

Bundle Strategy, Partnerships and Population Health Committee 5 March 2020

AGENDA

*** Note earlier start time

9.00am Boardroom, Carlton Court, St Asaph LL17 0JG

- 1 09:00 - SP20/6 Apologies for absence
Miss Teresa Owen, Mrs Sue Green (Mrs Katie Sargent to deputise)
- 2 09:00 - SP20/7 Declaration of Interests
- 3 09:00 - SP19/8 Draft minutes of the meeting held on 3.12.19 for accuracy, matters arising and summary action plan
SP20.8a Minutes SPPH Public 3.12.19 V0.02 draft.docx
SP20.8b Summary Action Log.docx
- 4 09:05 - SP20/9 Annual Plan Progress Monitoring Report (APPMR)
Mr Mark Wilkinson
Recommendation:
The Strategy, Partnerships and Population Health Committee is asked to scrutinise the progress reported.

SP20.9a APMR Cover Sheet.docx
SP20.9b APMR Annual Plan Progress Monitoring Report - January 2020 Final.pdf
- 5 09:20 - SP20/10 Estates Strategy - One year on
Mr Mark Wilkinson
Mr Neil Bradshaw in attendance
Recommendation:
The Committee is asked to note the Estates Strategy including a review of the progress to date and details of the actions and priorities going forward.

SP20.10 Estate strategy - One year on v1.0.docx
- 6 09:40 - SP20/11 Presentation: Environmental Sustainability within BCU
Mr Mark Wilkinson
Mr Rod Taylor, Director Estates and Facilities and Mrs Bethan Jones, Area Director Centre in attendance
SP20.11a Presentation_BCUHB Environmental Sustainability Updated Rev 1.0.ppt
SP20.11b Environmental Sustainability and Decarbonisation supporting document.doc
- 7 09:55 - SP20/12 North Wales Regional Partnership Board Update
Mr Mark Wilkinson
Recommendation:
The Committee is asked to receive the update from the North Wales Regional Partnership Board

SP20.12a NWRPB coversheet.docx
SP20.12b NWRPB_Minutes 6.12.2019_English language.pdf
SP20.12c NWRPB_Cofnodion 6.12.2019_laith Cymraeg.pdf
- 8 10:10 - Comfort break
- 9 10:25 - SP20/13 Civil contingency and business continuity progress
Mr Mark Wilkinson
Mrs Emma Binns in attendance
Recommendation:
The Committee is asked to receive this report and note the progress that has been made to enhance organisational resilience in 2019/20.
SP20.13 Civil Contingencies Feb 280220.docx
- 10 10:40 - SP20/14 Engagement update
Mrs Katie Sargent
Recommendation:
The Committee is asked to NOTE the progress detailed in this paper
SP20.14a Engagement update _March 2020.docx
SP20.14b Engagement update _March 2020.pdf
- 11 10:55 - SP20/15 Integrated Care Fund briefing

Mr Mark Wilkinson

Recommendation:

The Committee is asked to note the paper and consider future reporting requirements.

SP20.15 ICF and the NWRPB 2020 v4 final.docx

12 11:10 - SP20/16 Corporate risks assigned to the Committee

Mr Mark Wilkinson

Recommendation:

The Strategy, Partnerships and Population Health Committee is asked to:

1) Consider the relevance of the current controls;

2) Review the actions in place and consider whether the risk scores remain appropriate for the presented risks;

3) Consider and approve the appropriateness to deescalate CRR14 Staff Engagement Risk to Tier 2 level.

SP20.16 CRR report to SPPH - 05-03-2020.pdf

13 SP20/16 Issues of significance to inform the Chair's assurance report

14 SP20/17 Date of next meeting 16.4.20

15 11:25 - Exclusion of Press and Public



Strategy, Partnerships and Population Health Committee (SPPHC)
Draft minutes of meeting held in public on 3.12.19
in the Boardroom, Carlton Court

Present:

Mrs Lyn Meadows	Independent Member (Acting Chair)
Mrs Jackie Hughes	Independent Member
Cllr Medwyn Hughes	Independent Member

In Attendance:

Mr John Darlington	Assistant Director ~ Corporate Planning (<i>part meeting</i>)
Mrs Kate Dunn	Head of Corporate Affairs
Dr David Fearnley	Executive Medical Director (<i>part meeting</i>)
Mrs Ffion Johnstone	Area Director : West (<i>part meeting</i>)
Mr Rob Nolan	Finance Director ~ Commissioning & Strategy
Mr Lawrence Osgood	Associate Director of Workforce Performance & Improvement (<i>for Mrs S Green</i>)
Miss Teresa Owen	Executive Director of Public Health
Dr Chris Stockport	Executive Director of Primary & Community Services
Mr Mark Wilkinson	Executive Director Planning and Performance
Mr Dylan Williams	Chief Information Officer (<i>part meeting</i>)

