



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

Present:	
Linda Tomos Nicky Callow John Cunliffe John Gallanders	Independent Member (Chair) Independent Member Independent Member Independent Member
In Attendance:	
Sally Baxter Molly Marcu Phil Corrin Simon Evans-Evans Sue Green Gill Harris Siwan Jones Nick Lyons Rob Nolan Teresa Owen Justine Parry Chris Stockport Jo Whitehead Diane Davies	Assistant Director ~ Health Strategy (part meeting) Interim Deputy Board Secretary Interim Director of Digital (part meeting) Interim Director of Governance (part meeting) Executive Director of Workforce and Organisational Development (OD) Executive Director Nursing and Midwifery Principal Public Health Practitioner (part meeting) Executive Medical Director (part meeting) Finance Director – Commissioning and Strategic Financial Planning (part meeting) Executive Director Public Health Assistant Director Risk and Assurance (part meeting) Executive Director Primary Care and Community Services (Lead Director) Chief Executive Corporate Governance Manager (Committee secretariat)
Observing	
Andy Burgen Dave Harris Fflur Jones	Vice Chair North Wales Community Health Council Head of Internal Audit 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.	
<p>PP22/9 Matters arising and table of actions</p> <p>PP22/9.1 There were no matters arising.</p> <p>PP22/9.2 The table of actions was updated.</p> <p>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.</p> <p>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 educational developments between the organisations, it was agreed to close the action.</p> <p>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</p>	<p>JW</p> <p>GH</p>
<p>PP22/10 Report of the Chair</p> <p>None</p>	
<p>PP22/11 Report of the Lead Director</p> <p>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.</p>	CS(SB)
<p>STRATEGIC ITEMS - THE FUTURE</p> <p>Developing strategies or plans</p>	
<p>PP22/12 Draft Integrated Medium Term Plan (IMTP) 2022/25</p> <p>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 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.</p> <p>It was resolved that the Committee:</p>	

<ul style="list-style-type: none"> • 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. 	
<p>PP22/13 Developing the People Strategy and Plan</p> <p>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.</p> <p>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 transformations being undertaken be clarified within the document, ideally in the executive summary, to emphasise why these transformational improvements would be critical to the Health Board. The Committee Chair stated that she would be pleased to discuss this further outside the meeting if required.</p> <p>It was resolved that the Committee</p> <ul style="list-style-type: none"> • 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". 	
<p>PP22/14 No Wrong Door Strategy 2022-27</p> <p>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.</p> <p>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</p>	

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.

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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.

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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 Committee'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.

<ul style="list-style-type: none"> 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. 	
<p>PP22/15 North Wales Medical and Health Sciences School</p> <p>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.</p> <p>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 produced 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.</p> <p>It was resolved that the Committee received the report</p>	
<p>THE PRESENT for assurance</p> <p>PP22/16 Operational Plan monitoring report 2021-22</p> <p>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.</p> <p>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).</p> <p>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.</p>	

<p>PP22/16.4 The Executive Director of Primary and Community Services clarified that that usage 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.</p> <p>It was resolved that the Committee noted the report</p>	PC
<p>PP22/17 Corporate Risk Register</p> <p>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).</p> <p>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.</p> <p>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.</p> <p>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.</p> <p>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 commitment in moving this forward in this way.</p> <p>It was resolved that the Committee noted</p> <ul style="list-style-type: none"> 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. 	<p>PC</p> <p>PC</p>

- the Key Field Guidance Document has been updated following Audit Committee members feedback and provided 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 outstanding 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 commitment 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

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<p>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.</p> <p>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.</p> <p>It was resolved that the Committee noted the report</p>	PC
<p>PP22/19 Regional Partnership Board update</p> <p>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.</p> <p>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.</p> <p>It was resolved that the Committee noted the report, key issues and minutes of the RPB meeting held on 10.12.21.</p>	MM
<p>PP22/20 Regional Population Needs Assessment</p> <p>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</p>	

<p>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.</p> <p>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.</p> <p>It was resolved that the Committee noted the report</p>	TO
<p>PP22/21 Update on Alcohol harm reduction work work led by BCU Public Health team.</p> <p>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.</p> <p>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.</p> <p>It was resolved that the Committee commended the activity underway and noted the report</p>	
<p>LEARNING FROM THE PAST</p> <p>PP22/22 Test, Track and Protect update</p> <p>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.</p> <p>It was resolved that the Committee noted the report</p>	
<p>PP22/23 Chairs Assurance report : Together for Mental Health Partnership Board</p> <p>It was resolved that the Committee noted the report</p>	

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	
PP22/26 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	