

- 1 SP21.40 Chair's welcome and apologies for absence - Teresa Owen (Glynne Roberts deputising); Andy Burgen
- 2 SP21.41 Declarations of interests
- 3 09:00 - SP21.42 Draft minutes of the meeting held on 15.4.21 for accuracy, matters arising and summary action plan  
SP21.42 Minutes SPPHC 15.4.21 Public v0.1 draft MW agreed.docx  
SP21.42a Summary Action Log SPPH Public Live 11.6.21.docx
- 4 09:05 - SP21.43 Board Assurance Framework - Review of the Committee's allocated risks (Dawn Sharp/M Wilkinson)  
*Recommendation:  
That the Committee:-*  
*(1) review and note the progress on the Principal Risks as set out in the Board Assurance Framework (BAF); and*  
*(2) support the archiving of BAF risk 20-01-Surge/Winter Plan noting that the outstanding actions have been transferred to BAF risk 20-02, Safe and Effective Management of Unscheduled Care.*  
SP21.43a BAF cover report - SPPH 17 June 2021 (003).docx  
SP21.43b Appendix 1 - SPPH June 2021 V2.pdf  
SP21.43c Appendix 2 to BAF report - Remapping BAF risks to Annual Plan.pptx  
SP21.43d Appendix 3 BAF key field guidance.docx
- 5 SP21.44 PLANNING:
- 5.1 09:20 - SP21.45 Quarter 1 Plan refresh (M Wilkinson)  
*It is recommended that the committee:*  
*a. Receive the draft refreshed plan for discussion, comment and specific feedback ahead of presenting to the Board Workshop on 24th June for support to send to Welsh Government. It is anticipated that formal approval will follow at the Board on 15th July*  
SP21.45a Plan cover report June 2021 v0.04.docx  
SP21.45b Betsi Cadwaladr University Draft Annual Plan refresh v03 (003).docx  
SP21.45c Copy of Programme action plan - Priority plan v5 - WG Version (2).xlsx
- 5.2 09:35 - SP21.46 Planning for 2022-25 - timetable (M Wilkinson)  
*It is recommended that the committee*  
*1. Receive this report*  
*2. Endorse the planning principles and outline timetable for 2022/25*  
SP21.46a 2022-25 cover report -Planning Principles and timetable v3.docx  
SP21.46b 2022-25 Draft Planning Principles Timetable 26-05-21 v3.docx  
SP21.46c 4A4-shortbusinessplan-v1-fillable-version.pdf
- 5.3 09:50 - SP21.47 Civil contingency and business continuity progress report (M Wilkinson)  
*It is recommended that SPPH Committee:*  
*1. Receive this report and note the positive progress that has been made to enhance organisational resilience in 2020/21.*  
*2. Receive and approve the work programme for 2021/22 at appendix 2.*  
SP21.47 SPPH Report EPRR 170621 V3.docx
- 6 STRATEGY:
- 6.1 10:00 - SP21.48 Living Healthier, Staying Well (M Wilkinson)  
*The Committee is asked to receive the update on proposals to refresh the Living Healthier, Staying Well strategy; note the timeline; and offer any comments to help shape the process*  
SP21.48a SPPH Committee Report 17.06.21 LHSW refresh v2.1 for circulation.docx  
SP21.48b V2 - LHSW Refresh Engagement Approach revised for SPPH 17.06.21.pptx
- 6.2 10:15 - SP21.49 Mental Health Strategy and Partnership Board (Iain Wilkie)  
*For committee members to note:*  
*1) The intention is to review and update the Terms of Reference of the Together for Mental Health Partnership Board*  
*2) The proposed refresh of the current Together for Mental Health Strategy (2017).*  
SP21.49a SPPH Update T4MH June 2021 v1.0.docx

- 6.3 10:30 - SP21.50 Equality & Human Rights Annual report including Strategic Equality Plan progress (Sue Green)  
*The SPPH Committee is asked to receive the report and highlight to the Board through the Chair's Assurance Report*  
SP21.50a Board and Committee Report- Equality Annual Report 2021.06.17.docx  
SP21.50b Annual Equality Report 2020-21 V1.1.pdf
- 6.4 10:45 - SP21.51 Workforce Strategy presentation (Sue Green)
- 7 11:00 - COMFORT BREAK
- 8 11:10 - SP21.52 Estates Strategy update (M Wilkinson)  
*Recommendation - To receive and note the contents of this report.*  
SP21.52 SPPH - Update Estate Strategy Jun 21.docx
- 8.1 11:25 - SP21.52a NHS Wales Decarbonisation Strategic Delivery Plan 2021/30 (M Wilkinson)  
*Recommendations - To note the publication of the NHS Wales Decarbonisation Strategic Delivery Plan by Welsh Government in April 2021 – Appendix 1*  
*To note the appointment of the Carbon Trust to support the Health Board with developing a bespoke five-year decarbonisation plan in response to Welsh Government targets for 2030.*  
*To support the establishment of a BCUHB decarbonisation programme to take forward the actions and targets as set out in the Strategic Delivery Plan and coordinate a wider and inclusive organisational response to achieving Welsh Governments decarbonisation targets by 2030.*  
*To note the degree of alignment between this pan BCU work and the local work taking place at Ysbyty Gwynedd – Appendix 2.*  
SP21.52a.1 SPPH Committee 17-06-2021 - NHS Wales Decarbonisation Strategic Delivery Plan (2021-2030) Rev 3.0.docx  
SP21.52a.2 NHS Wales Decarbonisation Strategic Delivery Plan.pdf  
SP21.52a.3 YG Green Group EMG Pres June 2021.pdf
- 9 PARTNERSHIPS:
- 9.1 11:40 - SP21.53 Regional Partnership Board Update (Mark Wilkinson)  
*Recommendation - The Committee is asked to note the updates received at the North Wales Partnership Board and to receive the notes of the meeting held on 9th April 2021.*  
SP21.53a NWRPB Update and Minutes v2.docx  
SP21.53b NWRPB Notes 9th April 21 Eng and Welsh.docx
- 9.2 11:55 - SP21.54 Transformation Fund update: Community Services and CYP/CAMHS - for noting (C Stockport)  
*Recommendation -The SPPH Committee is asked to note progress of the North Wales Childrens and Young Peoples Transformation Programme.*  
SP21.54 20200617 SPPH Committee Report - CYP Transformation v1.2.1.docx
- 9.3 12:00 - SP21.55 Innovation and University Status (Adrian Thomas)  
*Recommendation - The Committee is requested to accept this update, for information.*  
SP21.55a UHB update SPPH June 2021.docx  
SP21.55b BCUHB 2021 Triennial University Submission V1.0.docx  
SP21.55c BCUHB Uni Desig Status Pres 2021 v0.05.pptx  
SP21.55d May 2021 - Ifan Evans letter - UHB status.pdf
- 9.4 12:05 - SP21.56 Research and Development Update (Arpan Guha)  
SP21.56a RDupdate SPPHJune2021.docx  
SP21.56b Appendix 1 NIHR and HCRW Portfolio studies active in BCUHB June 2021.docx  
SP21.56c Appendix 2 Non portfolio studies currently active in BCUHB as at June 2021.docx
- 10 POPULATION HEALTH:
- 10.1 12:15 - SP21.57 Test Trace Protect (TTP) Update - Verbal (Glynne Roberts)
- 11 12:25 - FOR INFORMATION:
- 11.1 SP21.58 Paper deferred from previous meeting, for noting: Well Being of Future Generations (WFG Act) Auditor General Wales report and BCUHB response (MW)  
*For noting*  
SP21.58a WBeing Future Generations April 2021 v2 approved.docx  
SP21.58b WBFG Appendix 1 - AGW report approved.pdf

SP21.58c WBFG Appendix 2 -Audit\_Management Response approved.docx

SP21.58d WBFG Appendix 4 - Letter from FG Commissioner approved.pdf

11.2 SP21.59 Paper deferred from previous meeting, for noting: Pandemic Learning (AT)

*For noting*

SP21.59a Covid Learning Paper 15.04.21 v2.0 final.docx

SP21.59b Learning Lessons and Developing Our Plans C19 ENG v1.0.pdf

SP21.59c Learning Lessons and Developing Our Plans C19 CYM v1.0.pdf

11.3 SP21.60 Paper deferred from previous meeting, for noting:Wales Audit Office (WAO) – Review of Public Services Boards (PSBs) 2019 (MW)

*For noting*

SP21.60 WAO review PSBs\_Final approved.docx

11.4 SP21.61 International Health Group Chair's Report 1.4.20 - 31.3.21 for noting

*For noting*

SP21.61 Chair's Report IHG 20-21 v1.0 Approved by GH.docx

11.5 SP21.62 Mid Wales Collaborative update for noting (Mark Wilkinson)

*Recommendation - The Strategy Partnerships and Population Health Committee is asked to receive the Mid Wales Joint Committee Update Report and to note the Mid Wales priorities 2021 / 2022. The priorities and work completed to-date will inform BCUHB strategic, operational and cluster planning.*

SP21.62 2021 June SPPH MWJC Update Report.docx

12 12:35 - SP21.63 Issues of significance to inform the Chair's assurance report

13 SP21.64 Date of next meeting - 12.8.21

14 SP21.65 Resolution to exclude the Press and Public

15 PRIVATE SESSION:



**Strategy, Partnerships and Population Health (SPPH) Committee**  
**Draft minutes of meeting held in public on 15.4.21**  
**via Zoom**

<b>Present:</b>	
Lyn Meadows	Independent Member (Chair)
Nicky Callow	Independent Member
John Cunliffe	Independent Member
Linda Tomos	Independent Member
<b>In Attendance:</b>	
John Darlington	Assistant Director ~ Corporate Planning
Sue Green	Executive Director of Workforce and Organisational Development (OD)
Rob Nolan	Finance Director – Commissioning and Strategic Financial Planning
Teresa Owen	Executive Director of Public Health (part meeting)
Glynne Roberts	Programme Director - Well North Wales (part meeting)
Dawn Sharp	Deputy Board Secretary (part meeting)
Jo Whitehead	Chief Executive
Mark Wilkinson	Executive Director Planning and Performance
Andrea Williams	Head of Informatics Programmes Assurance and Improvement (part meeting)
<b>Observing</b>	
Andy Burgen	North Wales Community Health Council (NWCHC)
Dave Harries	Head of Internal Audit

<b>Agenda Item Discussed</b>	<b>Action By</b>
<p><b>SP21/1 Chairs opening remarks and apologies for absence</b></p> <p><b>SP21/1.1</b> Due to the temporary non-availability of internet connection for some colleagues working at Health Board premises, the meeting start time was delayed and items were reordered or deferred. The meeting commenced at 10.00am.</p> <p><b>SP21/1.2</b> Apologies were noted for Arpan Guha, Gill Harris and Andrew Doughton.</p> <p><b>SP21/1.3</b> The Committee Chair advised that she had reviewed the Socio-economic Duty Impact Assessment Procedure which had been updated following the previous meeting. The procedure itself remained unchanged, however it had been illustrated with a case study to help translate the Duty into practice and further prompts had been added to the template section.</p>	
<p><b>SP21/22 Declarations of Interest</b></p> <p>None declared.</p>	



<p><b>SP21/23 Draft minutes of the meeting held on 23.2.21 for accuracy, matters arising and summary action log</b></p> <p>The minutes were approved as an accurate record and updates were provided against the summary action log.</p>	
<p><b>SP21/24 Digital Strategy</b></p> <p><b>SP21/24.1</b> The Head of Informatics Programmes Assurance and Improvement joined to present this item providing a brief update on the governance route taken. It was noted that the Equality and Socio-Economic duty assessments were being finalised. The Committee complimented the work undertaken to date, citing it as an exemplar for future strategy developments.</p> <p><b>SP21/24.2</b> In response to the Committee she advised that financial risk was captured within the risk register however, more investments would be sought via robust business cases for additional funding which would also address transformational ways of working. In respect of measuring improved experiences, she advised of baselines established with the patient experience department which would provide opportunities for regular monitoring. The Head of Informatics Programmes Assurance confirmed that whilst funding was in place for the renewal of staff IT equipment, revenue on-costs were not.</p> <p><b>SP21/24.3</b> In respect of the potential conflict between organisation and patient 'wants' the Head of Informatics Programmes Assurance emphasised that it was important to ensure that digital exclusion was considered. In regard to staff, she advised that there was finite resource available and therefore expectation would need to be managed.</p> <p><b>SP21/24.4</b> The Committee questioned acceptable levels of connectivity cover across the region which the Head of Informatics Programmes Assurance confirmed was an issue which required addressing with particular regard to on-call personnel.</p> <p><b>It was resolved that</b> the Committee endorsed and supported the submission of the Digital Strategy for approval at the May meeting of the Health Board.</p> <p><i>[Andrea Williams left the meeting]</i></p>	
<p><i>[Glynne Roberts joined the meeting]</i></p> <p><b>SP21/25 Well North Wales (WNW) annual report 2020/21</b></p> <p><b>SP21/25.1</b> The WNW Programme Director presented this item. He highlighted the four key strands of the Well North Wales programme as Infrastructure and Networking; Housing and Homelessness; Social Prescribing, and Food Poverty which were interlinked. The focus remained on addressing the social determinants, and working to build the network of relevant organisations to work with the Health Board in a co-ordinated programme to tackle health inequalities. During the period under review, many of the on-going initiatives had to be put on hold, due to the Programme Director taking on a lead role with Covid Testing. A number of the key partners in other organisations were likewise re-deployed to support the</p>	

<p>Covid agenda. However, much progress was still made and a number of initiatives came to fruition during the year. The WNW Programme Director provided examples of these in respect of homelessness and project blending. He stated that the impact of Covid19 had been immense.</p> <p><b>SP21/25.2</b> The Committee was pleased to see the breadth of work that had been undertaken by the Well North Wales programme given the constraints of the pandemic. Concern was raised on the fragility of funding streams supporting the programme particularly in regard to Social Prescribing. It was noted that the WNW Programme Director would be part of a ministerial review group considering this area. The Committee requested that greater detail of scope, size and measures be provided within the next annual report.</p> <p><b>SP21/25.3</b> Partnership working with Universities was acknowledged in the report and it was noted that the programme would be more heavily focussed on the food poverty agenda as well as Social Prescribing going forward.</p> <p><b>It was resolved that</b> the Committee approved the report and endorsed the partnership approach taken to address the issue of health inequalities across North Wales.</p>	GR
<p><b>SP21/26 Quarter 3/4 2020/21 Delivery Plan monitoring to February 2021</b></p> <p><b>SP21/26.1</b> The Executive Director of Planning and Performance presented the monitoring report and advised that further actions had been completed since publication of the document.</p> <p><b>SP21/26.2</b> In response to the Committee, assurance was provided that whilst the Digital Strategy was being moved forward ahead of the Clinical Services Strategy each would be underpinned by the other and not decoupled. It was acknowledged that the Clinical Services Strategy required further co-design work in line with other strategic reviews and refreshes eg Living Healthier, Staying Well and incorporating organisational learning and best practices from the pandemic. It was noted this would take place at a future workshop.</p> <p><b>SP21/26.3</b> In the discussion which ensued on committee planning the Chief Executive pointed out that the workshop could also consider how assurance provision could be balanced with future gazing.</p> <p><b>SP21/26.4</b> The Committee was pleased to note the number of plans reported as completed.</p> <p><b>It was resolved that</b> the Committee noted the report.</p>	
<p><b>SP21/27 Development of 2021-22 plan update and commencement of 2022/23</b></p> <p><b>SP21/27.1</b> The Assistant Director ~ Corporate Planning provided a powerpoint presentation which encompassed</p> <ul style="list-style-type: none"> <li>• 2021/22 plan progress</li> <li>• planned care recovery</li> <li>• population and organisational outcomes</li> </ul>	

<ul style="list-style-type: none"> <li>• review &amp; refresh of our existing focused priorities for 2022/23</li> <li>• key considerations for future planning</li> <li>• examples of 2022/23 strategy and planning map</li> <li>• hierarchy of plans, examples of planning products</li> <li>• outline timetable under development</li> <li>• risks</li> </ul> <p><b>SP21/27.2</b> The Committee noted that following the submission of BCU's draft plan to WG it was expected that a further refreshed plan would be submitted in July 2021, given the continuing pandemic situation. In response to the Committee the Chief Executive explained how the Targeted Intervention maturity matrix would be aligned. The Executive Director of Planning and Performance concurred and commented that action plans would also be required in support of the Plan. The Executive Director of Primary and Community services acknowledged risks and pointed out that positive opportunities for transformation and staff would be sought out.</p> <p><b>SP21/27.3</b> The Committee was concerned that the 2022+ Delivery plan timetable scheduled the draft plan for Board consideration in December 2021, which the Committee considered too late to enable sufficient quality assurance. It was understood that the planning process was being reviewed in May. The Assistant Director ~ Corporate Planning acknowledged that whilst timescales were tight, he believed that adherence to the deadlines could be achieved as there was improved strategic alignment.</p> <p><b>It was resolved that</b> the Committee noted the presentation.</p>	
<p><b>SP21/28 All Wales Strategic Programme for Primary Care / Cluster developments and plans</b></p> <p><b>SP21/28.1</b> The Executive Director Primary and Community Services presented the report which set out key achievements since the previous submission, refreshed priorities and priorities for 2021/22. He pointed out that priorities had been affected by the pandemic.</p> <p><b>SP21/28.2</b> The Committee questioned whether GPs were aware of the programme work. The Executive Director Primary and Community Services advised that those representing practices within clusters would be cognisant however there was no contractual requirement for other primary care contractors (which also included dentists and optometrists). He acknowledged this required further work.</p> <p><b>It was resolved that</b> the Committee noted the work to date of the all Wales Strategic Programme for Primary Care, and the outputs delivered nationally and across BCUIB.</p>	
<p><b>SP21/29 Development of a Pharmaceutical Needs Assessment update report</b></p> <p><b>SP21/29.1</b> The Executive Director Primary and Community Services informed the report provided progress in the development of the Pharmaceutical Needs Assessment (PNA) which was required it be in place for the Health Board by October 1<sup>st</sup> 2021, as required under the Public Health Wales Act 2017 and the NHS (Pharmaceutical Services) (Wales)</p>	

<p>Regulations 2020. The PNA would assess the health needs of the population of North Wales and how these may change within the five-year lifetime of the document, and the current provision of pharmaceutical services in order to identify any current or future needs for a particular service or a range of services. The PNA would be used by the Health Board to determine applications for new or additional premises from pharmacy contractors, dispensing appliance contractors and dispensing doctors. The Executive Director Primary and Community Services drew attention to the consultation period required and agreed to share the documentation with the Committee members for information.</p> <p><b>It was resolved that</b> the Committee noted the requirement for the Health Board to develop and publish a Pharmaceutical needs Assessment by 1st October 2021, and the process and progress to date to meet the deadline.</p>	CS
<p><b>SP21/30 Bilingual Skills Policy and Procedure</b></p> <p><b>SP21/30.1</b> The Executive Director of Public Health introduced this item. It was noted that this was a key document to promote and facilitate effective workforce planning and recruitment, in order to ensure the successful delivery of healthcare services through the medium of both Welsh and English within BCUHB. In addition, the Bilingual Skills Policy reflected the procedural and organisational changes that had been put in place by Workforce &amp; OD following the conclusion of an internal audit, which was conducted to establish whether or not 'there is a robust control environment in place within the Health Board to action the requirements of the Bilingual Skills Strategy and ensure compliance with the Welsh Language Measure (Wales) 2011'. Furthermore, as the Health Board had recently become subject to the Welsh Language Standards (on 30<sup>th</sup> May 2019), the policy had been updated to reflect the relevant statutory requirements and best practice in relation to recruitment and Welsh-medium service provision.</p> <p><b>SP21/30.2</b> In response to the Committee's question as to how the policy would fit with the Integrated Social Care Strategy, the Executive Director of Public Health explained various examples of sharing in partnership working including the Regional Partnership Board. The Committee was pleased there was a 'real direction of travel' which was growing in strength each year in relation to bilingual skills within BCU to support services, staff and the Welsh speaking population albeit that challenges had been presented with the pandemic.</p> <p><b>It was resolved that</b> the Committee approved the updated the BCUHB Bilingual Skills Policy &amp; Procedure.</p>	
<p><b>SP21/31 SPPHC Board Assurance Framework (BAF) Principal and Corporate Risk Report</b></p> <p><b>SP21/31.1</b> Dawn Sharp (Deputy Board Secretary) attended to present the report. The Committee considered the Board Assurance Framework and agreed that the Workforce Optimisation risk (BAF 20-21) should report to the Finance and Performance Committee in future and that that BAF 20-01 Surge/Winter Plan should transfer to the SPPH Committee.</p>	

<p><b>SP21/31.2</b> Whilst the Committee acknowledged the Board Assurance Framework had been agreed by the Board, the format of reporting required further work in order to achieve a consensus of understanding regarding actions and mitigations and provide better clarity on what changes would affect the risk scores.</p> <p><b>SP21/31.3</b> In relation to BAF20-03 Sustainable key health services, the Committee Chair requested that the Executive Director of Planning and Performance review the target risk rating which was deemed to be too low. Discussion ensued regarding BAF20-26 Development of Annual Operational Plan 2021/22 and it was agreed that this should also be reconsidered on the basis of the next draft plan.</p> <p><b>SP21/31.4</b> The Chief Executive commented that the latest challenges had significantly impacted the organisation and it would be useful to reflect on BCU's 'why' and 'how' positions in comparison to other Health Boards.</p> <p><b>It was resolved that</b> the Committee</p> <ul style="list-style-type: none"> <li>• reviewed and noted the progress on the Principal Risks as set out in the Board Assurance Framework (BAF)</li> <li>• agreed the Workforce Optimisation risk (BAF 20-21) should in future report to Finance and Performance Committee and the BAF 20-01 Surge/Winter Plan should transfer to the SPPH Committee</li> <li>• noted the revised scoring in respect of the Annual Plan risk (BAF 20-26) and agreed this required further consideration.</li> </ul> <p><i>[Dawn Sharp left the meeting]</i></p>	<p>MW</p> <p>DS</p>
<p><b>SP21/32 Draft Committee 2020/21 annual report</b></p> <p><b>SP21/32.1</b> The Committee reviewed the draft annual report and, following discussion, agreed that the Executive Director of Planning and Performance make the following amendments:</p> <ul style="list-style-type: none"> <li>• complete the narrative to support sections "Committee assessment of the quality of the assurance provided"</li> <li>• amend the RAG status to 'Amber' of section "Ensure the alignment of supporting strategies such as Workforce, Capital Planning, Estates infrastructure and Information, Communications and Technology (ICT) in the development of the Strategic Plans" as the Workforce strategy was not sufficiently developed</li> <li>• complete Section 10 : Focus for the year ahead.</li> </ul> <p><b>SP21/32.3</b> In regards to the Cycle of Business it was agreed that the Living Healthier Staying Well strategy review be included. The Committee voiced concern regarding the heavy workload to be dealt with, however it was acknowledged that a Governance Review was taking place.</p> <p><b>It was resolved that</b> the Committee:</p> <ul style="list-style-type: none"> <li>• noted the Terms of Reference</li> <li>• approved the Cycle of Business 2021/22 subject to the amendments agreed and outcomes of the forthcoming governance review.</li> <li>• agreed that Chair's action be taken to approve the Committee annual report, following the actions above, for submission to the Audit Committee on 25.5.21</li> </ul>	<p>MW</p> <p>MW/LM</p>

<p><b>SP21/33 Mewn Undod mae Nerth (Stronger Together) – Organisational and System Development Route Map</b></p> <p><b>SP21/33.1</b> The Executive Director of Workforce &amp;OD presented this item which outlined the Health Board's commitment to embark on a "reset" strategic organisational and system development programme as part of its Annual Plan and longer-term transformation and improvement and supported by sustainability funding secured from Welsh Government. Over the previous 3 months, a considerable amount of work had been undertaken to develop a route map for the development of Organisational, System and Leadership Strategy. The report set out the progress made to date and the plan moving forward.</p> <p><b>SP21/33.2</b> In response to the Committee assurance was provided that ringfenced funding was in place to move forward the Mewn Undod mae Nerth ~ Stronger Together Programme Business Case and that backfill funding would be available to ensure internal staff cover and also effective clinician involvement. In addition, confirmation was provided that concerns and issues could be addressed at an early stage of the development, rather than at the end, as the Speak Out Safely initiative was in place. The Chief Executive was keen to emphasise that Stronger Together was an important strategic organisational development in order to support all employees in having confidence that developments would be 'with us' and not 'to us' thereby engendering a genuine together approach moving forward through challenges and opportunities ahead. The Committee commended this approach.</p> <p><b>SP21/33.3</b> In respect of the 2020 staff survey the Committee was concerned that most indicators were not as positive as in previous years, albeit that a direct comparison of results could not be made between the 2018 survey and the 2020 survey as the participation rate and method of completion was different i.e. online survey only available in 2020 and the survey was open for 3 weeks as opposed to 8 weeks. The Executive Director of Workforce and OD explained that the challenges of Covid19 had meant that whilst some actions had not been moved forward divisional management teams were now in discussions to address them. It was agreed that regular reports would be scheduled to be brought to the Committee.</p> <p><b>It was resolved</b> that the Committee noted</p> <ul style="list-style-type: none"> <li>• the Programme Business case</li> <li>• the first phase had been approved by the Executive Team</li> <li>• the next steps and feedback comments in preparation for submission through governance structure.</li> </ul>	SG
<p><b>SP21/34 Test Trace Protect (TTP) update</b></p> <p><b>It was resolved that</b> the Committee noted the status of the multiagency response programme for the North Wales TTP programme.</p>	
<p><b>SP21/35 North Wales Transformation Funds</b></p> <p><b>It was resolved that</b> the Committee</p>	

<p>noted</p> <ul style="list-style-type: none"> <li>the information contained within the report by way of progress with the North Wales Transformation programme</li> <li>the early evidence of benefits achieved.</li> </ul>	
<p><b>SP21/36 Summary of business considered in private session to be reported in public</b></p> <p><b>It was resolved that</b> the Committee noted the document.</p>	
<p><b>SP21/37 Public Service Boards update – Wrexham and Flintshire</b></p> <p><b>It was resolved that</b> the Committee noted the presentation.</p>	
<p><b>SP21/38 Issues of significance to inform the Chair's assurance report</b></p> <p>To be agreed outside of the meeting.</p>	
<p><b>SP21/39 Date of next meeting</b></p> <p>17.6.21.</p>	

BCUHB STRATEGY PARTNERSHIPS & POPULATION HEALTH COMMITTEE Summary Action Plan				
Officer/s	Minute Reference and summary of action agreed	Original Timescale	Latest Update Position	Revised Timescale
<b>5.3.20</b>				
Rod Taylor	<b>SP20/11.5 Environmental sustainability and decarbonisation</b> Update BCU's environment and sustainability policy and circulate within quarter 1 2020/21 to members	August meeting (5.8.20)	9.6.20 Ensure also includes impact of remote working as increasingly introduced during C19 pandemic 24.9.20 Work in progress which has been delayed due to the C19 response. Timescale to be advised in due course 23.2.21 The Committee were informed that a timeframe would be confirmed for this area of work. 12.3.21 Agenda setting meeting - agreed to provide position statement to June meeting and Estates Strategy item to October meeting 10.6.21 – on agenda, closed	<del>End of April 2021</del>  7.6.21 Update August meeting Closed
Mark Wilkinson	<b>SP20/10 Estates Strategy Provide</b> - 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	<del>1.4.21</del>



			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 10.6.21 – on agenda, closed	June 2021  7.6.21 Update August meeting Closed
Chris Stockport	<b>SP20/86 Children Young People/CAMHS Transformation Fund update</b> <b>SP20/86.3</b> Arrange that the next report to the Committee provides greater clarity on the size and scope of the services and the number of children and young people who required them and also reference impacts to CAMHS (Children & Adolescent Mental Health Services) as discussed	1.4.21	23.2.21 The Committee were advised that a paper would be available for the April meeting.  7.4.21 Revised COB – June meeting On agenda - closed	7.6.21 Closed
<b>23.2.21</b>				
Wendy Hoosen Amanda Lonsdale	<b>SP21/7.2 Dementia Strategy</b> Provide briefing note on clinical and workforce engagement that has been undertaken	2.3.21	16.4.21 The Dementia Nurse Consultant set up a BCU steering group and had planned a significant engagement event. Unfortunately due to Covid-19, this engagement event did not happen but will take place at an appropriate time (given ongoing pandemic). The Interim Deputy Director (MHLD) will link with the agreed Care of the Elderly Consultant to ensure ongoing engagement with medical staff. Briefing note on clinical and workforce engagement re-requested 11.6.21, response	

			from Amanda Lonsdale as follows: Two new Dementia Nurse Consultants have been recruited and will take up post from 1 <sup>st</sup> July 2021. These 2 roles key were appointed together to have the maximum strategic impact within the board to work toward enabling us to meet the dementia care standards and work to implement and mature the dementia strategy with our partners.	
Wendy Hoeson Amanda Lonsdale	<b>SP21/7.2 Dementia Strategy</b> Circulate copy of implementation plan once reviewed at April Steering Group.	30.4.21	The NW Dementia Steering Group meeting took place on Thursday, 15 April 2021 and the implementation plan will be reviewed. For noting, the plan includes the All Wales Dementia Standards, and further work will be required in BCUHB given the cross-cutting nature of the work. Plan circulated 15.6.21.	
Mark Wilkinson	<b>SP21/8.3 Primary Care Clusters</b> Discuss with colleagues how best to ensure future monitoring and reporting arrangements relating to delivery of cluster plans	15.4.21	10.6.21 The performance and accountability framework identifies clusters as one of a number of place based teams. Clusters are accountable through the Area teams. Planning principles for 2022/25 on this agenda clearly set out the need to support and empower the planning function at cluster level, drawing in local authorities and third and independent sector service providers. This in turn will pave the way for robust accountability.	Closed
15.4.21				
Glynne Roberts	<b>SP21/25 Well North Wales (WNW) annual report 2020/21</b>	May 2022	GR confirmed that this requirement was noted and would be actioned.	Closed

	The Committee requested that greater detail of scope, size and measures be provided within the next annual report.			
Chris Stockport	<b>SP21/29 Development of a PNA update</b> The Executive Director Primary and Community Services drew attention to the consultation period required and agreed to share the documentation with the Committee members for information.	Chris S - Please advise appropriate date	Members received a copy of the drafted Pharmacy Needs Assessment at the Board meeting held on 20 <sup>th</sup> May 2021	Closed
Mark Wilkinson	<b>SP21/31 BAF Principal and Corporate Risk Report</b> <b>SP21/31.3</b> In relation to BAF20-03 Sustainable key health services, the Committee Chair requested that the Executive Director of Planning and Performance review the target risk rating which was deemed to be too low. Discussion ensued regarding BAF20-26 Development of Annual Operational Plan 2021/22 and it was agreed that this should also be reconsidered on the basis of the next draft plan.	14.5.21	11.6.21 It hasn't been possible complete this review. The annual plan risk will be evaluated again after the end June submission date	31.7.21
Dawn Sharp	<b>SP21/31 BAF Principal and Corporate Risk Report</b> <b>Amend BAF as agreed:</b> <ul style="list-style-type: none"> <li>agreed the Workforce Optimisation risk (BAF 20-21) should in future report to Finance and Performance Committee and the BAF 20-01 Surge/Winter Plan should transfer to the SPPH Committee</li> </ul>	30.4.21	10.6.21 The amendments have been noted and captured on the respective cycles of business.	Closed
Mark Wilkinson	<b>SP21/32 Draft Committee 2020/21 annual report</b>	13.5.21	Completed and report submitted to Committee.	Closed

	<p><b>SP21/32.1</b> The Committee reviewed the draft annual report and, following discussion, agreed that the Executive Director of Planning and Performance make the following amendments:</p> <ul style="list-style-type: none"> <li>• complete the narrative to support sections “Committee assessment of the quality of the assurance provided”</li> <li>• amend the RAG status to ‘Amber’ of section “Ensure the alignment of supporting strategies such as Workforce, Capital Planning, Estates infrastructure and Information, Communications and Technology (ICT) in the development of the Strategic Plans” as the Workforce strategy was not sufficiently developed</li> <li>• complete Section 10 : Focus for the year ahead</li> <li>• agreed that the Living Healthier Staying Well strategy review be included in COB</li> </ul>			
Mark Wilkinson / Lyn Meadows	<p><b>SP21/32 Draft Committee 2020/21 annual report</b></p> <ul style="list-style-type: none"> <li>• agreed that Chair’s action be taken to approve the Committee annual report, following the actions above, for submission to the Audit Committee on 25.5.21</li> </ul>	13.5.21	Complete	Closed
Sue Green	<b>2020 staff survey</b>	17.5.21	Update 9.6.21 - Formal reports will be submitted to the October 2021 and February	Closed

	<b>SP21/33.3</b> Advise dates for regular reports to be scheduled to the Cycle of Business		2022 meetings with the option of providing brief updates to the September 2021 and January 2022 Workshops if needed. Added to CoB	
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**11.6.21**



<b>Cyfarfod a dyddiad: Meeting and date:</b>	Strategy, Partnerships and Population Health Committee 17 June 2021
<b>Cyhoeddus neu Breifat: Public or Private:</b>	Public
<b>Teitl yr Adroddiad Report Title:</b>	Board Assurance Framework (BAF)
<b>Cyfarwyddwr Cyfrifol: Responsible Director:</b>	Louise Brereton, Board Secretary
<b>Awdur yr Adroddiad Report Author:</b>	Dawn Sharp, Assistant Director: Deputy Board Secretary
<b>Craffu blaenorol: Prior Scrutiny:</b>	Executive Team meeting on 9 June 2021
<b>Atodiadau Appendices:</b>	Appendix 1 – BAF Report Appendix 2 - Remapping of BAF risks to Annual Plan Appendix 3 – Key field guidance

#### **Argymhelliad / Recommendation:**

That the Committee:-

- (1) review and note the progress on the Principal Risks as set out in the Board Assurance Framework (BAF); and
- (2) support the archiving of BAF risk 20-01-Surge/Winter Plan noting that the outstanding actions have been transferred to BAF risk 20-02, Safe and Effective Management of Unscheduled Care.

#### **Ticiwch fel bo'n briodol / Please tick as appropriate**

<b>Ar gyfer penderfyniad /cymeradwyaeth For Decision/ Approval</b>	<input checked="" type="checkbox"/>	<b>Ar gyfer Trafodaeth For Discussion</b>	<input checked="" type="checkbox"/>	<b>Ar gyfer sicrwydd For Assurance</b>	<input type="checkbox"/>	<b>Er gwybodaeth For Information</b>	<input type="checkbox"/>
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**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 revised Risk Management Strategy and Policy was implemented on the 1<sup>st</sup> October 2020, and on the 21<sup>st</sup> January 2021, the Board approved the implementation of the revised Board Assurance Framework (BAF) template reporting arrangements.

This new design captures the work undertaken by the Board on the identification of its Priority Areas to support the effective management of the agreed Principal Risks that could affect the achievement of its agreed Priorities. This has led to streamlining and re-design of the Corporate Risk Register (CRR), which more effectively demonstrates how the Health Board is robustly mitigating and managing high rated risks to the achievement of its operational objectives.

Each BAF risk has since been reviewed and updated.

**Appendix 1** highlights the Board Assurance Framework Risk assigned to this Committee.

**Appendix 2** shows the remapping of the BAF risks to the Annual Plan.

**Appendix 3** provides details of the key field guidance

### Cefndir / Background:

The design of both the new 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. This includes the evaluation, monitoring and review of progress, accountability and oversight of the Principal Risks and also the high level operational risks which could affect the achievement of the Health Board's agreed Priorities. These are being monitored by regular review with respective leads and oversight by the Risk Management Group and Executive Team.

### Board Assurance Framework

Oversight and co-ordination of the BAF has transferred to the Office of the Board Secretary from the Corporate Risk Management Team, with the risk management system and process continuing to be managed by the Corporate Risk Team.

Ownership of the BAF rests with the Board with individual Executives being responsible for the management of their respective risks. Engagement with risk leads continues to progress well and work continues to refine and further develop the BAF to ensure it becomes a tool to ensure strategic risks are visible to the Board and Committees.

The Board has updated its strategic priorities as set out within the 2021-22 Annual Plan. Due to the revised strategic priorities, some principal risks do not lend themselves to direct mapping, and have subsequently been mapped to an 'enabler'. The remapped BAF risks were shared with Members of the Audit Committee at a workshop held on 25<sup>th</sup> May and are attached as Appendix 2.

The BAF is a 'live' document which continues to evolve, and has progressed with the engagement and support of the full Board. This serves well going forward as the Health Board progresses and refreshes '*Byw'n iach, Aros yn iach/Living Healthier, Staying Well*' and all underpinning strategies. With this refresh there will need to be greater focus and consideration of strategic risks in the BAF as the Health Board looks to the future in delivering its strategies. A revision of the BAF will then need to take place to link to the strategic objectives as defined in the refreshed strategy with any operational BAF risks being managed as part of the Corporate Risk Register going forward.

Key progress on the BAF risks assigned to this Committee are detailed below (this information is also reflected within the relevant BAF risk sheet):-

- **BAF20-01 – Surge / Winter Plan (Transferred from F&P to SPPH)**

Key progress as reported to Finance and Performance Committee on 29<sup>th</sup> April - It is recommended that this risk be archived as it was in relation to the winter plan which has now been delivered.

- Continuous improvement actions linked to the unscheduled care improvement plan (e.g. Same Day Emergency Care (SDEC) and community pathways) have been transferred to BAF Risk 20-

02 - Emergency Care Review Recommendations which is to be retitled Safe and Effective Management of Unscheduled Care as proposed by the Risk Management Group.

- Following discussion at SPPH Committee on 15 April it was proposed that this risk be aligned to SPPH Committee and therefore the decision of whether to archive the risk as outlined is referred to this Committee, acknowledging that the outstanding actions were included within BAF Risk 20-02 – Safe and Effective Management of Unscheduled Care and reported to the Quality, Safety and Experience Committee on 4 May 2021.

- **BAF20-03 – Sustainable Key Health Services**

Key Progress - The risk description has been modified to remove the words 'diminishing capacity' and to reflect the current status on demand levels.

- The scoring - including inherent, current and target risk scores have been revised to reflect the significant impact on health effects. {Inherent risk score previously 16 now 20; Current risk score previously 12 now 15; and Target risk score was 8 now 10}
- Actions reviewed, all dates still appropriate.
- Additional action added in respect of the recovery focus across North Wales and the establishment of the Recovery Co-ordination Group.
- Action in relation to embedding Public Health Outcomes - wording amended to reflect approach rather than Framework.
- Population Health is dependent of system wide commitment and actions and therefore the action in relation to embedding Public Health Outcomes and the approach will have the most material impact on the risk.

- **BAF20-04 – Primary Care Sustainable Health Services**

Key Progress - The following action is now show as a mitigation: - Increase in the number of GP Trainees in north Wales. (WG Statement in December 2020 stated that GP places would remain at current levels with the ability to over recruit if needed.

- Dental Training Unit contract is currently being advertised - Continuation and roll out of UPCCs prioritised for funding in draft Annual Plan was made to Welsh Government on 19 May 2021 to secure ongoing funding as part of the national programme.
- It is considered that the following actions will have the most material impact on the risk - Primary Care Strategy for North Wales to be embedded in the clinical strategy of BCUHB; further development of primary care workforce plans, with further consideration of the impact of the pandemic on assumed GP retirements; establishment of the Dental Training Unit in Bangor (currently being advertised); increase in Academy outputs to have a greater impact on primary care workforce modernisation & capacity.

- **BAF20-07 – Effective Mental Health Stakeholder Relationships**

Key actions updated including timeframes to reflect the overall progress being made in the Division in relation to Partnerships.

- Review of the Terms of Reference of the Together for Mental Health Partnership Board (T4MHPB) have taken place with a number of task and finish groups being established. The revised Terms of Reference are to be presented to the T4MHPB on 9 July 2021.



- In terms of which actions will have the most material impact on the risk it is considered that the T4MH Partnership Board actions and the action relating to closer working with the CHC will have the greatest impact.

- **BAF20-26 – Development of Annual Operating Plan**

Key progress: - Actions, timelines and scoring previous updated to reflect that the Plan was supported by Finance and Performance Committee and was approved by the Health Board for submission to Welsh Government (WG) on 30 March 2021.

- Correspondence from WG on 11 March 2021 acknowledges the considerable uncertainty hindering firm planning commitments across NHS Wales and the draft Plan is being refreshed to take into account the recovery fund resources which has now been made available and to tackle the residual financial gap, with a view to being presented to the Board in July, following Finance and Performance consideration in June.
- Taking into account the discussion at the last Committee meeting, together with the above factors, the current risk scoring has been revised, and increased from 3 to 6.
- Agreement of the refreshed plan by the Board will have the most material impact on the risk.

Below is a heat map representation of the BAF current 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					
	Likely - 4					BAF 20-04
	Possible - 3			BAF 20-07	BAF 20-01	BAF 20-03
	Unlikely - 2			BAF20-26		
	Rare - 1					

### Asesu a Dadansoddi / Assessment & Analysis

#### Goblygiadau Strategol /Strategy Implications

The implementation of the Board Assurance Framework and the revised 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

Not applicable.

### **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.

Due to the improved and increased reporting frequency arrangements, the management of the BAF is resource intensive and so additional resources may be required.

### **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 Board Assurance Framework or the Risk Management Strategy and Policy.

### **Asesiad Effaith / Impact Assessment**

No specific or separate EqlA has been done for this report, as a full EqlA has been completed in relation to the new Risk Management Strategy and Policy to which the BAF and CRR reports are aligned.

Due regard of any potential equality/quality and data governance issues has been factored into crafting this report.

## Strategic Priority 1: Safe Unscheduled Care

Risk Reference: BAF20-01		Risk Rating		Impact		Likelihood	Score		Appetite		
Surge Plan / Winter Plan											
There is a risk that the Health Board may not be able to deliver the winter plan due to the appropriate availability of capacity and capability of its resources and external collaboration. This could negatively impact on the quality of planned patient care services and the reputation of the organisation.				Inherent Risk	5		5		25	Low 1 - 6	
				Current Risk	4	↔	3	↔	12		↔
				Target Risk	4		3		12		
Key Controls	Assurance level *	Key mitigations	Assurance level *	Gaps (actions to achieve target risk score)				Date			
BCUHB Winter Resilience plan approved by Board underpinned by Local Health Community plans which includes acute surge plans for increased capacity.	2	Programme of check and challenge meetings in completed to review and prioritise winter schemes including prioritisation of the workforce elements.  Schemes prioritised based on most impact, most achievable. Schemes closely linked to agreed funding streams are in progress.	2	Identify improvement and project support for delivery of some of the schemes.  Improvement trajectories developed and incorporated into the Winter/Q3/4 plan.  Identify recruitment requirements and related workforce processes - Workforce requirements identified as part of the check and challenge process. Some posts have been recruited to in order to progress, however process of recruitment still remains outstanding due to the funding structures of the posts i.e. non recurring and short period of a maximum 6 months which is proving to be difficult to attract staff.  Fully implement across NWales the following to require maximising impact Same Day Emergency Care (SDEC) - currently in place in YG and YGC but further work required in East. SDEC is part of USC continuous improvement programme. D2R&A - in progress; Phone First - 111 - on track to implement by June 2021 Primary Care Urgent Treatment Centres.Implemented in East and Centre - ongoing work in West.				Complete  Complete  Complete  30 September 2021 30 June 2021 30 June 2021			
Established surge plans in place to manage Covid-19 demand which are regularly reported to Finance and Performance (F&P) Committee.	2	i) Intelligence cells in place, regularly tracking against Swansea University modelling work and now reporting into the Executive Incident Management Team (EIMT) and reviewed weekly. ii) Ysbyty Enfyys Deeside opened (4/11) to accept up to 30 recovering Covid positive patients. on 9.1.21 admission criteria reviewed and amended along with increased capacity to 45 patients in response to the projected demand identified through the modelling. Amendments approved by EIMT, CAG.	2	Finalisation of nursing workforce capacity to staff the current model (up to 30 patients) and any expansion of future model at Ysbyty Enfyys Deeside. Ysbyty Enfyys in patient facility now closed.  Post implementation review of the suitability of the acute to community pathways is underway, including staffing model and patient cohort to ensure fit for purpose.				Completed  30 June 2021			
Critical Care Surge plans in place and enacted, monitored through the BCUHB Critical Care Group, reported to EIMT, and the National Critical Care Network.	3	Surge plans for each site with an overarching total BCUHB capacity, transfer pathway established which safely allows patients to be transferred across the Health Board to the best possible capacity where a site becomes overwhelmed.  BCUHB continue to link into the National Transfer and Mutual Aid Arrangements, coordinated by the National Critical Care Network.  Commissioned a dedicated critical care transfer vehicle from WAST to support the timely transfer of patients when required	3								

Review comments since last report: It is recommended that this risk be archived as it was in relation to the winter plan which has now been delivered. Continuous improvement actions linked to the unscheduled care improvement plan (e.g. SDEC and community pathways) have been transferred to BAF Risk 20-02 - Emergency Care Review Recommendations, which is to be retitled Safe and Effective Management of Unscheduled Care as proposed by the Risk Management Group.

<b>Executive Lead:</b> Mark Wilkinson, Executive Director of Planning and Performance	<b>Board / Committee:</b> Strategy Partnerships and Population Health Committee	<b>Review Date:</b> 7 April 2021
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Linked to Operational Corporate Risks:

## Strategic Priority 2: Essential Services and Planned Care

Risk Reference: BAF20-03

Risk Rating

Impact

Likelihood

Score

Appetite

## Sustainable Key Health Services

There is a risk that the Health Board may not be able to deliver sustainable key population health services to the wider population of North Wales due to demand exceeding capacity.	Inherent Risk	5	↑	4	↔	20	↑	Low 1 - 6
	Current Risk	5	↑	3	↔	15	↑	
	Target Risk	5	↑	2	↔	10	↑	

Key Controls	Assurance level *	Key mitigations	Assurance level *	Gaps (actions to achieve target risk score)	Date
Health Improvement & Reducing Inequalities Group (HIRIG) provide strategic direction and monitors delivery of the Population Health Services. HIRIG reports to Executive Team.	2	Health Board commitment to establishing priority services including: Programme management and recruitment to posts.	2	1) Fully integrated the Smoking Cessation service. 2) Implement a Tier 3 Childrens Obesity service. 3) Implement a Healthy Weight pathway T1-3. 4) Implement and delivery the Immunisation Strategy. 5) Implement and deliver the Infant feeding strategy. 6) Implement and deliver a suite of Building a Healthier North Wales projects.	30 June 2021 31 August 2021 31 March 2022 31 March 2023 31 March 2023 31 December 2022
Strategy, Partnership and Population Health Committee have oversight via standard reports by exception on progress.	2	Contribution to national delivery programmes and the Public Health Outcomes Framework with monitoring of key indicators in place.	2	Embed BCUHB North Wales population health priorities within its operational and strategic plans.	1 April 2022
Welsh Government have oversight of Smoking Cessation, Building a Healthier Wales, Infant Feeding, Healthy Weight Healthy Wales, Immunisation programmes and provide an element of funding.	3	HIRIG provide reports nationally regarding expenditure and performance.	3	Standardised reporting and meet submission requirements once national reporting requirements determined.	30 September 2021
The Executive Director of Public Health provides consistency to the regional strategic approach for North Wales in the form of expertise and prioritisation and through leadership of the Local Public Health Team.	2	Regional evidence based priorities are developed to meet the needs of the population in North Wales and deliver the greatest impact.	3	1) Embed Public Health Outcomes approach into local planning through Local partners and Health Board. 2) The Recovery Co-ordination Group (RCG) is focussing on Public Health actions as part of the recovery plan for North Wales.	31 March 2022  31 March 2022

Review comments since last report: The risk description has been modified to remove the words 'diminishing capacity' and to reflect the current status on demand levels. The scoring - including inherent, current and target risk scores have been revised to reflect the significant impact on health effects. Actions reviewed, all dates still appropriate. Additional action added in respect of the recovery focus across North Wales and the establishment of the Recovery Co-ordination Group. Action in relation to embedding Public Health Outcomes - wording amended to reflect approach rather than Framework. Population Health is dependent of system wide commitment and actions and therefore the action in relation to embedding Public Health Outcomes and the approach will have the most material impact on the risk.

## Executive Lead:

Teresa Owen, Executive Director of Public Health

## Board / Committee:

Strategy, Partnership and Population Health Committee

## Review Date:

17 May 2021

## Linked to Operational Corporate Risks:

## Strategic Priority 2: Essential Services and Planned Care

Risk Reference: BAF20-04				Risk Rating		Impact	Likelihood	Score	Appetite			
Primary Care Sustainable Health Services												
There is a risk that the Health Board will be unable to ensure timely access to Primary Care (GMS) Services for the population due to growing demand and complexity, an ageing workforce and a shift of more services out of hospital. As a gateway to health care, this could result in an deterioration in the population health, impacting on other health & care services and the wellbeing of the primary care workforce.				Inherent Risk		5		5	25	Low 1 - 6		
				Current Risk		5	↔	4	↔		20	↔
				Target Risk		4		3			12	
Key Controls		Assurance level *	Key mitigations		Assurance level *	Gaps ( <i>actions to achieve target risk score</i> )			Date			
Each Area Team reviews GP practice sustainability and provides bespoke support to individual practices.		1	Regular review of 5 domains matrix. Escalation tool implemented and monitored by the Primary Care Panel, chaired by the Executive Director of Primary and Community Care, with reports provided to Quality, Safety and Experience Committee.		2	Delivery of Quality Assurance Visiting Programme across all contractors, in-depth review/visits which will be supportive for practices where concerns are identified.			31 March 2023			
Delivery of All Wales Primary Care Model in place (including innovation and new ways of working), which is monitored by the Strategic Programme for Primary Care.		3	1)Review of current workforce profiles. 2)Delivery of milestones set by the national strategic programme. Contribution and leadership in the national priorities. 3)Increase in the number of GP Trainees in north Wales. (WG Statement in December 2020 stated that GP places would remain at current levels with the ability to over recruit if needed).		2	1) Primary Care Strategy for north wales embedded in the clinical strategy of BCUHB. 2) Further development of primary care workforce plans, with a further consideration of the impact of the pandemic on assumed GP retirements.			31 March 2022  30 July 2021			
Provision of alternative services to increase capacity in GP practices in place.		1	Development of Urgent Primary Care Centre (UPCCs) pathfinders. Delivery of digital solutions (accelerated in response to C-19) Commissioning of community pharmacy enhanced services.		1	Full roll out of UPCCs (subject to national evaluation & pathways) (presentation made to Welsh Government on 19 May 2021 to secure ongoing funding for the pathfinders).			31 March 2022			
Primary & Community Care Academy (PACCA) in place with further development and roll out planned.		2	Academy work plan 2019/22 in place, monitored by the Strategic Leadership Group for the Academy and as part of the performance monitoring of the Health Board's Operational Plan which feeds through to the Strategy, Partnership and Population Health Committee.		2	1) Increase in Academy outputs to have a greater impact on primary care workforce modernisation & capacity. Business case to be presented for consideration. 2) Strengthen coordination and implementation of work placements for training, mentorship and formal internship.			30 September 2021  31 March 2022			
The Health Board has committed to work in partnership to develop proposal for a Medical School at the Univeristy of Bangor		1	Review progress in the development of a Medical School with Bangor University with the first commitment being delivery of medical degrees in partnership with Cardiff University (see below).		1	1) Development of a business case			31 July 2021			
Delivery of Medical Degrees at Bangor University in partnership with Cardiff University		1	Cardiff University in partnership with Bangor University have 21 students undertaking their medical degree in north Wales. Students spend 12 months in Primary Care as part of their 4 year course		1	1) Ensure sufficient capacity with Primary Care for medical students			01 September 2021			
The Health Board continues to work in partnership with local HE providers to secure funding for and delivery of courses and programmes of education to attract and retain the workforce in north Wales		1	The development of the North Wales Dental Academy in partnership with HEIW, WG and Bangor University will provide an essential resource and training environment for the dental practitioners include Dental Hygienists and Dentists.		1	1) Establish Dental Training Unit in Bangor (currently being advertised)			01 April 2022			
Cluster working/Health & Social care Localities in place with further development planned, with oversight by Area Teams, Regional Partnership Board Leadership Group and Integrated Care Boards (partnerships).		2	GP clusters have increased maturity throughout Covid-19 with practices working closely together with oversight by the Area Directors.		1	1) Development of broader cluster membership with the further integration with locality services. 2) Establish Cluster Transformation Board to lead the further development of clusters and promote/facilitate innovation and transformation.			30 September 2021			

Review comments since last report: Update since the last submission - The following action is now show as a mitigation :-Increase in the number of GP Trainees in north Wales. (WG Statement in December 2020 stated that GP places would remain at current levels with the ability to over recruit if needed). Dental Training Unit contract is currently being advertised - Continuation & roll out of UPCCs prioritised for funding in draft Annual Plan was made to Welsh Government on 19 May 2021 to secure ongoing funding as part of the national programme. It is considered that the following actions will have the most material impact on the risk - Primary Care Strategy for North Wales to be embedded in the clinical strategy of BCUHB; further development of primary care workforce plans, with further consideration of the impact of the pandemic on assumed GP retirements; establishment of the Dental Training Unit in Bangor (currently being advertised); increase in Academy outputs to have a greater impact on primary care workforce modernisation & capacity.

<b>Executive Lead:</b> Chris Stockport, Executive Director of Primary and Community Services	<b>Board / Committee:</b> Strategy, Partnership and Population Health Committee	<b>Review Date:</b> 20 May 2021
<b>Linked to Operational Corporate Risks:</b> CRR20-05 Timely Access to Care Homes		

## Strategic Priority 3: Mental Health Services

Risk Reference: BAF20-07

Risk Rating

Impact

Likelihood

Score

Appetite

## Effective Stakeholder Relationships

There is a risk that our relationships (internal and external) are ineffective. This could be caused by a lack of engagement, poorer communication, a lack of a co-productive approach, lack of direction, shared purpose and culture or insufficient service and organisational development. This could lead to a lack of trust, poor morale, high staff turnover, reduced stakeholder credibility plus reduced staff and public confidence, and an impact on services.

Inherent Risk

3

4

12

Moderate

Current Risk

3

3

9

8 - 10

Target Risk

2

2

4

Key Controls	Assurance level *	Key mitigations	Assurance level *	Gaps (actions to achieve target risk score)	Date
Together for Mental Health (T4MH) Strategy implemented with key stakeholders which sets out the direction of travel for Mental Health and Learning Disabilities services.	2	T4MH Partnership Board which oversees implementation of the strategy and includes key partners.	2	1) First meeting held on 22nd January where a number of actions were agreed which consist of a review of the TOR of the T4MHPB and a refresh of the MH Strategy. To deliver this a number of task and finish groups have been established and the revised TOR are to be presented to the T4MHPB on 9 July 2021. 2) Population needs assessment to be undertaken across North Wales which will influence the MH Strategy.	31 July 2021  30 September 2021
Deputy Director attendance at Regional Leadership group with regular feedback into the MHL Division to ensure two-way communication and engagement.	2	Consistent and regular communication with senior Local Authority partners in relation to service redesign. Feedback to Senior Leadership Team on key issues	2	Ensuring appropriate cover to ensure relevant and appropriate attendance at Regional Leadership Group.	Complete
Divisional CAG meetings whereby senior clinicians and managers discuss and agree service model across the division.	2	Recommendations from meetings presented to BCU Clinical Advisory Group and presented for sign off via Divisional Finance and Performance meeting.	2	To present update of service model to BCU CAG and then to Regional Leadership Group.	30 September 2021
In line with Divisional Wellness, Work and Us Strategy, oversight of all vacancies and sickness overseen by Divisional Workforce Group to ensure any identified demand and capacity pressures.	1	The MHL Division has introduced a workforce group which oversees key actions and identifies and escalates risks to Divisional Directors.	1		
Regular and concise communication with all staff groups across the division.	1	Fortnightly divisional staff engagement newsletter which highlights significant issues/service changes and celebrates staff achievements which reduces the risk of breakdown in communication. This is now embedded practice within the Division.	1	Ensure newly formed meeting with Staff Side to discuss key operational and strategic staffing issues continues.	30 September 2021
Service users, carers and the public to have the opportunity to be involved in the development, planning, design and delivery of the services.	2	Divisional Patient and Carer Engagement Group re-introduced in order to listen better and use feedback from consultation and engagement to make mental health and learning disability services more relevant to service users and carers' needs. We are reviewing the CANIAD contract to ensure integrated working.	2	1) To ensure the review of the CANIAD contract is discussed with the North Wales Leadership group for the joint review. Currently out to procurement for independent review of the CANIAD contract. 2) Address potential gap in advocacy contract arrangements. Currently out to tender.	31 October 2021  31 July 2021
Closer and regular working with North Wales CHC to ensure the population of North Wales have the opportunity to feedback on their experiences of local services and to contribute to the future design.	3	Safe space events started in December 2020 have been set up with CHC to engage with North Wales population to seek views/experiences of MHL Division services. Deputy Director & Director of Nursing are attending the CHC AGM.	3	MHL Division to agree process for sharing feedback from events with staff groups. An action plan is being developed following the Safe Space events facilitated by the CHC.	31 August 2021

Review comments since last report: Key actions updated including timeframes to reflect the overall progress being made in the Division in relation to Partnerships. Review of the Terms of Reference of the Together for Mental Health Partnership Board (T4MHPB) have taken place with a number of task and finish groups being established. The revised Terms of Reference are to be presented to the T4MHPB on 9 July 2021. In terms of which actions will have the most material impact on the risk it is considered that the T4MH Partnership Board actions and the action relating to closer working with the CHC will have the greatest impact.

## Executive Lead:

Teresa Owen, Executive Director of Public Health

## Board / Committee:

Strategy, Partnership and Population Health Committee

## Review Date:

7 June 2021

## Linked to Operational Corporate Risks:

Board Assurance Framework 2020/21									
Strategic Priority 5: Effective Use of Resources									
Risk Reference: BAF20-26				Risk Rating		Impact	Likelihood	Score	Appetite
Development of Annual Operational Plan 2021/22									
There is a risk the Health Board fails to deliver a plan to Welsh Government and remains in breach of its statutory duties whether due to inability to deliver financial balance or to present a plan that delivers key performance targets. This impacts on reputation, and reduces freedom to act.		Inherent Risk	3		3		9	Low 1 - 6	
		Current Risk	3	↔	2	↑	6		
		Target Risk	3		1		3		
Key Controls	Assurance level *	Key mitigations	Assurance level *	Gaps (actions to achieve target risk score)				Date	
Executive led planning process in place responsible for meeting the Welsh Government requirements for the development / implementation of an operational plan for 2021/22	2	1) Strong corporate, clinical, managerial and partnership engagement / collaboration with established and coordinated communication links including Welsh Government, Public Health Wales, and key internal and external stakeholders, e.g.: Executive led Planning Workstream, Stakeholder Reference Group, Regional Partnership Board. 2) Clear accountability across the organisation - agreed programmes with designated Executive lead, programme lead	2	1) Review of 2021-22 Planning Process to ensure robust arrangements are in place going forward. 2) Development of a 2022-23 plan by December 2021 3) In view of the draft nature of the plan it is expected that the plan will be refreshed during the year. 4) Residual financial gap to be addressed. 5) Plan refresh to Board in July, following Finance and Performance consideration in June. This will reflect the feedback from WG and the further new recovery fund resources which have been introduced across NHS Wales.				30 June 2021 31 December 2021  30 June 2021 30 June 2021 15 July 2021	
Planning cycle established with outline BCUHB Planning schedule/overall approach for 2021/2022 plan led by Assistant Director, Corporate Planning and reporting into the Executive Team and the Strategy, Partnership and Population Health Committee.	2	1) Developed Cluster Plans to influence the Primary Care Recovery Plans. 2) Planning arrangements established to support development of a high level plan with identified support from Corporate Teams. 3) Programme Groups led by designated programme lead with input from Divisional Teams with direct reporting to the Planning Workstream. 3) Planning and Performance, workforce, financial and informatics functions supporting oversight of plan development 4) Plan supported by F&P on 25.3.21 for submission to Board on 30.3.21	2						
BCUHB Annual Planning cycle in place that responds to national NHS Wales annual planning timetable and requirements.	2	Welsh Government annual planning framework issued. Communications Team support to the plan to improve the engagement.	2						

**Review comments since last report:** Actions, timelines and scoring previous updated to reflect that the Plan was supported by Finance and Performance Committee and was approved by the Health Board for submission to Welsh Government (WG) on 30 March 2021. Correspondence from WG on 11 March 2021 acknowledges the considerable uncertainty hindering firm planning commitments across NHS Wales and the draft Plan is being refreshed to take into account the recovery fund resources which has now been made available and to tackle the residual financial gap, with a view to being presented to the Board in July, following Finance and Performance consideration in June. Taking into account the discussion at the last SPPH Committee meeting, together with the above factors, the scoring of this risk has been revised, and increased from 3 to 6. Agreement of the refreshed plan by the Board will have the most material impact on the risk.

<b>Executive Lead:</b> Mark Wilkinson, Executive Director of Planning and Performance	<b>Board / Committee:</b> Strategy Partnerships and Population Health Committee	<b>Review Date: 14 May 2021</b>
<b>Linked to Operational Corporate Risks:</b>		



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NHS  
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## *Appendix 2 – Remapping BAF Risks to Annual Plan*

- Remapping of BAF risks to the revised strategic priorities and enablers as set out within the Draft Annual Plan for 2021-22: -
  - **Priorities**
    - 1 Covid19 response
    - 2 Strengthen our wellbeing focus
    - 3 Primary and community care
    - 4 Recovering access to timely planned care pathways
    - 5 Improved USC pathways
    - 6 Integration and improvement of MH Services
  - **Key enablers:-**
    - Making effective and sustainable use of resources
    - Transformation for improvement
    - Effective alignment of our people





## Remapped BAF Risks

New BAF Ref.	New priority alignment	20-21 Plan Priority	Previous BAF Ref.	Title
<b>N/A Archived</b>	5 Improved USC Pathways	1 Safe USC	20-01	Surge/ Winter Plan
<b>21-01</b>	<b>5 Improved USC Pathways</b>	<b>1 Safe USC</b>	<b>20-02</b>	<b>Safe and Effective Management of Unscheduled Care (formerly titled Emergency Care Review Recommendations)</b>
<b>21-02</b>	2 Strengthen our wellbeing focus	2 Essential Services and Planned Care	20-03	Sustainable Key Health Services
<b>21-03</b>	3 Primary and Community Care	2 Essential Services and Planned Care	20-04	Primary Care Sustainable Health Services
<b>21-04</b>	4 Recovering access to timely planned care pathways	2 Essential Services and Planned Care	20-05	Timely Access to Planned Care

## Remapped BAF Risks continued

New BAF Ref.	New priority alignment	20-21 Plan Priority	BAF Ref.	Title
21-05	6 Integration and Improvement of MH Services	3 Mental Health Services	20-07	Effective Stakeholder Relationships
21-06	6 Integration and Improvement of MH Services	3 Mental Health Services	20-08	Safe and Effective Mental Health Delivery
21-07	6 Integration and Improvement of MH Services	3 Mental Health Services	20-09	Mental Health Leadership Model
21-08	6 Integration and Improvement of MH Services	3 Mental Health Services	20-10	Mental Health Service Delivery During Pandemic Management
21-09	2 Strengthen our wellbeing focus	4 Safe and Secure Environment	20-11	Infection Prevention and Control
21-10	2 Strengthen our Wellbeing focus	4 Safe and Secure Environment	20-12	Listening and Learning

## Remapped BAF Risks continued

New BAF Ref.	New priority alignment	20-21 Plan Priority	Prev. BAF Ref.	Title
21-11	2 Strengthen our wellbeing focus	4 Safe and Secure Environment	20-13	Culture – Staff Engagement
21-12	2 Strengthen our wellbeing focus	4 Safe and Secure Environment	20-14	Security Services
21-13	2 Strengthen our wellbeing focus	4 Safe and Secure Environment	20-15	Health and Safety
21-14	1 Covid 19 response	4 Safe and Secure Environment	20-16	Pandemic Exposure
21-15	NB aligned to key enabler – Making effective and sustainable use of resources	5 Effective Use of Resources	20-17	Value Based Improvement Programme
21-16	NB aligned to key enabler – Transformation for Improvement	5 Effective Use of Resources	20-18	Digital Estate and Assets



## Remapped BAF Risks continued

New BAF Ref.	New priority alignment	20-21 Plan Priority	BAF Ref.	Title
21-17	NB aligned to key enabler – Making effective and sustainable use of resources	5 Effective Use of Resources	20-20	Estates and Assets Development
21-18	NB aligned to key enabler – Effective alignment of our people	5 Effective Use of Resources	20-21	Workforce Optimisation
21-19	1 Covid 19 response	2 Essential Services and Planned Care	20-25	Impact of COVID-19
21-20	NB aligned to key enabler – Making effective and sustainable use of resources	5 Effective Use of Resources	20-26	Development of Annual Operational Plan 2021-22
21-21	NB aligned to key enabler – Making effective and sustainable use of resources	5 Effective Use of Resources	20-27	Delivery of a Planned Annual Budget
21-22	NB aligned to key enabler – Making effective and sustainable use of resources	5 Effective Use of Resources	20-28	Estates and Assets

BAF Template Item		Please refer to the Risk Management Strategy and Policy for further detailed explanations
<b>Risk Reference</b>		Board Assurance Framework reference number, allocated by the Board Secretary
<b>Risk Description</b>		An uncertainty that something could or may happen that will have an impact on the achievement of the Health Board's Priority. There are 3 main components to include when articulating the risk description (cause, event and effect):
		- There is a risk of / if ....
		- This may be caused by ....
		- Which could lead to an impact / effect on .....
<b>Risk Ratings</b>	Inherent	Without taking into consideration any controls which may be in place to manage this risk, what is the likelihood that this risk will be realised, 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.
<b>Risk Impact</b>		The consequence (or how bad) if the risk were to be realised, in line with the NPSA Grading Matrix an impact of 1 is a Negligible (very low), with a 5 as Catastrophic (very high)
<b>Risk Likelihood</b>		The probability (frequency or how often) would this happen if the risk were to be realised. In line with the NPSA Grading Matrix a likelihood of 1 is this will probably never happen / recur, with a 5 being that it will undoubtedly happen, recur, possibly frequently
<b>Score</b>		Impact x Likelihood of the risk happening
<b>Appetite</b>	Definition	Is defined as the amount and type of risk the Health Board is willing to take on, pursue or retain in order to achieve its priorities.
	Low	Cautious with a preference for safe delivery options (Score 1 to 6)
	Moderate	Prepared to take on, pursue or retain some risks as a result of the Health Board taking opportunities to improve quality and safety of services (Score 8 to 10)
	High	Open or willing to take on, pursue or retain risks associated with innovation, research and development consistent with the Health Board's Priorities (Score 12-15)

<b>Control</b>	Definition	<p>These are measures/interventions implemented by the Health Board to reduce either the likelihood of a risk and/or the magnitude/severity of its potential impact were it to be realised.</p> <p>A collection of strategies, policies, procedures and systems - to control the risks that would otherwise arise and ensure that care and services are delivered by competent staff who are aware of how to raise concerns [NHS WALES Governance e-manual - <a href="http://www.wales.nhs.uk/governance-emanual/risk-management">http://www.wales.nhs.uk/governance-emanual/risk-management</a>]</p> <p>A measure that maintains and/or modifies risk (ISO 31000:2018(en))</p>
	Examples include, but are not limited to:	<ul style="list-style-type: none"> <li>- People, for example, a person who may have a specific role in delivery of an objective</li> <li>- Strategy, policies, procedures, SOP, checklist in place and being implemented which ensures the delivery of an objective</li> <li>- Training in place, monitored and assurance reported</li> <li>- Compliance audits</li> <li>- Business Continuity plans in place, up to date, tested and effectively monitored</li> <li>- Contract Management in place, up to date and regularly monitored</li> </ul>
<b>Mitigation</b>	Definition	<p>This refers to the process of reducing risk exposure and minimising its likelihood and/or lessening or making less severe its impact were it to materialise. Types of risk mitigations include the 5Ts (treat, tolerate, terminate, transfer or take opportunity).</p>
	Examples include, but are not limited to:	<ul style="list-style-type: none"> <li>- Service or Pathway Redesign</li> <li>- Business Case Development</li> <li>- Staff Training</li> <li>- Risk Assessment</li> <li>- Evidential data sets</li> <li>- Taking out insurance</li> </ul>
<b>Assurance Levels</b>	1	<p>The first level of assurance comes from the department that performs the day to day activity, for example the data is available</p>
	2	<p>The second level of assurance comes from other functions in the Health Board who have internally verified the data, for example quality, finance and H/R assurance</p>
	3	<p>The third level of assurance comes from assurance provided from outside the Health Board, for example WG, HIW, HSE etc.</p>



<b>Cyfarfod a dyddiad: Meeting and date:</b>	<b>Strategy Partnerships and Population Health Committee 17<sup>th</sup> June 2021</b>						
<b>Cyhoeddus neu Breifat: Public or Private:</b>	Public						
<b>Teitl yr Adroddiad Report Title:</b>	<b>2021/22 Plan</b>						
<b>Cyfarwyddwr Cyfrifol: Responsible Director:</b>	Mr Mark Wilkinson, Executive Director of Planning and Performance Mrs Sue Hill, Executive Director of Finance						
<b>Awdur yr Adroddiad Report Author:</b>	Mr John Darlington, Assistant Director - Corporate Planning Mr Rob Nolan, Finance Director – Commissioning and Strategic Financial Planning						
<b>Craffu blaenorol: Prior Scrutiny:</b>	The plan has been discussed by the Planning workstream, Executive Team, Stakeholder Reference Group, Executive Management Group, Local Partnership Forum, Strategy Partnerships & Population Health and Finance & Performance Committees. This builds upon the draft plan which was received by Board in March 2021						
<b>Atodiadau Appendices:</b>	<i>Appendix 1: Draft 2021/22 plan</i>						
<b>Argymhelliad / Recommendation:</b>							
It is recommended that the committee:							
<p>a. Receive the draft refreshed plan for discussion, comment and specific feedback ahead of presenting to the Board Workshop on 24<sup>th</sup> June for support to send to Welsh Government. It is anticipated that formal approval will follow at the Board on 15<sup>th</sup> July</p>							
<b>Ticiwch fel bo'n briodol / Please tick as appropriate</b>							
<b>Ar gyfer penderfyniad /cymeradwyaeth For Decision/ Approval</b>		<b>Ar gyfer Trafodaeth For Discussion</b>	√	<b>Ar gyfer sicrwydd For Assurance</b>	√	<b>Er gwybodaeth For Information</b>	√
<b>Y/N i ddangos a yw dyletswydd Cydraddoldeb/ SED yn berthnasol Y/N to indicate whether the Equality/SED duty is applicable</b>						<b>Y</b>	
The plan is presented subject to Equality Impact (EqIA) and a socio-economic (SED) impact assessments being completed.							
<b>Sefyllfa / Situation:</b>							
The purpose of this report is to present the Annual Plan for 2021/22.							
<b>Cefndir / Background:</b>							
Integrated Medium Term Plan (IMTP) planning arrangements were paused in 2020 due to the pandemic. Subsequently the NHS Wales Planning Framework was received on 14 December and reinforced the requirement for every NHS organisation to have an annual plan for 2021/22.							
Correspondence from WG on 29 <sup>th</sup> January emphasised a greater level of detail, on a small number of immediate priorities including vaccination, workforce, and stabilisation through to early recovery actions.							

'A Healthier Wales', Welsh Government's long-term plan for health and social care services in Wales and sets the context of all our work for the forthcoming years. It sets out the vision of a 'whole system approach to health and social care'.

The Primary Care Model for Wales is an important element of our plan and predicated on locality level population needs assessment and planning the use of available resources, not just those of the NHS, to meet that need. In view of this, the Minister for Health and Social Services expects significant progress by health boards to support and empower the planning function at cluster level and to draw in local authorities and third and independent sector service providers. Optimal cluster working supports optimal regional partnerships and progress with 'A Healthier Wales'. Accordingly, Clusters are responding to BCU core priorities in developing their plans and developing a summary annual 'plan on a page'.

'Health and Social Care in Wales –COVID-19: Looking forward' sets out at a high level the approach WG will take, building on new ways of working and opportunities to do things differently. The task will be to rebuild all services, not just hospital services but primary care, community, social care, right through to very specialist services.

Correspondence from WG on 11<sup>th</sup> March acknowledged the considerable uncertainty hindering firm planning commitments across NHS Wales, given for example, the need to better understand the pattern of the Covid-19 virus and impact of vaccination. A draft annual plan was shared with WG in March with work undertaken since to refresh modelling work and the plan and in light of the allocation of additional funding which has influenced our plans alongside feedback from WG.

### **Asesu a Dadansoddi / Assessment & Analysis**

This plan has been developed in the context of the unique challenges arising from the pandemic, which face all public services and society at large. It reflects the challenges the Health Board has to address in delivering health services, whilst supporting and protecting staff.

Alongside the delivery of our immediate priorities, we are building on relationships and existing partnership structures and we will be fully engaging and involving the public, staff, trade unions and partners in the transformation and reshaping of services.

Our approach to planning for 2021/22 is summarised below:

- Future recovery and transition from operational response to integrated strategic planning – opportunity to step back
- Outlook for Covid19 uncertain - The four harms remain the context
- Build on the core priorities identified in Q3/Q4
- Rolling plan building on actions in 2020/21
- Strengthened accountability throughout the organisation

Our work to deliver transformation and innovation, aims to deliver improved trajectory of outcomes, patient experience and financial performance year on year. Further improvements will be made leading to de-escalation, using a maturity matrix approach to assess progress.

The principle changes to the plan since March are as follows:

- Inclusion of a 'Plan on a page';



- Living healthier staying well narrative updated and linked to clinical plan / 2022/25 IMTP development;
- Strengthened reference to medical school;
- Transformation approach and change methodology detailed;
- Primary and community care section removed with actions integrated into planned care, unscheduled care and mental health pathways as appropriate;
- Section 4.1 added to incorporate new recovery fund schemes;
- Refreshed Covid 19 modelling scenarios;
- Covid 19 recovery plan updated to include latest vaccination plan and specific reference to safe clean care programme;
- Planned care section updated in light of refreshed cohort 1 and 2 recovery planning work;
- Inclusion of specialist services (WHSSC) plans;
- Unscheduled care plan updated to reflect work with National Collaborative Commissioning Unit and our joint programme of work;
- Organisational Development updated in respect to 'Stronger together';
- Targeted intervention and maturity matrix updated;
- Workforce section strengthened with latest position;
- Financial section refreshed including additional funding from WG.

#### **Opsiynau a ystyriwyd / Options considered**

Our plan will be underpinned by robust business cases. Priority schemes are identified which in turn consider potential options for delivery.

#### **Goblygiadau Ariannol / Financial Implications**

The plan integrates service, activity, financial and workforce implications within resources available.

#### **Dadansoddiad Risk / Risk Analysis**

All schemes will be required to identify key risks and a risk analysis undertaken to demonstrate how these will be managed.

#### **Cyfreithiol a Chydymffurfiaeth / Legal and Compliance**

IMTP planning arrangements are currently paused with the requirement for every NHS organisation to have an annual plan for 2021/22. However, the development of an approvable Integrated Medium Term Plan is a critical organisational aim going forwards as this forms a statutory requirement under the NHS Finance Act.

#### **Asesiad Effaith / Impact Assessment**

Underpinning schemes and business cases will take into account any potential equality/Welsh Language/quality/data governance/digital/children's rights implications which may require an impact assessment to be carried out.



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Annual Plan 2021 to 2022

Shaped by a Three Year Transformation Plan

2021 to 2024

## Chairman and Chief Executive Foreword

The last year has undoubtedly been the most challenging in the history of the many NHS organisations that have served the people of North Wales. Responding to the pandemic has required us to develop and implement new services such as Test Trace and Protect (TTP), mass COVID-19 vaccination, and establish three Enfys hospitals at high speed. We have also redeployed staff into other pressurised services, for example critical care, to increase their capacity to an unprecedented scale. Some important activities, such as much of planned care have been severely interrupted or stopped due to the constraints deriving from COVID-19, causing worry to patients and in some cases, harm. This has also been the cause of significant concern for the organisation and the clinical teams responsible for carrying out said activities. All told, it would be hard to find a member of staff who has not had the most disruptive and difficult year of their working lives. We are incredibly grateful for their professionalism and sheer hard work, and do not underestimate the toll this has taken on individuals and teams.

One of our new services has been our programme for mass vaccination, and the success of this programme, mirrored across the rest of the UK, gives us a glimmer of confidence about the future. Of note have been a range of genuine service improvements driven by the need to work differently due to the pandemic and there are many examples of different specialisms and localities working cooperatively to maintain, and in some cases extend, services. There has been a real receptiveness to working in new ways: we have embraced new digital technologies and rediscovered the value of our partnerships with local authorities, and many others. All we have achieved, we have achieved through working together and we would like to acknowledge all our partners during this year. One example of many, has been the determination and community spirit displayed in rapidly and successfully trialing the use of the COVID-19 Pfizer vaccination in primary care on the Llyn peninsula.

Away from the pandemic, we have demonstrated sufficient progress to be taken out of 'special measures' and into 'targeted intervention', although we are clear there is much work that remains to be done to build a genuinely fit for purpose and integrated organisation and so, as always at this time of the year, we are turning our attention to plans for the coming year.

COVID-19 will remain as our most significant focus at least for the first half of 2021/22-as will moving into a service recovery phase. We are concerned about the tens of thousands of people who have now been waiting even longer to receive care. This is one of our core priorities, alongside looking at enhanced pathways for urgent and emergency care, and re-engaging with our vital longer term work to improve population health.

To achieve our priorities we will engage with our workforce, partners, and the wider communities of North Wales in new and innovative ways over the next 12 months and beyond.

Thank you for taking the time to read our plan and we look forward to working with our people, patients, and partners as we continue to grow and improve our services for the benefit of the people of North Wales.

**Mark Polin**  
Chairman



**Jo Whitehead**  
Chief Executive



# Betsi Cadwaladr University Health Board

## Plan for 2021/2022 in the context of a three year transformation programme

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Changes Check List:			
Lead	Specific changes to be incorporated	Date change required by:	Date Changed:
John Darlington/ Kelsey Rees-Dykes	Plan on a page (and refer to other HB's plan)	28 <sup>th</sup> May	Added
Sally Baxter/John Darlington	Section 2.1. Refresh the living healthier staying well narrative/ current position. Update to include timeline for LHSW refresh, clinical plan and 2022/23 IMTP development	28 <sup>th</sup> May	Amended
Arpan Guha/ Sue Green	Section 2.6 Need strong reference to medical school.	28 <sup>th</sup> May	Arpan Amended
Chris Stockport/Sally Baxter	Section 3: Transformation approach to be updated. Jo feedback - GIRFT as an example of a change methodology	7 <sup>th</sup> June	Updated
John Darlington/Kelsey Rees-Dykes	Section 4: primary and community care to be removed from the diagram on page –text moved to planned / USC	28 <sup>th</sup> May	Narrative has been realigned to new format. Final sense check / review required to ensure alignment with programme level plan
John Darlington /Kelsey Rees-Dykes	Section 4.1 added to incorporate new recovery fund resources	28 <sup>th</sup> May	completed
Kamala Williams	Page 33 - Revise and refresh performance section – sense check trajectories (MDS will be updated)	28 <sup>th</sup> May	2 <sup>nd</sup> June completed

Gill Harris	Section 5 -Covid 19 recovery  Inclusion of latest vaccination plan update	4 <sup>th</sup> June	Completed
Debra Hickman	Include specific reference to safe clean care work	28 <sup>th</sup> May	Summary included
Sally Baxter/ Kathryn Lang	Drafting note: to be updated with most up to date modelling scenarios	7 <sup>th</sup> June	Updated based on revised modelling paper shared with informal ET on 7 <sup>th</sup> June
Kamala Williams	Section 6 -Performance / challenges to be reviewed/ updated	28 <sup>th</sup> May	2 <sup>nd</sup> June – needs updating
Rob Nolan/Nick Graham	Section 7 - Integrated planning assumptions- : need to update section with latest figures.	28 <sup>th</sup> May	Updated
Teresa Owen	Section 8 -Well-being focus -Light touch review. Bring forward content from action plan.	28 <sup>th</sup> May	
Andrew Kent Kent/Menir Williams/Clare Darlington	Section 9 – Review /amend placement of primary care section to represent integration within planned and unscheduled care	28 <sup>th</sup> May	Reviewed – comments made. Revised format completed
Andrew Kent	Section 9 Bring backlog details up to date for planned care.	28 <sup>th</sup> May	Updated.
Andrew Kent	Test assumptions and update in light of revised covid modelling work		
Andrew Kent	Drafting note: need to update section to include full annual plan (cohort 1 and 2 recovery plan details)		
John Darlington/ Rob Nolan	WG - Assurance is required on alignment with the WHSSC plans. –Include a short section on specialist services – joint plans with WHSSC		Summary Included

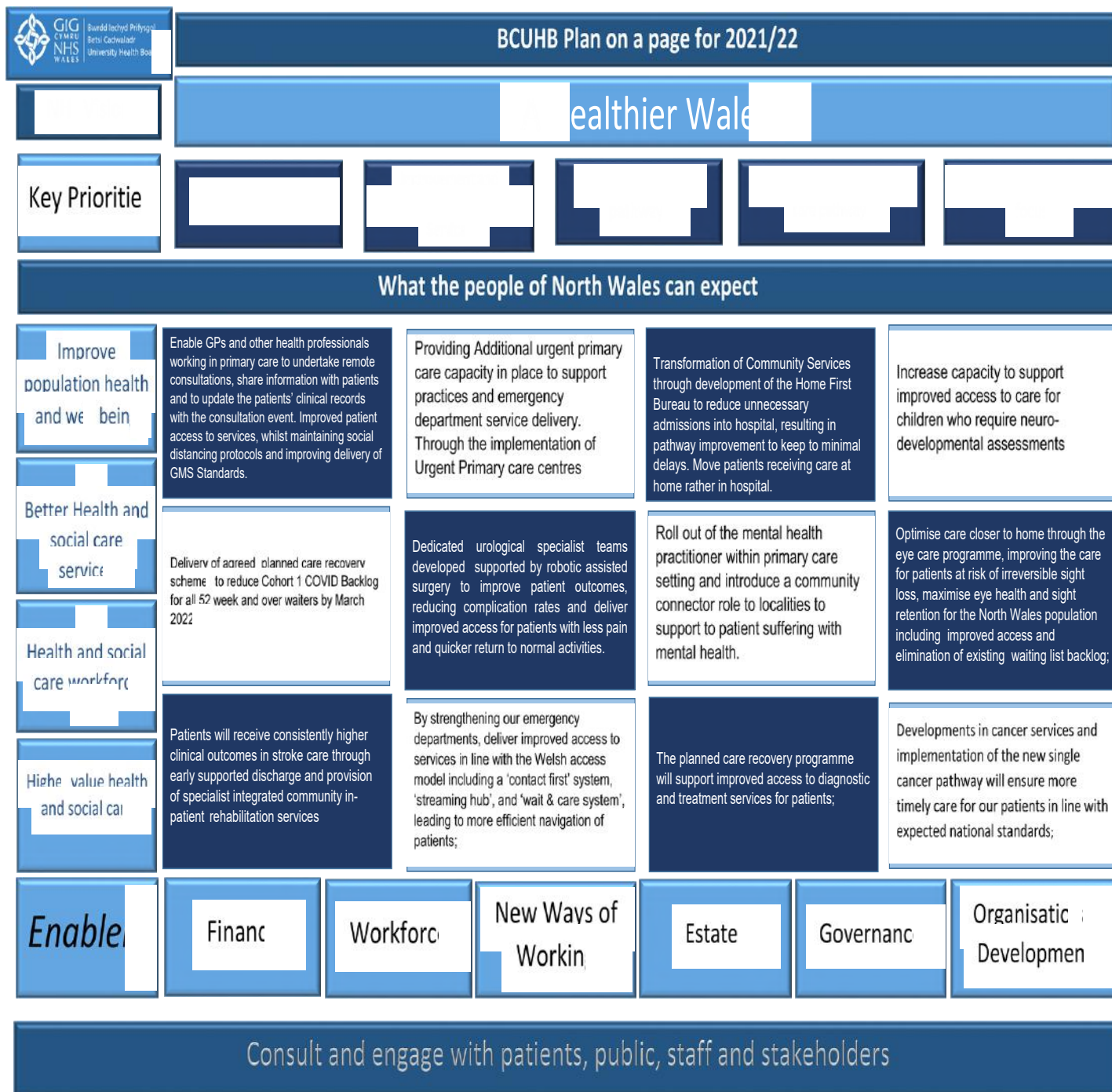
	e.g. proposal to repatriate Neurology from Walton into North Wales as a longer term ambition		
Gavin McDonald/ Meinir Williams	Section 10 USC to be updated to reflect latest plan and proposals from WG £25m for USC e.g including funding for UPCCs.	28 <sup>th</sup> May	Section updated
Teresa Owen/ Amanda Lonsdale	Section 11 –Mental Health section to be updated to reflect revised work programme and updated performance fund scheme impacts	7 <sup>th</sup> June	Amanda reviewing in light of new monies from WG
Sue Green	Section 13.1 Organisational Development review to bring up to date / progress around stronger together etc Make more prominent – earlier/ upfront in plan.?	28 <sup>th</sup> May	Updated
Simon Evan- Evans	Section 13.2 Drafting note: update progress around maturity matrix.	28 <sup>th</sup> May	Updated
Sue Green / Nick Graham	Section 13.4 Review / strengthen  WG feedback:  Workforce presents a significant risk – further clarity is required on the workforce size, deployment, gaps, etc.  Assurance is required on alignment with the HEIW plans	28 <sup>th</sup> May	updated
Sue Hill/ Rob Nolan	Section 13.6 : Financial section / clarity is needed on the financial deficit and the impact of additional funding.	28 <sup>th</sup> May	Updated and to be finalised based on month 2 position (11 <sup>th</sup> June)
Mark Wilkinson/ John Darlington/ Rob Nolan. Nick Graham	Risk and Issues - WG feedback  Clarity is required on tangible deliverables for this year, with associated milestones for delivery. In the absence of clearly defined deliverables it has not been possible to triangulate activity, workforce and finance data.	28 <sup>th</sup> May	Our submission to WG to include programme action plans Frame as 'supporting technical appendix' ?
Sue Hill/ Rob Nolan	Jo feedback - Make more / link cluster plans e.g. emerging use of lightfoot data in Swansea to drive focussed investment in primary and community care to drive change in secondary care (if Swansea Bay are	28 <sup>th</sup> May	

	investing £9m in clusters to deliver reduced overuse in secondary care what would our sum be?)		
	<b>Other WG feedback</b>		
Gavin McDonald	Further assurance is required regarding essential services delivery.	28 <sup>th</sup> May	
Amanda Lonsdale/ Andrew Kent	There are significant risks in planned care and mental health services that require mitigating actions.	28 <sup>th</sup> May	Proposed amendments set out above
Mark Wilkinson/ John Darlington	Some fundamental issues in terms of disconnect from wider organisational plans that seem to be developing but not reflected in the Annual Plan.	28 <sup>th</sup> May	Queried with WG. Plan needs to fully reflect Key BCU operational work agenda
	Other Comments for Consideration		
Simon Evan-Evans	? include governance reference to the TI programme s to be updated. SEE has further information and a format he has used to discuss with the Board		TI actions to be included within supporting programme level action plan
Simon Evan-Evans	Cross reference plan with TI delivery?		As above
Simon Evan-Evans	With the supporting detailed action plans and performance reporting, we need to find a way to be able to extract the TI progress on a quarterly basis to support the maturity matrix review		Agreed with Simon that annual plan and TI monitoring will be picked up as one.



## 1. Introduction

Draft under development -to quantify impacts where possible



The principal role of the Health Board is to ensure the effective planning and delivery of healthcare for people for whom it is responsible, within a robust governance framework. This will allow us to achieve the highest standards of patient safety and public service delivery, improve health, reduce inequalities and achieve the best possible outcomes for its citizens, in a manner that promotes human rights.

This plan has been developed in the context of the unique challenges arising from the pandemic, which face all public services and society at large. It reflects the challenges the Health Board has to address in delivering health services, whilst supporting and protecting staff.

Alongside the delivery of our immediate priorities, we are building on relationships and existing partnership structures and we will be fully engaging and involving the public, staff, trade unions and partners in the transformation and reshaping of services.

The essential first step will be to work in partnership to build a sustainable vision for the future. This will lead to an integrated medium term plan being developed in readiness for 2022/23, with a focus on prevention, physical and mental well-being, population health, primary care and hospital services. Effective partnership working will be essential to improving the delivery of services we provide to the population of North Wales.

Work to tackle the COVID19 pandemic has served to further galvanise partnership working at a local, regional and national level where we are actively engaged in a number of all Wales programmes. Our Plan recognises the work that is required in partnership to support vulnerable communities and protect the health and wellbeing of the population to support the principles of 'A Healthier Wales'.

We will continue to build upon existing local, regional and national partnerships, for example, working as part of the North Wales Regional Partnership Board on the transformation and reshaping of services.

The Health Board will work to deliver transformation and innovation, aiming to deliver improved outcomes, performance, patient experience and financial performance year on year. These improvements will contribute to the actions required to demonstrate progress against the Targeted Intervention Framework published by Welsh Government.

## 1.1. Achievements 2020/21

The Health Board faced unprecedented challenges during 2020/21 as a result of the pandemic. The response of our staff, partners and the many volunteers who came forward to support us enabled significant achievements, as set out below:

- Maintaining essential services for our patients;
- Rapid establishment of the Test, Trace, Protect service;
- Delivering 'home first' services, discharge to assess pathways and support to care homes in partnership with local authorities and third sector organisations;
- Supporting and protecting our staff, including the establishment of staff support and wellbeing hubs;
- Ensuring an effective response to COVID19 demand on hospitals including the second peak of activity and managing local outbreaks with our partners;
- Commissioning of 3 temporary Enfyf Hospitals in Llandudno, Deeside and Bangor, delivered high quality clinical facilities at speed and in conjunction with local authority and education partners;
- Establishment of a clinical advisory group facilitating rapid roll out of new digital technology and pathways of care;

- Rapid establishment of the mass COVID19 vaccination programme across North Wales;
- Removal from Special Measures and progression to Targeted Intervention escalation status, and achieving financial balance within the resources allocated by Welsh Government.

## 1.2. What the people of North Wales can expect

A number of significant developments within our plan are set out below to illustrate what our plan is seeking to deliver for our population in North Wales:

- Further roll out of digital technology with more virtual appointments provided in primary care and within our hospitals. Access to appointments improved due to having more options for timely consultations. This will also reduce patients having to travel for services and reduce the risk of COVID19 spread and will be safer for staff and patients;
- Improved care for children and young people in crisis so they are treated in the right place at the right time and as close to home as possible;
- Increased capacity will support improved access to care for children who require neuro-developmental assessments;
- Roll out of the mental health practitioner model and community connector role to localities to improve support to patients within primary care;
- The roll out of urgent primary care centres will ensure timely, efficient care for patients with urgent primary care needs and reduce demand for minor illness / injuries on our Emergency Departments. The service will create more capacity for GP practices to better manage patients with more complex conditions;
- By strengthening our emergency departments, we will deliver improved access to services in line with the Welsh access model including a 'contact first' system, 'streaming hub', and 'wait & care system', leading to more efficient navigation of patients;
- Developments in cancer services and implementation of the new single cancer pathway will ensure more timely care for our patients in line with expected national standards;
- Patients will receive consistently higher clinical outcomes in stroke care through early supported discharge and provision of specialist integrated community in-patient rehabilitation services;
- The planned care recovery programme will support improved access to diagnostic and treatment services for patients;
- The eye care programme will optimise care closer to home and improve the care for patients at risk of irreversible sight loss, maximise eye health and sight retention for the North Wales population including improved access and elimination of existing waiting list backlog;
- The prehabilitation programme, including for example, conservative management for early onset osteoarthritis, will maximise patient fitness prior to treatment and avoid or shorten hospital stays wherever possible;
- Building capacity within to retain and sustain improvement through a network of 1800 champions, connectors and influencers in order to grow a BCUHB social movement of change;
- Dedicated urological specialist teams supported by robotic assisted surgery will improve patient outcomes, reduce complication rates and deliver improved access for patients with less pain and quicker return to normal activities;
- The Home First bureau (operating 08.00 – 20.00 daily) will support patients to return to the best life possible following their period of illness, through maximising the opportunity for active therapeutic input and support to patient discharge from hospital. This will reduce delay in

transfers of care leading to shorter length of stays within hospitals and increase in patients returning home rather than having to be cared for in a community bed;

- Care home quality nurses will work with the care home sector to deliver safe effective care to the residents of North Wales. Quality of life will be enhanced by ensuring patients receive the care and support they need, have a positive experience of care and are safeguarded and protected from avoidable harm.
- Implementation of an audiology led earwax management pathway will provide care closer to home, improve patient experience and reduce unnecessary onward referrals to secondary care ENT and audiology services;

## 2. Our vision for the future

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

We aim to provide excellent care, which means that our focus for the next three years will be on developing a network of high quality services, which deliver safe, compassionate and effective care based on what matters to our patients. We will ensure our work is closely aligned with Welsh Government's long-term vision for achieving a 'whole system approach to health and social care'.

### To do this we will:

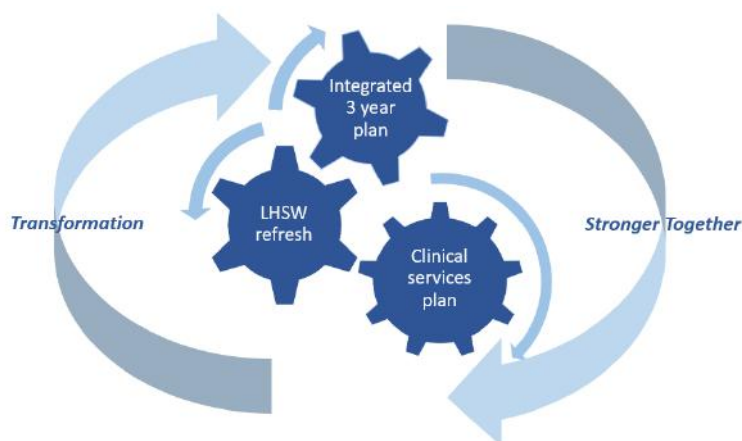
- Improve population health and well-being through a focus on prevention;
- Improve the experience and quality of care for individuals and families;
- Enrich the well-being, capability and engagement of the health and social care workforce; and
- Increase the value achieved from funding of health and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

### 2.1. Our strategy: living healthier, staying well

As we move forward into the Covid recovery phase, it is timely to take stock and 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 on the progress of our long-term strategy for health, well-being and healthcare, Living Healthier, Staying Well (LHSW). It has been three years since we developed this. Change takes time, and we need to check whether we are achieving what we set out to do, and whether the principles and priorities are still relevant. To facilitate this we are beginning a review and refresh of LHSW.

- Check in with our staff, patients, partners and public whether the principles are still valid
- Review our strategic priorities to ensure they are consistent with "A Healthier Wales"
- Address those elements of LHSW that proved challenging to implement e.g. an integrated system wide approach to healthcare and integrated care pathways
- Test the strategy is still relevant in the changed environment
- Provide the framework for development of a Clinical Services Plan



We are developing a discussion paper and will be asking people – patients, carers, community groups, partner organisations and others – for their views. The refresh work will be completed by the autumn to feed into the development of the integrated three year plan and to provide the basis for the clinical services plan.

## 2.2. A Healthier Wales

Our vision and strategy is aligned to “A Healthier Wales”, which sets out a long-term future of a ‘whole system approach to health and social care’. This is focussed upon:

- Health and well-being, preventing illness and enabling people to live independently for as long as they can, supported by new technologies;
- Integrated health and social care services which are delivered closer to home; and
- Close collaborative working to impact on health and well-being throughout life.

These are consistent with the aims of our living healthier, staying well strategy which is aligned to the expectations of Welsh Government as illustrated below:

Prevention and Early	‘A Healthier Wales’		How we deliver locally	
	<b>Health and social care system to work together</b>		<ul style="list-style-type: none"> <li>▪ Regional Partnership Board and other partnerships supporting integrated planning and delivery</li> <li>▪ Expansion of community resource teams</li> <li>▪ Delivering our unscheduled care model with our partners</li> </ul>	
	<b>Shift services from hospital to community</b>		<ul style="list-style-type: none"> <li>▪ Health and well-being centres</li> <li>▪ Eye care plan, delivering more care through primary care optometry services</li> <li>▪ Unscheduled care pathways</li> <li>▪ Mental health services delivery plan</li> </ul>	
	<b>Get better at measuring what really matters</b>		<ul style="list-style-type: none"> <li>▪ Revised performance and accountability framework</li> <li>▪ Stronger governance arrangements</li> </ul>	
	<b>Make Wales a great place to work in health and social care</b>		<ul style="list-style-type: none"> <li>▪ Workforce strategy: staff engagement, leadership, culture and climate, motivation, innovation and learning</li> </ul>	



### Work together in a single system

- Unscheduled care / emergency ambulance services commissioning
- Mid Wales healthcare collaborative
- Commissioning secondary and specialist services

## 2.3. Equality, diversity & inclusion

The Health Board has a Strategic Equality Plan (SEP) which provides a framework to help ensure that equality is properly considered within our organisation and influences decision-making at all levels. The SEP sets out the steps we are taking to fulfil our specific duties under the Equality Act 2010 (Statutory Duties) (Wales) regulations 2011 and describes the Health Board's arrangements for equality impact assessment. We have gathered and analysed relevant information and are maintaining engagement with communities, individuals and experts to help inform our direction.

It is well recognised that Covid-19 has further magnified inequalities for many people with protected characteristics and those who are socio-economically disadvantaged. For some individuals, these inequalities may also be increased further by barriers to accessing healthcare, marginalisation from society or discrimination. As part of our recovery and as planned care restarts and the focus is on those people who are most in need of urgent treatment it is necessary to ensure equality considerations are built into plans. Our equality impact assessment procedures and tools have been further developed as a framework to help identify and mitigate impact and provide an overview of some of the barriers to accessing healthcare for further consideration.

Key themes include: ensuring accessible communication and information, making reasonable adjustments, addressing the barriers experienced by disabled or neuro divergent people, meeting the needs of those with sensory loss, considering socio-economic disadvantage, mitigating for digital exclusion and optimising opportunities for engagement and co-production.

In addition to the immediate enhancement of impact assessment guidance, our plans to deliver the SEP have been reviewed to reflect this emerging evidence. Further information about the SEP and equality objectives is published and available [here](#).

## 2.4. Welsh language

The Health Board has sought to demonstrate its commitment to promoting the use of the Welsh language over a number of years. Our Welsh language (WL) strategic forum continues to provide leadership, commitment and operational support to ensure the Welsh language is embedded within all our services. Ongoing development and compliance with the Welsh language standards under the Welsh language (Wales) measure 2011 and 'More than just words' will be continuously monitored to ensure needs and demands are assessed and managed, whilst maintaining an ethos of quality improvement.

This focus provides clarity on the importance of the Welsh language in developing new services, influencing organisational behaviour and actively offering patient-centred Welsh medium care. Our Welsh language key priorities plan will continue to ensure organisation-wide consistency in delivering the Welsh language standards, provide timely translation services to staff, patients and the public, and build on the 'active offer' approach to services so that patients are offered timely access to language appropriate care.

## 2.5. Sustainability

The Health Board recognises the need to change the way we work, ensuring that we increasingly adopt the sustainable development principles defined within the Well-being of Future Generations Act: this means taking action to improve economic, social, environmental and cultural well-being. There are five ways of working set out in the Act, which we need to think about when working towards this:



Throughout the development of our plan we have sought to use the five ways of working to inform our decisions and help us prioritise the actions we will take to work towards our own well-being objectives and in turn, contribute to the seven national well-being goals. Examples of this approach are set out in the table below:

Selection of work programmes supporting the ways of working within the Health Board	
Long-term	<ul style="list-style-type: none"> <li>New <b>single cancer pathway</b> across North Wales delivering the national target of 75% of all patients achieving the single cancer pathway</li> <li>Development and commencement of implementation of long term plans for <b>sustainable diagnostic services</b> (radiology and neurophysiology)</li> </ul>
Integrated	<ul style="list-style-type: none"> <li><b>Urgent primary care centres</b> across the health and social care localities, supporting an integrated model of unscheduled care</li> <li>Develop the stroke service model focusing initially on early supported discharge and rehabilitation to deliver improved outcomes, supporting improved compliance with stroke guidelines</li> <li>Develop sustainable endoscopy service across North Wales.</li> </ul>
Collaboration	<ul style="list-style-type: none"> <li><b>Home First bureau</b> consolidation and mapping all of our resources to support discharges including continuing healthcare, home first bureau, frailty, discharge to recover then assess (D2RA) therapies, and community resource teams.</li> <li><b>Outpatient transformation programme</b>, end to end pathway redesign, 'Once for North Wales', workforce modernisation and digital enablement of staff and service users.</li> </ul>
Involvement	<ul style="list-style-type: none"> <li>Deliver community <b>food poverty education</b> programmes within North Wales communities, to reduce food poverty - aligned to the Welsh Government initiative for 'A Healthier Wales'.</li> <li>Develop an appropriate <b>interface</b> with CAMHS to ensure effective transition for young people with mental health conditions into adult services.</li> </ul>
Prevention	<ul style="list-style-type: none"> <li><b>COVID19 vaccination programme</b> and development of a sustainable delivery model / annual vaccination programme</li> <li>Support the '<b>Sport North Wales</b>' development/ approach</li> </ul>

Whilst demand for healthcare continues to grow, the Health Board is committed to meeting the challenges of achieving carbon reduction, waste reduction and securing products and resources from sustainable sources where possible to ensure that our environmental impact is reduced as far as is reasonably practicable.

As part of our corporate commitment towards reducing our impact, we maintain a formal environmental management system designed to achieve sustainable development, compliance and mitigation against the impact of climate change, in a culture of continuous improvement.

Effective environmental management is achieved through:

- Promotion of the environmental policy to all relevant stakeholders;
- Identification of all significant environmental aspects and associated legal requirements;
- Establishing objectives and monitoring the achievement of targets aimed at reducing environmental and financial impacts;
- Provision of appropriate training to all relevant personnel;
- Regular internal and external audits of practice;
- Regular review of the effectiveness of the EMS by the Environmental Steering Group; and



- Working with local, regional, and national partners to ensure best practice procedures are identified and implemented.

## 2.6. Research and innovation

We will continue to deliver our research and innovation strategy working closely with the Research, Innovation and Improvement co-ordination hub in North Wales as part of the all Wales initiative set out in 'A Healthier Wales'. A key aim in 2021/22 is to work with our partners to develop a North Wales cross sector vision for research and innovation.

In 2021/22, we will continue to recruit to urgent public health COVID19 studies, reflecting the critical importance of this research contribution at the current time.

We are working closely with Health and Care Research Wales (HCRW), to set out plans for the recovery and resilience of non-COVID19 research. We are contributing, through HCRW, to the Clinical Research, Resilience and Growth (RRG) UK Programme. Locally, we will re-open paused non COVID19 studies, aligned to the resumption of clinical services, as well as continuing to seek out new opportunities to open research studies, and embed research and innovation into clinical services.

We will be seeking to build our research capacity by submitting a business plan to Welsh Government for a clinical research centre, which will recruit to both COVID19 and non-COVID19 early phase clinical trials. We expect to commence this work in quarter two of 2021/22.

We will develop an infrastructure for innovation, working with the all Wales leads, in order to enable the adoption and spread of innovation, to support the transformation of services and care (see section 3).

Together with Bangor University we have an ambition to develop a transformational inter-professional Medical and Health Sciences School by 2025. This represents a significant opportunity for North Wales that will allow us to align education and training to our clinical strategy, support the delivery of our research strategy and address key challenges in our medical and clinical workforce. We have developed a joint programme structure to support planning for this significant new development. Our approach for North Wales is being shaped and developed during 2021/22 in line with Welsh Government requirements, subject to ministerial consideration and approval.

Looking forward, we will ensure that we can continuously evidence how our activities meet the University Health Board status criteria through our plans.

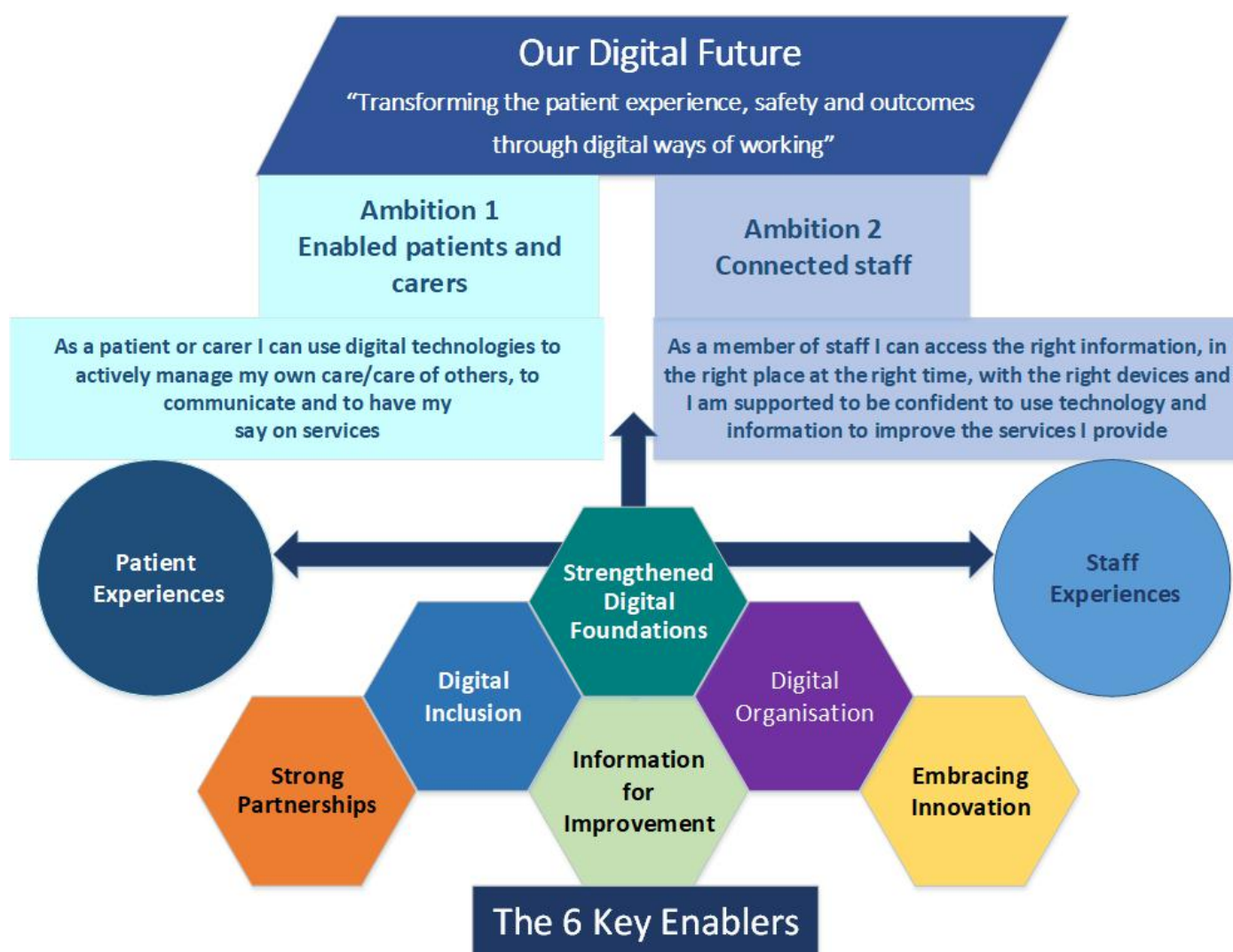
## 2.7. Support to digital health and care Wales – Our first digital strategy

The Health Board is committed to harnessing the opportunities presented by digital transformation. Our digital vision is concerned with “transforming the patient experience, safety and outcomes

through digital ways of working". This means putting the experiences of patient, carers and staff at the very heart of what we do. Achieving this involves ensuring that we get the basics right.

This strategic approach is informed by feedback from extensive engagement and supports the delivery of our strategic priorities in Living Healthier, Staying Well and our population and organisational outcomes.

We have identified two critical ambitions, which will drive our adoption of digital technology, as set out in the diagram below:



### 3. Our approach to longer term transformation

The Health Board has recognised for some time the need to build greater capacity and capability for transformation and improvement. The pandemic has further crystallised the need and wish to do so, whilst also providing a number of opportunities where a post-pandemic 'new normal' could be established if we build upon how we have needed to work differently during the pandemic.

In addition, the pandemic has brought further significant challenges in maintaining a safe and secure environment both physically and psychologically for our patients, staff and visitors. These challenges continue to grow and require a renewed focus upon transformation to meet current and future population demand.

Our approach to clinical service transformation is multi-faceted and will be supported by key enabling strategies, covering:

- Quality improvement and patient experience;
- Clinical strategy driving improvement;
- Digitally enabled / digital strategy;
- Workforce strategy and strategic organisational and system development;
- Effective use of all our resources, adopting a Value Based Healthcare approach;
- Innovation, research and development; and
- Ensuring all our physical assets are safe and fit for purpose; maximising capital investment.

As part of the £12m capability strategic support allocated by Welsh Government, the Health Board has allocated £5.3m in 2021/22 to provide additional capacity to drive forward engagement with our population, staff and stakeholders, to continue to improve governance and to transform clinical and operational services.

The current proposal for the allocation of strategic support to transformation is broken down as follows:

Area for investment to deliver transformation	Description	Investment £m
Transformation	Resource and systems	1.9
Engagement	External and internal including clinical service strategy	1.8
Capacity	Pan BCUHB capacity and capability	1.1
Public Affairs	Stakeholder and reputation management	0.5

Successful transformation and improvement activities are not the concern of a single team, but rather something that needs to be embedded across the Health Board, through all of our systems and processes. To do this we will draw upon the experiences of other organisations and invest in a transformation and quality improvement (QI) approach, which is capable of maturing and informing our decision-making.

A proposal of how to deploy an augmented transformational capacity, alongside quality improvement, has been tested with Board members and senior clinicians and managers, and has been positively received. Work on this is now underway and covers transformation at Board level,

delivering large or complex programmes or transformation, as well as encouraging our whole workforce to get involved in smaller pieces of transformation that are important to them.

We will supplement our existing QI approaches by building upon the well tested Kaizen methodologies to support continual improvement at every level of our workforce. This approach, along with the broader “toolbox” of methodologies we will use, is summarised below:

## Quality Improvement Methodology

We will build our QI and transformation toolbox upon tried and tested approaches.

### ▪ Kaizen Principles

Kaizen is generally taken to refer to a collection of concepts that support business improvement. It underpins the successful Lean, Six Sigma, the IHI Model for Improvement and PDSA methodologies, as well as many others.

A key principle is that improvement is everyone's business, and that no improvement intervention is too small or insignificant if those involved feel motivated to address it. This approach is tested and presents excellent opportunities for us to engage our whole workforce in making improvements that are important to them. In so doing pride, mutual learning opportunities, and a feeling of value arise from being given appropriate autonomy to make changes, naturally leading to further improvement.

### ▪ Value Based Care Principles

These internationally recognised principles support improvements in care experience, and outcomes, by focusing upon the value to the individual and our wider society. Value is not the same as cost.

### ▪ Closer to Home Principles

Whilst travel for highly specialised health interventions might sometimes be necessary in order to access the greatest expertise where that will improve outcomes, we want as much care as possible to be delivered as close as possible to where people live. This includes the appropriate use of technology when physical travel to an appointment might not add additional value.

### ▪ De-medicalisation Principles

Too many interventions are unnecessarily complex, add nothing more than simpler interventions could have done, and put the individual at risk of medical harm. Principles to recognise and minimise this are important.

### ▪ Information Rich

We will extract meaningful information from the many data sources to prioritise and then assess the impact of our QI and transformational activity.

### ▪ Pathways of Care

We will bring the above principles together to guide the creation of pathways of care that ensure the highest value interventions are recognised, that delivery of care is delivered as close to home as possible, and with the lowest risk of harm from unnecessarily complex intervention.

A successfully embedded approach to transformation and quality improvement will need to be multi-faceted. Our proposed approach can be described on three planes, namely **local** (*micro*), **system improvement** (*meso*), and **Board** (*macro*), although in practice activity will span across these levels. Our approach is described in more detail below.

**Local team based quality improvement and transformation** (*micro level*) - encouraging multiple, small pieces of local QI activity that make a practical difference to those involved, recognising that QI is everyone's business and that everyone has expertise to contribute.

Successful improvement, and enhanced work satisfaction, requires a workforce that is empowered to make and own improvements at a local level. There are many local changes that are best made by our experienced, informed, workforce. Although these may be relatively small changes individually, they collectively add up to a significant impact, improved further when learning is shared and applied across the integrated organisation.

To do this we will supplement our existing QI approaches with an approach that is built upon the well tested Kaizen methodologies to support continual, small change improvement at every level of our workforce.

In 2021/22 we will:

- Agree our BCUHB methodology, built upon Kaizen principles, to encourage, empower and support individual teams to initiate local improvement activities. This methodology will include mechanisms for sharing learning and access to support and resources for any members of our workforce, at whatever level, wanting to undertake a local improvement activity;
- Align our organisational and system development route map to support this ethos, providing generic skills and underpinning a culture, that improvement is something that we can all contribute to;
- Launch an internal portal, to support the agreed BCUHB methodology for local improvement, in addition to the support from our OD and QI teams.

**System, coordinated quality improvement and transformation** (*meso level*) - ensuring the tools and systems for transformation and QI are hard-wired into the organisation, that they support the strategic direction of the organisation, and that they are built upon tried and tested methods for successfully delivering transformation and quality improvement. These systems will provide coordination for the bigger pieces of work required in transformation.

At this level, we will structure our system-wide approaches to transformation and improvement so that they support a consistent contribution to, understanding of, and deployment of, Health Board strategies. These approaches will be focussed on where we wish to travel to, rather than where we are coming from, and supported by a PMO that is built upon Value Based Care principles.

In 2021/22 we will:

- Build on our existing approach to implementing clinical pathways to underpin service development. Our pathway approach will be reflective of our span across an integrated healthcare community, and will minimise over-medicalisation. We will incorporate into this the learning on pathways from other organisations and jurisdictions such as Canterbury, New Zealand;
- Apply GIRFT methodology to a number of areas, including (but not limited to) hip and knee replacement;
- Explore the opportunities of a strengthened approach to prioritisation so that we can be assured that the service redesign opportunities we focus attention on are those likely to make the biggest improvements for our population;

- Further develop the business intelligence approach that we deployed in 2020/21 to better understand system wide data, to capture data that is meaningful and provides a valid representation of 'value', and that is forward looking in order to allow mitigating intervention.

**Board level quality improvement and transformation** (*macro level*) - ensuring QI and transformation are strategically prioritised, and that the Health Board strategic direction both guides our priority areas of transformation whilst being informed by the QI and transformation activity occurring across the organisation.

At a 'macro' level we will develop the strategic architecture for transformation which is necessary to provide a clarity of direction for the organisation and within a wider system. This transformation direction will be firmly rooted in the principles and values of 'A Healthier Wales'. This will include actions to maximise the impact of our position as an integrated health organisation, fully contributing to a wider system of health and well-being, placing citizen self-empowerment at the centre and complex specialist services more peripherally.

In 2021/22 we will:

- Provide greater senior coordination of quality improvement and transformation strategy by investing in a coordinating team containing the expertise to inform our Health Board strategy and to support transformation and quality improvement activity at meso and micro levels;
- Further develop the maturity and opportunities for earned autonomy for health and social care Localities, to enable them to keep care as close to home as possible, medicalised only when appropriate and able to contribute to supporting more resilient communities at locality level;
- Further develop the support provided to health and social care Localities, so that they can better identify and contribute planning priorities from local communities upon which our annual planning cycles will build around.



## Summary of actions to progress transformation in 2021/22

A summary of the key actions we will progress to support the implementation of our transformation and quality improvement approach is set out in the table below:

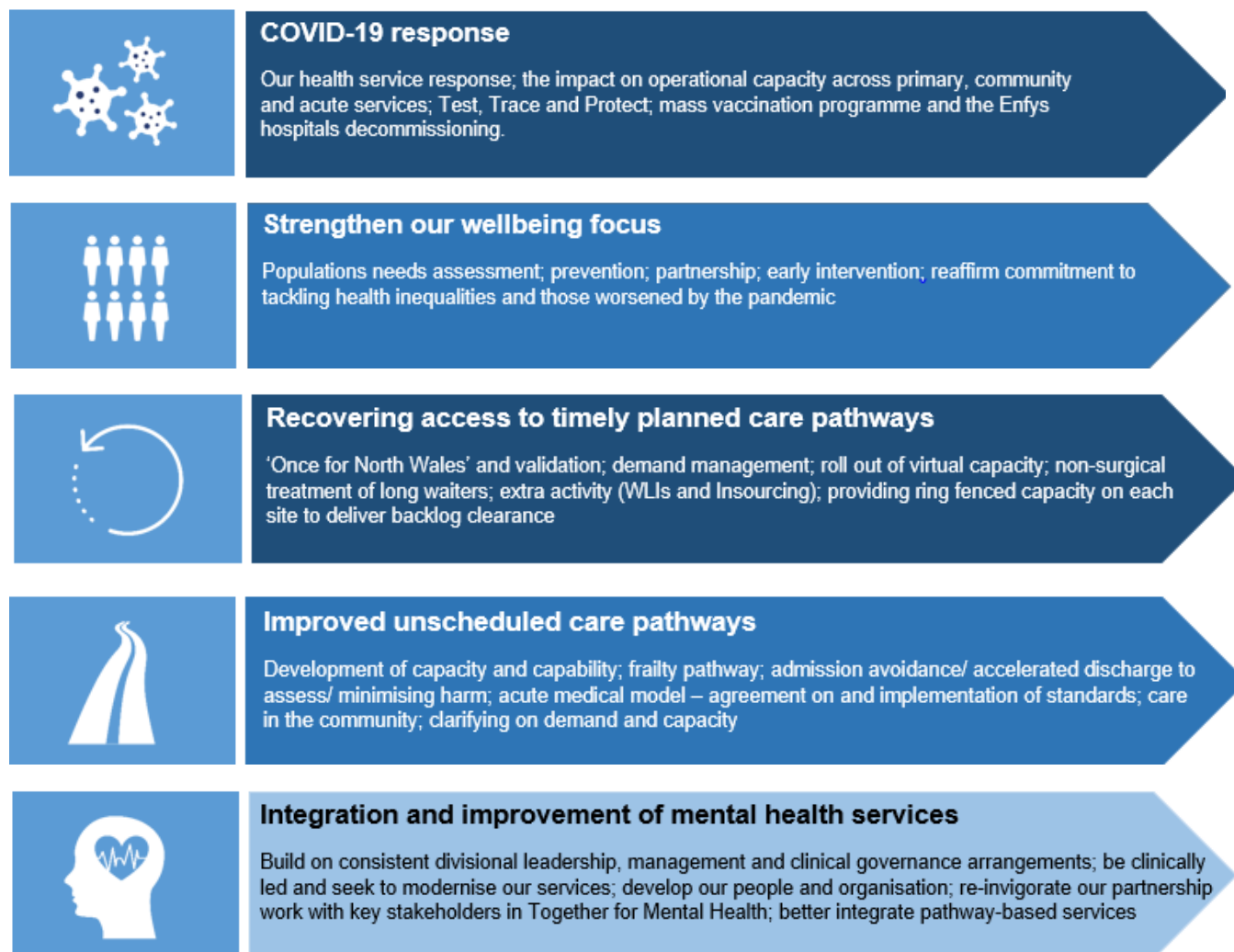
	Key Deliverables 2021/22
	<ul style="list-style-type: none"> <li>Recruit remaining leadership posts for transformation and QI and faculty;</li> </ul>
	<ul style="list-style-type: none"> <li>Agree a BCUHB Kaizen methodology to facilitate and empower local, small change service improvement;</li> </ul>
	<ul style="list-style-type: none"> <li>Agree roll out programme for BCUHB Kaizen methodology, supported by an organisational development programme, and creation of internal QI web portal and support team;</li> </ul>
	<ul style="list-style-type: none"> <li>Create a BCUHB clinical pathway toolkit that incorporates the principles of value based care, 'Too Much Medicine' / de-medicalisation, and care closer to home. It will also include establishing a clinical pathway work plan to commence creating our library of clinical pathways;</li> </ul>
	<ul style="list-style-type: none"> <li>Specifically apply GIRFT methodology to hip and knee replacement clinical pathways, resulting in end to end Value-Based clinical pathways for both conditions;</li> </ul>
	<ul style="list-style-type: none"> <li>Agree a BCUHB prioritisation process through which potential service investments will be required to progress, incorporating steps to ensure that the clinical pathway methodology and service redesign toolkit have been appropriately deployed;</li> </ul>
	<ul style="list-style-type: none"> <li>Increase the scope of our business intelligence unit to ensure metrics built upon 'value' are rigorously captured and presented, such that they can track the progress of completed clinical pathways, and inform any necessary intervention;</li> </ul>
	<ul style="list-style-type: none"> <li>Agree maturity progress targets with each locality against accepted maturity matrices, to ensure localities are well placed within our transformation programme;</li> </ul>
	<ul style="list-style-type: none"> <li>Refresh our planning processes across the organisation leading to an approvable integrated medium term plan.</li> </ul>



## 4. Tackling immediate priorities in 2021/22

This plan sets out the key priorities and deliverables for the Health Board over the next year. It builds upon priorities identified in 2020/21 and reflects the guidance issued by Welsh Government.

We have identified the following five key priorities as critical for 2021/22 and each of these is supported by actions which will enhance delivery in 2021/22 and shape future services:



### 4.1. Early Recovery Schemes (supported by All Wales recovery fund)

A number of schemes have been supported by WG to support early planned care recovery.

Endoscopy is the biggest single scheme. Our proposal delivers an additional 2,227 sessions over the four quarters of 21/22. Based on an average productivity of 10 points per session, this will fully clear the current backlog of over eight week waits taking into account year-on-year growth, and our underlying sustainability gap. This additional capacity will be delivered by a mix of recurrent investment in our endoscopy services and non-recurrent measures. The recurrent consequences of 2021/22 spending in future years will be addressed out of our £30m performance fund monies set out in section 4.2.

The next most significant element is our proposed use of the independent sector. We have a confirmed spend of 600 cases by March 2022, with the potential to add an additional 450 procedures.

Additional funding of £2.9m for diagnostics will clear 4,000 patients waiting over eight weeks for CT, MRI, or ultrasound. Allowing for expected demand growth, this would deliver waiting times for the major modalities of a maximum eight weeks, with reduced waiting times of up to 6 weeks for vital diagnostics.









The balance of our proposal relates to a number of smaller schemes including oncology consultant staffing capacity to manage late presentation due to paused screening programme and drop in USC referrals.

Validation of waiting lists typically delivers improvements of around 10%. At the end of March 180,000 patients were waiting for a follow-up appointment, of those 55,000 people were 100% delayed. The full list of WG approved schemes is as follows:







<b>Scheme</b>	<b>£000's</b>	<b>£000's</b>
Women's directorate pathway trackers	55	
Consultants in women's services to review referrals already and potentially change to virtual activity, SOS, advice and guidance	61	
Dermatology validation	127	
Speech and Language Therapy- clinical validation and backlog clearance	630	
Site based pathway trackers with clinical support	254	
<b>Sub total - validation / triage / signposting</b>		<b>1,127</b>
Diagnostics capacity to support waiting list backlog	2,885	
Endoscopy capacity to support waiting list backlog	8,200	
<b>Sub total - diagnostics</b>		<b>11,085</b>
Oncology capacity to support suspected cancer pathway	1,250	
Outsourcing activity within independent sector to support waiting list backlog	6,480	
<b>Sub total – additional capacity</b>		<b>7,730</b>
<b>Grand total</b>		<b>19,942</b>

#### 4.2. Key deliverables for 2021/22 (supported by performance fund)



In order to progress the priorities above we will utilise the additional strategic financial support provided by Welsh Government through the £30m performance fund for the next 3 years. The table below shows the areas in which we will invest, along with the expected impact and return from these investments:

Key	
 COVID19 response	 Improved unscheduled care pathways,
 Strengthen our wellbeing focus	 Integration and improvement of mental health services,
 Recovering access to timely planned care	 - Transformation for improvement,
 Making effective and sustainable use of resources	 Effective alignment of our people,



## Performance fund schemes (subject to approval via robust business cases)

Scheme Title	Overview	Addresses Key Priorities above	Net Cost Full Year (FY) /Part Year Effect (PYE) £000s		Key Deliverables / Return on Investment
			FY	PYE	
Attend Anywhere	Supporting virtual hospital outpatient consultations	  	375	379	<ul style="list-style-type: none"> <li>• Reduction in the number of patients travelling for services / visiting our premises</li> <li>• Approach is more efficient in its structure, reduces risk and supports a better patient experience</li> <li>• Face to face consultations reduced thus achieving the need for social distancing and reducing the risk of COVID19 spread</li> <li>• Safer for our staff and patients</li> <li>• Reduces waiting times</li> </ul>
Continuation of AccuRx; video consultation	Supporting virtual primary care consultations	  	415	300	<ul style="list-style-type: none"> <li>• Provision of a communication tool between GP and patient to facilitate self-monitoring of chronic conditions</li> <li>• Screening such as obesity, smoking and asthma, provision of advice remotely, COVID management pre and post appointment direct interface with the GP clinical record</li> <li>• The improvements above will be measured by: <ul style="list-style-type: none"> <li>- Patient satisfaction surveys</li> <li>- Achievement of access standards</li> <li>- Reduced DNA rates</li> <li>- COVID19 response and recovery</li> <li>- Enabling care closer to home</li> <li>- Safe unscheduled care</li> <li>- Improving access to safe planned care (freeing up capacity in GP practices for support proactive care)</li> </ul> </li> </ul>



## Performance fund schemes (subject to approval via robust business cases)

Scheme Title	Overview	Addresses Key Priorities above	Net Cost Full Year (FY) /Part Year Effect (PYE) £000s		Key Deliverables / Return on Investment
			FY	PYE	
Planned care recovery schemes	Delivery of agreed 'early DTC' 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.		15,000	14,732	<ul style="list-style-type: none"> <li>Capacity planning validation and 'Once for North Wales' outpatients</li> <li>Improved patient communication and better understanding of demand</li> <li>'Once for North Wales' services, value based pathways</li> <li>Use of virtual capacity (such as video consultations) and care closer to home</li> <li>Non-surgical approaches to long waits</li> <li>In sourcing additional capacity to include no over 8 week waits for endoscopy by 31 Mar 22.</li> </ul>
Development of a cancer-specific and non-cancer elective prehabilitation programme and conservative management pathways / avoidance of secondary care	<p>Prehabilitation delivery within care pathway between listing for surgery and the surgical date maximising fitness prior to treatment.</p> <p>Pathway redesign with a focus upon conservative</p>		900	450	<ul style="list-style-type: none"> <li>Reduced postoperative complications</li> <li>Reduced use of critical care</li> <li>Reduced length of hospital stay</li> <li>Reduced readmission rates</li> <li>Overall reduction in costs</li> <li>Better long term patient health reducing diabetes, hypertension, dementia and recurrence of cancer</li> <li>Reduce unnecessary secondary care intervention</li> <li>Ensure patients are physically and psychologically prepared for surgery</li> </ul>



## Performance fund schemes (subject to approval via robust business cases)

Scheme Title	Overview	Addresses Key Priorities above	Net Cost Full Year (FY) /Part Year Effect (PYE) £000s		Key Deliverables / Return on Investment
			FY	PYE	
	management for early onset osteoarthritis and pain, as per <i>Getting It Right First Time</i> best practice pathways.				<ul style="list-style-type: none"> <li>• Ensure timely access to a service.</li> </ul>
Eye Care Services: transform eye care pathway	Invest in the pathway redesign to transform the provision of eye care and deliver a sustainable service for the population of North Wales.		2,590	1,563	<ul style="list-style-type: none"> <li>• Maximising eye health and sight retention for the North Wales population.</li> <li>• Achievement of national standards, the eye care measure and access targets.</li> <li>• Elimination of existing backlog.</li> <li>• Significantly improved patient experience and outcomes.</li> <li>• Increased capacity of hospital services optimising the management of patients at risk of irreversible sight loss.</li> <li>• Significant reduction in unnecessary / inappropriate referrals.</li> <li>• Significantly improved operational efficiency and productivity.</li> <li>• Adherence to and consistent application of best practice and guidelines.</li> </ul>
Urgent Primary Care Centres (UPCC)	The UPCCs provide additional capacity to support GP practices and Emergency Departments, with		2,200	1,600	<ul style="list-style-type: none"> <li>• More timely, efficient care for patients with urgent primary care needs that meet the UPCC inclusion criteria.</li> <li>• More capacity within ED and GP to provide more timely care for other patients with urgent needs that they may</li> </ul>

## Performance fund schemes (subject to approval via robust business cases)

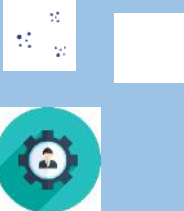
Scheme Title	Overview	Addresses Key Priorities above	Net Cost Full Year (FY) /Part Year Effect (PYE) £000s		Key Deliverables / Return on Investment
			FY	PYE	
	patients triaged to the centres both in and out of hours. These pathfinders will be further developed, with the continuation of the Wrexham/Mold Centres (supporting 6 clusters) and the North Denbighshire Centre commencing in Q1, in Rhyl. Development of a pathfinder in the West Area, with the aim that this will be in place in readiness for winter.				<p>not have been able to deal with on the day/within-waiting times.</p> <ul style="list-style-type: none"> <li>• Ensuring UPCC offers a cost effective service to the Health</li> <li>• Board and the wider population.</li> <li>• Ensuring that the UPCC clinical capacity is used (appropriately) to full capacity.</li> <li>• Reduced demand for minor illness/injuries treatment in ED</li> <li>• Improved access in GP practices for those patients with more complex conditions.</li> <li>• Reduced demand for minor illness/injuries treatments in ED</li> <li>• Improved access in GP practices for those patients with more complex conditions.</li> </ul>
Single Cancer Pathway	Implement the new Single Cancer Pathway across North Wales To improve Health Board performance against the Single Cancer Pathway measures	 	2,000	1,500	<ul style="list-style-type: none"> <li>• Improved performance against the Single Cancer Pathway measures / targets</li> </ul>

## Performance fund schemes (subject to approval via robust business cases)






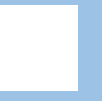
Scheme Title	Overview	Addresses Key Priorities above	Net Cost Full Year (FY) /Part Year Effect (PYE) £000s		Key Deliverables / Return on Investment
			FY	PYE	
Stroke Services	<p>Confirm and agree the stroke service model and business case to improve stroke services across North Wales.</p> <p>Provide a 'Once for North Wales' network approach to ensure consistency of clinical outcomes for Early Supported Discharge (ESD) and Specialist Integrated Community In-patient Rehabilitation Services</p>		3,852	1,059	<ul style="list-style-type: none"> <li>• Provide specialist stroke recovery support at home. This follows the care closer to home strategy of the Health Board</li> <li>• Reduce time spent in hospital for 37% of current stroke patients (and all the risks to deconditioning involved in prolonged hospital stay) with an intended 12% reduction in bed days</li> <li>• Improved recovery and increased independence following stroke recovery</li> <li>• Consequential improvements in performance measures achieved within the first twelve months of full ESD implementation, increased therapy interventions and additional specialist nurses in post</li> </ul>
Urology Services	<p>Implement preferred service model for acute urology services. Finalise urology review. Linked to robotic assisted surgery</p>		929	929	<ul style="list-style-type: none"> <li>• Continued delivery of urology services across BCUHB</li> <li>• Improved recruitment and retention rates</li> <li>• Dedicated urological specialist teams</li> <li>• Reduced complication rates</li> <li>• Improved access for patients</li> <li>• Retain services and reduce outsourcing</li> <li>• Provide an equitable service</li> <li>• Provide increased choice</li> </ul>





## Performance fund schemes (subject to approval via robust business cases)

Scheme Title	Overview	Addresses Key Priorities above	Net Cost Full Year (FY) /Part Year Effect (PYE) £000s		Key Deliverables / Return on Investment
			FY	PYE	
	Implementation of robotic surgery for cancer patients across North Wales				<ul style="list-style-type: none"> <li>• Potential to attract activity and income from other health boards</li> <li>• Reduced recovery time with less pain and quicker return to normal activities</li> <li>• Provides best practice techniques for patients requiring diagnostics and treatment</li> <li>• Improved cancer staging</li> <li>• Decreased cancer waiting times</li> <li>• Continued delivery of specialist cancer services</li> <li>• Reduced length of stay in an acute setting: patients are home quicker following safer surgery.</li> <li>• Increased throughput</li> <li>• Improved utilization of operating department facilities and theatre efficiencies</li> </ul>
Home First Bureau (HFB)	Implement Welsh Government guidance by developing a HFB model that is available 08.00 – 20.00 daily that mitigates the risks to vulnerable people, protects resource, maximises the opportunity for active		1,770	1,770	<ul style="list-style-type: none"> <li>• Increase in the number of patients on pathway 2 (own home) rather than requiring pathway 3 ((step down facilities)</li> <li>• Reduction in number of delayed transfers of care</li> <li>• Increase in assessments of patients post discharge leading to shorter length of stays and releasing beds allowing for an improved patient flow within hospitals</li> <li>• Positive advantage for the patients who have a delayed transfer of care due to lack of resources to assess.</li> </ul>





## Performance fund schemes (subject to approval via robust business cases)

Scheme Title	Overview	Addresses Key Priorities above	Net Cost Full Year (FY) /Part Year Effect (PYE) £000s		Key Deliverables / Return on Investment
			FY	PYE	
	therapeutic input and provides challenge into the discharge pathway for support outside of hospital.				<ul style="list-style-type: none"> <li>• Increase in patients returning home rather than having to be cared for in a community bed.</li> <li>• Reduce the overall long-term placements in hospital/care home</li> <li>• Allowing patients to return to the best life possible following their period of illness, think home first.</li> </ul>
ED workforce	Workforce capacity to meet population demand and deliver Welsh access model	 	1,200	1,200	<ul style="list-style-type: none"> <li>• Supports delivery of Welsh access model and access principles and priorities adopted across all sites</li> <li>• Emergency department access pathway delivery to include a 'contact first' system, 'streaming hub', and 'wait &amp; care system', leading to more efficient navigation of patients</li> </ul>
WOD Resource: Resourcing Establishment Control Team	Delivery of workforce optimisation programme encouraging reduction in agency spend and efficiency's	 	270	270	Address the following issues: <ul style="list-style-type: none"> <li>• High levels of vacancies</li> <li>• High number of leavers</li> <li>• Aging workforce</li> <li>• High agency spend</li> <li>• Low levels of bank provision</li> </ul>
Neurodevelopmental (waiting times - backlog) Recovery of lost activity	Increase access capacity supporting the recovery in waiting times for Neuro-developmental	 	1,400	1,400	<ul style="list-style-type: none"> <li>• Provision of additional ND assessments for lost activity</li> <li>• Achieve RTT compliant waiting list for ND assessments within the time period of the next 12-24 months</li> </ul>


## Performance fund schemes (subject to approval via robust business cases)

Scheme Title	Overview	Addresses Key Priorities above	Net Cost Full Year (FY) /Part Year Effect (PYE) £000s		Key Deliverables / Return on Investment
			FY	PYE	
	assessments due to the suspension of non-urgent activity between March 2020 and phased restart which commenced in October 2020.				
CAMHS training and recruitment	Recruitment of child psychiatry trainees across BCUHB supporting progression to future consultant posts with additional specialist nursing support posts for non-medical prescribing		270	207	<ul style="list-style-type: none"> <li>• Support service continuity</li> <li>• Ongoing provision of child psychiatry within CAMHS services across BCUHB</li> <li>• Reduced clinical risk</li> <li>• Reduced reliance on locums</li> </ul>
Primary Care Academy	Deliver the national model for primary care and meet statutory requirements		3,229	940	<ul style="list-style-type: none"> <li>• Number of professionals choosing to follow a career in primary care</li> <li>• Retention of staff post training</li> <li>• Retention of staff post retirement age</li> <li>• Increase in the number of MDT professionals in primary care</li> <li>• Recruitment of suitably qualified/experience of staff to vacancies in primary care</li> </ul>


## Performance fund schemes (subject to approval via robust business cases)

Scheme Title	Overview	Addresses Key Priorities above	Net Cost Full Year (FY) /Part Year Effect (PYE) £000s		Key Deliverables / Return on Investment
			FY	PYE	
					<ul style="list-style-type: none"> <li>• Increase number of extended and advance practice clinicians working within primary and community services</li> <li>• Practitioners working to the ceiling of their competencies within primary care</li> <li>• Increased number of professionals both clinical and non-clinical who have received education and training in their relevant fields based on a skills gap analysis</li> <li>• Reduced waiting times</li> <li>• Increased capacity within primary and community care health settings to meet demand</li> <li>• Improved communication between primary, community and secondary care and partner agencies</li> </ul>
Care Home Quality Nurses	To ensure the care home sector continues to deliver safe effective care to the residents of North Wales	   	102	102	<ul style="list-style-type: none"> <li>• Enhancing the quality of life for people with care and support needs</li> <li>• Delaying and reducing the need for care and support</li> <li>• Ensuring that people have a positive experience of care</li> <li>• Safeguarding and protecting from avoidable harm</li> </ul>
Continuing Health Care infrastructure	Restructure of the 3 area continuing health care teams – strengthening the new		1,138	1,138	<ul style="list-style-type: none"> <li>• Compliance with CHC legal framework requirements, with assessments and reviews being conducted within required timescales.</li> </ul>

## Performance fund schemes (subject to approval via robust business cases)

Scheme Title	Overview	Addresses Key Priorities above	Net Cost Full Year (FY) /Part Year Effect (PYE) £000s		Key Deliverables / Return on Investment
			FY	PYE	
	assessment and review functions within CHC				<ul style="list-style-type: none"> <li>• Timely decisions on eligibility</li> <li>• Reduction in dispute cases</li> <li>• Reduction in retrospective cases</li> <li>• Reduction of care homes in escalating concerns due to quality assurance concerns</li> <li>• Reduction in number of complaints with regards to discharge from hospital arrangements and application of correct CHC processes.</li> <li>• Improved patient and family experience</li> <li>• Improved recruitment into CHC teams.</li> <li>• Clinical outcomes measurable following PDN involvement in care homes e.g. reduction in avoidable HAPU's, reduction in falls with harm, reduction in WAST attendances and transfers to hospital sites.</li> <li>• Reduction in CHC overdue reviews, reduction in the number of patients receiving additional staffing hours. Patients will be assessed in the right place, right time by expert staff so as to ensure correct eligibility decision first time.</li> </ul>
Advanced Audiologist / Ear Wax (Primary Care	Extension of the advanced practice scheme and implementation of an		800	461	<ul style="list-style-type: none"> <li>• Evaluation of existing services will continue to ensure a safe, effective and high quality service is delivered.</li> </ul>

## Performance fund schemes (subject to approval via robust business cases)

Scheme Title	Overview	Addresses Key Priorities above	Net Cost Full Year (FY) /Part Year Effect (PYE) £000s		Key Deliverables / Return on Investment
			FY	PYE	
Audiology / pathway redesign)	audiology led earwax management pathway across BCUHB				<ul style="list-style-type: none"> <li>• Key performance data will be collected, analysed and shared routinely at a whole service level and locally within each practice or and/or locality. This will include:               <ul style="list-style-type: none"> <li>- Demand and activity</li> <li>- First point of contact proportions</li> <li>- Referral rates to ENT and audiology</li> <li>- Appropriateness of onward referral</li> <li>- Patients experience</li> <li>- Primary Care clinician experience</li> </ul> </li> </ul>

In 2021/22, the part year effect of all the above schemes fully commits the £30m performance funding, whereas in 2022/23 there is a full year effect of £38.44m leading to a potential over commitment of £8.44m. This will be managed down via business cases and 2022/23 planning.

It is critical that the investments set out above, along with the other actions to be identified, are delivered in a timely fashion and have tangible impacts upon the performance of our services.

The table below sets out a high level summary of key performance metrics for 2021/22:

**MDS refresh to be incorporated into table below**

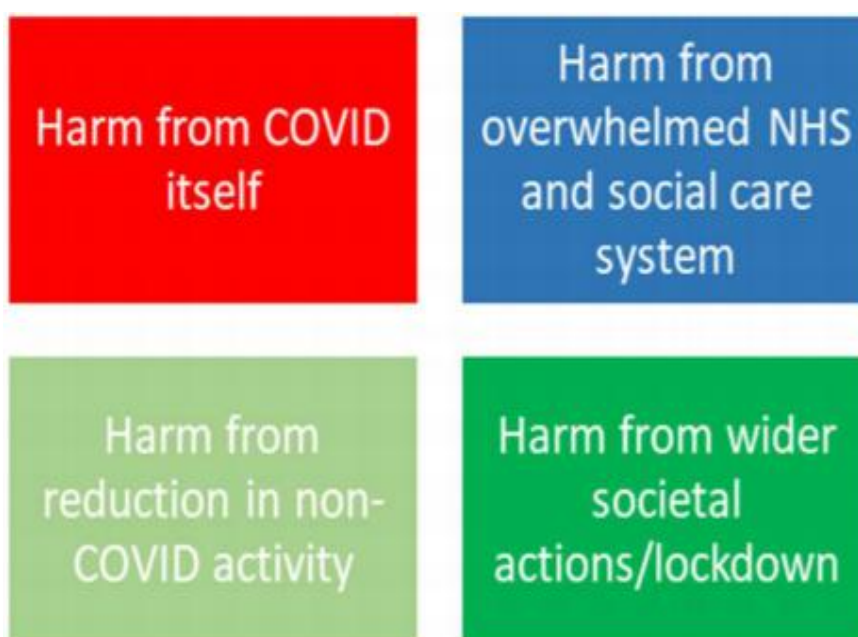
	Lead Executive Director	30 Jun 2021	30 Sept 2021	31 Dec 2021	31 Mar 2022
Number of people waiting over 52 weeks for planned care treatment (in patient outpatient or day case)	Deputy CEO	46,000	46,000	51,000	46,000
Number of people waiting between 36 and 52 weeks for planned care treatment (in patient outpatient or day case)	Deputy CEO	51,500	51,000	46,000	40,000
Compliance with the eye care measure	Deputy CEO	50%	60%	70%	80%
Compliance with the single cancer pathway	Dir. of Therapies & Health Sciences	65%	67.5%	70%	72.5%
Number of people waiting over 8 weeks for a diagnostic procedure (excluding endoscopy)	Dir. of Therapies & Health Sciences	4,230	2,720	1,200	0
Performance against the mental health measure Part 1a	Dir. of Public Health	81%	76.8%	88.8%	83.1%
Performance against the mental health measure Part 1b	Dir. of Public Health	90%	83.2%	92.9%	83.1%
CAMHS – time to assessment	Dir. Of Primary & Comm. Care	40%	60%	70%	80%
CAMHS – time to treatment	Dir of Primary & Comm. Care	25%	50%	60%	80%
Emergency department & MIU compliance against the 4 hour performance target	Deputy CEO	75%	78%	82%	85%
Ambulance handover delays over 1 hour	Deputy CEO	800	700	700	700
Number of people waiting over 12 hours in our emergency departments	Deputy CEO	1,500	1,000	800	800

## 5. COVID19 and recovery



This plan has been developed paying particular attention to the effective management of risk and the avoidance of harm. The potential for harm during the pandemic is particularly heightened and the Health Board has considered the four dimensions of harm arising from COVID19 as set out here:

Using this framework to view potential harm whilst developing the plan has enabled key priority areas to be identified for immediate action, reflecting the urgency of the current situation. The plan also identifies critical strategic steps, which need to be progressed at the same time in order to drive further improvement in services.