Agenda Item Discussed	Action By
<p>SP19/106 Apologies for Absence</p> <p>Received for Mrs Helen Wilkinson and Mrs Sue Green</p>	
<p>SP19/107 Declarations of Interest</p> <p>None raised.</p>	
<p>SP19/108 Draft minutes of the meeting held on 1.10.19 for accuracy, matters arising and summary action plan</p> <p>The minutes were agreed as an accurate record, and updates were provided against the summary action log.</p>	
<p>SP19/109 Review of the Committee's allocated risks extracted from the Corporate Risk Register</p>	

<p>SP19/109.1 The Executive Director of Planning and Performance presented the paper and asked members to consider if they were happy with the scores and actions as described. A discussion ensued:</p>	
<p>SP19/109.2 CRR01 Population Health The Executive Director of Public Health reported there was currently no indication of a need to change the scoring and that the risk would be further reviewed as part of planning processes. The Committee accepted the current risk scores and mitigating actions as presented.</p>	
<p>SP19/109.3 CRR09 Primary Care Sustainability The Executive Director of Primary and Community Services reported that many of the improvement actions were long term hence the score would not be liable to change quickly. He was content that the actions were appropriate and sufficient to manage any potential deterioration. The Committee accepted the current risk scores and mitigating actions as presented.</p>	
<p>SP19/109.4 CRR14 Staff Engagement It was noted that whilst the accompanying summary report indicated the current and target risk scores had been reduced since the last review, the detail against the risk itself stated there had been no change since presented to Board in November 2019. This would be clarified urgently. Notwithstanding this contradiction, members were assured that a range of improvement actions were in place and on track but had not yet fully delivered results and outcomes. A member queried the listing of 'IWantGreatCare' as an assurance as she was of the view that this was no longer being utilised across BCU. This would be clarified. A comment was also made that the implications of the nurse rostering issue may well impact adversely on staff engagement and morale.</p>	<p>LO (SG)</p> <p>LO (SG)</p>
<p>SP19/109.5 CRR15 Recruitment and Retention It was noted that the current risk scores remained unchanged and that the risk was being addressed through substantial retention plans both at divisional and organisational level. It was reported that a new Head of Resourcing had been appointed and that current vacancy rates were overall acceptable, with Nursing and Midwifery on the right trajectory. The question was raised whether changes in the Trac system would impact upon this and the Associate Director of Workforce Performance & Improvement would discuss this further outside of the meeting with Mrs J Hughes. The Committee accepted the current risk scores and mitigating actions as presented.</p>	<p>LO</p>
<p>SP19/109.6 CRR17 Development of an IMTP The Executive Director of Planning and Performance indicated this was a long-standing risk which remained a significant challenge for the Board. He reported that actions would be further considered in the later Committee Workshop session and also at the Board Workshop on the 5.12.19. He reminded members that the financial position and the organisation's ability to deliver timely access to planned care were significant issues that would affect the Board's ability to meet the target score. The Committee accepted the current risk scores and mitigating actions as presented.</p>	

