mixed views as to whether this was a positive move forward but acknowledgement that it could increase inequalities for some people.

Partner organisations raised the need for joint work to commence from the earliest opportunity for future strategy development, noting that a shared approach, vision and language can make a difference in achieving successful collaborative working. The Heath Board should place more emphasis on aligning priorities and collaborative working at all levels.

North Wales Community Health Council

North Wales Community Health Council (NWCHC), the independent watchdog for health services, was provided with the draft review document for consideration. Evidence of engagement and the methods used were also shared. A presentation on the review was given to all NWCHC members at a Full Council meeting and members were invited to submit comments at the meeting and following the meeting. Amongst the matters noted in response to the review of the strategy, the following key points were raised by NWCHC:

- The review is welcomed; it was felt the principles are robust, but there has been a significant lack of progress in some areas. The strategy must focus on bringing about visible and measurable improvements for patients of North Wales. NWCHC acknowledged that there is no reason to amend the objectives of the strategy and that the pandemic has certainly interrupted the actions required to meet those objectives.
- Despite the spirit and intention of the review, it was considered that the document contained much rhetoric and in some instances states the obvious. The evidence of success seems sparse and there is no mention of any strategies to improve the situation. There is concern that the review does not provide answers to resolving the difficulties faced by health services and patients and that more focused action is required.
- Significant 'buy-in' is needed from Primary Care, Community Care and Social Care in order to be able to deliver care closer to home. There are difficulties for many in accessing GP appointments and there is concern about the knock-on effect of this on other services such as Emergency Department and Welsh Ambulance services.
- Primary Care Cluster development work should include other primary care practitioners and stakeholders, not just GPs
- The strategy needs to be honest in what can be achieved, and an example was given of robotic surgery which remains unavailable in North Wales. The review makes no mention of this.
- Concerns were expressed particularly about access to and support from mental health services, despite some improvements in elements of the service
- Notwithstanding the lack of progress noted, the review fails to recognise the successes in some service areas, and more information should be made available to the public such as on the Health Board's website. It was recognised that there needs to be a clear explanation of the impact of the strategy on the patient – i.e. *'What does this mean for me?*' Examples of which services are available would be welcomed, but there is a need to explain how they are relevant to patients and the difference they can make.
- It is recognised that the Health Board needs to be innovative and provide high quality care, but in the aftermath of Covid. There needs to be clarity on what is achievable and deliverable. In some respects the review document seems to be an iteration of what has gone before. The 'community hubs' that are mentioned seem not well known and there appears to be no data relating to who has accessed them and what has been delivered. Part of their function is mental health and wellbeing but where is the evidence of success?
- It was felt that more clinicians and health practitioners need to be involved front and centre in this work

The Health Board will continue to work with the NWCHC to ensure there is ongoing engagement in the further development of the strategy. The NWCHC will continue to monitor and scrutinise the progress made in achieving the objectives of the strategy and the impact on the experiences of patients in North Wales.

Equality and human rights stakeholder forum

The promotion of equality and human rights was a key principle of the original LHSW strategy and we are grateful to have had the contribution and constructive challenge of our equality stakeholder forum throughout. In addition to the comments noted above in response to the online survey, our stakeholder forum contributed their views on progress and the need to refresh. Amongst the detailed feedback raised the following key points were noted:

- Health and social care need to be more joined up – the processes of care and support need to be more streamlined
- Compassionate care must be a priority for the Health Board
- Many issues relating to dignity and respect were raised – for young people and young parents amongst others
- The importance of considering accessibility, engagement, digital exclusion and digital poverty
- Responding to mental health needs in the same way as physical health needs
- Recognise and support those people subject to long delays because of Covid, recognise that conditions deteriorate with delays, and concern about the impact on quality of life
- The importance of working in partnership in the wider context, to address well-being, environmental sustainability, socio-economic factors, hate crime
- The need to recognise that some 8-10% of the population identify as LGBTQ+

The forum also drew attention to a number of significant publications in addition, including **Locked Out: Liberating disabled people's lives and rights in Wales beyond Covid-19**; the **Code of Practice on the Delivery of Autism Services**; and the draft **Race Equality Action Plan**.

5. Conclusions

The feedback gained through the engagement exercise confirmed that the main strategic goals are still relevant, despite the changing environment and the challenges facing the Health Board.

There were some notable issues raised that will inform the strategic direction of the Health Board and the development and delivery of services. The feedback indicates that people are keen to see improvements made and delivery of the aims and aspirations described. The key messages from the engagement are being fed into the strategy refresh and the Integrated Medium Term Plan, and the specific service issues will be shared with relevant service leads.

The nature of the engagement exercise led to some limitations in involvement which will be addressed as the strategy continues to be delivered and informs ongoing plans. Early involvement and co-design of specific service developments will enable a stronger foundation of patient- and citizen-led health care which can better address the needs of our population.

Finally, it must be recognised that the engagement was undertaken during the ongoing Covid-19 pandemic and some may have found it challenging to engage, and particularly to consider longer term strategic direction. We are grateful for the time and effort that people contributed in such difficult circumstances.

The word cloud collates the most prominent feelings and words that appeared most frequently in the survey

Glossary

ANP	Advanced Nurse Practitioner
BAME	Black, Asian and Minority Ethnic
BCU / BCUHB	Betsi Cadwaladr University Health Board
CCtH	Care Closer to Home
CRTs	Community Resource Teams
ED	Emergency Department
GP	General Practitioner
GRT	Gypsy, Roma and Traveller
IBD	Inflammatory Bowel Disease
KPIs	Key Performance Indicators
LGBTQIA+	Lesbian, Gay, Bisexual, Transgender, Queer, Intersex, and Asexual.
MIND	A mental health charity in England and Wales
MIU	Minor Injuries Unit
Musculoskeletal	Includes bones, muscles, tendons, ligaments and soft tissues.
OT	Occupational Therapist
PALS	Patient Advice and Liaison Service
PB / Partial Booking	Outpatient Appointment System
Q&A	Question and Answer
Stronger Together	BCUHB staff engagement programme
Wakelet	Electronic platform to save, organise and share content

Cyfarfod a dyddiad: Meeting and date:	**Partnerships, People and Population Health Committee 20.5.22**
Cyhoeddus neu Breifat: Public or Private:	Public
Teitl yr Adroddiad Report Title:	**Draft People Strategy and Plan – Stronger Together**
Cyfarwyddwr Cyfrifol: Responsible Director:	Sue Green, Executive Director Workforce & OD
Awdur yr Adroddiad Report Author:	Sue Green, Executive Director Workforce & OD
Craffu blaenorol: Prior Scrutiny:	Health Board 30 March 2022 Health Board - 10 March 2022 Executive Team 02.03.2022 Partnerships, People and Population Health Committee 14.10.21, 9.12.2021, 12.1.2022 and 10.2.2022 Board Workshop – 07.10.21
Atodiadau Appendices:	Appendix 1- People Strategy & Plan Appendix 2 – EQIA available with 30.3.22 Health Board papers on this link Appendix 3 – SEIA available with 30.3.22 Health Board papers on this link Appendix 4 – Draft People Strategy & Plan – Delivery Plan

Argymhelliad / Recommendation:

The Committee is asked to:

i. recommend the draft People Strategy and Plan 2022 – 2025 for approval at the Health Board meeting on 26.5.22

ii. note and comment on the draft Delivery Plan

Ticiwch fel bo'n briodol / Please tick as appropriate

Ar gyfer penderfyniad /cymeradwyaeth For Decision/ Approval	☞	**Ar gyfer Trafodaeth For Discussion**	☞	**Ar gyfer sicrwydd For Assurance**		**Er gwybodaeth For Information**	

Y/N i ddangos a yw dyletswydd Cydraddoldeb/ SED yn berthnasol Y/N to indicate whether the Equality/SED duty is applicable	**Y**

An Equality Impact Assessment has been undertaken (Appendix 2). In addition, a Socio Economic Impact Assessment has been undertaken (Appendix 3). These assessments are dynamic documents and as such has and will continue to be updated as we move through the delivery plan.

Sefyllfa / Situation:

This paper provides an update on the amendments made following the review of the People Strategy & Plan and associated impact assessments by the Health Board at its meeting on 30th March 2022.

The Strategy aligns to the delivery of the Integrated Medium Term Plan and as such, the People (Workforce) Plan formed part of the submission to Welsh Government.

The People Strategy & Plan is submitted for review by the Partnerships, People and Population Health (PPPH) Committee, prior to submission the Health Board for approval at its meeting on 26th May 2022.

Due to the change in date of PPPH Committee, it will not be possible to make any amends before publication of papers for Health Board, however, any comments; amendments will be noted and circulated to Board members in advance of the meeting to support review.

Cefndir / Background:

The Health Board considered the Strategy & Plan on 30th March 2022.

Feedback received in and following the meeting included –

- The ambition is clear, however more time is required to scrutinise the detail.
- Needs more engagement including Trade union colleagues - √
- Lack of succession planning and career progression other than at leaders or lower levels. Nothing in between. - √
- Flexible working – staff have the right to request this.- √
- More analysis around the number of employees – i.e. projected numbers for nurses, how many do we need , how many do we have, based on ages, retirement and turnover – what will each year look like?- √
- Year 1 Delivery Plan required - √

What has happened since –

- Full review of the documentation and amendments made in the Strategy document, Plan document to highlight, emphasise or clarify the information requested above. Where the level of detail requested was not appropriate for the Strategy it is/will be incorporated into the Delivery plan and programme plans.
- Presented and discussed with Local Partnership Forum (LPF)
- Presented and discussed with Workforce Partnership Group
- Heads of HR have shared the strategy with the senior leadership teams.
- Executive Delivery Group – People & Culture reviewed documents
- Equalities Team reviewed documentation

The feedback gathered from these conversations/circulation has been incorporated either into the documentation attached or has been added to the discovery information for inclusion in the detailed programme delivery plans.

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Asesiad / Assessment & Analysis

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

The strategy “the how” to “the what” of the Integrated Medium Term Plan (IMTP) and Clinical Services Plan, also responds to the mandate from discovery and the call to action to:

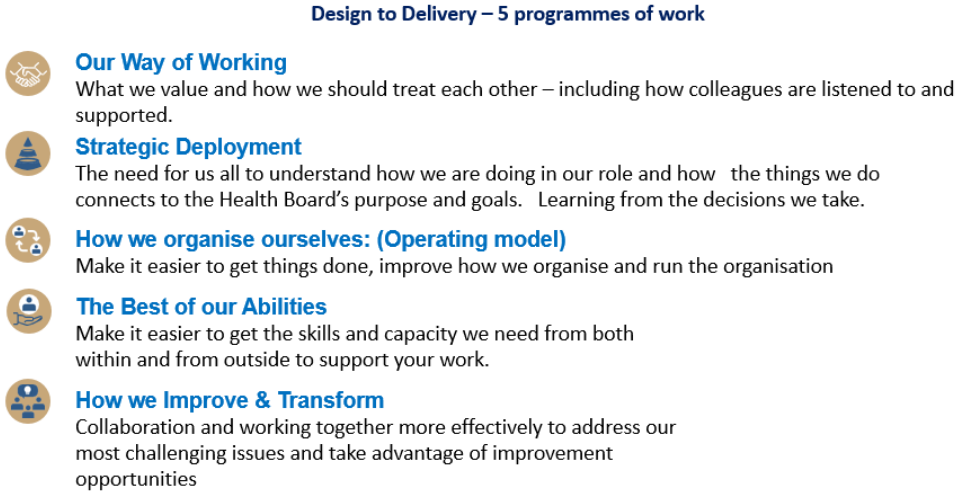
- Modify
- Simplify

- Unify

The aim of the People Strategy & Plan is to underpin and enable the values driven delivery of all of the ambitions described in our IMTP, supported by 4 fundamental principles as a thread running through all actions:

- Strategic Alignment of National programmes for Local Delivery
- Wellbeing
- Welsh Language
- Inclusion

With Delivery through the following Programmes of work:



The work to bring this together is directed and overseen by the newly formed Executive Delivery Group – People & Culture. This group, whilst chaired by the Executive Director of Workforce & Organisational Development, with the Executive Director of Planning & Transformation as Vice Chair involves both clinical and non-clinical leaders from across the organisation.

The detailed delivery plans, including investment required to support this as well as expected outcomes and benefits realisation will also be overseen by the Executive Delivery Group with assurance reporting through this Committee.

The People Strategy is attached at Appendix 1, together with the associated Equality Impact Assessment.

The People (workforce) Plan has been developed to support the delivery of the IMTP, with detailed plans, target outcomes for 2022-23, and outline plans for 2023/24 and 2024 /25 contained within the Minimum Data Set required by the IMTP.

The People (Workforce) Plan will be updated to ensure clear and consistent alignment and integration between the "what" (plan and outcomes), the "how" (people resources) and the "how much" (finance required).

The People Plan includes:

a) Bridging the Gap – reducing vacancy rates to deliver the core;
b) Resourcing delivery of the priorities in the Plan
c) Growing our Own – current and new trajectories through education and vocational commissioning

The People Strategy will be adapted into an easy read, people focussed summary document and will be available bilingually.

Finally, a Year 1 Delivery Plan has been drafted to support each of the five programmes to finalise the scope of the work required and identification of clear measures of success. This draft is attached at Appendix 4. Feedback from the Committee will be incorporated into the further refinement of this document, which will then form the basis for the People (Workforce) Performance reports submitted to the Committee on a quarterly basis from July cycle onwards.

Dadansoddiad Risk / Risk Analysis

The Strategy and Plan has been developed informed by the key strategic risks set out within the Health Boards current Board Assurance Framework and Corporate Risk Register.

The programme structure in place to manage delivery against the Plan includes robust risk assessment aligned to the Risk Management Strategy.

Asesiad Effaith / Impact Assessment

The Strategy and associated plans have all been informed by and assessed against both the equality impact and socio economic impact to identify ways in which the organisation can better promote equality and address and/or ameliorate inequality.
The Strategy aligns with our Strategic Equality Plan.

DRAFT

GIG CYMRU NHS WALES
Bwrdd Iechyd Prifysgol
Betsi Cadwaladr
University Health Board

Strategaeth a Chynllun Pobl

Mewn Undod mae Nerth

People Strategy & Plan

Stronger Together

Introduction

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

This vision is informed and shaped by the Welsh Government (WG) plan **"A Healthier Wales",** our own strategic overview document "**Living Healthier, Staying Well**", and our evolving Clinical Services Strategy, in North Wales.

The Covid-19 Pandemic has had a huge impact in many ways:

- Supporting individuals in North Wales with Covid-19 and/or symptoms of Covid-19.
- The impact upon those without Covid-19 who have experienced delays in treatment because of the need to deal with the Pandemic.
- The impact upon our staff, who have delivered a magnificent response over 2 years of continual Pandemic conditions.
- It has limited our ability to deliver some of our previously stated development priorities, through the need to reprioritise.
- It has reminded us all, if a reminder was necessary, that we will need to respond differently to the challenges of delivering healthcare in a sustainable way going forward.

These impacts have heavily influenced our priorities in the coming years.

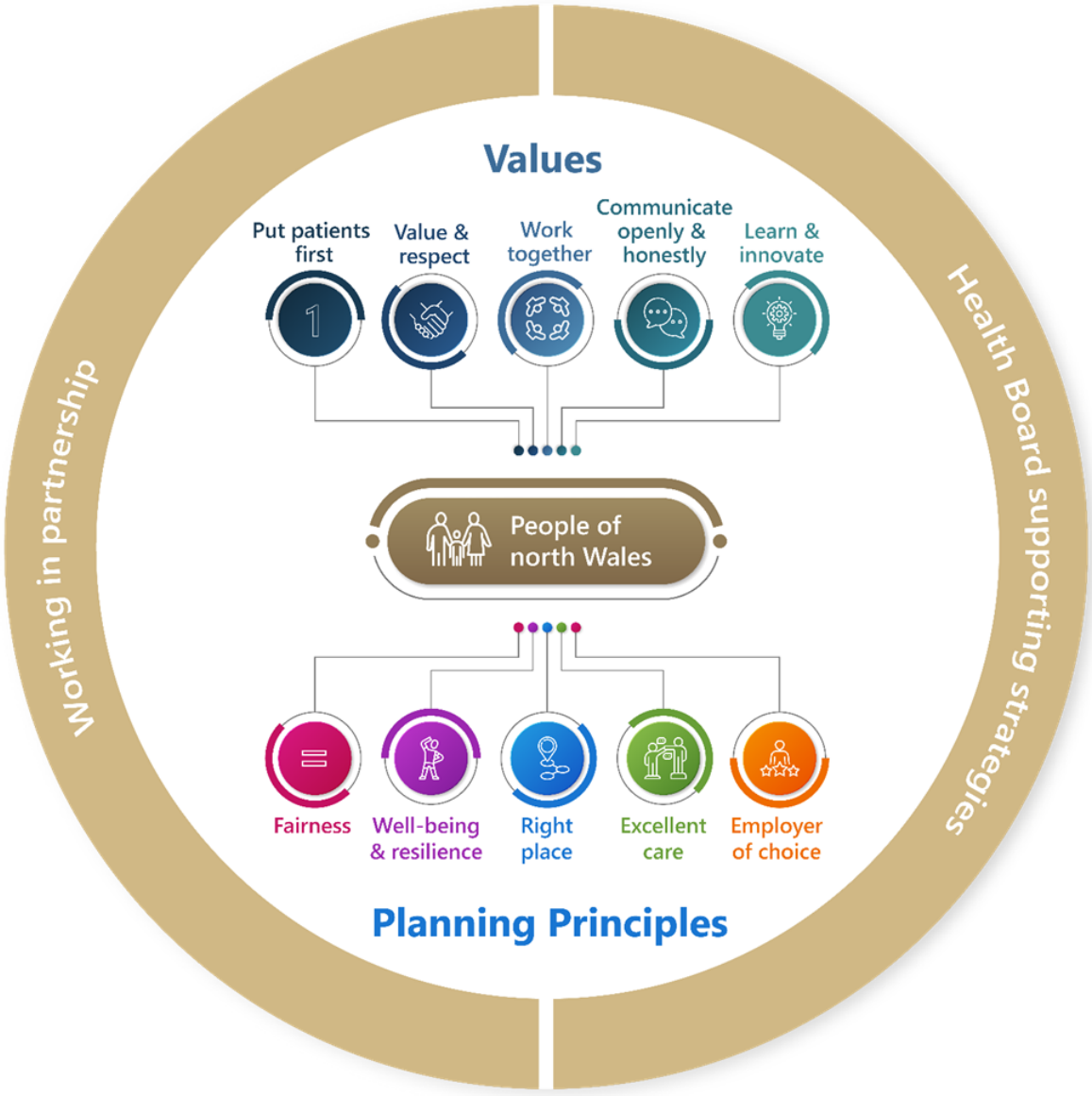
The Integrated Medium Term Plan (IMTP), and associated appendices, of which this People Strategy & Plan is one, lays out how we will do this by prioritising key areas of development that we will deliver with the resources available to us. The detail surrounding the actions we will undertake in the coming year with the IMTP also sets out, in indicative form, how we will build upon our actions in 2022/23 during 2023/24 and into 2024/25.

The majority of our focus for 2022/23 is upon:

- Returning to full core business, including addressing the pandemic-related backlog of work, and
- Consolidating developmental work that has already been begun but not yet finished, including work to deliver against the WG Targeted Intervention framework.

Our recently developed Plan on a Page simplifies our strategies into a smaller number of clear principles and values that we will follow. We are clear that by following these principles and values we will continue to move us towards delivering our vision. These apply as much to resetting core activity and consolidation as they do to new initiatives.

Plan on a Page – our 5 Planning Principles



Fairness — we will reduce avoidable and unfair differences in health

Well-being & resilience — we will maximise prevention, self-care, well-being, and strong community networks

Right place — we will provide services that are sustainable, delivered close to where people live where it is safe and effective to do so

Excellent care — we will design services that can deliver world-class outcomes and experience for patients

Employer of choice — we will work, and organise, improve and transform ourselves, to support our teams to flourish

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Bwrdd Iechyd Prifysgol Betsi Cadwaladr University Health Board

Section 1: Our People Ambition

Employer of choice

Our ambition aligns to the ambition for healthcare across Wales in that we will have a motivated, engaged and valued, health care workforce, with the capacity, competence and confidence to meet the needs of the people of North Wales. Specifically this means that:

- Our people will have the right values, behaviours, knowledge, skills and confidence to deliver evidence based care, and support peoples wellbeing as close to their home as possible;
- We will have sufficient numbers of the right people to be able to deliver proactive and responsive health care that meets the needs of the people of North Wales;
- Our people will reflect the diversity, welsh language and cultural & community identity of the population we serve;
- Our people will feel and be valued.
- We will achieve this ambition through implementation plans co-designed and delivered in partnership with our people and partners.
- As the largest Health Board in Wales and one of the largest employers in North Wales, we recognise that the people who work with us to provide services and care (our workforce and volunteers) must be valued. Not just for their dedication and contribution to achievement of our purpose, but importantly, as members of our local communities, contributing to the wider socio economic prosperity and health of North Wales.

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

What Success will look like?

- A compassionate and inclusive culture, role modelled by excellent leaders and managers.
- Better and quicker recruitment and retention of staff through attractive and flexible working arrangements and career opportunities.
- Flexible education opportunities and career development.
- Very high levels of staff engagement, motivation, wellbeing and satisfaction.

- Intelligence led workforce planning enabling us to change our workforce to meet our population need.
- Increased levels of Welsh language skills in health and care workforce.

What will be different?

- Our workforce feels valued, are treated fairly and their wellbeing is supported.
- Recruitment challenges are discovered earlier and targeted effectively.
- Common competences are identified and underpin new and different ways of working.
- Widespread digital capability underpins care delivery.
- Workforce language, culture and diversity reflects our population.
- Widespread values based and inclusive recruitment used more consistently ensures we have the right people.
- Learning opportunities are for all staff and are delivered through flexible and accessible routes.
- Application of Improvement skills is a natural way of working.

Our People Strategy & Plan

This is our opportunity to create a restorative just and learning culture, to work together with our people and partners to address a number of long-standing challenges. The culture will fundamentally change the way we respond to incidents, patient harm and complaints against staff, prepare our organisation for the future, and to embrace and create opportunities for us to succeed.

Many of our future workforce are here today in various forms, and retaining, nurturing and developing them is as important as recruitment of more and new. Our learning and development opportunities including progression will be available for all staff at all levels in the organisation.

The actions under the five programmes of work set out within the strategy will work together to improve retention of our current workforce, as well as attracting new people into the workforce.

This cannot and will not be “more of the same”; we need to continue to transform traditional roles and ways of working to support new models of care through our local and the national transformation programmes.

A high-level annual delivery plan will support focussed prioritisation of the programmes of improvement. To support the delivery of the plan, detailed plans with objectives for delivery that are specific, measurable, attainable, relevant and time based will be developed and will be aligned with the Operational Governance and Assurance Framework, ensuring clarity of accountability and responsibility through the organisation.

The Strategy will be refreshed on an Annual basis, will respond to the learning from the Staff Survey and will be aligned with the refresh of the Integrated Medium Term Plan. This refresh will ensure:

- The programmes of work are delivering what is required and 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 **workforce plan** is effectively aligned to the delivery of the priorities and is **affordable and achievable**

Strategic Alignment of National programmes for local delivery

Under our Clinical Services Plan – the local delivery of the Strategic Programme for Primary Care and Accelerated cluster development is aligned to the principles within the National Clinical Framework.

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

Future workforce skills

We will require an agile, flexible, multidisciplinary workforce for an increasingly digital workplace, able to develop the skills needed to adopt and exploit new technology.

We will need greater capacity and capability in digital and social media skills and cyber security. As data analysis becomes automated, we need to be better at framing the right questions and interpreting the information through a health and social care lens.

Role boundaries are changing and skill sets will alter e.g. roles in near patient testing in the community will be more about quality assurance and oversight of delivery than lab based skills. We must make better use of our medical and non-medical consultants enabling them to focus on their expertise. Multi-disciplinary teams and greater use of advanced practice will create opportunities for progression across all career pathways.

Our roles in advocacy, leadership and partnership working require direct contact and building personal relationships with stakeholders. There will be an increased need for 'human' skills such as influencing, relationship building, emotional intelligence and the ability to engage communities.

There is also a requirement for subject specialists with high-level Welsh language skills in frontline roles. As the demand for services increase, we will require a greater capability and capacity to deliver services through the medium of Welsh.

Managers and leaders will be key to creating a restorative just and learning culture and empowering a diverse workforce. Our leaders will be working across a range of current 'traditional boundaries' in public sector organisation and we need to be growing these leaders now through opportunities for placements and secondments.

With regard to technical skills, we will have the right balance of people with breadth of expertise and those with more depth or specialist skills. A range of skillsets will enable flexibility in the workforce but there will always be a need for access to specialist expertise, particularly to deal with emergencies.

Education and Learning

We will continue building on the fantastic work of the Primary Care Academy and to further develop our ambition to educate and train the very best professional and practitioners through the establishment of BCU Education & Learning Academy. We will use this infrastructure to provide the foundations for enhanced and innovative experiential learning and placement programmes in order to optimise the benefits of the Inter professional Medical & Health Sciences School and wider strategic education partnerships. Bringing together the programmes already in place, we will increase and widen access across the communities of North Wales to education, learning and employment, working in partnership with education providers and Health Education and Improvement Wales.

Fundamental Principles

This People Strategy & Plan is built upon the foundations of fairness and equity and as such, we expect to see the fundamental principles of wellbeing, welsh language and inclusion through all of our implementation plans.

Wellbeing - There is a significant body of evidence linking wellbeing, capability and engagement of a health care workforce to improved outcomes for the people we serve. We will ensure our people are treated fairly and are recognised for the contribution they make.

Welsh Language - Evidence of better clinical outcomes for people accessing care and support, as well as employment, highlights the vital importance we must place on delivery of health care in the first language of our country.

Supporting our people to enable the delivery of bilingual health care wherever possible is a fundamental principle as well as a statutory responsibility, which must underpin every area of this strategy.

Inclusion - Creating and nurturing a culture of true inclusion, fairness and equity across our organisation is at the heart of this strategy and reflective of the aims within our Strategic

Equality Plan. This will be a theme running through the five work programmes under this strategy, with strong focus on values based, compassionate and inclusive leadership.

Section 2: Context & Case for Change

National Programmes for Local Delivery

In October 2020, **A Healthier Wales: Our Workforce Strategy for Health & Social Care** set out a compelling case for change in emphasising that the current pattern of health and social care was not fit for the future. The Kings Fund identified key areas affecting future service delivery, highlighting:

- the impact of growing and changing need,
- more working age people living with complex conditions,
- increasing public expectations,
- advances in digital and medical technologies including genomics, and
- the challenges of securing our future workforce.

The Strategy also recognises the potential and desire in Wales to improve health and wellbeing through a high quality health and social care system. Key to the **Parliamentary Review** and **A Healthier Wales** was the **Quadruple Aim** that set out four interdependent goals:

- Improve population health and wellbeing through a focus on prevention.
- Improve the experience and quality of care for individuals and families.
- Enrich the **wellbeing, capability and engagement of the health and social care workforce.**
- Increase the value achieved from funding of health and care through improvement, innovation, use of best practice, and eliminating waste.

A clear focus on **improving the wellbeing, inclusion, capability and engagement of the health and social care workforce** is at the forefront of national strategy and our **People Strategy & Plan**.

Evidence has shown that better staff experience contributes to a culture of compassionate care, with positive outcomes of better care for the people we serve. This Strategy will therefore provide an important foundation for improvements in quality and safety and delivery against both the **National Clinical Framework** and **Quality and Safety Framework: Learning and Improving**.

It is clear that A Healthier Wales: Our Workforce Strategy for Health and Social Care and social care services will be changing dramatically over the next 10 years and consequently our People Strategy and Plan needs to be flexible and agile so that we can respond.
It describes the ambition to bring health and social care services together, to deliver a seamlessly co-ordinated approach from different providers, and it reinforces the need to strengthen and expand services in primary and community settings, and commits to the development of a **National Clinical Plan**.

We need to transform the way we attract, train, continually develop and support our workforce through a culture of compassionate and inclusive leadership with a focus on wellbeing at the core.

This means we need to better understand the shape and supply of our workforce, including the ability to deliver bilingual healthcare where possible. We will need to transform the way we work by:

- expanding existing roles,
- developing new roles,
- building skills and capability in areas we have not done so previously, and
- embracing new technology in delivering our services.

Differences in terms and conditions, particularly in the lower paid areas are a significant issue, not just between health and social care, but also between professional groups in healthcare. We know we have identified significant deficits in key areas and the need for new workforce models, more training and digital solutions to improve the way we work are required.

We know from our IMTP that a key priority for us is to ensure that our planning for future services starts with Local Needs Analysis (LNA).

Using these LNAs to identify priority areas for improvement as well as our strengths upon which to build further, requiring us to reallocate resources to support transformation.

We are clear on our commitment to our current journey of rapidly boosting the role of our Health and Social Care Localities. This is aligned to the guidance within the national **Accelerated Cluster Development Programme** and will further enhance the role of Localities in shaping our planning priorities.

Our People Strategy & Plan, informed and supported by the **Strategic Programme for Primary Care**, an All Wales Health Board led programme that works in collaboration with Welsh Government and responds to A Healthier Wales.

The Programme aims to bring together and develop all previous primary care strategies and reviews at an accelerated pace and scale, whilst addressing emerging priorities highlighted within A Healthier Wales.

To achieve success, the Programme looks to all health, social and wellbeing providers, Health Boards and other stakeholders to work collaboratively in sharing local initiatives, products and solutions that could add value to the delivery of primary care services on a 'once for Wales basis'.

The People & Organisational Development (OD) Stream of this Programme sets out to address four key overarching themes within workforce and organisational development:

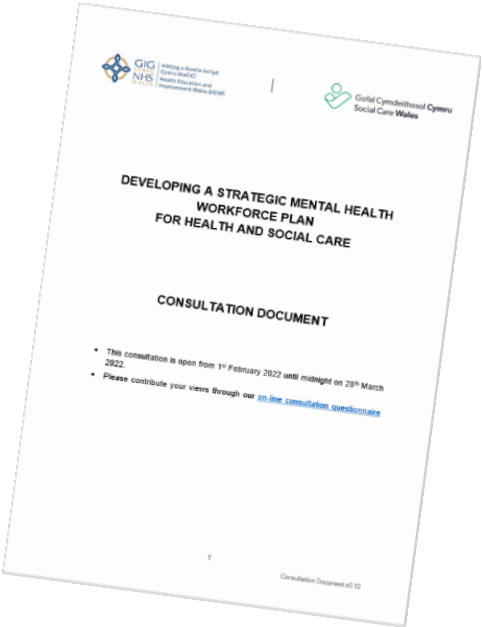
- Workforce
- Resources
- Efficiency; and Leadership

Activities to support these themes include:

- Workforce data and planning
- Addressing issues around employment and retention
- Role development (where identified) as required to support multi-disciplinary teams
- Education that increases exposure to primary care
- Fit-for-purpose training
- Means of sharing best practice that is evidenced based

Finally, in line with our commitment to secure sustainable improvement in provision of all mental health and learning disability services, this Strategy is aligned to the work underway at national level to develop a workforce plan for all the mental health provision across health and social care. The **Mental Health Workforce Plan for Health and Social Care** is in consultation stage until end of March 2022.

It will be a vehicle for driving radical change and comprehensive improvements in how we develop, value and support our specialist mental health workforce, in recognition of the critical role they play in supporting people with a range of mental health needs in a variety of settings. It also recognises that mental health, wellbeing is everyone's business, and so this plan is an opportunity to develop the skills and knowledge of our generalist health and social care workforce to better equip them to deal holistically with the mental health needs of the people needing their care.


DEVELOPING A STRATEGIC MENTAL HEALTH WORKFORCE PLAN FOR HEALTH AND SOCIAL CARE

CONSULTATION DOCUMENT

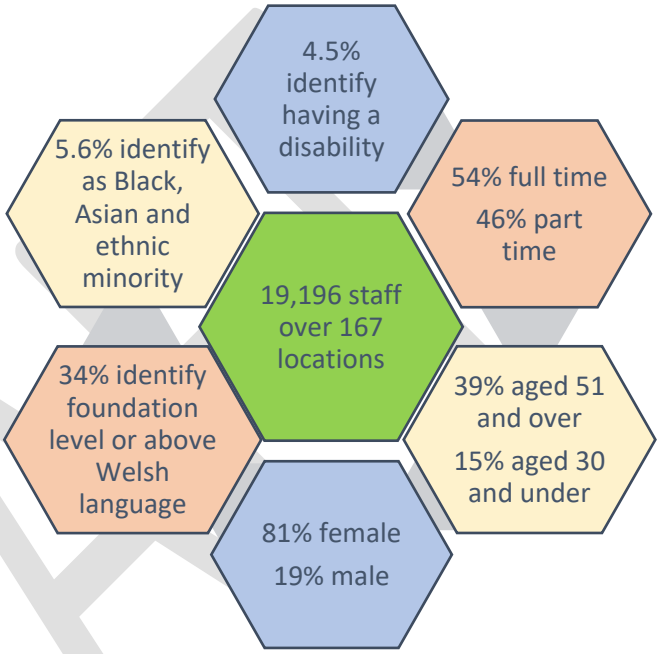
The demands for mental health services will only increase as the pandemic continues to unfold and as such the scope of this work is wide ranging, encompassing multiple

professions, services and settings, and underpinned with a person and family centred approach.

Our Current Workforce and Work Underway

Our key characteristics:

Our health and social care workforce makes up the largest Health Board in Wales, and one of the largest employers in North Wales. With over 19,000 people, and over 167 locations, the majority of whom are female, are employed in more than 350 different types of roles across health and social care, and together with volunteers and carers, our workforce hugely impacts on the social, cultural and economic prosperity of Wales.



Approximately 46% of our people work part time, and of these 91% are female. Information on the wider prevalence of flexible working patterns will require a step change following our experience during the pandemic and building on the development of an agile working organisation is a key priority.
Greater transparency would help create a culture and mind-set where this being the norm, is encouraged and not resisted. We also need to better understand how people want to work and manage their responsibilities and lifestyle.

Our ambition is to being an inclusive and fair employer of choice. Our four staff networks **(BCUnity staff network, RespectAbility Network, Celtic Pride and Gender Equality Network)** continue to grow and are playing an active and important role in shaping our thinking and we have seen positive improvements in how some groups feel able to speak up.

Our newly established **Race Equality Action Group (REAG**), although paused in November 2021 re-commenced in February 2022. The pending publication of the Welsh Government Race Equality Action plan, inclusive of a Workforce Race Equality Standard (WRES), will support the development of our internal REAG action plan.

Gender equality is important and we are working to address the gender pay gap which is currently **33%** despite the fact **81%** of the workforce is female.

We have set ourselves the challenge to significantly reduce the pay gaps for gender, ethnicity and disability within four years as part of our **Strategic Equality Plan.** Actions include ensuring all adverts have inclusive language, welcoming applications from part-time workers and job-shares, and enabling increased flexible working patterns from different locations.

We also have a way to go in terms of our ability to actively offer and provide comprehensive bilingual services. Currently **34%** of our workforce is able to speak Welsh at Foundation level or above, however many are not in front line roles. We will prioritise identification of skills gaps, recruitment and learning of Welsh to ensure that we have sufficient Welsh speakers in frontline roles.

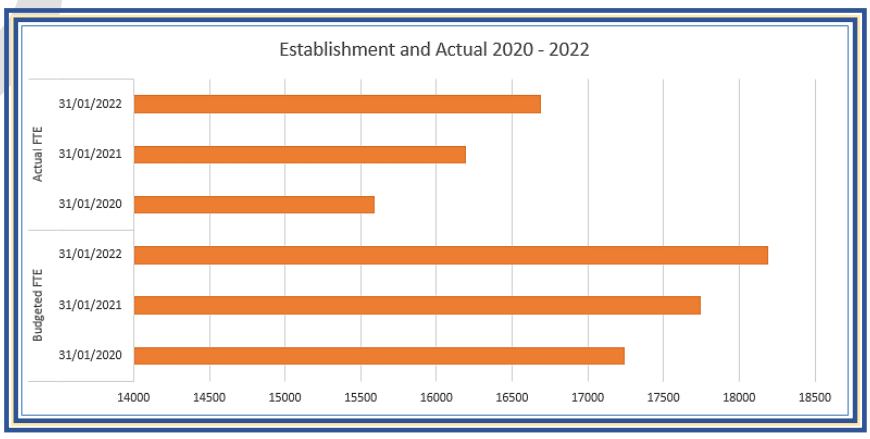
We have an aging workforce. **39%** of staff are aged 50+ and this is likely to increase as people expect to work longer. **5%** of the workforce is under 25 years of age, and **15%** is 30 years of age or younger.

Our over 50s are forecast to be to be the fastest growing group within the workforce. Flexible employment processes and ways of working that support their needs are important to them.

Those who have been in the same job for a long time would like opportunities to do something different, be this short-term involvement in projects or secondments or support for a permanent move or portfolio career. This can be a particular issue for those in senior roles who may feel 'stuck' in the current structure. Creating a more fluid approach to jobs for example rotations, and how we work, for example flexible/agile working across our generational workforce span is important to us and will support retention.

Building on the work undertaken through the pandemic, our focus is on improving the connectivity between service design and delivery, workforce shape and supply, and our ambition to be an Employer of Choice. This includes the clinically led reviews of existing delivery models that have informed the IMTP and the wider workforce plan to ensure the skills mix is correct for service delivery, sustainability, and triangulation of proactive workforce commissioning and placement opportunities across primary, community and secondary care settings. This allows us to continue to assess the longer-term impact of agile and flexible working on services from a workforce perspective.

Over the course of the last 3 years, our workforce has increased both in budgeted establishment (+6%) and in actual Full Time Equivalent (FTE) in post (+7.6%). This is in the main due to the number of new service and workforce improvements undertaken through 2021/2022.

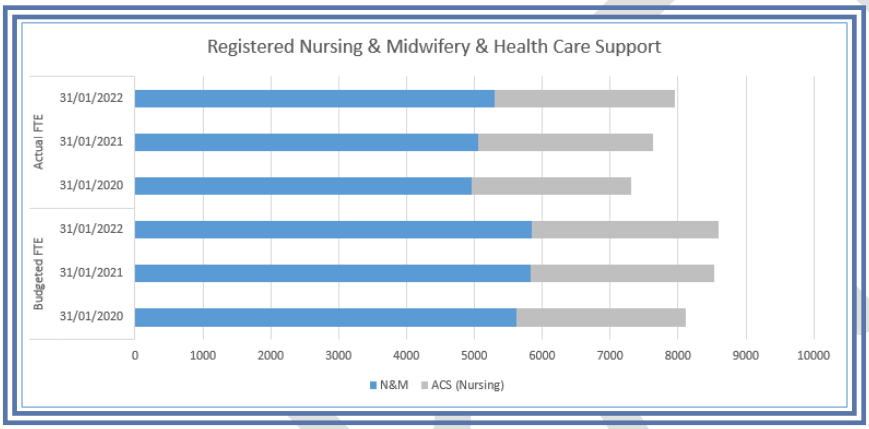


Across the year, we have seen an increase in new service provision across Test, Trace & Protect (TTP) and the Covid-19 Vaccination programme, whilst seeing new service investment across areas such as Emergency Medicine and Stroke.

Recruitment activity has significantly increased across the year as a result, with the number of FTE adverts placed in January ’21 being 460 compared to 846 in January ‘22.

This is reflective of new service developments together with a focussed proactive approach to appointing to more roles on a substantive basis. The overall vacancy rate has stayed steady at around 8 - 9% across the same period.

This has led to the workforce teams taking a significantly different approach to recruitment across the year with the development of a new international workforce pipeline initially focusing on nursing which has seen over 100 new nurses come into the Health Board with plans over the next 2-3 years for another 350 to come on stream.



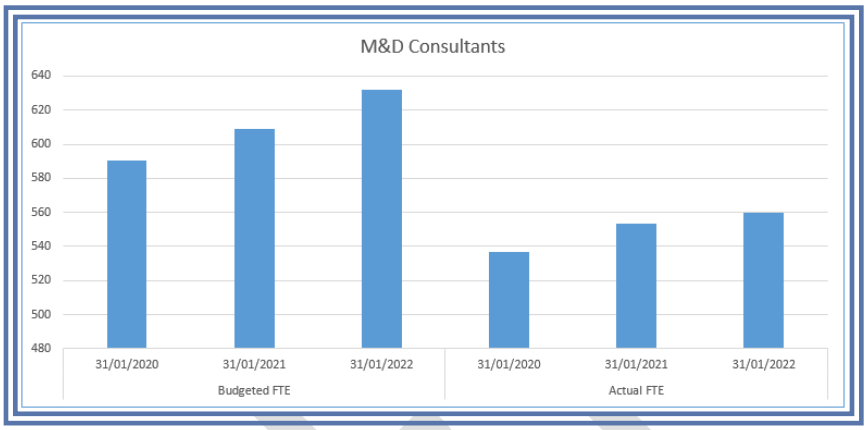
Registered Nursing & Midwifery has increased by 4% in budgeted establishment and 6.5% Actual FTE in post. When set together with Health Care Support Worker increases of 10% budgeted establishment and 11% actual FTE in post this provides a positive picture, albeit one that recognises there remains a significant gap of just under 600 FTE registered nurses and that retention remains a challenge.

Through the Nursing & Midwifery Recruitment & Retention group, there is a range of work streams to improve retention of nurses. In particular, there are three career pathways under review and are being enhanced to make a Nursing career in BCUHB more visible to our staff. The first scheme - Matron Development program, initiated earlier in 2021 received positive feedback. The next two schemes to be taken forward are the Ward Manager development program and Head of Nursing development programme. Whilst these two programmes are at this stage uni-professional, the commitment through this Strategy is to move to multi-professional development being the norm with uni-professional only for very specific topics or skills development.

There has been work undertaken to improve the exit questionnaire uptake to provide a better understanding why people leave BCUHB. From the 1 February 2022 all agenda for change staff terminations are completed via the ESR Self Service system, this process automatically triggers the Exit Questionnaire process. Using the process within ESR will allow us to monitor, identify key themes and review the leaver process more efficiently and enable us to expand on the learning from the “leaving well” departure process developed as part of the implementation support for the new Operating Model.

This methodology has been used to develop a medical pipeline, enabling the development of a proactive system for forward planning on medical recruitment, particularly at Consultant Level and as it progresses, plans are to roll this out across medical grades and specialities.

Our Medical & Dental Consultant workforce has increased by 7% budgeted FTE and 4.5% actual FTE in post. Whilst all other grades have seen an increase, by far the smallest increase has been in directly employed General Practitioners. Further development of a sustainable strategy for our primary care workforce is a key strategic priority for the term of this Strategy and beyond.



We have adopted new streams into our pipeline for medical staff and have been working to bring Junior Doctors who qualified abroad, but are English residents into the Health Board at a rate of 10-20 a year. We have recruited four as of January 2022.

Alongside this, to continue to run in parallel with national and UK recruitment we are working with partners to supply overseas doctors for areas such as Emergency Medicine, General Practitioners and other targeted specialities.

Clinical and Service areas, Finance and Workforce teams have all worked collaboratively to develop a new campaign approach to advertise service vacancies as a whole. This has been particularly successful in the case of the Stroke service, which traditionally has been a hard to recruit to area.

Our attraction approach over the last 12 months has been about moving away from singular transactional vacancies to a more holistic approach on two fronts. The first relates to the service-based roles as part of service-orientated recruitment campaigns for new service developments. Major investment has been made in services such as Stroke and Emergency Medicine, and where there has been historical challenges in recruiting such as Pharmacy and Child and Adolescent Mental Health Services (CAMHS). The second is around professional staff groups such as nursing and Medical & Dental staff where there has been recruitment challenges over a sustained period. The approach in this case has focused on the whole attraction package an individual can access working in North Wales in terms of lifestyle choice on a personal level alongside the professional opportunities such as involvement in the new Medical and Health Sciences School coming on stream in the near future.

There has been a specific focus recently on the Primary Care workforce, with the development of a detailed GP Workforce Recruitment & Retention Strategy. This includes current staffing positions and plans to attract and build sustainability across the workforce in this area.

As at September 2021, there were over 95 GP practices across North Wales, 11 of which being directly managed by the Health Board through its managed practice model (where the Health Board directly employs staff). The Health Board has achieved some level of success over the past 12 months in terms of recruitment across Primary Care and will continue to implement the plans described in the GP Workforce Recruitment & Retention Strategy.

From January 2021 to September 2021, 390 staff joined the Health Board against 270 who left. This is a net gain of 120. Across our GPs specifically we saw a net increase of 73 but this was mainly across the more junior grades whilst across salaried and partner GPs we saw a net loss of 6. This is a specific area of focus and we are working closely with the Primary care teams to build a sustainable GP workforce across North Wales going forward.

Clinical Workforce Service Review programme - As part of the evolving Workforce Planning approach the Health Board has commissioned a series of clinically led workforce reviews to look at what the workforce is now and what it needs to be in the future. These reviews provide a systematic way of evaluating current practice, to identify best practice, review compliance with existing policy, and making quality improvements required. This in turn will improve outcomes for patients and ensure we measure the impact of the changes made. An example of this approach is across Emergency Medicine and Stroke, allowing the Health Board to understand the current state of practice, and what needs to be actioned to deliver 21st Century care. This in turn informs our workforce planning, commissioning and recruitment, both now and going forward, with direct links to initiatives such as the North Wales Medical School and the integrated Health & Social Care Workforce Strategy development.

Working with the clinical service teams to produce a multi-year plan to support the service now and sustain it going forwards has involved looking at current patient activity levels, current and future clinical pathway options, and current and new workforce delivery models. This has been quite complex across the Health Board given the multi-faceted nature of the geography and the differing needs of the patient cohorts across North Wales.

Reviews are currently taking place in Colorectal, Emergency Medicine & Same Day Emergency Care (SDEC), Women's Services, Mental Health, General Surgery, Pharmacy and Stroke Services. There are plans to extend further with Anaesthetics and Critical Care in 22/23. Many of these schemes are longer-term developments and it is expected that for the majority of the services outside of Emergency Medicine and Stroke recruitment activity would only commence in year 2 of the plan.

Workforce Planning & Commissioning - We are taking major steps forward to utilise the data available to the Health Board to inform planning now and in the future.

The development and roll out of the Recruitment Pipeline dashboard, which is just one example, has allowed both workforce and operational teams to see at a glance a snapshot of

recruitment activity across the Health Board. This includes having the ability with Power BI technology to drill into this data to look at a specific area/ward within the Health Board to understand the current position and predict the necessary recruitment activity required to close any gaps. This, triangulated with over-arching trend data in, age profiles, turnover rates etc. and known service pressures, allows workforce information to be utilised in the short to medium term planning cycle which has previously has not been accessible. In addition, this information will support the monitoring our recruitment activity to inform strategies to create a more inclusive/diverse workforce which is reflective of the demographics of the North Wales population

To support the development of and prioritisation within the IMTP for 2022-2025 we have aligned the educational commissioning process in order to be able to triangulate the three elements of the workforce-planning triangle. This has allowed us to start to develop our plans to not only support in year 1, but also be able to identify any potential gaps across years 2 and 3 and also plan for year 4 and beyond. Below is the current position of the graduates across a 6-year profile.

Workforce Areas	Headcount of New Graduates & Year of output						
	2022	2023	2024	2025	2026	2027	Total
Allied Health Professionals	132	119	133	108	144	6	**642**
Healthcare Science	15	16	27	22	25	2	**107**
Nursing and Midwifery	757	768	773	838	686	81	**3903**
Other Professions	12	12	12	12	0	0	**48**
Pharmacy	37	34	15	23	4	0	**113**
Total	**953**	**949**	**960**	**1003**	**859**	**89**	**4813**

Occupational Health and Safety - Good Occupational Health and Safety (OHS) is good for all. A workplace that promotes staff wellbeing and the development of a strong safety culture is vital in achieving our vision of providing the best care we can for the people of North Wales.

Over the next three years, we plan to reduce avoidable harm to our staff and patients. We will do this by providing a safe and healthy environment free from violence and secure for all our staff and patients. We will as a minimum comply with relevant Health and Safety legislation and go beyond this where practicable to help our people achieve a healthy work life balance and improve their wellbeing through work.

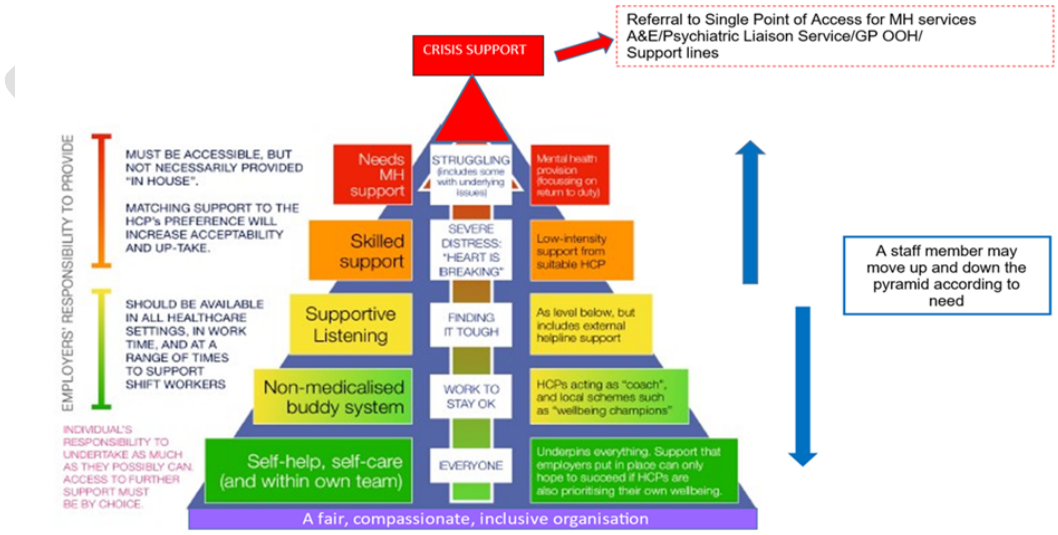
Our safety objectives support the building of a positive safety culture through effective leadership behaviour. We want all of our people to feel supported, empowered, resilient and safe. **The Strategic OHS and Security Improvement Plan** aligns to this strategy to enable the organisation to continue to develop and build on its people who are the organisations greatest asset.

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

We know that supporting staff to stay emotionally and psychologically well in work is essential to creating the right conditions for staff to flourish and enable them to deliver high quality care. We also know that the provision of emotional and psychological support for staff is central to creating a compassionate and psychologically safe organisational culture and crucially supports the recruitment and retention of staff as the Health Board continues with its ambition of becoming an employer of choice.

During 2021/22, we built upon and enhanced the emotional and psychological support available to our staff, bringing services together into a cohesive and integrated staff wellbeing support service model (SWSS). This included appointing a new Strategic Lead for Staff Wellbeing to oversee the development and delivery of the SWSS.

Our wellbeing service is created on a 'pyramid' model of support that encompasses five interconnected levels of support for staff's emotional health and psychological wellbeing providing a range of support to meet the differing needs of staff. SWSS provides support to all staff, (including locums), volunteers, students and trainees on placement.



Our wellbeing service provides staff with access to five levels of care:

- **Levels 1 and 2** support staff to self-care and to 'stay okay' and psychologically well at work with the support of wellbeing champions, coaches from the BCU Internal

coaching network, emotional resilience training, and wellbeing workshops provided through our Occupational Health and Wellbeing service.

- **Level 3** support provides counselling support for when staff are starting to 'find things tough' through our Occupational Health and Wellbeing service and though RCS, an external not for profit organisation with whom the Health Board has a contract to provide support for staff who prefer to access support in this way.
- **Level 4** is more bespoke support provided by a Clinical Psychologist (through our internal SWSS staffing with some provision also available from our external provider) for staff experiencing distress and who may have a degree of complexity that may not be appropriately seen by practitioners in Level 3.
- **Level 5** support is provided for staff who may be experiencing an acute crisis or are at risk of self-harm with the support of staff within our Mental Health and Learning Disabilities Division.

Importantly, our SWSS is underpinned by a 'no wrong door' policy with services working together to ensure staff are supported to access the level of support they need from the first point of contact without the member of staff needing to contact more than one service. Pathways into and between services within SWSS have been developed to ensure the delivery of a co-ordinated and cohesive service which is easier for our staff to access and navigate.

To develop our SWSS, we have recruited additional posts to better support and expand our network of Wellbeing Champions and to provide additional counselling and Clinical Psychology capacity. We have also secured supervision for internal coaches and undertaken pilots of other supporting initiatives including Wellbeing Blitz and Taking Care Giving Care, as well as continuing to provide emotional resilience training. We will soon be introducing our first phase of Schwartz rounds.

The evaluation of our SWSS is ongoing, which includes seeking anonymised feedback from staff who access support, including asking staff about the additional ways we can continue to develop our wellbeing service further.

We know that our staff with protected characteristics – including those who are from a Black, Asian and Minority Ethnic background, disabled staff or staff who experience socio-economic disadvantage – can face additional challenges in remaining emotionally healthy and psychologically well in work and may find it more difficult to ask for support when they need it.

We will continue to work with our staff networks to promote the availability of our SWSS and to identify ways we can make SWSS more accessible and tailored to their needs.

A further area of focus for development of our SWSS is to provide support for teams/groups of staff and their line managers whilst continuing to provide support for individual staff.

Our aim will be to replicate the five tier integrated 'pyramid' model of support (as above) to provide support to teams and line managers:

- for their emotional self-care and to remain psychologically well (Levels 1 and 2),
- early intervention support for when teams and line managers may be starting to find things tough emotionally (Level 3)
- as well as providing more intense support for teams and line managers who are experiencing difficulties (Levels 4 and 5).

Section 3: Our Priorities for Delivery 2022 – 2025

Considering our future work and the people requirements to deliver our strategic priorities, it is clear that to deliver this we need to:

Focus on our culture & employee experience striving to create an inclusive, healthy & empowering environment that actively recognises what matters most to our diverse and multi-generational workforce and reflects the communities we serve in support of our equality duties.

Understand and plan for the numbers and types of skills that we will require, developing clear build, buy, borrow and bot (automation approaches), alongside a more sustainable way of funding multi-year investments.

Embed succession planning & talent management to identify & grow internal talent for critical roles.

Develop innovative ways to attract and develop our talented people, addressing scarce skills & critical roles. Include a greater focus upon widening access to new and different labour markets, re-profiling roles & re-skilling people and contributing to a competitive & successful economy.

Organise ourselves to maximise agility & personal contribution by reducing silos & increasing collaboration across boundaries, recognising this requires better people data, processes & a shift in mind-set within the organisation and in partnership with our Trade Union colleagues & our staff.

Recognise the key enablers to our people strategy, optimising the use of data, technology & relationships. Support staff to exploit these opportunities, including building access to the skills and expertise we may not have, through an external commissioning approach.

Clarify educational requirements & their equivalence as well as agreeing the balance of breadth or generalist skills versus depth or specialism needed.

Influence the design, commissioning and sustainability of relevant education provision &embrace new & immersive ways of delivering education, training and development.

Shape work to fit the lives of our people through greater use of flexible working in its widest sense, & rethinking how we manage careers to respond to the changing needs and expectations of the next & future generations of staff.

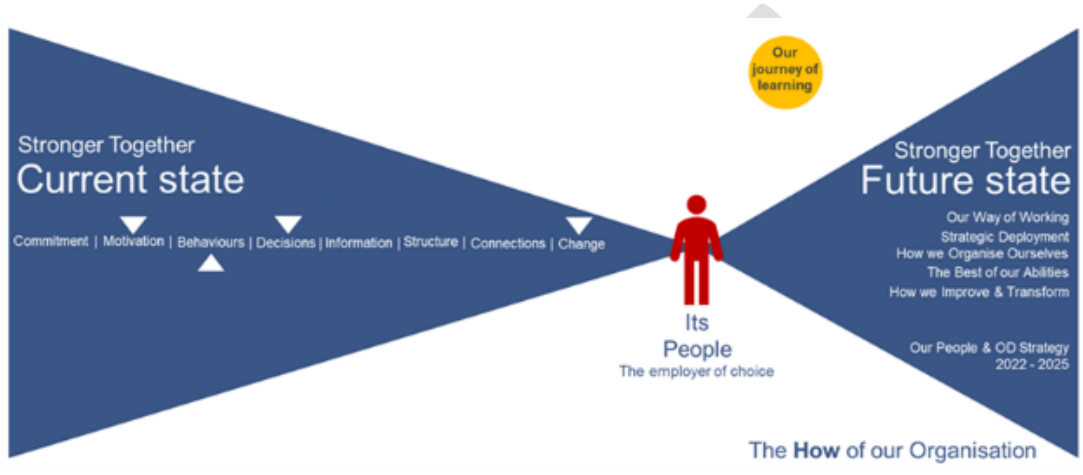
Continue to invest in our managers and leaders who are critical to creating the climate in which their teams & colleagues can thrive.

Building greater understanding & alignment of our workforce planning processes & ensuring that all of our attraction, recruitment & appointment processes are value based & value adding, efficient, safe, & effective. Making it easier for people to do the right thing for their services

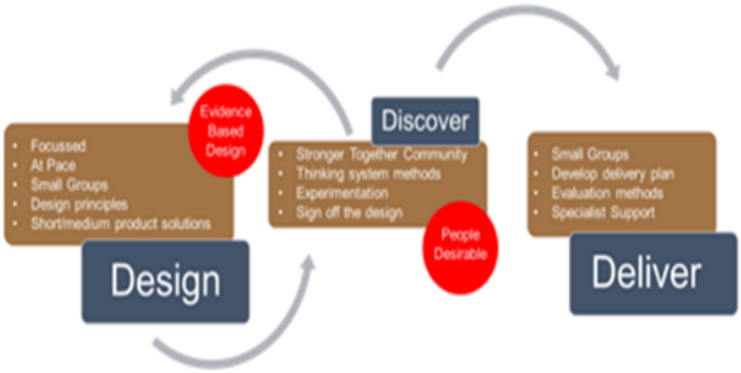
Align our People Services to the Operating model providing excellent customer focussed & outcome based services that are easy to access, consistent & reliable, forward thinking & innovative.

Discovery to Design to Delivery – 5 Programmes of Work

In 2021/2022 the Health Board embarked on an ambitious three year people and organisational development journey (Mewn undod mae Nerth/Stronger Together). This was and continues to be aimed at enabling the organisation to move forward and deliver its Long term Strategy – Living Healthier Staying Well and IMTP (the What) through delivery of its People Strategy and Plan – Stronger Together (the How).
This Route Map recognises that at the heart of the transformation will be our staff, partners and patients in short, 'Our People'.



Our methodology - Having received feedback from 2,000 staff as well as triangulating with internal and external reviews to inform our learning we have a mandate for change.



The overwhelming response supported the shared commitment to grasp the opportunity to:

Using the key determinants for organisational health and success, we have and are committed to the principles of co design against a framework for improvement.

This framework has been aligned to five programmes of work

Our Way of Working
What we value and how we should treat each other – including how colleagues are listened to and supported

Strategic Deployment
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. Learning from the decisions we take

How we organise ourselves (Operating model)
Make it easier to get things done, improve how we organise and run the organisation.

The Best of our Abilities
Make it easier to get the skills and capacity we need from both within and from outside to support your work.

How we Improve & Transform
Collaboration and working together more effectively to address our most challenging issues and take advantage of improvement opportunities.

Our Way of Working

What we value and how we should treat each other – including how colleagues are listened to and supported

To deliver this, we will:

Values & Behaviours – Develop a 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.
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.

Learning Culture – 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.

Staff Support & Wellbeing - Building on the learning from our Staff Support and Wellbeing Services we will establish this comprehensive service focussed upon supporting staff when they most need it, developing strategies for self-management and prevention and supporting leaders and managers to identify and address early warning signs as well as creating the environment for colleagues to thrive.

Engagement & Communication - Building on the existing structures and incorporating new mechanisms to support individuals through their employee journey, strengthen existing and developing new two-way communication networks (Including leadership visibility) and linkage mechanisms, which break through internal boundaries to enable active engagement. Staff will be involved in service improvement through continuous improvement methods and connectivity to the innovation mechanisms, clinical & corporate networks, and the organisation's transformation & improvement function.

Strategic Deployment

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. Learning from our decisions

To deliver this, we will:

Goals – develop and deploy a clear set of organisational priorities and goals with outcome & process metrics aligned to the purpose based on the refreshed Strategy-Living Healthier, Staying Well & Clinical Services Plan.
Individual and team-based goals and supporting actions will be clearly aligned back to the purpose.
Improved system, team & personal performance contribution mechanisms will be rolled-out - designed to link purpose, goals, measures & actions.
Process & outcomes measures will be integrated into the internal operating framework and form part of the integrated performance reporting mechanism.

Business Planning Mechanism – 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 & improvement and long-term transformation plans. Plans based on population need and an evolving capacity across interdependent pathways of care to prevent, manage or meet that demand. Pathway improvement and transformation blueprints will be in continuous development as will service development plans for corporate services.

Information & Performance - Develop and deploy the digital infrastructure and information architecture alongside a capability development plan for operational leads and key users across the organisation. This will support the evolution towards predictive management of unplanned and planned demand, work in progress, processing capacity, activity & backlog across pathways of care at a service and whole system level.

A portfolio of bottom-up vertical outcome and horizontal process metrics which demonstrates achievement of organisational quality, performance & productivity goals at an individual, team, function and service level are developed, providing a single version of the truth in terms performance impact and evidence informed course correction interventions.
A measures framework, which mirrors the design of the organisation, forms a critical element of the performance-operating framework.

Course Correction - Escalation protocols (issue & risks), feedback & learning mechanisms - Performance feedback, risk management, clinical audit systems, complaints, serious incident reporting & management systems will be improved and integrated into the design of the organisations future model of operating.

Feedback loops will be improved to provide information & insight feeds into pathway and service design development activities, strategy development and business planning cycles. Complaints, risk's identification, mitigation development and risk management will be used as a critical aspect of the decision-making mechanisms through the organisation from board to ward.

Team & Personal Contribution - performance monitoring, measurement & learning - Team and individual goal-based performance feedback mechanisms will be integrated into the design of the organisations future model of operating.
Team based daily performance and continuous improvement events, linked to the organisations continuous improvement intervention proposal will be developed, as will enhanced appraisal mechanisms.
Evaluation of the impact has identified the benefits associated with the adoption of these combined approaches and are built into a regular weekly, monthly annual cycle of review and learning.

How we organise ourselves (Operating model)

Make it easier to get things done, improve how we organise and run the organisation.

To deliver this, we will:

Design principles - Deploy the design principles agreed in collaboration across the organisation to inform development and implementation of a revised operating model including structure, governance, performance and accountability.

- **Person Centred –** The person is at the centre of all that we do, with an equal focus on keeping people well and providing high quality care and treatment when needed.
- **Clinically led, evidence based, empowered** organisation - Listening to and empowering colleagues, with quality and equity at the heart of decision-making.
- **Community focus with regional networks –** Organised around the needs of our communities, with a local focus balanced with regional delivery for the best patient outcomes. Skills and resources organised and supported to provide seamless services and better outcomes.
- **Consistent standards with equal access** to care and support for all communities across North Wales, following value based healthcare principles.
- **Effective partnership working**, listening to our colleagues, partners and communities to develop and deliver services that support people to live healthily and stay well.
- **Compassionate, learning** organisation - Continually improving, using technology and data to simplify systems and innovate.
- **Processes and ways of working** that make doing the right thing easy.

Clinical, Operational & Corporate Service Design Standards - Implement a detailed and managed rollout that will see the organisation transition to the new design (structure) for operational delivery & large-scale change delivery. The principles of horizontal pathway/processes supported by vertical functions, managed interdependences, job role re-design (Board to ward); decision making architecture, performance monitoring & management, two-way feedback loops, local escalation protocols, service level agreements and risk management mechanisms are integrated into the design.

Decision Making Architecture (Design, Deliver & Assure) – Revise and improve the Board Assurance Framework (BAF)/Scheme of delegation to align with the operating model.
Develop a clear operational governance and assurance framework to ensure that the acts of service design (standards setting), operational delivery and assurance are transparent - with separation of responsibility set within the framework of collective ownership.
Develop and deploy clear guidance to ensure Staff understand who does what & why - across the organisation's leadership functions, with clarity of accountability and responsibility at all levels. Issues/risks/decisions are dealt with at the most immediate and

appropriate level that is consistent with their resolution, role, statutory governance, and boundaries.

Roles & Responsibilities- Deliver plans to ensure clarity of role (autonomy, scope, connectedness, and competency) within the organisations structure is clear for all (Levels 1+ & beyond).
Ensure pathway/process delivery is optimised as job design has aligned activities to the organisations purpose and goals.
Include within role descriptions and accountability agreements the requirement for Leaders to actively consider and promote effective job design within their teams and across the organisation as the benefits associated with this activity are visible through key organisational performance metrics; including e.g. staff surveys

The Best of our Abilities

Make it easier to get the skills and capacity we need from both within and from outside to support your work.

To deliver this, we will:

Education and learning – Using the size, breadth and depth of the organisation to establish the organisation as a key strategic leader in Inter/multi and uni professional learning and education.

Develop a BCU Education and Learning Academy. In the first phase, this will be enhancing the infrastructure in the Primary Care Academy and as we progress through to increase in students numbers across professional groups scaling this to cover the wider organisation.

Working across our clinical and operational networks, with our strategic education partners and with our community partners, build on existing and establish new programmes of education from specialist and postgraduate training to vocational and work skills development and on to life and health skills opportunities.

Talent and Career Development Framework – Develop the structures, processes supported by digital systems support leaders in the active management of talent from recruitment, talent pool building, succession planning, skills & competency development, leadership development, interim role deployment opportunities, welfare management, appraisal, and performance management.

Workforce Planning & Commissioning – Building on the progress made and learning from the pandemic as well as deploying new national frameworks and toolkits, establish a comprehensive workforce planning methodology and framework for deployment of scenario planning linked to demand and capacity and pathway/service transformation.
Using this - develop forward look commissioning plans for education and training to enable the organisation to not only develop the workforce of the future but also, to influence national strategy and planning.
In the first phase this will be focussed upon 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 services.

High quality, reliable enabling services – recognising the need for efficient and effective, outcome focussed enabling services. Deploying improvement methodology and applying the design principles outlined above to roll out operating model reviews across "corporate" support services to ensure our clinical and operational services are able to focus on what they need to do and the Board to be assured that the organisation is meeting its statutory and regulatory responsibilities.

Safe environment – Building on the significant progress made in meeting core requirements under Health & safety legislation we will further embed safe systems of work across the organisation. Recognising the levels of harm to patients and staff as a result of violence and aggression across the NHS and in our own organisation, we will develop a new model for prevention of harm. Using evidence based measures to address the root causes of harm from violence and the support we provide for patients and staff who harm or are harmed in our care or employment.

How we Improve & Transform

Collaboration and working together more effectively to address our most challenging issues and take advantage of improvement opportunities.

To deliver this, we will:

Building Strong Foundations in Transformation & Improvement System and Structure – Using the experiences of the people within the Health Board, together with exemplars locally, nationally and internationally we will establish a transformation, continuous improvement and portfolio management system. Optimising the synergies and expertise across key enabling functions e.g. education & learning, finance, planning, public health, research & Development and organisational development to create the environment for transformation and innovation to thrive and for systematic prioritisation and benefits realisation.

Improving the way we manage Large Scale Change – learning from the process of discovery, leveraging the benefits of a standardised approach to the discovery, design, sustainable delivery, and management of change.
Develop and deploy mechanisms to ensure and enable Clinical, operational, and corporate teams to be actively participating in evidence-based discovery and co-design of large-scale care pathway and service change.

Leadership & Management – Develop an integrated Leadership & Management Development Framework for all professional groups based on the principles of transformation and improvement, compassion, experiential practical learning, network development, distributed leadership, team communication, staff safety & wellbeing, systems and how they work, social movement and human factors practice, collaborative & shared decision making and peer to peer coaching.

Productive leader – Develop a suite of development interventions tactically aimed at the top 150 senior leaders and their secretaries/PAs to facilitate a dynamic shift in their working practices. In order to reduce non value adding personal management and administrative activities thereby releasing up-to 20% of their time to reinvest in more value-adding activities. 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.

Continuous Improvement & Coaching skills – Develop a Continuous Improvement development programme to enable the organisation to demonstrate measurable improvements in quality, performance, and productivity across both clinical and corporate services.

Ensure all induction, education, learning and contribution frameworks include Individual and team based continuous improvement knowledge, techniques at all levels of the organisation.

Section 4 Conclusion

This People Strategy & Plan sets the future direction for our workforce over the next 3 years aligned to, informed by and importantly positioning the organisation to influence the national context and policy and to deliver our Local Living Healthier Staying Well Strategy through our Integrated Medium Term Plan.

It sets out the fundamental building blocks needed to consolidate progress to date, address the opportunities and challenges facing the workforce and to align efforts across the Health Board and partners.

Much of what is set out in this Strategy is already underway, with issues being recognised and positive action taken. This Strategy endeavours to bring everything together so we do not lose this good work and progress, but build on it by deploying a prioritised approach using our Transformation and Improvement System.

It sets out the fundamental building blocks needed to address the opportunities and challenges facing the workforce and to align efforts across the Health Board.

Central to the delivery of this Strategy is the requirement for true collaboration and partnership at all levels internally and externally with our partners. Everyone will have a role in shaping and delivering improvement plans that take us closer towards achieving the ambitions of this Strategy, meeting the known and unknown challenges. This includes better alignment and integration across organisational and professional boundaries that too often get in the way of doing the right thing for the people at the centre of our services.

The themes within this Strategy have been developed in collaboration with corporate enabling services and clinical and operational teams in response to the feedback from Mewn Undod mae Nerth/Stronger Together Discovery and to enable delivery of the IMTP. This has been and continues to be a learning and improvement process, with each iteration highlighting additional learning and areas for inclusion and or further development.

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.

The detail within the Strategy and Plan will be refreshed on an annual basis aligned with the refresh of the Integrated Medium Term Plan.

This refresh will ensure:

- The programmes are work are delivering what is required and 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 workforce plan is effectively aligned to the delivery of the priorities and is affordable and achievable

As we move through 2022/2023, the transformation underway at both national and local level in terms of workforce modelling, analysis and planning will only serve to further enhance the credibility and accessibility of workforce intelligence to support and inform decision-making and improvement.

Section 5 References and links

All of the documents below can be accessed here

- A Healthier Wales
- Living Healthier, Staying Well
- Strategic Workforce Planning Framework for Primary Care, Community Service
- Mental Health Workforce Plan for Health and Social Care
- A Healthier Wales: Our Workforce Strategy for Health & Social Care
- Parliamentary Review
- National Clinical Framework
- Quality and Safety Framework: Learning and Improving
- Local Needs Analysis (LNA)
- Accelerated Cluster Development Programme
- Strategic Programme for Primary Care
- Strategic Equality Plan
- The Occupational Health, Safety and Security Improvement Plan

- People Strategy & Plan Delivery Plan

GIG CYMRU NHS WALES

Bwrdd Iechyd Prifysgol
Betsi Cadwaladr
University Health Board

People (Workforce) Plan – 2022-2023

People (Workforce) Planning 2022 – 2025

As described earlier in the People Strategy and Plan, considerable work has been undertaken to develop a robust mechanism and infrastructure to enable effective and predictive workforce modelling and planning both at a local and national level. This work aligns with national programmes e.g. strategic workforce planning frameworks for primary care, mental health and the emerging planned care recovery framework.

The progress made to date has enabled the further integration of people capacity, capability assessments into the prioritisation stages of our strategic and operational planning processes. In the lifecycle of this Strategy, we will develop our workforce analysis and scenario planning and projection systems and capability to the level that it can provide:

- an intelligent, adaptable and accessible platform to test input, output and outcome scenarios;
- inform service development prioritisation and commissioning decision making
- drive resource allocation and development decisions across the Health Board, the wider Health and Social Care system; and
- Influence local and national policy.