As we continue to see a high prevalence of COVID19 and the emergence of new variants, we will maintain our health response

working with partners to manage the impact on operational capacity across primary, community and acute services. Our planning assumptions for the next 6 months continue to prioritise COVID19 programmes alongside re-establishing services, capturing and utilising new ways of working and maintaining good practise from lessons learnt throughout the first and second waves of the pandemic.

Test, Trace and Protect continues to play a pivotal role in our overall approach to preventing the transmission of COVID19 across North Wales, and protecting our population. Our plan focuses upon the delivery of a resilient, sustainable service.

### Primary and Community Care Recovery

Primary care and community based services face particular challenges in continuing to respond to the requirements of the pandemic whilst also making progress towards recovering full service delivery, addressing the backlog in supporting patients with chronic conditions and transforming services to support the delivery of Health Board's agreed strategic direction. As part of our COVID19 response in primary care, we will:

- Continue to work in partnership with GP practices to deliver the COVID19 vaccination programme, along with community pharmacies and other primary care professionals. Joint plans will be developed to deliver the booster programme which will need to consider the impact on primary care capacity and potentially wider recovery;



- Continue to implement any WG contract changes to support independent contractors across primary care to protect some elements of our primary and community services. As we develop our plan for recovery during 2021/22, we need to consider how to rebalance funding, workforce and other resources to support the development of primary and community care services to stabilise and then move care closer to home;
- Continue to work with the national Strategic Programme for Primary Care and ensuring resources developed are utilised to support the sector;
- Work with cluster leads and contractors to support the recovery of planned care for patients with chronic conditions;
- Continue to provide support to primary care contractors in the development, roll out and evaluation of new technologies, including telephone triage/consultation and video consultation, and the eConsult and accuRx digital tools. The evaluation will include a reflection of feedback from patients and clinicians, as well as a review as to how they can support efficient working and improve access, in the context of recent significant increases in demand in GP practices;
- Implement pathway and resources to provide support for patients presenting with long COVID syndrome in line with national guidance;
- Work in partnership with secondary care clinicians to support patients waiting for planned care treatment in primary and secondary care services.

### Vaccination Implementation Plan

Further to the All Wales National Strategy published on the 11<sup>th</sup> January, a North Wales Mass Vaccination Implementation Plan (MVIP) was developed to set out the route for delivery of the Covid-19 vaccine programme. The plan was developed as a matter of urgency alongside the implementation of the mass vaccination programme itself.

A North Wales Strategic Vaccine Group was established with multi-agency partners reporting initially to the North Wales Strategic Co-ordination Group (SCG). A Tactical Delivery group was also established to ensure implementation of the programme. The initial delivery model adopted was as set out below.

Setting	Cohort
Hospital Vaccination Centre (HVC)	Frontline healthcare workers Care home staff
Mass Vaccination Centre (MVC)	Care home staff <i>Frontline healthcare workers</i> <i>Frontline social care workers</i> Age cohorts
Primary care (GP Surgeries)	Frontline healthcare workers Frontline social care workers Care home staff (complete) Age cohorts (initial focus on over 80s)
Local Vaccination Centre (LVC) Contingency service	Frontline social care workers Age cohorts Support for Primary Care
Care homes	Care home residents

Domiciliary Care	All Housebound
Community Pharmacy	Frontline healthcare workers Frontline social care workers Care home staff (mop up) Age cohorts (initial focus on over 80s)

Implementation of the programme is progressing at pace and the programme has been required to be fluid in order to respond to changing scenarios in relation to priority cohorts, vaccine supply, and changing guidance from the JCVI in relation to the vaccines. In particular, changes to the recommended eligible groups for the Astra Zeneca vaccine have necessitated rapid changes in delivery.

To date, all delivery targets for the vaccine programme in terms of delivery for priority cohorts have been achieved. It is expected that the target for offer of the vaccine to all adults by July will also be achieved, subject to availability of supplies. The table below sets out the progress in delivery of vaccines by priority cohort.

Priority Group	Vaccinated	Booked	Vaccinated	Booked	Exclusions	Total	% Vaccinated	% Vaccinated & Booked	% Vaccinated	% Vaccinated & Booked
P1.1	4090	0	3905	1	55	4171	99%	99%	95%	95%
P1.2	11,049	14	9,711	520	251	12,664	89%	89%	79%	83%
P2.1	37,612	2	36,667	39	819	39,381	98%	98%	95%	95%
P2.2	24,959	52	23,041	588	402	26,333	96%	97%	89%	91%
P2.3	9,294	3	8,607	365	39	9,438	99%	99%	92%	95%
P3	30,714	4	30,108	64	627	31,980	98%	98%	96%	96%
P4.1	42,239	6	41,426	94	860	44,394	97%	97%	95%	95%
P4.2	16,036	30	15,147	195	548	17,232	96%	96%	91%	92%
P5	34,573	14	32,838	481	941	36,983	96%	96%	91%	93%
P6	68,190	261	43,694	8,327	2,893	79,544	89%	90%	59%	69%
P7	22,302	16	11,227	4,480	1,066	25,464	92%	92%	48%	66%
P8	26034	28	7815	8329	1310	30758	89%	89%	30%	57%
P9	27865	37	5269	12499	1486	33479	88%	88%	20%	58%
P10	115,320	3,720	4,219	60,308	7,648	193,952	63%	65%	6%	37%

An Equality Impact Assessment screening was undertaken on commencement of the development work for the vaccination programme. This has been reviewed and an update action plan put in place to address barriers to participation. Excellent work has been undertaken in partnership with Local Authority partners including vaccination of homeless people, gypsy and traveller communities, the D/deaf community, and to engage with many community groups to address language and cultural barriers.

As at 3 June 2021, 758,054 vaccine doses had been delivered across all cohorts in North Wales; and a total of 274,554 people have now received both 1<sup>st</sup> and 2<sup>nd</sup> dose vaccinations. Immediate next steps for the vaccination programme include:

- Retention of facilities at Deeside leisure centre to ensure successful completion of the initial vaccination cycle
- Secure new sites to ensure adequate local capacity including the OpTic Centre in St Asaph and Bangor Cathedral
- Expansion of the network of Local Vaccination Centres in the East
- Diversifying delivery methods to ensure all groups have access to the vaccine – leaving no-one behind
- Developing surge vaccination proposals to support areas of outbreaks and high risk areas and settings, including response to the growing impact of Variants of Concern

Ongoing issues of concern include:

- The change of recommended age groups for AZ, as referred to above, creating reluctance to take up the vaccine in the younger adult cohorts;
- Vaccine supply concerns due to an increase of 60,000 in the 30-39 age group requiring Pfizer, as well as disruption caused by pressures on the global supply chain
- The increasing need to return to Business As Usual within the HB, with consequent impact on staff capacity and availability.

Further work will be undertaken pending confirmation of the Booster Programme by the JVCI which will also link into the BCU HB flu vaccine programme for the purposes of planning and delivery.

The programme is currently working up future models for the booster programme, based on most likely option identified by WG:

- Cohorts 1-9 and children 12 to 17 (2 doses)
- Cohort 10 in priority order from circa 6 months from 2<sup>nd</sup> dose.

This equates to circa 700,000 doses needing to be delivered. Outline plans are in development, to be shared with WG on the 18<sup>th</sup> June. Key assumptions still outstanding include vaccine type; length of programme; concurrent delivery with flu; start date; heterologous vaccine to initial; supply chain and potential primary care support.

### Safe Clean Care Harm Free (SCC-HF)

As part of the Health Board's response to all Health Care Associated (nosocomial) infections transmission, including concerns around the Covid-19 pandemic, a large-scale change mobilisation programme has been launched. Supporting the Health Board's approach of 'Stronger Together'.

SCC-HF utilises the behavioural science methodology defined as COM- B (Capability, Opportunity, Motivation - Behaviour) with specialist advice and support in applying this technique provided by Public Health Wales (PHW) and their behavioural science unit.

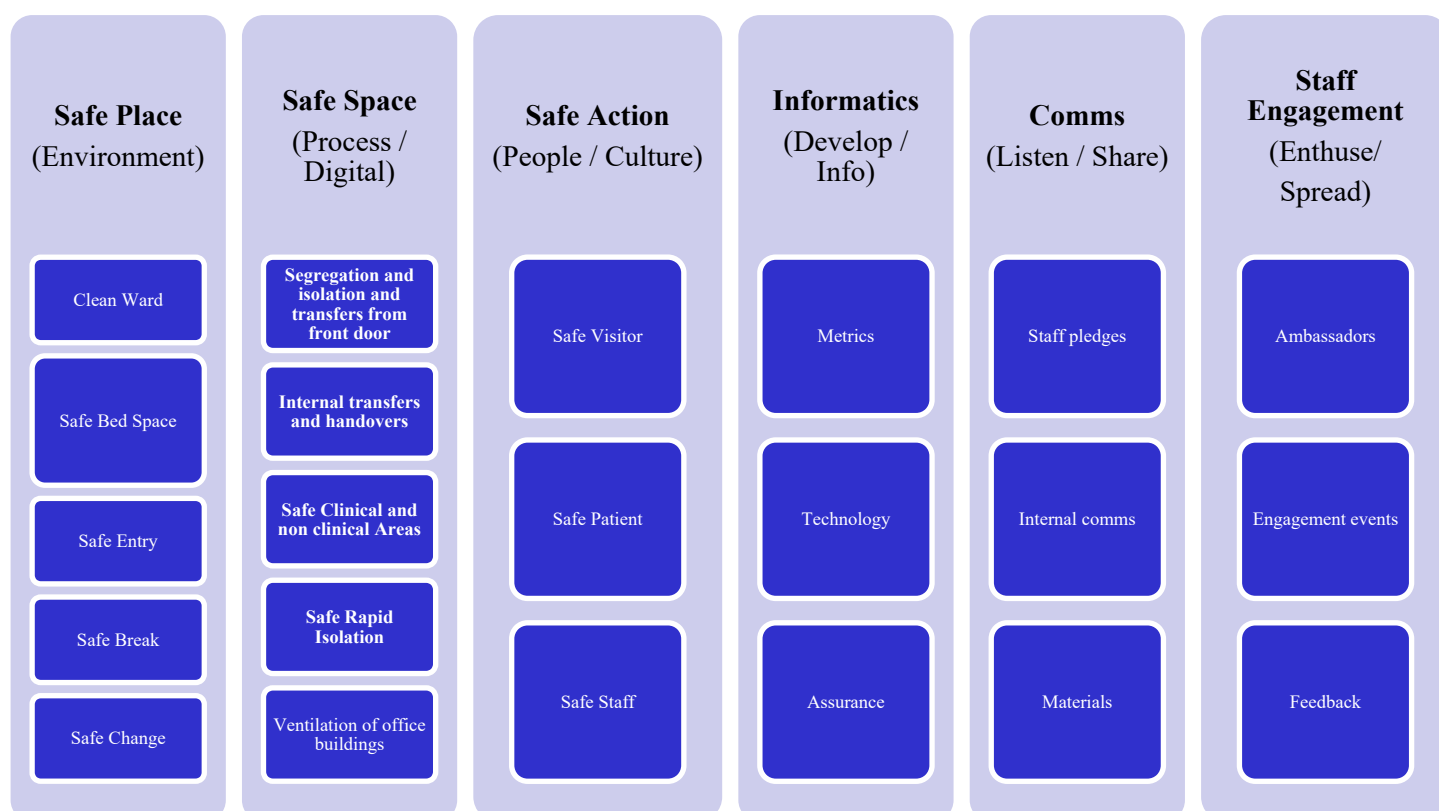
The key aim is to achieve sustainable changes in staff behaviour in order to create a harm free zero tolerance attitude to nosocomial transmission within our Health Care settings by December 2021. This approach equally fully reflects the 'Safe Clean Care' principles previously adopted within the Health Board.

In 2018 the Health Board implemented a Safe Clean Care strategy to strengthen infection prevention leadership and assurance. Due to Covid-19 and related factors the original philosophy has been amended and strengthened to now include new priorities and re-branded as Safe Clean Care – Harm Free (SCC-HF).

This sits alongside the learning from all our nosocomial post infection reviews shaping the behavioural change which is needed across the health board to deliver safe clean care harm free. Focusing on reducing the intention to action gap, as no one comes to work to do harm.

### Safe Clean Care Harm Free (SCC-HF) Programme on a Page

The overall programme has been structured to fully reflect standard project management principles as follows.

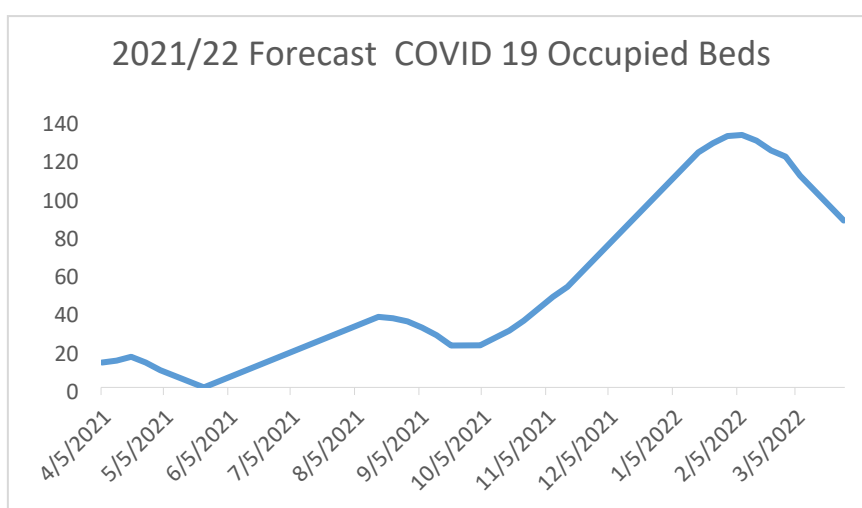


## Coronavirus Co-ordination Unit

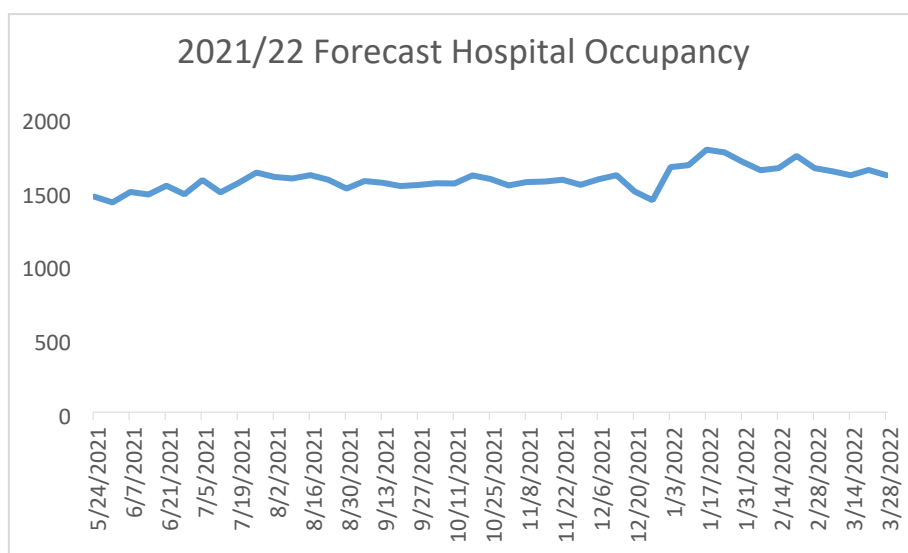
The Health Board Coronavirus Co-ordination Unit supports the response to the current phase of the COVID19 pandemic. Our plan envisages that the Executive Incident Management Team (EIMT) will phase down its activities as community transmission continues to stabilise, alongside the reduction in COVID19 related hospital admissions and intensive care demand. This will allow a greater focus on 'business as usual' as activity begins to re-generate and recovery and reset accelerate. It is well recognised, however that the impact of the pandemic is not entirely predictable and will remain significant throughout the course of the year, and likely for many years to come.

Our current assumption for new cases of COVID19 during the year 2021/22 is a third wave in the summer months with peak hospital occupancy forecast mid to late August before a further increase in the winter months. Forecast hospital occupancy volumes are based on the most likely scenario (issued in March 2021) with timing adjusted locally to move the peak occupancy to later in the year and factor in differing peak times for each of our sites as observed in previous waves.

Revised national modelling work will continue to be reviewed and inform our local planning assumptions. The following chart sets out our current forecast demand for COVID19 beds, using 30% of MLS in the summer months moving to 100% in the winter period.



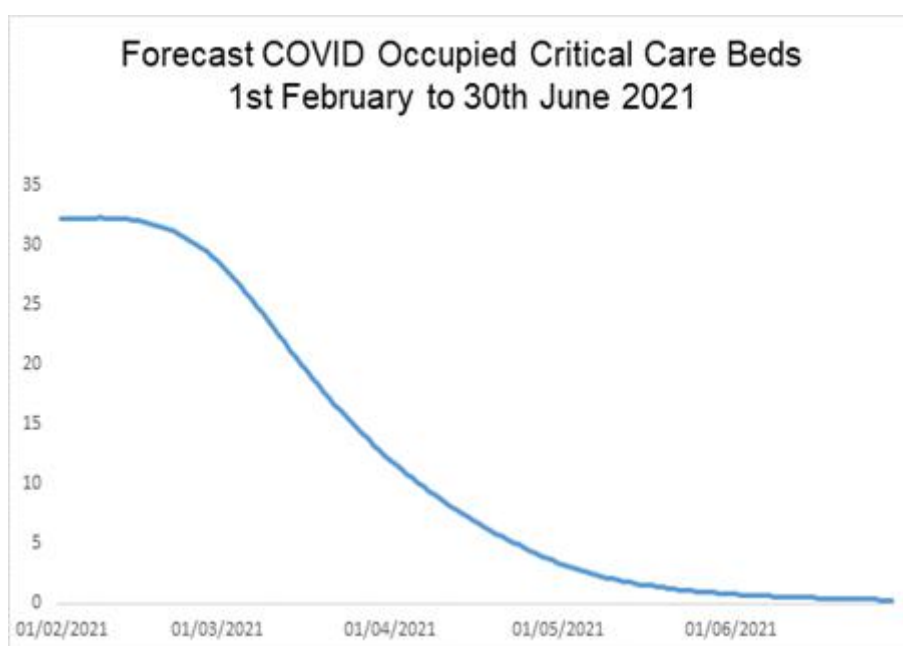
We have reviewed our plans for hospital occupancy for quarter 1 and beyond, taking into account the changing situation regarding COVID19, an expected demand increase on non-COVID unscheduled care and planned care recovery. Expected bed occupancy for acute and community sites (medical and surgical beds) combined is shown in the following chart



Our plans will continue to be refined as we gain further intelligence in relation to COVID19 and the anticipated increased prevalence of other infections over the winter months.

Whilst we are seeing the number of admissions to critical care stabilising we are not expecting to see a significant reduction and it will be some time before the vaccine has an impact on critical care.

We have been consistently tracking between the MLS and reasonable worst case scenario (RWC) and based on this, our forecast will continue at 45% of the reasonable worst case for critical care occupancy as shown in the graph below.



We have considered the information emerging from the above in setting our bed planning for 2021/22. Our current plans involve the following:

- Designated COVID19 hospital beds in our hospitals, including potential surge beds, are being reviewed in light of revised modelling in 2020/21;

- Our non-designated COVID19 hospital beds will increase to 1869, reflecting the change in use for some of the surge capacity previously in place to meet Covid needs;
- The national recommendation for minimum capacity invasive ventilation beds is to maintain 25% above baseline. Revised national capacity analysis suggests a range of 25 to 47 occupancy (31 to 59 beds at 80% occupancy) taking into account higher and lower projections. The funded complement of 36 beds will meet the lower end of this range. Planning is continuing concerning surge capacity staffing to address the higher end should this be required;
- Non-invasive ventilation outside of critical care is being reviewed but in the region of 27 beds may be maintained; and
- Post anaesthetic care units to be in place and by end of quarter 1 there will be 9 PACU beds across North Wales.

In addition to the direct impacts upon hospitals outlined above, it is expected there will be a COVID19 related additional increase in demand for longer-term care packages and care home placement, despite the greater focus on discharge to recover then assess pathways.

Given the uncertainties regarding the continued impact of COVID19, contingency plans for our escalation of COVID19 response and bed capacity will continue into 2021/22. Monitoring and surveillance will continue to ensure that early warning signs of potential need for escalation are acted upon. The EIMT arrangements will be escalated to respond as required in the event of a significant or generalised increase in COVID19.

The digital legacy of COVID19 will inform future change and will be reflected in the demand and capacity modelling assumptions and local solutions. We will work to optimise this benefit whilst also ensuring that the adoption of digital technology does not unfairly exclude some members of the population, leading to an unintended adverse impact by widening health inequalities.

Whilst the immediate hospital pressures of COVID19 are expected to reduce, other aspects of demand for services are indicated to rise. This includes attendances at emergency departments, emergency admissions and GP referrals. Our plan sets out how we propose to respond to these changes in demand.

We are also acutely aware of the impact on our workforce of COVID19 and with that in mind have taken into account a number of factors to ensure the continuity and resilience of our workforce for the coming period.

Initial indications are we need to recruit and deploy additional workforce capacity to build into existing measures such as transitioning the vaccination programme to business as usual and supporting the planned care backlog. With this in mind we are increasing bank hours plus other internal temporary staffing mechanisms in the first part of next year, given the timescales for substantive recruitment and the necessity to keep the workforce flexible until stability is restored in the second half of the year.

We have stable recruitment profiles in terms of students qualifying and taking up established roles across the Health Board and have an international nurse recruitment programme in place which will provide us with 111 nurses. We also expect to see the number of returners fall across the year 2021/22 in line with the COVID19 related programmes' activity decreasing, given that the majority of returners have come back to support these programmes. There are initiatives being worked on to try to retain some of this workforce to support the organisation given the different, but ongoing workforce pressures the Health Board will face over the coming year.

## 6. Key performance lessons learnt and challenges for 2021/22

Section 1.1 set out some of the Health Board's key achievements in 2020/21. There are also areas where challenges clearly remain to be addressed, requiring focussed attention in our 2021/22 Plan.

In primary care the integrated locality model continues to develop, supported by the Community Transformation programme and is making a progressively positive contribution, however 2020/21 proved to be a challenging year overall. Some key challenges continuing to face our primary care contractors include:

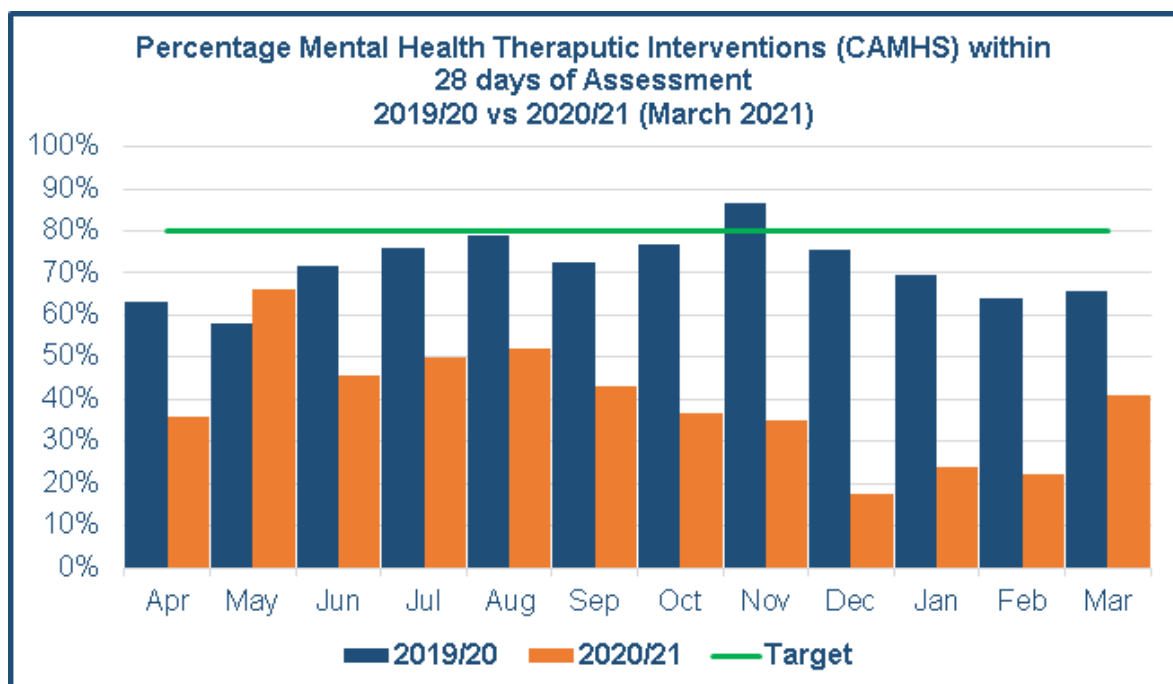
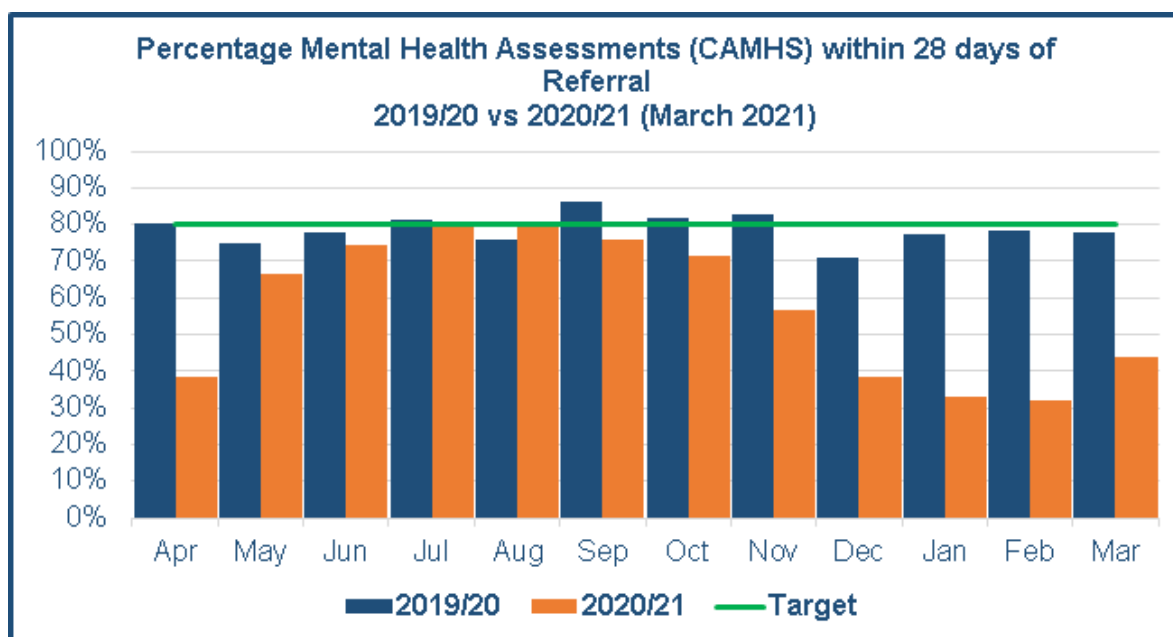
- Growing demand on primary care;
- Significant pressures on workforce, including those arising from COVID19;
- A decrease in availability of some key support services has resulted in an additional burden on primary care, such as care home support and phlebotomy;;
- Palliative and end of life care services;
- Development of services to support those with one or more chronic diseases, and addressing the backlog of care.

Whilst significant improvements have been achieved in adult mental health provision in relation to access to mental health assessment and treatment within 28 days of referral, there remain challenges in achieving the commencement of psychological therapy within 26 weeks of referral. Current delivery is improving, however we only achieve a performance of 45% against a target of 80%, resulting in longer waiting times for our patients.

Child and adolescent mental health services (CAMHS) continue to see challenges relating to reduced capacity within the teams and reduced physical capacity within CAMHS accommodation due to social distancing requirements. As a result, performance against access standards has been impacted. Current delivery is 17% against a target of 80% for children and young people commencing therapeutic interventions within 28 days of assessment and only 38% receive an assessment within 28 days of referral. Improvement in access to services is required to meet Welsh Government assessment targets and there is a need to further develop early intervention post diagnostic services.

The graphs overleaf summarise the performance challenges facing our CAMHS service in meeting the requirements of the mental health measure:





Following the first lockdown in March 2020 there was a significant reduction in both the number of attendances and ambulance conveyances to the three Emergency Departments across North Wales. Activity has fluctuated over the past 12 months with increases and decreases broadly corresponding to changes in COVID-19 lockdown restrictions, however, the total number of attendances across BCUHB for 2020/21 has remained below pre-COVID-19 levels. We expect that the further lifting of restrictions will result in an increase in attendances to pre COVID-19 levels.

Our unscheduled plan in section 11 reflects the work being undertaken to address this anticipated increase and include actions to improve flow in our secondary care Emergency Departments and the transformation of emergency and urgent care services, with initiatives such as Phone First, 111, the use of alternative pathways and the development of Urgent Care Primary Centres.

Initially, the COVID-19 pandemic had a significant impact upon the number of Urgent Suspected Cancer referrals from our General Practices, falling to 37% of the 2019 monthly average in April 2020. However, after a joint communications campaign by the Health Board and Welsh Government, referral rates quickly increased and were at pre-pandemic levels again by July 2020. From 1<sup>st</sup> January 2021 Cancer Performance measures moved to the Suspected Cancer Pathway and our plans for 2021/22 include a number of initiatives to support delivery of the new measure.

During the first few months of the pandemic the number of patients waiting over 8 weeks for a diagnostic test rose to a peak of just over 15,700 by September 2020. Capacity was significantly reduced due to the need to work safely with COVID-19 and non-COVID-19 patients and as such the focus was on seeing patients on an urgent or urgent suspected cancer pathway. At the end of March 2021 the number of patients waiting over 8 weeks had been reduced to just over 8,000. The highest number of delays are in Endoscopy, Cardiology and Radiology and reducing the delays in these areas is a focus of the Annual Plan for 2021/22.

As at the end of March 2021, the number of patients waiting 36 weeks or more on a Referral to Treatment pathway was 51,433 and the number waiting over 52 weeks was 43,423. Comparing these figures to the end of March 2020 - 11,798 and 3,113 respectively highlights the impact of the pandemic on planned care services and the scale of the task to address the backlog of long waiting patients.

A new model of waiting list management, alongside that of the Referral to Treatment model was introduced to ensure the safe management of the growing numbers and length of wait for patients on our waiting lists. In line with other Health Boards in Wales, BCUHB implemented the Royal College of Surgeons risk stratification methodology to manage the waiting list on the basis of level of risk of harm to patients.

In addition, the Health Board adopted new ways of working such as virtual clinics and consultations for our patients. This was complemented by the introduction of Consultant Connect to enable GP's to access consultant advice and thus reduce the need to refer patients into secondary care.

The pandemic has been a catalyst for modernising the outpatient follow up model which will release capacity to help reduce the waiting times for patients. Where appropriate and clinically safe to do so, patients are now discharged from follow up with either a 'See on Symptom' (SoS) or a 'Patient Initiated Follow Up' (PIFU). This allows patients to come back into the system without having to see their GP for a re-referral.

## 7. Key integrated planning assumptions – COVID19 workforce and finances

Developing this plan in the context of the pandemic has been complex given the uncertainty with regard to resource availability, particularly workforce and the overall impact and implications of COVID19. This has required a number of assumptions to be made in support of our planning activity. Given the importance of these assumptions, it is critical that they are documented so that they can be understood when assessing the delivery aspects of this Plan. We have identified five workforce assumptions :

- The sickness absence rate forecast for the year ahead has factored in the potential effects of Long COVID by identifying staff with open COVID19 related sickness record in excess of 28 days, which currently stands at around 85 staff. Whilst we expect to see staff sickness reduce across the year, we expect this to be a gradual reduction primarily driven by a major reduction in COVID19 sickness as the vaccination programme works through the cohorts and staff are vaccinated. This assumption is reflected across the other sickness lines reported in the minimum data sets (MDS) which support this Plan;
- With regard to vaccination, our workforce delivery model is underpinned by robust plans which provide assurance that through working in partnership we can achieve, if not exceed, our expectations in this most critical and challenging of COVID19 programmes. Our plans detail the additional workforce to extend and expand the vaccination programme to support the delivery of cohorts P5-P10. The current plans are based upon primary care teams delivering approximately 60% of doses with the remaining 40% delivered through Mass Vaccination Centres (MVCs) and Local Vaccination Centres (LVCs). Staffing numbers are flat lined until July and then decrease in line with the plan, with contingency for provision of a business as usual service being required across Q3 and Q4 of 2021/22;
- The Test Trace Protect staffing has been flat lined across the year as it is estimated that this service will stay in place across 2021/22;
- For other COVID19 related Whole Time Equivalent (WTEs) we have factored in a reduction at the rate of 10% each month from April 2021 onwards. This is based on looking at the areas currently supporting the COVID19 programmes and estimating when they might start to stand down or reduce their services. This will of course be subject to review based on experience against the forecasting;
- We expect the cleaning standards put in place as part of the COVID19 programme to stay in effect for the whole 2021/22 and as such have flat lined the WTEs associated with this work;

The financial assumptions associated with the COVID19 operational response are:

- The Test, Trace and Protect and vaccination programmes remain active throughout the year;
- Specific financial arrangements for continuing healthcare and funded nursing care will continue for quarter 1 and be funded by Welsh Government;
- Other COVID19 costs will continue until mid-August and be funded by Welsh Government.

Clearly, there remains a degree of uncertainty about these assumptions and they will be subject to review within the quarter 1 period with appropriate amendments being made to the plan in year.

The Welsh Government planning guidance for 2020/21 confirms that known COVID19 costs will be funded through an additional resource allocation. Therefore, the financial assumption in the plan is that COVID19 costs as shown in the table below and estimated at £57.3m, will be funded in the same way.

<b>COVID19 expenditure, based on WG guidance</b>	<b>Pay £'000</b>	<b>Non Pay £'000</b>	<b>Total £'000</b>
Test, Trace and Protect	2,000	6,300	9,000
COVID19 vaccination programme	900	5,000	5,900
Surge capacity/Field hospitals	250	1,000	1,250
Cleaning standards	2,527	211	2,738
CHC/FNC packages		3,250	3,250
Other COVID19 related spend	20,105	14,928	33,033
<b>Sub Total COVID19 additionally</b>	<b>25,582</b>	<b>30,689</b>	<b>57,271</b>

Note: These figures exclude an estimated cost for PPE of c £13m which is still subject to discussion with Welsh Government.

The Welsh Government has indicated that there will be an allocation of £170m to NHS Wales to cover some of the costs associated with COVID19 during the first half of the financial year. The Health Board share of this allocation is £38.4m and our expenditure profile indicates an expected spend of £36.3m on the cost headings covered by the allocation.

It is anticipated that the plan will be subject to quarterly review and amendment, as national and local assumptions around the impact of COVID19 and recovery of planned care activity are updated.

## 8. Strengthen our wellbeing Focus



Light touch review. Bring forward content from action plan.

The following table sets out the key deliverables for this element of our plan, with further supporting information below:

Key Deliverables 2021/22	
<p>We will:</p> <ul style="list-style-type: none"> <li>• Continue to work to reduce the prevalence of smoking and associated harms;</li> <li>• Progress our smoke free site activity by ensuring increased access to support services and the progression of the mental health smoke free action plan;</li> <li>• Establish initiatives to be implemented as part of the homelessness/poverty programme, (in partnership with housing associations, third sector and local authorities);</li> <li>• Implement the infant feeding project, by increasing training rates and improve activity rates;</li> <li>• Develop and commence a children's tier 3 obesity service, and establish and implement referral mechanisms;</li> <li>• Establish a Physical Literacy North Wales programme;</li> <li>• Continue to focus on our vaccination planning, ensuring our general vaccination programmes are on track, alongside the additional COVID19 vaccination planning for winter 2021/22;</li> <li>• Continue to deliver the regional Test, Trace and Protect programme with a range of partners;</li> <li>• Progress in partnership the inverse care law programme which seeks to identify opportunities for early intervention actions and targeted services.</li> </ul>	

The Health Board remains committed to a population health focus including strengthening wellbeing actions and tackling inequalities. The harm caused to the population of North Wales by COVID19 is and will potentially be significant for some time to come and we recognise that the pandemic has hit our poorest communities the hardest.

Whilst overall health in North Wales is good, we still have long standing health challenges across the region. These include our high smoking rates, issues relating to obesity (all ages), and limited physical activity levels. In recent years we have successfully progressed our work on the 'lifestyle bundle', to support healthy choices, promote self-care, ensure a focus on prevention and resilience work, and to support clinical pathway work (e.g. diabetes). We have placed a particular focus on setting up the required services, and therefore in 2021/22 we will start turning our attention to the wider challenges for individuals and communities.

From a population health perspective, we will continue to build on our activities and our plans for improving the health and well-being of the population in North Wales. We will do so in partnership through whole system working – building on our work with localities, local authorities, universities and the Third Sector.

During the year ahead we will focus on health protection activities, prevention and early intervention, and improving health and well-being. We will specifically continue to place a significant focus on ensuring a good start in life through a focus on the health of the child.

This work will be underpinned by the refresh of our population needs assessment and well-being assessments. This work will be undertaken in partnership across the region, and will ensure a renewed focus on understanding needs at the local and regional level to support our planning work.

Our priorities are set out below.

#### Health Protection - we will:

- Continue to focus on our vaccination planning, building on the significant progress made to date to continue to improve the reach of this programme throughout our population, communities and priority groups. This will include ensuring our general vaccination programmes are on track, alongside the additional COVID19 vaccination planning for winter 2021;
- Deliver the regional Test, Trace and Protect programme with a range of partners.

#### Prevention and early intervention - we will:

- Further progress the key programmes which support life style choices, health improvement and the management of long term conditions through the continuation of the 'Prevention and Early Years' and 'Healthy Weight: Healthy Wales' funding. These include:
- Increasing take up of smoking cessation services through creating greater accessibility,
- Improving infant feeding rates through targeted support for families,
- Reducing childhood and adult obesity through further developing pathways and capacity,
- The creation of a network of physical literacy experts to support individuals, children and families.
- Progress the inverse care law programme through mapping current services and needs, and identifying areas of opportunity – through a partnership approach'
- Develop a framework on mental well-being (all ages), to support the wide range of public health mental health activities underway across the Health Board. This will support the targeted intervention activity, but more importantly support the emerging additional needs emerging post COVID19.

#### Improving health and wellbeing - we will:

- Progress our work on the inverse care law, with a focus on our locality working, building upon our social prescribing activity across the region;
- Work to meet the needs of those most at risk through our strategic partnerships - the Alcohol Harm Reduction Strategy, the North Wales Suicide and Self Harm Reduction Strategy, and our Immunisation Strategy;
- Further grow the Well North Wales programme of work by expanding our food poverty and homelessness initiatives;
- Link with our community experts and third sector colleagues to help extend our reach to all vulnerable and hard to reach groups, alongside the work of our newly appointed BAME outreach officer;
- Explore and agree the next steps for of our arts and health programme;
- Support the Sports North Wales programme – to ensure the focus on meeting needs and promoting physical activity.

In progressing this work, we are guided by key policies such as “A Healthier Wales”, and legislation in Wales including the Well-being of Future Generations (Wales) Act 2015, Social Services and Wellbeing (Wales) Act 2014 and the Equality Act 2010 (Statutory Duties) (Wales) Regulations 2011). We will also use the opportunity afforded by the commencement of the socio-economic duty in Wales to consider how the strategic decisions we make will help reduce the inequalities experienced by our population as a result of socio-economic disadvantage, and are working to embed the requirements of the duty into our strategy and planning processes.

## 9. Recovering access to timely planned care pathways



Recovering access to timely planned care requires a whole system response with primary care secondary care clinicians working together to support patients both waiting for and having access to care in primary and secondary care services

The following table sets out the key deliverables for planned care recovery, with further supporting information below:

Key Deliverables 2021/22	
<p>We will:</p> <ul style="list-style-type: none"> <li>• Support the continuation of accuRx on line platform for GP Practices, to promote efficient access to general medical services;</li> <li>• Increase dental treatment provision, moving towards delivering the pre-COVID19 activity levels throughout 2021/22;</li> <li>• Implement the neurodevelopment model of working, improving access to services to meet Welsh Government assessment targets and further develop early intervention post diagnostic services;</li> <li>• Recruit and train psychiatrists in CAMHS supporting progression to future consultant posts, along with additional specialist nurses;</li> <li>• Continue to develop the Primary &amp; Community Care Academy to support the delivery of the Primary Care Model for Wales, with a focus on innovation, research, new ways of working and recruitment. deliver support to care homes with a focus on Quality Assurance;</li> <li>• Deliver an earwax management programme to improve access for patients;</li> <li>• Build upon the 'Once for North Wales' approach, using our hospital capacity flexibly to meet the needs of the whole population. Implement consistent approaches to demand management and patient validation through our outpatient transformation programme and end to end pathway redesign;</li> <li>• Implement 'Attend Anywhere' and online consultations (eConsult) to improve access. Improve the triage process to ensure the most appropriate clinician to meet a patient's need;</li> <li>• Develop a diagnostic and treatment centre model to transform planned care service delivery.</li> <li>• Ensure patients are physically and psychologically prepared for surgery, improving patient outcomes and reducing length of stay, for example through prehabilitation;</li> <li>• Deliver a sustainable eye care service for the population of North Wales based on the work to support the introduction of the national eye care measures;</li> <li>• Deliver improvement against the single cancer pathway, enabling delivery of the national target of 75% of all patients achieving the single cancer pathway;</li> <li>• Implement urology services redesign enabling work to progress on service developments including the introduction of robotic surgery in North Wales;</li> </ul>	



- The implementation of the National Maternity Strategy for Wales (2019-2024) to include the transformation of maternity services and working in partnership with early years services.
- Transformation of gynaecology and specialist services. Review of free standing midwifery led units across North Wales community, review of access to water birth services and the refurbishment of acute maternity units across all sites in addition to birth choices.

The Health Board continued to deliver essential services throughout 2020/21 in line with Welsh Government requirements. The impact of COVID19 however meant that there were detrimental impacts upon other services, which were curtailed, including significant aspects of planned care with associated risk and harm. Ensuring that planned care services can expand to address the risks identified and begin to reduce the backlog of patients waiting is a key priority for our plan.

#### COVID19 impact on planned care

The backlog of treatment for patients which arose before and also due to COVID19 continues to

**Drafting note: to be updated with latest position Informatics**

increase. The following table sets out the number of patients waiting over 36 and 52 weeks by treatment stage as at 10th January 2021:

Waiting list backlog	Waiting between 36 – 51 weeks	Waiting over 52 weeks
Stage 1 – outpatients	6774	24536
Stage 2 / 3 – diagnostics	2183	5619
Stage 4 –inpatients and day-cases*	1438	12348
<b>Total</b>	<b>10395</b>	<b>42503</b>

Note : stage 1 outpatients / stage 2 and 3 diagnostics / stage 4 inpatients & day cases.

The table illustrates the significant number of patients whose treatment is currently paused. This number continues to rise, with a forecast, based on current activity levels of 50,000 over 52 week waiters by the end of 2021/22. The distribution of waiters across sites is generally comparable, with the “Once for North Wales” approach starting to level the inequalities of wait for high-risk patients, however the variable patterns of long waiting patients across our hospital sites continue.

In addition to the reduction of activity levels as a result of the pandemic, there was a marked reduction in referrals. This has begun to recover, and there remains an expectation of increasing demand during 2021/22, as set out below:

- Demand for urgent suspected cancer referrals has returned to pre-COVID19 levels but cumulatively the total demand is around 4000 cases lower in December 2020 than it was at the same point the previous year;
- The number of cancer patients starting treatment in 2020/21 was 3648, which is set to increase to 4233 during 2021/22;
- Screening services reopened during December and the demand via these services will be carefully monitored to assess volume, type and stage of demand filtering. The temporary cessation of screening services has contributed to the reduction in newly diagnosed cancers generally and in early stage diagnoses in particular.

It has been assumed that referrals from GP practices will increase, compared with 2020/21 levels, particularly in quarters 3 and 4, as more patients present as follows :

- Ambulatory sensitive conditions (conditions where hospital admissions may be prevented with alternative pathways in primary care are projected to increase) from 5,998 as at December 2020 (estimated full year activity circa 8,000) to 9,300 by end of March 2022. This remains below the number in 2019/20 of circa 12,500;
- Urgent cancer outpatient referrals are expected to rise from 18,443 as at January 2021 (estimated full year activity circa 22K) to pre-covid levels at an estimated 26,400;
- Urgent non-cancer outpatient referrals are expected to rise from 21,339 as at January 2021 (estimated full year activity circa 25K) to closer to pre-COVID levels at an estimated 30,700;

As the year progresses the number of referrals will be monitored against these assumed levels, to understand the ongoing impact of the pandemic, alongside the transformation work.

The single cancer pathway performance (62 day) currently stands at 68% compliance, has a planned action to increase to 75% to meet the national standards. This will be supported by the delivery of the suspected cancer pathway programme including the implementation of diagnostic pathways for each area; lung and endoscopy.

## 2021/22 planning assumptions

### Drafting note: test assumptions and update in light of revised covid modelling work

In order to support our planning assumptions we have considered the predicted demand for COVID19 total occupied beds and COVID19 occupied critical care beds to the end of June 2021.

Our planning assumptions are that Q1 (2021/22) is likely to be similar to Q4 (2020/21) in terms of admission and occupancy, noting that there are many unknowns around vaccine and the new variant. These assumptions will be regularly updated and tested.

This aligns with our financial assumptions that that COVID19 response will continue to be the main clinical and operational priority in the first six months of the year, with planned care activity stepping up in the second half of the year. Welsh Government has provided strategic support of up to £90m over the next three years to be used to improve performance across North Wales in both planned and unscheduled care. This will be critical to addressing the backlogs and the Health Board's ambition is to design and implement a clinical model which will provide improvements to performance, patient outcomes and efficiency.

#### Primary care sustainability - we will:

- Develop our Primary and Community Care Academy, including the establishment of a Dental Academy with a dental training unit and provision of dental services, an additional training hub to further support advanced practice training in primary care, the further development of the Physician Associates programme and piloting of 'Project Flex', a flexible approach to GP recruitment..

#### Primary care premises – we will:

- Continue to engage at a national level with Welsh Government, , to review all primary care facilities, in order to develop a robust primary care estates strategy to support the delivery of new ways of working, growing demand and care closer to home.

#### Health and social care locality working – we will:

- Ensure that integrated localities continue to develop and deliver their priorities for 2021/22, which include:
  - effective delivery of the COVID19 vaccination programme;
  - integrated mental health and well-being;
  - Chronic disease management, in particular diabetes and lifestyle choices.
- Further develop MDT working and advanced health practitioners working in primary care settings;
  - developing the community resource teams;
  - Support for care homes;
  - Frailty pathway development.

#### Children's services – we will:

- Increase independent provider support to our CAMHS services in the short term for both assessment and therapy;
- Prioritise CAMHS transformation and Improvement; develop a workforce plan and sustainable workforce, service model and enhanced care pathways, including:
  - Crisis; improved care for children and young people in crisis so they are treated in the right place at the right time and as close to home as possible;

- A better offer for the most vulnerable children and young people, making it easier for them to access the support that they need when, and where they need it;
- Multi-agency children's transformation work developing integrated pathways of care.

### Our recovery programme

The Health Board has set out a six-point recovery plan to re-start, treat and transform planned care, for increasing activity and reducing waiting times.

The plan provides an integrated solution to addressing the immediate challenges whilst identifying the critical need for longer term transformation solutions through the diagnostic and treatment centre approach and changing to a value based pathway approach.

The re-start programme deals with cohorts 1 & 2 which have been defined as patients waiting over 52 weeks as of March 2020 and Cohort 2, patients waiting from 1<sup>st</sup> of April 2020 to 4<sup>th</sup> of April 2021. The organisation has compiled an action plan and trajectory to recover cohort 1 by March 2022 and commencing cohort 2 clearance over the next two-three years. This activity is regarded as additional to the core plan and will be undertaken via additional clinical sessions, outsourcing and insourcing. There is also a commitment to pursue an option of modular theatres and wards to support orthopaedic elective activity and preventing disruption from further unscheduled care pressures.

**Drafting note: need to update section to include cohort 1 and 2 recovery plan details -AK**

The plan is summarised below:

2020/21	2021/22 to 2024/25	2025
<p>Six point plan established</p> <p><b>Enablers</b></p> <ul style="list-style-type: none"> <li>• Diagnostics</li> <li>• Workforce</li> <li>• Digital</li> <li>• Performance fund</li> <li>• Effectiveness</li> </ul>	<p>Strategic outline case March 2021, outline and full business case June 2022.</p> <ul style="list-style-type: none"> <li>• <b>Point 1</b> – capacity planning validation and Once for North Wales outpatients.</li> <li>• <b>Point 2</b> – patient communication and understanding demand.</li> <li>• <b>Point 3</b> – Once for North Wales services, value based pathways.</li> <li>• <b>Point 4</b> – use virtual capacity and care closer to home.</li> </ul>	<p>Handover to Diagnostic and Treatment centre or centres</p> <p>Ambulatory care model</p> <p>In patient capacity</p>

	<ul style="list-style-type: none"> <li>• <b>Point 5</b> – non surgical approaches to long waits.</li> <li>• <b>Point 6</b> – In sourcing and extra capacity.</li> </ul>	
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The need to implement an early recovery programme is part of the 'Six Point Recovery Plan' and comprises the following activities:

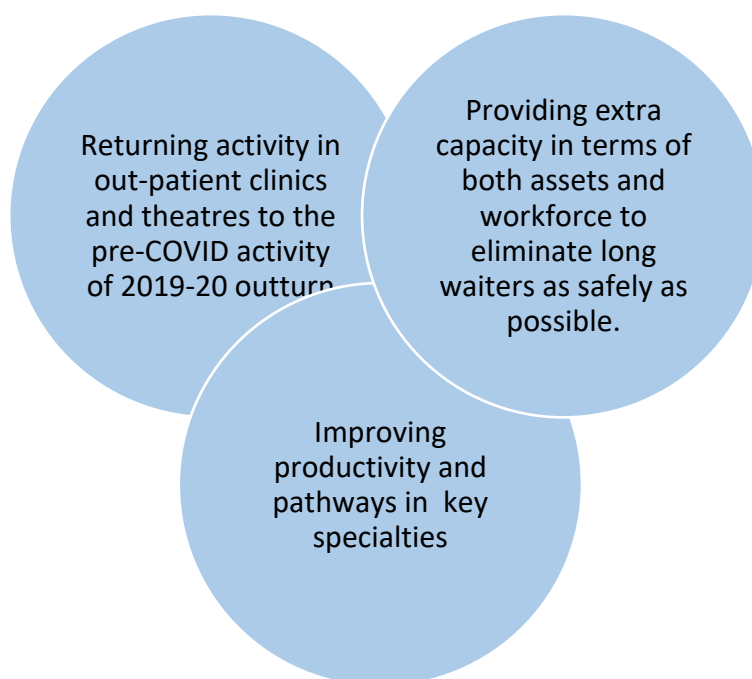
- Capacity planning, validation and "Once for North Wales" outpatients. An example of the "Once for North Wales" approach is eye care pathway patients (especially cataract patients) where one waiting list will identify priority patients who will be transferred to alternative sites for treatment. Resources will be utilised in a prioritised way no matter where in North Wales the patient lives;
- Patient communication and understanding demand;
- Value based pathways;
- Use of virtual capacity and care closer to home;
- Insourcing and extra capacity.

A summary of the short-term actions which will form the 2021/2022 plan is set out below:

Substantive staff continue to deliver P1-P2 activity both stage 1 and stage 4	Using 'Once for North Wales' Approach	Insourcing model to be used for long waiters stage 1 and stage 4	Theatres to be used each weekend across North Wales to facilitate the insourcing activity, day-case only (8 Theatres)	Modular theatre and wards x3 either centrally located or on each site for insourcing activity treating P4 long waiters	Capacity plan/activity schedule to understand timelines for backlog and clearance (starting in quarter 1)

Note: P1 highest clinical priority / P4 lower priority.

Within the recovery plan, there are three fundamental elements



The first element is to improve productivity back to the pre-COVID19 activity of 2019/20. This will provide extra activity that is currently unavailable and provide planned care to the previous baseline level, from which further productivity improvements can be made.

The second element builds on this productivity by reviewing pathways and moving to the value based system. It will also address some of the underlying demand and capacity shortfalls that have been historically identified such as the requirement for further orthopaedic capacity. The six-point plan describes improving patient outcomes and provides alternatives to current treatments, such as the move towards more “office based decisions”, earlier interventions and diagnostics by primary care.

As we address the capacity gaps through new ways of working, we also need to address the substantial numbers of long waiters. The backlog has two components:

- The backlog from 2019-20 of 14,911 over 36 week waits, of which 3,113 were over 52 weeks. (This highlighted the shortfalls in capacity at that time.);
- The COVID19 pandemic then paused all routine elective activity, which led to an increased backlog of 43,255 over 52 week waiters (forecast position),

Giving a total backlog position of 45,368 (3,113+43,255), across all stages.

To be able to understand the scale and implications of the backlog, the table below lists the key specialties and the amount of extra sessions required (based on the 2019/20 activity outturn) to clear the backlogs.

Speciality	Stage 4 sessions required to reduce back log below 36 weeks (across BCU)	Stage 4 sessions required to reduce back log below 52 weeks (across BCU)
General surgery	1448	1239
Urology	418	371

Trauma and orthopaedics	2576	2340
ENT	642	611
Ophthalmology	328	348
Max/Fax	215	191
<b>Total</b>	<b>5627</b>	<b>5100</b>

Understanding the amount of sessions required, allows some indicative timelines to be forecast. Whilst some of the specialties listed above could recover in 6-9 months, general surgery and orthopaedics would need to be measured in years. This timeline is indicative and assumes that the service is not subject to further disruption due to further COVID19 outbreaks or winter pressures.

The table below summarises the anticipated phasing of key elements of the short-term recovery plan:

<b>Scheme</b>	<b>Commencing from:</b>	<b>Speciality</b>	<b>In-patient</b>	<b>Day Case</b>	<b>OPD</b>
Insourcing for risk stratified P4	Q1	Orthopaedic Urology Ophthalmology General surgery Women's services Maxillofacial services	Yes TBC Yes TBC  TBC N/A	Yes Yes Yes Yes  Yes Yes	Yes Yes TBC Yes  TBC TBC
Additional Clinical Activity sessions (ACSs) For P2-3 risk stratified patients	Q1	All specialties	Yes	Yes	Yes
Modular theatres and ward	Q2	Orthopaedics'	Yes	Yes	N/A
Prehabilitation	Q1	All cancer Specialties	Yes (Critical care)		
DGM to run insourcing work	Q1	Orthopaedic Urology Ophthalmology General surgery Women's services Maxillofacial services			
Working towards delivering	Q2	Endoscopy		Yes	Yes

Endoscopy standards					
Working towards delivering Single Cancer Pathway	Q2	All cancer vague symptom specialties	Yes	Yes	Yes

### Key Performance Indicators

- Our summary of activity plans for 21/22 for the following;
- First outpatient appointments (OPA) (face to face) - 71,811
- First OPA - virtual (non face to face) - 38,570
- Follow up OPA – (face to face) - 122,304
- Follow up OPA - virtual (non face to face) - 120,870
- Number of inpatient procedures - 6,356
- Number of day case procedures - 14,760

### HMP Berwyn:

There has been a very different year at HMP Berwyn during 2020 / 2021 as a result of the impact of COVID19 on the prison population. As a result of this our priorities for 2021/ 2022 are:

- To offer an enhanced mental health and learning disability provision specifically addressing difficulties around recruitment and retention of specialist staff;
- Enhancing capacity to address the unacceptable long wait for routine dental care for residents at HMP Berwyn;

We will review of our primary care and substance misuse services structure to ensure we continue to deliver a responsive and fully integrated health and wellbeing service at HMP Berwyn. This includes a retendering process for our in hours and out of hours GP service subject to Board and Welsh Government approval.

### Specialist Services

Specialist services for the population of BCUHB are predominately provided from BCUHB and NHS England providers with a small number of services provided from NHS Wales providers.

The Health Board is a provider for a number of regional and national specialist services including, Artificial Limb and Appliance Services, cardiac services, CAMHS, cochlear and bone anchored hearing aids, Inherited bleeding disorders, neonatal intensive care, mental health services- forensic psychiatry, positron emission tomography PET services (provided through mobile unit) and renal services.

As a provider BCUHB has a number of models in place for delivering specialist services across the region, these include care provision locally in a single site or a combination of 2 or 3 hospital sites.

Similarly, there are a number of models in place for specialist services provision from NHS England providers, with care being provided both at the specialist provider and as outreach into BCUHB



facilities. The outreach services and models vary across specialist services and the hospital sites. They include models where the specialist services are described as provider at or provider with BCUHB. The model of care is of particular importance in relation to the Governance arrangements in place.

We are working with WHSSC to develop a joint workplan and services strategies to ensure progress is being made in equity, quality, sustainability and repatriation.

This work will inform planned and unscheduled care pathways, the wider BCUHB recovery and also shape our clinical services plan. Areas of focus in 2021/22 include CAMHS, cardiology, plastic surgery, paediatrics, neurology and acquired Brain Injury.

## 10. Improved unscheduled care pathways



The following table sets out the key deliverables for this element of our plan, with further supporting information below:

## Key Deliverables 2021/22

We will:

- Further develop the pathfinder urgent primary care centres, supporting an integrated model of unscheduled care and integrating these with the 'phone first' development and roll out of 111;
- Monitor escalation levels reported by GP practices and community pharmacies taking action where necessary;
- Develop the Home First Bureau approach to support timely discharges, by consolidating our resources including continuing healthcare, frailty pathway, discharge to recover and assess, and community resource teams;
- Implement the recommendations in the Welsh Government document 'Rehabilitation: A Framework for Continuity and Recovery 2020-21' to support the ongoing needs of COVID19 patients;
- Complete a systematic review of emergency departments, working with local emergency admitting teams to map the current availability of services and identifying gaps to be addressed to develop and deliver improvement to the service;
- Implement emergency department access and patient flow (Welsh Access Model/ Emergency Department Quality and Delivery Framework / Frailty and Acute Medical Model);
- Implement the stroke service model strategic case enabling work to progress on strategic service development, strengthening acute stroke services across each of the three district general hospital sites;
- Develop a clear set of pathways for certain conditions to support the direct referral of patients to the most appropriate setting and provide a more seamless and efficient service to improve patient flow;
- Implement Same Day Emergency Care (SDEC) improving service delivery through standardisation and resulting in improved patient outcomes;
- Developing the unscheduled care hub, 111 service / phone first, reducing Emergency Department unnecessary attendances.

Responding to urgent and emergency care needs across the whole range of Health Board services has been a considerable challenge throughout the pandemic, however significant innovation and change has been delivered during this period through the re-design of patient pathways. We will build on these COVID19 pathway improvements, including the speed at which change has occurred and use this COVID19 learning to help shape and review our unscheduled care patient pathways going forwards.

We will need to ensure a robust approach to addressing the ongoing demands of the pandemic and the winter pressure challenges ahead, with appropriate surge plans in place as required, dependant on the ever-changing environment of the pandemic.

In primary care, we will :

- Further develop the UPCC pathfinders as part of a national programme of innovation to develop alternative urgent care services. The UPCCs provide additional capacity to support GP practices and Emergency Departments, with patients triaged to the centres both in and out of hours. These pathfinders will include the continuation of the Wrexham/Mold Centres (supporting 6 clusters) and the North Denbighshire Centre commencing in Q1, in Rhyl.
- We will continue to be a key partner to the national programme board sharing the ongoing learning and evaluation contributing to the WG priority to transform unscheduled care. Furthermore, a business case will explore the development of a pathfinder in the West Area, with the aim that this will be in place in readiness for the Winter Plan, integrating these with the 'phone first' development and roll out of 111.

#### Care Homes – we will:

(Data highlighted below is being assessed and updated)

- Work in partnership to deliver the our care homes action plan and support for care sector.

As set out in Section 4, it is expected that the demands placed upon hospital inpatient services as a result of COVID19 will reduce as we move into 2021/22. Whilst this is positive in terms of reducing this specific demand within our hospitals, there are indications that demand arising from other causes will increase during the year. This has been assessed against the 2018/19 baseline data and we expect a significant increase in emergency admissions from 58,085 in 2020/21 to 95,337 in 2021/22 based on the following assumptions:

- April - June 2021 5% increase (taking account of any reduction in restrictions and acuity of patients) Royal College of Emergency Medicine also suggests 5% uplift;
- July – August 2021 15% increase – this predicts circa 17-18,000 attendances over these months (taking account of social economic elements and expected increase in surgical emergencies);
- September –October 2021 - 5% increase (expecting admission rates to increase due to the above);
- November 2021 onwards – 100% comparison to 2018/19 (expecting usual seasonal conditions (for example respiratory, frailty etc.).

Given the significant performance challenges which the Health Board currently faces and the demand projections above, the need to undertake a fundamental re-assessment of key aspects of our unscheduled care delivery is clear.

The following elements have been identified as key to tackling the problems associated with unscheduled care, which have been accepted by the leadership team:

- Leadership and trust across systems;
- Ability to align goals across health and social care;

- A whole system approach.

In 2020/21, short term funding has been directed to hospital front door (SDEC) and early supported discharge (D2RA = Discharge to Recover and Assess). Short term funding has not enabled sustained change or enabled a thorough assessment of the impact of the interventions. Longer term or invest to save funding will depend on being able to demonstrate good patient and system outcomes.

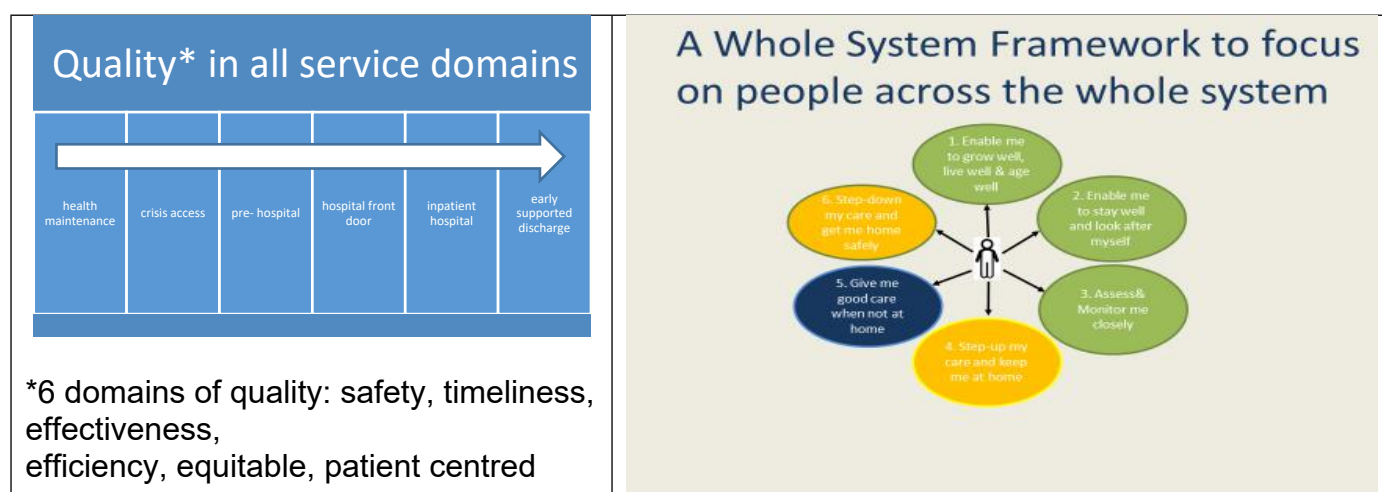
There are some areas of excellent practice in BCUHB, however the Board have recognised the need to sustain, embed and disseminate this practice. Clinical teams must be supported to describe a vision for their services and to define what good looks like for staff and patients.

It is recognised that the Health Board requires support to address these challenges. We are able to map the unscheduled care system in a number of ways in order to break it down into manageable parts whilst not losing sight of the connectivity that is required to make services work effectively together. To this end the Health Board has joined forces with the National Collaborative Commissioning Unit (NCCU) who are supporting the Board and its Social Care partners to deliver a comprehensive improvement programme designed to improve timely and appropriate access to urgent and emergency care services. Translated into practical terms the HB has committed to ensuring that our citizens are helped and supported to access the right care, delivered by the right professional in the right place, first time and every time.

The HB will maximise its opportunity to secure recurring central funding through the NCCU commissioner, this will allow us to continue our support to programmes such as Same Day Emergency Care (SDEC), Welsh Access Model (WAM), Contact First linked to 111 rollout and Discharge to Recover and Assess (D2RA).

Recurring funding will provide an opportunity to break the cycle of 'stop/start' of initiatives and allow teams to apply a true transformational approach to modernising and improving the services and care we provide.

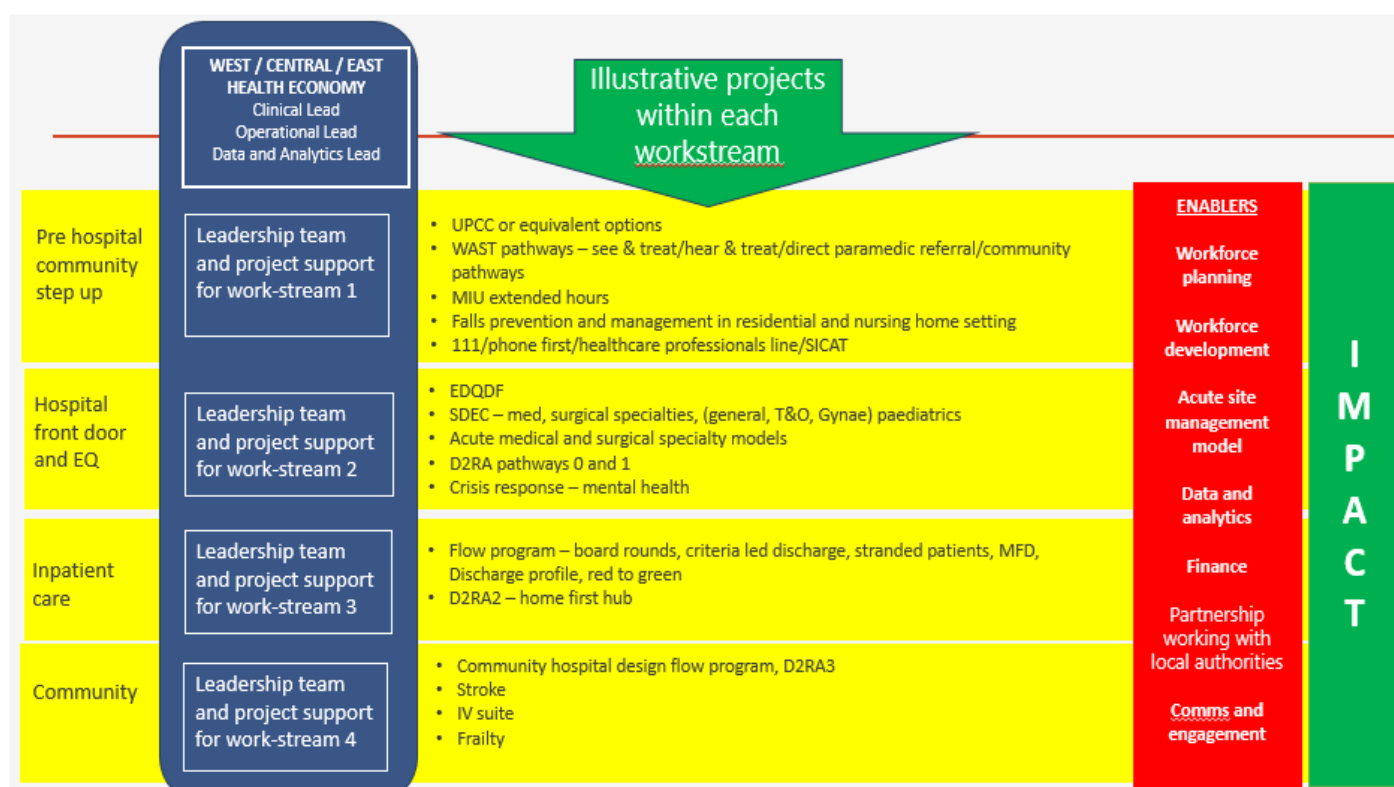
We describe an effective service as a service that should lead to good patient outcomes and good patient and staff experience in each of the domains depicted below.



In order to address this deficit in our service delivery, the National Collaborative Commissioning Unit (NCCU) has agreed to work with us to frame a programme and provide ongoing support and challenge over the next 18-24 months to help the clinical and managerial teams own the developments and embed the change.

The NCCU team have met with a range of staff and teams as well as stakeholders across the health and social care system to review local urgent and emergency care plans and have developed an outline plan for which the NCCU team's expertise will support clinical and managerial leadership teams to develop, implement and embed change and deliver improvements that focus on reducing harm, improving quality of care to ensure better outcomes for patient and better staff experience.

The following diagram illustrates the emerging plan setting out 4 key workstreams and supporting illustrative projects for the urgent and emergency care transformation programme of work



Welsh Government has provided strategic support of up to £90m over the next three years to be used to improve performance across North Wales and this will be allocated across planned and unscheduled care. We will use this funding to drive forward the most critical aspects of service change that will support service transformation and enhanced performance in unscheduled care.

In addition to the work described above, we are taking a system and pathway approach to ensure we can deliver more seamless care across primary care services. This will include developments such as 'Phone First' and the implementation of 111, working alongside our GP Out of Hours service. We have seen a significant drop in attendances and admissions across our emergency departments during the pandemic and we will endeavour to implement lessons learned, alongside these new services to maintain this position by continuing to educate and support the North Wales population and offering seamless services with primary care and other unscheduled initiatives.

11. Integration and improvement of mental health services



Drafting note: section to be updated to reflect revised work programme in light of additional mental health monies and performance fund scheme impacts

The following table sets out the key deliverables for this element of our plan, with further supporting information below:

## Key Deliverables 2021/22

We will:

- Implement a number of support mechanisms including investing in the roll out of the mental health practitioner model and community connector role to localities in order to improve primary care resilience;
- Design clear and well-defined model of inpatient care that meets the population demand and draws upon the highest quality evidence base, improving our holistic approach to care;
- Introduce a programme of work across the mental health division to review long length of stay and delayed transfers of care, promoting safe and timely discharge of patients to the appropriate setting;
- Implement ward accreditation to improve the fundamentals of care and leadership, improving service delivery and outcomes for patients and their families, with all wards achieving a bronze award or above;
- Implement a programme to integrate health systems and develop digital health initiatives;
- Enhance leadership within mental health, developing a sustainable workforce plan including training to support service redesign;
- Further develop the delivery of clinically led safe and effective services, aligned with the Dementia Strategy;
- Work with area teams and local authorities to provide support to care homes through a team based approach;
- Implement an agreed model for early intervention in psychosis;
- Deliver clinically led, safe and effective services for mothers and babies and commission two specialist services placements.

The need to deliver continued improvement in our mental health services for people of all ages is a key priority for the Health Board and is reflected clearly in the targeted intervention framework published by Welsh Government. Recent events have seen the emergence of increasing mental health and wellbeing needs arising from the pandemic, which require an effective and timely response.

During the pandemic, there was a reduction in referrals to some services and it is envisaged that this will be reversed in 2021/22. Our planning assumption is for demand to return to pre COVID19 levels, which will see an increase from 11,400 to 14,645 referrals under section 1a of the mental health measure. Similarly, crises referrals are expected to reflect activity prior to COVID19, with the usual fluctuations in seasonal demand.

We have commenced work to transform our mental health services and to ensure long-term sustainable delivery. This work is taking into consideration the various services, which are experiencing pressure, including that felt by helplines and crisis response during the pandemic.

Within the Welsh Government budget for 2021/22, recurrent funding for mental health services was secured which is to be targeted towards delivering improvements in specific priority areas in the Together for Mental Health Delivery Plan 2019-2022 which was refreshed in October 2020 in light of Covid-19. The MH&LD Division in collaboration with CAMHS services submitted proposals

against this recurrent funding which embed quality improvement approaches into their design and also address the impact of Covid-19 on the current demand and models of service provision.

The specific proposals related to:

• Eating Disorders – CAMHS and Adults services	£971,505
• Perinatal services	£156,000
• Increased assess to psychological services – CAMHS and Adult services	£652,450
• Specialist CAMHS	£813,000
• Crisis Care/Out of Hours Provision (all ages)	£903,000

During 2021/22, there will be a particular focus to ensure that the Mental Health and Learning Disability (MHLD) Division is working more closely across the organisation and with partners. We will re-invigorate our partnership work through engaging with key stakeholders in keeping with Together for Mental Health Strategy and ensure our clinicians lead and support the work we need to do to modernise our services.

As part of the £12m capability strategic support allocated by Welsh Government, the Health Board has allocated £6.7m in 2021/22 to improve Mental Health and Learning Disability services (including CAMHS) and progress the Mental Health strategy in partnership.

The strategic support resource which has been made available to mental health services will support delivery of engagement and transformation programmes across the Health Board, which are clearly aligned to the following 5 main strategic drivers:

1. Supports the requirements outlined within the Welsh Government targeted intervention framework.
2. Aligning plans against the 4 strategic objectives of the division, namely:
  - Delivery of safe and effective services in partnership;
  - Stronger and aligned management and governance;
  - Engagement with staff, users and stakeholders;
  - Review of capacity and capability.
3. Addressing the 4 ministerial priorities for mental health namely:
  - Tier 0/1 prevention;
  - Crisis prevention/response;
  - Suicide prevention/response;
  - CAMHS.
4. Learning from COVID19 – applying lessons learned from the Inquiry into the impact of the COVID19 outbreak, and its management, on health and social care in Wales:
5. Together for Mental Health Delivery Plan 2019/22 key priority areas:
  - Eating disorders;
  - CAMHS;



- Further development of perinatal mental health services;
- Increased access to psychological services (all ages);
- Crisis care/out of hours provision (all ages);
- Early intervention in psychosis.

Other priorities identified for improvement include:

- Divisional management and clinical governance arrangements are being strengthened to ensure delivery of safe services;
- We will continue to strive to achieve the national target of 90% provision of valid care and treatment plans;
- We are committed to appointing a substantive service leader to support the improvement of psychological therapies.
- Within CAMHS there are specific requirements to address long waiting lists for access to services. In response to this resource has been identified from the planned care performance fund which will enable the following actions:
  - By 30 June 21, gain external support to increase therapy capacity and assessments for therapy;
  - Development and implementation of a Children and Young People (CYP) workforce plan during Q1 to Q2 including considering new roles and the recruitment of psychiatry trainees in each Area and appoint twelve family wellbeing practitioners to posts across the teams;
  - Embrace and fully utilise 'Attend Anywhere' and ensure that this is utilised by all teams (supported by effective performance information processes) during Q1;
  - Modernise our working practices, utilising new IT hardware for staff during Q1 and Q2;
  - Improve our offer with the development of a CYP website to promote the service and support recruitment (Q2).

The current proposal for the allocation of strategic support for mental health is broken down as follows:

Mental Health for Adults and Children		
Description	Cost £m	Key deliverables
Older Persons Crisis Care	0.5	Improved and earlier response for older adults with severe and enduring mental health and those with dementia crisis Improved patient experience Reduction in unplanned/avoidable admissions/attendances at ED Reduction in DTOCs in acute hospital setting
Eating Disorders	0.5	Local specialist assessment and treatment of individuals (in line with NICE 2017 guidance)

## Mental Health for Adults and Children

Description	Cost £m	Key deliverables
		<p>Individuals will be offered a range of psychological interventions</p> <p>Specialist treatment which will ensure safe and effective management of psychological, physical and social aspects of their eating disorder</p> <p>Collaboration with CAMHS to ensure seamless transitions and integration of care across services for young people requiring adult services</p>
ICAN Primary Care	1.7	<p>Direct and rapid access to a wider ranging support in primary care</p> <p>Tier 0 support by introducing ICAN connectors and ICAN community hubs</p>
Medicines Management	0.6	Improved patient compliance and education with current medication
Occupational Therapy	0.4	<p>Increased therapy leadership across the division to assisting in reviewing and improving patient flow between primary and secondary care</p> <p>Improved MDT working with a focus on recovery and overcoming barriers that prevent patients doing activities that matter to them discharge support</p>
Perinatal	0.2	<p>Reduce mental illness in the mother and improve the mother-infant relationship</p> <p>Regular and on-going training to allied mental health and primary care colleagues to improve the understanding and knowledge of perinatal mental health</p>
Early Intervention in Psychosis	0.3	<p>Reduce treatment delays at the onset of psychosis</p> <p>Promotion of recovery</p> <p>Reduction in episodes of relapse</p>
Psychiatric liaison	0.3	<p>Timely response</p> <p>Reduction in delays in emergency departments for mental health assessment</p> <p>Signposting to alternative support services</p>
PMO Support Function	0.2	<p>Project support for managing and reporting against all initiatives across the division</p> <p>Dedicated support to clinicians for tracking outcomes</p>
Consultant Therapist	0.1	Support key strategic priorities of the division, strengthening leadership and cross divisional working and assisting in reviewing and improving patient flow between primary and secondary care. Lead pathway development to further meet

Mental Health for Adults and Children		
Description	Cost £m	Key deliverables
		the ambition for integrated service improvement and transformation through a holistic approach to care and improved multi-disciplinary ways of working.
CAMHs transition and joint working	0.8	Effective and timely transition arrangements that support young people into adult services The needs of young people and their families met Effective joint working arrangements between adult mental health, child and adolescent mental health services and local authority professionals
Integrated autism service	0.7	Timely assessment for individuals Dedicated support to individuals and their families
Joint commissioning pot with AISBs	0.3	Joint approach to commissioning health and wellbeing services for local population via community localities
Wellness, Work and Us	0.2	Staff will feel valued empowered individuals Reduced stigma around mental health Dedicated staff wellness areas to support wellbeing of our staff
<b>Total</b>	<b>6.7</b>	

Resources for mental health services will continue to be ring-fenced in 2021/22. Compliance of individual organisations with the ring fencing requirement is monitored on an annual basis. Additional funding has been allocated to the ring fenced mental health allocation for the Health Board for cost growth uplift. This funding will contribute to funding unavoidable cost growth in mental health services and includes funding to cover the first 1% of 2021/22 pay awards.

## 12. Enablers

We have identified a number of priorities and enablers, which are critical to the success of our plan, which are described in brief below. They also support the programme of development, which is key to demonstrating progress against the targeted intervention framework, which will be a key measure of success in 2021/22. The table below identifies the targeted intervention domains and the relevant enablers -

Targeted intervention domains	Our core key priorities and enablers supporting targeted intervention delivery;
<b>Mental Health (adults and children)</b>	<ul style="list-style-type: none"> <li>• Transformation for improvement</li> <li>• Integration and improvement of mental Health Services</li> </ul>
<b>Strategy, planning and performance</b>	<ul style="list-style-type: none"> <li>• Transformation for improvement</li> <li>• Stronger governance</li> <li>• Making effective and sustainable use of our resources.</li> <li>• Aligning our people</li> </ul>
<b>Leadership (including governance, transformation and culture)</b>	<ul style="list-style-type: none"> <li>• Transformation for improvement</li> <li>• Enabled by effective alignment of our people</li> <li>• Stronger governance</li> </ul>
<b>Engagement (patients, public, staff and partners)</b>	<ul style="list-style-type: none"> <li>• Transformation for improvement</li> <li>• Strengthening our population health focus</li> </ul>

These enablers are explored further in the sections, which follow.

### 13.1 Organisational development

We have committed to embark on a programme of work which aims to align each and every member of the organisation behind the goal of “One NHS organisation”, working with our partners and citizens to deliver co-ordinated seamless care or service for individuals. Our approach to this ambitious work programme, titled Mewn Undod mae Nerth (Stronger Together), is framed by evidence-based research, which allow us to join the threads across the organisation and the system that facilitate the conditions for and are associated with high performance through an engaged and motivated workforce, committed to delivering the healthcare goals for North Wales.

Our plan is informed by previous commissioned reviews and by “A Healthier Wales’. It is driven by the quadruple aims:

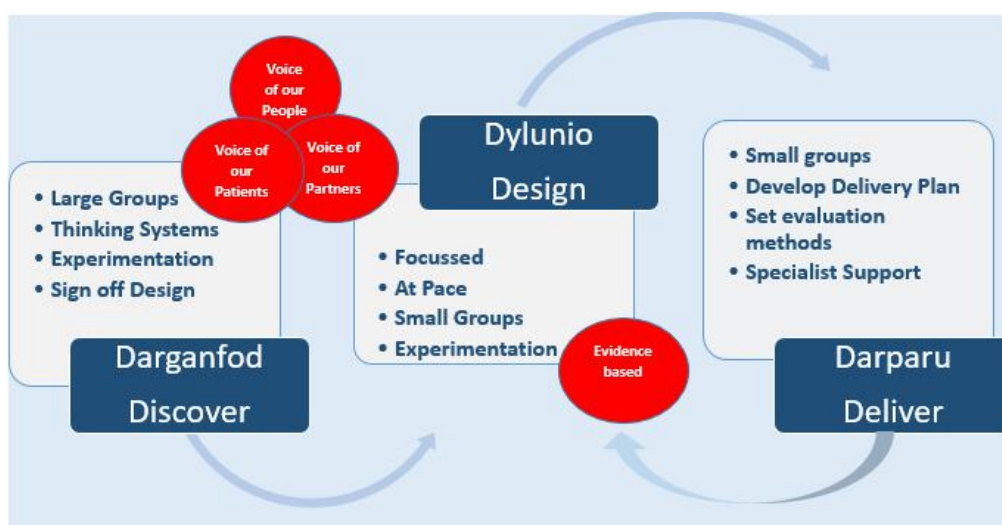
- Improved population health and wellbeing;
- Better quality and more accessible health and social care services;
- Higher value health and social care; and
- A motivated and sustainable health and social care workforce.

The overarching approach we are adopting will enable the organisation to discover its current capability and answer the question: “What do we need to do as an organisation and system of care to succeed in the achievement of our purpose and goals?” Its design aims to integrate all existing quality, performance and productive service change and development activities currently taking place within the organisation.

We are working in partnership with our people so that the solutions to the problems we face are co-produced with people who work across the organisation and understand the challenges. Our approach will continue to be inclusive to ensure that those who contribute are truly representative of our people and wider cultural aspects are taken into account.

Applying the framework for large-scale change, we are using the model of discover, design, delivery to inform our strategic organisational development route map. The model is shown in the diagram below:

Mewn Undod mae Nerth (Stronger Together):



This work is consistent with and aligned to the seven themes within 'A Healthier Wales: Our Workforce Strategy for Health and Social Care'. As we move through the phases this will inform our contribution to the refresh of the Regional Workforce Board - workforce strategy, together with the updating of the Health Board's own workforce strategy.

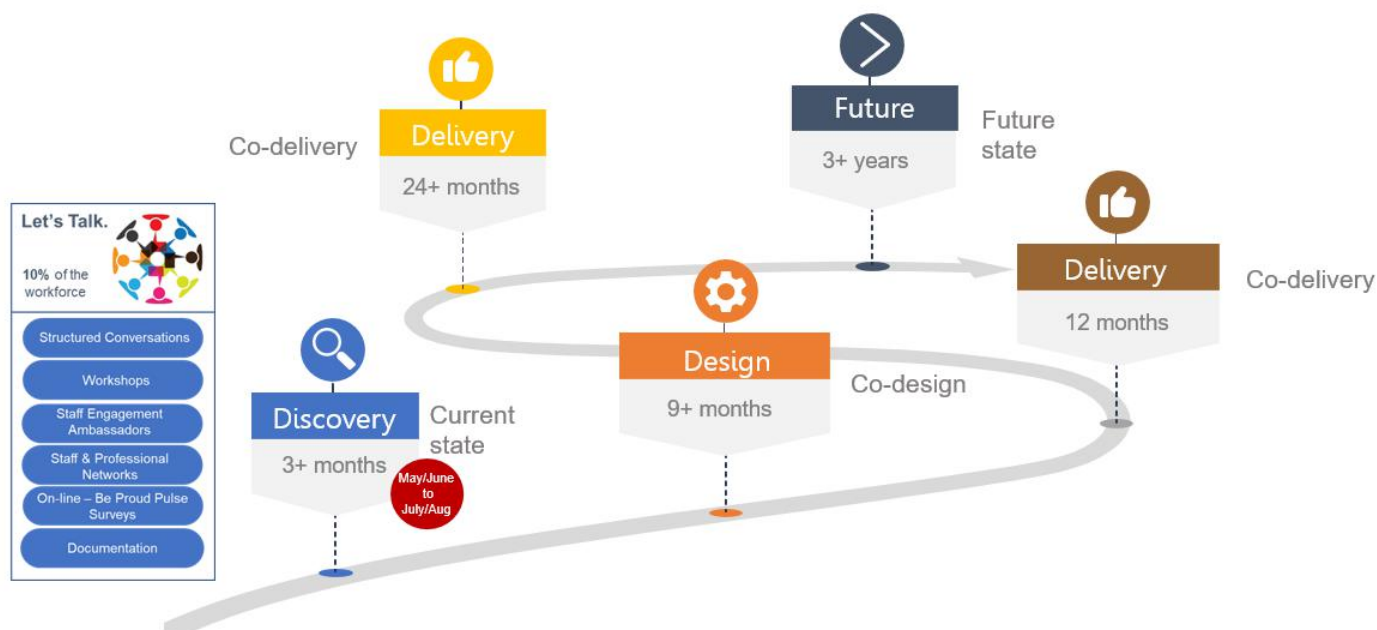
The approach is positioned as organisation-wide and systematic, engaging our workforce, our partners and fundamentally our patients in the pursuit of a strategic organisation and system development route map for the Health Board. It is aligned to our vision for transformation as detailed earlier in this plan.

The goals and outcome measures have been established for the first phase, and work commissioned began in earnest at the beginning of April 2021.

We are clear on the route map and are well into our Discovery Phase "Let's Talk". The graphic below illustrates the timeline and key milestones. As described above we are working with our people and partners to deliver this work and in doing so are not only bringing together change agents from across the organisation to support delivery, but also building the capacity, capability and confidence to be self-sustaining in our focus on organisational health and the significant alignment with improved care, outcomes and experience. Our aim is to create a "social movement" across all

groups and levels supporting our organisational and individual recovery and at the same time setting the tone for the culture we want to see, hear, feel and experience.

## Our Strategic Organisation & System Development Route Map



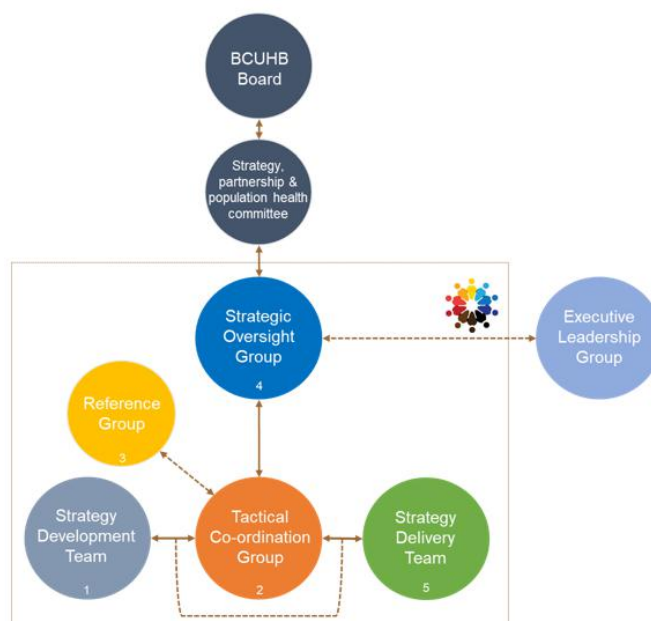
We have been clear from the start that this is championed and led from the Board through our organisation to our citizens and as such, the delivery structure is led by the Chief Executive. The structure below outlines the primary delivery structure.

## Our Delivery Structure

### Design Principles

The following design principles have been used to inform and develop the oversight & delivery architecture:

- Chief Executive Sponsorship.
- Collective Executive ownership.
- Connecting & coordinating interdependent teams & individuals.
- Connecting, coordinating & collective ownership of interdependent activities.
- Supports the model of a single corporate plan (master schedule)



In addition, and critically, we have built the development of our Board Development Programme on these design principles and are clear that the learning and feedback from our Discovery work will inform the further design of the programme in quarter 3.

In addition, the measures of success and maturity set out across the maturity matrices developed across the 4 domains will be supplemented with the learning and feedback from Discovery work, with the evidence, outcomes and reference groups being formed by people from across our organisation, partners and population. The longer-term aim is that Mewn Undod mae Nerth evolves from a title for this piece of work to a way of working. This will clearly take longer to achieve but the work over the course of this year, building on the experiences of the last will be fundamental to the strength of the foundations underpinning sustainable change and improvement.

<b>Key Deliverables 2021/22</b>	
We will	
<ul style="list-style-type: none"> <li>• Establish and mobilise the 3 year strategic organisational and system development route map – Stronger Together;</li> <li>• Develop an Organisational and Leadership Development Strategy 2022 – 2025</li> <li>• Align the Board and Senior Leadership development as part of this strategy</li> </ul>	

## 13.2 Stronger governance

The Board continued to strengthen its system of integrated governance in the latter part of 2020/21 and will build on this progress to embed change in 2021/22. This will ensure that systems are in place to keep our public and staff safe and informed. Performance and accountability remain key priorities alongside co-worker involvement and engagement in decision making through social partnerships. This will support the transfer of innovations into practice, working with partners.

The Board will oversee the delivery of the targeted intervention improvement plan through the use of maturity matrices for the four improvement domains which are:

- (i) -Mental Health Management;
- (ii) Strategy Planning & Performance;
- (iii) Leadership and;
- (iv) Engagement.



The Board has appointed Executives Directors to lead each of the domains, supported by a link Independent Member in order to effectively draw upon the breadth of skills and knowledge within the Board.

Executive Directors have developed maturity matrices within their domains that have been co-ordinated through the Targeted Intervention Steering Group and agreed by the Board. In May 2021 the Board agreed baseline reference points to reflect the current position in each domain, against which progress will be measured.

Progress will be tracked bi-monthly by the Board with a formal review of progress every 6 months as part of the standard reporting arrangements to the Board. Improvement expectations for the second six-month period will be set in November 2021. Actions to deliver the improvements required are contained throughout this plan and supporting programme level action plans.

The delivery of actions contained in this plan will be evidenced via the Board's performance report, with scrutiny and challenge provided by both the Finance and Performance Committee and the quality, safety and experience committee. Accountability for the delivery of actions will be clearly articulated across the organisation with service areas held to account for their performance through the monthly accountability review process.

Progress in the reducing risks set out in the Board assurance framework will be subject to review by the Health Board and its committees throughout the year as the actions set out in the plan are delivered.

Finally, following feedback from the Board work has commenced to develop a new Integrated Quality and Performance Report (IQPR). This new report and underpinning processes will align with the Health Board's Performance and Accountability Framework and will seek to ensure that overall there is a more robust process of assessment and reporting in place.

Assessment against the key outcomes will be a standing agenda item at the quarterly Divisional Executive Accountability reviews and local accountability reviews. The information collated will also be used to contribute to our assessment against the targeted intervention framework.

### 13.3 Making effective and sustainable use of resources

The Health Board's current use of resources presents a number of challenges, including but not limited to, high premium rate pay expenditure, the quality and volume of estate and delivery of effective demand and capacity planning.

Against this baseline position, the pandemic has placed significant additional strain upon all of the Health Board's resources, most notably our people and estate. These demands are expected to continue during the period of this plan and therefore focused action is required to ensure that we make the best use of resources in the short, medium and long term. Our approach to this challenge is set out below:



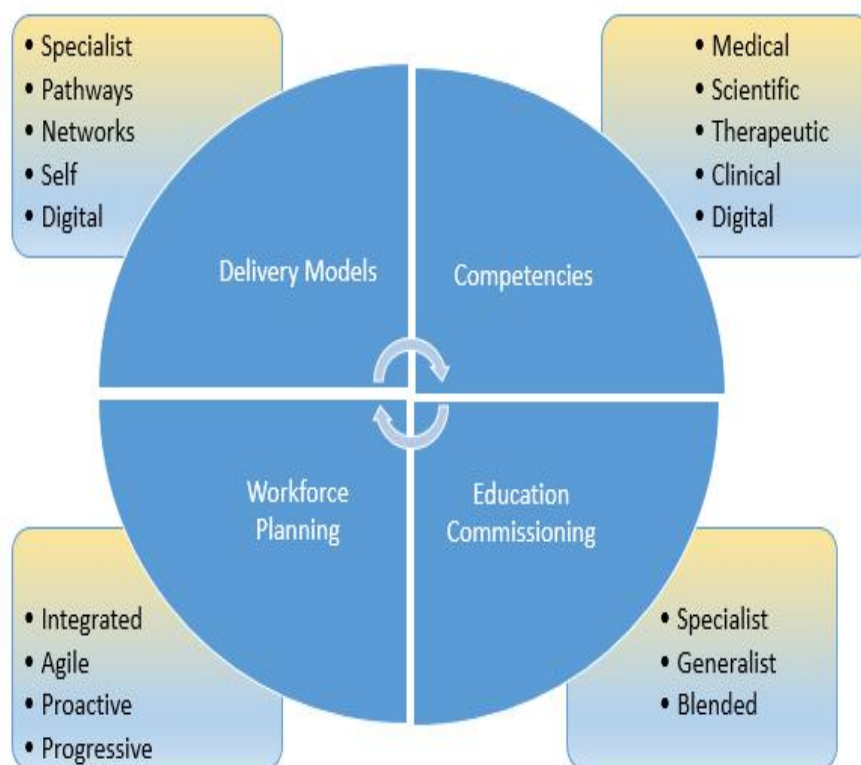
- We will adopt a new approach to building our financial plan, including the development of a three year financial and service strategy;
- We will implement a workforce optimisation plan;
- Applying principles of value based healthcare, we will identify unwarranted variation ensuring transparency about why realistic decisions based on available resources are required. We will develop strategies to overcome barriers to implementation of change and build capacity and capability to implement the best available research evidence into effective action;
- Decarbonisation – we have a number of capital investments which support our commitment to improve energy efficiency and reduce reliance on fossil fuels. We will continue to increase our sustainable energy generation and reduce our carbon footprint. This includes the provision of the new electrical service vehicles and the associated charging points.

## 13.4 Workforce

The following table sets out the key deliverables for this element of our plan, with further supporting information below:

Key Deliverables 2021/22	
<p>We will</p> <ul style="list-style-type: none"> <li>• Deploy a clinically led service and workforce review programme to support effective planning, commissioning and deployment of our workforce across the Health Board, in order to ensure focussed and efficient recruitment, integration of new roles and optimisation of resources;</li> <li>• Continue to execute improvements in staff safety, support, wellbeing and resilience, in order to improve attendance, retention and contribution;</li> <li>• Develop and deploy an integrated multi professional education structure, together with the further enhancements in strategic educational collaboration, to support establishing the Health Board as learning organisation and an employer of choice;</li> <li>• Develop and deploy a programme of work, as part of the strategic equality plan, to support the organisation in meeting its Socio-Economic duty;</li> <li>• Refresh the workforce strategy 2019 – 2022 for the period 2022 – 2025.</li> </ul>	

Building on the work undertaken through the pandemic we will focus on improving the connectivity between service design and delivery, workforce shape and supply. This will include clinically led reviews of existing delivery models, which will then inform the workforce plan and ensure the skill mix is correct for service delivery and sustainability leading to proactive workforce commissioning and placement opportunities across primary, community and secondary care settings, whilst continuing to develop a longer-term approach to agile and flexible working.



Recruitment and importantly retention of staff will continue to be managed through collaboration between operational and clinical teams, clinical corporate teams and workforce teams. Informed and supported by both workforce and service reviews and education improvement plans, we will ensure that we have systems in place to make it easier for managers to plan, recruit and on board staff in an efficient way. Where this means agreement to proleptic appointment i.e. proactive in anticipation of turnover to facilitate handover and reduce gaps requiring interim support and/or increasing establishment to reduce high cost temporary workers, we will work in partnership to facilitate this - reducing barriers and realising benefits.

Clearly the scale of the challenge in terms of delivery of additional activity as part of our unscheduled and planned care improvement is significant. Set against a context of post pandemic fatigue and the assumptions built into our planning to date, we are clear that resourcing delivery of our plan will be multi-faceted.

Supported by the work undertaken nationally with regard to flexibility of rates etc. and the clarity of clinical direction our plans for 2021-22 are based upon pump priming additional capacity and capability through:

- In house Additional Clinical Activity – a blended approach of flexibility of sessions, additional sessions and utilising extended/blended roles. Opportunities for further enhancement of additional roles e.g. Physicians associates etc. to support sustainability of ongoing services one but important key to our planning and delivery
- Insourcing additional capacity and capability – flexible service delivery supplemented by dedicated and protected capacity and capability focussed on elective care. Particular examples include diagnostic services/endoscopy etc.

- Outsourced additional capacity and capability – whilst recognising the balance required, these services will be deployed to support those clinical specialities where the volumes are high and risk of harm is significant.
- Further Development of enhanced services around the patient out of hospital – increasing our bed base is not the solution either to provision of improved care and outcomes or in terms of attracting and retaining high quality staff. Using the challenges as a catalyst for changing our models from traditional to contemporary/evidence based and patient centred is essential and is factored into the assumptions in our workforce planning.

These measures will provide the necessary capacity and capability to deliver the care critical for our communities now, whilst supporting the development of improved pathways of care across our footprint, optimising our architecture and driven by improved outcomes.

Consistent with our responsibilities under the quadruple aims as well as our Socio Economic Duty we will continue to work with partners as part of the foundational economy challenge fund project - “Solving challenges with recruitment, retention and training of North Wales’ social care and health workers.”

In addition, the development of an integrated multi professional education structure, together with the further enhancement of strategic educational collaboration will be an essential element in achieving our vision for transformation. Building on the work done to date to work towards establishing the Health Board’s reputation as a learning organisation, committed to education and continuous learning and innovation and as a result an employer of choice.

Developing a career escalator will support us in illuminating the opportunities across the organisation as well as enabling us to better spot and nurture talent within the organisation. Creating the right environment and establishing the required infrastructure for our leaders to excel will be central to our talent and succession planning programmes.

We will continue to ensure that our staff continue to be supported with safe working conditions and that we are providing additional support for wellbeing both physical and psychological. Below is a diagram that outlines the levels of support that are in place to support staff and some of the broad types of provision that enable that support offer.



Building on the services delivered through our occupational health and wellbeing service and the staff support and wellbeing services deployed during the pandemic, we will continue to build capacity through the organisation to better support our staff within their teams. Using a model that enables staff to support themselves with signposting through to enabling them to access specialist support and advice we will work with partners to build upon the resilience demonstrated through the last 12 months.

## 13.5 Capital

The Health Board has access to a number of sources of capital including its discretionary allocation, the all Wales major capital programme, specific all Wales programmes, charitable funds and the Intermediate Care Fund (ICF). Taken together these form the capital programme.

The Welsh Government has confirmed that the Health Board's discretionary allocation for 2021/22 is £14.421m. After making provision for slippage and brought forward commitments from 2020/21, together with a 15% over-commitment to allow for potential slippage, this indicates that we should develop a discretionary capital programme of circa £15.7m total value.

Welsh Government have confirmed the establishment of a *"Funding Programme For Targeted Improvements in the NHS Estate in Wales"*. The programme is focused upon improvements with respect to estate infrastructure, mental health, decarbonisation and fire safety. Following a review of the bids received The national Estates Advisory Board have supported additional funding for the Health Board of £4.597m.

National programmes are established for radiotherapy and imaging. The Health Board's bids total £5.075m. 2021/22 is expected to be the final year of the ICF funding programme and investment is focused upon those schemes that have commenced.

Finally, the Health Board regularly submits business cases to Welsh Government in order to access the all Wales major capital programme resource and the draft capital resource limit for 2021/22 indicates the following:

<b>Capital projects with approved funding</b>	<b>£million</b>
Primary Care - Central Denbighshire Ruthin	1.586
North Denbighshire - Royal Alex - Fees	0.181
Holyhead - Substance Misuse	0.376
Shotton - Substance Misuse	0.454
PAS System	0.169
Emergency Dept. Systems	0.335
ICF Funding	0.793
Wrexham - Fees to OBC	1.397
<b>Approved funding</b>	<b>5.291</b>

For 2021/22, the following priorities have been identified for the programme to focus on:

- Mitigating risk (and addressing compliance)
- Supporting patient safety
- Recovering (and learning) from COVID19
- Service recovery (planned care)

The following draft programme has been developed for the total anticipated resource:

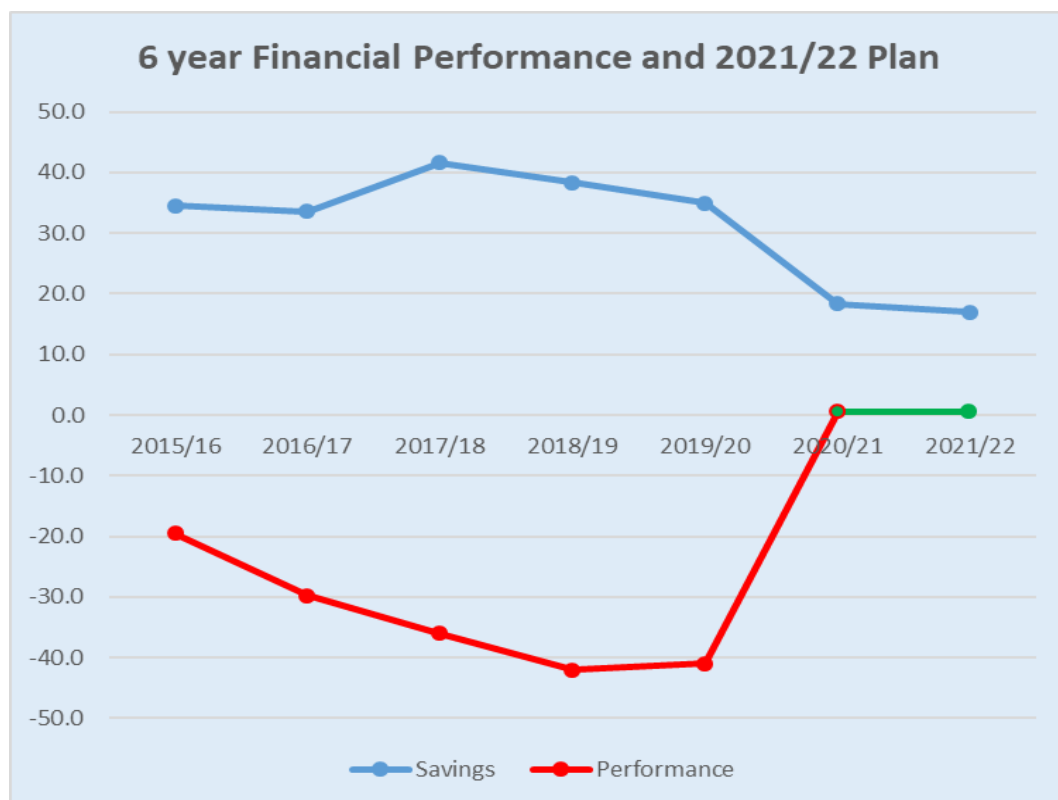
<b>Discretionary and national programmes</b>	<b>£million</b>
Estates	
- Risk and compliance	3.261
- Patient safety	2.946
- Recovering (and learning) from COVID19	3.131
- Service recovery	3.810
- Accommodation	0.500
- Decarbonisation	1.430
Medical Devices replacement programme	2.188
Imaging and radiotherapy national Programmes	5.075
Informatics	3.123
All Wales capital projects approved funding	<b>5.291</b>
	<b>30.755</b>

## 13.6 Financial plan

### Financial context

The Health Board has historically been unable to meet the challenge of living within the resources allocated by Welsh Government, despite significant savings being delivered. Utilising the deficit cover funding provided by Welsh Government in 2020/21 allowed the delivery of a small surplus

and the revised plan for 2021/22 will deliver a £0.6m surplus after confirmation of additional funding to offset the impact of non-delivered savings during the COVID-19 pandemic. This performance is illustrated in the following table:



Looking forward to 2021/22, the Health Board continues to face a significant underlying deficit position, which is made up of the operational cost pressure carried forward from 2019/20 combined with the impact of the non-delivery of recurrent savings in 2020/21, as shown below:

**TABLE TO BE UPDATED BASED ON M2 MR (FRIDAY)**

Underlying financial assessment	
Underlying deficit	£'000
Operational deficit	(42,500)
Recurrent reserve adjustment	2,500
Impact of the non-delivery of savings 2020/21	(34,500)
Underlying deficit carried forward (per WG Monitoring return)	(74,500)

#### Final Annual Plan –Financial Planning Principles

The revised financial plan is aligned with the following Welsh Government Planning Principles:

1. Annual 12 month plans

- a. The plan includes 12 months cost assessment on a robust basis aligned with national and Health Board priorities (unless explicitly described as less than 12 months)

## 2. National Priorities

The plan assumes 12 months non recurrent funding for national priorities and programme areas in relation to:

- a. COVID Mass Vaccination Programme
- b. Testing costs including Welsh laboratory costs and community testing schemes
- c. Use of PPE for infection control
- d. Implementation of enhanced cleaning standards
- e. Contact Tracing
- f. NHS commissioned social care packages
- g. Continuation of the transforming access to unscheduled and emergency care programme

## 3. Aligning assumptions across organisations

- a. The plan aligns with assumptions in other NHS Wales organisations' plans

## 4. Non Recurrent Stability Funding

- a. Confirmation of months 1 - 6 non recurrent stability funding already provided to Health Boards has been applied to all other remaining in year COVID 19 additional costs. The plan anticipates non recurrent funding for these costs where applicable for months 7 - 12

## 5. Recovery Plan Allocations

- a. The plan includes both allocation and expenditure in relation to confirmed Recovery Plan allocations

## 6. Recurrent brought forward position

- a. The plan assumes non recurrent allocations for the impact of COVID 19 on the recurrent (brought forward) 2021/22 operational position, materially relating to 2020/21 non delivery of savings

## 7. COVID 19 Additionality

- a. Anticipated in year COVID 19 stability funding relates to additional costs of COVID 19 response

## Strategic support

The Health Board received confirmation of a package of strategic support in November 2020. This package contained support to cover the historic deficit position, to improve performance and to drive a programme of transformation linked to a sustainable clinical model for North Wales. Resources were allocated to meet the following objectives:

- Improvement in service performance, patient experience, and financial performance year on year;
- Engagement with the public, staff and partners as an essential first step to building a sustainable vision for the future leading to a medium term plan, focusing on well-being, population health and primary care as well as secondary care services;
- Strengthening the ability of the organisation to deliver on a wide-ranging change programme;
- Further improvements leading to de-escalation from targeted Intervention, using a maturity matrix approach to assess progress;



- Transformation and innovation to support improved outcomes and patient and staff experience.

The funding allocated is summarised in the table below:

The funding allocated is summarised in the table below:					
Strategic support	WG response				
£m	20/21	21/22	22/23	23/34	Total
1. Deficit funding cover: Up to the value of:	40	40	40	40	160
2. Performance: <b>Planned care</b> Planned care & USC - see section 4. <b>Enhance leadership in:</b> MH Governance, delivery and OD	10.3     0.7	30	30	30	101
3. Transformation Agenda: Implementation of Mental Health Strategy in partnership – see section 12. Build capacity & capability to deliver transformation – see section 3.		6.7  5.3	6  6	6  6	18.7  17.3
<b>Total strategic support</b>	<b>51</b>	<b>82</b>	<b>82</b>	<b>82</b>	<b>297</b>

### Local planning assumptions

The Health Board is focused on six key priorities across the integrated system:

- Improving patient experience
- Responding to COVID-19
- Recovering planned care performance
- Improving unscheduled care performance
- Improvements to MHL D
- Developing the sustainability of the Health Board across all domains

### Resource allocation

The Health Board's baseline resource allocation is £1,611.6m with a 2% uplift for inflation of £26.5m (hospital and community health services and prescribing of £23.7m and mental health ring fenced uplift of £2.8m). This results in a total allocation of £1,638m, which includes the strategic support of £82m referred to above.

### TABLE TO BE UPDATED IN LINE WITH M2 MR

In addition, there are a number of allocations, which are not contained in the Health Board's baseline resource allocation of £1,638m. They are as follows:

Ring-fenced substance misuse services	£ 5.787m
Information management and technology refresh programme	£ 1.931m
Prevention and early year funding	£ 1.301m



MSK orthopaedic services	£ 1.150m
Consultant clinical excellence awards	£ 0.422m
WAST Emergency mobile communications	£ 0.287m
Specialist registrars	£ 0.360m
Health weight healthy Wales - obesity pathway	£ 0.334m

These additional items total £11.5m, which gives a total baseline resource allocation of £1,649.5m to be reflected in the financial plan, which excludes funding for COVID19 expenditure.

## Expenditure

Expenditure budgets have been reviewed and the key unavoidable financial impacts for 2021/22 are shown in the following table:

Changes to operational cost base	Net Cost Base
<b>Pay</b>	<b>£'000</b>
Pay/Award/Pension/Inflationary pressures	7,876
Changes to the workforce (Non COVID19)	618
<b>Non pay</b>	
Inflationary pressures	0
Service change	352
Strategic priorities e.g. digital, ICF	1,429
<b>Primary care prescribing</b>	
Volume growth	0
Price growth/inflationary pressures	6,197
<b>Secondary care drugs</b>	
Volume / Price pressures	0
<b>CHC/FNC</b>	
Volume of CHC packages	0
Cost of CHC packages	4,691
<b>Primary care contractor</b>	
Out of Hours and Macmillan Support	255
<b>Commissioned services</b>	
Welsh Risk Pool	0
Specialist services – via WHSSC	4,851
EASC	3,493
English contracts	1,460
<b>Other local pressures/service change</b>	
Corporate	1,322
	<b>32,544</b>

This illustrates that the operational cost base will increase by £32.5m, which includes pay and price inflationary pressures, and unavoidable cost pressures. This increase is £6m greater than the inflation uplift received through the allocation, which will need to be offset through savings and efficiencies.

## Cost of COVID19

The Health Board continues to prioritise the response to COVID19. In addition to our hospital response, both the vaccination programme and the Test, Trace and Protect programme will be key operations during 2021/22 as set out earlier in this plan.

The current estimate of COVID19 costs equate to circa £119m of expenditure over the following categories:

**REVISED TABLE TO BE BASED UPON M2 MONITORING RETURN - FRIDAY**


The Health Board has confirmed plans to continue to use the field hospitals as mass vaccination centres until the following dates:

- Bangor – 31 May 21
- Llandudno – 31 July 21
- Deeside – 31 July 21

As a result, related costs associated with these facilities will be attributable to the vaccination programme. The Health Board is still reviewing the potential ongoing requirement beyond those dates, which will be confirmed in June

**(WE CANT DISCLOSE UNTIL ACCOUNTS SUBMITTED BY AG AUDIT WALES)**

## Savings

The Health Board has historically applied a consistent savings target across the organisation. Whilst this approach has yielded savings, it has not focussed particular attention upon areas where there are recognised savings and efficiency opportunities, which vary across service areas. For 2021/22 a more focussed approach will be adopted, using updated benchmarking data to identify opportunities for each service area.

Detailed opportunity analysis has been undertaken using external benchmarking and cost comparison. This has been provided to assist divisions and pan BCU functions to identify areas which can deliver recurrent savings by transforming service delivery. The benchmarking reviews have been undertaken to prioritise cash releasing benefits at this stage and have not been linked to patient outcomes. They require further work to verify the cash releasing value. Areas for potential pathway and value work have been identified in discussion with both the Finance Delivery Unit and the Delivery Unit of Welsh Government and these will be reflected in the emerging programme of work.

The following table illustrates the opportunities which have a high to medium confidence level in the quality of benchmarking, which gives a range between £70.7m and £114.1m to be delivered over a three year period:

	BCUHB Benchmarking - 3 Year Opportunity 2020	
	£m Low	£m High
<b>Savings work streams</b>	<b>70.7</b>	<b>114.1</b>
<b>Improving value and releasing capacity: requiring prior investment in patient pathway management</b>	<b>8.5</b>	<b>13.8</b>
Referral management (Health and Social Care localities and secondary care consultants)	2.1	4.2
Management of Ambulatory Care sensitive conditions (community & primary care)	5.1	7.6
Alternative clinical pathways for regular attenders	0.5	0.7
Community Hospital DTOCS (Community, Primary Care, Private Sector, Councils)	0.5	0.7
Mental Health DTOCS (Community, Primary Care, Private Sector, Councils)	0.1	0.2
Pressure Ulcers & Healthcare Acquired Infections (Hospital Nursing)	0.2	0.3
<b>Improving Efficiency within own Budgets</b>	<b>19.7</b>	<b>36.4</b>
Theatres: Theatre utilisation/ unused sessions	0.0	0.1
Theatres: Theatre list productivity - surgical time	3.5	8.9
Theatres: Lost time, both late start & early finish	1.4	2.0
Theatres: Cancelled theatre sessions over 9%	1.0	1.5
Planned Care: Average Length of Stay	2.0	2.9
Urgent Care: Average Length of Stay	6.2	10.3
Outpatients: New to Review Ratios	5.3	10.6
Outpatients: DNAs	0.2	0.2
<b>Cash Releasing</b>	<b>42.6</b>	<b>63.9</b>
Community Hospitals: Elderly Wards NHS Benchmarking	1.2	1.7
Mental Health Hospitals: Mental Health NHS Benchmarking	3.7	5.2
Pathology	1.5	2.0
Facilities Management	1.6	2.4
Workforce: Temporary Staffing & vacancies	8.7	13.1
Workforce: Sickness (including within temporary staffing)	0.6	0.9
Workforce: Suspensions	0.1	0.1
Workforce: Pay Protection	0.1	0.1
Ward Nursing levels: WG Finance Delivery Unit (FDU) Ward Benchmarking	1.7	4.4
Corporate Staffing: FDU Corporate Benchmarking	0.7	2.6

Medicines Management: Primary Care Prescribing	13.6	17.2
Continuing HealthCare	8.3	12.4
Contracting	0.9	1.6
HSDU	0.1	0.1

Based on benchmark data, we have allocated the high value opportunities of £114m across service areas and this clearly shows that the opportunities vary widely. The table below summarises these opportunities and how this compares to the discretionary budgets held in the divisions:

Divisions	Savings Target £ m 2021/22	Savings Target £ m 2022/23	Savings Target £ m 2023/24	Total 3 Year Savings Target £ m	Divisional Budget	% Saving Target of Overall Budget
Ysbyty Gwynedd	2.6	5.1	7.7	15.3	92.3	16.6%
Glan Clwyd	2.6	5.2	7.8	15.5	112.5	13.8%
Wrexham Maelor	2.6	5.2	7.7	15.5	97.8	15.8%
North Wales Services	0.8	1.6	2.3	4.7	95.3	4.9%
Womens	0.4	0.9	1.3	2.6	38.4	6.7%
West Area	1.7	3.3	5.0	10.0	95.8	10.4%
Centre Area	2.6	5.2	7.8	15.6	139.7	11.2%
East Area	2.4	4.8	7.2	14.3	141.1	10.1%
Other Area	0.2	0.3	0.5	0.9	13.4	6.7%
MHLD	2.0	3.9	5.9	11.8	118.6	9.9%
Corporate	0.9	1.8	2.7	5.3	120.2	4.4%
Contracts	0.4	0.8	1.2	2.4	186.8	1.3%
	19.0	38.0	57.0	114.0	1,260.7	9.0%

The methodology for addressing opportunities will be aligned with both the service transformation programme and the adoption of value based healthcare principles. The next steps are to progress these opportunities to validated projects and agree the final distribution of the savings target for 2021/22 and beyond.

The savings plan will be pathway and service focused to support the Health Board's transformation programme and the Service Improvement and PMO teams will be appropriately resourced to support the service areas to identify, validate and deliver savings opportunities.

As part of the transformation programme, we will develop a rolling three year plan, which will deliver a reduction in the cost base commensurate with the strategic support package of £82m, as described in section 3 of the plan.

Based on our current understanding of the opportunities analysis, we would expect delivery of savings of between £20m - £30m in a full year. We have therefore set an ambitious internal target of £25m of identified opportunities to allow for a realistic contingency against schemes not delivering in year. This pipeline target includes a significant component drawn from the transactional and non-

recurrent savings historically delivered, as part of the financial control measures we will put in place.

Notwithstanding the target of £25m, the draft financial plan is predicated on less i.e. £17m of savings delivery, recognising that there will be less opportunity to deliver savings in the early part of the year due to COVID19. The service areas have so far identified £10m of savings against the £17m (60%); delivery is reliant on the Health Board's ability to realise the savings not being compromised by COVID19 pressures.

### The financial plan

The proposed methodology for the financial plan and apportionment of budget by service area was presented for approval to the Finance and Performance Committee in February 2021, and is summarised below:

1. Allocate the core uplift to divisions' recurrent budget;
2. Agree the forecast spend for 2021/22 based on agreed planning assumptions, including £17m savings delivery;
3. Identify the residual financial risk.

Using this approach the summary financial position is set out in the table below:

### NEEDS UPDATING TO REFLECT MR - FRIDAY

	£000	£000	£000	
2021/22 Recurrent Allocation		1,611,401		
2% Uplift		26,509		
Baseline Allocation for 2021/22			<b>1,637,910</b>	
Additional Anticipated Resources			<b>11,572</b>	
<b>Total Resource Allocation</b>			<b>1,649,482</b>	
2021/22 Baseline Forecast Spend		1,645,191		
Funding for Pay Awards	7,876			
Funding for Inflation	20,692			
Other Cost Pressures	3,976			
<b>Total increase in cost base</b>		<b>32,544</b>		
<b>2021-22 Revised forecast spend</b>			<b>1,677,735</b>	

## Financial Strategy

The Health Board is developing a financial strategy which will articulate our ambition to deliver sustainable health care for North Wales and is aligned to the significant Transformation programme being progressed this year. It will be predicated upon the Health Board's adoption of value based health care principles to drive better outcomes for our population and focusing on clinical pathways for conditions.

The financial strategy will consider the significant and long-standing issues discussed and reviewed by the Finance & Performance Committee and the Finance Delivery Unit of Welsh Government and will align with the other enabling strategies developed across the Health Board which will all be reviewed and refreshed in line with the vision of the Stronger Together programme.

## Financial governance

The Health Board has reviewed its governance arrangements during 2020/21. In response to the recommendations of this review a finance and transformation delivery group will be established. This group will be set up to support the execution of the Health Board's key financial priorities with oversight provided through the Finance and Performance Committee. The priorities are set out below:

- Improving financial performance and accountability;
- Delivery of the savings programme;
- Wider adoption of value based healthcare principles;
- Management of specific financial provisions; and
- Utilisation of strategic support funding.

## Risks to the financial plan

The following risks to the financial plan have been identified:

- Delivery of required savings plans in order to improve the underlying financial position of the organisation;
- Delivery of further cash releasing savings and productivity improvements;
- Implementation of the clinical strategy and revised patient pathways within available resources;
- Managing cost growth in line with or below assumed levels, whilst ensuring delivery of key priorities; and
  - Managing volume growth for both prescribing and CHC whilst delivering a quality service for the benefit of patient.

**THIS TEXT WILL BE UPDATED IN LINE WITH MR for Mth 2**

The current financial risk is £32.4m which is based on the following assumptions:

- Forecast spend for 2021/22 based on agreed planning assumptions
- Delivery of £17m of Savings in year
- Agreed Cost Pressures of £32.5m

### 13. Risks and issues

This Plan has a particular focus upon the effective management of risk and the avoidance of harm. The potential for harm during the pandemic is particularly heightened and the Health Board has determined its priorities with a view to minimising the four dimensions of harm arising from COVID19. Underpinning our priorities is a commitment to drive improvement via a quality improvement methodology, supported by a modern digital infrastructure.

As part of our Board Assurance Framework, we routinely manage and review our risk registers noting and responding to the risks and opportunities that could impact the planned delivery of our Plan. Our Executive Team regularly reviews this, with corporate functions and divisions working closely with Directors and the Board to ensure that risks are appropriately mitigated and managed.

Programme level delivery plans have been developed and provide further detailed actions and timescales.

Board to know this level of detail exists. Submission to WG to include programme action plans as 'supporting technical appendix'.