<p>SP19/109.7 CRR18 EU Exit – Transition Arrangements</p> <p>The Executive Director of Planning and Performance indicated this was a recently added risk and was distinctly separate to broader issues for healthcare as a result of potentially leaving the EU which were outside of the Board’s direct ability to manage, although clearly we will seek to influence. It was noted that whilst the accompanying summary report indicated the current and target risk scores had been reduced since the last review, the detail against the risk itself stated there had been no change since presented to Board in November 2019. This would be clarified urgently. A question was asked how BCU compared to its peers on this issue and it was reported there was no formal way to measure this but he assured members that there was a good level of joint planning in place including fortnightly calls with Welsh Government and other Boards. It was also confirmed that the impact upon care homes was taken into account. The Acting Chair suggested that the Committee review this specific risk at each meeting for the time being given the political situation.</p> <p>SP19/109.8 It was resolved that the Committee:</p> <ol style="list-style-type: none"> 1) Consider the relevance of the current controls: 2) Review the actions in place and consider whether the risk scores remain appropriate for the presented risks; 3) Approve the presented risks as set out above. 	<p>MW</p> <p>MW</p>
<p>SP19/110 Digitally Enabled Clinical Strategy <i>[Dr David Fearnley and Mr Dylan Williams joined the meeting]</i></p> <p>SP19/110.1 The Executive Medical Director reminded the Committee of the requirement to produce a strategy for clinical services and that further discussion would be held at the Board Workshop on the 5.12.19. He stated that a digital platform was a key enabler to ensuring the Board could meet Welsh Government expectations around a strategy that set out clear, evidenced-based interactions for individual conditions. He felt that if the digital strategy elements were separated out it would be more challenging to deliver the wider ambitions. A member made a point that digital solutions may be delayed where they were dependent on All Wales solutions. He also asked whether BCU was working with partners to ensure that funding opportunities were maximised. The Executive Medical Director agreed this was key, and that the Board must be clear on its direction of travel.</p> <p>SP19/110.2 The Executive Director of Primary and Community Services felt that this strategy must be taken forward via an integrated approach and there would need to be a good level of discipline in support of this. The Executive Medical Director reminded members that Living Healthier Staying Well had set out a shift towards more preventative care outside of hospitals, and that the clinical strategy needed to support this pathway. The Executive Director of Public Health indicated that the national clinical plan required a refresh and that the role of Public Health Wales in driving this needed to be more clearly understood. <i>[Mr John Darlington joined the meeting].</i></p> <p>SP19/110.3 The Audit Committee Chair recalled that the Wales Audit Office structured assessment set out their expectations for a clinical strategy which addressed issues of sustainability and affordability, and he felt that the connections needed to be carefully</p>	

<p>made with the annual plan. The Executive Director of Primary and Community Services felt that the work around the diabetes pathway and strategy was a good example of where real improvements could be made but a lack of digital solutions was preventing progress. The Acting Chair suggested that this be offered as a case study topic at the Board Workshop on 5.12.19.</p> <p><i>[Dr David Fearnley and Mr Dylan Williams left the meeting]</i></p> <p>SP19/110.4 It was resolved that the Committee discuss the report and note it would be presented to the Board Workshop on 5.12.19.</p>	<p>DF CS</p>
<p>SP19/112 2019/20 Annual Plan Progress Monitoring Report (APPMR)</p> <p>SP19/112.1 The Acting Chair acknowledged that the APPMR needed to be scrutinized at Committee level but expressed concern that the SPPH committee was reviewing actions with ‘red’ scores which were not necessarily within its remit to address. The Executive Director of Planning and Performance accepted that there were elements that were more closely related to the work of another Committee but there was a risk of a silo approach if they were all separated out. The Assistant Director of Corporate Planning reminded members that as the Committee with responsibility for setting the annual plan and strategic direction it was important that SPPH received the whole report.</p> <p>SP19/112.2 A discussion ensued around the level of detail within the APPMR and that members felt it didn’t necessarily reflect impact and outcomes. The Executive Director of Planning and Performance reminded members that further detail was available to members within the Integrated Quality Performance Report (IQPR). The Executive Director of Public Health added that each Executive Director would be assured that the level of detail was there for their respective areas. A member enquired why AP008 regarding developing a partnership plan for children with a focus on Adverse Childhood Experiences (ACEs) had remained amber for several months. It was noted there was a paper on ACEs later on the agenda, and the issue of actions remaining amber for many months had been raised by other Committees.</p> <p>SP19/112.3 It was resolved that the Committee note the report.</p>	
<p>SP19/113 Review of 2020/21 Cluster Plans</p> <p>SP19/113.1 The Assistant Director of Corporate Planning presented the paper which provided an update in respect to the progress made in developing 2020/21 Cluster Integrated Medium Term Plans. He made reference to the earlier conversation around pathways and felt that the clusters were well placed to support this agenda. He acknowledged the significant amount of work that had been undertaken within a relatively short amount of time to prepare the draft plans by the end of September. He was of the opinion that the plans were of significant value and were well placed to meet the needs of their populations. The Assistant Director of Corporate Planning also acknowledged the work of the area teams in ensuring consistency across the plans, and noted that common areas had been drawn out within the paper together with positive feedback from Welsh Government which would be used to make further</p>	