At this stage, this People (Workforce) Plan focusses upon delivery of the first year of the Integrated Medium Term Plan (IMTP). However, supporting the IMTP is a full workforce profile for the 3 years 2022 -2025 and this can be found here.

This profile is set out into the following areas:

Core Workforce – Permanent and Fixed Term - This element covers all substantive staff who are on a permanent of fixed term contract within the organisation. It allows the organisation to compare like for like year on year (March 2021 to March 2022) and then project forward across the next financial year 22/23 taking into account new initiatives, education commissioning figures and areas such as apprentices. The use of apprenticeships is an area where the Health Board is looking to increase numbers from 16 currently to over 300 across the next 2 years.

Variable Workforce - The variable workforce element captures internal temporary staffing utilised across the Health Board excluding agency workers. It covers areas such as bank staff shifts and overtime hours carried out by our substantive staff. This allows the workforce teams to understand the Health Boards reliance on temporary workforce to ensure the optimum balance between core and variable workforce is maintained. It is our intention to significantly reduce our usage of variable workforce over the next 2 years, whilst recognising the ongoing pressures across the NHS workforce as a whole.

Agency/Locum - The Health Board has traditionally relied on external temporary staffing to bolster specific areas of the workforce where long-term gaps and shortages have existed. Going forward over the next 2 years it is our intention to reduce our reliance on this area of workforce resource.

Covid 19 Breakdown: Test, Trace & Protect Service (TTP), Mass Vaccination Programme and Planned and Unscheduled Care Sustainability - The final element of the workforce profile covers the impact of Covid 19 on our workforce across three major areas. These are the current TTP and Mass Vaccination services we have been and are currently providing in response to the pandemic, and in addition to this the additional workforce we have utilised across planned and unscheduled care to sustain these services in light of the Covid 19 impact on patient admissions and procedures.

Workforce Plan 2022 - 2023

The People (Workforce) Plan outlines the detailed recruitment (and retention) activity that will be carried out across the first year of the Strategy with the aim of delivering a more stable position across the existing workforce and to deliver the additional workforce required to deliver year 1 of the IMTP.

The plan is broken down into the following elements with a consolidated summary below

Combined Workforce Plan – 2022/2023

The overarching position in terms of additional recruitment (and retention) required across the health board in 22/23 net core national and local commissioning impact.

Bridging the Gap – 2022/2023

Additional recruitment (and retention) activity required to close the vacancy gap across the existing workforce. Including projection based on performance to date and stretch target for improvement of the position.
Actual and projected output from national and local education commissioning

IMTP Priorities – Workforce Impact

Additional recruitment required to support the delivery of the IMTP

- Consolidated Schemes for 22/23
- Schemes Commencing in 22/23
- Planned Care Recovery Initiatives - 22/23 (*Additional recruitment required to support and sustain planned care services)*

Primary Care Resilience

Additional recruitment (and retention) activity set to support workforce resilience in year 1 of the People Strategy & Plan whilst GP Workforce Recruitment and Retention Strategy finalised.

Combined Workforce Plan

The overarching position in terms of additional recruitment (and retention) required across the health board in 22/23 once commissioning activity is factored in is 660 WTE or 928 WTE (Stretch) across all staff groups.

The deliverability assessment has been based on a combination of factors including:

* volume of recruitment and timescales
* identified staff groups against national and regional context and intelligence
* service specifics i.e. model, reputation and historic recruitment activity and success

Workforce Plan Recruitment Activity Summary 22/23 (WTE)					
	Medical	**Nursing**	**Other Clinical Registrants**	**Non-Registrants & Non-Clinical**	**Totals**
Bridging the Gap	89	398	124	353	**964**
IMTP Consolidated Schemes	59	185	188	204	**637**
IMTP Commencing Schemes	15	5	9	22	**50**
IMTP Planned Care Recovery Initiatives	6	10	43	39	**98**
Totals	**168**	**598**	**365**	**618**	**1749**
Primary Care Resilience Plan	15	13	15	34	**78**
National & Local Commissioning 22/23	65	306	206	245	**822**
Recruitment Net Commisioning Activity Position	**103**	**292**	**159**	**373**	**927**
Deliverability	🟡	🟡	🟡	🟢	🟡

Bridging the Gap – 22/23

To ensure the Health Board can deliver and sustain existing services throughout the 2022/23 and beyond detailed work has been carried out to quantify and project the recruitment activity across the different staff groups needed to achieve this.

This work has involved working closely with professional groups and reviewing key metrics and intelligence to ensure a full picture is visible and intelligent conclusions can be drawn.

The metrics reviewed using nursing as an example are listed below;

- **Budgeted establishment across all staff grades** (this is the number of staff who are in a team's core workforce numbers to deliver the current service, so for nursing the most common area is a ward)

- **Actual Staff in post across all staff grades** (this is the number of staff who are actual working on a ward in the case of nursing and we can then workout the number of gaps (vacancies) on that ward by subtracting the actual from the budgeted establishment)
- **Leavers across all staff grades** (this is the number of staff that have left the service over a defined period usually the previous 12 months, 3 years and 5 years)
- **Turnover rates across all staff grades** (this is rate at which people leave the service and allows us understand how long people stay in a specific area)
- **Age Profiles** (this is the makeup of the staff and the age groups they fall into, this allows the service to understand and predict such things as potential retirements and experience of their area)
- **Recruitment Profile** (this is the recruitment activity across a given period, usually 12 months to understand the previous and current activity when recruiting and successfully hiring staff against their vacancies)
- **Student Commissioning Profile** (this is the number of newly qualified a service can expect to recruit over a given period, usually a 12 month look forward to understand when they will be available to the service to ensure vacancies are linked to these staff and this is taken into account when carrying out standard recruiting across a service)

From the quantitative metrics above and the qualitative intelligence pulled from the areas such as staff surveys, exit surveys and interviews, workforce and nursing teams are able to project and forecast what the workforce profile may look like for a profession, service or ward area over the next 12 months, 3 years and 5 years. This is to ensure appropriate measures and resources are put in place to support the delivery of the recruitment of this workforce now and going forward.

With this in mind and building on work commenced in 22/23 a number of initiatives are in place and being further developed to facilitate and support the ongoing recruitment of staff across and into the Health Board.

These include aggregated recruitment campaigns across staff groups and services to ensure maximum impact and exposure across all media to attract candidates to the Health Board. Other initiatives such as centralised talent pools for high volume applications, such as Health Care Support Workers (HCSWs) and Estates and Facilities, will be in place to streamline and maximise recruitment in these areas.

Over the next year, the stratified risk recruitment target has been set against each staff group based on assessment of the impact of improvements in recruitment and or retention together with impact of not reducing the gaps further on delivery of services.

The table below shows the current position in terms of existing gaps across staff groups and the targets that have been set to support a sustainable workforce going forward across the Health Board.

Bridging the Gap – Projections and Stretch Targets

Staff Group		Febuary 2022 FTE Budgeted	Febuary 2022 FTE Actual	Febuary 2022 FTE Variance	22/23 Recruitment Trajectory Profile	March 23 FTE Variance	22/23 Risk Stratified Recruitment Target	March 23 Risk Stratified Variance
Add Prof Scientific and Technic		703.4	672.7	30.7	22.1	**8.6**	23.2	**7.5**
Additional Clinical Services		3673.1	3534.5	138.7	124.8	**13.8**	131.1	**7.6**
Administrative and Clerical		3486.5	3342.7	143.8	129.4	**14.4**	135.9	**7.9**
Allied Health Professionals		1185.4	1109.4	76.0	68.4	**7.6**	71.8	**4.2**
Estates and Ancillary		1381.8	1265.3	116.5	-57.2	**173.7**	85.8	**30.7**
Healthcare Scientists		288.4	253.0	35.4	24.5	**10.9**	29.4	**6.0**
Medical and Dental		1626.1	1218.0	408.1	63.6	**344.5**	89.0	**319.1**
Nursing and Midwifery Registered		5860.6	5268.1	592.5	284.2	**308.3**	397.9	**194.6**
		18205.3	**16663.6**	**1541.7**	**659.9**	**881.9**	**964.1**	**577.6**

Profile by month:

Staff Group	Monthly Workforce Profile												Monthly Workforce Profile
	M1	M2	M3	M4	M5	M6	M7	M8	M9	M10	M11	M12	
Add Prof Scientific and Technic	3	5	7	9	10	12	14	15	17	19	20	23	
Additional Clinical Services	43	64	85	107	128	131	131	131	131	131	131	131	
Administrative and Clerical	28	43	57	71	85	99	114	128	136	136	136	136	
Allied Health Professionals	35	55	72	72	72	72	72	72	72	72	72	72	
Estates and Ancillary	12	24	36	48	60	72	84	96	108	120	132	144	
Healthcare Scientists	4	6	8	9	11	15	17	19	21	23	24	29	
Medical and Dental	4	8	12	16	60	64	68	72	76	80	84	89	
Nursing and Midwifery Registered	96	104	111	119	127	154	162	170	177	185	193	398	

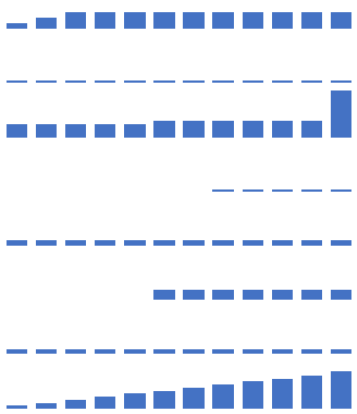
National and Local Commissioning profile for 2022 -2023

Worforce Areas	Headcount of New Commissioned Output 22/23
Allied Health Professionals	110.0
Healthcare Science	15.0
Nursing and Midwifery	306.0
Physicians Associates	12.0
Pharmacy	37.0
Medical	65.0
Primary Care	32.0
Apprenticeships	245.0
	822.0

Profile by month:

Worforce Areas	Monthly Workforce Profile											
	M1	M2	M3	M4	M5	M6	M7	M8	M9	M10	M11	M12
Allied Health Professionals	35	70	110	110	110	110	110	110	110	110	110	110
Healthcare Science	15	15	15	15	15	15	15	15	15	15	15	15
Nursing and Midwifery	88	88	88	88	88	108	108	108	108	108	108	306
Physicians Associates	0	0	0	0	0	0	0	12	12	12	12	12
Pharmacy	37	37	37	37	37	37	37	37	37	37	37	37
Medical	0	0	0	0	0	65	65	65	65	65	65	65
Primary Care	32	32	32	32	32	32	32	32	32	32	32	32
Apprenticeships	20	40	60	80	100	120	140	160	180	200	220	245

Monthly Workforce Profile



IMTP Priorities – Workforce Impact

This section of the plan profiles what is required across three of the main areas of the IMTP in terms of recruitment activity to support and enable delivery of the Health Boards transformation plans across the next 3 years.

Each scheme has been assessed in terms of workforce delivery based on a RAG rated matrix. The factors that have been taken into consideration include volume of recruitment, identified staff groups, service specifics, historic recruitment activity and success.

This has provided a robust and consistent approach to ensure the recruitment profiles are realistic and deliverable to ensure schemes can be implemented and deliver the identified improvements outlined in the IMTP.

Key

'no workforce implications'	The human resource required to deliver this scheme is already factored in to existing teamwork plans.
RAG rating of AMBER 🟢	The workforce requirements of this scheme have been carefully scrutinised and are considered appropriate in nature. There is a high likelihood of being able to recruit the necessary individuals, including specialist roles.
RAG rating of AMBER 🟡	The workforce requirements of this scheme have been carefully scrutinised and are considered appropriate in nature. There are some concerns about being able to recruit the necessary individuals but mitigation is in place in case of incomplete recruitment, and the scheme is of sufficient importance that we consider it important to maximise efforts and seek to fully recruit.
RAG rating of AMBER 🔴	The workforce requirements of this scheme have been carefully scrutinised and are considered appropriate in nature. There are significant concerns about being able to recruit the necessary individuals. Red RAG schemes would not normally be progressed. Red RAG schemes will only been included in limited circumstances: - The scheme is multi-year, already underway, and is progressing well in all other respects. The adverse workforce RAG score has arisen since commencing the scheme and on balance it is considered appropriate to continue. Mitigation has been considered should preferred recruitment levels be unsuccessful. - The scheme is new. Although there are recruitment concerns, the workforce requirements have been heavily scrutinised to increase the prospect of suitable recruitment (e.g. by reviewing skill mix). The scheme is of such importance that it is considered important to try to recruit. Mitigation is in place should preferred recruitment levels be unsuccessful.
Monthly workforce profile	Total cumulative workforce numbers for the scheme, by month, rounded to nearest full person.

Schemes being consolidated during 2022/23

Ref	Title		Medical (WTE)	Nursing (WTE)	Other Clinical Registrants (WTE)	Non-Registrants & Non-Clinical	Total (WTE)
a.2022.1	Care Home support	🟢	0.0	3.0	0.0	0.0	**3.0**
a.2022.2	Colwyn Bay Integrated services facility	🟢	No Workforce Implications				
a.2022.3	Continuing Healthcare infrastructure	🟡	0.0	32.0	0.0	0.0	**32.0**
a.2022.4	COVID-19 vaccination and Test, Trace and Protect (TTP)	🟡	No increase in Workforce expectations				
a.2022.5	Digitisation of Welsh Nursing Care Record	🟢	0.0	0.0	0.0	5.0	**5.0**
a.2022.6	Eye Care	🟢	1.3	0.0	3.0	5.4	**9.7**
a.2022.7	Further development of the Academy	🟢	3.0	10.2	8.6	5.0	**26.8**
a.2022.8	Health & Safety Statutory Compliance	🟢	0.0	0.0	0.0	24.0	**24.0**
a.2022.9	Home First Bureaus	🟡		25.6			**25.6**
a.2022.10	Implementation of Audiology pathway	🟡	0.0	0.0	14.8	0.0	**14.8**
a.2022.11	Improving minimal access surgery in gynaecology and north Wales specialist endometriosis care	🟡	1.6	1.2	0.0	1.8	**4.6**
a.2022.12	Long Covid	🟡	0.2	2.0	25.7	4.5	**32.4**
a.2022.13	Lymphoedema	🟢	No Workforce Implications				
a.2022.14	Mental Health Improvement scheme - AISB Joint Commissioning	🟢	No Workforce Implications				
a.2022.15	Mental Health Improvement scheme - CAMHS Training and Recruitment	🟢	0.0	3.0	0.0	0.0	**3.0**
a.2022.16	Mental Health Improvement scheme - CAMHS Transition and Joint working	🟢	0.0	0.0	0.0	5.0	**5.0**
a.2022.17	Mental Health Improvement scheme - Early Intervention in Psychosis	🟡	1.0	0.0	2.0	9.0	**12.0**
a.2022.18	Mental Health Improvement scheme - Eating Disorders Service development	🟡	0.0	1.0	7.2	1.0	**9.2**
a.2022.19	Mental Health Improvement scheme - ICAN Primary Care	🟡	0.0	0.0	19.0	14.0	**33.0**
a.2022.20	Mental Health Improvement scheme - Medicines Management support	🟡	0.0	0.0	9.0	0.0	**9.0**
a.2022.21	Mental Health Improvement scheme - Neurodevelopment recovery	🟢	No Workforce Implications				
a.2022.22	Mental Health Improvement scheme - Occupational Therapy	🟡	0.0	0.0	9.0	0.0	**9.0**
a.2022.23	Mental Health Improvement scheme - Older Persons Crisis Care	🟡	0.0	6.0	24.0	0.0	**30.0**
a.2022.24	Mental Health Improvement scheme - Perinatal Mental Health Services	🟡	0.0	0.0	3.5	2.0	**5.5**
a.2022.25	Mental Health Improvement scheme - Psychiatric Liaison Services	🟡	0.0	3.0	1.5	6.0	**10.5**
a.2022.27	North Wales Medical & Health Sciences School	🟢	No Workforce Implications				
a.2022.28	Operating Model	🟢	1.0	3.0	3.0	2.0	**9.0**
a.2022.29	People & OD Strategy – Stronger Together	🟢	0.0	0.0	0.0	8.0	**8.0**

Ref	Title		Medical (WTE)	Nursing (WTE)	Other Clinical Registrants (WTE)	Non-Registrants & Non-Clinical	Total (WTE)
a.2022.30	Radiology sustainable plan		No Workforce Implications				
a.2022.31	Regional Treatment Centres				1.0	8.0	**9.0**
a.2022.32	Speak Out Safely		0.0	0.0	0.0	1.6	**1.6**
a.2022.33	Staff Support and Wellbeing		0.0	0.0	5.0	2.0	**7.0**
a.2022.34	Strengthening emergency department (ED) & SDEC workforce to improve patient flow.		38.8	54.7	0.0	24.3	**117.8**
a.2022.35	Stroke services		0.0	6.0	20.1	3.0	**29.1**
a.2022.36	Suspected cancer pathway improvement		2.5	0.7	0.9	2.9	**6.9**
a.2022.37	Urgent Primary Care Centres		1.0	0.0	8.5	3.0	**12.5**
a.2022.38	Urology - Robot Assisted Surgery		No Workforce Implications				
a.2022.39	Vascular		8.4	17.0	12.4	15.5	**53.2**
a.2022.40	Video consultations		No Workforce Implications				
a.2022.41	Welsh Community Care Information System (WCCIS)		0.0	0.0	0.0	28.9	**28.9**
a.2022.42	Welsh Language		0.0	0.0	0.0	3.5	**3.5**
a.2022.43	Welsh Patient Administration System		0.0	0.0	0.0	9.0	**9.0**
a.2022.44	Widening of Primary Care workforce		0.0	17.0	10.0	0.0	**27.0**
a.2022.45	Workforce Operating Model – (inc. recruitment etc.)		0.0	0.0	0.0	10.0	**10.0**
			58.7	**185.3**	**188.2**	**204.3**	**636.5**

Profile by month:

Ref	Title	Monthly Workforce Profile												Monthly Workforce Profile
		M1	M2	M3	M4	M5	M6	M7	M8	M9	M10	M11	M12	
a.2022.1	Care Home support	3	3	3	3	3	3	3	3	3	3	3	3	
a.2022.2	Colwyn Bay Integrated services facility	No Workforce Implications												
a.2022.3	Continuing Healthcare infrastructure							32	32	32	32	32	32	
a.2022.4	COVID-19 vaccination and Test, Trace and Protect (TTP)	No increase in Workforce expectations												
a.2022.5	Digitisation of Welsh Nursing Care Record	5	5	5	5	5	5	5	5	5	5	5	5	
a.2022.6	Eye Care	5	8	10	10	10	10	10	10	10	10	10	10	
a.2022.7	Further development of the Academy				12	12	12	22	22	22	27	27	27	
a.2022.8	Health & Safety Statutory Compliance	15	15	24	24	24	24	24	24	24	24	24	24	
a.2022.9	Home First Bureaus	9	9	9	26	26	26	26	26	26	26	26	26	
a.2022.10	Implementation of Audiology pathway				15	15	15	15	15	15	15	15	15	

Ref	Title	Monthly Workforce Profile												Monthly Workforce Profile
		M1	M2	M3	M4	M5	M6	M7	M8	M9	M10	M11	M12	
a.2022.11	Improving minimal access surgery in gynaecology and north Wales specialist endometriosis care				5	5	5	5	5	5	5	5	5	
a.2022.12	Long Covid	32	32	32	32	32	32	32	32	32	32	32	32	
a.2022.13	Lymphoedema	No Workforce Implications												
a.2022.14	Mental Health Improvement scheme - AISB Joint Commissioning	No Workforce Implications												
a.2022.15	Mental Health Improvement scheme - CAMHS Training and Recruitment				3	3	3	3	3	3	3	3	3	
a.2022.16	Mental Health Improvement scheme - CAMHS Transition and Joint working			5	5	5	5	5	5	5	5	5	5	
a.2022.17	Mental Health Improvement scheme - Early Intervention in Psychosis							12	12	12	12	12	12	
a.2022.18	Mental Health Improvement scheme - Eating Disorders Service development				9	9	9	9	9	9	9	9	9	
a.2022.19	Mental Health Improvement scheme - ICAN Primary Care				33	33	33	33	33	33	33	33	33	
a.2022.20	Mental Health Improvement scheme - Medicines Management support				9	9	9	9	9	9	9	9	9	
a.2022.21	Mental Health Improvement scheme - Neurodevelopment recovery	No Workforce Implications												
a.2022.22	Mental Health Improvement scheme - Occupational Therapy							9	9	9	9	9	9	
a.2022.23	Mental Health Improvement scheme - Older Persons Crisis Care				30	30	30	30	30	30	30	30	30	
a.2022.24	Mental Health Improvement scheme - Perinatal Mental Health Services							6	6	6	6	6	6	
a.2022.25	Mental Health Improvement scheme - Psychiatric Liaison Services				11	11	11	11	11	11	11	11	11	
a.2022.27	North Wales Medical & Health Sciences School	No Workforce Implications												
a.2022.28	Operating Model	1	3	9	9	9	9	9	9	9	9	9	9	
a.2022.29	People & OD Strategy – Stronger Together			8	8	8	8	8	8	8	8	8	8	
a.2022.30	Radiology sustainable plan	No Workforce Implications												
a.2022.31	Regional Treatment Centres	4	4	4	9	9	9	9	9	9	9	9	9	
a.2022.32	Speak Out Safely	2	2	2	2	2	2	2	2	2	2	2	2	
a.2022.33	Staff Support and Wellbeing	7	7	7	7	7	7	7	7	7	7	7	7	
a.2022.34	Strengthening emergency department (ED) & SDEC workforce to improve patient flow.	12	17	22	27	32	47	52	57	62	67	67	67	
a.2022.35	Stroke services	29	29	29	29	29	29	29	29	29	29	29	29	
a.2022.36	Suspected cancer pathway improvement	2	3	5	5	5	7	7	7	7	7	7	7	
a.2022.37	Urgent Primary Care Centres	13	13	13	13	13	13	13	13	13	13	13	13	
a.2022.38	Urology - Robot Assisted Surgery	No Workforce Implications												
a.2022.39	Vascular	0	11	20	21	22	23	50	51	52	52	52	53	
a.2022.40	Video consultations	No Workforce Implications												
a.2022.41	Welsh Community Care Information System (WCCIS)	11	11	11	25	25	25	29	29	29	29	29	29	
a.2022.42	Welsh Language		2	3	4	4	4	4	4	4	4	4	4	
a.2022.43	Welsh Patient Administration System	9	9	9	9	9	9	9	9	9	9	9	9	
a.2022.44	Widening of Primary Care workforce	0	0	0	0	0	0	9	18	27	27	27	27	
a.2022.45	Workforce Operating Model – (inc. recruitment etc.)			10	10	10	10	10	10	10	10	10	10	

To support the schemes across both areas whether consolidating or commencing the team will work closely with the scheme leads to ensure any perceived barriers to recruitment are navigated and detailed plans are in place to provide projected recruitment timelines and visibility against key milestones. This will enable scheme leads to flag any potential risks to deliver and for the teams working collaboratively to mitigate these to ensure successful delivery of the recruitment element of the schemes.

Schemes being commenced *during 22/23*

Ref	Title		Medical (WTE)	Nursing (WTE)	Other Clinical Registrants (WTE)	Non-Registrants & Non-Clinical	Total (WTE)
b.2022.1	3rd sector strategy		No Workforce Implications				
b.2022.2	Accelerated Cluster Development		No Workforce Implications				
b.2022.3	Atlas of Variation		0.0	0.0	0.0	1.0	**1.0**
b.2022.4	BCUPathways		No Workforce Implications				
b.2022.5	Building a Healthier Wales (BAHW)		No Workforce Implications				
b.2022.6	Commissioning unit		0.0	0.0	0.0	1.0	**1.0**
b.2022.7	Community Pharmacy Enhanced Services - Alcohol and Blood Borne Viruses		No Workforce Implications				
b.2022.8	Diabetic Foot pathway		14.7	4.6	9.2	13.9	**42.4**
b.2022.9	Foundational Economy Strategy/Policy		No Workforce Implications				
b.2022.10	Golden Value Metrics		No Workforce Implications				
b.2022.11	Implementing the Quality Act		No Workforce Implications				
b.2022.12	Inverse Care Law work		0.0	0.0	0.0	1.0	**1.0**
b.2022.13	LEAN Healthcare system		No Workforce Implications				
b.2022.14	Recovery of Primary Care chronic disease monitoring		No Workforce Implications				
b.2022.15	Results management		0.0	0.0	0.0	5.0	**5.0**
			14.7	**4.6**	**9.2**	**21.9**	**50.4**

Profile by month:

Ref	Title	Monthly Workforce Profile												Monthly Workforce Profile
		M1	M2	M3	M4	M5	M6	M7	M8	M9	M10	M11	M12	
b.2022.1	3rd sector strategy	No Workforce Implications												
b.2022.2	Accelerated Cluster Development	No Workforce Implications												
b.2022.3	Atlas of Variation				1	1	1	1	1	1	1	1	1	
b.2022.4	BCUPathways	No Workforce Implications												
b.2022.5	Building a Healthier Wales (BAHW)	No Workforce Implications												
b.2022.6	Commissioning unit				1	1	1	1	1	1	1	1	1	
b.2022.7	Community Pharmacy Enhanced Services - Alcohol and Blood Borne Viruses	No Workforce Implications												
b.2022.8	Diabetic Foot pathway	0	0	10	28	28	38	42	42	42	42	42	42	
b.2022.9	Foundational Economy Strategy/Policy	No Workforce Implications												
b.2022.10	Golden Value Metrics	No Workforce Implications												
b.2022.11	Implementing the Quality Act	No Workforce Implications												
b.2022.12	Inverse Care Law work	1	1	1	1	1	1	1	1	1	1	1	1	
b.2022.13	LEAN Healthcare system	No Workforce Implications												
b.2022.14	Recovery of Primary Care chronic disease monitoring	No Workforce Implications												
b.2022.15	Results management				5	5	5	5	5	5	5	5	5	

Planned Care Recovery Initiatives

This section of the workforce plan outlines the work undertaken to assess and validate the initiatives put in place to support planned care recovery across the Health Board with specific focus on initiatives commencing in 22/23.

Similar to IMTP schemes outlined previously in the plan the schemes were assessed initially to determine whether there was any workforce impact and then if there were then to again RAG rate the initiatives and profile the associated recruitment activity linked with said initiatives.

By taking this co-ordinated approach both the Planned Care Lead and the associated operational and clinical and recruitment teams are all aware of the timelines involved allowing clear milestones to be set and monitored to make sure any issues are resolved enabling recruitment targets to be delivered.

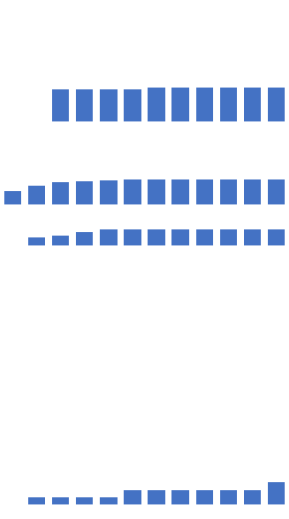
Planned care recovery recruitment activity during 22/23

Ref	Title		Medical (WTE)	Nursing (WTE)	Other Clinical Registrants (WTE)	Non-Registrants & Non-Clinical	Total (WTE)
Capacity – core and additional	Outsourcing		No Workforce Implications				
	Insourcing		No direct Workforce Implications				**0.0**
	Partnerships		2.4	4.0	12.0	16.0	**34.4**
Lean, value-focused support infrastucture - clinical	Radiology sustainability - scheme a.2022.30 in Consolidated schemes plan		No Workforce Implications				**0.0**
	Oncology capacity		3.0	6.0	3.0	13.1	**25.1**
	Pathology				6.0	10.0	**16.0**
Lean, value-focused support infrastucture - administrative	Validation programme		No direct Workforce Implications				
Pathway redesign	BetsiPathways e.g. Audiology - scheme a.2022.10 referenced in Consolidated schemes plan		0.0	0.0	0.0	0.0	**0.0**
	GIRFT / National Programme in 5 specialities		No direct Workforce Implications				
	Patient Initiated Follow-up (PIFU) , See on Symptoms (SOS) , Advice & Guidance (A&G)		No direct Workforce Implications				
	Pre-habilitation		0.3		22.0	0.3	**22.6**
	'Attend Anywhere'		No Workforce Implications				**0.0**
Modernisation	Urology Robot		No Workforce Implications				**0.0**
Building for the future	RTC project - a.2022.31 referenced in Consolidated schemes plan		0.0	0.0	0.0	0.0	**0.0**
Communication	Launch a Communication Strategy		No Workforce Implications				**0.0**
			5.7	**10.0**	**43.0**	**39.4**	**98.1**

Explanation of RAG:

Initiative		Workforce Impact
Outsourcing	🟢	Outsourcing initiatives will have no impact on BCUHB workforce resources
Insourcing	🟢	Insourcing initiatives based on not utilising BCUHB staff will have no impact on workforce resources but will be difficult to procure due to current/ongoing NHS workforce shortages across the UK
	🟡	Insourcing initiatives based utilising BCUHB staff will have an impact on workforce resources as it will be difficult to rely on consistent usuage due to the historical/ongoing Covid 19 pressures on staff
Partnership & Modular Wards	🟡	Partnership initiative will have moderate impact on workforce resources due the volumes of recruitment required to deliver the initative. Mitigating factors will be that the staff groups identified should be able to be recruited to in the timescales identified.
Radiology sustainability	🟢	Radiology initiatives will have a minimal impact on workforce resources in 22/23 but the overall challange will require a sustainable staffing solution going forward
Oncology capacity	🟡	Oncology initiatives will have a moderate impact on workforce resources due to numbers being recruited but this is mitigated as recruitment has already commenced with some roles already in post
Pathology	🟢	Pathology initiatives will have a minimal impact on workforce resources as recruitment has already commenced with some roles already in post
Validation programme	🟢	These initiatives will have a minimal impact on workforce resources as they mainly process focused improvment
BetsiPathways e.g. Audiology	🟡	Audology initiative will have a minimal impact on workforce resources due to numbers being recruited but recruitment needs to commence as part of 22/23 IMTP
GIRFT / National Programme in 5 specialities	🟢	These initiatives will have a minimal impact on workforce resources as their focus in 22/23 will be on existing pathway improvements
Patient Initiated Follow-up & See on Symptoms	🟢	These initiatives will have a minimal impact on workforce resources as their focus in 22/23 will be on pathway efficiency improvements
Pre-habilitation	🟡	Pre-habilitation initiative will have a minimal impact on workforce resources due to numbers being recruited but staff groups being recruited to may prove challenging
'Attend Anywhere'	🟢	This initiative will have a no impact on workforce resources as they are process focused improvments
Urology Robot	🟢	This initiative will have a no impact on workforce resources as they are process focused improvments
RTC project	🟢	These initiatives will have a minimal impact on workforce resources as their focus in 22/23 will be on programme setup and procurment process
Communication Strategy	🟢	This initiative will have no impact on BCUHB workforce resources

Profile by month:

Ref	Title	Monthly Workforce Profile												Monthly Workforce Profile
		M1	M2	M3	M4	M5	M6	M7	M8	M9	M10	M11	M12	
Capacity – core and additional	Outsourcing	No Workforce Implications												
	Insourcing	No direct Workforce Implications												
	Partnerships			32	32	32	32	34	34	34	34	34	34	
Lean, value-focused support infrastucture - clinical	Radiology sustainability - scheme a.2022.30 in Consolidated schemes plan	No Workforce Implications												
	Oncology capacity	13	19	22	23	24	25	25	25	25	25	25	25	
	Pathology		8	10	13	16	16	16	16	16	16	16	16	
Lean, value-focused support infrastucture - administrative	Validation programme	No direct Workforce Implications												
Pathway redesign	BetsiPathways e.g. Audiology - scheme a.2022.10 referenced in Consolidated schemes plan													
	GIRFT / National Programme in 5 specialities	No direct Workforce Implications												
	Patient Initiated Follow-up (PIFU) , See on Symptoms (SOS) , Advice & Guidance (A&G)	No direct Workforce Implications												
	Pre-habilitation	0	7	7	7	7	14	14	14	14	14	14	23	
	'Attend Anywhere'	No Workforce Implications												
Modernisation	Urology Robot	No Workforce Implications												
Building for the future	RTC project - a.2022.31 referenced in Consolidated schemes plan													
Communication	Launch a Communication Strategy	No Workforce Implications												

Clearly, the requirement to scale the level of activity to the degree required to deliver the significant progress required to see and treat people waiting for treatment and in doing so reducing further harm and improve quality of life is not going to achieved by relying solely on our current resources and people. Whilst there are plans in place to transform the way in which we provide and deliver these services for example the development of a Regional Treatment Model/Centre, this will take time. As such, we are building on the hybrid model of delivery of care across a range of specialties. This includes continuing and scaling our outsourced and insourced services.

Primary Care Resilience

The Health Board has a significant role in the recruitment and retention of the GP workforce Delivering services across North Wales.

Whilst not directly delivering the recruitment across primary care other than through its managed practices we have a significant role to play in attracting Doctors to work in North Wales, to ensure the sustainability of Independent GP Practices.
One of the priorities of the IMTP supported by this Strategy and plan is to finalise a GP Workforce Recruitment and Retention Strategy together with our key partners.

The Strategy spans the lifetime of the GP career, starting with promoting General Practice from the outset of the Medical Students education pathway, through the Foundation Programme, GP Registrar Rotation and into General Practice, throughout their career and Into later years, pre and post retirement.

It will set out how the Health Board working in partnership with independent practices will ensure that all recruitment campaigns will be inclusive of independent practices, promoting the role of Partner, Single Partner, Salaried GP, or Locum equally. Promote national initiatives to keep GPs who are training in Wales in Wales once they have completed their training and will make best use of the national recruitment and retention schemes.

As part of this work, our teams are working closely on the finalisation of and rollout of this GP Workforce Recruitment and Retention Strategy and supporting the further enhancement of the Primary Care Academy. The Academy has expanded training places from 22/23 to 32 with 14 for GP trainees, and 18 across other staff groups to ensure provision is in place to sustain and grow the primary care workforce over the next three years and beyond.

The plan sets out the indicative targets being set to support workforce resilience in year 1 of the People Strategy & Plan.

The table below outlines the indicative additional recruitment activity across the sector over the next twelve months.

Primary care recruitment activity during 22/23

Staff Group	20/21 Position (WTE)	21/22 Postion (WTE)	22/23 Recruitment Trajectory Profile	22/23 Risk Stratified Recruitment Target
GPs	374.5	416.0	15.0	15.0
Nurses	270.3	258.7	6.0	13.2
Direct Patient Care	231.1	234.7	7.0	15.4
Adminisrtation/Non-Clerical	837.2	876.4	34.0	34.0
	1713.1	**1785.8**	**62.0**	**77.6**

Profile by month:

Staff Group	Monthly Workforce Profile												Monthly Workforce Profile
	M1	M2	M3	M4	M5	M6	M7	M8	M9	M10	M11	M12	
GPs	4	6	7	9	11	12	14	15	15	15	15	15	
Nurses	2	2	4	4	4	6	6	8	8	10	12	13	
Direct Patient Care	2	3	5	5	8	8	12	12	14	14	15	15	
Adminisrtation/Non-Clerical	4	7	12	16	21	21	24	27	30	33	34	34	

Conclusion

This Plan has been developed in collaboration with between corporate enabling services and clinical and operational teams. This has been and continues to be a learning and improvement process, with each iteration highlighting additional learning and areas for inclusion and or further development.

The model uses 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.

It sets out the fundamental building blocks needed to address the opportunities and challenges facing the workforce and to align efforts across the health board. It is not intended to give specific details in relation to single professions or roles, but a clear set of themes and succinct actions that will inform the Improvement Delivery Programme and plans.
As we move through 2022/2023, the transformation underway at both national and local level in terms of workforce modelling, analysis and planning will only serve to further enhance the credibility and accessibility of workforce intelligence to support and inform decision-making.

The detail within the Plan will be refreshed on an annual basis aligned with the refresh of the Integrated Medium Term Plan.

This refresh will ensure:

- The programmes are work are delivering what is required and 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 workforce plan is effectively aligned to the delivery of the priorities and is affordable and achievable

Central to the delivery of this Plan is the requirement for true collaboration and partnership at all levels. Everyone will have a role in shaping and delivering improvement plans that take us closer towards the ambitions of People Strategy & this Plan, meeting the known and unknown challenges. This includes better alignment and integration across organisational and professional boundaries that often get in the way of doing the right thing for the people at the centre of our services

Appendix 4

Annual Delivery Plan 2022 / 2023

The success of this Year 1 Delivery Plan will be highly dependent on the governance structure put in place, the management collaboration approach between operational and support services to ensure sustained momentum, and the financial investment put forward to support implementation. The following activities set out the implementation approach for the Delivery Plan; these are split between mobilisation and an improvement approach.

Mobilisation:

- BCUHB senior leaders will show compassionate leadership and commitment to deliver this People Strategy and Plan.
- Governance: The Executive Delivery Group (EDG) – People & Culture has been established to oversee implementation of the Delivery Plan and will feed into Partnerships, People and Population Health Committee (PPPH) Committee.
- The Executive Director of Workforce & Organisational Development (OD) will be the accountable lead in providing oversight to drive the focussed implementation of the Delivery Plan.
- The Executive Senior Responsible Officers for each of the five programmes will support the implementation of the Delivery Plan and realisation of the benefits and outcomes of the improvements,
- Detailed Programme Delivery Plans for all areas identified will be developed which will form the basis of how BCUHB will implement the Year 1 Delivery Plan projects – these will be developed yearly and will be aligned to the delivery of the Integrated Medium Term Plan.

Improvement and Revision Approach:

- A yearly refresh of the People Strategy and revision of the Delivery Plan will be updated by December 2022 and signed off by the EDG – People & Culture prior to submission to PPPH and Health Board.
- Monthly EDG – People & Culture meetings will take place to discuss progress, escalate areas of concern, and to continually review and improve the outcomes required.
- The programmes are work are delivering what is required and 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 workforce plan is effectively aligned to the delivery of the priorities and is affordable and achievable

Outcomes and key performance indicators

We will develop and communicate a set of desired SMART outcomes and benefits for each of the five programmes.

However, at an overarching level, we are seeking to achieve a restorative just and learning culture, with a workforce which can be characterised as happy and healthy, inclusive and through whom we are able to achieve high performance outcomes as a Health Board.

Progress will be measured through criteria-based assessment which will include a combination of 'workforce health-checks' and 'measurement of high performance' indicators. These may combine quantitative and qualitative approaches to measurement.

Further work will be undertaken to develop the key performance indicators for the People Strategy and Plan by the end of Quarter 1, but indicative areas will include:

- Staff feedback – e.g., whether they would recommend the Health Board as an Employer of Choice, taken from the NHS Staff Survey and our own staff 'Pulse' surveys.
- HR metrics, e.g. relating to sickness absence, turnover and our Be Proud work
- Metrics relating to Diversity & Inclusion
- Training compliance (Mandatory and non-mandatory)
- Assessment of recruitment activity against the workforce plan

The People (Workforce) Performance Report submitted in the July cycle will include these key performance indicators and progress/performance for Quarter 1.

The Delivery Plan Monitoring

The People Strategy will 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 will focus largely on exceptions where there are issues to successful delivery and will be used to build both individual activity information and whole Health Board trends over time.

The PPPH Committee on a quarterly basis through the People (Workforce) Performance Report considers the Delivery Plan monitoring information. As required, consideration across both PPPH Committee and Performance Finance and Information Governance Committee (PFIG) will be facilitated to ensure collective oversight and ownership of organisational issues, particularly on activity that has high risk, complexity and financial value within the Delivery Plan, to identify constructive action and assist effective delivery.

Oversight of the activity will also be monitored as it progresses through the specified informal and formal governance and decision-making process, in line with BCUHB Operational Governance and Assurance Framework and Performance and Accountability Framework.

The role of the EDG – People & Culture

The Executive Delivery Group – People & Culture will play a key role in providing assurance on the development and delivery of the People Strategy Delivery Plan activities. The EDG will provide 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.

People Strategy Delivery Plan – April 2022 to March 2023

Strategic Theme	Year 1 Deliverables	What will be different / High level Measure of success?
Our Way of Working  What we value and how we should treat each other – including how colleagues are listened to and supported	Values & Behaviours - Develop a charter for a Health Board behavioural compact for all professional groups.	The compact will be embedded in every aspect of the employee journey from on boarding, the Performance Development and Review (PADR)/Medical appraisal process, leadership/management programmes, and exit/departure. 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. All senior managers 8a and above will sign the charter to demonstrate commitment. National Staff Survey and local surveys- improvement in response rate and engagement scores
	Just and Learning Culture – 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.	Positive feedback from staff who have raised concerns in feelings of being supported, including concerns raised being resolved to staff member satisfaction. Completion of 2 x 6 monthly thematic reviews completed and published including "You Said, We Did". National Staff Survey and local surveys- improvement in response rate and engagement scores Increase in reporting and learning from Near Miss Incidents and accidents
	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,	Staff feedback states that the support has enabled them to remain well in work or return to work more quickly.

	relationship building, and to replicate the five tier integrated 'pyramid' model of support.	Maintaining access times for individual staff for all aspects of SWSS as we anticipate demand will increase. We will have a wealth of anonymised demographic data to understand who is accessing the service, including staff with protected characteristics, through wellbeing questionnaires, staff feedback and exit interview data. Wellbeing workshops/webinars provided for teams and line managers with positive feedback given. Related absence and turnover levels reduced. National Staff Survey and local surveys- improvement in response rate and engagement scores
	Engagement & Communication – Strengthen existing and developing new two-way communication networks (including leadership visibility) and linkage mechanisms. Building on existing structures and incorporating new mechanisms to support individuals through their employee journey. Develop Productive leader enabling materials and infrastructure	Break through internal boundaries to enable active engagement. Staff will be involved in service improvement through continuous improvement methods, and connectivity to the innovation mechanisms, networks and transformation and improvement function. This will include co-design/co-production as a key principle in all that we do when engaging with staff and trade union colleagues. National Staff Survey and local surveys- improvement in response rate and engagement scores
Strategic Deployment 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. Learning from the decisions we take.	Goals – Develop 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.	Improved system, team and personal performance contribution. Process and outcomes measures will be integrated into the internal operating framework and form part of the integrated performance reporting mechanism.
	Business Planning Mechanism – Develop and implement a revised Business Planning Mechanism to enable the organisation to deploy the discovery, co-design methodology	Plans are based on population need and an evolving capacity across interdependent pathways of care to prevent, manage or meet that demand.

	and track delivery of short-term operational improvements.	Pathway improvement and transformation blueprints will be in continuous development as will service development plans for Shared Services functions. Case for investment and/or improvement will be streamlined and process for consideration and decision transparent and efficient.
	Information & Performance – Develop the digital infrastructure and information architecture alongside a capability development plan for operational leads and key users across the organisation.	This will support the evolution towards predictive management of unplanned and planned demand, work in progress, processing capacity, activity and backlog across pathways of care at service and whole system level. Triangulation of information to create intelligence to enable prevention of issues and proactive management of risks to prevent recurrence of symptoms and support sustainable improvement. Increased deployment and active use of intelligence to inform decision making
	Course Correction – 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 & management systems.	Improved feedback loops providing information and insight feeds into pathway and service design development activities, strategy development and business planning cycles. Complaints, risk's identification, mitigation development and risk management will be used as a critical aspect of the decision-making mechanisms through the organisation from board to ward.
	Team and Personal Contribution – Team based performance and continuous improvement events, linked to the organisations continuous improvement intervention proposal will be developed, as will enhanced appraisal mechanisms.	The benefits associated with the adoption of these combined approaches are built into a regular weekly, monthly and annual cycle of review and learning. The first phase will be the establishment for senior leadership teams.

		National Staff Survey and local surveys- improvement in response rate and engagement scores
How we organise ourselves (Operating Model)  Make it easier to get things done, improve how we organise and run the organisation.	Clinical, Operational & Corporate Service Design Standards – Implement a detailed and managed rollout that will see the organisation transition to the new design (structure) for operational delivery & large-scale change delivery.	The principles will be integrated in all future designs, including the decision-making architecture, performance monitoring, two-way feedback loops and local escalation protocols.
	Decision Making Architecture – Revise and improve the Board Assurance Framework (BAF) / Scheme of delegation to align with the operating model.	Staff within the leadership functions will have clear guidance and will understand who does what and why, with clarity of accountability and responsibility at all levels. Issues/risks/decisions are dealt with at the most immediate and appropriate level that is consistent with their resolution, role statutory governance, and boundaries.
	Roles & Responsibilities – Deliver plans to ensure clarity of role (autonomy, scope, connectedness, and competency) within the organisations structure is clear for all (Levels 1+ and beyond). Ensure the pathway/process delivery is optimised to the organisations purpose and goals. As the Covid-19 pandemic continues to unfold – develop strategies that improve work life balance to enable staff to thrive at work.	Leaders will actively consider and promote effective job design with their teams and across the organisation. Visible benefits will be seen through key organisational performance metrics, including staff surveys. Staff will have the opportunity where possible to work differently and to manage their responsibilities and lifestyles. A new Agile working policy will be implemented with regular reporting on the number of staff with flexible working arrangements. National Staff Survey and local surveys- improvement in response rate and engagement scores
The Best of Our Abilities  Make it easier to get the skills and capacity we need from both within and from outside to support your work.	Education & Learning – Develop a BCU Education & 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.	The Health Board will be a key strategic leader in inter/multi and uni professional learning and education. Increased student placement numbers at undergraduate and postgraduate level. Increased apprentice appointments

	Develop and deliver Welsh language training to staff.	Staff will have a greater capability and capacity to deliver services through the medium of Welsh. Increased number of staff members who are welsh speakers and welsh language learners
	Talent & Career Development Framework – Develop a framework as an outcome of the diagnostic tool completion in March 2022.	The framework will provide the processes to support leaders in the active management of talent from recruitment, talent pool building, succession planning, skills competency development, leadership development, interim role deployment opportunities, welfare management, appraisal, and performance management. Baseline in place for improvement targets to be set. (aligned with equality pay gap improvement and population demographic comparison) National Staff Survey and local surveys- improvement in response rate and engagement scores
	Workforce Planning & Commissioning 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. 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. We will successful increase our recruitment activity from an International pool to achieve our 350 target. We will use the intelligence gathered through the Clinical	This will enable the organisation to develop the workforce for the future and to influence national strategy and planning. Our attraction campaigns across all media channels will attract the right candidates to the Health Board. A Workforce Planning & Commissioning group will be established as part of the EDG: People & Culture. Delivery against the People (Workforce) Plan targets Delivery against process improvement key performance indicators Clinical Service/Workforce Review programme outputs clearly linked to changes required and outcome improvements expected.

	Service/Workforce Reviews to inform planning, commissioning, skill mix improvement and talent development We will continue to provide a positive experience including on boarding for our graduates for 2022. (Planned 953)	
	High quality, reliable enabling services – Deploy improvement methodology and apply the Operating Model design principles to support roll out operating model reviews across Support Services Functions.	We will have efficient and effective, outcome focussed enabling services, ensuring our clinical and operational services are able to focus on what they need to do and provide. They will be aligned to the Health Communities and Pan North Wales services, supported by Strategic teams. Revised People Operating Model in place and delivering against year 1 key performance indicator improvement targets
	Safe environment – Develop a new model for prevention of harm. Using evidence based measures to address the root causes of harm from violence. Educate staff through comprehensive training programme for manual handling. Instigate Institute of Occupational Safety and Health (IOSH) managing safely course for key staff 8C and above. All managers band 8a and will receive EQIA training.	Embed safe systems of work across the organisation to improve the support we provide for patients and staff who are harmed in our care or employment. Improved training compliance from 50 – 65% within year. Reduction in number of incidents relating to ill health, accidents/incidents specifically RIDDOR reportable Musculoskeletal disorders. All staff 8c and above will receive IOHS training to improve knowledge and safety performance. National Staff Survey and local surveys-improvement in response rate and engagement scores
	Improving the way we manage large-scale change – 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.	Staff will have the tools and techniques to activity participate in evidence-based discovery and co-design of large-scale care pathway and service change. We will reallocate resources to support transformation and our planning for the future.

	Use Local Needs Analysis to identify priority areas for improvement as well as our strengths upon which to build further.	National Staff Survey and local surveys- improvement in response rate and engagement scores
How we Improve & Transform  Collaboration and working together more effectively to address our most challenging issues and take advantage of improvement opportunities.	Leadership & Management – Develop an integrated Leadership & Management Development Framework for all professional groups. To develop opportunities for placements and secondments. To develop and implement a suite of leadership skills and knowledge programmes aligned to our system of improvement	A comprehensive offer to all leaders and managers in the organisation based on the principles of transformation and improvement. Staff with have a range of inclusive opportunities to develop their career pathways in the organisation and will support retention. All Executive and Senior leaders 8D (in addition, equivalent) and above will be trained in the skills required to lead improvement using the BCU Improvement system. National Staff Survey and local surveys- improvement in response rate and engagement scores
	Continuous improving and coaching skills – Develop with key stakeholders a comprehensive on boarding and departure process for OM model and for all future roles.	We will continuously improve our knowledge and techniques at all levels of the organisation to provide positive experiences for our staff who are either joining us or leaving us.
	Digital Skills Development – Develop a comprehensive suite of development interventions to support increased digital literacy across the workforce.	Skills needs analysis undertaken and improvement project established (in line with Digital Strategy) National Staff Survey and local surveys- improvement in response rate and engagement scores

Cyfarfod a dyddiad: Meeting and date:	**Partnerships. People and Population Health Committee 20.5.22**
Cyhoeddus neu Breifat: Public or Private:	Public
Teitl yr Adroddiad Report Title:	**Third Sector Framework and Approach**
Cyfarwyddwr Cyfrifol: Responsible Director:	Helen Stevens-Jones, Director of Partnerships, Communications and Engagement
Awdur yr Adroddiad Report Author:	Jo Flannery, Senior Health Planning Manager
Craffu blaenorol: Prior Scrutiny:	
Atodiadau Appendices:	**Appendix 1:** Reaffirming our committment to the third sector: summary position statement

Argymhelliad / Recommendation:

The Committee is asked to receive and note the contents of this report, and its appendices, and to feedback on any concerns or comments to the relevant leads, in order to ensure that they are captured and actioned upon.

Ticiwch fel bo'n briodol / Please tick as appropriate

Ar gyfer penderfyniad /cymeradwyaeth For Decision/ Approval		**Ar gyfer Trafodaeth For Discussion**		**Ar gyfer sicrwydd For Assurance**		**Er gwybodaeth For Information**	√

Y/N i ddangos a yw dyletswydd Cydraddoldeb/ SED yn berthnasol Y/N to indicate whether the Equality/SED duty is applicable	**~~Y/~~N**

N/A

Sefyllfa / Situation:

The Health Board is keen to re-affirm its committment 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. In order to deliver sustainable long-term impact, it is imperative that we strengthen how we work with, commission from, and provide funding to, the third sector, and create conditions under which the third sector can operate as our strategic partners in care.

Cefndir / Background:

The third sector represents an important part of the health care landscape. As a Health Board we commission a wide variety of services from third sector organisations to the value of £7m per annum. Additional services are also commissioned through Welsh Government Grants, including the Regional Integration Fund (RIF – formerly Integrated Care Fund). Because of the changing landscape in which we now work, there is a need to re-affirm our committment to collaborate with the third sector to ensure their contribution is included at all levels.

Our work to re-affirm our committment to the third sector is comprised to two key work programmes:

Work programme 1 focuses on maturing the way we work with the third sector as 'partners around the table'. Our work here will include:

- Ensuring the third sector are full partners in Health Board service re-design: our underlying principle will be that no pathway will be designed or approved unless there is evidence that engagement with citizens and stakeholders has been undertaken
- Maximising the potential of, and support for those who give their time: work will be undertaken to harness oppoprtunities for volunteering, as well as enhance the experience of volunteeers and increase the number of people who give their time
- Making the best use of charitable support: The Health Board's Charitable Funding team are reviewing the Awyr Las grant programme so BCUHB's collaborative programmes, delivered in partnership with the third sector, can be prioritised for funding where possible.
- Capitalising on the 'corporate social responsibility' clause within public contracts: working collaboratively with the third sector, the Health Board will seek to develop a 'shopping list' of projects, which suppliers could select from when considering how to fulfil the corporate social responsibility clause within their contract with us.

Work programme 2 seeks to co-design a collaborative and outcomes-focused commissioning model. Our work here will include:

- Co-designing a model for third sector commissioning: listening to the views and experiences of providers, we will develop a model for commissioning that seeks to address concerns raised, and ensure the development of a strong and sustainable sector. A set of Commissioning Principles will be developed to guide how third sector services are commissioned by the Health Board.
- Commissioning for outcomes: outcomes frameworks are being co-designed to describe what matters to the people of north Wales. These frameworks will guide what services are commissioned and by whom. The tools available to support effective commissioning will also be refined, and will ensure the Health Board's approach to procurement and contract management focuses on the difference services makes to the lives of people being supported.
- Reviewing existing contracts: working collaboratively with Local Authority commissioners, we will review current commissioning arrangements, and develop mechanisms for ensuring the right contracting approach is used to fund different forms of activity.
- Aligning commissioning across health and social care: by working collaboratively with social care commissioners, we will develop a smarter, more aligned commissioning approach, that moves away from current siloed thinking, and reframe discussions around popuulation need. Opportunities for joint commisisoning will be identified where appropriate.
- Making commissioning work locally: our new commissioning approach will be aligned to the Health Board's new operating model , as well as the newly formed 'Pan-Cluster Planning Groups', being established as part of the Strategic Programme for Primary Care's Accelerated Cluster Development Programme.

For more information on the work being undertaken, please see **Appendix 1: Summary Position Statement**.

Whilst this programme is relatively new, considerable progress has already been made, in particular in relation to developing a new commissioning approach. Our work to date includes:

- Meetings with County Voluntary Council (CVC) leads and local authority commissioners have taken place in order to describe our vision and work, and to gain their support for this important programme of work. Feedback from CVC Chief Officers, and Local Authroities has been extremely encouraging, and support to work together has been secured.
- With support from the Health Board's Communication team, work to engage third sector providers, including those with whom we currently contract, and those with whom we don't, has commenced.

Engagement has been via attendance at Well-being networks, forums and events, as well as through a short provider survey. The purpose of this engagement work is to understand providers' experiences of being commissioned by the Health Board, as well as listen to their views on how commissioning could be improved.

- A Steering Group to oversee the programme has been established, and is scheduled to have its inaugural meeting on the 21st April 2022. A Stakeholder Group is also being convened, which will include a wide range of third sector providers operating across north Wales. Utilising a 'you said... we did' approach, this group will be instrumental in helping to 'test' our ideas.
- Drawing on the feedback received from providers, as outlined above, work to draft a proposed new model for third sector commissioning has commenced. This proposed model will be shared with the Steering Group when it meets on the 21st, after which it will go back out to providers for full consultation, and will help test whether we have adequately represented their views and experiences
- Current third sector funding arrangements have been reviewed, in order to build a picture of our current commissioning landscape in terms of the number of core funding arrangements, grant agreements, and commissioned services. This information will help us understand the imapct of any new approach.
- Starting with those funding agreements for services for informal carers, work is now well underway to review current commissioning arrangements and make recommendations for how carers services should be commissioned moving forward. Our work undertaken so far includes:
  - Engagement with providers of services to informal carers, as well as a review of the regional population needs assessment, in order to better understand what matters to informal carers.
  - The development of a Carers' Outcomes Framework, which will be used to guide future commisisoning decisions. Consistent with the 'pathways' approach being developed by the Transformation and Improvement team, the framework takes a pathways approach to ensure a holistic approach is achieved, and spans the entirity of people's journey into and out of caring. Working closely with BCUHB's Carers Leads, work is being undertaken to ensure that both programmes of work are supportive of one another.
  - Work will shortly commence to map existing contracts against this outcomes framework, including those funded via local authorities, in order to identify areas of duplicaton, 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.
- Work is due to commence to similarly review those funding agreements relating to unscheduled care (e.g., Home from Hospital contracts, Care and Repair etc.)

Asesu a Dadansoddi / Assessment & Analysis

Goblygiadau Strategol / Strategy Implications

The work detailed above supports the delivery of the Health Board's key strategic plans, including:

- The Programme's focus on prevention and population health supports the achievement of *Living Healthier, Staying Well*, 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.
- 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, *Stronger Together*, as well as the Strategic Programme for Primary Care's *Accelerated Cluster Development* programme. The proposed model seeks to ensure services/ initiatives are commissioned according to locally determined need, and that funding is provided in order to deliver what matters to communities and populations.

The programme has embedded the *Well-being of Future Generations Act* sustainable development principles in the following ways:

- Long-term: central to the work being undertaken is the need to develop an approach which supports the sustainability of the third sector, including the use of longer-term funding opportunities, and a focus on prevention and population health
- Prevention: the third sector plays a crucial role in delivering prevention and early intervention support within our communities. As a Health Board we value the contribution of the third sector, and recognise its greater adaptability to change; the vital role it plays in providing informal networks of support and building community resilience; and its ability to respond to very specific and subtle local differences.
- Integration: central to the programme of work described within this report is a commitment to working jointly with colleagues in local authorities, to reduce duplication, maximise resources, and cease silo working
- Collaboration: our work with the sector is based on the principles of 'co-design', and as such sets a duty to collaborate not just between services, but to bring services together
- Involvement: third sector providers will be involved throughout the programme, with CVC leads represented on the Steering Group, as well as taking an active role in canvassing the views of third sector providers. Providers will have an opportunity to be actively involved through their participation in the Stakeholder Group being established to help 'test' our ideas.

Opsiynau a ystyriwyd / Options considered

Not Applicable

Goblygiadau Ariannol / Financial Implications

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, for example, to sustain robust annual monitoring of contracts and funding agreements.

Dadansoddiad Risk / Risk Analysis

- 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 County Voluntary Councils' Health and Well-being facilitators.
- 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
- 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 factors including capacity within the contracts team. Mitigating actions currently in place include ongoing capacity monitoring by the Head of Healthcare Contracts

Cyfreithiol a Chydymffurfiaeth / Legal and Compliance

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.

Asesiad Effaith / Impact Assessment

Due consideration has been given to:

- Equality: the LGBTQI+ and Black, Asian and Minority Ethnic Groups, including traveller communities will be represented on the programme's Stakeholder Group
- 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 takemn into account and responded to the needs of their local communities
- Welsh Language: Welsh language is a key component of the funding agreements used to commission with the third sector, recognising the importance of access to care and support through the language of choice

Reaffirming a commitment to the Third Sector

A Position Statement

Bwrdd Iechyd Prifysgol Betsi Cadwaladr University Health Board

The Health Board is keen 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

BCUHB recognises that in order to deliver sustainable long-term impact, it needs to change how it works with, commissions from, and provides funding to, the third sector. This Position Statement sets out the Health Board's proposed programme of work, including the benefits it expects to see as a result.

Work Programme 1 will focus on maturing the way BCUHB and the third sector work together as 'partners around the table'

Work here will include:

- **Ensuring the third sector are full partners in Health Board service re-design:** When the Health Board works with people who have lived experience of services and care, it will listen, adapt and ensure that it demonstrates how their feedback shapes what the Health Board does. BCUHB's underlying principle will be that no pathway will be designed or approved unless there is evidence that engagement with citizens and stakeholders has been undertaken.
- **Maximizing the potential of, and support for those who give their time:** Volunteers play a crucial role right across the health economy, however there is more that the Health Board can do to harness the opportunities for volunteering, to enhance experience of volunteers , increase the number of volunteers, and work in a more aligned way.
- **Making best use of charitable support:** The north Wales NHS Charity, Awyr Las provides the Health Board with opportunities to fund service development and redesign projects, which go over and above what the Health Board can fund. The Charity team are reviewing Awyr La's grants programme so BCUHB's collaborative programmes, delivered in partnership with the third sector, can be prioritised for funding where possible.
- **Capitalising on the 'corporate social responsibility' clause within public contracts:** The contracts the Health Board has with commercial suppliers presents a significant opportunity to build and maintain socially responsible public procurement, including embedding 'corporate social responsibility' clauses within its contracts with external suppliers. Working with the third sector, the Health Board will seek to develop a 'shopping list' of projects, which suppliers could select from when considering how to fulfil the corporate social responsibility clause within their contract with BCUHB.

Work Programme 2 will seek to co-design a collaborative and outcomes-focused commissioning model

Work here will include:

- **Co-designing a model for third sector commissioning:** Through regular conversations with the third sector, the Health Board will listen to what matters to providers and use their experience and knowledge to shape commissioning practices moving forward, and to support longer-term planning. A set of Commissioning Principles will be developed to guide how the Health Board and third sector work together, now and in the future.
- **Commissioning for outcomes:** By listening to the voices of 'experts with experience, the Health Board, the Third Sector, and Local Authority commissioners will develop a series of outcomes frameworks to describe what matters to the people of north Wales. These frameworks will guide what services are commissioned and by whom. The tools available to support effective commissioning will also be refined, and will ensure that the Health Board's approach to monitoring contracts focuses on the difference a service is making to the lives of the people they support.
- **Reviewing existing contracts:** BCUHB will complete a full 'stock take' of its current third sector contracts. Starting with Carers services, the Health Board will work collaboratively with the third sector and Local Authority commissioners to review current commissioning arrangements
- **Aligning commissioning across health and social care:** By working collaboratively with Social Care commissioners, the Health Board will develop a smarter, more aligned commissioning approach, identifying opportunities for joint commissioning where appropriate
- **Making commissioning work locally:** The Health Board's new operating model — which focuses in managing service delivery as integrated health communities for the west, centre and east areas – is founded on the intention to organise ourselves around the needs of people and communities. Building on the assets available within communities, will be key to BCUHB achieving its vision. The Health Board's future commissioning model and approach will be aligned with the operating model, as well as with the newly formed 'Pan-Cluster Planning Groups' established as part of the Strategic Programme for Primary Cares 'Accelerated Cluster Development' (ACD) Programme. Together, these will bring partners together at a local level in order to make decisions about how and what third sector services are commissioned locally.

For more Information on the work being undertaken to reaffirm the Health Board's commitment to working with the third sector, or to understand how you could be Involved, please contact:

Jo Flannery, Senior Health Planning Manager

Email:
Jo.Flannery@wales.nhs.uk

Cyfarfod a dyddiad: Meeting and date:	**Partnerships, People and Population Health Committee 20.5.22**
Cyhoeddus neu Breifat: Public or Private:	Public
Teitl yr Adroddiad Report Title:	**Response to the Review of Emergency Preparedness Resilience and Response (EPRR) Arrangements**
Cyfarwyddwr Cyfrifol: Responsible Director:	Gill Harris Deputy Chief Executive/Executive Director of Integrated Clinical Services
Awdur yr Adroddiad Report Author:	Debbie Lewis Interim Emergency Preparedness Resilience and Response (EPRR) Lead
Craffu blaenorol: Prior Scrutiny:	
Atodiadau Appendices:	Appendix 1 EPRR DRAFT WORK PROGRAMME APRIL 2022 to MARCH 2023 Appendix 2 PowerPoint Presentation: Progress Tracker Dashboard Appendix 3 Draft Training Needs Analysis Appendix 4 EPRR Resources Proposal Submission Appendix 5 Business Continuity Plan Checklist Appendix 6 Lesson Plan Template Appendix 7 Current EPRR Plans Appendix 8 Programme of Work - Training and Exercising 2021/2022

Argymhelliad / Recommendation:

To receive the Response to the Review of Emergency Preparedness Resilience and Response (EPRR) Arrangements report for information and assurance.

Ticiwch fel bo'n briodol / Please tick as appropriate

Ar gyfer penderfyniad /cymeradwyaeth For Decision/ Approval		**Ar gyfer Trafodaeth For Discussion**		**Ar gyfer sicrwydd For Assurance**	√	**Er gwybodaeth For Information**	√

Y/N i ddangos a yw dyletswydd Cydraddoldeb/ SED yn berthnasol Y/N to indicate whether the Equality/SED duty is applicable	N

Sefyllfa / Situation:

In July 2022 the Health Board received a report, authored by the Managing Director of RK Consulting, Russell King, entitled, "Review of EPRR Arrangements – July 2021". The report reviewed the capacity and performance with regard to Emergency Planning, Resilience and Recovery in order to ensure that the Health Board is fully compliant with the requirements of the Civil Contingencies Act 2004 (CCA 2004).

The purpose of this report is to provide the Health Board's response to the Review of EPRR Arrangements dated July 2021 which concluded that overall the EPRR service was rated as partially compliant, and that further work was required.

The EPRR Review identified the following 14 key review outcomes, or recommendations:

Item	Recommendation	Status
1	The rating system on the workplan should be amended to reflect the NHS England green rating criteria for sign off	Implemented
2	That the Health Board considers, amends and adopts the proposed draft EPRR Policy to ensure a better-understood and coherent approach	Requires further consideration
3	Adopt the 1-page dashboard, within the draft EPRR Policy, as a progress tracker	Implemented
4	Ease of responder use and patient flow need to be at the forefront of judging the adequacy of plans	Requires further consideration
5	Adopt and sign off the draft training needs analysis	Recommended
6	EPRR to become an all-staff mandatory subject in line with the statutory nature of the CCA 2004.[1]	Recommended
7	Resources: the reviewer finds on balance that the core overall resource for EPRR needs supplementing	Recommended
8	Review the cost in time of implementation of the Business Continuity Policy, especially in relation to clinical and support departments.	Requires further consideration
9	Mentorship in teaching techniques is needed for lead EPRR staff, possibly by Workforce and Organisational Development	Requires further consideration
10	A cross-Health Board professional leadership group, possibly to meet on a quarterly basis, needs to be set up to harness professional and educational involvement across the Health Board as a whole	In progress
11	The lead directorship role and management function should be better placed in an operational setting	Requires further consideration
12	The EPRR Lead needs a non-pay budget to facilitate printing, short improvement work, and externally commissioned work such as training and exercising	Recommended

[1] This was deemed by the reviewer as an underpinning mechanism and the highest priority for action

13	Items identified in section 4.0 on 'going forward' should be used as a guide for further action in developing EPRR within the Health Board. These are namely: 13.1 Talking EPRR Up 13.2 Making it simple 13.3 United plans with various functions 13.4 Patient flow is centre stage in NHS EPRR 13.5 Making it accessible 13.6 Geography 13.7 Exercising – little and often 13.8 Intranet	Requires further action and consideration
14	An audit should be conducted to find out the full extent of expertise in EPRR across managers within the Health Board	Recommended

Cefndir / Background:

With regard to NHS organisations, and the Health Board the term EPRR is usually referred to as Emergency, Preparedness Resilience and Response.

The Civil Contingencies Act 2004 (CCA 2004) provides a single framework for civil protection in the United Kingdom. Part 1 of the Act establishes a clear set of roles and responsibilities for those involved in emergency preparedness and response at the local level. The Health Board has three district general hospitals, or acute service providers, with Accident and Emergency Departments that are able to receive the casualties from major incidents. As such each of these three hospitals, and the Health Board, are classified as Category 1 responders.

As a category one responder, the Health Board is subject to the following civil protection duties:

- Identify risk
- Develop emergency plans
- Cooperate with other local responders to enhance coordination and efficiency
- Have business continuity management arrangements in place
- Have arrangements in place to be able to warn, inform and advise the public in the event of an emergency
- Share information with other Category 1 and Category 2 responders

In addition, the NHS Constitution ensures the NHS is there to help the public when they need it most. This is especially true during an incident or emergency. Extensive evidence shows that good planning and preparation for any incident saves lives and expedites recovery. All NHS funded services must therefore ensure that robust and well tested arrangements are in place to respond to and recover from emergency events and situations.

In February 2022 Debbie Lewis was appointed as the new, interim EPRR Lead who started in the role on 22nd February 2022.

Asesu a Dadansoddi / Assessment & Analysis

Goblygiadau Strategol / Strategy Implications

1. **Rating System on the Workplan**

The Health Board's EPRR Workplan has been reviewed and replaced with a more comprehensive and detailed structured workplan, which will be updated on a monthly basis with the EPRR Team. The workplan has been amended to reflect the NHS England and Improvement green rating criteria for sign off, and is attached as Appendix 1 to this report.

2. **Draft EPRR Policy**

As the Health Board is currently in the process of transitioning to a new operating model, all of the EPRR plans and policies will need to be reviewed and amended in order to fully reflect the organisational changes.

A number of processes and outcomes contained within the draft policy have started to be achieved through the development of a more comprehensive workplan. It is the intention that the workplan will be able to provide the full context of the EPRR system in operation as well as bring together the essential individual components such as risk assessments, developing and maintaining plans, along with training and exercising. Additionally, this will enable the ability to identify the various work streams which are required in order to ensure the Health Board is fully compliant with the requirements of the Civil Contingencies Act 2004.

It has been concluded that the information contained within the Draft EPRR Policy has been taken from the NHS England Emergency Preparedness, Resilience and Response Framework which may be better utilised within the Major Emergency Plan as well as being incorporated into EPRR training modules for the staff.

The Health Board is in the process of establishing a Civil Contingencies Assurance Group (CCAG), where it is proposed to consider the Draft EPRR Policy from both strategic and governance perspectives at its first meeting, which has been scheduled to take place on Friday 17th June between 2pm and 3.30pm.

3. **Progress Tracker Dashboard**

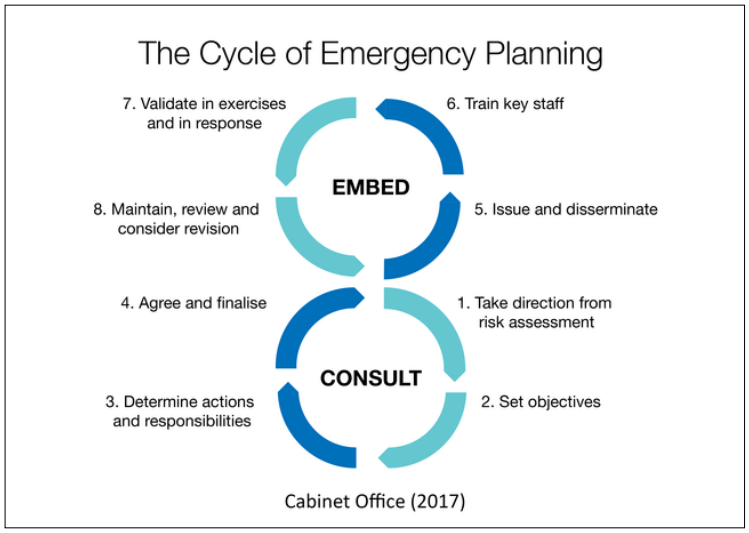
The EPRR Team value having a process in place for presenting strategic updates as well as providing an overview of the EPRR actions and responsibilities, and are keen to adopt and utilise a Performance Management Dashboard

Dashboards on PowerPoint will be produced in order to provide a strategic overview of the EPRR work programme, to include core standards compliance, which can be presented to the CCAG and used to inform the production of annual and bi-annual reports.

The template for the dashboard is included as Appendix 2 to this report.

4. The Process for Judging the Adequacy of Plans

The process that has been adopted by the Health Board to determine the efficacy of the plans is through the utilisation of the established Cycle of Emergency Planning.



Prior to a major incident Health Board staff are advised to not only read the plans, that have been produced for each of the organisations, but to also familiarise themselves with their action cards, in addition to attending any training and participating in exercises.

In the event of a major incident, when Health Board staff are notified and activated to respond they will then follow their action cards and refer to the plan for information, reference and clarification.

The suite of plans that have been produced for the Health Board follow recommended template and format that have been provided by the Cabinet Office and NHS England and Improvement and implemented within the Health Board accordingly.

Following every exercise and major incident a structured debrief is conducted in order to identify key issues and lessons which will need to be included into future training sessions and the next iteration of the plans, so that these are embedded within future plans and the culture of the organisation.