	Key Priority	Lead (Job Title and contact person)	Programme (What)	Action (How)	Programme/Patient Outcome (Why)	Lead Director	Target Date (When)	Risks	Finance	Target improvement linked	Board Level Monitoring
	COVID-19 response Strengthen our population health focus Recovering access to timely planned care pathways Improved unscheduled care pathways Integration and improvement of mental health services										
E1.1	Enabler	Executive Director of Governance programme sponsor (specific actions allocated to Exec lead portfolios)	<b>Pan BCU Support Programmes - Targeted Intervention:</b>  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.	<ul style="list-style-type: none"><li>Engage and communicate internally within the divisions, and with partners and stakeholders on the Maturity Matrix approach (CAMHs and Adult MH).</li><li>Progress the joint working between CAMHs and Adult MH, with a focus on financial allocations and the transition pathway. (CAMHS and Adult MH).</li><li>Establish the improvement and development group to support the CAMHs programme delivery (CAMHS).</li><li>Review the MHLI leadership structure, with leads identified to support the key delivery areas (Adult MH).</li><li>Progress the crisis concordat activity to support our clinical pathway focus (Adult MH).</li><li>Undertaking a stakeholder mapping exercise and develop a relationship management approach to relevant stakeholders in the domains of patient, partners, staff and public.</li><li>Consolidate a team for engagement across the four engagement domains, drawing from best practice.</li><li>Use the development of key strategies (i.e. Living Healthier, Staying Well and Clinical Service Strategy) as a PDSA exercise to improve engagement process and outcomes.</li><li>Develop an engagement process to encourage openness, transparency and trust with our citizens.</li></ul> Leadership priorities for the next quarter: <ul style="list-style-type: none"><li>Ensuring executive, senior leadership and partner ownership and engagement in the delivery of Discovery phase of Mewn Undod mae Nerth/Stronger Together.</li><li>Aligning the Board Development programme with Mewn Undod mae Nerth delivered by the King's Fund with additional support from the Good Governance Institute.</li><li>Reviewing clinical leadership support structures and resources to improve multi professional clinical engagement.</li><li>Mobilising additional capacity and capability to support transformation, organisational and system development, engagement and governance</li><li>Starting the refresh of Living Healthier Staying Well.</li><li>Using the refresh as the basis for our Clinical Services Strategy implementation plan.</li><li>Develop a revised planning process to allow for a draft approvable MTP to be agreed for 2022-25.</li><li>Implement and embed the Performance and Accountability Framework including regular reviews, appropriate escalation, and revised performance reporting.</li></ul>	Programmes of work have been informed by the established maturity matrices which will be used to assess progress against the targeted intervention framework in 2021/22.	Director of Governance	Milestone actions for delivery by Q2 are identified. These will be reviewed and refreshed on a quarterly basis.	Core Funding	Y	Y	
1.2	Enabler	Workforce and organisational programme	<b>Pan BCU Support Programmes - Stronger Together</b>	Drafting note: Discussion with Executives W/IC14.6.21	Improve culture and organisational structure throughout BCUHB	Executive Director of Workforce & Organisational Development			Core Funding	Y	Y
E1.3	Enabler	Associate Director of Nursing - Infection Prevention, Nursing Midwifery & Patient Services	<b>Pan BCU Support Programmes - Safe Clean Care</b> Harm Free	Making our place safe through, clean wards, safe bed space, safe entry, safe break and safe change. Through Safe clinical and non-clinical areas (transfers), safe wards and safe rapid isolation. Ensuring our actions are safe, for patients, visitors and staff. Support the workstreams release more time to care through: Infection prevention and control cockpit development. Building designing and purchasing IT enables solutions Develop tools/ material to support the behavioural change Safe Clean Care workstreams	Providing a safer place prviding health for North Wales population, reducing infection spread. Identifying areas of improvement across the wards and hospital to support safe care.  Improving the place of work for staff, reducing injury at work.  Developing and using digital technology solutions to improve delivering and monitoring safe ways of working.	Shared responsibility for sections of SCC Strategy:  Chief Operating Officer - Safe Clean Care Harm Free – Safe Place - Safe Clean Care Harm Free – Informatics  Executive Medical Director – Safe Clean Care Harm Free – Safe Space  Executive Director Nursing & Midwifery -	Q1 - Divisions to identify Business case to address SCC Strategy.  Q2 - Approve/engage/research business case and strategy  Q3 -  Q4 - Implement new ways of working	COVID Funded / Capacity & capability		Y	
E1.4	Enabler	Assistant Director of Strategy and Planning	<b>Pan BCU Support Programmes - LHSW &amp; Clinical strategy review</b>	As we move forward into the Covid recovery phase, it is timely to take stock and 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.	<ul style="list-style-type: none"><li>Check in with our staff, patients, partners and public whether the principles are still valid</li><li>Review our strategic priorities to ensure they are consistent with "A Healthier Wales"</li><li>Address those elements of LHSW that proved challenging to implement e.g. an integrated system wide approach to healthcare and integrated care pathways</li><li>Test the strategy is still relevant in the changed environment</li><li>Provide the framework for development of a Clinical Services Plan</li></ul>	Executive Director of Planning and Performance	Q1 Review of current strategy plan developed  Q2 Approval of refresh plan approve - Engagement plan developed  Q3/Q4 - Engagement process initiated	Core Funding	Y	Y	
E1.5	COVID-19 response	Consultant - Anaesthetics & Intensive Care / Clinical Lead for Critical Care	Enhanced recovery from critical illness  The provision of robust and consistent staffing within traditional "medical" critical care rotas to ensure patient safety	Enhanced recovery from critical illness by addressing the shortfall in Allied Health Professional and Clinical Psychology workforce including Rehabilitation Assistant posts at the three Acute Hospital sites  The provision of robust and consistent staffing within "medical" critical care rotas by recruiting experienced critical care nurse or allied health professional staff to advanced clinical practice roles at the three Acute Hospital sites	<ol style="list-style-type: none"><li>Improved quality of patient care during critical illness and during the recovery from critical illness</li><li>Improved patient safety and quality of care</li><li>Reduced costs through reduced length of critical care and ward stay, reduced readmission, and decreased longer term healthcare utilisation</li><li>Equity of access to support across North Wales</li><li>Raised staff well-being and retention</li><li>Clinical staff (in particular critical care nursing staff) able to concentrate on core clinical activity</li></ol>	Executive Medical Director	Q1 / Q2 Development of Business Case  Q3 Business Case submitted for internal sign-off and approval  Q3 / Q4 Development of a programme plan, recruitment and implementation	Financial resources Ability to recruitment skilled staff Failure to meet national standards and recommendations Proltracted length of patient stay Increased length of time for patients to regain independence Increased dependence at critical care and hospital discharge Inequitable access to clinical psychology and therapy services across North Wales Clinic cancellation due to lack of dedicated nursing staff resource	Business Case to be approved. Circa £1M revenue funding lbc		Y
C1	COVID-19 response	TTP Programme Director	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)	Government contracts with an external provider to provide Regional and Local Testing sites – two and four respectively across the region. Note: Government contract with another external provider to provide mobile testing units (MTUs). MTUs move across the region including to more remote areas. They also respond in the event of outbreaks.  Activity is monitored for every unit in conjunction with epidemiology reports.  To work strategically with partners to agree the most appropriate deployment of the mobile testing units.	PCR testing needs to be undertaken as rapidly as possible for anyone demonstrating Covid symptoms and for cases where the TTP service has recommended a test. The earliest identification of positive cases will help to ensure transmission of the virus is reduced, or prevented. The desired outcome is to minimise and eliminate transmission of Covid.	Executive Director of Public Health	Measure through capacity and Turnaround Times.  Immediate and to be continued through to Q4 – capacity to be reviewed on receipt of regional modelling from the national team and not expected to be reduced before 31/3/22.	Inadequate testing capacity – risk that positive cases are either not identified or not identified in a timely manner. Risk is increased transmission.  Access to testing – if tests are not accessible, population may be deterred from testing.  Public perception, and the need to reiterate core messages (e.g. only essential travelling outside the UK).	COVID Funded		Y
C1			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)	Community Testing Units are Health Board led and resourced. The CTUs to date have provided PCR testing for key workers, and are now focusing on PCR testing to support patients with pre-operative testing, cancer and renal treatments.  Recruitment and retention has been a challenge over the last year as resources have been stretched. The CTUs are adequately resourced and capacity/ demand is continuously monitored in line with national and regional data to align resources. Surge capacity is provided as required  The planning for this requirement relies on information being provided on an ongoing basis by the planned care services, and demand is likely to increase as planned care returns to "business as usual".	MTUs are used to move around the region 1. reaching more remote communities to improve access to testing. 2. in response to outbreaks and the requirement to rapidly test.  The speed of testing.  The desired outcome is to minimise and eliminate transmission of Covid.	Executive Director of Public Health	Immediate and to be continued through to Q4 – capacity to be reviewed on receipt of regional modelling from the national team. No plans to reduce capacity.				
C1				Community Testing Units are Health Board led and resourced. The CTUs to date have provided PCR testing for key workers, and are now focusing on PCR testing to support patients with pre-operative testing, cancer and renal treatments.  Recruitment and retention has been a challenge over the last year as resources have been stretched. The CTUs are adequately resourced and capacity/ demand is continuously monitored in line with national and regional data to align resources. Surge capacity is provided as required  The planning for this requirement relies on information being provided on an ongoing basis by the planned care services, and demand is likely to increase as planned care returns to "business as usual".	To ensure patients do not have Covid prior to treatment in order to: <ul style="list-style-type: none"><li>Protect the patient – if they are covid positive, they are at greater risk during and following a procedure</li><li>Protect other patients from potentially contracting the virus whilst in the care of BCU HB</li><li>Protect our workforce by minimising exposure to the virus</li></ul>	Executive Director of Public Health	Q2 – 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.	Retaining staff to deliver service.  Services providing CTUs with timely information regarding pre op testing plans.  Maintaining current CTU locations as other services return to "business as usual" and request the return of facilities.			
C1				Point of Care testing devices to be evaluated and implemented to support the rapid turnaround of tests for patients arriving in departments such as A&E. Roche Liat and Lumira devices being evaluated for different departments.	To provide rapid test results to enable departments to treat patients safely on the appropriate pathway in accordance with their Covid-status  Improves the decision-making time to protect patients and the workforce	Executive Director of Public Health	Q2 evaluate  Q3 devices implemented subject to effectiveness of evaluation	IT connectivity to manage test results	COVID Funded (Finance to check if Roche Liat devices are covered by covid funding)		
C1				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.	One in three people who are covid positive do not demonstrate symptoms. Regular LFD testing aims to identify staff who are asymptomatic to prevent transmission in the workplace, amongst patients, and the wider workforce.	Executive Director of Public Health	31.5.21	Managing storage and replenishments of kits Staff registering kit and reporting results; if staff are not regularly testing in line with guidance, asymptomatic staff will be missed creating risk of transmission	COVID Funded		
C1				Create LFD collect points across the region utilising the existing infrastructure such as RTS, LTS and MTUs for the population who are not able to work from home. Also link up with Covid Support Hubs being developed under the Protect agenda.	To provide easy access to LFD kits to the members of the population who cannot work from home. Regular testing to identify asymptomatic cases and reduce the risk of transmitting the virus unknowingly.	Executive Director of Public Health	Q1 – in place by the end of Q1 and on-going until WG policy determines otherwise	Public confusion re type of test to use i.e. PCR v LFD	COVID Funded		
C1.1	COVID-19 response	TTP Programme Director	Deploy effective tracing service with partners across North Wales to minimise transmission of virus and adapt the service provision as Welsh Government policy evolves.	Ensure there is an adequate resource at a regional and local level to deliver effective tracing in response to the identification of positive cases, including variants of concern and returning travellers	Adequate resources will ensure that tracing responses are rapid as soon as positive cases are confirmed; isolating the positive case and their identified contacts, in turn reducing transmission  Resource in place to manage a third wave and skills developed to address international travellers, backward contact tracing, EHO capacity, to ensure the tracing response is as effective as possible in limiting the transmission of the virus	Executive Director of Public Health	By end Q1 and on-going through 2021-22	Public do not adhere to guidance  A third wave exceeds capacity Staff attrition falls below the required threshold Difficult to recruit as the economy opens up as these are temporary roles	COVID Funded		Y
C1.2	COVID-19 response	TTP Programme Director	Continue North Wales liaison on protect agenda coordinating multi-agency response	Individuals and communities impacted by Covid can access the support available.	5 'protect' schemes in progress in partnership with WG, with ambition to increase further. The schemes will support individuals impacted by Covid to access LFDs, financial advice, food poverty support, MH support and other locally-identified support services.	Executive Director of Public Health	Q2 and ongoing uhn	Funding pulled after initial pilot phase	COVID Funded		Y
C1.3	COVID-19 response	Vaccination Programme Lead.	Implement and deliver the BCUHB 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.	To ensure our citizens have a robust process of planning short, medium and long term within the BCUHB vaccination programme. This will involve being able to respond to changing guidance, changes in vaccine supply and any other interdependency which may require action and a change in approach.	Executive Director Nursing & Midwifery as SRO – Mass Vaccination Programme	The Vaccination Strategy for Wales currently sets out 3 milestones based on the JCVI's prioritisation advice.	Changing guidance, lack of National clarity on the next phase.  Meeting legal obligations, having data and other intelligence robust enough to support.  Compliance with evolving National Guidance and development of multiple vaccines.	COVID Funded		Y
C1.3				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.	To ensure that our citizens within these groups are identified and engaged with to ensure that any inequalities are addressed and mitigated within the programme implementation.  To ensure our citizens vaccines are delivered safely, protecting public trust and confidence in the immunisation programme.	Executive Director Nursing & Midwifery as SRO – Mass Vaccination Programme	Milestone 1: To have offered the vaccine to all individuals in cohorts 1-4 by mid February. BCUHB achieved this along with other Health Boards in Wales on 12 February 2021.	Return of redeployed staff, turnover of agency staff.  Lack of clarity of the medium and longer term plan.			
C1.3				Ensure the mechanisms in place continue with the interpretation of clinical guidance, development of clinical pathways and maintain and review them as required.	To ensure our citizens can rely on a skilled, sufficient and sustainable workforce to deliver their vaccines in the most effective and safe way.  To ensure our citizens can rely on a skilled, sufficient and sustainable workforce to	Executive Director Nursing & Midwifery as SRO – Mass Vaccination Programme	Milestone 2: To have offered the vaccine to all individuals in cohorts 1-9 by mid April. That includes all those aged 60 and over. BCUHB	Data quality. IT framework & capabilities			



C1.3				Development of a workforce model which will deliver the programme, flexible enough to adapt to the evolving plans from one phase to the next.	To ensure our citizens can rely on a skilled, sufficient and sustainable workforce to deliver their vaccines in the most effective and safe way.	Executive Director Nursing & Midwifery as SRO – Mass Vaccination Programme	those aged 50 and over. BCUHB achieved this and along with other Health Boards in Wales on 4 April 2021.				
C1.3				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.	Provides our citizens with appropriate contact methods and the ability to book vaccination appointments that fit in with their schedule providing the ability to update or amend. This will avoid frustrations caused by having to phone the booking centre.	Executive Director Nursing & Midwifery as SRO – Mass Vaccination Programme	Milestone 3: It is our aim to offer everyone in the current 10 priority groups their first dose of the vaccine by the end of July 2021. We remain on target to achieve this next milestone.				
C1.3				Develop an efficient contact process and self-service booking system under Welsh Government Guidance.		Executive Director Nursing & Midwifery as SRO – Mass Vaccination Programme	Future milestones based on the next phase including the booster programme are expected in Quarter 2 via the WG. This will also include guidance and criteria.				
S1	Strengthen our population health focus	Assistant Director, Primary & Community	Building a Healthier North Wales: Implement smoke free sites with consideration to the implementation of Mental health smoke free action plan.	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 31 <sup>st</sup> March	This programme will support the residents of North Wales to be smoke-free. All Health Board sites will be exemplar sites for the population messaging and re-enforcing actions on stopping smoking. Alongside the site activity, support is being made available to both staff and citizens should they require smoking cessation advice.	Executive Director of Public Health	Q2	There is a risk that the Health Board will not be able to continue to deliver post 21/22 on all aspects of BAHW projects which will impact on the anticipated population health outcomes due to the discontinuation or reduction in National funding.	Core Funding		
S1				Smoking cessation support and access to nicotine replacement therapy for patients and staff available and in place.	These actions will support the over-arching outcomes of: 1) Families and individuals have the resources to live fulfilled, healthy lives and 2) Natural and built environment that supports health and wellbeing.  The programme also supports the overarching outcomes of healthy actions and good health in working age plus minimising avoidable ill-health.	Executive Director of Public Health	Q1	There is a risk that COVID response and recovery continues to demand workforce and resources which will impact on the delivery of population health outcomes identified within the BAHW projects.			
S1				Mental health action plan agreed in response to cessation of exemption to smoke free regulations	Key outputs: • All sites are smoke-free compliant • Contribution to smoking cessation targets	Executive Director of Public Health	Q3	There is a risk that there is no response to Invitation to Tender for the intended commissioned work which will impact on delivery of information to support further project implementation. In turn, this will impact on the delivery of population health outcomes identified within the BAHW projects.			
S1.1	Strengthen our population health focus	Help me Quit Service Strategic Lead	Implement integrated smoking cessation service	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  Provision of support for advisors and bank staff work	Through the new integrated smoking cessation service, the Health Board will support the population to be smoke-free. This programme will ensure short, medium and long-term health outcomes for the smoking population in North Wales. This work will also support the de-normalisation of smoking.  The integrated service aims to increase client satisfaction – collected via survey.	Executive Director of Public Health	Q3	There is a risk that the Health Board will not be able to continue to deliver post 21/22 on all aspects of BAHW projects which will impact on the anticipated population health outcomes due to the discontinuation or reduction in National funding.	Core Funding		
S1.1				Provision of support for advisors and bank staff working out of hours is in place	Key KPIs are as follows: • 5% of smokers to make a quit attempt via BCUHB smoking cessation service (an increase from current  • 3.98%AOH, CO Validated at 4 weeks – not currently able to record (COVID restrictions – unlikely to resume before 2022)	Executive Director of Public Health	Q4	There is a risk that vacancies are not filled which will impact on the delivery of project outputs.			
S1.1				Single service plan is developed with: - simplified referral system - improved management and supervision processes implemented	Re New Tier 1 measures:  • The quit manager database used across Wales doesn't currently record the level of information detailed below so there is no baseline to work from.	Executive Director of Public Health	Q3	There is a risk that there is no response to Invitation to Tender for the intended commissioned work which will impact on delivery of information to support further project implementation. In turn, this will impact on the delivery of population health outcomes identified within the BAHW projects.			
S1.1				One system for maintenance and replacement of equipment (CO Monitoring) implemented	• We are waiting for confirmation from the PHW National team to advise re baseline data collection – possibly a new database (collect data from primary and secondary care).	Executive Director of Public Health	Q4				
S1.1				Dashboard is resumed to strengthen performance monitoring and data availability	• % of patients aged 15 or over who are recorded as current smokers who have a record of an offer of support and treatment within the preceding 27 months.	Executive Director of Public Health	Q2				
S1.1				Review Ottawa model in preparation for 2022/23 planning  Identify primary care partners for targeted community engagement sessions 22/27	• % of patients with any combination of the following conditions: CHD, PAD, stroke or TIA, hypertension, diabetes, COPD, CKD, asthma, schizophrenia, bipolar affective disorder or other psychoses whose notes record smoking status in the preceding 15 months  • % of current smokers with any of the following conditions: CHD, PAD, stroke/TIA, hypertension, diabetes, COPD, CKD, asthma, schizophrenia, bipolar affective disorder or other psychoses who have an offer of support and treatment within the preceding 15 months	Executive Director of Public Health	Q4				
S1.2	Strengthen our population health focus	Programme Director Well North Wales (WNW)	Reducing food poverty initiatives are established	Deliver community education programmes to:  - Llangeihni - Plas Madoc	The Health Board has committed to working with partners to reduce food poverty across North Wales. This will support many of the population to access fresh and affordable food, and build on our community-based activities relating to physical and mental health and wellbeing.	Executive Director of Public Health	Q4		Core Funding		
S1.2				Finalise programme Agreement with one further identified area.		Executive Director of Public Health	Q3				
S1.2				Develop Food Distribution plan	This work will also support our work on increasing food waste alleviation initiatives, and we hope to reduce the stigma associated with such initiatives currently.	Executive Director of Public Health	Q1				
S1.2				Post-Covid revised strategy to be produced in Plas Madoc	This work will be undertaken with the Wellbeing of Future Generation Act (Wales 2015) in full focus.	Executive Director of Public Health	Q2				
S1.2				Increase number of partners and scheme members through engagement events/ membership scheme in Llangeihni	Key Short-Term Outputs:  1. Usage of the space and resources at the Plas Madoc Leisure Centre to host and support food poverty alleviation projects.	Executive Director of Public Health	Q2				
S1.2				Develop food poverty initiative proposals, in partnership with Bangor University, local authority and 3rd sector.	2. Process measures will be collected on the numbers of people attending cookery courses; the numbers of projects identified and scoped; and the links to North Wales Social Prescribing programmes	Executive Director of Public Health	Q3				
S1.2				Scope and develop proposal for a food poverty/ food waste initiative in Denbighshire		Executive Director of Public Health	Q3				
S1.3	Strengthen our population health focus	Programme Director WNW	Homelessness initiatives are implemented	Co- Contribute to development of regional Lottery bid to address homelessness (in partnership with housing associations, third sector and local authorities).	The Health Board, in partnership with a number of agencies are supporting activities to support the homeless people and rough sleepers in North Wales. We aim to do so by working on improving skills for employment and aiming to achieve greater stability and wellbeing for this cohort. The benefits to the Health Board and to this population are numerous, given the increased alcohol and drug problems, the prevalence of infectious diseases, the poorer oral health and the higher levels of cirrhosis, kidney and heart conditions than in the general population.	Executive Director of Public Health	Q3		Core Funding		
S1.3				Refresh with partners the Wrexham programme and Health Board contribution.		Executive Director of Public Health	Q3				
S1.3				Extended scope for Bangor and links to the food poverty/ training café.	In essence, the work will transform the model of care through a reduced demand on primary and emergency care.  Key Outputs (as indicative measures) will include:  - The numbers accessing drug and alcohol recovery programmes  - The numbers accessing specialist programmes	Executive Director of Public Health	Q3				
S1.3				Post-Covid Rhyll development and Health Board contribution, refreshed with partners		Executive Director of Public Health	Q4				
S1.4	Strengthen our population health focus	Head of Womens Services	Implementation of the Infant feeding project (Wrexham)	To support the infant feeding strategy, the training sub group will deliver pre-reg 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.	The Health Board continues to focus on its work to support children having the best opportunity for a healthy start. We want to ensure that women and families feel supported to make informed choices about their method of feeding, and it is important that women are satisfied with the support received. As a result, we aim to see an increase in the number of women breast-feeding and continuing to breast-feed, alongside increased rates of breast-feeding at initiation, discharge from hospital and at 10 days.	Executive Director of Public Health	Q1-4		Core Funding		
S1.4				Targetted 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.	These actions will link with the over-arching outcomes of : 1. Healthy start 2. Healthy actions 3. Health in the early years and childhood	Executive Director of Public Health	Q2-4				
S1.4				QI project finishes Dec 21. Evaluation report produced for review by Health Improvement and Reducing Inequalities Group	Key measures:  • An overall increase in the number of women breastfeeding and continuing to breastfeed in Wrexham as part of the quality improvement project.  • Women and families feel supported to make informed choices about their method of feeding and are satisfied with the support given	Executive Director of Public Health	Q4				
S1.4				Women/Mothers experience survey – questions specific to breastfeeding and experience during COVID	• Professionals report positive changes in the support they are able to provide  • BF Initiation rates not less than 61% (WXM), 54% (YGC), 62% (YG)  • At discharge from hospital at least 46% (WXM), not less than 41% (YGC), not less than 44% (YG)	Executive Director of Public Health	Q3				
S1.5	Strengthen our population health focus	Head of Womens Services	Infant feeding strategy	Appoint Strategic Breastfeeding Lead (awaiting National JD) - Response due from National team - JD forthcoming: - JD developed - Post advertised or seconded	• Improve breast feeding rates at Day 10 following birth to 40% (WXM), not less than 33% (YGC), not less than 35% (YG).  Positive feedback from Experience Survey (qualitative feedback)	Executive Director of Public Health	Q3  Q1  Q2		Core Funding		

	Strengthen our population health focus	Assistant Area Director, Therapy Services	Children's Tier 3 obesity service has commenced	Posts appointed Referral mechanisms established	Given the high levels of children's obesity across North Wales, our actions aim to support the stabilisation of childhood obesity rates, thus leading to improved health outcomes across the life course.  Our focus will support young people to improve both physical health and mental health.  We would envisage a 12 month period of support is required for most children.  Indicative measures for the service are: - Number of referrals - Number of appointments - Sessions attended - Numbers on waiting list - % change in weight - % change in BMI - % change in wellbeing scores We would expect to see outcomes increase through 22/23. Patient satisfaction surveys – completed at beginning of engaging with service and at intervals through the treatment pathways. 450 capacity per full year of service – target in 21/22 225 across the areas.	Executive Director of Public Health	Q2			Core Funding		
S1.7				Service plan is implemented (as per business case) – no BC attached please clarify in short para		Executive Director of Public Health	Q2-Q4					
S1.8	Strengthen our population health focus	Principal Public Health Practitioner	Physical Literacy North Wales programme is established	Identified partners and relevant workforce trained	Building on the work undertaken during 2021, our Physical Literacy programme will focus on developing four key areas within the early years. These are skills, motivation, confidence and opportunity. We know that this work will support a child's potential to enjoy activity and sport at school and beyond.	Executive Director of Public Health	Q3			Core Funding		
S1.8				A range of examples of physical literacy informed practice shared with partners across the region		Executive Director of Public Health	Q3					
S1.8				Resources and tools developed	The key measures identified are: 1) Four separate physical literacy projects underway across the region 2) A training programme underway for the four projects 3) 40 people will be trained per project 4) An action plan will be developed for each project	Executive Director of Public Health	Q3					
S1.8				Online training resource developed		Executive Director of Public Health	Q4					
S1.9	Strengthen our population health focus	Programme Director VNW	Elemental software is utilised by local authorities	Agreed activities at each local authority	To support our programme roll-out with partners, the Elemental software will be utilised by Local Authorities.	Executive Director of Public Health	Q1			Core Funding		
S1.9				Progress reporting structure established	The key measures are: 1) Activity and outcomes are captured 2) The number of referrals are captured by project	Executive Director of Public Health	Q2					
S1.9				Evaluation of annual usage shared with Health Improvement and Reducing Inequalities Group		Executive Director of Public Health	Q4					
S2	Strengthen our population health focus	Public Health Assurance and Development Manager	Inverse Care Law Commissioned report received	Programme manager appointed	Contribute to the Health Board commitment on reducing inequalities and improving the outcomes for those where it is most needed. The programme will focus on non-communicable diseases, such as coronary heart disease, stroke, type 2 diabetes, breast cancer and bowel cancer.	Executive Director of Public Health	Q2			Core Funding		
S2				Commissioning complete	This work will support a number of over-arching outcomes including: 1) Healthy actions 2) Good health in working age 3) Healthy ageing 4) Minimising avoidable ill-health	Executive Director of Public Health	Q2					
S2				Report and recommendations received	And most importantly, increase the healthy life expectancy of people living in the most deprived areas of North Wales, and reduce the gap in life expectancy between the people residing in the least and most deprived areas.	Executive Director of Public Health	Q4					
S2				Plan developed		Executive Director of Public Health	Q4					
S2.1	Strengthen our population health focus	Principal Public Health Practitioner	Alcohol Insights Commissioned report received	Findings shared with Allied Planning Board Action plan developed and implemented	In support of the Area Planning Board activity, the Health Board continues to focus on positive actions that reduce alcohol-related harms. During 2021/22, we will further seek to understand the behaviour, attitudes, motivations towards alcohol during different stages of the life course. The Health Board is keen to learn more about these during pregnancy and during the working age period. This work will support the over-arching outcome of:  1) Resilient empowered communities 2) Healthy actions 3) Minimising avoidable ill-health	Executive Director of Public Health	Q3			Core Funding		
S2.2	Strengthen our population health focus	Assistant Area Director, Therapy Services	Increase level 1 activity particularly in target groups	Early years dieticians and support workers appointed	Progress its service offer to the population of North Wales, and scale up current programmes. The aim of the work is to support improved physical health and mental health and wellbeing. The HWWH work will also support the stabilisation of childhood obesity rates. The work will support the overarching outcomes of :  1) Years of life and years of health 2) Mental wellbeing 3) A fair chance for health	Executive Director of Public Health	Q1	Health Board will not be able to continue to deliver post 21/22 on all aspects of HWWH projects which will impact on the anticipated population health outcomes due to the discontinuation or reduction in National funding .  COVID response and recovery continues to demand workforce and resources including venues, which will impact on the delivery of population health outcomes identified within the HWWH projects.	Core Funding			
S2.2				Appoint (and provide relevant training on induction for) early years dietitians and support workers (1 each per BCU area)	All new team members have observed a min. of 1 C&C programme within their first 9 months in post. Min. of 3 schools per BCU area identified/ secured (in 2021) to participate in the programme during 2022. Min of 1 programme per BCU area facilitated in the first year with support from East BS/ B4. 3 programmes / year / BCU area delivered as standard after first 12 months of full operation	Executive Director of Public Health	Q2	There is a risk that vacancies are not filled which will impact on the delivery of project outputs.				
S2.2				Come and cook with your child programme commences in primary schools		Executive Director of Public Health	Q3					
S2.2				Boliâu Bach/Tryn Tums programme expands to include food and drink provision for 0-1 years in early child care settings		Executive Director of Public Health	Q3					
S2.2				- Training Needs Analysis (TNA) planned and completed 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.	Min. of 15% settings caring for 0-1 years engaged" in 2021/22 (compared with 0% at baseline as new offer).	Executive Director of Public Health	Q3					
S2.2				- 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 months Through meeting and establishing groups with childminders and play groups – access to digital and/or face to face training and participation Boliâu Bach/Tryn Tums is increased.  - Digital training resources completed and tested	Brief audit undertaken in first 9 months of nutrition training (L2) completed by FS staff, cooking courses they have run in previous 12-18 months & nutrition resources held in each FS team (benchmark/ baseline)  Increase in the no. of childminders/ playgroups engaging in digital training during 2021/22 (compared with previous 12/12)	Executive Director of Public Health	Q3					
S2.3	Strengthen our population health focus	Assistant Area Director, Therapy Services	Increase capacity / support to Tier 2 weight management service	Existing tier 2 service expanded to provide specific support for weight gain during pregnancy: - Access to post-natal support including digital access is increased	Expected numbers of patient to be seen during a fully operational year in the following programs:  *Foodwise for Life - 300 *Commercial weight provider – 850 *Kind eating face to face - 450 Video Kind eating – 500 *Lifestyle - 1000	Executive Director of Public Health	Q4	Health Board will not be able to continue to deliver post 21/22 on all aspects of HWWH projects which will impact on the anticipated population health outcomes due to the discontinuation or reduction in National funding .  COVID response and recovery continues to demand workforce and resources including venues, which will impact on the delivery of population health outcomes identified within the HWWH projects.	Core Funding			
S2.3				Psychological input expanded to support tier 2 through appointment of cognitive behavioral therapy therapists/counselors/practitioners	Measures will include - Weight loss - % weight loss - % BMI reduction  *(N.B. numbers are subject to Covid restrictions and ability to run full groups)	Executive Director of Public Health	Q3	There is a risk that vacancies are not filled which will impact on the delivery of project outputs.				
S2.4	Strengthen our population health focus	Assistant Area Director, Therapy Services	Increase accessibility of healthy food, healthy staff project	Campaign developed and implemented - as part of Wellbeing Wednesdays and Wellbeing at Work	Take up the "Well being Wednesday" menu offer during the target period Staff feedback	Executive Director of Public Health	Q3	Health Board will not be able to continue to deliver post 21/22 on all aspects of HWWH projects which will impact on the anticipated population health outcomes due to the discontinuation or reduction in National funding .  COVID response and recovery continues to demand workforce and resources including venues, which will impact on the delivery of population health outcomes identified within the HWWH projects.  There is a risk that vacancies are not filled which will impact on the delivery of project outputs.	Core Funding			
S2.5	Strengthen our population health focus	Assistant Area Director, Therapy Services	Increase National Exercise Referral Scheme / exercise programme capacity and work with local authorities to promote active travel and physical activity	Sports North Wales business case developed	Increases in activity: Number of NERS programs by County across the age ranges	Executive Director of Public Health	Q1	Health Board will not be able to continue to deliver post 21/22 on all aspects of HWWH projects which will impact on the anticipated population health outcomes due to the discontinuation or reduction in National funding .	Core Funding			
S2.5				Resource plan developed which specifies requirements and training needs to deliver the programme	Number of participants accessing the programs per year	Executive Director of Public Health	Q1					
S2.5				Targeted campaign through identified partners and engagement events to all age groups including 60+	Quality of Life scores before and after the program Number of participants signed up to further classes/gym membership post program delivery	Executive Director of Public Health	Q2	COVID response and recovery continues to demand workforce and resources including venues, which will impact on the delivery of population health outcomes identified within the HWWH projects.				
S2.5				Performance measures agreed with NERS staff and reported to HIRIG for monitoring.	Appointments to posts will be made in Q1/2 and a review of the above will take place in Q1	Executive Director of Public Health	Q1-2	There is a risk that vacancies are not filled which will impact on the delivery of project outputs.				
S2.5				Links established with Bangor and Glyndwr Universities to evaluate the various approaches to national exercise referral scheme, including virtual and outdoor activities	Progress / access numbers to Digital Skills for Life	Executive Director of Public Health	Q4					

S2.5				Progress report received which reviews and evaluates access to national digital skills for Life		Executive Director of Public Health	Q2-3				
S2.6	Strengthen our population health focus	Assistant Area Director, Therapy Services	Contribute to national digitalisation of nutritional skills for life programme	Review the uptake and interaction from the Web based resource including the online self-referral e-form.	Program fully digitalised and available for roll out. Access numbers.	Executive Director of Public Health	Q1	Health Board will not be able to continue to deliver post 21/22 on all aspects of HWW projects which will impact on the anticipated population health outcomes due to the discontinuation or reduction in National funding .  COVID response and recovery continues to demand workforce and resources including venues, which will impact on the delivery of population health outcomes identified within the HWW projects.  There is a risk that vacancies are not filled which will impact on the delivery of project outputs.	Core Funding		
S2.7	Strengthen our population health focus	Assistant Area Director, Therapy Services	Development of in house website, associated resources and video content for weight management service	Review marketing and communication to support delivery and ensure a clear Health Board pathway for obese services and transition between tiers. Work with Health Board	Indicative measures: Number of hits on the website and the various sections within the site • Self referrals received • demand and response times	Executive Director of Public Health	Q2	Future National funding .	Core Funding		
S2.7				With BCU Informatics Service develop an Obesity Dashboard to reflect current performance			Q3	COVID response and recovery continues to demand workforce and resources including venues, which will impact on the delivery of population health outcomes identified within the HWW projects.  Staffing			
S2.8	Strengthen our population health focus	Strategic Lead Community Pharmacies	Finalise community pharmacy enhanced services business case - Lifestyles	Review current population health data and evaluate whether priorities outlined in the Pre-Covid draft (alcohol, BBV) remain priorities or whether Community Pharmacy support should be enhanced for other lifestyle aspects eg Smoking, Weight loss.	The business case planned for submission in 19/20 proposed support through community pharmacies to deliver initial advice and signposting to alcohol guidance and support, along with developing dry blood spot testing for Hepatitis C.  This will be reviewed and refreshed to reflect current priorities/COVID.  The aim is to provide wider access to initial support to enhance positive lifestyle choice and to encourage positive steps towards improved health.	Executive Director of Public Health	Q3		New Funding from 22/23		
R1	Recovering access to timely planned care pathways	Assistant Area Directors Primary Care	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.	Commission a fixed term contract on behalf of GP practices whilst awaiting an all Wales decision to support long term provision.	Supports GPs and other health professionals to communicate more effectively with their patients in the delivery of care, includes medical surveys, text and photo responses, patient triage, text messaging, vaccination booking, and with the plus version video consultations and digital documents.	Executive Director Primary & Community Care - Acting Executive Medical Director	Q1	Risk to implementation: Procurement processes may prevent timely implementation.	Performance Fund		Y
R1				Interim contract in place for accuRx use by North Wales practices.	Maintain new ways of working, support recovery and the delivery of access standards.	Executive Director Primary & Community Care - Acting Executive Medical Director	Q1	Risk if not implemented: Poor patient access to primary care  Unsustainable primary care services unable to meet demand			
R1				Work with NWS to agree long term contract requirements	Improved access for patients  Improved delivery of GMS access standards (see related action below)  Efficient use of clinical capacity.	Executive Director Primary & Community Care - Acting Executive Medical Director	Q2				
R1				All Wales contract in place for accuRx	MDS ref:  • In-hours GP demand v capacity: number of GP practices at escalation level 3 and 4 • Ambulatory sensitive conditions referral numbers	Executive Director Primary & Community Care - Acting Executive Medical Director	Q3				
R1.1	Recovering access to timely planned care pathways	Assistant Area Directors Primary Care supported by PC Academy lead	Review the uptake, requirements and patient satisfaction in relation to alternative/new technologies supporting patient access to GMS	Extend eConsult provision to participating practices.	Improved or maintained access to General Medical Services	Executive Director Primary & Community Care	Q1	Risk to implementation: Not a contracted requirement to participate.	Primary Care (WG Investment Fund grant – linked to the Academy)		Y
R1.1				Monitor eConsult activity including patient satisfaction	Monthly eConsult activity and patient satisfaction reports to demonstrate increased access.	Executive Director Primary & Community Care	Q1	Growing demand as evidence of unmet demand and more patients contacting practices through virtual routes			
R1.1				Monitor patient/clinical satisfaction in relation to video and telephone consultations	Efficient service provision  MDS ref: • In-hours GP demand v capacity: number of GP practices at escalation level 3 and 4	Executive Director Primary & Community Care	Q3	Risk if not implemented: Poor patient access to primary care			
R1.1				Review access to virtual consultation training		Executive Director Primary & Community Care	Q2	Unsustainable primary care services unable to meet demand			
R1.1				Review ongoing use and satisfaction with accuRx (and feed information into future contract requirements – see specific action above)		Executive Director Primary & Community Care	Q3				
R1.1				Feed local learning into the national Strategic Programme to inform future strategies		Executive Director Primary & Community Care	Q4				
R1.2	Recovering access to timely planned care pathways	Asst Director Primary Care & Community Services supported by Asst Area Directors Primary Care	Delivery of all Wales access standards through GMS Contract (detailed in non-mandated QAIF)	Review 2020/21 performance against standards (validated data released June 21)	Improved achievement of GMS Access Standards  Maintained or improved access to primary care GP practice services for patients  MDS ref: • In-hours GP demand v capacity: number of GP practices at escalation level 3 and 4 • A&E attendances	Executive Director Primary & Community Care	Q1	Some GP practices may not participate the QAIF is not mandated  Investment is required in phone systems to improve access and monitoring. This is a barrier particularly in some of our managed practices.	Primary Care		Y
R1.2				Support provided to practice managers in interpreting and implementing the requirements of the standards by Primary Care Contract team		Executive Director Primary & Community Care	Q4	High demand in primary care including c-19 vaccination programme and impact of planned care backlog			
R1.2				Work undertaken with clusters/practices to identify and disseminate good practice via Access Standards forum		Executive Director Primary & Community Care	Q1/2				
R1.2				Performance reports provided to Board in line with regulatory requirements.		Executive Director Primary & Community Care	Q1-Q4				
R1.3	Improved unscheduled care pathways	Asst Director Primary Care & Community Services, supported by Asst Area Directors Primary Care	Development of urgent primary care centres as pathfinders, feeding into the national programme of work for primary care.	Presentation to WG of pathfinder proposals for 2021/22 to secure additional funding for current pathfinders (East & Central Areas).	Additional urgent primary care capacity in place to support practices and emergency department service delivery.	Executive Director Primary & Community Care	Q1	Risk to implementation: Capacity to deliver pathfinders	Performance Fund (for West Area) and WG UPCC grant (subject to approval)		Y
R1.3				Further development of UPCC pathfinder in East Area covering 6 clusters	Monthly activity levels are included in the KPIs; estimated in East Area 1200-1800pm; Central Area 1000pm.	Executive Director Primary & Community Care	Q1	Recruitment of multi-disciplinary workforce  Confirmation of funding			
R1.3				Commence UPCC pathfinder in North Denbighshire in partnership with mental health third sector	Improved patient satisfaction.  Timely access to services in response to on the day demand	Executive Director Primary & Community Care	Q1	Recruitment to short term posts  Links with 111 and GPOOH as they also change during this period			
R1.3				Development of proposals/business case for a UPCC pathfinder(s) in West Area	Integrated working with the unscheduled care programme, including 'phone first' and the implementation of 111.	Executive Director Primary & Community Care	Q1	Risk if not implemented: Unable to meet patient demand for unscheduled care in primary and secondary care.			
R1.3				Implementation of UPCC(s) in West Area (subject to approval/funding)	MDS ref:  • In-hours GP demand v capacity: number of GP practices at escalation level 3 and 4 • A&E attendances	Executive Director Primary & Community Care	Q3				
R1.3				Participation in national evaluation of all pathfinder UPCCs, with recommendations for a future model of care.		Executive Director Primary & Community Care	Q4				
R1.3				Local review of UPCC pathfinders, including cost benefit analysis to determine future requirement for north Wales		Executive Director Primary & Community Care	Q4				
R1.4	Recovering access to timely planned care pathways	Asst Director Primary Care & Community Services, supported by Area Medical Directors and Planned Care Lead	Working with planned care programme leaders to ensure a whole system response to patient demand pressure areas (also refer to planned care section)	Development of timely and accurate information for current and new patients, and primary care clinicians, regarding care pathways and waiting times	Improved patient communication and provision of alternative services if appropriate, to support patients waiting for planned secondary care, including regular updates. (Activity data will be detailed in the planned care action log)	Executive Director Nursing & Midwifery	Q1	Risk to implementation: Planned Care leads capacity to fully engage  Complexity across specialties and sites	Performance Fund –assuming further allocation from WG		Y
R1.4				Ensure robust communication with primary care clinicians regarding waiting times and clinical review processes	Alleviate patient concerns  Seek feedback from primary care in relation to the impact of waiting list validation and patient queries.	Executive Director Nursing & Midwifery	Q1	Insufficient resourced capacity in primary care to participate  Risk if not implemented: Poor patient outcomes and increased clinical risk			
R1.4				Development of proposals to manage the backlog of planned care in the primary care sector	Robust management of clinical risk  MDS ref:  • In-hours GP demand v capacity: number of GP practices at escalation level 3 and 4 • All elective activity • Urgent cancer OPD referrals • Urgent non-cancer OPD referrals	Executive Director Nursing & Midwifery	Q1	Primary care unable to cope with additional demand relating to queries and supporting patients whilst they wait			
R1.4				Link to the transformation of prioritised system wide care pathways, ensuring primary care involvement.		Executive Director Nursing & Midwifery	Q4				
R1.5	Recovering access to timely planned care pathways	Asst Director Primary Care & Community Services, supported by Asst Area Directors Primary Care	Participate in the Welsh Government commissioned primary care estates review	Collate data and review feedback from patient survey to inform local estates requirements and priorities	Information assimilated to support the development of the primary care estate to meet current and future service models	Executive Director of Planning & Performance	Q1	Risk to implementation: Primary Care leads capacity to fully engage	Primary Care		
R1.5				Review national report recommendations (once published), and participate in further work as required	Continued programme of primary care premises improvements.  MDS ref:	Executive Director of Planning & Performance	Q4	Impact on prioritisation of business cases in development  Risk if not implemented: Delays in improvements of primary care estate			

				Implement improvement grant funded schemes	• In-hours GP demand v capacity: number of GP practices at escalation level 3 and 4	Executive Director of Planning & Performance	Q4	Primary Care estate not aligned to service change and strategic direction.			
C1.4	COVID-19 response	Clinical Director Therapy Services	Work with community, therapy and mental health services in supporting patients with long covid syndrome (in line with any published evidence, learning and guidance)	Ensure primary care engagement and involvement with the established Long Covid Recovery Programme Group to deliver the actions in the work programme of the group.	Understanding of patient numbers and demand for services in primary care settings  Clear pathways in place for patients who continue to have health related problems following Covid19	Executive Director Therapies & Health Sciences	To be advised by action lead	Risk to implementation: Lack of capacity in primary care to engage with the programme  Risk if not implemented: Care pathways to support long covid patients not fully developed/implemented	To be advised by action lead		
R1.6	Recovering access to timely planned care pathways	Asst Director Primary Care & Community Services, supported by Academy Manager	Further development of the Primary and Community Care Academy	PACCA Business Case finalised	MDS ref:  Supporting the further implementation of the primary care model in Wales, leading new ways of working and innovation in primary care.	Executive Director Primary & Community Care	Q1	Risk to implementation: Approval of Business Case and allocation of additional funding	Performance Fund		Y
R1.6				Planning for all programmes, with the completion of the delivery plan 2021/22 (subject to funding), to include:	Further integrated working with the Strategic Programme for primary care and HEIW	Executive Director Primary & Community Care	Q1	Risk if not implemented: Academy not further developed and unable to meet the needs of primary care, both to support innovation but also improve recruitment and sustainability (as a response to the BAF)			
R1.6				Training Hub established and posts advertised	Promotion of North Wales as a place to train learn and work, particularly in relation to primary care professions, with targeted recruitment initiatives.	Executive Director Primary & Community Care	Q2				
R1.6				Level 7 Vocational Education Programme in place	Support the sustainability of GMS Primary Care through the development of training posts supernumerary to the costed established to develop a cohort of practitioners who are Primary Care ready.	Executive Director Primary & Community Care	Q2				
R1.6				Community Pharmacy training Programme - Q2 and Q3 due to timing of taught modules at University	Supported primary care internships, including Physicians Associates	Executive Director Primary & Community Care	Q3				
R1.6				Evaluation Lead and Research Development appointed	Deliver a range of development, training and education programmes to support the development of clinical and non-clinical practitioners.	Executive Director Primary & Community Care	Q2				
R1.6				Trainees in post and commencing education programmes / ongoing evaluation of training hub	Increase skills and knowledge in Community Pharmacy to meet population need and develop services that can be provided closer to home via an alternative primary care contractor.	Executive Director Primary & Community Care	Q3				
R1.6				New Cohort of Practitioners to join Vocational training Programme	MDS ref: • In-hours GP demand v capacity: number of GP practices at escalation level 3 and 4 • In-hours GP demand v capacity: number of community pharmacies at escalation level 3 and 4	Executive Director Primary & Community Care	Q3				
R1.6				Further development and testing of competency framework		Executive Director Primary & Community Care	Q3				
R1.6				End of year report		Executive Director Primary & Community Care	Q4 (published 22/23)				
R1.7	Recovering access to timely planned care pathways	Programme Lead for Dental Academy	Development of a North Wales Dental Academy, to include a training unit, GDS and CDS provision	Robust programme governance arrangements were established in 2020/21	Increase in number of dentists trained and working in north Wales	Executive Director Primary & Community Care	Complete	Risk to implementation: Procurement of appropriate provider	Primary Care		Y
R1.7				Advertise the contract	NB This is difficult to provide a definitive level of activity as we are delivering a totally new model (to Wales/UK) for the delivery of services and pushing the boundaries of Contract Reform. Any further covid surge will also impact on this given the strict IP&C required for dental services.		Q1	Risk if not implemented: Poor dental access Ongoing challenges in attracting dental practitioners to north Wales			
R1.7				Award to preferred provider	Once a preferred provider is appointed additional clarity will be provided; specified activity/targets are not set in the contract, but asked the provider to define innovative delivery methods and with activity targets to be agreed. Further detail will be available in Sept/Oct 21.		Q2				
R1.7				Seek Board & WG approval to award preferred bidder			Q2				
R1.7				Commission facility	MDS ref: • Number of AGPs • Number of courses of treatment  Also improvement to dental access targets over time (see notes above)		Q4				
R1.8	Recovering access to timely planned care pathways	Asst Director Dental Services	Implementation of the dental contract reform (as directed by Chief Dental Officer/Welsh Government)	Implemented by the dental contracts team as a core priority	Delivery of all Wales model of dental care  Utilise all aspects of the contract in a flexible manner and deliver increased access, improved responsibility in oral health wellness, better patient outcomes from a dental led, whole system delivered ethos.	Executive Director Primary & Community Care	Q4	Risk to implementation: Ongoing IP&C restrictions due to C-19  Risk if not implemented: Not able to demonstrate delivery of national contract requirements	Primary Care		Y
R1.9	Recovering access to timely planned care pathways	Asst Director Dental Services	Commission additional general dental provision	Undertake non-recurring procurement exercise with GDS contractors, commissioning services that will replace lost activity.	Increased access to urgent dental services, general dental services, in a timely manner.	Executive Director Primary & Community Care	Q3	Risk to implementation: Ongoing IP&C restrictions due to C-19  GDS capacity  Risk if not implemented: Unable to improve access to dental services	Primary Care and Performance Fund		Y
R1.9				Increase provision of Urgent and Emergency sessions along with sessions specifically targeted at high needs patients who have traditionally had difficulties accessing GDS services	Deliver CDO expectations for provision of access for new patients across the HB of 1,500 new patients/week for at least Q1 and Q2 (noting that anyone not treated in the preceding 12months is classified as a new patient)  MDS ref: • Number of AGPs • Number of courses of treatment	Executive Director Primary & Community Care					
R2	Recovering access to timely planned care pathways	Assistant Director for Pharmacy and Medicines Management (West)	Relaunch of a community pharmacy care home enhanced service to form part of our recovery plan.	Update of the enhanced service for community pharmacy, including relaunch of Tier one that supports medicines management in care homes.	Effective medicine management via pharmacist to support reduction in admissions to hospital, including improved medicines reconciliation on discharge and reduced readmission of patients due to medicines related harm	Executive Director Primary & Community Care	Q4	Risk to implementation: Restrictions relating to IP&C  Community Pharmacy capacity	Primary Care		Y
R2				A national review of the specification of the service has commenced led by the All Wales Consultant Pharmacist for community health care.	Supports improved patient outcomes and quality of care.	Executive Director Primary & Community Care					
R2				Increase provision of Discharge Medication Reviews for patients resident in care homes.	Reduction in medication errors/incidents within the care homes.	Executive Director Primary & Community Care		Risk if not implemented: Poor patient outcomes and increase in medication incidents			
R2				Commission level 1 service that will support medicines management governance and safe use of medicines within care homes. This covers: • Patient entered care • Transfer of care • Monitoring are review	Increase number of care homes having received level 1 support and completed an action plan. By proxy this will reduce medication errors in care homes. (NB this data is not held by the health board, CSSIW will be approached to advise)	Executive Director Primary & Community Care		Increase in hospital demand			
I1	Improved unscheduled care pathways	Assistant Director for Pharmacy and Medicines Management (West)	Development of a pharmacy workforce model for community hospitals and community resources teams to comply with NICE guidance NGS.	Redesign of the primary care and intermediate care pharmacy teams as part of the MDT.	Compliance with NICE guidance NGS medicines optimisation: the safe and effective use of medicines to enable the best possible outcomes to comply with Health Board medicines management Policy.	Executive Director Primary & Community Care	Q4	Risk to implementation: Capacity to prioritise action	Primary Care		
I1				Business case for east area completed and being considered.	Better understanding of case finding to maximise the contribution of pharmacy in terms of therapeutics.	Executive Director Primary & Community Care		Support for additional funding of business in each area			
I1				Business cases in west and central in development.	Improved medicines related communication when patients move from one care setting to another.	Executive Director Primary & Community Care		Risk if not implemented: Unable to comply with NICE guidance			
R2.1	Recovering access to timely planned care pathways	Assistant Director for Pharmacy and Medicines Management (West)	To support primary care to deliver 'best care' in certain, defined therapeutic conditions and to implement NICE guidance.	As part of the clinical strategy we need to establish a process to assess the use of medicines in relation to patient outcomes or value of intervention to support the development of care pathways, as well as provide robust information when reviewing cost of medicines. Recruitment of a Clinical Therapeutics team will be needed to support the clinical effectiveness program led by the Medical Director.	Improved patient outcomes and benefits (although these may not be realised in the short to medium term) As above the value and contribution of pharmacy needs to be built in in terms of therapeutics (rather than just supply)  MDS ref: • Number of whole system clinical pathways available for primary care clinicians in use	Executive Director Primary & Community Care	Q4	Risk to implementation: Capacity to prioritise action Risk if not implemented: Lack of medicines information to support the development of local care pathway Support for additional funding of business for clinical expertise.	Primary Care		
R2.2	Recovering access to timely planned care pathways	Assistant Director for Pharmacy and Medicines Management (West)	Develop a pilot project to evaluate the development of a train the trainer program for domiciliary care staff in north Wales - agreed locations Tŷwyn and Conwy. Explore community pharmacy support with monitored dosage systems.	Training domiciliary care workers to give medicines, to support care capacity, develop roles and improve patient care in terms of medicines management.	Increase support for patients who need support to take their medication. This will support the flow of patients and reduce hospital admissions.  Development of domiciliary care workers roles as currently not trained to administer medication such as tablets, liquids etc.  Reduction in incidents associated with administered medicines.	Executive Director Primary & Community Care	Q1	Risk to implementation: Restrictions relating to IP&C  Risk if not implemented: No evidence to inform business case to support medicines management in care homes  Unable to discharge patients from hospital.	Primary Care		
R2.2				Project will commence in June/July 2021; working with HEIW to develop a Train the Train process for a team based in Gwyneth Local Authority.	Development of domiciliary care workers roles Improvement in medicines management compliance in residential settings	Executive Director Primary & Community Care	Q2	High risk of readmission as error with medication.			
R2.2				Shared learning and outcomes to inform a future business case to support care homes in relation to medicines management	Work with Adult Integrated care group and share learning to support the development of a business case for a medicines management team to support LA / Care Homes with medicines management and medicines administration in the person's place of residency.  Evaluation will include: • The number of supervisors trained in medicines management and having the competence to assess competency of the care workers in their team to administer medicines. • The satisfaction of patients with their care • The satisfaction of supervisors with their training • The capacity of HB staff to deliver the training	Executive Director Primary & Community Care	Q4				

R1.3	Recovering access to timely planned care pathways	Clinical Director Audiology and Head of Adult Audiology	Delivery of advanced practice audiology in primary care and provision of Ear Wax Management Services (subject to business case approval / additional funding)	Extension of indirect practice audiology scheme and implementation of earwax management service across north Wales (subject to business case approval / additional funding)	Compliance with Welsh Health Circular for Ear Wax Management  Improved capacity for ear wax management and subsequent reduction in patient concerns  Improved patient outcomes and access to specialist services 'closer to home'  Support for GP practices to manage audiology demand  MDS ref:  In-hours GP demand v capacity: number of GP practices at escalation level 3 and 4	Executive Director Primary & Community Care	Q4	Risk to Implementation: Timely approval of business case and confirmation of funding  Risk if not implemented: Non-compliance with WHC  Unable to support primary care demand & capacity, and delivery of improved access	Performance Fund				Y
I1.1	Improved unscheduled care pathways	Community Services lead	Implementation of Single Care Home Action Plan	Development and Implementation of the Quality Assurance Framework	<ul style="list-style-type: none"><li>All residents in a North Wales Care Homes receive safe, high quality and equitable care at all times.</li><li>That the Health Board is able to commission services that are fit for purpose, with a focus on improving health, reducing health inequalities, prevention, early and timely intervention and excellent end of life care.</li><li>Ensure that residents / patients are cared for in the most appropriate setting, promoting improved patient / resident flow between care settings.</li><li>Enhancing the quality of life for people with care and support needs.</li><li>Safeguarding and protecting from avoidable harm.</li><li>Ensuring that people have a positive experience of care.</li><li>Strong commissioning process that gives high quality of care as well as value for money</li><li>Ensure evidenced based practise and improved quality outcomes.</li><li>Delaying and reducing the need for care and support, Reduction of unplanned admissions and attendances to ED, Reduction in falls, Pressure Ulcers, safeguarding referrals, medication errors, infection outbreaks.</li><li>Targeted interventions in areas of inequality and deprivation.</li><li>Improved recruitment and retention in care homes, Improved access to joint training and education, Reduction in care Homes being managed through Escalating Concerns.</li></ul>	Executive Director Primary & Community Care	Q1. Secure Funding for additional Quality Posts. Questionnaire to partners. Hold two workshops to agree components of the QAF. Draft QAF by end of Q1. Recruit to QAF. Q2 Conclude recruitment and undertake engagement with providers and key stakeholders.	Capacity of team, potential of further Covid outbreaks  Market stability and viability of the care home sector				Y	
I1.1													
I1.1							Q3 Refine QAF and commence Implementation.						
I1.1							Q4 Full Implementation						
I1.2	Improved unscheduled care pathways	Assistant Area Director (AAD) - Intermediate Care & Specialist Medicines and AADs of Community Services	Transformation of Community Services - Home First Bureau	Development and implementation of a Home First Team in line with Home First Bureau Business Case.	Discharge to recover and assess is a National programme of work. National measures agreed and reported since March 21 in order to start collecting the baseline information  National measures reported since March 21 <ul style="list-style-type: none"><li>Measure 1 – No. of people transferred on to each D2RA pathway.</li><li>Measure 2 - % of those transfers that took place within 48 hours of decision being made.</li><li>Measure 3 - % people transferred to a D2RA pathway a co-produced recovery plan in place.</li><li>Measure 4 - % of people transferred out of D2RA pathway to usual place of residence.</li><li>Measure 5 - % of people readmitted to Hospital within 28 days (post D2RA pathway).</li></ul>	Executive Director Primary & Community Care	Q1 – Baseline data being collected.  Q1 – Review of Home First Bureaus	The D2AR investment in the Central Area has focussed on the provision of addition HCA staff, working over 7 days. Early evidence is demonstrating how these staff are enabling more care to be delivered in patients' homes. There is insufficient funding to maintain the posts for the full year.	Performance Fund			Y	
I1.2		AAD Pharmacy and Medicines Management		Recruit to the staffing model outlined in the business case (confirmation that this has been approved is required).		Executive Director Primary & Community Care	Q2 – Review of baseline data  Q2 – Home First Business Case approved and all posts recruited to	ICF funding not guaranteed post March 2022. Risk of staff leaving if contracts can't be renewed and notice having to be given to some staff  Longer stays in acute and community hospitals					
I1.2				Consolidation and mapping all of our resources to support discharges including CHC, HFB, Frailty, D2RA, therapies and CRT.	Benefits <ul style="list-style-type: none"><li>Reduction in unnecessary admissions into hospital.</li><li>Improvement patient pathway with minimal delays.</li><li>Patients receiving care at home rather in hospital.</li><li>Improved patient flow to maximise acute bed capacity.</li><li>Improved patient experience and more joined up care.</li></ul>	Executive Director Primary & Community Care	Q1 – Training and education across system. Q2 – Gap analysis and recruitment Q4 – Ongoing monitoring						
I1.2				East - Development of pathways out of hospital to support D2RA – e.g. EMI pathways.  Pharmacy support needs to be included as part of the CRT. To support domiciliary and care homes to administer medication safely to people in their own homes. Supports care closer to home	Discharge Medicines review to be completed by community pharmacy to enable medicines reconciliation at change of care setting in line with NICE guidance.	Executive Director Primary & Community Care							
I1.3	Improved unscheduled care pathways	AAD Community Services West	Transformation of Community Services - Development of Frailty Pathways to deliver on the vision of Welsh Government for sustainable and integrated Community Health & Social Care.	COTE linked to CRTs and MDTs at pre crisis point (West only).	<ul style="list-style-type: none"><li>Pilot impact of COTE support within CRTs (West)</li></ul>	Executive Director Primary & Community Care	Ongoing	Short term cost pressure whilst services cross over. Risk we won't have the funding. Can't recruit the right type of resources	Core Funding			Y	
I1.3		AADs Community Services		Develop innovative workforce models to reduce risk of COTE consultant vacancies – eg nurse consultants; therapy consultants (East)	<ul style="list-style-type: none"><li>Supports the expansion of Community Transformation work beyond South Wrexham</li><li>Sustainable COTE workforce.</li></ul>	Executive Director Primary & Community Care	Q1 – workforce review. Q2/Q3 – extend MDI model from South Wrexham to Central Wrexham and NWW.						
I1.3				YG & YGC Frailty units established and staff recruited	<ul style="list-style-type: none"><li>Improved patient care and avoiding unnecessary hospital admissions or increased lengths of stay.</li><li>Improved patient experience and avoiding hospital admission and reducing length of stay</li></ul>	Executive Director Primary & Community Care	Centre –Q1 – design Q2 – Recruit Q3 – Implement Q4 – monitor						
I1.3				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).	<ul style="list-style-type: none"><li>Discharge Medicines review to be completed by community pharmacy to enable medicines reconciliation at change of care setting in line with NICE guidance.</li></ul>	Executive Director Primary & Community Care	East Q1 Marleyfield  West - YG Frailty unit – on hold, funding not confirmed. Led by acute.						
I1.3				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 MDI team.		Executive Director Primary & Community Care	West Frailty model in place						
I1.4	Improved unscheduled care pathways	AADs Community Services	Review of Community Hospital Function	Community Hospitals model of care reviewed and criteria reviewed.	<ul style="list-style-type: none"><li>Fit for purpose intermediate care beds to support discharge to recover and assess model.</li></ul>	Executive Director Primary & Community Care	Q3		Core Funding				
I1.4				Penley Hospital transferred to Rainbow Charity Subject to public engagement and Welsh Government support.	<ul style="list-style-type: none"><li>Avoiding unnecessary delays for intermediate care beds.</li></ul>	Executive Director Primary & Community Care							
I1.5	Improved unscheduled care pathways	Community Transformation Regional Programme Manager	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.	Joint programme with Local Authorities in order to:  Expand and strengthen Community Resource Teams so as to meet the needs of the local population.  Strengthen place-based working through the development of integrated health and social care localities, leadership and governance.	<ul style="list-style-type: none"><li>Better and more seamless, integrated care and support within the community, that delivers what matters to the people of North Wales. By strengthening community services (including primary care, community health, social care and the third and community sector) the programme supports a shift towards prevention, early intervention, and well-being. This in turn will support demand management for secondary care services and statutory social care.</li></ul>	Executive Director Primary & Community Care	Q1/4 – ongoing implementation of regional and area-level programmes of work  Q4 – Sustainability planning for post programme continuation	Short-term Transformation and ICF funding not aligned to longer-term delivery timescales for change. Risk that programme momentum may slow once grant funding ceases.	WG Transformation Fund		Y		
I1.5				Develop an integrated workforce model able to deliver increasingly complex care within the community.	<ul style="list-style-type: none"><li>Integrated working will ensure the better co-ordination of services, reduce duplication and waste and ensure that care and support is delivered at the right time, in the right place and by the right person.</li></ul>	Executive Director Primary & Community Care							
I1.5				Strengthen the role of digital technology in delivering future, focused and person-centred care		Executive Director Primary & Community Care							
I1.5				Expand the role of the community and third sector in delivering 'what matters'		Executive Director Primary & Community Care							
I1.6	Improved unscheduled care pathways	Assistant Area Directors of Community Services	Sustainable service models with North Wales Hospices – led by East	Review of sustainability of North Wales Hospices completed (considering moving NHS funding up to UK average of 30%.)	4 bed provision in YPS. Review of provision in Dwyfor / Meirionnydd being undertaken.	Executive Director Primary & Community Care	Q3	Funding	Core Funding				
I1.6				Develop a palliative care pharmacy enhanced service to support specialist palliative care pharmacist role in each area. Over the next three years this will provide support to each hospice.		Executive Director Primary & Community Care	Q3	Funding	Core Funding				
R2.4	Recovering access to timely planned care pathways	Assistant Area Director of Community Services	Diabetes: Implementation of adult psychology service for diabetes across North Wales, and recruitment / implementation of Diabetes Clinical Lead post (pan North Wales).	Recruitment by Mental Health Learning Disabilities service (Psychology) commenced as per agreed staffing proposal in line with business case.	Delivers care closer to home and supports patients to self-manage condition	Executive Director Primary & Community Care	Q3	Management capacity at local level to support this work.  Clinical Lead and Canterbury model funding not confirmed.	Core Funding				
R2.4				Implement rollout of Diabetes Adult Psychology service.		Executive Director Primary & Community Care	Q3	Recruitment and funding not allocated for Canterbury model or clinical lead post					
R2.4				Complete service investment template for Diabetes Clinical Lead and commence recruitment, process once approval given.		Executive Director Primary & Community Care	Q3						
R2.4				Take stock of Diabetes service provision status across N Wales to map way forward by Area.		Executive Director Primary & Community Care	Q3						
R2.4				Diabetes value-based work programme established and driven forward with clear timetable for implementation.		Executive Director Primary & Community Care	Q3						
R2.5	Recovering access to timely planned care pathways	Assistant Area Directors of Community Services	Implementation of the Malinko Scheduling System within every District Nursing Team in BCU.	Project Board established to oversee implementation.	Scheduling system to support effective allocation of DN resources.	Executive Director Primary & Community Care	Q1: Project Board, PID and Business Case	WG is funding the licences, but not the implementation costs or ongoing support and infrastructure costs, which will need to be found from within existing budgets.	Licences are funded through WG contract.				
R2.5				Agree PID	Ability to monitor missed / delayed visits and tasks.	Executive Director Primary & Community Care	Q2: Commence roll out	Malinko may not have the capacity to support a comprehensive roll out within the 2021-22 year.	BCU needs to fund professional fees to support the implementation, project management costs (non recurrent).				
R2.5				Produce business case and secure resources.	Record of volume and nature of demand on each DN team and how this changes over time	Executive Director Primary & Community Care	Q3: Implement management systems						
R2.5				Agree implementation programme	Ability to capture and record the "levels of care" required by WG.	Executive Director Primary & Community Care	Q4: Complete roll out and review benefits realisation		BCU need to fund purchase costs of Smartphones needed to operate the Malinko App, the ongoing contract costs for the phones and a System Administrator post to manage the system.				
R2.5				Roll out system.	Ability to demonstrate nature and level of any gaps between demand and capacity within and across DN teams.	Executive Director Primary & Community Care							
R2.5				Implement management systems for ongoing system use (including consistent use across BCU).		Executive Director Primary & Community Care							
R2.5				Ensure benefits realisation.		Executive Director Primary & Community Care			Internal Business case being				



I1.7	Improved unscheduled care pathways	Assistant Area Director – Primary & Community Care	Increased capacity within CRTs to support patients to be cared for in their own homes.	Employ additional HCSWs within CRTs in the Central Area, working from 7.30am to 9pm, 7 days per week.	<p>Patients needing additional short term care in their own homes can be supported, avoiding unnecessary hospital admission.</p> <p>Patients no longer requiring acute care can be discharged to recover in their own homes.</p> <p>Patients with increased care needs, for example double handed care visits, can be discharged earlier / avoid admission to hospital while recovering or awaiting an increase in their package of care.</p> <p>Increased number of patients wishing to die at home can be supported to do so.</p> <p>Reduced demand on acute and community hospital beds.</p>	Executive Director Primary & Community Care	<p>Q1: Staff recruited with Winter Planning monies to continue in post, linked to CRTs. Data collection</p> <p>Q2: Evaluation of service and business case to secure ongoing funding and contingency planning for exit strategy</p> <p>Q3: subject to funding, recruit and deploy additional HCAs to support care delivery outside hospital</p> <p>Q4 Secure permanent funding, subject to further evaluation</p>	<p>Risk that there is insufficient capacity of other CRT staff and GPs to provide care (capacity put in place as GPs and DNAs have said that they can manage more people at home with sufficient support staff, so currently, not an issue).</p> <p>Risk that NHS HCSWs are increasingly relied upon to provide domiciliary care where Dom Care Agency services are not available</p>	FYE £1.045m		Y
I1.7											
I1.7		Children & Young People Area Director	Transformation of Child and Adolescent Mental Health Services (CAMHS) - Targeted Intervention Performance and Improvement Programme.	<p>Two year improvement plan. A maturity matrix approach has been developed and agreed to support transformational change required, enabling an organisational focus on improvement priorities:</p> <p>Strategy &amp; Sustainability</p> <p>Workforce</p> <p>Enhanced Care Pathways</p> <p>Access</p> <p>Involvement &amp; Participation</p> <p>Psychological Therapies Provision</p> <p>Transition</p>	<p>Strengthened Regional leadership capacity and enhanced Regional governance embedded across services.</p> <p>Development of long term CAMHS Strategy with clinical, stakeholder and public involvement.</p> <p>Crisis care teams further developed to support children and young people presenting in crisis regarding self-harm, suicidal ideation and acute mental health difficulties.</p> <p>Improved Access to service for assessment and intervention to meet Mental Health measure targets</p>	Executive Director Primary & Community Care	<p>Qtr 1 – Baseline assessment</p> <p>Qtr 2 - Developed Improvement Framework and structure</p> <p>Qtr 3/4 - Ongoing Performance improvement monitored monthly at Strategic CAMHS Improvement Group, Ongoing Self-Assessment in line with indicators to Board Education</p>	<p>Timely allocation of Funding to implement Regional Transformation Structure.</p> <p>Workforce recruitment to deliver</p>	Performance Improvement Fund & WG MH Funding Allocation		Y
I1.7											
I1.7											
R2.6	Integration and improvement of mental health services	Assistant Area Directors for Children's Services	Neurodevelopment (ND)- Improve access to services to meet WG 20 weeks assessment targets and further develop early intervention post diagnostic services.	<p>ND Performance 2 year Improvement Plan.</p> <p>Management of existing waiting list and plan to reduce waiting times within core capacity and commissioning of private provider to reduce backlog.</p> <p>Develop Workforce Strategy and plan. Recruit and implement new model of working.</p>	<p>Improved access for Children and young people with reduced waiting times.</p> <p>Service offer post-assessment &amp; treatment / intervention.</p> <p>Work with National group to develop case for service post assessment.</p>	Executive Director Primary & Community Care	<p>Qtr 1 – Baseline assessment.</p> <p>Qtr 2 - Improvement Plan and structure to deliver agreed.</p> <p>Qtr 3/4 - Ongoing performance monitoring via ND Regional Steering Group.</p>	<p>Allocation of Funding.</p> <p>Timely agreement of Full Tender for external provider to support backlog.</p>	Performance Fund		Y
R2.6											
R2.6											
C1.5	COVID-19 response	Assistant Area Directors for Children's Services	COVID recovery - all Children's Services	<p>Establish trajectories of new capacity within current guidelines, establish gap and recovery analysis, develop plans required to achieve at Service Level across Community and Acute Services</p>	<p>Improved access for Children and young people with reduced waiting times.</p> <p>Developed new ways of working.</p>	Executive Director Primary & Community Care	<p>Qtr 1 – Baseline assessment.</p> <p>Qtr 2 - Service Level plans to deliver agreed.</p> <p>Qtr 3/4 - Ongoing performance monitoring via Regional Childrens Services Group.</p>	<p>Allocation of funding to reduce backlog</p>	Performance Improvement Funding		Y
C1.5											
C1.5											
S2.9	Strengthen our population health focus	North Wales Regional Programme Manager	Children's Services Transformation Schemes: continued roll out and development	Joint programme with Local Authorities. Deliver current plan and implement next stages	Regional multi-agency teams will work with families where children and young people are at the edge of care and at risk of becoming looked after as their parent / carer, for a variety of reasons, is unable to manage a healthy family dynamic.	Executive Director Primary & Community Care	Qtr 1/4 - Ongoing assessment at Regional Childrens Children's Area Integrated Services Group & Transformation Board (Multi Agency)		Core Funding		
S10	Strengthen our population health focus	DECLO Officer with Assistant Area Directors for Children's Services	Full implementation of Additional Learning Needs (ALN) Act within Childrens Services	Children's services and education will work together in supporting learners with additional learning needs.	Increased collaboration with partners. Developed unified plan between Health and Education. Where a relevant treatment or service has been identified, this will be included as additional learning provision (ALP) within the individual development plan. ALP will be evidence-based interventions. The BCUHB Designated Education Clinical Lead Officer (DECLO) will promote consistency and equity to ensure evidence-based interventions to promote better outcomes and reduce inequalities.	Executive Director Primary & Community Care	Qtr 1/4 - Ongoing assessment of compliance with the ALN Act		Core Funding		
I1.8	Improved unscheduled care pathways	Area Nurse Directors Working with Assistant Area Directors for Children's Services	Paediatric Safe Staffing Act - implementation and compliance.	Implement plans for the extension of the Act to Paediatrics	<p>Regional Nursing structure developed and understanding of nursing roles &amp; responsibilities under the Act.</p> <p>Paediatric nurse staffing principles data collection and submission to WG embedded.</p>	Executive Director Primary & Community Care	<p>Qtr 1/2 – Baseline assessment and implementation plan</p> <p>Qtr 3/4 Implementation and ongoing assessment of compliance with the Act. Monitored through Paediatric Implementation Group</p>	<p>Allocation of Funding to meet safe staffing levels.</p>	TBC		
I1.8											
I1.9	Improved unscheduled care pathways	Assistant Area Directors for Children's Services	Development of Regional Paediatric End of Life Care (EOLC) Service	<p>Plan agreed to meet National WG approved Standards set out in the Sugar Report to develop a model for providing an acceptable service for children.</p> <p>To proceed with the recruitment of the Level IV Specialist Paediatric Palliative Care Consultant as a permanent post in partnership with Ty Gobaith Children's Hospice</p> <p>To proceed with the recruitment of a Specialist Paediatric Palliative Care Nurse as a permanent post.</p>	<p>Minimum acceptable service for children in place within BCU in line with Standards. Baseline achieved to ensure that a child anywhere in North Wales can always access the tertiary service, whether they are at home or in the local hospice or paediatric unit.</p>	Executive Director Primary & Community Care	<p>Qtr 1 – Business Case developed to support funding request</p> <p>Qtr 2/3 Recruitment to posts</p> <p>Qtr 4 – Development of Service and monitoring through all-Wales Paediatric Palliative Care Network and BCU EOLC Board</p>	<p>Agreement of the Business Case</p> <p>Allocation of Funding</p>	TBC		
I1.9											
I1.9											
S10.1	Strengthen our population health focus	DECLO Officer with Assistant Area Directors for Children's Services	Increase speech and language therapy services to meet the new Additional Learning Needs ACT by introducing additional learning needs lead implementation roles in each area across the Health Board - appoint to a band 7 post per Area	<p>Ensure delivery of regional strategic aims at a local level within speech &amp; language therapy</p> <p>This scheme is to support the implementation of the ALNET Act within BCUHB Speech and Language Therapy services by introducing ALN Lead Implementation roles in each area across BCUHB to ensure:</p> <p>Delivery of regional strategic aims at a local level within SALT</p> <p>Compliance with ALNET Act for children and young people aged 0-25</p> <p>Mitigation of risks (financial and governance)</p> <p>This scheme is to support the implementation of the ALNET Act within BCUHB Speech and Language Therapy services by introducing ALN Lead Implementation roles in each area across BCUHB</p>	<p>This scheme is to support the implementation of the ALNET Act within BCUHB Speech and Language Therapy services by introducing ALN Lead Implementation roles in each area across BCUHB to ensure:</p> <p>Delivery of regional strategic aims at a local level within SALT</p> <p>Compliance with ALNET Act for children and young people aged 0-25</p> <p>Mitigation of risks (financial and governance)</p> <p>Operational delivery of the Act in SALT services</p> <p>Delivery of this plan will support the organisations strategy in the following areas:</p> <p>Facilitating sustainability and transformation with children's services</p> <p>Supporting Community Integrated working</p> <p>Reducing health inequality</p>	Executive Director Primary & Community Care	<p>Q1 – confirm agreement within Areas to develop business case</p> <p>Q2 – draft business case and share with BCUHB ALNET steering group</p> <p>Q3- submission of the business case to the three Area teams for approval</p> <p>Q4 – Recruitment complete and staff in post</p>	<p>There is a risk that the business case will not be supported.</p> <p>There is a risk that not all Areas will support leading to an imbalanced approach to service improvement across the region.</p>	Core Funding		
S10.1											
S10.1											
S10.1											
I2	Improved unscheduled care pathways	Assistant Area Directors Therapy Services	<p>Increase paediatric dietetic services to safe staffing levels.</p> <p>Production of a business case to justify increased investment in paediatric dietetic services</p>	<p>Ensure all infants and children receive assessment and review within evidence based, clinically appropriate timescales – audit key groups of children</p> <p>Attainment of safe caseload size within paediatric dietetics</p> <p>Improved service user satisfaction with regular evaluation of service user feedback</p> <p>Introduce regular clinics for tube fed children</p> <p>Improved nutritional outcomes for children with ASD and ADHD – as appropriate the outcome could be weight gain, improved range of foods/ quality of diet, or reduced parental anxiety/ increased parental satisfaction</p> <p>Reduce medicines management spend on extensively hydrolysed and amino acid based infant formulas.</p> <p>Improve nutrition education offer for professionals – reducing referrals to secondary care services (Paediatrics)</p> <p>Reduced pressure on paediatric dietetic staff and avoidance of staff working additional unpaid hours</p> <p>Reduced number of staff stress risk assessments</p>	<p>Ensure all infants and children receive assessment and review within evidence based, clinically appropriate timescales – audit key groups of children</p> <p>Attainment of safe caseload size within paediatric dietetics</p> <p>Improved service user satisfaction with regular evaluation of service user feedback</p> <p>Introduce regular clinics for tube fed children</p> <p>Improved nutritional outcomes for children with ASD and ADHD – as appropriate the outcome could be weight gain, improved range of foods/ quality of diet, or reduced parental anxiety/ increased parental satisfaction</p> <p>Reduce medicines management spend on extensively hydrolysed and amino acid based infant formulas.</p> <p>Improve nutrition education offer for professionals – reducing referrals to secondary care services (Paediatrics)</p> <p>Reduced pressure on paediatric dietetic staff and avoidance of staff working additional unpaid hours</p> <p>Reduced number of staff stress risk assessments</p>	Clinical Director Therapy Services	<p>Q1 – Business case written and share with BCUHB Children's steering group. Submission of the business case to the three Area teams for approval</p> <p>Q2 – Recruitment of staff to begin.</p> <p>Q3 – Staff in post, service improvements initiated</p> <p>Q4 – Early assessment of impact and benefits</p>	<p>There is a risk that the business case will not be supported.</p> <p>There is a risk that not all Areas will support leading to an imbalanced approach to service improvement across the region.</p>	Core Funding		
I2											
I2											
I2											
R2.7	Recovering access to timely planned care pathways	Head Of Planned Care Improvement	<p>Delivery of agreed planned care recovery schemes (including additional programme management capacity), to include diagnostics, e.g. endoscopy, laminar flow theatres and inpatient T&amp;O bed provision (including relocation of outpatient therapy provision in Wrexham)</p>	<p>Each site and Area team have been requested to provide recovery plans for Cohort 1 &amp; 2 by mid-May. This will include extra capacity, insourcing requirement and outsourcing and workforce requirements</p> <p>A plan has also been requested for physiotherapy regarding their relocation</p>	<p>The recovery plan will reduce by March 2022 all over 52-week waiters, except orthopaedics within cohort 1.</p> <p>Cohort 2 patients (covid backlog) will then be treated reducing/eliminating long waiters and moving the organisation back towards a risk stratified/36 week position</p> <p>Trajectories are being planned by mid may for the Cohort 2 reduction in over 52 week waiters</p>	Executive Director Nursing & Midwifery	<p>Q1-Develop and agree a plan</p> <p>Q4- delivery of cohort 1 with exception of orthopaedics</p>	<p>Inconsistent planning</p> <p>Inconsistent trajectories</p> <p>Inability to link finances to trajectory</p> <p>workforce may not be available to deliver this additionally.</p> <p>Not sufficient resources to clear backlog 1&amp;2</p> <p>Not treating patients in turn</p> <p>Unscheduled care disruption to planned care and/or further covid outbreaks</p> <p>further urgent demand into the system above core may also require additionally</p>	Performance Fund	Y	Y
R2.7											
R2.8	Recovering access to timely planned care pathways	Head Of Planned Care Improvement	Build additional capacity to deliver COVID19 safe services, improve patient experience and waiting times.	<p>P1-and P2 risk stratified patients are treated in order, followed by re-introduction of P3-4 activity. Insourcing and weekend capacity plan.</p> <p>Continual review of capacity of external providers to deliver more activity.</p> <p>Introduce super green pathways to protect elective capacity</p>	<p>will ensure that high risk stratified patients will be treated in accordance with appropriate timelines</p> <p>contracting reviewing external capacity on a monthly basis</p> <p>Provides ring fenced capacity to ensure minimum disruption to core and additional activity, ensuring reducing in long waits and value for money</p>	Executive Director Nursing & Midwifery	<p>Q3</p> <p>Q2</p> <p>Q2</p>		performance fund	Y	Y
R2.8											
R2.8											
R2.9	Recovering access to timely planned care pathways	North Wales Musculoskeletal Network Delivery	Support orthopaedic patients facing extended waiting times as a result of COVID19 constraints, by delivering a non-surgical treatment programme	Programmes developed to support patients whilst they are awaiting an extended period of waiting	The six-point recovery plan includes schemes to support patients whilst awaiting their procedure, such as Escape from pain and habilitation programmes. These will support healthier living and improve mobility	Executive Director Nursing & Midwifery	Q3	Funding for programme. Workforce to deliver model Patient uptake	transformational Funding	Y	Y

R2.9		Manager	such as escape from pain, digital apps	Escape from pain programme for orthopaedics, digital app for orthopaedics, communication tool web site for length of wait in place				Facilities to deliver the model			
R2.9				introduction of Orthopaedic habilitation programmes to support patients mobility and general health whilst awaiting an intervention	Improve mobility and prevent extended length of stay once ready for their operation. Prevents further complications			requires business case and option appraisal			
R3	Recovering access to timely planned care pathways	Consultant Anaesthetist manager	Expand access to prehabilitation, increase social prescribing and access to digital tools. Joint programme with primary care division	Complete the review of prehabilitation across north Wales	Business case to support critical care pre-habilitation is within the annual plan and ready to be mobilised. The larger healthier living.habilitation programme is currently being prepared as a business case	Executive Director Nursing & Midwifery	Q3	significant cost to deliver the programme Ability to find workforce to delivery	Performance Fund Transformational fund	Y	
R3.1	Recovering access to timely planned care pathways	Head Of Planned Care Improvement	Develop a diagnostic and treatment centre model to transform planned care service delivery	Strategic outline case pursues a number of options to provide cancer, vague symptoms, diagnostics and ring fenced beds for orthopaedics and cataracts, providing a new model of care for these cohort of patients submit to Board	The strategic outline case goes to board in May 2021 and will allow the next stage of FBC/QBC to be developed.	Director of Planning and Performance	Q2 for submission of case	ability to find site to deliver programme Not supported by board	Core Funding	Y	
R3.2	Recovering access to timely planned care pathways	Hospital management teams/Head of Planned Care Improvement	Insourcing to support provision of service for cohort 1&2	Tender specification for insourcing	This will provide additional capacity to the organisation in the form of insourcing and outsourcing	Executive Director Nursing & Midwifery	Q1	Tendering process not completed on time unable to allocate the insourcing work due to lack of providers Unable to provide facilities for insourcing company.	Performance funding transformational funding	Y	Y
R3.2			Outsourcing specification for Orthopaedics	Tender specification for outsourcing	this modelling will allow the organisation to understand, capacity required, cost and trajectories to reduce long waiters in the organisation						
R3.2				Demand and capacity modelling complete to treat all over 52 week waiters and to get the organisation to 36 weeks							
R3.3	Recovering access to timely planned care pathways	North Wales Musculoskeletal Network Delivery Manager	Continue the strategic service developments for orthopaedics	Orthopaedic model built into diagnostic and treatment centre business case	The orthopaedic model will allow the de-coupling of unscheduled care and scheduled care for this specialty. Preventing cancellations and disruption in patient flow	Executive Director Nursing & Midwifery	Q1	diagnostic and treatment centre strategic outline case not approved	Core Funding	Y	
R3.4	Recovering access to timely planned care pathways	Head Of Planned Care Improvement	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.	Approve and recruit outpatient transformation programme team to progress the work across all sites	Allowing improved access for patients and reduce waiting times. Development of further straight to test pathways. Reduce face to face consultations will provide further OPD capacity reduce follow up backlog Will reduce Outpatient waiting times and give patients more choice will support deliver of Suspicious Cancer pathway will support delivery of 16 week out-patient target	Executive Director Nursing & Midwifery	Phased delivery over 12 months from point of recruitment, anticipated delivery by Q4 if recruitment and implementation successful	supported by executives unable to recruit lack of clinical ownership/leadership	performance fund	Y	Y
R3.4				Transforming outpatient department for 'Once for North Wales' approach.							
R3.5	Recovering access to timely planned care pathways	Head Of Planned Care Improvement	To explore external capacity to support access to treatment	External providers canvassed on fortnightly basis to assess available capacity	To establish availability of additional capacity to reduce waiting times – below 52 weeks by March 2022	Executive Director Nursing & Midwifery	Q1,Q2,Q3,Q	unable to resource further capacity unable to reduce backlog costs	Performance funds transformational funds	Y	Y
R3.5				Fortnightly review of capacity to assess any external capacity available							
R3.6	Recovering access to timely planned care pathways	Endoscopy Network Manager	Development of sustainable endoscopy services across North Wales	Deliver on 2 year endoscopy plan.	Reduce diagnostic and endoscopy waiting times, improve cancer outcomes	Executive Director Nursing & Midwifery	Q4	Recruitment of workforce	Core Funding	Y	Y
R3.6				Achieve milestones to plan.							
R3.7	Recovering access to timely planned care pathways	Divisional General Manager Cancer Services, Cancer Services	Deliver suspected cancer pathway	Delivery of the national target of 75% of all patients achieving the single cancer pathway	Improve cancer outcomes reduce mortality ensuring rapid assessment of patients with suspected cancer	Executive Director Nursing & Midwifery	Q1,Q/Q3,Q	not enough out-patient capacity to achieve new standard pathways not sufficient to deliver new model Cancer services do not have a high profile in the organisation	Performance Fund transformational funds	Y	Y
R3.7				Cancer pathways revisited and aligned to achieve the national standard							
R3.8	Recovering access to timely planned care pathways	Directorate General Manager, Nwmcs, North Wales Managed Clinical Services	Point of Care Testing Service review	Delivery of Care closer to home and to support for rapid clinical decision making.	Completion of a business case to identify and define service models across primary and secondary care. Bid against WG £100M fund submitted – awaiting outcome.	Executive Director Nursing & Midwifery	Q1 – secure funding	Funding not made available	WG £100M fund	Y	
R3.8							Q2 – recruit into posts				
R3.9	Recovering access to timely planned care pathways	Directorate General Manager, Nwmcs, North Wales Managed Clinical Services	Phlebotomy service model Review	Appointment system, outpatient department, and community service models optimised	Staffing model aligned with model and activity. High Street locations identified as ideal for this service. Bid against WG £100M fund submitted – awaiting outcome.	Executive Director Nursing & Midwifery	Q1 – secure funding	Funding not made available	WG £100M fund	Y	
R3.9							Q2 – agree lease of premises				
R3.9							Q3 – implementation of service model				
R4	Recovering access to timely planned care pathways	Directorate General Manager, Nwmcs, North Wales Managed Clinical Services	Implementation of short term insourcing solutions for computerized tomography, magnetic resonance imaging and ultrasound to significantly reduce the backlog of routine referrals	Insourcing contract in place with external provider	Reduction in backlog of patients waiting over 8 weeks for scan. Stretch project to reduce waits to 6 weeks. Bid against WG £100M fund submitted – awaiting outcome.	Executive Director Nursing & Midwifery	Q2		Core Funding / WG £100M fund	Y	Y
R4				Additional mobile scanners / staffing in place							
R4.1	Recovering access to timely planned care pathways	Directorate General Manager, Nwmcs, North Wales Managed Clinical Services	Implementation of insourcing solutions for neurophysiology to significantly reduce the backlog of routine referrals	Insourcing contract in place with external provider	Reduction in backlog of patients waiting over 8 weeks for scan. High Street locations identified as ideal for this service. Bid against WG £100M fund submitted – awaiting outcome.	Executive Director Nursing & Midwifery	Q2		Performance fund / WG £100M fund	Y	Y
R4.1				Additional clinic space / staffing in place							
R4.2	Recovering access to timely planned care pathways	Directorate General Manager, Nwmcs, North Wales Managed Clinical Services	Development and commencement of implementation of long term plans for sustainable diagnostic services (radiology and neurophysiology)	Recruitment to medical, scientific / allied health professional, supporting and administrative posts	Recruitment to agreed sustainable service models. Identification of suitable space to operate from.	Executive Director Nursing & Midwifery	Q4		Core Funding/ WG £100M fund	Y	Y
R4.2				Identification of estates and equipment priorities							
R4.3	Recovering access to timely planned care pathways	Directorate General Manager, Nwmcs, North Wales Managed Clinical Services	Ensure sufficient mortuary capacity across North Wales	Capital secured to increase capacity at YWM	Reduced risk of lack of capacity especially in high occupancy times.	Executive Director Nursing & Midwifery	Q1		Core Funding	Y	
R4.4	Recovering access to timely planned care pathways	Divisional General Manager Cancer Services, Cancer Services	Review Of haematology services	Standardised, accessible information and materials on diagnostic procedures and interventions. Standardised, optimised, referral pathways		Executive Director Nursing & Midwifery			Core Funding	Y	
R4.5	Recovering access to timely planned care pathways	Clinical Director Therapy Services, Therapies & Health Science	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)	Increased equity of access to allied health professionals and rehabilitation programmes	Improved communication due to attendance at multi-disciplinary teams with improved multi-professional and interagency working	Executive Director Nursing & Midwifery	Q2		Core Funding	Y	Y
R4.5				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							
R4.5				Development of self-management information							
R4.5				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							
R4.5				Use of patient recorded outcome measures / holistic needs assessment and treatment summaries in line with person centred care philosophy across Wales							
R4.5				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.							
R4.5				Development of education programmes to upskill generalist therapy staff is required thus supporting increased numbers of patients and carers.							
R4.6	Recovering access to timely planned care pathways	Site Acute Care Director	Eye Care Services: transform eye care pathway: Enable work to progress on strategic service developments eye care	Eye Care Collaborative Group in place and robust with good engagement and appropriate structure in place to receive proposals and agree recommendations to HB. Linked in to all All Wales Groups Business Case to support strategic direction approved by PCTG and to Executive Management Team 9th June 2021 for progression under strategic direction of travel in Annual Business Plan 2021. Priorities include Increased capacity for IVT, implementation of Digital Eye Crae system together with replacement of EoL equipment and lastly the re-tendering for Eye Care pathways to be delivered by Primary Care ODTCs	These actions allow the development of strategic direction for ophthalmology and developing a 2-3 year plan will support the delivery of a cataract service that will reduce the patients waiting times Implementation will enable increased capacity to treat wet AMD patients requiring specific treatment intervals to mitigate sight reduction (circa 570 extra treatments per week) Delivery of electronic referrals and image sharing reducing attendance at secondary care for stable glaucoma patients undertaken by Primary Care Optometrists	Executive Director Nursing & Midwifery	Already initiated with pump priming last year, continuation secured through previous funding whilst BC approval expected June 2021 enables re-tendering exercise by end Q2	Required approval for BCUHB and WG Funding	Core Funding as part of Annual Business Plan 2021	Y	Y
R4.7	Recovering access to timely planned care pathways	Site Acute Care Director	Enable work to progress on strategic service developments urology	Development of the urology plan (RAS Procurement) Completion of All Wales procurement process by end Q1 In parallel review of BC to support RAS and Urology re-design for BCUHB approval	The plan will help address the demand and capacity imbalance and will support the reduction of waiting times and the development of a specialised centre of excellence for patients in north Wales.	Executive Director Nursing & Midwifery	Procurement by Q1 Delivery RAS Q2 Urology redesign and implementation along with RAS training Q3/Q4 0 fbc by Urology review group July 2021	Required approval for BCUHB and WG Funding	Performance Fund	Y	Y
R4.8	Recovering access to timely planned care pathways	Site Acute Care Director	Implementation of the glaucoma pathway	Implemented and delivery on going. Performance against trajectory good with improvements on going as we work towards re-tendering process	As above with regards to the Eye Care Strategy, along with an additional 7,200 appointments (300 referral refinement)	Executive Director Nursing & Midwifery	Q4	Required approval for BCUHB Funding	Core Funding	Y	Y
R4.9	Recovering access to timely planned care pathways	Site Acute Care Director	Implementation of the diabetic and age-related macular degeneration pathways	Ongoing	Updated pathways being reviewed	Executive Director Nursing & Midwifery	Q4	Required approval for BCUHB Funding	Core Funding	Y	Y
R10	Recovering access to timely planned care pathways	Site Acute Care Director	Independent prescriber pathway in place to support 12 qualified independent prescribing optometrists	Ongoing with prescribers identified	Provision of eye care within Primary Care	Executive Director Nursing & Midwifery	Q4	Placements and support continues to be worked through	Core Funding	Y	
R10.1	Recovering access to timely planned care pathways	Women's Services Interim Matron for Patient Experience Team	Family Centred Care Scheme	Work with Maternity Voices Groups, working with our partners to transfer innovation into practice.	1. Co-production of service development 2. Improved Birth Choices across community settings – improved community birth rates. The current Community Birth rate is between 1.8% - 2% - Our target would be 3% in line with the Wales average.	Executive Director Of Public Health	Action 1: Q1	Risk re. Engagement strategy – risk is that units remain closed due to COVID community adaptations impacting on ability to open the engagement process without bias.	Core Funding		
R10.1				Provide choices for place of birth; review of Free Standing Midwifery Units in community and review access to water birth services in North Wales.			Action 2: Q2				

R10.2	Recovering access to timely planned care pathways	Clinical Leads and Matron	Ensure Safe and Effective Care	1. Implement the recommendations of the HiW National Review of Maternity Services (November, 2020)	1. Safe and effective care, delivered in line with national standards, Welsh Government performance measures, MBRRACE, Each Baby Counts, RCOG and NICE guidelines.	Executive Director Of Public Health	Action 1: Q3	MIS is a WG introduction as is out of our direct control and Saving Babies' Lives – securing the right USS capacity remains a risk	Core Funding		Y
R10.2				2. Implement the National MIS solution for Wales (HiW, November 2020).	2. A Midwifery Informatics System		Action 2: WG Initiative				
R10.2				3. Implement the new outcomes measures and KPIs for the revised WG 5-Year Strategy.	3. Maternity Service User Engagement Strategy		Action 3: WG Initiative				
R10.2				4. Benchmarking exercise against NICE Quality Standards	4. Reduction of birth intervention and induction of labour via latent phase community project.		Action 4: Q2				
R10.2				5. Demonstrate progress in using the Maternity Voice Group in co-producing the service model.	5. Reduced C-section rates		Action 5: Q1				
R10.2				6. Ongoing monitoring of safety equipment checks.			Action 6: Q1				
R10.2				7. Reflect workforce plans with national standards for maternity services.			Action 7: Q2				
R10.2				8. Implement MBRRACE recommended Local and National improvement initiatives to reduce stillbirth			Action 8: Q4				
R10.2				9. Implementation of the GAP/GROW I + II			Action 9: Q4				
R10.2				10. Mortality and Morbidity multi-professional reviews to conform to MBRRACE and PMRT requirements.			Action 10: Q2				
R10.2				11. Promoting normality in first pregnancy, latent phase project in community.			Action 11: Q3				
R10.2				12. Ensure compliance with the C-Section Tool Kit to maintain Elective C-Section rates under 10% by increasing ECV and maximising VBAC Opportunities.			Action 12: Q3				
R10.2				13. Implement the MBRRACE and Each Baby Counts (EBC) Recommendations.			Action 13: Q2				
R10.3	Recovering access to timely planned care pathways	Interim Matron for Patient Experience Team	Continuity of Care and skilled multi-professional teams	1. The service will develop models of midwifery and obstetric care, which offer continuity of carer in line with the Welsh Government Maternity Services plan	1. Continuity of care – Women will be seen by a max 2 obstetric and 2 antenatal midwives.	Executive Director Of Public Health	Action 1: Q3	Continuity of Carer risks include compliance with Maternity Workforce Standards is essential and COVID may impact on delivery.	Core Funding		
R10.3				2. Dedicated obstetric lead to champion bereavement care	2. Obstetric Champion for Bereavement		Action 2: Q3				
R10.3				3. Women see a maximum of 2 obstetricians for routine antenatal care ensuring co-partner involvement in decision making.	3. Fetal Surveillance Champions		Action 3: Q3				
R10.3				4. Timely access to training for staff to carry out all their roles.	4. Skilled and fully trained workforce		Action 4: Q3				
R10.3				5. Multi-professional training to include obstetric emergencies, PROMPT and fetal monitoring surveillance.	5. Improved Leadership and developmental opportunities for staff		Action 5: Q1				
R10.3				6. Introduction of CTG / fetal surveillance champions.	6. Learning and research culture.		Action 6: Q1				
R10.3				7. Development of leadership skills and opportunities for professional growth.			Action 7: Q1				
R10.3				8. Ensure that staff can access bereavement training (SANDS).			Action 8: Q1				
R10.3				9. Foster a learning culture and infrastructure including medical and health science school.			Action 9: Q1				
R10.4	Recovering access to timely planned care pathways	Head of Women's Services	Implement Sustainable Quality Care	1. Ensure staffing levels are birth rate plus and RCOG compliant	1. Birth Rate Plus compliant	Executive Director Of Public Health	Action 1: Q1	Welsh Government Birth Rate Plus plans / reviews.	Core Funding		Y
R10.4				2. Reduction of activity in contract agreement with CoCH services,	2. Care closer to home		Action 2: Q3				
R10.4				3. Implement the 2122 Revenue Business Development Plans.	3. Sound and robust governance and risk management system		Action 3: Q4				
R10.4				4. Develop stronger governance systems, for performance and accountability.	4. CSM Workforce Sustainability		Action 4: Q3				
R10.4				5. National CSM Peer Review by WG and Clinical Supervision Resource Mapping.			Action 5: Q2				
R10.5	Recovering access to timely planned care pathways	Clinical Director	Transformation programme Gynaecology and Specialist Services	1. Establish Recurrent Pregnancy Loss Task and Finish Group to propose a service model for a dedicated service in North Wales to include repatriation of patients referred to Liverpool Women's Hospital which will support the recommendations of the report Making the Case for Better Miscarriage Care in Wales (FTWW, Sept 2018).	1. Dedicated Early Miscarriage Service – providing care closer to home (reduction of reliance on Liverpool services).	Executive Director Of Public Health	Action 1: Q4	Gynae Transformation – risk – Funding / Business case support and local capacity to absorb the re-patiation projects e.g diagnostics and theatre capacity.	Core Funding		
R10.5				2. Develop a service model for Fertility Services to ensure provision of services for the population of North Wales.	2. Emergency Gynaecology Unit 7 days a week		Action 2: Q4				
R10.5				3. Implement pathway for Heavy Menstrual Bleeding and Continence.	3. Fertility Services – providing care closer to home		Action 3: Q1				
R10.5				4. Transforming Women's Health Care (Gynaecology) with Live Labs approach to a sustainable model for the future.	4. Clinical pathway for Heavy Menstrual Bleeding and Continence.		Action 4: Q2				
R10.5				5. Final Review of Service Model for North Wales Colposcopy Service and YGC Colposcopy Plan.	5. North Wales Colposcopy Service		Action 5: Q4				
R10.5				6. Roll out the All Wales of Pelvic Health Programme.	6. North Wales Pelvic Health Service		Action 6: Q2				
R10.5				7. Continue working in partnership with Gynae Voices Service-user Forum for co-production of service development.	7. North Wales Endometriosis Service		Action 7: Q1				
R10.5				8. Improve advocacy, reducing inequalities and implement engagement strategy.	8. Gynaecology Service User Engagement Strategy		Action 8: Q3				
R10.5				9. Develop a North Wales Endometriosis Service.	9. Centralised gynaecology referral centre		Action 9: Q4 – 22/				
R10.5				10. Centralised referral centre for gynaecology.			Action 10: Q4				
S10.2	Strengthen our population health focus	PHW, Womens Services, Neonatal Services & North Wales Infant Feeding Strategic group	Optimal Outcomes for every Mother and Child	1. Continuation of the Smoking Cessation – "Help Me Quit for Baby".	1. Reduction in stillbirth rates by half by 2025 – Year one 2122 plan by Q4	Executive Director Of Public Health	Action 1: Q1	Optimal Outcome for each child – risk external funding to support projects is not secured.	Early Years / Building Healthier Wales Fund		
S10.2				2. Healthy Weight: 'Help with my Weight' (pre & post pregnancy), Foodwise in Pregnancy (during pregnancy) & Progress 'insight' work (to inform future maternal obesity service developments).	2. Improved healthy birth weight - as part of the Saving Babies' Lives Care Bundle 2 – Year 1 by Q1		Action 2: Q4				
S10.2				3. Implement a Quality Improvement Programme (Yr 1) - Infant Feeding Healthcare Support Workers Pilot Scheme – "Building a Healthier Wales Programme".	3. Infant Feeding Strategy		Action 3: Q4				
S10.2				4. Implement the Strategic Infant Feeding Strategy (Yr 2) and identify a lead to work with the national steering group and drive local action plans.	4. Reduction in term admissions		Action 4: Q4				
S10.2				5. Neonatal Care, reducing term admissions, introduce hypoglycaemic pathways and monitor introduction of a sepsis risk calculator			Action 5: Q4				
S10.3	Strengthen our population health focus	PHW, Womens Services, Neonatal Services & North Wales Infant Feeding Strategic group	Children from all Backgrounds are Given the Best Start in Life	1. Healthy Start: To support increasing uptake of the "Healthy Start Scheme" amongst eligible families in North Wales.	1. Healthy Start Scheme	Executive Director Of Public Health	Action 1: Q4	Risk external funding to support projects is not secured.	PHW Funding		
S10.3				2. Targeted Parenting Programmes – "Solihull Parenting Approach".	2. Improved parental outcomes – psychosocial wellbeing		Action 2: Q4				
S10.3				3. Perinatal Mental Health Support - to promote the psychosocial well-being of women, their babies and surrounding family.	3. Perinatal Mental Health – The national maternity measures for this service are: the proportion of women who report having an existing mental health condition at their initial assessment and the proportion of those Women who have a Mental Health Care in place.		Action 3: Q2				
S10.3				4. Provide preconception counselling services for women with pre-existing medical conditions	4. Preconception counselling service		Action 4: Q3				
M1	Integration and improvement of mental health services	Mental Health & Learning Disabilities, Interim Deputy Director	Digital & Health Informatics: Develop programme to integrate health systems and implement digital health initiatives.	We will work with colleagues in Informatics & Performance to develop a sustainable and unified system to support clinical models and pathways.	To provide a safe and sustainable infrastructure	Interim Executive Director of Mental Health & Learning Disabilities	Q1, testing & pathway development	Uncertainty over the future direction of the possible IM&T solutions.	IM&T Funded	Y	
M1					To provide support for staff with modernised systems and tools		Q2, agree system plan				
M1					To reduce the risk of use of multi-systems across the Division		Q3/Q4 dependent on IM&T position				
M1.1	Integration and improvement of mental health services	Interim Director of Nursing	Quality Improvement & Governance: Implementation of ward accreditation to improve fundamentals of care and leadership.	We will proceed in completing ward accreditation by scoring as a minimum bronze across all of our inpatient wards.	* To improve service delivery and experience / outcomes for patients / families / carers by meeting fundamental standards for inpatient nursing	Interim Executive Director of Mental Health & Learning Disabilities	Q1, scope programme of work	Links with corporate services and support to deliver	MHLD Revenue	Y	Y
M1.1					* To increase the number of wards achieving a bronze award or above		Q2, agree plan for roll-out				
M1.2	Integration and improvement of mental health services	Interim Director of Operations	Workforce Wellness & Organisational Development: We will enhance leadership within the Division and seek to actively support staff in their workplaces to maintain optimum wellbeing.	By further embedding the Wellness, Work & You Strategy.	To improve the skill mix to address shortfalls in service provision	Interim Executive Director of Mental Health & Learning Disabilities	Q1 agree scheme plan		Transformation Funding	Y	Y
M1.2				We will develop a meaningful communication strategy.	To ensure multi-disciplinary staff are trained to provide best quality services for patients		Q2/Q3/Q4 implementation				
M1.2				We will develop a sustainable workforce plan including training to support the service redesign & improvement initiatives	To provide effective recruitment and retention						
M1.3	Integration and improvement of mental health services	Programme Director	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.	We will progress the business case through gateway reviews and continuation of planning requirements.	To improve the staff are well, supported and engaged	Interim Executive Director of Mental Health & Learning Disabilities	Q1	Delay in planning permissions	Capital Investment	Y	Y
M1.3					Will have a safe, sustainable and stable leadership structure		Q4, dependent on planning permissions outcome				
M1.4	Integration and improvement of mental health services	Medical Director	Therapy Services: We will explore and define roles of therapy services including psychological therapy, occupational therapy and physiotherapy.	We will strengthen the pan divisional relationship for therapy services with mental health and learning disability division, by creating clinical expertise and leadership to assist strategy and pathway design	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;	Interim Executive Director of Mental Health & Learning Disabilities	Q1 Agree focus of therapy support across the division	Delay in recruitment processes.	Transformation Funding	Y	
M1.4				We will develop and recruit to a new role which will support the strategic direction of the division in focussing on therapy led safe and timely discharge.	To provide an environment that supports staff to deliver safe, effective care to patients, carers and families;		Q2 Recruitment process				
M1.4					To deliver the flexibility to respond to future need – the solution should be designed to respond to future changes in service delivery		Q3 Commence new roles				



M1.5	Integration and improvement of mental health services	Medical Director, Head of Nursing CAMHS	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.	We will develop effective and timely transition arrangements that support young people into adult services.	To provide a seamless services for patients / younger persons transitioning into Adult MH Services.	Interim Executive Director of Mental Health & Learning Disabilities	Q1, develop improvement plan	Delay in recruitment processes.	Transformation Funding	Y	Y
M1.5				We will develop effective joint working arrangements between adult mental health, child and adolescent mental health services and local authority professionals	To evidence based data sets, triangulated benchmarking with local data will underpin our work		Q2, agree plan	Availability of skilled and trained staff.			
M1.5				In partnership we will develop and implement CYP workforce plan and recruit to specific roles.			Q3/Q4 begin to implement improvements	Lack of project support.			
M1.6	Integration and improvement of mental health services	Medical Director	Safe & Timely Discharge: We will introduce a programme of work across the division to review long length of stay and delayed transfer of care.	We will develop a process to ensure timely escalation for issues relating to delayed transfer of care, long length of stay and out of area patients	To have a clearly defined proposal for model of crisis care	Interim Executive Director of Mental Health & Learning Disabilities	Q1, review work to date	Fragility of care home sector	MH&LD baseline budget	Y	Y
M1.6					To reduce long length of stay, delayed transfers of care and out of area placements		Q2, agree plan and begin roll-out				
M1.6					To provide care closer to home		Q3/Q4, on-going work with adjustments as required				
M1.7	Integration and improvement of mental health services	OPMH Clinical Lead	Dementia Care: Delivery of clinically led, safe and effective services will be further developed aligned with the dementia strategy.	We will work with partners to promote and support initiatives to reduce the risk and delay onset of dementia, including links between hearing loss and dementia.	To have a defined model of care that meets the population demand and is of the highest quality evidence base	Interim Executive Director of Mental Health & Learning Disabilities	Q1/ Q2 develop master scheme	Demographic change.	TBC	Y	Y
M1.7				We will extend support services so that all with patients with dementia and mild cognitive impairment have access to support, tailored to them, to incorporate the six steps into their daily life.	To improve holistic approach to care		Q3/Q4 begin implementation				
M1.7					To ensure that staff are trained and developed multi-disciplinary staff to provide best quality services for patients						
M1.8	Integration and improvement of mental health services	OPMH Clinical Lead	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.	We will work with Area Teams and LA partners, develop a team approach to support care home in order to avoid crisis situations.	To reduce the use of clinically unjustified out of area placements and provide care closer to home	Interim Executive Director of Mental Health & Learning Disabilities	Q1/ Q2 develop master scheme with supporting SOPs	Delay in recruitment processes.	Transformation Funding	Y	y
M1.8				We will further define a vision for service provision for older person's mental health.	To have a clear admission criteria and planned discharge			Availability of skilled and trained staff.			
M1.8					To define model of inpatient care that meets the population demand and is of the highest quality evidence base Improved holistic approach to care			Failure to recruit.			
M1.8				We will define and implement the proposed model of crisis care	To have trained and developed multi-disciplinary staff to provide best quality services for patients		Q3/Q4 begin implementation				
M1.8				We will recruit a crisis care team	To have more people having quicker access to services providing appropriate and timely crisis support to maintain people receiving care in their own homes. To reduce avoidable and emergency admissions To provide support to EMI and commissioned care home settings						
M1.9	Integration and improvement of mental health services	Interim Director of Nursing	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.	We will develop and implement agreed early intervention in psychosis model of care	To provide an equitable service across North Wales	Interim Executive Director of Mental Health & Learning Disabilities	Q1, agree master scheme	Delay in recruitment processes.	Transformation Funding	Y	y
M1.9					To provide swift access to dedicated service / practitioner		Q2, begin recruitment	Availability of skilled and trained staff.			
M1.9				We will recruit to specific workforce dedicated to this service	To provide each patient / family with a crisis and management plan		Q3, integrate in to local teams	Availability of space for resource			
M1.9				We will develop integrated pathways	To reduce in emergency admissions To reduce bed occupancy and out of area placements To provide a service for younger persons and adults		Q4, evaluate				
M10	Integration and improvement of mental health services	Consultant Psychiatrist	Forensic Services: Development of a model for forensic and low secure provision for both mental health and learning disabilities services in North Wales.	We will develop whole system patient flow pathways.	To reduce placements outside of Wales by providing care closer to home	Interim Executive Director of Mental Health & Learning Disabilities	Q1 – Q2 develop system pathway with supporting workforce plan		Likely to require a full business case	Y	y
M10				We will define required establishment and workforce plan.	To strengthen commissioning arrangements More people having quicker access to services		Q3 Develop options appraisal				
M10					To have trained and developed multi-disciplinary staff to provide best quality services for patients						
M10				We will develop options for secure service provision / service transformation to inform robust service business case.	To strengthen partnership approach to achieving best outcomes for patients / families / carers						
M10.1	Integration and improvement of mental health services	Interim Director of Operations	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.	We will define the required establishment and skilled workforce.	To provide care provided closer to home and reduce out of area placements	Interim Executive Director of Mental Health & Learning Disabilities	Q1 – Q2 develop system pathway with supporting workforce plan	Availability of skilled and trained staff.	Healthier Wales & ICF Funding	Y	y
M10.1				We will review and develop commissioning arrangements	To improve patient / carer experience through effective partnership working						
M10.1				We will further develop fully functioning multi-disciplinary teams to provide best quality services for patients including preventative models of care.			Q3 Develop future options appraisal				
M10.1				We will define the new model for assessment and treatment and domiciliary care.			Q4 Evaluate work programme to date				
M10.2	Integration and improvement of mental health services	Medical Director	Maternal Care & Perinatal Services: To enhance delivery of clinically led, safe and effective services for mother and babies that require perinatal mental health services.	We will work proactively to develop the existing service pathways and ensure alignment to Welsh Government guidance	<ul style="list-style-type: none"><li>To ensure our services are aligned to Welsh Government guidance</li><li>To reduce mental illness in the mother and improve the mother-infant relationship</li><li>To provide regular and on-going training to allied mental health and primary care colleagues to improve the understanding and knowledge of perinatal mental health</li><li>To have a multi-skilled and specialist workforce to support our patients</li></ul>	Interim Executive Director of Mental Health & Learning Disabilities	Q1, agree master scheme	Delay in recruitment processes.	Transformation Funding	Y	y
M10.2				We will provide dedicated professionals as above would allow a more seamless process, more flexibility	<ul style="list-style-type: none"><li>To provide a modernised service by developing integrated pathways</li><li>To reduce the need for out of area placements and support care closer to home</li><li>To ensure our services are aligned to Welsh Government guidance</li><li>To reduce mental illness in the mother and improve the mother-infant relationship</li><li>To provide regular and on-going training to allied mental health and primary care colleagues to improve the understanding and knowledge of perinatal mental health</li><li>To have a multi-skilled and specialist workforce to support our patients</li><li>To provide a modernised service by developing integrated pathways</li><li>To reduce the need for out of area placements and support care closer to home</li></ul>		Q2, begin recruitment	Availability of space for resource			
M10.2											
M10.2				We will improved access to specialist clinical expertise specifically early intervention and treatment by recruiting additional specialised staff			Q3, integrate in to local teams				
M10.2							Q4, evaluate				
M10.3	Integration and improvement of mental health services	Clinical Lead Occupational Therapist	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.	We will develop locally agreed protocols and project plan with Clusters.	To provide effective and efficient service delivery including released general practitioner time.	Interim Executive Director of Mental Health & Learning Disabilities	Q1 Engagement with primary care clusters	Availability of skilled and trained staff.	Transformation Funding	Y	y
M10.3				We will recruit key staff members dedicated to support the work	To deliver care at or as close to home as possible		Q1 Recruitment of OT's for model across North Wales				
M10.3				We will roll out. Primary care Mental Health Practitioners to current ICAN Test sites with a wider roll out across the Region	To provide access to the right information, when needed to improve mental health and wellbeing e.g. number of individuals supported through ICAN community hubs						
M10.3				We will develop a training plan	To provide the best possible outcome, diagnosed early and treated in accordance with clinical need		Q2 Internal and external promotion of ICAN primary care model with GP Clusters and partner agencies				
M10.3				We will develop an evaluation framework	To provide staff that are fully engaged in delivering excellent care and support to patients and families		Q3-Q4 evaluate impact				
M10.3				We will identify further GP surgeries for roll out	To provide standardised systems and processes						
M10.3				We will share learning and evaluation at regular time points with division, clusters and wider partners	To reduce the number of referrals into MH primary care services (< MHM part 1)						
M10.4	Integration and improvement of mental health services	Head Of AMH Clinical Psychology & Psychological Services	Psychological Therapies: To increase access to psychological therapies across both mental and physical health services.	We will review of existing offer and service provision and develop an improved model of care.	<ul style="list-style-type: none"><li>To improve interventions based on good quality and timely research and best practice for patients</li><li>To train staff to deliver excellent care and support to patients and families</li><li>To standardised systems and processes</li><li>To improve access to services and reduce waiting times</li></ul>	Interim Executive Director of Mental Health & Learning Disabilities	Q4	TBC	TBC	Y	y
M10.4				We will develop workforce plan							
M10.5	Integration and improvement of mental health services	Head of Operations	Rehabilitation Services: To agree a long term model for rehab services and support whole system patient flow pathways.	We will develop a plan in relation to Specialist Bed Based Care with the driving principle being – Right Care, Right Time Right Place.	<ul style="list-style-type: none"><li>To reduce placements for low secure provision outside of Wales and provide care closer to home</li><li>To have an agreed establishment and workforce plan</li><li>To have strengthened commissioning arrangements</li><li>To have trained and developed multi-disciplinary staff to provide best quality services for patients</li><li>To reduce in patient transport</li></ul>	Interim Executive Director of Mental Health & Learning Disabilities	Q1/Q2 review and agree plan	Identified funding stream	Likely to require a full business case	Y	y
M10.5				We will define the bed based care and community model			Q3, seek Divisional approval and consider funding requirements				
M10.5				We will review our estate requirements			Q4 finalise plan				
M10.5				We will develop our workforce model							
M10.6	Integration and improvement of mental health services	Clinical Lead SMS	Substance Misuse: To continue to strengthen the existing psychosocial interventions available within the substance misuse service to improve recovery outcomes and early intervention and ensure equity of services available throughout North Wales.	We will develop a recovery model of care providing services with effective leadership and well established governance and accountability systems and integrated pathways.	<ul style="list-style-type: none"><li>To have trained and developed multi-disciplinary staff to provide best quality services for patients</li><li>To have agreed partnership approach to achieving best outcomes for patients / families / carers</li><li>To ensure interventions for patients are delivered in a timely manner</li><li>To provide services that deliver holistic, recovery focused care and treatment matched to the needs of the service user and are accessible and appropriate to the population</li><li>To integrate services and operate within the principles of co-production and prudent health and social care</li></ul>	Interim Executive Director of Mental Health & Learning Disabilities	Q1, explore new services available	Lack of identified investment	Revenue and WG funding	Y	
M10.6				We will explore, bid for and optimise new commissioning opportunities.			Q2/3 develop bids and plans / engagement				
M10.6							Q4 agree date for proof of concept				
M10.7	Integration and improvement of mental health services	Medical Director	Unscheduled Care & Crisis Response: We will further develop an all age crisis response pathway.	We will work with our 3rd sector partners to develop a pathway to include crisis, community and home treatment provision.	To reduce use of inappropriate s136	Interim Executive Director of Mental Health & Learning Disabilities	Q3	TBC	Additional resources for MH 2021 – 22	Y	y
M10.7				We will develop a business case to secure funding	To reduce the use of clinically unjustified out of area placements To have clearly defined admission criteria and planned discharge that's linked to community alternatives To have a defined crisis pathway						
M10.8	Integration and improvement of mental health services	Head Of Specialist Tier 3 Eating Disorders Service	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.	We will develop and implement the provision of a MARSIPAN 'Team' to facilitate medical and psychiatric admissions for ED patients (MARSIPAN: Management of Really Sick Patients with Anorexia Nervosa, Royal College of Physicians, 2014).	To meet the targets for review within a week for urgent cases and 4 weeks for all cases by the specialised team	Interim Executive Director of Mental Health & Learning Disabilities	Q1, agree master scheme	Delay in recruitment processes.	Transformation Funding	Y	y
M10.8					To have dedicated professionals to allow a more seamless process, more flexibility, and the ability to offer more 'slots' / availability to service access		Q2, begin recruitment	Failure to recruit.			
M10.8				We will work collaboratively alongside existing staff in CAEDS and therefore strengthen the ED workforce.	To improve access to specialist clinical expertise in ED at Tiers 1 and 2 and specifically early intervention and treatment.		Q3, integrate in to local teams	Availability of skilled and trained staff. Lack of project support.			
M10.8					To provide a service for younger persons and adults		Q4, evaluate	Availability of space for resource			

M10.9	Integration and improvement of mental health services	Principal Clinical Psychologist	Integrated Autism Service: To provide a dedicated joint service for patients with autism diagnostic assessment providing support and advice for adults, parents/ carers, and professionals.	We will develop effective pathways for patients.	To provide timely assessment for individuals	Interim Executive Director of Mental Health & Learning Disabilities	Q1 Identify impact of current service model	Discontinuation of ICF funding allocation	Transformation Funding	Y	
M10.9				We will provide joint working arrangements across health services and local authority professionals.	To provide dedicated and holistic support to individuals and their families		Q2 Identify funding model with LA partners for continued funding following discontinuation of ICF				
M11	Integration and improvement of mental health services	Head of Operations	Liaison: To provide an appropriate and consistent psychiatric liaison response across North Wales.	We will review the evidence based data sets, triangulated benchmarking with local data.	• To have a defined model of care that meets the population demand and is of the highest quality evidence base • To have trained and developed multi-disciplinary staff to provide best quality services for patients • To increase more people having quicker access to services providing appropriate and timely crisis support • To reduce avoidable admissions • To reduce unplanned/avoidable admissions/attendances at ED	Interim Executive Director of Mental Health & Learning Disabilities	Q1, scope requirements  Q2, develop and agree a plan  Q3, agree proposals Q4, implement	Delay in recruitment processes.  Failure to recruit.  Availability of skilled and trained staff.  IT to support NHS 111 implementation	Transformation Funding	Y	y
M11.1	Integration and improvement of mental health services	Interim Deputy Director	Partnership & Engagement: To deliver clinically led, safe and effective services in partnership with patients, their families, social care and third sector colleagues.	We will review of Caniad (third sector working) arrangements.	To ensure all key stakeholders are involved in and at the heart of everything we do	Interim Executive Director of Mental Health & Learning Disabilities	Q3	N/A	N/A	Y	y
M11.1				We will establish joint working approach with area teams to ensure joint planning, engagement and delivery of joint pathways	To have strengthened commissioning arrangements						
M11.1				We will re-instate our Patient Experience Group & Together for Mental Health Partnership Board							
M11.2	Integration and improvement of mental health services	Medical Director / Pharmacy Lead	Medicines Management: To provide dedicated medicines management across the division including inpatient units and CMHTs.	We will work with pharmacy services to develop medicines management pathways and pharmacy requirements including role redesign.	To reduce spend against drugs, prescribing	Interim Executive Director of Mental Health & Learning Disabilities	Q2 recruitment into posts	Availability of skilled and trained staff.	Transformation Funding	Y	
M11.2				We will provide resource to support anti-psychotic medication reviews for GPs.	To provide patients with options for consultations in clinic or virtual clinic, therefore improving experience by providing choice		Q3 liaison with MDT to identify patients who require support				
M11.2				We will support remote prescribing during and post the Covid19 pandemic by implementing the EMS system for our clinicians and prescribers	To ensure our home treatment patients have access to timely medication and discuss medication with a pharmacy technician.		Q4 Evaluate				
M11.3	Integration and improvement of mental health services	Interim Deputy Director	Estates & Capital Investment: To develop a sustainable Divisional Estates plan to support the delivery of ours services, new models of care and service redesign requirements.	We will deliver agreed capital programme in conjunction with Estates and Capital departments which is focussed on improvements, upgrades and reconfiguration of environments to support health and safety.	• To have safe and sustainable premises improved environments for our patient, families and staff • To provide and support staff in their working environments • To have the right staff, right place, right time, access for patients • To improve patient and staff experience	Interim Executive Director of Mental Health & Learning Disabilities	Q1, agree capital funding available  Q2, begin scope work ie plans for works  Q3, procurement Q4, complete works	Amount of funding available	Discretionary Capital and WG Additional Investment	Y	
M11.3				We will review our accommodation to scope opportunities for rationalisation / agile working / co-location							
M11.4	Integration and improvement of mental health services	Interim Deputy Director	Interim Management Support - Project Support Function:  To provide consistent and integrated project management and support across the Division to deliver all service improvement and transformation initiatives	We will provide additional capacity to Clinicians for all managing and reporting requirements against all initiatives across the Division.	To have quality and standardised documentation, strengthening governance arrangements	Interim Executive Director of Mental Health & Learning Disabilities	Q1, agree required resource  Q2, recruitment Q3 / Q4 implement	Delay in recruitment processes.  Failure to recruit.  Availability of skilled and trained staff.	Transformation Funding	Y	
M11.4				We will drive a quality and standardised approach to delivery against agreed programmes of work.	To ensure projects and programmes of work delivered to 'make a difference' for our patients and staff  To provide performance management and monitoring of schemes, thus giving assurance of delivery against target and commitment						
I2.1	Improved unscheduled care pathways	Unscheduled Care programme lead	Emergency Department access and patient flow (Welsh Access Model) / Emergency Department: Quality and Delivery Framework / Frailty and Acute Medical Model)	Welsh Access Model implemented and access principles and priorities adopted across all sites – emergency department access pathway to include a 'Contact First' system, 'Streaming Hub' and 'Wait & Care System', leading to more efficient navigation of patients Pioneering key performance indicators verified and published for each site – 'Time to Triage', 'Time to Clinician', 'Outcome'	• Improved clinical outcomes by EDs through focus on efficiency and effectiveness to reduce time to triage and ED waiting times • Improved patient experience and quality of care within ED through a standardised pathway and direction to the most appropriate department in a timely manner – in line with the Welsh Access Model • Enhanced engagement of ED workforce • Increased value for money achieved from ED funding through innovation, improvement, adoption of good practice and eliminating waste. • Reduced patient harm from seamless journey to the right healthcare professional first time and improved health outcomes through effective triaging methods. • Improved patient experience through collection of live qualitative patient data and experience. • Improved staff experience through analysis of qualitative feedback to inform changes in the department. • Improved patient safety and experience through implementation of a number of pathway improvement projects that focus on reducing delays and directing the patient to the right clinical outcome first time. • Reduced harm, improved patient experience and improved flow from utilisation of pre hospital pathways where appropriate. • Improved quality, reduced variation as a result of a standardised suite of Guidelines to ensure the same high standard of care regardless of where patients access services • Improved quality and value as a result of a reduced number of unnecessary or duplicated investigations leading to efficiency savings • Improved patient experience and reduce harm from navigating patients to alternative services before they enter the system for triage. This proactive approach to patient management will ensure patients receive the correct care option in the most appropriate setting in a timely manner, while reducing the demand on ED.	Executive Director Nursing & Midwifery	Q4  WAM – Q4  KPIs – Complete, although will be periodically published throughout 2021/22 – Q1, Q2, Q3, Q4  NESIs  PE – Ongoing through to Q4 SE – Ongoing through to Q4  PIPs: All to be in place by Q4	Funding of improvement support workforce – funding has now been confirmed through the National EDQDF Team until March 2022.	Performance Fund		y
I2.1				National Enablers for Service Improvement (NESIs) – Collection, analysis and evaluation of patient and staff feedback, with findings being fed into internal Health Board improvement groups to support service development initiatives							
I2.1				Implementation of Pathway Improvement Projects (PIPs) for: ambulance handover & triage; clinical guidelines; navigation, and engagement to achieve CAREMORE standards. This will involve completion of scoping documentation and establishment of local working groups by Q1.  The programme of work and actions agreed nationally in place by Q2.  Pilot of PIPs across three BCU sites within Q3 and data Analysis & Evaluation (Local & National) within Q4							
I2.2	Improved unscheduled care pathways	Unscheduled Care programme lead	Full year effect of 2020/21 Winter Plan and development of Winter Plan 2021/22	Established acute and community surge plans	• Prevention of harm by ensuring patients only stay in hospital for the appropriate amount of time	Executive Director Nursing & Midwifery	Q2	Workforce recruitment	Core Funding / WG Funding		y
I2.2				Specific winter schemes implemented to meet increased demand during Winter as well as Covid19 demand	• Improved patient safety and experience through facilitation of efficient and safe discharges to the most appropriate environment		Q2				
I2.2				Review of 2021-22 winter schemes including impact and spend to effectively inform winter plan 2021-22			Q2				
I2.3	Improved unscheduled care pathways	Unscheduled Care programme lead	Same Day Emergency Care (SDEC)	Further develop and establish SDEC models across the 3 acute sites to better manage urgent care demand into a more scheduled way	Aligned to USC improvement programme • Improve patient / staff experience and reduce harm through avoiding unnecessary ED attendances / delays • Improved patient experience through being seen by the right healthcare professional first time • Maximise use of ambulatory care / SDEC service to ensure patients are only admitted when absolutely necessary • Efficient flow across the whole system will improve patient & staff experience; improve quality / reduce harm	Executive Director Nursing & Midwifery	Q2	Workforce recruitment	WG Funding through additional USC allocation (recurring)		y
I2.4	Improved unscheduled care pathways	Unscheduled Care programme lead	Developing the unscheduled care hub, 111 service	Implementation of 111 in NW by the end of June 2021 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.	Aligned to USC improvement programme • Improve patient safety, experience and clinical outcomes through timely transfer of information to support clinical decision making and care • Minimised duplication in assessment processes • Support delivery of services closer to patients home and improve self care rates • Support for patients to choose the right service at the right time • Reduced pressure on emergency care services and improved patient flow through reduced unnecessary ED attendances • Efficient service delivery with improved direction to alternative services	Executive Director Nursing & Midwifery	Q1 - Phase 1	Workforce	HB allocation of National 111 programme		y
I2.5	Improved unscheduled care pathways	Unscheduled Care programme lead	Developing the Contact First model	Implementation of Phase 1 of the Contact First model which will focus on the establishment of a healthcare professional line to support the provision of advice, support and signposting to appropriate alternative pathways of care and will build on and expand the existing SICAT service currently supporting WAST calls (crown on scene and ambulance stack) – supported by enhanced directory of services. The HCP line will be a separate phone line to 111 during Phase 1 which is not public facing. The ultimate objective is to provide a single integrated public facing 111 service model, for which the timescales need to be agreed nationally.	Aligned to USC improvement programme • Improve patient safety, experience and clinical outcomes through timely transfer of information to support clinical decision making and care • Minimised duplication in assessment processes • Support delivery of services closer to patients home and improve self care rates • Support for patients to choose the right service at the right time • Reduced pressure on emergency care services and improved patient flow through reduced unnecessary ED attendances • Efficient service delivery with improved direction to alternative services	Executive Director Nursing & Midwifery	Q2 - Phase 2	Workforce recruitment	WG Funding via the USC additional allocation for 2021-2023. This service will then merge with the 111 phase 2 development		
I2.6	Improved unscheduled care pathways	Unscheduled Care programme lead	Implement Discharge to Recover & Assess (D2RA) pathways through further development of Home First Bureaus in each area	Further develop and embed the Home First Bureaus to support development of D2RA pathways following Executive approval of business case and support the step up and step down model of care in the community, to both avoid admission and support early discharge for medically stable patients	Establishment of Home First Bureaus in each area to support discharge planning: i) reduce delayed discharges ii) reduce unnecessary waits for assessments in hospital iii) reduce DTOCs iv) increase in number of patients returning home v) increase in short term step-down placements vi) reduction in long term placements vii) increase in assessments of patients post discharge leading to viii) shorter lengths of stay and releasing beds ix) improved patient flow across USC system  This work is aligned to the USC improvement programme • Improve flow across the whole USC system through implementation of relevant discharge pathways and reduced patient delays • Improved patient safety and experience through facilitation of efficient and safe discharges to the most appropriate environment • Reduce harm by reducing patient length of stay to minimum	Executive Director Nursing & Midwifery	Q3	Workforce/Recruitment			y
I2.7	Improved unscheduled care pathways	Unscheduled Care programme lead/ Area Director East	Stroke Services: Enable work to progress on strategic service development - confirm and agree the stroke service model	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	The outcomes have been adapted from the WG Stroke Delivery Plan and cover the six elements of the stroke pathway and are linked to: • better management of AF, better, effective acute care and Rehabilitation • better management of AF and the Health Board Health and Well Being Strategy of weight loss and smoking cessation	Executive Director Nursing & Midwifery	Stroke Prevention – Q2	Affordability of the new model  Workforce recruitment & retention  Ability to maintain 65% & 85% occupancy rates  Suitability of estates to provide an appropriate rehabilitation environment	Performance Fund		y
I2.7				Strengthening of acute services across 3 DGH sites; including improved OOH pathway for diagnosis, treatment and recovery	Improved patient outcomes through: • reducing the risk of stroke through the prevention pathway • improving quality of life through an improved 72 hour Acute pathway and Specialist Rehabilitation with ESD and In-patient beds • improving quality of care and patient experience through an improvement in the total pathway • reducing disability through an improved 72 hour Acute pathway and Specialist Rehabilitation with ESD and in-patient beds		Acute services – Q2				

I2.7				Development of Early supported discharge (ESD) across the 3 areas	<ul style="list-style-type: none"> <li>Improving survival rates through an improved 72 hour pathway</li> <li>Reduced variation across NW</li> <li>Improve Sentinel Stroke National Audit Programme and related performance criteria</li> <li>Improve compliance with Stroke Guidelines (Royal College of Physicians recommendations)</li> </ul>		ESD – Q2 20% / Q3 70% / Q4 100%				
I2.7				Specialist community inpatient rehabilitation beds across the 3 areas	<ul style="list-style-type: none"> <li>Reduced disability and reliance on social care</li> <li>Improved prevention through reduced risk of another stroke</li> <li>Improved patient safety and outcome through timely swallowing assessments: improved access to occupational therapy, physio therapy, speech and language therapy interventions</li> <li>Improved patient experience through early supportive discharge processes</li> <li>Improved staff experience with improved recruitment and retention of specialist staff</li> </ul>		Specialist Community inpatient beds – Q2				
I2.7				A consistent approach to Stroke Rehabilitation across all sites in proportion of confirmed stroke patients receiving specialist rehabilitation and length of stay	Measures of patient experience and outcomes will be aligned to the standards for stroke care throughout the pathway.		Consistent approach to rehabilitation – Q4				
E.1.6	Enabler	Head of Programmes, Assurance and Improvement	Creation of a Digital Strategy	Development and Implementation of the digital strategy which has been approved by the Board.	To deliver key enablers across North Wales which will drive digital transformation of care and deliver commitments outlined within the Strategy over the next three years.	Executive Director of Primary & Community Care	QTR1 – Approved by the Board - 31.05.21	<ul style="list-style-type: none"> <li>Approval at Trust Board is not received</li> <li>Competing priorities with lack of sustainable investment in digital</li> <li>National infrastructure and projects may not deliver what is needed and/or at the required pace</li> <li>Unable to keep up with the pace of digital change to meet the expectations of our patients, carers and staff</li> <li>Information is not safe</li> <li>Insufficient staff capability and capacity to deliver the Strategy</li> <li>Organisational culture and service planning does not change</li> </ul>	Business Case approval for difference projects will be required.		y
E.1.6							QTR2 – Closed	<ul style="list-style-type: none"> <li>Information is not safe</li> <li>Insufficient staff capability and capacity to deliver the Strategy</li> <li>Organisational culture and service planning does not change</li> </ul>			
E1.7	Enabler	Project Manager	Deliver Phase 3 of Welsh Patient Administration System implementation	Phasing and approach agreed	Delivery of a single patient administration system Welsh Patient Administration System (WPAS) - across BCUHB. This will streamline the care process and enable up to date accurate information to be available for service delivery across the Health Board. Improve the ability to manage patient pathways seamlessly throughout the hospitals within the Health Board.	Executive Director of Primary & Community Care	QTR1 – Re-start the project.	<ul style="list-style-type: none"> <li>Corporate Risk - CRR10A/INF01 National Infrastructure and Products.</li> </ul>	Funding through WG until September 2021. Business case has secured funding for post 2021 required from WG.		y
E1.7				Support from Welsh Government for continuation of project team in place			QTR2 – System build and data migration.	Project level risks: There is a risk that key resources (project and services) will not be available to support key activities on the project.			
E1.7				System in place (pending business case)	Provide timely and accurate information for clinicians and managers.		QTR3 – UAT user acceptance testing and training.	There is a risk that project will continue to defer the scope of the data migration iterations.			
E1.7					Enable services to modernise in response to changing working models.		QTR4 – Lead to up to implementation in May 2022	There is a risk that operational users are unable to attend WPAS training			
E1.8	Enabler	Programme Manager	Deliver Symphony - Phase 1 2020/2021	Implement V2.39 in the West ED and 6 Minor Injury Units associated with the West (including LLGH)	<p>Phase 1 required before WPAS West implementation – West ED and MIUs were previously using PMS to record attendances. Phase 1 complete (with the exception of 2 MIUs which are currently closed with no imminent plans to re-open).</p> <p>The system will bring:</p> <ul style="list-style-type: none"> <li>Improved Continuity and Timeliness of Care</li> <li>Improved Quality of Patient Care, Experience and Safety</li> <li>Improved Discharge</li> <li>Improved Data Quality and Standards</li> <li>Improved Data Sharing across BCUHB and Intelligent</li> <li>Improved Administration Efficiency</li> </ul> <p>The current systems do not allow for an effective process within ED for the documentation of the patients journey, resulting in a lack of real time patient progression, which is a patient safety risk for the health board.</p>	Executive Director of Primary & Community Care	QTR1 – Complete implementations in MIUs	<ul style="list-style-type: none"> <li>There is a risk that resource may become an issue for the project if Establishment Control/Recruitment cannot be achieved in a timely manner.</li> <li>There is a risk that Tywyn and Dolgellau MIUs will not be able to implement BCU Symphony at a time which is suitable for both the MIUs and the project team.</li> <li>There is a risk that generic log on to the system may not be an acceptable method to be used for Information Governance purposes.</li> </ul>	Funded		y
E1.9	Enabler	Programme Manager	Deliver Symphony - phase 2 2021/2022	Upgrade from V2.29 to V2.39	Phase 2 will bring improved functionality and the latest version of Manchester Triage. Manchester Triage 1 is currently used within Symphony 2.29 in the East. This version of Manchester Triage is out dated and has been flagged as a significant clinical risk as both presentation flow charts and discriminators have been updated in newer versions.	Executive Director of Primary & Community Care	QTR1 – Data migration testing	Health Board risk - BAF20/28 - Effective Use of Resources.	Funded		y
E2	Enabler			Move East area onto the Health Board Symphony, alongside the West, which entails an upgrade from v2.29 to v2.38 including 1 minor injury unit associated with the East	<p>The benefits listed in Phase 1 will also apply to Phase 2.</p> <p>The current systems do not allow for an effective process within ED for the documentation of the patients journey, resulting in a lack of real time patient progression, which is a patient safety risk for the health board.</p>		QTR2 – End user training. Go Live period (July). Phase closure	<ul style="list-style-type: none"> <li>There is a risk that resource may become an issue for the project if Establishment Control/Recruitment cannot be achieved in a timely manner.</li> <li>There is a risk that Tywyn and Dolgellau MIUs will not be able to implement BCU Symphony at a time which is suitable for both the MIUs and the project team.</li> <li>There is a risk that generic log on to the system may not be an acceptable method to be used for Information Governance purposes.</li> <li>Availability of adequate funding (Capital and Revenue)</li> <li>Availability of key personnel to undertake the enabling activities required for readiness (EMIS, NWS, BCU Programmes, Information and ED resource)</li> </ul>			
E2.1	Enabler	Programme Manager	Deliver Symphony - Phase 3 2021/2022	V2.39 implemented in Central and 2 minor injury units	The completion of the Phase 3 implementation will see all EDMIU areas using a single system for the time, providing standardisation across BCU in readiness for a move to the National Welsh Emergency Department system.	Executive Director of Primary & Community Care	QTR2 – Phase 3 planning	To be determined from planning in QTR2	Funded		y
E2.1				Implement Symphony v2.38 into 2 minor injury units in Central area	<p>The benefits listed in Phase 1 will also apply to Phase 3.</p> <p>The current systems do not allow for an effective process within ED for the documentation of the patients journey, resulting in a lack of real time patient progression, which is a patient safety risk for the health board.</p>		QTR3 - to be determined from QTR2 planning				
E2.1							QTR4- to be determined from QTR2 planning				
E2.2	Enabler	Programme Manager	Case review and options appraisal of the Welsh Community Care Information System business	Welsh Clinical Portal able to open patient content from within the Cito patient record	This Business Case will outline the justification for this proposed project through identifying a clear and agreed way forward.	Executive Director of Primary & Community Care	QTR1 – stakeholder engagement, seek a contractual arrangement with supplier, complete the review of the Business Case.	Corporate Risk - CRR10A/INF01 National Infrastructure and Products.	Funded		
E2.2							QTR2 – Business Case approval	Re-approval of the Business Case declined.			
E2.2							QTR3 – Re-planning dependant on the Business Case				
E2.2				Business case review and submitted for re-approval.			QTR4 – Re-planning dependant on the Business Case				
E2.3	Enabler	Head of Patient Records & Digital Integration	Development of the acute digital health record (Cito DHR) pan-BCU	Deliver the project for the Digital Health Record (4 year project to Nov 2024)	The development of the Digital Health Record will allow a single view of the patient record, having this in place will support the integration with local and national systems and will provide greater access to systems and information that are safe and reducing the use of paper from the how we work. We will have one system that is capable of gathering patient information from scanned records, new content from e-forms and current and future systems. Part of this project is also to develop digital ways of sharing information across our borders.	Executive Director of Primary & Community Care	<p>QTR 3 –</p> <ul style="list-style-type: none"> <li>Minimum Viable Product (MPV) &amp; two Early Adopters</li> <li>New scanning contract in place</li> </ul>	The common risks across the digital projects are escalated to our Patient Records Transition Programme. There can be described as	Funded		y
E2.3							QTR 4 – Phase Roll out programme established and underway	<ul style="list-style-type: none"> <li>Spectrum of digital readiness and literacy amongst users</li> <li>BCU is non-compliant with key legislation</li> <li>Digital readiness of the organisation - infrastructure, hardware and network</li> <li>Quality of the data within the source system causing data within other linked systems to be inaccurate</li> <li>A delay to the project achieving its objectives, due to emerging events/issues e.g. Covid, new corporate initiatives</li> </ul>			
E2.4	Enabler	Head of Patient Records & Digital Integration	Digital clinic letters solution (EPRO) pan-BCU	Digitise the clinic letters for outpatients through implementation of Digital Dictation and Speech Recognition project (2 year project to June 2022)	This project will increase efficiency through reducing document turnaround saving valuable time for staff. It will provide a system that streamlines document management for staff while creating a secure digital environment for patient transcripts which are easily accessible for staff to review. Clinic letters are digitised and available electronically pan-BCUHB, offering the option of speech recognition and device dictation, with the product in use within the WEST prior to the migration from PMS to WPAS in May 2022 (key dependency).	Executive Director of Primary & Community Care	QTR 2 – West roll out complete	The common risks across the digital projects are escalated to our Patient Records Transition Programme. There can be described as	Funded		
E2.4							QTR 3 – Central roll out complete	<ul style="list-style-type: none"> <li>Spectrum of digital readiness and literacy amongst users</li> <li>BCU is non-compliant with key legislation</li> <li>Digital readiness of the organisation - infrastructure, hardware and network</li> <li>Quality of the data within the source system causing data within other linked systems to be inaccurate</li> <li>A delay to the project achieving its objectives, due to emerging events/issues e.g. Covid, new corporate initiatives</li> </ul>			
E2.4							QTR 4 – East roll out underway				
E2.5	Enabler	Head of Patient Records & Digital Integration	Support BCU's standards compliance in respect of patient records storage, processes and management arrangements pan-BCU	Review the progress against the recommendation actions for the areas in scope of Stage 1 Baseline Assessment	This was an action under the recommendation of the HAS/Cas/Ockenden Improvement Board that has now been transferred to the DIGC for monitoring.	Executive Director of Primary & Community Care	Qtr 1 – Community children review (School nursing, health visiting, community paediatric across three areas of BCUHB)	<ul style="list-style-type: none"> <li>Corporate Risk - CRR20-06 - Informatics - Patient Records pan BCU.</li> </ul>	At the Department Level of Business Cases as required.		
E2.5				Stage 2 onwards - apply this approach as good practice in line with the work of the IG Toolkit.			Qtr 2 – To be determined from the Audit role out plan based on availability of departments.	There is a risk that the right patient information is not available when required. This is 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 may result in a failure to support clinical decisions for safer patient outcomes and an inability to meet our legislative duties.			
E2.5							Qtr 3 – To be determined from the Audit role out plan based on availability of departments.				
E2.5							Qtr 4 - To be determined from the Audit role out plan based on availability of departments.				
E2.6	Enabler	Head of Patient Records & Digital Integration	Improving assurance of results management (stopping printing results)	The timely availability and good management of results is critical to inform the care a patient receives, constituting a fundamental part of the overall patient's care record that will often have a direct impact on patient outcomes. The Health Board is currently in a state of low assurance as a result of significant issues regarding viewing results, authorisation, action recording and appropriate filing of paper results within the patient case notes.	<p>A 100% take up of 'Electronic Test Requesting' for tests in scope</p> <p>To have a viable application/system to manage the 4 key steps of results management</p> <p>To have stopped printing results for the tests in scope of Objective 1</p> <p>To have assurance on the management of results via a 'dashboard tool' in use within BCUHB that reports on un-viewed and/or non-actioned results, by speciality, clinician and test</p>	Executive Director of Primary & Community Care	QTR 1 – Business Case submitted to the HBRG for progression	<ul style="list-style-type: none"> <li>spectrum of digital readiness and literacy amongst users</li> <li>BCU is non-compliant with key legislation</li> <li>digital readiness of the organisation - infrastructure, hardware and network</li> <li>quality of the data within the source system causing data within other linked systems to be inaccurate</li> <li>a delay to the project achieving its objectives, due to emerging events/issues e.g. Covid, new corporate initiatives.</li> </ul>	Funded		
E2.7	Enabler	Head of ICT – Sion Jones	Full implementation of Office 365+E286	Mobilisation: <ul style="list-style-type: none"> <li>Governance arrangements</li> <li>Technical Readiness</li> <li>Communications Plan</li> <li>Training Plans</li> </ul>	Continued roll-out of Microsoft Office 365 to further support the collaboration, improved communication and agile capabilities with better utilisation of mobile devices such as Laptops, Smartphones and Tablets.	Executive Director of Primary & Community Care	Mobilisation: Q1 Governance: complete recommendations highlighted in Project Health Check	Corporate Risk - CRR10A/INF01 National Infrastructure and Products.	Funded		
E2.7				Phase 1: <ul style="list-style-type: none"> <li>Proof of Concept pilots</li> <li>MFA / SSPR</li> <li>Office upgrades</li> <li>Teams deployment</li> <li>Exchange Online migrations</li> <li>EMS in/Time</li> <li>MDM</li> </ul>			Phase 1: Q1 Complete all Phase 1 tasks	No further Support for the roll roll-out of Microsoft Office 365 to further support the collaboration, improved communication and agile capabilities with better utilisation of mobile devices such as Laptops, Smartphones and Tablets. Increasing licencing costs.			

E2.7				Phase 2 - File Storage and Collaboration <ul style="list-style-type: none"><li>• SharePoint archiving</li><li>• SharePoint migration</li><li>• OneDrive migration</li></ul>			Phase 2: Q1 Complete SharePoint Archiving. Q2 Commence SharePoint migrations and One Drive migrations (further timescales yet to be confirmed but migrations likely to run into Q3)				
E2.7				Phase 3 - Roll-out of business and task management applications <ul style="list-style-type: none"><li>• Bookings</li><li>• Forms</li><li>• Planner</li><li>• Project</li><li>• Stream</li><li>• Sway</li><li>• Tasks</li><li>• To Do</li><li>• Yammer</li></ul>			Phase 3: Q1 data gathering by Business Change Manager and commencement of work package Q2 Phase 3 proof of concepts Q3 further roll out yet to be determined (will be determined by proof of concept findings)				
E2.7				Phase 4 - Microsoft Advanced Analytics solutions <ul style="list-style-type: none"><li>• Power BI</li><li>• Power Query</li><li>• Power Apps</li><li>• Power Automate</li></ul>			Phase 4: Work not yet planned				
E2.8	Enabler	Head of ICT	Undertake a gap analysis of between the current level of investment and required investment to develop a 5 year capital investment plan to support operational services and the digital strategy	Undertake a gap analysis between current and requisite levels of investment to inform and develop a detailed 5 year capital investment plan to underpin the Health Boards ICT Infrastructure and further support operational ICT services and the principal digital strategy.	To secure additional funding to ensure current and future ICT infrastructure investment meets the ever-increasing growth in supporting and hosting key clinical and business systems.	Executive Director of Primary & Community Care	QTR1 – Carry out Gap analysis	Health Board risk - BAF20/28 - Effective Use of Resources	Funded		
E2.8							QTR2 – Develop 5 year capital plan	Current resources within the service increase and priorities need to be re-evaluated to carry out the work. This would then cease informatics from securing additional funding to ensure current and future ICT infrastructure investment meets the ever-increasing growth in supporting and hosting key clinical and business systems.			
E2.8	Enabler	Head of Programmes, Assurance and Improvement	Development of a business case for a single sign on project	Approved business case	This Business Case will outline the justification for this proposed project through identifying the value of a single sign on for clinical staff to optimise workflows and enable faster access to patient information. This has the potential to enhance patient care delivery through decreasing the time spent signing on to multiple systems	Executive Director of Primary & Community Care	QTR1 – Development of Business Case	Health Board risk - BAF20/28 - Effective Use of Resources.	Funded		
E2.8							QTR2 – Business Case complete	There is a risk that current resources within the service increase and priorities need to be re-evaluated to carry out the work.			
E2.9	Enabler	Head of ICT	To strengthen cyber security	Providing Assurance that all necessary measures are taking place to reduce and manage the risk of a Cyber security.	Providing Assurance that all necessary measures are taking place to reduce and manage the risk of a Cyber Incident through the deployment of key processes, accreditation and risk management as well as new and emerging technologies.	Executive Director of Primary & Community Care	QTR1-Q4 – Funding needs to be confirmed	Corporate Risk - ICT01 – Cyber Security  There is a risk of cyber security attacks due to a lack of assurance around cyber security threats and lack of a dedicated Cyber Security Team which could lead to a total loss of all Health Board data stored on BCU servers.  This could impact patient care, Health Board reputation, confidentiality, and breaches of legislation, financial impact (fines and cost of recovering data).  If this risk is not addressed it could lead to the organisation not meeting legislative requirements such as GDPR and NIS-2.  We could also be open to Civil suits should patient safety incidents occur as a result of a cyber-attack.	Not funded.		





<b>Cyfarfod a dyddiad: Meeting and date:</b>	<b>Strategy Partnerships and Population Health Committee 17<sup>th</sup> June 2021</b>						
<b>Cyhoeddus neu Breifat: Public or Private:</b>	Public						
<b>Teitl yr Adroddiad Report Title:</b>	<b>2022/25 Planning Principles and Timetable</b>						
<b>Cyfarwyddwr Cyfrifol: Responsible Director:</b>	Mr Mark Wilkinson, Executive Director of Planning and Performance Mrs Sue Hill, Executive Director of Finance						
<b>Awdur yr Adroddiad Report Author:</b>	Mr John Darlington, Assistant Director - Corporate Planning Mr Rob Nolan, Finance Director – Commissioning and Strategic Financial Planning						
<b>Craffu blaenorol: Prior Scrutiny:</b>	The approach has been discussed by the Planning workstream and Chris Stockport from an improvement perspective.						
<b>Atodiadau Appendices:</b>	<i>Appendix 1: 2022/25 Planning Principles and Timetable</i>						
<b>Argymhelliad / Recommendation:</b>							
It is recommended that the committee							
<ol style="list-style-type: none"> <li>1. Receive this report</li> <li>2. Endorse the planning principles and outline timetable for 2022/25</li> </ol>							
<b>Ticiwch fel bo'n briodol / Please tick as appropriate</b>							
<b>Ar gyfer penderfyniad /cymeradwyaeth For Decision/ Approval</b>	<input checked="" type="checkbox"/>	<b>Ar gyfer Trafodaeth For Discussion</b>	<input checked="" type="checkbox"/>	<b>Ar gyfer sicrwydd For Assurance</b>	<input checked="" type="checkbox"/>	<b>Er gwybodaeth For Information</b>	<input type="checkbox"/>
<b>Y/N i ddangos a yw dyletswydd Cydraddoldeb/ SED yn berthnasol Y/N to indicate whether the Equality/SED duty is applicable</b>						<b>Y</b>	
The 2022/25 plan will be subject to Equality Impact (EqIA) and a socio-economic (SED) impact assessments. Any significant issues will be flagged in relevant areas of the Plan as these are developed.							
<b>Sefyllfa / Situation:</b>							
This paper sets out the planning principles and timetable to support the development of our 2022/25 Integrated Medium Term Plan (IMTP).							
Recommendations are made to ensure that clear planning arrangements exist to ensure our plan is approved and submitted by December 2021.							
<b>Cefndir / Background:</b>							
Integrated Medium Term Plan (IMTP) planning arrangements were paused in 2020 due to the pandemic.							

'A Healthier Wales', Welsh Government's long-term plan for health and social care services in Wales and sets the context of all our work for the forthcoming years. It sets out the vision of a 'whole system approach to health and social care'.

The Primary Care Model for Wales is an important element of our plan and predicated on locality level population needs assessment and planning the use of available resources, not just those of the NHS, to meet that need. In view of this, the Minister for Health and Social Services expects significant progress by health boards to support and empower the planning function at cluster level and to draw in local authorities and third and independent sector service providers. Optimal cluster working supports optimal regional partnerships and progress with 'A Healthier Wales'. Accordingly, Clusters are responding to BCU core priorities in developing their plans and developing a summary annual 'plan on a page'.

We also want to check on the progress of our long-term strategy for health, well-being and healthcare, Living Healthier, Staying Well (LHSW). It has been three years since we developed this. Change takes time, and we need to check whether we are achieving what we set out to do, and whether the principles and priorities are still relevant. To facilitate this we are beginning a review and refresh of LHSW.

- Check in with our staff, patients, partners and public whether the principles are still valid
- Review our strategic priorities to ensure they are consistent with "A Healthier Wales"
- Address those elements of LHSW that proved challenging to implement e.g. an integrated system wide approach to healthcare and integrated care pathways
- Test the strategy is still relevant in the changed environment
- Provide the framework for development of a Clinical Services Plan

We are developing a discussion paper and will be asking people – patients, carers, community groups, partner organisations and others – for their views. The refresh work will be completed by the autumn to feed into the development of the integrated three year plan and to provide the basis for the clinical services plan.

### **Asesu a Dadansoddi / Assessment & Analysis**

Our approach to planning for 2022/25 is summarised within Appendix 1 together with key planning considerations which will be taken forward through further engagement with divisional teams.

### **Opsiynau a ystyriwyd / Options considered**

Our plan will be underpinned by robust business cases. Priority schemes will be identified which in turn consider potential options for delivery.

**Goblygiadau Ariannol / Financial Implications**

The plan integrates service, activity, financial and workforce implications within resources available. The planning principles reinforce that plans must be delivered within delegated budgets and these will reflect the need to manage cost pressures over our allocation.

**Dadansoddiad Risk / Risk Analysis**

All schemes will be required to identify key risks and a risk analysis undertaken to demonstrate how these will be managed.

**Cyfreithiol a Chydymffurfiaeth / Legal and Compliance**

The development of an approvable Integrated Medium Term Plan is a critical organisational requirement, as a specific action under the targeted Interventions Improvement Framework. It is a statutory requirement to develop an approvable IMTP under the NHS Finance Act. The risk relating to failure to develop a plan is identified within the Corporate Risk Register.

**Asesiad Effaith / Impact Assessment**

Underpinning schemes and business cases will take into account any potential equality/Welsh Language/quality/data governance/digital/children's rights implications which may require an impact assessment to be carried out.



## **Developing our Three Year Integrated Medium Term Plan for 2022/25**

### **Planning Principles and Outline Timetable**

#### **1. Purpose of the Report**

This paper has been prepared to establish planning principles and a timetable to support the development of our 2022/25 Integrated Medium Term Plan (IMTP). This aims to ensure clear and well organised planning arrangements exist for establishing and presenting the plan to Board in December 2021.

It is important that we take stock and review previous planning cycles to make recommendations for improving the way we plan across the Health Board going forward. This will be undertaken working with divisional / planning leads and the output of which will further shape and refine our approach. As part of this, we need to reflect upon and take into account:

- Planning is dynamic, ever changing and evolving;
- All management roles have a planning component within them;
- Planning should not stop in March and start again in the autumn;
- Our plan is not about describing 'business as usual' but to articulate where we need to change.

The recommendations from the recent planning review will also be helpful in this context.

#### **2. Planning Principles for 2020/23**

##### **2.1. National Planning Context**

The introduction of Integrated Medium Term Plans across Wales signalled a move away from a focus on annual plans, towards a medium-term approach linked to organisational strategies. (IMTP plans were however paused across NHS Wales in 2020/21 due to the pandemic.)

A Healthier Wales is Welsh Government's long-term plan for health and social care services in Wales and sets the context of all our work for the forthcoming years. It sets out the vision of a 'whole system approach to health and social care', which is focused on health and wellbeing, and on preventing physical and mental illness.

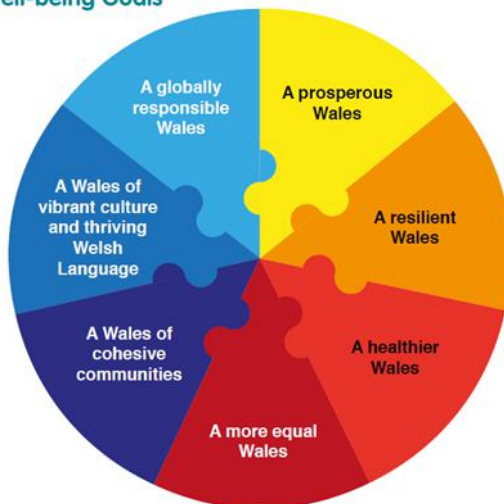
The Primary Care Model for Wales is predicated on cluster level population needs assessment and planning the use of available resources, not just those of the NHS, to meet that need.

***Importantly, we need to build upon the significant progress made by clusters to date and to support and empower the planning function at cluster level, drawing in local authorities and third and independent sector service providers. Optimal cluster working supports optimal regional partnerships and progress with ‘A Healthier Wales’.***

The NHS Wales planning framework for 2022/25 is expected to be published in late summer. Previous Frameworks have reinforced the requirement for every NHS organisation to have a long-term strategy, which should be a separate document to the IMTP. The IMTP document should “demonstrate how the actions to be taken during the three-year period help achieve the long term vision of the organisation set out in the strategy”.

The Well-being of Future Generations Act requires us to think more about the long-term, work better with people, communities and other organisations, seek to prevent problems and take a more joined up approach. The Act puts in place seven well-being goals and we need to maximise our contribution to all seven.

Well-being Goals



We need to change the way we work, ensuring we adopt the sustainable development principle defined within the Act. This means taking action to improve economic, social, environmental and cultural well-being, aimed at achieving the seven goals.

There are five ways of working which we need to think about when working towards this:



‘A Healthier Wales: Our Plan for Health and Social Care’ was launched by Welsh Government in July 2018 in response to the Parliamentary Review of Health and Social Care in Wales and sets out a long term future vision of a ‘whole system approach to health and social care’, which

is focused on providing more services in peoples own homes or a close to their north place of residence as possible. There is a greater emphasis on preventing illness, early intervention and supporting people when they need it, including helping them to manage their own health and well-being and to live independently for as long as possible. The Health Board's principles, well-being objectives, key strategic priorities and outcomes are broadly aligned with the plan and we will review these to ensure we address the detailed requirements.

## **2.2. Local Context**

In March 2018, the Board approved its long-term strategy – entitled Living Healthier, Staying Well (LHSW). This strategy sets out how health, well-being and healthcare might look in ten years' time and how we will start working towards this now.

This is now being refreshed and will influence how our resources are allocated and how staff prioritise their time.

We are also developing our clinical services plan over the summer. Taken together, these important pieces of work will shape and inform our IMTP for 2022/25.

There will be a continued drive to reduce variation and embed innovation across North Wales as our strategic direction continues to be implemented, using data and best practice in support of all our work. Plans will be grounded in good evidence of effectiveness and will reflect the quadruple aim as set out within 'A Healthier Wales' and LHSW:

- ***Improved population health and well-being;***
- ***Better quality and more accessible health and social care services;***
- ***Higher value health and social care; and***
- ***A motivated and sustainable health and social care workforce.***

The 2020/21 plan was approved by Board as a draft plan and is being refreshed in line with national planning guidance and expectations by end of Q1.

Significant work was undertaken to develop plans which are SMART with clearly articulated patient impacts. Whilst plans have certainly strengthened as a result, we need to continue to reinforce and build further on this approach into 2022/3 including supporting activity, financial and workforce profiles.

For 2022/23, we will build our transformation approach and corresponding actions (e.g. pathways, GIRFT) including improving our approach to prioritisation.

We will clearly demonstrate robust demand and capacity analysis with action plans to achieve and maintain targets within the resources available. This will include demand referrals to other secondary care or tertiary services which will inform BCU external secondary care contracts and WHSSC specialist services plans.

### 2.3. Summary Planning Principles

Initial / draft planning principles for 2022/25 are attached in full in **Appendix 1** for consideration and refinement and can be summarised as follows:

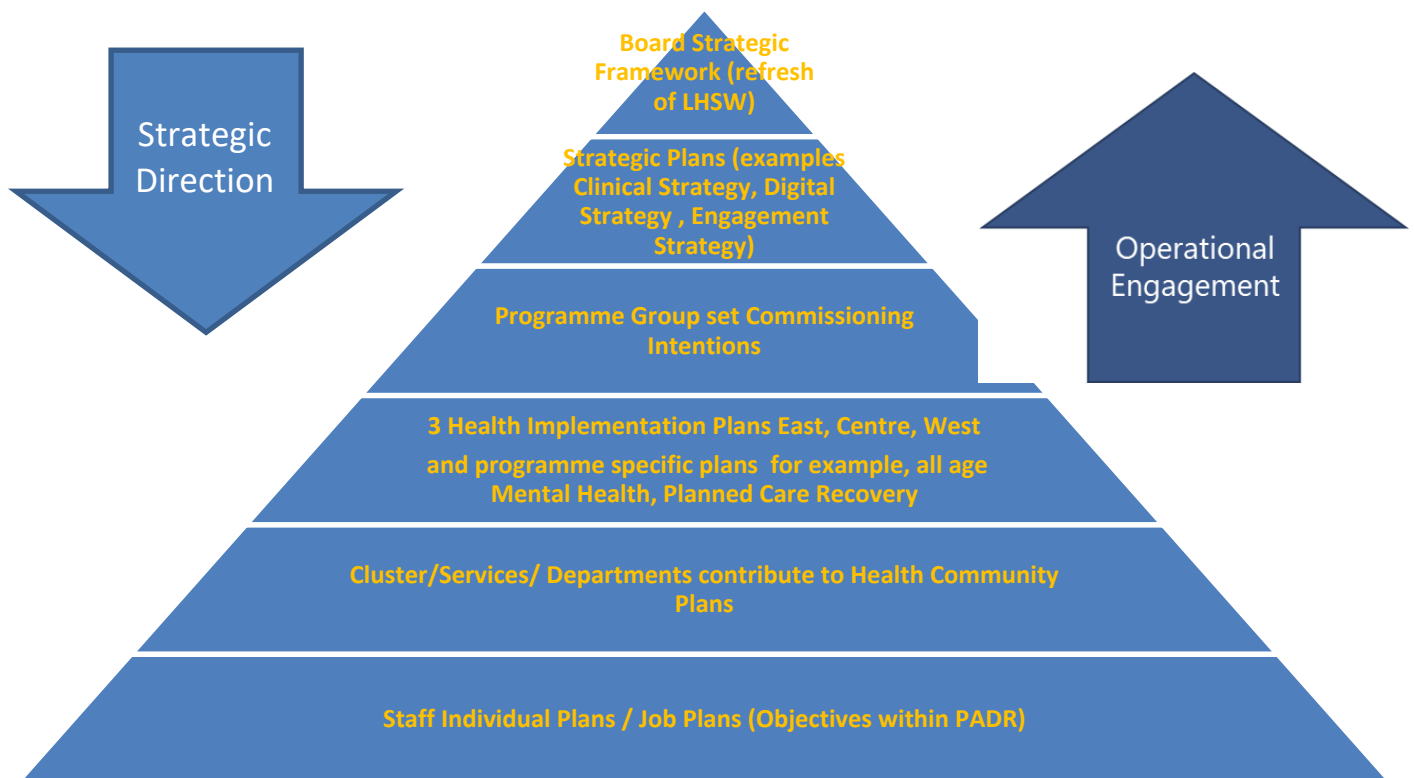
- *Focus on Quality, Safety and Outcome driven plans;*
- *Cost effective delivery;*
- *Health community level planning - Cluster IMTP plans will be developed by September 2021 (based on the national template) and incorporated into Health community level Plans;*
- *Plans will demonstrate a robust deficit reduction plan - there will be no opportunity to bid for additional resources and each Health Community plan will 'live within means'.*

### 3. Draft Outline Plan Development & Timetable

Alongside the strategic refresh outlined above, we need to ensure plans reflect specific local population and patient needs within our clusters which in turn will inform health community plans. Clusters with their local clinical leadership are well placed to assess local needs, but in addition a more systematic approach to cluster development is also needed.

