



Betsi Cadwaladr University Health Board

Partnerships, People and Population Health (PPPH) Committee

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

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

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

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

<ul style="list-style-type: none"> • Implementation of the Patient Administration System in Central and West; delivered with no unplanned downtime • Roll out of the Community Care Information System – pilots were being evaluated • Roll out of the Nursing Care Record • Patient referral service • Cancer Informatics – noted that this would replace the old PAS system, increasing functionality and addressing gaps in the record • Progress with the diagnostics LINK and RISPP was being made towards a contract award in spring 2023 • Time was set aside for staff to receive training on new systems • Support including training and disaster recovery continued to be provided in relation to Cyber in the wake of the cyber-attack on OneAdvanced • In general, it was noted that the relationship between the Health Board and DHCW was providing new opportunities to collaborate. <p>The Chair thanked Helen Thomas for attending today and for providing further information on issues directly related to BCUHB developments.</p>	
<p>PP22/118 Integrated Digital Data and Technology Report</p> <p>PP22/118.1 The Committee received a report from the Chief Digital and Information Officer and the Chair welcomed Andrea Williams to the meeting – the report highlighted the following principal developments, in some instances building on information in the earlier DCHW presentation:</p> <ul style="list-style-type: none"> • Welsh Emergency Department System (WEDS)/Symphony • Multi-Disciplinary – WCCIS a shared system between Health and Social Care • Welsh Patient Administration System (WPAS) Phase 4 - this was currently in its freeze period • Ophthalmology - Eye care Digitisation Programme • Pathology- Laboratory Information Network Cymru Programme (LINC) <p>There were 170 projects in hand.</p> <p>Independent Members welcomed the improved reporting format.</p> <p>PP22/118.2 Coding was below target due to staffing issues, but recruitment was progressing in this area. The GP out of hours outage had increased the rate of Helpdesk calls.</p> <p>A deep dive was taking place in relation to appointment letters.</p>	

<p>It was noted that two local authorities had not signed up to use the WCCIS system- it was suggested that this be escalated to Chief Executive level if not resolved.</p> <p>Andrea Williams undertook to provide an update on the DPIA in relation to Ophthalmology.</p> <p>PP22/118.3 The Committee accepted the recommendations in the report as follows:</p> <ol style="list-style-type: none"> 1. An overview of the projects outlined within the Digital Strategy Reporting Dashboard. 2. A mechanism for the PPPH Committee to gain assurance on the operational performance of DDAT. 3. Following on from recent presentations to Board, it was recommended that the format and content of this report is updated and discussed with John Cunliffe and the Chair, Linda Tomos. 	AW
<p>PP22/119 Living Healthier, Staying Well Strategy Report</p> <p>PP22/119.1 The Chair welcomed Sally Baxter to present the report from the Executive Director of Transformation, Strategic Planning and Commissioning.</p> <p>The Strategy set out the following long-term goals:</p> <ul style="list-style-type: none"> • 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 <p>PP22/119.2 The above goals were informing a range of other strategies and plans. Sally Baxter highlighted the work going on in relation to children and early years. An annual report would be produced. Risks to the objectives would continue to be monitored through the assigned Executive Delivery Groups and the Board Assurance Framework.</p> <p>The Committee noted the update report.</p>	
<p>PP22.120 Integrated Medium Term Plan 2023-26</p>	

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

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

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

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

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

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

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

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

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

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