The EPRR Team also recognise the significance and importance of the Management of Surge and Escalation in Critical Care Services plans and processes so that accelerated discharge arrangements can be made in order to improve patient flow and create capacity for the treatment of casualties from the major incident.

5. Draft Training Needs Analysis

The EPRR Team at the Health Board supports the adoption and ratification of the draft training needs analysis, which is included at Appendix 3, and will take forward recommendations at the CCAG meeting on 17th June at 2pm.

6. EPRR as a Mandatory Subject

The EPRR Team recommends that the Health Board confers mandatory status on all EPRR related activity, such as attending training and briefing sessions as well as participating in exercises in addition to participating in post incident and post exercise debriefs.

This approach will ensure a more resilient and robust Health Board response to major incidents and to comply more fully with the requirements of the CCA 2004.

This recommendation will be put forward to the first meeting of the CCAG for discussion and approval.

7. EPRR Resources

The current EPRR Team at the Health Board comprises the interim EPRR Lead (8C/D), the Head of Emergency Preparedness and Resilience, (8A) and the Business Continuity Manager (Band 6). The EPRR Team is the Health Board's corporately based service which is provided across North Wales.

It is recommended that three EPRR system managers are appointed and based within each health community, reporting to the EPRR Lead and working with the EP Leads at each of the Acute Trusts.

Their role will also need to include system emergency planning to work with primary care providers, community hospitals and the Out Of Hours GP services in addition to Women's and Children's services, Mental Health and Learning Disabilities, and be familiar with surge and escalation procedures.

A whole systems approach needs to be implemented to include local authority emergency planners with regard to winter planning and pandemic planning to ensure a more coordinated response to increasing pressures within each of the health communities.

Given the complexity of the roles, and the whole system approach, it is recommended that the EPRR System Managers are graded at an 8b, and will form part of the Health Board's Corporate EPRR Unit

The three EPRR system managers are also responsible for ensuring BC compliance and engagement within each health community/economy supported by the Business Continuity Manager.

As part of the new operating model, the interim EPRR Lead has submitted an EPRR Resources proposal to the Associate Director Workforce Planning and Performance. The associated expenditure required is in the region of £200,000.00

8. Implementation of Business Continuity

The EPRR Team have conducted a review of the cost, in time, with regard to the implementation of the Business Continuity Policy, for clinical and support departments.

A new Business Continuity Manager joined the organisation at the beginning of February and conducted an audit of the existing plans and identified which departmental and service areas had not completed their risk assessments and Business Impact Analysis (BIAs).

The new Business Continuity Manager, supported by the Head of EPRR, has held several sessions with the clinical areas and has started to produce more operationally focused Business Continuity Plans (BCPs) as a result. The manager has been using the materials provided within the NHS England toolkit along with the checklist and plan template for producing BCPs, attached as Appendix 5, has also been circulated to clinical colleagues.

Significant progress has been made with 29% of plans completed and signed off, 15% of plans established and under review, 35% of plans in development with 21% yet to start.

9. Mentoring for Lead EPRR Staff

As the current interim EPRR Lead has previously designed and delivered the training sessions for the Diploma in Health Emergency Planning in addition to several NHS organisations, they may be better placed to provide mentoring for EPRR staff. Mentoring and personal development opportunities are also being discussed during one to one meetings.

A training and exercising programme will need to be put in place to include induction training, briefing and familiarisation sessions, along with specific training for Gold, Silver and Bronze on call in addition to loggist training.

The EPRR lead will conduct an audit of all the training courses provided and has also produced a template for the lesson plan which is included at Appendix 6.

The EPRR lead recognises that more consideration is required with regard to increased exercise provision within the Health Board and is particularly keen to utilise the Emergo Train System which originated in Sweden in the 1980s as an educational tool for disaster medicine. During the years it has evolved and is now recognised in 30 countries around the world and by the World Health Organisation.

The practical uses have been further developed and the system is now used as an educational tool and a means of testing and evaluating emergency response plans.

One of the benefits of Emergo is that it is run in real time and the consequences of decisions being taken can also be played out in real time.

The system is based around magnetic boards with symbols representing different patients, responders, hospital staff and assets. Emergo was used as part of the 2012 Olympic preparations. The concept is ideal for testing live play elements of exercises without the usual resource implications.

It is also an ideal tool to allow multi agency partners to practice working together to manage an incident or to test a particular scenario or plan. The following elements of incident response can be explored during either a training session or exercise:

- Scene management
- Decision making and the consequences
- Inter-agency working
- Multi agency meetings
- Resource management
- Casualty management
- Care for People
- Logging and Real time communications

This recommendation is also linked to recommendation 12, and the interim EPRR Lead will be attending the National Emergo Train System (ETS) Senior Instructor Course from May 17th to the 19th in order to be in a position to design and deliver Emergo training and exercising for the benefit of the Health Board.

10. Health Board Professional Leadership Group

In February 2022 in discussion with Deputy Chief Executive, it was determined that a strategic level, Health Board Professional Leadership Group, in the form of the Civil Contingencies Assurance Group (CCAG), be established to work on behalf of the Executive Management Team in order to ensure that the Health Board's Emergency Management Plan and Business Continuity Plans are fit for purpose and fully compliant with the Civil Contingencies Act 2004.

In conversation with the Health Board's Interim Deputy Board Secretary, at the beginning of April 2022, the following suggested Terms of Reference were produced:

The purpose of the Civil Contingencies Assurance Group (CCAG) is to provide a conduit for information to be escalated to the Board. The CCAG will provide twice yearly reports, and the proposed membership of the CCAG is to include the following:

- Deputy Chief Executive/Executive Director Integrated Clinical Services - Chair
- Director of Public Health – Deputy Chair
- Executive Medical Director/Executive Lead for Risk Management, or nominated deputy*
- Partnerships, Engagement and Communication*
- Emergency Preparedness Resilience and Response Lead
- Medical Finance*
- Transformation and Planning*
- Therapies and Health Sciences*
- Workforce and Occupational Development*
- Nursing and Midwifery*
- Digital and Information*

*Representation is required from the Directors or their nominated Deputies and/or Very Senior Manager (VSM) representation.

The CCAG will be deemed to be quorate if two thirds of the membership are present and include either the Chair or the Deputy Chair or their nominated deputies/VSM.

The purpose of this group is to evaluate, reflect and formally debrief on any civil contingencies responses and to provide a robust governance structure for the Health Board. Assurance will be provided with regard to the effectiveness of the operational arrangements for Civil Contingencies, including the conducting of in-depth reviews.

Meetings will be held on a quarterly basis and will be chaired by the Deputy Chief Executive/Executive Director for Integrated Clinical Services. The first meeting has been scheduled to take place on Friday 17th June between 2pm and 3.30pm.

The proposed functions of the CCAG are to:

1. Receive and monitor compliance reports for the duties under the Civil Contingencies Act 2004; the Core Standards; Business Continuity Plans and processes including compliance by services and departments for their Business Impact Analysis and Service Continuity Plans

2. Monitor the numbers of trained staff in key emergency response roles

3. Determine the effectiveness of the appointed Business Continuity Leads from each department with regard to the production of Service Continuity Plans

4. Receive and monitor reports of training and exercises including uptake, or lack of uptake by departments for key emergency response roles. Escalation and action in areas where there is low compliance, with recommended/ mandatory remedial processes to be put in place

5. Review the Health Board's response to incidents and exercises to ensure that emergency plans and training are amended and updated as a result of experience and lessons identified and risks sufficiently mitigated.

6. To oversee the implementation of risk mitigation pertinent to the scope of this committee who's seeking assurance that the risk register is maintained regularly.

7. Provide twice-yearly Assurance Reports on civil contingencies and business continuity preparedness to the Board.

8. Provide an Annual Civil Contingencies Preparedness Report to the Board

11. Lead Directorship Role and Management Function of EPRR

The NHS Act 2006 (as amended) places a duty on relevant service providers to appoint an individual to be responsible for discharging their duties under section 252A. This individual is known as the Accountable Emergency Officer (AEO).

As a result of this requirement, and that the AEO will need to be a Board Level director responsible for EPRR, the Deputy Chief Executive/Executive Director Integrated Clinical Services has the lead directorship role and management function of EPRR.

The Deputy Chief Executive/Executive Director Integrated Clinical Services has the executive authority and responsibility for ensuring that the organisation complies with legal and policy requirements. They will provide assurance to the Board that strategies, systems, training, policies and procedures are in place to ensure an appropriate response for the Health Board in the event of an incident.

The AEO is aware of their legal duties to ensure preparedness to respond to an incident within their health community to maintain the public's protection and maximise the NHS response.

It is also the intention for the AEO to be supported by a non-executive director, or other appropriate Board member, to endorse assurance to the Board that the organisation is meeting its obligations with respect to EPRR and relevant statutory duties under the CCA 2004 and the NHS Act 2006 (as amended). This will include assurance that the Health Board has allocated sufficient experienced and qualified resource to meet these requirements.

Specifically the AEO will be responsible for:

- Ensuring that the organisation, and any sub-contractors, is compliant with the EPRR requirements as set out in the CCA 2004, the NHS Act 2006 (as amended) and the NHS Standard Contract, including the NHS England Emergency Preparedness, Resilience and Response Framework and the NHS England Core Standards for EPRR
- Ensuring that the organisation is properly prepared and resourced for dealing with an incident
- Ensuring that their organisation, any providers they commission and any sub-contractors have robust business continuity planning arrangements in place which are aligned to ISO 22301 or subsequent guidance which may supersede this
- Ensuring that the organisation has a robust surge capacity plan that provides an integrated organisational response and that it has been tested with other providers and partner organisations in the local area served
- Ensuring that the organisation complies with any requirements of NHS England, or agents of NHS England, in respect of monitoring compliance
- Providing NHS England with such information as it may require for the purpose of discharging its functions
- Ensuring that the organisation is appropriately represented by director level engagement with, and effectively contributes to any governance meetings, sub groups or working groups of the LHRP and/or NWRF, as appropriate[2]

It will be recommended at the first CCAG meeting that as the Lead Director has been identified then, as a corporate cross functional role the EPRR Team is also managed within the same directorate.

Although an options appraisal was conducted within the Review of EPRR Arrangements in July 2021, the organisations is undergoing a structural change and a number of the options are no longer in place.

As EPRR is not only a central core function, but also has statutory responsibilities with regard to the legislative arrangements associated with the CCA 2004, then it will require corporate governance and strategic ownership, rather than being provided within an operational responsibility.

12 EPRR Non-Pay Budget

The EPRR team at the Health Board supports the assertion that the EPRR Lead needs a non-pay budget to facilitate printing, short improvement work, and externally commissioned work such as training and exercising. This budget would also support continuing professional development for the EPRR staff and the opportunity to explore specialist areas such as Cyber Resilience and Counter Terrorism, and to enhance their existing skills and experience.

This recommendation will be made at the first CCAG meeting.

13 Developing EPRR Within the Health Board

The following items have been identified as part of the 'going forward' arrangements which should be used as a guide for further action in developing EPRR within the Health Board. The below table summarises the recommended actions and the Health Board's approach.

[2] eprr-framework.pdf (england.nhs.uk)

13.1	**Talking EPRR Up**	The assertion that all EPRR training will need to be categorised as mandatory to reflect the statutory status and to ensure that all staff, who are activated during the response to major incidents, have received the appropriate training, is supported and will be actioned by the interim EPRR Lead. The EPRR Lead will set out the EPRR training provision along with those who are required to attend, to be submitted to the Mandatory training group to review. The recommendation will then need to be presented to the Executive Delivery Group for People and Culture for their approval.
13.2	**Making it simple**	The assertion is that current plans need to be less verbose and shorter. All EPRR plans will need to be reviewed as a result of the operating model. EPRR plans are typically produced following the templates that are provided within the national guidance and additional supporting guidance from NHS England and Improvement. Plans are also reviewed after the responses to incidents and exercises and amended to reflect the lessons identified. EPRR plans are not designed to be read conventionally, during the Health Board's response to a major incident, instead the action cards are followed and the plan is used as a reference to make sure that it is being followed, rather than new procedures being adopted.
13.3	**United plans with various functions**	EPRR plans are also produced following a risk assessment of both the external and internal threats and hazards, which may require specific responses to be followed, such as decontamination arrangements and cohorting of casualties and patients. It is however recognised that the Health Board's Major Emergency Plan provides a generic response to the consequences arising from a major incident which is based on Joint Emergency Services Interoperability Principles (JESIP)[3] decision making principles. When a major incident is declared, and staff activated to respond, as part of the declaration then the activation of the relevant plan is also included. Ensuring that staff are responding utilising the relevant plan or plans, can also be included within training sessions and exercises.
13.4	**Patient flow is centre stage in NHS EPRR**	The Health Board recognises that arrangements for accelerated discharge need to be in place in order to create the capacity required for the admission and treatment of casualties from the major incident.

[3] Established in 2012 to address the recommendations and findings from a number of major incident reports.

		However Surge and Escalation plans also need to be invoked alongside Hospital Major Incident Plans. The focus on EPRR is based on 3 Ps, People, Processes and Place. The people are the casualties from the major incident, existing patients in the hospital, along with the relatives and friends as well as our staff who are involved in the response. The plans are the procedures and policies that are put in place in advance and implemented following training and exercises. The place is the locations where casualties are taken to such as theatres, the wards and ICU in addition to other facilities that are used, such as outpatients and community hospitals.
13.5	**Making it accessible**	The recommendation is to avoid the use of jargon. This is also a key principle of the Joint Emergency Services Interoperability Principles (JESIP) in that abbreviations should not be used. In order to try and minimise any misunderstanding a glossary of terms is usually included within the plans, and an understanding that the term is used in full initially, and then the abbreviation is used. More familiarity with the terminology is obtained by attending training sessions and participating in exercises, both internally and externally with multi-agency partners and stakeholders.
13.6	**Geography**	The recommendation is concerned with horizon scanning, warning, informing and advising colleagues when incidents and/or emergency events and situations are taking place within the health communities. This information could be shared initially within the Tactical Coordination Centre Site Capacity meetings and then escalated to the Health Emergency Coordination Centre as required.
13.7	**Exercising – little and often**	The Health Board is currently reviewing the EPRR exercise provision and is starting to organise a number of exercises, based along the lines suggested. This approach is also recognised one from the Diploma in Health Emergency Planning which a number of colleagues within the Health Board have attended and successfully obtained. The Training and Exercise Report for 2021/2022 has been included within this report at Appendix 8.
13.8	**Intranet**	The EPRR Team recognise that improvements to web pages on the intranet site are required. The EPRR Lead has already been in discussion with the web team at the Health Board and are in the throes of arranging development sessions in order to improve the content.

14 EPRR Expertise Audit

The EPRR Team realise the benefit of conducting an audit in order to ascertain the full extent of expertise in EPRR across managers within the Health Board, and fully support this approach. This recommendation will need to be discussed with colleagues in Workforce and Organisational Development as well as at the first meeting of the CCAG in order to determine how it can best be conducted.

Opsiynau a ystyriwyd / Options considered
n/a

Goblygiadau Ariannol / Financial Implications
n/a

The financial implications from the recommendations posed could be in excess of £200,000 as a result of the on costs associated with the three new manager posts, as well as the recommended non-pay budget for the EPRR Team.

This expenditure will need to be quantified, and raised with the Director of Finance, as it is currently unbudgeted. The proposed timing of the expenditure will need to be specified, within a detailed business case, which will need to be prepared if the proposals are approved.

The major financial points of the case are summarised here, and are also included within Appendix 4. The salary figures for the three EPPR System Managers are:
£159,504 to £186,003 per year depending upon experience at the 8b level

Dadansoddiad Risk / Risk Analysis
n/a

Cyfreithiol a Chydymffurfiaeth / Legal and Compliance
n/a

Asesiad Effaith / Impact Assessment
n/a

Appendix 1 – EPRR DRAFT WORK PROGRAMME APRIL 2022 to MARCH 2023

Civil Contingencies Planning

Civil Contingencies planning in the Health Board encompasses corporate plans and procedures, support for departments and services, liaison and joint contingency planning work with local and regional Category 1 and 2 partner agencies and organisations. The key drivers for this work are:

a. NHS England Emergency Preparedness, Resilience and Response Framework 2015
b. The CCA 2004 and associated Cabinet Office Guidance
c. The NHS Act 2006 (as amended)
d. The NHS Constitution
e. The requirements for EPRR as set out in the NHS Standard Contract(s)
f. NHS England EPRR guidance and supporting materials including:
    - NHS England Core Standards for Emergency Preparedness, Resilience and Response
    - NHS England Business Continuity Management Framework (service resilience)
    - Other guidance available at http://www.england.nhs.uk/ourwork/eprr/
g. National Occupational Standards for Civil Contingencies
h. BS ISO 22301 Societal security – Business continuity management systems

The Civil Contingencies Act 2004 places six specific statutory duties on acute Trusts and other responders:

- Identify Risk
- Develop Emergency Plans
- Cooperate with other local responders to enhance coordination and efficiency
- Have business continuity management arrangements in place.
- Have arrangements in place to be able to warn and inform the public in the event of an emergency.
- Share information with other Category 1 & 2 Responders.

The Civil Contingencies Act requires Category 1 responders to maintain effective plans for the delivery of their functions to prevent emergencies. They are also required to publish all, or part, of their emergency plans where that can assist local communities.

These plans should be risk-based, easy to use, underpin an agreed, clearly understood and exercised set of arrangements to reduce, control or mitigate the effect of emergencies in both the response and recovery phases.

Leading practice includes having plans that follow a common template, that show good use of action cards, diagrammatic instructions, detachable annexes and directories. They “sign-post” the responder, rather than serving as an all-inclusive or standalone resource, and connect to a wider set of complementary resources.

This work plan is divided into a series of broad themes and is supported by a training and exercising programme.

Major Emergency Planning, Response and Recovery Management
Business Continuity Planning Response and Recovery Management
Events
Warning and Informing the Public
Civil Contingencies Group Warning
Business Continuity Working Group
Training and Exercise Modules

The civil contingencies planning process at the Health Board complements the core principles of NHS Wales, which are:

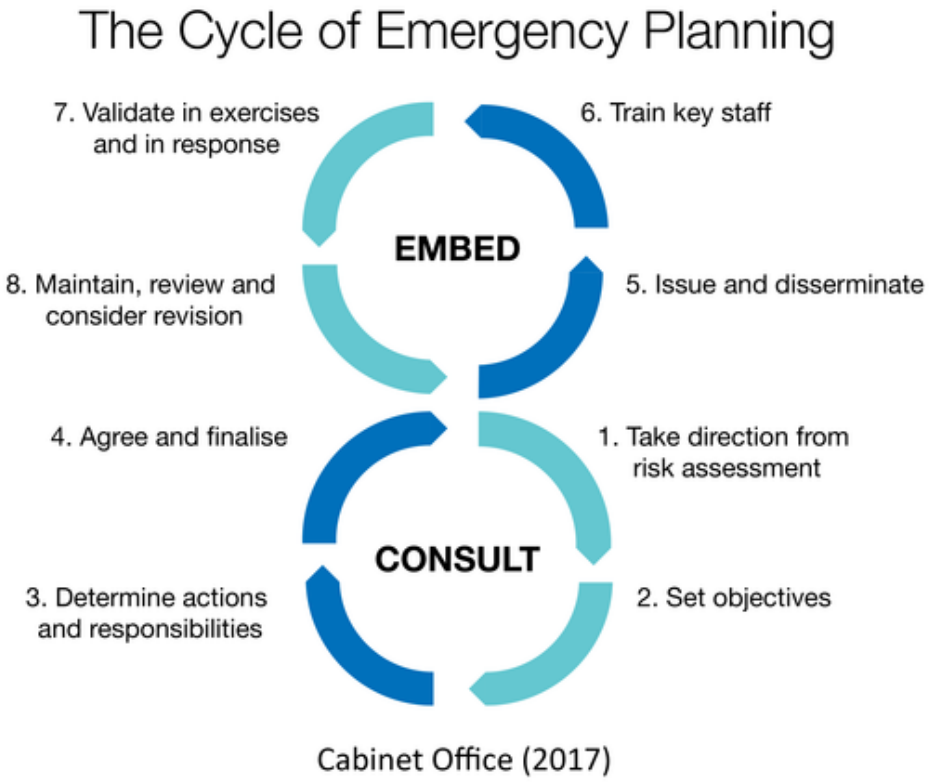
We put patients and users of our services first:	We work with the public and patients/service users through co-production, doing only what is needed, no more, no less and trying to avoid harm. We are honest, open, empathetic and compassionate. We ensure quality and safety above all else by providing the best care at all times.
We seek to improve our care:	We care for those with the greatest health need first, making the most effective use of all skills and resources and constantly seeking to fit the care and services we provide to users' needs. We integrate improvement into everyday working, by being open to change in all that we do, which also reduces harm and waste.
We focus on wellbeing and prevention:	We strive to improve health and remove inequities by working together with the people of Wales so as to ensure their wellbeing now and in future years and generations.
We reflect on our experiences and learn:	We invest in our learning and development. We make decisions that benefit patients and users of our services by appropriate use of the tools, systems and environments which enable us to work competently, safely and effectively. We actively innovate, adapt and reduce inappropriate variation whilst being mindful of the appropriate evidence base to guide us.
We work in partnership and as a team:	We work with individuals including patients, colleagues, and other organisations; taking pride in all that we do, valuing and respecting each other, being honest and open and listening to the contribution of others. We aim to resolve disagreements effectively and promptly and we have a zero tolerance of bullying or victimization of any patient, service user or member of staff.

We value all who work for the NHS:	We support all our colleagues in doing the jobs they have agreed to do. We will regularly ask about what they need to do their work better and seek to provide the facilities they need to excel in the care they give. We will listen to our colleagues and act on their feedback and concerns.

Resilience in the Health Board requires a coalition of organisations who have a role in preparing, responding and recovering from emergencies. The EPRR Unit works closely with a variety of other services and organisations.

Key contacts for each of the statutory duties are shown in the table below.

Statutory duty	**Key contacts**
Identify risk	Internal - Audit, Risk Management, Departments External – North Wales Resilience Forum partners
Develop emergency plans	All services,
Cooperate with other local responders to enhance coordination and efficiency	North Wales Police, Local Authorities, other local partners
Have business continuity management arrangements in place	All services and suppliers
Have arrangements in place to warn and inform the public in the event of an emergency	Media and Communications, North Wales Resilience Forum partners
Share information with other Category 1 & 2 Responders	



Core Standards

The Health Board undertakes a self-assessment of the core standards which are reviewed at both the Civil Contingencies Group and the Civil Contingencies Assurance Group.

The response to each core standard will use the following 'Descriptors' of developing, established and advanced). The intention is for the descriptor to provide a summary of the Health Board's analysis on its current level of performance, based on the evidence produced. These are intended to warrant serious consideration and to provide an honest narrative on the extent to which the Health Board's approach is compliant and aligned to the core standards and the CCA 2004.

The identified work streams from the core standards will be incorporated into this workplan.

2022/23 Plans to be developed	2022/23 Plans to be audited
Departmental/Division Business Continuity BIAs and Plans	

The work streams in the following pages have RAG status:

Green	Compliant
Amber	Compliant, approaching time for review
Red	Review overdue
White	Work not yet started as due later in the year, or not yet allocated

Major Emergency Planning, Response and Recovery Management

Review and Update Risk and Capability Assessment

Ref	ME01 [BC02]	**Core Standard**	7,8	**T&E**	n/a	**Lead**	
Description		Assessment of risk to the ability of the Health Board (as a Category 1 Responder as designated by the Civil Contingencies Act 2004) to respond to a major incident.					
Partners		All Departments Corporate Risk Manager Cabinet Office – National Risk Register Wales Risk Assessment Group – Wales Risk Register North Wales Resilience Forum – Community Risk Register					

Outcomes	**Due Date**
The existing corporate risks for major emergencies (including corporate business continuity risks) in the corporate risk register will have been reviewed, and updated if necessary.	Ongoing
Risks that exist and that require mitigation action will be subjected to contingency planning or business continuity planning processes.	Ongoing
The North Wales Community Risk Register will be reviewed at the NW Resilience Forum and the Health Board's Civil Contingencies Group.	Annually

Review and Update BCUHB Major Emergency Plan

Ref	ME02	**Core Standard**	9 to 23	**T&E**	All	**Lead**	
Description		Corporate BCUHB Major Emergency Plan.					
Partners		Joint Emergency Services Interoperability Protocol (JESIP) North Wales Resilience Forum Local Authorities NWP NWAS					

Outcomes	**Due Date**

The current BCUHB procedures and arrangements will be regularly reviewed and updated when necessary to reflect any changes in the structure of the organisation, Joint Emergency Services Interoperability Protocol, as a result of lessons identified during the response to incidents, planned events and exercises.	
Contact numbers in the MEP will be reviewed and updated quarterly.	
Action Cards will be reviewed and updated according to their maintenance schedules.	
Implementation of guidance from NHS Wales, Welsh Government and the Cabinet Office	
Implementation of any actions required in support of Public Health, Infection Control and Multi-Agency Plans	

Review and Update: **Hospital Major Incident Plan**							
Ref	YG HMIP01	**Core Standard**		**T&E**		**Lead**	
Description	Maintenance of the Hospital Major Incident Plans.						
Partners	Emergency Planning Leads and Major Incident Team.						
Outcomes							**Due Date**
The current procedures and arrangements will be regularly reviewed and updated when necessary to reflect any changes in the structure of the organisation, Joint Emergency Services Interoperability Protocol, as a result of lessons identified during the response to incidents, planned events and exercises.							
Action Cards will be reviewed and updated according to their maintenance schedules.							
Implementation of guidance from NHS Wales, Welsh Government and the Cabinet Office							
Implementation of any actions required in support of Public Health, Infection Control and Multi-Agency Plans							

Review and Update: **Hospital Major Incident Plan**							
Ref	YGC HMIP02	**Core Standard**	9 to 23	**T&E**		**Lead**	
Description	Maintenance of the Hospital Major Incident Plans.						
Partners	Emergency Planning Leads and Major Incident Team.						
Outcomes							**Due Date**
The current procedures and arrangements will be regularly reviewed and updated when necessary to reflect any changes in the structure of the organisation, Joint Emergency Services Interoperability Protocol, as a result of lessons identified during the response to incidents, planned events and exercises.							
Action Cards will be reviewed and updated according to their maintenance schedules.							

Implementation of guidance from NHS Wales, Welsh Government and the Cabinet Office	
Implementation of any actions required in support of Public Health, Infection Control and Multi-Agency Plans	

Review and Update: **Hospital Major Incident Plan**							
Ref	WMH HMIP03	**Core Standard**	9 to 23	**T&E**		**Lead**	
Description		Maintenance of the Hospital Major Incident Plans.					
Partners		Emergency Planning Leads and Major Incident Team.					
Outcomes							**Due Date**
The current procedures and arrangements will be regularly reviewed and updated when necessary to reflect any changes in the structure of the organisation, Joint Emergency Services Interoperability Protocol, as a result of lessons identified during the response to incidents, planned events and exercises.							
Action Cards will be reviewed and updated according to their maintenance schedules.							
Implementation of guidance from NHS Wales, Welsh Government and the Cabinet Office							
Implementation of any actions required in support of Public Health, Infection Control and Multi-Agency Plans							

Review and Update: **Area Major Incident Plan – West**							
Ref		**Core Standard**		**T&E**		**Lead**	
Description		Maintenance of the Area Major Incident Plan.					
Partners		Corporate Emergency Planning leads, Acute Emergency Planning Leads and Major Incident Team.					
Outcomes							**Due Date**
The current procedures and arrangements will be regularly reviewed and updated when necessary to reflect any changes in the structure of the organisation, Joint Emergency Services Interoperability Protocol, as a result of lessons identified during the response to incidents, planned events and exercises.							
Action Cards will be reviewed and updated according to their maintenance schedules.							
Implementation of guidance from NHS Wales, Welsh Government and the Cabinet Office.							
Implementation of any actions required in support of Hospital Major Incident Plans, Public Health, Infection Control and Multi-Agency Plans.							

Review and Update: **Area Major Incident Plan - Central Area**

Ref		Core Standard		T&E		Lead	
Description	Maintenance of the Area Major Incident Plan.						
Partners	Corporate Emergency Planning leads, Acute Emergency Planning Leads and Major Incident Team.						
Outcomes							**Due Date**
The current procedures and arrangements will be regularly reviewed and updated when necessary to reflect any changes in the structure of the organisation, Joint Emergency Services Interoperability Protocol, as a result of lessons identified during the response to incidents, planned events and exercises.							
Action Cards will be reviewed and updated according to their maintenance schedules.							
Implementation of guidance from NHS Wales, Welsh Government and the Cabinet Office.							
Implementation of any actions required in support of Hospital Major Incident Plans, Public Health, Infection Control and Multi-Agency Plans.							

Review and Update: **Area Major Incident Plan - East**							
Ref		**Core Standard**		**T&E**		**Lead**	
Description	Maintenance of the Area Major Incident Plan.						
Partners	Corporate Emergency Planning leads, Acute Emergency Planning Leads and Major Incident Team.						
Outcomes							**Due Date**
The current procedures and arrangements will be regularly reviewed and updated when necessary to reflect any changes in the structure of the organisation, Joint Emergency Services Interoperability Protocol, as a result of lessons identified during the response to incidents, planned events and exercises.							
Action Cards will be reviewed and updated according to their maintenance schedules.							
Implementation of guidance from NHS Wales, Welsh Government and the Cabinet Office.							
Implementation of any actions required in support of Hospital Major Incident Plans, Public Health, Infection Control and Multi-Agency Plans.							

Review and Update: **Chemical, Biological Radiological, Nuclear and Explosives (CBRNe) Plan**							
Ref		**Core Standard**		**T& E**		**Lead**	
Description	Maintenance of the CBRNe Plan in responding to and recovering from a Chemical, Biological, Radiological, Nuclear (Explosion) incident in North Wales.						
Partners	Environmental Health						

	Director of Public Health Public Health Wales NWRF Government Decontamination Service

Outcomes	Due Date
Review and update the current arrangements.	
Included within training programme for BCUHB staff and NWResilience Forum partners to ensure roles are understood.	

Cyclical Review of Supporting Plans							
Ref		**Core Standard**		**T& E**	n/a	**Lead**	
Description	A variety of procedures that supplement the Major Emergency Plan. Most will require reviewing triennially, some more frequently. Plans that are due for review or a new to the list will be given their own workstreams in this Work Plan.						
Partners	Various						

Plan		Completed
1	NHS Wales Mass Casualties Plan	
2	Hazardous Materials (HAZMAT)	
3	Mass Fatalities and Excess Deaths	
4	Adverse and Severe Weather Plan	
5	Covid-19	
6	Critical Care Plans	
7	Cyber Plan	
8	Fuel Plan	
9	Industrial Action Plan	
10	Lockdown Policy	
11	Pandemic Plans	

Maintenance of Health Emergency Control Centre HECC							
Ref		**Core Standard**		**T&E**		**Lead**	
Description	Regular testing of all equipment in the HECC in the XXXXX, with records of testing.						
Partners	.						

Outcomes	Due Date
All computers (PCs and Laptops) fully functioning and mapped, with network links, log-on's and passwords tested and working.	Monthly
All telecoms (telephones, mobile phones, Airwave radios, Parks Police Service Radio, fax) tested and fully functioning.	Monthly
All BECC Officer folders checked for content, and content updated when necessary.	Monthly

Hard-copies of Contingency Management Plans, Annexes, Procedures etc. to be checked and updated versions provided where necessary.	Monthly
MFD, Whiteboards, stationery and all other equipment and supplies checked.	Monthly

Development **Identification of Vulnerable People**							
Ref		**Core Standard**		**T& E**		**Lead**	
Description	Ensure that BCUHB is able to identify vulnerable people in an emergency, and to obtain from and share data with other responders.						
Partners	Adult Social Care and Health Children's Services Women's Services Mental Health and Learning Disabilities NWP Utilities						
Outcomes							**Due Date**
A framework has been developed in accordance with national and regional guidance that will identify sources of data, access to data, and sharing of data protocols.							
Develop An in-hours and out-of-hours procedure for obtaining data							

New **Financial Arrangements Guide**							
Ref		**Core Standard**		**T& E**		**Lead**	
Description	A new annex that sets out the financial arrangements to be used when responding to a major incident for use by Gold, Silver, Resilience Advisor, Borough Health Emergency Control Centre, responding Departments and Services.						
Partners	Financial Management						
Outcomes							**Due Date**
An annex that sets out the arrangements for obtaining emergency cost codes to be used by all services responding to the incident so that future recovery claims may be made							

New **Evacuation Plan**							
Ref		**Core Standard**		**T& E**		**Lead**	
Description	Review the existing evacuation procedures for each of the three acute Trusts and the community hospitals.						

	Produce a new Evacuation Plan that links to national, Local Authority and Multi-Agency Mass Evacuation plans and sets out the key issues of an evacuation of more than 100,000 people, following a decision to evacuate made by the Police Strategic Commander and the Strategic Coordination Group.
Partners	NW Resilience Forum: • Mass Evacuation workstream leads • Strategic Coordination Group • Evacuation and Shelter workstream leads • Civil Contingencies Group • NWAS

Outcomes	**Due Date**
To enable BCUHB to understand and plan to deliver the following should a mass evacuation event be threatened or occur: • Undertake the roles and responsibilities. Provide representation on the SCG through the NWP activation arrangements. • Set up the Health Emergency Control Centres to support the response • Work with NWAS and transport operators to coordinate transport infrastructure for evacuees. • Work with the local authorities to identify and support the vulnerable.	

New **Scientific and Technical Advice Cell Arrangements**							
Ref		**Core Standard**		**T& E**		**Lead**	
Description	A new plan that covers the roles of subject matter experts within BCUHB to support Silver and the Health Emergency Control Centre when responding to a major incident with an environmental health impact.						
Partners	Local Authority Environment Health Officers Director of Public Health NWRF Public Health Wales						

Outcomes	**Due Date**
Arrangements that, for emergencies that are dealt with in North Wales: • Will enable Silver and the HECC to obtain expert advice on a range of public health, environmental, scientific and technical issues in order to deal effectively with the immediate and longer-term consequences. • That will enable such information to be shared with other responding agencies.	

Corporate Business Continuity Planning, Response and Recovery Management

Corporate Business Continuity Strategy							
Ref	BC01	**Core Standard**		**T&E**		**Lead**	
Description		Renewal and Promulgation of Corporate Business Continuity Strategy					
Partners		All BCUHB Services in all Departments					
Outcomes							**Due Date**
Current strategy document to be reviewed and updated if necessary.							
Updated strategy to be put to and approved by corporate Executive Management Group.							
Strategy to be promulgated to department senior management teams, for downward promulgation to managers with responsibilities set out in the strategy.							

Business Continuity and Corporate Risk Management							
Ref	BC02 [ME01]	**Core Standard**		**T&E**		**Lead**	
Description		Business Continuity to be linked to corporate risk registers.					
Partners		All Departments .					
Outcomes							**Due Date**
Corporate business continuity risks will have been identified and assessed, and incorporated in the risk registers.							
Priority 1 and 2 services will have been encouraged to include risk assessments in their Business Impact Analysis.							

Service Priority Levels and Service Continuity Plans							
Ref	BC03	**Core Standard**		**T&E**		**Lead**	
Description		Service Priority Levels to be reviewed within BIA, and linked to risk registers.					
Partners		All Departments.					
Outcomes							**Due Date**
Following completion of new Business Impact Analysis of all services, Service Priority Levels will have been reviewed against criticality descriptors in the Civil Contingencies Act 2004 and against risks recorded in the corporate risk registers.							
Service managers will complete Service Continuity Plans to the corporate template.							
Risks identified in BIA to be incorporated into departmental and/or corporate risk registers.							

Business Continuity Exercises							
Ref	BC03	**Core Standard**		**T&E**		**Lead**	
Description	Scenario-based table-top exercises for teams to consider the impact of disruptions to their services and to validate the Service Continuity Plans they have compiled.						
Partners	BCUHB Service Teams Department Single Points of Contact (SPOCs)						
Outcomes							**Due Date**

Supply Chain Resilience / Contract Management Framework							
Ref	BC04	**Core Standard**		**T&E**	0	**Lead**	
Description	Engagement with commissioning, procurement and contracts managers in all services to ensure they understand the requirements for supply-chain business continuity when commissioning service providers, writing specifications for contracts, etc. Ensure that commissioned service providers/contractors, of services that will be needed in the response to and recovery from business continuity disruptions and major emergencies are involved in the business continuity planning, training and exercising processes,.						
Partners	Strategic, Commissioning, Procurement and Compliance Monitoring Managers Contract Management.						
Outcomes							**Due Date**
Promote the Business Continuity Supplier Resilience Strategy Statement.							
Establish a relationship with Commissioning and Procurement teams and develop business continuity awareness within commissioning and contracts management.							
Provide business continuity support for contract managers in departments.							

Disruption to Road Fuel Supplies							
Ref	BC05	**Core Standard**		**T& E**		**Lead**	
Description	The ability of BCUHB to maintain critical services for up to 10 days of a disruption to road fuel supplies.						
Partners	All critical services						

	NW Resilience Forum	
Outcomes		**Due Date**
Following completion of the new BIA's, BCUHB's core, critical services (as defined in the National Emergency Plan – Fuel), both in-house and contracted, will have been identified and listed in their Service Continuity Plans together with mitigation plans.		
BCUHB's resilience against the National Planning Assumptions requirement of 10 days fuel resilience for critical services will have been assessed, and the results provided to the Civil Contingencies Group.		

Events							
Ref		**Core Standard**		**T& E**		**Lead**	
Description							
Partners							
Outcomes							**Due Date**

Warning and Informing the Public							
Ref		**Core Standard**		**T&E**		**Lead**	
Description	Corporate Communications strategy to inform residents and business of resilience issues, threats and risks, self-resilience, community resilience, major incidents and emergencies, and access to support following a major incident or emergency.						
Partners	Communications Team. NW Resilience Forum.						
Outcomes							**Due Date**
BCUHB web pages on emergencies will be up to date.							
Information for the public about incidents or events, such as pandemic influenza, heatwave, winter weather, an emergency, will be available on the website							
The utilities Priority Services Registers will be promoted to vulnerable residents, to increase sign-up							

Civil Contingencies Group Secretariat General Business							
Ref		**Core Standard**		**T&E**		**Lead**	
Description	Organisation of meeting dates, room bookings, circulation of papers, writing of minutes, etc.						
Partners							

Outcomes	Due Date
Meetings held quarterly.	
Despatch of Agenda and Reports despatched for e ach meeting.	
Despatch of Minutes following each meeting.	

Business Continuity Working Group							
Ref		**Core Standard**		**T&E**		**Lead**	
Description							
Partners							
Outcomes							**Due Date**

Training Modules

Ref.	Title	Description	Core Standard
T01	Bronze/Operational Major Incident Training	To provide members of the Bronze on Call team with an understanding of Major Incident principles and the skills required to undertake their roles and responsibilities during an incident within the BCUHB Health Board area.	
T02	Silver/Tactical Major Incident Training	To provide members of the Silver on Call team with an understanding of Major Incident principles and the skills required to undertake their roles and responsibilities during an incident within the BCUHB Health Board area.	
T03	Business Continuity Training	To provide a background and knowledge of Business Continuity and the role it has within the organisation.	
T04	Loggist Training	To provide the skills to undertake the role of a Loggist during a Major Incident, Critical Incident and a Business Continuity Disruption	
T05	JESIP Part 2 Training	To train and exercise partners from responding agencies on their roles and responsibilities utilising JESIP in response to an incident in the North Wales area	
T06	Wales Silver Training	Delivered externally however coordinated by BCUHB.To train and exercise delegates from responding agencies on their roles and responsibilities as members of a Tactical Coordination Group.	
T07	Medical Emergency Response Incident Team Training	The Medical Emergency Response Incident Team (MERIT) forms an integral part of the NHS response to major, mass casualty and significant incidents, providing advanced	

		medical advice at a range of emergency incidents. This course aims to provide both ambulance and medical staff with the necessary skill to effectively respond to a major incident as a member of the Major Emergency Response Incident Team (MERIT) according to established UK methodologies.	
T08	Health Emergency Control Centre Training		

Exercise Modules

Ref.	Title	Description	Core Standard
E01			
E02			
E03			
E04			
E05			
E42			
E06			
E07			
E08			
E09			

Appendix – 3 Draft Training Needs Analysis

Currently, the Health Board cannot be assured so far that appropriate training for all of its staff exists and is implemented. Although a helpful portfolio of training provided exists, no formal training needs analysis for the Health Board exists, and therefore discussion regarding a comprehensive EPRR training plan was discussed as part of the project to focus the provision of training to meet the statutory requirement given by the CCA2004 at a level which would meet audit demands. The discussion on the training needs analysis can be summarised as follows:

All Health Board staff:	• Awareness of the need for emergency plans and what type of events might trigger them • The effect of those triggers on health service capacity. Discharging and general "clearing of the decks". • Where their action card is • Knowing what is on their action card so that if needed, they can discharge the duties that are on it – this probably also requires discussion with their line manager • Awareness of the upwards reporting that many be required at any particular level.	Delivered by: • Mnemonic cards • Mandatory/e-learning • Local induction
Specialist clinical staff:	• CBRN acute trust response • Access to clinical guidance including PHW and academic texts • Links to infection control functions	
Responding managerial staff at operational level (in BCUHB terms, Silver and Bronze):	• System requirements and assets (i.e. plans for major incidents and business continuity) • Effect of incidents on system capacity and consequential operational/site decision making • CBRN acute trust response • CBRN non-acute trust response • National decision-making framework and JESIP	

	• Partner NHS and other CCA responders • Exercises at Area/hospital level and how they link to Bronze and Gold commands • Recovery	
Board members:	• System requirements and assets (i.e. plans for major incidents and business continuity) • Effect of incidents on system capacity • Responding at Gold Management level • Use of the national decision-making and JESIP principles • Links to NHS partners and NHS Wales including incident reporting requirements • How to judge if civil contingencies requirements are being met • National decision-making framework and JESIP • Partner NHS and other CCA responders • Exercises at Board/Gold level and how they link to Silver and multi-agency commands • Recovery	

A portfolio record of achievement should be kept on each senior manager as an assurance tool for personal development in this very difficult area: this is done via ESR.

Appendix 4 – EPRR Resources Proposal Submission

Ref	a.2022.32	Owner	ET	Planning
Title	EPRR Resources	Sue Green	Sue Green	
Short Description	Proposal to increase the resources of the Emergency Preparedness Resilience and Response Team at BCUHB by 3 posts			
Descriptor	In order to deliver the requirements of the corporate EPRR work programme, to ensure compliance with the Civil Contingencies Act 2004 and to direct additional dedicated resources to each of the three health areas in Central, West and East			

Collated cost – NR £	
Collated cost – R £	£159,504 to £186,003 per year depending upon experience at the 8b level

Risks
Unable to comply with the CCA 2004 Unable to deliver the improvements as identified within the Core Standards Unable to effectively and efficiently provide the emergency preparedness and resilience functions required to deliver the response required to major incidents Reputational risk caused by an inability to respond to major incidents Financial reputation

Ambitions						
Fair	WB & Resilience	Right Place	Excellent Care	Employer of Choice	Other	Prioritisation score
				X		

Actions		
No	SMART measure	Timescale
1	Conduct a training needs analysis for all staff within all three health areas	Within 6 months
2	Review Incident Response Plans/Major Incident Plans in line within the new operating model along with associated supporting material such as action cards	Within 12 months
3	Improving accessibility to plans on the intranet/SharePoint	Within 12 months
4	Designing and delivering training, on a mandatory basis for all staff who have a major incident response role	Within 18 months

5	Developing a training and exercise programme for all three health areas	Within 12 months
6	Conducting reviews of equipment and scheduling these to take place regularly	Within 6 months

Appendix 5 - Business Continuity Plan Checklist[4]

This checklist is designed to aid the completion of business continuity plans drawing from various guidance documents including:

- Emergency Preparedness, Chapter 6 Business Continuity Management[5]
- Business Continuity Institute Good Practice Guidelines 2013
- NHS England Core Standards for EPRR
- ISO 22301/22313
- HSCIC Information Governance Toolkit

It is not a formulaic list and should be adapted to reflect local business continuity plans and whether the plan is for an overarching organisational plan or a specific operational plan.

Cover document

Plan Administration and Maintenance

- Version control and distribution list
- Security classification
- Document author and BC accountable officer
- Review date and schedule
- Exercising and testing schedule Introduction
- Aim of the plan
- Objectives and scope of the plan
- List of legal and regulatory requirements for BC as well as associated guidance
- Key plans linked to the business continuity plan

Roles and Responsibilities within the Plan

- Identification of key roles and responsibilities within the plan Business Impact

Analysis and Risk Assessment outputs

- BC risk assessment and treatment
- Identification of single points of failure
- Prioritised activities including RTO/MTPoD

[4] NHS England

[5] Cabinet Office, https://www.gov.uk/government/publications/emergency-preparedness

- Resource requirements for priority services, including minimum levels of operation for:
  - People
  - Premises
  - Technology
  - Information
  - Supplies

Plan Activation

- Trigger for activation/standby with appropriate incident response levels with reference to the EPRR Framework
- Activation procedures
- Escalation procedures
- Stand down procedures

Incident Response

- Incident response procedures/command and control
- Incident response structure (incident response teams and single points of contact)
- Action Cards (may be in an annex of the plan)
- Incident Coordination Centre facilities (primary and backup)
- Logging of decision making

Recovery

- BC and recovery strategies
- Debrief/post incident reports/action plans

Communications

- Internal and external comms procedures
- Procedures for warning and informing public
- Info sharing procedures aligned to IG standards

Annexes

- Reference to Business Impact Analysis
- Contact directory
- Reporting tools (e.g. sitrep template)
- Action cards
- Any mutual aid agreements

Appendix 6 – Lesson Plan Template

<table>
<tr><td colspan="3">Course:</td></tr>
<tr><td colspan="3">Session:</td></tr>
<tr><td colspan="3">Session Length:</td></tr>
<tr><td colspan="3">Aims and Objectives:</td></tr>
<tr><td colspan="3">Key Learning Points:</td></tr>
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Clicker</td><td>Computer</td><td>Flip Chart & Chart Pads</td></tr>
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<tr><td>Name Cards</td><td>Extension and
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<tr><td>• PowerPoint Slides</td><td colspan="2">- Sign-in sheet
- Evaluation form
-</td></tr>
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<tr><td>Slide 7</td><td colspan="2"></td></tr>
<tr><td>Slide 8</td><td colspan="2"></td></tr>
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Appendix 7 – Current EPRR Plans

- BCUHB Major Emergency Plan
- Hospital Major Incident Plan – YG HMIP01
- Hospital Major Incident Plan – YGC HMIP02
- Hospital Major Incident Plan – WMH HMIP03
- NHS Wales Mass Casualties Plan
- Hazardous Materials (HAZMAT)
- Chemical, Biological Radiological, Nuclear and Explosives (CBRNe) Plan
- Mass Fatalities and Excess Deaths
- Area Major Incident Plan – West
- Area Major Incident Plan – Central
- Area Major Incident Plan – East
- Business Continuity Management Policy
- Risk Management Policy (RM01)

Supporting Emergency Plans:

- Adverse and Severe Weather Plan
- Covid-19
- Critical Care Plans
- Cyber Plan
- Fuel Plan
- Industrial Action Plan
- Lockdown Policy
- Pandemic Plans

Business Continuity Plans:

Acute	Area	Corporate
Audiology	Care of the Elderly	Contracts
Breast Care	Dermatology	Corporate Communications
Cancer Services	Diabetes Services	Corporate Finance Services
Cardiac Physiology	District Nursing	Facilities
Cath Lab	GP Out of Hours	Informatics
Clinical Site Management	Immunisations	Information Governance
Critical Care	Managed Practices	Office of the Board Secretary
Emergency Department	Medical Health Centres	Operational Estates

Acute	Area	Corporate
Endoscopy	Neurology	Planning and Performance Teams
ENT	Palliative Care	Procurement
Ophthalmology	Pathways - Respiratory - Smoking Cessation - Thrombosis	Professional Regulation and Education Services
Pathology	Primary Care Dental Services	Risk Management
Pharmacy and Medicine Management	Rheumatology	Workforce
Radiology	Sexual Health Services	
Radiotherapy	Therapy Services	
Renal Services	Women's Community Services	
Sterile Services	Children's Services	
Surgical Services	Mental Health and Learning Disabilities	
Theatre	Community Hospitals	
Trauma and Orthopaedic	Continuing Health Care	
Urology	Industrial Action	
Women's Services`	System BC SOPs	

Appendix 8 -Programme of Work Training and Exercising 2021/2022

Provide virtual training to all levels of on-call staff.

A Resilience Team prospectus has been developed which allows members of staff to book directly onto available sessions, this is then recorded on ESR for audit purposes.

One of the suggestions within the external report was to make the training more interactive. All on-call training packages have been reviewed in the past 3 months to ensure that the training delivered focuses more on exercising through the training and offers staff the opportunity to participate in a table top exercise following the training session. All staff attending either Bronze, Silver or Gold sessions now participate in small tests throughout the session. This enables staff to practice the decision making process during an incident. The feedback following the latest sessions has been extremely positive.

The training available is as follows:

Bronze on Call – 66 members of staff have received training
Silver on Call – 16 members of staff have received training
Gold on Call – all staff at Gold level have received training

Loggist training – 42 staff trained during 2021/22
Business Continuity Training – 66 members of staff trained since May 2021 when training commenced
Switchboard Training -12 members of staff trained
Theatres (Ysbyty Gwynedd) – 30 members of staff received training

Due to ongoing covid pressures across the organisation attendance at the sessions has been challenging for staff and the resilience team appreciates this and throughout the beginning of the year sessions were offered on a weekly basis to members of the bronze on call team and clinical site managers. Training was offered to silver on call on a three weekly basis due to the smaller cohort of staff. Training has now been scheduled on a fortnightly basis through to March, with multi-agency JESIP sessions offered monthly

Facilitate and develop desktop exercises for the acute hospitals.

The Head of EPRR facilitated a Major Incident exercise with the Theatres Department at Ysbyty Gwynedd on the 11th December 2021.

The desktop exercises for each of the acute sites have been postponed until 2022/23. The Emergency Departments have been under severe operational pressures due to the increased number of Covid cases.

MERIT (Medical Emergency Response Incident) Training

A MERIT team will be requested by the Welsh Ambulance Services Trust to support its operations at the scene of a Major Incident. A team of Nurses and Doctors are assembled and conveyed to the scene to undertake their duties within a Casualty Clearing Station (CCS) and in support of the Ambulance personnel. Prior to the Covid 19 Pandemic, MERIT training was delivered on a bi-annual basis to ensure that the complement of staff across North Wales remains at a suitable level.

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

Wrexham Maelor Hospital will be participating in a Major Incident Exercise on the 28th June 2022. A small task and finish group is being established to confirm the detail. This exercise will be part of a joint WAST/BCU Civil Aviation Exercise at Airbus, Broughton.

The next training session will be delivered in June 2022.

Facilitate bi-annual communication exercises

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

The scheduled national tests were held on the 22nd September and 7th March.

Schedule and deliver Business Continuity Exercises

The delivery of business continuity exercises has proved extremely challenging due to operational pressures. The business continuity manager vacated her post in August and this role is currently being advertised and this has compounded the issue.

A multi-site children's exercise was delivered in July and this was very well received. An exercise report with recommendations was prepared and all Children's Services Business Continuity plans have been updated accordingly.

A Theatres exercise was delivered on the 9th November – recommendations from the exercise have been included within a revised plan and a further exercise is scheduled for 28th April.

An IT Cyber exercise was held on the 1st April.

Learning from incidents

On the 22nd April 2021, Wrexham Maelor Hospital was the target of a bomb hoax. A formal command structure was initiated and a major incident was declared. An internal debrief was held and the Head of EPRR produced a report with a number of recommendations. It was agreed that a multi-agency debrief would need to be facilitated to ensure a more robust response to any future incident however, due to issues with senior diaries this was carried out as a paper exercise. The LRF Report recommended that a multi-agency exercise be scheduled to include a suspicious package scenario. Each switchboard will participate in this exercise and a multi-agency command structure will be established at a strategic and tactical level. JESIP training will also be provided to participants. A multi-agency task and finish group has been established and the exercise has been scheduled for September 2022.

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

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

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

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

Participate in multi-agency LRF exercises

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

A multi-agency Modern Slavery – Exercise Blue Eclipse was held on the 17th November. The aim of the exercise was to develop local multi-agency and organisational plans with the inclusion of a process map should an incident similar to the one often referred to as the 'Essex Incident' occur in North Wales. For reference, this was a tragic incident that occurred in October 2019, whereby the bodies of 39 Vietnamese people were found in the back of an articulated lorry, later classified as a human trafficking incident.

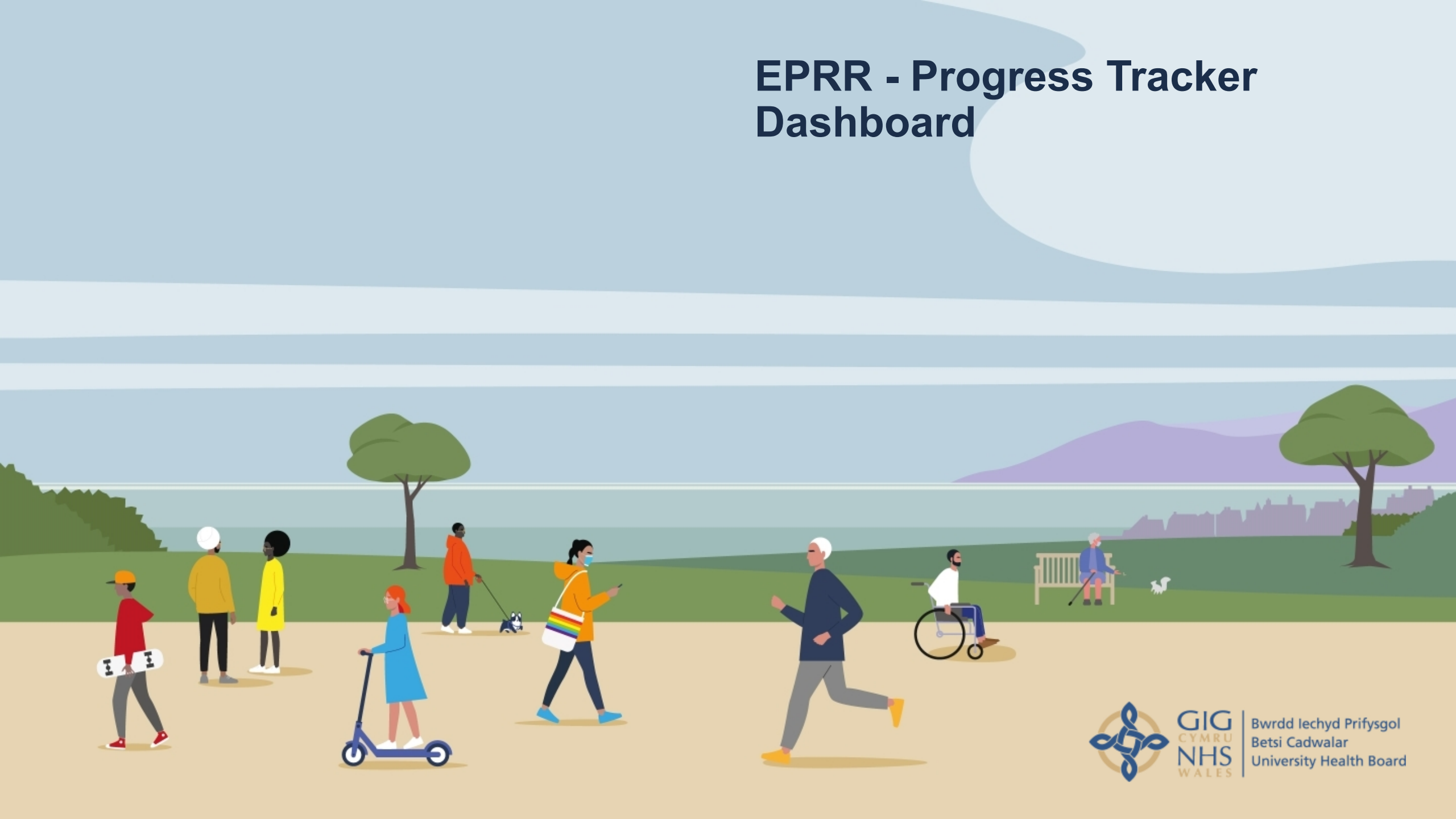
The HB was represented by the Pathology division and the Head of EPRR, invitations were shared with members of the on-call teams but due to operational pressures there was no attendance.

Conclusion from External Review
There were a number of suggestions followed by recommendations within the review of EPRR. The recommendation that was flagged as the highest priority was for EPRR to become an all-staff mandatory subject in line with the statutory nature of the CCA2004. This was supported by a further recommendation that the core resource for EPRR needs supplementing.

A draft training needs analysis was provided within the report, part of the TNA will be fulfilled when the draft e-learning package which is being prepared at a national level with HB support is finalised (this is expected to be completed by December) with approval this can then be added to ESR. However, the delivery of training to all clinical staff will require additional support.

Emma Binns
Head of Emergency Preparedness and Resilience
26th April 2022

EPRR - Progress Tracker Dashboard



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Betsi Cadwalar
University Health Board

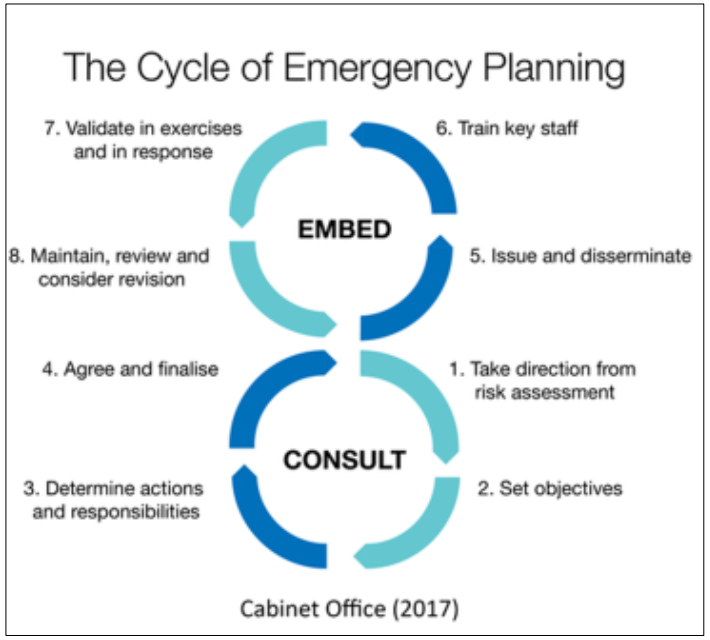
Risk And Threat Assessment

EPRR Objectives

CCG Key Points

Actions and Responsibilities

Plans Under Review



Core Standard Compliance

New Plans Under Development

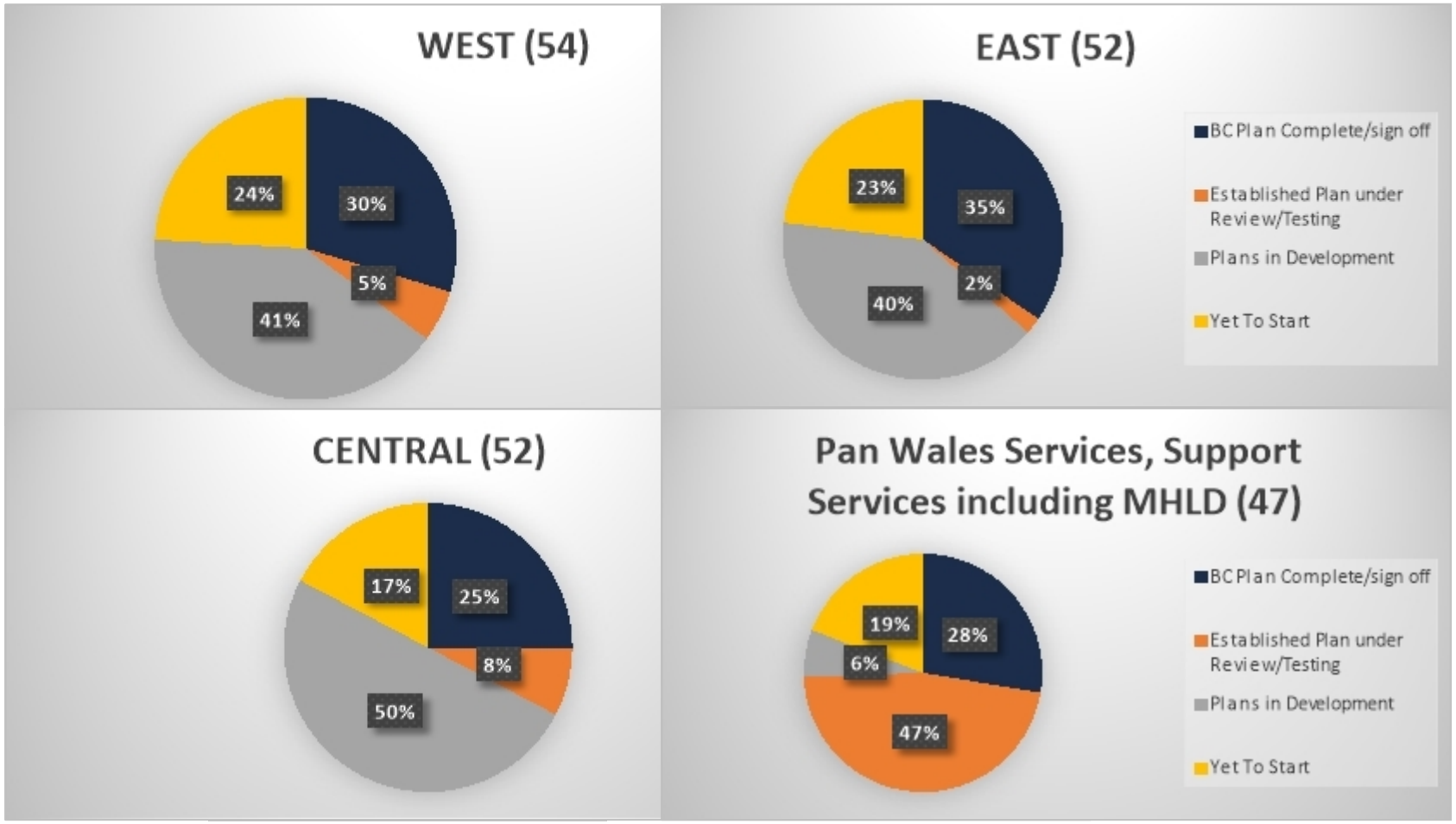
Plans Approved

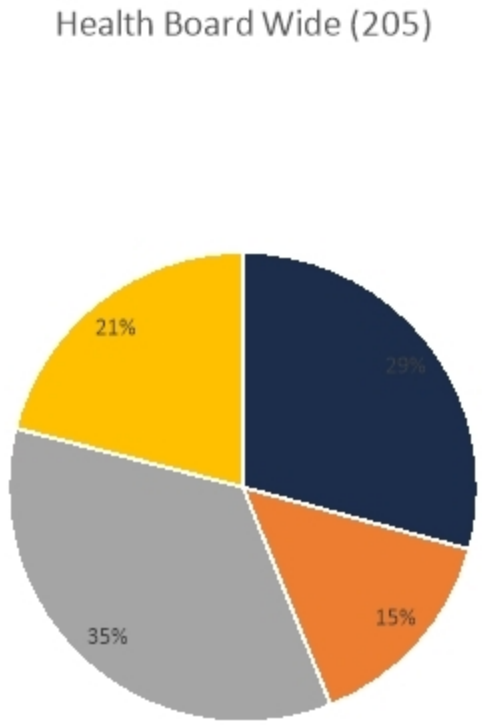
Training and Exercising

Incident and Exercise Response

Lessons Identified

Business Continuity Plan Status - April 2022





Cyfarfod a dyddiad: Meeting and date:	**Partnerships, People and Population Health Committee 20.5.22**
Cyhoeddus neu Breifat: Public or Private:	Public
Teitl yr Adroddiad Report Title:	**Operational Plan Monitoring Report 2021-22 Position as at 31st March 2022**
Cyfarwyddwr Cyfrifol: Responsible Director:	Sue Hill Executive Director of Finance
Awdur yr Adroddiad Report Author:	Ed Williams Deputy Director of Performance
Craffu blaenorol: Prior Scrutiny:	The Executive Team have reviewed this report. Changes made to the report since publication of Quarter 2 position are detailed in the version control page of the Report.
Atodiadau Appendices:	Appendix 1 – Annual Plan programme action plan.

Argymhelliad / Recommendation:

The Partnerships, People and Population Health Committee is asked to scrutinise the report.

Ticiwch fel bo'n briodol / Please tick as appropriate

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

Sefyllfa / Situation:

This report provides a self-assessment by the Executive Leads of the progress being made in delivering the key priority actions contained in the 2021/22 Operational Plan, see appendix 1, as at 31st March 2022.

The Performance team are working to resolve awaited outstanding action updates and a refreshed report will be made available as soon as possible.

The Performance Team are working with Independent Members, Executive Directors and the Planning Team in reviewing and strengthening the monitoring process and intend to have a new iteration of the Operational Plan Monitoring Report when we present the 2022-23 Quarter 1 position in July 2022.

Cefndir / Background:

Executive Leads review their assigned actions and RAG-rate progress at the end of each quarter. Where an action has been completed this is RAG rated purple. Amber and red ratings apply to actions where there are risks to delivery or where delivery was not achieved, a short narrative is provided for each red and amber rated action and where actions have changed from a red to purple rating between Q3 and Q4.

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

Asesu a Dadansoddi / Assessment & Analysis

Goblygiadau Strategol / Strategy Implications

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

Opsiynau a ystyriwyd / Options considered

Not applicable

Goblygiadau Ariannol / Financial Implications

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

Dadansoddiad Risk / Risk Analysis

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

Cyfreithiol a Chydymffurfiaeth / Legal and Compliance

This version of the report will be available to the public once published for the Health Board.

Asesiad Effaith / Impact Assessment

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

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

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Bwrdd Iechyd Prifysgol
Betsi Cadwaladr
University Health Board

2021-22 Operational Plan Monitoring Report Quarter 4 Position

Position as at 31st March 2022

Presented at Partnerships, People & Population Health Committee on 20th May 2022

About this Report

- The 2021-22 Annual Plan was approved by the Health Board on the 15th July 2021, this report details progress against the Programme level priority actions that underpin delivery of the Plan.
- The Annual Plan details our response to the priorities we have identified for the year ahead, specifically:
  - COVID19 response
  - Strengthen our well being focus
  - Recovering access to timely planned care pathways
  - Improved unscheduled care pathways
  - Integration and improvement of mental health services
- For each Programme the responsible Executive Director has provided a Purple or Red rated assessment of progress in delivering the actions as at 31st March 2022. Supporting narrative has been included for red rated actions and where actions have changed from red to purple between Q3 and Q4.

RAG	Description
Purple	Actions **have been** completed by the 31st March 2022
Red	Actions **have not been** completed by the 31st March 2022

Table of Contents

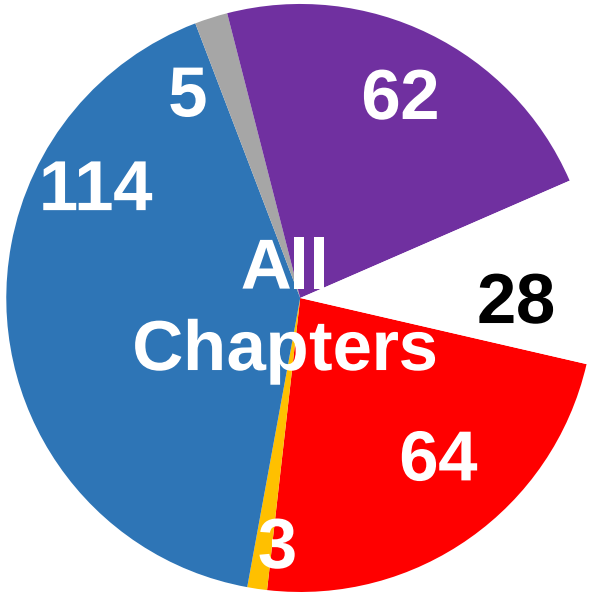
Version Control

- This is the first version for Quarter 4 and is being presented at the PFIG on 28th April 2022.
  - The report has been scrutinised and signed off by the Chief Executive Officer
  - Changes from the Quarter 3 2021/22 version of the report include:-
    - The RAG rating has been reduced to a binary choice between Purple = Completed and Red = Not Completed to reflect that this is the final monitoring report for the 2021/22 Plan.
  - Each Committee will receive a copy of the report, as follows:-
    - PFIG Committee – 28th April 2022 – For Information Only
    - QSE Committee – 3rd May 2022 – For Information Only
    - PPPH Committee –10th May 2022 – For Information Only
  - An overarching summary of the report will be produced for Health Board for 26th May 2022

  - Updates are awaited for:-
    - Page 8 - Safe Clean Care Harm Free
    - Pages 14 & 16 - COVID-19
    - Page 30 – Eye Care
    - Page 30 – Maternity Safe effective Care
    - Page 41 – Discharge to Recover and Assess (D2RA)
    - Page 41 – Stroke

Summary of Quarter 4 Position

RAG	Description
White	No Update Given
Red	Off track
Amber	Risks being managed
Green	On track
Purple	Completed this Quarter
Blue	Completed in Quarter 1
Grey	Action not due to start



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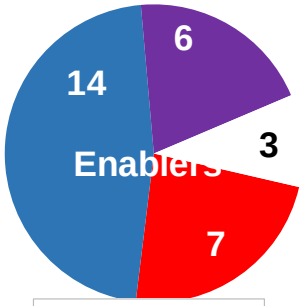

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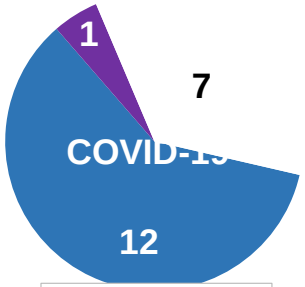

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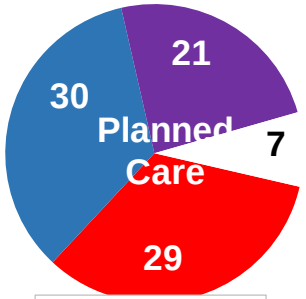

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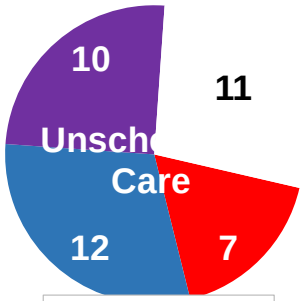

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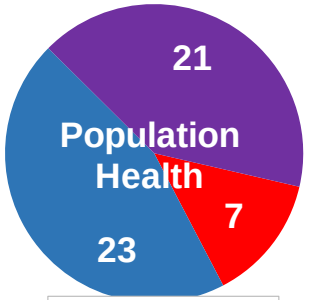

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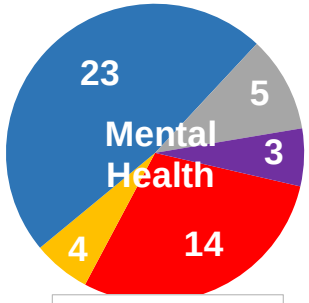

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Enablers

Enabler - Page 1 of 4 Plan Ref	Programme	Committee	Lead Director	Target Date	Jun-21	Sep-21	Dec-21	Mar-22
E1.1	Pan BCU Support Programmes - Targeted Intervention: The de-escalation for Betsi Cadwaladr University Health Board from Special Measures to Targeted Intervention (TI) outlining areas for further improvement Current priorities identified for improvement: mental health, engagement, leadership, strategy and planning, planned care and performance.	PPPH, PFIG & QSE	Director of Governance	Milestone actions for delivery by 30th September are identified. These will be reviewed and refreshed on a quarterly basis.	G	G	G	P
E1.2	Pan BCU Support Programmes - Stronger Together	QSE	Executive Director of Workforce & Organisational Development	30th June -30th September Discovery phase;	A	P	N/A	N/A
				31st December-31st March Design phase	N/A	P	G	P
E.3	Organisational and Leadership Development Strategy 2022-2025	QSE	Executive Director of Workforce & Organisational Development	31st December-31st March	N/A	N/A	G	N/A
E3.1	Develop and deploy a programme of work, as per the Strategic Equality Plan, to support the organisation in meeting its Socio-Economic Duty	QSE	Executive Director of Workforce & Organisational Development	30th June-31st March	A	P	G	P
E3.3	Implement Year 2 of the Health & Safety Improvement Plan to ensure staff and patients are proactively protected, supported and safe. This includes providing specific guidance, training and support on legislative compliance. There are specific training and improvements required with in patient falls and patient manual handling risk assessments. The programme to adequately provide manual handling training and support to staff is progressing. Investigation by the HSE into patient death is ongoing and initial outcome anticipated in April 2022. The fit test training, risk assessment advice and support staff ensuring environmental and social impacts are monitored and complied with is in place.	QSE	Executive Director of Workforce & Organisational Development	30th September	R	R	R	R

Enablers

E3.3 - Red due to improvement notices current compliance and HSE investigations. The HSE will inspected BCUHB on Violence and Aggression and Manual Handling on the 16th -18th November 2021. They served 2 improvement notices and a number of letters of contraventions. The notices are complied with however the HSE will revisit and review in patient falls and manual handling patient risk assessments on the 18th May 2022.