14 Cluster plans (alongside service and department plans) will feed into and inform respective health community plans as illustrated below.

## From Board to PADR - Blending 'Top Down and 'Bottom up' Planning



### 3.1. Strategy and Planning Map

The overall planning landscape is summarised overleaf:

'A Healthier Wales'						
Regional Partnership Board						
Strategy – Living Healthier Staying Well						
Equality Diversity Socio-Economic Duty						
Key Enabling Strategies						
Clinical Services Strategy	Workforce		Digital		Estates	
Welsh language	Finance		Quality Improvement		Research and Innovation	
Programme Groups (BCU wide programme group plans)						
Programme Groups  Pathway Approach	Primary Care	Mental health	Planned care (Including diagnostics and cancer services plan)	Unscheduled care including therapies e.g. Stroke services	Community services (including children's, & therapy services plans)	
	Prevention and Health Improvement	Test, Trace & Protect	Commissioned Services	Vaccination	Continuing Healthcare	Women's Services
East, Centre, West Health Community Delivery Plans for 2022/23 working with Integrated Service Boards, Mid Wales Healthcare Collaborative						
(3 place based plans incorporating Area Teams, North Wales managed clinical services, Women's & Secondary Care services Plans)						
Built on the Strong Foundations of Cluster Plans						

For 2022/25 the expectation is therefore for:

- Commissioning Intentions –programme groups are well placed to shape commissioning intentions (aligned to the focused priorities identified by the Board) –adopting a logic model approach to share with health communities to respond within their planning work;
- The commissioning intentions will incorporate key national delivery framework performance measures and ensure new / emerging issues from LHSW strategy refresh and clinical plan will be considered and prioritised as part of this process;

- Health community implementation plans will be developed: east; centre; west; - shaped and informed by cluster and partnership plans for example RPB, Mid Wales Healthcare Collaborative;
- We will seek to integrate our planning on a pathway basis such that key pathway actions from North Wales regional services that can be disaggregated will be embedded within health community plans, including women's and mental health and learning disabilities as applicable to specific health communities.

*In addition, a number of specific programmes are properly pan BCU. These include:*

- *Prevention and health improvement*
- *Test, Trace and Protect*
- *Covid-19 vaccination*
- *Women's*
- *All age mental health*
- *Planned care recovery, (Including diagnostics and cancer services plans)*
- *Continuing Healthcare*
- *External commissioned services (including specialist services commissioned by WHSST)*
- *Enabling Programme plans, e.g. Research and Innovation, Quality and Safety, workforce, digital, estates,*

Plans will be supported where required by capital and revenue scoping documents / business cases and underpinning activity, financial and workforce profiles. Taken together, these plans will help shape the BCU three year plan for 2022/25 and WG minimum dataset

The table below sets out the current Executive Lead and Programme Leads for existing Programme Groups:

<b>Programme Group (LHSW theme: health improvement, care closer to home, excellent hospital care)</b>	<b>Executive Lead</b>	<b>Clinical Lead(s)</b>
Prevention and Health Improvement (HIRI)	Executive Director of Public Health	N.A.
Test, Trace and Protect	Executive Director of Public Health	N.A.
Covid-19 Vaccination	Executive Director of Nursing & Midwifery	Dr Jim McGuigan
Primary Care (CCTH)	Executive Director of Primary & Community Services	Cluster Leads  Area Medical Directors: Drs Gareth Bowdler, Liz Bowen, and Jim McGuigan

Women's Services (CCTH/EHC)	Executive Director of Public Health	Dr Hemant Maraj
Community Services(including children's, & therapy services plans) (CCTH)	Executive Director of Primary & Community Services	Area Medical Directors: Drs Gareth Bowdler, Liz Bowen, and Jim McGuigan
Planned Care (CCTH/EHC)	Executive Director of Nursing & Midwifery	*
Unscheduled Care (CCTH/EHC)	Executive Director of Nursing & Midwifery	*
Mental Health & Learning Disabilities (CCTH/EHC)	Executive Director of Public Health	Dr Alberto Samoiraghi
Continuing Healthcare (CCTH)	Executive Director of Primary & Community Services	Area Medical Directors: Drs Gareth Bowdler, Liz Bowen, and Jim McGuigan
External commissioned services (including specialist services commissioned by WHSSC) (EHC)	Executive Director of Finance	*

\* The question of clinical leadership in these areas is under active review.

### 3.2. Governance

The established planning workstream, reporting to ET will oversee and steer the planning process working with health community leads to:

- ***develop better understanding of the challenges and opportunities in each area***
- ***enable closer relationships with teams to facilitate the corporate planning processes***
- ***provide constructive advice and planning input alongside health economy leads in developing health economy plans***
- ***facilitate better links across corporate and pan-North Wales initiatives, aiming for consistency and good strategic fit with local priorities***
- ***support closer links with local partners and stakeholders on pan-North Wales initiatives, working with established relationships.***

Planning and delivery will be supported through health community accountability reviews. Separate accountability reviews will be held for certain pan BCU services.

### 4. Outline Timetable

The timetable incorporates two broad phases of work below. Work to develop our IMTP is being aligned with LHSW strategy refresh and work to develop our broader clinical strategy.



In addition, DPH is leading work to complete a five year population health need assessment this year, which should be completed in time to inform the development of cluster, health community, and pan BCU level plans.

#### 4.1. Phase 1 – Establishing Clear Commissioning Intentions for 2022/23

Draw upon the experiences of other organisations and invest in a transformation and quality improvement (QI) approach, embedding Kaizen principles into planning processes.

Refreshed three year ambition and key deliverables for 2022/23 will be developed by end July for agreement by Executive Team and Board

Commissioning intentions will be issued to Health Community Planning leads in August.

### Outcomes for 2021/22 to 2023/24

#### Population outcomes

- ☐ People in North Wales have **improved health and well-being with better prevention and self management.**
- ☐ **Better quality and accessible health and social care services** enabled by digital and supported by engagement.
- ☐ The health and social care **workforce is motivated and sustainable.**
- ☐ **Higher value health and social care system** that has demonstrated rapid improvement and innovation.
- ☐ **Improve health and reduce inequalities.**

#### Organisational outcomes

- ☐ **Service transformation**
- ☐ Progress against **targeted intervention** requirements
- ☐ **Long-term quality service and financial sustainability**



### Updating our 2021/22 priorities for 2022/23

**Achieving the highest standards of patient safety and public service delivery, improve health, reduce inequalities and achieve the best possible outcomes for our citizens.**

- ☐ **COVID-19 response**
- ☐ Strengthen our **population health** focus
- ☐ Recovering access to timely **planned** care pathways
- ☐ Improved **unscheduled** care pathways
- ☐ Integration and improvement of **mental health** services

#### Enabled by

- ☐ **Transformation** for improvement
- ☐ Effective **alignment of our people**
- ☐ Stronger **governance**
- ☐ Making **effective and sustainable use of resources**

*Agile integrated delivery plans*

*Applying learning*



## 4.2. Phase 2 – Delivery Plan Development

Health community plans to be developed in response to identified commissioning intentions above –using a consistent plan template.

The Health Community plans will inform the BCU wide plan.

The work programme templates including the A3 Kaizen approach (attached as Appendix 2) developed in 2021/22 will be adopted and operate at a Health community level to support the development of the plan and tracking its delivery.

Month	Actions
30 June	Co-produce detailed planning timetable for 2022/23 Review and refresh core priorities ensuring alignment with RPB partnership priorities
31 July	Identify clear commissioning intentions / planning templates issued
31 August	Scoping documents (schemes) and programme level/ health community Plans drafted.
30 September	Prioritisation process- (following engagement with leaders in the development of prioritisation).
30 November	Draft plan to SPPH and F&P Committees
30 November	Welsh Government Planning Framework MDS finalised at Health Community and aggregated at a BCU level. (performance, workforce, financial templates)
31 December	Integrated Three Year Plan submitted to Board
31 January	Plan submitted to WG

## 5. Early Issues for Consideration

A number of success criteria have been identified for consideration:

- Gaining greater strategic clarity?
  - Board to set priorities
  - Divisions and services to plan for delivery within that framework
- How do we ensure?
  - Clusters are able to truly shape and influence plans 'bottom up'?
  - Strong alignment with partnership priorities exists?
  - Plans are pathway focused from prevention through to specialist services?
  - Plans are co-produced, responding to the views of patients and our partners?
- Does the 'unit of planning' / suite of plans as proposed make sense?
  - Should the role of programme groups be to identify commissioning intentions for health communities to respond?
  - Should we have both programme level and health community (place based) plans?

## 6. Risks

A number of key risks have been highlighted including:

- *Programme level Planning*
  - *Ensuring programme are well connected into all divisions and vice versa*
  - *Clarity of scope and any potential overlaps*
  - *Programme management strengthened e.g. Planned and USC*
  - *Need strong divisional engagement into each programme –carve out capacity*
- *Recovery workforce constraints*
- *Service transformation*
- *Leadership capacity*

## 7. Recommendations

It is recommended that the Committee reviews this draft paper to support the development of our 2022/25 IMTP, specifically:

- a. Providing feedback around the paper and the early issues for consideration identified and;
- b. Draft planning principles identified in Appendix 1.

## Appendix 1: Planning Principles for 2022/25

The Health Board will develop a three year IMTP for 2022/25, supported by an annual work programme for 2022/23. The planning principles that will underpin all our work are:-

1. Quality, safety and improving outcomes are our top priorities.
2. Everything we do will be in line with our organisational values.
  - Put patients first
  - Working together
  - Value and respect each other
  - Learn and innovate
  - Communicate openly and honestly
3. Plans need to be SMART: Specific, Measurable, Attainable, Realistic, and Timed
4. Our three health communities (East, Central and West) must demonstrate measurable benefits through integration (across primary and secondary care; physical and mental health; and health and social care).
5. A health community comprises primary care clusters, community services, and secondary care across physical and mental health. We are looking for integrated plans both in the sense of different parts of the Health Board working together and also integrating needs based service aspiration with the imperative of service sustainability.
6. We will ensure delivery of our refreshed Living Healthier, Staying Well strategy life course priorities for improving health and reducing health inequalities, care closer to home and excellent hospital care (including supporting frameworks and priorities.)
7. Our plan will reflect the priorities agreed with our statutory, third sector and independent sector partners including how services are co-produced and delivered on an integrated system wide basis to deliver legislation frameworks for health and wellbeing in Wales.
8. We will maximise the benefits of our enabling strategies around workforce, digital and estates to make our system sustainable.
9. We will improve our efficiency over the next three years to peer group benchmarking levels and our financial plans will be based on a robust deficit reduction plan and approaches for resources to follow the patient.
10. All plans must be delivered within delegated budgets and these will reflect the need to reduce our deficit and to internally manage all cost pressures over our allocation.
11. There is no opportunity to 'bid' for additional revenue as part of the planning process. The only route for consideration of schemes outside a delegated budget envelope is through demonstrable benefits realisation and contribution to the overall financial position.
12. Our workforce challenges will be addressed through recruitment approaches and by changing workforce models in line with service need.

**This short business plan can only be used for Business Cases up to a value of \*\*\*\*\***

It is recognised that you will have supporting documentation in addition to this business plan, such as detailed costings, PID, etc. If required, they will be requested but do not need to be routinely supplied with this Short Business Plan. This Short Business Plan should therefore contain a succinct narrative, which must fit within the confines of this 4 page A4 template.

*Complete the blue boxes only*



Completion guideline and tips available on intranet – search “short business plan”

Title:	
Directorate:	
SRO Sponsor:	
Lead Manager:	
Clinical Lead:	

If required, are the following documents available to request:

Project Initiation Document (PID)	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Detailed costings	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Project time-chart e.g. Gantt chart	<input type="checkbox"/> Yes	<input type="checkbox"/> No

For completion by  
Corporate  
Planning Team

Submitted:

QIT Agreement:

Planning Agreement:

Finance Agreement:

1

Outline of opportunity or problem

2

Key Baseline Measures

3

Expected changes in Measures arising from this business case

*Include scale of change and timeframe*

4

**Key risks with Current State** (Safety/Outcome/Regulation/Reputation),  
*including impact on delivery of organisational priorities*

5

**Overall improvement goals of Business Case,**  
*including on service impact*

6

What is 'in scope' and what is 'out of scope'

7

Interdependencies

8

**Requirement** (e.g. People, Pounds, Participation)





<b>Cyfarfod a dyddiad: Meeting and date:</b>	<b>Strategy Partnerships and Population Health Committee 17 June 2021</b>						
<b>Cyhoeddus neu Breifat: Public or Private:</b>	Public						
<b>Teitl yr Adroddiad Report Title:</b>	Civil Contingencies and Business Continuity Progress Report						
<b>Cyfarwyddwr Cyfrifol: Responsible Director:</b>	Mark Wilkinson, Executive director of Planning & Performance						
<b>Awdur yr Adroddiad Report Author:</b>	Emma Binns, Head of Emergency Preparedness and Resilience						
<b>Craffu blaenorol: Prior Scrutiny:</b>	This is a review of the annual work programme overseen by the Civil Contingencies Group.						
<b>Atodiadau Appendices:</b>	Appendix 1 – achievement against work plan. Appendix 2 – Work Plan for 2021/22						
<b>Argymhelliad / Recommendation:</b>							
It is recommended that SPPH Committee:							
<ol style="list-style-type: none"> <li>1. Receive this report and note the positive progress that has been made to enhance organisational resilience in 2020/21.</li> <li>2. Receive and approve the work programme for 2021/22 at appendix 2.</li> </ol>							
<b>Ticiwch fel bo'n briodol / Please tick as appropriate</b>							
<b>Ar gyfer penderfyniad /cymeradwyaeth For Decision/ Approval</b>	<b>X</b>	<b>Ar gyfer Trafodaeth For Discussion</b>	<b>X</b>	<b>Ar gyfer sicrwydd For Assurance</b>	<b>X</b>	<b>Er gwybodaeth For Information</b>	<b>X</b>
<b>Y/N i ddangos a yw dyletswydd Cydraddoldeb/ SED yn berthnasol Y/N to indicate whether the Equality/SED duty is applicable</b>						<b>Y</b>	
Individual plans developed in response to the Civil Contingencies Act (2004) are subject to an EQIA assessment.							
<b>Sefyllfa / Situation:</b>							
<p>This paper reports on the progress made against the key resilience work streams outlined in the 2020/21 work plan which has been informed by:</p> <ul style="list-style-type: none"> <li>• Gaps identified within the NHS EPRR Framework</li> <li>• Recommendations from the Covid19 Debrief of the first wave</li> </ul> <p>The paper reports on the training and exercising programme and details the development of the emergency planning arrangements and plans.</p>							
<b>Cefndir / Background:</b>							
The Health Board currently delivers its resilience programme through the following structures and responsible individuals;							
<u>Lead Responsibility</u>							

- The Director of Planning and Performance holds the **Executive Lead** for resilience and is supported in discharging this function through the Hospital Managing Directors / Hospital Directors, Area Directors and the Director of Mental Health.
- The BCU Resilience team provide resilience expertise that supports the delivery of training, business continuity and co-operation with external partners in matters relating to the wider resilience agenda. The team consists of the Head of Emergency Preparedness and Response and the Business Continuity Manager.

#### North Wales Structure

- The **Local Resilience Forum** and its sub structure is a non-statutory forum for delivering resilience across the whole of the civil responder community in North Wales. It is the primary mechanism for achieving compliance with key duties of the Civil Contingencies Act, including production of a community risk register and strategies to warn and inform our communities.
- The **Civil Contingencies Group** is the Board's internal forum that provides leadership relating to health preparedness as well as coordination of specific aspects of health economy resilience.
- The **Business Continuity Working Group** is the Health Board's internal forum that provides co-ordination and leadership of the business continuity management system and ensuring compliance with the business continuity policy. This group reports directly to the Civil Contingencies Group.

The Health Board contributes to the **Emergency Planning Advisory Group**, a Welsh Government led forum that brings health resilience managers and practitioners together in order to ensure consistency in preparedness, and shared knowledge relating to response. Furthermore, the Board liaises with the NHS England Resilience planning structure and a number of pan Wales specific working groups relating to, for example, mass casualties and the pre-hospital medical response to major incidents.

#### **Asesu a Dadansoddi / Assessment & Analysis**

##### **Goblygiadau Strategol / Strategy Implications**

The work programme incorporates the development of key strategic policies, plans and training requirements to ensure compliance with legislative duties.

##### **Opsiynau a ystyriwyd / Options considered**

Not applicable.

### **Goblygiadau Ariannol / Financial Implications**

No additional financial implications identified.

### **Dadansoddiad Risk / Risk Analysis**

The plan is subject to the full risk analysis with key risks overseen by the Civil Contingencies Group. Identified risks are incorporated within the BCU Risk Register. There are three identified risks, mitigated through the CCG work programme :

Business Continuity arrangements – business continuity progress is reported via the CCG as a standing agenda item. A monitoring report is provided outlining progress including the number of plans drafted, completed and approved.

Mental Health planning arrangements – much progress has been made to mitigate this risk with the mental health team. Business continuity plans have been drafted at an acute and community level. This risk will be de-escalated following completion of divisional training, training dates have been sent to the Mental Health Team and it is hoped that this will be completed by August 2021.

On-call arrangements – there are risks in relation to the suitability of on-call arrangements to manage a major incident which are linked to the wider on-going review of on-call arrangements – it was agreed that this risk should sit with the Chief Operating Officer.

### **Cyfreithiol a Chydymffurfiaeth / Legal and Compliance**

Betsi Cadwaladr University Health Board is categorised within the Civil Contingencies Act (2004) as a “Category 1 Responder” and is therefore required to meet the full legislated duties under the Act. In addition to these legal responsibilities, the Board must also meet the requirements set out within the NHS Wales Emergency Planning Core Guidance (April 2015).

### **Asesiad Effaith / Impact Assessment**

Business Continuity plans are subject to Business Impact Assessments (BIA). Each division completes a business impact analysis based on their critical functions. Mitigations are then put in place to ensure that critical functions are protected. The information within the Business Impact Analysis informs the final departmental/divisional Business Continuity Plans.

## **Appendix 1**

### **Programme of Work for 2020/21**

As a result of the findings of the Emergency Preparedness, Response and Recovery (EPRR) assessment and a review of policies and procedures due for review, the following priority work areas were identified for 2020/21.

Actions taken to date against each of these areas are summarised below. Where actions have not been fully achieved, these have been reviewed and incorporated into the 2021/22 work-plan as appropriate. The 2020/21 work plan was reviewed and approved by SPPH Committee in March 2020 and regular reports have been submitted during the 2020/21 period. The action plan that was developed following the debriefs that were facilitated following the first wave of the pandemic were also incorporated into the work plan. Further supporting information has been included below where appropriate.

<b>PROGRESS RAG</b>	
<b>RAG</b>	<b>Against deadline</b>
<b>Red</b>	Off track, serious risk of, or will not be achieved
<b>Amber</b>	Some risks being managed
<b>Green</b>	On track, no real concerns/continuous programme for example training & exercising
<b>Purple</b>	Achieved

<b>ACTIONS</b>	<b>RAG</b>
<b>GOVERNANCE</b>	
Identify gaps and shortfalls against the Emergency Preparedness, Resilience & Response (EPRR) core standards and update our Civil Contingencies Work Plan developed accordingly.	
Comply with the NHS Wales Emergency Preparedness Checklist.	
Prepare a Civil Contingencies end of year monitoring report.	
Develop a cycle of business for the Civil Contingencies Group.	

<p><b>Carry out a Civil Contingencies Audit for SPPH.</b></p> <p>An audit of EPRR arrangements was performed in October 2020 and it has been further agreed by the Executive Team that an independent review by a subject matter expert will take place. This will commence on 21<sup>st</sup> June 2021.</p>	
<p><b>Internal Audit to carry out BC Audit</b></p> <p>Internal audit have performed an audit of the Information Team suite of plans.</p>	
<p><b>Facilitate Covid-19 debriefs for the Executive Team, Workstreams, HECC, Operational Control Centres and other identified areas.</b></p>	
<p><b>DUTY TO ASSESS THE RISKS WITHIN THE LOCAL COMMUNITY</b></p>	
<p><b>Review the risks and issues identified for a potential second wave of Covid 19.</b></p> <p>The risks were incorporated into the Q3/Q4 plan and the Coronavirus Co-ordination Unit was established to support the overall management and response to Covid.</p>	
<p><b>Review the risks and issues identified in relation to the UK's transition from the European Union.</b></p> <p>An EU Transition group was established over a two year period with representation from key corporate, acute and area teams across the Health Board. The group was chaired by the Assistant Director of Strategy and assessed all possible risks relating to the UK's transition from the EU along with local community risks.</p>	
<p><b>DUTY TO MAINTAIN PLANS</b></p>	
<p><b>Develop arrangements to support the evacuation of the field hospitals.</b></p> <p>An evacuation exercise was held in Ysbyty Enfyys Deeside and a business continuity plan was developed with the support of the Area team.</p>	
<p><b>Develop a plan which supports the health board in the event of a national fuel disruption.</b></p> <p>Baseline work has been completed as part of the EU transition programme of work, however, further work is necessary. This was deferred due to the pandemic and has been added to the 2021/22 work plan.</p>	
<p><b>Review Business Continuity Policy.</b></p> <p>Approved at SPPH meeting in December.</p>	

<b>Review Business Continuity Guidance Document</b>	
<b>Review current Business Impact Analysis and Business Continuity Plan template</b>	
<b>Transfer current Business Continuity Plans to new template.</b> This work is ongoing. The majority of existing plans and all new plans are drafted using the new and improved template.	
<b>Develop Business Impact Analysis and Business Continuity Plans for departments/services identified within the Business Continuity Monitoring Report.</b> <ul style="list-style-type: none"> <li>Existing completed plans currently under review - <b>21</b></li> <li>Completed plans approved at department level – <b>28</b></li> <li>Completed plans awaiting approval at department level - <b>18</b></li> <li>Plans in draft - <b>18</b></li> <li>BIA's completed - <b>23</b></li> <li>Outstanding areas – <b>10</b></li> </ul>	
<b>Continue to develop arrangements to support the management of a mass fatality incident within North Wales.</b> This work is ongoing and requires multi-agency planning and collaboration. The Local Resilience Forum Mass Fatalities Group oversees this work.	
<b>Coordinate the development of the outstanding Health Board Pandemic arrangements including recommendations from the Covid 19 Debrief reports.</b> A Flu Framework document was developed and approved by the Executive Team in November. Further detail is required in relation to Area/Community arrangements. This piece of work has been incorporated into the work plan for 2021/22.	
<b>Review the Health Board Major Emergency Plan.</b> Approved by the Executive Team – November 2020.	
<b>Co-ordinate a full review of site specific Hospital Major Incident Plans.</b> All Hospital Major Incident plans were updated during 2020 and approved by the Civil Contingencies Group.	
<b>Develop plans to support the Health Board during the UK's transition from the European Union.</b> A number of plans were developed to support the UK's transition from the EU and a crisis team was identified (held in abeyance to field queries should this have been necessary.)	
<b>DUTY TO HAVE IN PLACE COMMAND &amp; CONTROL ARRANGEMENTS</b>	

**A debriefing programme was implemented across the COVID-19 Command and Control structures in July 2020. A report containing the recommendations from the debriefs was presented to the Civil Contingencies Group where a number of actions were proposed with the aim of further developing plans and ensuring that robust processes were in place for a second wave.**

**Executive team to raise the profile of the work within the organisation and identify leads to support.**

The Covid Coordination Unit was established to manage the second wave of the pandemic and Executive leads took responsibility for the different workstreams established within the first wave.

**Perform a full review of the existing COVID Command & Control structures as follows:**

- **Operational Control Centre plan to be developed inclusive of clear responsibilities and training requirements for each designated role.**
- **SOP to be developed to support Operational Control Centre Plan.**
- **HECC structure and mobilisation arrangements staffing skillset, roles, responsibilities and rotas.**
- **A HECC Coordination Group to coordinate actions at a tactical level between the HECC and the Work Streams to be included within the structure.**
- **Incorporate revised structures into the Command & Control Framework and ensure this is appropriately disseminated within the organisation.**
- **The decision making protocol developed as part of the Command and Control Framework to be reviewed ensuring clarity at each level of the response.**

A Command & Control Framework was developed by the Resilience Team. This document outlines the overarching health command, control and coordination arrangements which support the primary, community, mental health, learning disability and secondary healthcare response to Covid-19.

The framework defines the response arrangements and the escalation that could take place using standard command and control arrangements in order to meet the statutory duties within the Civil Contingencies Act and our obligations to patients, staff and other stakeholders.

**Divisional and corporate teams to identify a widened pool of staff that can attend relevant training sessions to fulfil roles during an emergency response.**

The Health Board now have a number of additional staff identified to fulfil roles during an emergency response. A tactical advisor role has been introduced to provide advice to the operational and tactical control centres. There are now 120 staff trained to fulfil the loggist role, this is a key role as the loggist is responsible for recording decisions and the rationale for these made during

emergency situations. A tactical control centre was also established to support the second wave of the pandemic with an increased tactical presence at the acute site 7 days a week.	
<b>Identify who at a strategic, tactical and operational level will fulfil roles during a second wave.</b> A tactical control centre was established with nominated tactical leads identified at each of the acute sites.	
<b>An electronic repository to be established for all guidance (similar to that of PHW) that is easily accessible and can be archived in accordance with legislation (Recommendation from the Covid Debrief).</b> Perform a systematic review of how actions and decisions are recorded. Electronic platforms to be explored with support from the Informatics team. The Head of EPRR as the Chair of the NWRF Learning & Development Group has established a task and finish group to look at a multi-agency option. An archivist role within the Health Board has been approved to take these actions forward. Interviews are scheduled for June and incorporated into the 2021/22 workplan.	
<b>DUTY TO COOPERATE WITH CIVIL CONTINGENCIES PARTNERS</b>	
<b>Continue to share information between Category 1 and 2 responders as and when required.</b> The Executive Director of Planning and Performance represents the Health Board at the Local Resilience Forum meeting and the Head of EPRR attends the LRF Coordination Group. There is representation from the Resilience Team, Pathology and Corporate Communications at the LRF sub-groups.	
<b>TRAINING AND EXERCISING</b>	
<b>Provide virtual training to all levels of on-call staff.</b> A number of training sessions were scheduled during the 2020/21 period and all staff on the Bronze, Silver and Gold rota invited to attend the sessions. The response to the pandemic has had an impact on staff's availability to attend and capacity issues have been highlighted as a reason for non-attendance.  There have been 2 Gold Lite sessions delivered in May and December 2020 – 7 members of staff Silver training was scheduled for September 2020 and February 2021, 9 members of the on-call silver team attended the February session.  There were 15 Bronze on Call training sessions scheduled during 2020/21 – some of these were cancelled due to lack of attendance. 22 members of the Bronze on Call team have received training.  Further training has been scheduled for June and July and the uptake is increased dramatically.	



<p>Loggist training was delivered on 7 occasions and 92 members of staff have received training during 2020/21.</p> <p>A training needs analysis has been carried out by the Resilience Team and a training plan has been developed that highlights the training required across the organisation. The training plan will be discussed at the CCG meeting on Thursday 10<sup>th</sup> June 2021 for approval and a meeting will be scheduled with area and acute leads to discuss the implementation of this training plan.</p>	
<p><b>Review and update training register for business continuity training</b></p> <p>Two sessions have been delivered with an excellent uptake. Further sessions have been scheduled for July 2021.</p>	
<p><b>Ensure on-call staff are invited to attend multi agency JESIP (Joint Emergency Services Interoperability Programme) Training.</b></p> <p>Staff must attend the Resilience Team training prior to attending JESIP. Sessions have now been offered to all of those members of staff who have attended the BCU on-call session. These are offered monthly on an ongoing basis.</p>	
<p><b>Facilitate and develop desktop exercises for the acute hospitals.</b></p> <p>The desktop exercises were postponed during 2020/21 due to the response to the pandemic. Dates have been confirmed during June and July for Ysbyty Gwynedd and Ysbyty Glan Clwyd with Wrexham's date to be confirmed.</p>	
<p><b>Facilitate bi-annual communication exercises</b></p> <p>Cascades have been reviewed and switchboard training delivered.</p>	
<p><b>Work with the Local Resilience Forum Learning &amp; Development Group to formalise a schedule of exercising that meets the Health Board's training objectives.</b></p> <p>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.</p> <p>The Head of EPRR also ensures that each exercise that is delivered by NWRF has an element that will test health board colleagues.</p>	
<p><b>Participate in multi-agency LRF exercises.</b></p> <p>There have been a number of exercises delivered during 2021/22:</p> <p>Dual Incident Exercise (May 2020) – a team from the central acute and area were nominated to participate in the exercise.</p> <p>Shelter and Evacuation Exercise (November 2020) – there was representation from the area teams and the Head of EPRR.</p> <p>Mass Fatalities Exercise (January 2020) – representation from Pathology and the Head of EPRR.</p>	
<p><b>Develop an electronic training record on ESR for all staff with a dedicated EPRR role.</b></p>	

## Appendix 2



# CIVIL CONTINGENCIES WORKPLAN 2021/22

### AIM:

To maintain compliance with the Civil Contingencies Act (2004)

The Civil Contingencies Act (2004) sets out 6 legislated duties Category 1 Responders (identified within the Act).

The role of the Resilience Unit is to maintain compliance with these duties.

PROGRESS RAG	
RAG	Against deadline
Red	Off track, serious risk of, or will not be achieved
Amber	Some risks being managed
Green	On track, no real concerns/continuous programme for example training & exercising
Purple	Achieved

ACTION ORIGIN	
	Civil Contingencies workplan
	SPPH
	SPPH Debrief Report

Lead	Actions	Timescale for completion of Action	RAG	Exception Report	Action Origin
<b>Governance</b>					
EB	Identify gaps and shortfalls against the Emergency Preparedness, Resilience & Response (EPRR) core standards and update Civil Contingencies Work Plan developed accordingly.	April 2021			
EB	Comply with the NHS Wales Emergency Preparedness Checklist.	March 2022			
EB	Prepare a Civil Contingencies end of year monitoring report.	March 2022			
EB	Support the external review of existing emergency preparedness arrangements.	June 2021			
ND	Explore solutions to improve current plan repository which will automate review dates for identified leads for BC Plans.	September 2021			
<b><i>Duty to Assess the Risks within the local community:</i></b>					
MW	Review the risks within the updated Community Risk Register as part of the LRF Risk Group.	August 2021			
<b><i>Duty to maintain Plans</i></b>					

EB	Develop a Critical Incident Plan which supports the Health Board management of smaller incidents that do not warrant full major incident implementation but do require incident management.	August 2021			
EB	Review the Covid 19 Command and Control Framework and develop a separate document that aligns with HB Major Incident arrangements.	June 2021			
ND	Develop a plan which supports the Health Board in the event of a national fuel disruption (deferred from 20/21 workplan.	August 2021			
ND	Transfer current Business Continuity Plans to new template.	July 2021			
ND	Develop Business Impact Analysis and Business Continuity Plans for departments/services identified within the Business Continuity Monitoring Report.	March 2022			
ND/EB	Review existing Business Continuity Plans and ensure that core functions are updated to reflect the fundamental changes in service delivery post Covid.	December 2021			
EB/PH	Continue to develop arrangements to support the management of a mass fatality incident within North Wales.	June 2021			
EB/TO/AM	Coordinate the development of the outstanding Health Board Pandemic arrangements including recommendations from the Covid 19 Debrief reports.				

	Develop an influenza pandemic plan for primary care and community services aligned to the current secondary care influenza pandemic plan				
EB/MA/E C/GF/AL	Co-ordinate a full review of the incident management structures within acute Hospital Control Centres.	June 2021			
<b><i>Duty to have in place command and control arrangements.</i></b>					
EB	Coordinate and deliver training sessions for staff identified to fulfil roles during an emergency response:  Loggist  Tactical Advisor	30/11/2021			
SB	An electronic repository to be established for all guidance (similar to that of PHW) that is easily accessible and can be archived in accordance with legislation – the Archivist to support this – interviews taking place June 2021.				
EB	Work with multi agency partners within the NWRF Learning & Development Group to develop a training package for the electronic recording of decisions within Resilience Direct.				
<b><i>Duty to cooperate with our civil contingencies partners:</i></b>					

EB	Co-operate with the Local Resilience Forum and its substructures by regular attendance at NWRF meetings, training sessions and exercises.	March 2022			
<b><i>Duty to share information:</i></b>					
EB	Continue to share information between Category 1 and 2 responders as and when required.	March 2022			
<b><i>Training &amp; Exercising</i></b>					
EB	Provide virtual training to all levels of on-call staff – ongoing training schedule is being delivered to Bronze and Silver.	March 2022			
EB	Identify training requirements for members of staff with action cards within major incident plans.	September 2021			
EB	Ensure on-call staff are invited to attend multi agency JESIP (Joint Emergency Services Interoperability Programme) Training.	March 2023			
EB	Facilitate and develop desktop exercises for the acute hospitals.	March 2022			

	East – to be confirmed West – June Central – July				
EB	Facilitate bi-annual communication exercises	April 2021 September 2022 March 2022			
EB/ND	Deliver Business Continuity Leads Training	March 2022			
EB	Work with the Local Resilience Forum Learning & Development Group to formalise a schedule of exercising that meets the Health Board's training objectives.	March 2022			
ALL	Participate in multi-agency LRF exercises.	March 2022			



<b>Cyfarfod a dyddiad:</b> <b>Meeting and date:</b>	<b>Strategy, Partnerships and Population Health</b> <b>17 June 2021</b>						
<b>Cyhoeddus neu Breifat:</b> <b>Public or Private:</b>	Public						
<b>Teitl yr Adroddiad</b> <b>Report Title:</b>	Living Healthier, Staying Well – strategy refresh						
<b>Cyfarwyddwr Cyfrifol:</b> <b>Responsible Director:</b>	Mark Wilkinson Executive Director of Planning & Performance						
<b>Awdur yr Adroddiad</b> <b>Report Author:</b>	Sally Baxter Assistant Director – Health Strategy						
<b>Craffu blaenorol:</b> <b>Prior Scrutiny:</b>	Outline proposals for refresh of the strategy have been considered by the Board in private session						
<b>Atodiadau</b> <b>Appendices:</b>	Appendix 1 – slide set						
<b>Argymhelliad / Recommendation:</b>							
The Committee are asked to receive the update on proposals to refresh the Living Healthier, Staying Well strategy; note the timeline; and offer any comments to help shape the process							
<b>Ticiwch fel bo'n briodol / Please tick as appropriate</b>							
<b>Ar gyfer penderfyniad /cymeradwyaeth</b> <b>For Decision/ Approval</b>		<b>Ar gyfer Trafodaeth</b> <b>For Discussion</b>	X	<b>Ar gyfer sicrwydd</b> <b>For Assurance</b>		<b>Er gwybodaeth</b> <b>For Information</b>	
<b>Y/N i ddangos a yw dyletswydd Cydraddoldeb/ SED yn berthnasol</b> <b>Y/N to indicate whether the Equality/SED duty is applicable</b>						N	
The strategy was initially developed with a full Equality Impact Assessment. Health inequalities, equality and human rights considerations were embedded in the strategy. Revised impact assessments will be undertaken for the refreshed strategy document when produced, building on the feedback gained during engagement.							
<b>Sefyllfa / Situation:</b>							
<p>The <b>Living Healthier, Staying Well</b> 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 <b>A Healthier Wales</b> has 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.</p> <p>The refresh of the strategy will inform the development of an integrated three year plan and will provide the framework for the development of the Health Board's clinical services plan.</p> <p>We propose to undertake an engagement exercise with patients, partners, staff and public to test whether the priorities and principles set out in <b>Living Healthier, Staying Well</b> are still relevant, and what else we need to address. To support this there will be a short discussion paper highlighting the original principles and priorities of the strategy. This will reference <b>A Healthier Wales</b> and also the impact of Covid-19 on health and well-being.</p>							



We will ask questions that focus on the following main themes:

- Are the health & well-being goals still the right ones to pursue?
- What new priorities do we need to include in light of the changed context?
- Reflections on the main themes – are the priorities and principles still relevant?

The discussion paper will be shared with people and groups who engaged with us on the development of the original strategy, key stakeholders and partners, seldom heard groups. Staff engagement will be undertaken through the **Stronger Together** programme.

The proposal is for the analysis of the feedback to be brought to the Board in September 2021 and the refreshed strategy in November 2021.

### **Cefndir / Background:**

The Health Board is required to ensure there is a clear organisational strategy and a supporting clinical services plan as part of the NHS planning framework. These are also requirements under the Targeted Intervention framework.

The initial strategy was developed following a period of extensive engagement in which a wide range of individuals, patients and carers, staff and stakeholders were involved in co-designing the programmes which make up the strategy, and the final overarching strategy itself.

### **Asesu a Dadansoddi / Assessment & Analysis**

#### **Goblygiadau Strategol / Strategy Implications**

The initial strategy set out the Health Board's well-being goals as required under the Well-being of Future Generations Act. There is opportunity to update these goals to reflect the changed environment and better align the strategic objectives of the Health Board to the Act.

The refresh of the strategy will support the development of the integrated three year plan and the clinical services plan as described above. The refreshed strategy will need to reflect more closely the quadruple aim, design principles and transformation objectives identified in **A Healthier Wales**, which was published in 2019.

Staff engagement on the strategy will be linked into the "discovery" phase of Stronger Together, the strategic organisation and system development route map for the Health Board.

There will need to be close links also with partnership priorities, including those of the Regional Partnership Board and the Public Services Boards.

### **Opsiynau a ystyriwyd / Options considered**

The potential to undertake a desktop exercise to review and refresh the strategy was not considered viable. The principles of co-design and co-production must be embedded in the refresh so we can listen and respond to the experiences and views of people, their families and carers, staff and partner organisations.

### **Goblygiadau Ariannol / Financial Implications**

Financial implications of the refresh process will be minimal, linked to preparation of materials, staff time for engagement, and any associated costs.

### **Dadansoddiad Risk / Risk Analysis**

There is a risk that the strategy refresh process could conflict with other engagement activities within the Health Board or those of partner agencies. Work is underway to minimise duplication or overlap with internal programmes and specifically with Stronger Together. Early discussion with partners will be held to seek to reduce the risk of conflict with partnership work.

### **Cyfreithiol a Chydymffurfiaeth / Legal and Compliance**

Statutory duties in respect of engagement and potential consultation, including equality duties, will be addressed through the refresh exercise.

### **Asesiad Effaith / Impact Assessment**

Impact assessment will be undertaken as the refreshed strategy is developed. There was a strong focus on equality and human rights considerations in the development of the initial strategy and we will test with stakeholders what we need to do to ensure this is sufficiently embedded in what we do, and what we need to strengthen in view of the implementation of the socio-economic duty and the impact of Covid-19 on existing and new inequalities.

# Living Healthier, Staying Well

Strategy refresh



**Byw'n iach** | **Living Healthier**  
**Aros yn iach** | **Staying Well**



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# Why we need a refresh

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The LHSW strategy refresh will enable us to :

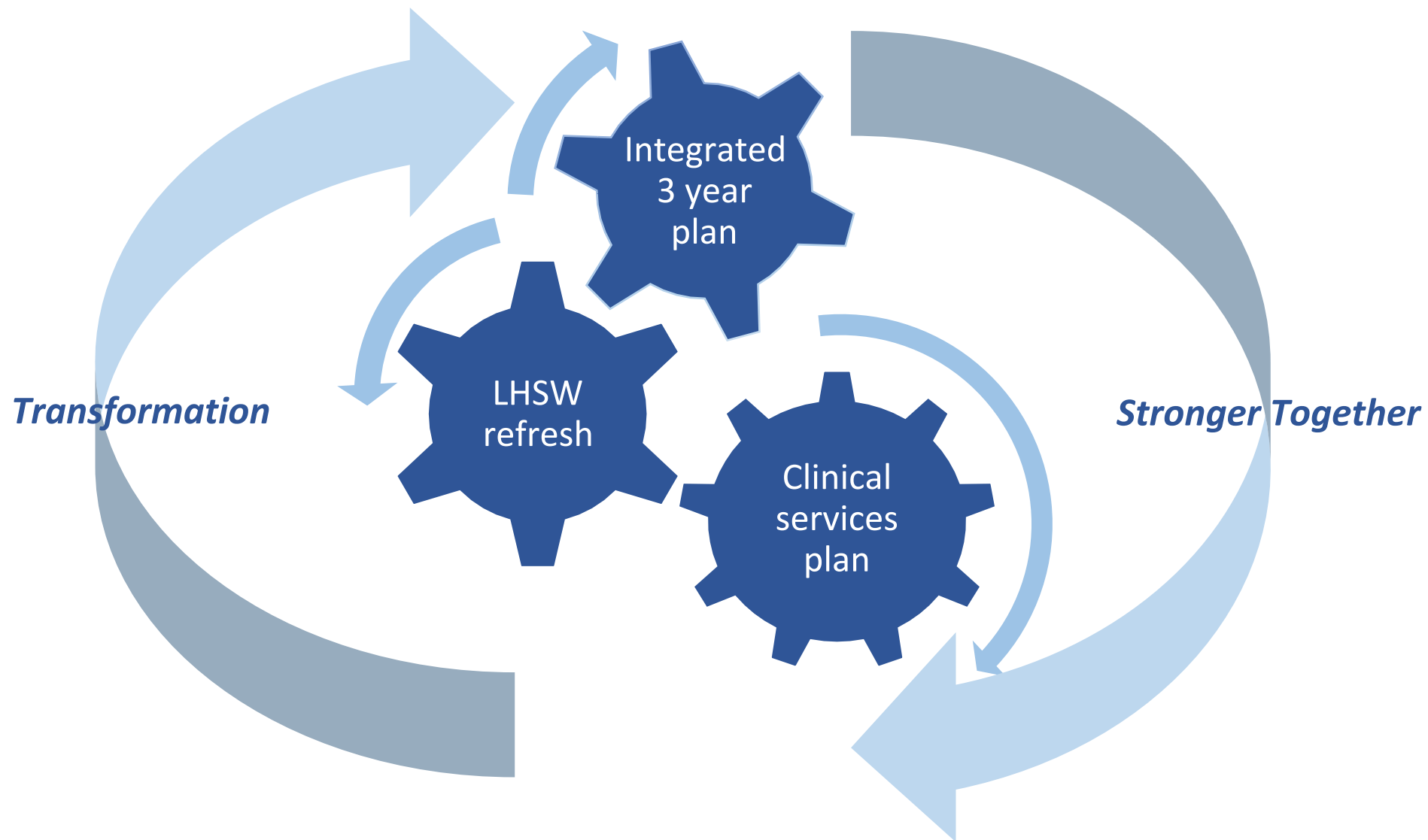
- Check in with our staff, patients, partners and public whether the principles are still valid
- Review our strategic priorities to ensure they are consistent with “A Healthier Wales”
- Address those elements of LHSW that proved challenging to implement e.g. an integrated system wide approach to healthcare and integrated care pathways
- Test the strategy is still relevant in the changed environment
- Provide the framework for development of a Clinical Services Plan



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# How this fits together.....



Strategy content

# Our goals for the future

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- In Living Healthier, Staying Well we described our long-term objectives for health and well-being.
- Improve physical, emotional and mental health and well-being for all
- Target our resources to people who have the greatest needs and reduce inequalities
- 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

# What has changed that will influence the LHSW refresh?

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- In Healthier Wales – this had just been published as we developed LHSW.
- Strengthened partnership working
- Covid recovery and re-set e.g.
  - opportunities such as growth of digital care, home-based care
  - long term impact – including long Covid
  - access to primary care
  - increasing mental health referrals and impact on well-being
  - children's health and well-being
  - development of diagnostic and treatment capacity to begin to address backlog
  - the impact of Covid-19 on existing health inequalities and the socio-economic impact
- Our Digital strategy
- Greater emphasis on the Health Board's social responsibility role, socio-economic duties

***Do we need to include these areas as priorities in the refreshed strategy?***



# LHSW themes

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The strategy described three main themes:

- **Improving health improvement and reducing inequalities**
- **Care closer to home**
- **More serious health needs (acute care)**

*In addition, there were three supporting areas which were linked to the overarching themes*

- **Mental health and well-being**
- **Children and young people**
- **Healthy Ageing**

# Theme 1:

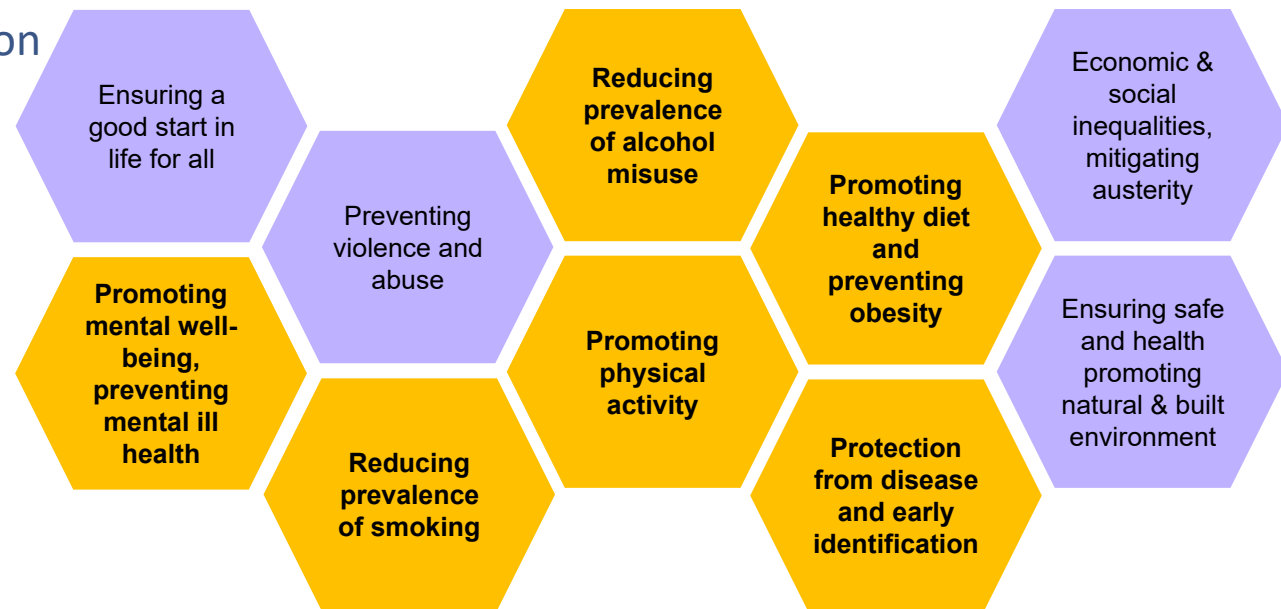
## Improving health and reducing health inequalities

We said in the first years of the strategy we would focus on helping people make healthy lifestyle changes.

We have developed initiatives to support e.g.

- healthy eating and lifestyle
- mental health and well-being
- suicide prevention
- alcohol and smoking cessation
- food poverty.
- There are also now innovative community support hubs being developed under the Protect programme.

***Is this given sufficient priority to develop at the scale and depth we need?***



## Theme 2: Care Closer to Home

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We identified six main areas:



Work has continued to develop initiatives in all areas., e.g.

- the Primary Care Academy is developing
- Social prescribing has extended across North Wales.
- Clusters have developed services to support mental health and well-being and to utilise advanced practitioners and pharmacists in support of the team.
- Health and well-being centres such as Dolgellau hospital have been developed, along with major proposals such as the Royal Alexandra Hospital replacement.
- Community Resource Teams are being developed as the delivery model for integrated health and social care. The Home First Bureaux are building on work to support care out of hospital.

The transformation fund programme has supported significant improvements.

***Are we still committed to the main areas identified?***  
***Are we too reliant on short term funding?***

## Theme 3:

### Care when your health needs are more serious

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- We said we wanted hospital care to be the best care possible. We made a commitment to sustain the three main hospitals:  
Ysbyty Gwynedd, Bangor; Ysbyty Glan Clwyd, Bodelwyddan; and Wrexham Maelor Hospital
- We said we would seek to widen the range of specialist care provided in North Wales
- we wanted to make changes to improve outcomes, including:
  - more alternatives so that people need to use hospital care less
  - early diagnosis and treatment
  - safe and high quality care
  - easier access to hospital care
  - the right care, at the right time, from the right person

Waiting times have deteriorated during the pandemic. We have made many improvements, but we have not completed all the commitments in Living Healthier, Staying Well (such as for orthopaedics and urology.)

We are considering Diagnostic and Treatment Centres which will increase capacity.

***Are the main principles underpinning acute care still valid?***

## Questions to consider

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- Are the health & well-being goals still the right ones to pursue?
- What new priorities do we need to include in light of the changed context?
- Reflections on the main themes – are the priorities and principles still relevant?

Engagement proposals

# Developing the engagement plan

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- Co-design the engagement plan  
*test with partners and key stakeholders – who, how, sharing engagement opportunities*
- Digital engagement  
*building on web-based platforms and social media – but making sure we can hear the views of people who don't have access to digital routes*
- Reaching groups whose voice is seldom heard  
*Additional emphasis needed on groups of people who are seldom heard – through leaders and communities of interest*
- Design of materials and questions  
*Use of a discussion document which simply summarises where we are, current challenges, and seeks views on both experiences during the pandemic and the way forward*
- Fulfil statutory duties including the [NHS Wales Engagement and Consultation Guidance](#)

# What matters to you

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You said, we did...”

We need to ensure that we build on what people have told us about what matters to them.

- Over recent years we have asked a lot of people to contribute their views and to support co-design through engagement and service reviews.
- We will reflect some of the key messages in the engagement piece.
- Key sources include:
  - LHSW original engagement
  - engagement team work including recent Covid conversations
  - patient experience feedback
- Community Health Council surveys and feedback



# Who do we need to engage with

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- Patients, carers, members of the public – including patient Forums such as Caniad and the Cancer Patient Network
- Health Board advisory committees – SRG, HPF, LPF
- Primary care sector
- Third sector, community groups, independent sector
- Partner organisations and partnerships (RPB, PSBs, others)
- Changing context – we need to engage more with community interest companies and businesses
- Other key stakeholders e.g. CHC, MSs / MPs, Local Government Elected Members
- Equality stakeholder forums
- Cross-border areas – Mid Wales, north Powys and NW England
- BCU HB staff at all levels, and professional bodies: *it has been agreed to align engagement with staff with the Stronger Together programme Discovery Phase*

# Engagement toolkit

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- A simple summary document that summarises LHSW and progress; identifies the current challenges in brief; and seeks experiences and views
- Resources to be made available online
  - the summary document and questions, including in different formats
  - social media coverage
  - other tools such as Padlet with key resources
- The 4<sup>th</sup> BCU HB stakeholder survey of relationships with key stakeholders will build in additional questions to support the refresh of the strategy
- Staff engagement through **Stronger Together** will seek staff contributions to the strategy refresh process

Next steps & timeline

## Next steps - engagement

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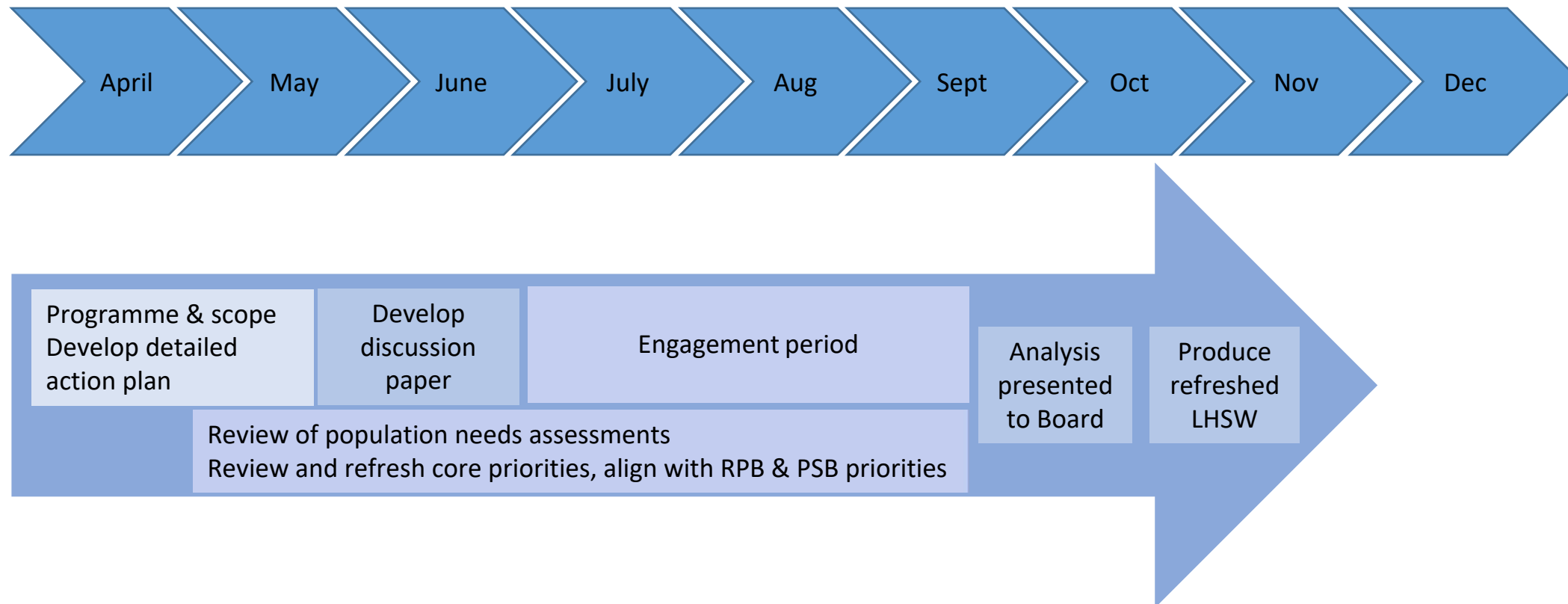
- We will commence engagement on the refresh of the strategy from June onwards
- We want to ask the following main questions, taking into account the direction set out in **A Healthier Wales** and the impact of Covid-19:
  - \* *Are the health & well-being goals still the right ones to pursue?*
  - \* *What new priorities do we need to include in light of the changed context?*
  - \* *Reflections on the main themes – are the priorities and principles still relevant?*
- 4<sup>th</sup> Health Board stakeholder consultation is commencing June
- Early opportunities for discussion through Health Board advisory committees, equality stakeholder group, partnership forums
- Discussion document is in draft and will be finalised for sharing by end of June
- Padlet and other online resources to be developed alongside this to support engagement with community groups



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# Milestones



- Analysis of the engagement exercise to be presented to Board in September
- Strategy refresh to be presented to Board in November



<b>Cyfarfod a dyddiad: Meeting and date:</b>	<b>Strategy, Partnerships and Population Health Committee</b>						
<b>Cyhoeddus neu Breifat: Public or Private:</b>	<i>Public</i>						
<b>Teitl yr Adroddiad Report Title:</b>	'Together for Mental Health' Strategy Update						
<b>Cyfarwyddwr Cyfrifol: Responsible Director:</b>	Teresa Owen, Executive Director of Public Health						
<b>Awdur yr Adroddiad Report Author:</b>	Amanda Lonsdale, Interim Deputy Director, MH&LD Division Iain Wilkie, Interim Divisional Director, MH&LD Division						
<b>Craffu blaenorol: Prior Scrutiny:</b>	MH &LD Divisional Senior Leadership Team						
<b>Atodiadau Appendices:</b>	<i>Appendix 1 TORs</i> <i>Appendix 2 Workshop Outcome Report.</i>						
<b>Argymhelliaid / Recommendation:</b>							
For committee members to note:							
<ol style="list-style-type: none"> <li>1) The intention to review and update the Terms of Reference of the Together for Mental Health Partnership Board</li> <li>2) The proposed refresh of the current Together for Mental Health Strategy (2017).</li> </ol>							
Please tick as appropriate							
<b>Ar gyfer penderfyniad /cymeradwyaeth For Decision/ Approval</b>		<b>Ar gyfer Trafodaeth For Discussion</b>		<b>Ar gyfer sicrwydd For Assurance</b>	<b>x</b>	<b>Er gwybodaeth For Information</b>	<b>x</b>
<b>Sefyllfa / Situation:</b>							
<p>The Together for Mental Health in North Wales Strategy was co-produced in 2017 in response to the national strategy for mental health: 'Together for Mental Health' (2012).</p> <p>The North Wales Together for Mental Health Partnership Board was commissioned to oversee and hold to account the delivery of the local strategy. The current terms of reference of the Together for Mental Health Partnership Board can be found as Appendix 1.</p> <p>The Health Board is required to submit an update to Welsh Government on the Together for Mental Health Delivery Plan at 6 monthly intervals.</p> <p>During the Covid-19 pandemic, meetings of the Together for Mental Health Partnership Board (TMHPB) were paused to ensure resources were prioritised in supporting the delivery of safe and effective services.</p> <p>In September 2021, a workshop of members of TMHPB was held to gauge views on the effectiveness of the work of the TMHPB to date and agree next steps. The outcome report from the workshop can be found as Appendix 2.</p>							

The North Wales TMHPB reconvened in February 2021 and it was agreed that it was timely to refresh the current Together for Mental Health Strategy and to also review the terms of reference and membership of the TMHPB.

### **Cefndir / Background:**

All mental health services in Wales have been working to implement the national strategy for mental health: 'Together for Mental Health' (2012). This national strategy identified 6 high level outcomes:

- The mental health and wellbeing of the whole population is improved.
- The impact of mental health problems and/or mental illness on individuals of all ages, their families and carers, communities and the economy more widely, is better recognised and reduced.
- Inequalities, stigma and discrimination suffered by people experiencing mental health problems and mental illness are reduced.
- Individuals have a better experience of the support and treatment they receive and have an increased feeling of input and control over related decisions.
- Access to, and the quality of preventative measures, early intervention and treatment services is improved and more people recover as a result.
- The values, attitudes and skills of those treating or supporting individuals of all ages with mental health problems or mental illness.

In response, the North Wales Together for Mental Health Strategy (2017) set out to promote the mental health and wellbeing of the population and to ensure that people with emotional/social crisis and mental illness receive the support they need when they need it.

The strategy committed us to adopting six key principles in everything we do:

- We will treat people who use our services, and their carers and families as equal partners – all of us must be seen as essential assets in improving the mental health and wellbeing of the communities of North Wales
- We will ensure everything we do is as integrated as possible – across disciplines, across agencies, across services – in both planning services, and delivering services. Fragmented care must be replaced by joined-up and continuous care.
- We will work to ensure everyone feels valued and respected
- We will support and promote the best quality of life for everyone living with mental health problems
- We will promote local innovation and local evaluation in how we provide services
- We will continually measure our impact on outcomes, within both national and local quality and outcomes frameworks – whether we have improved the lives of people for and with whom we provide services

The strategy was prepared in close consultation with our partners in North Wales, and in particular listening closely to the experiences of people that had received services.

As noted above, the Together for Mental Health Strategy in North Wales was produced in 2017 and it is now considered timely to undertake a refresh of the document, especially in light of the potential impact the Covid-19 pandemic is having on the mental health and wellbeing of the population. It is also worth noting that the national Together for Mental Health Strategy (2012) is due to be refreshed in 2022, so it is deemed timely for us to locally undertake a review of our current position.

A task group has been set up to review the current terms of reference of the TMHPB. This group has also considered the actions required to undertake a refresh of the Together for Mental Health Strategy. The proposed reviewed terms of reference and the strategy refresh proposal will be presented to the North Wales TMHPB on 9<sup>th</sup> July 2021.

A refreshed Together for Mental Health in North Wales Strategy will need to take into account the findings of the population needs assessment reports. An EQIA will also be required to support the strategy refresh.

## **Asesiad / Assessment & Analysis**

### **Strategy Implications**

The Government strategy 'Taking Wales Forward (2016-2021)'<sup>i</sup> identifies mental health in its priorities, particular emphasising the need to:

- Prioritise mental health treatment, support, prevention and de-escalation, including a pilot Social Prescription scheme and increase access to talking therapies.
- Work with schools, employers and other partners to improve well-being and promote better emotional health
- Work to ensure that mental health discrimination is ended.
- Take further action to make Wales a dementia friendly country through developing and implementing a new national dementia plan.

The T4MH Programme supports Betsi Cadwaladr University Health Board's overall strategy for health and wellbeing, "Living Healthier, Staying Well". This overarching strategy sets out the vision for the Health Board and reshapes the approach to promoting good health and wellbeing; physical, mental and emotional.

### **Financial Implications**

n/a

### **Risk Analysis**

Timing of the available findings of the population needs assessment to inform the refresh of the Together for Mental Health Strategy. Available data via Public Health Wales is available to support the refresh of the Strategy.

### **Legal and Compliance**

Reporting will remain through the Together for Mental Health Partnership Board.

### **Impact Assessment**

A refreshed EQIA will be undertaken to support the refreshed Together for Mental Health Strategy.

<sup>i</sup> <https://gov.wales/sites/default/files/publications/2017-08/taking-wales-forward.pdf>



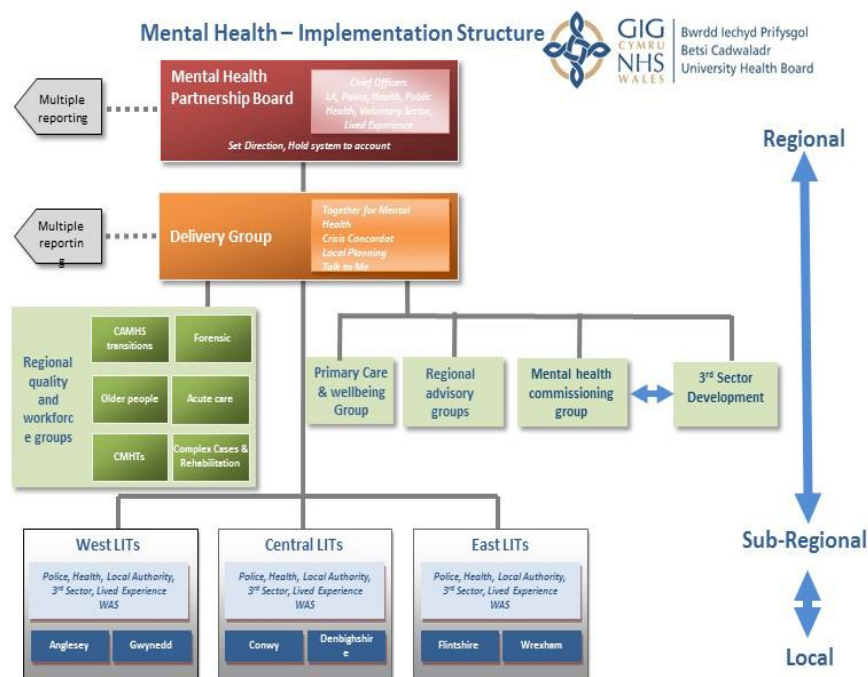
## North Wales Mental Health Partnership Board

### Terms of Reference

<b>Purpose:</b>	<p>We want to task the North Wales Mental Health Partnership Board (NW MH PB) to oversee the delivery and implementation of the new strategy <i>Together for Mental Health in North Wales (2017)</i> in a timely way.</p> <p>We want the NW MH PB;</p> <ul style="list-style-type: none"> <li>• To promote effective partnership collaboration in order to implement the strategic direction as set out in the North Wales strategy.</li> <li>• To promote the sharing of good practice, new innovation and research, locally, nationally and internationally.</li> <li>• To support the variation in standards of service delivery across all localities</li> <li>• To improve the communication regarding services, service developments, legislation and people's rights.</li> <li>• To proactively promote collaboration with the 3<sup>rd</sup>, Voluntary and Faith sector</li> <li>• To have links with all relevant committees</li> <li>• To ensure that the focus is improving outcomes for all people of all ages</li> <li>• To ensure evaluation is a key component of all work undertaken</li> <li>• To promote the principles of prevention, early intervention and well-being</li> <li>• To drive the commitment to integration, single assessment and appropriate information sharing</li> <li>• To make the principles of Prudent Healthcare happen</li> <li>• To ensure implementation of the strategy happens.</li> </ul> <p>We want the Board to have an oversight of all mental health services supporting the aspiration to deliver integrated, locally focused services that have co-production at the heart of them.</p>
<b>Principles:</b>	<p>We expect the Partnership Board to promote and work to the principles and values set out in the <i>Together for Mental Health in North Wales</i> strategy, which were developed with people with lived experience.</p> <p>We want to see the following six key principles reflected in everything we do:</p> <ul style="list-style-type: none"> <li>• We will treat people who use our services, and their carers and families as equal partners – all of us must</li> </ul>

	<p>be seen as an essential voice in improving the mental health and wellbeing of the communities of North Wales</p> <ul style="list-style-type: none"> <li>• We will ensure everything we do is as integrated as possible – across disciplines, across agencies, across services – in both planning services, and delivering services. Fragmented care must be replaced by joined-up and continuous care.</li> <li>• We will work to ensure <b>everyone</b> feels valued, respected and heard</li> <li>• We will support and promote the best quality of life for everyone living with mental health problems</li> <li>• We will promote local innovation and local evaluation in how we provide services</li> <li>• We will continually measure our impact on outcomes, within both national and local quality and outcomes frameworks – whether we have improved the lives of people for and with whom we provide services</li> </ul>
<b>Values:</b>	<p>We want a committed to embed the following values in all services and pathways:</p> <ul style="list-style-type: none"> <li>• <b>We will respect each other and be compassionate</b></li> <li>• <b>We will listen, encourage and involve you</b></li> <li>• <b>We will be creative and innovate</b></li> <li>• <b>We will work with you in partnership</b></li> </ul>
<b>Roles and Responsibilities</b>	<p>We want the NW MH PB to provide strategic leadership, influence and support to ensure the successful delivery of the Strategy and its Delivery Plan across North Wales.</p> <p>We want it to:</p> <ol style="list-style-type: none"> <li>1. Oversee the implementation of Together for Mental Health in North Wales and its Delivery Plan.</li> <li>2. Advise the National Programme Board on progress and emerging issues.</li> <li>3. Have effective links with other Boards and committees.</li> <li>4. Ensure that implementation is based on a human rights approach, advancing equality and tackling inequalities, and that there is a well-being for life approach.</li> </ol>

	<ol style="list-style-type: none"> <li>5. Oversee and hold to account the work of the Mental Health Delivery Group, agreeing priorities for action and reviewing progress.</li> <li>6. Produce an annual progress report for submission to the National Programme Board on implementation of the Delivery Plan priorities for the North Wales region.</li> <li>7. Ensure that the Delivery Group and associated implementation structure are effective and deliver the strategic objectives.</li> <li>8. Ensure that there is transparency around the performance management reporting against the implementation of agreed actions, and the associated risks to delivery, and of any mitigation taken.</li> <li>9. Ensure that the accountability and scrutiny processes for delivery of the actions do not duplicate the existing processes at a local level but enhance and support them.</li> <li>10. Capture, celebrate and share positive practice and learning to spread innovation around all aspects of mental health including interventions to improve mental wellbeing and support those with established mental health conditions.</li> <li>11. Capture people's experiences positive and negative and demonstrate the learning from this and how this is then shared.</li> <li>12. Develop an effective communication and co-ordination plan so that the work across the system is well known.</li> </ol>
<b>Implementation structure</b>	In North Wales the implementation of the strategy will be taken forward through the following structure:



For this implementation structure to be effective, there will be a clear scheme of delegation both within and across agencies.

#### Reporting and Accountability

The NW MH PB is accountable to the National Partnership Board and will report on progress annually in line with the national strategy and delivery plan.

	<p>All relevant statutory and partnership organisations and providers from other sectors will report through their existing governance mechanisms.</p> <p>As delegated authority remains with partnership organisations, members of the Board must be able to speak on behalf of the organisation or constituency they represent, and will be responsible for taking up NW MH PB business within their organisation or constituency.</p>
<b>Membership</b>	<p>Membership of the NWMHP Board is set out below:</p> <ul style="list-style-type: none"> <li>- Vice Chair of the Health Board</li> <li>- Executive Director of Therapies &amp; Health Sciences, BCUHB</li> <li>- Executive Director of Nursing &amp; Midwifery, BCUHB</li> <li>- Executive Medical Director, BCUHB</li> <li>- Executive Director of Public Health, BCUHB</li> <li>- Chief Operating Officer, BCUHB</li> <li>- Area Director – Central, BCUHB</li> <li>- Area Director – West, BCUHB</li> <li>- Area Director – East, BCUHB</li> <li>- Director of Finance, BCUHB</li> <li>- Director of Mental Health &amp; Learning Disabilities</li> <li>- Consultant, Child and Adolescent Psychiatry, BCUHB</li> <li>- Welsh Ambulance Service Trust</li> <li>- North Wales Police</li> <li>- Police &amp; Crime Commissioner</li> <li>- HM Court Service</li> <li>- North Wales Fire &amp; Rescue</li> <li>- Regional Partnership Board (Part 9 Chair)</li> <li>- Caniad</li> <li>- X2 Service User representatives</li> </ul>

	<ul style="list-style-type: none"> <li>- X2 Carer representatives</li> <li>- Conwy County Council, Strategic Director</li> <li>- Denbighshire County Council, Corporate Director</li> <li>- Wrexham County Council, Corporate Director</li> <li>- Gwynedd County Council, Corporate Director</li> <li>- Ynys Mon County Council, Corporate Director</li> <li>- Flintshire County Council, Chief Officer</li> </ul> <p>Membership will be reviewed annually to ensure that it reflects the views of those relevant to shape and influence the priorities of that forthcoming year.</p> <p>To ensure continuity, deputies will only be allowed to attend meetings in exceptional circumstances.</p> <p>The Health Board will Chair the NWMHP Board in the first instance and a vice-chair will be appointed from Local Authority or Third Sector representatives.</p> <p>To encourage collaborative working and system ownership the Chair will rotate on an annual basis, and may be from the Health Board, a Local Authority or Third Sector. At any one time the Chair of the NWMHP Board and the Delivery Group will not be from the same organisation (or sector) ensuring a blend of health, local authority and third sector chairing the NWMHP and the Delivery Group, thus representing the commitment to partnership working.</p>
<b>Confidentiality and Conflicts of Interest:</b>	Members will be expected to notify the Chair when there is a potential conflict of interest relating to a specific item on the agenda.
<b>Secretariat:</b>	<p>The Health Board will act as secretariat for the partnership.</p> <p>The secretariat will:</p>

	<ul style="list-style-type: none"> <li>• Prepare a forward plan of meetings, agenda items and reporting</li> <li>• Prepare and distribute agenda, minutes and briefing papers</li> <li>• Co-ordinate liaison between any working groups and other stakeholders</li> <li>• Support the preparation of briefings, reports and correspondence.</li> </ul>
<b>Frequency of meetings:</b>	The NWMHPB will meet bi-monthly. Additional workshop sessions may take place to allow focussed debate on key issues.
<b>Quorum:</b>	The Partnership Board will require one third of members (i.e. nine members) to be quorate and the attendance of the Chair or vice chair.
<b>Review</b>	These arrangements will be subject to review after 1 year and 3 years thereafter

# North Wales Together for Mental Health Board Review and Planning Meeting 10 September 2020

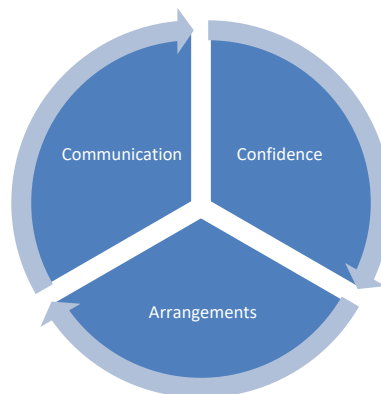
## 1 Introduction

Partners in North Wales have a strong track-record of working together to improve mental health support for the population of the region, most recently through the Together for Mental Health (T4MH) Transformation Programme supported by the Welsh Government as part of the national 'A Healthier Wales' initiative.

This partnership has been challenged in particular during the lockdown phase of the response to Covid-19, as different services have tried to respond to new situations, big changes in demand and major disruptions to capacity and resources. As partners begin to move towards the next phase in the response to the pandemic, and to think about longer-term partnership priorities and arrangements, the T4MH Board undertook a short review and forward planning exercise on 10 September 2020. It was facilitated by Keith Moultrie from The Institute of Public Care (IPC) at Oxford Brookes University who prepared these notes.

## 2 Reflections on the last period

In the first part of the meeting colleagues reflected on the challenges to partnership working in the last period. Experience varied, and it was recognised that leaders, managers and professionals had always tried, and in many cases had succeeded, to deliver effective services and to secure good outcomes for patients, service users and carers. However, it was also recognised that effective partnership working has been compromised, and that this has manifested in challenges in three areas:



Specific themes included:

- Board meetings have tended over time to be flat, non-decisional information-sharing activities with presentations but no follow-up.
- More widely partners have not functioned as a collaborative partnership – services have been developing in parallel and this has had an impact on working arrangements in the last few months when, for example, important changes to services and arrangements have not been well co-ordinated.



- Partners have not made as much progress as needed on developing new operating models and moving the culture of mental health services towards a more equal partnership with patients and service users.
- At an inter-personal level between leaders, confidence in each other has become low over time, leading to defensive, strained meetings and caricatured interactions.
- More formally it appears that the T4MH Board is 'floating' in the partnership structures, and how it relates to the rest of the regional arrangements is not clear. Membership is not as fully representative of the range of partners involved as it should be.
- Unlike most other Boards in n Wales and elsewhere there is no partnership executive function with shared responsibility for responding to recommendations made from the T4 MH Board.
- LITs are very different in different areas and it is not clear how they relate to the Board.
- Leadership capacity has been compromised in the Division and this has put heavy pressure on those in post, and made it difficult to put sufficient energy into building strong partnerships.
- Longer-term plans including the 2017 strategy have become out-of-date and need updating and refreshing. Children's mental health has not received enough attention.
- The Covid Phase 2 plan developed in the summer was too wide-ranging, and confused long-term shared priorities with an immediate Covid response.

### **3 Moving forward**

Partners identified a number of areas which need to be addressed to help meet shared aspirations, improve partnership working, meet national policy and respond to the future demands likely to be experienced from the Covid-19 pandemic. These will need to be worked through in much more detail but can be summarised as:

#### **3.1 Service models**

- Take the opportunity, when timely, to work together as a partnership to refresh the T4MH strategy and delivery plan.
- In doing so take the opportunity to engage more widely with the wide range of professionals, service users, patients and carers concerned with mental health across the region, and recommit to a continued culture change towards meaningful and effective partnership with service users and patients.
- Design, develop and implement a clear, evidence-based delivery model for mental health services at each level of provision across the region which partners can sign-up to and work from as the basis for area and local service development and improvement.
- Primary care engagement. The delivery model should include engaging much more extensively with primary care services to support the transformation of mental health support across the region, and to drive forward the continued development of effective prevention and early help.

- Community-based services. The model should similarly take opportunities to collaborate much more extensively with wider community services including the voluntary and communities sectors across the region.

### **3.2 Communication and partnership**

- Redesign T4MH Board meetings to include analysis, interpretation and recommendations, and reframe the terms of reference to ensure that it is not seen as just an information-sharing exercise.
- Aim for collaboration as the basis for partnership working:

<b>Separate</b>	<b>Parallel</b>	<b>Collaborative</b>	<b>Integrated</b>
Objectives, plans, decisions and actions are arrived at independently and without co-ordination	Objectives, plans, decisions and actions are arrived at with reference to other agencies	Objectives, plans, decisions and actions are arrived at in partnership by separate agencies	Objectives, plans, decisions and actions are arrived at through a single organisation or network

- Build communications on the principle of collaborative responsibility for all mental health services and ensure that key issues which will have an impact on partners are shared.
- Ensure leadership capacity in the Division to enable it to play its full part in leading the service improvements and transformation needed across the partnership over the next period

### **3.3 Formal governance and plans**

- Review the governance arrangements for the Board, its link to the Regional Partnership Board and its links with the area-based LITs.
- Review Board membership and ensure it links effectively through its members to all key agencies and stakeholders.
- Consider ways to encourage shared ownership of the Board by building shared agendas, vice-chair or rotating chair arrangements, and more opportunities for communications and updates between meetings.
- Re-balance agendas and membership to reflect the importance of children's mental health.
- Establish an executive group of key agency leads to co-ordinate service development priorities and respond to Board recommendations.
- Consider how capacity can be freed up to support the wide-ranging improvement and transformation agenda outlined above.
- Separate out work on the long-term model and strategy for mental health and the shorter-term plans needed by partners in response to the Covid-19 pandemic and re-design the way in which the Covid-19 Phase 2 exercise is undertaken.
- Commence next steps at the next meeting to agree a prioritised partnership work plan.

**Institute of Public Care**  
**11 September 2020**

**Templed adroddiadau'r Bwrdd/Pwyllgor**  
**Board/Committee report template**



<b>Cyfarfod a dyddiad:</b> <b>Meeting and date:</b>	Strategy, Partnerships and Population Health Committee 17.06.2021						
<b>Cyhoeddus neu Breifat:</b> <b>Public or Private:</b>	Public						
<b>Teitl yr Adroddiad</b> <b>Report Title:</b>	Annual Equality Report 2020/21						
<b>Cyfarwyddwr Cyfrifol:</b> <b>Responsible Director:</b>	Sue Green, Executive Director of Workforce and Organisational Development						
<b>Awdur yr Adroddiad</b> <b>Report Author:</b>	Sally Thomas, Head of Equality and Human Rights						
<b>Craffu blaenorol:</b> <b>Prior Scrutiny:</b>	This Annual Equality Report 20/21 has been approved by the Equality and Human Rights Strategic Forum.						
<b>Atodiadau</b> <b>Appendices:</b>	-						
<b>Argymhelliad / Recommendation:</b>							
The SPPH Committee is asked to receive the report and highlight to the Board through the Chair's Assurance Report							
<b>Ticiwch fel bo'n briodol / Please tick as appropriate</b>							
<b>Ar gyfer penderfyniad /cymeradwyaeth</b> <b>For Decision/ Approval</b>		<b>Ar gyfer Trafodaeth</b> <b>For Discussion</b>		<b>Ar gyfer sicrwydd</b> <b>For Assurance</b>	x	<b>Er gwybodaeth</b> <b>For Information</b>	
<b>Y/N i ddangos a yw dyletswydd Cydraddoldeb/ SED yn berthnasol</b> <b>Y/N to indicate whether the Equality/SED duty is applicable</b>						N	
<b>Sefyllfa / Situation:</b>							
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).							
<b>Cefndir / Background:</b>							
The Welsh Specific Equality Duties aim to ensure that listed bodies when carrying out public functions consider how we can positively contribute to a fairer society in our day-to-day activities. This report summarises the action we have taken to promote equality during this very challenging year. The Strategic Equality Plan (SEP) for 2020-24 was agreed and published in March 2020 and at that time it was our intention to focus on strengthening performance management of the SEP across all functions of the Health Board. However, as a result of the pandemic, a shorter term operational focus has been necessary to prioritise the health board's response to Covid-19 which has resulted in a more responsive approach to equality issues as they have become apparent. It is well recognised							

that Covid-19 has further magnified inequalities for many people with protected characteristics and those who are socio-economically disadvantaged.

During this year we have reviewed and communicated emerging evidence to inform a range of activity that has taken place. We have maintained engagement with communities, individuals and groups, our staff and experts to inform our equality work and are grateful for the insight and support of so many as we work together across North Wales. There is a range of activity taking place across BCUHB, to advance equality of opportunity, eliminate unlawful discrimination and foster good relations. 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 Health Board's strategic goals and organisational 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. In addition this year we have prepared for implementation of the Socio-economic Duty and the requirement to evidence due regard in strategic decision making.

#### **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
- Equality and Human Rights "Treat Me Fairly" Mandatory Training
- Programme of equality impact assessment training
- Guidance, toolkits and resources published on the intranet.
- The Health Boards Annual Plan 21/22 includes a commitment to delivery of the Strategic Equality Plan and its objectives

#### **Cyfreithiol a Chydymffurfiaeth / Legal and Compliance**

Compliance with the Equality Act 2010 (Statutory Duties) (Wales) Regulations 2011.

#### **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 decision making 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 2020-2021

### Advancing Equality in Challenging Times





**This report and any supporting documents can be made available in other languages or formats on request.**

**For Welsh, please contact:**

[BCU.WelshTranslation@wales.nhs.uk](mailto:BCU.WelshTranslation@wales.nhs.uk)

**For other formats, please contact:**

Patient Advice and Liaison Service

Tel 03000 851234

[BCU.PALS@wales.nhs.uk](mailto:BCU.PALS@wales.nhs.uk)

**Front cover logos (in order left to right):** Equality and Human Rights Commission: Working Forward logo; Disability Confident Leader Logo; BCUHB Celtic Pride (LGBT+ staff network) logo; Stonewall Top 100 Employer 2020 logo; BCUnity Staff Networks logo.

**Cover photograph:** Montage of images including online virtual meetings; Attend Anywhere initiative; Interim Chief Executive holding the 'Happy Pride' Progressive Pride flag for Virtual Pride Week; Clear Face Mask initiative; iPads used for Patient Virtual Visiting initiative.

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# Foreword

Welcome to Betsi Cadwaladr University Health Board's (BCUHB) Annual Equality Report covering the period April 2020 to March 2021. This report summarises the action we have taken to promote equality during this very challenging year. [Our Strategic Equality Plan \(SEP\) for the period 2020-2024](#) was agreed and published in March 2020 and at that time it was our intention to focus on strengthening performance management of the SEP across all functions of the Health Board. However, as a result of the pandemic the planning process has differed from that in previous years, a shorter term operational focus has been necessary to prioritise the Health Board's response to Covid-19 which has resulted in a more responsive approach to equality issues as they have become apparent.

It is well recognised that Covid-19 has further magnified inequalities for many people with protected characteristics and those who are socio-economically disadvantaged. This is set out in the Chief Medical Officer for Wales Report published in January 2021 [Protecting our Health. Our response in Wales to the first phase of Covid-19. Chief Medical Officer for Wales](#). During this year we have reviewed and communicated emerging evidence to inform a range of activity that has taken place. We have maintained engagement with communities, individuals and groups, our staff and experts to inform our equality work and are grateful for the insight and support of so many as we work together across North Wales.

It is now more important than ever that equality and socio-economic considerations are placed at the heart of our work.

A handwritten signature in black ink, appearing to read 'Sue Green'.

Sue Green - Executive Director Workforce and Organisational Development

A handwritten signature in black ink, appearing to read 'J Hughes'.

Jacqueline Hughes - Independent Member and Equality Champion

# 1. Background and Context

The Equality Act 2010 protects people from discrimination because of their protected characteristics, which are: age, disability, sex, gender reassignment, marriage and civil partnership, pregnancy and maternity, race, religion or belief, non-belief including philosophical belief, and sexual orientation. These categories are known in the Act as 'protected characteristics'. The Act places a duty on listed public sector organisations to have Due Regard to the need 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.

In order for public bodies to better perform and demonstrate compliance with the Public Sector Equality Duty, the Welsh Government legislated to bring in specific equality duties as set out in the Equality Act 2010 (Statutory Duties) (Wales) Regulations 2011 (also referred to as the Welsh Specific Equality Duties). The regulations aim to ensure that the Health Board and others carrying out 'public functions' consider how we can positively contribute to a fairer society in our day-to-day activities. The Well-being of Future Generations (Wales) Act 2015 and Social Services and Well-being (Wales) Act 2014 also provide opportunities to advance equality in a more integrated way. Despite the 2010 Equality Act coming into force on 8 April 2010, Part 1 of the Duty regarding socio-economic inequality lay dormant on the statute book, as neither the UK Government nor the devolved legislatures elected to commence it. Welsh Ministers have since elected to commence the Socio-economic Duty on 31<sup>st</sup> March 2021. The statutory requirement places a legal responsibility on relevant bodies when taking strategic decisions to have due regard to the need to reduce the inequalities of outcome resulting from socio-economic disadvantage. We continue to work to maximise the opportunities presented to align the equality duties within this framework. There is a range of activity taking place across BCUHB, to advance equality of opportunity, eliminate unlawful discrimination and foster good relations. A number of achievements from the past year are outlined in this report.

## 2. Our Vision, Values and Purpose

### Our 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 Values

- Put patients first.
- Work together.
- Value and respect each other.
- Learn and innovate.
- Communicate openly and honestly.

### Our Purpose

- To improve health and deliver excellent care.

### The Health Board's Strategic goals

- Improve health and well-being for all and reduce health inequalities.
- Work in partnership to design and deliver more care closer to home.
- Improve the safety and outcomes of care to match the NHS's best.
- Respect individuals and maintain dignity and care.
- Listen to and learn from the experiences of individuals.
- Support, train and develop our staff to excel.
- Use resources wisely, transforming services through innovation and research.

For more information visit: [About the Health Board.](#)

### 3. Equality Key Achievements in 2020-21

- We have continued to advance equality through the delivery of a revised year 1 Strategic Equality Plan.
- We have taken action to understand the impacts of Covid-19 on people with protected characteristics and supported teams to consider the potential impact of equality within their decisions.
- We have delivered new programmes such as Test, Trace and Protect, Virtual Visiting and Attend Anywhere informed by Equality Impact Assessments.
- We have taken action to strengthen equality and human rights scrutiny in governance and decision making structures.
- We have facilitated an equality update for the Board led by the Equality and Human Rights Commission.
- We have maintained and promoted evidence bases to support Equality Impact Assessment (EqIA) and Socio-economic Impact Assessment (SEIA).
- We have prepared for implementation of the Socio-economic Duty.
- We have built upon organisational understanding and capacity by adapting our in-house Equality Impact Assessment training and have delivered this virtually to over 100 staff.
- By December we had achieved 85.5% mandatory equality training compliance.
- We have grown our BCUnity staff support networks for individuals with protected characteristics.
- We have established a network of Equality Champions led by an Independent Member.
- We have improved staff equality monitoring data completion rates.
- We have established a monthly Equality Briefing series and library resource to communicate emerging evidence and key messages widely across the Health Board.
- We have worked with our partners and supported a range of awareness raising initiatives and campaigns including NHS Wales Virtual Pride Week celebrations.

## 4. Delivering the Public Sector Equality Duty

### **Equality Objectives**

Our Equality Objectives have been developed on the basis of a consideration of all the Health Board's work and activities, including employment, service delivery and policy development and informed by gathering and analysing information from national and local evidence, impact assessment and from ongoing engagement with staff and service users. An overview of progress against the objectives is provided in section 5 of this report.

### **Engagement**

We have continued to strengthen our engagement with people representative of protected groups, an overview of progress is provided in section 5.6.

### **Assessment of Impact**

Our aim in meeting the Statutory Duty on Equality Impact Assessment (EqIA) is to ensure that when we make a decision, develop a strategy or policy, or do anything else that affects our service users or staff, then we do so in a fair, accountable and transparent way, taking into account the needs and rights of those who might be affected. We have continued to strengthen scrutiny of Equality Impact Assessment this year, build understanding and provide training, guidance and support for staff undertaking assessments.

Focused EqIA work has taken place with a number of programmes and service areas this year, including Mental Health and Learning Disability Division, Patient Experience, Risk Management, Informatics and Nursing teams. We have also worked with the North Wales Public Sector Equality Network to develop a recommended consistent approach and tool for Equality Impact Assessment for use in partnership decision making.

We have built upon organisational understanding and built capacity by adapting our in-house Equality Impact Assessment training and have delivered this virtually to over 100 staff. We have prioritised EqIA training, developed a video and are rolling out training sessions, targeting Band 8 managers, and both Band 7 and 8 colleagues working in Workforce and Organisational Development.



## Equality Information

### Gathering Information from Patient Experience

Patient experience feedback data is collected through a number of different processes.

#### Patient Experience “In their own Words”

We have continued to develop, and in the light of our response to the Covid -19 pandemic, adapt our in-house approach to listening, learning and acting on Patient, Carer and Service User Experience. The continued use of the Real and Near Time Patient and Service User Feedback Questionnaire, which has recently been enhanced with the development of an on-line version, has enabled us to listen to feedback from service users with protected characteristics.

Examples of Feedback from Service Users who have self-identified as being deaf or hearing impaired or blind and sight impaired include:

“Staff very happy and cheerful always very helpful.”

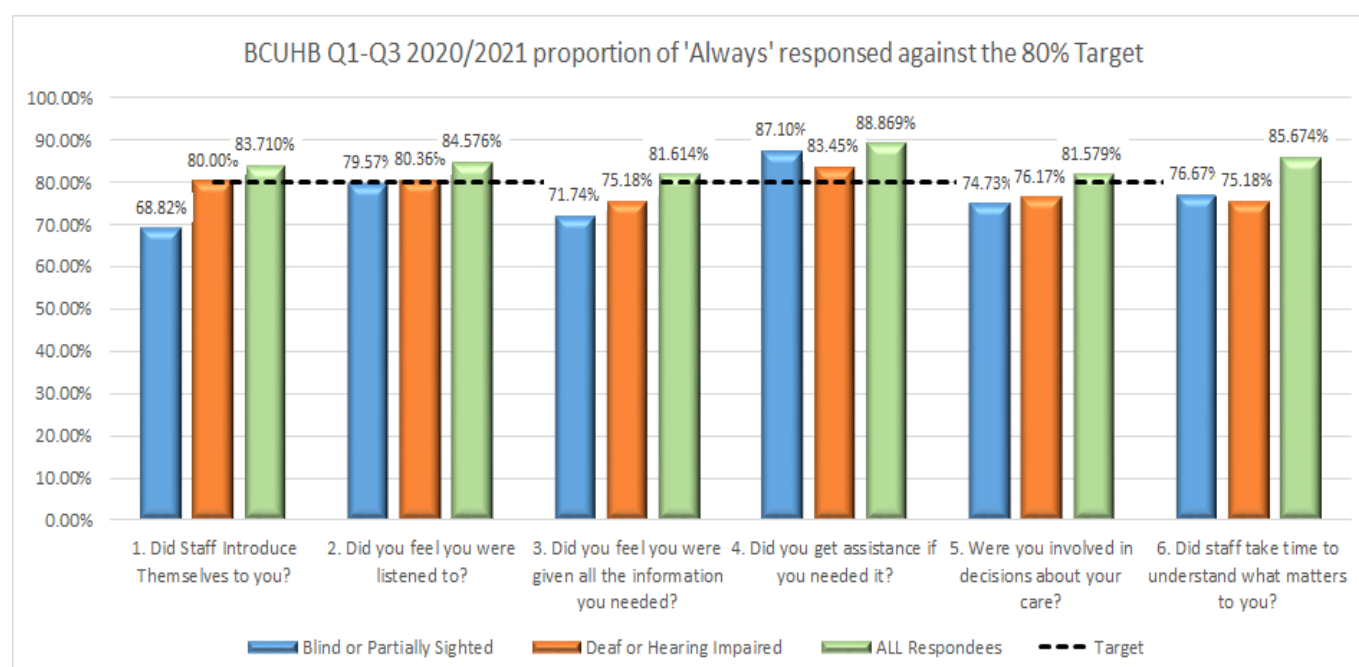
“I was treated with dignity and respect and staff were quite willing to discuss my case with my son that we found helpful.”

“Never being ignored when feeling afraid and needing to talk, support and understanding is always there, this helps a lot.”

## Patient & Service User Satisfaction by Protected Characteristics

During 2020, as well as providing leadership to the National Once for Wales Patient Experience Feedback Project Team, BCUHB has opted to bridge the gap between the discontinuation of the previous contract and the roll out of the new system in April 2021 with the development of an in-house system. This has enabled the Health Board to continue to listen, learn and act on patient and service user feedback by some protected characteristics pending the adoption of the Civica Real-Time Patient Feedback System in 2021.

Responses to the core Patient Related Experience Measures (PREMS) are summarised below, against the 80% target of these features of care ‘Always’ being experienced. Blind or partially sighted patients and service users report a lower level of satisfaction across all areas compared to other service users. It is however, pleasing to report that blind or partially sighted and deaf or hearing impaired service users did report that 80% of the time they were ‘ALWAYS’ ‘listened to’ and ‘received assistance when needed’.



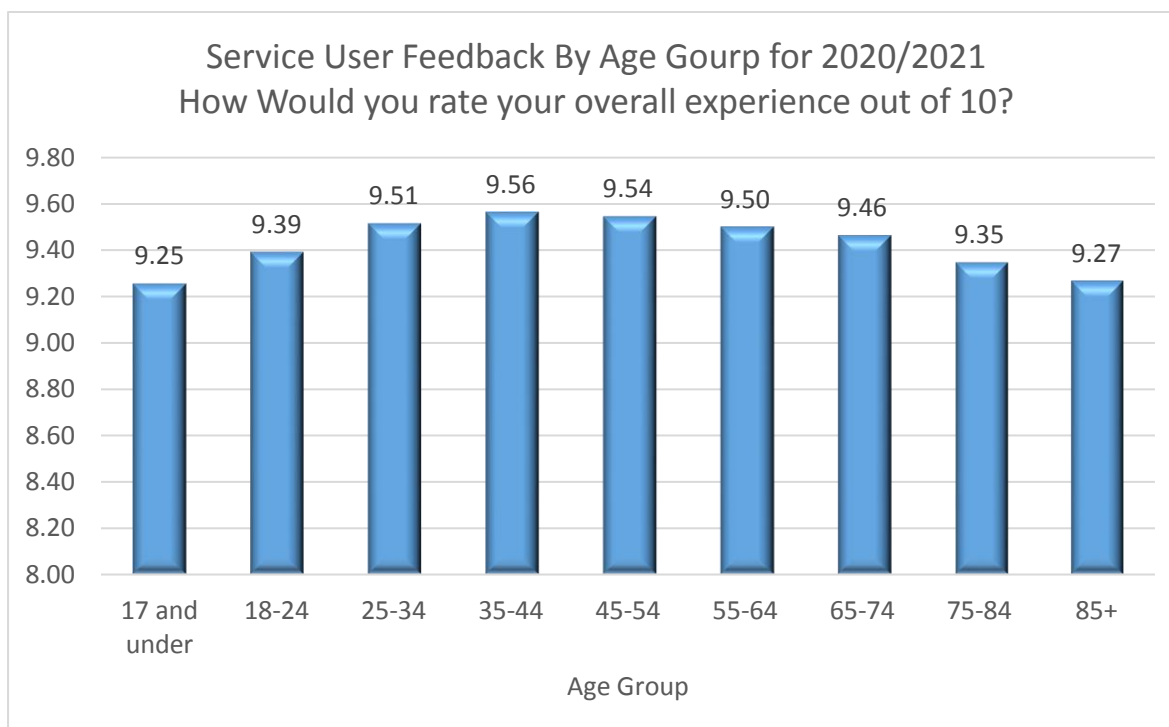


**BCUHB Q1-Q3 2020-2021 proportion of 'Always' responded against the 80% Target**

<b>Question</b>	<b>Blind or Partially Sighted</b>	<b>Deaf or Hearing impaired</b>	<b>All Respondees</b>	<b>Target</b>
<b>Did staff introduce themselves to you?</b>	68.82%	80.00%	83.710%	80%
<b>Did you feel you were listened to?</b>	79.57%	80.36%	84.576%	80%
<b>Did you feel you were given all the information needed?</b>	71.74%	75.18%	81.614%	80%
<b>Did you get assistance if you needed it?</b>	87.10%	83.45%	88.869%	80%
<b>Were you involved in decisions about your care?</b>	74.73%	76.17%	81.579%	80%
<b>Did staff take time to understand what matters to you?</b>	76.67%	75.18%	85.674%	80%

Clearly improvement is needed in relation to the other service user experience measures discussed above. The Sensory Loss Toolkit, its associated audit instrument and the on-line teaching and learning materials are designed to develop further the skills and knowledge necessary to understand and respond to the needs of patients, relatives, carers and service users who are blind or partially sighted and deaf or hearing impaired. Our current Service User Feedback System enables the Health Board to segment overall satisfaction rating by age group and this is summarised below.





**Service User Feedback by Age Group for 2020-2021. How would you rate your overall experience out of 10?**

Age Group	Out of 10
17 and under	9.25
18-24	9.39
25-34	9.51
35-44	9.56
45-54	9.54
55-64	9.50
65-74	9.46
75-84	9.35
85+	9.27

Overall satisfaction with the service tends to be greatest in the middle age groups (35-54 years). Feedback from service users in the age groups either side of middle groups tends to be lower; this may represent in the case of the (18-34 years) age group service users who are time poor, and in the case of service users in upper age groups due to a greater likelihood of more complex needs which are more difficult to satisfy, as opposed to any substantive difference in the quality of service

received. However, without further investigation it is difficult to be sure and other explanations are equally likely.

**Special Note:** It is difficult to directly compare patient and service user experience data collected within the context of the organisational and national response to the Covid-19 pandemic with that of previous reporting periods. In particular the relative sample sizes are smaller and represent a smaller spread of services, and clearly the anxiety caused by Covid-19 will either directly or indirectly impact on perceived experience and the delivery of care itself.

Looking forward we will optimise the functionality of the new Civica Real-Time Patient Feedback System to strengthen reporting of patient experience information by protected characteristic.

## **Gathering Information Relating to Our Workforce**

We have published our [employment information](#). Information relating to the equality characteristics of our workforce is held in our electronic payroll system, 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. This year we have improved staff equality monitoring data completion rates. We will continue to highlight the importance of gathering equality workforce data to improve visibility of our workforce with protected characteristics and thereby, improve our ability to analyse equality employment reports from ESR and identify themes. Our Gender Pay Gap report shows that we still have work to do to reduce our pay gap, the report is published on our [Equality and Human Rights Reports page](#).

We continue to analyse our BCUHB Staff Survey and NHS Staff Survey results to gain valuable insights into the experiences of our staff from protected characteristic groups in order to shape our strategy going forward. This work is ongoing, and is showing us that many groups are on or above the average engagement level for the Health Board, but several are below, giving us a clear focus for further investigation. Generally disabled staff show a lower engagement score, staff from Black and Minority Ethnic backgrounds show a higher level of engagement than the average, with the exception of staff from mixed

ethnic backgrounds, showing slightly under the organisational average. Engagement from some LGBT+ groups also shows a below average score. Interestingly the engagement index for staff who chose not to share their protected characteristics in the survey score on average 10% lower than average engagement.

We have undertaken a review of current information relating to workforce race equality and Covid-19. A report has been produced, evaluating the background, current national and local issues, and studying the BCUHB employee ethnicity demographics. This report includes a number of recommendations for action in the following areas: support and advice; data; training and development; raising concerns and recruitment; retention and progression.

This year we have grown our BCUnity staff support networks for individuals with protected characteristics. The networks facilitate ongoing engagement, help us better understand lived experience and inform our priorities for action.

### **Staff training**

Promoting knowledge and understanding of the General Duty and specific duties amongst our staff has remained a priority this year. We have achieved 85.5% mandatory equality training compliance in December 2020.

### **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**

Equality considerations are embedded within procurement processes, which are managed on our behalf by NHS Wales Shared Services Partnership (NWSSP).

## 5. Our Strategic Equality Objectives

### 5.1 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

#### 5.1.1 The Socio-economic Duty

The Health Board welcomes the introduction of the Socio-economic Duty in Wales, which aims to ensure better outcomes for those who experience socio-economic disadvantage and while the Covid-19 pandemic has delayed the implementation, we have been working to prepare for the revised 31 March 2021 implementation date. A Board awareness session was held in November with an overview given by the Equality and Human Rights Commission and a follow up discussion facilitated in March. The Health Board has been represented on the Welsh Government Group developing the Welsh guidance, and Jacqueline Hughes, Independent Member and Equality Champion, has contributed to a [Welsh Government video: The Socio-economic Duty: A film for Public Sector Leaders](#) promoting the Socio-economic Duty and its benefits.



A working group has been established bringing together colleagues from Public Health Wales, Strategy and Planning, Governance, Engagement, Equality, and an Independent Member of the Board. The group have worked to brief the organisation and develop guidance and tools to support implementation. The Duty has been incorporated into the Health Board's Governance process through the new Socio-economic Impact Assessment Procedure.

A North Wales Equality Evidence Portal is being developed as a gateway to signpost decision makers to sources of socio-economic information, this includes for example, demographic profiles by local authority areas and school achievement and attendance. This portal will support staff in undertaking both Socio-economic Impact Assessments and Equality Impact Assessments.

### **5.1.2 Well North Wales Programme**

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

The concept of Well North Wales was initiated by the Health Board in 2016 to develop its role in supporting the health inequalities agenda in North Wales, specifically in terms of generating robust local partnerships to drive community-based initiatives. Many of the established partnerships encompass organisations drawn from the public sector, third sector and housing providers. The overall framework provides co-ordination to tackling health inequalities across the region. The success of this approach can be seen in the number of inter-agency collaborations that have generated a number of fruitful partnerships, demonstrating the power of collaboration, shared agendas, and putting into practice local strategic aims.

As health inequalities arise from a web of interrelated factors which largely fall outside the primary scope of the NHS, the Well North Wales programme is the bridge between the NHS and the actions that address the wider social determinants of health.

Well North Wales has evolved to support a number of inter-related initiatives, supporting the wider public health agenda around health inequalities. In particular, the programme has made a demonstrable difference in a number of areas. These include developing health and well-being centres in our most disadvantaged areas, actively supporting the homelessness agenda, and contributing to the recent All Wales Homelessness Action Group that developed a revised and robust strategy to tackle homelessness in Wales. The Well North Wales programme supports social prescribing and in collaboration with Glyndwr

University, runs a successful Social Prescribing Community of Practice. We have worked to develop bespoke programmes to tackle food poverty in different areas of North Wales and provide access to affordable fresh produce. Programme structures have been developed in Anglesey and Wrexham, with on-going support to the well-established programme in Flintshire. Under the umbrella of the North Wales Food Poverty Alliance, Well North Wales has been at the forefront of developing these food poverty initiatives.

### **5.1.3 In Work Poverty**

We have set up an information resource for staff about financial inclusion, signposting to resources and support including the North Wales Credit Union, Cavell Nurses Trust, National Debt Helpline, Citizen's Advice, Unison Welfare and the Conwy and Denbighshire Joint Local Service Board Financial Inclusion Together.

### **5.1.4 Looking Forward**

We will continue to develop resources to support staff, including guidance documents, templates and training materials to increase capacity and understanding of the Socio-economic Duty. We will work across NHS Wales and with our North Wales public sector partners to maximise opportunities to embed knowledge of the Duty and we will train staff in both application and scrutiny roles. We will continue to progress the Well North Wales Programme and take action to raise awareness of and support for those living with in work poverty.

## **5.2 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**

### **5.2.1 Reducing health inequalities and increasing the accessibility of healthcare**

We have continued to raise awareness of emerging equality issues during the Covid-19 pandemic, act in an advisory role and escalated issues throughout the organisation. This included the report from the Equality and Human Rights Commission: [How coronavirus has affected equality and human rights.](#)

We have continued to strengthen scrutiny of Equality Impact Assessment and facilitated specific EqIA advice and stakeholder engagement to inform a number of programmes including the Attend Anywhere initiative.

### **= Equality in Action = Attend Anywhere**

#### **Hospital services offer video consultations following successful trial**



Following a rollout to GP surgeries across Wales, Attend Anywhere, a new video consultation service to help North Wales patients attend appointments without leaving their homes, has been successfully trialled within several BCUHB specialties.

Once available within a service, patients are offered the option of a video appointment where it could enhance the remote consultation experience, with the clinician having the final say in consultation with the patient. Arrangements are in place for three-way screen access to enable interpreters and carers to join remotely, and the appointments can be accessed through a browser on tablets, smartphones or computers. Consultations cannot be recorded, and the secure platform has been thoroughly tested to meet NHS requirements.

A spokesperson for the Health Board, said: “We’ve already seen colleagues in primary care make great use of video technology to overcome some of the challenges presented by Covid-19. It’s important to strike a balance between using this technology to work more efficiently and not losing out on benefits of a face-to-face meeting.”

A representative from the Pain Management Service based at Abergele Hospital, said: we can also see people who have difficulties travelling, but the hope is that this may well help avoid patients who are unable to attend because their condition means travel is difficult.” To read more, go to: [Hospital services offer video consultations following successful trial](#)



### 5.2.2 The Estate

The Health and Safety team work collaboratively with the Capital Planning Team in all major refurbishments and new builds, ensuring that accessibility is considered along with building notes and hospital technical memoranda. This year accessibility has been a key consideration in the design and construction phases of all three Enfys Hospitals, the BCUHB vaccination centres and facilitating the change of use of existing facilities to be Covid-19 secure.

#### Enfys Hospitals

Accessibility and safety considerations informed site layout in order to ensure minimum risk and maximum accessibility for service users, identifying and removing potential physical and environmental barriers.





## Vaccination Centres

During the identification of suitable sites for vaccination centres we surveyed each potential site against accessibility audit guidelines and applied these to the decision making process alongside the urgency of the population health issues. Considerations taken in to account for each potential site were access to the sites, including travel and public transport availability, access to buildings, separating entrances and exits, physical and environmental barriers, car parking and the internal environment and facilities.

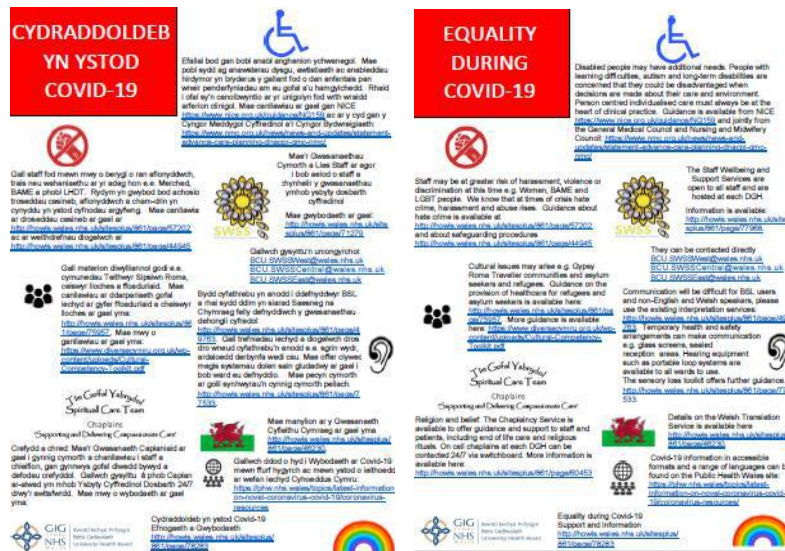


## Hospital Sites

Significant work has been undertaken to make our estate more Covid-19 safe. Guidance and risk assessment templates have been produced along with check sheets for managers to assess their working environments and activities, ensuring risk to them, their teams and

service users is minimised. The Health and Safety team have visited a large variety of sites and departments to support managers. The Estates department has undertaken work to install partition screens, wall and floor markings, fixed temperature sensors and sanitiser stations amongst other measures. Technicians have worked side by side with senior staff to ensure that Business Continuity Plans have been actioned in order to ensure that service is maintained safely, and that required accessibility measures are extended or adapted to fit new arrangements.

An equality poster was developed during the beginning of the pandemic and circulated widely to provide staff with an aid memoir and quick access to sources of further support when meeting individual needs.



### 5.2.3 Strengthening the Equality and Human Rights Infrastructure

#### Equality and Human Rights Forum

The Equality and Human Rights Strategic Forum has continued to meet to consider:

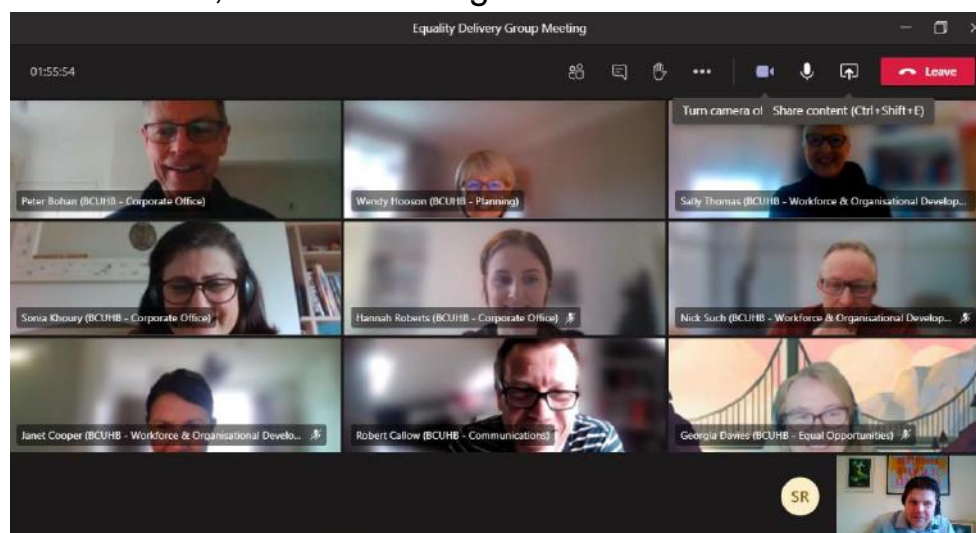
- Reports and emerging evidence and reports from Welsh Government and the Equality and Human Rights Commission (EHRC).
- Commencement of the Socio-economic Duty.
- Building organisational capacity to embed the principles of Equality Impact Assessment into governance structures.
- A new Equality Accountability Framework to ensure delivery of our duties and priorities.
- Strategic Equality Plan implementation plan for year 2.

- Undertaking EqlAs in partnership with other public sector organisations in North Wales.

In light of the emerging evidence, the Equality and Human Rights Strategic Forum (EHRSF) reviewed the published objectives and agreed an additional specific and focused objective to advance race equality in North Wales.

## Equality Delivery Group (EDG)

This year we reviewed and updated the terms of reference of the Equality Delivery Group. The group has continued to meet in a virtual environment with a focus on supporting the Equality and Human Rights Strategic Forum (EHRSF) in delivering the Health Board's responsibilities to embed equality priorities within the functions of the Health Board. The EDG is attended by representatives from Community and Primary Care, Mental Health, Patient Experience, Organisational Development, Public Health and Planning and Engagement teams. The meetings this year have focused on how we can deliver progressive programmes to promote equality and diversity in an extremely challenging time. The group has progressed with developing an Equality Champions Network and has developed mechanisms to embed the principles of equality and diversity, specifically Equality Impact Assessment, into divisional governance structures.



Above: screenshot from the Equality Delivery Group online meeting 19 January 2021.

## Equality Stakeholder Group

The Equality Stakeholder Group has met virtually this year. Despite our concerns about digital access, we were delighted to be joined by

external stakeholders and staff from across BCUHB. This was a good opportunity for the Health Board to hear directly from people in North Wales with protected characteristics about their experiences and concerns during the pandemic and their experience of health care and other services during that time. Issues discussed at the meetings included:

- The Health Board's Head of Engagement encouraged members of the group to take part in the Health Board's public survey about experiences of Covid-19.
- National concerns around access to services for some groups.
- The benefits and problems associated with virtual appointments, particularly for people with sensory loss and neurological difference.
- Access to sexual health services during the pandemic.
- Access to mental health services.
- The barriers that facemasks provide for people with sensory loss.
- The Test, Trace and Protect programme and the availability of public health information in a range of languages including British Sign Language (BSL).

### **Equality Impact Assessment Scrutiny Group**

The Equality Impact Assessment Scrutiny Group have provided scrutiny to EqlA of strategic initiatives. This has included:

- Virtual Visiting,
- Test, Trace and Protect,
- Mobilisation of Enfys Hospitals.

### **Looking Forward**

We will implement our Equality Accountability Framework to ensure ownership of the delivery of the plan is shared across leaders and staff and mainstreamed throughout the organisation. We will increase the percentage of staff who have undertaken EqlA training.

## **5.3 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 a difficult year for everybody we have continued to respond to policy developments for people with protected characteristics.

### **5.3.1 Increasing access to healthcare for Gypsies, Roma and Travellers, homeless and other vulnerable groups across North Wales**

The impact of the pandemic on vulnerable groups is well recognised. We used our Equality Briefing Series to raise awareness of the impacts and key messages, including the report from Doctors of the World: [An Unsafe Distance: The impact of the Covid-19 pandemic on excluded People in England and Digital Exclusion in Gypsy and Traveller communities in the United Kingdom.](#)

The Health Board is engaged with the All Wales Homelessness Action Group that has developed a revised and robust strategy to tackle homelessness in Wales.

### **5.3.2 Promoting the Social Model of Disability**

We have expanded our intranet resources on the Social Model of Disability and used the monthly Equality Briefing in May to promote the principles and language of the Social Model across the Health Board. In this issue we also shared the North Wales Public Sector Equality Network's Top Ten Tips on the Social Model of Disability, and highlighted an article in Forbes magazine showing how the pandemic had really shown the full power of the Social Model.

In May the Health Board was an early signatory to the Wales Disability Reference Group statement on Covid-19 and the rights of disabled people in Wales. The principles we adopted were included in the monthly Equality Briefing.

## **Wales Disability Reference Group Statement**

- Our individual chance of benefiting from treatment should we have coronavirus (Covid-19) must not be influenced by how our lives are valued by society.
- Where we have existing health conditions or impairments that are unrelated to our chance of benefiting from treatment, they must not play any part in decision-making regarding our equal right to access such treatment.
- The fact that we might have significant levels of social care and support needs, or that we may do so in future as a result of the pandemic, should not make health staff think that we will not benefit from treatment.
- We have the right to be fully involved in decisions about our own lives, including life and death decisions. Decisions should never be made without our involvement, or consideration of our best interests. There is no justification for policies based on age or disability that do not treat each of us with respect and as individuals.
- We all, and our advocates, have the right to know about decisions that may be made about us that will affect us.
- Guidelines on the assessment, provision, and evaluation of treatment and care provided to individuals during the coronavirus pandemic must be developed in collaboration with disabled people's organisations and representatives from human rights bodies.

### **5.3.3 Increasing access to healthcare and improving the accessibility and quality of translation services available to people with sensory loss**

#### **Partnership Working – Improving Compliance with Accessible Communication & Information Standards for People with Sensory Loss**

BCUHB has continued to promote access to, and participation in, health services for people with sensory loss. We work in partnership with the Centre for Sign Sight and Sound (COSS) and other charities. These organisations provide support for patients, carers and relatives in accessing services, making and amending appointments and supporting BSL interpretation arrangements locally. Whilst services were curtailed



during the initial Covid-19 pandemic, the table below provides a summary of supported activity for the period September 2020 – January 2021.

<b>Month</b>	<b>Making &amp; Arranging Appointments</b>	<b>WITS (BSL)</b>	<b>Advice to Health Care Professionals</b>	<b>Other</b>	<b>Total</b>
<b>Sept 2020</b>	57	8	10	161	236
<b>Oct 2020</b>	54	2	21	80	157
<b>Nov 2020</b>	46	8	41	257	352
<b>Dec 2020</b>	34	7	31	286	358
<b>Jan 2021</b>	30	14	38	37	119
<b>Total</b>	<b>221</b>	<b>39</b>	<b>141</b>	<b>821</b>	<b>1222</b>

BCUHB in collaboration with the Centre of Sign Sight Sound ([COSS](#)) has ensured that central messaging relating to the national and organisational response to the Covid-19 pandemic have been made available on our intranet and internet sites in British Sign Language (BSL), as well as providing information relating to our Letters to Loved Ones, PALS and Bereavement Services.

Whilst the roll out of digital interpretation services including BSL was initially halted due to our response to the Covid-19 pandemic, it remains the aim of the Health Board to begin piloting Digitally Accessed Interpretation Technology in 2021. A key aim of the project will be to provide increased access to BSL interpretation in general, with a key focus on emergency care.

This year BCUHB has continued to increase awareness within the organisation in relation to understanding and meeting the needs of service users with sensory loss. Notable achievements include; the continued development of the Sensory Loss Toolkit and associated web based information and learning materials. Given the constraints placed on us due to social distancing, we have taken the opportunity to update our existing customer care programs into a generic 'Patient & Carers Experience' on-line program with a strong focus on understanding and responding to the needs and expectations of patients and service users who are deaf, hearing impaired, blind or partial sighted. The mandatory 'Treat Me Fairly' training module, and the NHS Wales e-learning, 'Sensory Loss Awareness' module provided an important focus for

raising staff awareness in the absence of face to face teaching, and are cited within the Sensory Loss Toolkit.

Health inequalities for people with sensory loss have been exacerbated by the pandemic. Virtual solutions and meetings can create additional barriers for people with sensory loss, as can environmental barrier, protective screens and facemasks. We are encouraging staff to educate themselves on barriers faced by people with sensory loss and some of the adjustments we can make to our services. We have promoted the e-learning resource on sensory loss and the Sensory Loss Toolkit available on the intranet. BCUHB has led the way in innovations on clear face masks to aid communication which will now be trialled across the UK.



## = Equality in Action = Health Board leads development of clear face masks

In May, a BCUHB staff member who won an Awyr Las award of £2,500 joined with partners across Wales to form an innovation team to develop clear face masks to reduce the impact that the wearing of face masks has on communication.

Clear face masks were trialled across the Health Board to support better care for people with certain conditions such as hearing loss and dementia. The masks are see-through and have an anti-fogging barrier to ensure the face and mouth are always visible to help health care professionals communicate better with their patients.



Feedback was received for **133 masks worn** and **204 patients or colleagues** that staff interacted with whilst wearing a mask. The masks were reported to have **made a difference in 96% cases and** benefits described were:

- Improved understanding and ability to have a conversation.
- Improved hearing, lip-reading and helped in using BSL.
- Improved attention and engagement, especially with children.
- Helped patients feel reassured and know the clinician cared.
- Helped in being able to answer questions and feeling confident to make a choice.
- Family and friends were able to help those they were supporting.

To read more about this, go to: [Clear face masks trialled to support people with hearing loss](#)



In December, the Health Board joined with other health providers and third sector organisation's to promote the It Makes Sense campaign for Sensory Loss Awareness Month.



**It Makes Sense**  
SENSORY LOSS AWARENESS MONTH

It Makes Sense SENSORY LOSS AWARENESS MONTH	Gwneud Synnwyr MIS YMWYBYDDIAETH COLLED SYNHWRAIDD	Access to services Mynediad at wasanaethau	Search '000 NHS Wales - Sensory Loss' on ESR to find out from our Sensory Loss e-learning module the most effective ways to communicate.
More than 600,000 people in Wales have sight or hearing loss.	Mae mwy na 600,000 o bobl yng Nghymru wedi colli eu golwg neu eu clyw.	Fair services Gwasanaethau teg	Click <a href="#">here</a> to read more about equality and diversity in our health boards/trusts.
The All Wales Standards for Accessible Communication and Information for People with Sensory Loss are about ensuring equal access to health services for people with sight and/or hearing loss.	Nod Safonau Cymru Gyfan ar gyfer Darparu Gwybodaeth Trwydded i Bobl â Nam ar eu Synhwyrau a Chyfathrebu â Hwys yw sicrhau mynediad cyfartal at wasanaethau iechyd i bobl sydd wedi colli eu golwg a/neu eu clyw.	Effective communication Cyfathrebu effeithiol	Click <a href="#">here</a> to find out more about equality and diversity in our health boards/trusts.
There are lots of different steps that NHS organisations and their staff take to meet the needs of people with sensory loss. This November we'll be finding out about some of these.	Mae sefydliadau'r GIG a'u staff yn cymryd llawer o wahanol gamau i ddiwallu anghenion pobl gyda nam ar y synhwyrau. Yn mis Tachwedd, cawn wybod am rai o'r rhain.	Check Gwirio	Click <a href="#">here</a> to find out more about equality and diversity in our health boards/trusts.
You or some of your colleagues may be living with sensory loss. Find out more about our Workplace Adjustment Passport <a href="#">here</a> .	Efallai eich bod chi neu rai o'ch cydweithwyr yn byw gyda nam ar y synhwyrau. Darganfyddwch fwy o wybodaeth am ein Pasbort Addasu i'r Gweithle <a href="#">yma</a> .		Offer to give information in an accessible format e.g. British Sign Language, large print, electronic or Braille. Canhysgwch roi gwybodaeth ar Rwyf Ffyrdd e.e. iaith Areyddion Prydain, print bras, electronig neu Braille.

GIG  
NHS  
WALES

### 5.3.4 International Day of Disabled Persons



In December, we celebrated the International Day of Disabled Persons and International Human Rights Day with a special edition of the monthly briefing focussing on the Social Model of Disability and Building Back Better from the pandemic, tackling health inequalities and removing structural barriers.

### 5.3.5 Gender Identity Pathway

The Welsh Gender Service is commissioned by Welsh Health Specialised Services Committee (WHSSC) to provide a gender service

for adults in Wales. The pathway has been implemented at BCUHB and positive feedback received. We maintain ongoing engagement with UNIQUE Transgender Network, a voluntary group supporting transgender people in North Wales and West Cheshire, VIVA LGBT+ youth network and other groups to help inform our work. This year we have developed a short training resource on working with Trans and gender diverse people in association with UNIQUE, which has been trialled with the Sexual Health Team at BCUHB.

### 5.3.6 Transgender Day of Remembrance

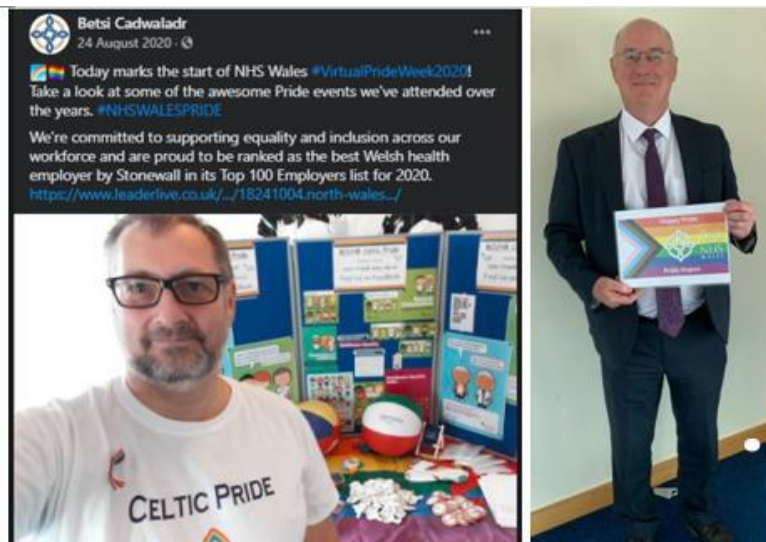


In November the Health Board joined with other organisations and individuals across the world in recognising Transgender Day of Remembrance. Our Equality Briefing invited staff across the organisation to join in remembering and honouring the lives of Trans and gender-diverse people reported murdered over the previous 12 months. We used this briefing as an opportunity to raise awareness of the importance of the correct use of pronouns, encouraging staff to state their individual pronouns within their email signature strips.

### 5.3.7 Virtual Pride



In August we joined with other health organisations across NHS Wales to celebrate Virtual Pride 2020. A full programme of events throughout the week leading up to the Bank Holiday weekend took place. We held a social media parade looking back at all the Pride events that our staff and stakeholders have been involved with over the years. Staff across the organisation also took part in a number of the activities.



Interim Chief Executive Simon Dean joined with other leaders in Healthcare to promote the event.

In June, we celebrated the victory of Mandy Pike from Wrexham Maelor Hospital who was announced the winner of a Wales wide poetry competition, Love is Love, to celebrate LGBT History Month. Congratulations again Mandy! See [Beautiful](#), the winning entry, penned by Mandy.

Mandy said, “I am not a nurse, but I have worked closely with the nurses in Mold Minor Injury Unit and I have seen first-hand how they treat patients from any background. They have treated them with the upmost respect and I feel very proud to work with them”.

“I was so shocked to win! I have been writing poetry since I was a young girl, but only for my family and friends”.

“Since winning this competition I have written another poem which will be placed inside Ysbyty Enfys Deeside!”

### **5.3.8 International Day of Older Persons**

In October, we celebrated International Day of Older Persons and its 2020 theme “Pandemics: Do They Change How We Address Age and Ageing?”





### 5.3.8 Spiritual and Pastoral Support

During the pandemic, direct face-to-face pastoral visiting on wards has been restricted, subject to individual circumstances, guidance on infection control and social distancing. We continue to provide 24 hour, 7 days a week urgent pastoral care upon request. We have adapted our approach to providing spiritual and pastoral support to patients, visitors and staff at this time. We have achieved this in a number of ways including:

1. The use of telephone and video facilities directly to patients at the bedside, in addition to family members who remain at home. We also give support to a number of staff members who benefit from Spiritual care during this difficult time.
2. The introduction of a Chaplaincy Hour on Radio Ysbyty Gwynedd (by the Reverend. Wynne Roberts) on Tuesday evenings. Members of the Board joined Wynne virtually for a special Christmas Broadcast. This service benefits both our patients, staff, family members and the wider public, as the programme is also broadcast live online. Different chaplains contribute a 'Thought for the Day' to each programme.
3. The delivery of a live service each Sunday via Facebook Live by the Reverend. Wynne Roberts, which attracts several hundred views per week; this service benefits patients, staff, family members and the wider community and raises awareness of the Chaplaincy, its staff and its provision.
4. The introduction of 'Teams' services by individual chaplains with wards and community hospitals. A successful service, followed by a chat, has been running with Bryn Beryl hospital since the autumn.

S4C filmed a storyboard of the above initiatives for their 'Prynhawn Da' programme, which was broadcast in January 2021, further highlighting the efforts of Chaplaincy Staff at this challenging time.



### **5.3.9 Looking Forwards**

We will continue to work to provide detailed evidence on the demographics of North Wales to support localised evidence-based decision making. We will work with partners to progress the Gypsy, Roma and Traveller (GRT) health needs assessment and priorities for action, and promote the GRT e-learning module. We will work to increase access to healthcare for migrants, refugees and asylum seekers and raise awareness of interpretation services with primary care independent contractors. We will continue to implement and report progress against the All Wales Standards for Accessible Communication and Information for People with Sensory Loss. We will continue to work with partners and stakeholders to maintain awareness of and respond to key policy developments in healthcare for people from protected characteristic groups.

## **5.4 BCUHB Equality Objective 4: We will prioritise action to advance gender equality in North Wales**

### **5.4.1 Gender Pay**

We have continued to monitor and report on our Gender Pay Gap. The latest report shows that the gender pay gap remains. 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. The report including further information is included in Appendix 1.

#### **5.4.2 Impact of Covid-19**

Our series of equality briefings this year have helped raise awareness of a number of reports that have highlighted the disproportionate impact the pandemic has had on some women, working mothers balancing childcare and homeschooling and those with caring responsibilities. Maintaining a clear picture of the pay gap, staff experience and emerging evidence will help inform our priorities going forward. Reports include Equality and Human Rights Commission's [How coronavirus has affected Equality and Human Rights](#) and [TUC response to inquiry on Coronavirus \(Covid-19\) and the impact on people with protected characteristics](#). We have further developed our evidence base to support impact assessments and updated the section on sex, including signposting people to the Welsh Government commitment to ongoing support for people living with domestic abuse. In the October Briefing we highlighted the rise in reported domestic abuse and concerns about access to justice, this work is led by the Safeguarding Team.

#### **5.4.3 International Women's Day**

We celebrated International Women's Day again on the 8 March, this year's theme was "[Choose to Challenge](#)" by raising our hand assertively we are showing that we choose to challenge inequity.



Showing support for International Women's Day: (in order left to right): Jo Whitehead - Chief Executive; Jacqueline Hughes - Independent Member and Equality Champion; Sue Green - Executive Director Workforce and Organisational Development.

## = Equality in Action = It's OK not to be OK: new and expectant dads encouraged to reach out for support

Staff from Betsi Cadwaladr University Health Board's Perinatal Mental Health Service wanted more new dads to know that it's ok not to be ok.



BCUHB's Perinatal Mental Health Service provides a range of specialist support for new and expectant parents as well as education and training for health visitors, midwives and GPs that they come into contact with.

The number of men who become depressed in the first year after becoming a father is double that of the general population, with first time dads particularly vulnerable. A spokesperson for the Health Board, said: "People rarely talk about men's mental health in relation to becoming a parent and the stigma surrounding mental health problems in early parenthood is even higher for men than it is for women. We also know that men generally find it harder to seek support for emotional problems. We want new and expectant dads to know that maternity and health visiting services are there for both parents, and that if they have seen a change in their mental health, or they are experiencing difficulties bonding with their baby, they should talk to their partner, health visitor or GP so they can be signposted to further support." [Full article: It's OK not to be OK: new and expectant dads encouraged to reach out for support](#)



## **5.5 BCUHB Equality Objective 5: We will prioritise action to address personal security for people sharing different protected characteristics accessing health services in North Wales**

### **5.5.1 Working with partners to improve the identification, reporting and support for victims of incidents and hate crime across all protected characteristics**

We have promoted Hate Crime Awareness Week this year across the Health Board and worked with the Health and Safety Team to strengthen the process for reporting incidents and ensuring that victims of hate crime can access support services more easily. We have worked with North Wales Police and third sector organisations to signpost to sources of support and published a clear pathway for members of staff who may be victims of hate crime and incidents.



We have worked with North Wales Police's Diversity Team to promote the hate crime action service across the Health Board and raised awareness with our staff networks. Data on hate crime in North Wales is routinely shared between North Wales Police and the Health Board and shared with the North Wales Public Sector Equality Network.

### **5.5.2 Looking Forwards**

Next year we will focus on encouraging and improving hate crime reporting through the health and safety framework and use this information to develop evidence-based responses. We will raise awareness of our Dignity at Work procedure, Hate Crime Procedure and reporting mechanisms.

## **5.6 BCUHB Equality Objective 6: We will increase engagement with individuals and groups sharing different protected characteristics in North Wales**

### **5.6.1 Maintaining Partnerships and Networks**

#### **Equality Stakeholder Group**

The Equality Stakeholder Group has been in existence for a number of years and has continued to meet virtually this year. Its purpose is to advise the Equality and Human Rights Strategic Forum, help formulate solutions via co-production that overcome barriers faced by groups and people and engage and involve as wide a representation of people and organisations as possible. Membership has continued to increase and we are grateful for the ongoing insight this Group provides.

#### **5.6.2 Engagement Practitioners Forum**

We have used virtual platforms to maintain partnership engagement. The Engagement Team has held several Engagement Practitioners Forums via Skype and Zoom and also supported a wide range of joint network events. Although circumstances have been challenging we continued to grow our networks and provided opportunities for a constructive two way dialogue with the public and stakeholders. This has helped the Health Board to maintain continuous engagement during the Covid-19 pandemic.

Our forums and networks have helped improve understanding of how stakeholders, patients and the public felt about our services, and their wider well-being during the pandemic in North Wales. Our ongoing engagement has helped to provide reassurance, share key information in accessible formats, resources and extend our reach to be more inclusive and accessible to wider groups of the population.



### 5.6.3 Community Cohesion Forums

An example of this approach is our collaboration with the North Wales Community Cohesion Forums.

In November the Health Board's Engagement Team facilitated a virtual event in collaboration with the All Wales Black and Minority Ethnic Engagement Team at EYST Wales to build upon our understanding of the lived experience of people from Black and Minority Ethnic backgrounds living in North Wales.

The Forum "Your voice matters!" was for Black and Minority Ethnic people, migrants and immigrants living in North Wales who were invited to join representatives from the Health Board virtually to discuss their experiences. The session was well received and provided an opportunity to discuss how engagement can be sustained. This resulted in new links being established with the Chinese in Wales Association and the Chinese Women's Association based in Flint.

The Health Board has used its strong links with many stakeholders from third sector and community groups and those representing people who speak a variety of first languages, including Portuguese, Polish and Romanian. This has been important in supporting engagement, particularly during the Covid-19 pandemic.



#### **5.6.4 Advancing Equality through Engagement**

Engagement has enabled us to understand and remove barriers people may face in fully engaging with their Health Service. This included producing information materials in several languages, enabling increased engagement with programmes such as the Test Trace and Protect Programme and other Covid-19 advice.

Engagement with partners enables us to understand barriers people may face in accessing services. During the Covid-19 pandemic we have been able to give advice on accessible information and links to information resources to ensure that materials are offered in appropriate languages and alternative formats such as easy read.

During outbreaks in Wrexham and Anglesey we were able to use our contacts, networks and intelligence to disseminate information in a range of languages tailoring to the need of the local population, including Romanian, Portuguese and Polish. In December we used our internal networks and contacts through our Equality Stakeholder Group to disseminate Welsh Government's door drop information on "Keeping Safe this Winter" in over 30 languages. We also distributed the British Sign Language video of key messages.

Another channel for sharing information and reaching communities is through the Team's 'Covid Conversations' and our ['BCU Get Involved' email newsletter](#). These provide not only opportunities to share BCUHB and Public Health Wales information but also wider partnership messages which are routinely included.

In order to understand more about people's experiences during lockdown, the Engagement Team undertook both a public survey and a series of informal conversations with partners.



The objectives of our 'Covid Conversations' engagement programme were to capture high level feedback about some of the Health Board's service changes, access to health care and the new ways of delivering services during the pandemic. The survey was also available in British Sign Language (BSL) format. In total, 556 people completed the survey, with 59 completing the BSL version. The Engagement Team also took part in several virtual health and well-being networks and community events where they could capture feedback about the health impacts of Covid-19 on communities. These findings were shared with service leads working on a number of programmes including the impact and future use of telephone and video technology, delivery of the Together for Mental Health Strategy in North Wales and corporate and service communications.

This year the North Wales Community Health Council have worked with the Health Board to facilitate virtual 'safe space' events. The events, which can also be accessed via social media, telephone and personal contact with individuals on request are focused on broad themes of mental health services in North Wales:

- Community Mental Health
- Older Persons Mental Health
- Substance Misuse Services
- Learning Disabilities
- Adults with Functional Mental Health Problems & Adult Psychiatric Services
- CAMHS & the transition to Adult Mental Health Services.

More events are planned going forward including:

- LGBTQ+ Service User experience
- Covid and Mental Health Care
- Mental Health Services in Agriculture/Rural Communities.

### **5.6.5 Strengthening Staff Networks**

#### **BCUnity Staff Networks**



Our BCUnity staff support networks for disabled staff and Black and Minority Ethnic individuals including overseas staff have been established this year. The Networks provide a pathway of support to staff in the workplace and facilitate a forum for discussion and escalation of issues relevant to individuals from protected characteristic groups. The focus this year has been on increasing membership, agreeing terms of reference and identifying priorities for action. This includes a collaborative project to provide additional support for new recruits from overseas.

#### **Celtic Pride**

Celtic Pride is the 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 the organisations. Due to the impact of Covid-19 the Celtic Pride Network has moved on-line to continue to support each other this year, this has been particularly important at a time when North Wales has seen a rise in LGBT and Trans\* hate crime.

In Wales, as around the rest of the world, Pride events have been cancelled, but innovative ways of holding Prides on-line have been sought. In August, we took part in a week of NHS Wales Pride events. We have continued to work with Stonewall as Diversity Champions and work with other organisations, such as UNIQUE and VIVA.



Celtic Pride has also maintained links with researchers from the University of York, following participation in their 2 year project to examine LGBT+ Staff Networks in the NHS.

### **5.6.6 Looking Forwards**

In year two of the Strategic Equality Plan we will build upon our understanding and mapping of stakeholder groups, networks and community assets for those organisations representing people with protected characteristics across North Wales. We will strengthen the engagement element of the EqIA process to promote meaningful engagement with people with protected characteristics.

The Health Board is seeking to recruit an engagement officer to help increase engagement with people from Black and Minority Ethnic backgrounds to help drive this work. Our staff networks will develop their work plans and the network chairs will have a voice at the Equality and Human Rights Strategic Forum.

## **5.7 BCUHB Equality Objective 7: We will prioritise action to increase participation for people sharing different protected characteristics in health services across North Wales**

### **5.7.1 Digital Accessibility**

During this year the Health Board agreed and published our Accessibility Statement. We have made the website text as straight forward as possible to understand and promoted the use of AbilityNet, which offers guidance about individual adjustments people can make to their computer, laptop, tablet or smart phone device to make it easier to access the website. We have made progress on the overall accessibility of the website and have acknowledged through this statement that there is still work to be done to make the site fully accessible. The website is partially compliant with the Web Content Accessibility Guidelines version 2.1 AA standard. The 'non-compliances and exemptions' are listed on the site. We have committed to a two day response time for requests for information in alternative formats.

### **5.7.2 Accessible Health Care Scheme**

The Accessible Health Care Scheme is provided in collaboration with the Centre for Sign Sight and Sound (COSS), who can provide help in

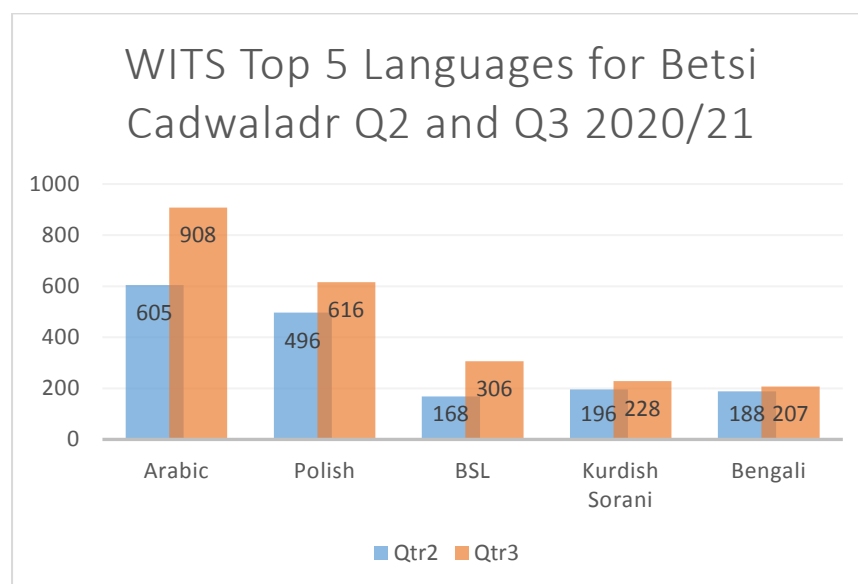
making and changing appointments, providing advice and guidance and support to facilitate communication with BCUHB, GPs and other health services. They also provide an Accessible Health Communication Card which enables individuals to raise awareness of their individual communication needs with health care professionals, these can also be obtained from the Audiology Department(s). To find out more about the Accessible Health Care Scheme, please contact the Centre for Sign Sight and Sound (COSS) by Tel 01492 530013 or by email: [info@signsightsound.org.uk](mailto:info@signsightsound.org.uk).

### 5.7.3 Language

#### Wales Interpretation and Translation Service

The Wales Interpretation and Translation Service provides 24-hour interpretation and translation services to public authorities in Wales, including county councils, police forces and health and social services. They provide face-to-face interpretation and a telephone service through Language Line.

Provided below is an analysis of the interpretation services provided by WITS to the Health Board during Quarters 2 and 3 2020 highlighting the top 5 languages booked.





Language	Bookings Qtr2	Bookings Qtr3
Arabic	605	908
Polish	496	616
BSL	168	306
Kurdish Sorani	196	228
Bengali	188	207
<b>Total Bookings</b>	<b>3455</b>	<b>4787</b>

The demand on the Wales Interpretation and Translation Service (WITS) has seen a year-on-year increase. Covid-19 has required Health Boards to look at how services are provided and has required innovative thinking to look for alternative methods.

The Covid-19 pandemic has meant that the general population have had to adapt to the situation and part of this has meant communicating with friends and family via the means of technology. It is anticipated that these effective and efficient new ways of working will be continued in the future.

One way of improving the quality of our interpretation services for our patients, and providing a more accessible and real time translation, is to look at the emerging technology that is increasingly implemented by other organisations.

Language Line already provide our telephone interpretation services but they can also provide video interpreting through their Insight App. The Health Board rolled out a pilot of the Language Line Insight Video Interpretation app in October 2020 in a small number of departments and also a GP practice. Positive feedback has been received to date and staff and service users have found the WITs video interpretation easy to use, very quick whilst still providing a good service for patients.

### **Advice and Resources**

Guidance in a number of different languages on health care and health information has been produced and is available online in English, Polish,

Romanian, Portuguese, Kurdish, Sorani, Arabic, Farsi, Albanian and Bengali. This includes Covid-19 information.



#### 5.7.4 Looking Forwards

We will widely promote the importance of inclusive communications, increasing access and reducing cultural and language barriers. We will present the BCUHB Communication and Campaigns Strategy to the Equality Stakeholder Group.

## = Equality in Action = Virtual Visiting Project

During the initial response to the Covid-19 pandemic, BCUHB Informatics, in collaboration with the North Wales Regional Partnership Board, and with support from the Awyr Las Digital Fund, deployed iPads for patient use in Acute and Community sites. These were to support in-patients maintain contact with family and friends during restricted visiting.

Staff and volunteers were enlisted to support older patients less familiar with the technology, patients with physical impairments, neurodiverse patients and patients with sensory loss. iPads were also provided to family and friends of staff who don't have access to devices at home.



### Some of the feedback received:

“Patients with close relatives living overseas, so virtual visiting has been a great asset.”

“Very beneficial, frequent use – patient feedback very positive.”

“They have supported on-going contact with families during the Covid-19 pandemic.”

## **5.8 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**

### **5.8.1 Developing an Inclusive Leadership Culture**

Wales 10-year workforce strategy, 'A Healthier Wales: Our Workforce Strategy for Health and Social Care' was launched by Health Education and Improvement Wales (HEIW) and Social Care Wales (SCW) in October 2020. It sets out the vision, ambition and approaches that put well-being at the heart of plans for the NHS and social care workforce in Wales. It reflects a core element of the Parliamentary Review and 'A Healthier Wales' 'Quadruple Aim' to deliver an inclusive, engaged, sustainable, flexible and responsive workforce to deliver excellent health and social care services. This is reflected in the Health Board's Workforce and Organisational Development Strategy.

Equality sessions for Board have been held in November and March this year. The Office of the Board Secretary have worked to strengthen continuous horizon scanning for legislative, case law and policy development. Relevant information is shared through the Board Structure. All papers that go to Board and Sub-committees explicitly require evidence that equality and human rights considerations have been considered and issues addressed.

Considerable work has been undertaken to ensure that all Health Board written control documents (WCDs) policies, procedures, protocols, guidelines etc. are accompanied by a robust Equality Impact Assessment (EqIA). The EqIA, along with the WCD are submitted to the relevant approving group for scrutiny. This ensures not only that authors consider and mitigate negative impacts, but that the Health Board proactively seeks to identify and promote positive equality impact, access and inclusion.

### **Leadership Development**

We have worked with colleagues in HEIW to explore opportunities for leadership development with staff members and leaders from Black and Minority Ethnic backgrounds across the Public Sector in Wales. We are actively reviewing our management and leadership development offers

to ensure they are consistent with an NHS Wales emphasis on compassionate and inclusive leadership. We have worked closely with colleagues in HEIW to develop resources and leadership network pages on their leadership portal Gwella, including shared resources on compassionate and inclusive leadership.

2020 and the restrictions placed on all of us with Covid-19 saw the Organisational Development (OD) team undertake a process of reworking our management and leadership development offer so that it could be delivered virtually. Working with service leads, including colleagues in the Equality and Human Rights team we ensured that we continued to provide managers with EqlA training as part of the 'Step into Management' programme.

Going forward we will continue to offer virtual learning, this includes plans to provide access to recorded sessions, webinars, downloadable resources, and leadership networks spaces for staff to connect. This will support our aim to improve accessibility to learning by providing development opportunities to staff outside of usual working hours and in support of flexible working and supporting work-life balance.

### **5.8.2 Building Knowledge and Capacity**

An All Wales group has been established this year, led by HEIW to review and update the NHS Wales mandatory equality e-learning resource Treat me Fairly, BCHUB is engaged with this project. The Organisational Development Team have worked with our subject matter experts on our learning programmes to provide audio narration of any online visual learning materials to ensure we support the needs of staff members with different learning styles and or additional sensory needs. The new OD programme development is reviewed against EqlA criteria to ensure we actively meet the needs of a diverse and representative staff group as much as is possible, especially as we move more learning content into an online environment as needed during the Covid-19 pandemic.

### **5.8.3 Demonstrating Equality Values and Communicating Messages**

#### **Equality Champions Network**

In October, we launched our Equality Champions Network. Led by Independent Member Jackie Hughes, the network aims to support staff

to engage with and promote equality and diversity issues in their own teams and directorates.

### **= Equality in Action = What does an Equality and Diversity Champion do?**



- Acts as a role model for Equality and Diversity, we practice what we preach and lead by example.
- Promotes understanding of Equality, Diversity and Human Rights issues.
- Supports Equality awareness campaigns through the dissemination of information to teams and networks.
- Raises awareness through promotion and dissemination of the monthly Equality Briefing.
- Acts as a local link to Equality and Human Rights duties, policies, procedures and strategies.
- Acts as an ally for colleagues in the workplace.
- Challenges unacceptable behaviour and stereotypes and promotes tolerance and acceptance.
- Supports peers by signposting to resources and information.
- Endeavours to learn more about the lived experience of people who share protected characteristics.
- Develops own personal competencies.

#### **5.8.4 Enabling a Fair and Inclusive Workforce**

We have further developed our evidence base to support workforce impact assessments and reviewed key workforce evidence including the report of the [TUC response to inquiry on Coronavirus \(Covid-19\) and the impact on people with protected characteristics](#). We have continued to promote the EqIA process within WOD activity this year and the Equality Team is represented on the BCUHB Workforce Policy Group, ensuring equality oversight and benchmarking of EqIA's informing policy

decisions. We have analysed workforce information and strengthened our staff engagement with people from protected characteristic groups.

In early 2021, the Health Board participated in the Equality and Human Rights Commission inquiry into racial inequality in Health and Social Care workplaces. The inquiry looked at the working conditions of ethnic minority workers in lower paid roles in the Health and Social Care sectors.

### **5.8.5 Providing Opportunities**

#### **Apprenticeships**

Work is ongoing to increase apprenticeship uptake in BCUHB. We continue to work with Project SEARCH and employment agencies to provide opportunities to groups who are often disadvantaged in obtaining apprenticeships.

#### **Adult Volunteer Programme**

The adult volunteer work placement programme in BCUHB incorporates initiatives from groups who are furthest away from the job market or in work poverty. Before the volunteers are supported in to the work place they are all required to be all 100% compliant with statutory and mandatory training, this includes Equality and Human Rights, to attend BCUHB orientation, and be DBS and Occupational Health cleared. They then complete a 6 week volunteer placement at a minimum of 16 hours per week. If posts become available in the organisation, the volunteers are guaranteed interviews if they meet the essential requirement of the role. For those who complete the programme and are competency approved they are recruited to bank roles as Health Care Assistant or administration. Many would ordinarily not be able to apply for posts through traditional methods, as they have large employment gaps and no work references; the programme has facilitated a process that eases these difficulties so that they can be supported in to work. We continue to work with job centres and employment agencies to provide online sessions for participants who wish to take part in the programme. Placements are tricky currently due to the constraints of Covid-19 however, where it is safe to do we have continued to offer placements and move people in to employment.

An example of our offer adapting to the Covid-19 restrictions are virtual mentoring circles for individuals who are applying for vacancies in their



area. This comprises of 3 virtual sessions over 3 weeks and includes how to complete an NHS application form and Interview skills. Feedback from the pilot groups has been positive and to date it is recorded that 4 individuals have gone on to secure employment using the skills that they have learnt.

## **Step into Work**



BCHUB is proactively developing new ways of attracting local staff to the organisation. The Step into Work programme is one such approach, and provides a systematic programme of careers support, work on increasing apprentice provision and volunteer work placements. Step into Work supports a range of people, for example, students, those who are furthest from the job market, those who are in households where no one is in employment, young people who are not in employment or training (NEETS), and other seldom-heard groups. Step into Work supports the Welsh Governments tackling poverty agenda which has the objective of creating prosperous communities, learning communities and healthier communities.

## **Project Search**



We are also continuing to support apprenticeship places and will identify and address any barriers to participation through 2021 and into 2022 by extending the roll out of project SEARCH. Project SEARCH is an international transition to work programme committed to transforming the lives of young people with learning disabilities and autism.



## = Equality in Action = I CAN WORK



An employment support programme, which is the first of its kind in Wales, was extended amid concern over the economic and mental health impacts of the Covid-19 pandemic. People struggling to find or hold down a job because of mental health difficulties were encouraged to take advantage of the I CAN Work programme, which provides intensive support from employment specialists and health professionals. Following a successful 12 month pilot, which saw 500 individuals supported across North Wales, the programme was extended for a further six months, with funding from the Welsh Government.

The economic fallout from the Covid-19 crisis is expected to have a significant impact on employment, with more than a fifth of UK employers planning to make redundancies in the coming months. Young people and the lowest paid are expected to be hardest hit, with women more adversely affected than men.

For the full article go to: [Unique employment support programme extended amid concern over the economic and mental health impacts of the Covid-19 pandemic](#)

### 5.8.6 Looking Forwards

We will strengthen performance and accountability and apply the Equality Accountability Framework to divisional governance structures.

We will continue to build upon progress and ensure that EqIA and SEIA inform strategic decision making, including EqIA and SEIA of the WOD strategic organisational development programme.

We will continue to grow our network of equality champions, celebrate Diversity and Inclusion with a week of events across the Health Board and continue to produce and disseminate monthly Equality Briefing to raise awareness of key messages.

## **5.9 BCUHB Equality Objective 9: We will prioritise action to advance race equality in North Wales**

It is widely recognised that whilst the coronavirus pandemic has created widespread fears and risks to lives and livelihoods across communities in Wales and around the world, 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 longer term actions for future years. This includes building understanding; we acknowledge that BME is a broad blanket term often used to refer to most people who are not White British. We recognise that there are vast differences between ethnic groups labelled with this term and that inequalities exist within the Black and Minority Ethnic group.

### **5.9.1 Reflecting the Race Equality Plan for Wales within the SEP and identifying actions to advance race equality at BCUHB**

We have received and communicated the report and recommendations of the BME Covid-19 Socio-economic Subgroup Chaired by Professor Emmanuel Ogbonna published in June 2020. This report highlights the entrenched inequalities experienced by many Black, Asian and Minority Ethnic people and makes a number of recommendations for Welsh Government. A Race Equality Action Plan for Wales is under development currently which will provide the foundation for bringing about necessary change. At the Health Board we have worked with our stakeholders and staff to better understand and identify actions for improvement. A number of actions have been agreed and this work will be reviewed and aligned following publication of the [Race Equality Action Plan for Wales](#).

### **5.9.2 Promoting collaborative working with organisations working with Black and Minority Ethnic individuals**

We have worked closely with the North Wales Regional Equality Network (NWREN) for many years and have welcomed their continued engagement, support and advice during this challenging year.



Over recent months we have worked together to develop a proposal for NWREN to undertake a project in the Central Area to map the agencies engaged with Black and Ethnic Minorities individuals, identify gaps and help strengthen and sustain our opportunities for engagement going forward.

The North Wales Population Health Directory has also been published this year, it focuses on public health priorities and provides information on demographics and population health need at different geographical levels to NHS staff and partners for planning purposes. It has been developed by a group which included Public Health Wales and BCUHB Board staff and is maintained by Public Health Wales. It includes a wealth of sources of information to help us better understand the demographics of North Wales.

We have worked with EYST to widely promoted the new All Wales national multi-lingual telephone helpline for Black and Minority Ethnic communities impacted by Covid-19 needing advice and support around a range of areas including, employment and welfare, education, housing, personal safety and health.

**Lein Gymorth BAME Cymru**  
BAME Helpline Wales

**Mae Lein Gymorth BAME Cymru ar agor!!**

Llun – Gwener  
o 10.30yb tan 2.30yp

**Galwch: 0300 2225720**  
(Codir tâl am alwad ledl)

**Tecstiwch i: 07537 432416**

Mae ein cynghorwyr ar y lein gymorth yn gallu:

- Eich cyfeirio at sefydliadau a gwasanaethau perthnasol yn eich ardal
- Rhoi cyngor arbenigol ynghylch swyddi
- Eich cyfeirio at sefydliadau arbenigol
- Darparu gwybodaeth mewn nifer o ieithoedd cymunedol
- Darparu gwybodaeth am:
  - Iechyd
  - Gwaith
  - Llesiant
  - Eich hawliau
  - Addysg
  - Cartrefi
  - Diogelwch Personol

**BAME Helpline Wales is open now!!**

Monday to Friday  
10.30am to 2.30pm

**Call: 0300 2225720**  
(Local Rate Number)

**Text: 07537 432416**

Our helpline advisers can:

- Signpost to relevant organisations and services in your area
- Provide specialist employment advice
- Signpost and refer to specialist organisations
- Provide information in a range of community languages
- Provide information in relation to:
  - Health
  - Work
  - Personal safety
  - Your rights
  - Education
  - Housing
  - Welfare entitlements

Logos at the bottom include: Ethnic Minorities & Youth Support Team Wales, EYST, women connect first, HENNA FOUNDATION, and Wales TUC Cymru.

The helpline was a direct response to the disproportionate impact of the pandemic on Black and Minority Ethnic individuals, and recognition that usual face to face services were mostly closed, with many having limited access to internet advice. The helpline is staffed by call handlers who

speak a range of community languages including Arabic, Urdu, Hindi, Bangladeshi and Mandarin. They can provide a first port of call and further signposting to the right specialist organisation.

This year we have worked with Diverse Cymru to commission Cultural Competency training for key staff for delivery during 2021-2022.

### 5.9.3 Black History Month

In October, we celebrated Black History Month, this was included in the weekly briefing from the Chair and Chief Executive on 2 October and promoted widely via our Equality Briefing Series and our BCUnity Ethnic Minority and Overseas Staff Network for Black and Minority Ethnic staff and Allies was launched. The theme this year was “Dig Deeper, Look Closer, Think Bigger.”



**Jackie Hughes, Independent Board Member and Equality Champion said:**

“Events over the past months have highlighted the discrimination and inequality experienced by people from Black and Minority Ethnic heritage every day, whether this is through the disproportionate impact of Covid-19, or racism and discrimination brought into focus through the killing of George Floyd. As a country we need to see change through being curious, compassionate and seeking to understand the issues. Black History month allows organisations to have an opportunity to be part of the national celebrations and events. It helps to create awareness, understanding and deepen much needed knowledge to help honour the accomplishments of Black Britons throughout our history.”

#### 5.9.4 Establishing additional Staff Networks and support for Black and Minority Ethnic Staff to better understand staff experience

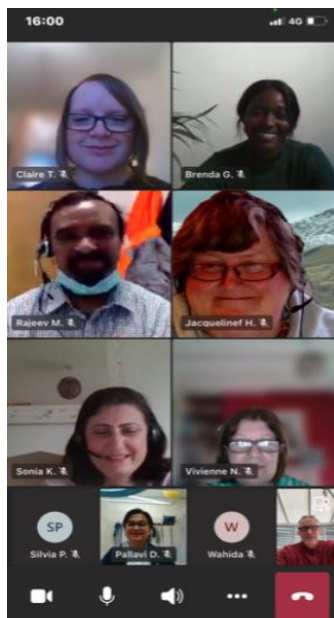
The BCUnity Ethnic Minority and Overseas Staff Network for Black and Minority Ethnic staff and Allies was launched in October. The network has been very well received and is sponsored by the Acting Executive Medical Director, Executive Director of Workforce, Executive Director of Workforce and Independent Member of the Board Equality Champion at the Health Board. Our Chair is also a member of the British Indian Nurses Association (BINA) and the network will be working to raise awareness of this and other national associations. Membership continues to grow, this year the Group have acted as key advisors in informing the Strategic Equality Plan (SEP) workforce race equality actions. There is a wide range of support for the Network, and external speakers have included North Wales Police and Race Equality First.



HEDDLU  
GOGLEDD CYMRU  
NORTH WALES  
POLICE



RACE  
EQUALITY  
FIRST





## **BCUnity Ethnic Minority and Overseas Staff Network for Black and Minority Ethnic staff and Allies - Member Story**

“I was born and raised in Kenya have been there for the best part of my life (save for my university years, which I spent in the kingdom of Morocco). December 2020 marked the third month since I arrived in the UK for the very first time.

I am a Registered General Nurse just halfway through settling here. Why the BCUnity Ethnic Minority and Overseas Staff Network? Because I hate being alone...honestly, the only way campus life away from home was manageable was through similar networks as this, which made it possible for all foreign students to come together in a safe haven where we could just fit and feel free.

Sometimes all we are focused on is achieving a dream or vision and many times lose sight of what essential aspects of life we sacrifice while at it. Most of us think about the perks of being out there and assume our system is just going to slide in and conform...truth is, one goal achieved or one dream realized or even one vision attained comes with a price...loss of friends, distance from family, colleagues and closest acquaintances, new weather and all! While this may not affect some at all a good majority find it so hard to find an equilibrium just as fast, and on top of having to fit and match with the fast pace that they wake up into.

This initiative is not only a good way of making things better for anyone coming in to BCUHB, especially by providing a safe hub where one can track and trace anything that's closest to what is familiar, but it's also one of the avenues where many will find their voice in regards to the things they go through even as they try to fit in.

I'm passionate about being a part of this network because I really know just how much a challenge it can be, and would appreciate if anyone made any small effort to make it better for me...I wouldn't think twice about doing the same for someone else.”

### **5.9.5 Implementing the All Wales Covid-19 Workforce Risk Assessment Tool**

The Covid-19 Workforce Risk Assessment Tool was adopted in the Health Board in May 2020. It was introduced to the NHS and Social Care for all staff who are vulnerable or at risk of contracting coronavirus, including people from Black and Minority backgrounds. At that time targeted letters and communications were issued to staff from Black and Minority backgrounds and their managers to reinforce the importance of risk assessment. Risk assessment implementation providing operational guidance and support has been a priority for workforce and health and safety colleagues throughout. Regular communications continue to be issued widely and compliance monitored. The tool is a live document and continues to evolve as evidence emerges. It applies to everyone including bank and agency staff, volunteers, students and staff returning to work for the NHS. [Welsh Government COVID-19 workforce risk assessment tool website](#). As part of this work we have encouraged all staff to ensure that the ethnicity information held on their Electronic Staff Record system is complete, whilst there remains work to do to increase self-declaration rates across all protected characteristic groups, the recording of ethnicity information has increased significantly this year. This information helps the Health Board maintain an accurate picture as possible of the demographics of our organisation.

### **5.9.6 Looking Forwards**

We will continue to build understanding and use of appropriate language, we will adopt the term Black and Minority Ethnic people which better reflects the vast differences between ethnic groups. We will align our race equality actions with the Race Equality Action Plan for Wales. We will build upon our work with partners to strengthen and sustain opportunities for engagement, continue to raise awareness of peoples lived experience and deliver cultural competence training to key groups. We will enable our staff network and ensure that their voice continues to be heard and influences this work going forward.

## 6. Looking to the Future

We look forward to delivering the second year of our Strategic Equality Plan. We know that the ongoing Covid-19 pandemic will continue to highlight and exacerbate existing health inequalities and it is as important as ever for us to plan and deliver our services from a founding principle of equality. In year two we will be focusing on ensuring understanding of and compliance with the Socio-economic duty and signposting leaders to guidance and support in understanding their roles and responsibilities. We will be continuing to build our North Wales Equality Evidence Portal and will be furthering our governance mechanisms to ensure equality and human rights principles are at the heart of decision making at every level, and we will continue to ensure robust Equality Impact Assessment processes are a part of this. We will promote the Autism Code of Practice, the importance of inclusive communications, increasing access and reducing cultural and language barriers. We will continue to train our staff and drive cultural competence and sensory loss awareness. We will optimise the functionality of the new Civica Real-Time Patient Feedback System to strengthen reporting of patient experience information by protected characteristic. We will work to improve data collection by protected characteristic and improve the identification, reporting and recording of hate crime. We will continue to grow our BCUnity Staff Network for people with protected characteristics including the establishment of a Women's Network and work to understand the gender equality impact of the pandemic. We will fully support the roll out of the Race Equality Action Plan for Wales.

Finally and most importantly, we will continue to work with our partners, stakeholders and the people of North Wales to advance equality of opportunity and tackle health inequalities.



## 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 (31<sup>st</sup> 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**

<b>Gender</b>	<b>Average Hourly Rate (£p per hour)</b>	<b>Median Hourly Rate (£p per hour)</b>
<b>Male</b>	22.18	16.20
<b>Female</b>	15.97	14.36
<b>Difference</b>	6.20	1.84
<b>Pay Gap %</b>	27.97%	11.36%

The gender pay gap is defined as the difference between the mean or median hourly rate of 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-most 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.

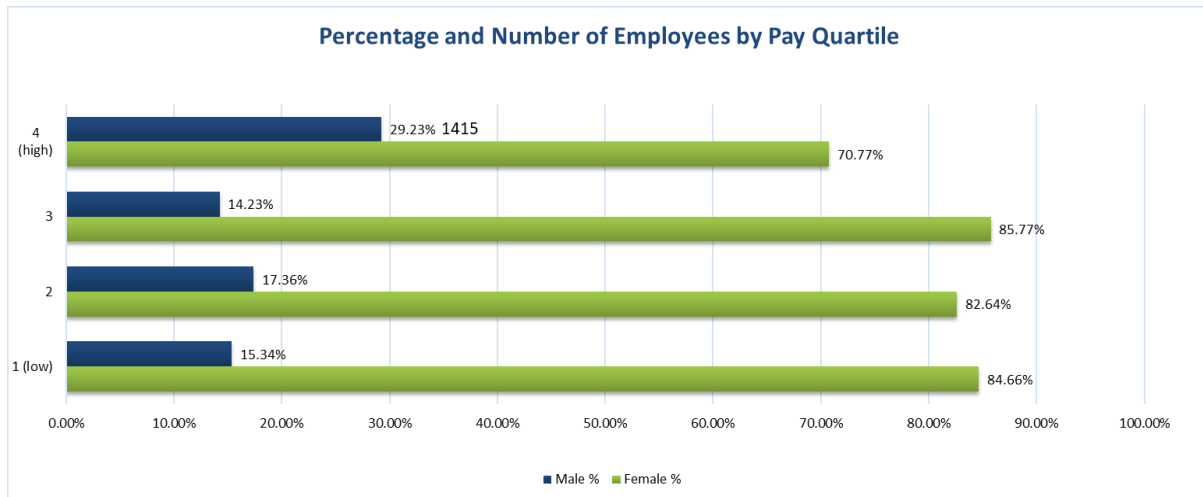
**Table 3. Proportion of staff receiving a bonus\*\***

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:-

1. **Work-life balance**
2. **Networks and Support Mechanisms**
3. **Organisational Development and Training**
4. **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.”



<b>Cyfarfod a dyddiad: Meeting and date:</b>	Strategy, Partnership and Population Health Committee 17 <sup>th</sup> June 2021						
<b>Cyhoeddus neu Breifat: Public or Private:</b>	Public						
<b>Teitl yr Adroddiad Report Title:</b>	Estate Strategy - update						
<b>Cyfarwyddwr Cyfrifol: Responsible Director:</b>	Mr Mark Wilkinson, Executive Director of Planning and Performance						
<b>Awdur yr Adroddiad Report Author:</b>	Mr Neil Bradshaw, Assistant Director of Planning and Performance - Capital						
<b>Craffu blaenorol: Prior Scrutiny:</b>							
<b>Atodiadau Appendices:</b>	0						
<b>Argymhelliad / Recommendation:</b>							
To receive and note the contents of this report.							
<b>Ticiwch fel bo'n briodol / Please tick as appropriate</b>							
<b>Ar gyfer penderfyniad /cymeradwyaeth For Decision/ Approval</b>		<b>Ar gyfer Trafodaeth For Discussion</b>		<b>Ar gyfer sicrwydd For Assurance</b>		<b>Er gwybodaeth For Information</b>	<b>x</b>
<b>Y/N i ddangos a yw dyletswydd Cydraddoldeb/ SED yn berthnasol Y/N to indicate whether the Equality/SED duty is applicable</b>						<b>N</b>	
<b>Sefyllfa / Situation:</b>							
The report is intended to provide the committee with an update on the development of the review and further development of the Estate Strategy.							
<b>Cefndir / Background:</b>							
<p>The Health Board has an Estates Strategy, which was approved in 2019 to support the implementation of the Health Board's overall clinical strategy (Living Healthier Staying Well).</p> <p>The strategy gives an overview of the current estate and describes the challenges with respect to the age, condition, resilience and suitability of the existing estate to support modern healthcare. It concludes that the current estate is not viable in the long term and is unable to support the future vision of care. The strategy provides a vision and framework for the future development and utilisation of the estate, outlines an initial pipeline of priorities and describes how BCU will seek to work with partners to maximise the benefits of collective property portfolios.</p> <p>The strategy was refreshed in January 2020. In support of the Health Boards changing priorities and developing clinical strategy it is intended to bring a revised strategy to the committee in September.</p>							

## Asesu a Dadansoddi / Assessment & Analysis

The 2020 refresh outlined the approach to the continued development of the strategy, stating that the organisation will produce a series of inter-related programmes that will be defined within supporting programme business cases. Each programme business case will comprise a series of inter-dependent projects defining the priorities for change. This approach is advocated by the Welsh Government and allows the Health Board to clearly articulate our estate priorities and their inter-dependencies to provide a complete picture.

The programmes will be shaped by the clinical strategy which will define the estates requirements within our acute hospitals but also our integrated community primary and social care services including mental health.

However, we are currently facing a series of challenges in developing our revised strategy:

- In terms of the clinical strategy, a “classical” approach to strategy development would suggest that a sequential approach should be adopted, and that as a minimum the refresh of Living Healthier Staying Well (due in December 2021) would need to be undertaken before the Estates Strategy and/or strategic business cases to support the strategy can be progressed. However this brings with it delay in realising the service benefits from the capital investments particularly if the more in-depth clinical strategy is required.
- The Health Board’s stated approach is to develop geographically-based integrated Programme Business Cases (PBCs) for each of the three Health Communities. This is because it fits best with a pathways approach, and gives appropriate emphasis on vertical service integration. Welsh Government have expressed a desire to see PBCs based on the category of service – e.g. Primary Care, Acute Care, Mental Health.

In order to address these challenges a “task and finish” group has been established to develop the Estate Strategy and consider:

- The appropriate level of strategic certainty and inter-connectedness
- The relationship between the Estates Strategy and the supporting PBC(s)

The group are working hard to progress the strategy but finalising the above is likely to delay the planned completion date by two months to November 2021.

**Goblygiadau Ariannol / Financial Implications**

The development of the Estate Strategy may require additional resources/ support.

**Dadansoddiad Risk / Risk Analysis**

Failure to update the strategy may result in delay in realising the service benefits from the capital investments particularly and, given the competition for scarce resources, it may also mean less overall investment in North Wales.

**Asesiad Effaith / Impact Assessment**

To be determined.





<b>Cyfarfod a dyddiad: Meeting and date:</b>	<b>Strategy Partnerships &amp; Population Health Committee 17<sup>th</sup> of June 2021</b>						
<b>Cyhoeddus neu Breifat: Public or Private:</b>	Public						
<b>Teitl yr Adroddiad Report Title:</b>	NHS Wales Decarbonisation Strategic Delivery Plan – 2021-2030						
<b>Cyfarwyddwr Cyfrifol: Responsible Director:</b>	Mark Wilkinson, Executive Director of Planning & Performance						
<b>Awdur yr Adroddiad Report Author:</b>	Rod Taylor - Director of Estates & Facilities David Williams – Corporate Accountant						
<b>Craffu blaenorol: Prior Scrutiny:</b>	N/A						
<b>Atodiadau Appendices:</b>	Appendix 1 - NHS Wales Decarbonisation Strategic Delivery Plan 2021-2030 Appendix 2 – Ysbyty Gwynedd Green Group presentation to Executive Management Group.						
<b>Argymhelliad / Recommendation:</b>							
<p>To note the publication of the NHS Wales Decarbonisation Strategic Delivery Plan by Welsh Government in April 2021 – Appendix 1</p> <p>To note the appointment of the Carbon Trust to support the Health Board with developing a bespoke five-year decarbonisation plan in response to Welsh Government targets for 2030.</p> <p>To support the establishment of a BCUHB decarbonisation programme to take forward the actions and targets as set out in the Strategic Delivery Plan and coordinate a wider and inclusive organisational response to achieving Welsh Governments decarbonisation targets by 2030.</p> <p>To note the degree of alignment between this pan BCU work and the local work taking place at Ysbyty Gwynedd – Appendix 2.</p>							
<b>Ticiwch fel bo'n briodol / Please tick as appropriate</b>							
<b>Ar gyfer penderfyniad /cymeradwyaeth For Decision/ Approval</b>		<b>Ar gyfer Trafodaeth For Discussion</b>	X	<b>Ar gyfer sicrwydd For Assurance</b>	X	<b>Er gwybodaeth For Information</b>	
<b>Y/N i ddangos a yw dyletswydd Cydraddoldeb/ SED yn berthnasol Y/N to indicate whether the Equality/SED duty is applicable</b>						<b>N</b>	
<b>Sefyllfa / Situation:</b>							
In March 2021, Welsh Government launched the NHS Wales Decarbonisation Strategic Development Plan 2021-2030, a plan to tackle Climate Emergency, which it declared in 2019.							

The plan requires swift action over the next five years to ensure decarbonisation targets are adhered to through minimising waste, increasing efficiencies and investing in decarbonising buildings and vehicles. The decarbonisation plan sets out forty-six initiatives for reducing emissions.

To address this challenge it is proposed to establish a BCUHB decarbonisation programme and engages the Carbon Trust to develop a bespoke plan for the Health Board.

### **Cefndir / Background:**

In March 2021, the Welsh Government launched the NHS Wales Decarbonisation Strategic Development Plan 2021-2030, a plan to tackle the Climate Emergency that it declared in 2019.

To address this challenge it is proposed to establish a BCUHB decarbonisation programme. The plan is a response to this declaration and aligns with Welsh Ministers ambition for the public sector to be net zero (in carbon emissions) by 2030 and as the largest public sector organisation in Wales; the NHS has an important role to play to contribute towards this target. It is recognised that it is unlikely that the NHS will be able to provide services without emissions but there is more than can be done to reduce them.

The Plan provides opportunities to look at buildings and energy, procurement, transport and travel; only approximately one third of total emissions are within our direct control (utilities and transport) with two thirds linked to the items that we buy and use through procurement. The impact of emissions and pollution on health outcomes is also an issue and as a result, the Plan seeks to help play a role improving air quality, providing green spaces and improving biodiversity.

### **A Climate Emergency for Wales:**

- With climate change and detrimental health impacts inextricably linked, the Climate Emergency must also be recognised as a health emergency
- In April 2019, with cross-party support, the Senedd was the first Parliament in the world to declare a Climate Emergency
- To highlight the importance placed on the topic, a new Cabinet role of Minister for Climate Change has recently been created.

### **The current situation in Wales and BCUHB's contribution**

The NHS Wales 2018/19 Carbon footprint has been calculated at approximately one million tonnes of Co2e (tCO2e), which represents around 2.6% of Wales' total greenhouse gas emissions. This has been set as the baseline for emissions reductions targets going forward.

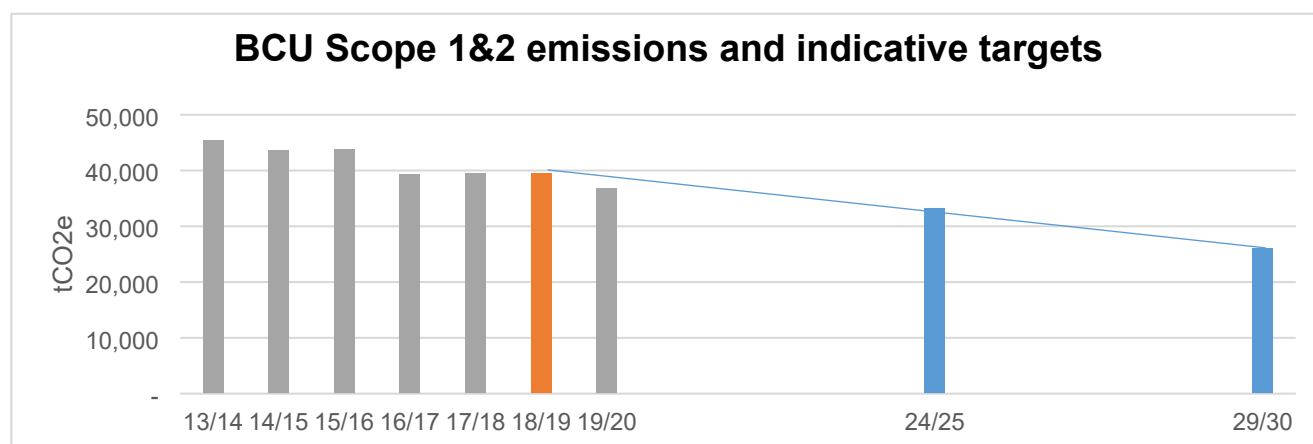
<b>NHS Wales Decarbonisation Target</b>	<b>Emissions (tCO2e)</b>	<b>Percentage reduction from 2018/19</b>
2025	845,600	-16%
2030	661,500	-34%

BCUHB's carbon emissions for Scope 1 & 2 (direct emissions and indirect emissions from purchased electricity) in 2018/19 was approximately 40,870 tCO2e; Scope 3 emissions (other indirect emissions

relating to supply chains, waste, transport, commuting etc.) are not calculated annually but by using the same ratio as the all-Wales total at 81% of all emissions, BCUHB's emissions would be estimated to be c215, 000 tCO<sub>2</sub>e.

The plan categorised the emissions into four broad groups (business use/fleet and business travel/staff, patient and visitor travel/procurement) and the target is set as a whole, there are not emissions targets for each category.

The plan recognises that there are issues with data collection and measurement, particularly in relation to Scope 3 (procurement). Welsh Government has also recognised that access to resources will be required to achieve the targets and has allocated £16m capital funding for 2021/22 across Wales.



The plan requires swift action over the next five years to ensure targets are adhered to through minimising waste, increasing efficiencies and investing in decarbonising buildings and vehicles. The Decarbonisation Plan sets out 46 initiatives for reducing emissions, highlights include:

Carbon reduction a high priority in business cases	Creation of NHS Wales Climate Group, Decarbonisation Board and a Decarbonisation Programme Manager	Decarbonisation Action Plan to be developed by each Health Board
All new building developments and major refurbishments to be accredited to net zero framework	By 2025 all NHS lighting to be LED	Reducing emissions will be mandated in procurement contracts by major suppliers

## **Asesu a Dadansoddi / Assessment & Analysis**

### **Goblygiadau Strategol / Strategy Implications**

In order to meet the requirements of the NHS Wales Decarbonisation Plan, the Health Board will need to build on the considerable work that has already been achieved and the systems that are in place.

Much of the current work has been focused on Estates and Facilities and Capital Developments, though there are also numerous examples for clinical engagement making changes e.g. establishment and engagement of the YG Green Group. During the pandemic, there has been a substantial decrease in business travel through increased agile working, an increase in the use of tele-health and consideration for further biodiversity, all of which have contributed to decarbonisation and need to be consolidated and maintained in a sustainable recovery.

The Health Board currently has no defined decarbonisation plan or travel strategy and the environmental sustainability strategy requires updating to align with the plan. In order to recognise the specific health emergency issues, there are opportunities to combine decarbonisation and environmental management with the public health agenda, with value based health care and to involve greater staff engagement and awareness in general but clinical engagement in particular; there are also further opportunities to enhance other programmes including staff wellbeing and for further collaborating with regional partners.

To reflect the prominence placed by the Welsh Government on climate change, decarbonisation and the sustainable recovery from the pandemic, it is suggested that the Health Board introduces a decarbonisation programme with resources to address the targets set out in the Plan and coordinate a wider and consistent organisational approach; this is not solely an estates issues but a health emergency.

It is proposed to appoint the Carbon Trust to provide the technical support required to develop further data and to draft a bespoke BCUHB decarbonisation plan that builds on work already undertaken.

The programme would work as a transformational initiative and would seek to progress opportunities for financial benefits to sustain the programme and deliver other returns in terms through linking with other established programmes (e.g. agile working) to tackle the health emergency while reducing emissions to achieve the ambitious targets from the NHS Wales Decarbonisation.

It is proposed to have completed a draft BCUHB decarbonisation plan by September 2021, ready for formal consultation with key stakeholders with oversight through Strategy Partnerships & Population Health Committee. The plan will then require formal approval by Board in November 2021.

### **Opsiynau a ystyriwyd / Options considered**

The Health Board in response to the NHS Wales Decarbonisation Strategic Delivery Plan requires specialist external support and guidance and is therefore appointing the Carbon Trust to assist with developing BCUH's decarbonisation plans.

Advice and guidance has also been sought from NWSSP - Specialist Estates Services who are now supporting the Health Board with plan development taking into account learning gain from across Wales and England.

The approach described in this report seeks to bring together associated work streams already established which include but are not limited to :-

1. Building use
2. Procurement
3. Fleet & business travel
4. Staff, patients and visitor travel

The work will include an update and refresh of the Health Board current Environment/ Sustainability strategy documents to align with the decarbonisation plan.

### **Goblygiadau Ariannol / Financial Implications**

It is not possible at this stage to develop a fully costed proposal in support of this work programme. Initially the Carbon Trust commission could be in the region of £0.025m to £0.035m, this will ensure that the Health Board has a draft decarbonisation plan.

A further report will be presented in September 2021 detailing the costs associated with running the decarbonisation programme. This will include options for spend to save and the recently announced Welsh Governments decarbonisation capital funding options for the Health Board.

### **Dadansoddiad Risk / Risk Analysis**

In March 2021, the Welsh Government launched the NHS Wales Decarbonisation Strategic Development Plan 2021-2030, a plan to tackle the Climate Emergency that it declared in 2019. The plan is a response to this declaration and aligns with Welsh Ministers ambition for the public sector to be net zero (in carbon emissions) by 2030.

All Health Board in Wales are required to develop decarbonisation plans to in support of the public sector achieving net zero carbon emissions by 2030.

The proposed actions and programme described in this report will ensure that BCUHB has a robust and deliverable plan to reduce carbon emissions by 2030.

### **Cyfreithiol a Chydymffurfiaeth / Legal and Compliance**

The proposed actions and programme described in this report will ensure that BCUHB has a robust and deliverable plan to reduce carbon emissions by 2030.

**Asesiad Effaith / Impact Assessment**

The NHS Wales Decarbonisation Strategic Delivery Plan – 2021-2030 has been Impact assessed. The draft plan for BCUHB will require an Impact Assessment as part of the development process.

# NHS Wales Decarbonisation Strategic Delivery Plan

2021-2030

Published March 2021

## Who we are

Established in 2001, the Carbon Trust works with businesses, governments and institutions around the world, helping them contribute to, and benefit from, a more sustainable future through carbon reduction, resource efficiency strategies, and commercialising low carbon businesses, systems and technologies.

The Carbon Trust:

- works with corporates and governments, helping them to align their strategies with climate science and meet the goals of the Paris Agreement;
- provides expert advice and assurance, giving investors and financial institutions the confidence that green finance will have genuinely green outcomes; and
- supports the development of low carbon technologies and solutions, building the foundations for the energy system of the future.

Headquartered in London, the Carbon Trust has a global team of over 200 staff, representing over 30 nationalities, based across five continents.





The Carbon Trust's mission is to accelerate the move to a sustainable, low carbon economy. It is a world leading expert on carbon reduction and clean technology. As a not-for-dividend group, it advises governments and leading companies around the world, reinvesting profits into its low carbon mission.

The NHS Wales Shared Services Partnership (NWSSP) is an independent organisation, owned and directed by NHS Wales. NWSSP supports NHS Wales through the provision of a comprehensive range of high quality, customer focused support functions and services.



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Numerous stakeholders have engaged with the development of this Delivery Plan. We would like to extend our thanks to all those who gave their time to contribute and review. This has helped to give this Delivery Plan the foundation it needs to be successful.

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*This Decarbonisation Strategic Delivery Plan is supported by a separate Technical Appendices document. The Technical Appendices document provides further detail on the specific actions required for Delivery Plan implementation.*

# Statement of Commitment



**Dr Andrew Goodall CBE**

Director General of Health  
and Social Services / Chief  
Executive of NHS Wales

A clear and ambitious green recovery will be a key component to how we respond following the COVID-19 pandemic. This NHS Wales Decarbonisation Strategic Delivery Plan demonstrates how NHS Wales can play its part in the recovery and its commitment to the Wellbeing of Future Generations (Wales) Act 2015, which directs us to consider long-term persistent problems such as poverty, health inequalities, and climate change.

The Welsh Government declared a Climate Emergency in 2019 supported by Members of the Senedd. This Strategic Delivery Plan responds to this declaration and is aligned to Welsh Ministers ambition for the public sector to be net zero by 2030. As the largest public sector organisation in Wales the NHS has an important role to play to contribute towards this target and I would expect ambitious targets to be in place.

Good progress has been made in recent years across NHS Wales to decarbonise the estate but more can be done. Design and construction inevitably have a long lead-in time and ensuring we are at the forefront of emission reduction in our public buildings is ever more important. This Strategic Delivery Plan gives us opportunities to look again at building and energy uses as well as procurement, travel and other emission sources across the NHS. Despite progress to date, our operations in 2018/19, set out in the Carbon Footprint report, still resulted in the emission of more than 1,000,000 tonnes of carbon dioxide equivalent. More than two-thirds of these emissions are not in our direct control, which indicates the scale of the challenge we are embracing.

The very nature of the health service means it is unlikely we will be able to provide the services we do without causing any emissions, but more can be done to reduce them. Going forward the NHS in Wales will deliver safe and high-quality care for patients in the most effective ways, whilst also delivering on our commitments to climate change. The Wellbeing of Future Generations Act provides a unique and positive context for the NHS to exploit opportunities to make real change in its carbon emissions over the next decade.

The impact of emissions and pollution on health outcomes is also a wider health issue I am mindful of. Air pollution is widely linked to increased rates of cardiac arrest, stroke, heart disease, lung cancer, obesity, cardiovascular issues, asthma, and dementia. As a result, the Strategic Delivery Plan will not only help reduce emissions, but play a role in improving air quality which in turn has an impact on both businesses and the health service. Less emissions and the importance of green spaces and nature for example have provided significant therapeutic benefits during the pandemic and will continue to do so.

It is clear that the NHS must act now to reduce its environmental impact, play its part, and be an exemplar in the way forward in taking steps to reduce emissions.

This Decarbonisation Strategic Delivery Plan sets out our plan for addressing the Climate Emergency. The targets are ambitious, and in some areas will require a fundamental shift to our approach to healthcare, but will contribute to reducing our impact on the Global Health Emergency. The Strategic Delivery Plan sets out 46 initiatives and targets for the decarbonisation of NHS Wales that will be assessed and reviewed in 2025 and 2030.

Taking swift action over the next five years is critical to ensuring the targets within this strategy are adhered to. This relies on minimising our waste, increasing our efficiencies, and investing heavily in decarbonisation of our buildings and vehicles. Low carbon must be core to the decisions, and embedded into our everyday processes so that it becomes integral to the decisions that we make. The NHS in Wales, together with our public sector partners, must lead by example. This is particularly important with regard to our supply chain where our decisions and influence needs to be used to take our suppliers on the low carbon journey with us.

The Decarbonisation Strategic Delivery Plan has been developed through a partnership approach. Whilst recognising that some planned engagement activities were unable to take place due to the pandemic there has been significant interest in the development of the Plan both amongst NHS colleagues and wider stakeholders. I am encouraged to note that more than 100 industry experts and healthcare professionals have contributed to ensuring this plan is informed, targeted, credible, and will have a significant impact on the future operation of the Health Service in Wales.

I would conclude by saying that every single person in Wales has a role to play in the decarbonisation of our health service in line with prudent healthcare. The choices you make as an individual, as a patient, as a member of staff, as a supply chain partner, will undoubtedly play a role in helping to reduce our combined contribution to greenhouse gas emissions. We all need to contribute to this which will significantly improve wider health and well-being across the population of Wales.

A handwritten signature in black ink, appearing to read 'Andrew Goodall', is positioned above the printed name.

Dr Andrew Goodall CBE

Director General of Health and Social Services / Chief Executive of NHS Wales

# The Climate Emergency Challenge

## A Climate Emergency for Wales

**Immediate and bold action to tackle climate change is more crucial now than ever before.**

There is now unprecedented political recognition of a global Climate Emergency. The Intergovernmental Panel on Climate Change has made it clear that limiting global warming to 1.5°C above pre-industrial levels is necessary to prevent a sustained public health catastrophe. This has culminated in the Paris Climate Change Agreement, in which 189 countries united to ratify a legally-bound commitment to act to limit global temperature rise this century.<sup>1</sup>

**The five warmest years on record have occurred in the five years succeeding the Paris Agreement.<sup>2</sup>**

Climate change is recognised as the most significant threat to the health of humanity on a global scale. The World Economic Forum states climate change as the greatest risk to the stability of the global economy, in terms of scale and likelihood;<sup>3</sup> which will increase pressure on health systems across the world. The World Health Organization estimates that climate change will lead to around 250,000 extra deaths per year globally from 2030, and that the direct cost impact will be \$2-4 billion per year over the next decade.

**With climate change and detrimental health impacts inextricably linked, the Climate Emergency must also be recognised as a health emergency.**

Increased societal awareness has led to calls for greater action to tackle climate change. Activism has enhanced the media spotlight on the climate agenda. Increased public awareness has led to growing pressure on governments and businesses to act rapidly to mitigate climate change, calling for the UK and devolved governments to formally declare a Climate Emergency. This was also supported in 2019 by an open letter signed by over 1,200 UK doctors calling for direct action against the climate crisis, citing the significant threat that climate change poses to public health.

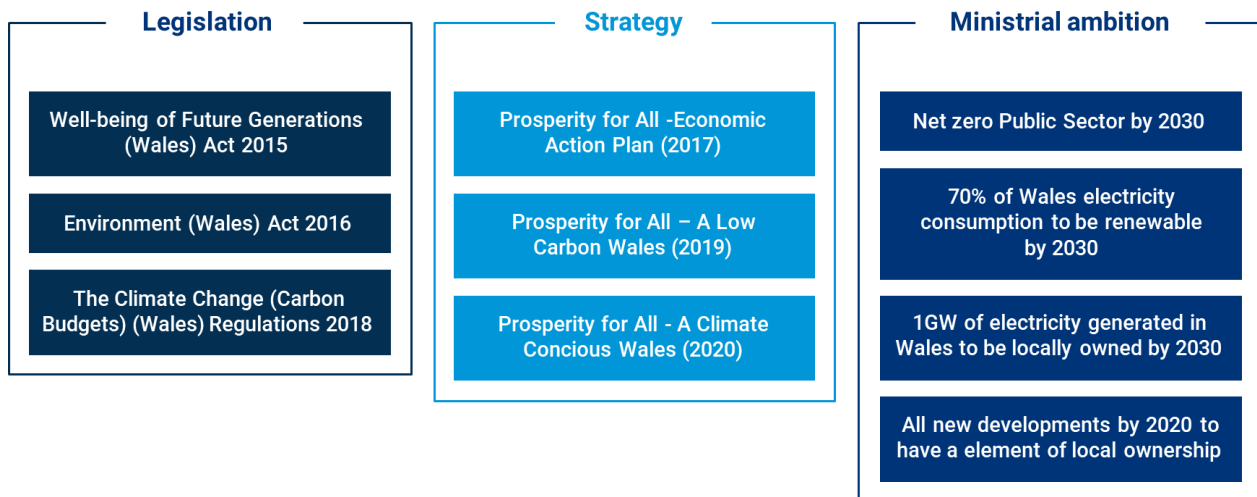
**In April 2019, with cross-party support, the Senedd was the first Parliament in the world to declare a Climate Emergency.**

Since the Climate Emergency declaration, Welsh Government has accepted the Climate Change Committee's recommendation to increase Wales's 2050 emissions target to a 95% reduction with a further ambition to achieve net zero. However further advice published in December 2020 has recommended that action needs to be taken sooner, and this must chart a steeper trajectory towards net zero.<sup>4</sup> If accepted, the advice would lead to a net zero target for all sectors in Wales by 2050 and a stretching target of a 63% reduction in greenhouse gas emissions by 2030 (compared with the current target of 45%).

**To lead the way on climate action in Wales, Welsh Government set the ambition for the public sector in Wales to be net zero by 2030.**

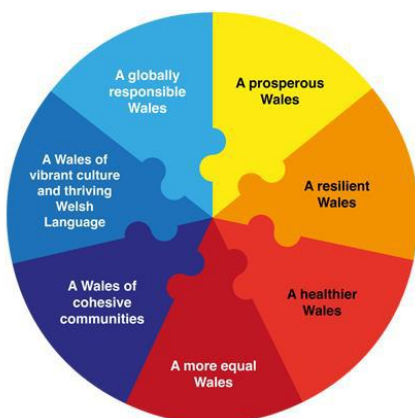
## NHS Wales Climate Emergency

To implement decarbonisation, Welsh Government has put in place binding legislation, strategies, and ambitions to drive carbon reduction activity in Wales. In March 2019 the First Minister for Wales launched Prosperity for All: A Low Carbon Wales<sup>5</sup>, this sets out Welsh Governments plan for decarbonisation in Wales. This further states the ambition for the public sector to be net zero by 2030, and the specific policy to reduce emissions in the health sector.



NHS Wales recognises it has a significant contribution to make towards the ‘team Wales’ target of a net zero public sector. To stimulate engagement and action across all parts of NHS Wales, the first initiative within this Delivery Plan provides the commitment to address the Climate Emergency.

**NHS Wales will show leadership and commitment to deliver this Decarbonisation Delivery Plan in order to address the Climate Emergency for Wales as declared by Welsh Government and the Senedd.**



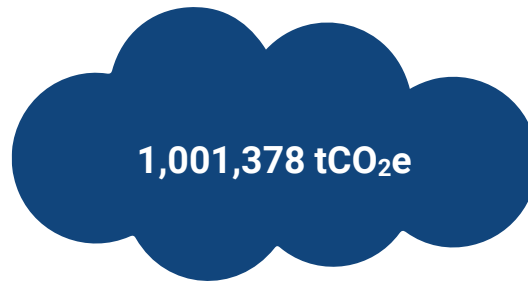
The NHS Wales requirements under the *Well-being of Future Generations (Wales) Act 2015* will ensure that the climate is considered at an everyday decision-making level. This world-leading legislation places NHS Wales with a duty to support the seven Well-being Goals put in place by the act. Decarbonisation has a critical role to play in meeting this duty, in particular to achieve a resilient, healthier, and globally responsible Wales. 6

With climate change, pollution, and detrimental health linked, it is the responsibility of NHS Wales to act on the climate and health emergency to support a healthier Wales now and in the future.

## NHS Wales Carbon Footprint

Prior to developing this Delivery Plan, NHS Wales Shared Services Partnership (NWSSP) commissioned a Carbon Footprint assessment for the whole of NHS Wales. The [NHS Wales Carbon Footprint 2018/19<sup>7</sup>](#) has influenced the approach set out in this Delivery Plan and provides initial baseline emissions data for target setting.

### Total NHS Wales Carbon Emissions 2018/19



The NHS Wales 2018/19 Carbon Footprint has been calculated as approximately 1 million tonnes of CO<sub>2</sub>e, which represents around 2.6% of Wales's total greenhouse gas emissions.<sup>8</sup> This has been set as the baseline for emissions reduction targets going forward.

Emissions have been attributed to the three scopes as defined by the Green House Gas Protocol:

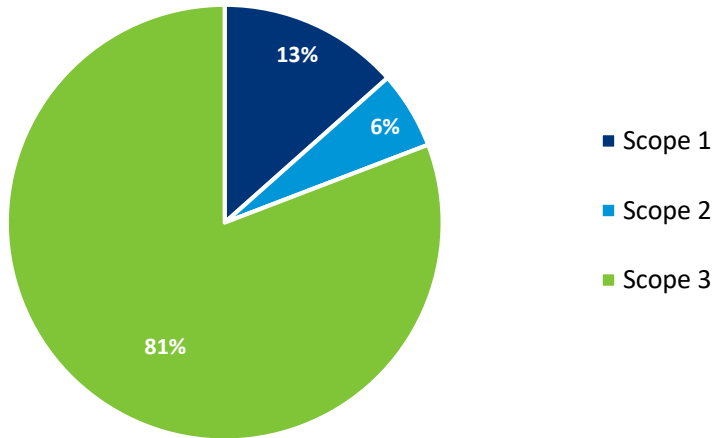
Scope 1	Scope 2	Scope 3
<i>Direct emissions of an organisation, including combustion of fuels and fugitive emissions</i>	<i>Indirect emissions of an organisation, including purchased electricity and heat</i>	<i>Other indirect emissions associated with an organisation, including the supply chain, transport and distribution, business travel and commuting, use of products, waste, investments and other leased assets or franchises.</i>

To aid understanding, emissions have been further broken down and analysed into **four** categories:

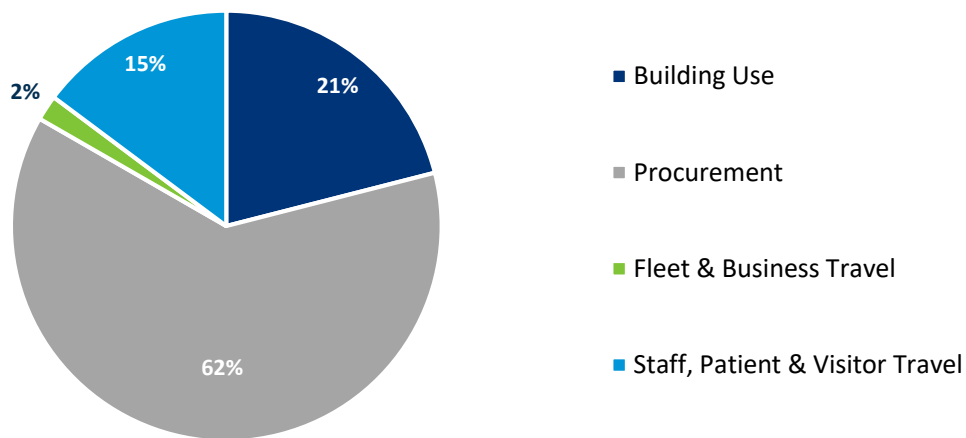
- |                                     |   |
|-------------------------------------|---|
| 1. <b>Business use</b>              | 3. <b>Staff, Patient and Visitor Travel</b> |
| 2. <b>Fleet and Business Travel</b> | 4. <b>Procurement</b>                       |

The following charts provide the split of NHS Wales Carbon Footprint by scope and by category.

**NHS Wales Carbon Footprint by Scope 2018/19**



**NHS Wales Carbon Footprint by Category 2018/19**

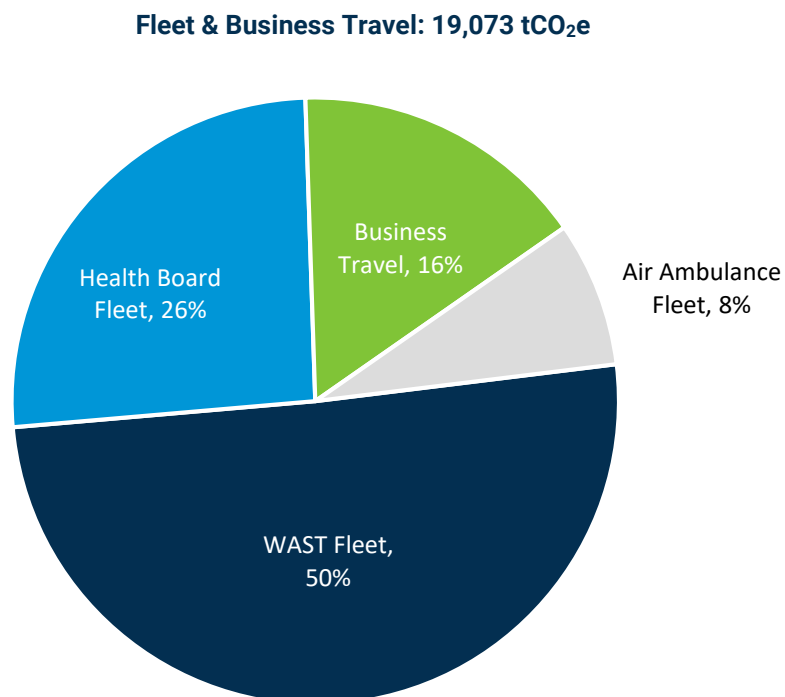
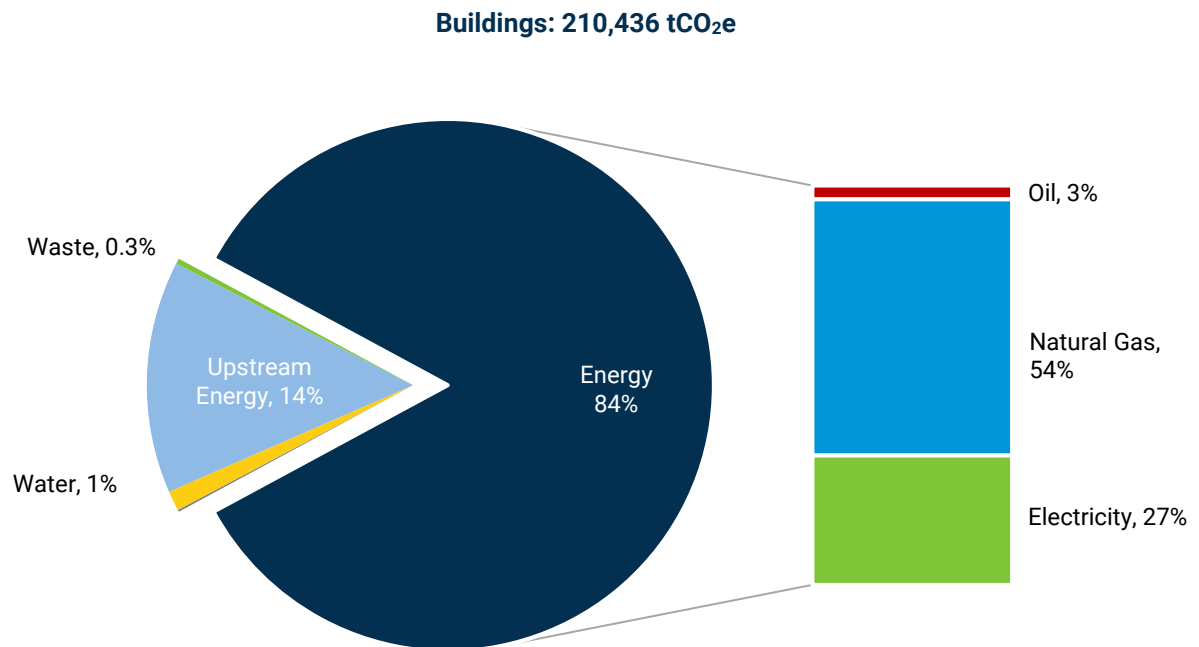


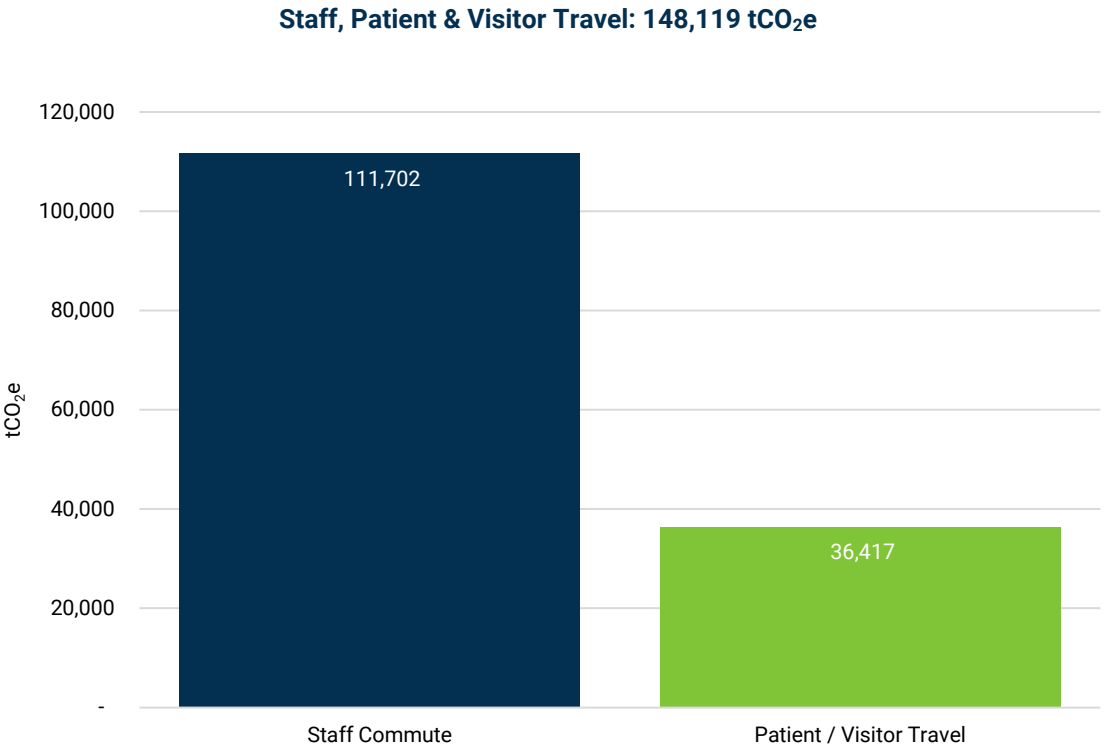
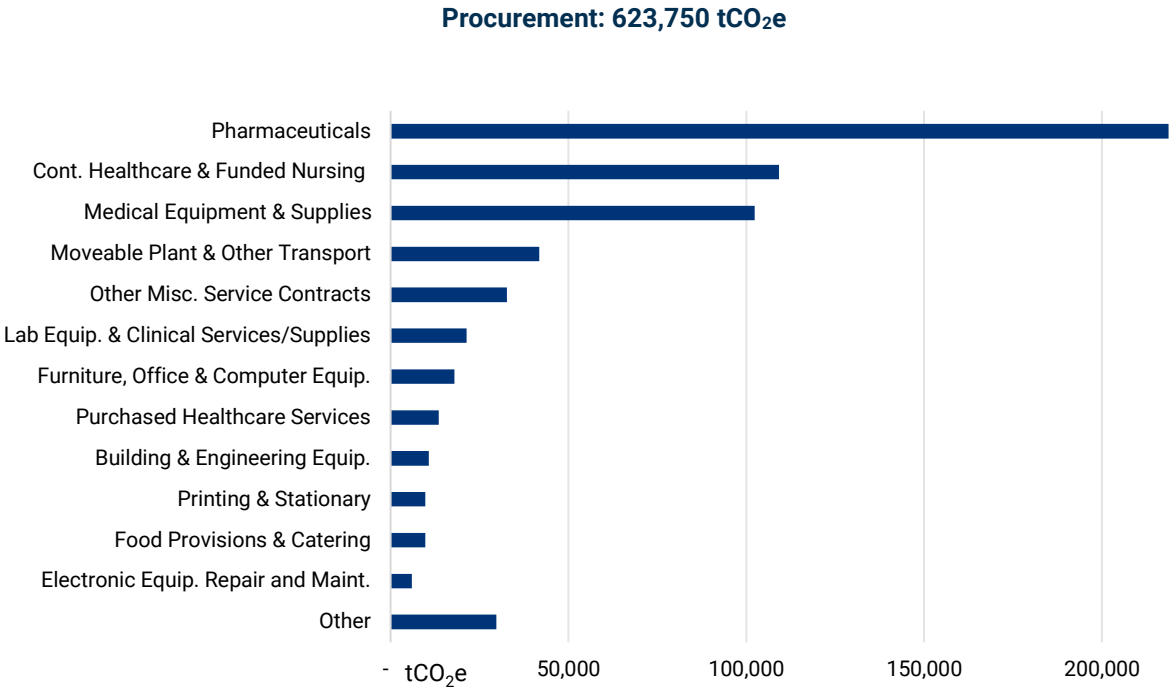
This Delivery Plan sets out a target for NHS Wales as a whole, and for the four categories of emissions assessed. However, no target has been set by scope of emissions.

The need to improve emissions data accuracy and coverage is recognised within the NHS Wales Carbon Footprint assessment. The requirement for ongoing data improvement, in particular for transport- and procurement-related emissions, is set-out within the Delivery Plan.



The following charts provide key summary information regarding the **four** categories assessed within the Carbon Footprint. Further detail and analysis of the [NHS Wales Carbon Footprint 2018/19](#) can be found on the Welsh Government website.





## Sustainable Recovery to the Pandemic

Alongside the tragic impact of the Covid-19 pandemic, a devastating economic impact has also been recognised.

**Hundreds of health professionals in Wales have called on Welsh Government to support a 'healthy recovery' to the pandemic.** In June 2020, the UK Health Alliance on Climate Change wrote to the Prime Minister setting out 'Climate Change Principles for a Healthy Recovery.'<sup>9</sup> In July 2020, a letter signed on behalf of hundreds of Welsh doctors and healthcare workers highlighted evidence linking air pollution to the susceptibility of Covid-19 in patients, demonstrating their support for the climate agenda and recognition of the potential health benefits a green recovery can provide.



Photo credit: Laing O'Rourke

In response to the economic impact of the Covid-19 pandemic, the Welsh Government has set up a *Green Recovery Taskforce*. The aims of the task force are closely aligned with the aims of NHS Wales in this Delivery Plan. The opportunity for investment against the initiatives set-out will support a green economic recovery in Wales.

The response to the pandemic has demonstrated how significant and impactful change can be enforced into the day-to-day life of the public and the approach to work; this includes how healthcare is delivered. An NHS Trust in England demonstrated that remote working during the first Coronavirus lockdown reduced business mileage by 67% and reduced electricity consumption by 12-18% across their sites.<sup>10</sup>

**With the pandemic demonstrating that rapid and significant societal change is achievable, the goal now must be to stir similar urgency and commitment to tackle the Climate Emergency.**

# NHS Wales Commitments

This NHS Wales Decarbonisation Strategic Delivery Plan has been developed to drive an ambitious but realistic reduction in carbon emissions from NHS Wales's operations.

This Delivery Plan sets out 46 initiatives for decarbonising NHS Wales. The commitments cover emissions from Scopes 1, 2, and 3.

The following table provides specific headline commitments up to 2030 which will be reviewed in 2025 and 2030 alongside the overall carbon reduction targets for these periods.

Access to resource and finance is critical to ensure the success of this Delivery Plan, and this will be supported by Welsh Government and NWSSP as part of the Action Plan review process. For the first year of delivery (2021-22), Welsh Government has made available £16m in capital finance.

## Moving up a gear (2020-2022)

- NHS Wales will fully support the Climate Emergency for Wales as declared by the Welsh Government
- Carbon reduction will be a high priority in business case decision making – this will mean that increased revenue costs will not be a barrier to the optimal low carbon option
- An 'NHS Wales Climate Change Group: Decarbonisation Board' and a 'Decarbonisation Programme Manager' will be put in place to lead Delivery Plan implementation
- Welsh Government will enable access to finance to support the successful implementation of the Delivery Plan
- 'Decarbonisation Action Plans' will be developed by Health Boards, Trusts, and NWSSP Procurement – these will be regularly updated and committed to within Integrated Medium-Term Plans on a 2-yearly basis
- All new-build developments and major refurbishments will be designed and accredited to a net zero framework

### Well on our way (2022-2026)

- NHS Wales will have reduced carbon emissions by 16% in line with the 2025 interim target
- Low carbon heat evolution plans for acute hospitals will be in place
- By 2025, all lighting across the estate will be LED
- The total renewable energy potential for the NHS Wales estate will be known, with an implementation plan progressing
- Reducing emissions will be mandated within new procurement contracts for major suppliers
- Procurement emissions accounting will shift to a 'market-based' approach
- Medical gases with low global warming potentials will be used as standard with improved emissions accounting data available to assess the impact
- All cars and light goods vehicles procured will be battery-electric where practically possible. Sufficient charging infrastructure will have been installed to support an increased uptake in fleet, staff, and public electric vehicles
- Digital technology and telemedicine will be increasingly used to increase efficiency and reduce travel

### Achieving our goal (2026-2030)

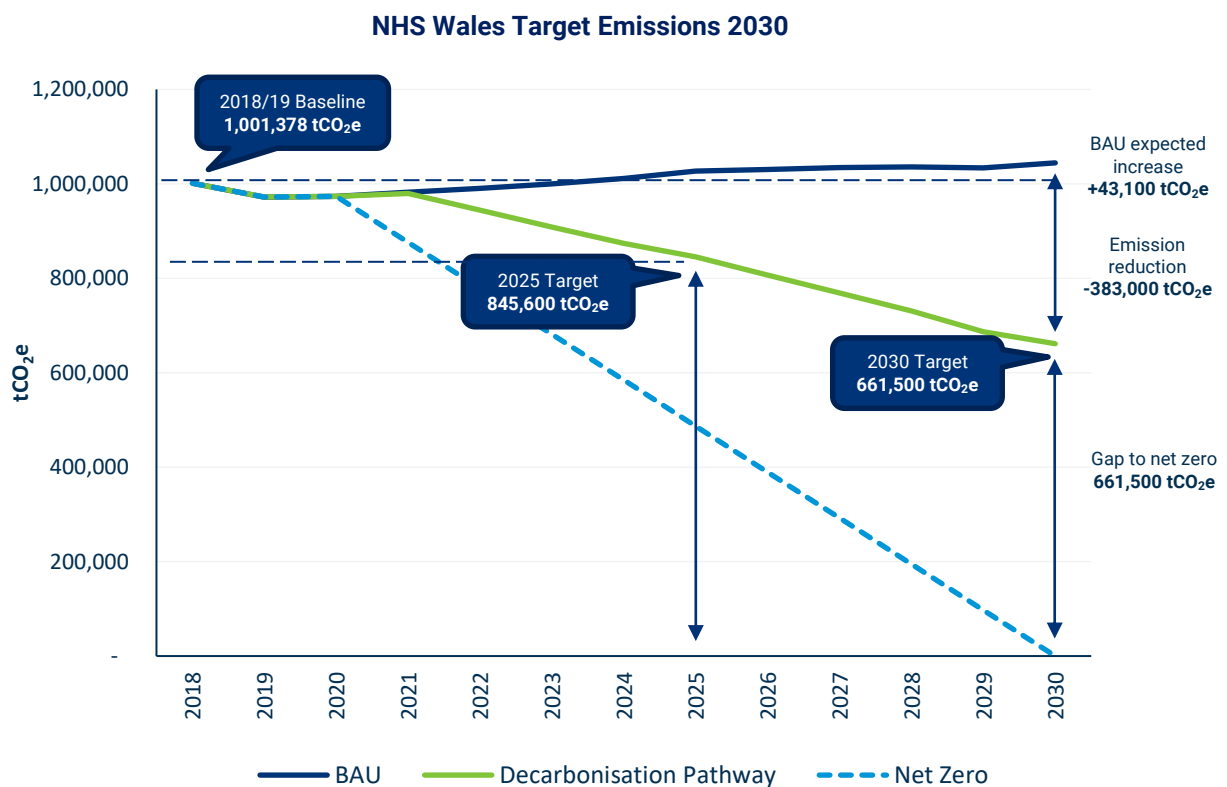
- NHS Wales will have reduced carbon emissions by 34% equivalent to 383,000 tCO<sub>2</sub>e as a minimum contribution to a net zero Welsh Public Sector
- Every building will have undergone an energy-efficient upgrade – low carbon heating will be utilised and renewable energy will be generated on site
- Aim for all natural-gas combined heat and power plant to be decommissioned
- WAST will aim for new ambulances procured to be plug-in electric, or alternative low carbon fuelled
- Large-scale renewable energy generation will be implemented by collaborating with public sector partners, landowners, developers, and local communities
- Carbon sequestration land will have been developed and included within carbon accounting
- A climate smart approach to modern healthcare will be incorporated into new developments

# 2025 and 2030 Emissions Targets

## NHS Wales' Target

NHS Wales's emissions pathway has been mapped out between 2018 and 2030 for three scenarios:

- **Business-as-usual (BAU)** – presents the expected emissions if NHS Wales took no additional action to decarbonise; despite the ongoing decarbonisation of UK electricity grid, an increase is forecast due to the continual growth of the Health Service.
- **Decarbonisation Pathway** – presents a targeted decarbonisation scenario based upon the initiatives set within this Delivery Plan; this pathway sets the overall 2025 and 2030 emissions reductions targets.
- **Net zero** – a theoretical linear decarbonisation approach that achieves zero carbon to demonstrate the gap to net zero for NHS Wales.

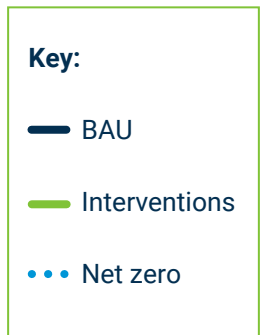
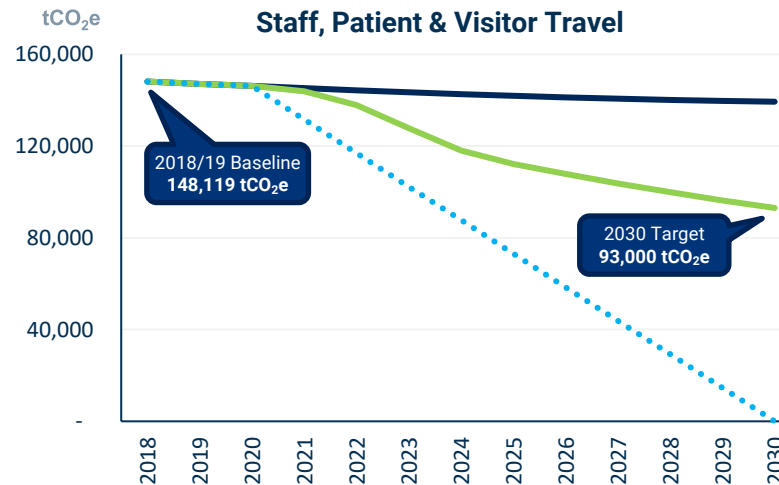
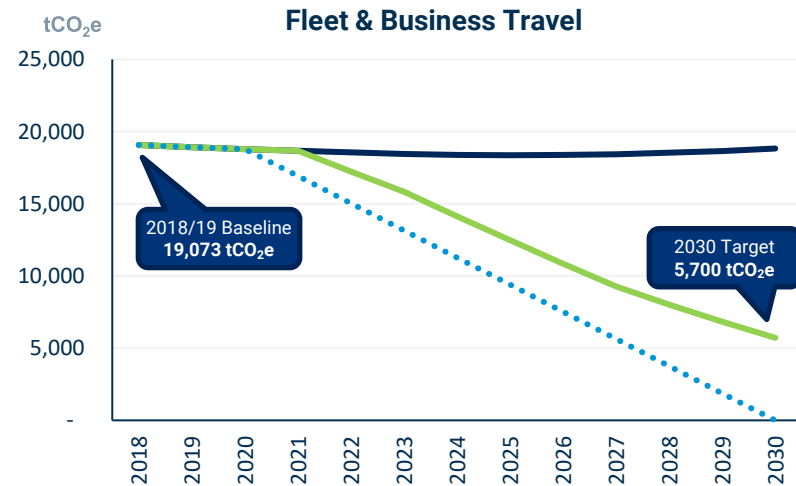
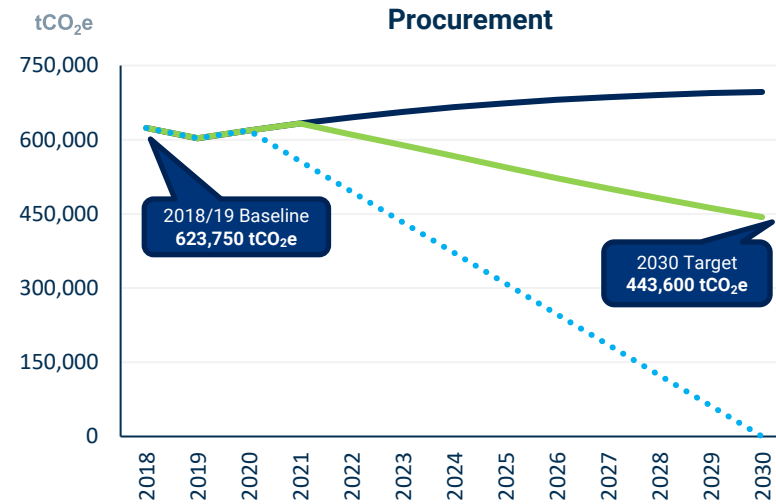
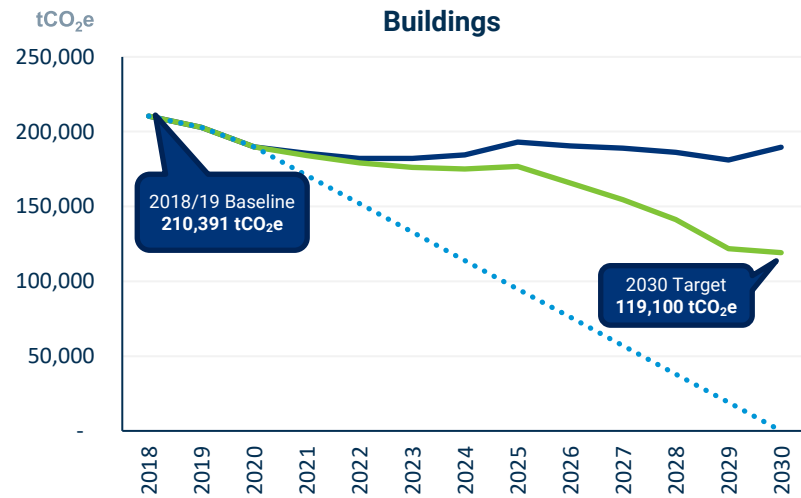


The NHS Wales 2025 and 2030 decarbonisation targets are set as follows:

NHS Wales Decarbonisation Target	Emissions (tCO <sub>2</sub> e)	Percentage reduction from 2018/19	Cumulative savings from initiatives will total (tCO <sub>2</sub> e)
2025	845,600	-16%	459,000
2030	661,500	-34%	1,982,500

## Category Targets

Alongside the overall NHS Wales emissions targets, assessments of performance will be made against the following category targets:



# Delivery Plan Implementation

The success of this Delivery Plan will be highly dependent on the governance structure put in place, the management approach 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. Further detail regarding the specific actions, responsibilities, and target dates can be found within the Technical Appendices.

## Mobilisation

1

NHS Wales will show leadership and commitment to deliver this Decarbonisation Delivery Plan in order to address the Climate Emergency for Wales as declared by Welsh Government and the Senedd.

2

A 'Decarbonisation Board' will be put in place to oversee implementation of the Delivery Plan; this will be a sub-group of the Welsh Government NHS Wales Climate Change Group.

3

A 'Decarbonisation Programme Manager' will be put in place as a dedicated role to drive the focussed implementation of the Delivery Plan.

4

'Action Plans' will be developed, which will form the basis of how NHS Wales organisations will implement Delivery Plan initiatives – these will be developed two-yearly and committed to within Integrated Medium-Term Plans.

5

Welsh Government will enable the successful implementation of the Delivery Plan by supporting access to additional resource and finance for delivery of initiatives.

## Improvement and Revision Approach

6

NWSSP Specialist Estate Services will oversee the evolution of the Estates and Facilities Performance Management System (EFPMS) returns to capture improved data coverage and communicate carbon performance – this will evolve to align with the 'Carbon reporting guide for the public sector in Wales' data requirements when published.

7

Welsh Government and NWSSP will issue a revision of the Delivery Plan with updated and refined targets by 2023.

8

Welsh Government and NWSSP will review the success of Delivery Plan implementation in 2024, and issue an update of the Plan in 2025.



# Decarbonisation Initiatives

Decarbonisation of NHS Wales has been structured into six main activity streams:

- Carbon Management
- Buildings
- Transport
- Procurement
- Estate Planning and Land Use
- Approach to Healthcare

The activity streams do not specifically match the Carbon Footprint categories or the specific targets; they are structured to aid understanding of implementation. The initiatives included within the activity streams will often provide carbon reduction across several of the footprint categories.

*Initiatives* are the decarbonisation activities, or projects, that NHS Wales will undertake.

The identification of initiatives involved multiple parties, including the Carbon Trust, NWSSP, Welsh Government, NHS organisations, voluntary commissions, healthcare staff, and industry experts.

The Technical Appendices provides a full summary of the initiatives and sets out the specific actions, responsibilities, target dates for implementation, and appropriate exclusions.

Content	
Carbon Management	<ul style="list-style-type: none"> <li>Approach to carbon management</li> </ul>
Buildings	<ul style="list-style-type: none"> <li>Decarbonising the existing estate</li> <li>Requirements for new build developments and major refurbishments</li> </ul>
Transport	<ul style="list-style-type: none"> <li>Improvements to non-emergency response fleet</li> <li>Improvements to fleet, staff, patient and visitor travel</li> <li>Improvements to the Welsh Ambulance Service NHS Trust emergency response fleet</li> </ul>
Procurement	<ul style="list-style-type: none"> <li>Improvements to supply chain carbon accounting and engagement</li> <li>Approach to decarbonisation of the supply chain</li> </ul>
Estate Planning and Land Use	<ul style="list-style-type: none"> <li>Approach to strategic estate planning and building use</li> <li>Approach to using land for offsetting and renewable energy generation</li> </ul>
Approach to Healthcare	<ul style="list-style-type: none"> <li>Approach to smart working</li> <li>Approach to climate and decarbonisation education</li> <li>Approach to management of healthcare and medicines</li> <li>Approach to reducing carbon emissions from waste</li> </ul>

## Carbon Management

No.	Initiative
1	Implement best practice carbon management with dedicated roles in place to undertake Delivery Plan initiatives.
2	Proactively communicate the Climate Emergency to staff and the public with the aim of stimulating low carbon behaviours and growing engagement in the decarbonisation agenda.
3	Drive the engagement required for decarbonisation across each organisation's leadership team – Finance, Procurement, Estates, and Capital Project teams will engage to develop a focussed and active approach to project implementation.

## Existing Buildings

No.	Initiative
4	Progress a transformational energy and water efficiency retrofit programme across the estate – every building with a long-term future will have undergone a multi-technology energy-efficient upgrade by 2030.
5	Fully replace all existing lighting with LED lighting by 2025.
6	Complete expert heat studies by the end of 2023 for all acute hospitals to set the plan to transition away from fossil fuel heat sources.
7	Progress low carbon heat generation for all non-acute sites larger than 1,000m <sup>2</sup> by 2030.
8	We will not plan to install any further natural gas CHP plant - renewable CHP will be championed instead. For existing CHP plant, we will prioritise decommissioning over investment in major refurbishment of failed CHP from 2025, with the ambition for all CHP to be decommissioned by 2030.
9	Take an active approach to efficient control of energy in our buildings. All buildings will have up-to-date, standardised, and effective building management systems (BMS). Dedicated resource to optimise the use of energy by BMS control will be put in place by 2023.
10	Determine the overall viable potential for onsite renewable energy generation at each NHS Wales organisation by 2023. Install half of this potential by 2026, and the remainder by 2030.

## New Builds and Major Refurbishments

No.	Initiative
11	Develop and build low carbon buildings to net zero standard – engage and collaborate with NHS partners across the UK on the emerging net zero building standard for hospitals, and adopt a net zero building accreditation approach which will be defined by 2022.
12	All project teams to have an independent client-side sustainability representative to provide due diligence support for the optimal low carbon design across all development stages – and be responsible for ensuring the Net Zero Framework process is followed.
13	Integrate Modern Methods of Construction (MMC) into the design and construction of new buildings – this will consider modular design, offsite fabrication, and just-in-time delivery to minimise construction-related carbon emissions.
14	Install electric vehicle charging points in new developments beyond minimum requirements, and future-proof new car parks by installing infrastructure to enable straightforward installation of future charging points.
15	Prioritise low carbon heating solutions as a key design principle. No fossil fuel combustion systems are to be installed as the primary heat source for new developments.
16	Incorporate the principles of sustainable transportation into the design of new sites (in addition to electric vehicle infrastructure) in line with the Welsh Government’s Active Travel Action Plan for Wales. <sup>11</sup>



Photo credit: Laing O'Rourke

## Transportation

No.	Initiative
17	NWSSP will work with Health Boards and Trusts to develop the best practice approach for electric vehicle (EV) charging technology, procurement, and car park space planning – this will include consideration of NHS Wales’ own fleet, staff vehicles, and visitor EV charging.
18	A standardised system of vehicle management for owned and leased vehicles will be developed to plan, manage, and assess vehicle performance - this will entail central fleet management oversight within each organisation.
19	All new cars and light goods fleet vehicles procured across NHS Wales after April 2022 will be battery-electric wherever practically possible. In justifiable instances where this not suitable, ultra-low emission vehicles should be procured.
20	All new medium and large freight vehicles procured across NHS Wales after April 2025 will meet the future modern standard of ultra-low emission vehicles in their class.
21	All Health Boards and Trusts will appraise the use of staff vehicles for business travel alongside existing pool cars. Health Boards and Trusts will update their business travel policies to prioritise the use of electric pool cars, electric private vehicles, and public transport.
22	The Welsh Ambulance Service NHS Trust will continue to develop their electric vehicle charging infrastructure network plan for the existing NHS Wales estate to facilitate the roll-out of electric vehicles.



No.	Initiative
23	The Welsh Ambulance Service NHS Trust will aim for all rapid response vehicles procured after 2022 to be at least plug-in hybrid EV, or fully battery-electric in appropriate locations.
24	The Welsh Ambulance Service NHS Trust will actively engage with vehicle manufacturers for research and development of low carbon emergency response vehicles and report annually, with the ambition to operate plug-in electric, or alternative low carbon fuelled, emergency ambulances by 2028.

## Procurement

No.	Initiative
25	NWSSP will transition to a market-based approach for supply chain emissions accounting.
26	NWSSP will expand its current Sustainable Procurement Code of Practice to include a framework for assessing the sustainability credentials of suppliers.
27	Value to the local supply chain will be maximised, whilst maintaining high standards for goods and services.
28	100% REGO-backed electricity will be procured by 2025, and 100% offset gas by 2030.
29	NWSSP Procurement Services will embed NHS Wales' decarbonisation ambitions in procurement procedures by mandating suppliers to decarbonise.
30	Sustainability will be embedded within strategic governance – NWSSP Procurement Services will work across Wales to champion decarbonisation in the supply chain, and influence decarbonisation ambitions for buildings and transport.
31	NWSSP Procurement Services will improve supply chain logistics and distribution to reduce the carbon emissions from associated transport.
32	NWSSP Procurement Services will actively develop and support procurement requirements to support implementation of this Delivery Plan.

## Estate Planning and Land Use

No.	Initiative
33	All-Wales strategic estate planning will have carbon efficiency as a core principle – <i>quantified carbon</i> will be a key decision metric for planning new developments, rationalisation of the estate, and championing smart ways of working.
34	NWSSP and Welsh Government will advise Health Boards and Trusts on an appraisal approach for allocating land for uses such as renewable energy generation, greenhouse gas removal and afforestation – NHS Wales organisations will maintain green space and utilise land for decarbonisation, including collaborating with neighbouring land owners.
35	Large-scale renewable energy generation opportunities with private wire connections to NHS Wales sites will be progressed where viable.

## Approach to Healthcare – Smart Working

No.	Initiative
36	Our approach to 21st-century healthcare will be central to the design of new hospital developments – redesigning the whole journey with care closer to home in a carbon-friendly primary care estate with a reduced need to visit hospitals.
37	Support the Welsh Government’s target for 30% of the Welsh workforce to work remotely <sup>12</sup> , by continuing to facilitate flexible and smart working, developing the existing approach to remote working technology, and rationalising existing office space.
38	Continue to utilise technology to increase the efficiency of engagements between staff and the public where suitable.

## Approach to Healthcare – Education

No.	Initiative
39	Health education will be used to champion decarbonisation across our service – we will encourage sustainable healthcare practice, waste efficiency, and low carbon staff and patient behaviour.



## Approach to Healthcare – Healthcare and Medicines

No.	Initiative
40	Support the work of existing working groups such as the Welsh Environmental Anaesthetic Network to raise awareness of the carbon impact of medical gases and transition to a culture where gases with low global warming potentials are prioritised.
41	Explore methods of minimising gas wastage and technologies to capture expelled medical gases.
42	Take a patient-centric approach to optimise inhaler use, focusing on a reduction in the over-reliance of reliever inhalers where possible and emphasising the importance of inhaler-specific disposal and recycling.
43	Transition the existing use and distribution of carbon-intensive and high global warming potential (GWP) inhalers to alternative lower GWP inhaler types where deemed suitable.

## Approach to Healthcare – Waste

No.	Initiative
44	Support the development of guidance by 2022 for best practice reduction of pharmaceutical waste.
45	Develop a 'plastics in healthcare' initiative to address waste in the delivery of health care – this will aim to tackle PPE, single use plastics, and packaging waste.
46	Engage with pharmacists and prescribers to build upon and support existing efforts to encourage responsible disposal of inhalers through discussions with patients, information leaflets, posters and media.

# Roadmap

The roadmap timeline sets out the NHS Wales summarised initiative activity out to 2030. To influence the roadmap, and the initiatives included within this Delivery Plan, a high-level scoring exercise has been undertaken. The scoring reflected should be used to reflect and visualise initiatives only, this does not provide the detail required to justify that one initiative should be prioritised over another, and is not a precise representation of impact.

Appraisals of initiatives were undertaken using the following metrics:

- *Carbon impact*
- *Technology and market readiness*
- *Effort and resource demands*
- *Strategic importance for enablement*

A quantitative scoring was allocated to each metric, with the combined total providing the overall score for each initiative. To maintain a decarbonisation focus, the carbon impact metric has a double weighting than that of other metrics. The Technical Appendices provides a full summary of initiative scoring and additionally includes a high-level financial impact assessment.

	Selected Example Initiatives	Score (/25)
5	Fully replace all existing lighting with LED lighting by 2025.	14
6	Complete expert heat studies by the end of 2023 for all acute hospitals to set the plan to transition away from fossil fuel heat sources.	17
11	Develop and build low carbon buildings to net zero standard – engage and collaborate with NHS partners across the UK on the emerging net zero building standard for hospitals, and adopt a net zero building accreditation approach which will be defined by 2022.	15
19	All new cars and light goods fleet vehicles procured across NHS Wales after April 2022 will be battery-electric wherever practically possible. In justifiable instances where this not suitable, ultra-low emission vehicles should be procured.	12
29	NWSSP Procurement Services will embed NHS Wales' decarbonisation ambitions in procurement procedures by mandating suppliers to decarbonise.	22



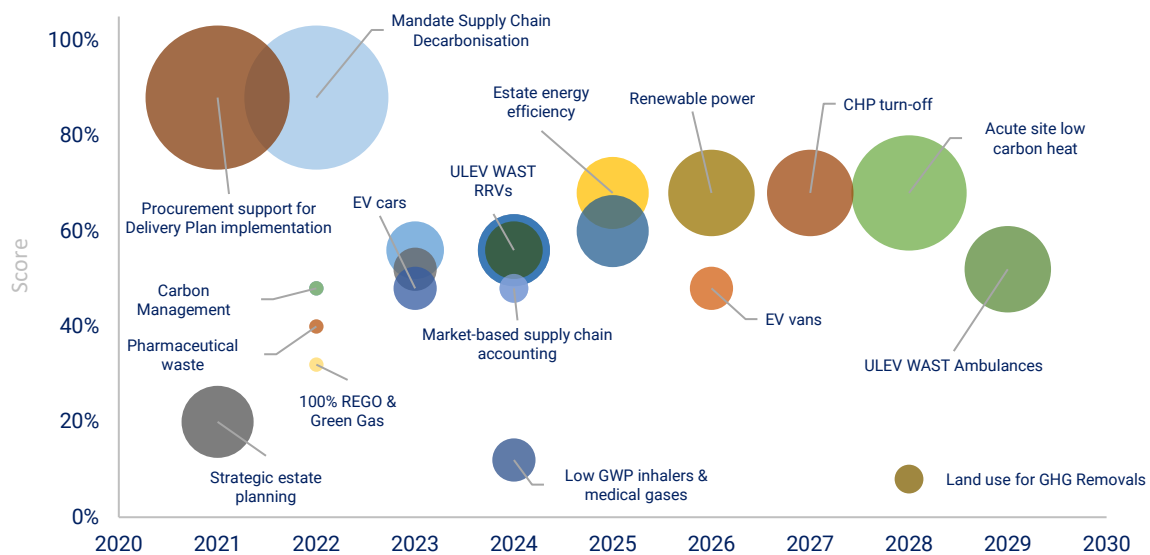
## Initiative Roadmap Scoring

The following charts provide a visualisation of the initiative appraisal. The chart presents:

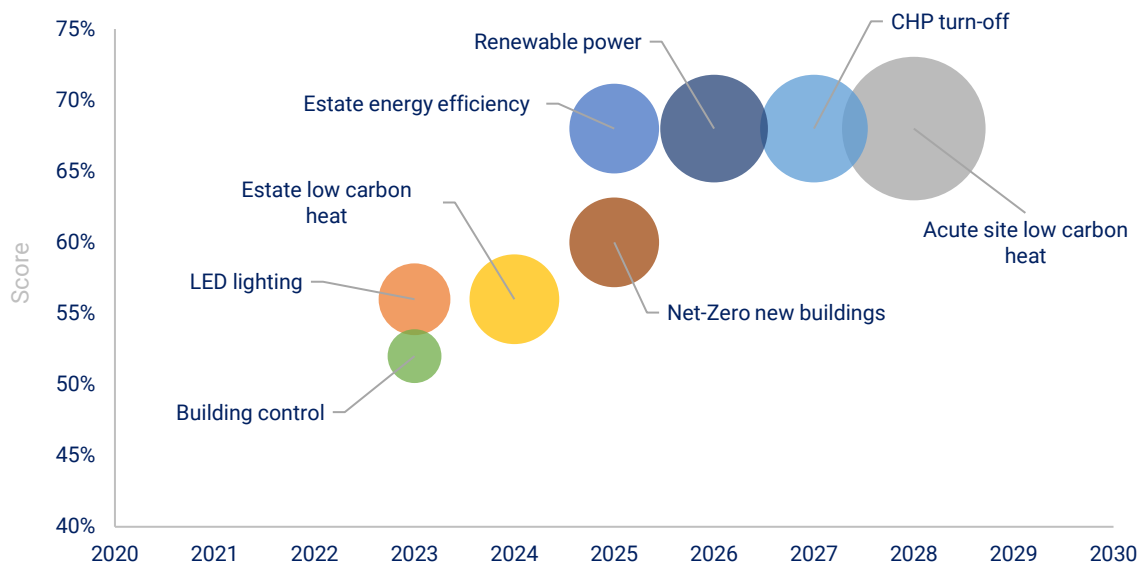
- Indicative year in which implemented (in reality each will be across several years)
- Initiative score, shown as a percentage, based on the assessment against the four metrics
- Initiative carbon impact, represented by the size of the bubble.

Selected initiatives are presented in the first chart covering buildings, transport, procurement, and the approach to healthcare. Highest scoring and largest impact initiatives relate to procurement, these are shown early on the timeline. The second chart presents building only initiatives for comparison.

### Selected Initiative Roadmap Scoring



### Building Initiatives Roadmap Scoring



## Roadmap Timeline for Implementation

The following timeline summarises key initiatives across buildings, transport, procurement, and the approach to healthcare.

	Buildings	Transport	Procurement	Approach to Healthcare
2021	Action Plan requirements and expectations to be developed	A best practice approach for EV infrastructure and management will be developed	NWSSP will start the transition to a market-based approach for supply chain emissions accounting	The Welsh Government's 30% work from home target will be facilitated with appropriate technology and an updated approach to office use
2022	Effective building management systems and dedicated resource to optimise the use of energy by better control will be put in place	All new cars and light goods fleet vehicles procured across NHS Wales after April 2022 will be battery-electric where possible	The Sustainable Procurement Code of Practice will include a framework for assessing the sustainability credentials of suppliers	Anaesthetists will be prioritising medical gases with low global warming potentials as standard
2023	By 2023 low carbon heat evolution plans will be completed for all acute hospitals, and renewable energy implementation plans will be developed	WAST will aim for all rapid response vehicles procured after 2022 to be at least plug-in hybrid-electric or fully battery-electric for appropriate locations	NWSSP Procurement will actively be working with targeted suppliers and sectors, and will have contractually mandated decarbonisation into major procurements	Best practice pharmaceutical waste practice will be in place championing better prescribing, reviewing, just in time delivery, and a shift away from procuring bundles of pharmaceuticals
2024	New buildings will be constructed and accredited to a net zero standard.		NWSSP Procurement Services will improve supply chain logistics and distribution to reduce the carbon emissions from associated transport	Technologies to capture expelled medical gases will have been assessed and put into trial

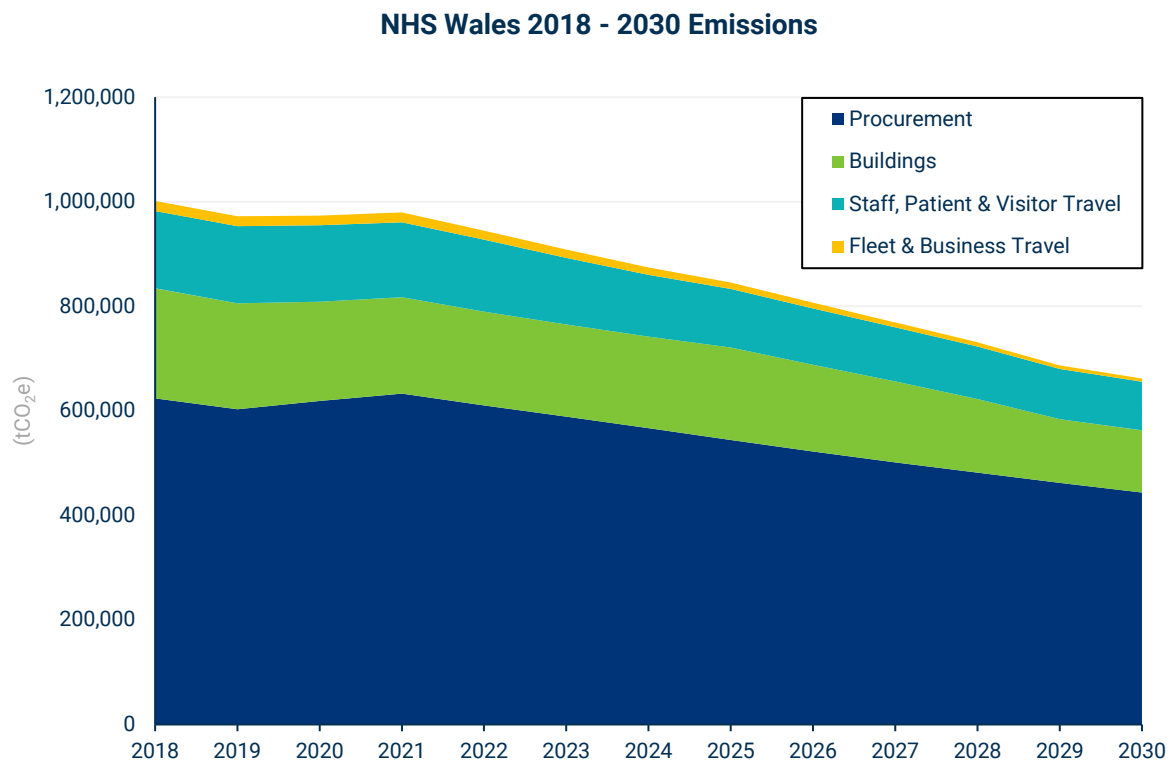
	Buildings	Transport	Procurement	Approach to Healthcare
2025	Decommissioning of natural gas CHP plants will be prioritised over refurbishment. All lighting will be fully replaced by LED	All new medium / large freight vehicles procured across NHS Wales after April 2025 will be to the future modern standard of ultra-low emission vehicles	NWSSP will have updated to market-based emissions accounting, and continues to engage with supply chains to support decarbonisation	Digital technology will be developed to support a smart communication approach between our sites and with the public at home
2026 / 27	50% of overall renewable energy generation potential will have been installed			
2028 / 29		WAST will aim for new ambulances procured to be plug-in electric, or alternative low carbon fuelled		
2030	Every building will have undergone an energy-efficient upgrade – low carbon heating will be utilised, renewable energy will be generated on site, and all gas CHPs will be decommissioned		Significant parts of the supply chain will have progressed to net zero emissions	

## Emissions Modelling

The decarbonisation initiatives set out in the roadmap were modelled across the next decade based upon when and how the measures could be implemented.

The figure below shows an indication of how NHS Wales' emissions could look if the decarbonisation roadmap is followed. It shows decarbonisation speeding up after 2021, with the most significant decreases in emissions occurring from 2026 onwards with increasing scale of implementation of the Delivery Plan initiatives.

All emissions categories assessed demonstrate a reduction in emissions, this is also with respect to business-as-usual increases due to estate and healthcare service expansion. The largest source of emissions shown up to 2030 remains emissions associated with the procurement of goods and services.



In 2030, the estimated residual emissions are 661,500 tCO<sub>2</sub>e, with a 34% reduction achieved against the BAU. This presents the anticipated contribution to a net zero Welsh public sector.

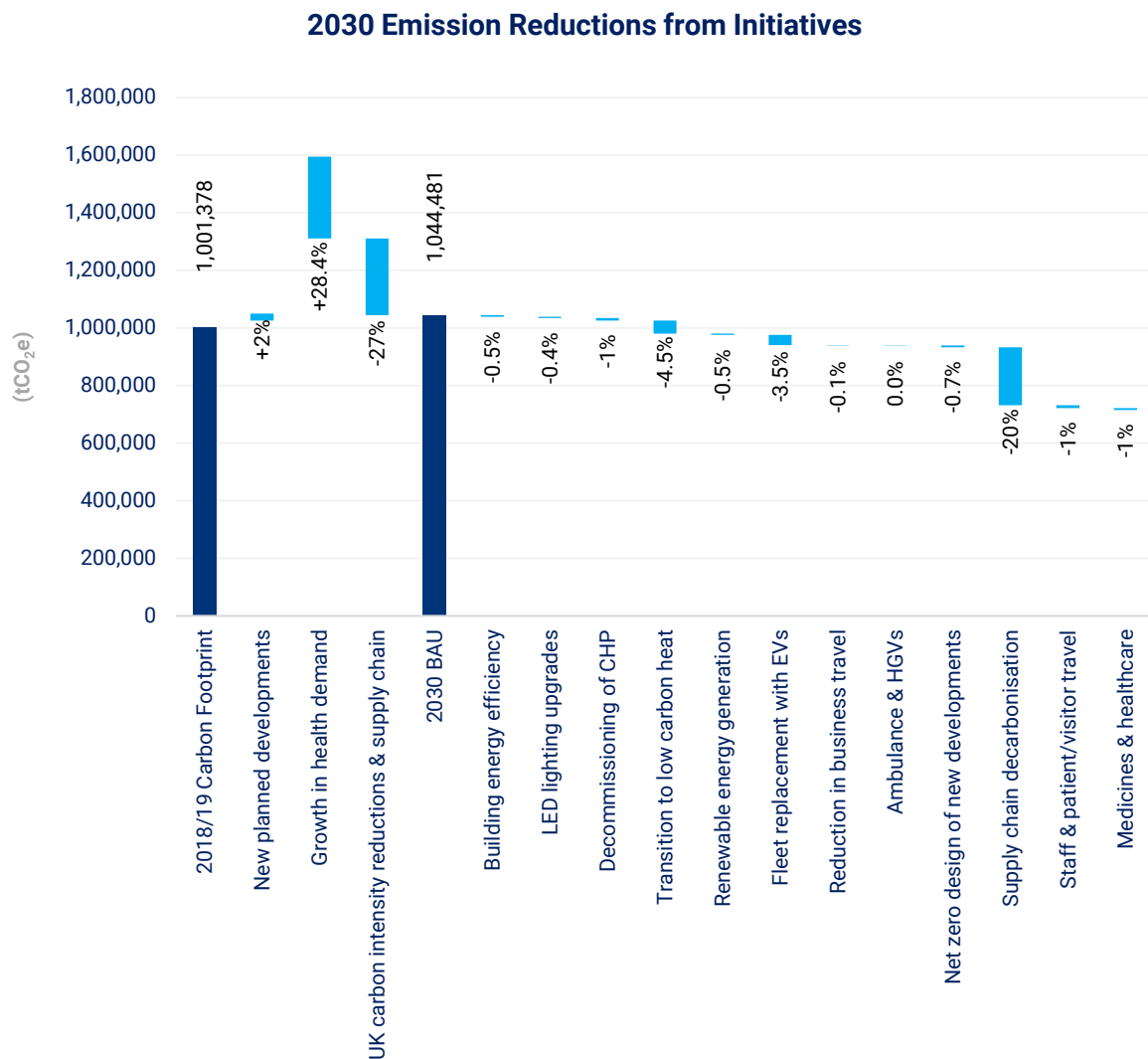
The net zero target for the public sector will be on a 'team Wales' basis<sup>13</sup>; this means that carbon-positive organisations (such as Natural Resources Wales) will balance with residual emissions of other Public Bodies such as NHS Wales. To support consistent carbon accounting, a Carbon reporting guide for the public sector in Wales developed by Welsh Government is expected to be published in 2021.

## NHS Wales 2030 Emission Reduction Breakdown

The carbon reduction contribution of initiatives set out in the Delivery Plan has been mapped against the 2018/19 carbon footprint as a baseline (1,001,378 tCO<sub>2</sub>e).

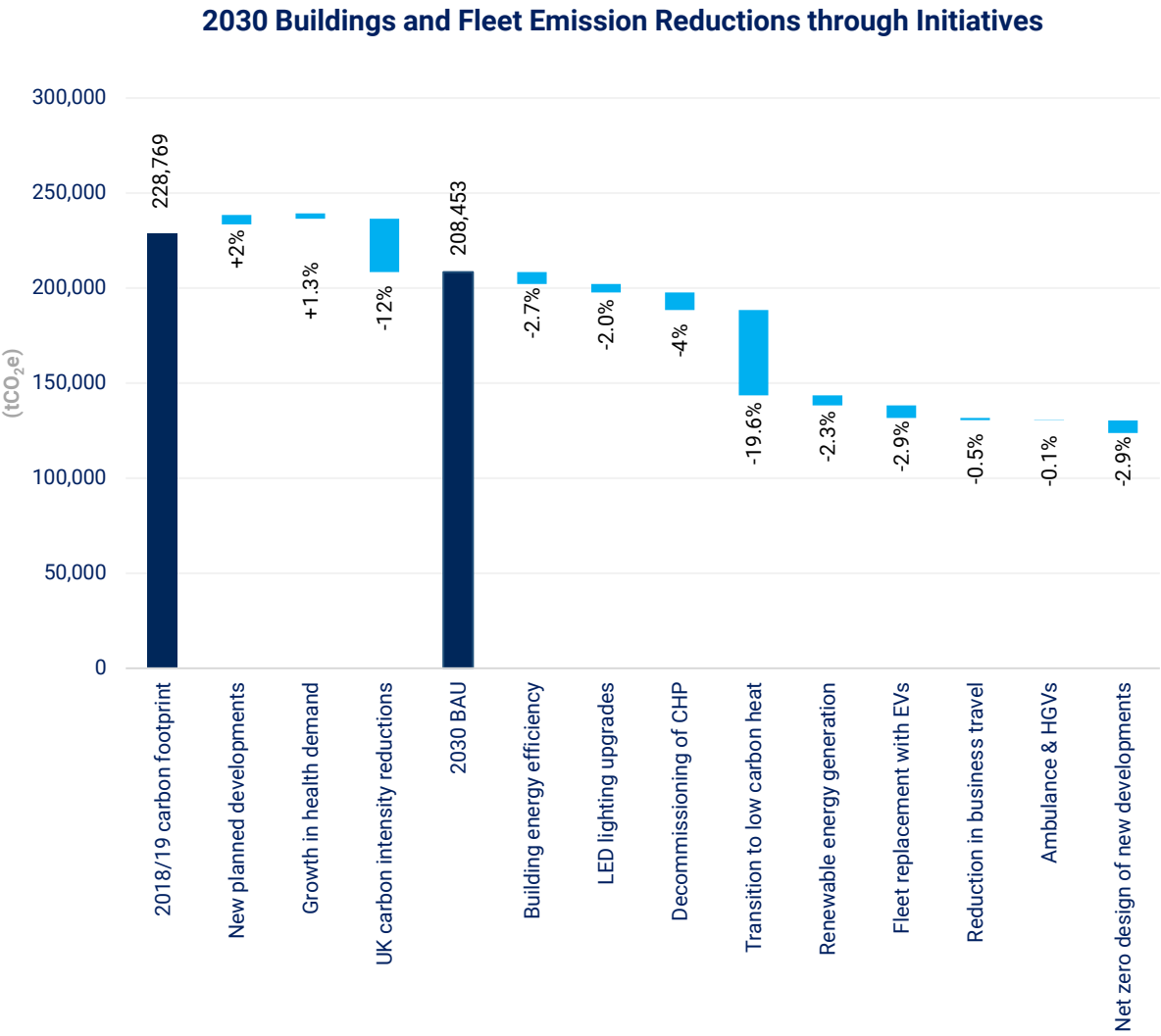
Business-as-usual (BAU) up to 2030 includes the estimated increases in emissions from the expansion of the NHS Wales estate (2% increase in emissions), and increased demand for health care (28% increase in emissions linked to population growth and higher energy intensity of healthcare technology, etc.). The decarbonisation forecasts for UK grid electricity, the average UK vehicle emissions, and for the supply chain are reflected within 'UK carbon intensity and supply chain'; this presents a 27% reduction to show a BAU 2030 down to a similar level of emissions as 2018/19.

Initiatives have been simplified and modelled to present the contribution to the 34% carbon reduction target against a 2030 BAU.



# Buildings and Fleet 2030 Emission Reduction Breakdown

The following chart shows the potential emission reductions against the two categories of buildings, and fleet & business travel. These categories have been selected for presentation due to NHS Wales’ direct control and influence over emissions.



# Next Steps

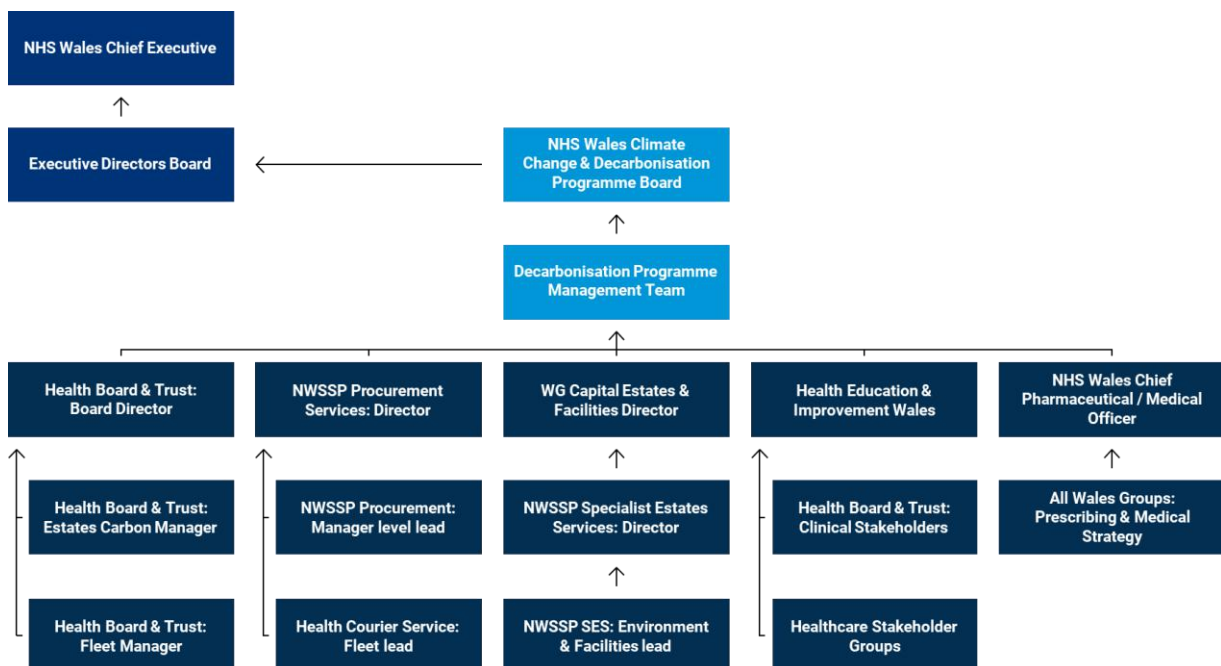
The key next steps for putting this Delivery Plan into motion are focused around the five mobilisation activities.

- 2 A 'Decarbonisation Board' will be put in place to oversee implementation of the Delivery Plan; this will be a sub-group of the Welsh Government NHS Wales Climate Change Group.
- 3 A 'Decarbonisation Programme Manager' will be put in place as a dedicated role to drive the focussed implementation of the Delivery Plan.

To sustain momentum and action over the longer term, an effective governance structure must be put in place.

To oversee the implementation of this Delivery Plan, a new *Climate Change & Decarbonisation Programme Board* will be put in place. This Board will report to the existing Executive Directors Board and the NHS Wales Chief Executive; this demonstrates the significance and importance given to implementing this Delivery Plan. This importance must be recognised by NHS Wales organisations also, therefore responsibility for responding to the Climate Emergency must sit at Board Director level.

A *Decarbonisation Programme Manager* and a wider management team will be put in place to be the focal point of implementing the Delivery Plan. This team will undertake a breadth of engagement spanning estates and facilities, planning, fleet management, procurement, clinical, and wider stakeholder groups to drive activity forward. The organigram below provides the governance structure put forward; it is however recognised that this will evolve as the Delivery Plan is mobilised.



4

'Action Plans' will be developed, which will form the basis of how NHS Wales organisations will implement Delivery Plan initiatives – these will be developed two-yearly and committed to within Integrated Medium-Term Plans.

5

Welsh Government will enable the successful implementation of the Delivery Plan by supporting access to additional resource and finance for delivery of initiatives.

For this Delivery Plan to be considered successful, a step-change in decarbonisation activity must be recognised.

The basis for the response to this Delivery Plan will be for NHS Wales organisations to develop Action Plans setting out how progress will be made against the initiatives set. It is important this is aligned with the strategic direction of each organisation also; therefore, the implementation of decarbonisation Action Plans are required to be committed to within Integrated Medium-Term Plans.

Key actions for each initiative are highlighted in the Technical Appendices, many of which will support Action Plan development. Important early actions for 2021/22 include putting in place data collection requirements to support market-based emissions accounting, supporting the approach for electric vehicles, planning specialist heat assessments, and engaging on the development of a new net zero building standard.

It is recognised that access to additional resource and finance is critical to ensure the success of this Delivery Plan. However, much progress can be made by championing decarbonisation within the decision-making process, and by integrating this into behaviour across NHS Wales.

Nevertheless, significant investment will be needed to meet the 16% reduction target by 2025 and 34% reduction target by 2030.

As part of the Action Plan development and review process, the *Climate Change & Decarbonisation Programme Board* and Welsh Government will understand the capital and revenue impacts for NHS Wales organisations. This will allow a strategic approach to be taken for investment decisions. The journey must start right away, to support this Welsh Government have ringfenced an initial £16m of decarbonisation capital to support initiative implementation in 2021/22.

The ultimate focus of Action Plans and investment decisions must be to recognise a step change in emissions across NHS Wales. Targets have been set for 2025 and 2030 for the overall emissions and a percentage reduction, these however will both be impacted by other business as usual changes in the health service. To appraise the success of action taken, a cumulative savings from initiatives target will be set; this will provide a focus to tracking interventions made through Action Plans across NHS Wales.

NHS Wales Decarbonisation Target	Emissions (tCO <sub>2</sub> e)	Percentage reduction from 2018/19	Cumulative savings from initiatives will total (tCO <sub>2</sub> e)
2025	845,600	-16%	459,000
2030	661,500	-34%	1,982,500



1

NHS Wales will show leadership and commitment to deliver this Decarbonisation Delivery Plan in order to address the Climate Emergency for Wales as declared by Welsh Government and the Senedd.

The most critical next step is to ensure that all parts of NHS Wales fully engage with and support the Climate Emergency.

This Delivery Plan provides a clear statement of commitment from Dr Andrew Goodall CBE, Chief Executive of NHS Wales, that NHS Wales will show leadership to tackle the Climate Emergency. This simple message must be the catalyst for all NHS Wales to engage and act.

Urgency, collaboration, and ongoing action are required to address climate change as a common cause, and to support the well-being of our future generations for a healthier Wales.



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- <sup>12</sup> Welsh Government (2020), *Remote working*. Available at: <https://gov.wales/remote-working> [Accessed 01 Feb. 2021]
- <sup>13</sup> Welsh Government (2020), *Team Wales approach to tackle climate change*. Available at: <https://gov.wales/team-wales-approach-tackle-climate-change> [Accessed 01 Feb. 2021]

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Published in the UK: 2021



June 2021

Yasmina Hamdaoui - Pharmacist  
Dr Carsten Eickmann - Consultant Anaesthetist  
Dr Gwenllian Rhys - Foundation Y2 Doctor



## Climate & Health

“Climate change is the greatest global health threat in the 21st Century”

- Lancet 2009





# Climate & Health

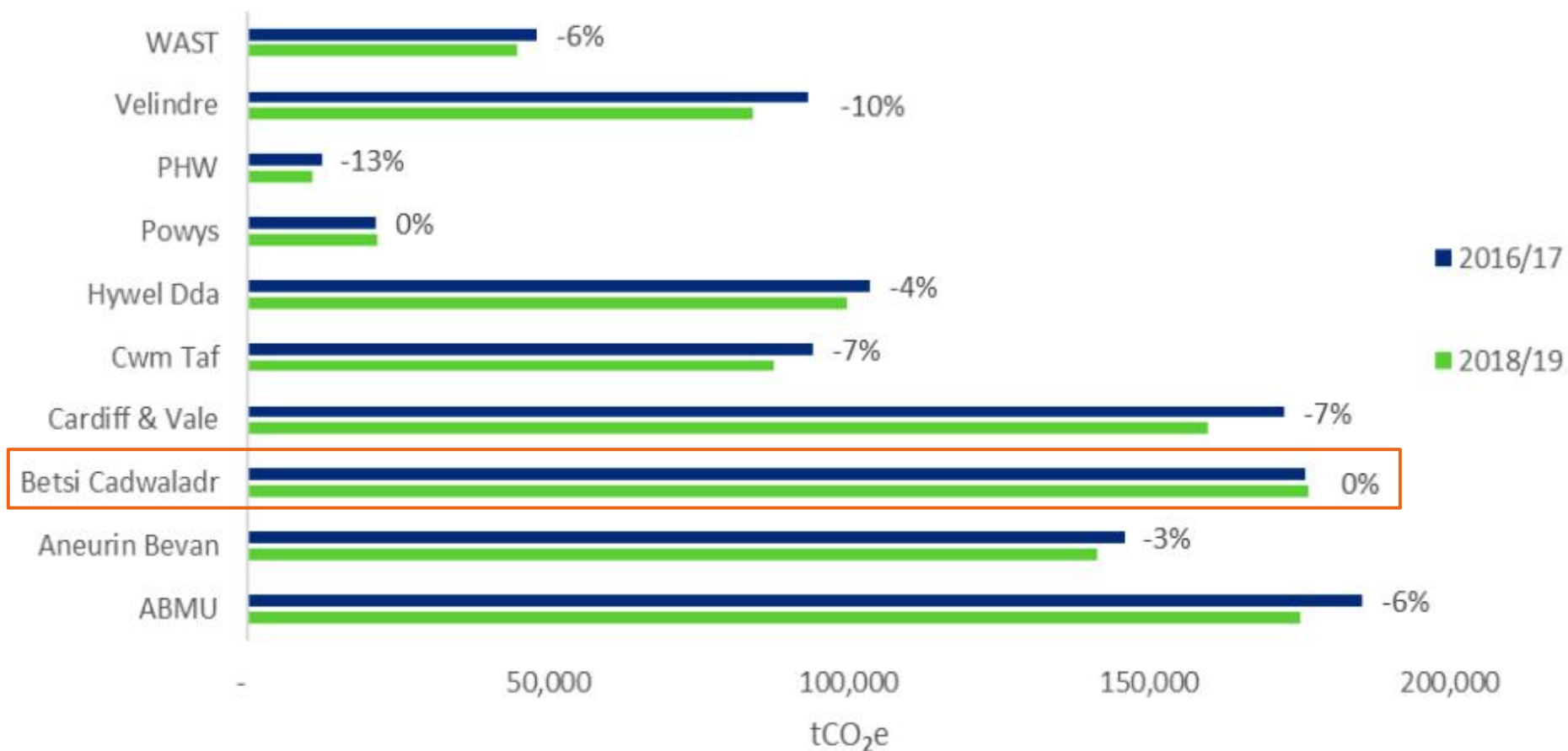
The healthcare sector accounts for 4.4% of global carbon emissions



# NHS Wales Carbon Footprint 2018/19

Scope 1, 2 & 3 Carbon Footprint assessment for NHS Wales

Health Board / Trust Carbon Footprint 2016/17 vs. 2018/19

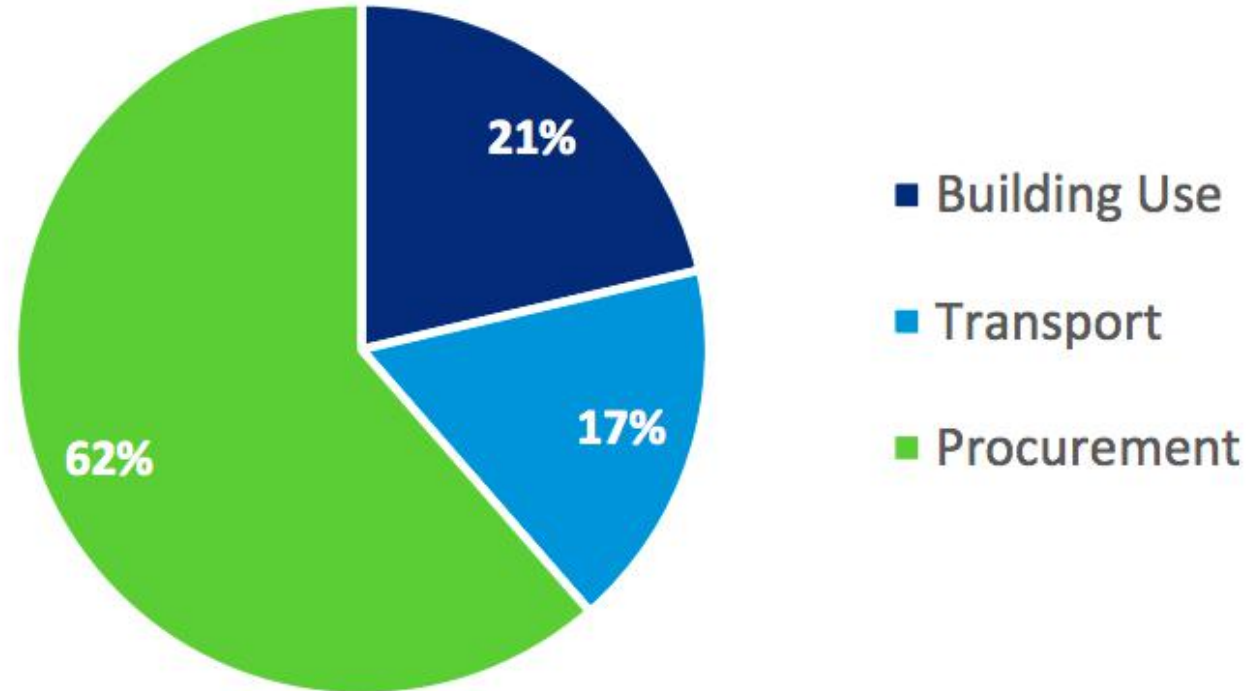


Source: The Carbon Trust (2020) *NHS Wales Carbon Footprint 2018/19*

## NHS Wales Carbon Footprint 2018/19

Scope 1, 2 & 3 Carbon Footprint assessment for NHS Wales

### NHS Wales Carbon Footprint by Category 2018/19 (1,001,378 tCO<sub>2</sub>e)

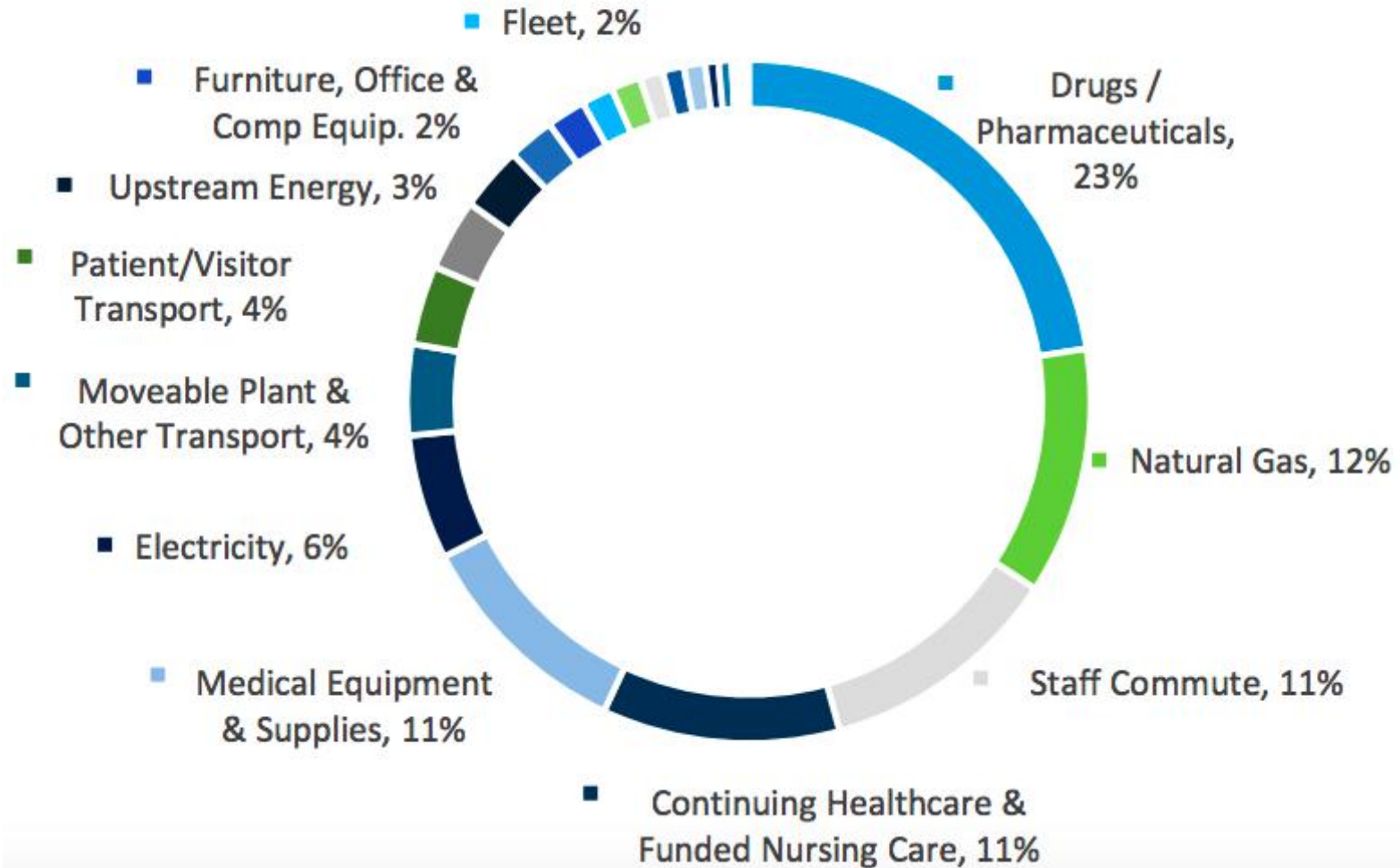




## NHS Wales Carbon Footprint 2018/19

Scope 1, 2 & 3 Carbon Footprint assessment for NHS Wales

### NHS Wales Carbon Footprint by Emission 2018/19 (1,001,378 tCO<sub>2</sub>e)





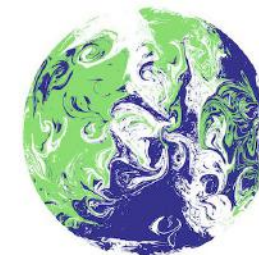
Climate  
Change  
Act 2008



Well-being of  
Future Generations  
(Wales) Act 2015



Senedd declare  
Climate Emergency  
(2019)



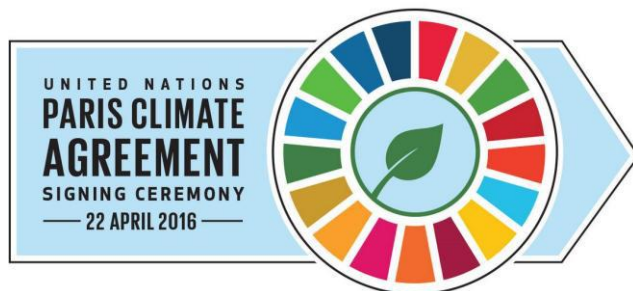
COP26  
November 2021

NHS Wales  
Net Zero  
2030

The Paris  
Agreement  
2015

Environment  
(Wales) Act  
2016

NHS Wales Decarbonisation  
Strategic Delivery Plan  
(March 2021)



GIG  
CYMRU  
NHS  
WALES

Partneriaeth  
Cydwasaethau  
Shared Services  
Partnership





# NHS Wales Decarbonisation Strategic Delivery Plan

**2021-2030**

**(including Technical Appendices)**

Published March 2021



Partneriaeth  
Cydwasaethau  
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Partnership

# Climate change is the biggest global health threat in the 21st Century



# NHS Wales Decarbonisation Strategic Delivery Plan

2021-2030

(including Technical Appendices)

Published March 2021



Partneriaeth  
Cydwasaethau  
Shared Services  
Partnership

Climate change is the  
biggest global health  
threat in the 21st Century

Climate change is the  
biggest global health  
**opportunity** in the 21st  
Century

Grŵp Gwyrdd  
CYNALIADWYEDD MEWN GOFAL IECHYD



YSBYTY GWYNEDD  
Green Group  
SUSTAINABILITY IN HEALTHCARE



**“Making the connections to  
improve the environmental  
sustainability of Ysbyty  
Gwynedd”**

- Dr Tom Downs' Bevan Commission  
Exemplar Project 2019

**Comisiwn  
Bevan  
Commission**

---





- ▶ Multi-disciplinary group
- ▶ Clinical & non-clinical staff
- ▶ Committee members
- ▶ Power-sharing
- ▶ 80 members
- ▶ Voluntary basis



**CONNECT**



**LEARN**



**TRANSFORM**

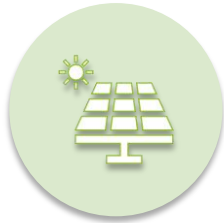




# Projects



CLINICAL



ENERGY



WASTE



TRANSPORT



FOOD



BIODIVERSITY



### COMMUTING TO YSBYTY GWYNEDD BY BIKE

**WHY CYCLE TO WORK**

- Keep fit - lose weight, build cardiovascular fitness, reduce your risk of disease such as diabetes
- Save money - the running cost of a bike is much less than that of a car
- Feel good - active commuting is linked to lower stress levels and improved concentration
- Save the planet - reduce your carbon footprint
- It's fun! - Listen to Queen's Bicycle Race [1978] if you're not convinced!

**FACILITIES FOR CYCLISTS AT YSBYTY GWYNEDD**

**Bike storage:** All employees are YG have access to secure, staff-only bike storage. This is located on the ground floor at the far end of the T Block corridor (see map below). This facility is sheltered from the rain and has a communal track pump available for use. All staff ID badges should grant access to this storage. If you have difficulty accessing this facility with your ID badge, the General Office (located next to main reception) will be able to update your ID badge access. Additional bike storage available for public use is located at the front of hospital between main entrance and short stay car park.

NHS Wales Decarbonisation Strategic Delivery Plan

### Sustainable Recovery to the Pandemic

Alongside the tragic impact of the Covid-19 pandemic, a devastating economic impact has also been recognised.

Hundreds of health professionals in Wales have called on Welsh Government to support a 'healthy recovery' to the pandemic. In June 2020, the UK Health Alliance on Climate Change wrote to the Prime Minister setting out 'Climate Change Principles for a Healthy Recovery.' In July 2020, a letter signed on behalf of hundreds of Welsh doctors and healthcare workers highlighted evidence linking air pollution to the susceptibility of Covid-19 in patients, demonstrating their support for the climate agenda and recognition of the potential health benefits a green recovery can provide.



**Yr Academi Lledaeniad a Graddfa**  
The Spread and Scale Academy

**GIG CYMRU NHS WALES**  
Bwrdd Iechyd Prifysgol Caerdydd a'r Fro  
Cardiff and Vale University Health Board



**BBC**

**S4C**

**YASMINA HAMDAGUI**  
Fferyllydd, Grŵp Gwyrd Ysbyty Gwynedd  
Newyddion S4C

**Comisiynydd Cenedlaethau'r Dyfodol Cymru**  
Future Generations Commissioner for Wales

**Medact**  
health professionals for a safer, fairer & better world

**Betsi Cadwaladr**  
@BetsiCadwaladr

Today staff from Ysbyty #Gwynedd joined members of the community and @Love\_plants for the launch of the Eithniog Meadows Health and Well-being Route @North\_Wales\_WT



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

**FEBRUARY 2021**  
**IMPROVING ENVIRONMENTAL SUSTAINABILITY AT BCNUH**  
PRESENTED TO BCNUH EXECUTIVE TEAM  
PREPARED BY YSBYTY GWYNEDD GREEN GROUP

**Greener Operations**

**Comisiwn Bevan Commission**



**Health Care Without Harm**

**CENTRE for SUSTAINABLE HEALTHCARE**  
inspire • empower • transform





# Anaesthetic Gases

- ▶ Desflurane: high Global Warming Potential (GWP)
- ▶ Switch to Sevoflurane
  - ▶ similar clinical effect, lower GWP
- ▶ YG anaesthetics switched
  - > saving 10366.33Kg CO<sub>2</sub> equivalent per month
  - = 25659.24 miles in average car
  - = flying to New York 9.58 times!



# What's next?

- ▶ Re-usable PPE
- ▶ Nitrous Oxide audit
- ▶ Green Energy: Solar panels
- ▶ Tree planting and meadows
- ▶ Green Health Wales | Iechyd Gwyrdd Cymru



Green Health Wales  
Iechyd Gwyrdd Cymru



PRESS RELEASE

## Health boards to receive additional funding to complete £17m programme of solar PV and energy efficiency schemes

Three health boards will receive more than £10m in Welsh Government funding this year and next, to install new solar energy measures and help them improve energy efficiency across their estates, resulting in carbon and financial savings.

First published: 29 December 2020

Last updated: 29 December 2020

# Green Health Wales Iechyd Gwyrdd Cymru

A Network for Sustainable Healthcare in Wales

- Wales-wide employee-led initiative
- Recognise the need for greater **collaboration** to deliver environmentally sustainable healthcare system in Wales



Connect



Learn



Transform





# Green Health Wales Launch

Raising Awareness, Building Will & Transferring Skill  
Tuesday 29th June 2021



A Network for  
Sustainable Healthcare  
in Wales



- Launch event: virtual conference
- Keynote Speakers: ***Dr Andrew Goodall & Sophie Howe***
- Expert Guest Speakers: outlining the link between the climate & health crisis, and the response required from healthcare systems
- Local Welsh initiatives & global sustainable healthcare projects across a breadth of speciality areas will share their projects & learning
- **Exclusive workshop for Executive level/Directors/Senior Managers** on Health Board responsibilities outlined in the [NHS Wales Decarbonisation Strategic Delivery Plan](#).

## Keynote Speakers



Dr Andrew Goodall CBE



Sophie Howe



Comisiynydd  
Cenedlaethau'r  
Dyfodol  
Cymru

Future  
Generations  
Commissioner  
for Wales

## Guest Speakers



Professor David Pencheon



Dr Frances Mortimer



Professor Hugh Montgomery



Helen Howson



Tuesday 29<sup>th</sup> June 2021  
09:00 – 12:30 & 13:30 – 16:00

[REGISTER HERE](#)



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SUSTAINABLE  
HEALTHCARE  
inspire • empower • transform

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Bevan  
Commission



# Green Health Wales Iechyd Gwyrdd Cymru



[REGISTER HERE](#)

## Green Health Wales Launch

Raising Awareness, Building Will & Transferring Skill  
Tuesday 29th June 2021



9:00

### Session 1: Raising Awareness

#### Welcome & Introduction to Green Health Wales

- Dr Amarantha Fennell-Wells, Welsh Clinical Leadership Fellow in Sustainable Healthcare

#### NHS Wales Decarbonisation Strategic Delivery Plan

- Dr Andrew Goodall CBE, Director General for Health and Social Services  
& Chief Executive of NHS Wales

#### Safeguarding the Well-being of Future Generations

- Sophie Howe, Future Generations Commissioner

#### The Climate Crisis is a Health Crisis

- Professor Hugh Montgomery, Professor of Intensive Care Medicine at UCL  
& Director of the Centre for Human Health and Performance

#### Taking the Leap into Sustainable Healthcare

- Dr Frances Mortimer, Medical Director, Centre for Sustainable Healthcare

#### Why the Planet Needs a Climate Smart Wales

- Professor David Pencheon, founding Director of the NHS Sustainable Development Unit

#### Prudent & Sustainable Health & Care Services in Wales

- Helen Howson, Director of the Bevan Commission

#### The Personal Impact & Injustice of Air Pollution

#### Q&A panel

11:00

### Session 2: Building Will

#### Making Connections in Our Hospitals

- Dr Tom Downs, Dr Gwenllian Rhys & Yasmina Hamdaoui - Ysbyty Gwynedd Green Group, Bangor

#### Clinical Networks

- Dr Alex Morgan & Dr Farzad Sadaat - Welsh Environmental Anaesthetic Network

#### Sustainability in Primary Care

- Dr Sarah Williams - Greener Practice Wales

#### Health Worker Solidarity

- Dr Kathrin Thomas - Wales and Africa Health Links Network

12:30

### Lunch

13:30

### Session 3: Transferring Skill

#### Workshop A: Help! Where do I start?

- Centre for Sustainable Healthcare

#### Workshop B: How do I get more out of an existing project?

- Bevan Commission

#### Workshop C: How can we support & enable delivery of an environmentally sustainable healthcare system?

- NHS Wales Executive Level & Directorate Leaders only

15:30

### Event Summary & Call to Action



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HEALTHCARE  
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Comisiwn  
Bevan  
Commission



info@greenhealthwales.co.uk  
www.greenhealthwales.co.uk

<b>Cyfarfod a dyddiad: Meeting and date:</b>	<b>Strategy, Partnerships and Population Health Committee</b> <b>17.6.21</b>						
<b>Cyhoeddus neu Breifat: Public or Private:</b>	Public						
<b>Teitl yr Adroddiad Report Title:</b>	<b>North Wales Regional Partnership Board meeting update</b>						
<b>Cyfarwyddwr Cyfrifol: Responsible Director:</b>	Mark Wilkinson, Executive Director of Planning and Performance						
<b>Awdur yr Adroddiad Report Author:</b>	Mark Wilkinson, Executive Director of Planning and Performance						
<b>Craffu blaenorol: Prior Scrutiny:</b>	This update is being brought for information.						
<b>Atodiadau Appendices:</b>	<ul style="list-style-type: none"> <li>Notes of 9<sup>th</sup> April 2021 Regional Partnership Board meeting attached</li> </ul>						
<b>Argymhelliad / Recommendation:</b>							
The Committee is asked to note the updates received at the North Wales Partnership Board and to receive the notes of the meeting held on 9 <sup>th</sup> April 2021.							
<b>Ar gyfer penderfyniad /cymeradwyaeth For Decision/ Approval *</b>		<b>Ar gyfer Trafodaeth For Discussion*</b>		<b>Ar gyfer sicrwydd For Assurance*</b>		<b>Er gwybodaeth For Information*</b>	<b>X</b>
<b>Sefyllfa / Situation:</b>							
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 9 <sup>th</sup> April 2021 meeting are attached.							
<b>Cefndir / Background:</b>							
Items discussed at 9 <sup>th</sup> April 2021 RPB Meeting include:							
<ol style="list-style-type: none"> <li>1) Health and Care Group update</li> <li>2) 2021/22 ICF Capital Investment Programme</li> <li>3) RPB Communication and Engagement Strategy</li> <li>4) Transformation Programmes – Evaluation Reports</li> <li>5) Update from the Third Sector re strategy for funding opportunities</li> </ol>							
<b>Asesiad / Assessment</b>							
The Health Board has a statutory duty to work in partnership through the NWRPB under the Social Services and Well-being (Wales) Act 2014.							
Financial Implications are identified within each specific workstream.							
There is a financial / service risk from the non-recurrent nature of ICF and transformation funding.							