E3.4 - Red due to improvement notices current compliance and HSE investigations. The HSE inspection on Violence and Aggression and Manual Handling on the 16th - 18th November 2021. Identified a number of improvements required in these specific service areas including letters of contravention and improvement notices. The HSE has said the notices are complied with however BCUHB will be recieving a letter regarding ligature risks in mental health in April 2022.

E3.5 - A workplan has been implemented to review SEQOHS accreditation. This is likely to be completed in April. 2022. Health surveillance and immunisation are planned

Enablers

Enabler - Page 2 of 4

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

Enablers

Enablers

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

E1.7 Deliver Phase 3 of Welsh Patient Administration System implementation

The uptake of training is lower than anticipated and a risk that is being mitigated with several steps being taken to try to address this. There is also a risk around acceptable tolerances against the data migration outputs and the completion of UAT integration testing with plans in place to address the identified risks. However, the phase 3 West into Central instance remains on track for a May 2022 go live.

Staff Funding from September 2021 onwards has been provided by BCUHB with Welsh Government (WG) funding (£215k) for 2021-22 offered to BCU in January 2022. This was not accepted by BCU as funding has already been set aside to cover this financial period, however the funding request from WG for year 2022-23 (£818k) has been increased by the £215k (£1.033M) to allow acceleration of the Single Instance Plan if possible. This WG funding letter to support staffing in year 22/23 is expected early April.

E2.9 Strengthen cyber security

The Cyber Security & Compliance Manager was appointed in September, and a Cyber Security Specialist post has been appointed. 2 x remaining Cyber posts are currently being progressed through the recruitment process. A revised version of the Tier 1 Risk which has been re-focussed on RansomWare and Zero-Day Threats has been submitted to April's RMG for review.

E2.1 Deliver Symphony - Phase 3

The Go-live scheduled for 30th March 2022 in YGC ED went ahead. Whilst the original order for additional equipment will not be received until mid April, additional hardware devices have been sourced and installed to mitigate this. DHCW resources were made available to mitigate the data migration resource risk reported last quarter resulting in the successful completion of testing of demographic and activity data. Post Go-live resources from Estates and ICT have been secured to install the additional wall mounted devices after they have been received.

E2.3 Development of the acute digital health record (Cito DHR) pan-BCU

Current staffing 32% in post, 3 posts pending start dates, 5 posts experiencing significant issues in recruiting, currently exploring possibility of specialist agency staff.
Phase 2.0 – MVP & Early Adopters; v2.5.1.50727 upgrade has been accommodated and has passed testing. Version is ready for pan-BCU read only roll out and is sufficient for the initial needs of Early Adopters Vascular and Rheumatology West.
Phase 2.0 - Vascular; are now test pilot live with their MDT Pro-Forma. This is a form and process of 3 stages, Part A completed by individual Clinicians and submitted for discussion. Part B is completed by individual Clinician during and post a group Clinician MDT discussion. Allocations is in relation to booking patients based upon priority. This test pilot has been through multiple iterations to fine tune the eForm and accommodate new working practices. Engagement continues to progress use by all Clinicians.

Phase 2.0 - Rheumatology West; have been prioritised to receive Cito as they will loose key functionality when PIMS is disabled from 16/05/22. Bi-weekly meetings have taken place for 5 months to produce set of core eForms. Information Session is planned for all staff on 11/04/22 which will launch the commencements of their live implementation using their eForms. Usage will be closely monitored with corrective actions made ad-hoc to ensure confidence before PIMS removal.
Phase 2.0 - Medical Photography; has agreed to trial the use of an iPad together with a drawing box for the testing of a patient consent form. A successful consent form will provide the foundation for exploring other eForm functions. Also agreed to move forward with a trial for an eReferral. This will require both a referring and receiving department to both have Advanced User Cito access.

Phase 2.0 - Paediatrics; expected upgrade required will not be received from Supplier by March 2022. With experience now gained of accommodating several upgrades, we are now aware that after receipt 2 months are required for system testing. This will be planned once a new due date has been confirmed.
Phase 3 - Scanning & Upload; Contract Award has been approved and discussions with new Supplier, Store-tec in relation to creating a deliverable timetable for implementation and introducing new working practices. New Quality Assurance roles have been out to recruit and are awaiting shortlisting. These roles will be tasked with Compliance Assurance Work package and new working processes. Historical scanning is not able to proceed as resources have been removed to deliver WPAS Project, therefore those work packages are on hold.

Phase 4.0 - Third Party Interface; 2 of 3 epro Work packages have been successfully completed. epro is able to open from within Cito, in patient content without logging in. epro is uploading Clinic letters as they have been created. There are 750,000 historical epro letters to be ingested into Cito, this work has commenced and some content is showing. However, resources have been removed to deliver WPAS Project, therefore this Phase is on hold. Will be unable to progress with third epro Work Package or further 3rd Party Work Packages until such time technical resource is once again available.
Phase 5 - Read Only Roll Out Pan-BCU; Staffing's lists from WPAS/PIMS have been received and data cleansed. Bulletin communications have been planned. Suite of Training facilities have been established including manuals, training sessions, short videos with further bespoke videos underway. Access to Cito links are ready to be launched. Resources have been removed to deliver WPAS Project, therefore this Phase is on hold as although roll out is ready, there is no technical support available should an Issue arise.

Enablers

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

COVID-19 Response - Page 1 of 3

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

COVID-19 Response - Page 2 of 3

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

COVID-19 Response - Page 3 of 3

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

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

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

Recovering access to timely planned care pathways

R1: Additional funding and national management of IT platforms supporting virtual consultations and services is not being led by DHCW or WG at this present time. A local options appraisal of eConsult and accuRx has been undertaken with options for future procurement being reported to the Executive Team before the end of April 22. GP practices have been kept informed.

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

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

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

Work has commenced to better inform Primary Care Clinicians via BetsiNet, but remains work in progress, and therefore cannot be classified as complete.

Pathway workshops (via GIRFT for example) now include representation from Primary Care, but this approach is also embryonic, and not universally established.

Recovering access to timely planned care pathways

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

R1.6: Further development of the Primary and Community Care Academy. Training Hub established and posts advertised 30th September 2021.

Training Hub established and posts advertised 30th September – reporting Red – not completed at year end. Funding was not identified in 2021/2022. Training Hubs/Spokes will be established in 2022/2023, following the approval of the Academy Business Case, with appointment to training roles in the first instance in spoke sites.

Evaluation Lead and Research Development appointed 30th September – reporting Purple – completed. Post in ECR for approval, JD banded and waiting to advertise ahead of year end with appointment to post in Q1 2022/2023

Recovering access to timely planned care pathways

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

Recovering access to timely planned care pathways

R2.7: Delivery of agreed planned care recovery schemes (including additional programme management capacity), to include diagnostics, e.g. endoscopy, laminar flow theatres and inpatient T&O bed provision (including relocation of outpatient therapy provision in Wrexham)

Planned Care Recovery Plans have now been submitted as part of the Integrated Medium Term Plan (IMTP).

Recovery during 2021/22 was disrupted by the Omicron surge and the pause of non-urgent activity to support the vaccination programme from December. Until that time, most specialities (except Orthopaedics) were on target to clear Cohort one. The loss of 8 weeks (or more) routine capacity changed that situation.
The Cohort approach has been abandoned for the new financial year.

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Plan Ref	Programme	Committee	Lead Director	Target Date	Jun-21	Sep-21	Dec-21	Mar-22
R2.8	Build additional capacity to deliver COVID-19 safe services, improve patient experience and waiting times.	PFIG	Executive Director Nursing & Midwifery	P1-and P2 risk stratified patients are treated in order, followed by re-introduction of P3-4 activity. Insourcing and weekend capacity plan. 31st December	A	A	A	R
				Continually review capacity of external providers to deliver more activity, to support more efficient services 30th September	A	R	A	P
				Introduce super green pathways to protect elective capacity 30th September	A	R	R	R
R2.9	Support orthopaedic patients facing extended waiting times as a result of COVID19 constraints, by delivering a non-surgical treatment programme such as escape from pain, digital apps	PFIG	Executive Director Nursing & Midwifery	31st December	A	A	A	R
R3.2	Insourcing to support provision of service for cohort 1&2 Outsourcing specification for Orthopaedics	PFIG	Executive Director Nursing & Midwifery	30th June	R	R	R	P
R3.4	Develop the Outpatient transformation programme Including 'Once for North Wales', workforce modernisation and digital enablement of staff and service users with attend anywhere and consultant connect.	PFIG	Executive Director Nursing & Midwifery	Phased delivery over 12 months from point of recruitment, anticipated delivery by 31st March if recruitment and implementation successful	A	R	A	R
R3.5	To explore external capacity to support access to treatment	PFIG	Executive Director Nursing & Midwifery	30th June out to tender, insourcing early July- If these time frames work then outsourcing could be August insourcing September.	A	R	A	R
R3.6	Development of sustainable endoscopy services across North Wales	PFIG	Executive Director Nursing & Midwifery	31st March	A	A	A	R
R3.7	Deliver suspected cancer pathway	PFIG	Executive Director Nursing & Midwifery	30th June 69% 30th September 69% 30th December 71% 31st March 75%	A	R	R	R

Recovering access to timely planned care pathways

R2.8: Build additional capacity to deliver COVID-19 safe services, improve patient experience and waiting times.
Omicron prevented weekend working, as many medical staff were involved in the vaccination programme.

The market was continually reviewed to assess Outsourcing options, and contracts were agreed for Orthopaedics and Ophthalmology.

It was not possible to identify super-green pathway options – USC pressures were too great.

R2.9: Support orthopaedic patients facing extended waiting times as a result of COVID19 constraints, by delivering a non-surgical treatment programme such as escape from pain, digital apps.
Some work was undertaken on non-surgical treatment options, but comprehensively adopted/rolled out

R3.2: Insourcing to support provision of service for cohort 1&2 and Outsourcing specification for Orthopaedics
Orthopaedic patients were out-sourced to both the Independent Sector and NHS providers.

R3.4:Develop the Outpatient transformation programme. Including 'Once for North Wales', workforce modernisation and digital enablement of staff and service users with attend anywhere and consultant connect.
The Outpatient Transformation Plan has been developed, but not fully implemented as the Head of Ambulatory Care only commenced in post in December 2021,and support staff have yet to be appointed or have not commenced in post.

R3.5: To explore external capacity to support access to treatment
Outsourcing in place, but Insourcing model for surgical specialities authorised March 2022 for implementation in 2022/23.

R3.6: Development of sustainable endoscopy services across North Wales
Endoscopy Insourcing contract in place and extended, but the case for a modular expansion not yet complete.

R3.7: Deliver suspected cancer pathway
Cancer performance was the best in Wales, but did not achieve the 75% target. The end of year figure is likely be 67%.

Recovering access to timely planned care pathways - Page 6 of 9								
Plan Ref	Programme	Committee	Lead Director	Target Date	Jun-21	Sep-21	Dec-21	Mar-22
R3.7	Deliver suspected cancer pathway	PFIG	Executive Director Nursing & Midwifery	1. Increased rapid access breast cancer clinic capacity across the Health Board – business case approved by Executive Team June 2021; these clinics have been provided on an ad hoc basis since November 2020 and can now be established as part of core activity once new posts are recruited to. Recruitment complete and clinics in place March 2022		A	G	P
				2. Continuation of the early diagnosis lung cancer pathway which ensures patients with a suspicious chest X ray are directed straight to CT – funded in 2021/22 with a business case for ongoing funding approved. Service established on all 3 sites.		A	P	
				3. Development of one stop neck lump clinics – project team established and pathway agreed; business case approved and implementation planned for June 2022		A	G	R
				4. One stop rapid diagnosis clinic for patients with vague but concerning symptoms – project manager in post, project team established and pathway agreed; business case approved and first 2 sites opened clinics in March 2022; Bangor to follow		A	G	R
				5. Increase in Clinical Nurse Specialist and support roles to support patients with their diagnosis and provide direct clinical care as appropriate – business case approved and recruitment ongoing		A	G	R
				6. Patient navigators to track pathways and escalate delays – funded in 2021/22 with a business case for ongoing funding submitted and approved. Postholders in post.		G	P	
				7. Pathway improvement posts to work with clinical teams to introduce the National Optimal Pathways for cancer ensuring pathways are as streamlined, efficient and effective as possible – posts funded and recruitment underway.		A	G	R

Recovering access to timely planned care pathways

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

Recovering access to timely planned care pathways

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

Insourcing contracts in place for 21-22 and also for 22-23. Large reduction in CT breeches achieved. Gains in MRI achieved reduced in Q4 due to equipment unreliability and availability of staffing resources, overall picture remains fewer breaches than at start of year. Similar picture in ultrasound with staffing resources the main issue preventing further waiting list reduction. 21-22 activity saw a sharp increase which has also masked progress with breach reduction. Risks to progress in 22-23 due to extensive equipment replacement programme. Will almost certainly need to secure additional MRI scanning capacity to maintain progress.

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

Locum physiologist from Q3 achieved sharp reduction in NCS breaches at year end (6). Static picture for EMG consultant tests due to 1 WTE vacancy and inability to undertake insourcing (linked to COVID-19 restrictions and availability of space in East in particular). East accommodation coming on line from 22-23 Q2, together with new part time consultant post. Still need to recruit 1 WTE physiologist, but now have space to implement insourcing contract. Expect to be able to eliminate breaches in 22-23.

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

Good progress made in respect of long term plans e.g. consultant recruitment in radiology and neurophysiology. East accommodation for neurophysiology secured for 22-23, along with new equipment to support new consultant in post. Further work required in next 12-24 months to eliminate all breaches.

Suspected Cancer Pathway

- 3 of the 7 schemes completed and services fully established
- Remaining 4 schemes progressing well but not yet fully established
    - Neck lump clinics were delayed due to delay to business case approval by Execs; currently aiming to commence in June
    - Rapid diagnosis clinics opened in Wrexham and Glan Clwyd in March; Bangor to follow in April
    - Recruitment ongoing to CNS and patient pathway posts with view to establishment in Q1 2022/23

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

A decision on the business case will be made within the next two weeks (before the end of April 2022)

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

Plan Ref	Programme	Committee	Lead Director	Target Date	Jun-21	Sep-21	Dec-21	Mar-22
R4.6	Eye Care Services: transform eye care pathway: Enable work to progress on strategic service developments eye care	PFIG	Executive Director Nursing & Midwifery	Initiated with pump priming 2020. Continuation secured through BC approved June 2021. Optometric Contractual Reform predicted to negate future re-tender requirements.	G	R	G	
R4.7	Enable work to progress on strategic service developments urology	PFIG	Executive Director Nursing & Midwifery	Delivery Robotic Assisted Surgery (RAS) 30th September Urology redesign and implementation along with RAS training 31st December/31st March 0 tbc by Urology review group July 2021	A	R	G	R
R4.8	Delivery of the Primary ODTC Glaucoma Integrated pathway	PFIG	Executive Director Nursing & Midwifery	31st March	A	A	G	
R4.9.	Delivery of the Diabetic Primary ODTC Integrated pathways	PFIG	Executive Director Nursing & Midwifery	31st March	R	A	G	
R4.10	Delivery of the Age-related macular degeneration/IVT pathways	PFIG	Executive Director Nursing & Midwifery	31st March	R	A	A	
R10.2	Ensure Safe and Effective Care	QSE	Executive Director of Public Health	1. Implement the recommendations of the HIW National Review of Maternity Services (November, 2020)Action 1: 31st December	A	G	G	
				2. Implement the National MiS solution for Wales (HIW, November 2020).Action 2: WG Initiative	R	A	A	
				3. Implement the new outcomes measures and KPIs for the revised WG 5-Year Strategy.Action 3: informed by WG timetable	A	A	A	
				4. Benchmarking exercise against NICE Quality Standards Action 4: 30th September	A	P		
				5. Demonstrate progress in using the Maternity Voice Group in co-producing the service model, Action 5: 30th June	P			
				6. Ongoing monitoring of safety equipment checks. Action 6: 30th June	P			

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

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

Improved unscheduled care pathways - Page 1 of 6

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

I1.1 Implementation of Single Care Home Action Plan

The Quality Assurance Framework has been developed in line with the agreed timescales despite challenges in engaging with partners during the pandemic. A summary of the QAF has been developed and signed off by the 6 LA and has been presented to the HB Senior Nurses and the Regional Commissioning Board. Providers have been involved in each of the workstreams. The QAF is a dynamic document but the sign up to the agreed principles will support the development of the priorities for years 2 and 3. Excellent feedback has been received from the LAs and providers with regards to the Quality Tools developed for areas such as IPC, End of Live, Nutrition and hydration

Implementation of UPCC(s) in West Area (subject to approval/funding) 31st December
Not fully operational at the moment as we are going through the recruitment process.

Improved unscheduled care pathways

Improved unscheduled care pathways - Page 2 of 6

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

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

A regional HFB Business Case has been written and is currently going through health board approvals process to secure recurrent funding. Although this has been rated as Red, each Area has already established HFBs and is currently operating those services with both temporary redeployed or bank staffing and at risk permanent recruitment and at a cost pressure within current services. Approval of the business case is required to enable HFBs to recruit substantively to the staffing model outlined in the business case and will secure recurrent funding for those services. Work is already underway to consolidate and map our resources to support discharges including CHC, HFB, Frailty, D2RA, therapies and CRT, and ultimately fully implement Discharge to Assess capacity within the community. D2RA ward resources developed and cascaded (to acute and community hospitals). Pan-BCUHB electronic Transfer of care (TOC) referral form has been developed. Pan-BCUHB patient flow and discharge new intranet site going live early in Q4 with D2RA resources. Recruitment adverts are live and are currently going through the system.

Data dashboards have been developed to support the service.

Improved unscheduled care pathways - Page 3 of 6

Plan Ref	Programme	Committee	Lead Director	Target Date	Jun-21	Sep-21	Dec-21	Mar-22
I1.3	Transformation of Community Services - Development of Frailty Pathways to deliver on the vison of Welsh Government for sustainable and integrated Community Health & Social Care.	PFIG	Executive Director Primary & Community Care	COTE linked to CRTs and MDTs at pre crisis point (West only). Ongoing	A	G	G	P
				Develop innovative workforce models to reduce risk of COTE consultant vacancies – eg nurse consultants; therapy consultants (East) 30th June – workforce review. 30th September/ 31st December – extend Multidisciplinary Team (MDT) model from South Wrexham to Central Wrexham and North West Wales	G	G	G	P
				YG & YGC Frailty units established and staff recruited Centre –30th June – design 30th September – Recruit 31st December – Implement 31st March – monitor YGC frailty unit operational 09/02/2022. Review outcomes 31/03/2022 and write business case for future provision April-June 2022	A	A	A	R
				Frailty model embedded into community services and intermediate care approach to utilise step-up beds from primary care more consistently. Partnership working with LAs for Marleyfield step down beds (East). East 30th June Marleyfield	A	A	G	P
				Inclusion of pharmacy requirements for frailty units /services, ED and SDEC (and all other clinical developments) in all three acute sites as part of the MDT team. West - Ysbyty Gwynedd (YG) Frailty unit – on hold, funding not confirmed. Led by acute. West Frailty model in place West - MDTs established in Ynys Mon and Arfon – roll out to remaining areas by 31st December	A	R	R	R

I1.3: Transformation of Community Services -Development of Frailty Pathways to deliver on the vison of Welsh Government for sustainable and integrated Community Health & Social Care.

Ysbyty Gwynedd (YG) Frailty unit established and some staff recruited. Rated red on the basis that although some funding has been provided, the frailty model has not been fully developed. A Frailty Business case is currently in development and once approved this will secure further additional funding to establish a permanent and embedded frailty model (unit in YG) as a priority – including COTE and other MDT staff. The COTE funding will also support the community frailty model linked to CRTs. As a health economy this is one of our top priorities moving forward. Joint working continues between Area and Acute teams, and local authority to support the ongoing development of the frailty unit mode in the West.

Ysbyty Glan Clwyd (YGC) Frailty unit became operational on 09/02/2022 with medical and therapy input. Nurse input initially has been bank/agency but there is a plan to recruit to 2 x band 6 posts to provide more secure staffing for the unit for 6 months. KPI's are being collated in terms of length of stay and impact, including patient stories. Approval has been given by the central area team to run the frailty unit for 6 months using some existing funds within area whilst working up the business case to secure on going substantive funding for the service. The business case will detail all staffing disciplines required going forward.

Ongoing review of referral criteria with therapies and social care. Inclusion of pharmacy requirements for frailty units /services, Emergency Departments (EDs) and Same Day Emergency Care (SDEC) (and all other clinical developments) in all three acute sites as part of the MDT team. No funding yet agreed due to business case approval requirements.

Improved unscheduled care pathways - Page 4 of 6

Plan Ref	Programme	Committee	Lead Director	Target Date	Jun-21	Sep-21	Dec-21	Mar-22
I1.5	Community Services Transformation Programme: Continued implementation of regional and area-level transformation plans, aimed at developing place-based, integrated models of care and support increasing skills and capacity within primary care, community health and social care, to deliver care and support in people own homes and communities.	PFIG	Executive Director Primary & Community Care	30th June-31st March– ongoing implementation of regional and area-level programmes of work	G	G	G	P
				31st March – Sustainability planning for post programme continuation	G	G	G	P
I1.7	Increased capacity within Community Resource Teams (CRTs) to support patients to be cared for in their own homes.	PFIG	Executive Director Primary & Community Care	30th June: Staff recruited with Winter Planning monies to continue in post, linked to Community Resource Teams (CRTs). Data collection 30th September: Evaluation of service and business case to secure ongoing funding and contingency planning for exit strategy 31st December: subject to funding, recruit and deploy additional Healthcare Assistants (HCAs) to support care delivery outside hospital 31st March Secure permanent funding, subject to further evaluation	G	G	A	P
I1.7	Transformation of Child and Adolescent Mental Health Services (CAMHS) - Targeted Intervention Performance and Improvement Programme.	QSE	Executive Director Primary & Community Care	30th June – Baseline assessment	P			
				30th September - Developed Improvement Framework and structure	G	P		
				31st December -31st March & Ongoing Performance improvement monitored monthly at regional Performance Group and reported to Strategic CAMHS Improvement Group. Evidence of achievement of high level 2 on TI maturity matrix submitted for approval by HB and WG.	N/A	G	G	p

Improved unscheduled care pathways

Improved unscheduled care pathways - Page 5 of 6

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

I1.2: Emergency Department access and patient flow
(Welsh Access Model / Emergency Department Quality and Delivery Framework / Frailty and Acute Medical Model)
Work is ongoing to fully embed the WAM (including implementation of Consultant Connect, direct access referrals, Internal Professional Standards) and will be picked up within Phase 2 of the USC Improvement Programme.
The NESIs that were identified and agreed for implementation on each site for last FY have been completed. Remaining NESI's are to be agreed going forward via the national team and the sites, part of forward planning hence why not all have been completed. Project support is also required following the cessation of funding for the Project Manager posts at end March 22.

The PIPs that were identified and agreed for implementation on each site for last FY have been completed however, sites are now to confirm the leads for PIP's going forwards and which PIPS each site will take forwards in 2022/23. As above Project support is required following cessation of funding for the Project Manager posts at end March 22.

I2.3: Same Day Emergency Care (SDEC)
As previously reported, the 30th Sept target date was inaccurate. Whilst reporting as completed for Q4, this project is a priority for the next phase of the USC programme. Phase 1 of the USC programme saw the further establishment and development of SDEC models on each site, including a new surgical SDEC in Wrexham is completed. Phase 2 of the programme will continue to expand the SDEC units / service as these are not yet fully resourced. Recruitment is in progress and will be a priority for Phase 2. Work is also ongoing to standardise the SDEC models across the Health Board, and this is a priority for Phase 2 of the USC programme and will be progressed in line with the WG 6 goals for U&EC planning and guidance for 2022-23.

Improved unscheduled care pathways - Page 6 of 6

Plan Ref	Programme	Committee	Lead Director	Target Date	Jun-21	Sep-21	Dec-21	Mar-22
I2.6	Implement Discharge to Recover & Assess (D2RA) pathways through further development of Home First Bureaus in each area	PFIG	Executive Director Nursing & Midwifery	31st December	A	G	A	
I2.7	Stroke Services: Enable work to progress on strategic service development - confirm and agree the stroke service model	PFIG	Executive Director Nursing & Midwifery	Development of business case to improve stroke services across a whole system approach that will provide a “Once for North Wales” network approach to ensure consistency of clinical outcomes for Early Supported Discharge and Specialist Integrated Community In-patient Rehabilitation services. Phase 1 service proposal focuses on: Prevention including improved AF detection Stroke Prevention – 30th September	G	R	A	
				Strengthening of acute services across 3 DGH sites; including improved OOH pathway for diagnosis; treatment and recovery Acute services – 30th September	G	R	R	
				Development of Early supported discharge (ESD) across the 3 areas ESD – 30th September 20% / 31st December 70% / 31st March 100%	G	A	G	
				Specialist community inpatient rehabilitation beds across the 3 areas Specialist Community inpatient beds – 30th September	G	R	G	
				A consistent approach to Stroke Rehabilitation across all sites in proportion of confirmed stroke patients receiving specialist rehabilitation and length of stay Consistent approach to rehabilitation – 31st March	G	G	G	

Improved unscheduled care pathways

Strengthen our population health focus

Strengthen our population health focus - Page 1 of 6

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

Strengthen our population health focus - Page 2 of 6

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

S1 – The Smoke Free Policy is currently undergoing approval and hospital directors are aware of the requirement to implement smoking regulations. Once approved, we will be progressing communication across all sites and to all stakeholders in relation to enforcement of the smoke free policy.
Initial meetings have taken place with Local Authorities to discuss delegated responsibilities. There are capacity issues for consistent implementation across Local Authorities which are being addressed. Welsh Government are also expected to support Local Authorities during the first quarter of 22/23.

S1.1 - Single Service plan – Whilst most of the plan is already in place, COVID had caused some delays in the original schedule of meetings due to service pressures. A consultant lead within secondary care will be identified to further advance the work of the single service and meetings are scheduled in April for Maternity Services to agree actions for this particular element. The plan will be completed during May 2022.

S1.1 Ottawa model – The Ottawa model has been identified as a key priority in the tobacco control action plan for 22-24. We have already made significant progress towards establishing this model during 21/22, however discussions with Welsh Government have been delayed. The meeting for discussing implementation and national requirements is due to take place in April 2022. Our plans for 22/23 delivery have been submitted and approved by Welsh Government for funding - which will allow us to continue to establish and embed the Ottawa model as an evidence based means for supporting smoking cessation.
Whilst our Secondary Care Help me Quit Service has continued to deliver to the local plan, there have been delays with regards to progressing the community engagement events with GPs and Primary Care partners due to the significant pressures experienced recently. We are progressing this work as a priority and intend to complete this during Q2 2022.

Strengthen our population health focus - Page 3 of 6

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

Strengthen our population health focus

Strengthen our population health focus - Page 4 of 6

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

S1.5 The 21/22 Infant feeding project at Wrexham Maelor has now been evaluated. The evaluation report provides positive feedback and identifies that there has been improvement to infant feeding rates as a result of the project. The report will be used for discussion and to inform actions through the Healthy Weight Programme Group, the Population Health Group and the North Wales Strategic Infant Feeding Group.
Whilst the Job Description for the Strategic Infant Feeding Lead has been drafted locally (following the delay in receipt of a national Job Description), a review of infant feeding services alongside the Healthy Weight programme has commenced which will further inform the focus of the role. This post will now form part of a business case which considers the development of the whole service as part of 22/23 planning.

S1.6 & 1.7- We have successfully recruited to all Tier 3 Children's obesity service posts except the psychologist post. The service is now live with referral mechanisms in place. The first Multi-Disciplinary Team will take place week beginning the 4 April. We aim to have the psychologist post appointed to by Q2 22/23.

Strengthen our population health focus - Page 5 of 6

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

Strengthen our population health focus - Page 6 of 6

Plan Ref	Programme	Committee	Lead Director	Target Date	Jun-21	Sep-21	Dec-21	Mar-22
S2.1	Implementation of Alcohol Insights Commissioned report	QSE	Executive Director of Public Health	Findings shared with Allied Planning Board Action plan developed and implemented 31st December		G	P	
S2.2	Increase level 1 activity particularly in target groups	PPPH	Executive Director of Public Health	Early years dieticians and support workers appointed 30th June		R	R	P
				Appoint (and provide relevant training on induction for) early years dietitians and support workers (1 each per BCU area) 30th September		R	R	P
				Come and cook with your child' programme commences in primary schools 31st December		A	A	P
				Boliau Bach/Tiny Tums programme expands to include food and drink provision for 0-1 years in early child care settings - Training Needs Analysis (TNA) planned and completed 31st December		A	A	P
				Provision of accredited nutrition and practical cooking skills NS4L courses commences with families - focusing on supporting Flying Start - Meetings held with each Flying Start team in first 6 months to explore opportunities for greater integration and to establish FS priorities for delivery of parenting programmes/ family contacts etc. - Proposal(s) to extend and integrate our provision with FS teams is outlined in a document e.g .PiD and this is discussed and agreed with all parties within the first 9 months31st December		A	A	P
				Through meeting and establishing groups with childminders and play groups – access to digital and/or face to face training and participation Boliau Bach/Tiny Tums is increased. - Digital training resources completed and tested 31st December		A	G	P

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

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

M1.7 Dementia Care: The review of Dementia Care within BCU continues. A helpful vehicle for this process has been the Community Hospital Quality review in Summer 2021 and the subsequent action plan, which comprises numerous dementia-related actions led by the Consultant Nurses for Dementia. Most actions will be complete by end of June 2022 and are on track. Memory Assessment Services have been scoped extensively and a report is near completion that will dovetail with existing work in the Memory Assessment Service. The strategic lead for Dementia is continuing to make good progress with dementia pathways work through acute/general care from May 2022 working with the Transformation team pathways lead and linking into Older Persons Mental Health.

Consultant Nurses for Dementia have been leading work on training needs analysis processes that exist across BCU but has found these systems to be poor/insufficient. Whilst the mandatory Level 1 dementia awareness training is maintained across BCU, Levels 2 and 3 have not taken place since the start of the Covid-19 pandemic. The Consultant Nurses for Dementia have begun and will continue to develop relationships across BCU wards/departments/areas that will identify training needs and the support required to meet those needs. Regular meetings have been established across areas to meet ward managers and matrons and to provide updates and discuss issues. We are in the process of finalising the set-up of level 2/3 dementia training via an online provider. This training will be available to up to 4000 staff.

An evaluation of the Dementia Support Worker role in acute general and community hospitals has been designed and is about to start in partnership with Bangor University. This will identify issues to inform demand and capacity work and following the Community Hospital Review. The Nursing Director for West (Acute) is exploring extension of these valuable dementia support roles into evenings and weekends to enhance the service. The Consultant Nurses for Dementia are fully involved in Regional Partnership dementia work via the Dementia Steering group, which monitors the good progress being against the Dementia Action Plan/Standards. A further initiative to promote effective services has had funding secured to appoint Dementia Meeting Centre facilitators and a manager to set up 6 centres across North Wales. Tracey Williamson has been appointed to lead on dementia NICE standards across BCU and lead the Dementia Hospital Charter implementation group to be set up from April 2022. Recruitment is also about to go live for a new Memory Assessment Service regional pathways manager post.

Dementia equipment needs across BCU to support patients has been quantified and ordering is underway. Furthermore, a project to digitalise Kings Fund Dementia Environment audit tools is currently being set up to commence by April 1st 2022, which will lead to further improvements in dementia friendly environments of care delivery pan-BCU.

A dementia public information film has been funded and is to start by end of March 2022 to help improve public knowledge of dementia, reducing risk, the importance of getting checked, support etc.

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

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

M1.8 Older Persons Mental Health: The Occupational Therapy clinical leads are ready to go with a pathway and had advertised and shortlisted in November 2021 with paused candidates. We are currently awaiting guidance from Senior Leadership within Mental Health and Therapy Services as to approval to proceed. Revised milestones for 2022/23 have been agreed by Divisional Senior Leadership Team and Corporate Planning in line with the BCU Integrated Medium Term Plan, merging the unscheduled crisis care programme and older person's crisis care into one overarching programme.

M1.9 Early Intervention Psychosis: We have recruited the care co-ordinators and the induction training will commence on the 4th April 2022. Available and appropriate estates/accommodation remains the significant and outstanding issue. At the time of this report, we are not able to recruit to the remaining posts and therefore not able to become operational until these issues have been resolved. An accommodation request has been escalated to Divisional Senior Leadership Team for consideration and approval for exploring suitable accommodation outside of the division.

M10 Forensic Services: An internal review of capacity and resource to undertake this key priority has informed milestones for this work in 2022/23. The progression of this work is dependent on the national review of secure services. This is now due for publication in August 2022 having been delayed from its original publication date of April 2022. Guidance from the national review will have a significant impact on how our forensic services look going forward, we will consider this against our existing model and undertake a gap analysis to inform a business case 6 months post the guidance publication. The revised milestones for 2022/23 have been take through our divisional governance process and agreed by Divisional Senior Leadership Team.

M10.1 Learning Disabilities: The Section 33 agreement for Pooled Budget Pilot has now been approved and governance arrangements approved by BCUHB. Pooled budget will commence from the 1st of April 2022 with a view of evaluation effectiveness at month 6. The Enhanced Community Residential Service (ECRS) right sizing project is complete, retendering of 1 Ynys Mon project in process and project group established. This programme also requires significant project management support to progress, which is not currently available, status therefore remains red.

M10.2 Maternal and Perinatal Services: Recruitment has been a significant barrier to the progression of this key priority for the division. We are pleased to have recently recruited to a number of posts including our third nursery nurse post, 0.5 WTE service manager post and Band 8a clinical psychology post all of whom should be in post in Qtr. 1 of 2022/23. We have a number of other post going through the recruitment process from approval to interview stage and progression of these is scrutinised and monitored within the division. Recruitment to our service is fundamental to achieving the Royal College of Psychiatrists Perinatal Mental Health Type 1 standard.

M10.3 Primary Care & ICAN: The scoping of our workforce model has been completed. Regional roll out ICAN Primary Care Practitioners will commence Qtr. 1 2022/23. Recruitment remains a pressure to the achievement of this key priority.

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

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

M10.4 Psychological Therapies: We have undertaken work between the Interim Professional Lead/Head of Psychology Services and the Executive Director of Therapies to establish a formal constitution and governance arrangement for the Psychological Therapies Management Committee. This is the formal strategic and quality assurance group for psychological therapies/interventions within BCUHB child and adult services, mental and physical health and WOD Staff Wellbeing.
Learning Disabilities Psychology Services has high levels of Clinical Psychologist vacancies meaning access to Psychological Therapies within Adult Learning Disability Services has significantly reduced. A business case is being submitted to the Divisional Senior Leadership Team in April 2022 that aims to address both the vacancy issues in the short and longer term, and also significantly improve our offer regarding mental health and psychological therapies.
Forensic (Medium Secure) and Rehabilitation Psychology Services have a draft strategy document has been prepared and submitted to and accepted by Divisional Senior Leadership Team highlighting the gaps and the need to develop psychology resources within the service including the Compassion Focused Therapy. The need to progress towards a more psychologically informed service and increase access to multi-disciplinary delivered psychological interventions at different levels of intensity has been accepted by the Divisional Senior Leadership Team and wider management team. A business case is now required, which will include an increase in qualified Clinical Psychologists and nurse therapist posts.
The current Rehabilitation Project Board is actively reviewing plans for increasing access to psychological therapies and creating more psychologically informed services. It is acknowledged that this is a key goal for the service and project groups are currently looking at how this will be achieved, the resources that will be required and the training that the workforce will need. Psychology representation on all project groups.
North Wales Brain Injury Service (NWBIS) & Neuropsychology has recruited to the new Stroke Psychology Service. This includes a Consultant Clinical Psychologist, two Clinical Psychologists and several Assistant Psychologists. Psychological therapy will be offered to stroke patients, as appropriate. In 2021, a gap analysis report (Project Athena) was presented to, and accepted by, the BCUHB Neurosciences Board. There are no, or little, psychological input to neurological conditions. There is a small amount to Motor Neurone Disease (via Health Psychology Services), but it is not a comprehensive service. Service provision is needed in Multiple Sclerosis, Functional Neurological Disorder, Epilepsy and Parkinson's, as well as developing the input to Motor Neurone Disease. It will be appropriate to offer psychological therapy to all these populations and provide a neurological conditions Psychology Service. A business case is in the very early stages of development with plans to progress this into 2022/23.
Adult Mental Health Services provision at Tier 0 and Tier 1 has been mapped, we are moving at pace to recruit a number of additional new posts. These new psychological staff will work embedded within existing multidisciplinary Primary Care Mental Health Services supporting improvements in lower step delivery in adult mental health services as per Matrics Cymru guidance. Improvement work for Tier 2 and above for support within multidisciplinary teams on the ground over the last 3 years via the Adult Mental Health Stepped Care Initiative has been sustained despite the Covid-19 pandemic. Current BCUHB compliance for Adult Mental Health Secondary Care Specialist Psychological Therapies /Interventions is 76.19%, demonstrating significant improvements have been sustained. There are some challenges due to vacancies and increase in demand, but these are being managed on a local basis. This month this improvement work has been recognised nationally, with BCUHB going from the worst in Wales (because of the Wrexham legacy lists) in 2017 to now the 3rd best Health Board in Wales.

M10.5 Rehabilitation Services: Progress has been made against this important work, the 5-10 year plan has been revised into a more appropriate 3-year transformational plan and this has been completed with the agreed objectives for Year 1 on trajectory. The business case for enhanced supported living scheme is in development.

M10.7 Unscheduled Care and Crisis Response: Mental Health Single Point of Contact (SPoC) weekend and Out of Hours model has been developed and approval to move to implementation was given by Clinical Strategy Group in February 2022. Delay in obtaining go live approval has resulted in issues with obtaining appropriate staffing for the weekend rota. St. John Mental Health Conveyance pilot is now live in East and has been expanded to the Central Area. The Sanctuary Model and subsequent tender specification has been developed. However, at the request of area teams, this was paused in order to explore further options. Crisis Steering Group was stood down during Gold Command which has contributed to the lack of progress against key milestones. All risks and issues relating to this workstream have been escalated to the Divisional Senior Leadership Team and Executive Delivery Group.

M10.8 Eating Disorders: Recruitment delays continue to affect service delivery and lack of appropriate accommodation is a significant limiting factor to recruitment and therefore service delivery. Various posts (e.g. administrators, dieticians, occupational therapists) cannot be advertised without a base. A summary of accommodation needed has been in circulation for some time but no solution found as yet. In the west, we have re-configured our existing base to accommodate as many new staff as possible, but this won't accommodate everyone in the West. Recruitment may need to go on hold until accommodation issues are resolved.

M11 Liaison : Local area Psychiatric Team Managers have reviewed current staffing establishments and identified where additional posts are required in order to stabilise current Psychiatric Liaison services. Psychiatric Liaison enhancement model proposals have been completed. Recruitment into temporary Band 6 posts is progressing well to support the current staffing establishment shortfall and will be completed by the end of Qtr. 4 2021/22. Work is ongoing around the Psychiatric Liaison Clinical Lead Model. Re-sign up to PLAN (Psychiatric Liaison Accreditation Network) has been approved for all areas and has been actioned by the Psychiatric Team Managers. Work is ongoing in line with PLAN requirements.

M11.1 Partnerships & Engagement: The Caniad contract for service user involvement has been extended to the end of September 2022. There has been a renewed focus on the settings and priorities for the involvement of people who have experience with our Mental Health & Learning Disabilities services, to feedback on, and influence service improvement. Agreements are now in place with each Local Authority to develop their own projects in partnership with local Mental Health & Learning Disabilities teams. There is an expectation that these projects will regularly report into the Integrated Service Boards, and opportunities to develop these projects jointly will be a priority. Projects include volunteer coordinating, the development of a wellbeing centre and increased provision of support through the iCAN hubs.

2021-22 Operational Plan Monitoring Report
Betsi Cadwaladr University Health Board

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

- tolerances for red, amber and green

Further information on our performance can be found online at:

- Our website www.bcu.wales.nhs.uk
- Stats Wales https://statswales.gov.wales/Catalogue/Health-and-Social-Care

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

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

Cyfarfod a dyddiad: Meeting and date:	**Partnerships, People and Population Health (PPPH) Committee 20.5.22**
Cyhoeddus neu Breifat: Public or Private:	Public
Teitl yr Adroddiad Report Title:	**Corporate Risk Register (CRR) Report**
Cyfarwyddwr Cyfrifol: Responsible Director:	Simon Evans-Evans, Interim Director of Governance
Awdur yr Adroddiad Report Author:	Justine Parry, Assistant Director: Information Governance and Risk
Craffu blaenorol: Prior Scrutiny:	Risk Management Group on the 5th April 2022
Atodiadau Appendices:	Appendix 1 - CRR Report for PPPH Appendix 2 - New Risks for Escalation Consideration onto the CRR 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

Argymhelliad / Recommendation:

(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)

That the Committee:-

1. Note two key highlighted points of the discussions that took place at the RMG:

- The meeting used `check and challenge` and `deep dive` as tools for driving learning, sharing best practice and enhancing the Health Board`s risk management footprint. For example, members noted after some debate and discussions that controls when expressed as `…policy in place` or `business case in place` were not properly articulated. They then advised that such controls be refreshed to focus on their implementation as neither a policy nor a business case in itself can mitigate a risk.

- Members also agreed as an action that once Executive Directors have approved risks, there was no need to present them to the RMG, ET or Committees for further approval as this doesn`t align with best practice and the dynamic and timely escalation of risks. This aligns with the UK Code 2018 and the FRC Risk Guide 2014, which advise that Committees should focus on their `oversight function` and not to get involved in `risk management` by satisfying themselves that Executive Directors are consistently mitigating and managing risks in line with best practice. This will be reflected in the updated Risk Management Strategy to be presented to the Board in July for approval.

2. Review, note and approve the progress on the Corporate Tier 1 Operational Risk Register Report as set out below and in detail at Appendix 1:

CRR20-06: Informatics - Patient Records pan BCU

- **Note** the risk has been reviewed and updated, no further change to scoring proposed at this time.
- **Note** the closure of action ID 12424 as it has been extrapolated out of this risk to form a new risk with Datix ID 4184, so that it will be archived and removed from the next report.
- **Note** that action ID 12429 remains on hold until the Mental Health Business Case is progressed with the Welsh Government.

CRR20-07: Informatics infrastructure capacity, resource and demand

- **Approve** the closure and transfer of the residual actions to the BAF21-16. Both RMG and the Executive Team (ET) at their meetings of the 16th and 25th August and 14th and 22nd December continue to support and recommend approval for the risk closure. Confirmation has been received from the Digital Director that the outstanding actions from CRR20-07 have been included within the updated BAF21-16 risk.

CRR21-11 – Cyber Security
Please note this risk is presented In-Committee to protect and maintain the security arrangements of the Health Board.

CRR21-12: National Infrastructure and Products

- **Note** the risk has been reviewed and updated.
- **Approve** the proposal to reduce the risk score from 20 to 12 recognising the completion of 75% of actions.
- **Note** the extension to the target risk due date from 31/03/2022 to 30/06/2022 to enable implementation of the outstanding actions.
- **Note** the closure of action ID 15285 as quarterly meeting is now in place, so that it will be archived and removed from the next report, recognising that its implementation will be captured as part of the controls within the next iteration of the risk.
- **Note** the closure of action ID 15286 as a reporting process is now in place, so that it will be archived and removed from the next report, recognising that its implementation will be captured as part of the controls within the next iteration of the risk.
- **Note** the closure of action ID 15474 as BCUHB now has representation on multiple groups.
- **Note** the closure of action ID 17753 as the Welsh Patient Administration System (WPAS) and Welsh Clinical Care Information System (WCCIS) business cases are completed and in place, so that it will be archived and removed from the next report, recognising that monitoring compliance with the implementation will be captured as part of the controls within the next iteration of the risk.
- **Note** the closure of action ID18681 as Executive engagement is now in place, so that it will be archived and removed from the next report.
- **Note** the closure of action ID 21270 as this is now managed as business as usual as teams are in place to develop local business cases to support ongoing national products, so that it will be archived and removed from the next report.
- **Note** the delay to action ID 15287 as templates are being revised for reporting; anticipated implementation by the end of April 2022.

3. Approve the following new risks which are being presented following escalation approval from the RMG for escalation onto the Tier 1 Operational Risk Register as set out below and in detail at Appendix 2:

Risk IDs:

- **4200** – There is a risk that residents in North Wales may be unable to achieve a healthy weight as a result of wider determinants;
- **4201** – There is a risk that adults who are overweight or obese will not achieve a healthy weight due to engagement & capacity factors.

4. Approve the risk being presented to this Committee for de-escalation consideration at this time:

- CRR21-12: National Infrastructure and Products - Recognising the completion of 75% of actions, the Digital Chief Information Officer is requesting for approval to de-escalate the risk from a Corporate Tier 1 risk to a Tier 2 risk for future management.

5. Note the following emerging risks raised at the Risk Management Group meeting, which will be presented to the appropriate Committee for future oversight:

Risk IDs:

- 4241 – Inability to deliver timely Infection Prevention & Control services due to limited capacity;
- 4325 – Potential that medical devices are not decontaminated effectively so patients may be harmed;
- 3731 – Delivery of Safe and Effective resuscitation maybe compromised due to training capacity issues.

6. Note the distribution and throughput of risks by Tier currently recorded within Datix, providing a snap shot view across BCUHB. Work continues to support the development of the Once for Wales RL Datix Cloud IQ Risk Module which will include the development of reporting the breadth and categories of risks recorded in a meaningful and consistent way:

Risk Tier (and risk score: NB Consequence x Likelihood = Risk Score)	Total number of live risks on registers	Number of risks held as 'Being Developed' (not yet live)	Number of live risks added in the last 6 months (not via escalation)	Number of risks closed in the last 6 months (not via de-escalation)
Tier 1 (15-25)	15	0	0	0
Tier 2 (9-12)	382	97	47	117
Tier 3 (1-8)	259	86	31	128

Ticiwch fel bo'n briodol / Please tick as appropriate							
Ar gyfer penderfyniad /cymeradwyaeth For Decision/ Approval	✓	**Ar gyfer Trafodaeth For Discussion**	✓	**Ar gyfer sicrwydd For Assurance**	✓	**Er gwybodaeth For Information**	
Y/N i ddangos a yw dyletswydd Cydraddoldeb/ SED yn berthnasol Y/N to indicate whether the Equality/SED duty is applicable						**N**	

Sefyllfa / Situation:

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

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

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

Cefndir / Background:

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

The Corporate Risk Register will enable the QSE to scrutinise, oversee and gain assurance that systems and processes are in place to identify, monitor and address current and future risks deemed high enough to negatively impact on the delivery of the operational objectives of the Health Board. It will also support the Committee to evaluate the effectiveness of controls assigned to the risk and associated action plans. Teams reporting to the Lead Director (who is the Senior Responsible Officer for the risk) locally own and manage risks with support from the corporate risk team. The Risk Management Group has oversight of all risks, with scrutiny taking place at each meeting for proposals for changes to the CRR to Board and Committees.

Work is currently underway to reset the BAF for the 2022/23 period, during this period the corporate risk register continues to be aligned to the BAF with a view to ensuring consistency.

Summary Table of the Full Corporate Tier 1 Risk Report:

Risk Title	Inherent risk rating	Current risk rating	Target risk rating	*Movement
CURRENT RISKS – Appendix 1				
CRR20-06: Informatics - Patient Records pan BCU	16	16	12	⟷ unchanged
CRR20-07: Informatics infrastructure capacity, resource and demand	20	16	12	⟷ unchanged
CRR21-11 – Cyber Security	25	20	15	⟷ unchanged

CRR21-12: National Infrastructure and Products	20	20	12	⟷ unchanged

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

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

Current Risk Level		**Impact**				
		Very Low - 1	Low - 2	Moderate - 3	High - 4	Very high - 5
Likelihood	Very Likely - 5				CRR21-12	
	Likely - 4				CRR20-06 CRR20-07	CRR21-11
	Possible - 3					
	Unlikely - 2					
	Rare - 1					

Asesu a Dadansoddi / Assessment & Analysis

Goblygiadau Strategol / Strategy Implications

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

Opsiynau a ystyriwyd / Options considered

Continuing with Corporate Risk Register.

Goblygiadau Ariannol / Financial Implications

The effective and efficient mitigation and management of risks has the potential to leverage a positive financial dividend for the Health Board through better integration of risk management into business planning, decision-making and in shaping how care is delivered to our patients thus leading to enhanced quality, less waste and no claims.

Dadansoddiad Risk / Risk Analysis

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

Cyfreithiol a Chydymffurfiaeth / Legal and Compliance

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

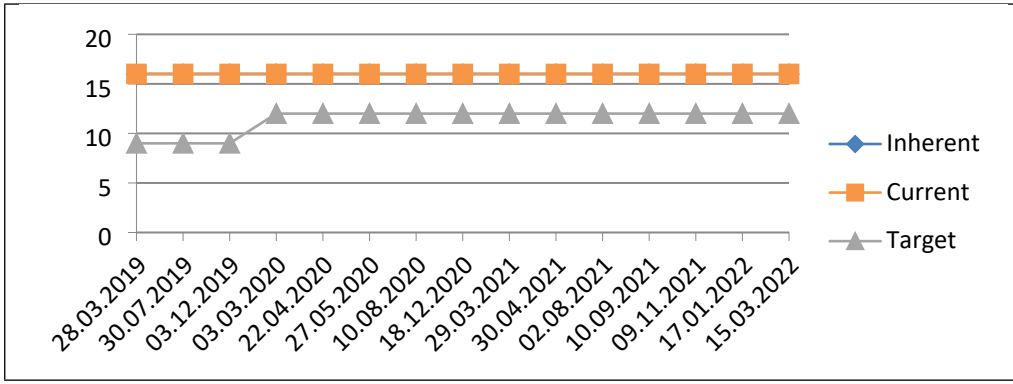
Asesiad Effaith / Impact Assessment

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

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

Appendix 1 – Corporate Risk Register for PPPH.

CRR20-06	**Director Lead:** Director of Primary and Community Care	**Date Opened:** 28 March 2019
	Assuring Committee: Partnerships, People and Population Health Committee	**Date Last Reviewed:** 15 March 2022
	Risk: Informatics - Patient Records pan BCUHB	**Date of Committee Review:** 10 February 2022
		Target Risk Date: 30 September 2024
There is a risk that patient information is not available when and where required. This may be caused by a lack of suitable storage space, uncertain retention periods, and the logistical challenges with sharing and maintaining standards associated with the paper record. This could result in substandard care, patient harm and an inability to meet our legislative duties.		



	Impact	Likelihood	Score
Inherent Risk Rating	4	4	16
Current Risk Rating	4	4	16
Target Risk Score	4	3	12
Risk Appetite	Moderate level		9-12
Movement in Current Risk Rating Since last presented to the Board in January 2022	Unchanged		

Controls in place	Assurances
1. Informatics Strategy in place, with regular reporting to People, Partnership and Population Health Committee. 2. Corporate and Health Records Management policies and procedures are in place pan-BCUHB. 3. iFIT Radio-Frequency Identification (RFID) casenote tracking software and asset register in place to govern the management and movement of patient records.	1. Chairs reports from Patient Record Group presented to Information Governance Group. 2. Chairs assurance report from Information Governance Group presented to Performance, Finance

4. Key Performance Indicators monitored at BCUHB Patient Records Group (reported into the Information Governance Group). 5. Centralised Team to manage 'Subject Access Requests' for Patient Records pan-BCUHB established with project complete March 2021, ensuring compliance with legislation and supporting the rectification of commingling within patients clinical notes. 6. Standard Operating Procedure in place pan-BCUHB and off-site storage secured to manage the increased storage demands in response to the embargo on the destruction of patient records (in line with retention) due to the Infected Blood Inquiry. 7. Medical Examiners Service (MES) support teams established on each site to respond to the new requirements for providing scanned patient records to the MES in line with their standard operating procedures. 8. Baseline audit undertaken in acute mental health and Children and Adolescent Mental Health Service (CAMHS) with monitoring and oversight by the patient record group reporting to the Information Governance Group.	and Information Governance Committee. 3. Information Commissioners Office Audit.

Gaps in Controls/mitigations
1. Lack of ability of project resources to be able to digitalise all specialties within 4 years. Phased approach for digital implementation introduced. 2. Fit for purpose on site estate to hold physical records with the lack of current plans to scan records. The estate to hold physical records requires upkeep, current off site storage in place.

Progress since last submission
1. Controls in place reviewed to ensure relevance with current risk position. 2. Gaps in controls reviewed to ensure relevance with current risk position. 3. Scanning contract awarded in January 2022. 4. The Digital Health Record Programme Team have identified learning from the early adopters i.e. and will amend the rollout plan in line with this review during March/April in order to agree a plan. 5. Medical Examiner Service now functional on all three Sites with a few minor issues relating to Estates, power and additional scanning equipment that will be resolved in April 2022. 6. We are now sharing the scan documentations from the Medical Examiner Service with the Mortality Review teams across BCU.

7. Action ID 12424 – Action closed as this action has been extrapolated out of this risk to become its own results management risk with the corresponding actions. 8. Action ID 12429 – Action currently on hold until the Mental Health Business Case is progressed with the Welsh Government (5 case business cases). The date for the Mental Health Full Business Case is September 2022.

Links to	
Strategic Priorities	**Principal Risks**
Making effective and sustainable use of resources (key enabler) Transformation for improvement (key enabler)	BAF21-16 BAF21-21

Risk Response Plan	**Action ID**	**Action**	**Action Lead/ Owner**	**Due date**	**State how action will support risk mitigation and reduce score**	**RAG Status**
Actions being implemented to achieve target risk score	12423	Development of a local Digital Health Records system.	Miss Wendy Hardman, Deputy Head Of Health Records	30/09/2024	**17/01/22: Phase 2.0 – Minimal Viable Product & Early Adopter** Further 2 posts for System Administration Trainers recruited to, pending notice and references and 1 post will go out to re-advert. Upgrade has been received and testing is well underway. Vascular Multi-Disciplinary Team eForm and process has finished redesign and is in second stage of testing. Site visits have taken place with process mapping to follow for Central and West Health Records. Initial engagement continues with Lung Cancer Nurses Central and Rheumatology with progress on their eForms. Risk Sub-Group and Project Board	On track

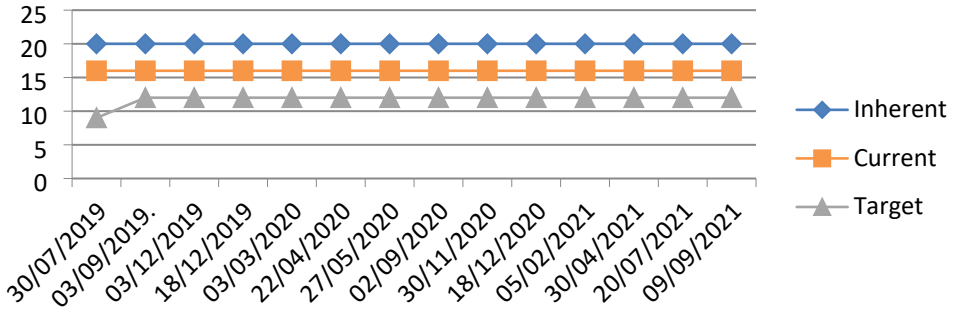
					remain updated via e-mail as unable to meet due to Covid pressures on key attendees. **Phase 3.0 – Scanning & Upload** Interviews and scoring concluded, panel have agreed to proceed with Supplier. Contract Award is pending sign off and will require Welsh Government approval. 2 Compliance & Assurance roles are with job evaluation and Work Package commenced to review new working processes and regulatory compliance. **Phase 4.0 – 3rd Party Integrations** EPRO can now open within Cito, testing is underway. Ingestion of 750,000 historical clinical letters has commenced. Digital Health Care Wales have acknowledge receipt of request made Summer 2021, no timescales have been provided.	
	12424	Improve the assurance of Results Management.	Miss Wendy Hardman, Deputy Head Of Health Records	31/12/2021	ACTION CLOSED 17/01/2022 January 2022 progress update - This action has been extrapolated out of this risk to become its own risk with actions. This has been recorded on Datix as reference 4184.	Completed
	12425	Digitise the clinic letters for outpatients.	Miss Wendy Hardman, Deputy Head Of Health Records	30/06/2022	**17/01/22: Central – Phase 3** Completed. **East - Phase 4**; The following departments are now live on EPRO, Long Covid Service, Clinical Musculoskeletal Assessment and Treatment Service (CMATS), Paediatrics,	On track

					Vascular, Breast, Palliative Care. 5 other departments have been booked and planned to go live dates allocated and on target for completion by 07/02/22. Planning is underway with the remaining departments keeping the project on track for completion June 2022. Following the upgrade it had been brought to the Project team's attention that not all Authors of documents in EPRO were registered users. It was always intended that the Authors of documents in EPRO should be registered EPRO users and this is a requirement to adhere to proper governance. Without Authors of documents being official registered users it is not possible to support the audit trail within EPRO. Following thorough investigations it was found that this was a bigger issue than originally thought and this would require the purchase of additional licences in order to set up users legally. The project team contacted EPRO for a quote for 1000 licences with associated support and maintenance costs. EPRO provided a £39K quote for licences and £18K for associated support and maintenance costs. The Project team worked closely with the finance team within BCUHB who successfully sourced funding from the ICT department to cover these costs.	

	12426	Digitise nursing documentation through engaging in the Welsh Nursing Care Record.	Jane Brady, Assistant Business Support Manager	30/09/2024	16.11.21 - the ownership of this action has been passed to Jane Brady (Senior Lead Nursing Informatics Specialist) as the lead for this project who will be best placed to provide the updates.	On track
	12429	Engage with the Estates Rationalisation Programme to secure the future of 'fit for purpose' file libraries for legacy paper records.	Miss Wendy Hardman, Deputy Head Of Health Records	31/01/2023	ON HOLD until the Mental Health Business Case is progressed with the Welsh Government (5 case business cases) – break ground circa 2023, we will not be able to start the work to explore if the Ablett can be retained and redesigned for health records until the business cases are signed off. The date for the Mental Health Full Business Case is September 2022.	On Hold

CRR20-07	**Director Lead:** Director of Primary and Community Care	**Date Opened:** 28 March 2019
	Assuring Committee: Performance, Finance and Information Governance Committee	**Date Last Reviewed:** 09 September 2021
	Risk: Informatics infrastructure capacity, resource and demand	**Date of Committee Review:** 14 October 2021
		Target Risk Date: 15 December 2021

There is a risk that digital services within the Health Board are not fit for purpose. This may be due to:
(a) A lack of capacity and resource to deliver services / guide the organisation.
(b) Increasing demand (internally from users e.g. For devices/ training and externally from the public, government and regulators e.g. Growing need for digital services).
(c) the moving pace of technology.
This could lead to failures in clinical and management systems, and a failure to support the delivery of the Health boards strategy / plans impacting negatively on patient safety/outcomes. It may also pose a greater risk to the Health board of infrastructure failures and cyber attack.



	Impact	Likelihood	Score
Inherent Risk Rating	5	4	20
Current Risk Rating	4	4	16
Target Risk Score	4	3	12
Risk Appetite	moderate level		9-12
Movement in Current Risk Rating Since last presented to the Board in July 2021	unchanged		

Controls in place	**Assurances**
1. Governance structures in place to approve and monitor plans. Monitoring of approved plans for 2019 2020 (Capital, IMTP and Operational. Approved and established process for reviewing requests for services. 2. Integrated planning process and agreed timescales with BCU and third party suppliers.	1. Annual Internal Audit Plan. 2. WAO reviews and reports e.g. structured assessments and data quality.

3. Key performance metrics to monitor service delivery and increasing demand. 4. Risk based approach to decision making e.g. Local hosting v's National hosting for WPAS etc. 5. National Infrastructure Review (Independent Welsh Government Review undertaken by Channel 13). 6. Digital Strategy has been developed and approved. 7. DUO and O365 have enabled staff to work differently.	3. Scrutiny of Clinical Data Quality by CHKS. 4. Auditor General Report - Informatics Systems in NHS Wales. 5. Regular reporting to DIGC (for Governance).

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

Progress since last submission
1. Following approval from the Executive team on the 28th August 2021 to archive this risk due to duplication with the BAF risk, outstanding actions have been transferred over to the BAF risk for future monitoring arrangements. 2. Approval from PPPH Committee is required to action this risk closure before it can be removed from the register.

Links to	
Strategic Priorities	**Principal Risks**
Making effective and sustainable use of resources (key enabler) Transformation for improvement (key enabler)	BAF21-16 BAF21-17 BAF21-22

Risk Response Plan	Action ID	Action	Action Lead/ Owner	Due date	State how action will support risk mitigation	RAG Status

Actions being implemented to achieve target risk score					**and reduce score**	
	12379	Review workforce plans and establish future proof informatics/digital capability and capacity.	Ms Andrea Williams, Head of Informatics Programmes, Assurance and Improvement	30/09/2021	The development of a Workforce Planning Strategy will take into account the service capability and capacity to deliver on the Digital Strategy.	On Track
	12380	Review governance arrangements e.g. DTG whose remit includes review of resource conflicts has not been replaced (April 2020).	Ms Andrea Williams, Head of Informatics Programmes, Assurance and Improvement	30/09/2021	This will be undertaken now the Digital Strategy has been approved and will ensure appropriate governance arrangements are in place to monitor implementation of the strategy.	On Track

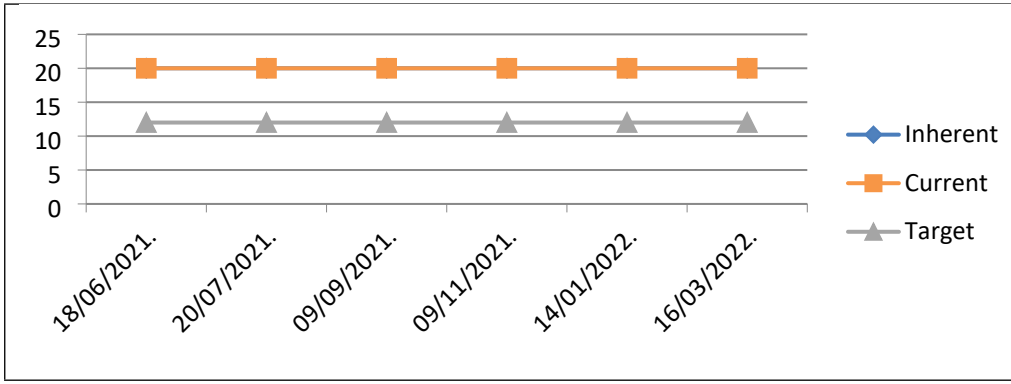
CRR21-12	**Director Lead:** Director of Primary and Community Care	**Date Opened:** 23 October 2017

	Assuring Committee: Partnerships, People and Population Health Committee	**Date Last Reviewed:** 16 March 2022
	Risk: National Infrastructure and Products	**Date of Committee Review:** 10 February 2022
		Target Risk Date: 30 June 2022

There is a risk that national digital systems, infrastructure, and technical architecture do not allow the organisation to achieve full benefits and improve its digital maturity.

This may be caused by delays in system implementations, a one size fits all approach and supplier capacity.

This could lead to poor patient outcomes, variable quality in service provision, inefficient use of staff time, reduced health intelligence, reduced resilience i.e. system downtime.



	Impact	Likelihood	Score
Inherent Risk Rating	4	5	20
Current Risk Rating	4	5	20
Target Risk Score	4	3	12
Risk Appetite	Moderate level		9-12
Movement in Current Risk Rating Since last presented to the Board in January 2022	Unchanged		

Controls in place	Assurances
1. Finance Service Level Agreement in place overseen by Finance Director and Chief Digital Information Officer. 2. Scrutiny of all nationally deployed systems by Partnerships, People and Population Health Committee who escalate any areas of concern to the Health Board. 3. Project Management Framework with strong governance in place.	1. Public Accounts Committee Review of National Wales Informatics Service (now Digital Health Care Wales). 2. Wales Audit Office - review.

4. Technical Oversight Group for Welsh Patient Administration System and other National Programme Groups in place. 5. Chief Digital Information Officer attendance at Digital Directors Peer Group to escalate areas of concern. 6. A joint digital plan in place with Digital Health and Care Wales for 2021/22 which includes all projects. 7. Executive Director engagement meetings held throughout the year. 8. Review of performance of national system availability quarterly by Informatics Senior Management Team.	3. National Architecture and Informatics Governance Reviews.

Gaps in Controls/mitigations
1. Timeframes for the system upgrades are not currently in place for the joint digital plan in place with Digital Health and Care Wales (DHCW) for 2021/22. Working closely with DHCW to improve the lead in time. 2. Lack of performance monitoring of integrated financial and performance reporting of suppliers. Establishment of Digital Delivery Group to oversee six monthly supplier finance and performance reports. 3. No approved letter for funding confirmation for Welsh Patient Administration System (WPAS) for 2022/23. Received WPAS funding letter from Welsh Government received for 2021/22. Follow up by Director of Digital with Welsh Government.

Progress since last submission
1. Controls in place have been reviewed and updated to reflect the current strategic position. 2. Gaps in controls have been reviewed with the identification of appropriate current mitigations. 3. Update within the Informatics report to be provided to next Partnerships, People and Population Health Committee in March 2022 to update the risk in relation to availability of national systems to include evidence based support of the availability of national systems. 4. Extension to the target risk date from 31/03/2022 until the 30/6/2022, to allow sufficient time for the collation and review of evidence to be presented to Partnerships, People and Population Health Committee to take place. 5. Action ID 15284 – Anticipated delay in the completion of the digital plan with presentation to Partnerships, People and Population Health Committee in April 2022. 6. Action ID 15287 – Anticipated delay in the action due date with template reports currently being revised for reporting, anticipated implementation by the end of April 2022. 7. Action ID 15285 – Action closed as quarterly meetings now take place with Digital Health and Care Wales.

8. Action ID 15286 – Action closed as reporting now in place with increased performance management of supplier.
9. Action ID 15474 – Action closed as the Health Board has established representatives on multiple National Groups to influence the National Strategic Direction.
10. Action ID 17753 – Action closed as business cases are now in place for Welsh Patient Administration System (WPAS) and Welsh Clinical Care Information System (WCCIS).
11. Action ID 18681 – Action closed as executive engagement is in place through bi-annual Chief Executive meetings, in addition, quarterly Service Level Agreement meetings at operational level in place.
12. Action ID 21270 – Action closed as this is now managed as business as usual as teams in place to develop local business cases to support ongoing national products in line with a joint plan with Digital Health and Care Wales (DHCW).
13. New action ID 21270 identified for the development of Local Business Cases for National Products to ensure that the National System can be delivered locally ensuring the appropriate resources and sustainability.

March 2022 Progress Update - Recognising the completion of a number of actions (75%) the directorate is requesting for the actions which have been completed to be approved for closure, and the current risk score to be reduced from 20 (Impact = 4, Likelihood = 5) to 12 (Impact = 4, Likelihood = 3) to align with progress that has been made. De-escalate the risk from a Corporate Tier 1 risk to a Tier 2 risk for further management.

Links to	
Strategic Priorities	**Principal Risks**
Transformation for improvement (key enabler)	BAF21-16

Risk Response Plan	**Action ID**	**Action**	**Action Lead/ Owner**	**Due date**	**State how action will support risk mitigation and reduce score**	**RAG Status**
Actions being implemented to achieve target risk score	15284	A joint digital plan to be developed with Digital Health and Care Wales which will include all projects and upgrades.	Ms Andrea Williams, Head of Informatics Programmes, Assurance	31/03/2022	Having an agreed plan in place will enable better monitoring of delivery and scrutiny by Partnerships, People and Population Health Committee.	Delay

			and Improvement		Request to re-open this action with an extended due date of 31/03/2022 as it has not been completed due to conflicting priorities. March 2022 progress update - Plan to be presented to the Partnerships, People and Population Health Committee during the April 2022 meeting for approval.	
	15285	To meet with Digital Health Care Wales on a quarterly basis to review delivery of agreed plan.	Ms Andrea Williams, Head of Informatics Programmes, Assurance and Improvement	31/03/2022	ACTION CLOSED 14/01/2022 This will enable performance management of the plan and escalations can be made sooner. January 2022 progress update - Quarterly meeting now in place, action closed.	Completed
	15286	Action Plan to be presented to People, Partnerships and Population Health Committee and scrutinised through the digital strategy.	Ms Andrea Williams, Head of Informatics Programmes, Assurance and Improvement	31/03/2022	ACTION CLOSED 14/01/2022 Increased performance management of supplier to reduce the likelihood of the risk. January 2022 progress update	Completed

					– Action closed, reporting now in place.	
	15287	To strengthen the governance by agreeing escalation levels within existing and new national projects.	Ms Andrea Williams, Head of Informatics Programmes, Assurance and Improvement	31/03/2022	Having agreed escalation levels will result in issues being dealt with quicker. Progress update - Template reports currently being revised for reporting, anticipated implementation by the end of April 2022.	Delay
	15474	Chief Clinical Information Officer and Chief Information Officer to influence the National Strategic Direction through National Groups.	Mr Dylan Roberts, Chief Digital Information Officer	31/03/2022	ACTION CLOSED 14/1/2022 Influencing the National Strategy should increase alignment with BCUHB Digital Plans. January 2022 progress update – Action closed, BCUHB representative on multiple groups.	Completed
	17753	Local business cases to be developed for national projects.	Ms Andrea Williams, Head of Informatics Programmes, Assurance and Improvement	31/03/2022	ACTION CLOSED 14/01/2022 Having a local business case will ensure the national projects can be delivered. January 2022 progress update - Welsh Patient Administration System (WPAS) and Welsh Clinical Care Information	Completed

					System (WCCIS) business cases in place.	
	18681	To further develop the relationship management approach with Digital Health Care Wales.	Mr Dylan Roberts, Chief Digital Information Officer	07/01/2022	An improved relationship with DHCW at a Director level should improve project planning and BCUHBs national reputation. January 2022 progress update – Action closed as executive engagement is in place with the Health Board's Chief Executive meeting with Digital Health Care Wales Chief Executive and external executives bi-annually, in addition, quarterly Service Level Agreement meetings at operational level in place.	Completed
	21270	Local Business Cases to be developed for National Products.	Ms Andrea Williams, Head of Informatics Programmes, Assurance and Improvement	31/03/2023	Local business cases ensure that the national system can be delivered locally ensuring the appropriate resources and sustainability. March 2022 progress update – Action closed, and to manage as business as usual as teams in place to develop local business cases to support ongoing national	Completed

					products in line with a joint plan with Digital Health and Care Wales (DHCW).	