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

**9 Ebrill 2021**

**9:00 am – 11:15 yb**

**Trwy gyfrwng M S Teams**

Yn bresennol:	Mary Wimbury (MWim) (Cadeirydd), Alwyn Jones, Barry Argent, Y Cynghorydd Bobby Feeley, Y Cynghorydd Christine Jones, Y Cynghorydd Joan Lowe, Y Cynghorydd Louise Emery, Y Cynghorydd Llinos Medi Huws, Delyth Lloyd-Williams, Estelle Hitchon, Fon Roberts, Helen Corcoran, Claire Lister (yn bresennol ar ran Jenny Williams), John Gallanders, John Gladston, Lucy Reid, Neil Ayling, Nicola Stubbins, Rob Smith, Roma Hooper, Shan Lloyd Williams, Teresa Owen
Ymddiheuriadau:	Bethan E Jones, Chris Stockport, Y Cynghorydd Louise Emery, Y Cynghorydd Dafydd Meurig, Dr Lowri Brown, Ffion Johnstone, Jenny Williams, Jo Whitehead, Mark Wilkinson, Morwena Edwards, Meinir Williams-Jones, Paul Scott, Sam Parry

Eitem		Camau Gweithredu
1.	<p><u>Croeso, cyflwyniadau ac ymddiheuriadau</u></p> <p>Croesawodd y cadeirydd bawb i'r cyfarfod a nodwyd yr ymddiheuriadau uchod.</p> <p>Croesawodd y Cadeirydd Barry Argent a Delyth Lloyd-Williams, a benodwyd yn ddiweddar fel cynrychiolwyr Gofalwyr, i'w cyfarfod cyntaf o Fwrdd Partneriaeth Rhanbarthol Gogledd Cymru.</p>	
2.	<p><u>Nodiadau a chatau gweithredu'r cyfarfod diwethaf – 12 Mawrth 2021</u></p> <p>Cytunwyd bod cofnodion y cyfarfod a gynhaliwyd ar 12.02.2021 yn gywir.</p> <p>Camau Gweithredu a gwblhawyd:</p> <ul style="list-style-type: none"><li>• Ymgynghoriad Papur Gwyn Llywodraeth Cymru - Ail-gydbwysu Gofal a Chymorth - dosbarthu'r llythyr a'r ymateb terfynol i aelodau Bwrdd Partneriaeth Rhanbarthol Gogledd Cymru</li><li>• Datganiad i'r wasg – cadeirydd newydd a rhoi gwybod i drigolion Gogledd Cymru am waith y Bwrdd</li><li>• TO i drafod pryderon am y ffrwd waith ddigidol gyda BEJ</li><li>• Y wybodaeth ddiweddaraf am y Gyllideb Gyfun NS/MWim</li></ul> <p>Camau gweithredu sydd eto i'w cwblhau:</p>	<p>Rhannu dolenni'r wasg â Bwrdd Partneriaeth Rhanbarthol Gogledd Cymru - RW</p>

	<ul style="list-style-type: none"> <li>Dosbarthu llythyr PB i LIC a'r ymateb ar ôl ei dderbyn - RW</li> <li>FJ i ddarparu rhagor o wybodaeth am nifer y bobl sy'n dewis peidio â derbyn y brechlyn.</li> </ul> <p><i>Rhoddodd FJ wybod cyn y cyfarfod bod gwaith yn mynd rhagddo ac roedd cais wedi'i wneud am wybodaeth ar niferoedd yn ôl clwstwr.</i></p>	
3.	<p><u>Y wybodaeth ddiweddaraf am y Grŵp Iechyd a Gofal - Nicola Stubbins</u></p> <p>Derbyniodd y bwrdd ddiweddariad byr gan NS am y Grŵp Iechyd a Gofal.</p> <p>Mae'r grŵp yn parhau i gyfarfod fel is-grŵp o'r Grŵp Cydgysylltu Strategol. Mae'r prif faes gwaith wedi canolbwyntio'n bennaf ar y pwysau cynyddol yn y Gorllewin ac archwilio cymorth cydfuddiannol gan bartneriaid yn ddiweddar.</p> <p>Rhoddodd NA wybod hefyd fod JGr, Cadeirydd y Grŵp Iechyd a Gofal a Phrif Swyddog Gweithredol (PSG) Arweiniol ar gyfer Iechyd a Gofal Cymdeithasol wedi rhoi gorau i'w rôl fel PSG CSDd a bydd angen trafod trefniadau dros dro ar gyfer cadeirio'r Grŵp Iechyd a Gofal a'r arweinydd portffolio Iechyd a Gofal Cymdeithasol PSG a fydd yn cynrychioli PSG ar Fwrdd Partneriaeth Rhanbarthol Gogledd Cymru.</p>	Rhoi'r wybodaeth ddiweddaraf i Fwrdd Partneriaeth Rhanbarthol Gogledd Cymru - NS
4.	<p><u>Cyllid Gofal Integredig - Neil Ayling</u></p> <p><u>Rhaglen Buddsoddi Cyfalaf Cyllid Gofal Integredig 2021/22</u></p> <p>Darparodd NA amlinelliad o Raglen Buddsoddi Cyfalaf Cyllid Gofal Integredig 2021/22 i'w chymeradwyo gan Fwrdd Partneriaeth Rhanbarthol Gogledd Cymru.</p> <ul style="list-style-type: none"> <li>Mae gan y Rhaglen Fuddsoddi ddyraniad cyllid o £9.413miliwn</li> <li>Mae'n ofynnol i'r rhaglen fanwl ar gyfer 2021/22 gael ei chyflwyno i LIC erbyn 31 Mawrth 2021 ac mae disgwyl i'r rhaglen 5 mlynedd lawn ar gyfer 2021-2026 gael ei chyflwyno erbyn 31 Rhagfyr 2021.</li> <li>Bwriad y rhaglen gyfalaf Cyllid Gofal Integredig yw cefnogi cynlluniau a gweithgareddau sy'n darparu dull integredig a chydweithredol effeithiol mewn perthynas a: <ul style="list-style-type: none"> <li>Pobl hŷn ag anghenion cymhleth a chyflyrau tymor hir</li> <li>Dementia</li> <li>Pobl ag anableddau dysgu a'u gofalwyr</li> <li>Plant gydag anghenion cymhleth oherwydd anabledd neu afiechyd</li> <li>Plant Ymyrraeth Gynnar mewn perygl o gael eu rhoi mewn gofal</li> </ul> </li> <li>Yn y canllawiau newydd, mae Llywodraeth Cymru yn ei gwneud yn ofynnol i ranbarthau gael mwyafrif sylweddol o brosiectau tai a llety yn 2021/22 ac i'r dyfodol.</li> <li>Ni fydd prosiectau cyfalaf y Gronfa Gofal Integredig newydd yn cael eu cymeradwyo nes y bydd y cynllun rhanbarthol manwl wedi cael ei asesu gan dîm Cyfalaf Cronfa Gofal Integredig LIC a'i fod yn amlwg y bydd prosiectau arfaethedig newydd yn ymateb i angen. Bydd y rhaglen ranbarthol fanwl yn cael ei chyflwyno ar y templed a gymeradwywyd gan LIC sy'n ymofyn manylion am: <ul style="list-style-type: none"> <li>(1) y Ddarpariaeth Bresennol o ran Tai a Llety, (2) yr anghenion na fodlonwyd hyd at 2025 a'r (3) Cynllun Rhaglen Gyfalaf i fodloni'r anghenion hynny.</li> </ul> </li> </ul>	

- Mae'r angen am fuddsoddiad cyfalaf i gefnogi'r argymhellion yn adroddiad y Comisiynydd Plant, *Dim Drws Anghywir* wedi'i gydnabod.
- Mae disgwyl y bydd sefydliadau partner yn cyfrannu at brosiectau lle bo hynny'n briodol a gellir gwneud hyn drwy asedau neu gyllido uniongyrchol.  
Bydd ceisiadau am gyllid i dalu cyfanswm costau prif brosiectau cyfalaf ond yn cael eu hystyried mewn amgylchiadau eithriadol pan fo cyfiawnhad cymhellol dros wneud hynny.
- Mae 18 o brif brosiectau cyfalaf yn Rhaglen Fuddsoddi Cyfalaf 2021/22 a fydd yn cael eu blaenoriaethu, mae 9 o'r rhain ar y gweill ac wedi derbyn cyllid yn y gorffennol.  
Dim ond 6 o'r rhain sy'n ymofyn cyllid ychwanegol yn 2021/22 gan fod 3 ohonynt yn defnyddio arian nas gwariwyd o flynyddoedd blaenorol. Mae 9 prosiect newydd ar gyfer 2021/22.
- Mae gan y rhaglen ranbarthol 12 cynllun sy'n cynnwys tai/llety, 3 cynllun sy'n cefnogi'r adroddiad *Dim Drws Anghywir*, cyfleuster hyfforddiant/Cyflogaeth AD, Canolfan AD a Chanolfan Dementia.

Cytunodd y Bwrdd i gymeradwyo'r argymhellion isod:

- i. Nodi gwerth ac amrywiaeth y cynlluniau o fewn y rhaglen
- ii. Cymeradwyo'r rhaglen
- iii. Nodi canllawiau newydd Llywodraeth Cymru ar gyfer cynlluniau cyfalaf 2021/22
- iv. Nodi'r gofyniad am Raglen Cyfalaf BPRh 5 mlynedd (2021-2026)

#### Adroddiad Llithriant Dementia'r Gronfa Gofal Integredig

Darparodd NA drosolwg o'r 11 cynllun a gaiff eu hariannu gan yr arian llithriant Dementia rhanbarthol a'r defnydd o'r arian i gefnogi Strategaeth Dementia Gogledd Cymru.

- Nodwyd llithriant o £91,500 yn sgil oedi o ran recriwtio am Reolwr Prosiect Dementia Gogledd Cymru Rhanbarthol a Rheolwr Prosiect Dementia (ar y cyd â Phowys) Cenedlaethol.
- Cytunwyd ar broses ymgeisio ar gyfer y llithriant ac fe'i agorwyd i bob partner, derbyniwyd a sgoriwyd 10 cais am gyllid.
- Cymeradwywyd y cyllid ar gyfer darparu'r gwasanaeth cof ar-lein ar draws y rhanbarth sy'n flaenoriaeth ac yn fater sylweddol ar draws yr ardal.
- Cytunwyd y byddai pob ALI yn derbyn £10,400.

Cytunodd Bwrdd Partneriaeth Rhanbarthol Gogledd Cymru i gymeradwyo'r argymhellion isod:

- i. Nodi amrywiaeth a gwerth y cynlluniau llithriant dementia
- ii. Nodi cyfleoedd i fynd i'r afael â'r blaenoriaethau Dementia a gyflwynir gan y prosiectau llithriant a gymeradwywyd gan y Grŵp Llywio Dementia.

#### Canllawiau Cronfa Graddio Rhaglenni Trawsnewid

Mae £1.342miliwn o arian Rhyddhau i Adfer ac Asesu (D2RA) wedi'i gyhoeddi ar gyfer Gogledd Cymru yn 2021/22. Cytunodd aelodau Llywodraeth Leol (dros e-bost ar 11/12 Mawrth) mai'r dewis a ffeirir yw

	<p>dyrannu'r un rhaniad canrannol â chyllid D2RA blaenorol a pharhau i reoli hyn drwy broses y Gronfa Gofal Integredig.</p> <p>Mae disgwyl i gynllun rhanbarthol lefel uchel gael ei gyflwyno i LIC heddiw, 9 Ebrill.</p> <p>Roedd NS yn cydnabod y cymorth a ddarparwyd gan Reolwr Rhaglen y Gronfa Gofal Integredig a'r tîm er mwyn cwblhau'r holl adroddiadau uchod.</p> <p>Gofynnodd EH a oedd cyllid y prosiectau yn ddiogel o ystyried ansicrwydd y Gronfa Gofal Integredig.</p> <p>Cadarnhaodd NA bod lefel resymol o sicrwydd, gyda phob partner yn cadarnhau fod y prosiectau yn gynaliadwy i drawsnewid lechyd a Gofal Cymdeithasol yng Ngogledd Cymru.</p>	
5.	<p><u>Strategaeth Cyfathrebu ac Ymgysylltu'r Bwrdd Partneriaeth Rhanbarthol</u></p> <p>Derbyniodd y bwrdd ddiweddariad gan NS ar Strategaeth Cyfathrebu ac Ymgysylltu Bwrdd Partneriaeth Rhanbarthol Gogledd Cymru:</p> <ul style="list-style-type: none"> <li>• Mae gwaith cyfathrebu ac ymgysylltu wedi bod yn mynd rhagddo ers sefydlu Bwrdd Partneriaeth Rhanbarthol Gogledd Cymru ac mae cyllid LIC, sydd ar gael tan fis Mawrth 2022, wedi ein galluogi i gyflogi Swyddog Cyfathrebu ac Ymgysylltu dynodedig.</li> <li>• Mae Cymru lachach (Llywodraeth Cymru, 2018), yn nodi ymgysylltu â'r cyhoedd fel blaenoriaeth allweddol - fel egwyddor ar gyfer llunio'r system iechyd a gofal, ac fel modd o gyflawni nifer o ganlyniadau a ffafir.</li> <li>• O fewn y Cynllun ar gyfer Darparu Cymru lachach, mae'r Bwrdd yn nodi ei fod yn ymdrechu i fod yn bartneriaeth sy'n ysgogi trawsnewidiad yn seiliedig ar wrando a dysgu. Mae'n hyrwyddo'r angen i wrando ar ei boblogaeth i'n galluogi i siapio'r gwasanaeth. Bydd y strategaeth yn amlinellu'n glir sut fydd y Bwrdd yn cyfathrebu ac yn ymgysylltu o fewn y rhanbarth.</li> <li>• Er mwyn llywio'r strategaeth, ymgysylltwyd â swyddogion Cyfathrebu ac Ymgysylltu o'r 6 Awdurdod Lleol a thimau Ymgysylltu'r Bwrdd Iechyd ynghyd â Chynghorau Gwirfoddol Sirol, GIG Gwasanaeth Ambiwlans Cymru, ystod o sefydliadau cenedlaethol megis CGGC a Fforwm Cymru Gyfan, Gwasanaeth Tân ac Achub Gogledd Cymru; Cymdeithasau Tai, yn ogystal â chynrychiolwyr Gofalwyr a Dinasyddion ar Fwrdd Partneriaeth Rhanbarthol Gogledd Cymru.</li> </ul> <p>Nododd y Cynghorydd BF ei bod o blaid cymeradwyo hyn, fodd bynnag, awgrymodd bod angen bod yn fwy rhagweithiol ar draws Gogledd Cymru, nid yn unig o ran gwaith y bwrdd, ond drwy ymgorffori'r holl brosiectau.</p> <p>Nododd MWim bod angen diwygio'r adran ar gryfhau'r iaith Gymraeg a'r 'ddyletswydd ar ddarparwyr gofal i sicrhau bod ganddynt staff â sgiliau ieithyddol priodol.' Rhoddodd MWim wybod fod gan bob</p>	

	<p>sefydliad statudol ddyletswydd mewn perthynas â'r iaith ac mae hyn yn uchelgais cyffredin i'r Darparwyr.</p> <p>Gofynnodd SLW a fyddai modd i rôl y Cymdeithasau Tai fod yn fwy penodol o fewn y strategaeth, gan fod gan y sector berthynas dda â chymunedau lle mae bylchau anghydraddoldebau iechyd yn bodoli ymhlith y boblogaeth.</p> <p>Nododd EH yr angen i egluro'r canlyniadau i'w cyflawni o ganlyniad i'n hymgysylltiad y tu hwnt i ymwybyddiaeth sylfaenol.</p> <p>Roedd Bwrdd Partneriaeth Rhanbarthol Gogledd Cymru o blaid cymeradwyo'r Strategaeth Ymgysylltu a Chyfathrebu, unwaith y bydd y diwygiadau wedi'u gwneud, er mwyn dechrau â'r ddarpariaeth ar unwaith i gefnogi rhaglenni gwaith Bwrdd Partneriaeth Rhanbarthol Gogledd Cymru.</p>	<p>Cytunodd NS i ddarparu adborth i EY.</p>
6.	<p><u>Rhaglenni Trawsnewid – Adroddiadau Gwerthuso</u> Nicola Stubbins/Chris Stockport/Neil Ayling/ Teresa Owen</p> <p><u>Adroddiad Gwerthuso Drafft Rhaglen Drawsnewid y Gwasanaethau Cymunedol</u></p> <p>Rhoddodd AJ gyflwyniad ar Raglen Drawsnewid y Gwasanaethau Cymunedol yn absenoldeb CS. Sefydlwyd y rhaglen hon er mwyn gwella gwasanaethau integredig yn y gymuned, gyda'r weledigaeth strategol o drawsnewid gwasanaethau cymunedol i alluogi cymorth a chefnogaeth gynnar i bobl o fewn eu cartref; ac mae nifer sylweddol o wasanaethau wedi'u datblygu ar draws y tair ardal ranbarthol, er mwyn sicrhau bod y ffocws lleol hanfodol yn cael ei gyflawni.</p> <p>Yn sgil effaith Covid-19 ar adnoddau a gweithgarwch yn 2021/22, lleihawyd y rhaglen gan ail-gyfeirio'r cyllid i TG ac addasu'r gwaith er mwyn cynorthwyo â Covid yn ystod y cyfnod hwn.</p> <p>Mae rhai o'r meysydd cynnydd ers yr adroddiad gwerthuso hanner ffordd yn cynnwys:</p> <ul style="list-style-type: none"> <li>• Sefydlwyd tair ardal leol iechyd a gofal cymdeithasol integredig o fewn yr ardal Ganolog.</li> <li>• Mae Partneriaid o Iechyd Cyhoeddus wedi cwblhau Asesiad o Anghenion Lleol lefel uchel ar ran y rhanbarth.</li> <li>• Dyrannwyd cyllid pennu cyfeiriad i 5 'ardal leol' er mwyn helpu i gefnogi dysgu allweddol mewn perthynas â datblygu ardaloedd lleol iechyd a gofal cymdeithasol integredig.</li> <li>• Mae adroddiad manwl ynghylch y dulliau darparu amgen ar gyfer gofal integredig wedi cael ei gwblhau a'i gymeradwyo gan y Bwrdd Rhaglen.</li> </ul> <p>Cytunodd Bwrdd Partneriaeth Rhanbarthol Gogledd Cymru i gymeradwyo adroddiad gwerthuso Rhaglen Drawsnewid y Gwasanaethau Cymunedol a'r argymhellion isod:</p>	

### Adroddiad Gwerthuso Drafft y Rhaglen Drawsnewid Plant a Phobl Ifanc.

Cyflwynodd NS adroddiadau am y Rhaglen Drawsnewid Plant a Phobl Ifanc:

Adroddiad Gwerthuso ar gyfer Gwasanaeth Therapi Aml-Systemig Gogledd Ddwyrain Cymru – y rhaglen hon yw'r unig raglen Therapi Aml-Systemig yng Nghymru ac mae adborth cadarnhaol yn y ddogfen werthuso.

Adroddiad cynnydd ar gyfer Gwasanaeth Bwthyn y Ddol – canolfan asesu breswyl newydd a gaiff ei datblygu yn yr ardal ganolog. Mae'r prosiect yn datblygu'n gyflym, mae caniatâd cynllunio wedi'i gyflwyno ac mae contractwr wedi'i benodi.

Mae gwerthusiad cyffredinol y Rhaglen Drawsnewid Plant a Phobl Ifanc yn dangos sut mae'r ffrydiau gwaith gwahanol wedi gwneud gwelliannau sylweddol, hyd yn oed yng nghyd-destun Covid-19 lle mae rhaglenni wedi addasu eu bwriad, a chanfod gwelliannau a fydd yn parhau i symud yn eu blaenau.

Ystyriwyd pob adroddiad gan y Bwrdd Trawsnewid Plant a Phobl Ifanc a chytunwyd yn gyffredinol â'r cynnydd a wnaed a'r gwersi a ddysgwyd, nodwyd yr argymhellion canlynol:

1. Bydd y camau nesaf yn cynnwys datblygu cynllun gwerthuso ar gyfer 2021/22, i gynnwys gweithgareddau a fydd yn cefnogi cynlluniau cynaliadwyedd y tu hwnt i ddiwedd y Rhaglen Drawsnewid. Gallai hyn gynnwys hwyluso gweithdai i Grwpiau Llywio er mwyn dod â phartneriaid at ei gilydd a sicrhau ymrwymiad i integreiddio dulliau gwasanaeth newydd i'w cynlluniau strategol/busnes ar gyfer 2022/23 ymlaen. Bydd yn rhaid ystyried digwyddiadau lansio ar gyfer y ddarpariaeth asesu breswyl newydd.
2. Bydd hefyd yn bwysig sicrhau bod cam terfynol y gwerthusiad yn gysylltiedig â datblygiadau a gaiff eu hariannu drwy ffrydiau cyllido a mentrau eraill, er enghraifft, Dim Drws Anghywir / Y Matrics Plant er mwyn sicrhau dealltwriaeth gydlynol a holistaidd o'r canlyniadau ar draws y prosiectau trawsnewid i lywio penderfyniadau mewn perthynas â datblygiadau gwasanaeth parhaus i blant, pobl ifanc a theuluoedd.

Roedd Bwrdd Partneriaeth Rhanbarthol Gogledd Cymru yn cytuno y dylid cymeradwyo adroddiad gwerthuso'r Rhaglen Drawsnewid Plant a Phobl Ifanc.

### Adroddiad Gwerthuso Drafft y Rhaglen Drawsnewid Anableddau Dysgu

Rhoddodd NA adroddiad ar y Rhaglen Drawsnewid Anableddau Dysgu, y rhaglen Cymru iachach gyntaf i gael ei hariannu yn y rhanbarth. Y Rhaglen Drawsnewid Anableddau Dysgu yw cangen weithredol Strategaeth Anableddau Dysgu 2018-2023, ac yn seiliedig ar y pethau y mae pobl wedi dweud sy'n bwysig iddyn nhw; rhywle braf i fyw, rhywbeth ystyrlon i'w wneud, ffrindiau, teulu a pherthnasoedd, bod yn ddiogel, bod yn iach a chael y gefnogaeth gywir.

Er mwyn cyflawni'r weledigaeth a datblygu dulliau yn seiliedig ar beth sy'n bwysig i bobl, mae pum ffrwd gwaith:

- Strwythurau integredig.
- Datblygu'r gweithlu.
- Comisiynu a chaffael.
- Cymuned a diwylliant
- Technoleg gynorthwyol

Mae datblygiad y cynllun peilot cyllideb gyfun yn Sir Fôn sy'n cynnwys prosesau sy'n hyrwyddo penderfyniadau integredig a phrofiadau di-dor i'r defnyddiwr, a'r ffrwd gwaith technoleg, wedi bod yn ffactor cadarnhaol o ran helpu pobl i ymdopi yn ystod y pandemig.

Mae'r Bwrdd Trawsnewid Anableddau Dysgu'n cynnwys cynrychiolaeth dda gan ofalwyr a phobl â phrofiadau byw a ystyrir fel mantais i'r Rhaglen.

Cytunodd Bwrdd Partneriaeth Rhanbarthol Gogledd Cymru i gymeradwyo adroddiad gwerthuso'r Rhaglen Drawsnewid Anableddau Dysgu a'r argymhellion

#### Adroddiad Gwerthuso Drafft Rhaglen Drawsnewid Law yn Llaw at lechyd Meddwl

Cyflwynodd TO adroddiad ar y Rhaglen Drawsnewid Law yn Llaw at lechyd Meddwl a oedd wedi gwneud cynnydd da yn y cyfnod cyn y pandemig. Mae'r gwerthusiad yn adrodd hanes y gwaith a gwblhawyd, gan gynnwys cofnodion risg a diweddariadau. Mae'r Rhaglen Drawsnewid Law yn Llaw at lechyd Meddwl wedi cael ei hailystyried o ran y cyllid, a'r perygl mwyaf yw anghenion anrhagweladwy'r gymuned i'r dyfodol o ganlyniad i Covid-19. Mae'r rhaglen yn cynnig ffordd newydd o weithio ac yn sicrhau proses gynaliadwy o ran dealltwriaeth o'r gofynion newydd yn dilyn Covid i'r dyfodol.

Cytunodd Bwrdd Partneriaeth Rhanbarthol Gogledd Cymru i gymeradwyo adroddiad gwerthuso'r Rhaglen Drawsnewid Law yn Llaw at lechyd Meddwl a'r argymhellion.

Holodd JGal ynghylch y gwaith a ariennir drwy gynlluniau grant, yn arbennig meysydd risg uchel, roedd y Bwrdd Partneriaeth Rhanbarthol angen bod yn ofalus wrth symud ymlaen, gan fod yr amser yn brin ar gyfer gwreiddio a thrawsnewid, holodd ynghylch unrhyw bwysau arbennig wrth ystyried cyllid grant i'r dyfodol.

Rhoddodd NS sicrwydd i JGal fod pob un o Noddwyr y Rhaglen wedi bod yn ymwybodol o derfyn amser y ffrwd gyllido o'r dechrau. Mae'r cyllid ychwanegol am 12 mis wedi galluogi i'r gwaith gael ei wreiddio'n llawn. Mae gan bob Rhaglen Drawsnewid gofnodion risg a bydd y rhaglen yn dechrau canolbwyntio ar strategaethau gadael cyn bo hir, gan nodi'r gwasanaethau a fydd yn cael eu cadw, ail-gyfeirio cyllidebau craidd a symud oddi wrth ffyrdd traddodiadol tuag at ffyrdd mwy arloesol o weithio.



Nododd y Cynghorydd LIMH yr angen i fod yn ymarferol mewn perthynas â chyllid cyfalaf a referiw a'r angen i'r ALI wneud penderfyniadau anodd o ran arbedion.

Amlygodd DLW fod Gofalwyr yn cael eu gwthio i'r pen ar hyn o bryd, ar ôl gweithio'n ddiflino yn ystod Covid-19, a gofynnodd iddynt ystyried hyn o fewn y gwaith Law yn Llaw at lechyd Meddwl.

Nododd NA bwynt DLW a chadarnhaodd fod Gofalwyr yn cael eu cynnwys i ryw raddau ym mhob rhaglen, a bydd y ddarpariaeth gefnogaeth yn ystod ac yn dilyn Covid yn cael ei hintegreiddio i'r ffrydiau gwaith.

Nododd bob aelod o Fwrdd Partneriaeth Rhanbarthol Gogledd Cymru y pryderon mewn perthynas â chyllid wrth symud ymlaen yn dilyn Covid.

#### Mesuryddion Perfformiad Blwyddyn 3 Bwrdd Partneriaeth Rhanbarthol Gogledd Cymru

Cytunodd Bwrdd Partneriaeth Rhanbarthol Gogledd Cymru i gymeradwyo mesurau Perfformiad Blwyddyn 3 a'r Rhaglenni Trawsnewid.

Addasu Gwasanaethau Cymunedol ar gyfer Gofal Mwy Dwys  
Cyflwynodd AJ y gwaith ar Addasu a'r cais i Fwrdd Partneriaeth Rhanbarthol Gogledd Cymru ar gyfer cytundeb mewn egwyddor i ymgysylltu â'r prosiect gofal mwy dwys / osgoi'r angen i fynd i'r ysbyty.

Mae'r papurau Diffiniadau Data ar gyfer Modelu yn seiliedig ar waith 'Addasu Gwasanaethau Cymunedol i Ryddhau Cleifion' a ddatblygwyd gan yr Athro John Bolton, maent wedi cael eu cymeradwyo gan Fwrdd Partneriaeth Rhanbarthol Gogledd Cymru ac yn rhan o'r Rhaglen Drawsnewid Gwasanaethau Cymunedol. Arweinir y diffiniadau data gan Uned Gyflawni'r GIG.

Mae'r prosiect 'Addasu ar gyfer Gofal Mwy Dwys' yn anelu at helpu'r Bwrdd Partneriaeth Rhanbarthol i benderfynu a oes ganddynt ddigon o gapasiti o fewn y gwasanaethau cymunedol i gynnig gofal mwy dwys i bobl a/neu osgoi'r angen iddynt fynd i'r ysbyty e.e. Ymateb i Argyfwng; Gofal Mwy Dwys yn y Cartref; Ailalluogi Mwy Dwys; Gofal Mwy Dwys yn y Gwely; a Thimau Integredig.

Mae'r model yn cynnwys gwasanaethau gofal sylfaenol a chymunedol brys ehangach (e.e. rheoli cyflyrau cronig, gofal lliniarol, ymatebion trydydd sector) er eu bod y tu allan i ddiffiniad ffurfiol Gofal Canolraddol.

Bwriad y dull yw cefnogi'r Bwrdd Partneriaeth Rhanbarthol i 'wybod eu ffigyrau' o ran capasiti a'r galw am wasanaethau Gofal Canolraddol. Bydd hyn yn galluogi i wasanaethau gael eu comisiynu mewn modd cadarn sy'n seiliedig ar dystiolaeth er mwyn bodloni anghenion poblogaeth Gogledd Cymru.

	<p>Y nod yw cyfuno data a gwybodaeth a gasglwyd drwy'r prosiectau addasu (gofal llai dwys i ryddhau cleifion o'r ysbyty a gofal mwy dwys i osgoi derbyniadau i'r ysbyty) er mwyn efelychu gallu a galw, a chynyddu'r defnydd o adnoddau iechyd a gofal cymdeithasol cymunedol prin.</p> <p>Mae menter sydd wedi'i halinio â Chydrannau 4, 5 a 6 o'r Fframwaith Integredig ar gyfer Pobl Hŷn yn cael ei gweithredu fel rhan o'r Rhaglen Drawsnewid Gwasanaethau Cymunedol:</p> <p>CYDRAN 4: Rhoi mwy o ofal imi a'm cadw gartref</p> <p>CYFRAN 5: Rhoi gofal da imi</p> <p>CYDRAN 6: Rhoi llai o ofal imi a galluogi imi gyrraedd adref yn ddiogel</p> <p>Nododd AJ bod rhai pryderon mewn perthynas â'r data a gasglwyd fel rhan o'r prosiect addasu i ryddhau cleifion:</p> <ul style="list-style-type: none"> <li>– p'un a yw'r nifer yn gywir;</li> <li>– ansawdd y ffynhonnell ddata</li> </ul> <p>Os na fydd y materion hyn yn cael eu datrys, ni fydd gwaith yn mynd rhagddo.</p> <p>Nododd AJ yr opsiynau o ran cyllid:</p> <p>Defnyddio Cronfa Graddio Trawsnewid i gomisiynu Grant Thornton i wneud y gwaith (mae GT eisoes yn gwneud y gwaith addasu i ryddhau cleifion i ni);</p> <p>Defnyddio swyddogion IMS mewnol presennol. Nid yw cyfanswm y cyllid wedi'i bennu eto, oddeutu £75,000 ar draws y rhanbarth.</p> <p>Gofynnodd y Cyngorydd BF a oedd yna unigolyn allweddol fyddai'n gallu cael mynediad at y wybodaeth hon neu ffordd o gasglu'r data cywir gofynnol.</p> <p>Rhoddodd AJ wybod bod angen poblogi anghenion model yr Athro John Bolton yn rhanbarthol a bydd angen i ystod o bobl sydd â'r wybodaeth, arbenigedd a dyhead o ran y gofynion rhanbarthol weithredu'r model.</p> <p>Roedd y Cyngorydd LIMH yn ystyried bod y cais hwn yn syniad da, fodd bynnag, roedd yn credu y byddai'n ymofyn llawer o amser ac arian, roedd yn credu y byddent yn elwa o rannu'r gwaith caled rhwng Awdurdodau Lleol unigol. Byddai'n rhaid rhoi sylw hefyd i ystyriaeth demograffig a'r duedd mewn awdurdodau arbennig a sut fydd anghenion y boblogaeth i'r dyfodol yn cael eu modelu. Roedd y Cyngorydd LIMH yn argymhell parhau â'r gwaith a dychwelyd i'r Bwrdd Partneriaeth Rhanbarthol yn y dyfodol gydag adroddiad o'r wybodaeth ddiweddar.</p> <p>Cytunodd AJ ei fod yn fwy o waith na'r disgwyl ac mae'n hanfodol ein bod yn mynd i'r afael â'n systemau ein hunain er mwyn sicrhau fod y data cywir yn cael ei fwydo i'r model er mwyn caniatáu i'r cynllun peilot lwyddo.</p>	<p>Rhaglen Mehefin/Gorffennaf - RW</p>
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	Cytunodd y Bwrdd Partneriaeth Rhanbarthol Gogledd Cymru mewn egwyddor i symud ymlaen â'r cynllun peilot am y tro a darparu adroddiad o'r wybodaeth ddiweddaraf ym mis Mehefin/Gorffennaf.	
7.	<p><u>Y wybodaeth ddiweddaraf gan y Trydydd Sector mewn perthynas â strategaeth ar gyfer cyfleoedd cyllido</u></p> <p>Nodwyd swyddog dynodedig o'r rîm rhanbarthol i gefnogi'r rhaglen hon.</p> <p>Mae cyfleoedd cyllido yn cael eu harchwilio ar hyn o bryd, yn ogystal â phwysau ariannol ffrydiau gwaith sy'n mynd rhagddynt ar hyn o bryd, a'r posibilrwydd o'r Trydydd Sector yn darparu cyllid i gefnogi'r gweithgarwch lefel is a nodwyd i sicrhau parhad gwasanaethau.</p> <p>Rhoddodd JGal wybod fod y grŵp yn y broses o geisio cylch gorchwyl ar gyfer y Grŵp Rhwydwaith Gwerth Cymdeithasol.</p> <p>Fe wnaeth TO gynnig trafod y drafodaeth cyn Covid mewn perthynas â'r cynnydd a wnaed ar Werth Cymdeithasol a thrafodaeth ar gysylltiadau dros y ffin ar wahân â JGal.</p> <p>Gofynnodd JGal am sylwadau'n ymwneud â'r Rhwydwaith Gwerth Cymdeithasol presennol: John.Gallanders@avow.org</p>	<p>TO i gysylltu â JGal</p> <p>Sylwadau mewn perthynas â chyfarfod y Rhwydwaith Gwerth Cymdeithasol at JGal.</p>
8.	<p><u>Unrhyw Fater Arall</u></p> <p><u>Fframwaith ar gyfer gwreiddio dull ysgol gyfan tuag at les emosiynol a meddyliol</u></p> <p>Rhoddodd NS wybod am y llythyr uchod gan LIC sy'n dod â'r fframwaith i sylw Bwrdd Partneriaeth Rhanbarthol Gogledd Cymru ac yn ceisio cefnogaeth i'w roi ar waith.</p> <p>Uchelgais y fframwaith yw cyflawni dull cyson, teg a holistaidd i'r ffordd y caiff anghenion lles dysgwyr a'r gymuned ysgol ehangach eu bodloni. Mae'n ategu at y cynlluniau cwricwlwm ysgol newydd a gwaith sy'n mynd rhagddo o fewn y GIG o dan y Rhaglen Gyda'n Gilydd Dros Blant a Phobl Ifanc i ddatblygu dull 'systemau llawn' ehangach ar gyfer cynllunio a darparu gwasanaethau i blant, pobl ifanc a'u teuluoedd. Bydd hyn, ynghyd â'r Fframwaith Dull Ysgol Gyfan, yn sicrhau bod anghenion lles plant a phobl ifanc yn cael eu bodloni mewn modd amserol a phriodol.</p> <p>Mae'r ddogfen yn cyfeirio at y rôl y mae'r Bwrdd Partneriaeth Rhanbarthol yn ei chymryd i oruchwylio, craffu a gwreiddio'r fframwaith. Yn yr un modd, cyfeirir at GWE (y Consortia Ysgolion), a Byrddau Gwasanaethau Cyhoeddus. Fodd bynnag, nid yw'r disgwyliad ar rôl bob sefydliad yn eglur yn y ddogfen, ac mae'n bosibl ei ddehongli fel bod angen i ddisgwyliadau gael eu pennu'n lleol.</p> <p>Rhoddodd NS wybod am gyfarfod cychwynnol â'r Bwrdd Plant a Phobl Ifanc â chydweithwyr o lechyd Cyhoeddus Cymru a'r Bwrdd Iechyd i drafod goruchwyliaeth y fframwaith. Cytunwyd nad Bwrdd Trawsnewid Plant a Phobl Ifanc oedd y fforwm priodol ar gyfer y gwaith hwn gan nad yw'r bwrdd yn cynnwys aelodau o'r Gwasanaethau Addysg. Roedd</p>	<p>NS i roi'r wybodaeth ddiweddaraf mewn</p>

	<p>cyfarfod wedi'i drefnu â Chyfarwyddwyr Addysg yr ALL, GWE, Iechyd Cyhoeddus Cymru a Phrifysgol Betsi Cadwaladr i gael trafodaeth anffurfiol mewn perthynas â goruchwyliaeth y gwaith hwn. Bydd NS yn cynrychioli Bwrdd Partneriaeth Rhanbarthol Gogledd Cymru ac yn darparu'r wybodaeth ddiweddaraf yng nghyfarfod nesaf y Bwrdd Partneriaeth Rhanbarthol.</p> <p>Gofynnodd y Cynghorydd BF am yr amserlen ar gyfer y gwaith wn. Cadarnhaodd NS nad oedd amserlen wedi'i nodi, y cam cyntaf oedd cwblhau hunanasesiad. Bydd yr amserlen yn cael ei phennu ar ôl cwblhau'r hunanasesiadau a gwaith amlasiantaeth i bennu'r flaenoriaeth ar gyfer y rhanbarth.</p>	cyfarfod yn y dyfodol.
9.	<p><b>Darparwyd y dogfennau canlynol er gwybodaeth:</b></p> <ol style="list-style-type: none"> <li>1. Cynllun Gweithredu Cartrefi Gofal – Diweddariad Terfynol a Datganiad Ysgrifenedig</li> <li>2. Adroddiad Blynyddol y Gronfa Gofal Integredig – 2019 - 20</li> <li>3. Llythyr gan Julie Morgan AS, mewn perthynas â'r Gwasanaethau Gofal Sylfaenol</li> <li>4. Datganiad i'r wasg – tymor cadeirydd newydd a rhoi gwybod am waith Bwrdd Partneriaeth Rhanbarthol Gogledd Cymru</li> </ol>	
	<p><b>Dyddiad y cyfarfod nesaf: Dydd Gwener, 14 Mawrth 2021 9:00 am – 12:00 pm</b></p>	



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

**NORTH WALES** SOCIAL CARE AND WELL-BEING  
SERVICES IMPROVEMENT COLLABORATIVE

## Minutes of the North Wales Regional Partnership Board Meeting

**9<sup>th</sup> April 2021**

**9:00 am – 11:15 am**

**Via M S Teams**

Present:	Mary Wimbury (MWim) (Chair), Alwyn Jones, Barry Argent, Cllr Bobby Feeley, Cllr Christine Jones, Cllr Joan Lowe, Cllr Louise Emery, Cllr Llinos Medi Huws, Delyth Lloyd-Williams, Estelle Hitchon, Fon Roberts, Helen Corcoran, Claire Lister (in attendance for Jenny Williams), John Gallanders, John Gladston, Lucy Reid, Neil Ayling, Nicola Stubbins, Rob Smith, Roma Hooper, Shan Lloyd Williams, Teresa Owen
Apologies:	Bethan E Jones, Chris Stockport, Cllr Louise Emery, Cllr Dafydd Meurig, Dr Lowri Brown, Ffion Johnstone, Jenny Williams, Jo Whitehead, Mark Wilkinson, Morwena Edwards, Meinir Williams-Jones, Paul Scott, Sam Parry

Item		Actions
1.	<u>Welcome, introductions and apologies</u> The chair welcomed everyone to the meeting and apologies were noted as above.  The chair welcomed Barry Argent and Delyth Lloyd-Williams, recently appointed Carer representative members to their first NWRPB meeting.	
2.	<u>Notes and actions of last meeting – 12<sup>th</sup> March 2021</u> The minutes of meeting 12.02.2021 were agreed as a correct record. Completed Actions: <ul style="list-style-type: none"><li>• WG White Paper Consultation – Rebalancing Care and Support - circulate letter and final response to NWRPB members.</li><li>• Press release - incoming chair and to inform North Wales residents on the work of the NWRPB.</li><li>• TO to discuss Digital Work-stream concerns with BEJ</li><li>• Pooled Budget update NS/MWim</li></ul> Outstanding Action: <ul style="list-style-type: none"><li>• Circulate the PB letter and WG response letter when received – RW</li><li>• FJ to provide further information on the number not taking up the Vaccine. <i>FJ advised prior to the meeting that work is progressing and a request has been made for information on numbers split by cluster.</i></li></ul>	Circulate press links to NWRPB-RW

3.	<p><u>Health &amp; Care Group update – Nicola Stubbins</u></p> <p>The board received a short verbal update from NS on the H&amp;CG. The group continue to meet as a sub-group of the SCG. The main area of work has recently focused predominantly on the increased pressure in the West and exploring mutual aid from partners.</p> <p>NA also informed JGr, H&amp;CG chair and lead CEO for Health &amp; Social Care has recently stepped down from DCC CEO post and discussion will be required on the interim H&amp;C Group chairing arrangement and the CEO H&amp;SC portfolio lead who will represent the CEO's on the NWRPB.</p>	Keep NWRPB updated - NS
4.	<p><u>ICF – Neil Ayling</u></p> <p><u>2021/22 ICF Capital Investment Programme</u></p> <p>NA provided an outline of the 2021/22 ICF Capital Investment Programme for approval by the North Wales Regional Partnership Board.</p> <ul style="list-style-type: none"> <li>• The Investment Programme has a funding allocation of £9.413m</li> <li>• The detailed programme for 2021/22 is required to be submitted to WG by 31<sup>st</sup> March 2021 with a full 5-year programme for 2021-2026 due 31<sup>st</sup> December 2021</li> <li>• The ICF capital programme is intended to support schemes and activities that provide an effective integrated and collaborative approach in relation to: <ul style="list-style-type: none"> <li>– Older people with complex needs and long term conditions</li> <li>– Dementia</li> <li>– People with learning disabilities and carers</li> <li>– Children with complex needs due to disability or illness</li> <li>– Early Intervention Children at risk of becoming looked after and in care</li> </ul> </li> <li>• In the new guidance, WG require all regions to have a majority of housing and accommodation projects in 2021/22 and going forward.</li> <li>• New ICF Capital projects will not be approved until the detailed regional plan has been assessed by the WG ICF Capital team and it is clear that new proposed projects respond to need. The detailed regional programme is to be submitted on the approved WG template which requires details of <ul style="list-style-type: none"> <li>(1) the Existing Housing &amp; Accommodation Provision,</li> <li>(2) the Unmet needs up to 2025 and</li> <li>(3) the Capital Programme Plan to meet these needs.</li> </ul> </li> <li>• The need for capital investment to support the recommendations in the Children's Commissioner's report, <i>No Wrong Door</i> has been recognised.</li> <li>• There is an expectation that partner organisations will contribute to projects where appropriate and this can be via direct funding or assets. Requests for funding to cover the total costs of a main capital project will only be considered in exceptional circumstances and with compelling justification.</li> <li>• There are 18 main capital projects in the 2021/22 Capital Investment Programme which will be prioritised, 9 are projects in progress and have had funding in previous years. Only 6 of these</li> </ul>	

require additional funding in 2021/22 as 3 are utilising monies which are unspent from previous years. There are 9 new projects for 2021/22.

- The regional programme has 12 schemes which include housing /accommodation, 3 schemes which support the *No Wrong Door* report, a LD Employment /training facility, a LD Hub and a Dementia Centre

The NWRPB were in agreement to endorse the recommendations below:

- i. To note the value and variety of the schemes within the programme
- ii. To approve the programme
- iii. To note the Welsh Government new guidance for 2021/22 capital schemes
- iv. To note the requirement of a 5 year (2021-2026) RPB Capital Programme

#### ICF Dementia Slippage Report

NA provided an overview of the 11 schemes funded from the regional Dementia slippage monies and its use to support the North Wales Dementia Strategy.

- Slippage of £91,500 was identified from recruitment delays to both the Regional North Wales Dementia Project Manager post and the National (joint with Powys) Dementia project Manager post.
- An application process for the slippage was agreed and opened up to all partners, 10 applications for funding were received and scored.
- Funding was approved for the virtual delivery of the memory service across the region which is a priority and a significant issue across the patch
- It was agreed that each LA would have £10.4K.

The NWRPB were in agreement to endorse the recommendations:

- i. To note the variety and value of the dementia slippage schemes
- ii. To note opportunities to address Dementia priorities presented by the slippage projects approved by the Dementia Steering Group.

#### TP Scaling Fund Guidance

D2RA monies of £1.342m for North Wales for 2021/22 has been announced. LG members agreed (via email 11&12 March) that the preferred option is to allocate to the same % split as previous D2RA funding and for this to continue to be managed via the ICF process.

A high level regional plan is due to be submitted to WG by today, 9<sup>th</sup> April.

NS acknowledged the support provided from the ICF Programme Manager and team on completing all the above reports.

EH questioned whether the projects were secure in their funding given the vagaries of ICF.

	NA confirmed a reasonable level of security, with all partners having confirmed projects to be sustainable to transform H&SC in North Wales.	
5.	<p><u>RPB Communication and Engagement strategy</u></p> <p>The board received an update from NS on the NWRPB Communication and Engagement Strategy:</p> <ul style="list-style-type: none"> <li>• Communication and engagement has been undertaken since the origin of the NWRPB and WG funding, which is available until March 2022 has enabled a dedicated Communication and Engagement Officer to be employed.</li> <li>• A Healthier Wales (AHW) (Welsh Government, 2018), identifies public engagement as a key priority – both as a principle for the design of the health and care system, and as a means of achieving a number of preferred outcomes.</li> <li>• Within its Plan for the Delivery of A Healthier Wales, the Board stated that it strives to be a partnership that drives transformation based on listening and learning. It promotes the need to listen to its population to enable the shaping of service. This strategy will set out clearly how the Board will communicate and engage within the region</li> <li>• To inform this strategy engagement took place with the Communication and Engagement officers of the 6 Local Authorities and the Health Board Engagement teams together with the County Voluntary Councils, Welsh Ambulance Service NHS, a range of National organisations such as WCVA &amp; All Wales Forum, North Wales Fire and Rescue Service; Housing Associations as well as both Carer and Citizen representatives on the NWRPB.</li> </ul> <p>Cllr BF noted being in agreement to approve, however suggested the need to be more proactive across North Wales, not only on the work of the board, incorporating all projects.</p> <p>MWim noted the section on strengthening the Welsh language and ‘the duty on care providers to ensure they have staff with the appropriate language skills’ need to be amended. MWim informed Welsh language duty is placed on statutory organisations and is a shared ambition for the Providers.</p> <p>SLW asked if the role of Housing Associations could be more explicit within the strategy, as the sector has good relationship with communities where the health inequalities gaps exist amongst the population.</p> <p>EH noted the need to be clear on the outcomes aiming to achieve as a result of our engagement beyond basic awareness.</p> <p>The NWRPB were in agreement to approve the Engagement &amp; Communication Strategy, once the amendments have been made, so that delivery can commence immediately to support the NWRPB work programmes.</p>	NS agreed to provide feedback to EY.
6.	<u>Transformation Programmes - Evaluation Reports</u>	



Nicola Stubbins/Chris Stockport/Neil Ayling/ Teresa Owen

Community Services Transformation Programme (CSTP) Draft Evaluation Report

AJ presented on the CSTP in the absence of CS. This programme was established to improve integrated community based services, having the strategic vision so that community services are transformed to enable early help and support for people to be provided within their own home; and a significant amount of services have been developed across the three regional areas, in order to ensure the necessary local focus is achieved.

Due to the impact of Covid-19 on both resources and activity in 2021/22 was scaled down and the funding re-directed to IT and work adapted to assist with Covid during this period.

Some notable areas of progress since the mid-point evaluation report include:

- Three integrated health and social care localities have been established within the Central area.
- Partners in Public Health have completed a high-level Locality Needs
- Assessment on behalf of the region.
- Pacesetter funding has been awarded to 5 'localities' to help support key learning around the development of integrated health and social care localities.
- A detailed report into the alternatively delivery models for integrated care has been completed and signed off by the Programme Board.

The NWRPB were in agreement to endorse the CSTP evaluation report and recommendations.

Children & Young People Transformation Programme (Ch&YP TP) Draft Evaluation Report

NS presented on the Ch&YP TP reports:

Evaluation Report for North East Wales Multi-Systemic Therapy Service (MST) - this programme is the only MST programme in Wales and positive feedback can be seen from the evaluation document.

Progress report for Bwthyn Y Ddol Service - a new residential assessment centre being developed in the central area. The project is moving at pace with planning permission granted and a constructor appointed.

The overall Ch&YP TP evaluation demonstrates how the different Work-streams have made significant improvements, even in the context of Covid-19 where programmes have adapted to alter their intentions, and found improvements that will continue to keep moving forward.

All reports have been considered by the Ch&YP Transformation Board with a general agreement to the progress made and lessons learned noted with the following recommendations:

1. Next steps are to develop the evaluation plan for 2021/22, to include activities that will support sustainability planning beyond the end of the Transformation Programme. This could include facilitating workshops for Steering Groups to bring partners together and secure commitment to integrating new service models into their strategic/ business plans for 2022 / 23 onwards. Launch events for the new residential assessment provision will also be considered.
2. It will also be important to ensure that the final phase of evaluation is linked to developments that are being funded through other funding streams and initiatives for example, No Wrong Door/ Matrix Plant so that there is joined up and holistic understanding of the outcomes across all transformation projects to inform decisions about ongoing service development for children, young people and families.

The NWRPB were in agreement to endorse the Ch&YP TP evaluation report.

#### Learning Disabilities Transformation Programme (LD TP) Draft Evaluation Report

NA reported on the LD TP, the first AHW programme to be funded in the region. The LD TP is the implementing arm of the Learning Disability Strategy 2018-2023, and based around what people have said matters to them; having a good place to live, having something meaningful to do, friends, family and relationships, being safe, being healthy and having the right support.

To achieve the vision and develop approaches based on what matters to people there are five work-streams:

- Integrated structures.
- Workforce development.
- Commissioning and procurement.
- Community and culture
- Assistive technology

The development of a pooled budget pilot in Anglesey with underlying processes that promote integrated decision making and seamless experiences for the user, and the technology work-stream has been a positive factor in people's ability to cope during the pandemic.

The LD Transformation Board consists of a good representation from carers and people with lived experiences which is seen as a benefit to the Programme.

The NWRPB were in agreement to endorse the LD TP evaluation report and recommendations.

#### Together 4 Mental Health Transformation Programme (T4H TP) Draft Evaluation Report

TO reported on the T4MH TP which had made good progress up to the pandemic. The evaluation tells a story of the work which has taken place, including log risks and updates. The T4MH TP has been

reconsidered in relation to the funding and the biggest risk is the future unknown needs of the community as a result of Covid-19. The success of the programme is a new way of working, and to ensure there is a sustainable process for the future understanding the new post-Covid requirements.

The NWRPB were in agreement to endorse the T4MH TP evaluation report and recommendations.

JGal, enquired, all work funded through grant schemes, particular high risk areas, the RPB need to be mindful of going forward, due to short time re embeddedness and for the transformation taking place, any particular pressures bearing in mind grant funding going forward.

NS assured JGal all Programme Sponsors have been aware from the outset of the time limited funding stream. The additional 12 months funding has enabled the work to be fully embedded. All TP's have risk logs and will shortly start to focus on the exit strategies, identifying the services which will be retained, re-directing core budgets and moving from the traditional to more innovative ways of working.

CllrLIMH noted the need to be realistic regarding capital and revenue funding and LA having to continually make difficult saving decisions.

DLW highlighted Carers are currently at breakpoint, having completed exceptional work during Covid-19, and requested this consideration is included within the work of the T4MH.

NA noted DLW point and confirmed Carers are involved in all programmes to a degree, and providing support during and post Covid will be integrated into the work-streams.

All NWRPB members noted concern in terms of funding moving forward post Covid.

#### NWRPB Year 3 Performance Measures

The NWRPB were in agreement to endorse the Year 3 Performance measures of the Transformation Programmes.

#### Right-Sizing Community Services for Step-up Care

AJ presented the work on Right-sizing and the request to the NWRPB for agreement in principle to engage in the for step-up/ admission avoidance project.

The Data Definitions for Modelling papers are built upon the 'Right-sizing Community Service for Discharge' work developed by Prof. John Bolton, previously endorsed by the NWRPB and forms part of the Community Services Transformation Programme. The data definitions work is led by the NHS Delivery Unit.

The 'Right-sizing for Step-up Care' project aims to help RPB's determine the extent to which they have sufficient capacity within community

services to enable people's care to be 'stepped-up' and/ or hospital admission to be avoided, e.g. Crisis Response; Home-based Step-up; Step-up Re-ablement; Bed-based Step-up care; and Integrated Teams

The model includes wider urgent primary and community care services (e.g. chronic conditions management, palliative care, third sector responses) even though they fall outside of the formal Intermediate Care definition.

The approach is intended to support RPB's to 'know their numbers' with regards capacity within and demand for Intermediate Care type services. This will facilitate robust evidence-based commissioning of the services to meet the needs of the North Wales population.

The aim is to combine data and information gathered in both the right-sizing projects (step-down for discharge and step-up admission avoidance) to undertake simulation modelling of capacity and demand, thereby maximising utilisation of scarce community health and social care resources.

Initiative aligned with Components 4, 5 and 6 of the Integrated Framework for Older People (IPOP's) is being taken forward as part of the Community Services Transformation Programme:

COMPONENT 4: Step up my care and keep me at home

COMPONENT 5: Give me good care

COMPONENT 6: Step down my care and get me home safely

AJ noted there are some concerns regarding the data collected as part of the Right-sizing for discharge project:

- whether the number are correct;
- quality of the source data

If these issues are not resolved, the work will not proceed.

AJ noted the options for funding:

(a) use Transformation Scaling Fund to commission Grant Thornton to do the work (GT are already doing the RS for discharge work for us);

(b) use existing in-house IMS officers. Total funding required to be determined by approx. £75k across region.

Cllr BF enquired if there was a key person who would have access to this information or a mode of gathering the required accurate data.

AJ informed that Prof John Bolton's model needs to be populated regionally and required to be completed by a variety of people who have the knowledge and expertise and aspiration of regional requirements.

Cllr LIMH considered this request to be a good idea, however, believed it would need a lot of time and money, benefitting from cutting down the work to bite-sized effort by individual LA's. Attention would also need to be given to demographic consideration and the ageing trend in certain authorities and how the future needs of the population will be

	<p>modelled. Cllr LIMH recommended continuing with the work and return to a future RPB with an update report.</p> <p>AJ agreed this work is much bigger than anticipated and tackling our own systems to ensure the correct data is fed into the model is crucial to the success of the pilot.</p> <p>The NWRPB agreed in principle at this stage to take the pilot forward and an update report will be provided in June/July.</p>	<p>Agenda June/July - RW</p>
7.	<p><u>Update from the Third Sector re strategy for funding opportunities</u> A dedicated officer from the regional team has been identified to support this agenda.</p> <p>Funding opportunities are currently being explored, exploring the financial pressures of current work-streams in progress, with the possibility of the Third Sector providing funding to support the lower level activity identified to ensure continuation of services.</p> <p>JGal informed the group are in the process of seeking the Terms of Reference for the Social Value Network Group. TO offered to discuss separately with JGal the discussion pre Covid in relation to the progression made on Social Value at that time and discussion on cross border links.</p> <p>JGal asked for comments relating to the current Social Value Network to: John.Gallanders@avow.org</p>	<p>TO to contact JGal</p> <p>Comments re SVN meeting to JGal</p>
8.	<p><u>Any other business</u> <u>Framework for embedding a whole school approach to emotional and mental wellbeing</u> NS informed of the above letter from WG bringing the framework to the attention of the NWRPB and seeking support for implementation.</p> <p>The ambition of the Framework is to achieve a consistent, equitable and holistic approach to the way wellbeing needs of learners and wider school community is met. It complements the new school curriculum plans and also work occurring within the NHS under the Together for Children and Young People Programme to develop a wider 'whole systems' approach to planning and delivering services for children, young people and their families. Taken together with the Whole School Approach Framework, will ensure all the wellbeing needs of children and young people are addressed in a timely and appropriate manner.</p> <p>There is reference within the document to the role that the RPB may take in overseeing, scrutinize and embed the framework. Equally there is also reference to GWE (the Schools Consortia), and Public Services' Boards. However, the expectation on the role of each organisation is unclear in the document, and possibly reads that the expectation needs to be determined locally.</p> <p>NS informed from an initial meeting of the Children &amp; Young People Board with Public Health Wales and Health Board colleagues to</p>	

	<p>discuss the oversight of the framework. It was agreed the Ch&amp;YP Transformation Board was not the appropriate forum for this work as the board does not include members from Education Services. A meeting with LA Directors of Education, GWE, PHW and BCU has been arranged for an informal discussion on where the oversight of this work should be placed. NS will represent the NWRPB and provide an update at the next RPB.</p> <p>Cllr BF enquired on a timescale for this work. NS confirmed no timescales have been noted, with the initial requirement to complete a self-assessment. The timescale will be determined following completion of the self-assessments and multi-agency work to determine the priority for the region.</p>	NS to provide an update at a future meeting.
<b>9.</b>	<p><b>The following documents were provided for Information:</b></p> <ol style="list-style-type: none"> <li>1. Care Homes Action Plan – Final Update and Written Statement</li> <li>2. ICF Annual Report - 2019 – 20</li> <li>3. Letter from Julie Morgan AS, regarding the PNA</li> <li>4. Press release – term of new chair and inform on the work of the NWRPB</li> </ol>	
	<b>Date of next meeting: Friday 14th May 2021 9:00 am – 12:00 pm</b>	



<b>Cyfarfod a dyddiad: Meeting and date:</b>	SPPH Committee June 2021						
<b>Cyhoeddus neu Breifat: Public or Private:</b>	Public						
<b>Teitl yr Adroddiad Report Title:</b>	North Wales Early Intervention and Intensive Support for Children and Young People Transformation Programme						
<b>Cyfarwyddwr Cyfrifol: Responsible Director:</b>	Dr Chris Stockport Executive Director Primary Care & Community Services						
<b>Awdur yr Adroddiad Report Author:</b>	Nicola Stubbins, Programme Sponsor Corporate Director: Communities Denbighshire County Council  17.06.2021						
<b>Craffu blaenorol: Prior Scrutiny:</b>	Bethan Jones Area Director Central						
<b>Atodiadau Appendices:</b>	None						
<b>Argymhelliad / Recommendation:</b>							
The SPPH Committee is asked to note progress of the North Wales Childrens and Young Peoples Transformation Programme.							
<b>Ticiwch fel bo'n briodol / Please tick as appropriate</b>							
<b>Ar gyfer penderfyniad /cymeradwyaeth For Decision/ Approval</b>		<b>Ar gyfer Trafodaeth For Discussion</b>		<b>Ar gyfer sicrwydd For Assurance</b>	√	<b>Er gwybodaeth For Information</b>	
<b>Y/N i ddangos a yw dyletswydd Cydraddoldeb/ SED yn berthnasol Y/N to indicate whether the Equality/SED duty is applicable</b>						<b>N</b>	
n/a							
<b>Sefyllfa / Situation:</b>							
<b>Overview of programme Activity</b>							
<i>Early intervention and prevention to improve the emotional health, wellbeing and resilience of children and young people.</i>							
<b>Regional Pilot Framework</b> Work this year has focused on developing a collaborative approach across partner agencies and has been led by a Multi-Agency Steering Group of senior leaders across the partnership including all local authorities and the Health Board. A Peer Challenge group will also include the voluntary sector.							

A regional Task and Finish Group comprising of operational managers across the partnership worked collaboratively on the co-production of a prototype framework, covering 8 – 11 year olds. This piece of work focused on a final product which will provide clear guidance for children, young people and parents on what they can do to help themselves, guidance for professionals on what they can do to support children young people and families; and for both groups, clear and simple guidance on when it is appropriate to seek help and where from, ensuring that quick and easy pathways are clear. The group will also consider resources for supporting emotional health and wellbeing that will be included framed around the 5 ways to wellbeing.

### **Evidence-based Research**

A Specialist Librarian from the North Wales Research Innovation and Improvement has worked with a Regional Research Assistant from BCUHB during March 2020/1 to consider the evidence based material which should be used to develop the framework, and to inform and direct the content.

The project commissioned a research organisation to conduct the co-production aspect of ensuring the prototype framework captures the voice of the child / young person and parent / carer. There were 3 work packages comprising of:

**Phase 1:** Develop and undertake a pilot survey of parent / carers and produce a detailed analysis and report on the findings.

**Phase 2:** Undertake desktop analysis of the Children Commissioner for Wales' 'Coronavirus & Me' report and the six (6) detailed localised reports provided by the Children's Commissioner for Wales to each of the six (6) North Wales Local Authorities to determine if the findings capture the voice of the child when co-producing the framework.

**Phase 3:** Triangulation of the co-produced data (from Phase 1 and 2) along with the content of the Emotional Health Wellbeing and Resilience prototype framework / working model, to assess and compare results

### **Resources to support emotional health, wellbeing and resilience in the Welsh Language**

Transformation funding has been used to support the development of **Staywise Cymru** – a new website that will provide bilingual educational resources for schools, linked to the Welsh Curriculum and crossing all age groups and subject areas. Resources have been developed by the Fire Service, the Welsh Ambulance Service and the RNLI and quality checked by educationalists. This will be the first of its kind in Wales and North Wales will be piloting it.

The Welsh translation of the **Friends Resilience** Training programme has involved commissioning a Welsh translation organisation to translate materials including the training manual, activity books and PowerPoint resources. Focus Groups were set-up to include Psychology and Education colleagues to review the translation to ensure the evidence-based messages were not lost and to ensure the Welsh language used is coherent for children, taking into account the spectrum of educational needs.

### **Early Intervention Behaviour Support Service in the Central Area**

The team manager, senior practitioner (psychologist) and the four navigators are now in post with the team having started to work with 'test' cases whilst the remaining team members are recruited.

The principle psychologist has been recruited and is expected to be in post by September.

An Occupational Therapist is in the process of being recruited through BCUHB on a part time basis (20 hours per week) and should be in post this month (June).

The team is looking to develop a behavioural analyst job description to replace one Occupational Therapist post which has not yet been recruited. The team have start to work with families bringing in



further behaviour expertise as and when needed until all the position are filled and have worked with approximately 20 cases to date.

This project has delivered a suite of training for the staff and services that will be interacting with the service on key interventions (PACT, VIG and Be Smart). This is aimed to develop a consistent approach throughout the services.

### ***Intensive Support Services delivered by Multi-Disciplinary Teams***

Two new intensive support services have been established to work with children and young people with complex emotional and behavioural difficulties and their families on the edge of care: the North East Wales Multisystemic Therapy Service and the Meadow Lodge Service in Central North Wales.

- In the East Area progress has continued as planned and even accelerated in response to growing need resulting from Covid19. The Steering Group chose a model of support that was already well established – Multisystemic Therapy (MST), and with the support of MST UK and an intense period of working to meet the requirements of the licence which included recruiting and training specialist staff, they successfully obtained the licence and started taking referrals to the new North East Wales MST Service in May 2020. The team adapted ways of working to ensure that delivery would not be interrupted by Covid-19 and lock down restrictions. This included using remote and digital methods as well as face to face meetings, taking all the necessary precautions. By April 2021, 56 families had accessed the service, 28 had completed treatment and 9 were still receiving a tailor made package of interventions and support.
- In the Central Area, the steering group had decided to develop a 'bespoke' model of intensive support drawing on various approaches that have been shown to work well elsewhere including a clinical style approach to assessment called formulation. Recruitment of staff into the new multi-disciplinary team was hampered by the onset of the pandemic and some staff who had been employed early on had to be re-deployed to other posts for several months. The whole team was brought together part time to work up the model and tested it out in practice with a case in the summer and by September the service was fully staffed and operational with the team manager joining in October and has been working intensively with three families since then.
- In the West Area, progress was being made on designing a service and recruitment for the multi-disciplinary team was in progress when Covid19 struck. Recruitment had to be paused and the decision was made to change direction and invest funding into upskilling the children's workforce so they could deliver trauma informed care and support using therapeutic tools and techniques. In addition, community and voluntary sector organisations were awarded funding to deliver a programme of community resilience, in particular to support emotional and mental health and wellbeing during the pandemic. The intention going forward in 2021/22 is to progress original plans for a multi-disciplinary team offering intensive support to children with complex emotional and behavioural difficulties and their families.

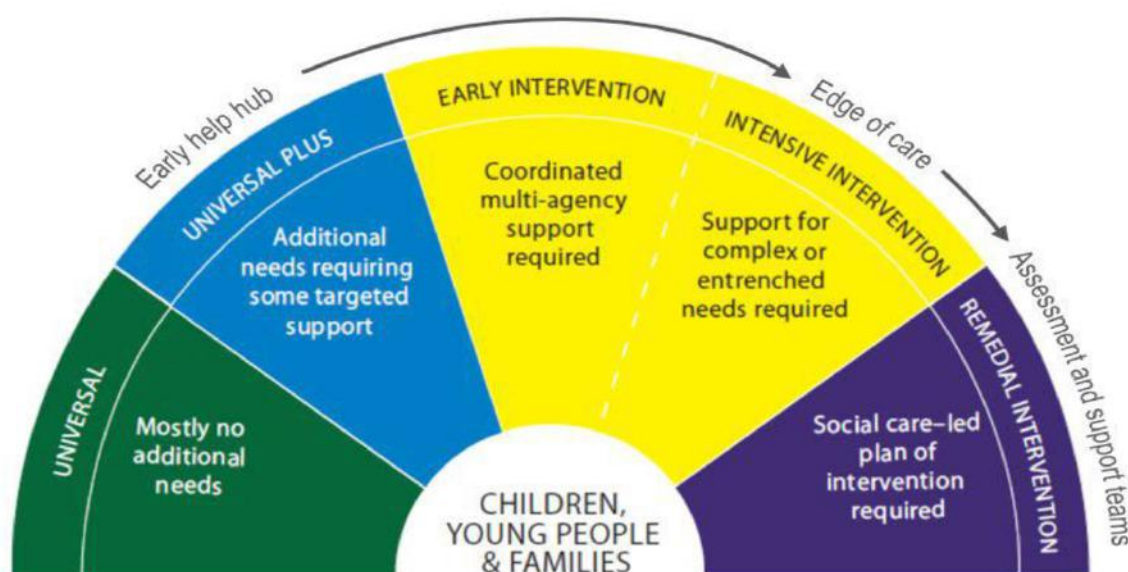
**The Effective Child Protection work stream** has continued to progress and develop to plan. It continues to deliver intervention, support and training to Child Protection Practitioners. Practice resources are being created to be delivered virtually.

## Cefndir / Background:

Embracing an overall objective to achieve better outcomes for children and young people without recourse to costly, long-term statutory intervention and care, the Integrated Early Intervention and Intensive Support for Children and Young People Programme aspires to:

- Improve the **emotional health, wellbeing and resilience** of children and young people through integrated early intervention and prevention and early help services
- Research and develop evidence-based '**rapid response**' (**crisis outreach**) **interventions for children and families on the edge of care**, in particular where the child has Emotional and Behavioural Difficulties (EBD), including more robust multi-disciplinary and therapeutic pathways and interventions
- To develop **short term residential services** incorporating up to three multi-disciplinary teams across the region to promote both effective returns home for children and young people on the edge of care (through the provision of respite-style care alongside broader edge of care support); and, for children and young people with complex needs who cannot return home to parents, offering a form of care and multi-disciplinary assessment of their needs to inform the most appropriate move-on placement and support package.

The programme has been designed to work with children, young people and families as a whole system approach as illustrated in the 'windscreen' diagram below:



## **Asesu a Dadansoddi / Assessment & Analysis**

### **Goblygiadau Strategol / Strategy Implications**

During this final year of funding, 2021/22 we have reconfirmed the children's programme as the priority area and therefore the programme has had a significant amount of the allocation awarded to the region.

The emergence of Covid19 has resulted in a re-defining of the project to make sure it is resilient to be delivered, and effective under the new constraints.

This programme is a significant partnership programme across North Wales. It is an ambitious programme and has successfully secured appropriate level of both revenue and capital funding. This programme enables the region not only to improve services for children and young people in North Wales but also enables us to meet the requirements within No Wrong Door and to reduce Looked After Children numbers. Welsh Government has also strengthened the need for Regional Partnership Boards to ensure that matters relating to children are given more attention, which is now required within Part 9 Statutory Guidance. By investing in Children and Young People we will be improving the future for them and therefore their reliance on services into adulthood is lessened.

### **Opsiynau a ystyriwyd / Options considered**

Detailed in the Programme work streams with related achievements detailed above.

### **Goblygiadau Ariannol / Financial Implications**

**Approved Project Total** £2,605,757 (year 2020/21),

**Amount Claimed** £2,509,335 (2020/21)

The programme has been awarded £3.8m for 2021-22, with exit strategy planning already underway, including sustainability planning workshops being held throughout June 2021.

### **Dadansoddiad Risk / Risk Analysis**

A risk register has been developed alongside the programme and is regularly reviewed by the Programme Board and responsible officers.

The highest risk to delivery relates to funding, a delivery plan has been developed across the programme and milestones set.

### **Cyfreithiol a Chydymffurfiaeth / Legal and Compliance**

*None*

### **Asesiad Effaith / Impact Assessment**

Local impact assessments are undertaken as required for specific elements of the programme.

**Templed adroddiadau'r Bwrdd/Pwyllgor**  
**Board/Committee report template**



<b>Cyfarfod a dyddiad: Meeting and date:</b>	<b>Strategy Population and Partnership Committee June 2021</b>						
<b>Cyhoeddus neu Breifat: Public or Private:</b>	Public						
<b>Teitl yr Adroddiad Report Title:</b>	<b>University Health Board Status Update</b>						
<b>Cyfarwyddwr Cyfrifol: Responsible Director:</b>	Adrian Thomas						
<b>Awdur yr Adroddiad Report Author:</b>	Lynne Grundy						
<b>Craffu blaenorol: Prior Scrutiny:</b>	Executive approval						
<b>Atodiadau Appendices:</b>	<p><u>Appendix 1 Report:</u> <i>Review of University Health Board Designation, February 2021</i></p> <p><u>Appendix 2 Presentation:</u> <i>University Health Board Designation, March 2021</i></p> <p><u>Appendix 3 Letter:</u> <i>Welsh Government Response</i></p>						
<b>Argymhelliad / Recommendation:</b>							
The Committee is requested to accept this update, for information.							
<b>Ticiwch fel bo'n briodol / Please tick as appropriate</b>							
<b>Ar gyfer penderfyniad /cymeradwyaeth For Decision/ Approval</b>	<input type="checkbox"/>	<b>Ar gyfer Trafodaeth For Discussion</b>	<input type="checkbox"/>	<b>Ar gyfer sicrwydd For Assurance</b>	<input type="checkbox"/>	<b>Er gwybodaeth For Information</b>	<input checked="" type="checkbox"/>
<b>Y/N i ddangos a yw dyletswydd Cydraddoldeb/ SED yn berthnasol Y/N to indicate whether the Equality/SED duty is applicable</b>						<b>N</b>	
<b>Sefyllfa / Situation:</b>							

## University Health Board (UHB) Status

This paper provides an update to the SPPH Committee of the triennial review process and outcome of UHB status.

### Cefndir / Background:

The triennial review of UHB status was held in March 2021, with an expert panel reviewing the evidence provided in a written report (appendix 1), and a presentation (appendix 2).

Present for the expert panel review were BCU executives and teams who provided evidence for the triennial review, and colleagues from Bangor University and Glyndwr University.

Feedback from Welsh Government following the panel assessment was provided to the Chief Executive in May 2021 (appendix 3).

### Asesu a Dadansoddi / Assessment & Analysis

At the panel assessment, BCUHB was complimented on the standard of the presentation and report that was submitted.

Our feedback from the expert panel was that they welcomed the strategic focus on a 'plan on a page' and alignment to activity.

The panel expressed that it was encouraging to see significant progress across all organisations during the last three years.

In the recent written feedback to BCUHB, Ifan Evans said that *"University designation should support organisational development, and development of evidence based models of care."*

*Please consider how university designation can now be used to support and improve recovery activity. For example to: speed up the introduction of new ways of working; drive adoption of enabling medical technologies; encourage working in partnership with others; and use real time evaluation (especially data on outcomes) as part of service planning and delivery".*

### **Goblygiadau Strategol / Strategy Implications**

This was the last 'triennial review' of university designation. The Integrated Medium Term Plan planning framework to be issued later this year will incorporate 'university' activity as part of the regular planning and performance management cycle. University organisations will also be required to provide a brief mid year update on university activity, by the end of September in each year, starting September 2022. Welsh Government has worked with leads in each organisation to agree high level criteria for university designation and guidance for this process.

### **Opsiynau a ystyriwyd / Options considered**

*N/A – update paper*

### **Goblygiadau Ariannol / Financial Implications**

*N/A – update paper*

### **Dadansoddiad Risk / Risk Analysis**

*N/A – update paper*

### **Cyfreithiol a Chydymffurfiaeth / Legal and Compliance**

Future UHB status criteria will be embedded within organisation Intergrated Medium Term Plans.

### **Asesiad Effaith / Impact Assessment**

*N/A – update paper*



Betsi Cadwaladr University Health Board  
Review of University Health Board Designation  
February 2021

BETSI CADWALADR UNIVERSITY HEALTH BOARD  
REVIEW OF UNIVERSITY HEALTH BOARD DESIGNATION  
FEBRUARY 2021

## Introduction

Betsi Cadwaladr University Health Board (BCUHB) is the largest health organisation in Wales, with a range of primary, community, mental health and acute hospital services. We have a diverse and demographically widespread population of 700,000 people with a higher than average percentage of elderly and infirm.

University Health Board designation is extremely important to BCUHB. We believe it reflects an outward looking organisation committed to research and development, training and education, and innovation in order to drive the provision of the very best care to its population and attract the best people to its workforce.

This report describes how, over the last four years, we have strengthened links with our partner organisations, and how we have worked to improve collaborative working and a shared strategic vision for university health board activity.

In 2018, we were pleased to launch our North Wales Clinical Research Centre (NWCRC), which has teaching and clinical rooms and laboratory space. The NWCRC is currently supporting a number of Masters and Doctoral academic programmes, as well as basic science research studies.

We are currently running the Novavax COVID-19 vaccine trial at NWCRC. Moving forward we are working on a business case with key stakeholders to develop a Clinical Research Centre (CRC) able to run early phase clinical trials, initially with outpatient provision, and longer terms to provide in-patient CRC facilities.

We are pleased to have developed and launched the Community of Scholars, in partnership with Bangor University (BU) and key stakeholders, and funded by Welsh Government R&D Division. This resource will provide resource and support for our researchers in North Wales

We have worked hard to develop a foundation on which to build our innovation activity. We have worked with the all Wales Innovation Leads, as well as from the RIIC Hubs, Welsh Government, the Bevan Commission, AgorIP and the Lifesciences Hub Wales, and now have a functioning network to support innovation.



The increasing number of BCUHB Bevan Exemplars, our contribution to, and success in, the Welsh Health Hacks, and our Bevan Adopt and Spread successes demonstrates the progress we have made.

Our Research and Innovation Partnership has membership from social care, higher education and Welsh Government, and also functions as the Programme Board for the Research, Innovation and Improvement Hub (RIICH).

Clinical training and education provision at BCUHB covers a range of staffing groups, including medical and dental, pharmacy, nursing and midwifery, therapies and health sciences. Across all of these professional groups, there is a significant amount of undergraduate and postgraduate activity taking place. We work in partnership with our universities to ensure we have an appropriately skilled and educated workforce in place, and be able to respond proactively to reshape the workforce to meet care needs in our population.

Since the last BCUHB triennial review we are pleased to have developed a number of new initiatives, including:

- Physicians Associates
- Physiotherapy undergraduate and postgraduate provision
- Primary and Community Care Academy and Dental Academy
- Clinical Academic pathways

A Welsh Government Task and Finish Group has been set up to consider the joint proposals from BU and BCUHB to develop a North Wales Health and Medical School, and this will be a key piece of work in 2021/2022.

This report provides evidence against the three university health board designation themes; (i) research and development, (ii) training and education and (iii) innovation, with examples of the contribution they are making to improving services and benefiting the population.

It will also briefly set out our key priorities for 2021/22, and our commitment to embed the revised criteria into our Integrated Medium Term Plan/Annual Plan.

## **Partnership and collaboration**

### **Bangor University**

The joint BU/BCUHB Strategic Group has continued to meet throughout the period with occasional interruptions to accommodate changes in senior teams and more recently, the pandemic. In the past 18 months, the Board has reverted to a smaller

less formal structure but with engagement at the very highest level and focussed on the Chair, the Chief Executive and Medical Director of the Health Board alongside the Vice-Chancellor and the Pro-Vice Chancellor for Human Sciences and the Head of Strategic Partnerships and Projects from the University.

The Board has developed a specific focus on the proposed plans for a new and Transformational Medical School for North Wales. Critically, that process has been a process of reflection and refinement where the detail of the collaborative direction and respective strengths have been articulated in terms of future aspirations but also reflecting current strengths and articulation of our common strengths and interests. That articulation has been influential to our current work and has very effectively set the direction of travel for operational co-working amongst the teams and enabled greater clarity as we develop our shared vision. The strategic prioritisation of interprofessional working, prevention, health equality, the challenges of a dispersed regional geography, the need to grow research capacity and the need for economic impact have all been re-affirmed as priorities.

The work and direction arising from that strategic group and process is reflected across the various operational threads of the partnership so clearly articulated in this report update.

### **Wrexham Glyndŵr University**

Building on existing relationships and local level agreements in 2017, BCUHB and Wrexham Glyndŵr University (WGU) established a strategic collaborative board. The purpose of the Board is to oversee the delivery of an effective Strategic Collaboration between the BCUHB and WGU at Executive level. The Board brings ambition and aspiration through sound leadership and direction to develop a North Wales Health and Well-Being collaboration to deliver relevant and high quality education, research, workforce development, innovation and business opportunities between the two organisations.

The Board receives reports from members (and relevant sub-groups) regarding progress of all relevant initiatives, thereby providing oversight and governance. These include information from BCUHB quarterly contact review meetings for the provision of education, a report from the Associate Dean on Health Education and Improvement Wales (HEIW) matters (including updates following contract review meetings), updates on research projects, innovation and new opportunities and reports of wider University Civic Mission engagements.

Fig 1 shows some of the headline figures for the work we are doing and the following pages outline some examples to demonstrate how we have met the criteria for University Health Board status since 2016.

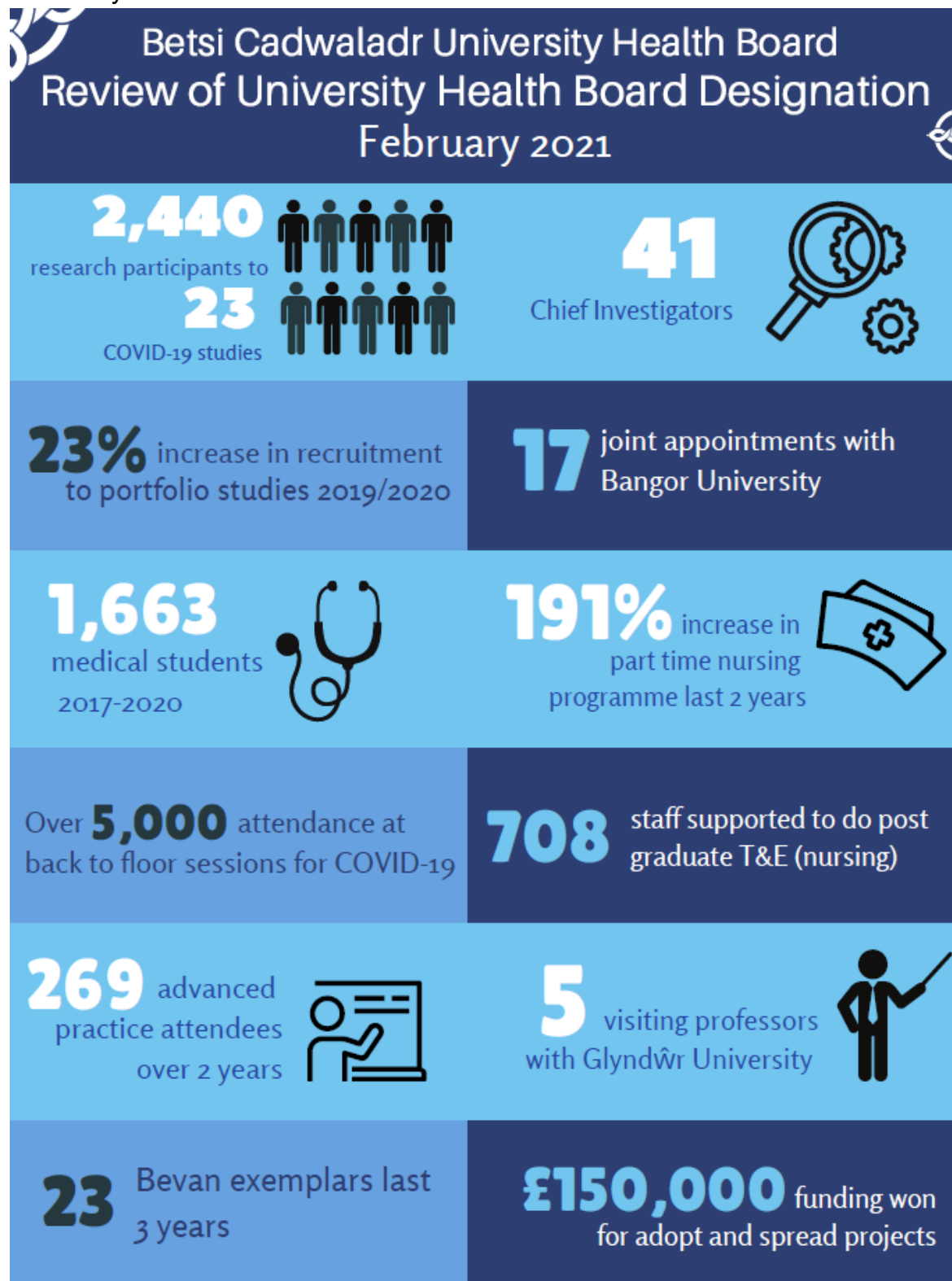


Fig. 1 Headline University Designation Figures

## Research and Development

### Background and Strategic Direction

The Executive Medical Director is the executive lead for Research and Development (R&D). Our Clinical Research and Development Strategy 2016-2019 set out some ambitious strategic aims. These were reviewed in 2019 to further develop our Research and Innovation (R&I) Strategy 2020 – 2025. This strategy was developed following an extensive engagement exercise with key internal and external stakeholders, supported by the Innovation Agency.

Welsh Government publications including *A Healthier Wales*, and *Prosperity for All* and the Health Board strategies *Living Healthier, Staying Well, Together for Mental Health* and Quality Improvement and Workforce strategies informed this integrated strategy to ensure that it is fit for purpose and future proofed (Fig. 2).

Fig.2 Alignment with national and local policy drivers

Strategy	Alignment with objectives
A Healthier Wales (2018)	<ul style="list-style-type: none"><li>• Bring together research, innovation and improvement activity within each region</li><li>• Focus on supporting innovation and partnerships which drive toward new models of care.</li></ul>
Prosperity for All: The national strategy; taking Wales forward (2017)	<ul style="list-style-type: none"><li>• Prosperous and secure</li><li>• Delivery of quality health services</li></ul>
Living Healthier, Staying Well: Improving health, well being and health care in North Wales (2018 – 2021)	<ul style="list-style-type: none"><li>• Use what we have wisely, explore new ideas and learn from research</li><li>• Use good quality research and best practice to improve services.</li></ul>
Together for Mental Health Plan (2016-19)	<ul style="list-style-type: none"><li>• Mental health as a key research area across Wales</li><li>• Embed research and share best practice</li></ul>
BCUHB Quality Improvement Strategy (2017-2020)	<ul style="list-style-type: none"><li>• Implementing best practice and innovation in Quality and Safety</li><li>• Encourage and promote innovation</li></ul>
BCUHB Workforce Strategy (2019-2022)	<ul style="list-style-type: none"><li>• Explore shared learning and innovation Find innovative ways to deliver services in a changing environment</li></ul>

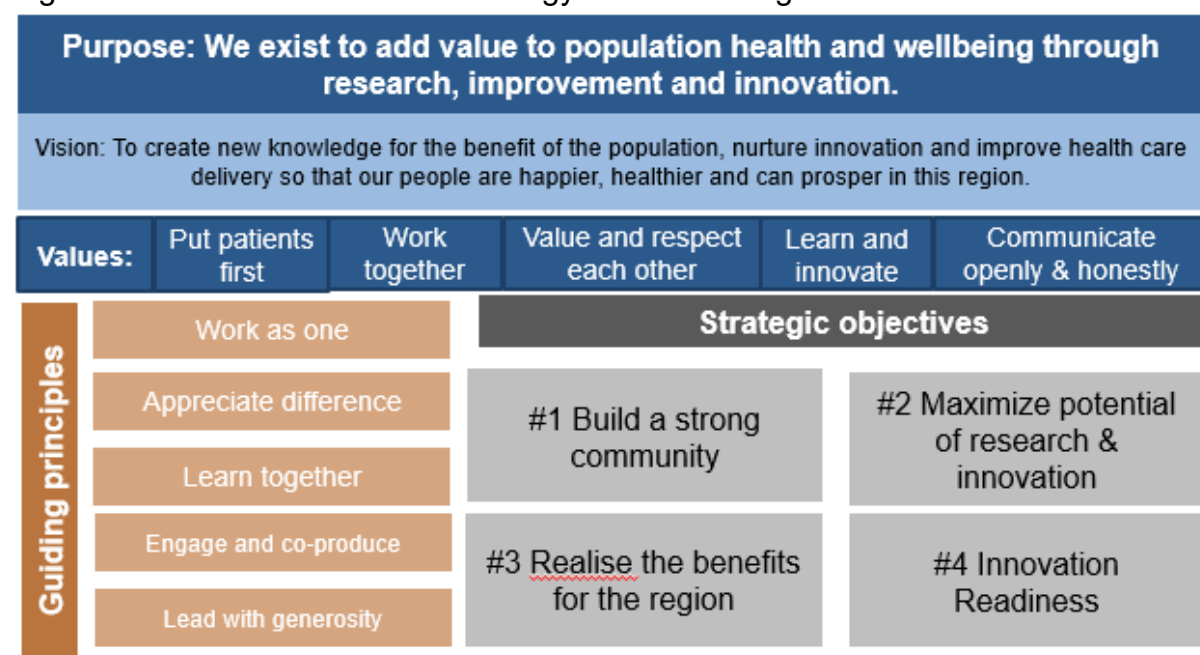
R&D is integral to the delivery of the Health Board purpose, vision and strategic goals including in particular:

Goal 1 - '*Improve health and well bring for all and reduce inequalities*' and

Goal 7 - 'Use resources wisely, transforming services through innovation and research'.

Our R&I strategy was launched in February 2020 and is summarised in Fig 3 as a 'Plan on a Page'. The strategy will drive forward our research and innovation work through an agreed delivery plan. We have been able to progress against the four strategic objectives.

Fig 3 Research and Innovation Strategy 'Plan on a Page'



We have worked very closely with the Regional Partnership Board (RPB) and our local authority colleagues to develop and implement the North Wales Research, Improvement and Innovation Co-ordination Hub (RIICH). The RIICH reports through our Research and Innovation Strategic Partnership group to the RPB and is fully integrated within the governance infrastructure.

We are working closely with the RIIC Hub to develop a series of virtual workshops for key partners across North Wales. The workshops, facilitated by the Innovation Agency, are using the 'Living Lab' concept, to develop a thriving research ecosystem in North Wales. Attendees include colleagues from the NHS, local authorities and Higher Education Institutions (HEIs).

It is planned that further work will be undertaken, facilitated and led by the RIICH to develop a Regional Partnership Research, Improvement and Innovation vision.

We have developed an internal infrastructure to support research, including regional Research and Innovation Groups which meet quarterly, and we also link with the larger all Wales initiatives such as The Bevan Commission, AgorIP and Life Sciences Hub Wales.

We have worked hard as an organisation over the last four years to deliver high quality research studies, working with Health and Care Research Wales and other Health Boards to develop and apply a 'One Wales' front door for potential sponsors, of both commercial and non-commercial research studies. We have developed a process to manage the pipeline of studies, which enables us to assess our capacity and capability in a timely manner, ensuring we can deliver the studies that we progress.

Our achievements include an increase in the number of patients given the opportunity to be involved in research, an increase in the number of Chief Investigators, Principal Investigators and other research active staff, as outlined below, as well as the development of the North Wales Clinical Research Centre.

There are now more collaborations than ever before and we have raised awareness of research activities across the Health Board. Notably, we have recruited more participants than the rest of Wales and UK in a number of portfolio studies and co-developed with BU a Community of Scholars to support and develop new and novice researchers.

## **Research Activity**

Quantitative activity of recruitment to portfolio and commercial studies is extensively reported and performance managed through the contract management process put in place by Health and Care Research Wales (HCRW).

Locally and nationally there is a process in place to identify and agree priorities, needs and opportunities. This is supported by alignment of the R&I Strategy to local and national policies, and Health and Care Research Wales Vision, Aims and Objectives.

We have a portfolio of commercial and non-commercial research activity in BCUHB across primary and secondary care sectors to improve service provision and patient outcomes, locally, regionally, nationally and internationally. Currently we have 155 Principal Investigators (PIs) and Chief Investigators (CIs) working with 33 universities and 24 industry partners across the UK and globally. More staff are engaging with research across BCUHB across professions and staff groups. Our activity has moved

beyond clinical practice into diverse health and care settings, with examples such as work with HMP Berwyn, and dental care in nursing homes, as well as active research in staff and health service areas.

During 2020, many studies were paused due to the pandemic. The work we have carried out during 2016-2020 to develop a solid R&D infrastructure, enabled us to mobilise quickly during the pandemic, and respond to the urgent public health (UPH) COVID-19 studies.

To date BCUHB has recruited **2440** participants to **23** COVID-19 studies across a range of areas

Over the last 3-4 years, we have recruited more participants than tertiary centres and the rest of Wales in a number of portfolio multi-site studies including primary care, respiratory and cancer studies. Commercial cost recovery has increased, though modestly at present.

HealthWise Wales (HWW) gives the population of Wales an opportunity to take part in research studies, and help the NHS in Wales to plan for the future. Our recruitment in 2019 continued to increase and we were the top recruiter in Wales with 6,686 residents recruited (to 31 August 2019). We also participated, with Cardiff University, in a pilot to identify the optimal strategy for mail-outs to encourage HWW sign up. This means more of our local population are able to have the opportunities that HWW offers.

Growing the number of Chief Investigators was an objective within the 2016-19 strategy, and continues in our current strategy. This has progressed well, with currently 41 Chief Investigators leading portfolio, non-portfolio and commercial studies across the Health Board. The R&D Department works closely with NWORTH, supporting North Wales led research and grant applications, and to pro-actively identify and support researchers. The aim is that in the future this will aid grant capture success and enable a sustained increase in Chief Investigators and research leaders. The support given over the last three years has seen an increase in grant bids, and 2019/2020 there have been nine successful research grants secured.

Welsh Government R&D allocation has decreased significantly since 2016, which has led to a restructure in the support and delivery team. This was completed in 2019 and the team are performing well. In 2019/2020 the team exceeded our recruitment to portfolio studies Wales performance target.



The established infrastructure within R&D, working with clinical colleagues, service support departments and the wider research community in Wales, allows a streamlined and efficient assessment of capacity and capability, ensuring we have the ability to open and deliver research studies in an efficient and timely way. This process also enables regular assessment of future needs and opportunities.

There is evidence that clinical research activity in organisations is associated with reduced mortality and improved overall care quality. Opportunity to participate in research provides an enhanced job role, helping to develop leaders and critical thinkers who can have a positive impact on their work environment. In 2019/2020 and we increased the number of patients who took part in research by 23% from the previous year, exceeding our target by 223 participants.

Additionally, many of our staff make a positive contribution to research in other ways, such as research approvals and governance, membership on research ethics committees, membership on internal and external research groups. We have developed and an embedded process to review potential future research studies, to ensure current and future activity is aligned to capacity, capability and areas of strength.

### **Collaborations and Partnerships – strengthening capacity and capability**

Our PIs and CIs are working with 33 universities and 24 industry partners, both in the UK and globally, to deliver portfolio and commercial studies. We have worked hard to develop key partnerships and collaborations and some examples of our successes are shown below.

#### *Examples of achievements and successes*

##### **Global commercial research partnership**

We are continuing to collaborate with research groups from Philips Healthcare in Eindhoven (NL), Böblingen (G) and Boston (USA) with a focus on co-designing studies exploring new solutions to monitor patients at risk of catastrophic deterioration in hospital and at home. This work has included the development of the 'Patient Stability Index' to advise doctors on the safe transfer of patients from acute hospitals using state-of-the-art machine learning. Chris Subbe has recently joined the Global Medical Advisory Board.

##### **Supporting researcher development**

The development of the *Community of Scholars* (CoS), in partnership with the North Wales Organisation for Randomised Trials in Health and Social Care (NWORTH), Bangor University will support novice and new researchers and will provide a virtual network for researchers across the region. The CoS has received pump priming funding by Welsh Government R&D Division, and the expectation is that this will be a regional network, including all partners. The CoS was launched in February 2021.



## **Coordinated European study**

GPS@Acute

Bangor is an active contributor to the safer@home research group. Safer@home is the leading European research group in Acute Care with academic contributors from the Netherlands, Switzerland, Denmark, Ireland and the United Kingdom. The group has several PhD students and is focusing on quality and safety in healthcare. The most recent GPS study (submitted for publication) researchers asked patients what mattered most to them on admission to hospital. This was a 'flash-mob' study: Over 72 hours 1850 acutely admitted patients were interviewed simultaneously at 66 hospitals in 7 countries. The study catalogued patients concerns and priorities and documented the important social and psychological drivers that determine decisions around a return home. During lock-down the group has continued to complete literature reviews on the usage of wearable technology in acute care and patients' self-assessment of the severity of their illness.

(Selection of publications:

<https://pubmed.ncbi.nlm.nih.gov/?term=subbe+AND+Nickel&sort=date&size=200> and website <http://www.saferathome.org/>)

## **Oral health to dependent older people residing in a care-home environment**

Poor oral health for older adults residing in care homes is a significant public health problem. Unlike previous generations, about half of all care home residents now have some of their own natural teeth, but their oral health is much worse than their community living peers (approximately three-quarters experiencing tooth decay). This gives rise to significant and avoidable health and social care costs. Oral conditions impact on the quality of life of residents, their general health and diet. Poor oral health may also exacerbate a range of medical conditions including pneumonia and delirium, increasing healthcare costs and leading to poorer outcomes.

The aim of this study was to understand the meaning and importance of oral health to dependent older people residing in a care-home environment. Using a novel visual-ethnographic model, we sought to understand the authentic voices of older people to represent and articulate what are often discrete or hidden socially mediated and cultural meanings of oral health.

This research, funded by BCUHB R&D Pathway-to-Portfolio funding, provided valuable contextual information for one NIHR £1.3M application (later funded in 2021) “uSing role-substitutioN In care-homes to improve oRal health (SENIOR)” and informed an on-going NIHR study “Improving the Oral Health of Older People in Care Homes: a Feasibility Study” (£490K). The novel methods used were also incorporated into a further research application “A realist evaluation of NHS dental contract pilots across Wales”, which was also funded by the Welsh Government, and led by Bangor University.

## Impact of Frailty in Critical Illness

Richard Pugh, Chris Thorpe and Chris Subbe have developed a programme around the reliable assessment of frailty and its impact on outcomes in Intensive Care. The latest study is a collaboration with the SAIL database at Swansea University and has just been accepted for publication: Despite the improved treatments for people with advanced age the number of elderly patients admitted to Welsh Intensive Care Units has decreased over the last 10 years.

(Publications: <https://pubmed.ncbi.nlm.nih.gov/?term=subbe+%5Bau%5D+AND+thorpe+%5Bau%5D&sort=date&size=200>)

## The future generation

BCUHB is able to offer nine Academic Foundation Doctor (AFD) placements across BCUHB, three FY1 at Wrexham and six FY2 at YGC and YG. All are offered the opportunity to complete a Masters by Research at Glyndwr University and Bangor University, and this provides a foundation for our future generation of researchers.

One of the BCUHB AFDs provided a quote for the Royal College of Physicians publication *Time for Research; Delivering innovative patient care in Wales*(2019):

*'Getting clinicians involved in research, particularly at an early stage, is something I'm very passionate about ... I see collaborative working as a way to counter some of the challenges that trainees face in getting into research and conducting research alongside clinical work.....'*

*'Research is crucial to excellent patient care. High-quality research in the NHS is everyone's responsibility; it should be a core part of clinical care. It is important that every clinician working in the NHS is research active.'*

Key work has been undertaken to successfully develop an active and productive research group with the health team at HMP Berwyn, The Centre for Mental Health and Society (CFMHS), and The Centre for Health Economics & Medicines Evaluation (CHEME), BU.

We have developed partnership collaborations with Wales Cancer Research Centre, Respiratory Innovation Wales and the National Centre for Mental Health and future work will benefit from, and be strengthened by these partnerships.

## Value of research

The R&D team and the wider research community have carried out a significant amount of awareness raising activities, both face to face and virtually, and using social media and web based platforms, over the last four years. The team have also jointly organised and held six conferences with organisations such as CALIN, MediWales, Conwy Business Services and the Bevan Commission, as well as organising regular Science Slams and *Pizza and p values* local sessions.

During the pandemic we have continued to promote research using on-line and electronic communications. A recent example of a successful event was a research and innovation symposium. It attracted over 100 registrations, and over 20% of attendees indicated they had not previously been engaged in research or innovation. The engagement work to develop the Research and Innovation Strategy has demonstrated this work needs to continue and we need to be more visible and known across the organisation. This work will continue, with a review of what does and doesn't work, through the new strategy.

There continues to be a commitment to addressing the challenge of health professionals balancing the demands of delivering a clinical service and carrying out research. A number of strategies to provide support and/or release time, such as applying for PhD studentships, have been actioned with some success. Clinical posts with dedicated research time, in areas such as midwifery and ITU, is having a positive impact on research capacity and capability.

A number of healthcare professionals have been successfully supported in securing national Pathway to Portfolio funding, Clinical Research Time Awards and Research Capacity Building Collaboration (RCBC) funding to release time for research activity. These healthcare practitioners include a dietician, pharmacist and audiology colleagues, further widening our multi professional research activity.

One of our audiologist colleagues was successful in securing *Pathway to Portfolio* funding for a feasibility study, and continued to a Research for Patient and Public Benefit (RfPPB) successful grant bid.

Work will continue to embed research into operational priorities. Recent work during the pandemic has shown how research can drive effective treatments within a short time. We plan to maintain this progress, realise more fully the value of research to patients and staff, and ensure this translates into practice.

## Embedding research into practice

One example of BCUHB's success in embedding research into practice is in psychology. In general, all clinical psychology trainee research is a paradigm of BCUHB/ BU collaboration, with research questions arising from clinical practice in BCUHB, governance and supervision from both organisations; data collection and research processes housed within BCUHB; research-based outputs being implemented in BCUHB as and when appropriate. For example, a collaboration between DClinPsy staff and trainees and Applied Behavioural Analysis students from the wider School of Psychology on the impact of Dementia Friendly name badges, was widely implemented across the Health Board. More recently, the BCUHB / NWCPP research collaboration is spreading from issues in mental health and clinical psychology, to address a wider range of medical and behavioural management issues within the Health board. For example, we are currently developing research to look at infection control behaviours in staff and public.

In the last three years there have been 45 publications based on the research conducted by BCUHB / BU joint appointments on the clinical programme and trainee clinical psychologists covering a broad range of topics (sexual offending treatment programmes for clients with a learning disability; auditory hallucinations in Welsh-English bilinguals; children's experience of living with respiratory assistance; factors leading to early discharge from detoxification programmes; effectiveness of Mindfulness-Based Stress reduction on the psychological functioning of healthcare professionals).

A recent example of the strength of the BCUHB / BU collaboration was the recent publication of a literature review of part of a trainee clinical psychologist's doctoral thesis (Bichard, Byrne, Saville & Coetzer (2021): The neuropsychological outcomes of non-fatal strangulation in domestic and sexual violence: A systematic review, Neuropsychological Rehabilitation <https://doi.org/10.1080/09602011.2020.1868537>

This project was completed with BCUHB/ BU based co-supervision and has been widely cited in national media with national legislative impact. The findings of the review were discussed in the Parliamentary Select Committee for the new Domestic Abuse Bill. The Bill is now going through the House of Lords with a specific amendment making non-fatal strangulation a specific offence with a 7-year sentence.

There is a strong collaboration between BCUHB's Early Intervention for Psychosis (EIP) Service and The School of Psychology, BU. The collaboration recently secured an ESRC DTP grant for a collaborative project on Welsh mental health education between BU/ BCUHB mental health and Action for Children, Wales. In addition,

there is a National project on Adventure Sailing Therapy, with the collaboration between BCU EIP and BU at its heart. The group have also received recent funding from Improvement Cymru to develop an epidemiological tool for predicting psychosis across the Health Boards of Wales. The group also runs a journal club, jointly hosted by EIP clinical staff and BU academics, focusing on clinically relevant research, and is attended by service users, clinicians and academics.

BCUHB psychology and BU are also collaborating in understanding and responding to Student mental health issues via several trainee projects, an Improvement Cymru small grant and the joint delivery of specialist psychological therapy interventions within the student counselling service.

Staff from NWCPP and more broadly within the School of Psychology are actively involved in a number of joint committees between BU and BCUHB: for example, the Academic Partnership Board, the Research and Innovation Strategic Partnership Board, Head Injury Disease Specific Advisory Group.

Through Mental Health Improvement Funding BCUHB has invested in a full time Research Assistant post in Children's Services, following a successful partnership between BU, BCUHB R&D and Child Psychology. Whilst not directly involved in formal grant funded research at this stage, the Research Assistant is supporting all areas in increasing staff involvement in service evaluation and audit.

In 2019, a regional study day brought together all psychologists working with children and young people to discuss opportunities to increase research output. This included opportunities to network, presentations about how to become a principal investigator on a portfolio study, and information from the Clinical Trials Unit. The day was well received. The goal is to increase opportunities for clinicians to become directly involved in research in the context of high demand clinical roles. This will also be supported by a new permanently funded part-time Academic Lead position to support work within Children's Services.

## **Impact of research**

There are many examples of the impact of the research that we participate in, and the importance of the role our researchers and patients are playing in changing practice nationally and internationally on standard care and treatment, for example:

- (i) We have recruited patients to a breast cancer multi-site study that potentially will change standard care in a cancer with the highest incidence globally.

- (ii) We have recruited 38 patients to a Huntington's disease study, original target 30. This study has been recognised as one of the most important worldwide study in Huntington's disease. By facilitating this research two clinics have opened in BCUHB for these patients so they do not have to travel to Liverpool or Manchester.
- (iii) An Antibiotic Review Kit (ARK) research study looking at helping healthcare staff to stop antibiotics when they are no longer needed

We have developed a process for identifying and recognising the impact of research on our population. There are many examples clinicians have identified from participating in research, that benefit their patients (and staff). One example is below:

*“Approximately five years ago our COTE ward participated as an intervention ward in the Prevention of Delirium (POD) study, a national study looking at the effectiveness of ward based interventions in reducing the incidence of delirium. Participating in the study had an extremely positive effect on the ward culture. It increased awareness of delirium amongst ward staff and taught staff to view delirium prevention in a more proactive and systematic manner. The positive impact of participating in the study can still be felt today”.*

We are working with our librarian colleagues to develop a repository of published research, which supports dissemination of knowledge.

One of our clinicians recently identified the positive benefits of participating in COVID-19 research.

*“As a result of our participation in the RECOVERY trial, we were quick to notice that steroids had a positive impact on patient outcomes and as a team we were routinely giving all of our Covid patients steroids in one form or another, just before the official results on Dexamethasone came out. The results however unified the doses and duration we then started to implement.”*

## **Future Capacity**

It is important for us to continue to develop our capacity and capability. Some examples of this work are:

### *Joint appointments*

BCUHB is in dialogue to increase joint appointments. This aligns with our Performance Review with Welsh Government R&D Division in September 2020. Welsh Government are keen to see, in light of the proposed medical school

development, further developing of joint plans and processes with BU, and establishing a shared approach to the academic/research workforce, career development and career pathways.

We have recently negotiated and agreed to host posts for the Wales Cancer Research Centre, and have jointly funded a post doctoral research post with Centre for Mental Health and Society, BU and the National Centre for Mental Health.

There are eight clinical academics in post with BU under the joint framework, and since 2016 there were 17 joint BU/BCUHB appointments registered live on the system. There are also a number of 'shared posts' with part time employment with each organisation.

### *Research resource*

The Community of Scholars (CoS), an initiative funded by Welsh Government Research and Development Division, is an example of a collaboration between BCUHB and BU, working with other partners in North Wales.

The CoS is a virtual resource available for all those interested in research, regardless of experience expertise. Co-production workshops were held in 2018 and 2019, and individuals from across the Heath Board and BU attended. The Cos will initially offer the following:

- Networking and linking clinicians and academics
- Research training resources
- BCUHB Journal club
- Facilitation of research collaborations across North Wales
- Development of grantsmanship skills in applied health research
- Development of research leadership
- Development of capability and capacity in applied health research

The CoS is being launched in February 2021, having been paused earlier in 2020 due to the pandemic. We will evaluate regularly, so that we can build on the learning from it to further develop our research capability and capacity.

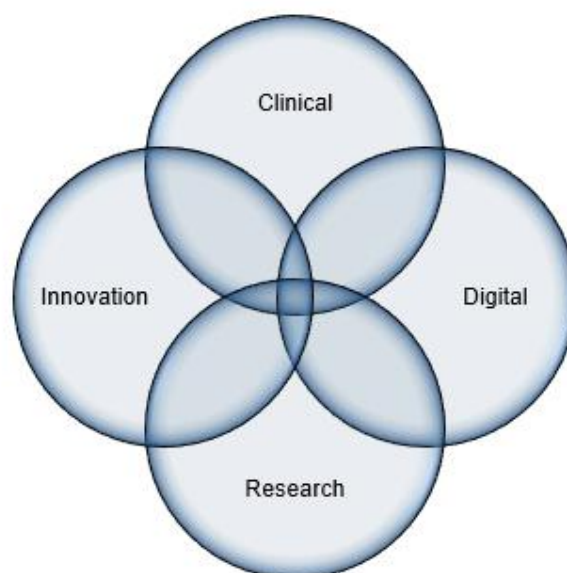
### **Research and development – further developments**

We will continue to strengthen our partners with universities, local authorities, health and care providers, Welsh Government, 3<sup>rd</sup> Sector, industry and citizens of North Wales. We will support collaborative working and be guided by the Strategic Partnership Group to ensure the pathway, from research idea to implementation, works well.



The R&I Strategy is an enabler to operational and clinical excellence. It will be closely aligned to the clinical and digital strategies, as illustrated in Fig 4, and is dependent on communications, estates, workforce and organisational development for success. Inclusion in the Annual Plan/Integrated Medium Term Plan will support this.

Fig 4 Alignment of strategies



As the strategy matures, we would expect to see visible support for delivery of the strategy embedded in all the operational divisions of the Health Board. We will review the strategy with a view to ensuring that we are fully benefitting from a wider partnership approach.

We have commenced work with the Regional Research, Improvement and Innovation Hub to develop the 'Living Lab' concept, and a regional research and innovation vision statement to build a research, innovation and improvement culture across health and social care in North Wales.

We are supporting one of our consultants in a bid to develop an early phase Clinical Research Facility, working with both our local universities, Liverpool University and Welsh Government R&D Division.

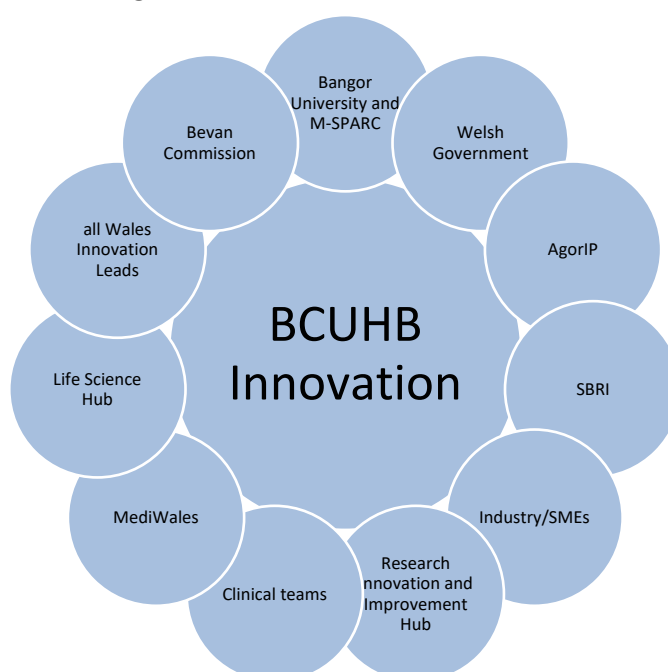


### Introduction

BCUHB launched its integrated Research and Innovation Strategy in February 2020, and works closely with the Research, Innovation and Improvement Coordination (RIIC) Hub. Current joint work includes developing a research and innovation ecosystem across North Wales, working with different sectors and organisations. We are also working together to develop a North Wales umbrella strategy for research and innovation.

We work with many different collaborators, some of whom are shown below in Fig 5.

Fig 5 BCUHB Innovation Collaborators



### National landscape

An all Wales Innovation Leads Group meets regularly. Membership includes innovation lead representation from all the Health Boards, as well as from the RIIC Hubs, Welsh Government, the Bevan Commission, AgorIP and the Lifesciences Hub Wales. We work very closely with all these organisations, and Welsh Government Innovation teams, and opportunities for innovative joint working flow from these collaborations.

An emerging theme and priority in Wales and beyond, is the need to adapt, adopt and spread innovation. The newly funded all-Wales Academy for Innovation in Health and Social Care intensive learning Academy (ILA), a partnership between Cardiff and Swansea universities, will develop the teaching and learning for spread and scale.

A recent Health Foundation funding call for Adopt and Spread Hubs led to an all Wales bid, coordinated by BCUHB. Whilst the bid was not successful, it has identified an appetite in Wales to share, adopt and spread innovation. The All Wales Innovation Leads Group has identified and committed to a work plan of priorities for 2021 to improve identification, set up, spread and commercialisation of innovation in Wales, to transform care.

Our Intellectual Property Policy has been reviewed and updated, and we are currently working with Innovation Leads across Wales, to develop a shared IP policy.

### **Local innovation Infrastructure**

The national collaborations and partnership working offer opportunity locally, to develop innovative ideas, to work with industry partners to develop and test innovations, and to spread and scale up innovation from other areas. In order to capitalise on these opportunities we need to have a local team who are able to facilitate, sign post and direct our staff, and liaise closely with all our collaborators and partners.

We have worked with AgorIP, to introduce an Innovation Project Lead post, part funded by AgorIP. The post holder has been able to support our innovators and link them with external organisations where appropriate.

The demand for innovation support in BCUHB clearly demonstrates the appetite and enthusiasm our staff have to innovate. The benefits of providing an innovation receptive and ready organisation include better patient care, improved morale, a positive organisation, positive impact on recruitment and retention, as well as opportunities to bring funding into the health board.

### **Identifying and Supporting activity**

We have seen much success in supporting innovations in BCUHB, particularly during the last 18 months. In this time, we have been involved with two face to face Health Hacks, and two virtual Health Hacks, all of which have seen winners from BCUHB.

Our Bevan Exemplars continue to grow Fig 6, with a number of our projects being adopted by other health boards.

## Bevan Exemplars

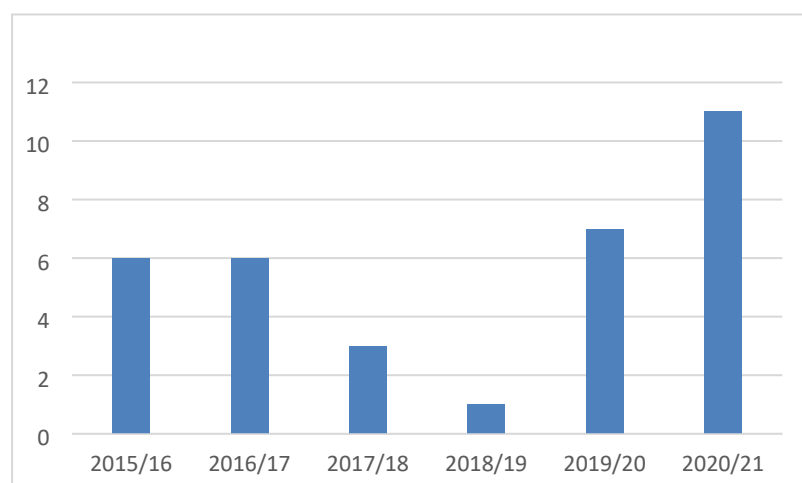


Fig 6. Bevan Exemplar Growth

The Bevan Showcase 2020 was held as a virtual event in 2020, and a number of BCUHB Bevan Exemplars contributed. <https://www.bevancommission.org/bevan-exemplar-showcase-2020>

### *Bevan Adopt and Spread projects*

The Bevan Commission piloted an Adopt and Spread initiative in 2019 offering funding and support for previous Exemplars across Wales to spread their project and for Health Boards to adopt/adapt successful projects from each other. By ensuring good general awareness of the opportunity across BCUHB, and providing an in house resource to answer localised queries in a timely manner and support preparation of applications, BCUHB achieved funding for 1 Spread project, 1 Spread/Adopt project and 6 adoption projects.

## Welsh Health Hack

The Welsh Health Hack is a pan-Wales event, arranged and hosted by various partners. The partners this year were the Bevan Commission, MediWales, BCUHB, Cyflymu Accelerate, Life Sciences Hub Wales, M-SParc, Digital Health Ecosystem Wales, The Enterprise Hub @ M-SParc. Funding was provided by the Welsh Government and Agor IP. The *Simply Do* open innovation platform was utilised and sponsored by B-Enterprising of BU.

The Welsh Health Hack allows those in the Health and Care sector to submit their challenges; that is, areas where they need help and no solution is available. Those in industry are then invited to provide new and novel solutions.

Moderators from BCUHB, Life Science Hub and Bevan Commission reviewed each challenge submitted, and challenges were only approved and viewable by the public once they had met these criteria.

Across three all Wales Health Hack events that BCUHB helped organise in 2020, we had seven winners including a PPE communication device, a digital urine output device, a clear face mask, a digital bike and a digital bunny. These projects are currently in various stages of development with the support of external funding and the input of various innovation infrastructure partners.

## **External Funding**

We have been able to signpost and support applications from staff across BCUHB to external innovation funding opportunities such as the Agor IP funding call in November 2020 which attracted 15 applications across Wales with 8 being from BCUHB. One BCUHB application has already achieved a provisional offer of funding to develop and commercialise a novel product and the other four shortlisted applications are being supported through the rigorous assessment process by a member of the R&I team.

We were also able to support BCUHB Pathology Services in successfully securing funding as part of The Life Sciences Hub Wales Cancer Innovation Challenge to further their work around digital methods of cell counting.

## **National Awards**

BCUHB teams who are involved in innovative and creative responses to service delivery challenges often benefit from signposting to National Award type opportunities and the chance to discuss how their work may fit application criteria.

We have achieved success in several national awards such as The Mediawales Innovation Awards and we were the only Welsh Health Board shortlisted for the 2020 UK NHS Sustainability Awards for staff engagement for the work undertaken by The YG Green Group which was formed as part of a Bevan Exemplar project. Helping staff to optimise opportunities to showcase and win recognition for their work is both

morale building for the individual and increases the reputation of BCUHB as an innovative Health Board.

### **Innovation/Quality Improvement interface**

By building supportive relationships with “innovators” across BCUHB we have been able to identify opportunities to network them with other parts of the BCUHB Quality Improvement and Transformation architecture. A relationship developed with The Pain Management Team in Wrexham enabled the identification of “spin off” Quality Improvement work and led to them being supported to link with BCUQI and has generated 32 physiotherapy projects which BCUQI are supporting.

Our *Innovators Weekly* is now circulated electronically to a wide range of people across BCUHB, to help inform them about what is happening, and opportunities.

### **Examples of current BCUHB projects**

#### *Virtual Hub Scoping project*

Following the Health Hack in May 2020, a team which includes the Bevan Commission and Awyr Las was brought together to explore the concept of a virtual community hub in North Wales. This builds on an ambition to lead the way in delivering care using the best available options for digitally-enabled remote and home-based care. The aim of the project is to provide a report on the types of technologies and opportunities that could be considered as part of the scope projects, and this will take into consideration the potential costs. Outcomes of the project will give rise to a funding bid.

#### *Huma Cardiology Tracking App*

A BCUHB Heart Failure Advanced Nurse Practitioner and a team of nurse specialists are working with industry partner HUMA and Cwm Taf Health Board to pilot a project developing a digital platform for monitoring heart failure patients. The pilot is being supported by The Life Sciences Hub Wales and The British Heart Foundation and has Welsh Government funding.

#### *Ophthalmology*

A former Bevan Exemplar project in which BCUHB ophthalmologists have been working with Spectra-UK to develop a project looking at the use of tele ophthalmology to support out of hours service provision is currently underway and may extend its scope given current challenges posed by the COVID-19 Pandemic.

### *KeepMeSafe App*

A Consultant in Acute medicine has been working with Galactig, part of Rondo Media Group to create a working smartphone application for patients with cancer “KeepMeSafe”. With a grant from Tenovus and in kind support from BCUHB they have created a bilingual application utilizing check lists for patients with cancer and other high-risk medical conditions which allows them to check for common side-effects of treatments and link in a “buddy”/health care professionals. Future modifications could include specific cancers, treatments or indeed other chronic conditions.

### *Complex Trauma*

The Complex Trauma Group study was a collaborative ‘proof of concept’ evaluation of a therapy developed by BCUHB staff for adult survivors of chronic childhood sexual abuse. It was supported by funding from the UK Government Tampon Tax Fund and an in-kind contribution from BCUHB. Research has shown it is therapeutically safe, beneficial and scalable for use within public and 3<sup>rd</sup> sector health services.

### *Remote Monitoring*

A BCUHB oncology team and BU are been collaborating with an Industry partner Aparito to explore the viability of virtual support through mHealth and wearables devices for the safe remote monitoring of cancer outpatients during the COVID-19 pandemic, by exploring whether it is possible to identify symptoms, vital signs and/or wellbeing deterioration leading to clinical emergency events.

### *Digital inclusivity project*

BCUHB staff from Alcohol Liaison Services are undertaking a Digital Inclusion Project supporting digitally disadvantaged patients to access online support via AA and various community providers. The project has been enabled by linking with a Third Sector collaborator and Digital Communities Wales. Impact of the project on service use and patient experience will be evaluated.

### *Photographic Exhibition “Covid19-Seeing the Unseen”*

A project funded by Awyr Las and managed by R&I comprising 37 images generated from professional photographers and a staff competition capturing the changes and innovations of the first surge response and now extending in the same format to capture the infection prevention characterising the second surge.

<https://www.covid19unseen.org/>

### *Urine collection device Health Hack winner*

Since winning, demands on Dr Eickmann's time have increased due to the second surge but the project is still feasible with additional support from R&I; it - will now be jointly project managed between Agor IP and BCUHB R&I department.

### *Air Trap evaluation*

We are waiting preliminary results from the above rapid COVID-19 production evaluation undertaken in collaboration with Aberystwyth University to inform the next stage of testing.

## **Small Business Research Initiative (SBRI) Centre of Excellence**

The SBRI Centre of Excellence is funded by Welsh Government and based in BCUHB (in the Informatics structure). The team works with colleagues in health across Wales to identify unmet needs and then challenge industry and academia to help us develop solutions to resolve these challenges (fully funded), these solutions are digital and non digital.

The Centre has run several successful challenges, more recently in the fight against COVID-19 they have run:

- 'Rapid Sanitisation of Ambulances' project – this project reduced the time taken to clean ambulances by 89% and reduced costs by 82%. This innovation has now been procured by the Welsh Ambulance Service.
- 'Face Mask' project - this is currently underway to produce a transparent FFP3 facemask to be used across NHS Wales.
- 'Better lives closer to home' project – is currently underway seeking innovations to help our communities, businesses and the public sector through the pandemic and beyond.

### *Further innovation examples*

We also work closely with our university partners, in order to develop innovative learning and practice. Examples include the introduction of Older Persons Scholars , who will develop learning pods, and the clinical academic pathways programme. In our 2016 submission we reported on an innovative programme called *Moving On In My Recovery* (MOIMR) that was developed by a clinical psychologist with a joint appointment between BCUHB and NWCPP /BU in collaboration with a charity called Helping Groups to Grow.

Evidence of the impact and effectiveness for MOIMR continues to grow. In the Autumn of 2020, the two-year Alcohol Change funded MOIMR feasibility study report was published. The study conducted by BU within BCUHB substance misuse

services concluded that a further randomised controlled trial is feasible and that the preliminary findings suggested that the programme significantly increased abstinence rates, reduced anxiety, low mood, and social impairment. A further DClinPsy thesis study (completed in the Summer of 2020) explored the mechanisms of change observed in MOIMR.

In January 2021 two further developments have taken place with the MOIMR programme. First, the Area Planning Board (APB) has supported a Welsh Government bid to create a MOIMR App to support the existing programme. The APB has awarded £30,000 to develop this App. An additional bid for a grant of £15,000 to have a Welsh version of the App has been approved by BU to be submitted to their larger HEFCW bid—the outcome of the bid is expected by April 2021. Second, the APB has recommissioned psychological therapies provided by the third sector for substance misuse. As part of the recommissioning, MOIMR will have a dedicated MOIMR coordinator linking third sector providers and BCUHB Substance Misuse Services and ensuring the wider provision of MOIMR groups in North Wales.

Another example of BCUHB working with others for mutual benefit is the ADTRAC project, an innovative partnership with Grwp Llandrillo Menai, Wales largest Further Education (FE) institution; and all six Local Authorities. ADTRAC is a project delivered across North Wales that seeks to reduce the number of 16–24-year-olds who are not in education, employment or training (NEET). The operation is partially funded under European Social Fund (ESF) Project Priority Axis 3: Youth Employment and Attainment, Specific Objective 1. The three-year operation was initially intended to run from March 2017 to May 2021. Findings from the project will be reported later this year.

An innovative Welsh Government funded Children's Transformation Programme is currently underway with the Health Board working in partnership with the North Wales Social Care and Well-Being Services Improvement Collaborative, and all six Local Authorities. One regional element of the project is focused on the emotional health wellbeing and resilience of children and young people, and is linking closely with the Small Business Research Initiative (SBRI) Innovation Catalyst Programme, recently submitting an expression of interest.

## **Innovation – further developments**

It is clear from the activities outlined above, that there is enthusiasm and great ideas from all staff in BCUHB. The ability to broker introductions to support the development of these ideas, and support partnerships and collaborations is



important to support and develop innovators. The introduction of a post to support innovation in BCUHB has had a positive impact, and has supported the potential for commercialisation of a number of project and ideas.

We will continue to develop our innovation activity, and aim to increase the collaborative working with our university partners. Work planned in 2021/22 for innovation include:

- Continue working to deliver our Research and Innovation Strategy
- Work with the RIIC Hub to develop a North Wales vision
- Support another All Wales Health Hack
- Increase potential for spread and adoption of mature innovation within BCUHB.
- Develop a network of innovators across BCUHB, and evaluate and support their development needs.
- Ensure that innovation opportunities are successfully and succinctly disseminated across the Health Board by continued development of the Innovators Weekly
- Increase the number of BCUHB staff innovations/ideas to achieve commercialisation through development of clear pathways and partnerships.
- Continue to increase uptake of Bevan Commission opportunities.
- Focus priorities in order to deliver
- Maximise the ability to utilise the technology and ways of working to enable the transformation
- Recognise the importance of Value Based Healthcare and ensuring quality was central.
- Balanced shortlist of services/processes that could deliver real transformation

## ***Training and Education***

### **Clinical Training and Education**

Clinical training and education covers a range of staffing groups including medical and dental, pharmacy, nursing and midwifery, therapies and health sciences. Across all of these professional groups, there is a significant amount of undergraduate and postgraduate activity taking place. Furthermore, BCUHB works in partnership with its universities to ensure we have an appropriately skilled and educated workforce in place as we continue to reshape our workforce to meet the quality and efficiency agenda and new models of care. In addition to our registered workforce, the Health Board is fully committed to a comprehensive programme of training and education for Healthcare Support Workers.

Our university partners have been able to support students to stay on their programmes, through the innovative use of technology. Many programmes are available through the medium of Welsh, developed through collaborations through our thriving bilingual community.

### **Medical Training and Education**

BCUHB provides undergraduate and postgraduate education for medical, dental and Physician Associates. We work with our partners at Cardiff, Swansea and Bangor universities.

### **Undergraduate Medical Education**

BCUHB provides clinical placements in both primary and secondary care coordinated by three experienced and committed teams based in West, Central and East. These teams are part of the Local Medical Education Boards chaired by a Clinical Director for Medical Education providing governance and strategic direction as part of the BCUHB Strategic Medical and Dental Education Board, chaired by the Director of Medical Education and accountable to the Executive Medical Director

The more traditional clinical placements align to the requirements of the curricula but BCUHB strives to offer Special Study Module (SSM) placements to allow students to undertake a period of study in an area of their interest. Some SSMs offer academic projects in conjunction with BU and these modules are also an opportunity to provide experience in areas of clinical practice not formally within the curricula.

With the mutual intent of influencing recruitment to the medical workforce in BCUHB we host earlier placements in 3<sup>rd</sup> year and have been willing partners in the introduction of the CARER programme i.e. year-long placements based in primary care but with secondary care input as part of the patient journey.

The most recent collaborative development in this regard is the introduction of the C21 North medicine course allowing a number of students to undertake their whole medical course at BU and within the BCUHB area. The Director of Medical Education and undergraduate teams sit on the C21 North committee with the BU programme lead and secondary care lead which meets regularly to discuss placements.

Our undergraduate leads in each site are appointed by a joint committee consisting of HB and all three university partners

The DME sits on the C21 North Programme Board that oversees strategic direction of the C21 North initiative and includes representatives from Cardiff and Bangor Universities

Annual feedback collated by the universities consistently shows the student experience and quality of placements is the best in Wales, a tribute to the local management teams and faculty of educators.

Student numbers have been affected by COVID-19 this year as shown in Table 1

	<b>2017/18</b>	<b>2018/19</b>	<b>2019/20 (COVID reductions)</b>
<b>YG</b>	228	205	160
<b>YGC</b>	184	170	156
<b>WMH</b>	200	200	160

Table 1 Impact of COVID-19 on Undergraduate Medical Student placements

## **North Wales Health and Medicine School**

A joint report from Professor Iwan Davies, Vice Chancellor of BU and Mark Polin OBE, QPM, Chair of BCUHB was submitted to Vaughan Gething AS/MS Minister for Health and Social Services in July 2020. The report sets out the options for new medical training capacity for North Wales through expansion of the medical training places and the bringing together of health and medicine disciplines at the University in a new Interprofessional School. This symbolises the ambition the health board and partners have for health and care in the region.

A Welsh Government Task and Finish Group has been set up to explore the feasibility of the proposals put forward jointly by BU and BCUHB. The Task and

Finish Group will provide Vaughan Gething with a detailed advice including recommendations on the key question of the feasibility of the proposals.

## **Dental Students**

BCUHB hosts dental students from Cardiff University on placement in the Community Dental Service and in the Oral and Maxillofacial (OMF) Unit based in Glan Clwyd Hospital. The aim is not only to provide experience of the community dental service and how dentistry feeds in to the surgical specialty of OMFS but to offer students the chance to consider a career in North Wales after graduation.

## **Postgraduate medical and dental education and training**

BCUHB is the Local Education Provider for doctors and dentists in training in North Wales in primary and secondary care. As expected, the vast majority of trainees are overseen by HEIW training programmes. The HB is working with HEIW to support existing North Wales based programmes as we know geography is a key driver of recruitment. We have a number of HEIW trainees who rotate with Health Education North West (HENW) programmes again bringing stability to trainees' lives and aiding recruitment to North Wales.

Each site appoints a number of postgraduate medical education Fellows who work in a clinical base specialty whilst undertaking teaching for the undergraduate department. These Fellows are offered the chance to undertake a financed PG Cert in medical education with university partners in Wales and beyond.

Education bursaries are available to our faculty of consultant and SAS educators to undertake PG Certs in medical education with partner universities

## **Academic Foundation Programme**

BCUHB hosts academic foundation programme doctor's at all three sites. The HB and Medical Education department has invested in a fully-funded MRes qualification on the programme hosted by Bangor and Glyndwr Universities.

## **Physician Associate (PA) Programme BU/BCUHB**

The Health Board provides the clinical placements for 12 PA Masters students at BU. The programme has benefited from the creation of a HB hosted PA Steering Group consisting of the DME, CDs for Medical Education, Workforce, AMDs for Workforce, PA representatives, primary care representatives and BU PA programme leads to ensure collaborative working and strategic direction.

This group has enabled a current review of the curriculum to consider how placements can best be organised to enhance worthwhile learning particularly in the area of simulation and skills teaching. The review will also aim to align placements with areas of potential future employment.

## **Psychology**

The BCUHB Psychology Department is integrally connected with the Doctoral Programme in Clinical Psychology provided by BU. The North Wales Clinical Psychology Programme (NWCPP) is a three-year doctoral programme run as a collaborative venture between the Health Board and BU. There are at present 137 qualified clinical psychologists working in North Wales, in adult mental health, older adults, intellectual disabilities, child and adolescent mental health, forensic psychology, neuropsychology and health psychology. Nearly all are involved in the programme through teaching, supervision (clinical/research), assessing academic work, selection and representation on committees.

The BCUHB psychology department provides DClinPsych placements for the 33 trainees studying on the programme. Each trainee is an employee of BCUHB and spends three years on the Programme alternating between placements in BCUHB and academic tuition at the University. It is a good example of the local Health Board and the University working together for mutual benefit. Successful candidates obtain a Doctorate in Clinical Psychology, which confers eligibility to apply for registration with the Health and Care Professions Council and eligibility for chartered status with the British Psychological Society. Many of the graduates continue to work within the Health Board on completion of their studies meeting the demand for qualified clinical psychologists in the local workforce.

As part of the NWCPP's commitment to developing inter-professional learning, BCUHB staff from other professions are invited to participate in teaching on specific therapy models alongside DClinPsy trainees. Specifically, teaching is delivered annually to both trainees and BCUHB staff in Dialectical Behaviour Therapy (DBT) a specialised intervention for clients at high risk of death by suicide and there are four annual refresher days offered to BCUHB staff delivering this highly complex intervention to some of the most at-risk clients within the BCUHB. At a recent introductory workshop, over 100 BCUHB staff registered to begin training in this skills-based model.

In the last three years, BCUHB and BU Psychology department have jointly developed a Psychological Therapies Training Team (PTTT) whose aim is to train

BCUHB staff in a range of evidence-based psychological interventions to widen access to these interventions for local people. The PTTT provides teaching and ongoing clinical supervision of BCUHB mental health staff, from adult, child and adolescent mental health services completing level 6 and level 7 CBT training courses jointly designed and run by BU and BCUHB. Since 2018 the team have trained 91 staff from a wide range of professional backgrounds (nursing, speech and language therapy, social work, occupational therapy, mental health practitioner) from across the health board.

The offer of cognitive behaviour therapy training has so far extended into one Local Authority Educational Psychology Service, resulting all Educational Psychologists completing CBT training to accreditation level, further expanding access to this intervention for the local population of young people. During 2018-2019 an offer was extended to a neighbouring health board to trial the feasibility of delivering CBT to a wider audience. This was very well received, and recently referenced as an example of good practice in the BCUHB Child and Adolescent Mental Health Service Clinical Peer Review (November 2020). Expansion of the PTTT is in progress through additional BCUHB investment, with a further part time permanently established Trainer post to be appointed in 2021.

## **Pathology**

The department is registered as a training centre with HEIW and GMC for postgraduate medical training in histopathology and autopsy. The specialty doctors are also given the opportunity to progress in their career and attain the professional qualification during their work in the department. All consultants are clinical supervisors and provide training for both ST Doctors and specialty doctors. We are also involved with Cardiff and Swansea University by offering an introduction to pathology to year 3 and year 4 students during their placement in Glan Clwyd Hospital. Teaching is also starting for BU medical students through the C21 NW programme.

## **Dental**

Most recent developments in North Wales Primary Dental Care include a North Wales Dental Faculty and two new training posts as “Dental Clinical Fellows”, which combine experience and hands-on training in primary dental care settings with a study programme leading to MSc.

Further plans in the near future for Primary care include plans to create a new North Wales Dental Training Unit/ North Wales Dental Academy, which could improve

recruitment and retention in North Wales, attracting both newly qualified and established dentists.

This could create a defined training path in conjunction with HEIW, BU, BCUHB and establish a new approach to combine undergraduate dental student training, provide foundation dentist training (Year 1 post-qualification), enhance the training needs of Dental Core Training (Years 2, 3 post-qualification), community dental, primary care dental and specialist dental training posts.

A high proportion of the trainees who gained employment within North Wales Community Dental Service (NWCDS) have gone on to undertake postgraduate Master's degrees in a variety of dental specialties, including geriodontics/prosthodontics, paedodontics, restorative, endodontics, orthodontics, thereby adding greatly to the skill base across north Wales, and enhancing patient dental care. The importance of all dental professionals is noted in Welsh Government publications on oral health and dental services and in 2022 a new Dental Hygienist course will commence in BU.

North Wales Community Dental Service (NWCDS) runs a nationally accredited course, which offers in-house introductory and continuing training opportunities for both dentists and dental nurses in the use of inhalational sedation management techniques.

The benefit to patients in the Wrexham area is increased manpower to meet the dental care needs.

NWCDS staff have links with:

- HEIW – a Community Dentist is the Training Programme Director for the DCT1 programme
- Liverpool University- Senior Dental Officer is employed as a Consultant in Special Care Dentistry one day /week
- Senior Dental Officer employed as a Senior Lecturer one day a week
- BU – NWCDS staff assist with teaching on the undergraduate nursing course.
- NEBDN- a number of NWCDS act as examiners and board members and have examined at locations across the four nations.

Lectures and practical skills training are provided by CDS clinical staff in a wide variety of topics and a number of staff have obtained further qualifications, for example, in education, medical education, health and social care, health and safety.

## **Nursing and Midwifery Training and Education**

Our workforce are essential to delivering the BCU 10 year Strategy Living Healthier: Staying Well, which provides a long-term vision for care into the future, with focus on

a number of key priority areas. Commissioned places across the fields continue to increase which supports our strategic plan and the following sections provide some highlights from the University collaboration with the Health Board.

### **Nurse Student Induction Days**

The Nurse Education team continue to facilitate Health Board Welcome Days for student nurses prior to their first clinical placement. More recently this has included a pre-COVID-19 interactive café style event which enabled students to engage with practice placement staff and senior leaders to alleviate any fears or anxiety they may have in relation to entering clinical practice for the first time. Students reported they felt welcomed into the organisation and more confident to engage in their clinical placement.

### **Clinical Placements**

Joint working with BU to maximise placement opportunities and increase placement capacity has ensured the best experience for our student nurses. Placement capacity is reviewed annually by Corporate Education, BU and Senior Nursing within the Divisions however COVID-19 has unfortunately presented significant challenges in the past 12 months especially within Community teams. By working together to dynamically manage placements and identify new learning opportunities this has resulted in a positive outcome. The Practice Education Facilitators within BU continue to be essential in supporting students, Supervisors and Assessor in Practice, which during COVID-19 has been a virtual experience, but more recently face to face with student forums and visits to clinical areas resuming. The team quality assures clinical placement information packs provided to students prior to their commencement. Jointly agreed principles for clinical placement including allocation and escalation have recently been reviewed, and extended to include professionals other than nursing.

### **Supervision and Assessment in Clinical Practice**

Following the launch of the NMC Education Standards for Nursing 2018 and adopting the Once for Wales approach to implement the Standards a local task and finish group was established in conjunction with Bangor and Glyndŵr Universities to ensure organisational readiness for implementation. The NMC have validated the pre-registration course at Glyndŵr University in March 2020, however the validation for BU, due in April 2020 was delayed due to the pandemic. BU validation is occurring in March 2021, Health Board staff, supervisors and assessors are working to demonstrate the joint working that has taken place in all aspects of the standards.



## Part Time/Open University Pre Registration Nursing

We continue to encourage and support Health Care Support Workers (HCSWs) to apply for their formal nurse education utilising part time and flexible routes. HEIW is providing support for the part time pre-registration nurse education programme at both BU and the Open University. These programmes enable HCSWs to complete the undergraduate programme part time with the course completed over 2 years 9 months, 3 or 4 years depending on their entry criteria. HEIW funding and investment from BCUHB means that the HCSW will receive a full time HCSW salary during the programme. The health board has agreed to further support their studies by allocating 7.5 hours a week for the learner to complete learning activities, which make up the NMC theory requirements.

Fig 7 below shows admission rate for both the part time Bachelor of Nursing and the Open University routes since commencement of programmes:-

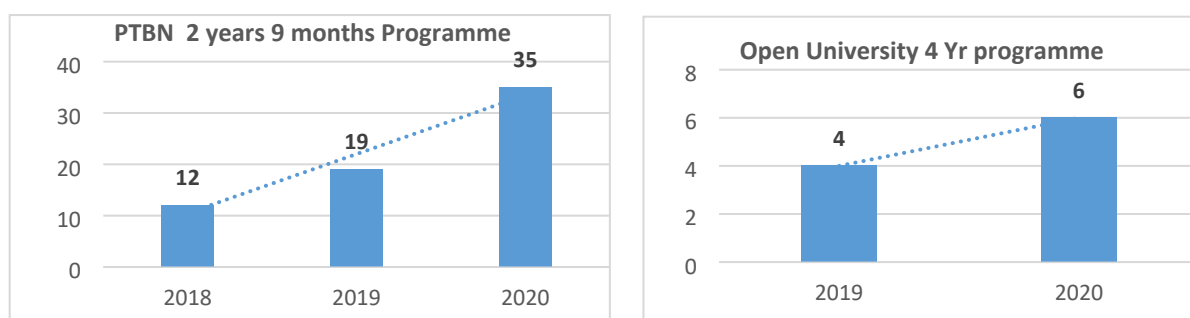


Fig 7. Admission rates for Nursing Degree

## Return to Practice (RTP)

The Health Board continue to maximise on the success of return to practice placements in conjunction with the Universities. The Health Board participate in RTP interviews and successful students are invited to attend BCUHB recruitment days to ensure course completion converts to successful employment. To ensure that return to nursing is as simple as possible, return to practice programmes have been refreshed across BCUHB in partnership with Bangor and Glyndŵr Universities so that return to practice candidates are offered a supportive flexible and varied learning environment. The Health Board are also working with the universities to market the return to practice opportunities, with funding from HEIW to maximise the success of the programme. RTP figures detailed below:

Glyndŵr University – 9 commenced the RTP Programme  
BU - 8 commenced the RTP Programme

With changes to the educational provision and the new option for RTP students to undertake a Test of Competence approach, both universities are reviewing their educational provision and are looking for validation of new programmes in the next few months.

### **Evidence Based Practice**

The Nurse Education Team in collaboration with North Wales Library Services, increase the accessibility of healthcare professionals in accessing healthcare evidence. Each month a topic of current interest is chosen, and a small selection of articles are sourced, 5 are chosen and then cascaded to nurses, midwives, ODPs and HCSWs across the health board by email to Executives, DoN, HoN, matrons and ward managers and are shared with our local Universities.

### **Practice development**

The Health Board facilitates a wide range of education provision alongside other specialist departments. Quality initiatives such as the Ward Accreditation Programme has helped to identify at times the need for targeted provision of training and education and this is provided from a wide range of educational sessions on offer to ensure standards are in place.

In addition to the practice development programme additional training was developed and implemented to support the workforce to respond to COVID-19. A training needs analysis has been undertaken to identify educational requirements and subsequent educational provision implemented across the organisation in addition to developing nurse education team website with training programmes. COVID-19 back to the floor sessions across BCU has had over 5,000 attendances over 12 courses to support our nursing workforce in our response to the pandemic.

### **Clinical Skills Online Educational Resource.**

COVID-19 has resulted in different ways of working, greater use of technology, accommodating travel restrictions and many staff returning to clinical practice, or working in clinical areas that they would not normally work in. In recognition of the workforce challenge as a result of COVID-19, the Health Board have recently purchased Clinical Skills Net an online educational resource for healthcare professionals to maintain their knowledge, skills and competence with the aim to support high quality evidence based care through staff education and development.

BCUHB are the first Health Board in Wales to purchase the resource which has 350 peer reviewed modules available to staff.

### **Post graduate training and education**

To maintain and increase the knowledge and skills of our registered workforce 110 nurses, midwives and ODP's have been supported to undertake post registration education from the corporate education budget for 2020/2021 financial year.

2019/20 - 237 nurses, midwives and ODP's have been supported to undertake post registration education from the corporate education budget for 19/20 financial year

#### 2018/2019

202 nurses, midwives and ODP's have been supported to undertake post registration education in the 2018/2019 financial year.

127 funded from the corporate education budget - out of them 10 didn't require funding (training has been cancelled or applicant withdrew from course)

75 funded from WEDS/HEIW funding stream

#### 2017/2018

269 nurses, midwives and ODP's have been supported to undertake post registration education in the 2017/2018 financial year.

181 funded from the corporate education budget - out of them 26 didn't require funding (training has been cancelled or applicant withdrew from course)

88 funded from WEDS/HEIW funding stream

Unfortunately the pandemic has impacted on the number of staff requesting post registration education in the past 12 months however the primary focus has shifted to CPD to enhance and/or maintain clinical competence. Furthermore, both Universities remain very responsive to the educational needs of the Health Board and the pandemic has brought about alternative ways to deliver education and training with the option of online studies.

Both Bangor and Glyndŵr Universities have supported BCU in developing educational content to upskill the workforce and address recruitment challenges – this includes:

- Non Invasive Ventilation course
- Infection Prevention MOOC and module
- Critical care upskilling
- ENP Pathway for Emergency Department and MIUs

- Clinical Fellowship Programme for Nurses
- Older Person Scholar Programme

## **Advanced Practice and Independent Prescribing**

Advanced practice continues to be recognised as a significant development across health professional group. Priority areas includes Advanced Clinical Practice, and Independent Prescribing and the Health Board works with Universities to ensure a robust application process is in place, aligned to HEIW timescales. This continues to provide assurance that advanced practice is aligned to our workforce plans and applicants are prepared and suitable for the intensive study with the aim to ensure attrition is minimal. All applicants must have divisional support and be approved by Head of Nursing/Department.

The Education team manages the application process in conjunction with the universities and senior representatives from Pharmacy and Allied Health to ensure fair and equitable access to the funding across BCU and the wider Health economy. Interviews occur jointly between respective universities and the health board.

For 2019/2020 157 staff were supported to undertake Advanced Practice. From these; 29 were 3rd year ACP, 42 were 2nd year ACP, 52 were 1st year ACP, 34 were extended skills modules including ultrasound imaging and Pharmaceutical technology.

For 2018/2019, 138 staff were supported to undertake Advanced Clinical Practice and extended skill modules including NMP. 16 were 3rd year ACP, 45 were 2nd year ACP, 42 were 1st year ACP, 13 were NMP and 22 were extended skills modules and MSc in Occupational Therapy

## **Contribution to Teaching**

The Health Board has a comprehensive programme for staff with education and development provided via a number of specialist and corporate teams within BCU. Additionally Health Board staff contribute to teaching within Universities, shaping the education and development of the future workforce through curriculum planning, evaluation and assessment of learners in practice. A number of staff across the professions hold honorary contracts and our growing number of non-medical Consultant Practitioners are aligned to research and academic hubs within the universities, contributing to research and development agenda and the subsequent impact for patients, families and healthcare in North Wales. BCUIB has 10

Consultant Practitioners who each work closely with our University partners to deliver the research elements of their role, these are in the following areas:

- CAMHS
- MHLD
- Midwifery
- Dementia
- 2 x Primary care
- Antimicrobial Pharmacist
- Paramedic, Welsh Ambulance Services Trust
- Substance Misuse Service
- Emergency Department, Wrexham

### **Operating Department Practitioner**

The Nurse Education team are supporting theatre managers with workforce development and have successfully obtained additional funding from HEIW to support HCSW undertaking the ODP course in Edge Hill and Staffordshire University until 2022, when local provision of ODP course will resume in North Wales following the preregistration tendered award. Both BU and Glyndŵr University have expressed an interest in recommencing local provision of this course and have been working in conjunction with the education team and theatre staff to develop the course.

### **Therapies and Health Science Training and Education**

Therapy services across BCUHB are involved in extensive undergraduate education and training, with structured student placements in all professions, in addition to their involvement in delivering the medical student curriculum. Across all areas of therapies and health science, quality measures are in place to ensure good student experience, including formal feedback from the undergraduate students.

### **Occupational Therapy**

Occupational Therapy (OT) undergraduate programmes are delivered by Glyndŵr University. We work very closely with the university to ensure the programme is well designed and fit for purpose with significant clinical input. OT places contracted by HEIW have increased significantly over the last three years. Presently annual commissioning is for 29 places on the full-time programme with an additional number also available on the recently introduced 4 year part-time route. This provides

valuable career progression for therapy assistants who can train as professional registrant OTs alongside their existing roles.

Some members of the team are seconded from BCUHB. The strength of the partnership with clinicians at BCUHB, including with service managers is a feature that supports the excellence of the programme

## **Physiotherapy**

85 Student Physiotherapists from Glyndŵr, Bangor, Cardiff Keele and Salford Universities access placements across the health board. Physiotherapy staff from BCU peer review the Keele University undergraduate programme. Physiotherapy provide practice placements for both undergraduate and post graduate Physiotherapy courses that are delivered by Universities in Wales – providing over 100 placements for the Glyndwr and Bangor Cohorts across the training programme.

Many of our Physiotherapy technical Instructors are now training through the local Universities while continuing to work for the Health Board and we have also been able to recruit new team members from university students who now work for us on a Bank basis further developing their experience and education. We also provide ad hoc placements for universities outside of Wales when requested and if we are able to accommodate.

The local universities provide support and accessible training to our staff – as well as offering Post Graduate masters Level courses they have also supported us with specific training needs e.g. clinical educator training and during the recent COVID-19 pandemic Glyndŵr university offered support with clinical training modules for staff to be redeployed into new work areas.

HEIW commissioned WGU to provide 24 Physiotherapy students for the first time in 2019. The programme was validated within 6 months and received nine commendations from CSP, including how the programme was developed in close partnership with BCUHB. In a similar way BCUHB supported BU in being commissioned by Health Education and Improvement Wales (HEIW) to provide a 2 year accelerated Physiotherapy programme aimed at graduate applicants. This accelerated programme has been designed as an efficient and innovative means to broaden access into the profession, whilst continuing to provide a high quality pipeline of physiotherapy workforce for the local Health Board and beyond.

In both cases BCUHB physiotherapy staff provide input at both a classroom teaching level and through the placement programme across the region.

Since the Physiotherapy courses have started in Bangor and Glyndŵr Universities we have Physiotherapy staff who are also employed as lecturers by the universities to help deliver course content, and contributed to the placement planning stages for the course development. We are working with the universities around MDT mentorship while on practice placements and the role Physiotherapy could play within this, and our therapists in Primary Care often support new trainee Doctors spending time within GP surgeries during their clinics.

## **Speech and Language Therapy**

Cardiff Metropolitan University (CMU) is currently the only Welsh HEI providing a qualifying Speech and Language Therapy degree and BCUHB regularly provides placements for these students. We also support placements, as much as possible, for local residents who choose to study outside of Wales, particularly Welsh-speaking students who seek a bilingual placement opportunity in the region. BCUHB SLT Heads of service are voting members of WSLTAF (Wales SLT Advisory Forum); CMU SLT Course Leads are also part of this forum. A key purpose of WSLTAF is to work collaboratively to ensure responsive SLT course curriculum development in Wales and effective placement education across the Health Boards.

## **Dietetics**

BCUHB provide placements for the only Dietetic course currently commissioned in Wales at Cardiff Metropolitan University and have a varied placement programme supported by trained clinical educators. Dietitians also regularly provide teaching sessions on pregnancy and early life, family nutrition and healthy weight management within Year 1, Year 2 and Year 3 BSc Midwifery studies and the BSc in Child Health Nursing at BU. In collaboration with the Diabetes MDT they also provide teaching on Gestational Diabetes Management for second year midwives.

Dietitians teach within the SCPHN (Specialist community public health nursing) degree for those with a nursing background going onto train as Health Visitors and School Nurses and the BSc in Primary Health Care programme at Glyndŵr University. We have Dietitians who hold Honorary Lecturer titles and provide teaching for Healthcare professionals in Nutrition Modules at MSc (Diabetes) Level at BU. We also provide annual training within foundation year 1 and 2 medical training.

## **Podiatry**

Additionally up to six podiatry students per year from Salford University and up to 14 dietetics students a year from Cardiff University access managed placements in the Health Board. Student leads in the Health Board work closely with the relevant universities to ensure an optimal learning experience is provided.

## **Orthoptics**

The Health Board provides undergraduate clinical placements for orthoptic students from courses provided at Liverpool and Sheffield Universities. We also provided training for medical students when on placement for their ophthalmology block, but with the syllabus change this has since ceased. The allocation of placements by the three universities, Glasgow University also offer an orthoptic course, is reviewed and organised on a 12 months basis and placements are regularly audited in partnership with the department. The benefit to the Health Board is that we have been able to recruit new graduates to the Orthoptic Department. Being a clinical placement provider raises the profile of the department and word of mouth of students as 'a place to go'.

## **Diagnostic Radiography**

BCUHB continues to have had a longstanding association with BU which followed on from training in radiography becoming a degree programme. Diagnostic imaging is increasingly recognised as having a pivotal role in the provision of healthcare with very few patients now not having some form of radiological test.

The demand for imaging diagnostics in health care is therefore increasing year on year and there is now a national shortage of radiographers who, in addition to undertaking imaging, are increasingly required to also take on Advanced Practice and Consultant roles due to there also being insufficient consultant radiologists in the UK, the most acute shortage being in North Wales.

BCUHB takes student radiographers on clinical placement from BU for all three years of their degree course and has both University funded Clinical Tutors and Professional Education Facilitators in place on each site in addition to the radiology staff, to support their development throughout training. Demand for training places outstrips those available with BU and BCUHB radiology managers being involved in student recruitment. The close links between the University and radiology department's continues throughout training to the mutual benefit of both parties and their students.



Radiographers trained in BCUHB have a long standing and wide reputation for being skilled and knowledgeable professionals on graduation with the aptitude required for further career development - they are, therefore, very much in demand. BU radiography students are also crucial to supporting workforce needs in BCUHB with the majority taking up employment in North Wales - this reflects the investment made on every front by the hosting radiology departments, BU and radiography students.

Radiographers access postgraduate opportunities for professional and advanced practise development at a number of HEIs. The BCU research radiographer has developed strong links in relation to image quality and practise with (Bangor and Salford Universities)

## **Audiology**

Audiology continues to expand its training offer and capabilities for our health science team. We now have the first Higher Specialist Scientist trainee (HSST) in Audiology in Wales and several supernumerary Scientist Training Programme (STP) trainees. The education component of both schemes is delivered by Manchester University, with the programme overseen by the National School of Healthcare Science.

Aside from nationally supported funded training schemes, we also have several staff proceeding to in-post equivalency applications for HSST and STP equivalence. We host Practitioner Training Programme (PTP) students on placements, primarily from Swansea University, but also Manchester University. We also have supernumerary trainee Associate Audiologists, hosted by the service and completing a HEd Certificate at Swansea University. We are currently finalising recruitment to the new healthcare science apprenticeship scheme for Audiology.

Staff have the necessary supervisory accreditation to support educational and training placements.

## **Biomedical science**

BCUHB pathology laboratories offer workplace-based training for the undergraduate Practitioner Training Programme. Learning is delivered through an integrated approach, combining academic learning and workplace-based training. This includes 50 weeks of workplace-based training in BCUHB pathology laboratories over three years, with a broad scientific training in the first two years, followed by specialisation in year 2 or 3. This ensures that students gain in depth knowledge, understanding and experience of the healthcare science environment in preparation for employment

as a Biomedical Scientist within the NHS. The undergraduate Practitioner Training Programme leads to an approved and accredited BSc honours degree in Biomedical science, which leads to registration with the Health and Care Professions Council (HCPC).

BCU Pathology laboratories also provide work placements for Biomedical science degree students that are not part of the undergraduate practitioner training programme. Successful completion of a work placement and IBMS registration portfolio will enable self-funded students to register as Biomedical scientists with the Health and Care Professions Council (HCPC).

BCUHB North Wales Clinical Research Centre (NWCRC) has laboratory facilities within the Centre, and has collaborated with Glyndŵr University to establish three postgraduate (Masters level) biomedical science programmes

Three PhD Students registered with Bangor, Glyndŵr and Swansea Universities, undertaking their work at BCUHB NWCRC

- Five Visiting Professor Appointments in affiliation with WGU
- Providing research dissertation placement opportunities for Keele University.
- Providing work experience opportunities over a 2 week period for Year 12 (sixth form) and local undergraduate students.
- Formally hosted two open day/evening events to members of the public

BCU Pathology also provides work placements for students from BU so that they can gain HCPC registration by successfully completing the IBMS registration portfolio

Individuals wishing to pursue a career as a Clinical Scientist are required to apply for a place on the postgraduate NHS Scientist Training Programme (STP). There are two routes available: direct entry or in-service. All STP trainees whether direct entry or in-service are treated as supernumerary.

The STP is a 3-year programme made up of two parts: academic learning, delivered and assessed by the University provider (currently The University of Manchester), which involves studying for a University accredited master's degree in clinical science; and work-based learning and clinical knowledge and skills in the NHS workplace. As such, successful candidates are employed by the NHS for the duration of the 3-year programme.

During the first year, trainees will rotate through four 3-monthly placements in Biochemistry, Haematology & Transfusion science (usually hosted by their base hospital), Immunology at Bangor hospital and Genetics at Cardiff hospital. During

years 2 and 3 (their specialism years), trainees will complete rotations in Paediatrics at Cardiff hospital and Toxicology at Bangor hospital.

Although it is the responsibility of the academic provider to deliver and assess the academic component of the STP, the base hospital must supervise the STP trainee to complete an MSc project at their base hospital that fulfils the standards and requirements of the University provider. The work-based learning and training is solely the responsibility of the base hospital.

As of May 2020 BCU Blood Sciences Department is accredited as a training centre for the STP (Scientist Training Programme) in Clinical Biochemistry and currently has two trainees in programme.

### **Medical Physics and Clinical Engineering**

Placements are provided for Medical Physics Clinical Scientists (STP) and Practitioner Training Programme (PTP) in both Nuclear Medicine and Radiotherapy from Swansea University. For Scientists this includes conducting an MSc research project. An example is preparation work that ultimately led to offering patients a new/different treatment

Training is provided for Clinical Engineering students registered on the National School of Healthcare Science STP scheme. This is split across the health board with rotations in the EBME department, Posture and Mobility (including Prosthesis and Rehabilitation Engineering).

Training is provided for Rehabilitation Engineering students registered on the National School of Healthcare Science PTP, with the majority of the time spent in Swansea University on the Health Care Sciences degree with work-based placements in Rehabilitation Engineering.

### **Pharmacy Training and Education**

#### *Pharmacy (MPharm) undergraduates*

Pharmacy and Medicines Management offer placements for MPharm students of the School of Pharmacy and Pharmaceutical Sciences, Cardiff University on an annual basis, with up to six students placed at each site. We also host Bath University pharmacy students on clinical placements upon request. Pharmacy undergraduate summer placements are offered on a voluntary basis during the summer months. These placements often lead to applications for pre-registration and foundation level

pharmacist roles in the Health Board. Members of the pharmacy team, alongside the HEIW pharmacy team, attend various career events at Schools of Pharmacy across the UK including Belfast, Cardiff, Liverpool and Manchester to promote BCUHB pre-registration pharmacist roles.

### *Other Undergraduates*

Medical Students – Pharmacists are involved in teaching all year groups of medical students on placement across BCUHB from Cardiff University, Swansea University and the University of Manchester. The teaching is focused on safe and legal prescribing, clinical therapeutics, and prescribing high-risk drugs mapped to the learning outcomes set by the Universities. It is delivered via small group teaching in the classroom through to bed side teaching on the wards too. In the last year we have also progressed this on some sites to include multi-disciplinary simulation days involving colleagues from pharmacy, nursing and medicine. There are four Medical Education Pharmacists within BCUHB that lead and coordinate this work. Advanced level pharmacists contribute to the design and delivery of the Bachelor of Medical Sciences degree at the School of Medical Sciences, BU.

### *Science in Health Career Event*

In September 2019, our Education and Training Lead Pharmacist worked with a team from the Cardiff University School of Pharmacy and Pharmaceutical Sciences and Career Wales to design and deliver a 'Science in Health Care Day' for sixth form students from Anglesey and Gwynedd secondary schools. The day was an opportunity for the students to gain an insight into how science can be applied to clinical roles within health care, as well as gaining useful skills for completing university applications. We are aware that some of the students have since gone on to apply to study either medicine or pharmacy at Cardiff University.

### *Postgraduate Education*

Our Education and Training Lead pharmacist is a course coordinator for the Non-Medical Prescribing course at the School of Healthcare Sciences at BU. This role supports the design and delivery of the course at the university. Work has been undertaken to design a new Independent Prescribing for Pharmacists course at the University starting from September 2021, with learning outcomes and an assessment strategy to meet the specific learning needs of the profession and the service. Advanced level pharmacists lecture on this course, as well as the Prescribing course for NMC and HCPC registrants at BU and the Non-Medical Prescribing course at WGU.

Advanced level pharmacists contribute to the design and delivery of the Physician Associates course at BU.

Pharmacy and Medicines Management host two Associate Course Directors for the postgraduate Cardiff University MSc in Clinical Pharmacy. These individuals contribute to the design and the delivery of the course. They were instrumental in the re-design and implementation of the revised course over the last 3 years, ensuring the education provided met the specific learning needs of the profession and the service. Advanced level pharmacists from across the Health Board take on the role of course tutors in clinical practice as well as delivering teaching sessions on local and national study days. As part of the course, all pharmacists undertake a service improvement project.

### *North Wales Pharmacy Conference*

In 2019, the pharmacy and medicines management team held the first North Wales Pharmacy Conference at the OptIC centre in St Asaph Business Park. The event is an opportunity for BCU staff to showcase research, audit and quality improvement work, develop their skills in disseminating their work, and share learning across the organisation. Staff from Cardiff and Swansea University Schools of pharmacy attended the conference and were members of the judging panel, determining award winners at the event. Postgraduate research projects undertaken with BU were presented as part of this event.

### *BCUHB Advanced Practice and Non-Medical Prescribing Group*

As part of partnership working with the universities, Advanced Practice and Non-Medical Prescribing leads from BU and WGU are members of the BCUHB Advanced Practice and Non-Medical Prescribing group. This leads to partnership working in relation to the postgraduate education and training of BCU staff.

## **Training and Education further developments**

### **Apprenticeship Scheme**

The apprenticeship scheme is delivered in partnership with Grŵp Llandrillo Menai. This gives young people the opportunity to develop the skills needed to deliver high quality patient care while achieving a recognised qualification in health care. Much of this is achieved while on placements in the clinical environment, with the apprentice delivering hands on patient care with support from experienced BCUHB

staff. This is reinforced by classroom time, ensuring that the apprentice has the underpinning knowledge to deliver safe, high quality care. Apprentices who successfully complete the course may use this as the beginning of a career in the health service, to access nurse education or to move on to higher care qualifications. The Vocational Department is currently piloting a group of internal apprentices. These are substantive staff who meet the All Wales criteria to be accepted on this route of learning. This allows staff to access a broad based qualification while having the potential to income generate for BCUHB

The Clinical Academic Pathway was developed with BU, and launched in 2018. It provides scaffolding for innovation in practice and enables practicing clinicians to completing PGR, M.Res, PhD or Doctorate in Healthcare. The Clinical Academic Pathway includes both the Clinical Academic Programme (CAP) and the Clinical Improvement Programme (CIP). Clinicians select an appropriate entry point and progress from either Innovator (CIP) or First into Research (CAP) entry level or Fellowship (M.Res) or Senior Fellowship (PhD /Doctorate in Healthcare). Academic and clinical supervisory support is delivered through monthly multidisciplinary seminars, and additional research methods seminars.

The development of the Clinical Academic Pathway has increased the interdisciplinary diversity of the PGR community, including Medicine, Dietetics, Nursing, Paramedicine and Dentistry. The development of a 'rolling' programme with BCUHB is set within a collaboration framework with two NHS hospitals within the Health Board and has generated a peer-based cluster of clinically based communities of F2 and F3 clinicians focused on research projects in respiratory, dermatology and trauma.

## **Primary and Community Care Academy**

In 2016, recognising the importance of ensuring the sustainability of Primary and Community care services, the Health Board first shared its ambitions for a Primary & Community Care Academy (The Academy), the Academy was not formally established until early 2019. The Academy has four main aims and these are to:

- Increase the workforce capacity with Primary and Community care settings to meet the needs of the population
- Increase the number of Education and Training programs designed to meet the needs of our workforce in Primary and Community Service
- Develop, test and evaluate new ways of working to ensure the sustainability of Primary and Community services and bring care closer to home

- Increase the number of Research and Development studies within Primary and Community Services

To date, the Academy has supported over 30 clinicians to further develop their clinical skills and knowledge directly through the Academy, this has included (but is not limited to) Nurses, Paramedics, Pharmacists and Physician Associates. In addition to developing the clinical skills and knowledge of our workforce we have also contributed with a number of abstracts being accepted as national conferences including EMS 999, College of Paramedics and the Royal College of General Practitioners (RCGP). We work closely with PRIME Centre Wales and the North Wales Primary Care Research Network to identify potential opportunities to further contribute via Research and Evaluation opportunities. The Academy boasts its own Lead Research & Evaluation Officer who is tasked with not only leading the evaluation of the programmes under the remit of The Academy but to provide expert advice to those that are looking to develop in this area and at all times ensuring good governance and compliance.

Successes to date include the collaboration with Welsh Ambulance Service Trust developing a rotational service model for Advanced Paramedic Practitioners (APP) bring the APPs into Primary Care, enhancing their skills and knowledge and then the application of these across all elements of the rotational model. This model was supported by a programme of GP lead education sessions to complement their practical learning which has been well received.

The Physician Associates in Primary Care Longitudinal Integrated Internship was launched in 2020 with a small cohort of newly qualified Physician Associates spending 12 months in Primary Care to consolidate their University education. In addition to the clinical element of the Internship, the Physician Associates were required to undertake an audit and the findings were recently presented at the 2021 RCGP Conference.

Other areas of development include the Advanced Clinical Practitioners Forum which is hosted on a monthly basis by our Consultant Nurse in Primary Care, the Training Hub based at Healthy Prestatyn lach which hosts number of trainees/students ranging from C21 Medical Students to GP registrars all supported by a Clinical Development Lead GP. Other areas of development include the North Wales Dental Academy. Further information about The Academy can be found on our website <http://www.paccacademy.co.uk>

## **Bangor University Clinical Fellowship programme**



Currently in development with Senior Nursing leads within BCUHB, a Bangor Clinical Fellowship programme for local registered nurses will be implemented in 2021. In partnership with BCUHB, a set of eligibility criteria and joint expectations are being developed as part of the preparation for its launch and implementation in 2021, defining the nature of the Fellowship and its supporting programme. As part of the Clinical Fellowship, a range of optional routes have been planned that support the development of excellence within nursing across the North Wales region, building clinically-relevant expertise and capability across a range of subject areas, including a key compassionate 'Leadership route'.

### **Intensive Learning Academies**

BCUHB has contributed and collaborated in the development of Intensive Learning Academies (ILA). The Applied Learning for Preventative Health Academy (ALPHAcademy) is a £1.3m learning academy led by Bangor University, and its development group included the senior BCUHB team. Senior executives from BCUHB are on the project board. The academy will provide a portfolio of leadership training and qualifications, including an MSc in Prevention and Health Equity, as well as providing opportunities for research collaboration between the university and the HB.

The Innovation Leads in BCUHB, as part of the all Wales Innovation Leads group, collaborated to support the Innovation and Spread ILA, developed jointly by Cardiff and Swansea Universities.

WGU Campus developments include the Health and Innovation Quarter, and the University Centre, St Asaph supporting education closer to Glan Clwyd Hospital.



## Conclusion

This report highlights evidence and examples in all three themes, and identifies where we are working to build on the work and practices already in place, as well as driving further developments.

At the heart of providing excellent training and education, delivering high quality research and development and embracing innovation and innovative practice is the positive impact and benefits this has to patient care, and we recognise that this impact and benefit has to be realised and recognised. We also recognise the need to demonstrate our commitment and achievements in these areas in order to attract and recruit high calibre staff to the Health Board.

BCUHB will continue to develop its strategic partnership, both with BU and other key academic and other partners, in all three areas. We will work with academic partners to further develop health and medical education in North Wales, and develop an infrastructure to ensure all placement provision is of the highest possible standard, which will benefit patients and attract recruits. We will increase our research capability, capacity and activity, and develop commercial studies and relationships with industry partners. The structure to identify and support innovation will be developed, which will in turn lead to transformations of care. We recognise the need to develop a process for adoption of innovations, with all Wales Innovation Lead colleagues.

There has been a significant step change in collaborative activity across the three areas, as presented within this report. Building on this step-change, as our partnerships further mature, we have exciting opportunities ahead of us to enable and deliver on our potential, with clear benefits for our population, services, and workforce.

Our headline priorities for 2021/22 include:

- Further developing the Primary and Community Care Academy
- Developing the plan for a Health and Medical school, and the interprofessional agenda
- Working with RICCH to develop a vision for research and innovation in North Wales
- Continuing delivery of our R&I strategy
- Continuing to develop our Living Labs research and innovation ecosystem to build a research, innovation and improvement culture and network across health and social care in North Wales.
- Identifying and prioritising innovative work that should be adopted, scaled and spread to transform care

In 2021 we will be working to further develop the Primary and Community Care Practitioner specific training sites in Prestatyn, Porthmadog and Criccieth with the addition of fixed term training posts across the spectrum of professionals including Paramedics, Physiotherapists and Physician Associates and placements for practitioners undertaking postgraduate modules.

The Academy is working closely with HEIW to develop their vision for Primary and Community Training Hubs across Wales and as one of only two Health Boards in Wales we are placed to influence and shape the future direction of education and training in Primary and Community services across Health and Social care.

Following the joint proposal from BU and BCUHB regarding the potential establishment of a Health and Medicine School in North Wales, Welsh Government have commissioned a Task and Finish Group to examine the feasibility of the proposal. A number of work streams are now being established to progress this important work. This further demonstrates the ambition and aspiration of BCUHB to aim high in healthcare education, research and innovation to benefit the population of North Wales

We will continue to strengthen our partnerships with universities, local authorities, health and care providers, Welsh Government, 3<sup>rd</sup> Sector, industry and citizens of North Wales.

We are looking forward to receiving the revised University Health Board status criteria, and embedding the reviews within our Annual Plans/IMTP.

## **Key Documents**

*A Strategy for Research and Innovation 2020 – 2025*



BCUHB R&I  
Strategy November 2019

*Clinical Research and Development (R&D) three year Strategy 2016*

*Living Healthier, Staying Well: Our strategy for the future, improving health, wellbeing and health care in North Wales*

<http://www.wales.nhs.uk/sitesplus/documents/861/18.92b%203%20year%20plan%202018-21%20v1.0.pdf>

*Together for Mental Health: A strategy for Mental Health wellbeing in Wales (Updated 2018)*

<http://bit.ly/2M69hok>  
<https://gov.wales/sites/default/files/publications/2019-03/together-for-mental-health-a-strategy-for-mental-health-and-wellbeing-in-wales.pdf>

*BCUHB Workforce Strategy 2019 – 2022*

<https://bcuhb.nhs.wales/about-us/our-plans/our-plans/workforce-strategy/>

*BCUHB Quality Improvement Strategy 2017 – 2020*

<https://bcuhb.nhs.wales/about-us/governance-and-assurance/quality-improvement-strategy/quality-improvement-strategy/quality-improvement-strategy-2017-20201/>

*Bangor University BIHMR Activity summary*



BUBIHR.docx

*Glyndwr University Campus Developments*



WGU campus  
developments.docx

*Photographic Exhibition “COVID-19 Seeing the Unseen”*

<https://www.covid19unseen.org/>

## *The Innovators Weekly example*



FW: Innovation  
Update - The Innov

## *Living Lab example outputs*



LivingLaboutputs.p  
ptx

## *Dental Academy*



Appendix C  
Qualifications Escalat



BCUHB - North  
Wales Dental Acade

## *ILA documents*



ILA ALPHAcademy  
FBC (Master) 7-8-2020



ILA\_scrutiny  
panel\_final.pdf

## *A Healthier Wales: our plan for health and social care (2018)*

## *Prosperity for All: The national strategy; taking Wales forward (2017)*

## *Impact and value of research supported by NHS organisations in Wales*

<https://healthandcareresearchwales.org/sites/default/files/2021-02/KPMG%20infographic%20final.pdf>

## *Making a difference The impact of health and care research in Wales October 2020*

[https://healthandcareresearchwales.org/sites/default/files/2021-01/Making\\_a\\_difference-impact\\_health\\_and\\_care\\_research\\_in\\_Wales\\_2020-small.pdf](https://healthandcareresearchwales.org/sites/default/files/2021-01/Making_a_difference-impact_health_and_care_research_in_Wales_2020-small.pdf)

## *Health and Care Research Wales Annual report*

[https://healthandcareresearchwales.org/sites/default/files/2021-02/Health\\_and\\_Care\\_Research\\_Wales\\_annual\\_report\\_2019\\_20\\_final\\_en.pdf](https://healthandcareresearchwales.org/sites/default/files/2021-02/Health_and_Care_Research_Wales_annual_report_2019_20_final_en.pdf)

## *Health and Care Research Wales Vision Aims and Objectives*

<https://healthandcareresearchwales.org/about/our-vision-aims-and-objectives>



# *Betsi Cadwaladr University Health Board*

University Designation Status  
Review  
March 2021

# Research: 2017-2021

## Strengthened our Research/ Innovation governance

- Regular updates on progress at Health Board and board committees
- Launch of RD&I strategy with a governance structure in place
- Board to Board with University partners

## Strengthened our collaborations

- Increased system collaboration with innovative ventures
- Community of Scholars/ Living Laboratory approach to socialise research
- Networking and linking clinicians and academics
- Research training resources
- BCUHB Journal club
- Facilitation of research collaborations across North Wales
- Development of grantsmanship skills in applied health research
- Development of research leadership
- Development of capability and capacity in applied health research

**Purpose:** We exist to add value to population health and wellbeing through research, improvement and innovation.

**Vision:** To create new knowledge for the benefit of the population, nurture innovation and improve health care delivery so that our people are happier, healthier and can prosper in this region.

Values:	Put patients first	Work together	Value and respect each other	Learn and innovate	Communicate openly & honestly
---------	--------------------	---------------	------------------------------	--------------------	-------------------------------

Guiding principles	Work as one	Strategic objectives	
	Appreciate difference	#1 Build a strong community	#2 Maximize potential of research & innovation
	Learn together	#3 Realise the benefits for the region	#4 Innovation Readiness
	Engage and co-produce		
	Lead with generosity		

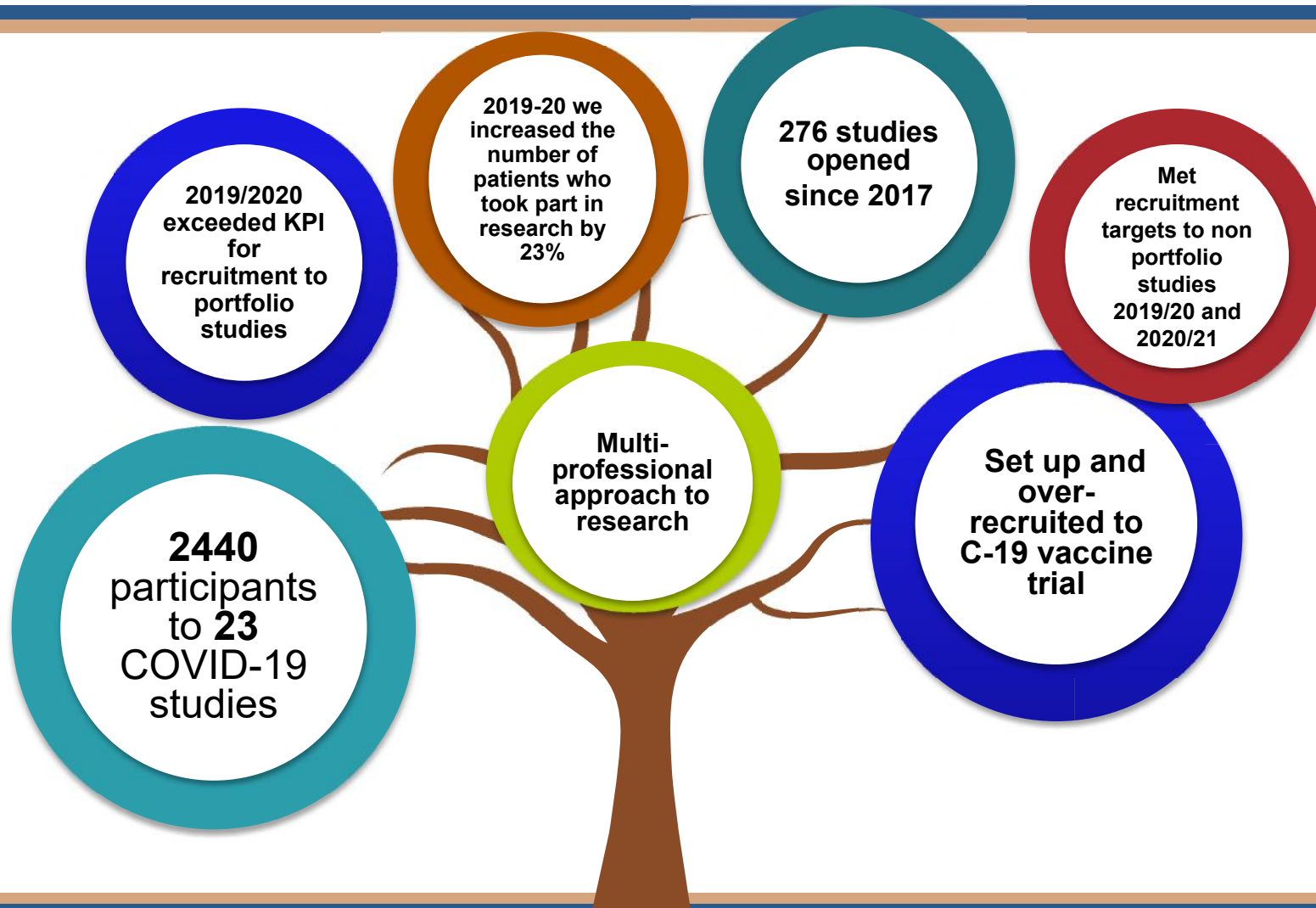
## The Community of Scholars



Bwrdd Iechyd Prifysgol  
Betsi Cadwaladr  
University Health Board



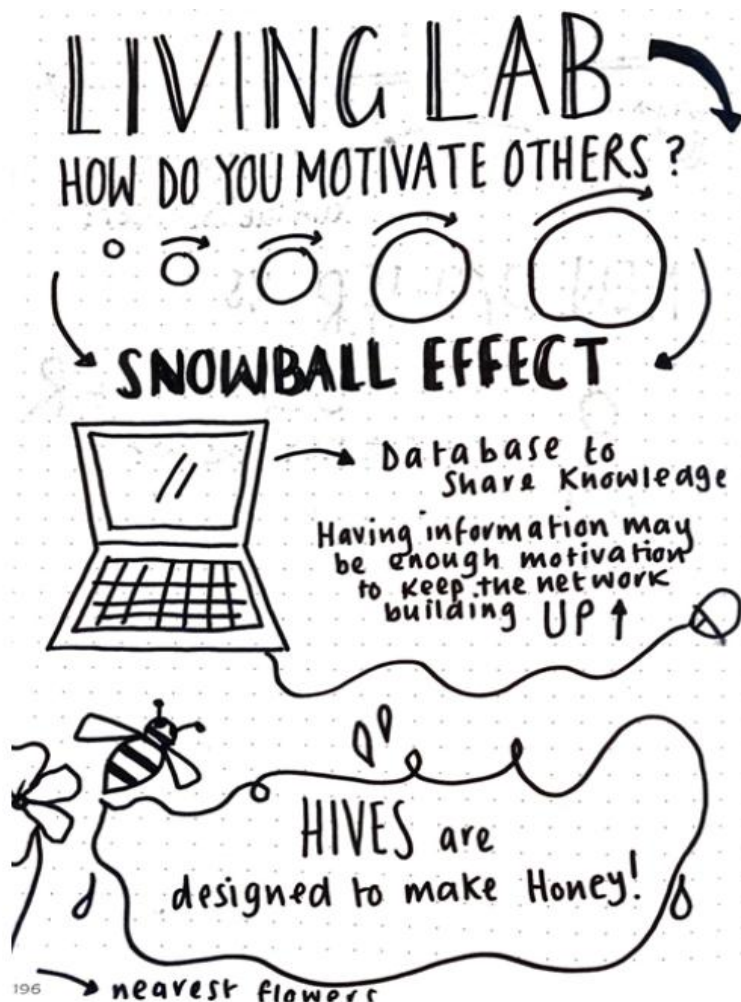
## *R&D achievements: learning and looking forwards*



Creating the pipeline



# Living Labs



# Health Hacks (2020) & Bevan Exemplars

Digital Bike

CAMHS App

Digital Bunny

PPE communication device

Clear face mask development

Digital support for Comm Care Collab

Automatic urine monitoring device

COHORT 5  
7 Exemplars

COHORT 6  
11 Exemplars

ADOPT &  
SPREAD

7

One BCUHB Bevan  
Fellow

- Maximised placement opportunities across the professions
  - Year long placements in primary care
  - N Wales medicine course
  - Part Time BN course and OU access
  - Physicians Associate programme
  - Physiotherapy undergraduate and postgraduate provision
  - Primary and Community Care Academy and Dental Academy
  - Assistant Practitioner Course developed as a tripartite, recognised as best practice
  - Dynamic management of clinical placements during COVID-19
- Engagement strategy for curriculum development including service users, practice assessors and supervisors, academic assessors and course leads.
- Development of Intensive Learning Academies (ILAs)
- Emergency Health Professionals Standards - practicalities in ensuring students clinical placement continued and supported throughout

- Ensuring students are safely prepared for practice in COVID landscape
- Emergency Health Professionals Standards - practicalities in ensuring students clinical placement continued and supported throughout
- Managing placements innovatively to ensure positive experience
- Future model of HEIW funded Practice Educator Facilitators – working across geography, and academic providers professions
- Increasing student satisfaction and improving attrition
- Introduction of Electronic Placement system (In Place) to enhance visibility across the geography to further maximise placement opportunities
- Further developing a culture of learning for success by continued collaboration

- Clinical Research Facility development for early phase trials
  - Novavax C-19 vaccine trial
  - Setting up a strategic partnership with Liverpool, supported by UKCRF, BU and WG Research unit
- Developing a cross sector vision for R&I in North Wales
- Working to support delivery of UK RDI strategy
- Unique proposal for a North Wales Medical and Health Science School
- Primary and Community Care Academy and Dental Academy
- Award of HEIW tender
  - Pre Registration fields – all Professions
  - Local provision for key fields e.g. Nursing, ODPs and SLT
  - Partnership working with Aberystwyth University Adult Mental Health
- Clinical Skills Simulation hub
- Clinical Fellowship model - Nursing



# Betsi Cadwaladr University Health Board Review of University Health Board Designation February 2021

**2,440**  
research participants to  
**23**  
COVID-19 studies



**41**  
Chief Investigators



**23%** increase in recruitment  
to portfolio studies 2019/2020

**17** joint appointments with  
Bangor University

**1,663**  
medical students  
2017-2020



**91%** increase in  
part time nursing  
programme last 2 years



Over **5,000** attendance at  
back to floor sessions for COVID-19

**708** staff supported to do post  
graduate T&E (nursing)

**269** advanced  
practice attendees  
over 2 years



**5** visiting professors  
with Glyndŵr University



**23** Bevan exemplars last  
3 years

**£150,000** funding won  
for adopt and spread projects



Jo Whitehead  
Health Board Headquarters  
Block 5 Carlton Court,  
St Asaph Business Park  
St Asaph  
LL17 OJG

26 May 2021

Annwyl Jo,

Welsh Government has completed a review of activity and progress by Health Boards and Trusts which have University designation. I am extremely grateful for the support which you and your team have given this process, alongside other pressures. This was not a reassessment process, but it was encouraging to see significant progress across all organisations during the last three years.

The Covid-19 pandemic response had a galvanising effect on research, innovation, and applied learning. I hope that all NHS Wales university organisations will use this hard earned experience and confidence to drive further transformation and shift to new ways of working. University designation should support organisational development, and development of evidence based models of care.

The expert panel welcomed the strategic focus on a 'plan on a page' and alignment to activity.

Please consider how university designation can now be used to support and improve recovery activity. For example to: speed up the introduction of new ways of working; drive adoption of enabling medical technologies; encourage working in partnership with others; and use real time evaluation (especially data on outcomes) as part of service planning and delivery.

This was the last 'triennial review' of university designation. The IMTP planning framework to be issued later this year will incorporate 'university' activity as part of the regular planning and performance management cycle. University organisations will also be required to provide a brief 'mid year update' on university activity, by the end of September in each year, starting September 2022. Welsh Government has worked with leads in each organisation to agree high level criteria for university designation and guidance for this process, both of which are attached to this letter.

If you have any queries please do not hesitate to contact Jennet Holmes, [jennet.holmes@gov.wales](mailto:jennet.holmes@gov.wales) or Alex Gibbon, [alex.gibbon@gov.wales](mailto:alex.gibbon@gov.wales).

Yn Gywir / Yours Sincerely,



**Ifan Evans**

**Director – Technology, Digital & Transformation  
Welsh Government - Health & Social Services Group**



**Templed adroddiadau'r Bwrdd/Pwyllgor**  
**Board/Committee report template**



<b>Cyfarfod a dyddiad: Meeting and date:</b>	Strategy, Partnerships and Population Health Committee (SPPH) June 2021						
<b>Cyhoeddus neu Breifat: Public or Private:</b>	Public						
<b>Teitl yr Adroddiad Report Title:</b>	Research and Development Update June 2021						
<b>Cyfarwyddwr Cyfrifol: Responsible Director:</b>	Arpan Guha						
<b>Awdur yr Adroddiad Report Author:</b>	Lynne Grundy						
<b>Craffu blaenorol: Prior Scrutiny:</b>	Executive approval						
<b>Atodiadau Appendices:</b>	Appendix 1 - NIHR/HCRW Portfolio studies currently active* in BCUHB as at 11 June 2021 Appendix 2 - Non-portfolio studies currently active* in BCUHB as at 11 June 2021 * recruiting or in follow up						
<b>Argymhelliad / Recommendation:</b>							
The Committee is requested to accept this update.							
<b>Ticiwch fel bo'n briodol / Please tick as appropriate</b>							
<b>Ar gyfer penderfyniad /cymeradwyaeth For Decision/ Approval</b>		<b>Ar gyfer Trafodaeth For Discussion</b>		<b>Ar gyfer sicrwydd For Assurance</b>		<b>Er gwybodaeth For Information</b>	<input checked="" type="checkbox"/>
<b>Y/N i ddangos a yw dyletswydd Cydraddoldeb/ SED yn berthnasol Y/N to indicate whether the Equality/SED duty is applicable</b>						<b>N</b>	
<b>Sefyllfa / Situation:</b>							
This paper provides a research and development (R&D) update for the SPPH Committee.							
<b>Cefndir / Background:</b>							
R&D activity continues to increase in North Wales, and our local population have participated in many COVID-19 studies and vaccine trials. Non-COVID-19 studies are now re-opening.							

We have continued to work with our partners in many different ways, including a post that is funded by Wales Cancer Research Centre, and will work across BCUHB and Bangor University, supporting cancer research in Wales.

We are also working with the Moondance Foundation, with the aim of increasing cancer research activity in North Wales.

As a result, in part, of the pandemic, there is much more four nations work, and a UK clinical research strategy was launched in March 2021. There are several UK wide groups now in place, with membership from the four devolved nations.

We recently took part in an expert panel presentation and discussion to present our evidence for the triennial review of University Health Board (UHB) status. We had positive feedback regarding our report and presentation. In the future, UHB status evidence will be an integral part of our Integrated Medium Term Plans (IMTP).

## **Asesu a Dadansoddi / Assessment & Analysis**

### **Partnership working**

#### *Research Innovation and Improvement Coordination (RIIC) Hub*

We continue to work closely with the Research, Innovation and Improvement Coordination (RIIC) Hub, and are currently developing a vision for research and innovation, working with health, care and academic partners across North Wales.

*The Community of Scholars (CoS)*, a collaboration between BCUHB and Bangor University, and working with other partners in North Wales, was launched in March 2021.

There are currently 116 members of the CoS, including 69 BCUHB staff and 32 Bangor University staff. Virtual events and strategies are planned to increase the membership, and ensure that the CoS is of value to its members.

### **Research Symposium**

A virtual research and innovation symposium is planned for summer 2021, which will showcase some of the research and innovation that has been taking place across the Health Board, and will include excellence awards in a number of categories.

### **Research activity and developments**

We have successfully delivered a COVID-19 vaccine trial, and are opening an urgent booster trial, that will inform UK booster policy. Non COVID-19 studies are now re-starting. Appendix 1 and 2 list our current active studies, and studies which are in follow up.

A scoping exercise is being undertaken to develop a North Wales Clinical Research Facility (CRF) based on the Wrexham Maelor site.

The CRF will provide dedicated space and a safe, quality assured environment for delivering clinical research studies to the highest standards. The CRF will provide valuable resource, opportunity and experience for Medical and Health Science School students, and enable BCUHB to:

- Grow experimental medicine across North Wales, increasing the opportunities for our local population to participate in research
- Increase world-class research across North Wales – including interventional Phase 1 and Phase 2 trials
- Increase opportunities for training in experimental medicine
- Increase engagement with the life sciences industry
- Increase opportunities to generate income from commercial trials
- Support recruitment and retention of high calibre staff

We continue to meet our targets within the BCUHB annual plan as below:

Deliver the Research and Innovation Strategy Delivery Plan Year 1	
Ensure pathways for research and innovation to support health priorities and COVID-19 recovery work	
Successfully deliver vaccine trials on behalf of Wales and UK	
Ensure COVID-19 research identified as urgent by UK CMOs is prioritised for delivery	

## **Goblygiadau Strategol / Strategy Implications**

The UK wide the clinical research strategy '*Saving and Improving lives: The Future of UK Clinical Research Delivery*' was launched this year, with all four devolved nations developing and implementation plan. The strategy aims to encourage the NHS to 'put delivery of research at the heart of everything they do, making it an essential and rewarding part of effective patient care'.

Each of the devolved nations are developing an implementation plan/strategy, with many actions being addressed at UK level. In addition to the UK wide work, the draft implementation plan for Wales includes an action to develop a networked all Wales CRF based on existing/new CRFs, to coordinate all Wales trials.

Welsh Government R&D Division have also developed two workstreams to:

- Review and propose recommendations to support the development of 'structured' career pathways for NHS staff.
- Develop guidance to support NHS organisations implement creating 'time for research'.

Supported by the Innovation Agency, and working with local authority and academic colleagues, a regional North Wales vision for research and innovation is being developed. Interviews, focus groups and workshops are being held to support its development, which will be presented to sector leaders, and the Regional Partnership Board.

## **Opsiynau a ystyriwyd / Options considered**

n/a – update paper

## **Goblygiadau Ariannol / Financial Implications**

n/a – update paper

## **Dadansoddiad Risk / Risk Analysis**

n/a – update paper

## **Cyfreithiol a Chydymffurfiaeth / Legal and Compliance**

n/a – update paper

## **Asesiad Effaith / Impact Assessment**

n/a – update paper

## Appendix 1 - NIHR/HCRW Portfolio studies currently active\* in BCUHB as at 11 June 2021

\*active indicates studies which are either recruiting, in set-up awaiting greenlight to open from Sponsor, or in follow-up in BCUHB

Study Title	Short Title	Managing Specialty
National Study of Colorectal Cancer Genetics	NSCCG	Cancer
UK Genetic Prostate Cancer Study (formerly the Familial Prostate Cancer Study)	UK Genetic Prostate Cancer Study	Cancer
United Kingdom Adult Idiopathic Thrombocytopenic Purpura (ITP) Registry: An Investigation of Disease Progression, Treatment Effectiveness, and Co-morbid Conditions	UKAITPR	Haematology
National Cancer Research Institute Acute Myeloid Leukaemia and High Risk Myelodysplastic Syndrome Trial 16	AML 16	Cancer
Duration of Trastuzumab with chemotherapy in women with early stage breast cancer: six months versus twelve	Persephone	Cancer
A phase III study to determine the role of a second autologous stem cell transplant as consolidation therapy in patients with relapsed multiple myeloma following prior high-dose chemotherapy and autologous stem cell rescue.	Myeloma X Relapse (Intensive)	Cancer
Multicentre randomised trial of high dose versus low dose radioiodine, with or without recombinant human thyroid stimulating hormone, for remnant ablation following surgery for differentiated thyroid cancer	'HiLo'	Cancer
Selective use of postmastectomy radiotherapy after mastectomy	SUPREMO	Cancer
Trial of Perioperative Endocrine Therapy - Individualising Care	POETIC	Cancer
Conventional or Hypofractionated High Dose Intensity Modulated Radiotherapy for Prostate Cancer	CHHIP	Cancer
A Randomised Phase II/III trial of Peri-operative Chemotherapy with or without Bevacizumab in Operable Oesophagogastric Adenocarcinoma and A Feasibility Study Evaluating Lapatinib in HER-2 Positive Oesophagogastric Adenocarcinomas and (in selected centres) MRI and PET/CT Sub-studies	ST03	Cancer
A randomised phase III trial to assess response adapted therapy using FDG-PET imaging in patients with newly diagnosed, advanced hodgkin lymphoma	RATHL	Cancer
Randomised comparisons in myeloma patients of all ages of thalidomide, lenalidomide and bortezomib combinations and maintenance lenalidomide	MYELOMA XI	Cancer
Avastin Randomised Trial with neo-adjuvant chemotherapy for patients with early HER 2 negative breast cancer.	ARTemis	Cancer
Effect of Perioperative AntiHER-2 therapy on Early Breast Cancer Study – Biological phase	EPHOS-B	Cancer

## Appendix 1 - NIHR/HCRW Portfolio studies currently active\* in BCUHB as at 11 June 2021

\*active indicates studies which are either recruiting, in set-up awaiting greenlight to open from Sponsor, or in follow-up in BCUHB

A randomised, phase IIB trial in previously untreated patients with chronic lymphocytic leukaemia (CLL) to compare fludarabine, cyclophosphamide and rituximab (FCR) with FC, mitoxantrone and low dose rituximab (FCM-miniR)	ARCTIC	Cancer
Working parties on leukaemia in adults and children trial in acute myeloid leukaemia or high risk myelodysplastic syndrome 17	AML 17	Cancer
Prospective study of Outcomes of treatment in Hereditary versus Sporadic breast cancer	POSH	Cancer
An intergroup randomised trial of rituximab vs a watch and wait strategy in patients with advanced stage, asymptomatic non-bulky follicular lymphoma (grades 1, 2 and 3)	Watch and Wait	Cancer
A 2-arm randomised controlled trial of concurrent chemo-radiotherapy comparing twice-daily and once-daily radiotherapy schedules in patients with limited stage small cell lung cancer (SCLC) and good performance status	CONVERT	Cancer
Deciphering Developmental Disorders (The DDD study)	Deciphering Developmental Disorders v.1	Genetics
A randomized trial for adults with newly diagnosed acute lymphoblastic leukaemia	UKALL 14	Cancer
A randomised evaluation of molecular guided therapy for diffuse large B-cell lymphoma with Bortezomib	REMoDLB	Cancer
A phase III trial comparing standard versus novel CRT as pre-operative treatment for MRI defined locally advanced rectal cancer	Aristotle	Cancer
A single arm multi-centre study evaluating a single cycle of BEP as adjuvant chemotherapy in high risk, stage 1 non-seminomatous germ cell tumours	111 Trial (formerly BEP 111)	Cancer
A Randomised Multicentre Accelerated Radiotherapy Study of Dose Escalated Intensity Modulated Radiotherapy vs Standard Dose Intensity Modulated Radiotherapy in Patients Receiving Treatment for Locally Advanced Laryngeal and Hypopharyngeal Cancers.	ART DECO	Cancer
FAST-Forward: a randomised clinical trial testing a 1 week course of curative whole breast radiotherapy against a standard 3 week schedule in terms of local cancer control and late adverse effects in women with early breast cancer	FAST-Forward	Cancer
A Phase III Prospective, Two-cohort, Non-randomized, Multi-centre, Multi-national, Open Label Study to Assess the Safety of Assisted- and Self-administered Subcutaneous Trastuzumab as Adjuvant Therapy in Patients with Operable HER2-positive Early Breast Cancer	SafeHer: Safety study with subcutaneous trastuzumab in breast cancer	Cancer
Phase II trial of ofatumumab, dexamethasone and lenalidomide followed by randomisation to lenalidomide maintenance versus no further treatment for high-risk CLL (NCRI CLL210)	CLL210	Cancer
A Phase III randomised trial of PeriOperative chemotherapy versus sUrveillance in upper Tract urothelial cancer	POUT	Cancer

## Appendix 1 - NIHR/HCRW Portfolio studies currently active\* in BCUHB as at 11 June 2021

\*active indicates studies which are either recruiting, in set-up awaiting greenlight to open from Sponsor, or in follow-up in BCUHB

Radiogenomics: assessment of polymorphisms for predicting the effects of radiotherapy	RAPPER	Cancer
Narratives of health and illness for <a href="http://www.healthtalkonline.org">www.healthtalkonline.org</a> (formerly DIPEX) and <a href="http://www.youthhealthtalk.org">www.youthhealthtalk.org</a>	Narratives of health and illness for Healthtalkonline 2012	Health Services Research
PD MED: A large randomised assessment of the relative cost-effectiveness of different classes of drugs for Parkinson's Disease	PD MED	Dementias and neurodegeneration
Investigation of the Genetic and Molecular Pathogenesis of Primary Biliary Cirrhosis	PBC Genetics Study	Hepatology
British Association of Dermatologists Biologic Interventions Register	BADBIR	Dermatology
A UK Collaborative Study to Determine the Genetic Basis of Primary Sclerosing Cholangitis (UK-PSC)	UK-PSC	Hepatology
Randomised trial of genetic testing and targeted zoledronic acid therapy to prevent SQSTM1 mediated Paget's disease.	ZiPP (Zoledronate in Prevention of Paget's disease)	Musculoskeletal disorders
Barrett's Oesophagus two yearly Surveillance versus no Surveillance: a randomised controlled trial to estimate effectiveness and cost-effectiveness	BOSS	Gastroenterology
PRoBaND: Parkinson's Repository of Biosamples and Network Datasets: Prospective observational study of Parkinson's disease with repeat clinical assessment and biobanking of blood samples.	PRoBaND: Parkinson's Repository of Biosamples and Network Datasets	Dementias and neurodegeneration
Goal-oriented cognitive rehabilitation in early-stage dementia: multi-centre single-blind randomised controlled trial	GREAT	Dementias and neurodegeneration
Evaluating Temporal Aspects of Communication in Autistic Spectrum Disorders with and without Music Interaction Therapy Support	Temporal Aspects of Communication in Autism in/out of Music Therapy	Mental health
A multicentre, prospective, cohort study to establish clinically relevant pharmacogenetic markers of systemic treatment outcomes in patients with severe psoriasis	Bio-markers of systemic treatment outcomes in Psoriasis	Dermatology
Does smoking status after being diagnosed with lung cancer influence outcome? An observational cohort study.	LungCAST	Respiratory disorders
Genetic mechanisms in polyposis of the bowel	Genetic mechanisms in polyposis of the bowel	Genetics
A randomised Phase II study of two preoperative chemoradiotherapy regimes (oxaliplatin and capecitabine followed by radiotherapy with either oxaliplatin and capecitabine or paclitaxel and carboplatin) for resectable oesophageal cancer.	NeoSCOPE: Neoadjuvant - Study of Chemoradiotherapy in OesoPhagEal Cancer	Cancer
A randomised phase II trial of Olaparib maintenance versus placebo monotherapy in patients with non-small cell lung cancer	PIN - Olaparib maintenance vs. placebo monotherapy in NSCLC	Cancer

## Appendix 1 - NIHR/HCRW Portfolio studies currently active\* in BCUHB as at 11 June 2021

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Helicobacter Eradication Aspirin Trial (HEAT) Helicobacter eradication to prevent ulcer bleeding in aspirin users: a large simple randomised controlled trial	Helicobacter Eradication Aspirin Trial (HEAT)	Primary Care
Feeding and Autoimmunity in Down's syndrome Evaluation Study (FADES)	Feeding and Autoimmunity in Down's syndrome Evaluation Study (FADES)	Children
Adopting a comprehensive health assessment in the management of older patients with early surgical operable breast cancer	FABIO - Functional Assessment in early Breast cancer in Older patients	Cancer
Comparative effectiveness of 1 month of ticagrelor plus aspirin followed by ticagrelor monotherapy versus a current-day intensive dual antiplatelet therapy in all-comers patients undergoing percutaneous coronary intervention with bivalirudin and biomatrix family drug-eluting stent use	CCRN 2137 (Coronary Intervention)	Cardiovascular Disease
Genetics of EGFR Mutation Study (GEM): a Translational Study of the EORTC Lung Group	GEM (EORTC 08114)	Cancer
Improving the experience of dementia and enhancing active life: the IDEAL study	IDEAL study	Dementias and neurodegeneration
Patients with axial spondyloarthritis: multicountry registry of clinical characteristics, including radiographic progression, and burden of disease over 5 years in real-life setting	CCRN 3119 (Spondyloarthritis)	Musculoskeletal disorders
The role of routine and novel biomarkers and their correlation with clinical outcome measures in patients undergoing surgical interventions for benign and malignant disorders of the prostate and bladder	Biomarkers associated with post-treatment complications in cancer	Cancer
FOCUS-4 – Molecular selection of therapy in colorectal cancer: a molecularly stratified randomised controlled trial programme	FOCUS-4: Molecular selection of therapy in colorectal cancer	Cancer
A Phase II, randomised, open-label study of Gemcitabine/Carboplatin first-line chemotherapy in combination with or without the antisense oligonucleotide Apatorsen (OGX427) in advanced squamous cell lung cancers	CEDAR	Cancer
Global Anticoagulant Register in the Field	GARFIELD	Primary Care
FLAIR: Front-Line therapy in CLL: Assessment of Ibrutinib + Rituximab	FLAIR	Cancer
CANcer Diagnosis Decision rules	CANDID	Primary Care
UK Full Randomised Controlled Trial of Arthroscopic Surgery for Hip Impingement versus best conventional care (UK FASHIoN)	UK FASHIoN - Main Trial	Musculoskeletal disorders
Evaluation of a multi-level intervention to prevent alcohol-related harm in people aged 50 and over	Alcohol Use in People Aged 50 and Over - Version 1	Primary Care



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A Trial for Older Patients with Acute Myeloid Leukaemia and High Risk Myelodysplastic Syndrome	AML18	Cancer
Cognitive Function and Ageing Study (CFAS) brain donation cohort bioresource and fieldwork activity	CFAS brain donation cohort bioresource and fieldwork activity	Dementias and neurodegeneration
UK A disease registry study to prospectively observe treatment patterns and outcomes in patients with HER2-Positive unresectable locally advanced or metastatic breast cancer	CANC - 3831 MBC - disease registry study	Cancer
TIME - Treatment in Morning Versus Evening	TIME - Treatment in Morning Versus Evening	Primary Care
A randomised double blind dose non-inferiority trial of a daily dose of 600mg versus 300mg versus 100mg of enteric coated aspirin as a cancer preventive in carriers of a germline pathological mismatch repair gene defect, Lynch Syndrome. Project 3 in the Cancer Prevention Programme (CaPP3).	CaPP3	Genetics
Planning treatment for oesophago-gastric cancer: a randomised maintenance therapy trial (PLATFORM Trial)	PLATFORM	Cancer
POSNO - POSitive Sentinel NOde: adjuvant therapy alone versus adjuvant therapy plus Clearance or axillary radiotherapy. A randomised controlled trial of axillary treatment in women with early stage breast cancer who have metastases in one or two sentinel nodes.	POSNO	Cancer
Stratified Care for Patients with Sciatica and Suspected Sciatica in Primary Care: A randomised trial (the SCOPiC trial - SCiatica Outcomes in Primary Care)	The SCOPiC trial - SCiatica Outcomes in Primary Care	Primary Care
A phase III double-blind placebo-controlled randomised trial assessing the effects of aspirin on disease recurrence and survival after primary therapy in common non-metastatic solid tumours.	Add-Aspirin	Cancer
EURObservational Research Programme: Long-term Registry on Patients with Atrial Fibrillation	AFGEN: Long-term Registry of Atrial Fibrillation patients	Cardiovascular Disease
The SOCQER2 study: Surgery in ovarian cancer quality of life evaluation research	SOCQER2: Surgery in ovarian cancer	Cancer
Molecular profiling for lymphoma	MaPL: Molecular profiling for lymphoma	Cancer
GALACTIC: GA101 (obinutuzumab) monoclonal Antibody as Consolidation Therapy In CLL	GALACTIC	Cancer
Optimal Personalised Treatment of early breast cancer using Multiparameter Analysis	OPTIMA	Cancer
A Randomized, Open-label Study of Ponatinib Versus Nilotinib in Patients with Chronic Myeloid Leukemia in Chronic Phase Following Resistance to Imatinib	CANC - 4914	Cancer

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A Phase 3, Randomized, Double-Blind, Placebo-Controlled, Multicenter Study of PEGylated Recombinant Human Hyaluronidase (PEGPH20) in Combination With nab Paclitaxel Plus Gemcitabine Compared With Placebo Plus nab Paclitaxel and Gemcitabine in Subjects with Hyaluronan-High Stage IV Previously Untreated Pancreatic Cancer	CANC - 4997	Cancer
An online randomised controlled trial to evaluate the clinical and cost effectiveness of a peer supported self-management intervention for relatives of people with psychosis or bipolar disorder: Relatives Education And Coping Toolkit (REACT)	REACT Trial	Mental health
Autism Conditions in Adulthood - Learning about the lives of adults on the autism spectrum and their relatives	The Adult Autism Spectrum Cohort - UK	Mental health
Adults with acute myeloid leukaemia or high-risk myelodysplastic syndrome	AML19	Cancer
The role of phagocytic leukocytes, the vascular endothelium and inflammation following various renal surgical interventions	The acute inflammatory response post renal surgery	Renal Disorders
Pragmatic Randomised 104 Week Multicentre Trial to Evaluate the Comparative Effectiveness of dapagliflozin and Standard of Care in Type 2 Diabetes. The DECIDE Study	PRIM 5039	Primary Care
TREATMENT PATTERNS, OUTCOMES, RESOURCE USE AND PATIENT REPORTED OUTCOMES (PRO) / QUALITY OF LIFE (QOL) STUDY FOR ADVANCED RENAL CELL CARCINOMA (aRCC) IN THE US, EUROPE, BRAZIL AND CANADA	PORUS-aRCC	Cancer
Dementia Carers Instrument Development: DECIDE	Dementia Carers Instrument Development: DECIDE	Dementias and neurodegeneration
A multi-centre randomised controlled trial to compare the clinical and cost effectiveness of Lee Silverman Voice Treatment versus standard NHS speech and language therapy versus control in Parkinson's disease (PD COMM)	PD COMM - Lee Silverman Voice Treatment	Dementias and neurodegeneration
Parkinson's Families Project (PFP)	Parkinson's Families Project (PFP)	Dementias and neurodegeneration
National Centre for Mental Health (NCMH)	National Centre for Mental Health (NCMH)	Mental health
At-Risk Registers Integrated into primary care to Stop Asthma crises in the UK (ARRISA-UK): A pragmatic cluster randomised trial with nested economic and process evaluations examining the effects of integrating at-risk asthma registers into primary care with internet-based training and support.	ARRISA-UK	Primary Care

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The clinical and cost effectiveness of surgical interventions for stones in the lower kidney: The PUrE RCT Percutaneous Nephrolithotomy (PNL), Flexible Ureterorenoscopy (FURS) and Extracorporeal Lithotripsy (ESWL) for lower pole Kidney stones	PUrE	Renal Disorders
The Second UK Sprint National Anaesthesia Project: Epidemiology of Critical Care provision after Surgery	Epidemiology of Critical Care provision after Surgery (EpiCCS)	Anaesthesia, Perioperative Medicine and Pain Management
Establishing a Biobank and Database as a National Resource for Characterising Indolent and Aggressive forms of Mantle Cell Lymphoma, an Observational Study.	MCL Biobank Observational Study	Cancer
HORIZONS: a cohort study to explore recovery of health and well-being in adults diagnosed with cancer	HORIZONS: Understanding the impact of cancer diagnosis and treatment	Cancer
The application of novel technologies to identify new biomarkers for diagnosing and monitoring pulmonary diseases.	Novel technologies for diagnosing and monitoring pulmonary diseases	Respiratory disorders
National Breast Cancer Study of Epirubicin plus CMF versus Classical CMF Adjuvant Therapy (NEAT)	NEAT	Cancer
Prospective observational study of the long term hazards of biologic therapy in rheumatoid arthritis	Toxicity from biologic therapy (BSRBR)	Musculoskeletal disorders
A Multinational, Single Arm, Observational Study to Evaluate the Real-world Effectiveness and Pattern of Use of mepolizumab in Patients with Severe Eosinophilic Asthma (204710).	A study to observe the normal use and effectiveness of Nucala®.	Respiratory disorders
An incident and high risk type 1 diabetes research cohort - After Diagnosis Diabetes REsearch Support System-2 (ADDRESS-2)	DRN 552 (Incident and high risk type 1 diabetes cohort – ADDRESS-2)	Diabetes
Enroll-HD: A Prospective Registry Study in a Global Huntington's Disease Cohort	Enroll-HD	Dementias and neurodegeneration
Real time refinement and validation of criteria and tools used in primary care to aid hospital referral decisions for patients of all ages in the event of surge during an influenza pandemic.	FLU-CATs : Evaluation and refinement of pandemic influenza community assessment tools	Primary Care
The Cleft Collective Cohort Studies - A large DNA backed prospective resource for the study of the genetic and environmental determinants of cleft lip and/or palate and the long term outcomes in children with cleft lip and/or palate	The Cleft Collective Cohort Studies	Reproductive health and childbirth
Move Wales: Welsh Movement Disorder Research Network	Move Wales v1	Neurological disorders

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A Phase III Trial of Surgery versus Active Monitoring for Low Risk Ductal Carcinoma in Situ (DCIS)	LORIS	Cancer
Multi-centre Randomised Controlled Trial of Angiotensin Converting Enzyme inhibitor (ACEi) / Angiotensin Receptor Blocker (ARB) withdrawal in advanced renal disease; The STOP-ACEi Trial	STOP-ACEi	Renal Disorders
A randomised Phase II/III trial to study radiotherapy dose escalation in patients with oesophageal cancer treated with definitive chemoradiation with an embedded Phase II trial for patients with a poor early response using positron emission tomography (PET)	SCOPE 2	Cancer
PROgressive Supranuclear Palsy CorTicoBasal Syndrome Multiple System Atrophy Longitudinal Study UK (PROSPECTMUK)	PSP CBD MSA Longitudinal Study UK	Dementias and neurodegeneration
Post-authorisation Safety (PAS) Observational Cohort Study to Quantify the Incidence and Comparative Safety of Selected Cardiovascular and Cerebrovascular Events in COPD Patients Using Inhaled UMEC/VI Combination or Inhaled UMEC versus Tiotropium (Study 201038).	PRIM 4852	Primary Care
The SCOTTY Study - whole genome sequencing study of young colon cancer patients and their parents	The SCOTTY Study	Cancer
PLATO - PersonaLising Anal cancer radioTherapy dOse - Incorporating Anal Cancer Trials (ACT) ACT3, ACT4 and ACT5	PLATO - PersonaLising Anal cancer radioTherapy dOse	Cancer
A SERIES OF RANDOMISED CONTROLLED N-of 1 TRIALS IN PATIENTS WHO HAVE DISCONTINUED OR WISH TO DISCONTINUE STATIN USE DUE TO MUSCLE-RELATED SYMPTOMS TO ASSESS IF ATORVASTATIN TREATMENT CAUSES MORE MUSCLE SYMPTOMS THAN PLACEBO	StatinWISE	Primary Care
Eculizumab in Shiga-Toxin producing E. Coli Haemolytic Uraemic Syndrome (ECUSTEC): A Randomised, Double-Blind, Placebo-Controlled Trial	ECUSTEC	Children
FLO-ELA: FLuid Optimisation in Emergency LAParotomy. Open, multi-centre, randomised controlled trial of cardiac output -guided haemodynamic therapy compared to usual care in patients undergoing emergency bowel surgery.	FLO-ELA	Anaesthesia, Perioperative Medicine and Pain Management
Outcome After Selective Early Treatment for Closure of Patent Ductus Arteriosus in Pre-term Babies	Baby-OSCAR Trial	Children
International randomised study of laparoscopic prostatectomy vs stereotactic body radiotherapy (SBRT) and conventionally fractionated radiotherapy vs SBRT for early stage organ-confined prostate cancer	The PACE Study	Cancer
Evaluating alternative protocols for identifying and managing patients with familial hypercholesterolaemia: costeffectiveness analysis with qualitative study	Evaluating protocols for identifying and managing patients with FH	Primary Care

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Post-operative avoidance of radiotherapy: biomarker selection of women categorised to be in a very low risk group by IHC4+C	PRIMETIME	Cancer
Antibiotics for lower Respiratory Tract Infection in Children presenting in Primary Care	ARTIC PC	Primary Care
A Randomised Controlled Trial Evaluating the Efficacy of Indwelling Pleural Catheters in Persistent Non-Malignant Symptomatic Pleural Effusions	REDUCE Trial	Respiratory disorders
TrueNTH Global Registry- Prostate Cancer Outcomes	TrueNTH Global Registry	Cancer
SPECTA: Screening Cancer Patients for Efficient Clinical Trial Access	SPECTA (EORTC 1553)	Cancer
HERO: A Multinational Phase 3 Randomized, Open-label, Parallel Group Study to Evaluate the Safety and Efficacy of Relugolix in Men with Advanced Prostate Cancer	Open Label Study of Relugolix in Men with Advanced Prostate Cancer	Cancer
A Phase 2a, Randomized, Double-blind, Placebo-controlled, Parallel-group, Proof of Concept Study to Investigate Efficacy, Safety, Pharmacodynamics and Pharmacokinetics of ASP6294 in the Treatment of Female Subjects with Bladder Pain Syndrome/Interstitial Cystitis	(ISN) 6294-CL-0101_ The SERENITY study	Reproductive health and childbirth
PETReA: Phase 3 evaluation of PET-guided, Response-Adapted therapy in patients with previously untreated, high tumour burden follicular lymphoma	PETReA	Cancer
Long-term observational, prospective study to collect in a real life setting data on the retention, effectiveness, safety, treatment pattern, quality of life, and efficiency of secukinumab in adult patients with moderate to severe plaque psoriasis, psoriatic arthritis and ankylosing spondylitis	SERENA	Musculoskeletal disorders
Evaluation of a Non-Endoscopic Immunocytological Device (Cytosponge) for post chemo-radiotherapy surveillance in patients with oesophageal cancer – a feasibility study	Cytosponge for post-chemoradiation surveillance of oesophageal cancer	Cancer
Renal Adjuvant MultiPle Arm Randomised Trial (RAMPART): An international investigator-led phase III multi-arm multi-stage randomised controlled platform trial of adjuvant therapy in patients with resected primary renal cell carcinoma (RCC) at high or intermediate risk of relapse	Renal Adjuvant MultiPle Arm Randomised Trial (RAMPART)	Cancer
The cystic fibrosis (CF) anti-staphylococcal antibiotic prophylaxis trial (CF START); a randomised registry trial to assess the safety and efficacy of flucloxacillin as a longterm prophylaxis agent for infants with CF.	CF START	Children
Choice of Intermittent vs Continual Androgen Deprivation in Prostate Cancer Acronym: A CHOICE-PC: Androgens - CHOice of Intermittent vs Continual– Prostate Cancer	Androgens-CHOice of Intermittent vs Continual in Prostate Cancer	Cancer

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Evaluation of a 12-session group programme developed to promote stabilization, processing and integration for women presenting with complex trauma arising from child sexual abuse.	Evaluation of a Group Programme for Women with Complex Trauma	Mental health
BILAG Biologics Prospective Cohort: The Use of Novel Biological Therapies in the Treatment of Systemic Lupus Erythematosus (SLE)	BILAG Biologics Prospective Cohort	Musculoskeletal disorders
BioImpedance Spectroscopy to Maintain Renal Output: The BISTRO Trial	BioImpedance Spectroscopy to Maintain Renal Output: The BISTRO Trial	Renal Disorders
Induction of labour for predicted macrosomia	The 'Big Baby Trial'	Reproductive health and childbirth
Sub-acromial spacer for Tears Affecting Rotator cuff Tendons: a Randomised, Efficient, Adaptive Clinical Trial in Surgery	START:REACTS	Musculoskeletal disorders
A Randomised Phase II study of Accelerated, Dose escalated, Sequential Chemo-radiotherapy in Non-small Cell Lung Cancer.	ADSCaN.	Cancer
The IDEAL-2 study: Improving the experience of dementia and enhancing active life: a longitudinal perspective on living well with dementia	Living well and enhancing active life: The IDEAL-2 study	Dementias and neurodegeneration
Clinical Characterisation Protocol for Severe Emerging Infection	Clinical Characterisation Protocol for Severe Emerging Infection	Infection
Co-development of prototypes for Personal Health Records as part of a Hospital Documentation System	An audible Patient Voice	Health Services Research
Preventing Ovarian Cancer through early Excision of Tubes and late Ovarian Removal	PROTECTOR	Cancer
The Clinical Effectiveness of Fluticasone Furoate/Umeclidinium Bromide/Vilanterol in a Single Inhaler (TRELEGY ELLIPTA) when Compared with Non-ELLIPTA Multiple Inhaler Triple Therapies in COPD Patients within a Usual Care Setting.	INTREPID: INvestigation of TRELEGY Effectiveness: Usual Practice	Primary Care
Cytogenetic assessment of British nuclear test veterans and their families.	The Nuclear Community Charity Fund Chromosomal study	Primary Care
Randomized, Embedded, Multifactorial, Adaptive Platform trial for Community-Acquired Pneumonia	REMAP-CAP	Critical Care
HPS-4/TIMI 65/ORION-4: A double-blind randomized placebo-controlled trial assessing the effects of inclisiran on clinical outcomes among people with atherosclerotic cardiovascular disease	ORION-4	Cardiovascular Disease
Prospective Evaluation of Thin-strut Biodegradable Polymer-coated Supraflex Sirolimus-Eluting Stents in an All-comers Patient Population (S-FLEX UK-II)	S-FLEX UK-II, Rev 1	Cardiovascular Disease

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KeepYouSafe: a bilingual Cancer Care Checklist application	KeepYouSafe	Haematology
Identification and characterization of the clinical toxicology of novel psychoactive substances (NPS) by laboratory analysis of biological samples from recreational drug users.	Identification of Novel Psychoactive Substances (IONA)	Trauma and Emergency Care
The British Society for Rheumatology Psoriatic Arthritis Register (BSR-PsA)	BSR-PsA	Musculoskeletal disorders
Optimising the impact of health services research on the organisation and delivery of health services: a study of embedded models of knowledge co-production in the NHS	Embedded	Health Services Research
The Impact of Multiparametric MRI on the Staging and Management of Patients with Suspected or Confirmed Ovarian Cancer.	MROC: MR in Ovarian Cancer	Cancer
Maintaining independence in Alzheimer's and related dementias through Goal-oriented cognitive REhAbiliTation: Implementation into Practice (GREAT-iP)	GREAT into Practice (GREAT-iP)	Dementias and neurodegeneration
Aspirin To Target Arterial events in Chronic Kidney Disease	Aspirin To Target Arterial Events In Chronic Kidney Disease (ATTACK)	Primary Care
A definitive randomised controlled trial and economic evaluation of a community-based Rehabilitation package following hip fracture.	FEMuR III	Primary Care
D-mannose to prevent recurrent urinary tract infections: a double blind randomised placebo controlled study	MERIT	Primary Care
Rates, Risks and Routes to Reduce Vascular Dementia (R4VaD)	R4VaD	Stroke
Detecting susceptibility genes for dementia with Lewy bodies	DLB Genetics	Dementias and neurodegeneration
Investigation of factors determining treatment choices in patients with advanced kidney failure: Co-productive study with patients and key stakeholders.	Dialysis Options and Choices	Renal Disorders
SELECT - Semaglutide effects on cardiovascular outcomes in people with overweight or obesity	EX9536-4388 SELECT semaglutide cardiovascular outcome trial	Metabolic and endocrine disorders
Survey of home haemodialysis practice patterns in the UK renal centres	Survey of home haemodialysis practice patterns in the UK renal centres	Renal Disorders
ATLANTA – Additional Treatments to the Local tumour for metastatic prostate cancer: Assessment of Novel Treatment Algorithms	IP2 - ATLANTA	Cancer
OPTimal TIMing of Anticoagulation after acute ischaemic Stroke: a randomised controlled trial (OPTIMAS Trial)	OPTIMAS Trial	Stroke

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The Empowerment project: Co- creating a resilience-building framework for people with dementia and their carers	The Empowerment Project	Dementias and neurodegeneration
Airway Intervention Registry (AIR) extension: Recurrent Respiratory Papillomatosis	AIR: RRP	Ear, nose and throat
Take home naloxone Intervention Multicentre Emergency setting feasibility trial (TIME)	TIME	Trauma and Emergency Care
Partnerships for change in care placements: mapping opportunities for innovation by discharge to housing support schemes as an alternative to transfers from acute to community hospital settings	Partnerships for change in care placements	Health Services Research
Image Directed Redesign of Bladder Cancer Treatment Pathways	BladderPath	Cancer
Atrial Fibrillation III Registry: An international prospective, longitudinal, multi-centre observational study of atrial fibrillation in European and Mediterranean countries.	Atrial Fibrillation III (AF III) Registry	Cardiovascular Disease
Exercise Training and Progression of Chronic Kidney Disease: A Randomised Controlled Feasibility Study. The GFR-Exercise Feasibility Study.	The GFR-Exercise Feasibility Study – GFR-Ex	Renal Disorders
Planned vs. Actual Acetabular Cup Position in Total Hip Arthroplasty with Standard Instrumentation and Technique	Cup Position in Total Hip Arthroplasty with Standard Instruments	Musculoskeletal disorders
Social Prescribing in Mental Health Study. A Mental Health Social Prescribing Trial (Mind Cymru)	SPRING MIND	Mental health
Exploring patients' views of their record of vital signs	Views for NEWS	Trauma and Emergency Care
The ADDapt diet in reducing Crohn's disease inflammation - Version 1	The ADDapt diet in reducing Crohn's disease inflammation - Version 1	Gastroenterology
Development of an intervention to Optimise use of pre-exposure prophylaxis (PrEP) to prevent HIV-acquisition in at-risk individuals living in Wales [DO-PrEP]	DO-PrEP	Public health
Frailty-adjusted therapy in Transplant Non-Eligible patients with newly diagnosed Multiple Myeloma: A phase III trial to compare standard and frailty-adjusted induction therapy with ixazomib, lenalidomide and dexamethasone (IRD) and maintenance lenalidomide (R) to lenalidomide plus ixazomib (R+I).	Myeloma XIV (FiTNEss)	Cancer
Children's Acute Surgical Abdomen Programme: CASAP	Children's Acute Surgical Abdomen Programme: CASAP v1.0	Anaesthesia, Perioperative Medicine and Pain Management



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Reviewing long term anti-DEpressant Use by Careful monitoring in Everyday practice (REDUCE) programme. Workstream 5 (WS5):Randomised Controlled Trial	REDUCE Work Stream 5 (WS5) Randomised Control Trial	Primary Care
Neurological Assessment Practices after Stroke Part of: Standardised Neurological OBServation Schedule for Stroke (SSNOBS)	Neurological Assessment Practices after Stroke	Health Services Research
A Phase II trial of Higher RadiOtherapy Dose In The Eradication of early rectal cancer.	APHRODITE	Cancer
Genetics of susceptibility and mortality in critical care (GenOMICC)	GenOMICC	Critical Care
The ThinkCancer! Intervention: Protocol for a Feasibility study incorporating a Randomised Pilot Trial with an Embedded Process and Economic Evaluation	ThinkCancer!	Primary Care
Evaluation of multi-agency working within the Social Services and Well-being (Wales) Act 2014	IMPACT MULTI-AGENCY	Health Services Research
The creation and field testing of a new rib fracture specific patient reported outcome measure (PROM).	Outcomes following Chest Trauma Score	Trauma and Emergency Care
Defining the Denominator. Emergency Laparotomy and Frailty Study 2.	Defining the Denominator	Surgery
Primary care-based respiratory and sleep physiologists: a role that should be developed?	Should respiratory & sleep physiologists be based in primary care?V0.1	Respiratory disorders
STRATIFY - Staging by Thoracoscopy in potentially Radically Treatable Non-Small Cell Lung Cancer associated with Minimal Pleural Effusion	STRATIFY	Respiratory disorders
BACKonLINE: Internet based personalised self-management support system for people with back pain	BACKonLINE	Musculoskeletal disorders
A randomised controlled trial evaluating the efficacy of Dialectical Behavioural Therapy Skills for Employment (DBT- SE) compared with a referral to a mental health employment specialist for people with difficulties consistent with a personality disorder (PD).	An RCT of DBT-SE for PD	Mental health
Establishing the Safety and Efficacy of Reloxaliase (Oxalate Decarboxylase) in Patients with Enteric Hyperoxaluria: A Phase III Randomized, Double-blind, Placebo-Controlled Study (URIROX-2)	URIROX-2: Establishing the Safety and Efficacy of Reloxaliase	Renal Disorders
Mobility and Quality of Life: Piloting a patient reported outcome measure for mobility-related quality of life	MobQoL: Outcome measure pilot	Musculoskeletal disorders
Trial of Ondansetron as a Parkinson's HALLucinations Treatment	TOP HAT Version 1_19.11.19	Dementias and neurodegeneration

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Prognostic factors for outcomes of idiopathic Sudden onset Sensorineural Hearing Loss: the SeaSheL national prospective cohort study	The SeaSheL national prospective cohort study	Ear, nose and throat
Treatment of High and Very high riSk dyslipidemic pAtients for the PreveNTion of CardiOvasculaR Events in Europe – a MultInatioNal Observational Study(SANTORINI)	SANTORINI	Cardiovascular Disease
TriOptimize: A prospective non-interventional Trial on COPD patients' health related quality of life under a fixed LAMA/LABA/ICS triple therapy and characterization of determinants of treatment adherence	TriOptimize	Respiratory disorders
Heart Failure III registry	HFIII	Cardiovascular Disease
Randomised Evaluation of COVID-19 Therapy (RECOVERY)	RECOVERY trial	Infection
Platform Randomised trlal of treatmeNts in the Community for epldemic and Pandemic iLInEsses	PRINCIPLE	Primary Care
Ventilation Strategies in COVID-19; CPAP, High-flow, and standard care	RECOVERY - Respiratory Support	Respiratory disorders
Pregnancy and Neonatal Outcomes in COVID-19: A global registry of women with suspected or confirmed SARS-CoV-2 infeciton in pregnancy and their neonates, understanding natural history to guide treatment and prevention	Pregnancy and Neonatal Outcomes in COVID-19	Reproductive health and childbirth
Engaging and supporting women with Chronic Kidney Disease with pre-conception decision-making (including their experiences of COVID 19): A mixed-methods study (CKD-ENGAGE)	Pregnancy choices with kidney disease	Renal Disorders
Multi-centre EuRopean study of MAJor Infectious Disease Syndromes (MERMAIDS): Acute Respiratory Infections in Adults	MERMAIDS ARI	Respiratory disorders
Facilitating Accelerated CLinical evaluation Of Novel diagnostic tests for COVID-19 (FALCON C-19)	FALCON C-19	Infection
Physician Associates in Wales: a study of their preparedness for practice, their contribution and patient perspectives on the role	Physician Associates in Wales	Health Services Research
IMPACT OF BIOLOGIC AND IMMUNOMODULATORY THERAPY ON SARS-COV-2 INFECTION AND IMMUNITY IN PATIENTS WITH INFLAMMATORY BOWEL DISEASE.	CLARITY: impaCt of bioLogic therApy on saRs-cov-2 Infection & immunity	Gastroenterology
Patients' preferences in the treatment of hormone-sensitive metastatic prostate cancer: a discrete choice experiment	IP5-MATTER	Cancer
Post-hospitalisation COVID-19 study: a national consortium to understand and improve long-term health outcomes	PHOSP-COVID	Respiratory disorders

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COVIDTrach; a UK national cohort study of mechanically ventilated COVID-19 patients undergoing tracheostomy	COVIDTrach; A UK cohort study of tracheostomy in COVID-19 patients	Ear, nose and throat
CCP-Cancer UK: Clinical Characterisation Protocol for Severe Emerging Infections in the UK (CCP-UK) – a prospective companion study for patients with Cancer and COVID-19.	CCP-Cancer UK	Cancer
SIREN - SARS-COV2 immunity and reinfection evaluation; The impact of detectable anti SARS-COV2 antibody on the incidence of COVID-19 in healthcare workers	SARS-COV2 immunity and reinfection evaluation (SIREN)	Infection
Translational Renal Adjuvant MultiPle Arm Randomised Trial (TransRAMPART)	TransRAMPART	Cancer
A Phase 3, Randomised, Observer-Blinded, Placebo-Controlled Trial to Evaluate the Efficacy and Safety of a SARS-CoV-2 Recombinant Spike Protein Nanoparticle Vaccine (SARS-CoV-2 rS) with Matrix-M1™ Adjuvant in Adult Participants 18-84 Years of Age in the United Kingdom	Novavax COVID Vaccine study	Infection
A Phase 3, Randomized, Double-Blind, Placebo-Controlled, Multicenter Study Comparing Niraparib Plus Pembrolizumab Versus Placebo Plus Pembrolizumab as Maintenance Therapy in Participants Whose Disease has Remained Stable or Responded to First-Line Platinum-Based Chemotherapy with Pembrolizumab for Stage IIIB or IV Non-Small Cell Lung Cancer	213400 Niraparib in Stage IIIB/IV NSCLC	Cancer
A Phase 3, Multicenter, Randomized, Double-Blinded, Placebo-Controlled Trial to Evaluate the Efficacy and Safety of Efgartigimod (ARGX-113) 10 mg/kg Intravenous in Adult Patients with Primary Immune Thrombocytopenia	Safety and Efficacy of Efgartigimod 10mg/kg IV in adults with ITP	Haematology
A randomised controlled trial of scanning eye training as a rehabilitation choice for hemianopia after stroke (SEARCH)	Visual scanning training for hemianopia	Ophthalmology
A Phase 3, Randomized, Open-Label, Controlled, Multicenter Study of Zandelisib (ME-401) in Combination with Rituximab Versus Standard Immunochemotherapy in Patients with Relapsed Indolent Non-Hodgkin's Lymphoma (iNHL) – The COASTAL Study	COASTAL	Cancer

## Appendix 2 - Non-portfolio studies currently active\* in BCUHB as at 11 June 2021

\*active indicates studies which are either recruiting, in set-up awaiting greenlight to open from Sponsor, or in follow-up in BCUHB

Study Title	Short Title	Managing Specialty
Variants of Uncertain Significance in Familial Hypercholesterolaemia. Can family cosegregation analysis help determine pathogenicity?	Family studies of patients with Familial Hypercholesterolaemia (FH)	Cardiovascular Disease
Patterns of cross-linguistic treatment generalisation in acquired language disorders: A window into the organisation of the bilingual language system	Treatment generalisation in acquired language disorders	Health services and delivery research
The Effect of Lesion Site on Visual Task Performance	The Effect of Lesion Site on Visual Task Performance	Neurological disorders
A longitudinal study of individuals with autism: from early childhood to adulthood.	A longitudinal study of individuals with autism v1	Neurological disorders
INGEVITY™ Active Fixation and Passive Fixation Pace/ Sense Lead Clinical Study	INGEVITY Active and Passive Fixation Pace/Sense Lead study	Cardiovascular Disease
Neuropsychology of executive function and attention: The mechanisms underlying 'motivated forgetting' in patients with focal lesions	Neuropsychology of executive function and attention	Neurological disorders
Evaluation of Live Voice Auditory Training in a Randomised Controlled Trial of Existing Hearing Aid Users	Live Voice Auditory Training RCT 1.1	Ear, nose and throat
UK Breast Cancer in Pregnancy Study (UK BCiP study): An observational study on newly diagnosed breast cancer in pregnancy using the UK obstetric surveillance system (UKOSS).	UK Breast Cancer in Pregnancy Study (UK BCiP study)Version 1	Cancer
Grasping and digit-position sense in patients with Carpal Tunnel Syndrome.	Grasping and digit-position sense in Carpal Tunnel Syndrome	Musculoskeletal disorders
Facilitating the implementation of cancer services: co-designing an implementation intervention for subsequent testing	Co-producing cancer services (Version 1)	Cancer
A Pre and Post Intervention study to assess the impact of a programme of education on nurses' confidence in assisting with intubation in Intensive Care	Pre and Post Intervention study assessing confidence	Critical Care
Admissions to Psychiatric Units In North Wales	Admissions to Psychiatric Units in North Wales	Mental health
Finding a way forward for mental well-being – a co-produced mixed methods feasibility study	Finding a way forward for mental well-being	Mental health
A prospective database study of glaucoma surgery patients our at the Stanley Eye Unit in Abergele Hospital using routinely collected clinic data.	Analysis of Routinely Collected Ophthalmic Data	Ophthalmology
Crisis Checklist Collaborative - Behavioural Analysis of Simulated Implementation of Crisis Checklists	3C-BASIC	Injuries and emergencies
A longitudinal investigation estimating the prevalence and incidence of cognitive impairment in patients with Chronic Kidney Disease attending a specialist outpatient clinic.	Cognitive impairment in patients with chronic kidney disease.	Renal Disorders

## Appendix 2 - Non-portfolio studies currently active\* in BCUHB as at 11 June 2021

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The Trans-diagnostic Emotional Dysregulation Device (TED-D) Project: Development and evaluation of a therapy enhancing device based on wearable biosensor technology and App for use in AMH settings in the NHS. Pilot Study.	Trans-diagnostic Emotional Dysregulation Device (TED-D)	Mental health
A prospective population-based registry for chronic myeloid leukaemia (CML) in the North of England and Wales. The United Kingdom prospective registry contribution to the European Treatment and Outcome Study (EUTOS) for CML.	CML Registry - Prospective CML registry in Northern England & Wales for EUTOS	Cancer
What is the patient journey for post traumatic stress disorder and medically unexplained physical symptoms?	Post Traumatic Stress Disorder and Medically Unexplained Symptoms	Mental health
Computer-aided diagnosis: A proof-of-concept study in the lumbosacral spine using magnetic resonance imaging	Weight-bearing verses supine MRI imaging of the lumbar spine	Musculoskeletal disorders
The Impact of Advanced Paramedic Practitioners in Rural Communities.  An Interpretative Phenomenological Analysis of Healthcare Provision in Rural Areas of Wales.	The Impact of Advanced Paramedic Practitioners in Rural Communities.	Primary Care
Perception of effort and patterns of muscle recruitment during fatiguing inspiratory and limb muscle exercise in patients with Obstructive Sleep Apnoea (OSA).	Perceptual response to loading in Obstructive Sleep Apnoea version 1	Respiratory disorders
What factors influence the doses and duration's of proton pump inhibitors (PPIs) prescribed by junior doctors in secondary care?	Factors influencing prescribing of proton pump inhibitors by doctors	Health services and delivery research
An investigation of Emergency Department Pharmacist Practitioners in the United Kingdom	An investigation of Emergency Department Pharmacist Practitioners V1	Injuries and emergencies
Children with life-limiting conditions: exploration of child and parent views on acute hospital admissions, and development of a child- and parent-centred model of admission process.	Acute Admissions of Children with Life Limiting Conditions	Children
The impact of psychological trauma within the psychology profession	The impact of psychological trauma within the psychology profession	Health services and delivery research
Cognitive Assessment in First Language Welsh Speakers – should they be performed in Welsh? A Pilot Study	Cognitive Assessment in First Language Welsh Speakers - A Pilot Study	Dementias and neurodegeneration
Prospective Observational Study in Pregnancy with one previous Caesarean Section (PROSPOCS)	PROSPOCS - Prospective observa study in pregn with one prev C-section.	Reproductive health and childbirth
Lesbian, gay, bisexual and transgender employee networks within the NHS	LGBT+ Networks	Health services and delivery research
Reliability of frailty assessment in Intensive Care	Reliability of frailty assessment in Intensive Care	Health services and delivery research

## Appendix 2 - Non-portfolio studies currently active\* in BCUHB as at 11 June 2021

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Examining renal psychosocial provision in the United Kingdom	Examining renal psychosocial provision in the United Kingdom	Renal Disorders
A study of the clinical efficacy of an occupational therapy pathway in the treatment of Dupuytren's disease with Xiapex injection: evaluating functional improvement post manipulation and activities of daily living	Clinical efficacy of an OT pathway in the treatment of DCX injection	Musculoskeletal disorders
The relationship between body composition, tumour activity, functional activity and survival in patients with advanced cancer	IPAC Study Database in Advanced Cancer : Retrospective CT analysis	Cancer
Investigation of the incidence of dementia with hearing aid use in the adult population: novel data analysis using audiology and primary care databases	Investigation of the incidence of dementia with hearing aid use	Dementias and neurodegeneration
aTTom-Extended: Extended follow-up of patients enrolled in the Adjuvant Tamoxifen Treatment - Offer More? (aTTom) trial	*HRA aTTom-Extended Version 1.0, 15th March 2016	Cancer
A qualitative study of the misuse and diversion of opioid substitution therapy	A qualitative study of the misuse of opioid substitution therapy	Health services and delivery research
An Exploration of the potential benefits of an IBD Helpline: Version 1	An Exploration of the potential benefits of an IBD Helpline: Version 1	Health services and delivery research
Inflammation and complications of Type 2 diabetes: detection of at-risk patients from leukocyte tropomyosin gene expression.	Inflammation and TPM expression in T2DM: detection of at-risk patients	Haematology
Altered tropomyosin expression in bladder cancer: a novel biomarker for diagnosis and prognosis.	Altered Tropomyosin Expression in Bladder Cancer	Cancer
An IPA Inquiry into the Lifeworld of Psychotherapists Working Within NHS Services	IPA Inquiry into Lifeworld of Psychotherapists Working NHS Services	Health services and delivery research
'Sense of belonging' in service users with psychosis living in North Wales	'Sense of belonging' in service users with psychosis living in North Wales	Mental health
A longitudinal study of an embodied self-concept and its potential impact upon adjustment and acceptance in chronic non-specific lower back pain in adults.	Self-concept & adjustment in adult non-specific lower back pain V1	Musculoskeletal disorders
Experience and views of attending an IBD nurse led clinic	Experience and views of attending an IBD nurse led clinic	Health services and delivery research
Alcohol Use in Over 65's: Is Mental Health a Contributory Factor?	Alcohol Use in Over 65's: Is Mental Health a Contributory Factor?	Mental health
A qualitative study of the experience of moving on from a non-residential Democratic Therapeutic Community	The experience of moving on from a democratic therapeutic community	Mental health
Evaluating process and effectiveness of a low-intensity CBT intervention for women with gynaecological cancer.	Low-intensity CBT for women with gynaecological cancer	Cancer

## Appendix 2 - Non-portfolio studies currently active\* in BCUHB as at 11 June 2021

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An investigation of the service user's experience of implementing hip precautions following total hip replacement surgery.	Service user experience of implementing hip precautions following THR	Surgery
Exploring patients motivations and the perceived barriers to participating in clinical research in a primary care setting.	Exploring patients motivations to participate in health research	Health services and delivery research
ZeroFall - Reliability testing of Optical Sensor to detect bed exit for patients in hospital	ZeroFall V2	Dementias and neurodegeneration
Methylation status of Oestrogen, Progesterone, Human Epidermal Growth Factor and expression of PDL-1 in Triple Negative Breast Cancer (TNBC)	Methylation status of Oestrogen, Progesterone, Human Epidermal Growth	Cancer
An exploration of the views of school nurses on their role in assessing for child sexual exploitation in schools	School Nurse Assessment Process: Identifying Child Sexual Exploitation	Primary Care
Exploring the physical health and wellbeing of Emergency Medical Staff: Is there a fitness to practice issue?	Physical health and wellbeing of Emergency Medical Staff	Health services and delivery research
Exploring the impacts of Welsh medium, Community Mental Health Team practice, in providing support to individuals living with dementia and their carers: an ethnographic study.	Exploring the impacts of Welsh medium CMHT in dementia support	Dementias and neurodegeneration
Understanding process of change during an attachment based parenting intervention (Video Interaction Guidance; VIG) with parents with intellectual disabilities (ID)	Process of change: Video Interaction Guidance with parents with ID	Health services and delivery research
Pharmacists and Nurses as Prescribers across a cross-section of primary care providers: what is effective supervision?	What is effective supervision?	Health services and delivery research
The impact of a Safety Officer on Hospital acquired Thrombosis prophylaxis non-compliance	HATSOFF	Haematology
A feasibility study on the inclusion of a remote behavioural weight-loss intervention to the treatment pathway of patients with obstructive sleep apnoea	A weight-loss intervention for patients with obstructive sleep apnoea	Cardiovascular Disease
Beliefs about Voices in Psychosis: The Role of Schema Functioning.	Beliefs about Voices in Psychosis: The Role of Schema Functioning.	Mental health
Assessing Nurses' Knowledge, Perceived Role and Comfort Level in the Nutritional Management of Type 2 Diabetes.	Assess Nurses' Knowledge of Nutritional Management of T2 Diabetes V1	Health services and delivery research
Early versus Late initiation of direct oral Anticoagulants in post-ischaemic stroke patients with atrial fibrillation (ELAN): an international, multicentre, randomised-controlled, two-arm, assessor-blinded trial	ELAN	Stroke
A realist evaluation of geographically distinct community (health) development projects: what works, for whom, how, why, and in what circumstances in Wales?	Realist evaluation of community health development projects in Wales	Health services and delivery research

## Appendix 2 - Non-portfolio studies currently active\* in BCUHB as at 11 June 2021

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Clinical Supervision for Advanced Clinical Practitioners working within primary care: does it exist and where does it come from?	Clinical Supervision	Health services and delivery research
Use of digital technology in Parkinson's disease clinics: A qualitative study of the staff perceptions.	Staff use of e-PROMs in Parkinson's clinic	Health services and delivery research
What is an Advanced Clinical Practice Physiotherapist? What are the barriers and facilitators to the development of the role based on the experiences and perceptions of physiotherapists in the role	What is an Advanced Clinical Practice Physiotherapist?	Musculoskeletal disorders
Neuropsychological correlates of Social Isolation following ABI	Neuropsychological correlates of Social Isolation following ABI	Mental health
Serum biomarkers for the early detection of well differentiated thyroid cancer	Serum biomarkers for the early detection of thyroid cancer	Cancer
The role of primary care in reducing the decline in physical function and physical activity in people with long-term conditions; what works, for whom and in what circumstances? A realist synthesis of evidence.	Physical function in primary care - realist evidence synthesis	Cancer
GPS@Acute: Giving Patients a Say for directions of acute care Flashmob	GPS@Acute	Health services and delivery research
How frequent are cognitive impairments in patients with end stage renal disease and are these impairments related to kidney disease progression, frailty, health related quality of life or mood.	Cognitive function in end stage kidney disease	Renal Disorders
Persuading People to access first-point contact Advanced Practice Physiotherapists over their GP to deal with musculoskeletal pain – using an example from primary care: Would service users change their health behaviours because of an educational intervention?	Persuading People to access first-point contact Physiotherapists	Musculoskeletal disorders
Multi-centre diagnostic accuracy study of PCRctc - a novel 16S rDNA PCR assay for exclusion of neonatal bacterial meningitis.	Diagnostic accuracy study of PCRctc for neonatal meningitis.	Neonatal medicine
Stress response in surgical training: a study of the value of wearable technology and biomarkers in simulated clinical scenarios and the live hospital environment.	Stress response in surgical training	Health services and delivery research
An exploration of clinical mental health staff's perceptions of working under Special Measures within adult Mental Health inpatient services in the NHS in Wales.	Mental Health Staff's perceptions of working under Special Measures	Mental health
People who hear voices: How do their relationships with their voices change over time?	People who hear voices: how relationships with their voices change	Mental health



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Experiences of Engaging with an Outdoor Therapy Group in an Early Intervention Psychosis Service	Experiences of Engaging with an Outdoor Therapy Group	Mental health
Can Primary Care clusters benefit from adopting acute operational procedure escalation levels?	Acute operational escalation operational levels in primary care	Health service and delivery research
Identifying barriers and attitudes towards sepsis screening and the delivery of the sepsis six bundle among ward based nurses	Identifying barriers and attitudes towards sepsis screening Version 1	Health services and delivery research
Does increasing physical activity increase cognitive function in patients with chronic kidney disease (CKD)? A feasibility pilot study.	Effect of exercise on cognitive function in CKD patients	Renal Disorders
Understanding the Relationship between work productivity and environment in Axial Spondyloarthritis: a qualitative study	RE-WORK AS	Musculoskeletal disorders
Role substitution in primary care: the provision of general medical services by non-medical health professionals - Stage 3 qualitative interviews	Role substitution in primary care: Stage 3 qualitative interviews	Health services and delivery research
What does an Artist need to effectively complement and work within a healthcare setting in the North Wales region?	What do Artists Need to Effectively Work within a Healthcare Setting?	Health services and delivery research
"What is the effect of one to one brief, tailored occupational therapy intervention targeted at improving Diabetes Self-Management (DSM) behaviours in adults with an existing diagnosis of Type 2 Diabetes Mellitus (T2DM) within a Welsh Primary Care service?"	What is the effect of OT on Diabetes Self-Management?	Diabetes
The lived experience of Takotsubo Syndrome, and the impact of diagnosis on patients.	The lived experience of Takotsubo Syndrome. Version 1.	Cardiovascular Disease
Mild Cognitive Impairment (MCI) and onwards clinical presentation: The predictive utility of the Repeatable Battery of the Assessment of Neuropsychological Status (RBANS) & Delis-Kaplan Executive Functioning System (DKEFS)	Mild Cognitive Impairment (MCI) and onwards progression	Neurological disorders
What influences the decision making process of senior medical doctors when prescribing antibiotics for acute lower respiratory tract infections.	Prescribing antibiotics	Health services and delivery research
A study exploring the implementation of national guidelines relating to the diagnosis of asthma within two primary care clusters in Betsi Cadwaladr University Health Board (BCUHB).	Asthma Diagnosis Guideline Implementation	Respiratory
A Multicenter, Randomized, Double-Blind, Placebo-Controlled, Two-Arm, Phase 2 Study of ME-401 in Subjects with Follicular Lymphoma After Failure of Two or More Prior Systemic Therapies	Phase 2 Study of ME-401 in Subjects with Follicular Lymphoma	Cancer
Normative and narrative – how do triage call handlers navigate their discretionary space between listening to the caller and following the software-mediated protocol?	Normative and narrative – triage call handlers' discretionary space	Health services and delivery research
The RA Standard Study: Reducing Variation in Early Arthritis Care	RA Standard study	Rheumatology

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Peri Operative Multilayer Warming Blanket Assessment in femoral neck fracture patients	Blizzard OR Evaluation in femoral neck fracture	Injuries and emergencies
Exploring the views of patients, those close to them, and healthcare professionals on advance care planning using qualitative case study methodology.	ACP Case Study Method	Health services and delivery research
Assessment of the usability and acceptability of remote assistance for hearing aid users	Assessment of remote hearing aid assistance Version 1.0	Ear nose and throat
Which Endotracheal Tube (ETT) Fixation Method is a Preferred Technique by Intensive Care Nurses: In relation to ease of use and general acceptability when comparing cotton tapes and a commercial holder?	Comparing Endotracheal Tube Fixation methods, Tapes verses Holders.	Emergency medicine
How do patients make decisions about rectal cancer treatment?	How do patients make decisions about rectal cancer treatment?	Cancer
Exploring the feasibility of a dietetic led Very Low Calorie Diet (VLCD) intervention, for patients with Type 2 diabetes and non-healing neuropathic foot ulcers; targeting, blood glucose (HbA1C); weight; effect on wound healing and Quality of Life	Feasibility of VLCD in Type 2 diabetes and foot ulcers	Diabetes
Developing self-compassion within teams: a feasibility study of a compassion-focused group programme for staff working in NHS inpatient mental health services.	Developing self-compassion in NHS -1	Mental health
An investigation into individual employee culture and its effect on team performance in a corporate and operational part of an NHS organisation	Individual Culture and its effect on Team Performance - v1.0	Health services and delivery research
A randomised controlled trial of full milk feeds versus intravenous fluids with gradual feeding for preterm infants (30-33 weeks gestational age)	Fluids Exclusively Enteral from Day 1 (FEED1)	Reproductive health and childbirth
Control and Reduction of Opioid Prescribing in Primary care (CROPP)	Control and Reduction of Opioid Prescribing in Primary care (CROPP)	Health services and delivery research
A national observational study of the epidemiology and initial management pathway of thyroid nodules	THY3000; Thyroid Nodule Epidemiology	Head and Neck
The Impact of Involving Young People with Chronic Health Conditions as 'Experts by Experience': An Exploration	Expert by experience activity by people with chronic health conditions	Diabetes
Inpatient perinatal mental health care in a rural setting: Women's journeys through services and the impact on family.	Perinatal mental health care and family relationships	Mental health
Impact of visual impairment after stroke II: Measuring and exploring vision-related quality of life.	Impact of Visual Impairment after Stroke II	Stroke

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Can pre-treatment measurement of aqueous vascular and inflammatory biomarkers guide approach to treatment in patients with macular oedema secondary to retinal vein occlusion?	Aqueous vascular and inflammatory biomarkers in retinal vein occlusion	Ophthalmology
Modelling partnerships for change in care placements: mapping opportunities for innovation by discharge to housing support schemes as an alternative to transfer from acute to community hospital settings	Modelling partnerships for change in care placements	Health Services Research
Validation of the Modified Self Efficacy in Research Measure (M-SERM) in applied health researchers	Validation of the Modified Self Efficacy in Research Measure (M-SERM)	
Exploring a Categorisation Framework for the Individual Management Plan – Outcome Score (IMP-OS): Consistency of a Proposed Categorisation Framework	Consistency of a categorisation framework for IMP-OS	
COPE Study: COVID-19 in Older PEople - the influence of frailty and multimorbidity on survival. A multicentre, international observational study.	COPE Study: COVID-19 in Older PEople	Infection
SEASONAL VARIATION IN ACUTE CHOLECYSTITIS; AN ANALYSIS TO PREDICT RESOURCES ALLOCATION	Seasonal Variation in Acute Cholecystitis	Infection
'Blood glucose monitoring device and me': paediatric patients' and caregivers' perspectives of their use.	'Blood glucose monitoring device and me'	Diabetes
COVIP: COVID-19 in very old intensive care patients	COVIP: COVID-19 in very old intensive care patients	Infection
Measurement of mouthwash anti-viral activity against COVID-19	MOMA_V1.0	Infection
What causes kidney function to decline in patients with chronic kidney disease? A longitudinal study comparing traditional clinical assessments to novel measures of physical activity and blood vessel health.	The GFR-Physical Activity and Vascular Health-Longitudinal study	Renal Disorders
Far from home: Women's experiences of being in secure forensic inpatient services.	Women's experiences of being in secure forensic inpatient services.	Mental health
The experiences of kidney transplant recipients one year post-transplantation	Experiences of kidney transplant recipients one year post-transplant	Renal Disorders
Development and feasibility of a parent intervention to prevent disordered eating in children and young people with type 1 diabetes	PRIORITY Trial	Diabetes
An investigation into diurnal variability in glucose levels in paediatric patients with Type 1 Diabetes (T1D) and their responses to different food compositions.	Glucose variability in T1D and glycaemic response to food composition	Diabetes
Effect of COVID-19 on immediate and mid-term physical, behavioural and mental health of healthcare professionals: A cohort study of doctor, nurses and other health care professionals	CoPE-HCP: COVID19 and Physical and Emotional wellbeing of HCP	Infection

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Exploring the experiences of people with psychosis during the Covid-19 pandemic	PECovid	Mental health
A prospective non-interventional post-authorization safety study (PASS) of lenalidomide in previously untreated adult multiple myeloma patients who are not eligible for transplant ("transplant noneligible" [TNE]) ("Revlimid® TNE NDMMPASS")	CC-5013-MM-034_A non-interventional study of lenalidomide	Cancer
Providing inpatient mental health care in the NHS during Covid-19: A Foucauldian discourse analysis.	Providing inpatient mental health care in the NHS during Covid-19	Mental Health
An ethnographic investigation into how historical organisational context influences implementation of nutrition practice in three intensive care units	The influence of history on nutrition practice in intensive care, V1.0	



<b>Cyfarfod a dyddiad: Meeting and date:</b>	<b>Strategy, Partnerships and Population Health Committee 15.4.21</b>
<b>Cyhoeddus neu Breifat: Public or Private:</b>	Public
<b>Teitl yr Adroddiad Report Title:</b>	<b>Well-being of Future Generations (WFG Act) reports and BCUHB response</b>
<b>Cyfarwyddwr Cyfrifol: Responsible Director:</b>	Mark Wilkinson Executive Director of Planning and Performance
<b>Awdur yr Adroddiad Report Author:</b>	Kamala Williams Acting Assistant Director of Strategy and Planning
<b>Craffu blaenorol: Prior Scrutiny:</b>	<p>On the 12<sup>th</sup> December 2019 the BCUHB Audit Committee received and noted the <b>'Auditor General Wales (AGW) Wales Audit Office (WAO), Implementing the Well-being of Future Generations Act - Betsi Cadwaladr University Health Board (October 2019)'</b> report. The report set out the Health Board's progress in applying the sustainable WFG development principles and made recommendations for further development and improvement. The December 2019 Audit Committee meeting also received and noted the Audit Wales response to the <b>'Future Generations Report 2020'</b>.</p> <p>The BCUHB Audit Committee meeting on the 18<sup>th</sup> March 2021 considered the Health Board's management response and recommendations arising from the AGW report. The comments and suggestions of the Committee regarding the response and recommendations are included in the 'Legal and Compliance' section of this report.</p>
<b>Atodiadau Appendices:</b>	<p><b>Appendix 1: 'Auditor General Wales (AGW) Wales Audit Office (WAO), Implementing the Well-being of Future Generations Act - Betsi Cadwaladr University Health Board (October 2019)'</b> report.</p> <p><b>Appendix 2:</b> BCUHB Management Response to the AGW report.</p> <p><b>Appendix 3:</b> Future Generations Commissioner for Wales, <b>'Future Generations Report 2020'</b>. Please see <a href="https://www.futuregenerations.wales/wp-content/uploads/2020/07/Future-Generations-Report-2020-Easy-Read.pdf">https://www.futuregenerations.wales/wp-content/uploads/2020/07/Future-Generations-Report-2020-Easy-Read.pdf</a></p> <p><b>Appendix 4:</b> Letter from Future Generations Commissioner to BCUHB Interim CEO</p>
<b>Argymhelliad / Recommendation:</b>	
<p>The Committee is asked to:</p> <ul style="list-style-type: none"> <li>receive and note the BCUHB management response to the recommendations made in the AGW report.</li> </ul>	

- Receive the “*Future Generations Report 2020*”, note the action taken to date and further action planned.

Please tick as appropriate

<b>Ar gyfer penderfyniad /cymeradwyaeth For Decision/ Approval</b>		<b>Ar gyfer Trafodaeth For Discussion</b>		<b>Ar gyfer sicrwydd For Assurance</b>		<b>Er gwybodaeth For Information</b>	<b>X</b>
						<b>Y/N to indicate whether the Equality/SED duty is applicable</b>	<b>N</b>

### **Sefyllfa / Situation:**

The Well-being of Future Generations (Wales) Act 2015 (WFG Act) requires the publication of two 5-yearly reports, one from the Future Generations Commissioner for Wales and other from the Auditor General for Wales (AGW); together these reports provide a periodic stock-take of the implementation of the Act.

### **Betsi Cadwaladr University Health Board – Implementing the Well Being of Future Generations Act 2019’ (Appendix 1)**

The AGW’s report ‘*Betsi Cadwaladr University Health Board – Implementing the Well Being of Future Generations Act 2019*’ fulfils the statutory requirement to assess the extent to which public bodies have acted in accordance with the sustainable development principle in setting their objectives and the action they have taken to meet them.

The report details findings on the Health Board’s corporate approach to embedding the sustainable development principle and application of the five ways of working using an example selected by the WAO Team for this purpose, namely, the ‘Healthy lifestyles – healthy weight’ initiative.

The report concluded that the Health Board has made progress in applying the sustainable development principle and the five ways of working but noted that challenges remain. The report made five recommendations in the form of ‘Opportunities for Learning’, which are detailed in the template included as Appendix 2 along with the Health Board Management response.

### **Future Generations Report 2020 (Appendix 3)**

The Future Generations Commissioner published the first ‘Future Generations Report 2020’ in May 2020, the report seeks to provide practical advice, guidance and tools for public bodies implementing the Act. The report recommends how public bodies should operate, largely focused on the Act’s five ways of working, and how the principles outlined in the Act should be applied to Public Bodies’ decision making processes, implementation of policy and delivery of services. The report also provides advice on the setting and attainment of well-being objectives and provides examples of good practice in the form of ‘Big Ideas’.

The Audit Wales response to the report was noted at the December 2019 Audit Committee meeting. Subsequently the Health Board has received a letter from the Future Generation Commissioner (Appendix 4) with recommendations that ‘***must be taken into account when setting or revising your well-being objectives***’.

## Cefndir / Background:

### Betsi Cadwaladr University Health Board – Implementing the Well Being of Future Generations Act 2019'

The report represents the fulfilment of the statutory requirement to examine public bodies to assess the extent to which they have acted in accordance with the sustainable development principle in setting objectives and taking steps to meet these. The report, whilst not requiring a formal management response, does include 5 'Opportunities for Learning' (set out on page 7) which need to be addressed. In developing the report, the WAO team adopted a new approach to the examination, which involved:

- Evidence-based review of the corporate arrangements to embed the sustainable development principle (Part 1 of the report); and
- Examination of evidence and a participatory approach to the review progress on a specified step, which was identified by officers of the Health Board, **Healthy lifestyles – healthy weight** (Part 2 of the report.)

The more participatory approach was welcomed, allowing opportunity for stakeholders to contribute directly to the work, and the opportunity to examine in more depth some of the approaches being used to deliver the step.

The report should be taken in the context of other relevant external assurance mechanisms which contribute to the Board's overall understanding of progress against the WFG Act. This includes the Future Generations Commissioner's response to a self-assessment undertaken by the Health Board in December 2018; and other relevant reports such as the recent WAO report on Public Services Boards. Details of both can be made available if required.

The recommendations of the AGW and Future Generation Commissioner's reports will be taken forward through development of Cluster, Health Community and the overarching Health Board plans. All recommendations will require work in partnership with other agencies, and more specifically so recommendations I4 and I5 of the AGW report where work will be taken forward through the North Wales Public Services Boards (PSBs) and the Regional Partnership Board (RPB) Transformation Programme.

## Asesiad / Assessment & Analysis

### Strategy Implications

Both reports are directly relevant to the Health Board's compliance with the WFG Act, which provided the foundation for the development of '**Living Healthier, Staying Well**' (LHSW) the Health Board's strategy to improve health, well-being and health care in North Wales.

There are two key pieces of work currently underway which present an opportunity for the Health Board to review and revise or recommit to its Well Being Objectives:

- **PSB well-being assessments:** Five years have elapsed since the WFG Act came into law. PSBs are required to update their respective Well Being assessments.
- **LHSW three years on:** It is three years since LHSW was approved and implementation of the strategy commenced. The Health Board Executive Team is currently considering options to refresh the strategy tied to the requirement to develop a specific Clinical Services Strategy for North Wales. A refresh of LHSW will necessitate a review of the Health Board's Well Being objectives and will provide an opportunity to take account of the recommendation in the 'Future Generations Report 2020' as well as the PSB assessments.

### **Financial Implications**

There are no direct financial implications identified within either report. Where financial implications arise from the implementation of recommendations in the reports, these will be identified and assessed as part of the Health Board's normal planning processes.

It should be noted that Recommendation I1 of the AGW report is that the Health Board should "Explore opportunities to move towards a long-term funding model to help secure the implementation of new service models." This will need to be addressed in the context of the developing long-term financial strategy.

### **Risk Analysis**

There are no directly identified risks arising from the report; however, there are significant risks to the Health Board in failing to comply with the requirements of the WFG Act and consequent risk of inability to achieve the levels of transformational change required to deliver the Health Board's strategic well-being objectives. These risks are included on the Corporate Risk Register.

### **Legal and Compliance**

The management response and recommendations were discussed at a meeting of the Audit Committee on the 18<sup>th</sup> March 2021. The Committee noted that further refinement of the key deliverables set out in the management response would help to ensure that tangible objectives could be drawn and measured and enable progress to be tracked. Options to enable progress to be monitored were discussed - one being to utilise the Audit Tracker, which it was suggested may provide greater assurance, and the other being to ensure that Health Board's planning processes are further strengthened to demonstrate due regard to the principles of the Act across the whole planning cycle i.e. from commencement of the development of plans, approval, implementation and evaluation.

The Chief Executive, who was in attendance at the Committee, advised members that the Health Board intended to further consider its planning processes and that the Health Board needed to be clear about outcomes and how these related to its short to medium objectives and strategic plans. The Performance Audit Lead, Audit Wales observed that the two options highlighted were not mutually exclusive, however, the recommendations would need to be refined if the decision was made to track individual items via the Tracker. The Chair noted the future planned Audit Committee workshop and queried whether monitoring arrangements could be facilitated as part of the session; it was confirmed that this could be included as an item in the May workshop.

### **Impact Assessment**

No specific impact assessments were undertaken in production of this report; however appropriate impact assessments, including Equality Impact Assessment, were undertaken in respect of the initiatives examined in the AGW report.





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Auditor General for Wales

# Implementing the Well Being of Future Generations Act – **Betsi Cadwaladr University Health Board**

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The team who delivered the work comprised Philip Jones and Andrew Doughton.

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# Summary Report

## Background

- 1 In accordance with the Well-being of Future Generations (Wales) Act 2015 (the Act) the Auditor General for Wales (the Auditor General) is statutorily required to examine public bodies to assess the extent to which they have acted in accordance with the sustainable development principle when:
  - a. setting their well-being objectives; and
  - b. taking steps to meet them.
- 2 The Act defines the sustainable development principle as acting in a manner: '...which seeks to ensure that the needs of the present are met without compromising the ability of future generations to meet their own needs.'
- 3 The Auditor General must provide a report on his examinations to the National Assembly for Wales at least a year before each Assembly election. The first such report must be published by 2020, before the 2021 Assembly election.
- 4 In May 2018, the Auditor General published a preliminary report, '[Reflecting on Year One – How have public bodies responded to the Well-being of Future Generations Act \(2015\)](#)'. He concluded that public bodies support the principles of the Act and are taking steps to change how they work.
- 5 During 2018 and 2019 the Auditor General is undertaking examinations across the 44 bodies covered by the Act to inform his 2020 report to the National Assembly. In developing our approach to undertaking the examinations, we engaged with a range of stakeholders and carried out pilot work during 2017-18. We have also worked closely with the Future Generations Commissioner.
- 6 The preliminary work we undertook in 2017 included a consideration of how public bodies had set their well-being objectives. The principal focus of this work is the way in which public bodies are taking steps to meet their well-being objectives.
- 7 We undertook our review at Betsi Cadwaladr University Health Board (the Health Board) during March to July 2019.

## Focus of the work

- 8 We reviewed the extent to which the Health Board is:
  - applying the sustainable development principle and the five ways of working in order to do things differently;
  - embedding the sustainable development principle in core arrangements and processes; and
  - involving and working with citizens and stakeholders to deliver its well-being duty.
- 9 We carried out a high-level review of how the Health Board has continued to develop its corporate arrangements since our baseline work in 2017, to inform the Auditor General's year one commentary in 2018. We also examined the extent to

which the Health Board is acting in accordance with the sustainable development principle and applying the five ways of working through a step being taken to meet a well-being objective. Specifically, we examined 'Healthy Lifestyles – Healthy Weight,' an initiative to support people to make the right choices to improve their health (described in [Appendix 1](#)).

- 10 [Exhibit 1](#) summarises the five ways of working as defined in the Welsh Government's 'Well-being of Future Generations (Wales) Act 2015 – The Essentials' document<sup>1</sup>. [Appendix 2](#) outlines positive indicators for each of the five ways of working that we have identified and used as part of our examination.

#### [Exhibit 1: the 'five ways of working' as defined by the Welsh Government](#)

The Five Ways of Working	
<b>Long-term</b>	- The importance of balancing short-term needs with the need to safeguard the ability to also meet long-term needs.
<b>Prevention</b>	- How acting to prevent problems occurring or getting worse may help public bodies meet their objectives.
<b>Integration</b>	- Considering how the public body's well-being objectives may impact upon each of the well-being goals, on their other objectives, or on the objectives of other public bodies.
<b>Collaboration</b>	- Acting in collaboration with any other person (or different parts of the body itself) that could help the body to meet its well-being objectives.
<b>Involvement</b>	- The importance of involving people with an interest in achieving the well-being goals and ensuring that those people reflect the diversity of the area which the body serves.

- 11 This report sets out our findings on the Health Board's corporate approach to embedding the sustainable development principle and how the five ways of working, have been applied through its work on 'Healthy lifestyles – healthy weight' (the step).

## [Main findings](#)

- 12 Our examination found that **the Health Board has made progress in applying the sustainable development principle and the five ways of working, although differences in stakeholder priorities remain.**
- 13 We reached this conclusion because:
- the Health Board has made progress in embedding the sustainable development principle in order to do things differently, and this needs to be sustained to deliver the change it wants to see; and

<sup>1</sup> [Well-being of Future Generations \(Wales\) Act 2015, The Essentials](#) provides a summary of the key elements of the Act.

- there are good examples of how the five ways of working are being applied, although differences in stakeholder priorities and long-term funding challenges remain.

14 Our findings are discussed in detail in the following sections of this report.

## Opportunities for improvement

- 15 As the main provision of the Act came into force in 2016, it is inevitable that public bodies will need time to fully effect that change. We recognise that this is a transition period and that all public bodies are on a learning path.
- 16 We presented our findings to the Health Board at a workshop of key representatives involved in the work on 'Healthy lifestyles – healthy weight' in July 2019. At this workshop the Health Board considered our findings on the 'step', identified opportunities for improvement and began to consider a more detailed response.
- 17 **Exhibit 2** sets out the Health Board's opportunities for improvement (I), which are intended to support continued development and embedding of the sustainable development principle and five ways of working.

### Exhibit 2: opportunities for improvement.

Opportunities for improvement	
<b>Long-term</b>	
I1	Explore opportunities to move towards a long-term funding model to help secure the implementation of new service models.
<b>Prevention</b>	
I2	Continue to support primary care clusters so that they can lead and drive population health improvement, wellbeing and prevention goals.
I3	Continue to monitor and review existing and future outcome measures for the 'Healthy lifestyles – healthy weight' programme to ensure ongoing effectiveness as the programme develops.
<b>Integration</b>	
I4	Systematically identify ways in which the different stakeholders in 'Healthy lifestyles – healthy weight' can align and integrate their respective work.
<b>Collaboration</b>	
I5	Define the impact of unhealthy weight in a broader sense to stakeholders so that they are aware of the possible future impact on demand for their services.

- 18 The Health Board's management response will be inserted as **Appendix 3** once developed and agreed. The final report will be published on the Wales Audit Office website after consideration by the Board or a relevant board committee.



# Detailed Report

## Part 1 – Corporate arrangements

The Health Board has made progress in embedding the sustainable development principle in order to do things differently, and this needs to be sustained to deliver the change it wants to see

- 19 Prior to examination of work in relation to 'Healthy lifestyles – healthy weight' we wanted to understand how the corporate arrangements support delivery of that work.
- 20 The Health Board's Annual Progress Report on the Well-being of Future Generations Act was presented to the Board in July 2018. It was developed to be read alongside other progress reports for the Board, including the Living Healthier, Staying Well strategy; the Board Annual Report for 2017-18; the Annual Quality Statement; and the partnership plans published by the Regional Partnership Board and the four Public Services Boards. The Board intends that the Annual Progress Report will be complementary to these other documents, to help illustrate progress in the alignment of objectives and general consistency of approach.
- 21 The Health Board presented an updated view of progress towards its well-being objectives in its submission of a self-reflection tool for the Future Generations Commissioner's Office in early 2019. It gives positive examples of progress and acknowledges areas where there is more to do (see examples in [Exhibit 3](#)).
- 22 In particular we wanted to understand whether the Health Board is responding to the sustainable development principle and the five ways of working by:
- doing things differently to deliver change;
  - developing core arrangements and processes; and
  - involving citizens and stakeholders.
- 23 Our findings are set out in [Exhibit 3](#).

### Exhibit 3: embedding the sustainable development principle and the five ways of working

#### Doing things differently to deliver change

**The Health Board was able to provide examples that show it is making progress towards applying the sustainable development principle but recognises that this progress needs to be sustained to deliver the change it wants to see**

- Attention is given to the Future Generations agenda by the Health Board's chairman and the executive team is helping to embed the approach. Senior staff described how the five ways of working is becoming a routine part of work at the corporate level. Papers received by the Finance and Performance Committee and the Quality, Safety and Experience Committee provided examples of where this has taken place.

- The Public Health outcomes framework is focussed, amongst other things, on prevention and the long-term. Directors work with staff in teams across the Health Board area in North Wales to reinforce this focus. We saw this reflected in the Health Board's Sustainability Report (2019) and the interim LiveLab Report (February 2019).
- Interviewees told us that changes of approach in response to the Well-being of Future Generations Act in the Health Board and at a national level in Wales are having a positive impact on how well the sustainable development principle and the five ways of working are applied. They regarded the approval of allocations from the Transformation Fund as a positive step in this respect.
- Some organisational objectives are moving closer together across partner organisations, although difference remain and it was acknowledged that there is more to do. This issue is discussed further in Part 2 of this report.

### Developing core arrangements and processes

#### **There are tangible examples of how the Health Board is developing its core arrangements and processes in support of the sustainable development principle**

- The Health Board has established a requirement for the five ways of working to be considered as part of:
  - the terms of reference for formal committees,
  - papers submitted to committees; and
  - procedures and policies.
- The Health Board reported that partnership arrangements are focussing increasingly on the sustainable development principle.
- The Well-being of Future Generations approach has been accounted for in a full revision of the Health Board's annual report and annual performance report.
- The Health Board has further embedded sustainable development as an enabling principle in its clinical strategy, 'Living Healthier, Staying Well'. This has been made explicit during the progress made with the step, as set out in Part 2 of this report.
- The need to invest to save, as an approach to planning, is clearly supported by the executive team. This has resulted in the inclusion of preventative elements in the Orthopaedic Plan and a focus on upstream preventative work as part of the development of stroke services.

### Involving citizens and stakeholders

#### **The Health Board recognises the need for innovative approaches to involving and working with citizens and stakeholders in relation to the requirements of the Well-being of Future Generations Act, and there are examples of how this is developing**

- Interviewees commented that consideration of the Well-being of Future Generations Act is expected as part of conversations with citizens and stakeholders. A wide array of well-being 'assets' have been included as part of involvement activities and conversations.
- An extensive engagement programme is ongoing, with Health Board representatives going out to existing groups and meeting places to engage on service developments. The engagement team has undergone training on best practice, along with staff in the planning and strategy team. The engagement team has developed engagement practitioners' networks to which anyone involved in engagement is invited.
- The four PSBs across the Health Board area are developing their role in this respect. Each has environment on their agenda, and they are starting to work more closely together on these issues. There are some shared members across the RPB and PSBs, which assists with communication. There is a view that this needs to go further.
- Under the Social Services Well Being Act the Health Board has developed the "what matters" conversation with individuals, enabling greater collaboration on service development. In

addition, the North Wales Social Value Forum is working to support and enable the promotion of social value, in line with the duties of Social Services Well-being Act.

- The development of stroke services is being achieved through co-production with stakeholders and other partners.

## Part 2 - Examination of the work in relation to 'Healthy lifestyles – healthy weight'

There are good examples of how the five ways of working are being applied, although differences in stakeholder priorities and long-term funding challenges remain

- 24 We examined the Health Board's work on the step 'Healthy lifestyles – healthy weight' to demonstrate how the Health Board is acting in partnership with other local stakeholder organisations to support people to make informed choices in relation to their own health, and to promote better population health overall. The work aims to reduce health inequalities, particularly by focussing support on the communities that need it most. One of the priorities of the partnership work is to establish lifestyle services to support health and well-being, a key element of which is to help people achieve a healthy weight and to stay active. Further information on the step is set out in [Appendix 1](#).

**Long-term:** There is a clear focus on short term and long-term needs, but the existing funding model is not based on a long-term approach

- 25 We looked for evidence of:
- a thorough understanding of current and long-term needs and the associated challenges and opportunities;
  - planning over an appropriate timescale;
  - resources allocated to ensure long-term benefits; and
  - appropriate monitoring and review.
- 26 We identified the following strengths:
- the Public Health Team and the Health Improvement & Inequalities Team are planning to deliver long-term outcomes in relation to healthy weight through a programme of work; for example, maternal obesity, Healthy School, Let's Get North Wales Moving; and
  - solutions have involved engaging people to make changes to individual and community behaviour, which are intended to translate into enduring improvements in well-being.
- 27 We identified the following learning points:
- short term funding for pilot projects often means that there is a lack of certainty about the potential to mainstream the work; for example, the third sector funding model is variable (e.g. over 1, 2, or 3 years);

- the Health Board recognised that there are opportunities to get more value from the third sector (20,000 third sector organisations in North Wales), perhaps by ensuring their contribution to pooled funding discussions;
- few third sector organisations focus on 'healthy weight' but this is evolving with social prescribing and the Conwy connect 3rd sector breast feeding initiatives given as examples; and
- there is a need to drive collective longer-term planning through support from all relevant stakeholders at regional or sub-regional levels. Clusters are providing opportunities to work across sectors.

## **Prevention: Healthy lifestyles – healthy weight is based on prevention, and clusters will need to be fully supported to implement this approach**

28 We looked for evidence of:

- a thorough understanding of the nature and type of problem the step could help prevent from occurring or getting worse;
- resources allocated to ensure preventative benefits will be delivered; and
- monitoring and review of how effectively the step is preventing problems from occurring or getting worse.

29 We identified the following strengths:

- corporate and project staff understand the root causes of obesity and the relationships between them, and their work is firmly evidence-based;
- the life-style programme is improving outcomes for pre-operative patients with evidence of reductions in surgery as a result of healthier behaviours;
- recognition of the importance of the WFGA in developing preventative measures; and
- the Transformation Fund role in enabling this preventative approach.

30 We identified the following learning points:

- clusters have a key role in supporting preventative work, although they are not yet fully supported to deliver this approach; and
- monitoring and review of outcome effectiveness will be essential as the programme of work develops.

**Integration:** The Live Lab approach has identified potential shared actions to help the Health Board and its partners to address obesity, although the overall approach to integration is not yet systematic

- 31 We looked for evidence of consideration of:
- how this step could contribute to the seven national well-being goals;
  - how delivery of this step will impact on the Health Board's well-being objectives and wider priorities; and
  - how delivery of this step will impact on other public bodies' well-being objectives.
- 32 We identified the following strengths:
- local stakeholders are learning together and thinking about how services can be integrated; and
  - the Health Board, its partners and the public worked on the 'Live Lab'<sup>2</sup> approach and have issued an interim report which sets out shared actions to address obesity and the well-being agenda.
- 33 We identified the following learning point:
- integration is not yet being systematically considered by stakeholders, and has to some extent been opportunistic rather than planned.

**Collaboration:** Despite effective collaboration, tensions have arisen when organisational priorities are not aligned

- 34 We looked for evidence that the Health Board:
- has considered how it could work with others to deliver the step (to meet its well-being objectives, or assist another body to meet its well-being objectives);
  - is collaborating effectively to deliver the step; and
  - is monitoring and reviewing whether the collaboration is helping to meet its well-being objectives and those of other stakeholders.
- 35 We identified the following strengths:
- Let's Get Moving North Wales establishes a shared physical activity agenda with individual organisational priorities;
  - stakeholders have started to recognise that they have a part to play in the 'healthy weight' agenda, for example, through sports and leisure activities; and

<sup>2</sup> Live Labs are one of the ways in which the Future Generations Commissioner for Wales is providing advice and assistance to public bodies.

- collaboration is particularly forthcoming where stakeholders can clearly see a role for themselves.

36 We identified the following learning points:

- while collaboration has increased, it is not yet embedded at all levels of working;
- the Health Improvement and Inequalities Transformation Group is focussing on addressing 'Level 1' obesity with a multi-partner approach. However, there is a need to consider whether 'healthy weight' is the best way to frame the work in this area. For example, the focus could be around economic impact, pensions, environmental impact etc; and
- the Health Board's traditional focus has been towards acute and clinical interventions once obesity has become a problem. It still needs to use its resources to address the latter and this creates some tension when trying to collaborate with other stakeholders around prevention.

## **Involvement: The Health Board recognises the importance of involvement in addressing obesity and that the NHS cannot do so alone**

37 We looked for evidence that the Health Board has:

- identified who it needs to involve in designing and delivering the step;
- effectively involved key stakeholders in designing and delivering the step;
- used the results of involvement to shape the development and delivery of the step; and
- sought to learn lessons and improve its approach to involvement.

38 We identified the following strengths:

- the involvement of previous service users in the delivery of the programme has received very positive feedback, as they can use their personal experience to make the approach more relatable to other service users;
- Live Lab identified a 'hotspot' in Llanrwst. As a result, the Health Board plans to develop a local partnership of public, private, voluntary and community organisations and local people to create and launch Llanrwst as a "Healthy Village and Community" with a campaign to change the narrative around healthy living; and
- the Health Board is targeting a cross-section of the community to train groups to act as champions and to disseminate and promote information about the 'Healthy living – healthy weight' agenda.

39 We identified the following learning points:

- the challenge of balancing large-scale population-based programmes versus those focussed on individuals;

- in addition to doing their job, staff members can have a wide personal impact on their communities so their involvement in initiatives can be a powerful means of promotion; and
- there is scope for further championing of the WFGA approach amongst medical staff.



# Appendix 1

## The Step

### Information provided by the Betsi Cadwaladr University Health Board on the step: Work in relation to 'Healthy lifestyles – healthy weight'

#### Explanation of the step

We want to work in partnership to support people to make the right choices and to promote population health. Reducing health inequalities is an important part of this plan. We want to support the communities that need it the most.

One of our priorities is to establish lifestyle services to support the people of North Wales to make informed choices about their health and well-being. Within this, supporting people to achieve a healthy weight and stay active is a key element. The Five Ways to Well-being<sup>3</sup> provide another approach through which to frame the importance of this work.

#### Why is the Health Board doing this?

In our long-term strategy, Living Healthier, Staying Well, we identified the need to focus on helping people make healthy lifestyle choices. We looked at the evidence in Making a Difference: Investing in Sustainable Health and Well-being for the People of Wales (Public Health Wales, 2016). People told us in the discussions we had about what's important that we should focus more on supporting people to manage their own health and well-being.

#### What is the Health Board doing to achieve this step?

We established a Health Improvement and Inequalities Transformation Group. This group has been working to identify and lead a programme of work to support healthy weight. Some examples are as follows:

Area	Examples of work
Being active	Let's Get Moving North Wales, partnership work with Sports North Wales, Local Authorities and others  Work with Disability Sport Wales
Green health	Looking at the links between green and open spaces, and health & well-being

<sup>3</sup> The Five Ways to Well-being are a set of evidence-based messages aimed at improving the mental health and well-being of the whole population. They were developed by the New Economics Foundation from evidence gathered in the Foresight Mental Capital and Wellbeing project (2008).

Social prescribing	The Made in North Wales network developed an asset-based approach to well-being
Healthy diet and healthy weight	<p>Healthy Schools initiatives, a “Live Lab” initiative supporting children and young people, weight management services, the Lifestyle Programme supporting the orthopaedic pathway</p> <p>Training of midwives and health visitors to support families around health lifestyles</p> <p>Launch of infant feeding programme and child measurement programme</p>
Supporting our staff	Staff health and well-being initiatives, and achievement of the Gold and Platinum Health at Work

# Appendix 2

## The Five Ways of Working

The table sets out 'positive indicators' for each of the five ways of working that we have identified and used to help inform our assessments of the extent to which bodies may be applying the sustainable development principle. We do not intend the indicators to be used as a 'checklist'. We have used them as 'indicators' to help us to form conclusions, rather than 'determinants' of the extent to which a body is acting in accordance with the sustainable development principle in taking steps to meet its well-being objectives.

### What would show a body is fully applying the long-term way of working?

- There is a clear understanding of what 'long-term' means in the context of the Act.
- They have designed the step to deliver the well-being objectives and contribute to their long-term vision.
- They have designed the step to deliver short or medium-term benefits, which are balanced with the impact over the long-term (within the project context).
- They have designed the step based on a sophisticated understanding of current and future need and pressures, including analysis of future trends.
- Consequently, there is a comprehensive understanding of current and future risks and opportunities.
- Resources have been allocated to ensure long-term as well as short-term benefits are delivered.
- There is a focus on delivering outcomes, with milestones/progression steps identified where outcomes will be delivered over the long-term.
- They are open to new ways of doing things which could help deliver benefits over the longer term.
- They value intelligence and pursue evidence-based approaches.

### What would show a body is fully applying the preventative way of working?

- The body seeks to understand the root causes of problems so that negative cycles and intergenerational challenges can be tackled.
- The body sees challenges from a system-wide perspective, recognising and valuing the long-term benefits that they can deliver for people and places.
- The body allocates resources to preventative action that is likely to contribute to better outcomes and use of resources over the longer-term, even where this may limit the ability to meet some short-term needs.
- There are decision-making and accountability arrangements that recognise the value of preventative action and accept short-term reductions in performance and resources in the pursuit of anticipated improvements in outcomes and use of resources.

#### **What would show a body is taking an 'integrated' approach?**

- Individuals at all levels understand their contribution to the delivery of the vision and well-being objectives.
- Individuals at all levels understand what different parts of the organisation do and proactively seek opportunities to work across organisational boundaries. This is replicated in their work with other public bodies.
- Individuals at all levels recognise the cross-organisation dependencies of achieving the ambition and objectives.
- There is an open culture where information is shared.
- There is a well-developed understanding of how the well-being objectives and steps to meet them impact on other public sector bodies.
- Individuals proactively work across organisational boundaries to maximise their contribution across the well-being goals and minimise negative impacts.
- Governance, structures and processes support this, as do behaviours.

#### **What would show a body is collaborating effectively?**

- The body is focused on place, community and outcomes rather than organisational boundaries.
- The body has a good understanding of partners' objectives and their responsibilities, which helps to drive collaborative activity.
- The body has positive and mature relationships with stakeholders, where information is shared in an open and transparent way.
- The body recognises and values the contributions that all partners can make.
- The body seeks to establish shared processes and ways of working, where appropriate.

#### **What would show a body is involving people effectively?**

- Having an understanding of who needs to be involved and why.
- Reflecting on how well the needs and challenges facing those people are currently understood.
- Working co-productively, working with stakeholders to design and deliver.
- Seeing the views of stakeholders as a vital source of information that will help deliver better outcomes.
- Ensuring that the full diversity of stakeholders is represented, and they can take part.
- Having mature and trusting relationships with its stakeholders where there is ongoing dialogue and information is shared in an open and transparent way.
- Ensure stakeholders understand the impact of their contribution.
- Seek feedback from key stakeholders which is used to help learn and improve.

# Appendix 3

## The Health Board's management response to improvement opportunities

The Health Board's management response will be inserted here. This appendix will form part of the final report to be published on the Wales Audit Office website once the report has been considered by the Board or a relevant board committee.

- 40 The Health Board considered our findings at the workshop held in July 2019 and agreed a number of improvement opportunities regarding work in relation to 'Healthy lifestyles – healthy weight'. The following table presents the actions that the Health Board has identified in response.

Opportunities for improvement		Actions, responsibilities, timescales
<b>Long-term</b>		
I1	Explore opportunities to move towards a long-term funding model to help secure the implementation of new service models.	
<b>Prevention</b>		
I2	Continue to support primary care clusters so that they can lead and drive population health improvement, wellbeing and prevention goals.	
I3	Continue to monitor and review existing and future outcome measures for the 'Healthy lifestyles – healthy weight' programme to ensure ongoing effectiveness as the programme develops.	
<b>Integration</b>		
I4	Systematically identify ways in which the different stakeholders in 'Healthy lifestyles – healthy weight' can align and integrate their respective work.	
<b>Collaboration</b>		
I5	Define the impact of unhealthy weight in a broader sense to stakeholders so that they are aware of the possible future impact on demand for their services.	

- 41 We will monitor the Health Board's progress in implementing these actions, and the extent to which they address the issues we have identified in our findings, through our future programmes of work.

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## Audit Management Response

### Audit Details

<b>Audit Title:</b> Implementing the Well-being of Future Generations Act - BCU HB	<b>Audit Source:</b> Welsh Audit Office
<b>Executive Lead Title:</b> Director of Planning & Performance	<b>Executive Lead name:</b> Mark Wilkinson
<b>Operational Lead Title:</b> Assistant Director - Health Strategy	<b>Operational Lead name:</b> Sally Baxter
<b>Date of Audit Issue:</b> 01/10/2019	<b>Date of Management Response:</b> 12/03/2020

<b>Audit Summary</b>	<p>The Health Board, as one of the specified public bodies covered by the Well-being of Future Generations (Wales) Act 2015, is required to respond to the principles of the Act and change the way we work to address these. This includes the setting of well-being objectives to contribute towards the achievement of all seven of the national well-being goals, and the adoption of the sustainable development principle, enabled by the five ways of working (long term; prevention; integration; collaboration; involvement.) The report represents the fulfilment of the statutory requirement to examine public bodies to assess the extent to which they have acted in accordance with the sustainable development principle in setting objectives and taking steps to meet these.</p> <p>In developing the report, the Wales Audit Office team adopted a new approach to the examination, which involved:</p> <ul style="list-style-type: none"> <li>- evidence-based reviewing of the corporate arrangements to embed the sustainable development principle (Part 1 of the report); and</li> <li>- examination of evidence and a participatory approach to the review progress on a specified step, which was identified by officers of the Health Board, Healthy lifestyles – healthy weight (Part 2 of the report.)</li> </ul> <p>The more participatory approach was welcomed, allowing opportunity for stakeholders to contribute directly to the work, and the opportunity to examine in more depth some of the approaches being used to deliver the step. We are grateful to the WAO team for leading the workshops and their support to the Health Board in working with the new approach. It was felt by some Health Board participants that there could have been greater clarity over the balance of focus between the two parts. However, this has been discussed with the WAO team and the learning from the approach will be taken forward in future work.</p> <p>The report should be taken in the context of other relevant external assurance mechanisms which contribute to the Board's overall understanding of progress against the WFG Act. This includes the Future Generations Commissioner's response to a self-assessment undertaken by the Health Board in December 2018; and other relevant reports such as the recent WAO report on Public Services Boards. Details of both can be made available if required.</p>
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## Audit Management Response

The recommendations will be taken forward through development of cluster, health economy and the overarching Health Board plans. All recommendations will require work in partnership with other agencies, and more specifically so recommendations I4 and I5, for which work will be taken forward through the North Wales PSBs and the RPB transformation programme.

A response was presented in narrative form to the Audit Committee in December 2019 on the understanding that a formal management response was not required; however it has since been clarified that a management response should be completed using the formal template. This management response captures the essence of the December report and provides trackable milestones.

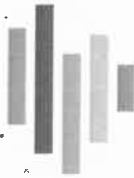


## Audit Management Response

Rec ID	Audit Finding	Audit Recommendation	Management Response	Owner	Contributors	Deadline
R1	<p>There are good examples of how the five ways of working are being applied, although differences in stakeholder priorities and long-term funding challenges remain</p> <p>Long-term: There is a clear focus on short term and long-term needs, but the existing funding model is not based on a long-term approach</p>	I1 Explore opportunities to move towards a long-term funding model to help secure the implementation of new service models.	<p>The development of the clinical services strategy and three year plan will facilitate a greater focus on long term sustainability and a population health approach, in accordance with the aims of A Healthier Wales. The plans will factor in the need for long-term funding to enable this shift in approach and targeting of resource.</p> <p>The evaluation of initiatives funded under short term grant including BAHW and Transformation Funds will support the prioritisation and mainstreaming of effective evidence-based population health programmes.</p>	Executive Director of Planning & Performance	Strategic Planning leads	31/03/2022
R2	Prevention: Healthy lifestyles – healthy weight is based on prevention, and clusters will need to be fully supported to implement this approach	I2 Continue to support primary care clusters so that they can lead and drive population health improvement, wellbeing and prevention goals.	<p>Area Teams are working with clusters to develop existing and new initiatives through cluster planning and there are examples of prevention and population health within current cluster plans. Clusters are however maturing at different pace and capacity is a constraint.</p> <p>Further emphasis to be placed on leading and driving population health improvement as cluster planning develops.</p>	Executive Director, Primary Care and Community Services	Assistant Directors - Primary Care	31/03/2022

## Audit Management Response

R3	Integration: The Live Lab approach has identified potential shared actions to help the Health Board and its partners to address obesity, although the overall approach to integration is not yet systematic	I3 Continue to monitor and review existing and future outcome measures for the 'Healthy lifestyles – healthy weight' programme to ensure ongoing effectiveness as the programme develops.	<p>The Health Board will continue to develop a partnership and population health based approach to prevention and early intervention.</p> <p>Within this, the Healthy Lifestyles - Healthy Weight programme will continue as one of the priorities within the annual plan and the outcomes achieved will be evaluated</p>	Executive Director - Public Health	Public Health Assurance & Development Manager	31/03/2021
R4	Collaboration: Despite effective collaboration, tensions have arisen when organisational priorities are not aligned	I4 Systematically identify ways in which the different stakeholders in 'Healthy lifestyles – healthy weight' can align and integrate their respective work.	The PSB Well-being Plans already include a range of priorities in relation to healthy lifestyles. HB representatives to continue to develop shared priorities with partners in the RPB and PSBs. Further work is required to strengthen partnership governance arrangements and ensure a closer alignment of priorities at corporate level	Executive Director - Public Health	Area Directors, Public Health Team	31/03/2022
R5	Involvement: The Health Board recognises the importance of involvement in addressing obesity and that the NHS cannot do so alone	I5 Define the impact of unhealthy weight in a broader sense to stakeholders so that they are aware of the possible future impact on demand for their services.	The publication of the Healthy Weight, Healthy Wales strategy (October 2020) supports this recommendation and sets out clearly the need for a "wellness" system for healthy weight. The Health Board will work with partners through the PSBs and RPB to implement the strategy.	Executive Director of Public Health	Area Directors, Public Health Team	31/03/2022



Trwy e-bost

28 Gorffennaf 2020

Annwyl Simon,

### **Adroddiad Cenedlaethau'r Dyfodol 2020**

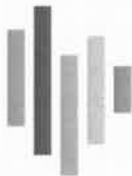
Diolch am eich cefnogaeth i ddatblygiad yr Adroddiad Cenedlaethau'r Dyfodol cyntaf, fel sy'n ofynnol o dan y Ddeddf Llesiant Cenedlaethau'r Dyfodol. Cyhoeddwyd fy adroddiad ym mis Mai 2020 ac mae wedi bod yn ddarn arwyddocaol o waith, yn pontio'r pedair blynedd yr wyf wedi eu treulio yn fy swydd. Tra nad oedd cyhoeddi'r adroddiad yng nghanol pandemig byd eang yn amseru delfrydol, roedd yn angenrheidiol i mi gwrrdd â'r dyddiad cau statudol ar gyfer ei gyhoeddi un flwyddyn cyn yr Etholiadau Senedd nesaf.