Appendix 2 – New Risks for Escalation Consideration onto the CRR

4200	**Director Lead:** Executive Director of Public Health	**Date Opened:** 26 November 2021
	Assuring Committee: Partnership, People and Population Health Committee	**Date Last Reviewed:** 19 April 2022
	Risk: There is a risk that residents in North Wales may be unable to achieve a healthy weight as a result of wider determinants	**Date of Committee Review:** New Risk
		Target Risk Date: 31 December 2023

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.

To be populated following approval		Impact	Likelihood	Score
	Inherent Risk Rating	4	5	20
	Current Risk Rating	4	5	20
	Target Risk Score	3	3	9
	Risk Appetite	low level		1-8
	Movement in Current Risk Rating Since last presented to the Board in - New Risk not presented to Board	New Risk		

Controls in place	**Assurances**
1. Taking 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. Building a Healthier Wales Programme and Healthy Weight Healthy Wales Programme (both nationally funded).

2. The continuation and further targeted development of 'Healthy Start' which provides vouchers for pregnant women and eligible families to buy milk, fruit, vegetables and pulses in local shops. 3. Continuation and further development of Maternity and healthy visiting services supporting breastfeeding and weaning to support the Infant feeding strategy, monitored via the North Wales Strategic Infant Feeding Group. 4. Community dietetics services will work with childcare provision embedding 'Tiny Tums' programme across all Early Years settings to encourage healthy, nutritious eating habits from early years. 5. Supporting schools to take a 'whole schools' approach to health and wellbeing with a particular focus on diet through initiatives such as Come and Cook with your child and considerations regarding developing healthy eating habits and increased physical activity. 6. 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. 7. Support the workforce to make healthy choices such as a balanced diet, active travel and moving more often through targeted campaigns and supportive services/infrastructure. Working with catering, dieticians, estates and occupational health colleagues to contribute to planning which considers these factors. 8. Taking a whole system partnership approach to tackle risk factors through influencing priorities such as environmental planning and design, access to healthy food and active travel. 9. Developing 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).	2. Reporting progress to National team (Public Health Wales/Welsh Government/Regional Partnership Board). 3. Progress on mitigating and managing risks reviewed locally via the Public Health Team and Health Improvement and Reducing inequalities Group (chaired by DoPH). 4. Work plans are reflected in Health Board Annual Operating Plan, Living Healthier staying well strategy and draft Integrated Medium Term Plan (22-25).

Gaps in Controls/mitigations
1. The risk requires System-wide approach to tackling the wider determinants of health. 2. The current Health Board provision is not operating at scale to meet the current and forecast needs of the population. 3. It is acknowledged that this is a long term risk which cannot be mitigated within 1-3 years as is well documented through evidence and research. As a Health Board we will work with partners to implement the approaches (many of which are long term approaches) which support the strongest evidence base for success.

Progress since last submission
New Risk

Links to	
Strategic Priorities	**Principal Risks**
Strengthen our wellbeing focus	BAF21-02

Risk Response Plan	Action ID	Action	Action Lead/ Owner	Due date	State how action will support risk mitigation and reduce score	RAG Status
Actions being implemented to achieve target risk score	22372	Whole system approach to healthy weight.	Teresa Ann Owen, Executive Director of Public Health	31/03/2025	Taking a whole system approach to healthy weight will ensure that all partners are prioritising the issue of healthy weight and considering the impact of their decision-making on the population's ability to achieve a healthy weight. Obesity is a complex multi-factorial problem that requires a whole system	On track

					approach. Key partners that are crucial to this work include spatial planners, transport providers, education providers, food providers, leisure providers etc.	
	22373	Healthy Choices in the workplace.	Teresa Ann Owen, Executive Director of Public Health	31/03/2023	The working age adult population spend a significant amount of their time in the workplace. As a result it is crucial that we support workplaces to be health promoting. This means ensuring staff have access to healthy food choices, equipment to make healthy meals, enough time away from work to prepare and eat a healthy meal. It is also crucial that the workplace supports their staff to remain active while at work as both diet and physical activity are crucial to achieving a healthy weight.	On track
	22374	Spatial planning and public health.	Teresa Ann Owen, Executive Director of Public Health	01/09/2022	The environment that we live in has a significant impact on our health and wellbeing. A range of factors that impact on obesity are within the control of spatial planners including, the number of food outlets in an area, the design of homes	On track

					we live in, the design of roads to enable active travel (pavements for walkers and cycle paths for cyclists). Having access to green spaces and play environments are crucial to ensuring people are given opportunities to remain active. Working with spatial planners to understand this and their role in taking a public health perspective across their work is crucial to reducing obesity.	
	22375	Social prescribing.	Teresa Ann Owen, Executive Director of Public Health	01/11/2022	Increasing physical activity levels is crucial in supporting people to achieve and maintain a healthy weight. One way that we can support people to do this for free is by promoting access to the natural environment. By doing this will also improve people's mental health as well as their physical health. This approach will also develop people's appreciation for nature and the need to protect it. One way of doing this is to optimise access through social prescribing.	On track

	22376	Pre-diabetes programme.	Teresa Ann Owen, Executive Director of Public Health	31/03/2025	By identifying patients who are at risk of developing diabetes and supporting them to access specialist weight management services we are taking a teachable moment opportunity and ensuring the patient is supported to improve their health and wellbeing. Primary care brief interventions are crucial in motivating people to change by implementing this programme 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.	Teresa Ann Owen, Executive Director of Public Health	31/03/2023	By ensuring those residents in North Wales who are overweight or obese can effectively access and engage with specialist weight management services working alongside the remaining whole system approach we will start to reduce the overall prevalence of overweight and obesity in North Wales.	On track

4201	**Director Lead:** Executive Director of Public Health	**Date Opened:** 26 November 2021
	Assuring Committee: Partnership, People and Population Health Committee	**Date Last Reviewed:** 19 April 2022
	Risk: There is a risk that adults who are overweight or obese will not achieve a healthy weight due to engagement & capacity factors.	**Date of Committee Review:** New Risk
		Target Risk Date: 31 December 2023
There is a risk that adults who are a overweight or obese will not achieve a healthy weight due to non-engagement with services or demand for services exceeding capacity. This could impact on the health outcomes for these individuals by placing them at increased risk of Type 2 Diabetes, Cardiovascular disease, Cancer, Musculoskeletal conditions and low self-esteem and depression.		

		Impact	Likelihood	Score
To be populated following approval	Inherent Risk Rating	4	5	20
	Current Risk Rating	4	4	16
	Target Risk Score	3	3	9
	Risk Appetite	low level		1-8
	Movement in Current Risk Rating Since last presented to the Board in - New Risk not presented to Board	New Risk		

Controls in place	Assurances
1. Healthy Weight Healthy Wales funding to support with the implementation of the All Wales Adults Weight Management Pathway. 2. Additional investment in Foodwise for life for those residents with a BMI of 25-35. 3. The establishment of Level 2 weight management services through Foodwise for residents with a BMI of 25-35 and Slimming World vouchers for residents with a BMI of 30-35 with certain health conditions. 4. The establishment of a Level 3 weight management service KindEating programme for residents with a BMI of between 35-45.	1. Building a Healthier Wales Programme and Healthy Weight Healthy Wales Programme (both nationally funded). 2. Reporting progress to National team (Public Health Wales/Welsh Government/Regional Partnership Board). 3. Progress on mitigating and managing risks reviewed locally via the Public

5. Investment in dedicated obesity leads within each of the LA National Exercise Referral programmes. 6. The establishment of a BCU Healthy Weight Healthy North Wales group to oversee the delivery of specialist weight management services.	Health Team and Health Improvement and Reducing inequalities Group (chaired by DoPH). 4. Work plans are reflected in Health Board Annual Operating Plan, Living. Healthier staying well strategy and draft Integrated Medium Term Plan (22-25).

Gaps in Controls/mitigations
1. The current provision does not meet the scale required to address current or forecast North Wales population requirements. 2. It is acknowledged that this is a long term risk which cannot be mitigated within 1-3 years based on evidence and research. As a Health Board we will work with partners to implement the approaches which support the strongest evidence base for success.

Progress since last submission
New Risk

Links to	
Strategic Priorities	**Principal Risks**
Strengthen our wellbeing focus	BAF21-02

Risk Response Plan	**Action ID**	**Action**	**Action Lead/ Owner**	**Due date**	**State how action will support risk mitigation and reduce score**	**RAG Status**
Actions being implemented to achieve	22357	Insight work.	Steven Grayston, Assistant Area Director	31/03/2023	Insight work will enable us to improve outcomes for patients who were identified as overweight or obese. Factors	On track

target risk score			of Therapies (Central)		that will be considered will include how patients access services, the intervention they receive and the factors that led to then disengaging. This information will allow us to design our weight management services to meet the needs of patients achieve better outcomes i.e. Patients achieving a healthy weight and adopting healthy behaviours.	
	22358	Pregnancy weight management service.	Steven Grayston, Assistant Area Director of Therapies (Central)	31/12/2023	Providing a weight management service during pregnancy will ensure that women are able to achieve a healthy weight during and after pregnancy and maintain their healthy behaviour postnatal.	On track
	22359	Performance management dashboard.	Steven Grayston, Assistant Area Director of Therapies (Central)	31/03/2023	Developing a performance management dashboard will ensure that we are able to monitor the uptake of the service by population groups that are at increased risk of adverse outcomes from obesity. The dashboard will enable us to monitor both uptakes and outcomes by	On track

					ethnicity, gender and deprivation decile.	
	22943	Implement Healthy Weight Healthy Wales Programme Plan.	Steven Grayston, Assistant Area Director of Therapies (Central)	31/03/2024	Funded activity targeted at improving healthy eating habits and tackling obesity.	On track

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 of Primary and Community Care	Quality, Safety and Experience	20
CRR20-06	Informatics - Patient Records pan BCU	Executive Director of Primary and Community Care	Partnerships, People and Population Health	16
CRR20-07	Informatics infrastructure capacity, resource and demand – Awaiting closure from Partnerships, People and Population Health Committee			
CRR20-08	Insufficient clinical capacity to meet demand may result in permanent vision loss in some patients	Executive Director of Nursing and Midwifery	Quality, Safety and Experience	20
CRR20-09	Potential harm to patients arising from delays in patient IVT Treatment - Not approved for escalation by QSE Committee, risk being managed at Tier 2			
CRR20-10	GP Out of Hours IT System - De-escalated by DIG Committee, risk being managed at Tier 2			

Reference	Title	Executive Lead	Committee Oversight	Current Risk Score
CRR21-11	Cyber Security	Executive Director of Primary and Community Care	Partnerships, People and Population Health	20
CRR21-12	National Infrastructure and Products	Executive Director of Primary and Community Care	Partnerships, People and Population Health	20
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	Executive Director of Nursing and Midwifery	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	Executive Director of Nursing and Midwifery	Quality, Safety and Experience	16
CRR21-16	Non-compliant with manual handling training resulting in enforcement action and potential injury to staff and patients	Executive Director of Workforce and Organisational Development	Quality, Safety and Experience	16
CRR21-17	The potential risk of delay in timely assessment, treatment and discharge of young people accessing CAMHS out-of-hours	Executive Director of Primary and Community Care	Quality, Safety and Experience	16

Appendix 4 - Risk Key Field Guidance / Definitions of Assurance Levels

BAF / Risk Template Item	Please refer to the Risk Management Strategy and Policy for further detailed explanations	
Risk Reference	Definition	Reference number, allocated by the Board Secretary for the Board Assurance Framework (BAF) or the Corporate Risk Team for the Corporate Risk Register (CRR)
Risk Description	Definition	A summary of what may happen that could have an impact on the achievement of the Health Board's Priorities or an adverse high level effect on the operational activities of the Health Board. There are 3 main components to include when articulating the risk description (event, cause and effect):
		- There is a risk of / if ….
		- This may be caused by ….
		- Which could lead to an impact / effect on ….
Risk Ratings	Inherent	Without taking into consideration any controls that may be in place to manage this risk, what is the likelihood that this risk will happen, and if it did, what would be the consequence.
	Current	Having considered the key controls and key mitigation measures in place, indicate what the current risk grading is. Note – this should reduce as action is taken to address the risk.
	Target	This is the level of risk one would expect to reach once all controls and key mitigation measures are in place and actions have been completed. This would normally align to the risk appetite, however when new controls / mitigations will take longer than 12 months to achieve, an interim target may be used (see Target Risk Date).
Risk Impact	Definition	The consequence (or how bad it would be) if the risk were to happen; in line with the National Patient Safety Agency (NPSA) Grading Matrix, an impact of 1 is Negligible (very low), and 5 is Catastrophic (very high).
Risk Likelihood	Definition	The chance that the risk will happen. In line with the NPSA Grading Matrix a likelihood of 1 means it will never happen / recur, and a 5 means that it will undoubtedly happen or recur, possibly frequently.
Risk Score	Definition	Impact x Likelihood of the risk happening, using the 5 x 5 Risk Scoring Matrix.
Target Risk Date	Definition	This is the date by which the target score will be achieved. It may indicate a stepping stone to achieve the risk appetite. Where the target risk score is outside the risk appetite, this field should also include the date by which the risk appetite will be achieved.
Risk Appetite	Definition	The amount and level of risk that the Health Board is willing to tolerate or accept in order to achieve its priorities. This could vary depending on the type of risk. The Board will review the risk appetite on a regular basis, and have implemented a Risk Appetite Framework to allow for exceptional circumstances.
	Low	Cautious with a preference for safe delivery options.

Appendix 4 - Risk Key Field Guidance / Definitions of Assurance Levels

	Moderate	Prepared to take on, pursue, or retain some risks for the Health Board to maximise opportunities to improve quality and safety of services.
	High	Open or willing to take on, pursue, or retain risks associated with innovation, research, and development, consistent with the Health Board's Priorities.
Controls	Definition	These are measures/interventions implemented by the Health Board to reduce either the likelihood of a risk and/or the potential magnitude/severity of its impact were it to happen. A collection of strategies, policies, procedures and systems - to control the risks that would otherwise arise, and ensure care and services are delivered by competent staff who are aware of how to raise concerns [NHS WALES Governance e-manual - http://www.wales.nhs.uk/governance-emanual/risk-management]. A measure that maintains and/or modifies risk (ISO 31000:2018(en)).
	Examples include, but are not limited to	- People, for example, a person who may have a specific role in delivery of an objective - Strategy, policies, procedures, SOP, checklists in place and being implemented which ensure the delivery of an objective - Training in place, monitored, and reported for assurance - Compliance audits - Business Continuity Plans in place, up to date, tested, and effectively monitored - Contracts in place, up to date, managed and regularly and routinely monitored
Mitigation	Definition	This refers to the process of reducing risk exposure and minimising its likelihood, and/or reducing the severity of impact were it to happen. Types of risk mitigations include the 5Ts (treat, tolerate, terminate, transfer, or take opportunity).
	Examples include, but are not limited to	- A redesigned and implemented service or redesigned and implemented pathway - Business Case agreed and implemented - Using a different product or service - Insurance procured.
Assurance Levels	1	The first level of assurance comes from the department that performs the day to day activity, for example the compliance data that is available
	2	The second level of assurance comes from other functions in the Health Board who have internally verified that data, for example quality, finance, and human resources assurance.
	3	The third level of assurance comes from outside the Health Board, for example the Welsh Government, Health Inspectorate Wales, Health and Safety Executive, and Internal/External Audit, etc.

Cyfarfod a dyddiad: Meeting and date:	**Partnerships People and Population Health Committee 20.5.22**
Cyhoeddus neu Breifat: Public or Private:	Public
Teitl yr Adroddiad Report Title:	**Update on Tobacco Control in BCUHB**
Cyfarwyddwr Cyfrifol: Responsible Director:	Teresa Owen, Executive Director of Public Health
Awdur yr Adroddiad Report Author:	Louise Woodfine - Consultant in Public Health Janet Joyce – Senior Public Health Practitioner Suzanne Williams – Help Me Quit Service Strategic Lead
Craffu blaenorol: Prior Scrutiny:	Executive Director Public Health Tobacco Management Group (previously the BCUHB Smoke Free Sites Group)
Atodiadau Appendices:	Appendix 1: Early Years and Prevention Funding 2022/23. Appendix 2: BCUHB Consultation Response to the Tobacco Control Strategy for Wales.

Argymhelliad / Recommendation:

The Committee is asked:

1) To note the progress made in the Health Board with respect to Tobacco Control and Smoking Cessation activity in 2021/22, and
2) To be aware of the upcoming workplan for 2022/23.

Ticiwch fel bo'n briodol / Please tick as appropriate

Ar gyfer penderfyniad /cymeradwyaeth For Decision/ Approval		**Ar gyfer Trafodaeth For Discussion**		**Ar gyfer sicrwydd For Assurance**		**Er gwybodaeth For Information**	√

Y/N i ddangos a yw dyletswydd Cydraddoldeb/ SED yn berthnasol Y/N to indicate whether the Equality/SED duty is applicable	N

Sefyllfa / Situation:

The recently published Welsh Government's Tobacco Control Strategy provides a renewed focus on smoking, challenging the system to deliver a smoke free Wales by 2030. BCUHB has an important leadership role in reducing population smoking prevalence and is a key player in delivering the achievement of this aspirational target. This paper provides an update on the progress made in 2021/22 with tobacco control and smoking cessation activity, which is primarily led through the BCU Public Health Team and also the Help Me Quit (HMQ) Services in Primary and Community Care. The paper also gives an introduction to the Tobacco Control work plan that is being progressed in 2022/23.

Cefndir / Background:

The negative impacts of smoking on our health and wellbeing are well known. Tobacco is the leading single cause of premature death in Wales and a major contributor to health inequalities. Smoking-attributable mortality has decreased in Wales, however it still accounts for over 5,000 deaths each year, with around one in every six of all deaths in people aged 35 and over. The impact

of deprivation remains a significant concern[1]. Smoking-attributable mortality and hospital admissions can be twice as high among those living in the most deprived areas of Wales as those in the least deprived areas, with little change in this gap over time and in some areas the gap has widened[2].

The latest statistics in 2020-21 show that approximately 14% of adults in Wales smoke. There is variation in the smoking rates seen between local authority areas, in North Wales ranging from 18% in Denbighshire to 11% in Anglesey[3]. It should be noted that the results for 2020-21 should not be compared with previous years due to changes to the survey.

During **2021/22** the focus of the BCU Health Board's Tobacco Control programme has been on two elements:

1). *Smoking Cessation Services Integration:*
The first element is the HMQ (Help Me Quit) Smoking Cessation Services which are delivered regionally across BCUHB and are hosted in Primary Care and Community Services, East Area. During 2021 an integrated smoking cessation service was created which brought together three separate HMQ Services under one management structure. Over the last 12 months the Service has maintained an on-line 1-1 service delivery for the majority of its clients. All hospital sites have received some provision of face to face care, but due to Covid and office issues this has significantly reduced. Key progress has however been made in relation to service improvements, structures and budgets and in working with partners. As well as the Integrated HMQ Service, the Health Board also commissions 123 community pharmacies to deliver a HMQ in Pharmacy Service which offers various levels of smoking cessation service provision.

There are national measures (see Assessment and Analysis section below) which look at the percentage of adult smokers who make a quit attempt via smoking cessation services. In 2021/22 the overall target achieved by all of the BCUHB HMQ services was 3.48% compared to the 5% target. (Of a target of 5,076 treated smokers, HMQ services treated 3,537). This identifies a deficit against the target of around 30%, this percentage however is likely to decrease (improve) due a lag in the data and the way in which with data is recorded, with final figures becoming available around June 2022. Self-reported quits are also of interest and were at 48.15% which is above the target of 40%, however there are limitations on the accuracy of these figures due to modes of service delivery during the pandemic, and self-reporting.

On-going work is being undertaken to identify interventions that can improve performance (given the above targets), as well as progressing work around improving data collection and reporting in other settings such as mental health units and the prison. Challenges to the HMQ services include issues such as: face to face service provision; identifying venues; staff accommodation; digital record development; improving pharmacy uptake, engaging with citizens and communities; targeting areas of deprivation; and more recently the absence of licensed smoking cessation pharmacotherapy Champix.

2). *Implementation of the Smoke Free Premises and Vehicles (Wales) Regulations 2022:*
The second element is the work being undertaken to implement the above regulations. In September a Smoke Free Task and Finish Group was re-established to deliver the Smoke Free Premises Regulations, this activity has been led by Public Health. Key activities that have been delivered include:

- No Smoking policy updated to reflect legislation with reference to staff / patients / visitors / contractors and support available to quit smoking.

- No Smoking signage erected across all District General Hospitals and Community Hospital sites in a prominent position at or near the main entrance to the grounds. In addition, signage erected on external walls adjacent to all main staff/visitor entrances and at smoking hot spots.
- Help Me Quit colourful signage erected across all DGHs and Community Hospital sites at main staff/visitor entrances and at smoking hot spots.
- Behavioural support offered to all staff and patients by HMQ in Hospital, Community and Pharmacy Services, with contact referral details to be found on all wards and departments.
- Communications directing staff and patients who smoke to Help Me Quit smoking cessation services via Betsi net and on the BCUHB website.
- Delivery of Nicotine Replacement Therapy (NRT) feasibility project to identify potential support for staff to remain smoke free whilst on hospital sites.
- Action plan developed with Mental Health Services colleagues in preparation for the removal of smoking exemption in September.
- Observational study of compliance of Smoke Free Regulations on hospital sites undertaken to inform next steps of enforcement discussions.

Implementing the enforcement of smoke free sites has (and is) challenging. This work is currently being informed by the observational study mentioned above, and also in liaison with local authority enforcement officers and hospital managers.

Going forward in 2022/23, under the newly formed Tobacco Management Group (which replaces the task and finish group), the above elements of work will continue to be developed and progressed with the support of the 'Welsh Government's Early Years and Prevention Funding for 22/23'. A draft work plan of future activity can be seen in Appendix 1, which aims to increase referrals into HMQ services and increase treated smokers, as well as increasing the offer of support to mental health services, pregnant women and priority groups.

Asesu a Dadansoddi / Assessment & Analysis

Goblygiadau Strategol / Strategy Implications

The Welsh Government's Early Years and Prevention funding has prioritised the delivery of smoking cessation key actions identified in the national delivery plan.

The Health Board's tobacco control work programme for 2022-23 is informed by the following drivers:

- A Smoke Free Wales: Our long-term tobacco control strategy for Wales[4]. Please see Appendix 2 for the recent BCUHB response to the consultation.
- The Smoke-Free Premises and Vehicles (Wales) Regulations 2020[5] & Smoke-free law: guidance on changes from March 2021[6].
- Well-being of Future Generations Act and Social Services and the Well-being Act.
- A Healthier Wales.

The Health Board is expected to report on progress against their delivery as part of their Integrated Medium Long Term Plans and the NHS Delivery Framework 22-23 on the following Ministerial measures:

- Percentage of adult smokers who make a quit attempt via smoking cessation service – 5% annual target.
- Qualitative report detailing the progress of the delivery of inpatient smoking cessation services and the reduction of maternal smoking rates – evidence of improvement.

There are also national standards for Tobacco Control and a service specification for smoking cessation services which underpins how services should be delivered locally.

- Tobacco: Preventing uptake, promoting quitting and treating dependence NICE Guidance 209[7]
- Policy, strategy and commissioning for acute, maternity and mental health stop smoking services NICE Pathways.
- NHS Smoking Cessation Services minimum standards.

Opsiynau a ystyriwyd / Options considered N/A

Goblygiadau Ariannol / Financial Implications
Appendix 1 describes the 'Welsh Government's Early Years and Prevention Funding for 22/23' which will help to support this work.

Dadansoddiad Risk / Risk Analysis
Capacity within the BCU Public Health Team (and the HMQ Services), along with internal staff changes (BCU Public Health Team moving into the Health Board in September 2022) may disrupt delivery of the plan.

Cyfreithiol a Chydymffurfiaeth / Legal and Compliance N/A

Asesiad Effaith / Impact Assessment
Discussions will take place to determine if an Equality Impact Assessment needs to be carried out which could help highlight action points to be picked up in the work plan. As specific project and programmes fall out of the overarching strategic work, health impact and equality assessment will be conducted as appropriate.

References

1. Smoking data: mortality, hospital admissions & prevalence projection tool
   Smoking data tool - Public Health Wales (nhs.wales)
2. Public Health Wales Observatory: Smoking in Wales
   https://phw.nhs.wales/services-and-teams/observatory/data-and-analysis/smoking-in-wales-2020/
3. National Survey for Wales, 2020-21
   https://gov.wales/sites/default/files/statistics-and-research/2022-01/adult-lifestyle-national-survey-wales-comparability-results-2020-21-previous-years.pdf
4. A Smoke-free Wales: Our long term tobacco control strategy for Wales
   https://gov.wales/sites/default/files/consultations/2021-10/our-long-term-tobacco-control-strategy-for-wales.pdf
5. The Smoke-free Premises and Vehicles (Wales) Regulations 2020
   https://www.legislation.gov.uk/wsi/2020/1211/contents/made
6. Smoke-free law: guidance on the changes from March 2021
   https://gov.wales/smoke-free-law-guidance-changes-march-2021-html
7. Tobacco: preventing uptake, promoting quitting and treating dependence (NG209)
   https://www.nice.org.uk/guidance/ng209

Appendix 1

Early Years and Prevention Funding 22/23

	National Priority Area	Local Priority	Required Actions	Outcomes	Cost
1	**National Priority Action Area 2:** **Continuous improvement and support for innovation**	Continue to fund Help Me Quit (HMQ) Service Strategic Lead and HMQ administrative support	HMQ Service Strategic Lead and Administrator continue to be funded Band 7 (1.0 WTE) Band 3 (1.0 WTE)	A coordinated integrated service leading to: Increase in the number of smokers accessing smoking cessation support Increase in the numbers of smokers quitting smoking	90,000
2	**National Priority Action Area 2:** **Continuous improvement and support for innovation**	Strengthen the current HMQ Secondary Care service to deliver a systematic service for both staff and patients	Recruit additional HMQ Advisors to the HMQ in Secondary Care element of the Service to include weekend enhancements (4.5 WTE Band 5) Salary and on-costs	Increase in the number of inpatients accessing NRT and smoking cessation support Increase in the number of staff accessing NRT and smoking cessation support Increase in the numbers of inpatients quitting smoking	190,000
3	**National Priority Action Area 3:** **Priority Groups: Mental Health, Ethnic groups & LGBQT+ community**	Train HMQ Advisors on supporting priority groups to quit smoking	Procure external agency to provide bespoke training to address needs of priority groups	Increase in the number of smokers from the priority groups who are supported to remain in service Increase in the numbers of smokers quitting smoking	20,000
4	**National Priority Action Area 3:**	Support Acute and Community Mental Health Services in working towards and conforming with	Recruit HMQ advisors/mental health specialist nurse prescriber to deliver cessation support to in-	Increase in the number of in patients accessing NRT and smoking	120,000

	Priority Groups: Mental Health	Smoke Free Regulations	patients and to provide support to co-workers on delivery of cessation support (3 WTE Band 5) Salary and on-costs	cessation support Increase in the numbers of inpatients who are supported to quit smoking	
5	**National Priority Action Area 3:** **Priority Groups:** **People in routine and manual occupations** **People who are unemployed** **People who are engaged with mental health services** **People from ethnic backgrounds** **People from the LGBTQ+ community**	Target priority groups more effectively to access HMQ Services through consultation and communication	Commission work to understand barriers identified by priority groups in accessing services and develop relevant targeted communication messages to these groups	Increase in numbers of smokers from priority groups accessing HMQ Services Increase in effective targeting media messages of priority groups Increase the numbers of people accessing support and quitting with HMQ Services	50,000
6	**National Priority Action Area 3:** **Priority Groups: Smoking in pregnancy**	Support the delivery of the Help Me Quit for Baby Service to support pregnant women in stopping smoking, and improve retention and cessation outcomes	Pilot a local incentivised scheme for pregnant women to quit smoking, also linking with holistic approaches to support pregnant women in Women's services	Increase in the number of pregnant women and their partners quitting smoking	25,000
7	**National Priority Action Area 3:** **Priority Groups:** **People in routine and manual occupations** **People who are unemployed** **People who are engaged with mental health services**	Working in partnership with ICL project active targeting of smokers to raise awareness of HMQ Services and the support available to quit smoking	Scope the feasibility of a Primary care project in one cluster building on previous learning on HMQ in Primary care in North Wales	Improved understanding leading to the following: Increase in the numbers of GP practices referring to HMQ Services Increase in the number of smokers from priority groups accessing the service	10,000

	People from ethnic backgrounds People from the LGBTQ+ community			Increase in the number of smokers from priority groups giving up smoking	
8	**National Priority Action Area 1:** **Smoke Free environments**	Explore with local community the potential for additional smoke free spaces	Working with partners including local authorities, to scope the feasibility of further development of smoke free spaces with local communities	Improved understanding of action needed to effectively increase the number of smoke free areas leading to de-normalisation of smoking	10,000
					515,000

Tobacco Control Strategy for Wales 'A smoke-free Wales' and Delivery Plan 'Towards a smoke-free Wales delivery plan 2022 to 2024' Consultation

Available at: Tobacco control strategy for Wales and delivery plan | GOV.WALES

BCUHB Consultation Response

(This consultation response has been informed by the Public Health Wales national response and we wish to acknowledge that we support their submission).

Consultations Question

Question 1

It is our ambition to become a smoke-free Wales by 2030 (smoke-free means that 5% or less of adults in Wales smoke). All our actions over the next 8 years will work towards and contribute to achieving this.

Do you agree with our ambition of Wales becoming smoke-free by 2030?

Yes

Please explain why our ambition is right or how our ambition would need to change if you think a different approach is needed.

We welcome the ambition for a smoke-free Wales by 2030, which aligns with the aspirations of other UK countries. Achieving 5% is also recognised within global tobacco policy as the 'tobacco endgame' which is considered as a key milestone in eradicating the harm caused by smoking.

Smoking continues to be the leading cause of preventable ill health in Wales, and a significant cause of premature death and health inequality in our communities. This ambition provides us with an opportunity to change our relationship with Tobacco and is welcomed as a means to reduce preventable ill health and early death.

We also recognise that achieving this ambition will be challenging as we move nearer towards the target, due for the need to support the most vulnerable and addicted to choose a smoke free life.

Question 2

The strategy sets out three themes under which we will work as we drive forward the changes in smoking in Wales:

Theme 1: Reducing Inequalities
Theme 2: Future Generations
Theme 3: A Whole-System Approach for a Smoke-Free Wales

Do you agree that these are the right themes to focus the strategy around?

Yes

Please explain why you consider the themes are right or if you think a different approach is needed.

Theme 1: Reducing Inequalities

We agree that reducing inequalities should be a key theme in this strategy given the link between smoking and deprivation. Smoking is identified as the single biggest cause of health inequality in death rates between the rich and poor in the UK, with smoking mortality around three times higher in the most deprived areas compared to the least deprived. The poorest and most vulnerable also experience greater levels of chronic ill health.

Whilst a reduction has been seen in smoking prevalence rates in Wales the benefits have not been equally distributed across society, and an inequality gap remains. Smoking prevalence in the most deprived communities in Wales is 21% compared to 8% in the least deprived communities[1]. In addition, people living in more deprived areas of Wales are not only more likely to smoke but also less likely to quit.

The health inequalities caused by differences in smoking prevalence will only be reduced though measures that have a greater effect on smokers in higher prevalence groups. There will be a need to ensure that population-level interventions are targeted at high prevalence smoker population groups informed by and meeting their specific needs. Given the breadth of this tobacco control policy it is necessary to ensure that it does not unintentionally widen the current gaps in health inequalities.

Theme 2: Future Generations

We agree that Future Generations (and children and young people) should be a key theme within the strategy. Whilst smoking amongst children and young people remains relatively low with 4% of young people reporting smoking tobacco at least weekly[2], there is a clear age effect, with 1% of students in year 7 reporting that they currently smoke, rising to 9% by year 11; and young people from less affluent families were twice as likely as those from more affluent families to report current smoking.

A renewed focus is welcomed for this key theme, as, achieving the ambitious target of 5% will not be achieved by cessation alone. Early intervention and prevention should be key elements within a tobacco control strategy. In support investment is required to develop further effective evidence based programmes which are innovative in nature and relate to children and young people. This will yield significant benefits for our future generations.

Theme 3: A Whole-System Approach for a Smoke-Free Wales

[1] Welsh Government Stats Wales (2020/1) Adult lifestyles by area deprivation, 2020-21 (gov.wales)

[2] SHRN. 2021. Student Health and Wellbeing in Wales: Report of the 2019/20 School Health Research Network Student Health and Wellbeing Survey. *School Health Research Network Student Health and Wellbeing Survey*

It is essential that we work as a whole-system if we are to achieve our ambition of a smoke-free Wales by 2030. Systems approaches to tobacco control can be achieved by everyone working together in a concerted and collective effort, and contributing to this shared vision. Alongside this, a systems leadership approach should also be advocated as there is a need to see effective action and partnerships across all the determinants which have an impact on tobacco control. This having the benefits of working within the current established partnerships such as Public Service Boards and Regional Partnership Boards and the development of new innovative partnerships and ways of working to influence a range of drivers and levers to take this work forward. Partnership working and collaboration are key to a whole systems approach for a smoke free Wales.

Question 3

Whilst we have established that it is our ambition to achieve a smoke-free Wales by 2030, we have not set milestone smoking prevalence targets in our strategy or set a smoking prevalence rate that we will look to achieve by the end of the first delivery plan. However, our aim is for a step-wise reduction in smoking prevalence over the next 8 years. We will use the following data sources to monitoring smoking rates in Wales:

- National Survey for Wales which provides data on smoking in Wales and provides a smoking prevalence rate. Student Health and Wellbeing in Wales survey for smoking and vaping behaviours in young people aged 11-16.
- Maternity and birth statistics for maternal smoking rates.

Do you feel this is the right approach?

Partly

Please explain why this is the right approach or if you think a different approach is *needed.*

At the start of our journey to achieve the 5% target there is a need to have an understanding of the current prevalence position including detail for the population groups which need to be targeted. Currently there is limited data available at both national and local level specifically at LSOA to inform targeted work and there is also limited data both nationally and locally for specific population groups. Access to accurate local level data is needed for effective targeting.

To focus efforts and to highlight the immediacy of the work required it would be useful to have interim targets/milestones on the journey to achieving the end goal. This would support engagement at a local level and would also provide assurance that the interventions in place during the plan period are on track to deliver the ambition. Given the ambition to reduce health inequalities for both population and priority groups it is proposed that consideration be given to looking to develop targets/indicators as appropriate, for groups not previously monitored.

Question 4

Are there any other data sources that should be used to monitor the success of the strategy and delivery plan? If so, what would they be?

Please provide additional comments

Exploration of existing data sources is required to enable us to understand the extent of available sources held by partners which can be utilised. In addition to population level data sources identified in question 3. A more focused data collection and intelligence on smoking within priority groups, that considers both uptake of smoking behaviours and current smokers quitting, is required. Data collection on smoking should be embedded within existing NHS data collections as part of routine clinical practice with direct referral mechanisms into HMQ Services. Data available at a GP practice level would support more effective targeting of interventions at a local level, however, there is a need to ensure that this is current.

Real time data collection, such as the Smoking Toolkit Study[3] can be used to inform interventions and measure success to enable good practice to be rolled out in timely manner. Increasing the sample size of the study for the Welsh population will also provide a more reliable data interpretation of trends.

It is also important that we explore how other sources of data can provide information on behaviour, such as under age sales data.

HMQ Service data can also be used to inform the success of programme delivery in supporting people in different priority groups and communities to quit. This will also contribute to continuous improvement of smoking cessation services. This data should also be used to re-target smokers to services using evidence based 'nudge' behaviour.

In addition to quantitative data sources, understanding smoking behaviours within priority groups such as pregnant women and people from deprived communities will require qualitative insight gathering. To determine the cultural shift towards a smoke-free society the attitudes and beliefs of the Welsh population, particularly in relation to the impact on children and young people and risk taking behaviours is required.

Question 5

To support delivery of the strategy it is our intention to publish a series of two-year delivery plans. Do you agree that we organise our actions into two-year delivery plans?

Yes

Please explain why the structure works well or outline how it could be made better.

This approach will provide flexibility and enable the plan to be agile and adapt to changing need through the lifespan of the strategy. The use of two year time intervals provides adequate time for actions to be implemented whilst ensuring regular review to adapt to societal and cultural context. It is important that evaluation of each two-

[3] UCL Smoking in Wales Toolkit study Top Line Findings - Graphs - Smoking in England (smokinginwales.info)

year delivery plan is built in to determine effectiveness of our actions; and to guide subsequent two year delivery plan priorities and focus.

Question 6
In the first two-year delivery plan, which covers April 2022 – March 2024, we have grouped the actions we will take into five priority action areas:

Priority Action Area 1: Smoke-Free environments
Priority Action Area 2: Continuous improvement and supporting innovation
Priority Action Area 3: Priority groups
Priority Action Area 4: Tackle illegal tobacco and the tobacco control legal framework
Priority Action Area 5: Working across the UK

Do you agree that these are the right priority action areas to focus the 2022-2024 delivery plan around?

Partly

Please explain why you consider the priority action areas are right or if you think a different approach is needed.

We agree that these priority actions areas are important. The delivery plan could be further strengthened by being more clearly aligned with the three key themes of the strategy. It could also be further strengthened by explicitly addressing future generations and the goal of a smoke-free generation. .

- *We agree that the following priority action areas are correct:*

  - *Priority Action Area 1: Smoke-Free environments*

As outlined by the World Health Organization (WHO) Framework Convention on Tobacco Control[4] and MPOWER[5] measures we agree that smoke free environments should be a priority action area. This supports a reduction in smoking prevalence and exposure to second hand smoke, as well as supporting environmental protection and climate change priorities. Given the interest in the environment and specifically the impact of smoking (growing, harvesting and litter) it is proposed that an environmental message should be explored given that it may resonate with younger people in support of this priority.

  - *Priority Action Area 3: Priority groups*

As the prevalence of smoking has declined in the general population focused action is required to address prevalence of smoking within certain communities and population groups. Highlighting priority groups as a key priority action area will

[4] WHO (2019a) WHO Framework Convention on Tobacco Control [Online] http://www.euro.who.int/en/health-topics/disease-prevention/tobacco/publications/key-policy-documents/who-framework-convention-on-tobacco-control-who-fctc
[5] WHO (2008) WHO Report On The Global Tobacco Epidemic - The MPOWER package [Online] https://apps.who.int/iris/bitstream/handle/10665/43818/9789241596282_eng.pdf?sequence=1

emphasise the importance of a more targeted and tailored approach. However, this must be through involving people from priority groups and developing collaborative solutions. Using the five ways of working[6] to underpin the approach to this priority action area will be fundamental to achieving successful outcomes.

- *Priority Action Area 4: Tackle illegal tobacco and support the tobacco control legal framework*

The growing impact and extent of supply of illegal tobacco in Wales requires priority action. The continued supply of illegal tobacco undermines the progressive legislation on accessibility and affordability of tobacco sales which has contributed to declining smoking prevalence rates. However, it is important that action is based on the best available international evidence base and is capable of population level impact. There is also the need to ensure feedback from Local Authorities on this priority to ensure local collaborative working as the supply of cigarettes has an impact on both cessation efforts and smoke free environments work.

We consider the following priority action areas 2 &5 as ***ways of working that should be applied and embedded across all priority action areas*** *within the delivery plan rather than separate priority action areas:*

- *Priority Action Area 2: Continuous improvement and supporting innovation*

Continuous improvement and supporting innovation are key underlying principles that should be applied and embedded across all priority action areas within the strategy and delivery plan, and not necessarily seen as a separate priority action area. There is a need to ensure that national and local collaborative work is further strengthened, with the opportunity provided for both local and national partners to innovate and share evidence based practise with partners across the system.

- *Priority Action Area 5: Working across the UK*

In alignment with the key theme of Whole-System Approach, working across the UK is a crucial aspect of partnership working, and an opportunity to share best practice and provide input and support on non-devolved tobacco control issues. This could be re-framed as fiscal and legislative changes as a priority action area and where further World Health Organization (WHO) Framework Convention on Tobacco Control[7] and MPOWER[8] measures could be explored.

Question 7

We have developed a number of actions within each priority action area. Do you feel these are the right ones?

Partly

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[6] Welsh Government (2015) Well being of Future Generations (Wales) Act 2015 Well-being of Future Generations (Wales) Act 2015 (legislation.gov.uk)

[7] WHO (2019a) WHO Framework Convention on Tobacco Control [Online] http://www.euro.who.int/en/health-topics/disease-prevention/tobacco/publications/key-policy-documents/who-framework-convention-on-tobacco-control-who-fctc

[8] WHO (2008) WHO Report On The Global Tobacco Epidemic - The MPOWER package [Online] https://apps.who.int/iris/bitstream/handle/10665/43818/9789241596282_eng.pdf?sequence=1

Please explain why the actions are right or how they can be improved.

We propose that data and intelligence should inform each priority action area to ensure that the focus of activities is evidence based and data-driven. All actions could benefit from adopting SMART objectives with clearer deliverables identified. This would enable monitoring of effectiveness.

- *Priority Action Area 1: Smoke-Free environments*

We agree that there needs to be continued effort in monitoring the implementation of existing smoke-free legislation (most recently the introduction of Smoke Free Premises and Vehicles (Wales) Regulations 2020[9] as part of the Public Health (Wales) Act 2017[10]). Our challenge is to fully implement these Regulations to ensure that their full potential is achieved in all settings through effective enforcement.

We agree that we should learn from existing smoke-free legislation, combined with exploration of the evidence base and public attitudes to determine the potential for creating additional smoke free spaces through further legislative measures, particularly where children are present. The enactment of new legislation provides an opportunity for system wide action with the aim of further denormalising tobacco use and making smoke free the norm for society and for future generations.

- *Priority Action Area 2: Continuous improvement and supporting innovation*

Continuous improvement and innovation approaches are best applied within programmes when there is an established evidence base and innovation is being used to improve delivery or increase impact e.g. digital delivery replacing face to face services during the pandemic, rather than in areas where the evidence base is less clear and a more traditional research and development approach is needed. For this reason the focus on smoking cessation is probably appropriate at this time but it is important to ensure that these approaches are equally considered for all areas of the strategy implementation. To further understand how e-cigarettes and other nicotine products can support smoking cessation is welcomed, within this there is also a need to consider the accessibility of products to support individuals in their quit attempts as this has an impact on outcomes.

- *Priority Action Area 3: Priority groups*

We agree that all the actions within this priority action area are essential but propose that as stages of implementation progress there is a greater focus on inequalities and not just a focus on specific population groups. A greater emphasis and drive on prevention of uptake in Children and Young People is needed as the majority of now-adult smokers took up smoking before the age of 18[11], this will support the key theme of Future Generations and ambition for a Smoke-Free Generation. This will also

[9] Welsh Government (2020) The Smoke-free Premises and Vehicles (Wales) Regulations 2020The Smoke-free Premises and Vehicles (Wales) Regulations 2020 (legislation.gov.uk)
[10] Welsh Government (2017) Public Health (Wales) Act 2017 Public Health (Wales) Act 2017 (legislation.gov.uk)
[11] Robinson S and Bugler C. 2010. Smoking and drinking among adults. General Lifestyle Survey 2008. ONS

require consideration of the family and social networks around the child, as key determinants of initiating smoking.[12]

We support increased focus on the systematic implementation of smoking cessation services within maternity services to increase successful quit attempts as demonstrated by the Models of Access to Maternal Smoking Support (MAMMS) report.[13] *In support of this priority the Health Board has invested in a HMQ for Baby Service which is a key element in our Saving Babies Lives programme which supports this priority.*

People with mental health conditions are twice as likely to smoke compared to the general population[14]*. The Health Board supports the focus on communicating the benefits of stopping and reducing smoking for this priority group and is currently working with Services in working towards a consistent implementation of smoke-free mental health units in alignment with the Smoke Free Premises and Vehicles (Wales) Regulations 2020*[15]*.*

We agree that communication messages should be clear and consistent with understanding of different methods and mediums of communication particularly social media channels used by priority groups.

- *Priority Action Area 4: Tackle illegal tobacco*

We support the proposed actions to reduce the supply and demand for illegal tobacco as part of a range of strategies to reduce smoking prevalence particularly for children and young people in keeping with the WHO Framework Convention on Tobacco Control protocol[16] *to eliminate illicit trade in tobacco products.*

Accurate data is crucial to enabling effective action, it is advised that triangulation of data sources from across partner agencies is developed and supported to ensure agile and responsive action within a dynamic environment.

We support the need for a continued focus on reducing the supply and demand for illegal tobacco. We support the strengthening of partnership working with Local Authorities and other key players as the evidence of this supply chain is seen frequently by staff in patient's homes. The availability of illegal tobacco undermines the work on smoking cessation and tobacco control. There is also a need to strengthen the interface between this work and the partnership work being delivered by Substance misuse partnerships as these risk harming behaviours are intrinsically linked.

- *Priority Action Area 5: Working across the UK*

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[12] Royal College of Physicians. 2010. Passive Smoking and Children.

[13] PHW MAMSS Report E 03.17.pdf (wales.nhs.uk)

[14] Lasser K et al. Smoking and mental illness: a population-based prevalence study. JAMA. 2000;284(20):2606-2610

[15] Welsh Government (2020) The Smoke-free Premises and Vehicles (Wales) Regulations 2020The Smoke-free Premises and Vehicles (Wales) Regulations 2020 (legislation.gov.uk)

[16] WHO (2019a) WHO Framework Convention on Tobacco Control [Online] http://www.euro.who.int/en/health-topics/disease-prevention/tobacco/publications/key-policy-documents/who-framework-convention-on-tobacco-control-who-fctc

There is potential for trade agreements and trade policy to affect future public health regulations and activity in Wales[17], which could include some tobacco control measures. The UK Internal Market Act, which was passed by the UK Government in December 2020, requires closer regulatory alignment between the UK Government and the other nations than was previously necessary when the UK fell under the EU's internal market rules. Consequently, it could be harder for the Welsh Government to introduce effective public health regulations if they go beyond those of the UK Government. Public Health Wales would support legislation which increases the legal age of sale from 18 and measures which would see a minimum price applied as a fiscal control at a UK level.

We do not currently foresee trade policy interfering with any of the measures proposed in the delivery plan. However, it is important to note that the UK and Wales are now operating in a tighter landscape than previously, which increases the potential risk of legal challenge.

Question 8
Do you think there are any key actions not captured in the priority action areas? If so, what would they be?

Please provide additional comments

It is noted that the strategy and delivery plan do not directly refer to the use of tobacco as a delivery mechanism for cannabis use. 18% of young people have been offered cannabis in the last 12 months; with 23% first using cannabis before 14 years of age[18]. First use before age 14 is higher among young people from less affluent families; and in those who identified as neither a boy nor a girl[8]. To strengthen the strategy and delivery plan, consideration and action to address increased cannabis use is required if the ambition of a smoke-free Wales is to be realised.

The strategy focuses on tobacco use but it would be helpful to consider broader and more holistic approaches to other risk harming behaviours such as gambling, illicit drug use, and alcohol consumption that are used as coping mechanisms, particularly in priority groups identified such as Children and Young People, and people who use mental health services.

Further work would need to be undertaken in order to understand such areas more fully, with examination of the evidence base together with insight among such groups.

Question 9
Do the strategy and delivery plan align with other relevant areas of policy and practice?

Partly

[17] Petchey, L. and Cresswell, K. (2021). What could post-Brexit trade agreements mean for public health in Wales? *Public Health Wales.* Available at: https://phwwhocc.co.uk/resources/what-could-post-brexit-trade-agreements-mean-for-public-health-in-wales/

[18] SHRN. 2021. Student Health and Wellbeing in Wales: Report of the 2019/20 School Health Research Network Student Health and Wellbeing Survey. *School Health Research Network Student Health and Wellbeing Survey*

Please explain why it aligns well or outline how it could be made better.

We feel that the Strategy and Delivery plan aligns with the exiting Welsh public health legislative context e.g. Well Being of Future Generations (wales) Act 2015; and main strategic policy drivers that exist in Wales –including Programme for Government; and A Healthier Wales – although such areas are not explicitly referenced within the document.

There are many areas of policy and practice that are wales wide (Welsh Government drivers) and also across organisations and settings. It would be prudent to understand these areas more fully, so that tobacco control in its widest framework can be addressed and embedded through such existing levers for change. For example smoking as an issue in those with mental health issues and could be embedded within the Mental Health Strategy. Also to advocate for tobacco to be included within any revisions or new policies that develop. Furthermore advocating tobacco focus into policies that address wider determinants of smoking and tobacco – such as housing policy with accompanying health impact assessment that includes a tobacco focus, would ensure that this area is addressed in an effort to ensuring smoke free is the norm.

A key setting for example to ensure that tobacco actions are addressed would be through primary care, and through the Strategic Programme for Primary Care. The strategy and delivery plan would be further enhanced by acknowledging the key role that primary care settings and related professionals have in supporting implementation, for example the role of dentists and their teams in promoting smoke free, identifying smokers and offering cessation support.

It is also noted that some of the structures that support implementation of health and wellbeing through action on wider determinants of health, such as Public Service Boards and Regional Partnership Boards, are not directly referenced. These are important structures to drive systems working and embed tobacco control within wider partners objectives and corporate work programmes or associated wellbeing plans.

From a UK context - now the UK has withdrawn from the EU, the UK Government is also able to negotiate its own trade agreements for the first time in nearly half a century – these include the UK/EU Trade Cooperation Agreement and any UK/US trade agreement. Previously, the EU negotiated trade agreements on the UK's behalf and applied the 'precautionary principle' with regard to public health regulation. This allowed governments to introduce new regulations even when the current evidence base was limited if it was deemed to pose a risk to public health. The terms of UK Government negotiated agreements no longer have to operate under this principle, making it more difficult to introduce tighter, effective public health regulations.

Question 10

We would like to know your views on the effects that *A Smoke-Free Wales: Our long term tobacco control strategy for Wales and Towards a Smoke-Free Wales: Tobacco Control Delivery Plan 2022-2024* would have on the Welsh language, specifically on

opportunities for people to use Welsh and on treating the Welsh language no less favourably than English.

What effects do you think there would be? How could positive effects be increased, or negative effects be mitigated?

We would not anticipate that there would be a direct effect on the Welsh Language. Statutory organisations that have a role in supporting the Strategy and Delivery plan implementation would all be subject to the Welsh Language Standards and would be well versed in promoting the Welsh language and its use throughout their work. Any aspect of the Strategy and Delivery plan implementation that involves engagement/work or provision of services for the general public or people who smoke should be bilingual.

Question 11
Please also explain how you believe the proposed strategy and delivery plan could be formulated or changed so as to have positive effects or increased positive effects on opportunities for people to use the Welsh language and on treating the Welsh language no less favourably than the English language, and no adverse effects on opportunities for people to use the Welsh language and on treating the Welsh language no less favourably than the English language.

The Health Board is responsible for the delivery of a HMQ Services in North Wales. Support to smokers is available in both Welsh and English, and all communication methods- verbal, written and electronic. Resources are provided bilingually, including cessation support aids, posters, and website. The associated social media marketing is produced bilingually in line with the aims and objectives of Cymraeg 2050.

Question 12:
We have asked a number of specific questions. If you have any related issues which we have not specifically addressed, please use this space to report them:

Please enter here:

As future delivery plans are developed it will be crucial to adopt the five ways of working identified within the Wellbeing of Future Generations Act. This will include involvement of smokers, their families and the communities and organisations that support them within the development of actions and activities in addition to their implementation.

Responses to consultations are likely to be made public, on the internet or in a report. If you would prefer your response to remain anonymous, please tick here:

Cyfarfod a dyddiad: Meeting and date:	**Partnerships, People and Population Health Committee 20.5.22**
Cyhoeddus neu Breifat: Public or Private:	Public
Teitl yr Adroddiad Report Title:	**Update on Test, Trace, Protect (TTP)**
Cyfarwyddwr Cyfrifol: Responsible Director:	Teresa Owen, Executive Director of Public Health
Awdur yr Adroddiad Report Author:	Glynne Roberts, Director, TTP
Craffu blaenorol: Prior Scrutiny:	Presented to PPPH as the governance route for TTP reporting
Atodiadau Appendices:	Update on Test, Trace and Protect (TTP) in North Wales

Argymhelliad / Recommendation:

The Committee is asked to note the following recommendations:

i. That senior members of the North Wales Test Trace Protect Team continue to liaise with partner organisations both locally and nationally to work in partnership to address the TTP changing service requirements.

ii. That the revised staffing arrangements, in line with Welsh Government policy, are in place in readiness for the July 1st service changes.

iii. In recognition of the significant contribution made to the TTP work over the last two years, staff who are no longer employed within TTP should be supported to find alternative employment.

Ticiwch fel bo'n briodol / Please tick as appropriate

Ar gyfer penderfyniad /cymeradwyaeth For Decision/ Approval		**Ar gyfer Trafodaeth For Discussion**		**Ar gyfer sicrwydd For Assurance**	**x**	**Er gwybodaeth For Information**	

Y/N i ddangos a yw dyletswydd Cydraddoldeb/ SED yn berthnasol Y/N to indicate whether the Equality/SED duty is applicable	**N**

The TTP programme is delivering the operational aspect of Welsh and UK Government requirements for COVID-19, the strategic decisions having been undertaken at a governmental level.

Sefyllfa / Situation:

This paper provides an update on the Test Trace Protect programme, with a specific focus on the proposed services changes, and the services' ability to continue to meet the changing demands of the Covid response.

Cefndir / Background:

The Welsh Government *Test Trace and Protect* (TTP) Strategy was initially published in May 2020 and updated in June 2020. The TTP Strategy aims to enhance health surveillance in the community, undertake effective and extensive contact tracing, and support people to self-isolate where required to do so.

Since the initial announcement, the Health Board, Public Health Wales and Local Authority partners across North Wales have worked collaboratively to establish and implement an integrated and resilient response, and have established a multi-partner, multi-layer tracing service. This has been underpinned by national guidance. The Covid response has also grown to include the 3rd sector.
"Together for a Safer Future: Wales' Long-term Covid-19 Transition from Pandemic to Endemic" strategy sets out the Welsh Government's transition plan for TTP from April 2022, and will see some of the most radical changes to the management of Covid-19 since their inception. As wide-scale testing reduces over the coming months, the need for contact tracing will also reduce, and will focus on protecting the most vulnerable and supporting the response to local outbreaks, rather than breaking chains of transmission as was previously the case.
Based on recent Welsh Government policy decisions, testing for health and social care staff will continue until March 2023, supported by a contact tracing workforce of around 15%-20% of the current capacity.
Members of the North Wales TTP Service are contributing to the Welsh Government review of TTP at a national level, and will need to implement the agreed strategy during 2022-23.

Asesu a Dadansoddi / Assessment & Analysis

Goblygiadau Strategol / Strategy Implications

The Test Trace Protect Service was set up as part of the Welsh Government's response to Covid in May and June 2020. The Health Board, along with local authority partners, have been charged with implementing the strategy at a regional level, and has created robust structures to carry out these functions. The recent policy annoucement will see the service, although reduced in size, maintained until March 2023.

Opsiynau a ystyriwyd / Options considered

The service was initially established in partnership with local autorities across North Wales, and working at a national level with Welsh Government and Public Health Wales.
There are three elements to the strategy, and the table below refelcts the original service configuration and the revised arrnagements:

	Previous arrangement up to March 2022	Revised arrangement from April 2022
Testing	Four Covid Testing Units established (Alltwen, Bangor, Glan Clwyd, Wrexham), managed by the Health Board, supported by a range of testing options funded through UK Government: Regional Testing Sites: Deeside and Llandudno.	• PCR tests will be retained for asymptomatic patient testing, symptomatic health, social care, special school staff and care home residents, and for people eligible for anti-viral treatment. Lateral flow tests for asymptomatic testing for health, social care and special school staff will also continue beyond April 1. • Test to Find: Regional and local testing sites closed on 31 March. The four WAST mobile testing units will be

	Local Testing Sites: Bangor, Rhyl, Connah's Quay and Wrexham. Mobile Testing Units: located for short periods in more rural areas and in support of local outbreaks.	maintained to support outbreaks and other activity. • From 1 April lateral flow tests will be available only for symptomatic individuals and those eligible for anti-viral treatments. Pharmacy collect will cease to distribute free lateral flow tests for the public. • Test to Maintain: childcare and education settings will cease regular asymptomatic testing at end of term, 8 April. • Letters were issued on 4 March to both private and public organisations signed up to workplace testing advising them supply of tests will cease at the end of March. • Test to Enable: There are no immediate changes anticipated to international travel testing.
Contact Tracing	The Regional Hub was set up with Health Board and Public Health Wales staff, who worked in tandem with the county-based tracing teams, managed by local authorities. The future configuration of contact tracing teams will be adapted to reflect changes to testing requirements.	• From 28 March 22, individuals who test positive for Covid-19 will not be legally required to self-isolate. Contact tracers will move to advising those who test positive to self-isolate, and tracing capacity will move to be more targeted, including identifying those who work in vulnerable settings (healthcare, adult social care and special schools) in order to protect vulnerable people. • Capability will be retained to support the response to local outbreaks and the possible threat from emerging variants. • The hospital contact tracing service will be maintained throughout this period, working with IPC to ensure that all identified cases are dealt with in line with agreed procedures.
Protect	The Health Board has taken a co-ordinating role to establish a network of Community Support Hubs, linking in with local authority and third sector partners.	• The Self-isolation Support Scheme will continue until the end of June 2022. There will be no changes to the eligibility criteria or amount paid up to this point. • Covid Support Hubs: Each of the hubs continue to offer additional support for food, fuel, mental health services, financial advice and a range of other services. Funding has been secured to

		support the initial 6 North Wales hubs during 2022-23.

Throughout the initial phase of the programme, and going forward, the options for the future delivery this comprehensive service are agreed at a regional level through the TTP Oversight Group, and reported to PPPHC.

Goblygiadau Ariannol / Financial Implications

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

From April 2022, contact tracing will be funded at 40% of the previous allocation, with £5.6m allocated to North Wales. Discussions have been held with the six local authority parters around the configuration of the revised service.

Funding for the testing service has yet to be agreed, but indicative costs have been submitted for £3.55m. This includes the cost of maintaining the CTUs and the hospital testing programme.

No Protect funding has yet been agreed over-and-above the Self-Isolation payments, although work is on-going to support the existing community support hubs.

Dadansoddiad Risk / Risk Analysis

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

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

- The Health Board delivers and maintains the expected outcomes for the services for which it has a responsibility. This may be working in isolation, or in partnership with others.
- Trends and forecasting are considered, to ensure responsiveness of the end-to-end service and that resourcing 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.

Cyfreithiol a Chydymffurfiaeth / Legal and Compliance

N/A.

Asesiad Effaith / Impact Assessment

The TTP services have all been considered alongside the need for impact assessments.
Socio economic duty: A Socio Economic Duty Assessment was completed on the Covid Support Hubs that underpin the Protect element of TTP.
Welsh Language: Particularly for the public-facing Tracing services, Welsh language considerations have been made and language preference identified in contacting the general public.
Data governance: Data relating to TTP is stored in the All Wales CRM, which sits outside the direct influence of the Health Board

RATIONALE

This paper provides an update to PPPHC on the TTP programme in North Wales since February 2022.

HEADLINES

- *Services continue to respond to the on-going demands, and have generally performed well.*
- *Covid rates in North Wales were at their highest for 12 months in early January 2022, and remained high throughout the first four months of 2022. Changes to reporting requirements have made it more difficult to maintain a consistent approach to monitoring positive cases in the community since the changes introduced at the end of March.*
- *The high rates of community transmission have not been replicated in a corresponding increase in the hospital admissions, which have remained relatively low.*
- *BCU has been at the forefront of the Covid recovery work in Wales, and the Community Support Hubs set up as pilot projects in each county have delivered a new way of working that will need to be sustained in the longer term.*
- *Funding for the Tracing element of TTP services has been confirmed until March 2023, with confirmation on funding for Testing expected to be in the region of £3.55m.*
- *Work is being undertaken in partnership with local authority colleagues to agree the revised configuration of services to meet the revised demands.*

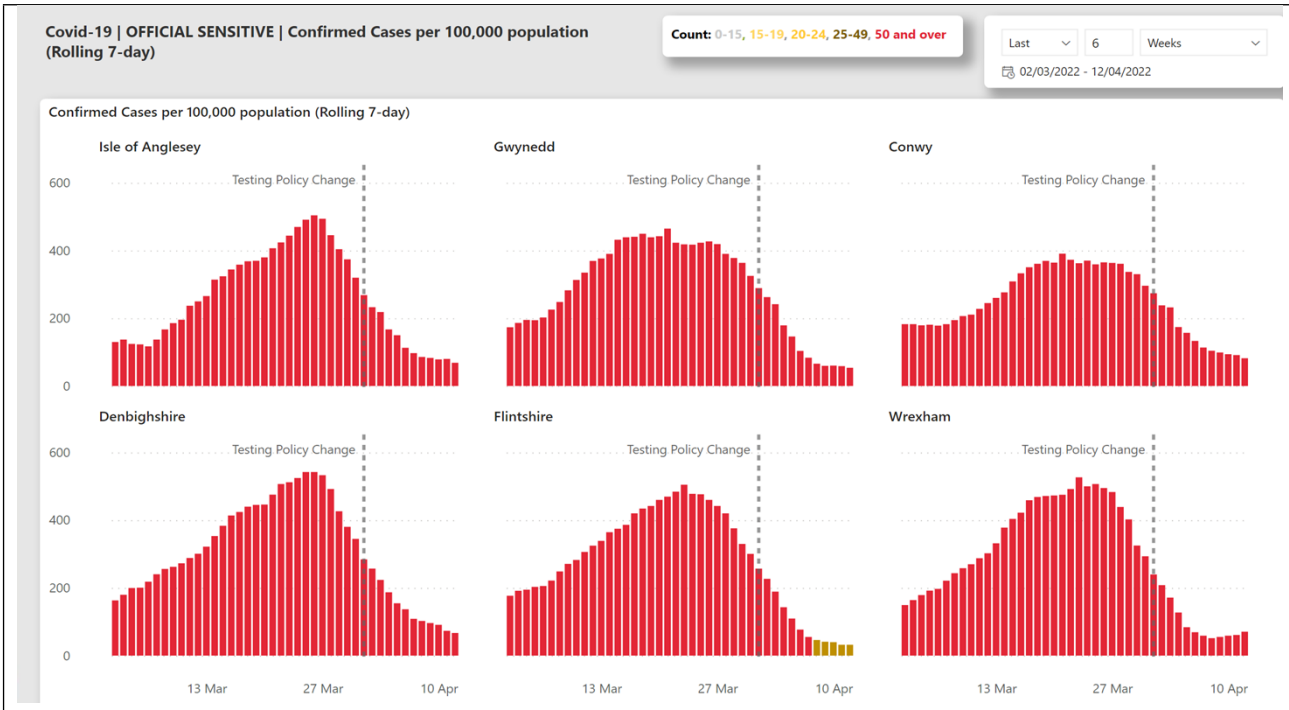
SERVICE DELIVERY

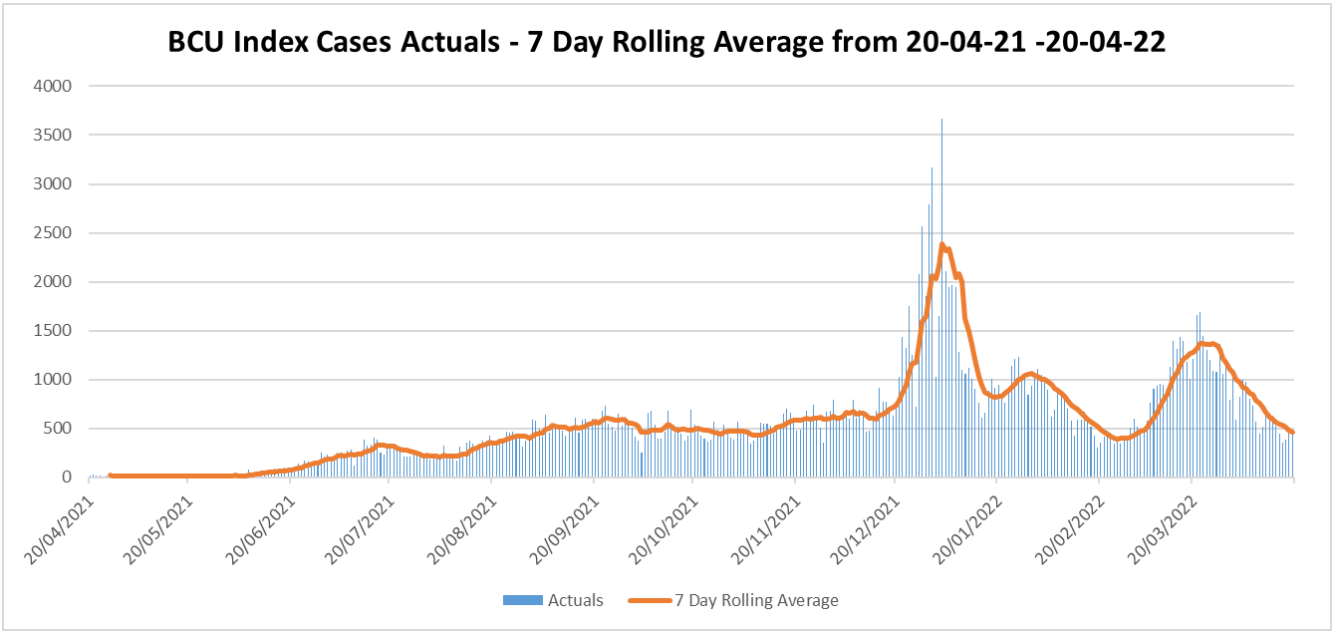
PCR Testing

- Polymerase chain reaction (PCR) testing capacity across North Wales has been significantly reduced since the end of March 2022, with mass population testing via the community infrastructure coming to an end, and the remaining testing units mainly providing for health and social care staff along with pre-operative patients.
- PCR testing is available from the Health Board managed Covid Testing Units (CTUs) located in Ysbyty Alltwen, Parc Menai (Bangor), Ysbyty Glan Clwyd, and Ysbyty Maelor Wrexham.

TRACING

- Index cases regionally rose sharply during December 2021, and remained high throughout the first quarter of 2022. The reduction in testing services from late March 2022 make comparisons with previous periods difficult:





PROTECT

- Following on from the initial work to establish a Covid Support Hubs in each county, the partnerships with local authorities and the 3rd sector have resulted in a number of new hubs being established:

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

- Funding for the original 6 hubs has been extended, so that the sites can run for the whole of 2022-23.
- Quantitative evaluation is being provided through a dedicated software system, and a qualitative evaluation study is currently being undertaken by Wrexham Glyndwr University.
- A number of additional services are aligning with the hubs, increasing the community offer, and enhancing the concept of the one-stop facility within the communities served. Across the region, over 100 voluntary organisations are engaged with the hubs.

CASE STUDY – using the Community Support Hub to promote an Art for Health project:

Governance

The TTP programme has created two reporting routes:

i. For BCU services, there is a monthly Governance Forum that reports to the main Oversight Group, and to PPPHC via this report.

ii. For the wider partnership agenda, an Oversight Group meets on a monthly basis, and reports to the regional Strategic Co-ordinating Group. This Group consists of representatives from BCU and the 6 local authorities.

ISSUES/RISKS

- Working towards a revised service configuration has entailed maintaining the Community Testing Unit infrastructure, whilst reducing the contact tracing services to around 15%-20% of its' previous capacity. Staff retention will be an issue as the service adapts to the new requirements. Some Health Board staff have been offered permanent contracts, working within the TTP Service in the first instance, which will aid staff retention and service stability.
- The hospital contact tracing team will be retained in totality, so that cases in the hospital setting can be identified and isolated effectively and efficiently.
- The TTP service, in totality, will need to be able to respond to localised outbreaks, which will require continued partnership working with local authorities.
- If the number of Covid cases falls significantly, particularly regarding the need for contact tracing, alternative work will need to be identified for staff.
- The success of the Covid Support Hubs has demonstrated the appetite for close collaboration between public sector and voluntary organisations, evidenced in the increasing number of organisations participating. Confirmation is required to secure the future of these hubs in the post-pandemic period.

CONCLUSION

- Since their establishment, Testing and Tracing Services have a track-record for meeting ever-changing demands, and in rising to the challenge of the constant changes in Covid-19 prevalence across the region. The current services changes will be managed to ensure that services remain fit-for-purpose, maintain their agility, and their responsiveness to local outbreaks.
- The partnership approach adopted by the TTP service has demonstrated the importance of co-ordinated multi-agency responses. Relationships between health, local authorities and the 3rd sector have been enhanced throughout this period. Many of these relationships need to be maintained throughout the period up to March 2023.
- Despite the high community transmission rates in the first three months of 2022, there has not been a corresponding surge in hospital admissions, suggesting that the vaccination programme has been extremely effective.
- Moving forward, it is anticipated that there will be an additional focus on the Protect element of TTP, ensuring that our most disadvantaged communities are supported through what is likely to be a difficult period socially and economically. The Protect work will need to be absorbed into existing population health priorities to ensure that the needs of the most disadvantaged communities are prioritised.

Cyfarfod a dyddiad: Meeting and date:	**Partnerships, People and Population Health Committee 20.5.22**
Cyhoeddus neu Breifat: Public or Private:	Public
Teitl yr Adroddiad Report Title:	**People/Workforce Performance Report**
Cyfarwyddwr Cyfrifol: Responsible Director:	Mrs Sue Green, Executive Director of Workforce & Organisational Development (OD)
Awdur yr Adroddiad Report Author:	Mr Nick Graham, Associate Director Workforce Planning & Performance
Craffu blaenorol: Prior Scrutiny:	People & Culture Executive Delivery Group – 26 April 2022
Atodiadau Appendices:	Appendix 1 Recruitment Improvement Review Update Report

Argymhelliad / Recommendation:

The Committee is asked to note the report and planned improvements to reporting.

Please tick as appropriate

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

Sefyllfa / Situation:

This Report sets out the overall position in relation to workforce performance up to 31st March 2022.