Canfuwyd y casgliadau a'r argymhellion o fewn yr adroddiad yn ystod fy mhedair blynedd fel Comisiynydd Cenedlaethau'r Dyfodol. Mae'r adroddiad yn rhoi fy asesaidd o gynnydd a fy nghyngor i Lywodraeth Cymru a chyrrff cyhoeddus ar weithredu cenhadaeth genedlaethol y Ddeddf. Gellir cael crynodeb o'r casgliadau cyffredinol hyn a'r argymhellion yma a gellir dod o hyd i ddadansoddiad mwy manwl o wahanol nodau a meysydd polisi drwyddi draw yn yr adroddiad ac adnoddau cysylltiedig (gweler isod). Mae'r casgliadau a'r argymhellion wedi ystyried fy ngwaith monitro gyda chyrrff cyhoeddus a'r archwiliadau perthnasol a wnaethpwyd gan Archwilydd Cyffredinol Cymru. Maent hefyd wedi eu trwytho drwy ennyn ymgyfraniad a gwranddo ar 5,000 o bobl, grwpiau cymunedol a sefydliadau drwy fy ymgysylltiad i fy hunan, llwyfannau arlein, cyfarfodydd cymunedol, sgysiaid mewn mannau cyhoeddus, sgysiaid manwl, grwpiau ffocws ac ymatebion ysgrifenedig.

### Casgliadau Allweddol

Rwyf wedi nodi nifer o feysydd lle mae cynnydd cadarnhaol yn cael ei wneud:

- Mae'r Ddeddf wedi arwain at beth arloesi ardderchog.
- Mae Byrddau Gwasanaethau Cyhoeddus yn dangos pŵer cydweithredu, a llawer o gyrff cyhoeddus yn mynd tu hwnt i'w cylchoedd gwaith traddodiadol i weithio gydag eraill. Mae angen yn awr i gydweithio symud tu hwnt i'r partneriaid amlycaf a symud ymlaen o 'rannu gwybodaeth' tuag at gronni adnoddau.
- Mae'r rhan fwyaf o gyrff cyhoeddus yn dangos cynnydd wrth weithredu'r Ddeddf ond mewn gwahanol ffyrdd. Yn y cyfnod nesaf, mae angen iddynt gymhwyso holl ddyheadau a gofynion cyfreithiol y Ddeddf.
- Wrth weithredu'r Ddeddf, mae rhai gyrff cyhoeddus yn defnyddio'r Ddeddf yn effeithiol i benderfynu 'beth' y maent yn ei wneud ac eraill yn talu mwy o sylw i 'sut' y maent yn mynd ati i wneud pethau yr oeddent eisoes wedi penderfynu eu gwneud. Fodd bynnag, mae angen i gyrff cyhoeddus wneud gwaith pellach i ddangos o ddifrif 'brawf dwbwl' y Ddeddf - gan weithredu'r ddau.



- Mae'r Ddeddf yn hwyluso meddwl mwy integredig, gyda nifer o Fyrddau Gwasanaethau Cyhoeddus yn gweithio gyda'i gilydd yn effeithiol i fynd i'r afael â materion o bwys, a chyrrff cyhoeddus yn gweithio tu hwnt i ffiniau gweithdrefnol traddodiadol a daearyddol. Ond weithiau mae cyfleoedd i gyflawni manteision ataliol ehangach drwy integreiddio eu hamcanion a chydweithio gydag eraill yn cael eu colli.

Mae'r adroddiad yn tynnu sylw at waith da iawn sy'n digwydd yng Ngogledd Cymru, sy'n cyfrannu at nifer o'r nodau llesiant. Er enghraifft, mae'r Hybiau Cymunedol newydd MI FEDRAF a ariennir gan y Gronfa Drawsnewid yn enghraifft dda iawn o ymagweddau integredig tuag at gadw'n iach, gan gydnabod penderfyniadau ehangach iechyd. Rwyf wedi tynnu sylw at waith Cydweithfa Gofal Cymunedol yn Wrecsam fel un o'r enghreifftiau gorau o'r math hwn o ymagwedd yng Nghymru.

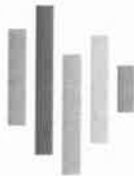
Byddai fy swyddfa'n hapus i'ch cynorthwyo i roi cyhoeddusrwydd i'r rôl yr ydych wedi ei chwarae yn y gwaith o drwytho'r adroddiad a lle'r ydyn ni wedi dyfynnu eich gwaith fel arfer da. Os hoffech gael dyfyniad neu os hoffech drafod sut i ennyn sylw'r cyfryngau, os gwelwch yn dda ebostiwrch [cysylltwchani@cenedlaethaurdyfodol.cymru](mailto:cysylltwchani@cenedlaethaurdyfodol.cymru).

Fodd bynnag mae yna feysydd lle mae cynnydd yn cael ei rwystro:

- Mae rhai nodau llesiant cenedlaethol nad ydynt yn cael eu deall gystal ag eraill, yn benodol nodau Cymru gydnerth, lewyrchus a Chymru sy'n gyfrifol yn fyd-eang, ac mae eglurder ar y modd y mae cyrrff yn cyflawni'r rhain yn absennol.
- Mae cyrrff cyhoeddus a Byrddau Gwasanaethau Cyhoeddus yn ystyried yr hirdymor ac atal yn fwy nag erioed o'r blaen, ond mae angen i'r system gyfan symud tuag at feddwl a gweithredu a buddsoddi yn y dull hwn.
- Mae rhai o ofynion cynllunio corfforaethol, rheoli perfformiad ac adrodd a osodwyd gan Lywodraeth Cymru ar gyfer cyrrff cyhoeddus yn rhwystro cyrrff cyhoeddus eraill rhag gweithredu'r Ddeddf yn effeithiol.
- Mae cynllunio ariannol ac ariannu tymor byr yn rhwystro gallu cyrrff cyhoeddus i gyflawni eu hamcanion llesiant ac yn peri i gyfleoedd i gydweithredu, atal, meddwl yn yr hirdymor ac integreiddio fod yn fwy heriol.
- Mae meysydd newid corfforaethol (h.y. cynllunio corfforaethol, cynllunio ariannol, cynllunio gweithlu, caffael, asedau, rheoli risg a rheoli perfformiad) - a amlinellwyd yn yr arweiniad statudol ar weithredu'r Ddeddf - yn berchen ar y gallu a'r potensial i sbarduno newid, ond mae'n rhaid i gyrrff cyhoeddus eu defnyddio'n well.

Buaswn yn eich cyfeirio'n arbennig at dudalen 19 yn y crynodeb gweithredol lle'r wyf wedi dangos y categorïau bras y credaf fod cyrrff cyhoeddus yn syrthio iddynt yn nhermau'r ymagwedd a fabwysiedir tuag at weithredu eu dyletswyddau o dan y Ddeddf. Er nad wyf wedi enwi sefydliadau buaswn yn eich annog i fyfyrir ar ble y gallai eich sefydliad chi fod, a byddai fy nhîm a minnau'n hapus i drafod hyn gyda chi ymhellach.

## Argymhellion



Rwy'n cydnabod nad yw newid diwylliannol yn digwydd dros nos. Fodd bynnag, mae Adroddiad Cenedlaethau'r Dyfodol 2020 yn ddogfen statudol y mae'n rhaid i chi ei hystyried wrth osod neu adolygu eich amcanion llesiant. Buaswn yn tynnu eich sylw at yr argymhellion ym mhob pennod o'r adroddiad sydd wedi'u hanelu at eich corff cyhoeddus chi, gyda'r bwriad o ddod â'r Ddeddf yn fyw yng nghyd-destun gwasanaethau cyhoeddus Cymru a symud pob corff cyhoeddus tuag at y categori 'Credinydd a Chyflawnwyr'.

Mae argymhellion yn yr adroddiad yn ymwneud â chynnydd cyffredinol, pob nod llesiant a fy meysydd ffocws - tai, cynllunio, trafnidiaeth, Profiadau Niweidiol yn ystod Plentyndod, sgiliau, ffyrdd gwell o gadw pobl yn iach a datgarboneiddio. Gellir cyrchu pob pennod ar wahân ar-lein ac felly buaswn yn eich annog i sicrhau bod penodau perthnasol yr adroddiad yn cael eu rhannu gyda chydweithwyr perthnasol ledled eich sefydliad. Nodir yr argymhellion y mae'n ofynnol i gyrff cyhoeddus eu hystyried fel a ganlyn:

Argymhellion polisi – Wedi eu hanelu at gyflawni'r nodau llesiant a nodir yn y Ddeddf. Mae'r rhain wedi eu cyfeirio i raddau helaeth at Lywodraeth Cymru ond maent hefyd yn berthnasol i rai gyrff cyhoeddus. Gallwch ddod o hyd i'r 20 prif argymhelliad yma.

Argymhellion proses – Mae'r rhain yn cyfeirio'n uniongyrchol at 'sut' ddylai gyrff cyhoeddus wneud pethau. Maen nhw'n ffocsysu i raddau helaeth ar y pum dull o weithio, y broses o wneud penderfyniadau, gweithredu polisi a chyflwyno gwasanaethau, a sut mae peirianwaith y sector cyhoeddus yn gweithio. *Mae rhai'n benodol ar gyfer Llywodraeth Cymru a rhai i bob corff cyhoeddus lle mae eu cylch gwaith yn berthnasol.*

Cyngor ar osod a chyflawni amcanion llesiant – Mae'n ofynnol i gyrff cyhoeddus ystyried y cyngor hwn y tro nesaf y byddant yn gosod neu'n adolygu eu hamcanion llesiant. *Mae'r cyngor hwn yn berthnasol i bob corff cyhoeddus sy'n dod o dan y Ddeddf yn cynnwys Llywodraeth Cymru.*

Syniadau Arloesol – Drwy'r holl adroddiad hwn byddwch yn darganfod Syniadau Arloesol am y modd y gallwn wneud pethau'n wahanol. Maent wedi eu cymryd o rai o'r enghreifftiau gorau o Gymru a'r byd, ac mae llawer wedi eu cyfrannu gan bobl Cymru. Eu nod yw ysbrydoli gyrff cyhoeddus, y sector gwirfoddol, busnesau a chymunedau i roi cynnig ar bethau newydd. Mae'r rhain yn rhoi syniadau y gellid eu mabwysiadu gan bob corff cyhoeddus.

#### Yr Adroddiad ac adnoddau eraill

A chadw mewn golwg ehangder a dyfnder y Ddeddf Llesiant Cenedlaethau'r Dyfodol, mae'r adroddiad yn adnodd eang. Felly, rwy'n falch i rannu gyda chi nifer o adnoddau cyflenwol yr wyf wedi eu cyhoeddi i wneud fy nghasgliadau a'm hargymhellion yn fwy hygyrch:

- fersiwn rhyngweithiol arlein
- fersiwn 'yn fras'
- crynodebau gweithredol o bob pennod



- fersiwn hawdd ei ddarllen a fersiwn laith Arwyddion Prydain (yn ychwanegol at y fersiwn lawn ar gael gyda thechnoleg gynorthwyol ac ymarferoldeb testun-i-leferydd ar y wefan)
- mae fersiwn ymateb creadigol pobl ifanc i'r adroddiad eto i ddod gyda fy nhîm ar hyn o bryd yn gweithio i greu hwn gyda grŵp o blant a phobl ifanc.

Ochr yn ochr â'r adnoddau hyn hoffwn eich cyferio'n benodol ar y fframweithiau canlynol

- Fframwaith ar gyfer Prosiectau y dylid eu defnyddio i ystyried sut y gallwch wneud penderfyniadau ar seilwaith yn unol â'r Ddeddf
- Fframwaith ar gyfer Dylunio Gwasanaeth y dylid eu defnyddio ar gyfer ystyried sut mae gwasanaethau'n alinio â gofynion y Ddeddf
- Fframwaith ar gyfer Craffu y dylid eu rhannu gyda'ch pwyllgorau craffu ac/neu Fyrddau i'w helpu mewn cyfarfodydd.

### Beth nesa

Wrth i Lywodraeth Cymru a chyrrff cyhoeddus symud o'u hymateb yn y fan a'r lle i'r argyfwng tuag at gynllunio ar gyfer adferiad rhaid i mi eich atgoffa o'ch dyletswyddau i ddefnyddio'r Ddeddf yn eich holl benderfyniadau wrth i ni ystyried ein hymagwedd tuag at adferiad. Gan adeiladu ar argymhellion Adroddiad Cenedlaethau'r Dyfodol, rwyf hefyd wedi cyhoeddi pum argymhelliad ar gyfer adferiad Cymru. Mae'n galonogol i nodi bod y cynllun pum pwynt hwn wedi derbyn cefnogaeth eang o'r CBI, WWF, TUC ac eraill. Mae gennym gyfle unwaith-mewn-cenhedlaeth i ailosod economi Cymru, ac adeiladu system economaidd sy'n mynd i'r afael ag argyfyngau parhaus iechyd, hinsawdd a natur y byddwn yn parhau i'w hwynebu.

Yn y cyfamser, rwy'n awyddus i ddeall sut y gall cynnwys yr adroddiad gefnogi eich gwaith. Os hoffech drafod unrhyw ran o'r wybodaeth a gynhwysir gyda'r llythyr hwn, rhoi gwybod i ni am waith yr ydych yn ei wneud, yn cynnwys y defnydd o'n hargymhellion, neu dynnu sylw at ble'r ydych wedi cael eich amlygu o fewn yr adroddiad, neu gofrestru ar gyfer y wybodaeth ddiweddaraf yn ein cylchlythyr misol, os gwelwch yn dda ebostiwrch [cysylltwchani@cenedlaethaurdyfodol.cymru](mailto:cysylltwchani@cenedlaethaurdyfodol.cymru).

Unwaith eto hoffwn ddiolch i chi am eich cyfraniad i Adroddiad Cenedlaethau'r Dyfodol ac rwy'n edrych ymlaen at weithio gyda chi i adeiladu mudiad dros newid i gyflawni'r Gymru a garem.

\*\*\*\*\*

Dear Simon,

### **Future Generations Report 2020**

Thank you for your support in developing the first Future Generations Report, as required under the Well-being of Future Generations Act. My report was published in May 2020 and has been a significant piece of work, spanning



Comisiynydd  
Cenedlaethau'r  
Dyfodol  
Cymru

**Future  
Generations**  
Commissioner  
for Wales

the four years I have been in post. Whilst publishing the report during a global pandemic was not ideal timing, it was necessary to meet the statutory deadline of publication one year prior to the next Senedd Elections.

The findings and recommendations within the report have been identified during my four years as Future Generations Commissioner. The report provides my assessment of progress and my advice to Welsh Government and public bodies on implementing the national mission of the Act. A summary of these overall findings and recommendations can be found [here](#). More detailed analysis of different goals and policy areas can be found throughout the main report and related products (see below). The findings and recommendations have been taken into account my monitoring work with public bodies and the related examinations undertaken by the Auditor General for Wales. They have also been informed by involving and listening to at least 5,000 people community groups and organisations through my own engagements, online platforms, community meetings, conversations in public spaces, in-depth conversations, focus groups and written responses.

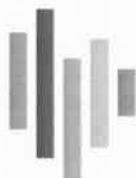
### Key findings

I have identified a number of areas where positive progress is being made:

- The Act is bringing about some excellent innovation.
- Public Services Boards are showing the power of collaboration, and many public bodies are going beyond their traditional functions to work with others. Collaboration now needs to move beyond involving the most obvious partners and from 'information sharing' towards pooling resources.
- Most public bodies are making progress on implementing the Act but in different ways. In the next phase, they need to apply the Act across all its aspirations and legal requirements.
- In implementing the Act, some public bodies are using the Act effectively to decide 'what' they do and others are more considering 'how' they go about doing things they had already decided to do. However, there is further work needed for public bodies to fully demonstrate the 'double test' of the Act – applying both.
- The Act is facilitating more integrated thinking, with many Public Services Boards working together effectively to tackle issues and public bodies working beyond traditional organisational and geographical boundaries. But sometimes opportunities are being missed to achieve wider preventative benefits through integrating their objectives and collaborating with others.

The report highlights really good work happening in North Wales, which contributes to a number of the well-being goals.

For example, the new I CAN Community Hubs funded by the Transformation Fund are a really good example of integrated approaches to keeping well, recognising the wider determinants of health. I have highlighted the work of Community Care Collaborative in Wrexham as one of the best examples of this type of approach in Wales. My office would be happy to support you in publicising the role you have played in informing the report and where we have cited your work as good practice. If you would like a quote or to discuss media coverage please email: [contactus@futuregenerations.wales](mailto:contactus@futuregenerations.wales).



However, there are areas where progress is being hindered:

- There are some national well-being goals that are less understood specifically the goals of a resilient prosperous and globally responsible Wales and clarity is lacking on how public bodies are meeting them.
- Public bodies and Public Services Boards are considering the long-term and prevention more than ever before, but the whole system needs to move to thinking and acting and investing in this way.
- Some of the corporate planning, performance management and reporting requirements set by Welsh Government for public bodies are hindering effective implementation of the Act by other public bodies
- Financial planning and short-term funding inhibit the ability of public bodies to meet their well-being objectives and make collaborations, prevention, long-term thinking and integration more challenging.
- The corporate areas of change (i.e. corporate planning, financial planning, workforce planning, procurement, assets, risk management and performance management) outlined in the statutory guidance on implementing the Act are potential levers to drive change, but public bodies must make better use of them.

I would refer you in particular to page 19 of the executive summary in which I have illustrated the broad categories that I believe public bodies are falling into in terms of the approach taken to implementing their obligations under the Act. Although I have not named organisations I would encourage you to reflect on where your organisation might be and my team and I would be happy to discuss this further with you.

### Recommendations

I acknowledge that cultural change doesn't happen overnight. However, the Future Generations Report 2020 is a statutory document that you must take into account when setting or revising your well-being objectives. I would draw your attention to the recommendations in each chapter of the report aimed at your public body, with the aim of bringing the Act to life in the context of Welsh public services and moving all public bodies towards the category of *'Believers and Achievers.'*

Recommendations in the report relate to overall progress, each well-being goal and my areas of focus – housing, planning, transport, Adverse Childhood Experiences, skills, better ways of keeping people well and decarbonisation. Each chapter can be accessed separately online and I would therefore encourage you to ensure that the relevant chapters of the report are shared with relevant colleagues throughout your organisation.

Recommendations which public bodies are required to take into account are set out as follows:

Policy recommendations - aimed at achieving the wellbeing goals set out in the Act. These are *directed largely at Welsh Government* but also relevant for some public bodies. You can find the [top 20 recommendations here](#).

Process recommendations – These are directly related to 'how' public bodies should do things. They largely focus on the five ways of working, the process for decision making, for implementing policy and delivering services, and how the machinery of the public sector works. *There are some specifically for Welsh Government and some for all public bodies where their remit is applicable*





Advice on the setting and meeting of well-being objectives - Public bodies are required to take this advice into account when next setting or revising their well-being objectives. *This advice applies to all public bodies covered by the Act including Welsh Government.*

Big Ideas - Throughout this report you will find Big Ideas of how we could do things differently. They are taken from some of the best examples from Wales and across the world, and many have been fed in by the people of Wales. They aim to inspire public bodies, the voluntary sector, businesses and communities to try new things. These provide ideas which could be taken on board by all public bodies.

### Report and other resources

Given the breadth and depth of the Well-being of Future Generations Act, the report is an extensive resource. So, I am pleased to share with you a number of complementary resources that I have published to make my findings and recommendations more accessible:

- an interactive online version
- an at a glance version
- executive summaries of each chapter
- an easy read and multiple British Sign Language versions (in addition to the full version being available with assistive technology and text-to-speech functionality on the website)
- a young person's creative response version of the report is still to come, with my team currently working with a group of children and young people to create it.

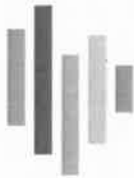
Alongside these resources I would refer you specifically to the following frameworks:

- Framework for Infrastructure which should be used to consider how you can take decisions on infrastructure in line with the Act
- Framework for Service Design which should be used for considering how services are aligned with the requirements of the Act
- Framework for Scrutiny which should be shared with your scrutiny committees and/or Boards to assist them in meetings

### What next

Much has changed over the last four months and the new challenges and opportunities that have emerged in front of us as a result of COVID-19 are at the forefront of everyone's minds. However, it is clear to me that the recommendations I have made are now even more important in the context of COVID recovery.

As Welsh Government and public bodies move from their immediate crisis response to recovery planning, I must remind you of your obligations to apply that Act to all of your decision making as we consider how we will



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approach recovery. Building on the recommendations in the Future Generations Report, I have also published five recommendations for Wales' recovery. It is pleasing to note that this five point plan has received widespread support from the CBI, WWF, TUC and others. We have a once-in-a-generation opportunity to reset Wales' economy, and build an economic system that tackles the ongoing health, climate and nature crises we will continue to face.

In the meantime, I am keen to understand how the contents of the report can support your work. If you would like to discuss any of the information contained with this letter, inform us of work you are undertaking, including the use of our recommendations or publicising where you have been highlighted within the report, or sign up for further updates to our monthly newsletter; please email: [contactus@futuregenerations.wales](mailto:contactus@futuregenerations.wales).

Once more I would like to thank you for your contribution to the first Future Generations Report and look forward to working with you to build a movement of change to achieve the Wales we want.

Yn gywir / Yours sincerely,

Sophie Howe

Comisiynydd Cenedlaethau'r Dyfodol Cymru / Future Generations Commissioner for Wales



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for Wales



<b>Cyfarfod a dyddiad: Meeting and date:</b>	<b>Strategy, Partnerships and Population Health Committee 15.4.21</b>						
<b>Cyhoeddus neu Breifat: Public or Private:</b>	Public						
<b>Teitl yr Adroddiad Report Title:</b>	<b>Learning Lessons and developing our plans COVID-19 Innovations and future improvements</b>						
<b>Cyfarwyddwr Cyfrifol: Responsible Director:</b>	Adrian Thomas Executive Director of Therapies and Health Science						
<b>Awdur yr Adroddiad Report Author:</b>	Anwen Crawford, Head of Improvement and Transformation Adrian Thomas, Executive Director of Therapies and Health Science						
<b>Craffu blaenorol: Prior Scrutiny:</b>	The learning was presented and discussed at the September 2020 Executive Management Group (EMG) meeting. A draft document was sent to EMG members for final comments in December 2020.						
<b>Atodiadau Appendices:</b>	Learning Lessons and developing our plans COVID-19 Innovations and future improvements						
<b>Argymhelliad / Recommendation:</b>							
<p>The attached report is a summary document of the key learning and innovation that BCUHB introduced in response to the COVID-19 pandemic in the first six months of the pandemic. The document and the learning and innovation recorded within it has already been shared and replicated across the Health Board, as noted above.</p> <p>Overall there has been huge learning and dynamic adaptation that will positively inform our future service management, development philosophy and planning beyond COVID-19. Change as we know is constant in the NHS but the pandemic has certainly tested us all however, our staff's responsiveness, resilience and commitment is to be noted and commended.</p> <p><b>It is asked that the SPPH Committee notes the achievements of staff across the Health Board in their rapid response to care for our patients during the pandemic and the learning and continuous nature of this.</b></p>							
Please tick as appropriate							
<b>Ar gyfer penderfyniad /cymeradwyaeth For Decision/ Approval</b>		<b>Ar gyfer Trafodaeth For Discussion</b>		<b>Ar gyfer sicrwydd For Assurance</b>		<b>Er gwybodaeth For Information</b>	<b>X</b>
						<b>Y/N to indicate whether the Equality/SED duty is applicable</b>	<b>N</b>
<b>Sefyllfa / Situation:</b>							
The attached report is a summary document of the key innovation and learning that was introduced by BCUHB in response to the COVID-19 pandemic during the first six months.							

This coversheet provides more recent examples from the Health Board organisation outlining how the original work has progressed and noting newer work undertaken.

#### **Cefndir / Background:**

On 23.1.20 Public Health Wales (PHW) sent out their first briefing update on 'Wuhan Novel Coronavirus (WN-CoV)'. Their request to all Health Boards was to ensure preparedness to possible cases of COVID-19 coming into the UK.

Subsequent events took us to 12.3.20 where the COVID-19 pandemic changed from the 'Containment' phase to the 'Delay' phase and on 23.3.20 'lockdown' measures for the UK were introduced. From that time BCUHB has had to adapt the way services were delivered to our population and have adapted and adopted many innovative ways of working.

COVID-19 has dominated the lives of everyone across the world for a year and health strategy, economic planning and the way we live has changed dramatically. Within BCUHB our response to COVID-19 has meant changes occurred to services rapidly which the report documents. It captures innovation, areas of excellent practice and the learning through enforced changes to service delivery, patient pathways and new ways of working.

#### **Asesiad / Assessment & Analysis**

## **Strategy Implications**

In BCU there was a specific survey of ideas and good practice across the organisation with the aim of capturing the nature of the change, its impact and crucially its future potential in terms of delivering additional benefit if adopted and spread.

In respect of strategic impacts a number of examples from different areas are shown below.

### **Secondary Care**

Learning from the COVID-19 response the Health Board is constantly refining interventions to be able to safely delivery quality care to the patients of North Wales. Operational lessons learnt from COVID-19 have focused on the importance of clear clinical pathways and separation of red and green from the point of admission into our acute sites. Staff training in terms of up skilling to allow for greater skills and flexibility across our workforce and practical reminders of Infection, Prevention and Control good practice and use of PPE. Reporting and escalation has been critical, and the importance of this linking into clearly defined governance, command and control structures has been a corner stone.

BCUHB policy in relation to patient transfers has been revised and relaunched alongside a governance process for reviewing patient movement. The review involves clinical oversight and assurance reports are provided to the Outbreak Control Team (OCT) on a weekly basis. The internal process will continue when the OCT stands down, following which assurance will be reported through the Secondary Care Quality Group. A process for monitoring and reviewing staff moves to ensure that they are safe and appropriate has also been introduced. Daily reviews are undertaken at service level alongside workforce colleagues and a weekly assurance report provided to the OCT. The mortality review process in place has been further defined in relation to the review of deaths of patients with COVID-19 health care acquired infection (HCAI). Daily COVID-19 audits in clinical areas review a range of metrics and observations and compliance and improvement actions are presented weekly to the Outbreak Control Group.

Standardised protocols for the management of COVID-19 positive patients and testing have been devised and approved by the OCT. The aim of the protocols is to remove variation and provide clear guidance and direction for all team members. Protocols are monitored through audit and there is dashboard information available. A standardised reporting tool that satisfies the reporting requirement during an outbreak scenario and can be utilised by all services, including staff services, has been developed. The daily sitreps that have been developed will now become business as usual. All patients with a positive test have had a rapid post infection review undertaken by the infection prevention team to identify immediate learning. This has been presented to the Outbreak Control Team.

### **Cancer Services**

Within radiotherapy the reduced fractionation for breast patients from 15 treatments to 5 which was rapidly introduced following the published recommendations from the 'Fast Forward' trial will remain. This reduces the number of attendances by 2/3 for the majority of breast patients and the waiting list length and time.

Prostate patients now receive 20 fractions compared to the previous 37. The hypofractionated 5-7 fraction treatment has not been adopted yet as we are awaiting patients being randomised to this arm of the study.

Colorectal fractions were also reduced from 25 to 5 for early stage patients and while this is still ongoing the team have been asked to review

Many changes were introduced to the provision of Systemic Anti Cancer Therapies (SACT) in March 2020 and these have remained in place and are continuing to be further developed for the benefit of the patient. These are examples :

- Pre SACT telephone assessment- patients are assessed by phone 1 or 2 days prior to the treatment enabling modification to the doses or rescheduling the appointment if patients' blood tests are not what they should be. This prevents a patient attendance at the hospital and ensures prompt medical attention and care.
- COVID-19 symptoms screening 1 day pre appointment ensuring COVID-19 swab taken promptly and patient not attending and self-isolating as WG Guidance
- Changes in prescribing regimen for some cancer, in line with National and All Wales guidance. This has resulted in less toxicity and less hospital visits for some patients.
- Scheduling and batching with Pharmacy colleagues to reduce time spent on the Units waiting for treatment, meaning the patients spend less time on the unit having treatment
- Oral SACT pick up service, patients are assessed on the telephone after having their blood tests and treatment ordered and available by collection at a designated entrance without having to come to the department
- Acute Oncology assessment Units North Wales Cancer Treatment Centre (NWCTC) and Alaw Monday-Friday, reducing the out of hour admissions – average 3 patients a day per unit plus telephone calls received via the helpline. Acute Oncology Assessment by the Nurse Practitioners in Wrexham take place in the Emergency Department or Medical Day Unit.
- IV administration area with 6 chairs, Monday-Friday in NWCTC. Located near the main NWCTC entrance, reducing the need to walk through the corridors and upstairs to Heulwen.

The team have worked closely with the North Wales Cancer Patient Forum and below is a section from their newsletter which is going out soon:

*“On behalf of the Forum, thanks were conveyed to members of the Cancer Division senior management team for continuing to contribute to Forum meetings during busy and challenging times, providing honest and informative updates on the impact of COVID-19 on local cancer services (see page 10).*

*Forum members who have continued with appointments and treatments during the pandemic shared their positive experiences, and there was unanimous praise and appreciation of all NHS staff. Throughout the pandemic, the Forum has liaised closely with BCUHB to promote key COVID-19 messages to cancer patients.”*

### **Women's Directorate**

Within the Women's Directorate the information shown in the attached document reflects and is relevant to the current position of the service, reflects learning during the COVID-19 pandemic and has informed planning for 2021/22. Whilst services have been maintained the service has made several adaptations to; clinical pathways, how they manage and where they provide services in both the acute and community settings. These modifications have been made with service user involvement via the Maternity & Gynaecology Voices Forums and the Community Health Council has been kept up to date throughout.

Maternity Services, classified as essential, have all been maintained throughout the pandemic, offering all birth choices. There has been modification of acute estates / clinics to ensure safe flows and segregation of women into red, amber and green areas to reflect our clinical pathways and ensure patient safety. Our estate modifications have evolved with our learning during the pandemic. Some

community services have had to temporarily relocate their base to ensure safe access to care close to home in communities across all 3 Areas. These modifications will have to be maintained in 2021/22 for acute and community settings as the majority of women will not be eligible for COVID-19 vaccinations and will remain as a vulnerable cohort. This has been factored into our service planning and will be reviewed quarterly against available national data, modelling updates, professional guidance and evidence.

COVID-19 testing allowed the Directorate to plan services, care and manage flows safely and there has been no reported patient to patient transmission, HCAs, outbreaks or staff clusters to date. The team were the first in Wales to introduce patient testing into clinical pathways for all acute admissions (elective & emergency) provision of access to polymerase chain reaction testing supported safe flows and segregation of women and their babies on all 3 units. The team are looking at introducing Lateral Flow Testing into the Partner Visiting Pathway in April 2021. To date 7,400 women have been tested with a 1.7% Positive rate. This data and emerging evidence has allowed responsive review of local service plans, pathways on a monthly basis with modification as required.

Vaccination of high risk pregnant women was introduced for women with underlying medical conditions and a high risk of COVID-19 infection, as described by the Royal College of Obstetricians and Gynaecologists and for women at high risk of occupational exposure in March 2021 and this too will support the clinical pathway management of complex, high risk women.

The gynaecology oncology service and cancer pathway was maintained throughout using the North Wales network approach to maintain business continuity even when theatres were suspended in Wrexham and Ysbyty Gwynedd. The team worked flexibly across sites to ensure women had timely access to surgery and appropriate alternative treatments. This demonstrates the strength of a networked service with a flexible workforce that were happy to work across sites to ensure that the women and their families were their first and ultimate priority in any challenge. Virtual and digital solutions to maintain service and care continuity have been essential and feature in service planning for 2021/22 and beyond. Staff have adapted well and it has really supported our networked service model and in many ways created a more inclusive culture. The majority of training is by virtual means with some modification for any which is multidisciplinary and drill based.

An example of shared learning is captured in Mr Maraj's submission to National Institute for Health and Care Excellence– '*Minimising the Risk of COVID-19 Across Maternity Services*' which has been recognised and is to be published.

## **Area Teams**

### **Children and Young Peoples Services**

Our children's health services have been retained throughout the winter with recovery plans in place across all services to catch up on lost episodes of care arising from lockdown. We have been able to restore and recover children's health services across all settings and the wider support that our services offer as children return to school. As well as tackling the backlog of care and health inequalities, and helping to protect vulnerable children, continuing with the restoration and retention of children's health services is our key priority as lockdown eases.

Services have responded to the necessary changes required during the pandemic and have embedded new ways of working and delivery of integrated care to help us and our families to stay safe and healthy.

The impact of the outbreak on the mental health of children and young people has been significant and this is seen nationally. The recent re-opening of schools following this second lockdown period has been a key marker for change for families, children and our health services. There have been positive impacts to new ways of working with the rapid increase in use of digital technology for remote consultations, which has helped our teams to stay connected with each other and support our families to access our services.

### Therapies

Telephone and virtual consultations have been embraced, they have been a very positive step forward and allowed therapy staff to continue to see patients during the pandemic. All patients receive an initial consultation/triage by a clinician via telephone 'Attend Anywhere'. This can be undertaken from a community clinic, hospital site or from the clinician's home. Discussions take place with the patient to decide if a face to face consultation is required, either clinically or because of difficulties for the patient in accessing technology. Some advice can be given over the phone and the further virtual or face to face appointments are discussed, this means that some of the simpler cases can be provided with care in a more timely way. The evidence also shows that some patients have required fewer review appointments and patients have benefited as we have reduced our Outpatient Department (OPD) waiting lists significantly from the position they were in after we paused elective activity in the early days of COVID-19. We are also utilising digital methods to deliver group activity such as pulmonary rehabilitation and are continually looking to explore online functionality. Having 'Attend Anywhere' on a permanent basis will mean some of the clinical pathways that were changed because of COVID-19 will be permanent.

The Same Day Emergency Care (SDEC) model is a component part of the unscheduled care operational plan and therapy roles are continuing to be explored in order to promote a Discharge to Assess philosophy, helping people to get home sooner and preventing admission. The scheme in Ysbyty Gwynedd allows patients attending fracture clinics and SDEC to see a physiotherapist working alongside the advanced nurse practitioners and medical staff. This has decreased the number of referrals to outpatient departments as the patients are seen immediately and supported with appropriate and immediate treatment and correct mobility aids.

Close working with a range of community colleagues including Local Authorities has continued. The ongoing development of community resource teams in localities is a key part of the operational plan with expected benefits to patients from integrated working. Again use of IT has allowed for more multi disciplinary team meetings with better and wider attendance; without the need to travel GPs and others can now contribute, benefitting the wider multidisciplinary team, patient care and outcomes.

### Pharmacy and Medicines Management

- The community pharmacy escalation tool is now core and allows contractors to escalate if they are struggling to provide essential services. Weekly escalation reports are sent to the Assistant Director Primary Care and Community Services and support sought if needed.
- Remote working continues within primary care with pharmacy staff and there are plans to have a blended approach as restrictions ease. The focus is on prescription supply, medicines governance and medication review.
- To support patient access to repeat medication the pharmacy team continue to promote and support repeat dispensing / batch prescriptions and my health on line for ordering prescriptions.



- Centralised procurement is essential due to the drug shortages presently being experienced for critical medicines such as muscle relaxants and acetyl cysteine.
- Aseptic manufacture of critical medicines is on-going to support critical care.
- The pharmacy on call service is operational to manage issues that occur out of hours.
- Access to end of life medicines is fully commissioned with 11 community pharmacy hubs improving access to palliative care medicines.

### Dental Services

Areas have worked closely with our Local Dental Committee partners and General Dental Services stakeholders to review methods of working and ensure patient access for those with an urgent need. They have refocussed dental provision, in line with Welsh Government and Chief Dental Officer guidance to be able to deliver access for urgent need and patient review/assessment. Practices are offering access sessions and giving access to new patients as well as those in need. Assessments can, and have, been carried out using 'Attend Anywhere' software, with North Wales Dental being mentioned as a forerunner in the adoption of this facility in Dental.

### Mental Health & Learning Disability (MHL D)

Throughout the COVID-19 Pandemic the MHL D Division has continued to ensure a coordinated approach for decision making, escalation and effective management during these times of increased pressure and demand on our services. During the second surge of the COVID-19 Pandemic, the MHL D Division reflected on the lessons learnt from the first wave to ensure appropriate steps were taken. Patient Pathway Redesign Groups were developed, including – Acute Care, Older People Mental Health, Transformation, Community Pathways of Care, Rehabilitation, Learning Disability and Substance Misuse Services. With progress of this work monitored at the Clinical Advisory Group meetings. MHL D has also utilised technology and increased the use of 'Attend Anywhere' across the MHL D Division for virtual consultations to be held with service users, ensure continuation of care and reducing travel.

Patient vaccinations progressed at pace across the MHL D Division, utilising the Workforce Information System to capture all data. A MHL D COVID-19 Vaccination Standard Operating Procedure was developed to ensure local area accountability and patient vaccination status was monitored and reviewed at Command Structure meetings. 76% of patients received their 1<sup>st</sup> dose and 46% had received their 2<sup>nd</sup> as at 31.3.21

### Informatics

- COVID-19 has driven new ways of working across the organisation at an increased pace, over the last 6 months Informatics have worked on the continued roll out and embedding of these new ways of working.
- The impact and importance of virtual consultations has been recorded many times in this document, they have continued and are being led by Outpatients, developing into a sustainable model for delivery as further funding has recently been agreed.
- Over 5,000 staff have been enabled to work from home and the team have ensured they have the right access and the right equipment to do their job. The roll out of Office 365 to support our whole workforce and to improve our communication and collaboration has also continued.

We have moved 11,000 mailboxes over to Office 365 and just under 15,000 staff have been enabled for Teams.

The Small Business Research Initiative, hosted by BCUHB, has worked in partnership on exciting challenges including the rapid sanitisation of ambulances challenge during the pandemic in partnership with the Welsh Ambulance Services Trust. This work won a St David's Award 2021 in the Innovation, Science and Technology Category. This challenge was also fast tracked and was undertaken in 6 weeks. Other challenges that are just completing include a face mask challenge and one for care closer to home. There are also future challenges planned for care closer to home (Phase 2) and outpatients transformation, for which the challenge briefs are just being developed.

### **Research and Development**

- To date we have recruited over 2,900 participants to 25 COVID-19 studies, including 491 participants into the NOVAVAX Vaccine trial. The COVID-19 trials have all contributed to developing further knowledge about the treatment of COVID-19, and changes have been implemented locally at speed. Example of quote from clinician: *“As a result of our participation in the RECOVERY trial, we were quick to notice that steroids had a positive impact on patient outcomes and as a team we were routinely giving all of our Covid patients steroids in one form or another, just before the official results on Dexamethasone came out. The results however unified the doses and duration and we then implemented these.”*
- BCUHB helped support a further Health Hack in November 2020, with 8 Challenges from BCUHB and 1 winner - Dr Carsten Eickmann from Ysbyty Gwynedd - with an innovative idea around automated urine measurement.
- Over 25,000 Distance Aware Badges and 1,000 lanyards were distributed across BCUHB and local authorities, with help from many Departments and our wonderful BCUHB volunteers.
- The Photographic Exhibition project has been extended to capture images around preventing infection and stopping spread from the second wave. We are hoping to launch the full exhibition within the next couple of months. The First prize winner from the first phase of the competition was Dr Rudi Cotezer – photo of Rudi with his prize and his winning photo shown below.
- An Agor IP Open Funding Call looking for innovative ideas with the potential to commercialise them attracted 8 applications from BCUHB, 5 of which have been shortlisted for Agor support and a potential funding Award of up to £10,000.
- We contributed to the NHS Wales COVID-19 Innovation/Transformation paper and recommendations



### **Clinical pathways group**

During the first COVID-19 wave we created the Clinical Pathways group (CPG) to support system decision-making based on clinical evidence and consensus. When this was stepped down the Clinical Advisory Group (CAG) continued to develop pathways and support our response to COVID-19 from a clinical perspective. As we started to experience an increase in COVID-19 activity and predicted the further wave we re-instated the CPG to ensure we took decisions based on managing risk and harm. During this time the CAG and CPG have approved 197 documents including 66 COVID-19 pathways, 74 Restart checklists and 57 other documents e.g. SOPs and guidance. 47% of the pathways have clinical outcome measures.

The CAG is currently discussing how the pathways can be categorised into three broad overarching pathways covering wellbeing and prevention, planned care or unscheduled care and linking them with clinical effectiveness and monitoring outcomes. The work done will also inform and align with the clinical strategy and clinical effectiveness strategy as they are developed.

The document identifies the initial learning from the COVID-19 pandemic, the changes that were made in different areas and the innovation that resulted. This will then be built upon with further analysis and learning to integrate into the Health Board future plans

### **Options considered**

N/A

### **Financial Implications**

While the content of this report is a record of our response to COVID-19, changes can be applied across the Health Board to offer potential for scaling up thereby realising benefits, accelerating improvement and contributing to our adoption of Value Based Healthcare approaches.

### **Risk Analysis**

N/A

### **Legal and Compliance**

N/A

### **Impact Assessment**

An impact assessment is not within the remit of this document.



GIG  
CYMRU  
NHS  
WALES

Bwrdd Iechyd Prifysgol  
Betsi Cadwaladr  
University Health Board



# Learning Lessons and developing our plans

**COVID-19 - Innovations  
and future improvements**



# Foreword

## From the Chief Executive

Betsi Cadwaladr University Health Board is delighted to present our *"Learning Lessons and Developing our Plans: Covid-19: Innovations and future improvements"* report. This report is a summary document of the key learning and innovation that we have introduced in response to the Covid-19 pandemic.

There were many positive developments and areas of innovation implemented in response to the pandemic to ensure we provided as much care as we could for our patients. Much of this innovation has already been shared and replicated across the Health Board and we will continue to collectively learn from our experiences and the changes we have introduced. We need to ensure we apply the actions we took against this global threat into opportunity's to help us transform for the future and continue to provide safe and timely services for our communities.

The pandemic has had an impact on aspects of many lives none more than Health and Care staff. We would like to take this opportunity to record thanks to our teams for their professionalism, courage and commitment while caring for all our patients.

**Jo Whitehead**, Chief Executive

# Introduction



Over the last year Covid-19 has dominated the lives of everyone across the world. Health strategies, economic planning and the way we live has changed dramatically. Within BCUHB changes occurred to services rapidly and the way people worked, had to adjust accordingly. Not all changes were positive and some services will take a while to recover. However it is critical going forward that we take the opportunity to identify the innovation and changes that occurred as part of the responses to the COVID -19 pandemic. We need to capture innovation, areas of excellent practice and the learning through enforced changes to service delivery, patient pathways, new ways of working, or human factors and behaviours in our staff.

As part of a North Wales Research, Innovation and Improvement hub BCU are working as a collaborative with social care and wellbeing services to look at these innovations. Various surveys have

taken place and these will eventually be collated together in November 2020. In BCU there was a specific survey of ideas and good practice which was sent out to the organisation. The aim was to ensure that we capture the nature of the change, its impact and crucially its future potential in terms of delivering additional benefit if, we adopt and spread the change. In this regard, changes which can be applied across the Health Board offer particular potential to scale up benefits and accelerate improvement and contribute to our adoption of Value Based Healthcare approaches.

This document will identify the initial learning from the COVID 19 pandemic, the changes that were made in different areas and the innovation that resulted. This will then be built upon with further analysis and learning to integrate into the Health Board future plans.

# FACTS OVER THE COVID-19 PANDEMIC

## AVAILABLE BEDS

Acute extra beds

**724**

Community extra beds

**371**

Field hospitals

**712**



## OXYGEN CAPACITY

Acute sites oxygen went up from 7,860 to

**11,000**  
l/min



**1800** Volunteers came forward

**708** Users trained on WPAS and WCP

**35** Ward moves completed

**6** testing sites (staff and mass testing)

**3** Ysbyty Enfys field Hospitals commissioned

**1** executive COVID-19 command centre was set up in Preswylfa Mold

**Health Emergency Control Centre (HBCC)**

Established 10 March  
19th of June

**103 days**

**30** staff a week receive on-line Welsh teaching

More staff signing up to learn Welsh (mostly online from home)

*Cymraeg!*

## MEASURES

UP TO THE 18th OF AUGUST

Number of tests for COVID-19 **76,559**

Number of test: Positive **4,760**

Number of test: Negative **71,799**

% Prevalence of positive tests **6.2%**

Number of deaths - confirmed COVID-19 **415**

*Source: Public Health Wales Corona virus Dashboard, accessed 18th August 2020*



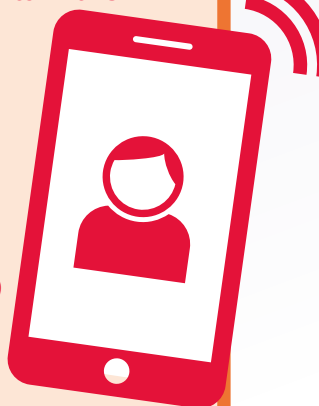
## ADDITIONAL TEXT MESSAGES SENT

**11,000** patients in the first week to inform them that if they didn't hear from us to maintain their appointment

**250** cancellations to patients up to 31 March (Centre)

**2349** Rheumatology patients on how to access help re COVID-19

**2574** Mental Health Patients East on how to access help re COVID-19



**55** people staffed the HECC

**9415** Emails sent from HECCs

**34** Logistic trained during this period





# AREA TEAMS

## What changed over the pandemic

### Children and Young People

Child and Adolescent Mental Health Services (CAMHS) - Face to Face appointments being delivered remotely

Call back service and help line for Neuro Development (ND), Learning Disability (LD)

Acute Paediatrics – GP helpline

Acute/Community Paediatrics – telephone clinics/ attend anywhere

Skype meetings for safeguarding

### Community Services & Community Medicine

Supporting initiatives with regard to contacting relatives and ensuring patients have regular communication with their families

Introduction of ANPs working on the community hospital wards and rotation of staff through wards, OPD, MIU etc

Joint working with Physiotherapists and Occupational Therapists (OT) and 7 day service

7 day cover for Community Matron of the Day introduced and matron aligned for each comm hosp and matron for DN services

Utilisation of staff in different capacities e.g. IV nurse training linking in with practice

Robust clinical triage supported by Advice and Guidance letters, telephone clinics: for new and review appointments

### Therapies

Delivery of telephone /virtual consultations urgent for outpatients

SDEC YG - front door access to Physiotherapist for trauma patients

Majority of meeting undertaken via skype /TEAMS

Working closer with colleagues in community services

### Primary Care and Community Services / CRTs and cross-organisational Integrated Working Framework

**What we did:** Framework was agreed for increased integrated working between primary care and community services (adults, children's services, mental health and learning disabilities) within each cluster, and with Local Authority and third sector organisations. This included commitment to sharing resources to meet most need and standardised approach to managing "red" and "green" patients, adherence to IPC procedures, use of PPE etc. Daily meetings to coordinate resources and discuss complex patients were introduced. Impact: Significant increase in communication between staff delivering services outside hospital within each cluster.

Improved working relationships. Increased knowledge amongst cluster staff about available services, including third sector provision in the locality. Increased team working, responsiveness and working across traditional boundaries. All meetings held via Skype, increased use of communication technology. Potential further benefit: Liaison meetings are continuing, now weekly instead of daily, with operational element and discussion of complex patients. Building on relationships developed during lock-down period. Opportunity for other clusters in BCULHB to adopt this approach. Basis for future Locality working and planning.

### Primary Care

Progressing new model of primary care at pace

Use of triage and digital technology for communication and care. - ACCURX, EMIS Remote Consultation, Attend Anywhere & E-Consult

Establishment of cluster Local Assessment Centres (LACS)

Partnership working with LAs for use of buildings to support primary and community services delivery

Use of cluster funds to support COVID-19 related practice costs

### Med Management

Community pharmacy escalation tool. Provided staff resource to support to local community pharmacies / dispensing practices who required urgent support

Remote working In primary care, pharmacists have moved from GP practices - where space is limited – to remote working.

Primary care use of repeat dispensing / batch prescriptions and My Health Online

Centralised procurement

Aseptic manufacture of critical IV medicines

Pharmacy On-call service – bronze, silver, gold established

Access to end of life medicines

Video consultation

Consultant connect

Attend anywhere

Skype /teams

Telephone triage

Physio in MIU

SLT Helpline

### Support / Processes

Quicker approval processes- Finances and Estates

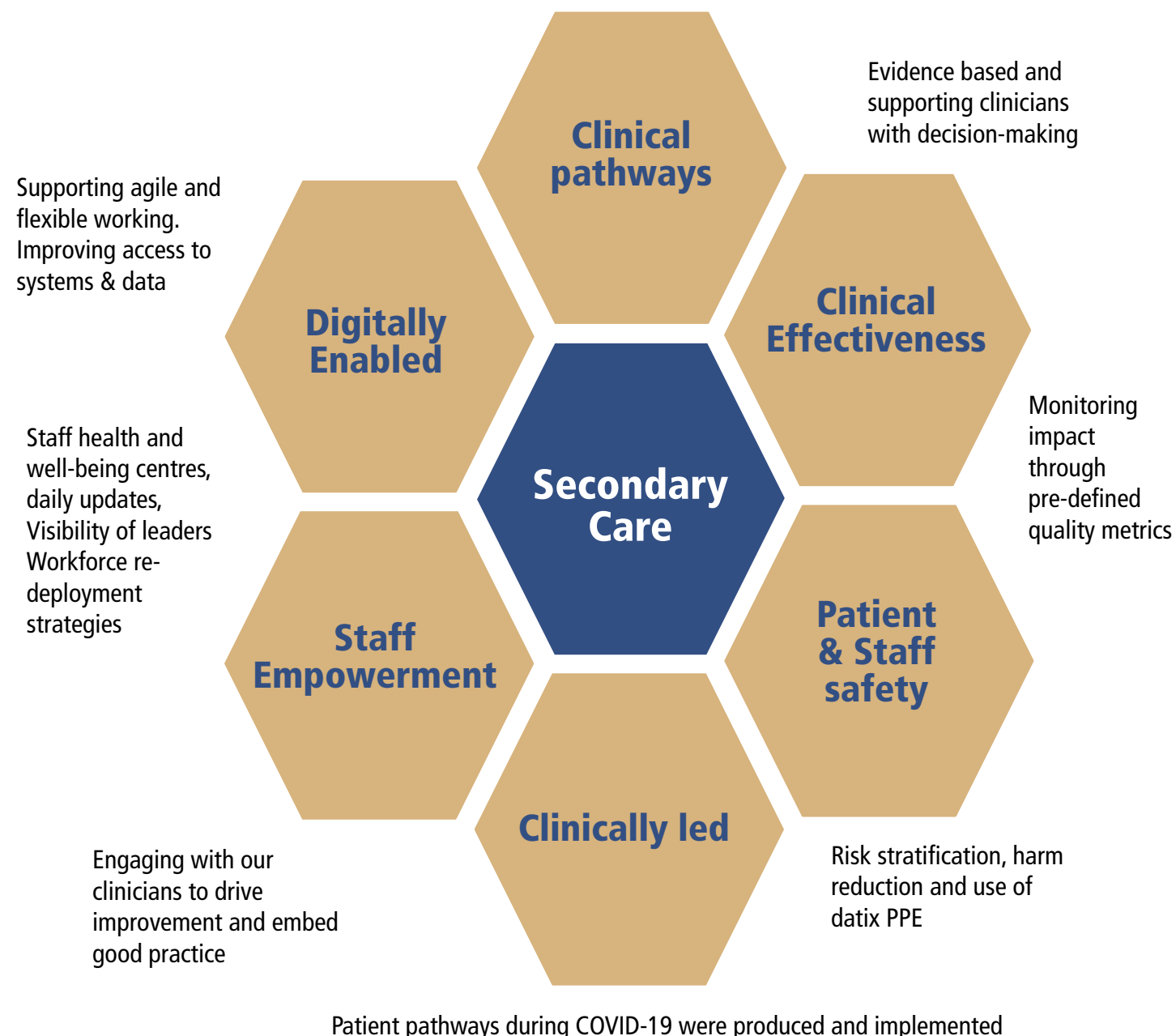
Faster recruitment process

Inter-organisational teamwork (Enfys Hospital development)



# SECONDARY CARE

## What changes were made



### Digital technology

Virtual clinics  
Access to information

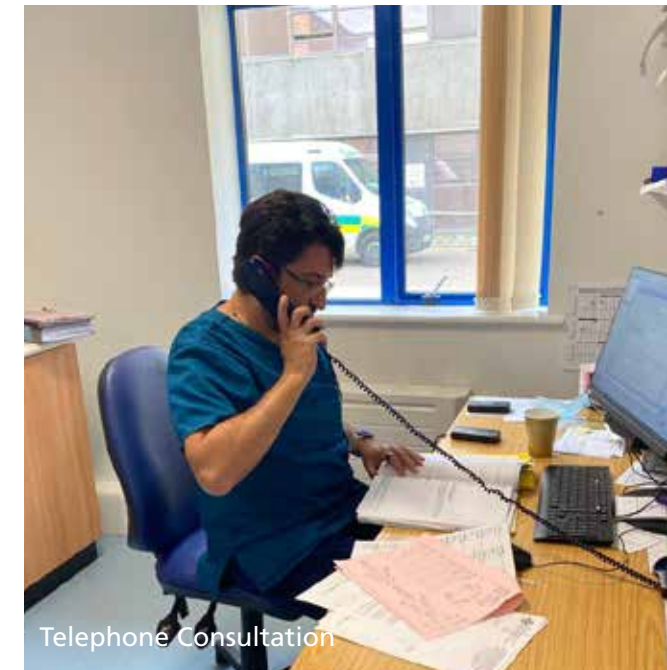
### Clinical networks

Staff engagement  
Health & Wellbeing hubs  
Workforce flexibility

### Clinical Pathways

Focus on doing the right thing  
Same Day Emergency Care  
Enhanced Day case surgery

## Cancer Services



### SERVICE MODELS

Clinically led review of all haematology and oncology treatments

Drug 'click and collect' service

Virtual clinics –oncology/haematology clinics and remote consent.

Systemic Anti Cancer Therapy (SACT) – review of scheduling through 'batching'

Implementation of Designated Assessment Units at North Wales Cancer Treatment Centre (NWCTC) and Alaw

Radiotherapy – reduction in fractionation



### CHANGES TO WAYS OF WORKING

Cancer pathways

**Colorectal** – Faecal Immunochemical Testing (FIT) testing

**Urology** – LA Transperineal biopsy for prostate cancer

**ENT** – Implementation of national assessment checklist

Remote outlining and planning in radiotherapy

Use of Skype/IT for meetings (including MDTs)

Clinical Governance – log/audit of change due to COVID-19 including changes to pathways

Improved communication/engagement with the public





# Women's Directorate

**C19 Testing:** Enables safe monitoring and management of COVID-19 admissions, minimising spread of infection and helps with planning services.

**C19 Dashboard** with Power BI – to keep track of C19 Measures

**Sharing local learning** with the National Maternity Network and benchmarking with other health boards across continues to be a key priority.

**C19 Pathways:** A) USC and Urgent scheduled care continued with safe access pathways to hospital.

B) Elective Gynaecology cancer surgery continued with virtual clinic opportunities.

C) Routine OPD follow up activity continued virtually.

D) Maternity Outpatients Assessment Units providing 24 hour telephone triage system

E) Antenatal + Postnatal care – Maintained by a combination of virtual and actual contact which is based on a clinical risk assessment

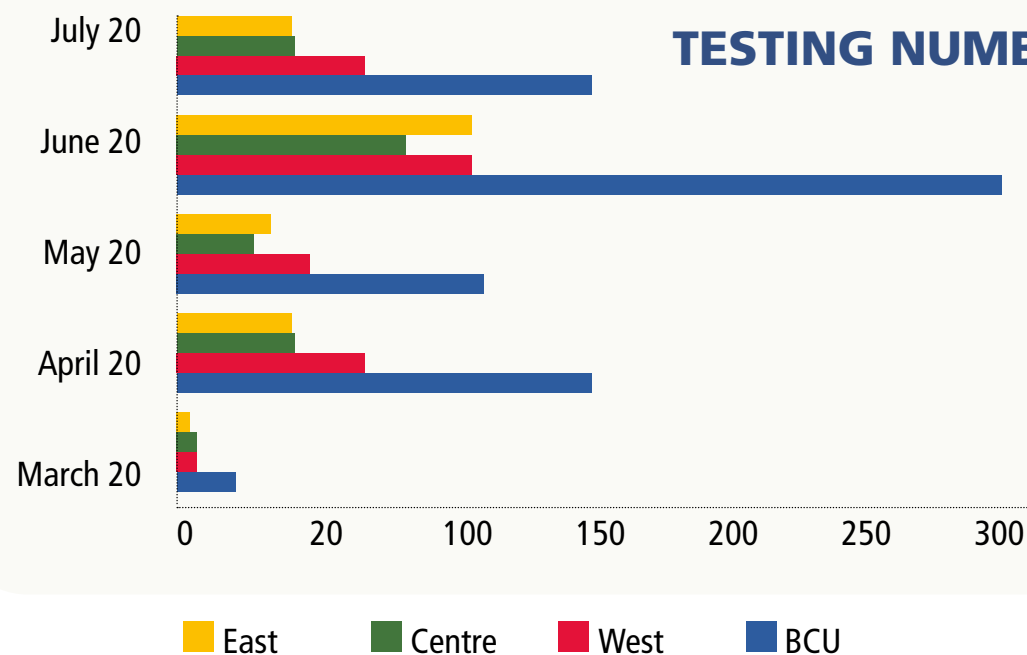
**Virtual training (CTG) via Skype** have been very successful and allowed a wider audience ensuring improved compliance with meeting required national fetal surveillance standards.

**Virtual medical appointments,** telephone and 'attend anywhere' is improving the Follow Up Waiting Lists

Number of urgent on the PLD (inc. USC)		
Urgent	22/02/2020	20/07/2020
West	275	136
Centre	388	173
East	333	397
<b>Total</b>	<b>996</b>	<b>708</b>

Number of Overdue (unbooked)		
FUWL	31/03/2020	27/07/2020
West	537	728
Centre	902	737
East	428	646
<b>Total</b>	<b>1867</b>	<b>2111</b>

## TESTING NUMBERS



# WORKFORCE & Organisational Development (WOD)

## Workforce Hub

One point of contact for WOD services has been very well received. This will continue in the form of local Workforce Improvement Groups

## Virtual Orientation

Orientation has moved to a virtual provision. A 'road map' is under development following feedback from new starters which clearly lays out what needs to be achieved week by week leading up to the first 3 month PADR review

## EqlA

Developed an online EqlA training video resource as evidence emerged of the disproportionate impact of COVID-19 and the measures being taken to respond to it

## Health & Safety

Awareness of H&S has increased with good communication and support for managers and staff

## Partnership working

Regular updates has provided the forum to deal quickly and effectively with emerging issues

## Equality agenda

Has been reaffirmed and brought into sharp focus in particular for disabled people, older people, ethnic minorities and some women.

## Staff Wellbeing & Support Service

Very positive feedback from staff, continuation to be considered

## Efficient Ways of Working

Shorter more focussed virtual meetings resulting in rapid actions and increased autonomy to act

## Remote and Agile Working

Teams report that this way of working has brought them closer together

## Systems

Rapid development of systems to support planning and high level intelligence

## Volunteers

Increased use and governance of volunteers





# FINANCE, CONTRACTS & PROCUREMENT



## Finance Team

Instant change from working in busy offices across several locations in North Wales to home working.

Managers had regular check-ins with the team taking into account the wide range of circumstances people found themselves in.

Skype quickly became the normality for meetings, and the move to teams was welcomed as this does seem to be the preferred meeting method for dealing with external organisations.

Highlights include submitting the annual accounts ahead of the deadline, working with external audit remotely and receiving a clean audit report at the end of the process.

Flexibility of the team to change from their normal roles to staff supporting various work streams was amazing. These including the Workforce hubs, developing databases for volunteers, working on COVID-19 testing and supporting the PPE stock counts 7 days a week. A Finance Cell was established to monitor COVID-19 expenditure which continues to report to Financial and Performance (F&P).



## Positives

- Reduced cost, not travelling to work, reduced sickness and staff recorded being more productive.
- More flexible working
- Increased team working ethos, more compassion

## Procurement

The team were instrumental in ensuring the Health Board received the required PPE, whilst dealing with the Field Hospital procurement.

It is an electronic system based on labels/bar codes used for scanning purposes (identifies cost of the product and maximum stock level at-a-glance).

Use of technology to promote remote working. Spread of electronic ordering system.

Substantial increase in the ordering of equipment.



# RESEARCH AND DEVELOPMENT

The Health Board participated in a number of COVID-19 trials and the RECOVERY trial has shown that dexamethasone, a steroid, significantly reduces the risk of dying from COVID-19 for seriously ill patients requiring respiratory intervention – a major breakthrough

In May we collaborated with other parts of the innovation infrastructure to deliver what we believe to be the first online COVID-19 Health Hack in UK.

From 13 entries, BCUHB had 7 teams pitch to the panel and 3 winning teams including Dr Simon Burnell of YG with his PPE communication system and Dr Sarah Bent of Wrexham with her work around transparent masks to support hearing impaired patients..

Also in July we supported the Distance Aware Campaign by distributing badges and lanyards to promote polite social distancing .

In July we supported a staff photographic competition "Behind the mask" which together with the work of 3 professional photographers will form an exhibition "COVID-19 – Seeing the Unseen"





# INFORMATICS & IT

The informatics team responded rapidly to requests right across BCULHB.

- Increased hardware, installation and training was completed.
- Provision of mobile technology to the most vulnerable members of our community
- Supporting uptake-up of digital services in the future
- Making BCULHB online services accessible to a wider demographic

Total calls logged via Service point

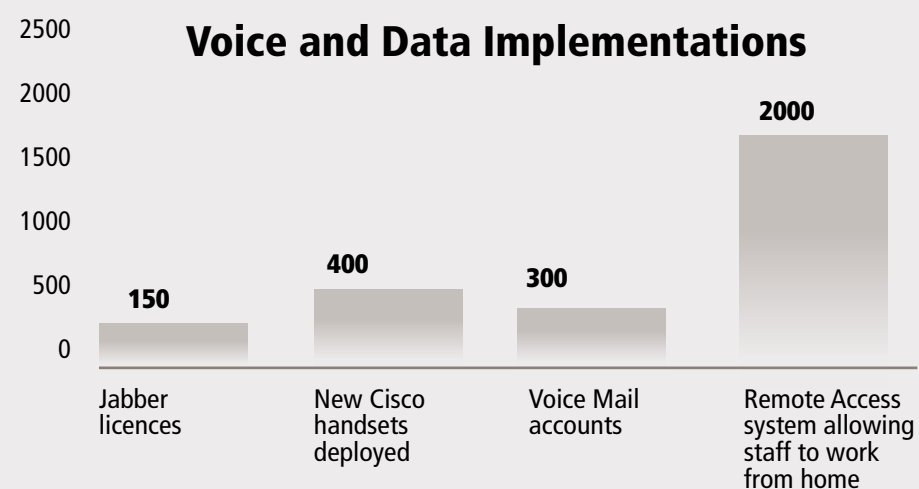
	April	May	June	July	Total	Total Increase
2019	7198	7226	6776	7419	28,619	
2020	9107	7233	9315	8918	34,573	20.80%

616 hours of live chat support    25 hours of face to face support

## 708

**Users Trained on Welsh Patient Administration System (WPAS) and Welsh Clinical Portal (WCP)**

## Voice and Data Implementations



## ICT support for COVID-19 Ways of Working – March to August 2020



## 2250

**VPNs** allowing staff working from home to access the systems they they continue working

This total includes 909 DUO soft tokens (BCU solutions) issued since 1st June



## 713

**Laptops** that support both clinical and administrative staff to carry out their roles



## 830

**Mobile Phones** ensuring that communication can be maintained wherever someone is working



## 455

**Tablets** for patient use, to support virtual visiting and patient wellbeing

## 265

**PCs** installed including the ones required for the new Ysbyai Enfys

As of 25.08.2020 there are currently 600 outstanding requests for Laptops to support agile and home working and 188 outstanding requests for VPNs These VPN requests can not be fulfilled until laptops are available

## Mobile device applications developed to enable

Ysbyty Enfys Field Hospitals bed App allocation for staff to quickly find where patients are within a ward

Field Hospital floor plan reports developed to support patient flow and ward management decisions

COVID-19 Power Business Intel on mobiles

- 350 users / viewers have accessed the dashboards
- incorporating pathology and workforce data
- Display testing information for staff and patients
- Community COVID-19 Dashboard in development

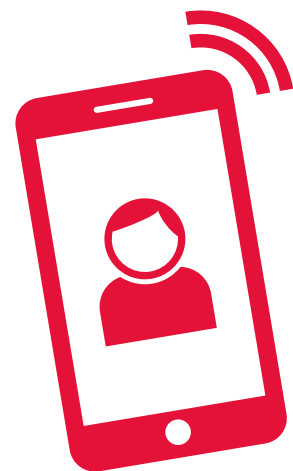
Dashboard for Home First Bureau in place for Wrexham to facilitate this initiative with plans for Centre and West developments

Enabled test results information back to care homes

Police and other stakeholders live access to BI tools

**In addition to technology – support of modernisation – SOS, PIFU, Virtual Consultation**

**1000+ telephone clinics set up**



# MENTAL HEALTH AND LEARNING DISABILITIES

Development and rapid implementation of the MH&LD Covid19 Phase 1 plan and Command Centre.

MH&LD Covid19 Winter Plan discussed and agreed in both the Divisional and Corporate Clinical Advisory Group

MH&LD Engagement and Communication Plan in place to ensure effective and efficient communication across the MH&LD Division and also to all key stakeholders, both external and internal.

**Patients suffering from a mental disorder remain at greater needs than the general population and have high comorbid physical health conditions. The increased demand for services has been taken into consideration, and Covid19 Clinical Pathways groups continue to work to deliver standard operational policies in line with the recommendations made by the MH&LD Clinical Advisory Group.**

Progressing of the roll out of Attend anywhere across the MH&LD Division for virtual consultations to be held with service users.

The MH&LD Division has had an active Wellbeing focus, supported by the MH&LD Wellness, Work and Us Strategy and Service Delivery Plan (2020/23), which has been approved for staff engagement and implementation.

During the first phase of COVID19 in March 2020 to July 2020, in addition to line management support, staff feedback was sought. A staff survey specific to COVID19 was undertaken as well as feedback gained via independent Skype support sessions with staff across the Division. Key themes were identified and prioritised agreed to enhance support staff across the MH&LD Division.



**Development of a Staff Wellness Resource Centre, with Official opening aligned to World Mental Health Day, to support staff with their mental health and wellbeing. Progressing with roll out of Wellness rooms across the Division, appointment of Counsellor dedicated to MH&LD Division and the development of staff wellbeing resource packs.**



# FUTURE PLANS

Planning workstream leading development of a single service and activity plan for the Health Board

Reflecting our joint working agenda with partners

Respond to NHS Wales COVID-19 operating framework

Modelling future demand for COVID-19 still highly uncertain

Flexible / agile planning for Q3/4 required

Plan for the full range of our responsibilities including mental health services, our physical health services from primary to tertiary care, and including the critical enablers of care: workforce, digital, and estate

Building on Q2 Plan submitted to WG and Board on 23rd July



This report presents initial learning from our response to the COVID-19 pandemic and has been contributed to by a significant number of people including operational and corporate teams and I would like to acknowledge and thank everyone for their time, influence on the content and for the positive impact this response had on patient care.

One of the highlights of our response to COVID 19 was the creation of the Clinical Advisory Group. This multi-professional group facilitated the creation and endorsement of over 40 clinical pathways across all our services that helped to keep our patients safe by managing them

innovatively in a COVID-19 environment, and brought together the strength of an integrated approach to care. This and other work has evidenced how dynamic and transformational we can be. Also of note was the rapid introduction and use of video conferencing for patient consultations, health board meetings and meetings between teams across North Wales.

I would like to also record special thanks to Anwen Crawford who was fundamental in drawing all of the content and this report together.

**Adrian Thomas**, Executive Director of Therapies & Health Science



GIG  
CYMRU  
NHS  
WALES

Bwrdd Iechyd Prifysgol  
Betsi Cadwaladr  
University Health Board



# Dysgu Gwersi a datblygu ein cynlluniau

**COVID-19 - Arloesi a  
gwelliannau yn y dyfodol**

# Rhagair

## Oddi wrth y Prif Weithredwr

Mae Bwrdd Iechyd Prifysgol Betsi Cadwaladr yn falch o gyflwyno ein hadroddiad *"Dysgu Gwersi a Datblygu ein Cynlluniau: COVID-19: Arloesiadau a gwelliannau'r dyfodol"*. Mae'r adroddiad hwn yn grynodedu o'r arloesedd a'r addysg allweddol a gyflwynwyd gennym mewn ymateb i'r pandemig Covid-19.

Roedd nifer o ddatblygiadau positif a meysydd o arloesedd a weithredwyd mewn ymateb i'r pandemig i sicrhau ein bod yn darparu cymaint o ofal â phosib i'n cleifion. Mae llawer o'r arloesedd eisoes wedi ei rannu a'i ail-adrodd ar draws y Bwrdd Iechyd ac rydym yn parhau i ddysgu gyda'n gilydd o'n profiadau a'r newidiadau yr ydym wedi eu cyflwyno. Mae angen i ni sicrhau ein bod yn defnyddio'r camau a gymerwyd gennym yn erbyn y bygythiad byd-eang hwn fel cyfleoedd i'n helpu i drawsnewid ar gyfer y dyfodol a pharhau i ddarparu gwasanaethau diogel ac amserol i'n cymunedau.

Mae'r pandemig wedi cael effaith ar elfennau nifer o fywydau, ac ar neb yn fwy na staff Iechyd a Gofal. Hoffem gymryd y cyfle hwn i ddiolch i'n timau am eu proffesiynoldeb, dewrder ac ymrwymiad wrth ofalu am ein holl gleifion.

**Jo Whitehead, Prif Weithredwr**

# Cyflwyniad



Dros y flwyddyn diwethaf mae Covid-19 wedi effeithio'n drwm ar fywydau pawb ledled y byd. Mae strategaethau iechyd, cynllunio economaidd a'n ffordd o fyw wedi newid yn ddramatig. O fewn Bwrdd Iechyd Prifysgol Betsi Cadwaladr (BIPBC) bu'n rhaid newid gwasanaethau'n gyflym ac roedd yn rhaid i'r ffordd yr oedd pobl yn gweithio addasu yn unol â hynny. Nid oedd pob newid yn gadarnhaol a bydd rhai gwasanaethau'n cymryd amser i wella. Fodd bynnag, mae'n hanfodol, wrth symud ymlaen, ein bod yn bachu ar y cyfle i nodi'r arloesedd a'r newidiadau a ddigwyddodd fel rhan o'r ymatebion i bandemig COVID-19. Mae angen inni gofleidio'r arloesedd, y meysydd arfer rhagorol a'r dysgu a wnaed trwy orfod newid ein ffordd o ddarparu gwasanaethau, addasu llwybrau cleifion, cyflwyno ffyrdd newydd o weithio, neu ffactorau dynol ac ymddygiadau ein staff.

Fel rhan o hwb Ymchwil, Arloesi a Gwella Gogledd Cymru mae BIPBC yn cydweithio

â gwasanaethau gofal cymdeithasol a lles i edrych ar y datblygiadau arloesol hyn. Cynhaliwyd arolygon amrywiol a bydd y rhain yn cael eu coladu ym mis Tachwedd 2020. Yn BIPBC, cynhaliwyd arolwg penodol o syniadau ac arfer da a anfonwyd at y sefydliad hwn. Y nod oedd sicrhau ein bod yn crisialu natur y newid, ei effaith, ac yn hanfodol ei botensial yn y dyfodol, i sicrhau budd ychwanegol os ydym yn mabwysiadu ac yn lledaenu'r newid. Yn hyn o beth, mae newidiadau y gellir eu cymhwyso ar draws y Bwrdd Iechyd yn cynnig potensial arbennig i gymhwyso'r buddion ar raddfa fwy a chyflymu gwelliant gan gyfrannu at fabwysiadu dulliau Gofal Iechyd yn Seiliedig ar Werth.

Bydd y ddogfen hon yn nodi'r gwersi cychwynnol a ddysgwyd o bandemig COVID-19, y newidiadau a wnaed mewn gwahanol feysydd a'r arloesedd a ddeilliodd o hynny. Bydd hyn wedyn yn cael ei ddadansoddi er mwyn gallu dysgu



# FFEITHIAU DROS GYFNOD PANDEMIG COVID-19

## GWELYAU AR GAEL

Gwelyau ychwanegol aciwt

**724**

Gwelyau ychwanegol cymunedol

**371**

Ysbytai maes

**712**



## ARGAELEDD OCSIGEN

Ocsigen ar safleoedd aciwt  
i fyny o 7,860 i

**11,000**

l/mun



**1800** o Wirfoddolwyr wedi  
cynnig eu gwasanaeth

**708** o Ddefnyddwyr  
wedi'u hyfforddi  
ar WPAS a WCP

**35** o  
symudiadau ward  
wedi'u cwblhau

**6** safle profi  
(staff a phrofi torfol)

**3** Ysbyty Maes  
Enfys wedi'u  
comisiynu

**1** canolfan ymateb  
Covid-19 gweithredol  
ym Mhreswylfa, Yr  
Wyddgrug wedi'i  
sefydlu



**Canolfan Reoli  
Argyfwng Iechyd  
(HBCC)**

Sefydlwyd 10 Mawrth  
19eg o Fehefin

**103**  
diwrnod

**30** aelod o staff yr  
wythnos yn derbyn  
Gwersi Cymraeg ar lein

Mwy o staff yn ymuno gyda chyfleoedd  
dysgu Cymraeg (ar-lein o gartref yn bennaf)

## MESURAU

HYD AT Y 18FED O AWST

Nifer y profion Covid-19 **76,559**

Nifer y profion: Positif **4,760**

Nifer y profion: Negyddol **71,799**

% Nifer yr achosion o brofion positif **6.2%**

Nifer y marwolaethau -  
cadarnhawyd fod ganddynt Covid-19 **415**

Ffynhonnell: Dangosfwrdd firws Corona Iechyd Cyhoeddus Cymru, a gasglwyd ar 18 Awst 2020



## NEGESEUON TESTUN YCHWANEGOL A ANFONWYD

**11,000** o gleifion yn ystod yr wythnos  
gyntaf i'w hysbysu y dylid cadw at eu hapwyntiad pe  
na baent yn clywed gennym i'r gwrthwyneb

**250** neges canslo apwyntiad i gleifion  
hyd at 31 Mawrth (Canolfan)

**2349** o gleifion rhiwmatoleg yn nodi sut i gael  
gafael ar help ynglŷn â Covid-19

**2574** o gleifion Iechyd Meddwl y Dwyrain yn nodi  
sut i gael gafael ar gymorth ynglŷn â Covid-19



*Cymraeg!*

**55** o bobl wedi'u cyflogi  
HECC

**9415** e-bost wedi'u hanfon  
gan HECC

**34** Staff Logistaidd wedi'i  
hyfforddi yn ystod  
y cyfnod hwn





# TIMAU ARDAL

## Beth newidiodd dros y pandemig

### Plant a Phobl Ifanc

Gwasanaethau Iechyd Meddwl Plant a Phobl Ifanc (CAMHS) - Apwyntiadau wyneb yn wyneb yn cael eu darparu o bell

Gwasanaeth galw yn ôl a llinell gymorth ar gyfer Datblygiad Niwrolegol (ND), Anabledd Dysgu (LD)

Pediatreg Acíwt - llinell gymorth meddygon teulu

Pediatreg Acíwt / Cymunedol - clinigau ffôn / Attend Anywhere

Cyfarfodydd Skype i ddiogelu

### Gwasanaethau Cymunedol a Meddygaeth Gymunedol

Cefnogi mentrau i gysylltu â pherthnasau a sicrhau fod cleifion yn cyfathrebu'n rheolaidd â'u teuluoedd

Cyflwyno Uwch Ymarferwyr Nyrsio sy'n gweithio ar wardiau ysbytai cymunedol a chylchdroi staff trwy wardiau, Adran Cleifion Allanol, Unedau Man Anafiadau ac ati

Cydweithio â Ffisiotherapyddion a Therapyddion Galwedigaethol (OT) a gwasanaeth 7 diwrnod

Gwasanaeth 7 diwrnod ar gyfer Metronau Cymunedol Dydd wedi ei gyflwyno ac alinio fel bod gan ysbytai cymunedol fetron ar gyfer gwasanaethau Nyrsio Ardal

Defnyddio staff mewn gwahanol ffyrdd ee hyfforddiant nyrsio mewnwythiennol (IV) yn cysylltu ag ymarfer

Brysennu clinigol cadarn wedi'i gefnogi gan lythyrau Cyngor ac Arweiniad, clinigau ffôn: ar gyfer apwyntiadau newydd ac adolygiadau

### Therapiau

Cyflwyno ymgynghoriadau ffôn / rhithiol brys i gleifion allanol

SDEC Ysbyty Gwynedd - mynediad drws ffyrnt at Ffisiotherapydd i gleifion trawma

Mwyafrif y cyfarfodydd a gynhaliwyd trwy Skype / TEAMS

Gweithio'n agosach gyda chydweithwyr ym maes gwasanaethau cymunedol

### Gofal Sylfaenol a Gwasanaethau Cymunedol / CRT a Fframwaith Gweithio Integredig traws-sefydliadol

**Yr hyn a wnaethom:** Cytunwyd ar y fframwaith ar gyfer mwy o weithio integredig rhwng gofal sylfaenol a gwasanaethau cymunedol (oedolion, gwasanaethau plant, iechyd meddwl ac anableddau dysgu) ym mhob clwstwr, a chydag Awdurdodau Lleol a sefydliadau trydydd sector. Roedd hyn yn cynnwys ymrwymiad i rannu adnoddau i ddiwallu'r anghenion mwyaf a dull safonol o reoli cleifion "coch" a "gwyrdd", cadw at weithdrefnau Rheoli Atal Heintiau (IPC), defnyddio PPE ac ati. Cyflwynwyd cyfarfodydd dyddiol i gydlyn adnoddau a thrafod cleifion cymhleth. Effaith: Gwelliant sylweddol mewn cyfathrebu rhwng staff sy'n darparu gwasanaethau y tu allan i'r ysbyty ym mhob clwstwr.

Gwell perthnasoedd gwaith. Mwy o wybodaeth ymhlith staff y clwstwr am y gwasanaethau sydd ar gael, gan gynnwys darpariaeth y trydydd sector yn yr ardal. Mwy o weithio fel tîm, ymatebolrwydd a gweithio ar draws ffiniau traddodiadol. Pob cyfarfod wedi eu cynnal trwy Skype, mwy o ddefnydd o dechnoleg cyfathrebu. Budd pellach posibl: Mae cyfarfodydd cyswllt yn parhau, bellach yn wythnosol yn hytrach nag yn ddyddiol, gydag elfen weithredol a thrafod cleifion cymhleth. Adeiladu ar berthnasoedd a ddatblygwyd yn ystod y cyfnod clo. Cyfle i glystyrau eraill yn BIPBC i fabwysiadu'r dull hwn. Sail ar gyfer gweithio a chynllunio ardal yn y dyfodol.

### Gofal Sylfaenol

Mynd ymlaen â model newydd o ofal sylfaenol ar gyflymder

Defnyddio brysennu a thechnoleg ddigidol ar gyfer cyfathrebu a gofal.- ACCURX, Ymgynghoriad o Bell EMIS, Attend Anywhere a sefydliadau

Sefydlu Canolfannau Asesu Lleol clwstwr (LACS)

Partneriaeth yn gweithio gydag ALLau i ddefnyddio adeiladau i gefnogi darparu gwasanaethau sylfaenol a chymunedol

Defnyddio cronfeydd clwstwr i gefnogi costau oedd yn gysylltiedig â Covid-19

### Rheoli Meddyginiaeth - Med Management

Offeryn uwchgryfeirio fferylliaeth gymunedol. Wedi darparu adnoddau staff i gefnogi fferyllfeydd cymunedol lleol / arferion dosbarthu a oedd angen cefnogaeth frys

Gweithio o bell mewn gofal sylfaenol. Fferyllwyr wedi symud o feddygfeydd lle mae gofod yn gyfyngedig i weithio o bell.

Defnydd gofal sylfaenol o bresgripsiynau sy'n ailadrodd / swp-bresgripsiynau a My Health Online

Caffael canolog

Gweithgynhyrchu aseptic meddyginiaethau mewnwythiennol (IV) critigol

Gwasanaeth Fferyllfa Ar Alwad - efydd, arian, aur wedi'i sefydlu

Mynediad at feddyginiaethau diwedd oes

Ymgynghoriadau fideo

Ymgynghorydd cysylltu

Mynychu unrhyw le

Skype / Teams

Brysennu dros y ffôn

Ffisiotherapi yn yr Adran Fan Anafiadau

Llinell Gymorth SLT

### Cefnogaeth / Prosesau

Prosesau cymeradwyo cyflymach - Cyllid ac Ystadau

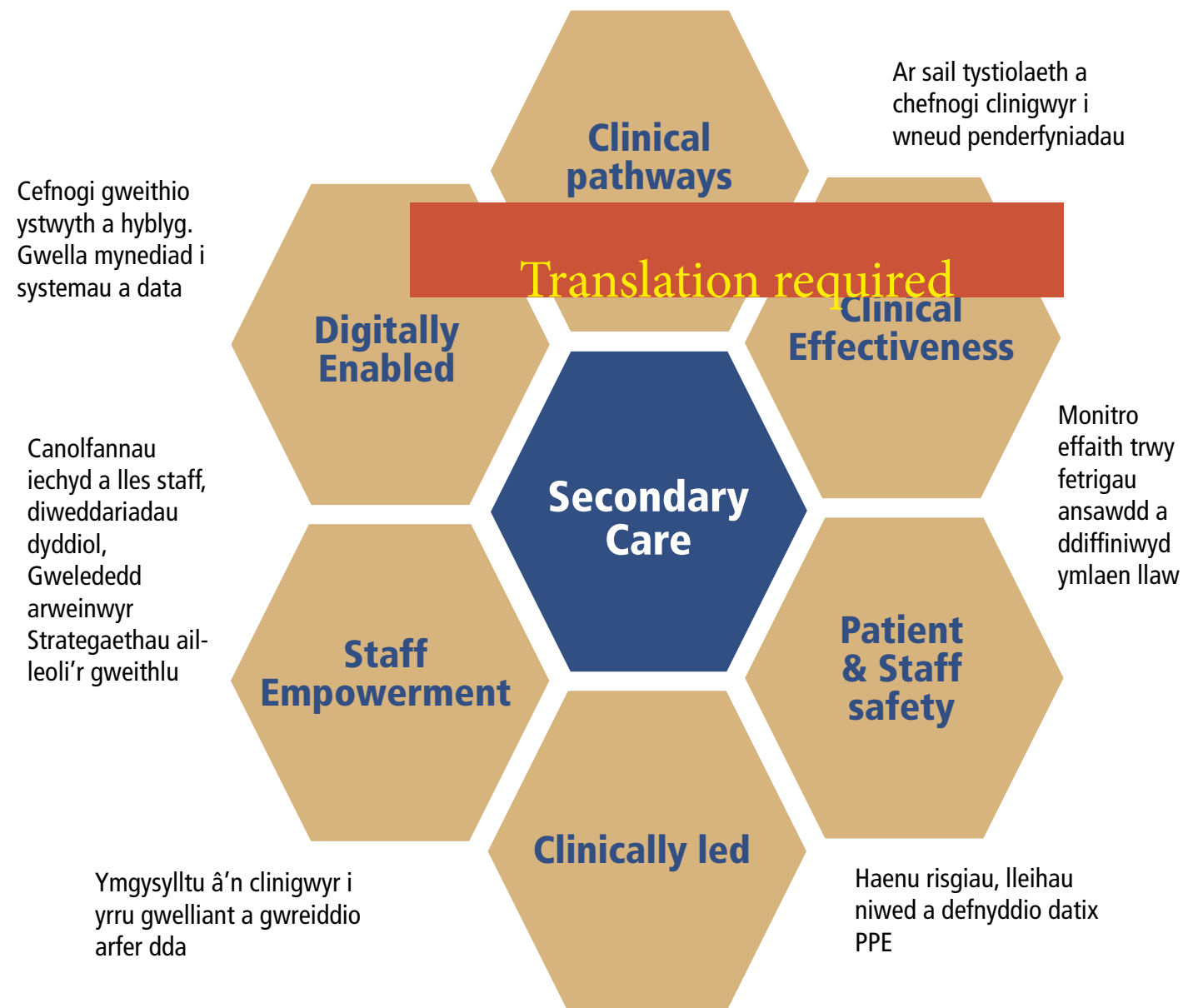
Proses recriwtio cyflymach

Gwaith tîm rhyng-sefydliadol (datblygiad Ysbytai Enfys)



# GOFAL EILAIDD

## Pa newidiadau a wnaed



Cynhyrchwyd a gweithredwyd llwybrau cleifion yn ystod COVID-19

### Translation required

#### Technoleg ddigidol

Clinigau rhithiol  
Mynediad at wybodaeth

#### Rhwydweithiau clinigol

Ymgysylltu â staff  
Hybiau lechyd a lles  
Hyblygrwyd y gweithlu

#### Llwybrau Clinigol

Canolbwyntio ar wneud y peth iawn  
Gofal Brys Yr Un Diwrnod  
Gwell Llawdriniaeth Ddydd

## Gwasanaethau Cancer



Ymgynghoriad dros y ffôn



Uned Asesu Alaw



Gwastraff o feddyginiaethau

### MODELAU GWASANAETH

Adolygiad dan arweiniad clinigol o'r holl driniaethau haematoleg ac oncoleg

Gwasanaeth 'clicio a chasglu' cyffuriau

Clinigau rhithiol - clinigau oncoleg / haematoleg a chydsyniad o bell.

Therapi Gwrth Ganser Systemig (SACT) - adolygiad o amserlennu trwy 'sypiau'

Gweithredu Unedau Asesu Dynodedig yng Nghanolfan Trin Cancer Gogledd Cymru (NWCTC) ac Alaw

Radiotherapi - gostyngiad mewn ffracsiynu



Caffi NWCTC wedi'i drawsnewid yn Swit Mewnwythiennol (IV Suite)

### NEWIDIADAU I DDULLIAU GWEITHIO

Llwybrau cancer

**Colorectal** – Profi Profion Imiwnocemegol Ymgarthol (ffit)

**Wroleg** – Biopsi trawsberineaidd LA ar gyfer cancer y prostat

**Adran y Glust, Trwyn a Gwddf (ENT)** – Gweithredu rhestr wirio asesu genedlaethol

Amlinellu a chynllunio o bell mewn radiotherapi

Defnyddio Skype / TG ar gyfer cyfarfodydd (gan gynnwys MDTs)

Llywodraethu Clinigol - log / archwiliad o newid oherwydd COVID-19 gan gynnwys newidiadau i lwybrau gwaith

Gwell cyfathrebu / ymgysylltu â'r cyhoedd



# Cyfarwyddiaeth Merched

**Profion C19:** Yn galluogi monitro a rheoli derbyniadau COVID-19 yn ddiogel, lleihau lledaeniad yr haint a helpu gyda chynllunio gwasanaethau..

**Dangosfwrdd C19** gyda Power BI - i gadw golwg ar Fesurau C19

Mae **rhannu gwersi lleol** â'r Rhwydwaith Mamolaeth Cenedlaethol a meincnodi â byrddau iechyd eraill i gyd yn parhau i fod yn flaenoriaeth allweddol.

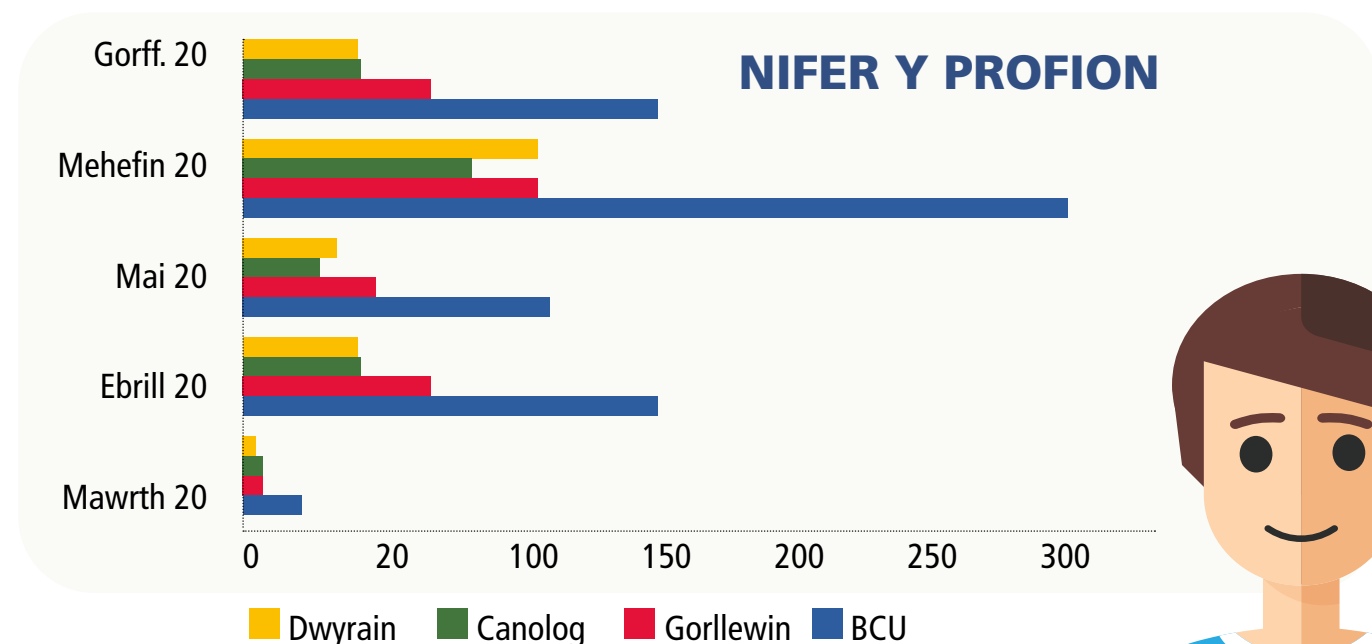
**Llwybrau C19:** A) Parhaodd Gofal heb i Gynllunio a gofal wedi'i drefnu ar frys gyda llwybrau mynediad diogel i'r ysbyty. B) Parhaodd llawfeddygaeth canser Gynaecoleg Ddewisol gyda chyfleoedd ar gyfer clinigau rhithiol. C) Parhaodd gweithgaredd dilynol arferol Adrannau Clefinio Allanol fwy neu lai fel yr arfer. D) Unedau Asesu Clefion Allanol Mamolaeth sy'n darparu system brysennu ffôn 24 awr E) Gofal cynenedigol + ôl-enedigol - Yn cael eu cynnal trwy gyfuniad o gyswllt rhithiol ac wyneb yn wyneb sy'n seiliedig ar asesiad risg clinigol

Mae **hyfforddiant rhithiol (CTG)** trwy Skype wedi bod yn llwyddiannus iawn ac wedi caniatáu i gynulleidfau ehangach sicrhau gwell cydymffurfiaid â gallu cyrraedd safonau cadw golwg ar ffoetws cenedlaethol gofynnol.

Mae **apwyntiadau meddygol rhithiol**, ffôn ac 'attend anywhere' yn gwella'r Rhestrau Aros Dilynol

Nifer yr achosion brys ar y PLD (gan gynnwys Gofal heb ei Gynllunio)		
Brys	22/02/2020	20/07/2020
Gorllewin	275	136
Canolog	388	173
Dwyrain	333	397
<b>Cyfanswm</b>	<b>996</b>	<b>708</b>

Nifer y babanod hwyr (heb gael eu bwcio)		
FUWL	31/03/2020	27/07/2020
Gorllewin	537	728
Canolog	902	737
Dwyrain	428	646
<b>Cyfanswm</b>	<b>1867</b>	<b>2111</b>



# GWEITHLU A Datblygiad Sefydliadol (WOD)





# CYLLID, CONTRACTAU A CHAFFAEL



## Tîm Cyllid

Newid ar amrantiad o weithio mewn swyddfeydd prysur ar draws sawl lleoliad yng Ngogledd Cymru i weithio gartref.

Roedd rheolwyr yn cysylltu yn rheolaidd gyda'r tîm ac yn ystyried yr ystod eang o amgylchiadau yr oedd pobl ynddynt.

Yn fuan daeth Skype yn normalrwydd ar gyfer cyfarfodydd, a chroesawyd y symud i Teams gan ei bod yn ymddangos mai hwn yw'r dull cyfarfod a ffafrir ar gyfer delio â sefydliadau allanol.

Mae'r uchafbwyntiau yn cynnwys cyflwyno'r cyfrifon blynyddol cyn y dyddiad cau, gweithio gydag archwilydd allanol o bell a derbyn adroddiad archwilio glân ar ddiwedd y broses.

Roedd hyblygrwydd y tîm i newid o'u rolau arferol i staff sy'n cefnogi ffrydiau gwaith amrywiol yn anhygoel. Mae'r rhain yn cynnwys Hybiau'r Gweithlu, datblygu cronfeydd data ar gyfer gwirfoddolwyr, gweithio ar brofi Covid-19 a chefnogi'r cyfrifiadau stoc PPE pob dydd o'r wythnos. Sefydlwyd Cell Cyllid i fonitro gwariant Covid-19 sy'n parhau i adrodd i'r Pwyllgor Ariannol a Pherfformiad (F&P).



## Y Manteision

- Llai o gost, dim costau teithio i'r gwaith, llai o salwch a chofnodwyd bod staff yn fwy cynhyrchiol
- Gweithio mwy hyblyg
- Mwy o ethos o weithio fel tîm, mwy o dosturi

## Caffael

Roedd y tîm yn allweddol i sicrhau fod y Bwrdd Iechyd yn derbyn y PPE gofynnol, wrth ddelio â gwaith caffael yr Ysbytai Maes.

System electronig ydyw, yn seiliedig ar labeli / codau bar a ddefnyddir at ddibenion sganio (gellir gweld cost y cynnyrch ac uchafswm lefel y stoc ar amrantiad).

Defnyddio technoleg i hyrwyddo gweithio o bell. Lledaeniad y system archebu electronig.

Cynnydd sylweddol mewn archebu offer.



# YMCHWIL A DATBLYGU

Cymrodd y Bwrdd Iechyd ran mewn nifer o dreialon COVID-19 ac mae'r treial RECOVERY wedi dangos fod dexamethasone, sef steroid, yn lleihau'r risg o farw o COVID-19 yn sylweddol ar gyfer cleifion sy'n ddifrifol wael ac sydd angen ymyrraeth resbiradol - datblygiad arloesol mawr.

Ym mis Mai buom yn cydweithio â rhannau eraill o'r sefydliad wrth arloesi a chyflawni'r Hac Iechyd Covid-19 cyntaf ar-lein yn y DU.

O 13 ymgais, roedd gan BIPBC 7 tîm ar y panel a 3 thîm buddugol gan gynnwys Dr Simon Burnell o YG gyda'i system gyfathrebu PPE a Dr Sarah Bent o Wrecsam gyda'i gwaith yn ymwneud â masgiau tryloyw i gefnogi cleifion â nam ar eu clyw.

Hefyd ym mis Gorffennaf cefnogwyd yr Ymgrych Ymwybyddiaeth Cadw Pellter trwy ddosbarthu bathodynau a llinynnau gwddf i hyrwyddo ymbellhau cymdeithasol cwrtais.

Ym mis Gorffennaf cefnogwyd cystadleuaeth ffotograffig staff "Tu ôl i'r mwgwd" a fydd, ynghyd â gwaith 3 ffotograffydd proffesiynol, yn ffurfio arddangosfa "COVID-19 - Gweld yr Anweledig- Seeing the Unseen"







## GWYBODEG A TG

### Ymatebodd y tîm gwybodeg yn gyflym i geisiadau ar draws BIPBC.

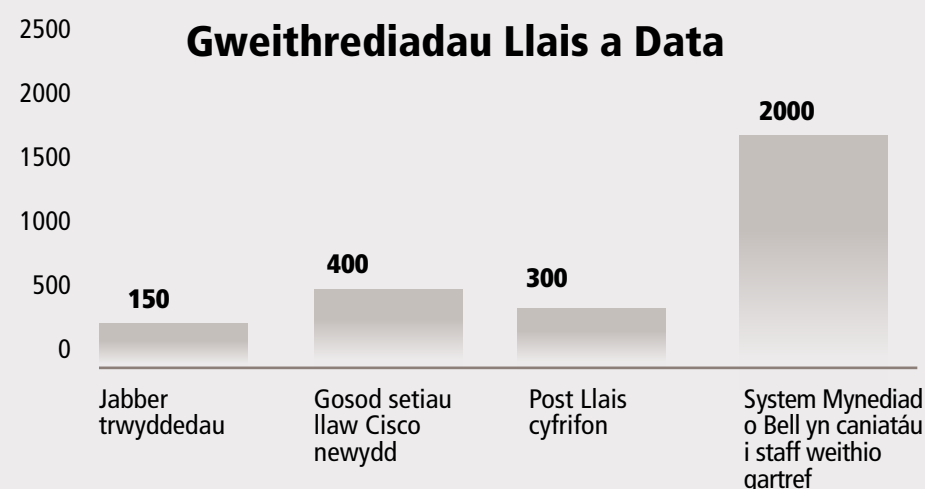
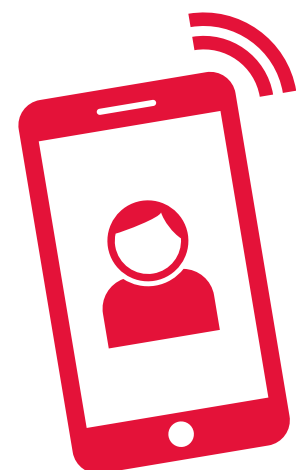
- Cynnydd mewn gosod caledwedd, a chwblhau hyfforddiant
- Darparu technoleg symudol i aelodau mwyaf bregus ein cymunedau
- Cefnogi'r defnydd o wasanaethau digidol yn y dyfodol
- Gwneud gwasanaethau ar-lein BIPBC yn hygyrch i ddemograffig ehangach

### Cyfanswm y galwadau a gofnodwyd trwy'r pwynt Gwasanaeth

	Ebrill	Mai	Mehefin	Gorff	Cyfanswm	Cynnydd
2019	7198	7226	6776	7419	28,619	
2020	9107	7233	9315	8918	34,573	20.80%

616 awr o gefnogaeth sgwrsio byw  
a 25 awr o gefnogaeth wyneb yn wyneb

**708** Defnyddwyr sydd wedi'u Hyfforddi ar System Gweinyddu Cleifion Cymru (WPAS) a Phorth Clinigol Cymru (WCP)



### Cefnogaeth TGCh ar gyfer Ffyrdd Gweithio COVID-19 - Mawrth i Awst 2020



**2250**

o rwydweithiau Rhithiol Preifat (VPN) sy'n caniatáu i staff sy'n gweithio gartref gael mynediad i'r systemau er mwyn gallu parhau i weithio arnynt

Mae'r cyfanswm hwn yn cynnwys 909 o docynnau meddal DUO (datrysiaid BCU) a gyhoeddwyd ers 1 Mehefin



**713**

o gliniaduron sy'n cefnogi staff clinigol a gweinyddol i gyflawni eu rolau

**830**

o ffonau symudol i sicrhau y gellir cario mlaen i gyfathrebu ble bynnag mae rhywun yn gweithio



**455**

o dabledi electroneg i'w defnyddio gan gleifion, i gefnogi rhith-ymweldiau a lles cleifion



**265**

o gyfrifiaduron wedi'u gosod gan gynnwys y rhai a ail-gyrchwyd ar gyfer yr Ysbytai Enfys newydd



Ar 25.08.2020 roedd 600 o geisiadau heb eu diwallu am Liniaduron i gefnogi dulliau hyblyg o weithio gartref a 188 cais heb eu diwallu am Rwydweithiau Rhithiol Preifat (VPN). Ni ellir cyflawni'r geisiadau Rhwydweithiau Rhithiol Preifat hyn nes bod gliniaduron ar gael.

### Apiau dyfeisiau symudol wedi'i datblygu i alluogi

Dyraniad gwelyau Ysbytai Maes Ysbyty Enfys i staff ddod o hyd i welyau yn gyflym lle mae cleifion o fewn ward

Datblygu adroddiadau cynllun llawr Ysbyty Maes i gefnogi penderfyniadau rheoli llif a ward cleifion

Intel Business Covid-19 Power ar ffonau symudol

- Mae 350 o ddefnyddwyr / gwylwyr wedi cyrchu'r dangosfyrddau
- yn ymgorffori patholeg a data gweithlu
- Arddangos gwybodaeth profi ar gyfer staff a chleifion
- Dangosfwrdd Cymunedol COVID-19 yn cael ei ddatblygu

Dangosfwrdd ar gyfer Home First Bureau ar waith yn Wrecsam i hwyluso'r fenter hon gyda chynlluniau ar gyfer datblygiadau yn yr Ardal Ganolog a'r Gorllewin

Galluogi trosglwyddo gwybodaeth am ganlyniadau profion i gartrefi gofal

Yr heddlu a rhanddeiliaid eraill yn cael mynediad byw i offer BI

**Yn ogystal â thechnoleg rhoddwyd cefnogaeth ar gyfer moderneiddio - SOS, PIFU ac Ymgynghoriadau Rhithiol**

**1000+ o glinigau ffôn wedi'u sefydlu**

# MENTAL HEALTH AND LEARNING DISABILITIES

Translation required

Development and rapid implementation of the MH&LD Covid19 Phase 1 plan and Command Centre.

MH&LD Covid19 Winter Plan discussed and agreed in both the Divisional and Corporate Clinical Advisory Group

MH&LD Engagement and Communication Plan in place to ensure effective and efficient communication across the MH&LD Division and also to all key stakeholders, both external and internal.

Patients suffering from a mental disorder remain at greater needs than the general population and have high comorbid physical health conditions. The increased demand for services has been taken into consideration, and Covid19 Clinical Pathways groups continue to work to deliver standard operational policies in line with the recommendations made by the MH&LD Clinical Advisory Group.

Progressing of the roll out of Attend anywhere across the MH&LD Division for virtual consultations to be held with service users.



Development of a Staff Wellness Resource Centre, with Official opening aligned to World Mental Health Day, to support staff with their mental health and wellbeing. Progressing with roll out of Wellness rooms across the Division, appointment of Counsellor dedicated to MH&LD Division and the development of staff wellbeing resource. packs.

Translation required

Translation required

The MH&LD Division has had an active Wellbeing focus, supported by the MH&LD Wellness, Work and Us Strategy and Service Delivery Plan (2020/23), which has been approved for staff engagement and implementation.

During the first phase of COVID19 in March 2020 to July 2020, in addition to line management support, staff feedback was sought. A staff survey specific to COVID19 was undertaken as well as feedback gained via independent Skype support sessions with staff across the Division. Key themes were identified and prioritised agreed to enhance support staff across the MH&LD Division.



# CYNLLUNIAU AR GYFER Y DYFODOL

Cynllunio llif gwaith yn arwain at ddatblygiad cynllun gwasanaeth a gweithgaredd sengl ar gyfer y Bwrdd Iechyd

Adlewyrchu ein agenda i weithio ar y cyd â phartneriaid

Ymateb i fframwaith gweithredu GIG Cymru i COVID-19

Mae modelu maint y galw a achosir gan COVID-19 yn y dyfodol yn dal yn ansicr iawn

Mae angen cynllunio hyblyg / ystwyth ar gyfer Chwarter 3 / 4

Cynllunio ar gyfer yr ystod lawn o'n cyfrifoldebau gan gynnwys gwasanaethau iechyd meddwl, ein gwasanaethau iechyd wyneb yn wyneb o ofal sylfaenol i ofal trydyddol, a chynnwys y galluogwyr gofal critigol: y gweithlu, digidol, ac ystâd

Adeiladu ar Gynllun Chwarter 2 a gyflwynwyd i LIC a'r Bwrdd ar 23 Gorffennaf



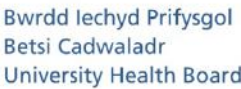
Mae'r adroddiad hwn yn cyflwyno ein haddysg gychwynnol o'n hymateb i'r pandemig COVID-19 ac mae nifer arwyddocaol o bobl wedi cyfrannu ato gan gynnwys timau gweithredol a chorfforaethol a hoffwn gydnabod a diolch i bawb am eu hamser, dylanwad ar y cynnwys ac am yr effaith bositif a gafodd yr ymateb ar ofal cleifion.

Un o'r uchafbwyntiau i'n hymateb i COVID 19 oedd sefydlu'r Grŵp Cyngori Clinigol. Hwylusodd y grŵp aml-broffesiynol hwn y gwaith o sefydlu a chymeradwyo dros 40 o lwybrau clinigol ar draws ein holl wasanaethau a helpodd i gadw ein cleifion

yn ddiogel trwy eu rheoli'n arloesol mewn amgylchedd COVID-19, a dwyn ynghyd gryfder dull integredig o ofal. Mae hyn a gwaith arall wedi dangos pa mor ddeinamig a thrawsnewidiol y gallwn fod. Hefyd, mae'n werth nodi cyflwyniad cyflym fideo gynadledda am ymgynghoriadau cleifion, cyfarfodydd bwrdd iechyd a chyfarfodydd rhwng timau ar draws y Gogledd.

Hoffwn hefyd nodi diolch arbennig i Anwen Crawford a oedd yn allweddol wrth ddod â'r cynnwys a'r adroddiad hwn ynghyd.

**Adrian Thomas**, Cyfarwyddwr Gweithredol Therapiau a Gwyddor Iechyd



<b>Cyfarfod a dyddiad: Meeting and date:</b>	<b>Strategy Partnerships and Population Health Committee 15.4.21</b>
<b>Cyhoeddus neu Breifat: Public or Private:</b>	Public
<b>Teitl yr Adroddiad Report Title:</b>	<b>Welsh Audit Office (WAO)* – Review of Public Services Boards (PSBs) 2019</b> <i>* From 2020 known as Audit Wales</i>
<b>Cyfarwyddwr Cyfrifol: Responsible Director:</b>	Mark Wilkinson, Executive Director of Planning and Performance
<b>Awdur yr Adroddiad Report Author:</b>	Kamala Williams, Acting Assistant Director of Strategy and Planning
<b>Craffu blaenorol: Prior Scrutiny:</b>	N/A
<b>Atodiadau Appendices:</b>	<b>Appendix 1</b> – Recommendations, WAO Review of PSBs (2019) <b>Appendix 2</b> – Response and actions agreed by Môn and Gwynedd PSB <b>Appendix 3</b> - Response and actions agreed by Conwy and Denbighshire PSB <b>Appendix 4</b> - Response and actions developed by Flintshire PSB

### Argymhelliad / Recommendation:

The Strategy Partnerships and Population Health (SSPH) Committee is asked to:

- receive an update on the response of the four North Wales PSBs – Gwynedd and Môn; Conwy and Denbighshire; Flintshire and Wrexham to the recommendations made in the WAO review of PSBs in 2019.
- agree that a further update on progress be requested from each PSB in April 2022.

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
						Y/N to indicate whether the Equality/SED duty is applicable	N

### Sefyllfa / Situation:

In 2019 WAO undertook a review of the PSBs in Wales <https://www.audit.wales/publication/review-public-services-boards>, four recommendations were made, which are detailed in Appendix 1.



This report provides the SSPH Committee with an update on the action that the four North Wales PSBs have taken to respond to the WAO recommendations.

### **Cefndir / Background:**

The Well-being of Future Generations (Wales) Act 2015 set out the Welsh Government's ambitions to improve the social, cultural, environmental and economic wellbeing of Wales. The Act established statutory PSBs which are required to assess the state of economic, social, environmental and cultural wellbeing in its area and set objectives that are designed to maximise its contribution to the national wellbeing goals.

In 2019 the WAO undertook a review of how PSBs are operating looking at their membership, terms of reference, frequency and focus of meetings, alignment with other partnerships, resources and scrutiny arrangements.

The WAO review concluded that PSBs are unlikely to realise their potential unless they are given freedom to work more flexibly and think and act differently noting that:

- Public bodies have not taken the opportunity to effectively organise, resource and integrate the work of PSBs.
- PSBs are not being consistently scrutinised or held to account.
- Despite public bodies valuing PSBs, there is no agreement on how their role should operate now or in the future.

The PSB officers for each of the four North Wales PSBs were contacted and asked to confirm the PSB response to the WAO report and provide an update on progress made in implementing the recommendations.

The responses received are detailed below:

- **Gwynedd and Môn PSB** – Report considered at PSB meeting on 19<sup>th</sup> October and response see Appendix 2
- **Conwy and Denbighshire PSB** – Report considered and action plan developed see Appendix 3. The plan has also been to the joint Conwy and Denbighshire PSB Scrutiny Committee and the committee has programmed their respective actions into their future work programme.
- **Flintshire PSB** - Report was noted and response/actions proposed, see Appendix 4
- **Wrexham PSB** – Report was noted and recommendations taken forward in subsequent work, see Flintshire PSB response above.

Responses and actions have been noted and will be followed up by respective PSB Scrutiny Committees.

### **Asesiad / Assessment & Analysis**

PSBs are promoted by the Welsh Government as the key bodies collectively responsible for improving the wellbeing of communities across Wales

By law PSBs' contribution to the achievement of the seven well-being goals must include:

- (a) Assessing the state of economic, social, environmental and cultural well-being in their areas;
- (b) Setting local objectives that are designed to maximise their contribution within their areas to achieving those goals;
- (c) The taking of all reasonable steps by statutory members of boards (in exercising their functions) to meet those objectives.

It is therefore of significant strategic importance that PSBs are able to deliver their contributions effectively and that BCUHB actively participates in the work of the 4 North Wales PSBs to ensure the Health Board strategies and strategic plans are aligned with and support achievement of local wellbeing objectives and delivery of local wellbeing plans

### **Financial Implications**

There are no direct financial implications identified within the report. Where financial implications arise from the implementation of recommendations in the report, these will be identified and assessed as part of our normal planning process.

### **Risk Analysis**

There are no directly identified risks arising from the report; however there are risks to the Health Board. These risks are included on the Corporate Risk Register.

### **Legal and Compliance**

None identified

### **Impact Assessment**

The report is for information only and consequently no specific impact assessments have been undertaken.

## Appendix 1

**Recommendations from WAO Review of PSBs (2019)****R1**

In Part 1 of the report we set out that understanding the impact of choices and decisions requires public bodies to fully involve citizens and stakeholders and undertake comprehensive Impact Assessments. However, we found that current practice is insufficient to provide assurance that the needs of people with protected characteristics are fully considered when reviewing choices and the voice of citizens is not sufficiently influencing decisions.

**We recommend that PSBs:**

- **Conduct formal assessments to identify the potential impact on people with protected characteristics and the Welsh language and review agreed actions to ensure any adverse impacts are addressed;**
  - **Improve transparency and accountability by making PSB meetings, agendas, papers and minutes accessible and available to the public;**
  - **Strengthen involvement by working to the guidance in the National Principles for Public Engagement in Wales;**
- and**
- **Feedback the outcome of involvement activity identifying where changes are made as a result of the input of citizens and stakeholders.**

**R2**

In Part 2 of the report we review arrangements for PSB scrutiny and conclude that there are shortcomings and weaknesses in current performance and practice.

**To improve scrutiny, we recommend that:**

- **PSBs and public bodies use the findings of the Auditor General for Wales' Discussion Paper: Six themes to help make scrutiny 'Fit for the Future' to review their current performance and identify where they need to strengthen oversight arrangements and activity; and**
- **PSBs ensure scrutiny committees have adequate engagement with a wider range of relevant stakeholders who can help hold PSBs to account.**

**R3**

In Part 3 of the report we summarise the difficulty of developing, implementing and resourcing PSBs and the challenges of managing multiple partnerships that can often have overlap and duplication.

**To help build capacity, consistency and resourcing of activity we recommend that:**

- **PSBs take the opportunity to discharge other plan and strategy obligations through the Local Wellbeing Plan;**
- **the Welsh Government enables PSBs to develop flexible models of working including: – merging, reducing and integrating their work with other forums such as Regional Partnership Boards; and – giving PSBs flexibility to receive, manage and spend grant monies subject to PSBs ensuring they have adequate safeguards and appropriate systems in place for management of funding; effective budget and grant programme controls; and public reporting, scrutiny and oversight systems to manage expenditure.**

**R4**

**To help build capacity, consistency and resourcing of activity we recommend that the Welsh Government and Welsh Local Government Association in their review of strategic partnerships take account of, and explore, the findings of this review.**

## Appendix 2

**Review of Public Services Boards - Wales Audit Office: October 2019****The recommendations presented and the draft response on behalf of the Gwynedd and Anglesey PSB**

Recommendation	Response on behalf of the Gwynedd and Anglesey PSB, if applicable
<b>Part 1 - They recommend that PSBs:</b>	
1. Conduct formal assessments to identify the potential impact on people with protected characteristics and the Welsh language and review agreed actions to ensure any adverse impacts are addressed	The support team of the Public Services Board has already considered and identified the need for impact assessments (e.g. Language and Equality) and assessments will be developed as an when projects are brought forward by the sub-groups. The projects in question will involve changes to policies / services. Impact assessments will be developed in order to measure and understand the impact of decisions made by the Board.
2.Improve transparency and accountability by making PSB meetings, agendas, papers and minutes accessible and available to the public	<p><a href="https://www.llesiantgwyneddamon.org">Gwynedd and Anglesey Public Services Board has a website with the domain name: <u>https://www.llesiantgwyneddamon.org</u></a></p> <p>Details and minutes of Board meetings are included on the website. The PSB support team strives to ensure that the website is kept up to date.</p> <p>In addition, there is an intention to make more use of the PSB social media accounts to inform the public of the work accomplished by the Board and other relevant information.</p>
3. Strengthen involvement by working to the guidance in the National Principles for Public Engagement in Wales	<p>The PSB support team will work together with Board members in determining which consultation and engagement sessions have been timetabled already, in order to identify opportunities for the PSB to contribute to these if possible, to avoid duplication of consultation/engagement events in the same communities.</p> <p>The Well-being Assessments are updated every five years, and so the PSB support team is currently considering the timetable for data collection and analysis and consultation / engagement. This will be planned in accordance with the National Principles for Public Engagement.</p>
4. Feed back the outcome of involvement activity identifying where changes are made as a result of the input of citizens and stakeholders	The PSB support team has identified an opportunity here to make more use of their communication channels to inform our citizens of work done by the PSB and the progress it makes. This will involve

	experimenting along the lines of 'You said... - We did...' to show how the things that our citizens have told us have contributed to our decisions.
<b>Part 2 - To improve scrutiny arrangements, they recommend that:</b>	
5. PSBs and public bodies use the findings of the Auditor General for Wales' Discussion Paper: Six themes to help make scrutiny 'Fit for the Future' to review their current performance and identify where they need to strengthen oversight arrangements and activity	<p>The PSB will work together with Gwynedd and Anglesey Scrutiny Committees in preparation for scrutiny meetings, and any arrangements put in place to form a response to the discussion paper.</p> <p>There will be further collaboration between the PSB support team and both Authorities' scrutiny managers in order to come to an agreement on scrutiny timetables and matters to be scrutinised. There will also be collaboration in an attempt to align scrutiny meeting cycles with Board meetings.</p> <p>In accordance with recommendation 2 above there will be sharing of information e.g. minutes in order to ensure that scrutiny committees possess the necessary information to scrutinise effectively.</p>
6. PSBs ensure scrutiny committees have adequate engagement with a wider range of relevant stakeholders who can help hold PSBs to account	Members of the PSB who lead sub-groups will be invited to meetings of scrutiny committees. This allows Scrutiny Committees to receive more detailed presentations on the progress made by the sub-groups, and provides opportunities for Scrutiny Committees to gain assurance and confirmation of progress.
<b>Part 3 - To help build capacity, consistency and resourcing of activity, they recommend that:</b>	
7. PSBs take the opportunity to discharge other plan and strategy obligations through the Local Wellbeing Plan	<p>The PSB has very much taken the lead in relation to the action in question. The West Wales Health and Care Sub-group, which reports to the Gwynedd and Anglesey Public Services Board, has been working with the Regional Partnership Board to ensure that services being planned for older people are suitable for local needs.</p> <p>The 'A Healthier Wales' document steers the governance arrangements and plans of the Integrated Health and Social Care Sub-group for Gwynedd and Anglesey.</p>
8. The Welsh Government enables PSBs to develop flexible models of working including: - merging, reducing and integrating their work with other forums such as Regional Partnership Boards; and - giving PSBs flexibility to receive, manage and spend grant monies subject to PSBs	<b>N/A</b>

ensuring they have adequate safeguards and appropriate systems in place for management of funding; effective budget and grant programme controls; and public reporting, scrutiny and oversight systems to manage expenditure.

**To help build capacity, consistency and the process of resourcing of activity, we recommend that the Welsh Government and the Welsh Local Government Association, in undertaking their review of strategic partnerships, consider and examine the findings of this review.**

## Appendix 3

Conwy County Borough Council – Draft Action Plan responding to Review of Public Service Boards				
Recommendations	Agreed	Responsibility	Action(s) to be taken	Implementation Date
R1a. We recommend that PSBs: • conduct formal assessments to identify the potential impact on people with protected characteristics and the Welsh language and review agreed actions to ensure any adverse impacts are addressed;	The Board have completed an impact assessment as part of the development of the well-being plan (this was undertaken by Denbighshire Council on behalf of the Board). It outlines the impacts against the national well-being goals (including equality and Welsh language).	Conwy and Denbighshire PSB	The PSB completed an EQIA for the Wellbeing Plan and completed a comprehensive Assessment of Wellbeing.  We will do a light touch review of the EQIA to consider Covid	By May 2021
R1b. We recommend that PSBs improve transparency and accountability by making PSB meetings, agendas, papers and minutes accessible and available to the public;	The Conwy and Denbighshire PSB meetings have been open to the public to observe since December 2017 (with the Board decision made in September 2017).  Meeting minutes have been available on the PSB website since the establishment of the PSB (in April 2016). PSB agendas have been published prior to	Conwy and Denbighshire PSB	Continue to publicise the meetings and ensure the agenda and minutes are available on the PSB website.  All meeting details are on the <a href="#">PSB website</a> and <a href="#">modern.gov</a> (via Denbighshire CC)	Completed

Recommendations	Agreed	Responsibility	Action(s) to be taken	Implementation Date
	the meeting since June 2017 (they are available on the PSB's website as well as the each LAs committee pages).			
R1c. We recommend that PSB's strengthen involvement by working to the guidance in the National Principles for Public Engagement in Wales	The Board have outlined their engagement commitment within their Terms of Reference. See appendix 1. Most Members have endorsed the National Principles for Public Engagement (however as individual organisations rather than a Board). The engagement work which has been undertaken to date has followed the principles.	Conwy and Denbighshire PSB	The Board to formally endorse the National Principles for Public Engagement. Publish the PSB ToR on the website.	March 21
R1d. We recommend that PSBs feedback the outcome of involvement activity identifying where changes are made as a result of the input of citizens and stakeholders.	The Board provide feedback following any involvement activity undertaken. The Board have also developed a communication plan which outlines the PSBs communication and engagement objectives. See appendix 2		Continue to update and review the communication plan as necessary.	Ongoing



Recommendations	Agreed	Responsibility	Action(s) to be taken	Implementation Date
R2. To improve scrutiny we recommend that PSBs and public bodies use the findings of the Auditor General for Wales' Discussion Paper: Six themes to help make scrutiny 'Fit for the Future' to review their current performance and identify where they need to strengthen oversight arrangements and activity	A joint Conwy and Denbighshire PSB scrutiny committee was established in May 2019. It comprises of 8 elected members from both Conwy and Denbighshire (with cross party representation). Training was undertaken before the establishment of the committee to prepare Members for the role. The AW discussion paper has been shared with the committee. Recommendations / feedback from the committee are taken to the PSB for consideration. Processes will be strengthened as scrutiny becomes more established. PSB scrutiny committee members also attend the Board (as observers) to better understand the decisions of the Board as part of their role.	PSB Joint Scrutiny Committee	<p>A joint PSB scrutiny committee has been established and a comprehensive induction programme was delivered</p> <p><b>The Joint PSB Scrutiny committee need to consider this action – table for next agenda with agreement from the Committee.</b></p>	March 2021

Recommendations	Agreed	Responsibility	Action(s) to be taken	Implementation Date
<p><b>2b.</b> We recommend that PSBs ensure scrutiny committees have adequate engagement with a wider range of relevant stakeholders who can help hold PSBs to account.</p>	<p>It is the joint PSB's scrutiny decision as to who they want to engage with and invite to participate on the committee. The PSB can only make proposals.</p> <p>The Joint Scrutiny has discussed co-option at its first training event, where it was agreed this would be reviewed once the Joint Scrutiny Committee was more established and perhaps call on 'expert witnesses' if required.</p> <p>There are also existing mechanisms in both councils which encourage public engagement, such as e-petitions, webcasting, tabling a question, public meetings etc.</p>	<p>Joint Scrutiny Committee</p>	<p>Propose to the PSB scrutiny committee that they consider inviting co-optees onto the committee.</p> <p><b>Joint Scrutiny Committee to discuss this recommendation.</b></p>	<p>May 2021</p>
<p><b>3a.</b> To help build capacity, consistency and resourcing of activity we recommend that: PSBs take the opportunity to discharge other plan and strategy obligations through the Local Wellbeing Plan;</p>		<p>Conwy and Denbighshire PSB</p>	<p>Not a priority at present</p>	

Recommendations	Agreed	Responsibility	Action(s) to be taken	Implementation Date
<b>3b.</b> To help build capacity, consistency and resourcing of activity we recommend that the Welsh Government enables PSBs to develop flexible models of working including: – merging, reducing and integrating their work with other forums such as Regional Partnership Boards; and – giving PSBs flexibility to receive, manage and spend grant monies subject to PSBs ensuring they have adequate safeguards and appropriate systems in place for management of funding; effective budget and grant programme controls; and public reporting, scrutiny and oversight systems to manage expenditure		Welsh Government to respond		
<b>R4.</b> To help build capacity, consistency and resourcing of activity we recommend that the WG and WLGA in their review of Strategic Partnerships take account of and explore the findings of this review		Welsh Government and WLGA to respond		

## Appendix 4

<b>Review of Public Services Boards – Wales Audit Office 2019</b> <b>Response on behalf of Flintshire Public Services Board</b>	
<b>Recommendation</b>	<b>Draft response/actions*</b> <small>*PSB to formally agree</small>
<p><b>R1</b> In Part 1 of the report we set out that understanding the impact of choices and decisions requires public bodies to fully involve citizens and stakeholders and undertake comprehensive Impact Assessments. However, we found that current practice is insufficient to provide assurance that the needs of people with protected characteristics are fully considered when reviewing choices and the voice of citizens is not sufficiently influencing decisions.</p> <p><b>We recommend that PSBs:</b></p> <ul style="list-style-type: none"> <li>• <b>Conduct formal assessments to identify the potential impact on people with protected characteristics and the Welsh language and review agreed actions to ensure any adverse impacts are addressed;</b></li> <li>• <b>Improve transparency and accountability by making PSB meetings, agendas, papers and minutes accessible and available to the public;</b></li> <li>• <b>Strengthen involvement by working to the guidance in the National Principles for Public Engagement in Wales; and</b></li> <li>• <b>Feedback the outcome of involvement activity identifying where changes are made as a result of the input of citizens and Stakeholders.</b></li> </ul>	<p>The PSB has not mandated a 'one size fits all' impact assessment process for PSB bodies to follow. The themes and priorities of the Flintshire PSB are led by different public and third sector organisations. The projects within these priorities therefore have their own Impact Assessment processes in place.</p> <p>Flintshire PSB has a website, but this does not include PSB meeting documents. This is something that will need to be considered further by the PSB.</p> <p>Flintshire County Council, as the lead body for the PSB, has adopted the National Principles for Public Engagement in Wales.</p> <p>Feedback would be part of any engagement or co-production process that the partner bodies have in place and is an area that needs to be further strengthened.</p>
<p><b>R2</b> In Part 2 of the report we review arrangements for PSB scrutiny and conclude that there are shortcomings and weaknesses in current performance and practice.</p> <p><b>To improve scrutiny, we recommend that:</b></p> <ul style="list-style-type: none"> <li>• <b>PSBs and public bodies use the findings of the Auditor General for Wales' Discussion Paper: Six themes to help make scrutiny 'Fit for the Future' to review their current performance and identify where they need to strengthen oversight arrangements and activity; and</b></li> </ul>	<p>Flintshire's Corporate Resources and Overview Scrutiny Committee (CROSC) have oversight of the work of the PSB with twice yearly reporting. However, during the last year the Overview and Scrutiny Committees were stood down due to the pandemic and were replaced by Recovery Boards. All Overview and Scrutiny Committees have now resumed in full.</p>

<ul style="list-style-type: none"> <li>• <b>PSBs ensure scrutiny committees have adequate engagement with a wider range of relevant stakeholders who can help hold PSBs to account.</b></li> </ul>	<p>The CROSC committee and other service specific scrutiny committees invite partner bodies to address them on areas of interest i.e. regular input from Betsi Cadwalader UHB, North Wales Police and Natural Resources Wales.</p>
<p><b>R3</b> In Part 3 of the report we summarise the difficulty of developing, implementing and resourcing PSBs and the challenges of managing multiple partnerships that can often have overlap and duplication.</p> <p><b>To help build capacity, consistency and resourcing of activity we recommend that:</b></p> <ul style="list-style-type: none"> <li>• <b>PSBs take the opportunity to discharge other plan and strategy obligations through the Local Wellbeing Plan</b></li> </ul>	<p>Flintshire PSB already discharges the statutory obligations of the Community Safety Partnership, both as part of the Well-being Plan and in regular reporting to the PSB.</p> <p>The joint work that the newly formed Flintshire and Wrexham PSB for Community Recovery has demonstrated the benefits of joint working on similar shared priority areas.</p> <p>Flintshire's Wellbeing Plan for 2021/22 will be a blend of the two standing local PSB priorities (Community Safety and Healthy and Independent Lives) alongside the four more newly developed Community recovery priorities established by the joint PSB (Children and Young People, Mental Health and well-being, Environment and Carbon reduction and Poverty and Inequality).</p>



## Chair's Report

1.4.20 to 31.3.21

<b>Name of Committee:</b>	International Health Group (IHG)
<b>Meeting date:</b>	18.12.20
<b>Name of Chair:</b>	Gill Harris, Deputy CEO / Executive Director of Nursing and Midwifery
<b>Responsible Director:</b>	Gill Harris, Deputy CEO / Executive Director of Nursing and Midwifery
<b>Summary of business discussed:</b>	<p>There has only been one meeting of the IHG during the reporting period due to the need to prioritise the response to the COVID-19 pandemic.</p> <p>The main areas of business covered were:</p> <ul style="list-style-type: none"> <li>• Difficulties in communicating with overseas partners due to lack of infrastructure and other resources, and the Ethiopian Government switching off local internet as a means of controlling political unrest; this has resulted in Hosanna Hospital partners requesting funding from the Ethiopia Link for a telephone landline</li> <li>• UK grant schemes and NHS Wales funding opportunities; introduction of a new COVID-19 £10k grant</li> <li>• A family medicine training programme run in Lesotho, focusing on providing counselling support and involving the health Board's clinical psychologists</li> <li>• Funding was withdrawn by the Ethiopia Link for the primary care CPD project, due to no evidence of CPD sessions taking place</li> <li>• Fiona Rae, Emergency Department Consultant in Wrexham, has been appointed as the new Kenya Link Chair following Tony DaSilva's retirement</li> <li>• The planned Betsi/Kenya project team visit to Busia Hospital was cancelled due to the pandemic</li> <li>• Spending funds raised by Health Board staff as part of the Shillings for Sheets campaign, to purchase bedding for patients in Busia Hospital</li> </ul>

	<ul style="list-style-type: none"> <li>It was noted that the economic fallout for partners as a result of the pandemic is likely to be significant; this was suggested as a topic for Hub Cymru Africa's Global Solidarity summit.</li> </ul>
<b>Key assurances provided at this meeting:</b>	<ul style="list-style-type: none"> <li>The Health Board, through the work of the IHG, is fulfilling its obligation to support international health development, and good governance arrangements are in place.</li> </ul>
<b>Key risks including mitigating actions and milestones</b>	<ul style="list-style-type: none"> <li>The pandemic has disrupted international health partnership activity, due to the cancellation of overseas flights and the need for colleagues to prioritise efforts to combat COVID-19. Time has instead been used to participate in activity that can be carried out remotely/via email, such as participation in the rapid review of international health activity in Wales.</li> </ul>
<b>Targeted Intervention Improvement Framework Domain addressed</b>	<ul style="list-style-type: none"> <li>-Leadership (including governance, transformation and culture)</li> <li>-Engagement (patients, public, staff and partners).</li> </ul>
<b>Issues to be referred to another Committee</b>	None
<b>Matters requiring escalation to the Board:</b>	None
<b>Well-being of Future Generations Act Sustainable Development Principle</b>	International Health work contributes to achievement of the global citizenship well-being goal.
<b>Planned business for the next meeting:</b>	<ul style="list-style-type: none"> <li>- Post-COVID-19 / business as usual recovery</li> <li>- Feedback from Hub Cymru Africa 'Meet the Funder' events, May 2021</li> <li>- Feedback from the Global Solidarity summit</li> <li>- Results of the rapid review of international health activity in Wales</li> <li>- The role of IM Champion for international health.</li> </ul>
<b>Date of next meeting:</b>	To be confirmed.



<b>Cyfarfod a dyddiad: Meeting and date:</b>	<b>SPPH 17<sup>th</sup> June 2021</b>						
<b>Cyhoeddus neu Breifat: Public or Private:</b>	Public						
<b>Teitl yr Adroddiad Report Title:</b>	Mid Wales Joint Committee Up-date Report						
<b>Cyfarwyddwr Cyfrifol: Responsible Director:</b>	Mark Wilkinson Executive Director of Planning and Performance						
<b>Awdur yr Adroddiad Report Author:</b>	Nia Williams, Mid Wales Joint Committee Programme Manager Wendy Hooson, Head of Health Strategy and Planning (Acting)						
<b>Craffu blaenorol: Prior Scrutiny:</b>	This Report is brought for information / assurance and is a summary of the work of the Mid Wales Joint Committee including its Sub Groups – the Mid Wales Planning and Delivery Executive Group, the Mid Wales Clinical Advisory Group and the Rural Health and Care Wales Stakeholder Group						
<b>Atodiadau Appendices:</b>	<b>Appendix 1: Mid Wales Priorities 2021 - 2022</b>						
<b>Argymhelliad / Recommendation:</b>							
The Strategy Partnerships and Population Health Committee is asked to receive the Mid Wales Joint Committee Update Report and to note the Mid Wales priorities 2021 / 2022. The priorities and work completed to-date will inform BCUHB strategic, operational and cluster planning.							
Please tick as appropriate							
<b>Ar gyfer penderfyniad /cymeradwyaeth For Decision/ Approval</b>		<b>Ar gyfer Trafodaeth For Discussion</b>		<b>Ar gyfer sicrwydd For Assurance</b>	✓	<b>Er gwybodaeth For Information</b>	✓
<b>Sefyllfa / Situation:</b>							
This Report provides an update on the work undertaken by the Mid Wales Joint Committee and its Sub Groups, highlighting key issues and work priorities for 2021 / 2022.							
<b>Cefndir / Background:</b>							
<p>The Mid Wales Healthcare Collaborative was established in March 2015 following a study of healthcare in Mid Wales commissioned by Welsh Government and undertaken by the Welsh Institute for Health and Social Care (WIHSC) (<i>ref: Mid Wales Healthcare Study, Report for Welsh Government, WIHSC – University of South Wales, September 2014</i>). The Collaborative was a joint Committee whose membership included representatives of the three Health Boards, Welsh Ambulance Services NHS Trust (WAST) and Local Authorities providing services to Mid Wales.</p> <p>In March 2018, the Mid Wales Healthcare Collaborative transitioned to the Mid Wales Joint Committee (MWJC) for Health and Care with a strengthened approach to planning and delivery across Mid Wales. Membership of the MWJC was revised to reflect its new approach with a lead Chair, lead Chief Executive, lead Director of Planning and lead Clinical Executive Director nominated on an annual rotational basis from each of the Mid Wales Health Boards. Partner organisations of the Joint Committee include Betsi Cadwaladr University Health Board (BCUHB), Hywel Dda</p>							

University Health Board (HDdUHB) and Powys Teaching Health Board (PTHB), the three Local Authorities - Ceredigion County Council, Gwynedd County Council and Powys Council, with representatives of the three Community Health Councils - Hywel Dda, North Wales and Powys Community Health Councils as Associate members.

The MWJC has an agreed Strategic Intent which supports a joined up approach to the planning and delivery of health and care services across Mid Wales and focuses on the delivery of five overarching aims to address the health and care needs of the Mid Wales population:

- **Aim 1: Health, Wellbeing and Prevention**
- **Aim 2: Care Closer to Home**
- **Aim 3: Rural Health and Care Workforce**
- **Aim 4: Hospital Based Care and Treatment**
- **Aim 5: Communications, Involvement and Engagement**

Supporting these aims is a set of annually agreed Mid Wales priorities which align to the Integrated Medium Term Plans (IMTP) / Annual / Regional Plans of the MWJC's partner organisations (**refer to Appendix One**).

**Asesiad / Assessment & Analysis**

## **Mid Wales Priorities and Delivery Plan**

### **Priorities 2020/21**

The Covid-19 pandemic has impacted on the ability to deliver the MWJC's 2020 / 2021 priorities and delivery plan. That said, there has been a positive impact on a small number of priority areas such as telemedicine and digital. The 2020 / 2021 work programme has therefore been refreshed and rolled forward to 2021 / 2022.

### **Priorities 2021 / 2022 (refer to Appendix One)**

Work undertaken to inform the refreshed priorities for 2021 / 2022 includes the following:

- Mid Wales Planning virtual workshop held in November 2020 to review and update the priorities and delivery plan
- Mid Wales Clinical Advisory Group meetings in March and May 2021 to develop the clinical priorities
- Mid Wales Planning and Delivery Executive Group in April 2021 to review the proposed priorities and delivery plan for recommendation to the MWJC.

At the MWJC meeting in May 2021 it was noted that the priorities for the year would need to be flexible and responsive to the ever changing service recovery elements and the new Ministerial priorities.

### **Recovery Plan for Mid Wales**

At its April 2021 meeting, the Mid Wales Planning and Delivery Executive Group asked the three Health Boards and three Local Authorities to prepare reports that describe how their respective Recovery Plans support the Mid Wales position. The draft Reports were presented to the MWJC in May where it was noted that further work is required to ensure full consideration is given to the needs of the Mid Wales population.

### **North Powys Well-being Programme**

The North Powys Wellbeing programme is a proposed new model of health and care that includes the provision of a rural Regional Centre and Community Well-being Hub in Newtown. It will form part of a multi-agency campus that aims to co-locate health, social care, housing and education with links to leisure, police and other partners. The Hub will provide outreach facilities from District General Hospitals and improve access to health, social care, well-being, prevention and health promotion services. A Capital Programme Business Case has been submitted to WG with feedback due by the end of May 2021.

### **Mid Wales Clinical Advisory Group**

Dr Kate Wright, Medical Director for PTHB, has assumed the lead Clinical Executive Director role for the Mid Wales Clinical Advisory Group.

Dr Kate Clark, Acting Deputy Executive Medical Director had been the BCUHB clinical representative on the Group. Discussions are underway to identify a BCUHB replacement following her departure from the Health Board.

A set of clinical priorities for 2021 / 2022 (informed by the Organisational Recovery Plans) has been agreed and includes ophthalmology; cancer and chemotherapy outreach; urology; waiting lists - in particular trauma, orthopaedics and general surgery; utilising facilities in the community; and workforce - in particular cross border / joint workforce solutions.

A clinical workshop to support the North Powys Wellbeing Programme took place in November 2020. Key discussion points included:

- The potential provision of ENT, General Surgery, Gynaecology, Orthopaedics, Ophthalmology, Respiratory, Cardiology, Diabetes, Neurology, Stroke, Cancer, Chemotherapy and Dermatology
- The feasibility of establishing a level 2 Rehabilitation Unit
- A focus on diagnostics and digital is required
- The need to strengthen links with Paediatric services across Mid Wales
- Primary care and community elements of the service model to be further explored

A joint cluster meeting is to be arranged between South Gwynedd, North Ceredigion and North Powys to start discussions on GP portfolio and rotation opportunities.

### **Rural Health and Care Wales**

The Rural Health and Care Wales work programme has been approved for 2021 / 2022 on the proviso that it may be subject to change pending finalisation of the MWJC priorities for 2021 / 2022.

Key areas of work include:

- Development of stronger working links with the regional Research, Innovation and Improvement Hubs in North Wales, West Wales and Powys
- A Rural Health and Care Wales virtual Annual Conference to take place on 9<sup>th</sup> and 10<sup>th</sup> November 2021
- The development of proposals for a Professor in Health Economics post to lead the development of a West Wales Centre for Health Economics.

### **Public and Patient Engagement and Involvement**

Due to the Covid-19 pandemic the proposed 2020 / 2021 plan for engagement and involvement was placed on hold. The MWJC's social media sites have however been used to continue to share key information with the public.

### **Strategy Implications**

The Welsh Government's long-term plan for the future of health and social care in Wales, 'A Healthier Wales: Our Plan for Health and Social Care', sets out the long term future vision of a 'whole system approach to health and social care' which focuses on health and wellbeing, and on preventing illness. The MWJC, as a formally designated regional planning area within Wales, supports this direction of travel through its Strategic Intent which sets out how the MWJC intends to ensure there is a joined up approach to the planning and delivery of health and care services across Mid Wales.

### **Financial Implications**

The financial impact of the MWJC's Delivery Plan is overseen by the Mid Wales Planning and Delivery Executive Group. BCUHB, HDdUHB and PTHB fund (equally) the RHCW programme activities. In December 2020, BCUHB and HDdUHB committed to fund £37,500 each on a recurrent basis. PTHB continues to fund on an annual basis. RHCW is working to become fully self-funded over time by securing external funding and grants.

### **Risk Analysis**

There are no directly identified risks arising from this Update Report. Risks are identified through the MWJC's risk management process, reported to the Mid Wales Planning and Delivery Executive Group and escalated to the MWJC, where appropriate.

### **Legal and Compliance**

The Mid Wales Healthcare Collaborative (now the Mid Wales Joint Committee) was established in response to the Mid Wales Healthcare study which was commissioned by the then Minister for Health, Professor Mark Drakeford. In May 2018, the Mid Wales Joint Committee was formally recognised by the Welsh Government as a Regional Planning Committee.

### **Impact Assessment**

This Update Report is for information only and consequently no specific impact assessments have been undertaken.

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Priority	Objective(s) 2021/22
Social and Green Solutions for Health	<ul style="list-style-type: none"> <li>Review the impacts and outputs of Social and Green Solutions across Mid Wales.</li> <li>Review the focus and objectives of the Social and Green Solutions priority.</li> </ul>
Ophthalmology	<ul style="list-style-type: none"> <li>Review existing Ophthalmology service provision and waiting lists for Mid Wales in order to identify opportunities for a regional approach to recovery plans, ensuring consistent Primary Care support in the Ophthalmology pathway.</li> <li>Recruit to the Mid Wales Ophthalmology leadership role in order to secure leadership for an MDT approach across Mid Wales.</li> <li>Develop innovative solutions to address the continued gaps in Optometry service provision across the South Meirionnydd area.</li> </ul>
Community Dental Services	<ul style="list-style-type: none"> <li>Review existing community dental service provision and current waiting lists for Mid Wales and identify opportunities for a regional approach to recovery plans.</li> </ul>
Cancer	<ul style="list-style-type: none"> <li>Review current baseline data for waiting times in order to:               <ol style="list-style-type: none"> <li>Develop solutions for current issues and identify opportunities for increasing provision across Mid Wales community sites together</li> <li>Develop a plan for a Mid Wales approach to chemotherapy services in the community.</li> </ol> </li> </ul>
Digital (Includes WCCIS and Telemedicine)	<ul style="list-style-type: none"> <li>Development of a clinically agreed plan for future digital developments for implementation across Mid Wales.</li> <li>Establishment of a regional Mid Wales strategic commissioning group.</li> </ul>
Respiratory	<ul style="list-style-type: none"> <li>Development of the Mid Wales Respiratory Plan outlining the service model for the provision of Respiratory services across Mid Wales with a focus on delivering care closer to home and the creation of a networked pathway across secondary and tertiary services.</li> </ul>
Rehabilitation	<ul style="list-style-type: none"> <li>Development of a Mid Wales Rehabilitation Service plan for inpatient, outpatient and community rehabilitation services and exploring the development of an MDT approach across Mid Wales.</li> </ul>
Urology	<ul style="list-style-type: none"> <li>Develop and agree a service model for Urology services at General Hospital with outreach services across Mid Wales.</li> <li>Implement the Urology service model:               <ol style="list-style-type: none"> <li>Phase 1 - Reintroduction of urology services at Bronglais General Hospital.</li> <li>Phase 2 - Establishment of outreach services across the Care Hubs in Mid Wales.</li> </ol> </li> </ul>
Cross Border Workforce solutions (includes Integrated care hubs Workforce plan for Mid Wales)	<ul style="list-style-type: none"> <li>Develop solutions to establish cross border workforce arrangements across Mid Wales including joint induction and training programmes.</li> <li>Provide continued support to the establishment of a nurse training centre in Aberystwyth which if successful will include placements in a range of rural community settings across Mid Wales.</li> </ul>
Clinical Strategy for Hospital Based Care and Treatment (includes Colorectal Surgical Pathway)	<ul style="list-style-type: none"> <li>Develop the implementation plan to support the delivery of the Bronglais General Hospital strategy.</li> <li>Implementation of the year 1 deliverables of the delivery plan for the implementation of the Bronglais General Hospital clinical strategy 'Bronglais General Hospital: Delivering Excellent Rural Acute Care' with the development of regional and cross border solutions</li> </ul>