It brings together the position in terms of:

1) Organisation Wide Workforce Composition
   a) Workforce Dashboard Indicators
   b) Budgeted Establishment versus Actuals
   c) Current Vacancy Rates
   d) Non-Core/Flexible Workforce
   e) Attendance & Availability
   f) Staff Turnover

2) Workforce Systems & Processes Performance
   a) Recruitment
   b) Resourcing

Asesiad / Assessment & Analysis

1) Organisation Wide Workforce Composition

a) Workforce Indicators Dashboard

Vacancy Rates – Target Rate – 8%

	Rate	Vs Target Rate
All Staff Groups	6.4%	-1.6%
N&M	10.4%	+2.4%
M&D Total	5.4%	-2.6%
-Consultants	11.5%	+3.5%
-Other M&D	44.6%	+36.6%
-GPs	15.9%	+7.9%

Favourable; 1.2% improvement on previous quarter

Sickness Absence – Target Rate – 4.2%

Rolling 12 month rate = 6.30%

Staff Groups	Sickness Rate	Vs Target Rate
All Staff Groups	6.3%	+2.10%
Add Prof Scientific and Technic	4.2%	-0.04%
Additional Clinical Services	8.9%	+4.68%
Administrative and Clerical	4.8%	+0.59%
Allied Health Professionals	4.8%	+0.58%
Estates and Ancillary	8.4%	+4.20%
Healthcare Scientists	3.7%	-0.53%
Medical and Dental	2.4%	-1.84%
Nursing and Midwifery Registered	6.7%	+2.48%

Adverse; 2.10% above target, an increase of 0.74% on previous quarter

Turnover

Monthly turnover rate 9.9%

Staff Groups	Turnover Rate
All Staff Groups	9.9%
Add Prof Scientific and Technic	10.2%
Additional Clinical Services	8.4%
Administrative and Clerical	10.4%
Allied Health Professionals (AHPs)	10.6%
Estates and Ancillary	10.2%
Healthcare Scientists	5.2%
Medical and Dental	13.8%
Nursing and Midwifery Registered	9.5%

Adverse; highest turnover rates in previous 12 months but still within range and an increase of 1.2% on previous quarter

Registered Nurse Temporary Staffing: EXTERNAL AGENCY AND BANK Fill Performance

Agency fill rate 36%

Bank fill rate 18%

Adverse; 0% reduction in agency fill rate, 2% reduction in bank fill rate on previous quarter

Medical Temporary Staffing: EXTERNAL AGENCY AND BANK Fill Performance

Agency fill rate 45%

Bank fill rate 47%

Adverse; 2% reduction in agency fill rate, 5% reduction in bank fill rate on previous quarter

b) Budgeted Establishment vs Actuals

Table 1 below sets out the total budgeted establishment and actual whole time equivalent (wte) in post for March 2022 with Table 2 providing the comparator position for March 2021.

The current gap between budget and actual is 1169 wte, which is a decrease of 103 wte on the comparative position at this time in 2021.

The budgeted establishment has increased overall by 460 wte during this period with an actual increase in wte in post of 563. This is a positive difference of 103 wte. In terms of numbers on the ground we have 138 wte more nurses, 155 wte more AHPs and 36 wte more Medical & Dental staff in post than this time last year.

This reflects the investment made during 21/22 via the performance funding to support Planned care recovery and the initial work commenced in Q4 of 21/22 which forms the consolidated elements of the IMTP 22-25. It also reflects the ongoing recruitment to the new services established in response to the COVID19 Pandemic such as the Test Trace Protect (TTP) service and the Vaccination programme.

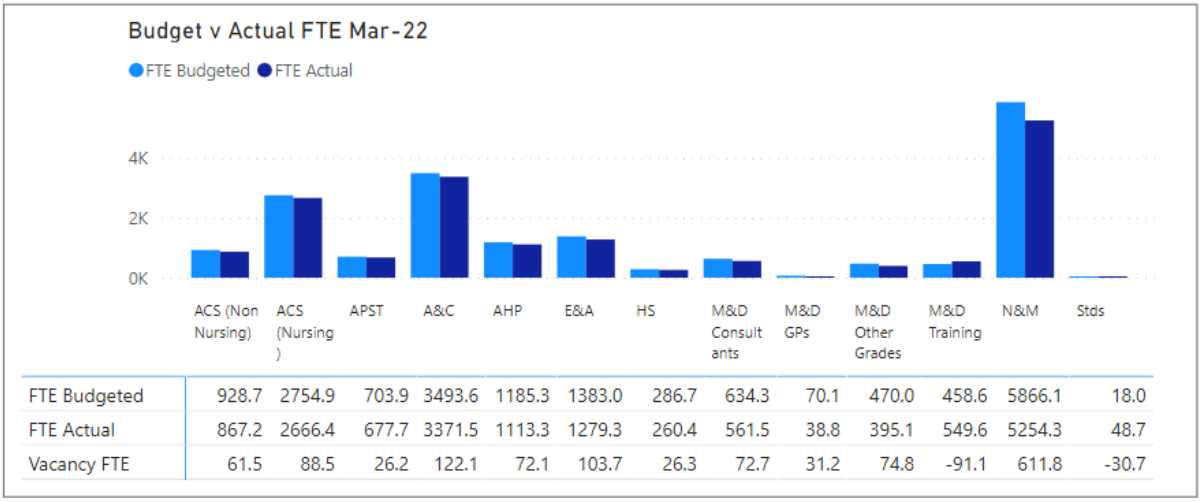
The year on year increase in actual wte and improvement of 103 wte positive vacancy position reflects the ongoing development and mobilisation of successful programmes such as the overseas nursing campaign, which has seen over 120 new nurses recruited to the Health Board via local and national initiatives and moving forward, circa. 120 nurses over the next 12 months from places such as India, Nigeria, Philippines and other overseas countries.

Within medical staffing the gap across the GP workforce is still a concern and whilst acknowledging this is a national challenge the position in terms of actual staff in post has improved year on year with an additional 10 wte as of March 22 compared to March 21. Work is ongoing to identify short and long-term solutions to address this, with a specifically targeted GP Recruitment Campaign being launched alongside the short-term work to look at attracting overseas doctors who have completed UK GP training who require visa sponsorship to remain in the country. It is hoped that over the coming months we can attract in the range of 20-30 staff to work across North Wales either in the Health Board or Independent Practices. There is also the ongoing work in conjunction with Medacs to attract more GPs to the medical bank to increase temporary support.

In the medium term, we are moving forward with the Doctors Direct programme, which is supplying junior doctors who have British nationality but qualified as a doctor overseas within the European Union. Current estimates are between 10 and 20 junior doctors joining over the coming year. We are also working closely with the Office of the Medical Director developing a pipeline of overseas doctors through our work with the British Association of Physicians of Indian Origin, (BAPIO).

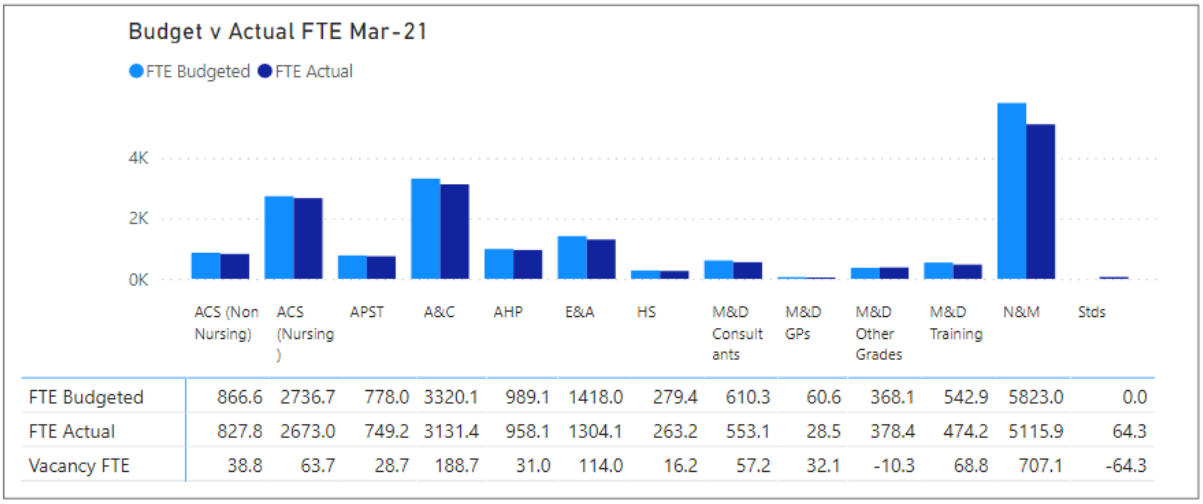
Long-term solutions are progressing through the more co-ordinated educational commissioning and skill mix planning in conjunction with Health Education and Improvement Wales (HEIW) and the ongoing development of scheme based workforce service recruitment plans. This has formed the basis of the workforce plan linked to the 3 year Integrated Medium Term Plan (IMTP) and the People Strategy & Plan and is an area of significant opportunity as we move closer to the development of an Inter-professional Medical & Health Sciences School in North Wales.

Table 1 Budget V Actual WTE as at March 2022



	ACS (Non Nursing)	ACS (Nursing)	APST	A&C	AHP	E&A	HS	M&D Consultants	M&D GPs	M&D Other Grades	M&D Training	N&M	Stds
FTE Budgeted	928.7	2754.9	703.9	3493.6	1185.3	1383.0	286.7	634.3	70.1	470.0	458.6	5866.1	18.0
FTE Actual	867.2	2666.4	677.7	3371.5	1113.3	1279.3	260.4	561.5	38.8	395.1	549.6	5254.3	48.7
Vacancy FTE	61.5	88.5	26.2	122.1	72.1	103.7	26.3	72.7	31.2	74.8	-91.1	611.8	-30.7

Table 2 Budget V Actual WTE as at March 2021



	ACS (Non Nursing)	ACS (Nursing)	APST	A&C	AHP	E&A	HS	M&D Consultants	M&D GPs	M&D Other Grades	M&D Training	N&M	Stds
FTE Budgeted	866.6	2736.7	778.0	3320.1	989.1	1418.0	279.4	610.3	60.6	368.1	542.9	5823.0	0.0
FTE Actual	827.8	2673.0	749.2	3131.4	958.1	1304.1	263.2	553.1	28.5	378.4	474.2	5115.9	64.3
Vacancy FTE	38.8	63.7	28.7	188.7	31.0	114.0	16.2	57.2	32.1	-10.3	68.8	707.1	-64.3

The Clinically led Service/Workforce Reviews supported by Kendall Bluck are ongoing and work has progressed significantly over Q4, below is a more detailed outline of the reviews status. This work has supported a number of priority schemes identified in the IMTP such Emergency Department (ED) and Same Day Emergency Care (SDEC), Mental Health services and elements of the Planned Care Recovery programme. It is expected these schemes realise benefits across Q1 and into Q2 of 22/23.

The identified areas each have a lead executive as Senior Responsible Officer (SRO) and there is a robust programme structure in place around each review work stream. A project update is provided in Table 3 below:

Table 3 Clinical Workforce Service Review Programme Outline

Service Review	Project Update
Emergency Care Pathway SRO – Deputy Chief Executive / Director Nursing & Midwifery	ED pathways developed and workforce models aligned accordingly. SDEC work ongoing to ensure alignment with current ED pathways and workforce models. Minor Injuries units are being triangulated alongside this work.
Colorectal Services SRO – Executive Medical Director	Draft final report submitted to SRO and being aligned with the General Surgery review findings before final release.
Stroke Services SRO – Executive Director Primary Care & Community Services	Final Pathway configuration has been completed; workforce models are being aligned accordingly with existing stroke services business case and the ongoing work across stroke services.
Women's Services SRO – Executive Director Public Health	The draft report of the Foetal Medicine pathway review has been completed and fed back to the team and met with a positive reception. The final report will be submitted by the end of April 22.
Mental Health SRO – Executive Director Public Health	Initial draft report has been complete for Memory Assessment Service (MAS) pathways. The project group are reviewing the report and a wider feedback engagement meeting is being arranged for end of April 22.
General Surgery Services SRO - Executive Medical Director	Met with the SRO engaged to present draft pathway analysis, The wider project team are reviewing the analysis and next steps are being identified.

The outputs are anticipated to be improved patient outcomes, improved efficiency, improved employee morale, recruitment and retention, and increased patient satisfaction. The implementation of the reviews is ongoing with the ED/SDEC project and Stroke Services. The others are scheduled Q1 of 22/23. Some of the benefits will be more balanced medical rotas across the identified areas and better training opportunities for our trainees. There will also be a better skill mix in these areas with better use of roles such as Physicians Associates. The monitoring arrangements are through the monthly overarching programme group for each service review with regular update reports going through the Executive Delivery group – People & Culture, Executive Team and being reported through this report to the Committee. The longer-term outputs from the reviews and the approach taken with them in terms of workforce planning are aligned to the People Strategy & Plan.

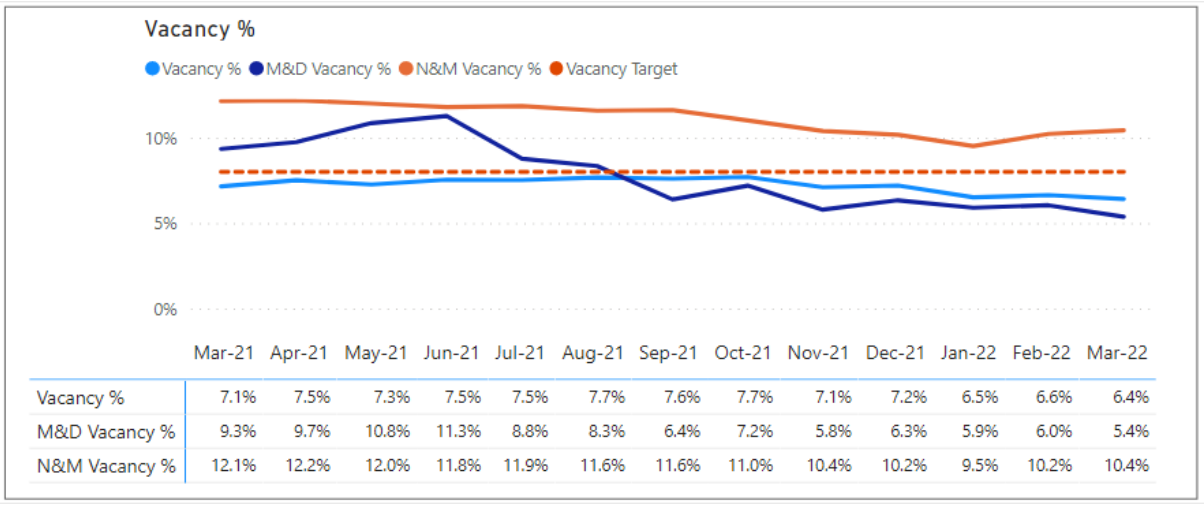
All of this work will be undertaken to the standards laid down by the relevant Royal Colleges, professional organisations, and the relevant education and training requirements linked to the service.

c) Current Vacancy Rates

Table 4 sets out the current overall vacancy rate for the Health Board; alongside this is the Medical and Dental (M&D), and Nursing and Midwifery (N&M) vacancy rates as percentages. Whilst clearly there are other professional groups critical in the delivery of care and services, these two groups are fundamental in delivery of clinical services.

The organisational vacancy rate has been maintained below 8% across the last 12-month period. Both Medical & Dental and Nursing & Midwifery vacancy rates have dropped over the last twelve months with figures for M&D being 9.3% in March 21 compared to 5.4% in March 22 and the figures for N&M being 12.1% in March 21 compared to 10.4% in March 22. This is a decrease of 3.9% for Medics and 1.7% for Nursing. The recruitment team are working hard with managers to close the vacancy gap as shown in the figures above. In addition, we would expect to see an improvement across the recruiting manager KPIs shown in table 16 further in this report. This will be monitored through our regular workforce performance meetings and through the Executive Delivery Group – People & Culture.

Table 4. Vacancy Rate at 31 March 2022



	Mar-21	Apr-21	May-21	Jun-21	Jul-21	Aug-21	Sep-21	Oct-21	Nov-21	Dec-21	Jan-22	Feb-22	Mar-22
Vacancy %	7.1%	7.5%	7.3%	7.5%	7.5%	7.7%	7.6%	7.7%	7.1%	7.2%	6.5%	6.6%	6.4%
M&D Vacancy %	9.3%	9.7%	10.8%	11.3%	8.8%	8.3%	6.4%	7.2%	5.8%	6.3%	5.9%	6.0%	5.4%
N&M Vacancy %	12.1%	12.2%	12.0%	11.8%	11.9%	11.6%	11.6%	11.0%	10.4%	10.2%	9.5%	10.2%	10.4%

Medical and Dental

The vacancy rate for medical and dental staff shown in Table 4, is now averaging at 7.72% (9.2% previously) across the last 12 months and currently sits at 5.4% (this includes all grades i.e. training vacancies). This is the best position across the last 12 months, and reflects the ongoing focus on medical recruitment and the work across the organisation to ensure gaps are identified and filled in a timelier manner.

General consultant recruitment remains positive with appointments made to the majority of roles advertised. With the ongoing support of the Medical Resourcing Group chaired by the Executive Medical Director and utilising the Medical Workforce Dashboard, hotspots are being targeted and recruitment resource targeted accordingly to ensure vacancies are filled at pace and temporary workforce utilisation is minimised. Work is also continuing with a number of partner organisations as well as with teams across Acute, Community and Mental Health and Learning Disabilities to deliver against the identified recruitment plans in place, which support business as usual, and the IMTP.

The hard to recruit specialities remain Child and Adolescent Mental Health Services (CAMHS), Care of the Elderly (COTE), GPs and Mental Health. There is specific work underway across these 4 areas.

With CAMHS, Health Education and Improvement Wales (HEIW) are working with the team towards improving trainee take up which is a national issue. Recruitment from wider professional groups (such as teachers) has had initial success and with the ongoing recruitment campaign now in place to support the development and recruitment to targeted intervention teams for young adults in crisis the service is looking to build resilience into the team going forward. This work is overseen collaboratively CAMHS supported by workforce colleagues.

With COTE where there have been long-term vacancies since 2016, the redesigned advertising campaign has commenced placing a greater focus on flexible working opportunities to attract a different target audience this has had some limited success to date and is being reviewed across the next quarter. Targeted recruitment campaigns working with a specialist digital recruitment company are underway for Stroke Services and the longstanding issues in Rheumatology. Campaigns have been developed to support the recruitment of ED, Same Day Emergency Care (SDEC) medical staff going forward, initial feedback has been positive, and greater impact is expected across Q1 of 22/23. GP recruitment is high on the agenda and working with the Primary Care teams a targeted campaign has been established to recruit GP trainees into North Wales, impact is expected across Q1/Q2 of 22/23.

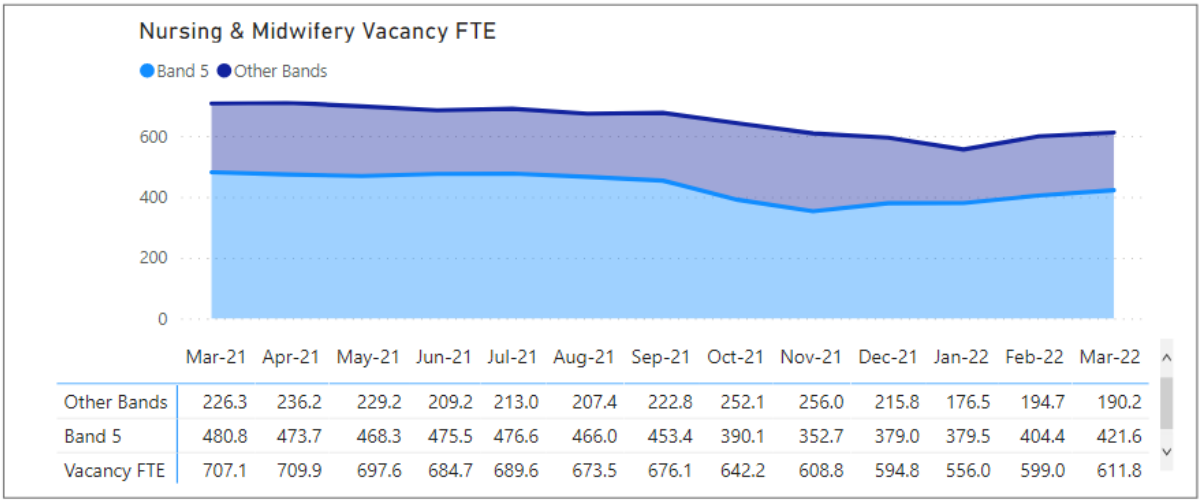
In relation to Mental Health, work in collaboration with the service is underway to deliver a targeted intervention to ensure recruitment to a sustainable workforce model going forward. Alongside this, the work with Doctors Direct is working to generate a steady flow of Junior Doctors to supplement existing gaps and build a succession pipeline going forward.

Nursing & Midwifery

There has been a steady improvement in nursing vacancies from this time last year (March 21), which stood at 12.1%. Table 4 shows the rate in Nursing and Midwifery down to 10.4% in March 2022 with more Nurses and Health Care Support Workers (HCSWs) in post than this time last year as referenced earlier in the report; Table 5 shows this in wte. In March 21, there were 480.8 wte vacancies across the band 5 nursing workforce compared to 421.6 wte in March 22, this down by 59.2 wte year on year. The difference in the main is due to steady recruitment across band 5 nursing and the addition of the international nurses coming through at regular intervals as part of the international nurse recruitment programme commissioned by the Health Board previously and now working with the All Wales national programme. We have seen an increase in vacancies in band 5 nurses across Q4 but this was expected and the focused work on retention remains a priority for nursing and workforce teams going forward.

This is positive news but whilst the model of delivery remains predominantly inpatient bed based across multiple locations, sustaining this increase in nursing staff is likely to continue to be a challenge. The current service reviews underway across specialities will provide opportunities to look at the way we deliver our services and the introduction of Clinical Fellowships will support ongoing recruitment and retention. Alongside this, we are currently reviewing training numbers and types and are working with HEIW to look at commissioning numbers and roles and the funding associated with them across North Wales. This work is aligned with the work that is ongoing with Bangor University around the North Wales Medical and Health Sciences School.

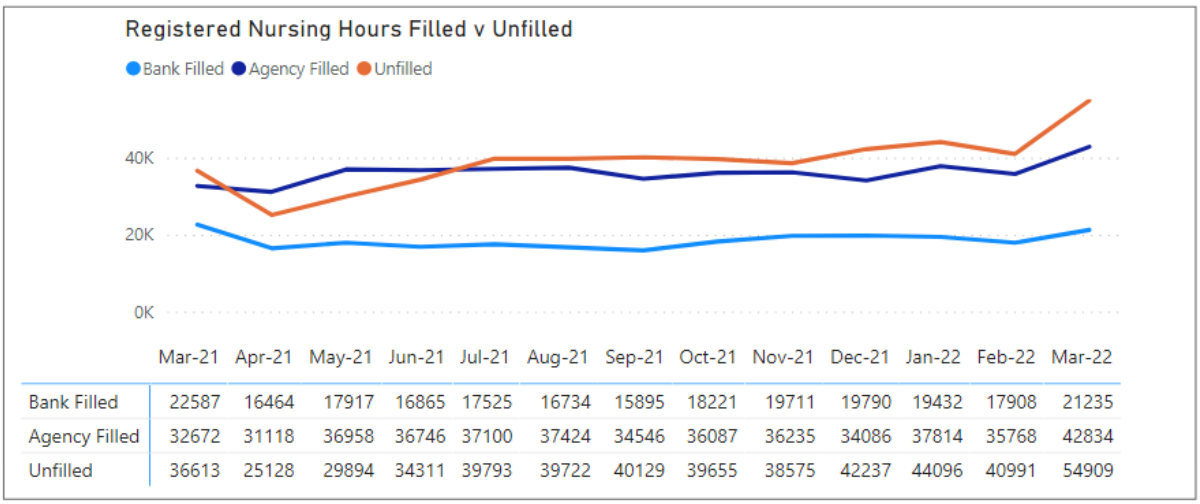
Table 5. – Nursing and Midwifery Vacancy Rate



	Mar-21	Apr-21	May-21	Jun-21	Jul-21	Aug-21	Sep-21	Oct-21	Nov-21	Dec-21	Jan-22	Feb-22	Mar-22
Other Bands	226.3	236.2	229.2	209.2	213.0	207.4	222.8	252.1	256.0	215.8	176.5	194.7	190.2
Band 5	480.8	473.7	468.3	475.5	476.6	466.0	453.4	390.1	352.7	379.0	379.5	404.4	421.6
Vacancy FTE	707.1	709.9	697.6	684.7	689.6	673.5	676.1	642.2	608.8	594.8	556.0	599.0	611.8

d) Non-Core/Flexible Workforce

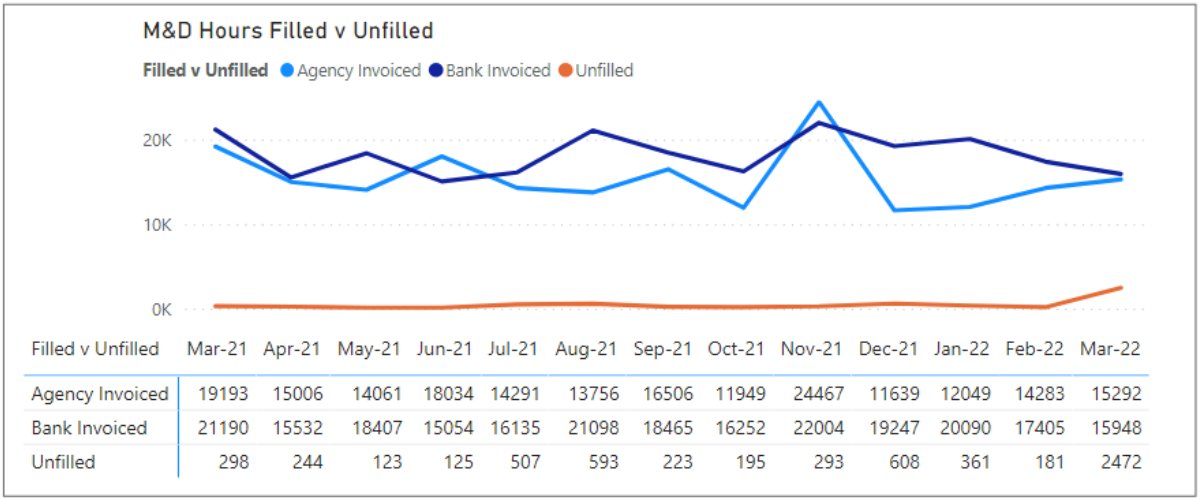
Table 6. Registered Nursing Hours Filled vs Unfilled



	Mar-21	Apr-21	May-21	Jun-21	Jul-21	Aug-21	Sep-21	Oct-21	Nov-21	Dec-21	Jan-22	Feb-22	Mar-22
Bank Filled	22587	16464	17917	16865	17525	16734	15895	18221	19711	19790	19432	17908	21235
Agency Filled	32672	31118	36958	36746	37100	37424	34546	36087	36235	34086	37814	35768	42834
Unfilled	36613	25128	29894	34311	39793	39722	40129	39655	38575	42237	44096	40991	54909

Table 6 shows the number of hours filled by bank and agency nurses and unfilled hours remaining each month across BCU. The figures for March 2022 show an increase in the hours filled by both agency and bank nurses but also shows an increase in unfilled shifts also across both. Some of the intelligence behind this indicates that usage has gone up due to increased demands on both unscheduled and planned care services with the gap in unfilled hours increasing significantly also. This is monitored closely as fatigue across our substantive staff from supporting COVID19 takes an effect. Workforce have led a number of initiatives to drive further recruitment to the bank, which has seen an increase in numbers. Further recruitment work for bank Health Care Assistants (HCAs) is ongoing to support the services going forward.

Table 7. Medical & Dental Hours Filled vs Unfilled



Filled v Unfilled	Mar-21	Apr-21	May-21	Jun-21	Jul-21	Aug-21	Sep-21	Oct-21	Nov-21	Dec-21	Jan-22	Feb-22	Mar-22
Agency Invoiced	19193	15006	14061	18034	14291	13756	16506	11949	24467	11639	12049	14283	15292
Bank Invoiced	21190	15532	18407	15054	16135	21098	18465	16252	22004	19247	20090	17405	15948
Unfilled	298	244	123	125	507	593	223	195	293	608	361	181	2472

Table 7 shows the number of hours filled by bank and agency doctors and unfilled hours remaining each month across BCU. As can be seen there has been a steady increase in hours filled through agency and a steady decrease in hours filled through bank. The balance in March saw hours filled by bank start to align with hours filled by agency - this is being monitored and working with Medacs our bank supplier we are working to increase the numbers of doctors on our bank over Q1 of 22/23. In addition, rates are being looked at to ensure alignment with areas in England where some of our bank staff may be drawn to work instead of within the Health Board. We are working to keep increasing the bank fill in comparison to the agency fill going forward.

e) Attendance & Availability

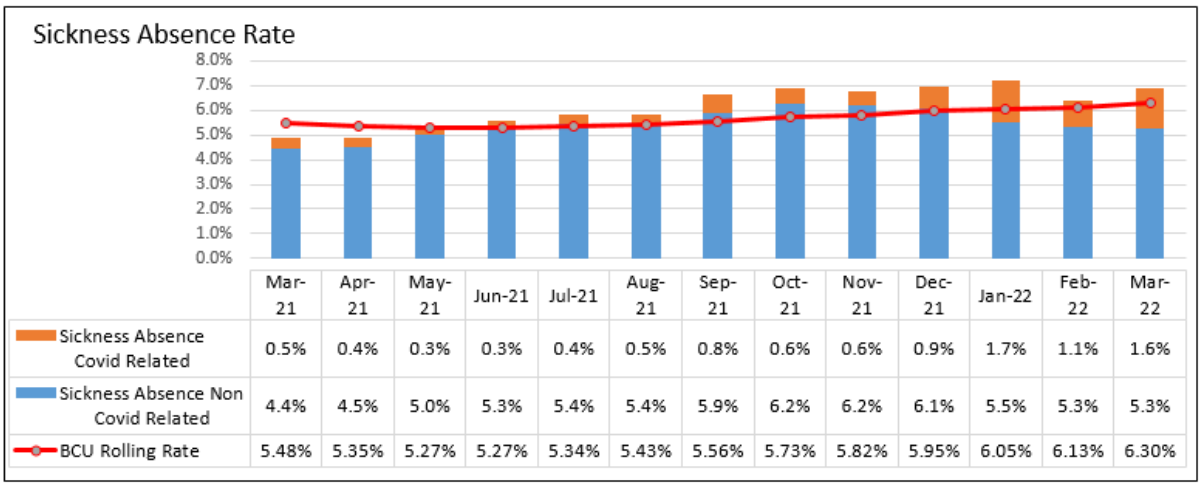
Table 8 shows the sickness absence rate for the Health Board split by Non COVID19 related and COVID19 related as at 31 March 2022.

COVID19 related absence has risen over the last quarter from 0.9% in December to 1.6% in March. In addition, Non COVID19 related absence has seen a decrease over the last quarter from 6.1% in December to 5.3% in March. The increased COVID rate can be attributed to the relaxation in rules in the community and whilst we ensure that all COVID rules are followed across Health Board, we are monitoring the impact of the increase closely. Whilst non-COVID19 related sickness has decreased work is underway both nationally and locally to ensure measures and further plans are in place to support any increase going forward to mitigate the risks associated with any increase in physical and mental ill health as well as the potential increase in turnover and subsequent pressure on remaining staff. Staff turnover will be covered in more depth later in this report.

The capacity of managers, workforce and occupational health teams to support “regular” sickness management has continued to be impacted by the continued pressure of the pandemic. Cases are being prioritised to ensure that those long-term cases requiring resolution and the highest risk cases continue to be covered with an Multi Disciplinary Team (MDT) case conference approach now in place to support. The Psychological / Emotional Health and Wellbeing support to staff has also been strengthened and continues to be developed further to ensure a robust package is in place for staff.

The ongoing implementation of the Strategic Organisational Development Route map is a key element to maintaining resilience and wellbeing of our staff. The delivery phase of 'Stronger Together' has now commenced and is progressing in order to deliver the new operating model for the organisation, which is scheduled to go live in Q2.

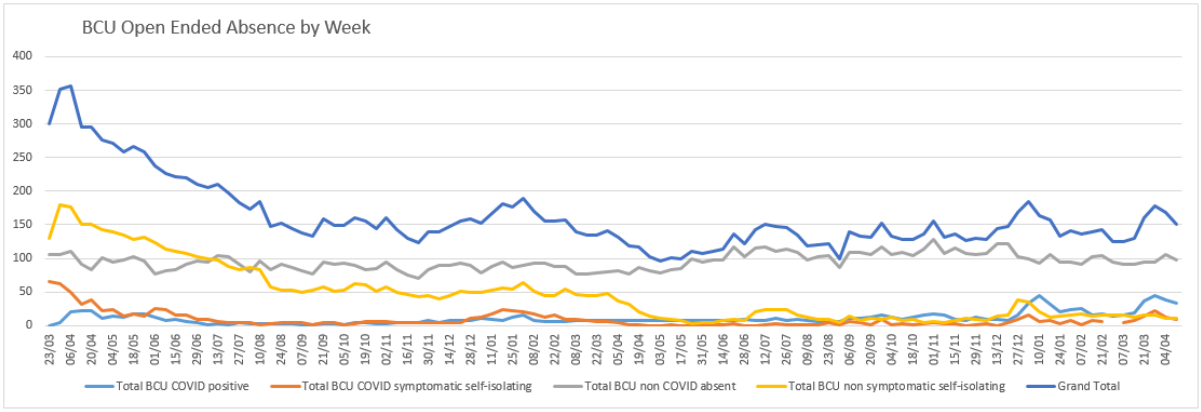
Table 8. – Sickness absence rate



	Mar-21	Apr-21	May-21	Jun-21	Jul-21	Aug-21	Sep-21	Oct-21	Nov-21	Dec-21	Jan-22	Feb-22	Mar-22
Sickness Absence Covid Related	0.5%	0.4%	0.3%	0.3%	0.4%	0.5%	0.8%	0.6%	0.6%	0.9%	1.7%	1.1%	1.6%
Sickness Absence Non Covid Related	4.4%	4.5%	5.0%	5.3%	5.4%	5.4%	5.9%	6.2%	6.2%	6.1%	5.5%	5.3%	5.3%
BCU Rolling Rate	5.48%	5.35%	5.27%	5.27%	5.34%	5.43%	5.56%	5.73%	5.82%	5.95%	6.05%	6.13%	6.30%

Table 9 below shows both COVID19 and non-COVID19 related absence by week since w/c 23 March 2020. This information, is used as part of the modelling undertaken to underpin the plan for 2022/23 and ongoing to inform delivery throughout the next year. It is also used to inform the forward modelling work carried out across the operational teams and is utilised with the Intelligence Cell to support projections around COVID19 and its potential impact on the Health Board.

Table 9. – Total COVID19 and Non COVID19 Open absence by week



Over the last quarter, we have seen a steady increase in staff positive cases with a peak in the last week of March as community rules were relaxed. As we move through into Summer this is something that is high on workforce's radar. Whilst the positive impact of the vaccination programme is being seen, we are still actively monitoring the uptake of the booster across all staff groups, areas and sites closely.

Table 10 shows the profile of testing and all results and Table 11 shows positive cases split by geographical Area in terms of acute, primary, and other BCU units. This information allows workforce and operational teams to better understand the availability of staff and is being used to inform the modelling for planning purposes.

Table 10. – COVID19 Testing and case profile for BCU Staff

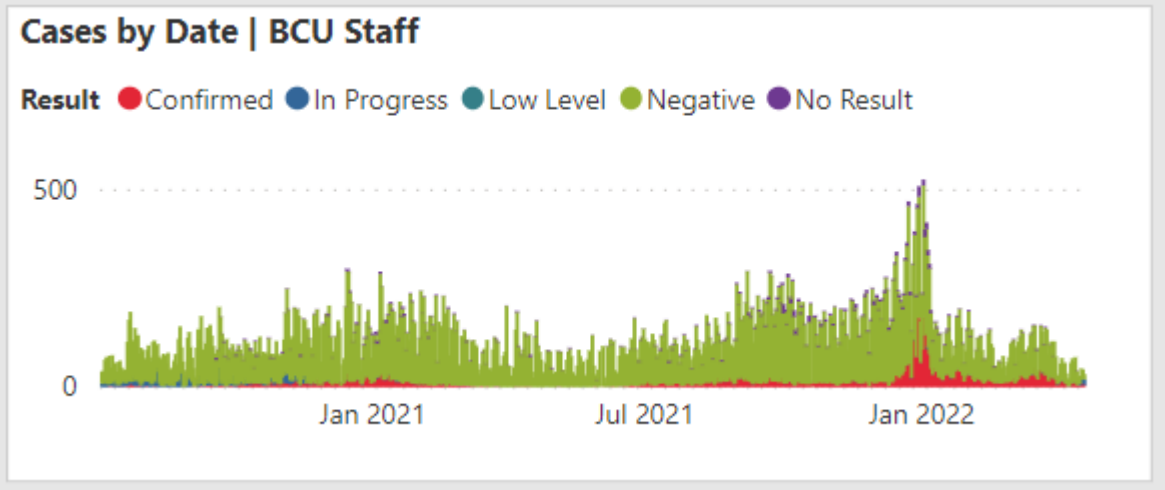
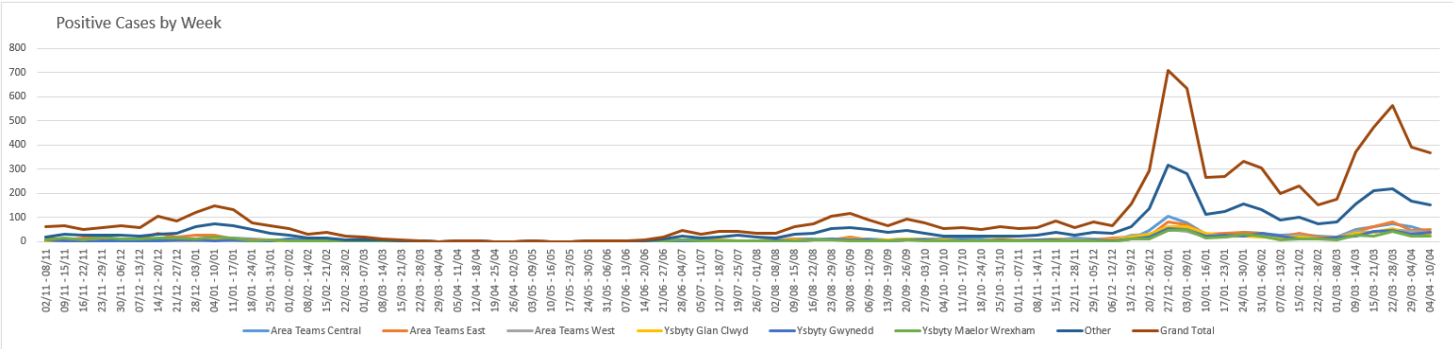


Table 11. – COVID19 Positive Cases by week for BCU Staff



A key element to ensure attendance of staff and provide protection for themselves and their patients is the staff COVID19 vaccination programme. For the Health Board staff, we have applied the Clinical Guidelines based on the Green Book and in line with national policy.

The Health Board has:

Offered vaccinations to 100%:

- Group 2 BCU frontline workers
- Group 3 BCU non Direct Patient Contact (DPC) staff 75 years and over
- Group 4 BCU non DPC staff 70 years and over and clinically extremely vulnerable

As of end of March 2022, the following position in terms of first, second and booster dose vaccinations for staff can be seen in table 12 below. In total, 18,531 staff have received first, second and booster dose vaccinations of which 2804 are bank or locum workers.

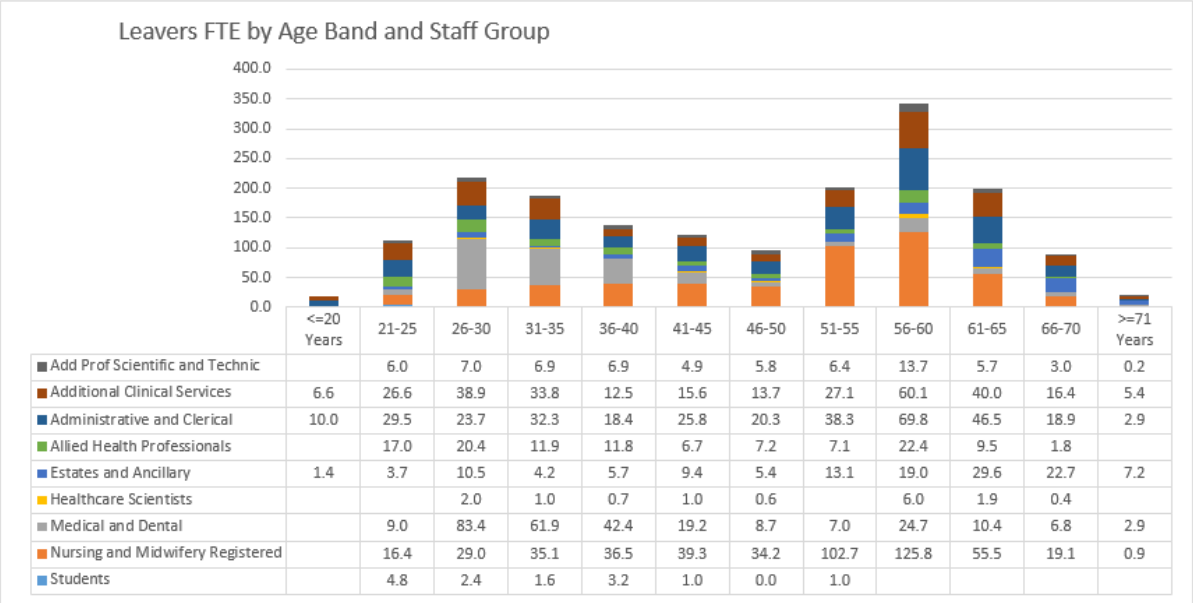
Table 12: Staff Vaccination Position in numbers and as a % total of staff and bank workers

Assignment Category.	Vaccinated 1 Dose		Vaccinated 2 Doses		Vaccinated Booster Dose	
Permanent and Fixed Term Staff	257	1.34%	2011	10.5%	15727	81.7%
Bank, Locum and Honorary	125	2.76%	799	17.6%	2804	61.9%
Grand Total	**382**	**1.61%**	**2810**	**11.8%**	**18531**	**78.0%**

f) Staff Turnover

This is a key area of focus for workforce at this time given the current national issues around retention as a result of the COVID19 pandemic. We have looked at the leavers over the last 12 months by age and staff group to try and better understand our profile. Table 13 shows this below.

Table 13. Leavers by age and staff group



	<=20 Years	21-25	26-30	31-35	36-40	41-45	46-50	51-55	56-60	61-65	66-70	>=71 Years
Add Prof Scientific and Technic		6.0	7.0	6.9	6.9	4.9	5.8	6.4	13.7	5.7	3.0	0.2
Additional Clinical Services	6.6	26.6	38.9	33.8	12.5	15.6	13.7	27.1	60.1	40.0	16.4	5.4
Administrative and Clerical	10.0	29.5	23.7	32.3	18.4	25.8	20.3	38.3	69.8	46.5	18.9	2.9
Allied Health Professionals		17.0	20.4	11.9	11.8	6.7	7.2	7.1	22.4	9.5	1.8	
Estates and Ancillary	1.4	3.7	10.5	4.2	5.7	9.4	5.4	13.1	19.0	29.6	22.7	7.2
Healthcare Scientists			2.0	1.0	0.7	1.0	0.6		6.0	1.9	0.4	
Medical and Dental		9.0	83.4	61.9	42.4	19.2	8.7	7.0	24.7	10.4	6.8	2.9
Nursing and Midwifery Registered		16.4	29.0	35.1	36.5	39.3	34.2	102.7	125.8	55.5	19.1	0.9
Students		4.8	2.4	1.6	3.2	1.0	0.0	1.0				

Our biggest numbers sit across 56-60 age group and within nursing in terms of volume and medics by proportion to staff within the staff group. Workforce & OD has put/are putting in place a number of initiatives to mitigate this staff turnover now and going forward.

Some of these are listed below;

- New Retention Interview project being carried out across nursing staff targeting areas of high turnover and leavers within 2 years
- Proactive Leaver Management initiatives being put in place
    - Reports to targeted teams when leaver forms are completed
- Improving the Exit Interview process
    - Integration of questions from the national staff survey in order to reflect, learn and implement improvements

- Band 5 Rotational Nursing Programme
- Band 6-8b Career Development Pathway for Aspiring Nurse Leaders
- Organisational and local Staff Recognition schemes such as Seren Betsi, Staff Achievement Awards, Long Service Awards
- Be Proud Pioneer Programme - aimed at improving and sustaining staff engagement at team level by understanding what may be hindering engagement and supporting the team to build improved engagement behaviours.
- Improved Speak out Safely processes
- Access to externally funded courses through the Welsh Union Learning Fund programme

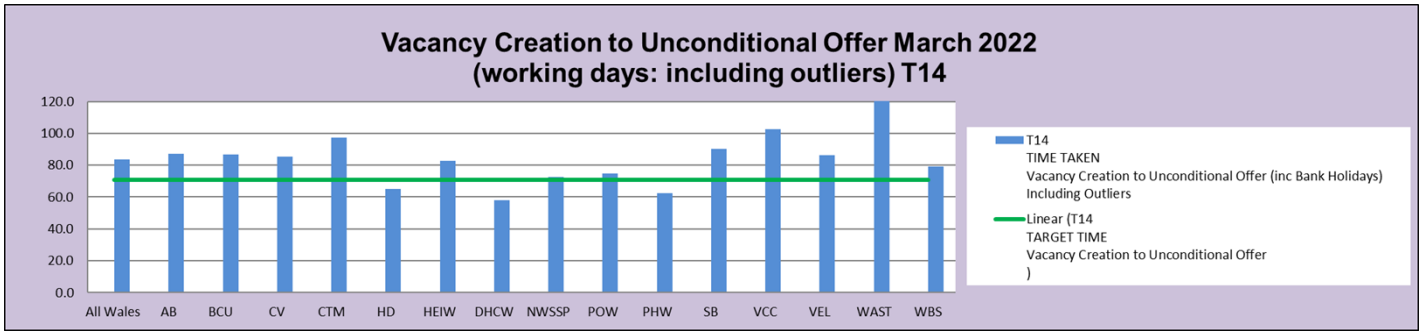
2) Workforce Systems & Processes Performance

a) Recruitment

The independent Organisational Recruitment Improvement Review reported back with stakeholder feedback sessions held at the beginning of Quarter 4. The development and implementation of the action plan commenced mid quarter 4; this work is part of the Best of Our Abilities programme that reports to the Executive Delivery Group – People and Culture. A more detailed update is provided as at Appendix 1.

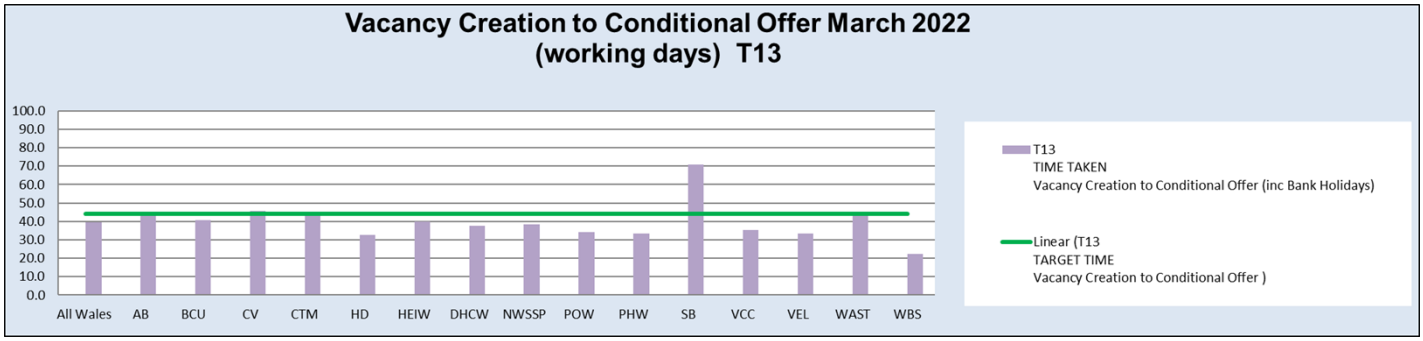
The recruitment performance data included within the report is presented for the Committee to understand where BCU sits in comparison to other Health Boards. The NHS Wales Shared Service Partnership provides this information.

Table 14. - Vacancy Creation to Unconditional Offer



As can be seen in Table 14 BCU is above the target time in terms of vacancy being created to an unconditional offer being made to a candidate. This has remained steady over the last quarter. Whilst this is not where we want to be the position across Wales has remained steady by the same proportion. We are working internally to improve our performance as outlined below in Table 16. The full implementation of the ongoing Improvement Review outlined above will enable the Health Board in demonstrating best practice.

Table 15. Vacancy Creation to Conditional Offer



As can be seen in Table 15 BCU is below the target time in terms of vacancy being created to a conditional offer being made to a candidate. This is still in line with last quarter's performance and we are still outperforming or are on par with a number of Health Boards of comparative size across Wales.

Whilst overall performance against key performance indicators (KPIs) is positive compared to other Health Boards, we are clear that there are still critical improvements required. Table 16 below shows the internal performance indicators split by steps in the process. This shows through external validation, the need for the Health Board to secure significant improvement in the first step Time from Notice to authorisation start date (T0a). Progress towards this has remained steady with the figure in March 22 standing at 40.9 days as compared to 52.7 days in May 21. This is an improvement of 11.8 days over the 10-month period. We know there is still a long way to go in the scope for improvement as well as working to improve across the end-to-end process. It is envisaged that with the ongoing improvements and the implementation of the quick wins identified from the review we are confident the indicators below will improve further going forward.

Table 16. Recruiting Managers Key performance Indicators

		Average Time in Working Days	
Trac Report Code	**Trac Recruitment Health Check**	**Target**	**Mar-22**
T0a	**Notice Date to Authorisation Start Date**	**5**	40.9
T1a	**Time to Approve Vacancy Request**	**10**	3.3
T4	**Time to Shortlist**	**3**	7.4
T5b	**Time to Update Interview Outcomes**	**3**	2.8
T9b	**Time to Approve References**	**2**	3.1
T13	**Vacancy Creation to Conditional Offer**	**44**	40.5

b) Resourcing

In terms of our temporary supply, the Enhanced Contract Management process is now embedded and working to ensure the Health Board only uses interim appointments for the minimum amount of time required and ensures that the link between interims and vacancies is monitored. This information is triangulated with the recruitment dashboard and the gap is minimised to ensure interims are only used when absolutely required across the Health Board for the least amount of time.

The team has been working hard to ensure processes for medical agency workers are in place to ensure they are utilised in a timely and effective way and that the gap is minimised so that they are only utilised when and where necessary for the minimum amount of time required.

The team have been working with the vaccination booster programme to ensure an Emergency Resourcing Plan is developed and then put in place to ensure in the event of a COVID surge the health Board can respond rapidly to ensure support of the vaccination programme to deliver its expected outcomes. Feedback from the vaccination programme team has been positive in workforce's response to supporting this piece of work required by Welsh Government.

Strategy Implications

The effective management and deployment of our workforce is a critical enabler (as well as a driver) in the delivery of our strategic priorities. The alignment of our workforce with the core purpose of the Health Board was a foundation of the Workforce Strategy 2019-2022 and the Strategic Organisational Development Route Map referenced in the body of this report. The need for a robust Workforce Plan underpinning the emerging People Strategy & Plan is an essential enabler to delivery of the organisation's purpose and priorities.

Financial Implications

The financial implications associated with the content of this report are reported within the Finance Report.

Risk Analysis

Workforce risks are set out within the Board Assurance Framework and Corporate Risk Register. There are no additional risks arising from the content of this report.

Legal and Compliance

The processes in place supporting the elements described in the body of this report are compliant with both legal and regulatory requirements.

Impact Assessment

Each element described in the body of this report is subject to review to identify and address the implications and opportunities to promote equality across staff with protected characteristics.

Appendix 1

Recruitment Process Improvement Review - April Update

This update sets out the steps we have taken so far in delivering the organisational recruitment process review. As this is the first detailed report, it is important that it describes the reason for the commission and the stages undertaken with detail of the outputs so far.

Progress against the outputs of this Improvement Review will be reported as part of the Workforce Performance Report in future.

1. Background

It is a well-known fact that the more effectively organisations recruit and select candidates, the more likely they are to employ and retain satisfied employees. The 'enquire to hire' process needs to be engaging, efficient, and where all key stakeholders are trained and fully conversant with the agreed processes. As with other NHS providers, we find ourselves addressing one of the biggest challenges – workplace pressure, which has been amplified dramatically since the pandemic, and with a limited resource pool to draw from, it gives even greater importance that our internal processes are right. We have over the last couple of years seen a significant increase in recruitment activity due to the need for rapid response to support the response to the pandemic and both the Test, Trace, Protect (TTP) and the Vaccination programmes.

There is no quick fix to many of the recruitment challenges, and we are developing sustainable long-term solutions in the 3-year Integrated Medium Term Plan (IMTP) to ensure that our health and social care system is effectively staffed and supports recovery and transformation. What we can focus on now is ensuring our internal processes are slick, with the right tools and resources needed for each step in the process.

An external independent organisation - Ararna was commissioned by the service in September 2021 to conduct an Organisational Recruitment Process Improvement Review. The focus of the review was to identify a current state map of the entire process along with the identification of any easily implemented improvements "quick wins" that could be implemented immediately. (It is important to note that this review was undertaken immediately after Stronger Together Discovery phase and concurrently with an organisational review.) This review would then inform a comprehensive improvement plan for the department, organisation and partners in the NHS Wales Shared Service Partnership (NWSSP). There was a level of recognition across the organisation at the start that the improvement required would not all be focussed on the recruitment team, but instead a wider collaboration with recruiting managers to describe the "pain points" across the process to enable improvement at all points to be achieved.

Using process improvement methodology, it was agreed that each stage of the review would result in 30, 60 and 90 day improvement cycles.

The review would follow the three-stage methodology already embedded within BCUHB – discovery, design and delivery. In early discussions with the project team, it was agreed that the review needed to be collaborative, inclusive and co-designed with key individuals across the organisation. The level of engagement required would be critical, as any decisions made around changes in the process should empower people to deliver collectively. It is important to note that this review has not focussed on culture and people, but just process only at this stage.

2. Methodology and findings

Discovery – phase 1:

This phase would help determine the current state

The approach used was to obtain views from all perspectives by listening to different elements based on six sigma principles of voice of the customer (VoC), voice of the business (VoB), and voice of the process (VoP).

For this review, we engaged with the following:

- ✓ The voice of the workforce teams/staff (voB)
- ✓ The voice of the recruiting managers and service recipients (VoC)
- ✓ The voice of the organisation (VoB)
- ✓ The voice of the process itself (VoP)

By hearing all of these voices, we could identify and prioritise issues within the process.

For clarity:

VoC – any touch points where an organisation connects with the customer. It is an opportunity to collect data to understand and influence behaviour.

VoB –summarises all the needs related to the business and its stakeholders.

VoP –understanding the current process to find out what happens over a certain period of time as well as the performance and capability of a process to perform.

Discovery – phase 2:

A number of engagement sessions and interventions were identified and carried out in order to understand the different voices so that a current state picture could be created.

A high-level engagement kick off session took place in September 2021. After the session, stakeholders were invited to attend separate working groups related to key parts of the process and to get involved in the co-design phase:

- ✓ Process mapping - Advert to conditional offer and Conditional offer to unconditional offer
- ✓ It was identified at this point that the medical recruitment and consultant post process needed to be examined separately. This is part of phase 2 and is due to be reported out 13th May for review through the Executive Delivery Group.
- ✓ In depth surveys were carried out with 225 responses, and presented in the co-design sessions.
- ✓ Current state maps were developed by working through the “role journey” from start to finish. These were also presented in the co-design sessions.
- ✓ Customer surveys from NWSSP – a) Applicant advert to interview survey, b) Applicant – on boarding survey, c) Manager – advert to interview survey, and d) Manager – onboarding survey. These were all presented in the co-design sessions.

The stakeholders involved in these groups are attached at Appendix 1

Discovery – findings:

From the surveys undertaken that elicited 225 responses, a summary of the feedback is described below:

- By a significant margin, the biggest concern was around delays and an underlying trend throughout almost every answer linked to around delays and staff experience in the recruitment process.
- Concerns were raised relating to outgoing workers not being replaced before they had left, and there being delays while the new incoming member of staff have to learn the role without any handover, and this was affecting the service they provide.
- Further concerns were raised with TRAC and the inability to use it properly, either because of lack of training, or due to not using it regularly. This resulted in the system not being populated properly and incurring further delays.

When the mapping of the current state recruitment process for AfC roles took place, it identified a number of issues with the process as it stood at the time. These are listed below:

- A consecutive and duplicated process loop in the vacancy authorisation process which was leading to it taking on average 19 days to process a vacancy authorisation
- Certain authorisations such as a change of hours currently went through the same authorisation process, adding to work volumes and creating delays in the authorisation of real vacancies
- There was significant duplication of work between finance and the establishment control team in relation to the checks both teams carry out
- There is duplication in quality checks carried out between establishment control team and NWSSP
- There is inconsistency in job description and person specification for similar roles leading to extra checks being carried out and delays in processing vacancies
- Varied and non-systematic staff role checks carried out by Establishment Control (EC) team leading to delays in processing high volume vacancies
- Lack of visibility of what roles require what level of DBS check in the TRAC system leading to lengthy delays in DBS check stage of hiring process
- Managers felt they did not have the autonomy to recruit within their own budget, owing to excessive approval stages in the system
- An excessive amount of duplicate manual input into ECR and TRAC
- Excessive approvals required to re-advertise roles
- Having to go back through the whole vacancy process once an advert had expired after 6 months even when there were multiple rolling vacancies in that area such as band 5 nurses
- Welsh Language essential criteria restricting the number of applicants to certain posts
- Delays in Occupational Health checks causing delay in appointing to roles
- A lack of clarity in the qualifications and experience required when checks are being made is delaying the appointment process
- A lack of clarity in the candidate guidance on the importance of the identity check and the link to DBS processing is causing delay in candidates start dates

The grid below highlights the position as of December 2021 the current targets and actual KPIs achieved as part of the baseline position for the review

		Average Time in Working Days	
Trac Report Code	Trac Recruitment Health Check	Target	Dec-21
T0a	Notice Date to Authorisation Start Date	5	51.6
T1a	Time to Approve Vacancy Request	10	11.0
T4	Time to Shortlist	3	8.8
T5b	Time to Update Interview Outcomes	3	3.1
T9b	Time to Approve References	2	2.7
T13	Vacancy Creation to Conditional Offer	44	47.9

The number of re-advertisements in November 2021

Date	Ads	Re-ads	Total	% of Total
01/11/2021	11	15	26	57.7%
02/11/2021	32	9	41	22.0%
03/11/2021	16	14	30	46.7%
04/11/2021	16	9	25	36.0%
05/11/2021	16	3	19	15.8%
08/11/2021	7	15	22	68.2%
09/11/2021	19	17	36	47.2%
10/11/2021	10	10	20	50.0%
11/11/2021	15	19	34	55.9%
12/11/2021	38	6	44	13.6%
15/11/2021	25	14	39	35.9%
16/11/2021	15	16	31	51.6%
17/11/2021	16	9	25	36.0%
18/11/2021	30	18	48	37.5%
19/11/2021	20	14	34	41.2%
22/11/2021	12	17	29	58.6%
23/11/2021	14	20	34	58.8%
24/11/2021	18	12	30	40.0%
25/11/2021	12	11	23	47.8%
26/11/2021	10	12	22	54.5%
29/11/2021	14	22	36	61.1%
30/11/2021	29	10	39	25.6%
Totals	395	292	687	42.5%

Data source = NWSSP (Nov 2021)

Design phase:

The design phase involved a number of engagement sessions with stakeholders to support the analysis of the current state process map and to suggest areas for improvement within the current processes.

From the co design engagement, sub-groups of stakeholders from each session worked with Ararna and the recruitment team to determine improvements that could be practically implemented in 30, 60 and 90 day improvement cycles.

These improvement cycles form the focus of this review. The improvement cycles are enablers for the organisation, clearly defining areas where processes can be streamlined and made more efficient through the stages of the recruitment role journey.

3. Delivery

A number of improvement cycles were formed for each stage of the permanent AfC recruitment process.

All improvement cycles are operational, present quick wins for the organisation based on the volume of permanent recruitment, and the challenges associated with the current state.

The timeline for delivery commenced in January 2022 and is scheduled to run through to end August 2022 for the AfC phase of the project.

Improvement Cycles & progress to date

Improvement cycles:

The suite of improvement cycles and recommendations have been created and based on the co design sessions carried out with stakeholders from across the organisation.

The feasibility and impact with finance/EC systems team and NWSSP have been discussed / agreed for all improvement cycles.

The improvement cycles have been separated as follows:

Theme	Improvement Cycle	Owner
Theme 1 (4 improvement cycles)	Remove the need for Divisional Management Team approval from specific vacancies	Finance Team
	Streamlining of the process for Heads of Service (HoS), who initiate an Establishment Control (EC) form	EC Team
	HoS inputting check to ensure correct and unblock unnecessary delays	Recruiting Managers
	Shift Finance, EC Team and HoS to work concurrently rather than consecutively including software updates to unlock fields	EC Team
Theme 2 (6 improvement cycles)	Eliminate system duplication and EC Team to carry out granting checks	EC & Recruitment Teams
	Standardised Job Description and Person Specification	Recruitment Team & Recruiting Managers
	Introduce Staff Group/Role Grouping	EC Team
	Test Staff Group Focus Days	Recruitment team and Recruiting Managers
	Official Job Evaluation reference numbers will be encouraged and also access to the JE main library will be granted to all recruiting managers	EC Team & Recruiting Managers
	Removing manual inputs for DBS	Recruitment Team
Theme 3 (3 improvement cycles)	Remove HR approval for approving adverts for (3-6 months) and review all thresholds around re-advertising for permanent posts	NWSSP
	Extend adverts where appropriate rather than re-advertise them from scratch	NWSSP

	Expand pool by exploring Welsh Essential to Welsh to be learned posts	Recruitment Team
Theme 4 (3 improvement cycles)	Widen Occupational Health (OH) self-declaration list to remove delays in hiring process	Recruitment Team, OH Team and NWSSP
	Equivalent qualification vs equivalent experience mapping document developed to allow easier checks against roles	NWSSP
	Improve applicant experience and give clear explanation that ID check is needed to progress the DBS check, as well as completed DBS forms –improvement to conditional offer letter	NWSSP

Alongside these themes, a number of additional 'getting the basics right' initiatives have been identified by the workforce teams where additional improvements can be made to reduce flow and workload across the teams. These are listed below and are owned by the workforce teams:

- New Appointment form to be automated
- Develop New Starter dashboard for early mandatory training access prior start date
- Stream-line Pre-Employment Checks process across the recruitment team
- Develop and implement revised internal moves process
- Automate social media publishing process

Initial baseline information for the AfC phase was collated for each theme in terms of the number of days on average it currently takes to move through each stage. A reduction target was then set for each theme based on the interventions identified from the improvement cycles and the expected impact these would each have. The table below show the baseline metric, the improvement metric and the stretch metrics set for each of the themes.

Process Theme	Baseline Metric	Improvement Metric	Stretch Metric
Theme 1	19 days	14 days	7 days
Theme 2	14 days	10 days	8 days
Theme 3	16 days	14 days	12 days
Theme 4	27 days	25 days	22 days

Progress to date

- **Theme 1** (4 improvement cycles):

i. Remove the need for Divisional management Team (DMT) from specific vacancies - Completed April 2022

EC Portal was developed to enable the Establishment Control Team to bypass Head of Service & DMT approval for Band 5 Nurse and Band 2/3 Healthcare Assistant vacancies where Finance and EC had confirmed it was within the budgeted establishment.

ii. Streamlining the process for HoS, who initiate an EC form – In Progress April 2022

EC Portal being developed to bypass HoS where HoS initiates the request

- **Theme 2** (6 improvement cycles):

i. Eliminate Duplication and EC Team to carry out granting checks – Completed November 2021
ii. From 2nd December, standardised JDs and PSs have been used for specific vacancies such as Nursing and HCA, following discussions with senior nursing leads. The speed of approval has already been noted as improving by the team. In terms of next steps, the EC team have approval to review for Domestics, Porters and Administrative roles. Other areas will form part of the next improvement cycle.
iii. The TRAC report is now being grouped by role with team members reviewing different roles.
iv. Staff Group Focus days is a process that can be called upon should the EC team have a significant backlog which would ensure all staff groups are reviewed in date order within a working week.

- **Theme 3** (3 improvement cycles):

An examination and change in thresholds is helping to streamline the re-advertisement process for recruiting managers and eliminate steps within the process.

i. Extend adverts rather than re-advertise

Recruitment team are reviewing adverts that are due to close and if there are insufficient applicants, phone the recruiting manager to discuss /agree if they would like to extend the closing date. This will minimise action for the manager and for the adverts team.

Aim – to significantly reduce the number of re-advertisements. In November 2021 on average 42.5% of vacancies were re-advertised.

- **Theme 4** (3 improvement cycles):

i. Widened Occupational Health (OH) self-declaration list to remove delays in hiring process.
ii. Reviewed which applicants could use the self-declaration questionnaire. To reduce the need for full OH questionnaires, which is a longer process.
iii. Equivalent qualification vs equivalent experience mapping document developed to allow easier checks against roles.
iv. Reduced delays in approving the qualification check and reduced number of touchpoints from NWSSP onboarding team through to recruiting manager and teams.
v. A revised offer letter is has been drafted pending approval for use

4. National improvements:

Alongside this, the Health Board teams have influenced a number of significant improvements proposed and agreed by NWSSP including:

- ✓ Removal of the requirement for Conditional Offer stage
- ✓ Removal of requirement for full pre-employment checks for internal movement
- ✓ Robotics implementation for manual tasks
- ✓ TRAC developments such as manager self service
- ✓ Identity checking software implementation

- ✓ NHS Wales Occupational Health clearance portability (once for Wales)
- ✓ Access to bite size training videos (available now)
- ✓ Implement enablement officers to each Health Board to increase knowledge and understanding across the partnership

These changes will have a significant impact upon the Health Boards ability to implement improvements without labour intensive “workarounds”.

5. Project teams and delivery

The established project team will continue to oversee the implementation and rollout of the improvement cycles, and will include specialist teams and core users of the system, with the wider stakeholders being involved in user acceptance testing and benefits realisation.

Before go live with any of the improvement cycles a full user acceptance-testing period will take place. This is to ensure users of the recruitment service are fully engaged in the new developments and improvements identified, by testing and sharing any refinements to be made. Training and/or development gaps will be identified in this period, and built into the rollout programme of the improvements. To support this, a benefits realisation element is embedded into the programme to ensure all qualitative and quantitative benefits are identified, captured and measured in terms of reduction in the number of days it takes to effectively progress the recruitment activities, and through the user experience.

The weekly Recruitment Review project group established under the Best of Our Abilities programme reporting to the Executive Delivery Group for People and Culture will monitor the delivery of the project and realisation of the expected impact of the benefits.

A report will be provided by the project group on a monthly basis and will in addition be presented as part of the Workforce Performance Report to the PPPH Committee on a quarterly basis.

6. Next Steps

Phase 2- the review of permanent vacancies for medical recruitment and consultant posts. Ararna are collecting the baseline data so that they can identify and describe the improvement cycles. These will include meaningful baseline measures and the aim is for this to be presented by 13th May. This will be reported through the Executive Delivery group in May 2022.

A detailed communication plan is being developed to ensure that all changes are communicated in a timely way, with a request for feedback to ensure a continuous improvement cycle.

Appendix 1

Key Stakeholders involved in initial co design Groups for Phase 1 Review

- Harsha Reddy (BCUHB -Anaesthetics)
- Luke Macdonald (BCUHB -Workforce & Organisational Development)
- Clair Tipton (BCUHB -Workforce & Organisational Development)
- Nigel Mccann (BCUHB -Finance)
- Jeanette Burrows (NWSSP -Employment Services)
- Michael Rees (BCUHB -Cardiology)
- Ade Evans (BCUHB -Corporate Nursing)
- Darren Rees (NWSSP -Employment Services)
- Steven Gregg-Rowbury (BCUHB -Corporate Office)
- Kelly Skene (NWSSP -Recruitment)
- Helen Sheridan (BCUHB -Facilities)
- Alison Griffiths (BCUHB -Corporate Office)
- Louise Foulkes (BCUHB -Workforce & Organisational Development)
- Lynne Grundy (BCUHB -Research & Development)
- Berwyn Owen (BCUHB -Pharmacy)
- Anne-Marie Rowlands (BCUHB -Corporate Nursing)
- Neirian Jennings (BCUHB -Corporate Nursing)
- Emma Woolley (BCUHB -Maxillofacial)
- Sam Sandow (BCUHB -Anaesthetics)
- Rory Wilkinson (BCUHB -Pharmacy and Medicines Management)
- Richie Haworth (NWSSP -Recruitment)
- Emma Jane Hosking (BCUHB -Anaesthetics)
- Caroline Wharmby (NWSSP -Employment Services)
- Jackie Hughes (BCUHB – Radiology)
- William Nichols (BCUHB – RCN Union)
- Karen Mottart (BCUHB – Anaesthetics)
- Mair Parry (BCUHB – Paediatrics)

Cyfarfod a dyddiad: Meeting and date:	**Partnerships, People and Population Health Committee 20.5.22**
Cyhoeddus neu Breifat: Public or Private:	Public
Teitl yr Adroddiad Report Title:	**Codi Llais yn Ddiogel/Speak Out Safely (CLYD/SOS) Year 1 Progress Report**
Cyfarwyddwr Cyfrifol: Responsible Director:	Sue Green, Executive Director of Workforce and Organisational Development
Awdur yr Adroddiad Report Author:	Ellen Greer, Acting Associate Director Organisation Development Gareth Evans, Senior Organisation Development Manager
Craffu blaenorol: Prior Scrutiny:	N/A
Atodiadau Appendices:	Appendix 1 – CLYD/SOS Decision Support Tool Appendix 2 – Draft refreshed Process Flow for CLYD/SOS Appendix 3 - Supporting evidence in relation to the equivalent role of Freedom to Speak Up Guardian, and other sources of related evidence

Argymhelliad / Recommendation:

The Committee is asked to:

i. **NOTE** the progress achieved during the first year of implementing Codi Llais yn Ddiogel/Speak Out Safely Speak Out Safely (CLYD/SOS)
ii. **NOTE** activity to date, emerging themes and feedback from staff; and
iii. **APPROVE** the recommendations presented to further develop Codi Llais yn Ddiogel/Speak Out Safely during 2022/23, these being based on the learning generated during the last year
iv. **NOTE** the intention to continue reporting through Partnerships, People & Population Health as part of the People Strategy and Plan reporting.

Ticiwch fel bo'n briodol / Please tick as appropriate

Ar gyfer penderfyniad /cymeradwyaeth For Decision/ Approval	√	**Ar gyfer Trafodaeth For Discussion**		**Ar gyfer sicrwydd For Assurance**	√	**Er gwybodaeth For Information**	

Y/N i ddangos a yw dyletswydd Cydraddoldeb/ SED yn berthnasol Y/N to indicate whether the Equality/SED duty is applicable	**Y**

An Equality Impact Assessment was completed in April 2021 to support the introduction of Codi Llais yn Ddiogel/Speak Out Safely (CLYD/SOS) and this will continue to be reviewed as CLYD/SOS is further developed.

Sefyllfa / Situation:

This report provides an overview of progress with the implementation of Codi Llais yn Ddiogel/Speak Out Safely (CLYD/SOS) since its introduction in April 2021. This report provides:

- A summary background to the introduction of CLYD/SOS;

- An update on implementing the complementary elements of CLYD/SOS, noting areas for further development;
- An overview of activity data, including the work that has been undertaken by the Speak out Safely Guardians (SOSG), with an analysis of emerging themes and trends and feedback from staff who have engaged raised concerns;
- A number of recommendations for further developing CLYD/SOS, taking account of lessons learned during the last year.

It should be noted that the primary lead for CLYD/SOS (Senior Organisational Development Manager) has been 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. This working group includes the primary researcher from Cardiff University who worked on the National Institute for Health Research (NIHR) project in England on Freedom to Speak Up. Engagement with this national group will continue during the next 12 months to inform the on-going development of CLYD/SOS and to ensure this is in line with the evidence base and is research informed.

Cefndir / Background

Historically, BCUHB took steps to implement processes to support staff to raise concerns following the publication of the Francis Inquiry (2013) and the Francis Report (2015). These included review of the Raising Concerns policy and process (WP4a) as well as the introduction of SafeHaven, an additional service that staff could use within the organisation to raise concerns outside of formal routes and processes.

Subsequently, the report by Ockenden (2018) into practices at BCUHB highlighted concerns about the then processes in place for supporting the raising of concerns, and their transparency and effectiveness. This report alongside the North Wales Community Health Council's Review of Vascular Services in BCUHB (2020) highlighted vulnerabilities in the system in relation to staff feeling able and knowing how to raise concerns.

In September 2020, a multi professional Task and Finish group was set up to review the Health Board's raising concerns processes, bringing together information on both the Raising Concerns Policy and Process framework (WP4a) and the effectiveness of SafeHaven in terms of accessibility, uses of, and lessons learnt from recent reviews and reports as highlighted above. An initial report was prepared and presented at the Remuneration and Terms of Service (RATS) Committee in October 2020 proposing a new approach and process be adopted for staff to raise concerns - Codi Llais yn Ddiogel/Speak Out Safely (CLYD/SOS). This included:

- The commissioning of an external platform for staff to be able to raise concerns anonymously, known as Work in Confidence;
- The recruitment of Speak Out Safely Guardians (SOSG) whom staff could approach for initial discussions about their concerns and who could advise staff about next steps in taking their concerns forward;
- The establishment of a Multi-Disciplinary Team (MDT) as a review and co-ordinating mechanism for concerns raised through CLYD/SOS;
- The identification of Speak out Safely Champions (SOSC) as first points of contact for staff for signposting and information sharing;
- A review and refresh of WP4a, as well as an opportunity to review the alignment of CLYD/SOS with the then new All Wales Respect and Resolution Policy and Process (2020).

This proposed new approach was accepted by the RATS Committee, and was further reviewed and approved by the Executive Management Group in February 2021. An initial six month early progress report was presented to the RATS Committee in October 2021.

Asesiad / Assessment & Analysis

This assessment of the first year of implementing CLYD/SOS includes:

- An update on further progress in implementing the component parts of CLYD/SOS following the initial report to RATS in October 2021;
- An overview of the data – quantitative and qualitative – for the first 12 months and the key themes to emerge;
- A set of recommendations for continuing to improve and embed CLYD/SOS, taking account of lessons learned during the last 12 months.

1.1.Progress with Implementing CLYD/SOS

1.1.1. Work in Confidence (WiC)

WiC was commissioned initially for a 2 year period 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 CLYD/SOS processes, and also to evaluate staff's experience of working with the Speak out Safely Guardians (SOSG) either in person or via WiC.

The feedback function was brought online in October 2021 and to date, only one staff member has completed the survey, meaning that the feedback is not accessible due to WiC system controls designed to protect staff confidentiality. Part of future promotion of WiC will include an update on the feedback function to encourage more staff who use WiC to share their experiences with the team. Staff have, however, provided feedback on their experiences of working with the Guardians and members of the Multi Disciplinary Team (MDT) which is presented in Section 1.2.4

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 CLYD/SOS. Discussions are under way to explore the use of these additional functions for other services.

1.1.2. Multi Disciplinary Team (MDT)

The MDT held its first meeting in June 2021 and has met fortnightly since then. These meetings provide 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 has an 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.

The MDT maintains a process log and a CLYD/SOS decision support tool has also recently been developed for use by the MDT. This is 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. A copy of this decision support tool is provided in Appendix 1.

It has been agreed that a regular 6 monthly review of the MDT take place to review 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 supports mutual learning and reflection by MDT members, thereby helping improve the role and effectiveness of the MDT as part of the CLYD/SOS process.

The current membership of the MDT comprises:

- 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. One of the original Guardians left the Health Board in March 2022 for a new post in NHS England and there is a need to consider filling this Guardian vacancy to retain the compliment of 4 Guardians. The current three SOSGs are:

- Caron Jones – Renal Social Worker (Welsh Speaker)
- Janerose Buyiekha – Corporate Business Officer
- Tracey Eccles – Mandatory Training Manager

A role outline for the Guardians has been developed and it is now timely to review and refresh this to ensure that the boundaries of the Guardian role are well defined and understood.

The Guardians have made links with the National Guardians Office in England and with Freedom to Speak Up Guardian colleagues in North West England for the purposes of learning, resource sharing and broad peer support.

The Guardians have developed an issues log of their collective experience and have gathered anonymised feedback from staff who have approached them, on their experience of working with the Guardians and being supported through the CLYD/SOS.

As well as providing initial support for individual members of staff who approach them with a concern and help staff with next steps, the Guardians have attended training for their own role development and have run awareness sessions to promote CLYD/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.
The Guardians have expressed some concern about the demands on their time and have suggested that additional time be provided for them to carry out their Guardian role. They have been asked to identify the proportion of their time that is spent directly with staff, in training and in conducting awareness raising to identity ways of supporting them to carry out their duties in the time available to them. It should be noted that the growth of the Speak out Safely Champions (SOSC) network (see below) who also have a role in raising awareness, will also help to better balance the demands on the time of the Guardians in the future.

The Guardians have established a number of ways for staff to contact them including a secure generic mailbox (access is 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 CLYD/SOS, including contact details for the Guardians. SOSG bi-lingual posters are also in development.

The Guardians have continued to meet bi-monthly with 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. Following a recent meeting, it has been agreed that the Guardians will present to a Board Development workshop, outlining their work to date and the emerging themes from their work with staff.

Moving forward, it is suggested that the Executive Director of Workforce and Organisational Development (who is the Executive Lead for CLYD/SOS) join the meetings of the Guardians with the CEO.

The Guardians also 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.

1.1.4 Speak Out Safely Champions (SOSC)

The recruitment of Champions began during the first few months of launching CLYD/SOS and there are now 23 SOSC across services areas – clinical, operational and corporate – and across East, Central and West locations, including staff working in acute and community settings.

The further growth and strengthening of the Champion network will be an area of focus during 2022/23 to ensure further awareness and understanding of CLYD/SOS within services across the Health Board, with the Champions also providing more awareness raising sessions which will release some of the time of the Guardians (as noted above). 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 CLYD/SOS.

1.1.5 Review of Policy WP4A

A refresh of WP4A was completed in June 2021 to ensure it reflected the introduction of CYLYD/SOS in supporting staff to raise concerns. During the last 6 months, members of the MDT have also been involved with Workforce colleagues to support the introduction of the new Respect and Resolution policy and process in the Health Board. This has helped ensure alignment of the new policy with

CLYD/SOS and to take advantage of opportunities for shared promotion, learning and coordination across the two approaches in supporting staff who raise concerns.

1.1.6. Standard Operating Procedure (SOP)

A Standard Operating Procedure (SOP) for CLYD/SOS has been developed, and the intention is to continue to review this every 6 months to reflect ongoing learning and improvements to the processes and roles and responsibilities of key individuals within the process.

The SOP will be reviewed and updated to take account of the recommendations included in Section 2 of this report, following discussion and agreement by the RATS Committee. The updated SOP will also be supported by a new revised process flow for CLYD/SOS, a draft of which is included in Appendix 2, which includes ensuring a three way learning loop is in place.

1.1.7 Promotion of CLYD/SOS

Promotion of CLYD/SOS has taken place over the course of the last 12 months to raise awareness with as many staff as possible. This has included:

- An initial joint statement from Trade Union partners and the Health Board to launch CLYD/SOS;
- Additional communications via Corporate Communication channels and via email to senior managers across all areas and services;
- Engagement with the Local Partnership Forum, staff networks, and through staff engagement events, such as 'Ask the Panel';
- The development of posters to promote Work in Confidence (with Welsh Language versions currently being developed);
- The inclusion of awareness raising information on CLYD/SOS in the new starter orientation programme;
- The development of a comprehensive suite for CLYD/SOS on the new Betsi.Net;
- Awareness raising sessions across the organisation in senior and operational management meetings and team meetings.

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 12 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 CLYD/SOS process.

1.2.1 Summary of All Concerns Raised in the last 12 months

The first table overleaf shows that there have been a total of **64** concerns raised in the last 12 months. 58% have been raised through the WiC platform, 28% with the Guardians and 14% with members of the MDT.

Routes for Raising Concerns	No.	%
WiC	37	58%
Speak out Safely Guardian (other than via WiC)	18	28%
Member of the MDT (other than via WiC)	9	14%
Overall Cases over 1st 12 months	**64**	**100%**

The second table below provides a breakdown of the types of concerns that have been raised:

Types of Concern Raised (across all routes)	No.	%
Bullying and Harassment	19	30%
Management and Leadership	17	27%
Patient Safety/Quality of Care issues	8	12.5%
Other[1]	6	9%
Staff Safety	5	8%
Systems/Processes	4	6%
Racial Discrimination	2	3%
Sexual Harassment	1	1.5%
Equality, Diversity and Inclusion	1	1.5%
Behavioural/Relationships	1	1.5%
Overall Cases in the last 12 months	**64**	**100%**

The table above shows that 30% of concerns raised in the last 12 months relate to bullying and harassment, with 27% about leadership and management issues and 12.5% 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.

Notably, MDT members and the Guardians have also described secondary themes that emerge from the process of seeking to understand the primary concern raised. These include a wide range of issues including: fairness and justice; concerns about workload; line management behaviour (including favouritism and inconsistencies with performance management); concerns around COVID and general health and safety including stress; concerns about taking time off work to attend to health needs; poor quality of communication in some work areas; and, some issues about the new Operating Model.

Some staff have also spoken of how their concerns have affected their mental health and wellbeing, including the potential for self-harm. Importantly, members of staff have been signposted to and supported to access support through the Staff Wellbeing Support Service.

[1] The 'other' category in WiC has been included as an option for staff to choose if their concern does not immediately fit with other categories available. The MDT member will work with the staff member to re-categorise into another category if one emerges that provides an appropriate fit.

1.2.2. Data on use of Work in Confidence

Work in Confidence was launched on 11th July 2021. To date **178** staff members have registered to use the platform by requesting the activation e-mail and of these, **142** have activated their account and completed their registration. During the period since the launch of Work in Confidence, there have been **37** conversations started. This is more activity in the first nine months of Work in Confidence being 'live' than for the total cases in the first two years of Safehaven activity (in 2015, 9 referrals and 2016, 24 referrals).

Once a conversation has begun in Work in Confidence, the average time to first response has been **5** days and the average time to close cases is **25** days. The MDT have reviewed the current response rates for conversations in WiC and have agreed a more ambitious time of **3** days to first response.

Of the 37 cases raised since July 2021, **24** have been closed, a closure rate of **66%** 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 4.75 out of 5.

1.2.3. Concerns Initially Raised to SOS Guardians

20 staff have raised concerns with the Guardians (18 with them directly and 2 via the WiC platform), with an additional 5 staff members approaching the Guardians but then declining to take matters further after initial contact, citing fear of reprisal and concern over detriment as a consequence of speaking out. Several staff members in conversation with the SOSGs have reported detriment from their previous efforts to raise concerns in BCUHB. One of these cases relates to a university student on placement in BCUHB who approached the Guardians via the SOSG email route over placement related concerns which were subsequently resolved.

The themes of concerns raised with the Guardians reflect the overall types of concerns raised as outlined in the table above, with Guardians reporting that bullying and harassment and management and leadership issues are the top two areas of concern that staff discuss with them. Additionally the Guardians have dealt with cases involving allegations of sexual harassment and the use of racially abusive language.

1.2.4 Qualitative Feedback Data

Qualitative data in the form of feedback from staff who have used CLYD/SOS through speaking with a Guardian or member of the MDT, has shown that the majority of staff who have provided feedback, have experienced CLYD/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 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.

Some examples of the feedback received on the support of the Guardians include:

- *"I wanted to share some feedback with you about my experience. I have been made to feel very comfortable and at ease when speaking to you about something that is so sensitive, I am extremely happy with the way my case has been handled and am glad I decided to reach out. I do not have any suggestions for improvement and felt that all of my concerns/questions were addressed in a timely manner."*

- *"I just like to say thank you for your help and giving me the confidence to speak to my line manager."*

- *"I can't thank you enough for being there for me, you have made a difference to the way I feel about being an employee of BCU. I want to … illustrate what wonderful support I have received from Speak out safely."*

- *"Thank you for taking time to listen to my concerns. I am very grateful for your support."*

- *"Thank you so much…. for all you have done to support me in raising the concerns. I truly appreciate it. You have such an important role and I am grateful that you and others have put yourselves forward to help people to speak out safely … and you do it so well."*

- *"I found the service very useful especially as I didn't know what else to do/where else to turn. I was very grateful to be treated with anonymity and I feel that I would definitely use your service again."*

- *"Thank you for your patience in listening to my saga …. I am very unwell because of the actions of ignorant management and am trying every avenue I can to be heard and helped."*

In addition, feedback from support given by members of the MDT includes:

- *"Thanks for your support and help with this very frustrating situation"*

- *"I think with them looking into ____ that will now solve the problem. Glad we have this service because I have not had a good response to questioning processes when I think this should be encouraged by staff to try fresh ideas or proven processes that work. Thanks for your help in this"*

- *"Thank you for taking the time to respond to me, I didn't take the decision lightly to get in touch"*

- *"Thanks - that should be all. I am feeling anxious about this being shared but if any good can come out of it then it's worthwhile"*

- *"Was just offered an opportunity to talk to management about my concerns, which I could have done myself. Unsure whether it would be worth my time"*

The last comment indicates that the process will not always be experienced as useful or as being different to what someone might have done themselves, acknowledging that, on occasion, staff may not be satisfied by what CLYD/SOS is able to offer them in terms of expectations around resolution of concerns.

1.2.5 Additional intelligence

As part of the work in CYLD/SOS, there has been work undertaken to understand if, through raising a concern through CLYD/SOS, staff are protected from experiencing detriment as a result of raising a concern. The SOS team pay close attention to how best to take forward concerns so that the staff member's identity is protected as far as is practically possible. This includes discussion as to what information can be shared with colleagues tasked with taking forward any investigation into the concerns raised. To date, there is no evidence that detriment has occurred as a result of raising concerns based on feedback from staff, as collected through the routes highlighted above.

However, staff have shared that **prior** to using CLYD/SOS, they experienced detriment as a consequence of speaking up about concerns to line managers and others. They expressed feeling excluded; being told to be quiet about concerns; and being labelled as a troublemaker for expressing concerns about standards of clinical practice. Staff also expressed concerns about punitive measures as a consequence of speaking out such as being singled out for criticism by line managers; not being given the same opportunities for learning, development and career advancement as colleagues; being ostracised by colleagues; and, being subject to negative comments, and at times racially abusive comments.

Staff have spoken to members of the CLYD/SOS team about the impact these experiences have on their confidence as practitioners; on their willingness to continue to speak out; on the pressure of succumbing to 'silence compliance' so as to still to be included/belong in the team; and, the distress that arises for some staff who have worked in other organisations who have concerns about the quality of care in their work area compared to where they had previously worked.

Positively, these staff have spoken about the value and importance of CLYD/SOS in giving them a route to raise concerns when they feel they have tried other avenues, and have shared their feelings of validation through being listened to, heard and having their concerns acknowledged and looked into.

Furthermore, in response to the experiences staff shared about raising concerns **prior** to doing so through CLYD/SOS, the CLYD/SOS team have engaged with Workforce colleagues to discuss ways of addressing prior concerns. This has led to sessions with teams on topics such as appropriate behaviour, promoting the Respect and Resolution policy processes; and, promoting awareness of CLYD/SOS. The latter has included awareness sessions with the Guardians, sharing WiC posters to display in staff areas; support for managers; and, importantly, ensuring staff are aware of the support available to them through the Staff Wellbeing Support Services (SWSS).

It is also of note that there is evidence at a national level (National Guardians Office, Sept 2021) that some groups of staff are particularly vulnerable to issues related to speaking out, including locum and agency staff, students and trainees, Black, Asian and Ethnic Minority staff and staff working in primary care. A recent report by the BMA (April 2022) also confirms this picture, citing data that suggests 71% of medical staff who experience racism would not be prepared to speak out about it, either out of fear of detriment, or because of a lack of faith in their concerns being taken seriously.

The CLYD/SOS team have engaged with a number of forums, including the BCUnity Staff Network for Black, Asian and ethnic minority staff. A member of the Health Board's Equality Team is a Speak Out Safely Champion and one of the Guardians is a member of the Health Board's Race Equality Action Group as well as being an Equality Champion. This enables mutual learning, information sharing and shared initiatives ensuring that CLYD/SOS is informed by and takes account of, the potential

additional barriers ethnic minority staff may face in raising a concern. Further work is also being explored in discussion with WiC to enable the capture of more information on staff with protected characteristics (whilst maintaining their confidentiality) as well as tracking information related to particular barriers and issues that may be faced by Black, Asian and Ethnic Minority staff in raising concerns.

In addition, work has started with university partners to make students on placement in BCUHB aware of CLYD/SOS and their ability to access it if needed. This has included establishing Speak out Safely Champions in the Universities to provide information and signposting.

2 Recommendations for Further Improvement to CLYD/SOS during 2022/23

Based on the learning gained through implementing CLYD/SOS during the last 12 months, it is 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 CLYD/SOS across the organisation.

A number of recommendations are outlined below as next steps in the evolution of CLYD/SOS and following discussion and approval by the RATS Committee, the SOP will be updated, and then kept under review every 6 months. During this time, it will also be important to remain engaged with the All Wales national group reviewing the development of speak out 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 CLYD/SOS

- It is recommended that the CLYD/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 CLYD/SOS process.

2.3. Recommendation for the Speak out Safely Champions (SOSC)

- It is recommended that the network of Speak out Safely Champions is further developed and expanded, thus enabling the Champions playing a greater part in raising awareness of CLYD/SOS across all areas in the Health Board. This in turn will release some of the Guardians' time to support staff directly and to develop further relationships with other key forum, including the staff networks, to ensure that staff who share protected characteristics and who may face additional barriers to speaking up, are supported to raise concerns that they may have.

2.4. Recommendations regarding meetings within the CLYD/SOS process

- It is recommended that the Guardians continue to attend and engage with the MDT meetings to share the concerns staff raise with them, with next steps agreed to ensure the staff concern is taken forward in the best way possible.
- It is recommended that the bi-monthly meetings the Guardians have with the CEO now include the Executive Director of Workforce and Organisational Development (who is the Executive Lead for CLYD/SOS). These meetings provide overall governance, assurance, and the opportunity for Guardians to escalate issues and well as providing a forum for sharing learning.
- It is recommended that the task-focused fortnightly meetings between the Guardians and the CLYD/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 also recommended that during this time, the responsibility for managing the Guardian function transfers to the Office of the Chief Executive as working relationships have become established and there is enhanced clarity around the purpose and scope of the Guardian role based on ongoing learning, evaluation and adjustment.
- 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. Recommendation regarding updating the Standard Operating Procedure (SOP)

- It is recommended that the SOP be updated to reflect the recommendations above and include a new process flow (referred to earlier in the report and provided in draft in Appendix 2) to show the steps a member of staff would take to move through the CLYD/SOS process, including how feedback is provided to the staff member concerned as well as ensuring local and organisational learning occurs and can be widely disseminated.

2.6. Recommendations regarding further promotion of CLYD/SOS

- It is recommended that an infographic is developed to publicise the work done to date in CLYD/SOS and detail the types of concerns staff have been able to share. This will be uploaded onto the Betsi.Net CLYD/SOS pages, promoted through Corporate News channels and be issued for display via the operational and clinical management networks, staff and champion networks.
- It is also recommended that the CLYD/SOS team continue to work with colleagues involved in the Staff Wellbeing Support Service (SWSS) to promote CLYD/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 year 1 report has set out the progress achieved in implementing the inter-connected elements of CLYD/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 CLYD/SOS during the next 12 months.

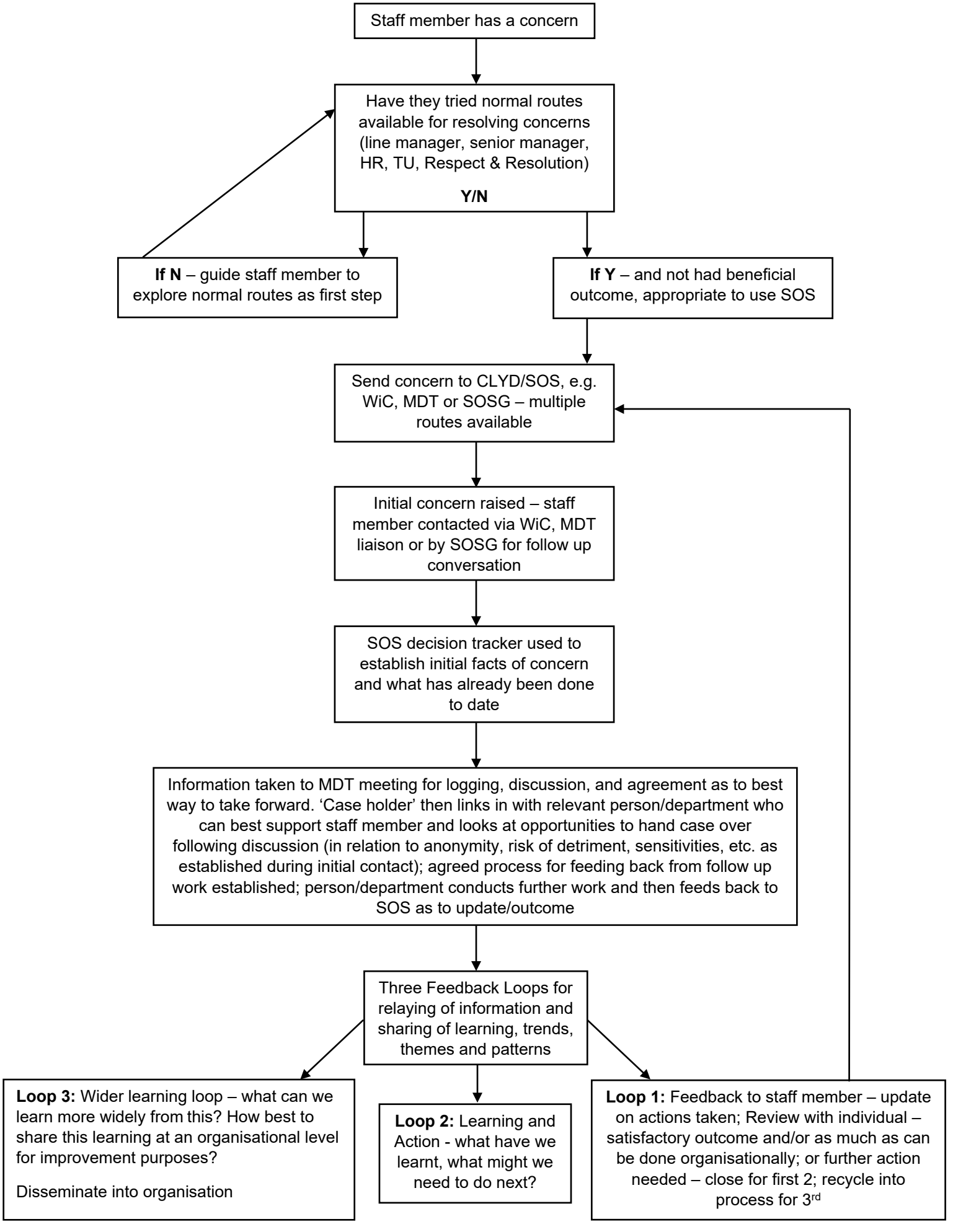
Over the course of the next 12 months, the aim will be to continue to build on the progress to date, remain engaged with the All Wales working group, and continue to embrace on-going improvements through maintaining a 'learning and refinement' approach, importantly using the feedback from staff themselves who have engaged with CLYD/SOS to inform the ongoing development of CLYD/SOS.

The ultimate aim of CLYD/SOS remains to enable the creation of an organisational environment of psychological safety where all staff feel safe and supported to speak up without detriment, where it becomes the norm for staff to speak up about opportunities for improving practice to delivery high quality, safe excellent care, whilst simultaneously improving the working experiences of staff as the Health Board strives to become an employer of choice.

Appendix 1: CLYD/SOS Decision Support Tool

MDT Decision Support Checklist	
Decision Question	**Evidence & Output**
Are there issues here that trigger the need to escalate into urgent next steps/formal process: 1. Risk to life 2. Patient harm 3. Patient safeguarding 4. Staff safety/safeguarding 5. Legal duty – policy and process 6. Professional duty/registrant codes of professional conduct **Question**: Has there been any escalation done to date to the appropriate next step support team/process/policy, etc. and if so, with what outcome and possible need to escalate again if response has not been timely or proportionate to the risk identified?	
Has the staff member done any of the following as a standard first step: - Raised the concern with their line manager, or another senior manager as appropriate? - Spoken with their Trade Union representive (if part of a Trade Union)? - Explored the concern with a HR colleague, or other support service colleague? **If yes,** how long has the staff member been in contact with one of the above? Is the reason for coming to SOS because of delays or disatisfaction with prior interactions? **If no prior use of usual routes**, is there a legitimate reason for not doing so? **If not**, how can SOS best support the staff member to explore their concern through one of the usual routes in the first instance?	
Is there any available systemic intelligence (DATIX, HR investigation, concerns raised via other channels, previous themes and trends related to this work area, etc.) to triangulate this concern with?	
Are there any additional issues, alongside the main concerns identified, for MDT to consider, e.g. H&S, staff wellbeing support service, professional conduct, etc.?	
Has everything been done to ensure we 'make safe' the work area in question – in terms of our advised next steps, and to the best of our knowledge, before we move on?	
What is the advised next step, or steps to be taken in relation to this concern?	
Who do we think is best placed to take this forward?	
Who else might we need to raise this with – for reasons of awareness, oversight and fore-knowledge?	

Appendix 2: Proposed Process Flow for CLYD/SOS



Appendix 3: National Guardian, NHS England – supporting evidence in relation to the equivalent role of Freedom to Speak Up Guardian, and other sources of evidence

Evidence in relation to the Freedom to Speak Up Guardian (FTSUG):

Original proposal for the setting up of the FTSUG role was included in the recommendations set out by Francis (2015) following the Mid-Staff Inquiry. This led to the establishment of the National Guardians Office jointly funded by the Care Quality Commission (CQC) and NHS England and Improvement (NHSEI), and the appointment of the first National Guardian, Henrietta Hughes, OBE, to oversee the work of FTSUGs in England.

Hughes set out the expectations of those in the Guardian role in the following post she wrote for the Institute of Business Ethics in October 2021 just as she was stepping down from the role (italics added for emphasis):

"The *hierarchical nature* of NHS culture is a challenge. Freedom to Speak Up guardians have been recruited from *different staff groups*; nurses, chaplains, therapists, managers and doctors; and *from different grades and seniorities*.

They thank workers for speaking up, listen, offer support, *act to preserve confidentiality where requested and if possible*, and *ensure action is taken and feedback is given*. Any speaking up matter can be brought to a guardian – a safeguarding concern, a patient safety issue, concerns around bullying and harassment, but also suggestions for improvement where there is no obvious place to raise it. For example, ideas to save money, or improve patient experience, or make workers feel valued and empowered. *Guardians will escalate to the appropriate person in the organisation, maintaining confidentiality or supporting the worker to speak up themselves.*

Usually employed by their organisation, Freedom to Speak Up Guardians act *independently and impartially* to support all workers to speak up and remove barriers to speaking up. They are *the interface between workers and leadership and need to have the independence to command the trust of both*. Guardians *support leaders* to listen and act and report on themes to their Boards or equivalent"

Dr Henrietta Hughes OBE, 1st National Guardian, NHS, guest blog for Institute of Business Ethics, Sept 2021

NHS England 2021 Recommendations:

Following are some recommendations developing in NHS England for 2021 in relation to removing barriers to staff speaking up about concerns. Text in bold highlights the equivalent work already being undertaken in BCUHB and/or areas where there are opportunities for improvement.

- All organisations need to assess the current level of trust that staff have in speaking up, which should include how much confidence staff have that concerns they raise will be addressed appropriately. **Work underway to develop connections to staff networks, forums and into different work**

areas to raise awareness and explore barriers to speaking up. Opportunities to utilise survey function within WiC to explore levels of trust in using CLYD/SOS processes

- Organisations need to ensure those dealing with concerns raised have adequate training to respond sensitively to those that speak out. **Training in place in BCUHB around the new Respect & Resolution process – standalone training, embedded into our 'A Step into Management' training for new, aspiring and established managers and leaders. Further opportunities to build on this through awareness raising and the development of a CLYD/SOS newsletter/feed/regular slot on Betsi.Net that can share best practice guidance on sensitively handling staff needs around concerns when raised**

- Each STP/ICS should explore options that will allow staff to report concerns anonymously when they feel their organisation has not addressed their concerns appropriately. **In** BCUHB we have invested in the independent platform, **WiC which provides this functionality when other routes for raising concerns have not been deemed supportive and/or safe for staff to use**

- All organisations need to ensure that 'Freedom to Speak Up guardians' (FTSU) report directly to the board (to maintain independence). The CEO must be accountable for any action/inaction in response. **In BCUHB, we have established monthly meetings between the CEO and with Independent Member overview.**

- All FTSU need to work closely with ED&I Leads and staff network leads (whilst maintaining confidentiality) to identify patterns of bullying, harassment and discrimination concerning specific protected characteristics. **Our SOSGs are attending staff network meetings and working with the Equalities Team in relation to the Race Equality Action Group and Plan. As noted in the main report, there are further opportunities for the SOS team as a whole to coordinate activity with the Equalities Team to ensure a more joined up approach to supporting staff with protected characteristics and identify and seek to remove barriers staff face to speaking out**
-
- Each STP/ICS needs to identify patterns of bullying and harassment, discrimination and or exclusion in organisations and investigate them. **We are looking to address this through the work identified above with the Equalities Team as well as to build working knowledge of areas of the organisation where patterns of bullying, harassment and discriminatory behaviour appear to persist and work with colleagues across support services in BCUHB to address and seek to resolve such issues**
- Organisations to demonstrate a high level of transparency in dealing with incidents and how they have dealt with perpetrators and hold them to account (i.e. how many people have been on training, re-educated, disciplined,

promoted). **With the development of CLYD/SOS alongside the rollout of Respect and Resolution in Wales and the work that will be taken forward for 'Our Way of Working', there are opportunities to progress the development of just culture practices such as restorative conversations and targeted training for staff whose actions cause offence and or harm to colleagues**

- Organisations need to consider historical evidence of bullying, harassment and discrimination when applying for any senior post, including director level in an NHS organisation. **With the current work around developing our Operating Model and the recruitment review, there are opportunities to revisit our recruitment processes to ensure they are robust and fully aligned to values-based recruitment**

- Employers need to demonstrate that staff have open access to senior leaders to discuss concerns when they feel this has not been dealt with appropriately. **Early work in this area, linked to staff engagement initiatives is seeking to make senior leaders more accessible for staff to interact with. The 'Ask the Panel' programme of events has allowed staff to meet various members of the Board, our CEO as well as Executive Directors and be able to ask questions and engage in dialogue. In addition, the SOS MDT is itself comprised of senior leaders from across both clinical and corporate functions and is directly built in to the CLYD/SOS process as a means for staff to engage with senior leaders around concerns. The MDT also acts as a signposting function in directing concerns, when appropriate to executive and senior leaders to review and progress**

Cyfarfod a dyddiad: Meeting and date:	**Partnerships, People and Population Health Committee 20.5.22**
Cyhoeddus neu Breifat: Public or Private:	Public
Teitl yr Adroddiad Report Title:	**Annual Equality Report 2021/22**
Cyfarwyddwr Cyfrifol: Responsible Director:	Sue Green, Executive Director of Workforce and Organisational Development
Awdur yr Adroddiad Report Author:	The Corporate Equality Team
Craffu blaenorol: Prior Scrutiny:	Annual Equality Report 21/22 has been endorsed by the Equality and Human Rights Strategic Forum and published.
Atodiadau Appendices:	Appendix 1 Annual Equality Report 2021/2022

Argymhelliad / Recommendation:

The Committee is asked to NOTE the report and highlight to the Health Board through the Chair's Assurance Report

Ticiwch fel bo'n briodol / Please tick as appropriate

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

Sefyllfa / Situation:

This Annual Equality Report provides an overview of progress towards fulfilling the Health Boards equality objectives and delivery of the Equality Act 2010 (Statutory Duties) (Wales) Regulations 2011 (also referred to as the Welsh Specific Equality Duties).

Cefndir / Background:

The Welsh Specific Equality Duties aim to ensure that listed bodies when carrying out public functions consider how to positively contribute to a fairer society in their day-to-day activities. This report summarises the action taken to promote equality during this challenging year. The Strategic Equality Plan (SEP) for 2020-24 was agreed and published in March 2020.

There is a range of activity taking place across BCUHB, to advance equality of opportunity, eliminate unlawful discrimination and foster good relations. The Health Board has continued to work with the valued and knowledgeable Equality Stakeholder Group this year to help ensure that equality and human rights are embedded into key programmes of work, and continue to work towards developing a co-productive approach.

Staff network peer support groups for people who share protected characteristics have also been further developed, providing an additional staff engagement vehicle. This report outlines a number of key achievements over the past year.

Asesu a Dadansodd / Assessment & Analysis

Goblygiadau Strategol / Strategy Implications

The Strategic Equality Plan is aligned to the Living Healthier Staying Well Strategy and seeks to mainstream equality considerations across all functions.

This report provides an overview of how the Health Board is delivering the Equality Duty and embedding the "A More Equal Wales" goal of the Wellbeing of Future Generations Act. On 31st March 2021, the Socio-economic Duty was also introduced in Wales, requiring the Health Board to ensure that any strategic decisions are informed by a Socio-economic Impact Assessment.

Goblygiadau Ariannol / Financial Implications

There are no financial implications attached to this report.

Dadansoddiad Risk / Risk Analysis

Compliance with the Equality Act 2010 (Statutory Duties) (Wales) Regulations 2011 is currently logged on the Tier 2 Risk Register with a score of 12. Mitigating actions currently in place include:

- The Equality and Human Rights Policy Framework
- The Strategic Equality Plan 2020-24 and supporting implementation plan
- Equality and Human Rights "Treat Me Fairly" mandatory training
- Programme of equality impact assessment training
- Guidance, toolkits and resources published on the intranet.

Cyfreithiol a Chydymffurfiaeth / Legal and Compliance

Compliance with the Equality Act 2010 (Statutory Duties) (Wales) Regulations 2011.
Compliance with the Equality Act (Authorities subject to the Socio-economic Inequality Duty) (Wales) Regulations 2021.

Asesiad Effaith / Impact Assessment

The report outlines the positive steps the Health Board is taking to advance equality and how equality impact assessment continues to be embedded in governance processes. There are no potential equality or governance implications as a result of this report, rather this report identifies areas of progress and future priorities.

GIG CYMRU NHS WALES
Bwrdd Iechyd Prifysgol
Betsi Cadwaladr
University Health Board

Annual Equality Report 2021-2022

Sustaining our Commitment to Advancing Equality

B:M2021
DIG DEEPER, LOOK CLOSER, THINK BIGGER

Tîm Cydraddoldeb
Equality Team

Proud to be...

...a Consultant Gynaecologist and Associate Medical Director

...a Trauma and Orthopaedic Nurse

...a Corporate Business Office & Speak Out Safely Guardian

...an Organisational Development Manager & Speak Out Safely Lead

...a Senior Community CAMHS Practitioner & Speak Out Safely Guardian

...a Public Health and Wellbei Projects Coordinator

...a Seciality Doctor in Radiology

...a Speciality Doctor in Radiology

...a Renal Social Worker & Speak Out Safely Guardian

...a Staff Nurse

...a Clinical Psychologist

...a Registered Nurse

...a Mandatory Training Manager & Speak Out Safely Guardian

...a Looked After Children and Young People's Nurse

...a Staff Nurse

...a Registered Nurse

...a Doctor

...a Phlebotomist

...a Regional Coordinator for Suicide and Self Harm

...an Equality Manager

Celebrating our wonderful diversity in BCUHB!

GIG NHS
Bwrdd Iechyd Prifysgol Betsi Cadwaladr University Health Board

This report and any supporting documents are available in Welsh, and can be made available in other languages and formats on request.

For other formats, please contact:

Patient Advice and Liaison Service

Tel 03000 851234

BCU.PALS@wales.nhs.uk

To contact the Equality Team at BCUHB email:

BCU.Equality@wales.nhs.uk

Contents

Foreword

Welcome to Betsi Cadwaladr University Health Board's (BCUHB) Annual Equality Report covering the period April 2021 – March 2022. This report summarises the actions we have taken to sustain our commitment to advancing equality and human rights as we have planned and delivered health care during the second year of the COVID-19 pandemic. Our Strategic Equality Plan (SEP) for the period 2020-2024 was agreed and published in March 2020 with an intention to embed and strengthen equalities and human rights across all functions of the Health Board to ensure delivery of our SEP.

We have invested in our Corporate Equality Team, recruiting two additional managers. This has supported an increased focus on key aspects of equality, and will enable more support and advice to operational and corporate teams across the Health Board.

On 31st March 2021, the Socio-economic Duty was introduced in Wales, requiring the Health Board to ensure that any strategic decisions are informed by a Socio-economic Impact Assessment (SEIA). In line with this, SEIA work has informed our refresh of our long-term Strategy, Living Healthier Staying Well, the development of our Integrated Medium Term Plan, our Vaccination Programme, and our Stroke Services Improvement Programme together with other key strategic developments. We have provided training for our Board members and other senior leaders on their responsibilities to ensure due regard to the Socio-economic Duty and continue to work with services to ensure the duty is embedded in all strategic decision-making.

We have continued to work with our valued and knowledgeable Equality Stakeholder Group to ensure that equality and human rights are

embedded into key programmes of work, and continue to work towards developing a co-productive approach.

We have taken the step this year of developing an Equality Accountability Framework to be introduced in 2022-23. This will enable us to better evidence our compliance with the Public Sector Equality Duty and Socio-economic Duty.

We have further developed our staff networks for people who share protected characteristics. These are important peer support groups for our staff and also key groups with whom we engage as we develop our services and plans for the future. As we move into 2022-23, we remain as committed as ever to advancing equality and human rights to achieve our goal of minimising health inequality in North Wales.

We hope this report provides evidence of this commitment and the progress made during the last 12 months as we also look forward to sustaining our commitment to advancing equality during 2022 and into 2023.

Sue Green - Executive Director People and Organisational Development

Jacqueline Hughes - Independent Member and Equality Champion

1. Background and Context

The Equality Act 2010:

The Equality Act 2010 protects people and groups from unfavourable treatment and makes it unlawful to discriminate, harass or victimise people because of a reason related to their protected characteristic.

The Public Sector Equality Duty:

Section 149 of the Equality Act 2010 requires us to demonstrate compliance with the Public Sector Equality Duty (PSED) which places a statutory duty on the Health Board to:

- Eliminate unlawful discrimination, harassment, and victimisation;
- Advance equality of opportunity between persons who share a relevant protected characteristic and those who do not;
- Foster good relations between those who share a relevant protected characteristic and those who do not.

Our Health Board also has a specific duty under the PSED to undertake the following actions:

- Publish information to demonstrate compliance with the Equality Duties, at least annually
- Set equality objectives, at least every 4 years.

The Socio-economic Duty:

The Socio-economic Duty is a new duty introduced by the Welsh Government on 31st March 2021, implementing a previously dormant section of the Equality Act (2010). Its aim is to deliver better outcomes for those who experience socio-economic disadvantage. It further enhances current equality legislation and the Well-being of Future Generations (Wales) Act 2015 and Social Services and Well-being (Wales) Act 2014.

The Socio-economic Duty places a requirement on the Health Board that when taking strategic decisions, the Health Board has due regard for the need to reduce inequalities of outcome that result from socio-economic disadvantage.

During 2021, we have established new processes to ensure Socio-economic Impact Assessments (SEIAs) are undertaken for decisions of a strategic nature, with a new impact assessment process introduced and training provided to Board members and other senior leaders. A specific Advisory Group with a focus on embedding the Socio-economic Duty across the organisation has been established and continues to evolve based on feedback and learning to help advance socio-economic equality in a more integrated way.

The Human Rights Act 1998:

The Human Rights Act 1998 set out universal standards to ensure that a person's basic needs are recognised and met. Public Bodies have a mandated duty to ensure they have arrangements in place to comply with the Human Rights Act 1998. It is unlawful for a healthcare organisation to act in any way that is incompatible with the Human Rights Act 1998. In practice, this means we must treat individuals with Fairness, Respect, Equality, Dignity and Autonomy. These are known as the FREDA principles.

Our Health Board's Vision, Values and Purpose

Our Health Board Vision

- We will improve the health of the population, with particular focus upon the most vulnerable in our society.
- We will do this by developing an integrated health service which provides excellent care delivered in partnership with the public and other statutory and third sector organisations.
- We will develop our workforce so that it has the right skills and operates in a research-rich learning culture.

Our Health Board Values

- Put patients first.
- Work together.
- Value and respect each other.
- Learn and innovate.
- Communicate openly and honestly.

Our Purpose as a Health Board

- To improve health and deliver excellent care.

The Health Board's Strategic goals

As well as making sure we are working together to fulfil A Healthier Wales, the Health Board's strategic goals described in Living Healthier, Staying Well are:

- Improve physical, emotional and mental health and well-being for all
- Target our resources to people who have the greatest needs and reduce inequalities
- Support children to have the best start in life

- Work in partnership to support people – individuals, families, carers, communities – to achieve their own well-being
- Improve the safety and quality of all services
- Respect people and their dignity
- Listen to people and learn from their experiences
- Use what we have wisely, explore new ideas and learn from research
- Support, train and develop our staff

For more information visit: About the Health Board.

2. Key Equality Achievements in 2021-22

We have:

- Advanced equality through the delivery of the second year of our Strategic Equality Plan (SEP).
- Strengthened equality and human rights scrutiny in governance and decision making structures through partnership working.
- Implemented processes for the new Socio-economic Duty.
- Developed an equality duty accountability framework, designed to ensure consistency of approach in applying equality considerations across the organisation.
- Continued to build on the response to COVID-19 delivering the vaccination programme in line with Welsh Government guidance, this being informed by an EqIA.
- Taken action to understand the ongoing impacts of COVID-19 on people who share protected characteristics and supported teams to promote inclusive decision making.
- Established a Race Equality Action Group, comprising colleagues from our BCUnity Ethnic Minority and Overseas Staff Network and senior leaders.

- Delivered targeted Equality Impact Assessment training virtually to over 200 managers.
- Achieved 87.78% mandatory equality training compliance.
- Grown our staff support networks for individuals who share protected characteristics, with the addition of a Gender Equality Network.
- Improved the collection of staff equality monitoring data.
- Gained national recognition for our development of a ground-breaking gender identity pathway service which has been adopted nationally.

3. Delivering the Socio-economic Duty

The Socio-economic Duty was implemented by Welsh Government on 31st March 2021. The duty aims to deliver better outcomes for those who experience socio-economic disadvantage, and reduce inequalities of outcome.

Key work achieved during 2021-22 includes:

A Task and Finish Group was established to oversee an implementation plan and review Welsh Government guidance ready for 31st March 2021 go live date.

Socio-economic Impact Assessments (SEIA) procedures have been established (including development of a policy and SEIA template).

A training plan to raise awareness and understanding of the responsibilities of senior leaders to deliver the Socio-economic Duty was developed, with a workshop delivered to our Board in April 2021.

A range of supporting documentation and guidance has been published, to ensure colleagues understand their responsibilities to the Equality Duty and Socio-economic Duty through specific guidance distributed

through the BCUHB Equality Briefing and the equality intranet (BetsiNet) site.

Next Steps for 2022-23:

Work is ongoing to mainstream the Socio-economic Duty across the organisation, and the Socio-economic Duty Advisory Group will continue to oversee this and provide assurance.

4. Delivering the Public Sector Equality Duty

The Equality Objectives we set out to deliver in our 4 year Strategic Equality Plan take account of all the Health Board's work and activities, including being a very large employer, planning and delivering healthcare and policy development. Our Equality Objectives are also informed by gathering and analysing information from national and local sources, evidence, and from impact assessments undertaken as well as from ongoing engagement with staff and service users.

In this section of our Annual Report, we outline in further detail our key progress during 2021-22.

Engagement

We have continued to strengthen our engagement with people who share protected characteristics and an overview of progress is provided in section 7.

Equality Impact Assessments

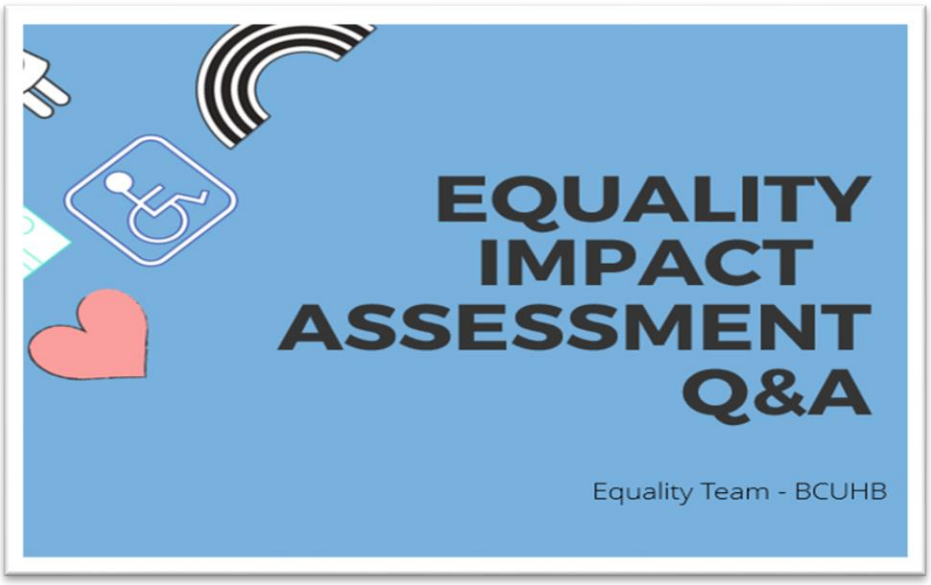
When we make decisions that potentially impact on communities, patients and our workforce, we have a statutory duty to assess the impact of our decisions on people who share protected characteristics.

Our Health Board has developed a comprehensive Equality Impact Assessment tool (EqIA). EqIAs are required for a wide range of decision making across the Health Board, including developing strategies or policies, or developing and reviewing services. The process of assessing the impact of a project or decision on equality is embedded within the Health Board's governance arrangements and ensures that decisions have taken account of the needs of those who share protected characteristics.

Our impact assessment process encourages decision makers to consider intersectional impact, the interconnected and overlapping disadvantage and potential discrimination faced by people who share more than one protected characteristic. The assessment tool also supports consideration of cumulative impact, in which the effects of a decision on people may add to or interact with the impacts of other decisions being made.

We have continued to strengthen our scrutiny processes of Equality Impact Assessments during 2021 into 2022, and have also provided further training, guidance and support for staff undertaking EqIAs. Our Equality Scrutiny Group has played a key role in the scrutiny of EqIAs undertaken for significant programmes of work such as the COVID-19 Vaccination Programme.

During 2021 into 2022, we commenced an EqIA training programme aimed at senior managers, seeking to build consistency of the use of EqIA across the organisation and increasing insights and awareness of issues affecting people who share protected characteristics. This training programme has been delivered virtually to over 200 managers and we will continue to drive this training programme during 2022 and into 2023.



Equality Information

Patient Experience

Our Patient and Carer Experience Team provide comprehensive support to gather patient experience for the organisation to use to inform service planning and delivery. We are working to strengthen evidence gathering with regards to equality information. Every day, we collect the views of our service users so that we can really understand what matters to them, especially when people are at their most vulnerable. With permission, we then share the feedback with the relevant managers via the Patient Safety and Experience Team in order to both learn, and identify areas where we need to improve. During 2020, improvements to recording and monitoring patient and carer feedback for those who share protected characteristics was identified. During 2021, this led to the development of the 'Civica Real-Time Patient Feedback System' which will be fully implemented in 2022 and into 2023.

Our Patient and Carer Experience Team

For more information on our Patient and Carer Experience Team: About the Patient and Carer Experience Team - Betsi Cadwaladr University Health Board (nhs.wales)

Our Patient Advice and Liaison Service, commonly referred to as PALS, are also available to listen to concerns and liaise with relevant staff to resolve concerns or problems that our patients and carers raise.

Information on our PALS service is available in bilingual formats.

Whilst the majority of people are happy with the health care that they receive from us, sometimes things might not go as well as expected. When that happens, we want to find out what went wrong to make things better. Our complaints procedure called Putting Things Right, provides information on how patients and carers can make a formal complaint. This information is also available in video format for people using British Sign Language.

The Health Board publishes an annual report on Patient Experience. The most recent report is available here: Patient Experience Annual Reporting 2019-2020.

Our Workforce

We have published our statutory protected employment reports on our BCUHB website. These include our Gender Pay Gap report and Annual Employment reports.

Information relating to the equality characteristics of our workforce is held in our electronic payroll system, the Electronic Staff Record (ESR). Information on job applicants is gathered as part of the recruitment process via a national system known as NHS Jobs and this enables us to understand the profile of people applying to work for us, those who were shortlisted for interview, and those who were successful. During 2021, we improved the rate of completion for our workforce equality monitoring data, and we will continue to emphasise throughout the organisation the importance of gathering equality workforce data. This enables us to improve the visibility of our workforce who share protected characteristics and also importantly informs our workforce planning and helps identify key themes and areas for action across all stages of the employment journey.

Our Gender Pay Gap report for 2021 shows that for the first time since reporting this information in 2017, our gender pay gap has narrowed. This report is published on our Equality and Human Rights reports page, and a copy is also included in Appendix 1. During 2022 and into 2023, we will continue to identify opportunities to address our pay gap.

An NHS staff survey was not conducted in 2021 due to the COVID-19 pandemic, but we expect a national NHS staff survey to be carried out during 2022. We are committed to promoting the survey and to using the results to gain valuable insights into the experiences of our staff who share protected characteristics, which will shape our work going forward.

During the latter part of 2021, we established a Race Equality Action Group. The group takes a co-productive approach with its membership comprising representatives of our Ethnic Minority, Black and Asian staff as well as senior leaders. This work will be further developed upon publication of the anticipated Welsh Government Race Action Plan.

In addition, during 2021-22 we continued to grow our staff networks, and we now have four networks, which include a new Gender Equality Network. We are committed to further developing and supporting our staff networks to enable ongoing engagement with our staff to help us better understand lived experience and ensure this informs our priorities for action.

Staff training

Promoting knowledge and understanding of the Public Sector Equality Duty and the specific responsibilities it places on our staff remained a priority during 2021. We are pleased to have achieved 87.78% mandatory equality training compliance by February 2022. This is an improvement against the 85% completion rate achieved in 2020-21. We continue to analyse results and target key staff groups.

Strategic Equality Plan

Our Strategic Equality Plan (SEP) for the period 2020-2024 was agreed by Board in December 2019 and published in March 2020.

Procurement

We have initiated a review of our contracting, procurement and commissioning frameworks in regards to the Equality Duties. We have set up a working group to review these frameworks aligned to best practice.

5. Context of COVID-19

It is well recognised that COVID-19 has further magnified and amplified inequalities for many people who share protected characteristics and those who are socio-economically disadvantaged. For some individuals, these inequalities may be further exacerbated by barriers to accessing healthcare, marginalisation from society or discrimination.

Whilst COVID-19 significantly impacted all areas of work throughout the Health Board, evidence continues to emerge that certain groups within our communities and workforce are disproportionately impacted.

The Education Programme for Patients (EPP) team have continued to provide courses throughout the pandemic, and have adapted their courses to support patients with Long COVID as knowledge of this new condition grows.

BCUHB delivered 1.5 million vaccines between April 2021 and early February 2022. Our vaccine delivery programme is informed by a robust, live EqIA process.

Day to day changes have impacted on the way we work and deliver care and we continue to engage with our workforce to understand the impacts. We have developed an integrated Staff Wellbeing Support Service (SWSS), providing a range of services to meet the differing emotional and psychological needs of our staff and this will continue to develop in 2022 and into 2023.

6. Delivering Our Strategic Equality Objectives

This section of our report outlines our progress in year two of our Strategic Equality Plan. During 2020 we added two additional equality objectives in light of learning from the COVID-19 pandemic. Progress is reported every quarter to our Equality and Human Rights Strategic Forum to provide assurance.

BCUHB Equality Objective 1:

We will prioritise action to help identify and mitigate the impact of poverty for recipients of healthcare at risk of or actually living in low income households in North Wales

During 2021-22 the Health Board achieved a number of milestones to support Equality Objective 1. We:

- Established processes to ensure compliance with the Socio-economic Duty (SED). We have an approved procedure with specific support, guidance and intelligence base available to enable effective assessment of impacts.
- Ensured the COVID-19 response for our vaccination programme is informed by a live and robust Equality Impact Assessment.
- Provided support, including enhanced arrangements, for staff absent from work due to sickness associated with the effects of COVID-19 illness, with these enhanced arrangements being in place regardless to length of service.
- Continued with the Well North Wales Programme partnerships to ensure a continued focus on addressing health inequalities. Many of these partnerships involve public sector, third sector and housing providers.
- Supported staff experiencing in-work poverty and financial hardship through establishing a dedicated intranet page with helplines and access to a range of support organisations.

Focus on… The Well North Wales Programme

This multi-agency programme led by Public Health Wales delivers a number of projects, including:

- Bwyd Da Mon

This project addresses food poverty in partnership with supermarkets across North Wales.

- Denbighshire Community Supermarket Project

This is a work in progress through a multi-agency initiative which will focus on South Denbighshire in the first instance. This aims to provide affordable fresh produce to disadvantaged communities.

- Plas Madoc Food Initiative

A successful project involving local community groups focussing on nutrition, the availability of fresh produce and educational activities using social media for engagement and support.

- Social Prescribing

There are seven projects on-going across North Wales. A common dataset has been created to compare outcomes, which will inform future decisions around commissioning.

Focus on… Well North Wales

- Bwyd Da Bangor

This is a recently opened training café providing employment opportunities to individuals coming through drug and alcohol rehabilitation and individuals from homeless hostels. Bwyd Da Bangor - Home | Facebook.

- Rhyl Homelessness Lifestyle Programme

This offers opportunities for homeless individuals to participate in lifestyle programmes, aiming to improve health and wellbeing outcomes, and to facilitate increased confidence to engage in the wider community.

- Flintshire Wellbeing Service

This is a recently-established service, linked to the Community Support Hub, offering alternatives to Primary Care, and works with individuals to provide social and community focused support.

Further work to take forward Equality Objective 1 in 2022-23 will include:

- Working in partnership to understand and mitigate the impact of poverty for recipients of healthcare.
- Continuing to raise awareness of socio-economic disadvantage within the Health Board to inform strategic decisions taken and ensure socio-economic disadvantage is addressed.
- Continuing to mainstream the Socio-economic Duty.
- Continuing to provide support for staff experiencing socio-economic disadvantage.

BCUHB Equality Objective 2:

We will prioritise action to reduce health inequalities and increase the accessibility of healthcare for people sharing different protected characteristics in North Wales

During 2021-22 the Health Board achieved a number of milestones to support Equality Objective 2. We:

- Strengthened the Equality Team capacity through the recruitment of two additional full time Equality, Diversity and Inclusion managers.
- Ensured equality and human rights requirements were reflected in the review of the governance framework across the Health Board.
- Implemented the Socio-economic Duty for strategic decision making and associated guidance and resources.
- Ensured that the refresh of the Health Board's Ten Year Strategy, Living Healthier Staying Well, was subject to rigorous Equality Impact and Socio-economic Impact Assessments, and aligned with key national strategies including the Anti-racist Wales; Race Equality Action Plan, the LGBTQ+ Action Plan, as well the Code of Practice for Delivery of Autism Services.
- Ensured that Equality Impact and Socio-economic impact assessments have been undertaken to inform the Health Board's Integrated Medium Term Plan.
- Continued to provide EqIA training for managers across the organisation.
- Commissioned research to identify barriers to accessing effective healthcare for ethnic minority people living in Rhyl, which will inform the work of the newly formed Race Equality Action Group.
- Adapted the provision of Spiritual and Pastoral 24-hour support to our patients during the second year of the COVID-19 pandemic.
- Revised the equality profiles for the six local authority areas which was undertaken by Public Health. The profiles include demographic

data for North Wales and the latest available data relating to the Protected Characteristics under the Equality Act 2010. These informed service planning and delivery decisions during 2021, and will continue to do so during 2022.

- Strengthened the guidance for and scrutiny of accessible patient information.
- Embedded guidance on the Rights of Children and Young Persons (Wales) Measure 2011 in the EqIA process and guidance.

Focus on: Supporting Information: Interpretation and Translation Services

Requests for English to Welsh and Welsh to English translations are referred to our internal Welsh Language Team.

In order to meet the communication needs of patients, staff have access to a range of translation services. These are provided by Language Line and The Wales Interpretation and Translation Service (WITS).

These services are available 24-hour, 365 days a year and include:

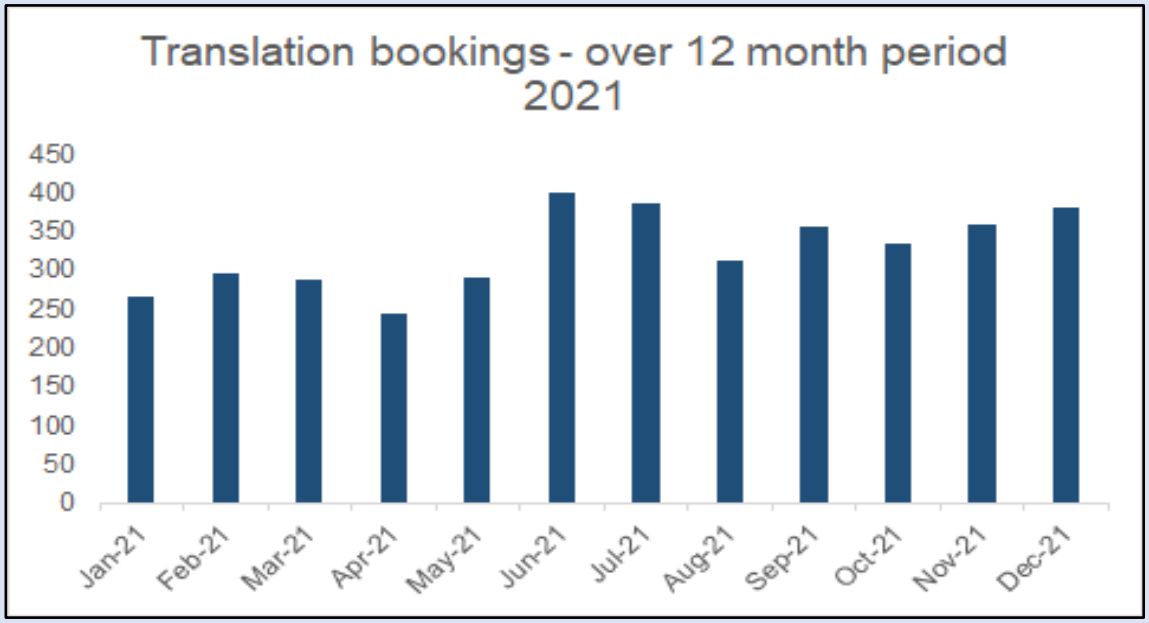
- Telephone and face to face;
- Interpretation for deaf people or hearing-impaired people;
- Document translation services.

Guidance is available to staff for arranging translation services, and includes checking if the correct dialect is spoken, and cultural considerations for same sex interpreters which may be required for religious observance.

During the calendar year 2021, a total of 3191 requests for translation support were made across the Health Board.

The top languages requested include:

- Polish
- British Sign Language – BSL
- Arabic
- Bulgarian
- Turkish
- Romanian



Source: WITS 2022

Focus on: Spiritual and Pastoral Support 2021-2022

We continued to provide 24-hour urgent pastoral care to our patients upon request. We adapted our approach to providing spiritual and pastoral support to any patients, visitors and staff of all beliefs during 2021. Examples of our work include:

- Supporting the last rites for patients, working with clinical teams and our pastoral support, including virtual services being provided.

- Reverend Wynne Roberts now has a weekly Broadcast on Radio Ysbyty Gwynedd. Christmas services and concerts were recorded and broadcast with online contributions from Board Members. Reverend Roberts is currently the North Wales member of the Interfaith Council for Wales and sits on the third sector advisory panel for the Welsh Minister as a representative of the Inter Faith Council and Faith Community.

- A Children's Memorial and Organ Donation Service were held at Bangor and St Asaph Cathedrals. Remembrance Day Services were also held outside the three District General Hospitals. This year we introduced a wider spiritual perspective by inviting leaders from other faith groups to participate, for example, a Druid Priest took part in the Organ Donation Service.

Photograph showing Reverend Wynne Roberts.

Focus on… Men's Mental Health

Around 1 in 8 men have a common mental health problem.

BCUHB Mental Health Services designed and provided bite size panel sessions to support any staff wishing to access help and support.

Focus on… New online support launched for people in North Wales with mental health problems

Published BCUHB website News Page 21.04.2021

An online support service has been launched to help reduce the loneliness and isolation experienced by people with mental health problems and their Carers across North Wales.

The online peer support community offers a safe space for people to talk about their mental health in a supportive environment, connect with others in similar situations, and receive useful information on services in all six counties of North Wales.

Online mutual support communities like Clic play an important role in helping to reduce the loneliness and isolation that many people with mental health problems can experience.

For further information on mental health support available in North Wales, visit the Mental Health Hub on the BCUHB website: https://bcuhb.nhs.wales/health-advice/mental-health-hub/

To access North Wales Space, visit: https://northwales.clic-uk.org/

Focus on… COVID-19 Vaccine Equity Programme

The Health Board has continued to mainstream equality considerations in its Vaccine Programme throughout the year with the Strategic Vaccine Equity Group advising and guiding the operational delivery. During the year, the group produced and distributed a self-assessment checklist for all Vaccine Centres. This incorporated issues of physical access, and support for Neuro-divergent people attending centres, adequate signage, arrangements for people with sensory loss and arrangements for translation and interpretation services. The programme has translated key advisory materials into numerous spoken languages in North Wales, and the Vaccine Teams have achieved one of the highest Treat Me Fairly mandatory training compliance rates across the Health Board - a phenomenal achievement!

In August 2021, the Health Board held two virtual Question & Answer sessions on COVID-19 vaccinations for pregnant and breastfeeding people living in Flintshire and Wrexham. One session was delivered in partnership with the Association of Voluntary Organisations in Wrexham (AVOW). Stacey Jones, Matron of the COVID-19 Vaccination Programme for Flintshire and Wrexham, was available to discuss the latest information for people who are pregnant or breastfeeding on the COVID-19 vaccinations. Matron Stacey said:

“We were keen to speak to any expecting mums to join our Q&A sessions to discuss their concerns, help answer questions and dispel any fears”.

Further work to take forward Equality Objective 2 during 2022-23 will include:

- Advancing Equality through the Health Board's long term strategy for the future 'Living Healthier Staying Well'.
- Driving strategic alignment and operational consistency of Equality Impact Assessment, ensuring that they are routine practice.
- Supporting the development of inclusive and responsive services with the aim of contributing towards closing the gap in life expectancy between people living in the most and least deprived areas of North Wales.
- Ensuring governance frameworks are robust and consistent in applying the Public Sector Equality Duty and Socio-economic Duty.
- Strengthening the collection, monitoring and analysis of data, including improving the quality of data for people who share protected characteristics.
- Identifying and addressing barriers to accessing culturally appropriate and effective services.

BCUHB Equality Objective 3:

We will prioritise action to respond to key policy and legal developments in healthcare for people sharing different protected characteristics in North Wales

During 2021-22 the Health Board achieved a number of milestones to support Equality Objective 3. We:

- Implemented processes that pay due regard to the Socio-economic Duty in strategic decision-making.
- Promoted the Social Model of Disability as part of the programme of equality briefings across the organisation.

- Promoted numerous equality campaigns and marked Equalities Week in May 2021 (see “Focus on”).
- Supported the implementation of the Code of Practice for Delivery of Autism Services, working with stakeholders to adopt a co-productive approach.

Focus on: Equality Campaigns of 2021-22

- International Day Against Homophobia, Transphobia & Biphobia – led by Celtic Pride staff network.
- National Deaf Awareness Week, including promotion of the BCUHB Sensory Loss Toolkit was promoted to staff. An information film was promoted across the Health Board.
- Windrush Day, marking the anniversary of the arrival of the Windrush generation.
- UK Pride Month.
- UK Black History Month.
- Mental Health Awareness Week.
- International Women’s Day.
- International Non-Binary Day.
- Sensory Loss Awareness Month.
- World AIDs Day.
- International Day of Persons with Disabilities.
- Human Rights Day.
- Hate Crime Week.

Focus on… Equality Week 2021

During Equality Week we worked in partnership with all Wales colleagues to facilitate a range of interactive workshops. Daily events took place to promote and highlight equality issues related to the workplace and service delivery. These included keynote speakers who delivered sessions on Race Equality, A Little Bit of Banter – impacts of harassment, Autism, Collective Voices of people with protected characteristics, and a session called Autism and Me focussing on the experiences of two Autistic residents of North Wales in engaging with the Health Board.

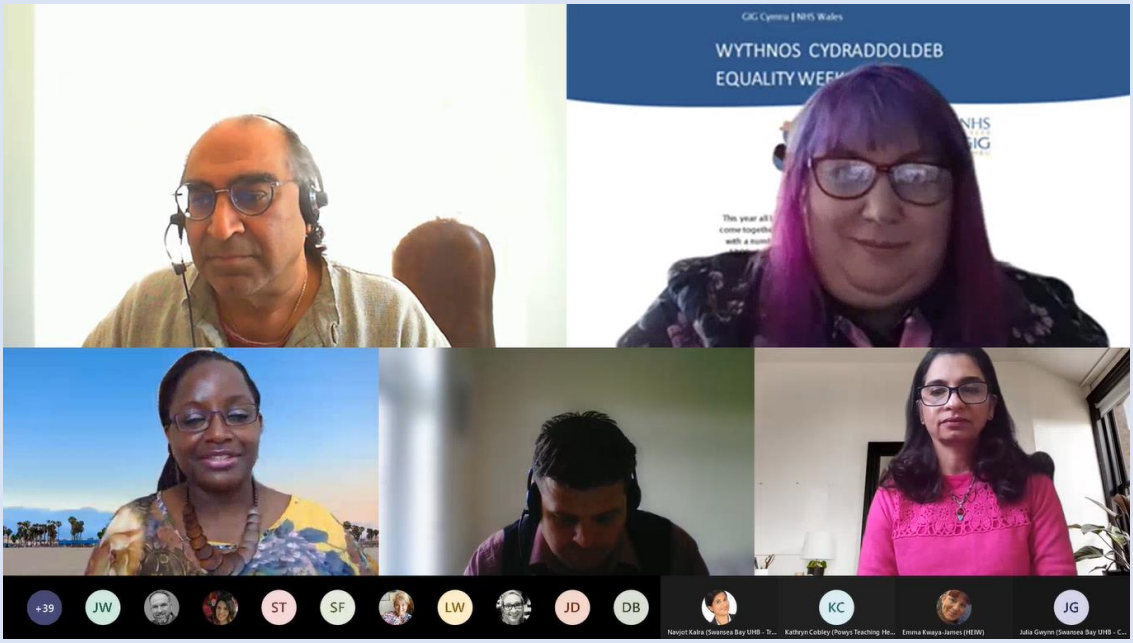


Photo of our Race Equality event.

Further work to take forward Equality Objective 3 during 2022-23 will include:

- Coordinating equality campaigns with other Health Boards across Wales. This will be organised through the NHS Wales Equality Leadership Group, the membership of which comprises Equality Teams from NHS organisations across Wales.
- Implementing new national policy drivers such as the Welsh Government Race Equality Action Plan, LGBTQ+ national plan, and Human Rights Act review.

BCUHB Equality Objective 4:

We will prioritise action to advance gender equality in North Wales

During 2021-22 the Health Board achieved a number of milestones to support Equality Objective 4. We:

- Published our Gender Pay Gap report – see Appendix 1.
- Launched our Gender Equality Staff Network in early March 2022.
- Worked in partnership with the Gender Equality organisation, Chwarae Teg, to raise awareness of Welsh Government's Gender Equality Review: Chwarae Teg's reports and 'Deeds not Words' report.
- Held our first Gender Panel discussion led by the Chief Executive Officer, the Executive Director of People and Organisational Development and the Executive Director of Nursing on 25th October. The aim of this event was to engage with the workforce to start to identify gender issues across the Health Board, including support for women in leadership, childcare and caring responsibilities, and providing support for menopause.

- Celebrated International Women's Day on 8th March 2022 with a programme of events and the "#BreakTheBias" campaign.

Focus on… Gender Pay

We have continued to monitor and report our Gender Pay Gap. The latest report shows that the gender pay gap has narrowed. The average pay gap has dropped from 27.97% to 25.99% and Median pay gap from 11.36% to 7.99%. Further, our average bonus gap of 16.65% is based on actual bonuses and so it does not take into account part-time working. This gap has reduced from the previous year figure of 20.96%. The BCUHB median bonus gaps is now zero.

The pay gap has reduced this year which is positive, however the results are indicative that further improvements are needed. These potentially link to the availability of flexible working options and development opportunities at senior levels of the organisation.

As well as our new Gender Equality Staff Network, we also plan to establish a gender pay action group to develop strategies to address the gender imbalance in senior roles and to improve opportunities for women to be properly represented in all senior roles.

Photo showing our Gender Equality Network #BreakTheBias

Ysbyty Gwynedd doctor inspiring the next generation of female surgeons

A doctor at Ysbyty Gwynedd is inspiring young women to become the next generation of surgeons. Mrs Faiza Ali, who is an Ear Nose & Throat (ENT) Speciality Doctor at Ysbyty Gwynedd, has been visiting schools in the region to encourage students to consider a career within surgery. Mrs Ali joined Ysbyty Gwynedd's ENT department in 2015 as a Junior Doctor and became a Speciality Doctor in 2018.

"I think at every step of my journey I was told by different people everywhere that I should choose a lighter job being a mother and wife and that surgery would be too much for me. Only recently I went to see a patient just before her operation and I was asked when the surgeon would arrive, to which I replied that I was the surgeon".

"This came as a surprise to this patient, I believe people still have a perception that the majority of surgeons are men. This is something I want to change and I'm very passionate about promoting positive female role models in the field and also encouraging other younger women to pursue this career. My message to the young women is that if you have a dream to pursue a career in surgery then just go for it and never give up. You should always believe in yourself and nothing should stop you, failures may come your way at some point but learn from them and start again."

Focus on… Women in Leadership Panel Event

On the 25th October 2021, the Equality Team hosted a live panel event involving our most senior leaders, and a keynote presentation by Cerys Furlong, CEO of Chwarae Teg, a leading gender equality charity in Wales, who regularly work with Welsh Government.

The aims of the session were to:

- Provide insight into the career journeys of some of the organisation's senior leaders.
- Recognise the impacts of the pandemic on women.
- Underline the current and continuing issues surrounding gender inequality through the lens of healthcare.
- Provide useful information for women in our organisation.
- Highlight our work and support systems for women.

Our CEO Jo Whitehead opened the session by recounting her professional journey, and sharing her support for gender equality. Cerys Furlong's keynote followed, and then questions submitted by BCUHB colleagues were put to the panel. Some fascinating aspects of the panel's lives were conveyed, and personal insights and experiences were shared.

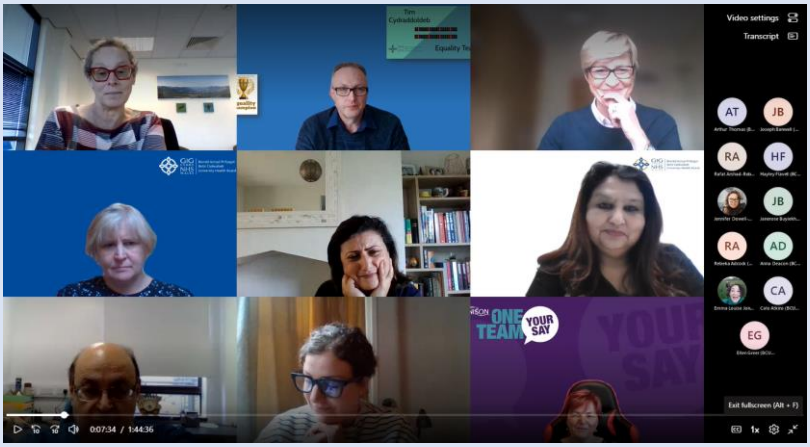


Photo of Women in Leadership Panel Event

Further work to take forward Equality Objective 4 during 2022-23 will include:

- Continuing to publish our gender pay gap and implementing improvements.
- Establishing the work of the gender action group to deliver actions to advance gender equality.
- Developing the gender equality network and supporting mechanisms, and advancing its programme of work.
- Improving awareness of and access to work life balance opportunities.
- Taking action to support pregnant staff, those returning to work following maternity leave and new parents.

BCUHB Equality Objective 5:

We will prioritise action to address personal security for people sharing different protected characteristics accessing health services in North Wales

During 2021-22 the Health Board achieved a number of milestones to support Equality Objective 5. We:

- Ensured the safe delivery of the COVID-19 Vaccination Programme, including measures to ensure the safety of our staff and facilities.
- Worked in partnership with North Wales Police to raise awareness of hate crime initiatives, including the promotion of Hate Crime Awareness Week 2021.
- Launched the new Speak Out Safely service, a way for staff to anonymously raise concerns and have these responded to fairly

and efficiently, contributing to creating a culture of psychological safely, openness and transparency within the Health Board.

- Raised awareness of the new Respect and Resolutions NHS Wales Policy and EHRC guidance on sexual harassment and harassment in the workplace.
- Worked in partnership with Victim Support to signpost people to the support available for them as well as supporting pathways for members of staff who may be victims of hate crime and domestic abuse incidents.
- Recorded and reviewed risks where hate crime is reported as a factor, and establishing base line information to identify trends through on-going monitoring.
- Embedded considerations of security and feeling safe as part of the application of the Socio-economic Duty. Our Socio-economic Impact Assessment (SEIA) includes factors of feeling safe, domestic violence and hate crime.

Focus on… Hate Crime

Our Equality Team attend quarterly meetings with North Wales Police to maintain awareness of current issues. These meetings help to ensure that organisations across North Wales share information and best practice. The meetings are also a good opportunity to give scrutiny to current and ongoing work to tackle hate crime. Data on hate crime in North Wales is routinely shared between North Wales Police and the Health Board and is also shared with the North Wales Public Sector Equality Network.

Focus on… Codi Llais Yn Ddiogel - Speak Out Safely

Codi Llais Yn Ddiogel - Speak Out Safely is BCUHB's approach to supporting staff to raise concerns when going through formal routes to raise their concern may not be an option for the staff member concerned. The approach offers an independent and anonymous web-based platform called 'Work in Confidence', which supports anonymous two-way conversation between staff and one of the Speak Out Safely Team. This can be in person, virtually, by phone or by e-mail.

Speak Out Safely has been introduced to ensure that all staff, students, contractors and volunteers working within the Health Board have opportunities to have their concerns heard and taken seriously. As part of the launch process, targeted engagement was undertaken to ensure that the staff networks were made aware of the process, and that the design of promotional materials was inclusive and accessible.

There are a number of ways to raise concerns, which helps support staff who may otherwise experience barriers to speaking up, and those who may not have access to digital technology.

Further work to take forward Equality Objective 5 during 2022-23 will include:

- Promoting All Wales Respect and Resolution policy.
- Working with partners to improve the identification, reporting and support for victims of incidents and hate crime across those who

share protected characteristics with a particular focus on LGBT+ and people from ethnic minority backgrounds.

- Encouraging the reporting of hate crime and incidents across all protected characteristics, reporting and analysing through the online Datix reporting system.
- Built equality considerations into the design of a significant staff engagement exercise which aimed to engage with 10% of our staff – known as Discovery – and undertook targeted engagement, including with our staff networks as well as monitored the engagement and involvement of staff with protected characteristics.

BCUHB Equality Objective 6:

We will increase engagement with individuals and groups sharing different protected characteristics in North Wales

During 2021-22 the Health Board achieved a number of milestones to support Equality Objective 6. We:

- Engaged with organisations across North Wales to inform the review of Living Healthier, Staying Well, the Health Board's ten year strategy.
- Appointed an Engagement Officer, dedicated to working with ethnic minority communities to improve engagement with these communities.
- Built equality considerations into the design of staff engagement work and undertaken targeted engagement and monitored involvement of staff sharing protected characteristics.
- Grew the Health Board's staff networks and provided on-going facilitation and support to these networks to ensure strong staff engagement.

Focus on… Maintaining Partnerships and Networks

The Health Board has continued to work closely with a number of partners and networks to support and embed the delivery of the equality objectives in the Strategic Equality Plan.

Equality Stakeholder Group

The Equality Stakeholder Group's purpose is to advise the Health Board's Equality and Human Rights Strategic Forum. The group helps formulate solutions through co-production to overcome barriers faced by groups and people who share protected characteristics whilst engaging and involving as wide a representation of people and organisations as possible. Membership of the Stakeholder Group has continued to grow during 2021-22 and continues to provide valuable insight to inform the work of the Strategic Forum.

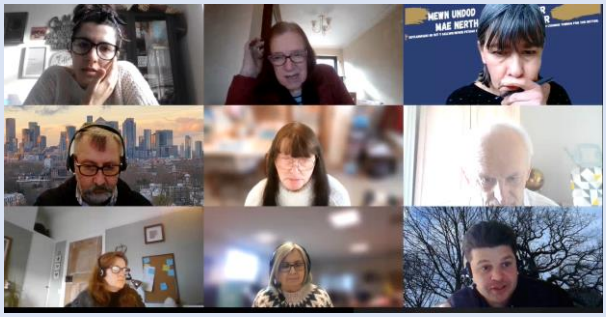


Photo of our Equality Stakeholder Group meeting.

Engagement Practitioners Forum

We have used virtual platforms during 2021-22 to maintain engagement through this Forum. The Health Board's Engagement Team has held several Engagement Practitioners Forums via Skype and Zoom and also supported a wide range of joint network events. This has helped the Health Board to maintain continuous engagement during the COVID-19 pandemic.

Focus on… Maintaining Partnerships and Networks

Community Cohesion Forums

There has been ongoing engagement with the North Wales Community Cohesion Forums and good links have also been maintained with the Chinese in Wales Association and the Chinese Women's Association based in Flint.

Advancing Equality through Engagement

Engagement has enabled us to understand and remove barriers people may face in fully accessing and engaging with health care services. During 2021-22, this has included producing information materials in several languages, enabling increased engagement with programmes such the Digital Strategy and engaging with communities to listen to their views about the refresh of the Health Board's long term strategy, Living Heathier, Staying Well.

Focus on… BCUHB Staff Networks

Our staff networks provide a pathway of support to staff in the workplace and facilitate a forum for discussion and escalation of issues relevant to individuals who share protected characteristics. During 2021-22, the networks have focussed on increasing awareness of their existence, increasing membership and identifying priorities for action.

Celtic Pride is our long-established Lesbian, Gay, Bisexual and Transgender (LGBT+) Staff Network that supports staff at Betsi Cadwaladr University Health Board, the Welsh Ambulance Services NHS Trust, and NHS Wales Shared Services Partnership in their working lives and promotes awareness of LGBT+ issues within organisations. During 2021, the Celtic Pride Network has continued to grow, with new starters to the organisation getting in contact and joining the network. Communication with Network members is being maintained as are the network's links with North Wales Police. During 2021-22, Pride events were marked differently, innovative ways of holding Prides on-line were undertaken. In August, the Health Board took part in a week of NHS Wales Pride events. We have continued to work with Stonewall as Diversity Champions and also work with other organisations, such as Unique.

Focus on: BCUHB Staff Networks

Our BCUnity Ethnic Minority and Overseas Staff Network has been engaged in developing our response to the Welsh Race Equality Action Plan and some members of the Network are now members of our newly formed Race Equality Action Group. The BCUnity Ethnic Minority and Overseas Staff Network continues to work to provide support to newly appointed staff from overseas. The network has worked with colleagues working in recruitment and the overseas nursing support team to ensure new recruits from overseas have access to local information and are supported from their first day of working in BCUHB.

During 2021-22, our RespectAbility Staff Network has developed a newsletter to raise awareness and understanding amongst staff of a wide range of issues related to disability.

We established a new Gender Equality Staff Network in early March 2022 which will continue to grow during 2022.

Focus on… Engagement with Black Asian and Minority Ethnic communities

The Public Engagement Team held online COVID-19 Vaccination Question and Answer (Q&A) sessions for members of the public. The events were a collaboration between the Health Board, North East and West Community Cohesion Forums - who chaired the events, and the Black Association of Women Step Out, (BAWSO) who hosted the sessions on their Zoom platform.

These events provided reassurance about the vaccine, and proactively offered an opportunity for the public to ask questions and address concerns related to having the vaccine. A panel of experts attended, including members of Muslim Doctors Cymru, and the Chair of the BCUnity Ethnic Minority and Overseas Staff Network.

Throughout 2021-22 we have continued to build engagement with Black, Asian and ethnic minority communities and stakeholder groups that provide services and support communities, including events focused on Breast Health, supported by the North Wales African Society (NWAS):

Another event promoting Men's Health was held alongside a celebration event for Black History Month. Further events have included engaging with Black, Asian and ethnic minority groups on the Health Board's End of Life and Palliative Care Strategy.

Further work to take forward Equality Objective 6 during 2022-23 will include:

- Supporting the organisation to adopt an inclusive approach to all engagement activity.
- Facilitating the delivery of patient stories at senior management forums to contextualise lived experience.
- Increasing engagement across all protected characteristics and Socio-economic disadvantage through our Equality Stakeholder Group.

BCUHB Equality Objective 7:

We will prioritise action to increase participation for people sharing different protected characteristics in health services across North Wales

During 2021-22 the Health Board achieved a number of milestones to support Equality Objective 7. We:

- Developed and published Our Digital Future Strategy which is published here: Digital Strategy - Betsi Cadwaladr University Health Board (nhs.wales)
- Widely promoted the importance of inclusive communications, increasing access and reducing cultural and language barriers.
- Mobilised volunteers to support activities across the Health Board, including with the Vaccination Programme.
- Continued our Robin Volunteer scheme with 330 Robin Volunteers from all walks of life supporting our hospital sites and over 700 registered Public Volunteers supporting our COVID-19 Vaccination Programme as helpers.
- Continued our employability schemes during 2021-22.

Focus on… Digital First – leaving no-one behind

In May 2021, we published our strategy – Our Digital Future, Digital Roadmap for Health in North Wales 2021-2024. This is an ambitious strategy with a primary focus in improving the experiences of our patients, carers and staff.

We aim to ensure that patients and carers have easy access to the information they need to support them to self-manage their care and also that our staff can access the right information in the right place at the right time to be able to provide safe, positive patient experiences and improved outcomes. The core approach is "Digital First – leaving no-one behind". This is crucial as some of our patients and their carers may be digitally excluded and this strategy aims to ensure that everyone's needs are included to ensure there is no negative impact on people's health.

Public consultation informed the strategy with over 4,000 comments received. This consultation highlighted concerns with digital exclusion as a barrier. An Equality Impact Assessment and Socio-economic Impact Assessment were undertaken to inform the approach taken to developing digital services. The Health Board will continue to provide and support people to access our services non-digitally, including providing a range of communication options through contacting patients by letter, the use of an interactive voice messaging service to the patients landline, text message reminders and an app for ordering repeat prescriptions. We continue to provide face to face appointments to ensure no-one is excluded. This will help us continue to address existing health inequalities, and to engage patients and carers who are facing digital poverty.

Focus on: Employability Programmes:

The Health Board operate a number of employment schemes which provide opportunities to gain experience, skills and confidence.
Our Employability Programmes are delivered in partnership with:

- Communities First Projects and Job Centres.
- Agoriad, Scope, Remploy, Sight and Sound, Gisda.
- North Wales Regional Equalities Network (NWREN).
- Educational settings.
- 'Go Wales' University Students.

The opportunities included:

- Apprenticeships in partnership with Further and Higher Education.
- Apprenticeships promoted to disabled people through Disability action plan for apprenticeships | GOV.WALES.
- Step into Work Adult Volunteer Work Placement Programme, providing support for a range of people including those at risk of long term unemployment.
- Project SEARCH, a unique pre-employment programme helping young people with cognitive impairments and who are neuro divergent to gain the skills to enter employment.
- The Kick-start Scheme is funded by the Department of Work and Pensions to create new job placements and support for 16 to 24 year olds on Universal Credit who are at risk of long term unemployment.

The Health Board carry out a range of other work to promote employability across North Wales. This includes attendance at careers fairs and visits to colleges and schools including mock interview sessions.

Focus on: A Step into Work

We work in partnership with social enterprises to deliver our ‘Step into Work’ programme.

This provides opportunities through placements for people including workless households and the long-term unemployed. The programme is delivered in partnership with communities for work project, In Work Poverty, Agoriad, Remploy, Mon Communities Forward, North Wales Regional Equalities Network (NWREN), Not in Education, Employment or Training, Go Wales, Higher Education Students and Further Education Students.

Since 2017, our ‘Step into Work’ programme has helped over 250 participants secure a role in the Health Board including as Health Care Assistants, Domestics, Porters and others working in catering, administration and laboratories.

Further work to take forward Equality Objective 7 in 2022-23, includes:

- To increase staff awareness, we will develop and publish a set of co-production principles for colleagues on the Health Board’s intranet system “BetsiNet”.
- Ensure examples of best practice are published on the Betsi Net and will include the Code of Practice for Delivery of Autism Services,

Gender Inclusion, and work with Military Veterans, Asylum Seekers and Refugees.

- Increase our understanding and potential of a co-productive approach.

BCUHB Equality Objective 8:

We will prioritise action to develop an inclusive culture where leaders routinely demonstrate their commitment to promoting equality within BCUHB and beyond and enable a fair and inclusive workforce

During 2021-22 the Health Board achieved a number of milestones to support Equality Objective 8. We:

- Implemented Socio-economic Duty governance and assessment procedures through the SEIAs.
- Continued to embed equality and human rights considerations to ensure compliance with the Public Sector Equality Duty through a focus on EqIA procedures and support.
- Developed an Equality Accountability Framework and Balanced Scorecard with roll out planned for 2022-23.
- Took account of the Compassionate Leadership Principles launched by Health Education and Improvement Wales (HEIW).
- Took account of the All Wales 10-year workforce strategy, 'A Healthier Wales: Our Workforce Strategy for Health and Social Care' when advising on the development of BCUHB strategies.
- Developed equality language best practice resources for colleagues through the equality team BetsiNet pages.
- Continued to increase the percentage of staff disclosing equality information on Electronic Staff Record.

- Improved the support given to staff recruited to the Health Board from overseas which includes the provision of welcome and guidance packs to help our overseas staff adjust to life in North Wales.
- Continued to gather staff and patient stories to increase understanding of lived experiences of people who share protected characteristics.
- Continued to work with Health Education Improvement Wales (HEIW) to implement the mandatory Equality Training - 'Treat Me Fairly'.
- Applied EqIA and SEIA principles to inform the development of the People Strategy and Plan.

Further work to take forward Equality Objective 8 in 2022-23 includes:

- To agree a suite of key performance indicators for those who share protected characteristics to support the implementation of the Equality Accountability Framework.
- To continue to provide EqIA training for all senior managers.
- To provide SEIA training for all project managers and senior managers responsible for strategic projects.

BCUHB Equality Objective 9:

We will prioritise action to advance race equality in North Wales

During 2021-22 the Health Board achieved a number of milestones to support Equality Objective 9. We:

- Established a Race Equality Action Group to take forward the workforce race equality plan and plan for the publication of the Welsh Government Race Equality Action Plan.
- Gained a better understanding of the experience of local populations, patients and carers from a Black, Asian and ethnic minority background with a report for those living in Rhyl commissioned by the

North Wales Regional Equality Network. This work will both inform the tasks of our Race Equality Action Group and also Year 3 of our Strategic Equality plan for 2022.

- Sustained and supported the BCUnity Ethnic Minority and Overseas Staff Network to better understand lived experience and provide our staff with the opportunity to engage in influencing service planning and delivery.
- Celebrated Black History Month across the Health Board.
- Developed resources to support cultural competency with the commissioning of the Cultural Competency programme from ‘Diverse Cymru’ to provide Cultural Competency training to key staff, with this continuing into 2022-23.
- Launched staff development grants to fund the provision of training and development opportunities for Black, Asian and ethnic minority staff.
- Developed an inclusive calendar of multicultural festivals and celebrations and used it to improve awareness amongst our staff.

Mehreen Rafique, Acting Chair of the BCUnity Ethnic Minority and Overseas Staff Network said:

“The past year has been yet another challenging year for the Health Board, as we find ourselves affected by numerous issues directly and indirectly resulting from the ongoing pandemic. Now, more than ever, it is vital that we pull together in understanding and value the contribution that everyone makes to our society. In our place of work, it is also crucial that we value and respect each and every staff member regardless of ethnic background. This way, we will have an engaged and productive workforce in what is often a challenging environment. Events like Black History Month and recognising festivals and celebrations from different faiths and cultures are part of making everyone feel included. Our Race Equality Action Group is an important group that will ensure that we measure and improve our performance when it comes to racial equality in BCUHB.”

Photograph of Mehreen Rafique.

Focus on: Promoting collaborative working with organisations working to support Black and Minority Ethnic individuals

It is widely recognised that whilst the coronavirus pandemic has impacted on the lives and livelihoods of all communities in Wales, the impacts on Black and Minority Ethnic individuals have been especially profound. A key focus of the Health Board's work this year has been to maintain awareness of this evidence as it has emerged, work with our stakeholders and staff to address immediate issues and identify actions to take forward in 2022 and beyond.

We have worked closely with the North Wales Regional Equality Network (NWREN) for many years and have welcomed their continued engagement, support and advice in this challenging year.

NWREN North Wales Regional Equality Network
Rhwydwaith Cydraddoldeb Rhanbarthol Gogledd Cymru

During 2021, we worked in partnership with NWREN to undertake a study in Rhyl to map the agencies engaged with Black and ethnic minorities individuals, and to identify themes within the experiences of local Black and ethnic minority individuals in accessing healthcare. This report and the lived experience evidence it gathered will inform the work of the newly formed Race Equality Action Group.

Focus on: Grant Scheme for staff from ethnic minority backgrounds

Following work undertaken by our BCUnity Ethnic Minority and Overseas Staff Network, Awyr Las, our local NHS charity, launched a small grants scheme specifically for BCUHB staff from ethnic minority groups, with grants awarded to support supplementary development activity related to additional continuous personal development and extra accredited training.

Norah Musyoki explains what the grant scheme means to her:

“Most times many of us walk around with a basketful of ideas and dreams that we have no clue how to bring them to pass...this is an even more resounding truth when in a new environment where you barely have an idea of what is right to say or not, when and where exactly to find help...

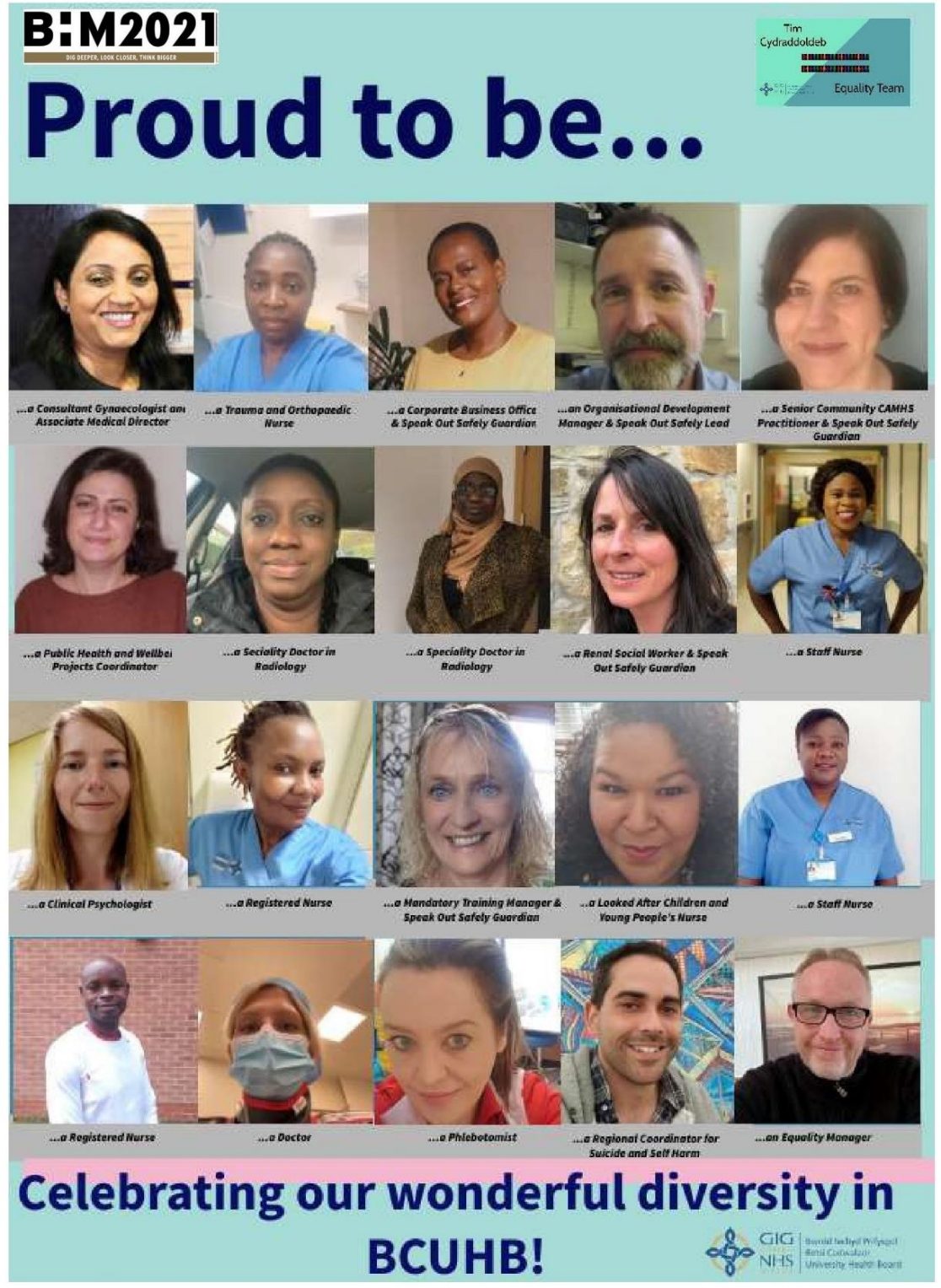
Providing career development for our ethnic minority staff is not only about providing information about opportunities and how to access them but also to ensure that staff are supported to take advantage of them. The grant scheme provided through Awyr Las seeks to remove barriers and make sure all staff, irrespective of background, have fair and equal opportunities to opportunities for personal and professional development.

I realise that for me to remain relevant in my field within the UK and beyond, I need to be well equipped with all the knowledge I can get. For the longest time I have known I have to go back to school and upgrade my qualifications to the UK equivalent. With this grant, I will have obtained support to fund part of the fees for my BSc (Hons) Nursing studies top up degree at the University of Derby. I'm optimistic that this is the door I need to step onto the career development ladder”.


Photo showing Norah Musyoki

Case study: Black History Month

In October 2021, we celebrated Black History Month. This was promoted widely through our Equality Briefings and by our BCUnity Ethnic Minority and Overseas Staff Network. Together, we coordinated a campaign to celebrate our amazing diversity across the Health Board. The theme this year was “Proud to be...”.



Further work to take forward Equality Objective 9 in 2022-23 includes:

- Continuing to develop and strengthen our Race Equality Action Group and implement our workforce race equality plan.
- Implementing the actions arising from the Wales Race Equality Action Plan when published.
- Strengthening engagement and the role of the BCUnity Staff Network.
- Reviewing membership of our Equality Stakeholder Group, and promoting participation from underrepresented groups.

BCUHB Equality Objective 10:

We will prioritise action to deliver the Public Sector Equality Duty

During 2021-22 the Health Board achieved a number of milestones to support Equality Objective 10. We:

- Mandated Equality reporting completed and published on the Health Board website in Welsh and English.
- Provided a quarterly progress report on the delivery of the Year two of the Strategic Equality Plan to the Equality and Human Rights Strategic Forum.
- Engaged and involved people to join the Equality Stakeholder Group who are representative of one or more of the protected groups and who have an interest in how the Health Board carries out its equality duties.
- Developing and implementing an EqIA Training Plan for all senior managers. This has involved facilitating twice weekly EqIA training sessions during 2021-22.
- Included a requirement to collect Equality Monitoring information as a standard is included in the Health Board's draft Quality Strategy.

- Continued to celebrate Equality, Diversity and Inclusion with a week of virtual events across the Health Board during May 2021 to mark Equality Week 2021.
- Strengthened the Public Sector Equality Duty in the Health Board's procurement processes.

Further work to take forward Equality Objective 10 during 2022 includes:

- Increasing the proportion of managers across the Health Board who have undertaken EqIA training.
- Reviewing and analysing employment information held on the electronic staff record (ESR) and identified themes to inform delivery of our Year three Strategic Equality Plan.
- Publishing our Annual Employment Report.
- Continuing to provide quarterly updates on progress with delivery of Year three of our Strategic Equality Plan to the Equality and Human Rights Strategic Forum.
- Implementing the Equality Accountability Framework.

7. Conclusion

BCUHB remains committed to advancing equality, promoting human rights and reducing health inequalities. This annual report highlights our key achievements during 2021/22 to ensure that our services reflect and respond to the needs of our people and that we comply with our statutory equality and socio-economic duties. This annual report aims to show how we continue to work to ensure that equality, diversity and inclusion are mainstreamed and fully embedded in the planning and delivery of our services both now and to meet the future needs of the population and our workforce across North Wales.

COVID-19 has been ever present in all our work across the Health Board in the last year, and awareness and understanding of health inequalities has been brought into sharper focus with the differential impact COVID-19 has had on the people we serve who share protected characteristics and those who experience socio-economic disadvantage. Our equality objectives have been further revised to reflect this developing evidence and we will continue to drive and monitor implementation during year three and four of our Strategic Equality Plan.

Responding to and acting upon the introduction of the Socio-economic Duty in 2021 has provided a further platform for the Health Board to ensure our strategic decisions take account of the potential socio-economic impact of our decisions and deliver better outcomes for those who experience socio-economic disadvantage. This year we have strengthened the governance of this work, a key achievement has been the wide promotion of a range of resources to raise awareness of the Duty and implementation of a process and framework to help ensure that robust socio-economic impact assessment informs our strategic decision making across the Health Board.

During 2021/22 we have further developed and strengthened our Staff Networks and continued to work with our Equality Stakeholder Group. This ongoing engagement is invaluable in helping us maintain an understanding of the barriers experienced by some groups and by working together to identify improvements. We know that the ongoing Covid-19 pandemic will continue to highlight and may exacerbate existing health inequalities. As such it is important as ever to plan and deliver our services from the founding principle of equality, human rights and inclusion.

We look forward to delivering the third year of our Strategic Equality Plan in 2022-23. Finally, we conclude this report by acknowledging the significant challenges everyone has faced during 2021-22 and sincerely thank and note our appreciation for all our stakeholders, staff and partners who have continued to support and help BCUHB deliver the second year of our Strategic Equality Plan.

Appendix 1 – Gender Pay Gap report

Gender Pay Gap Report 2021

Introduction

The Equality Act 2010 (Gender Pay Gap Information) Regulations 2017 set out the requirements for organisations with more than 250 employees to calculate and publish their gender pay gap information. Greater transparency in pay gap reporting is designed to help organisations better understand the issues that give rise to, and sustain gaps in average pay between men and women, and to encourage organisations to take steps to tackle them.

We have therefore, decided to go beyond the specific legal requirements contained in the Equality Act 2010 (Statutory Duties) (Wales) Regulations 2011 and to voluntarily publish this pay gap report based upon the 2017 Regulations.

This is our third Gender Pay Gap Report. All figures are based upon data taken from the NHS ESR (Electronic Staff Record) payroll systems as at the latest snapshot date (31st March 2020).

This report contains the following:

Average & Median Hourly Rates and Pay Gaps

Average and Median Bonus and Pay Gaps

Proportion of staff receiving a bonus

Number and percentage of males and females divided into four groups (Pay Quartile) ordered from lowest to highest pay.

Table 1. Average & Median Hourly Rates and Pay Gaps

Gender	Average Hourly Rate (£p per hour)	Median Hourly Rate (£p per hour)
Male	**22.18**	**16.20**
Female	**15.97**	**14.36**
Difference	**6.21**	**1.84**
Pay Gap %	**27.97%**	**11.36%**

The gender pay gap is defined as the gap in median pay that male and female employees receive.

The mean pay gap is the difference between average hourly earnings of men and women. The median pay gap is the difference between the midpoints in the ranges of hourly earnings of men and women. It takes all salaries in the sample, lines them up in order from lowest to highest, and picks the middle salary.

The figures above highlight a gap between the average hourly pay for men and women in the organisation. Further research has been undertaken to better understand why these gaps exist, and the early indications are that this could be attributable to the high numbers of women in some of the lower grades, as well as a high proportion of men in senior grades, where staff numbers are not so great. This is borne out by the numbers shown in Table 4 and the accompanying graph.

Gender pay reporting is different to equal pay- equal pay deals with the pay differences between men and women who carry out the same jobs, similar jobs or work of equal value. We are confident that men and women are paid equally for doing equivalent jobs across BCUHB. More than 93% of BCUHB staff are paid in accordance with NHS Agenda for Change Terms and Conditions – these are the national agreements on pay and conditions of service for NHS staff other than very senior managers and medical staff.

Table 2. Average and Median Bonus and Pay Gaps**

Gender	Average Bonus (£)	Median Bonus (£)
Male	**11,474.79**	**10,003.02**
Female	**9,069.67**	**8,057.67**
Difference	**2,405.12**	**1,945.35**
Pay Gap %	**20.96%**	**19.45%**

In line with the reporting requirements, our mean bonus gap of 20.96% is based on actual bonuses and so it does not take into account part-time working.

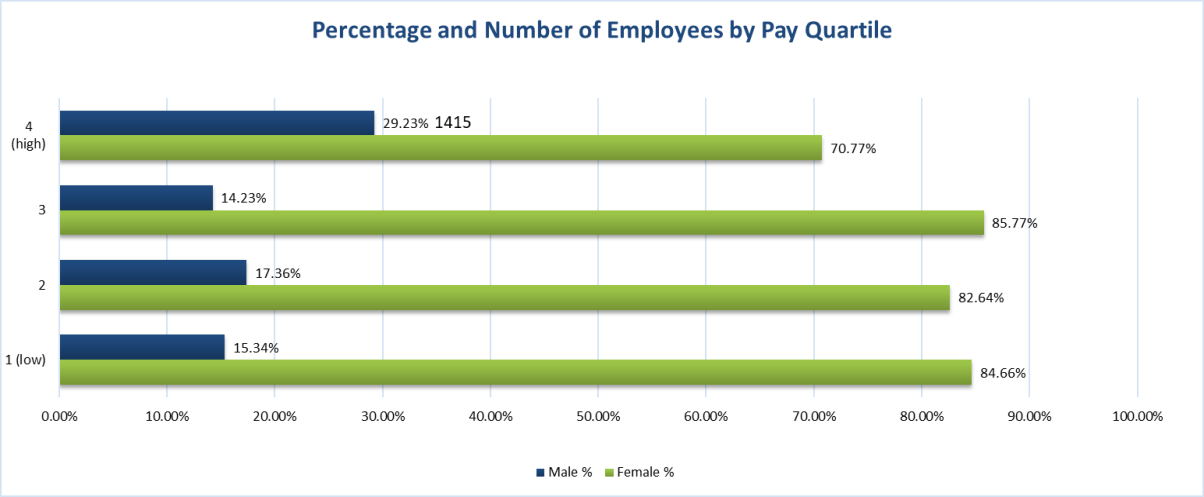
Table 3. Proportion of staff receiving a bonus**

Gender	Employees Paid Bonus	Total Relevant Employees	%
Male	**297**	**4,405**	**6.74%**
Female	**104**	**17,091**	**0.6%**

** Bonus payments comprise Clinical Excellence and Commitment Awards paid to medical staff.

Table 4. Number and percentage of Employees by Pay Quartile

Pay Quartile	Female	Female %	Male	Male %
1 (Lowest)	**4012**	**84.66**	**727**	**15.34**
2	**3917**	**82.64**	**823**	**17.36**
3	**3978**	**85.77**	**660**	**14.23**
4 (Highest)	**3426**	**70.77**	**1415**	**29.23**



The table and graph demonstrate how the proportions of women and men change from lowest to highest pay quartiles, meaning that fewer women are employed in senior roles than men. The spread of Male and Female across the pay quartiles has changed very little since 2018.

Conclusions and Next Steps

The Health Board's workforce is predominantly female; this is similar to most NHS organisations. Whilst national pay scales, supported by local starting salary and pay progression processes are designed to support equity and fairness, we have identified a gender pay gap across the workforce. We are working to better understand these issues. A number of themes have emerged which will be aligned to the BCUHB Workforce Strategy and Key Priorities: -

Work-life balance

Networks and Support Mechanisms

Organisational Development and Training

Recruitment, Retention and Progression

Statement by our Executive Director Workforce and Organisational Development

"We recognise the disproportionate impact of the Covid-19 pandemic on some groups, our organisation employs over 18,000 people, the majority of whom are members of communities across North Wales. Pay gap reporting is a vital tool in helping us understand and tackle gender inequality at work. Creating a culture of inclusion, fairness and equity

across our workforce is at the heart of our Workforce Strategy. This is reflective of the Health Boards' strategic equality objectives, and is supported by an increasing body of evidence, which correlates inclusion, wellbeing and the engagement of the workforce with the quality of health and care experienced by the people we serve. The Covid-19 pandemic continues to shape our strategy and the operations of our organisation, we recognise the disproportionate impact the pandemic has had on some women, working mothers balancing childcare and homeschooling and those with caring responsibilities. Our move this year to agile and more flexible working will provide valuable insight going forward. Maintaining a clear picture of both the pay gap, staff experience and strengthening our BCUnity staff networks will help us take the right steps as we progress."

Cyfarfod a dyddiad: Meeting and date:	**Partnerships, People and Population Health Committee 20.5.22**
Cyhoeddus neu Breifat: Public or Private:	Public
Teitl yr Adroddiad Report Title:	**Consultations and Engagement Update April 2022**
Cyfarwyddwr Cyfrifol: Responsible Director:	Helen Stevens-Jones, Director of Partnerships, Engagement and Communications
Awdur yr Adroddiad Report Authors:	Rob Callow, Head of Public Engagement Katie Sargent, Assistant Director of Corporate Communications and Public Engagement Alan Morris, Interim Assistant Director of Public Affairs and Partnerships
Craffu blaenorol: Prior Scrutiny:	The, Partnerships, People and Population Health Committee has a key role in ensuring appropriate arrangements for continuous public and partner engagement are in place. The Committee is therefore, asked to provide scrutiny and comment on the information outlined in the report.
Atodiadau Appendices:	

Argymhelliad / Recommendation:

The Committee is asked to note the progress detailed in this paper.

Ticiwch fel bo'n briodol / Please tick as appropriate

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

Sefyllfa / Situation:

To provide the Committee with an update on public and partner engagement activity over the last six months of the financial year 2021-22

Cefndir / Background:

1.0 Introduction

1.1 In August 2021, the public engagement and corporate communications teams joined forces with the public affairs and fundraising teams to become the Partnerships, Engagement and Communication function. The newly formed function brings together expertise and well performing areas into one directorate to co-ordinate and maximise efforts to listen, understand and act on feedback from the public and partners.

1.2 This report provides an overview of the public and partner engagement activities undertaken in the last two quarters of 2021-2022. It includes updates on our public conversations, digital engagement and recent developments in improving relationships with partners and in public affairs.

1.3 During the last two quarters there have been no formal consultations but we have been engaging with communities and partners to provide reassurance about concerns and listen to their views in order to feed these back into the organisation so action can be taken and adjustments can be made where possible and appropriate.

1.4 This report covers:

- Public engagement
- Digital engagement
- Partners and public affairs engagement
- Targeted intervention
- Planned and ongoing priorities

2.0 Public engagement

2.1 Since the last update to the Committee, a comprehensive range of public engagement activity has continued across North Wales. This has primarily focused on:

- strategy development and service improvements;
- strengthening partnerships and networks;
- ensuring an inclusive and listening approach to public engagement; and
- COVID-19, including reducing the spread of infection and the vaccination roll out.

2.2 Living Healthier Staying Well – Strategy Refresh

Public engagement on the refresh of Health Board's 10-year strategy Living Healthier, Staying Well (LHSW) began on 15th September 2021 and ran for six weeks.

An important element of the strategy review and refresh was to undertake engagement involving the public and key stakeholders. The aim of this was to explore what has changed, if anything, since the strategy was published in 2018, and to provide an opportunity to fine-tune our proposals.

2.2.1 The engagement approach

A wide-ranging engagement programme had previously taken place in the development of the original LHSW strategy and this "light touch" engagement approach was about building on the

existing strategy, not creating a new one. Due to the ongoing coronavirus pandemic, engagement was undertaken through a number of different channels including:

- Online public survey
- Social media platforms to promote key messages and our survey
- LHSW web pages
- A dedicated email address
- A dedicated telephone line
- LHSW Wakelet to support accessible information
- Key stakeholder telephone interviews
- A LHSW document, summary and easy read document

Links to surveys and information was shared widely through regional, area and community networks and groups, including those that represent protected characteristics groups.

Staff engagement also took place through internal communication channels such as the Stronger Together programme

As part of our approach, we held a number of focused events, presentations and general discussions with a wider range of partners. These included:

- Stakeholder Reference Group
- Community Health Council Service and Full Council
- Regional Leadership Group
- Equality and Human Rights Strategic Forum
- North Wales Cancer Network
- Regional Partnership Board
- Public Services Boards

2.2.2 Targeted engagement

- Virtual LHSW Q&A Sessions (two events)
- Freshers Fair – Glyndwr University, Wrexham
- West Area Engagement Practitioners Forum
- East Area Engagement Practitioners Forum
- Chinese Association lunch
- Diabetes Q&A event
- Palliative Care Q&A event
- North Wales Cancer Patients Forum
- Health and Wellbeing Networks

2.2.3 Engagement activity ranged from providing people with general information, signposting to the strategy and online survey, to more considered and deliberative sessions with groups and stakeholder interviews.

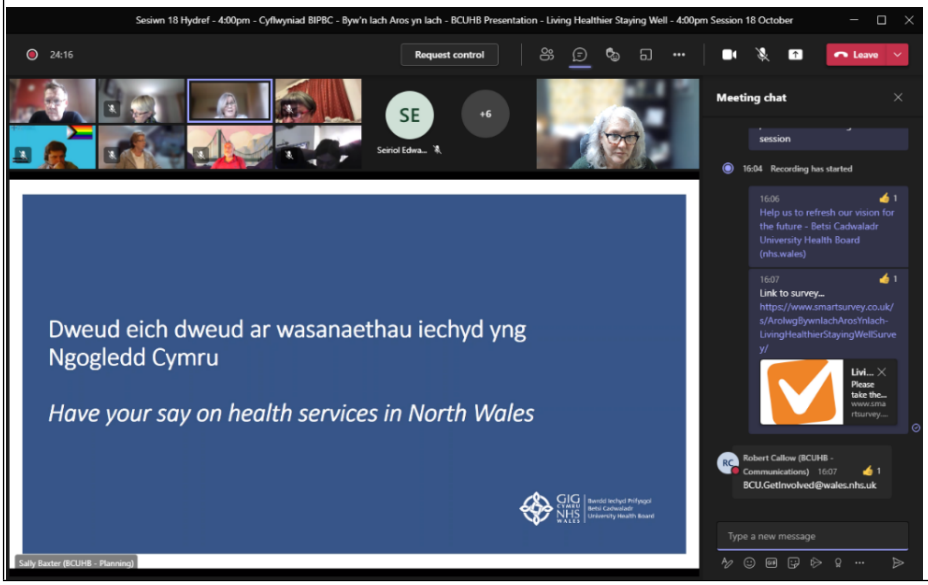
The key engagement tool and main source of feedback however was through the online public survey.

2.2.4 Following the LHSW Report to the Committee, we intend to develop a short plain English 'You Said, We Did' summary of the impact of feedback on the strategy which we will circulate widely.

2.3 Other engagement

2.3.1 In addition, there has been ongoing engagement with partners and the public in relation to:

- Stroke services and improvement plans
- Developing the BCUHB Long Covid Service
- Third Sector Strategic Framework – co-designing a revised framework for commissioning, together with co-design work on outcomes delivered by carers support services with third sector representatives
- Well-being assessments – working with the Public Service Boards to engage on the draft assessments



2.4 Strengthening our public partnerships and networks

2.4.1 We have continued to collaborate and work with partners to deliver shared engagement opportunities, reduce duplication of effort and deliver on shared outcomes. Developing and creating new relationships enables the Health Board to widen opportunities to engage and involve communities and, more importantly, facilitate two-way conversations. A snapshot of some of our key engagement activities delivered over that last two quarters of 2021-22 is outlined below.

2.4.2 Our Bite Sized Health and Wellbeing engagement continued with two events taking place in both September and November. In September 2021, colleagues from maternity services led a public session about their service and how people could get involved in the Maternity Voices engagement programme. Maternity Voices brings women and their families, midwives and doctors together to review and contribute to the development of local maternity care.

In November we focused on men's health and held a Q&A session on this important topic.

Both events were held virtually and provided opportunities for the public to get involved.

These activities demonstrate partnership collaboration, use of our virtual engagement tools and continuous public engagement

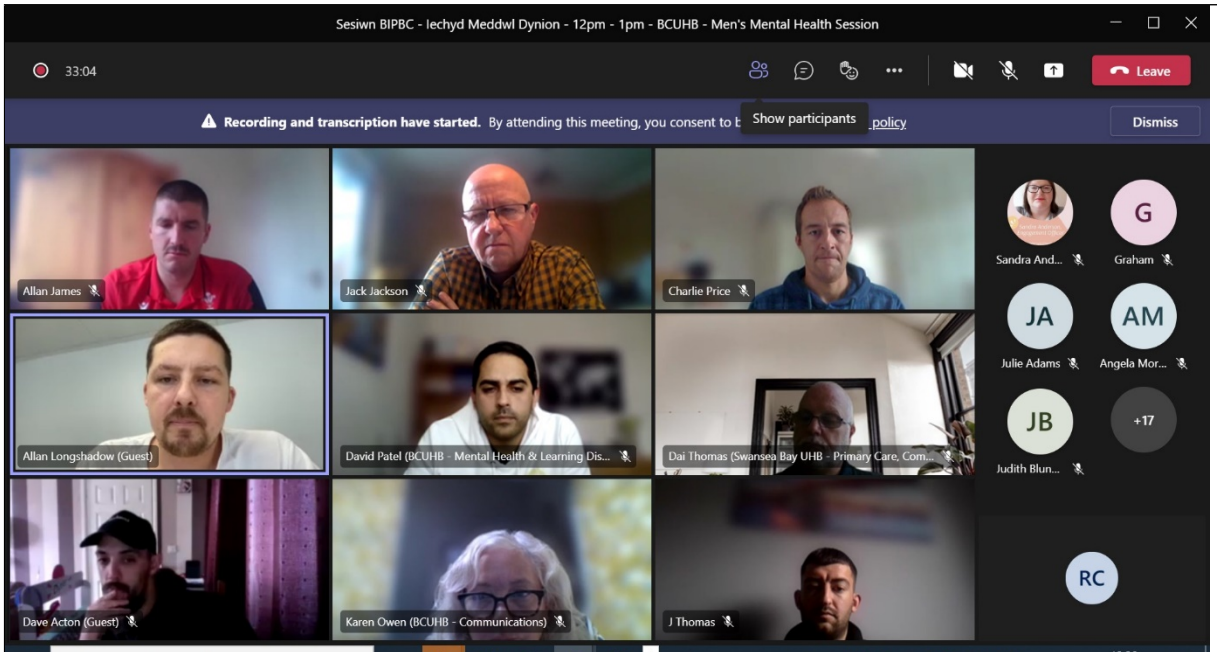
2.4.3 In October, we also co-ordinated a wellbeing information stall in collaboration with Call Helpline at the tourist information centre at Pontcysyllte Aqueduct in Wrexham in support of World Mental Health day.

2.4.4 The public engagement team has been working with the 42-piece Band of The Royal Welsh and their famous mascot, Shenkin IV the regimental goat, to support events across our sites. They started their weeklong tour of North Wales at Ysbyty Penrhos Stanley in Holyhead and Ysbyty Cefni in Llangefni and went on to perform at a range of our community hospitals. These events were to offer a thank you to NHS colleagues who have shown such dedication and commitment during the COVID-19 pandemic. This is just one element of the work we have been doing in respect of armed forces and veteran's engagement.

2.4.5 Engagement on our End of Life/Palliative Care strategy continued during this period. Engagement had previously taken place with carers groups and wider networks. Further engagement events took place in September and October focusing on issues and barriers facing Black, Asian and Minority Ethnic (BAME) and seldom heard communities. The events were well attended and provided opportunities for the palliative care team to listen to experiences and ideas for improvements.

2.4.6 In March 2022 the engagement team organised an engagement forum celebrating International Women's Day. Over 70 representatives from partner organisations spanning public, private and third sectors attended.

The forum heard from some truly inspiring and impressive women including Consultant Sharifah Jalil from Maternity Services; Claire Doran from Magellan Aerospace; Rasheedat Bakare, Specialty Doctor, Radiology; Consultant Antimicrobial Pharmacist Charlotte Makanga; Breast Surgeon Mei-Ju Hwang and Psychologist Kamila Drobinska. The event was opened by Jo Whitehead, BCUHB's Chief Executive.



2.5 Engagement with Black Asian and Minority Ethnic communities

2.5.1 As part of our commitment to strengthen and improve how we engage with BAME communities, we are continuing to meet with stakeholders that provide support to those communities. Engagement has taken place with the North Wales African Society (NWAS). One

event focused on breast health and a number of clinical and non-clinical partners attended including radiologist Dr Rasheeda Bakare; Dr Mary Akpoto from Bangor University; and Ysbyty Glan Clwyd junior doctor Dr Rosemary Oluto. The event was well received and the Q&A that followed was lively. A further event looking at Men's Health was held in November alongside a celebration event for Black History Month.

2.5.2 The public engagement team is routinely invited to attend the UK North East Wales Chinese Women's Association monthly lunch events. This is a great opportunity to promote our services. Through this relationship, we arranged an engagement session on diabetes in October. This is an area of concern identified particularly amongst Asian communities who have a particularly high susceptibility to type 2 diabetes. Other engagement events included an invite to the Chinese New Year celebrations in February.

2.5.3 In March 2022 the engagement team were invited to attend an event in Bethesda to celebrate the festival of colours, which is inspired by the Hindu festival Holi. This marks the start of Spring. Attendance at this event was a great opportunity to build new relationships, and discuss future collaboration.

3.0 Digital engagement

3.1 In 2021, there were over 12 million views of the Health Board's website with seven million of

those visiting the COVID-19 vaccination section. In comparison to other NHS Wales websites - including Public Health Wales, other Health Boards and local authority websites - our website was one of the top performing with 20,000 to 40,000 more weekly page views than the average organisation.

3.2 The digital communications team was responsible for launching and maintaining the COVID-19 vaccination online bookings service with three million people visiting this section to book an appointment.

3.3 As a consequence, we have built our social media following to 70,000 and our social media messages reached 33 million people in 2021. We supported more than 700 queries from the public per week to our social media channels during the height of the vaccination programme (between November 2021 and January 2022).

3.4 We use targeted advertising regularly to reach specific demographics, which has been especially effective as part of our vaccination campaign.

4.0 Partners and public affairs

4.1 Since the last report to the Committee, we have strengthened our partnership and public affairs engagement with bespoke written and verbal briefings with elected members, local authorities and other key partners.

4.2 We produce a weekly bulletin for MSs and MPs, emailed directly to them and their support staff every Friday. A similar document is also emailed to local authority leaders and Chief Executives, as well as the Community Health Council. The bulletin includes a round-up of the week's news from the Health Board together with information on new projects and campaigns and updates on our services. We encourage the politicians to share this information with their constituents.

4.3 A recent update on dental provision in North Wales in the bulletin was picked up and used by Janet Finch Saunders MS in a press release which was then published in the press - Betsi Cadwaladr urgent dental treatment commission praised | North Wales Pioneer Mark Isherwood MS also commented that he would pass on the information to constituents concerned about dental treatment.

4.4 Several politicians have welcomed the inclusion of this type of information in the bulletin because they can answer constituent questions immediately rather than ask us a formal question. This will also save us time by reducing the number of queries received.

4.5 Information about our new 'Vaccinate your Child' MMR campaign was featured in the bulletin and included banners and graphics which recipients can download and use on their websites, email and social media accounts to help spread the message.

4.6 Face-to-face meetings

4.7 Alongside the bulletin, we have started a series of face-to-face meetings with MSs and MPs representing North Wales, with 14 of the 20 meetings completed and the remainder due to take place by mid-May. These are regular meetings and will be planned throughout the year to gather the views of our elected representatives and maintain a consistent two-way dialogue.

4.8 A common theme emerging from all meetings to date is their support for the NHS and their willingness to help promote new initiatives, even if they are concerned about some aspects of our services.

4.9 Colleagues in the communications team identified one such initiative which has already produced a positive outcome. Clwyd West MS Darren Millar issued a press release, which was used in his local newspaper, following a visit in which he praised the takeover of a Colwyn Bay dental practice after BUPA announced plans to close it - Colwyn Bay dental practice praised by MS following recent takeover | North Wales Pioneer

4.10 Main issues raised by politicians

4.11 There has been a clear pattern emerging from the meetings with MSs and MPs, with the main topics of concern captured in the word cloud below. While some have raised matters that are only relevant to their own constituencies, for example the Queensferry Medical Centre, virtually all have focussed on four main issues affecting the wider Health Board area:

- Waiting times;
- Dental services;
- Mental health;
- GP surgeries.

We are continually using all the information gathered to tailor briefings and to keep elected members updated on issues most relevant to them.

5.0 Targeted intervention

5.1 Work has progressed on developing our response to targeted intervention. One of the four domains for improvement is engagement. This domain includes staff, patient, partner and public engagement and details a number of areas for improvement. An Engagement Maturity Matrix has been agreed which identifies the improvement levels the Health Board should be working towards in addition to a number of key priorities set by Welsh Government.

5.2 Currently the engagement domain has been scored at a level “high two” on the targeted improvement maturity matrix. There are five levels within the matrix with two representing “Early Progress” and level five representing an exemplar organisation. This endorsement of a high two reflects the positive work achieved to build the foundations of long lasting and sustainable improvement in engagement.

5.3 In late February and into March, a rapid review to understand the extent and scope of engagement was undertaken across BCUHB. Initial findings indicate a broad range of engagement is being delivered across the Health Board by many services. For example, contributions to the review have been received from mental health and learning disabilities, primary care, informatics, community nursing, and gynaecology.

5.4 It also indicates that engagement is undertaken across many groups including patients, public, staff and partners. The full findings will be collated in April, however, based on initial responses it can be seen that the Health Board is progressing towards routine engagement, collaboration and an understanding of the importance of listening and stakeholder involvement.

6.0 Planned and ongoing priorities

6.1 Although COVID-19 is moving from pandemic to endemic and legal requirements are now lifted, we will continue to support engagement on vaccination and public health messaging, prioritising and protecting the most vulnerable.

6.2 Over the 2022/23 financial year we will continue to support public and partner engagement on Health Board plans and strategies such as our Clinical Services Strategy, development of Regional Treatment Centres and Mental Health and Learning Disability Services.

6.3 Taking forward our targeted intervention commitments will also be a key priority, particularly our aspiration to embed engagement more widely into the culture of the organisation and demonstrate how engagement has resulted in co-design, co-production and positive improvements.

6.4 A series of meetings with Chief Executives and Chairs of local authorities and partner organisations such as the universities are now being arranged to take place over the next six months. In addition, we will be attending the Public Service Boards and the North Wales Regional Partnership. We will also attend the health and social care committee meetings of local authorities as an observer with the aim of gathering information on issues of importance.

6.5 We are exploring opportunities to invite politicians of all parties to visit Health Board premises to learn of new services and projects and to share that information with their constituents. There will also be opportunities to attend party political conferences to provide updates of our work for politicians across Wales.

6.6 The ambition and work of the Partnerships, Engagement and Communication function is currently being consolidated into a strategy and two-year action plan. The draft will be widely consulted on and will be shared with the PPPH Committee in due course.

Asesu a Dadansoddi / Assessment & Analysis

Public and partner engagement is a critical element of strategy development and implementation. This report outlines how through continuous engagement and involvement of the public and stakeholders the Health Board complies with these responsibilities.

Opsiynau a ystyriwyd / Options considered

No options required

Goblygiadau Ariannol / Financial Implications

There are no specific financial implications associated with this report

Dadansoddiad Risk / Risk Analysis

There are no service specific risks associated with this report

Cyfreithiol a Chydymffurfiaeth / Legal and Compliance

There are no legal implications other than noting that all public services in Wales have a duty to engage and consult with citizens. This has been strengthened through a range of UK and Welsh Government policies and legislation such as the NHS (Wales) Act 2006

Asesiad Effaith / Impact Assessment

It is important that we seek and understand the views of representatives of those from protected characteristic groups and the seldom heard. This intention runs through all of our engagement plans and activities.

We have continued to engage with a wide range of groups and people to ensure we are listening and offer opportunities for them to influence services, strategies and policies

Cyfarfod a dyddiad: Meeting and date:	**Partnerships, People and Population Health Committee 20.5.22**
Cyhoeddus neu Breifat: Public or Private:	Public
Teitl yr Adroddiad Report Title:	**Partnership Governance Arrangements Update**
Cyfarwyddwr Cyfrifol: Responsible Director:	Helen Stevens-Jones, Director of Partnerships, Communications and Engagement
Awdur yr Adroddiad Report Author:	Sally Baxter, Assistant Director, Health Strategy
Craffu blaenorol: Prior Scrutiny:	
Atodiadau Appendices:	N/A

Argymhelliad / Recommendation:

The Committee are asked to receive this update report on work being undertaken to address and strengthen partnership governance arrangements.

Ticiwch fel bo'n briodol / Please tick as appropriate

Ar gyfer penderfyniad /cymeradwyaeth For Decision/ Approval		**Ar gyfer Trafodaeth For Discussion**		**Ar gyfer sicrwydd For Assurance**	✓	**Er gwybodaeth For Information**	

Y/N i ddangos a yw dyletswydd Cydraddoldeb/ SED yn berthnasol Y/N to indicate whether the Equality/SED duty is applicable	**N**

Sefyllfa / Situation:

There has been discussion regarding the robustness of partnership governance arrangements within the Health Board. Given the developing role and remit of the formal statutory partnerships, and the proposed changes to the Health Board's Operating Model, it is timely to revisit governance arrangements to ensure arrangements are clear and robust.

Cefndir / Background:

There have been concerns raised nationally regarding the role and remit of the formal statutory partnerships and the governance arrangements with the public bodies which constitute the statutory members of these boards. In particular, the predecessor committee to the PPPH, the Strategy, Partnerships and Population Health Committee, had considered the findings of the Wales Audit Office Review of Public Services Boards (2019), which found that across Wales, Public Services Boards (PSBs) were not consistently being held to account; however also that public bodies had not always taken the opportunity to organise effectively and resource the work of the PSBs.
More recently, an internal audit report on Integrated Services Boards Governance made findings of limited assurance on the role, function and governance arrangements for Integrated Services Boards (ISBs.) There are three ISBs, one per Area, which report into the Leadership Group and then onward through the Regional Partnership Board (RPB.)

The continued development of the role and remit of partnerships requires that the Health Board ensures it is contributing effectively to maximise outcomes delivered through the partnership for the people of North Wales, and that governance arrangements are aligned with its own governance and planning frameworks. The review and revision of the Health Board's governance framework to support the proposed new Operating Model offers the opportunity to address these issues.

Asesu a Dadansoddi / Assessment & Analysis

All partnerships including the PSBs and RPB have agreed Terms of Reference, and these two statutory partnerships have their role and functions set out within the relevant legislation. In respect of PSBs, this is the Well-being of Future Generations (Wales) Act 2015 and in respect of the RPB, the Social Services and Well-being (Wales) Act 2014. Both Acts are supported by Statutory Guidance frameworks which provide further clarification of requirements on the public members of these Boards.

The recent consultation on the Welsh Government White Paper, Rebalancing Care and Support (2021) explored the potential for RPBs to be established as legal entities; the decision was taken not to do so at present, but in the ongoing development of the National Framework for Care and Support, the stated intention is to strengthen partnerships including in relation to governance and scrutiny. This programme of work is ongoing and further updates will be brought to the Committee when available.

Notwithstanding this work, it is important that there is clarity regarding Partnership Governance arrangements for the Health Board. This is being addressed through the review of key documents supporting the embedding of the new Operating Model. Partnership Governance arrangements will be included within the revised operational governance principles, clarifying the requirements on Health Board representatives participating in partnerships.

The proposed section of the operational governance principles reads as follows:

Partnership Governance

1) Partnership Governance arrangements to be clearly defined so that
   a) Partnership meetings should be seen as similar to an internal Health Board meeting, in that they should have a link to an appropriate group / meeting in the Governance structure to which progress and issues are reported.
   b) Decisions made in partnership meetings align to the Health Board representative's decision-making authority within the Scheme of Reserved Delegation (SoRD) / Standing Financial Instructions (SFIs.)
   c) Where a decision needs to be taken in the partnership space that exceeds an individual's authority, pre-discussions should be held at the appropriate level and formal delegation confirmed in writing to the individual to negotiate and agree decisions in the partnership space.
   d) The Lead Health Board representative will be responsible for providing a Chair's Assurance Report of the partnership meeting to the appropriate group/meeting in the Health Board Governance structure
   e) Clarity in the SoRD on authority to spend Partnership Funds held by the Health Board.
   f) Clarity that our statutory responsibilities must be met even when working in the partnership space (e.g. completing EQIA for new strategies); the partnership space cannot be used to bypass our statutory responsibilities

As the work to revise the governance frameworks progresses, these principles will be embedded and provide assurance for the Board that appropriate arrangements are in place. This will be completed and confirmed as part of the revised Operating Model. This will also address the management action required under the internal audit report on ISBs referred to above.

Membership of the statutory partnerships will be reviewed and revised as the proposed Operating Model is finalised, to ensure senior level participation, clarity on responsibilities and reporting lines, and ongoing commitment to the principles and delivery of partnership functions.

Memoranda of Agreement will be developed where required for specific partenrship agreements in relation to funding, pooled budgets or lead commissioning (in line with current practice.)

Reporting on the two major statutory partnerships, PSBs and RPB, will continue to be through the PPPH Committee.

Goblygiadau Strategol / Strategy Implications

Partnership working is a key strategic principle for the Health Board, required by A Healthier Wales, and reflected in the strategic objectives set out in Living Healthier, Staying Well and the Integrated Medium Term Plan.

Opsiynau a ystyriwyd / Options considered

It was considered essential to address and embed the principles relating to partnership goivernance arrangements to ensure robust governance and also ensure appropriate priority is given to partnership working.

Goblygiadau Ariannol / Financial Implications

There are no immediate financial implications identified

Dadansoddiad Risk / Risk Analysis

There is a risk of failure to comply with Health Board SoRD and SFIs through participation in partnership structures without appropriate governance in palce, which will be addressed as described in this briefing.

Cyfreithiol a Chydymffurfiaeth / Legal and Compliance

The Health Board must comply with the statutory duties set out in the Well-being of Future Generations (Wales) Act 2015, and the Social Services and Well-being (Wales) Act 2014. Health Board officers must also comply with the SoRD and the SFIs.

Asesiad Effaith / Impact Assessment

No EqIA or SED IA is required at this time. The Health Board must comply with public sector duties in respect of these and this will be equally required when enacting functions through the partnership structures.

Cyfarfod a dyddiad: Meeting and date:	**Partnerships, People and Population Health Committee 20.5.22**
Cyhoeddus neu Breifat: Public or Private:	Public
Teitl yr Adroddiad Report Title:	Committee Annual Workplan 2022/23
Cyfarwyddwr Cyfrifol: Responsible Director:	Chris Stockport, Executive Director Transformation, Strategic Planning, and Commissioning
Awdur yr Adroddiad Report Author:	Diane Davies Corporate Governance Manager
Craffu blaenorol: Prior Scrutiny:	
Atodiadau Appendices:	Appendix 1 Draft Committee Workplan 2022/23 Appendix 2 Committee Terms of Reference

Argymhelliad / Recommendation:

The Committee is asked to review and provide feedback on

- Draft 2022/3 Committee workplan
- Terms of Reference

Ticiwch fel bo'n briodol / Please tick as appropriate

Ar gyfer penderfyniad /cymeradwyaeth For Decision/ Approval	✓	**Ar gyfer Trafodaeth For Discussion**	✓	**Ar gyfer sicrwydd For Assurance**		**Er gwybodaeth For Information**	

Y/N i ddangos a yw dyletswydd Cydraddoldeb/ SED yn berthnasol Y/N to indicate whether the Equality/SED duty is applicable	**N**

Sefyllfa / Situation:

At the commencement of the financial year a workplan is required to be agreed and may be updated according to business arising in-year.

The Terms of Reference is provided for annual review, drawing particular attention to Committee membership.

In line with the newly introduced Integrated Governance Framework and Operating Model the workplans of each Committee will be cross referenced with the Board Cycle of Business at a meeting to be lead by the Interim Board Secretary in May 2022 to ensure accuracy of business aligned to each Committee and attendees. The new Executive Director titles will also be reflected. This will also take into account feedback received by each Committee.

Cefndir / Background:

Each year a workplan (previously referred to as Cycle of Business) is agreed for each Commttee of the Board at the commencement of the new financial year.

Asesu a Dadansoddi / Assessment & Analysis
Goblygiadau Strategol / Strategy Implications Strategic items pertinent to the Committee's remit may be agreed and scheduled.
Opsiynau a ystyriwyd / Options considered None – it is an agreed governance process shared by all Committees of the Board
Goblygiadau Ariannol / Financial Implications Not applicable
Dadansoddiad Risk / Risk Analysis The Committee reduces risk of overlooking business within its remit
Cyfreithiol a Chydymffurfiaeth / Legal and Compliance The Committee complies with the Board's standing orders
Asesiad Effaith / Impact Assessment Not applicable for a paper of this nature.

DRAFT PPPH CYCLE OF BUSINESS 2022/23 updated post 17.12.21 meeting *v.03 May 2022 Draft for discussion*

Exec	Agenda item	May	July	Sept	Nov	Jan	Mar	Notes eg Deferments etc
	Opening Business							
	Apologies	✓	✓	✓	✓	✓	✓	
	Declaration of Interests	✓	✓	✓	✓	✓	✓	
	Minutes from previous meeting	✓	✓	✓	✓	✓	✓	
	Matters Arising & Table of Actions	✓	✓	✓	✓	✓	✓	
	Report of the Chair • Chair's Action • Feedback from Board	✓ ✓ ✓	✓ ✓ ✓	✓ ✓ ✓	✓ ✓ ✓	✓ ✓ ✓	✓ ✓ ✓	
CS	Report of the Lead Executive	✓	✓	✓	✓	✓	✓	
	Notification of Matters referred from other Board Committees on this or future agendas	#	#	#	#	#	#	
	Strategic Items for Decision – The Future							
	Developing New Strategies or Plans							
CS	Corporate Strategy Living Healthier, Staying Well Refresh	✓	✓	✓	✓	✓	✓	
	Tier 1 Strategies for Board Approval – to be defined in the corporate strategy (Living Healthier, Staying Well)							
CS	• IMTP			✓	✓	✓	✓	
CS	• Transformation (TBC)							
HSJ	• Partnership (TBC)							
SG	• Stronger Together – Draft Framework People & OD Strategy 2022 – 2025	✓						
JW	• Asset Management		✓					

Exec	Agenda item	May	July	Sept	Nov	Jan	Mar	Notes eg Deferments etc
NL	• Clinical Services Strategy	✓		✓		✓		
GH	• Winter Resilience Planning			✓				
	Tier 2 Strategies for committee approval – to be defined in the corporate strategy (Living Healthier, Staying Well) • Third sector engagement strategy	✓						
	Monitoring Existing Strategies or plans							
	Monitoring Tier 1 Strategies on behalf of the Board – as defined in the corporate strategy)							
CS	IMTP	✓	✓	✓	✓	✓	✓	
CS	Annual review Digital Strategy	✓						
HSJ	Partnership (TBC)		✓					
SG	People & OD Strategy May 2023							
TO	Mental Health Strategy			✓				
TO	Learning Disability Strategy				✓			
TO	Dementia Strategy					✓		
JW	Asset Management May 2023							
SH	Monitoring Tier 2 Strategies for committee approval – as defined in the corporate strategy) • NHS Wales Decarbonisation Strategic Delivery Plan 2021-2030		✓					
LF	No Wrong Door					✓		
	Other							
	Endorse relevant policies reserved for Board approval	#	#	#	#	#	#	

Exec	Agenda item	May	July	Sept	Nov	Jan	Mar	Notes eg Deferments etc
	Agree relevant polices reserved for committee approval	#	#	#	#	#	#	
MM	Policy status update including relevant policies reserved for Executive approval		✓			✓		
GH	Civil contingency / business continuity progress and end of year update including Major Incident Plan	✓			✓			
TBA	Partners Strategy Presentations T4 MH	#	#	#	#	#	#	
NL	Medical and Health Sciences school progress update		✓		✓		✓	
NL	University status update		✓					
	The Present							
MM	Board Assurance Framework related to committee	✓	✓	✓	✓	✓	✓	
	Directorate Operational Reports (incorporating seeing services from the front line)							
TO	Population Health (Including Adverse Child Experience, Smoking Cessation, Healthy Lives, Well North Wales Inequalities, Alcohol Use, Vulnerable Groups)	SC	ACE	WNW VG	HL		Alc	
SG	People	✓		✓		✓		
CS	Strategy and Planning (TBA)							
CS	Informatics (Digital) assurance report incl KPIs		✓		✓		✓	
CS	CEO Digital Health and Care Wales update		✓		✓		✓	
CS to advise	Digital Partner organisations arrangements – other partners to be identified							

Exec	Agenda item	May	July	Sept	Nov	Jan	Mar	Notes eg Deferments etc
CS	Primary Care to incorporate: ➢ Area Integrated Service Boards ➢ Cluster IMTPs ➢ National Operating Framework for Primary and Community Care & Delivery Milestones ➢ Primary Care Contracts national negotiations (annual summary of contract changes across the 4 contractor services)							
	Assurance reports on Particular Areas of Concern – time limited	#	#	#	#	#	#	
SG	Workforce (People) report Incorporate Staff survey reports in appendices	✓ SS		✓		✓ SS		
SG	Speak out safely report	✓			✓			
SG	Corporate Health at Work			✓			✓	
CS	IMTP - Annual Plan and compliance with the Wellbeing of Future Generations (Wales) Act (2015)		✓			✓	✓	
HSJ	Well Being of Future Generations (WFG Act) Auditor General Wales report and BCUHB response	✓						
HSJ	Partnership Governance Arrangements	✓			✓			
TO	Test, Track and Trace Programme Update	✓	✓	✓	✓	✓	✓	
HSJ	Consultations and Engagement Outcomes Report	✓			✓			

Exec	Agenda item	May	July	Sept	Nov	Jan	Mar	Notes eg Deferments etc
	Annual Reports							
Secretariat	Committee Annual Report to Audit Committee	✓						
Secretariat	Review Committee Terms of Reference	✓						
SG	Equality Annual Report	✓						
SG	Workforce (People) Annual Report		✓					
TO	Welsh Language service Annual Monitoring report incl WL Standards		✓	110a report				
TO	Public Health Annual report				✓			
CS	Area Planning Board – Substance Misuse – annual report			✓				
MM	International Health Annual report			✓				
NL	Research and Development annual report					✓		
	Learning from – The Past							
	Independent Assurance Reviews	#	#	#	#	#	#	
	Internal Assurance Reviews	#	#	#	#	#	#	
	Public Ombudsman reports	#	#	#	#	#	#	
	Chairs Assurance Reports							
	Chairs Assurance Reports from Strategic and Tactical Delivery Groups (for assurance)							
SG	• Executive Delivery Group – People and Culture		✓	✓	✓	✓	✓	
CS	• Executive Delivery Group – Transformation and Finance		✓	✓	✓	✓	✓	
TO	• Population Health Group		✓	✓	✓	✓	✓	
SG	• Strategic Equalities Forum		✓	✓	✓	✓	✓	

Exec	Agenda item	May	July	Sept	Nov	Jan	Mar	Notes eg Deferments etc
GH	Chairs Assurance Reports (for information) • Executive Delivery Group - Quality Improvement • Risk Management Group (TBC)	✓	✓	✓	✓	✓	✓	
CS	Partnership Meetings • Regional Partnership Board • Public Service Board – Gwynedd and Anglesey* • Public Service Board – Flintshire* • Public Service Board – Wrexham* • Public Service Board – Conwy and Denbighshire* • Together for Mental Health Partnership Board • Mid Wales Joint Committee • *= and Area Director to report Area Integrated Service Board • += invite Head of Collaboration to support RPB item	✓+ ✓* ✓*	✓ ✓	✓ ✓* ✓	✓+ ✓*	✓ ✓* ✓* ✓	✓ ✓* ✓* ✓	
CS	Transformation Fund updates • Community Services • Children Young People/ CAMHS • Mental Health • Learning Disability	✓ ✓	✓	✓			✓	

Exec	Agenda item	May	July	Sept	Nov	Jan	Mar	Notes eg Deferments etc
	Other							
GE	Innovation		✓					
	Appropriate Audit reports – advised by Audit Committee (Clinical / Non-Clinical)							
	Closing Business							
	Agree Items for referral to Board / Other committees	✓	✓	✓	✓	✓	✓	
	Review of Risks highlighted in the meeting for referral to Risk Management Group	✓	✓	✓	✓	✓	✓	
	Agree items for Chairs Assurance Report	✓	✓	✓	✓	✓	✓	
	Review of Meeting Effectiveness	✓	✓	✓	✓	✓	✓	

Partnerships, People and Population Health Committee

Bwrdd Iechyd Prifysgol Betsi Cadwaladr University Health Board

Terms of Reference and Operating Arrangements

1. INTRODUCTION

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

2. PURPOSE

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

3. DELEGATED POWERS

3.1. The Partnerships, People and Population Health Committee is required by the Board, within the remit of the Committee to:

3.1.1. Provide evidenced based assurance that there is compliance with The Equalities Act 2010.

- In discharging its duty the Committee will have 'due regard' to the Public Sector Equality Duty, to eliminate discrimination, to advance equality of opportunities and foster good relations when carrying out all functions and day-to-day activities.

- In discharging its duty the Committee will have 'due regard' to the Socio-economic Duty, to consider how strategic decisions might help reduce the inequalities associated with socio-economic disadvantage.

3.1.2. Provide evidenced based assurance that BCUHB Policies are compliant with relevant legislation.

3.1.3. Provide evidence based and timely advice to the Board on developing strategies.

3.1.4. Provide evidence based and timely advice to the Board on the delivery of strategies including those relating to digital, people 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
- 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 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, 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 people 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.

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 , 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
- 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.
- 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.

V1.04