<p>improvements. Finally he indicated that the paper highlighted some developmental work that would be required around the Integrated Medium Term Plan (IMTP) for 2020-24 and that it would be timely to take stock and identify what support the clusters needed in order to move forward. The Executive Director of Planning & Performance added that the intention was to take key themes from the cluster work and determine to what extent they were reflected in the BCU-level plans to ensure a 'golden thread' was established.</p> <p>SP19/113.2 An independent member reflected that previous presentations from cluster representatives had been commendable and enthusiastic. She supported the development of Community Resource Teams (CRTs) and felt these added value. The Assistant Director of Corporate Planning indicated that CRTs were becoming more embedded and there was a need to evidence their impact on hospital admissions through the management of patients at home. Another member welcomed the paper and felt that it provided an example of partnership working at its best which would support the transformation agenda. The Acting Chair referred to a previous paper to Board regarding financial governance and enquired how these were being addressed. The Executive Director of Primary and Community Services accepted that there were issues to be addressed, some of which related to resources or funding and some around decision-making. Further discussion would be held in the later paper on the Transformation Fund.</p> <p>SP19/113.3 It was resolved that the Committee:</p> <ol style="list-style-type: none"> 1. Receive the report 2. Note the progress made towards developing cluster plans for 2020/21 alongside actions to ensure key priorities are incorporated into respective health economy plans. 	
<p>SP19/114 Draft Strategic Equality Plan (SEP) 2020-24</p> <p>SP19/114.1 The Acting Chair noted that the draft plan had been scrutinised by the Equality and Human Rights Strategic Forum in August 2019 and the consultation draft agreed by the SPPH Committee in October 2019 prior to public consultation. She confirmed that the final draft had been amended in response to the feedback received during the consultation period.</p> <p>SP19/114.2 It was resolved that the Committee approve the SEP and recommend to Board for final approval and publication.</p>	
<p>SP19/115 Regional Partnership Board (RPB) Update</p> <p>SP19/115.1 The Executive Director of Planning & Performance presented the paper which provided an update on progress within the RPB work programme via the submission of the RPB minutes. He indicated that the previous meeting had focused on transformation work, and the RPB had received a presentation on digital solutions which had highlighted the importance of partnership focus.</p> <p>SP19/115.2 A discussion took place regarding the equalities agenda and how it was important to ensure that links were strengthened across organisations. The Acting</p>	

<p>Chair also asked what the latest position was in terms of a Carer’s Strategy for BCUHB and how this linked to any regional plans. It was agreed that a position statement be provided including where the latest strategy was available from.</p> <p><i>[Mrs Ffion Johnstone joined the meeting]</i></p> <p>SP19/115.3 It was resolved that the Committee receive the update from the North Wales Regional Partnership Board</p>	<p>TO</p>
<p>SP19/116 Transformation Fund Update : Community Services update</p> <p>SP19/116.1 The Executive Director of Primary and Community Services presented the paper which provided members with a progress update on the Community Services Transformation programme across North Wales. The report outlined the work undertaken since the last report in September 2019 and detailed the actions to be undertaken in the next quarter. He acknowledged what a significant and challenging piece of work this was for the Health Board, but that it was now far clearer as to what key performance indicators would need to look like, and that an evaluation approach was in place. In terms of the multi-disciplinary teams (MDTs) he indicated that there was a framework set out for their maturity and pace setter funding was agreed for many of them. He did feel there was a need for an improved primary care focus within the IQPR. Overall the Executive Director of Primary and Community Services felt that the key issue for the clusters was their maturity and he suggested that they needed to be tested with different levels of autonomy which in return should see a level of increased flexibility.</p> <p>SP19/116.2 A discussion ensued. The Executive Director of Planning and Performance referred to an earlier discussion around financial governance and that the plan for next year should include a financial strategy section picking up issues such as zero based budgets and moving money across the organisation. The Executive Director of Primary and Community Services suggested there was a need to look at the whole pathway agenda and to move away from over investing in the secondary care arena. The Executive Director of Public Health agreed that the organisation needed a mature discussion as an integrated board. The Finance Director for Commissioning and Strategy supported this direction of travel but indicated that appropriate business case processes would need to be available to support this. The Area Director (West) suggested that a pathway where there is variation in practice be identified (such as diabetes) and the social model be applied to it. Members were supportive of this suggestion and the Executive Director of Planning and Performance undertook to take the idea through the Executive Team in order to develop a proposal for the Committee to consider at the next meeting.</p> <p>SP19/116.3 The Acting Chair then referred to Appendix 1 on design principles for North Wales and welcomed what she felt was a clever design which provided an excellent summary of where the organisation should be heading, but wondered whether it was deliverable. The Executive Director of Primary and Community Services was of the view that all of the content was possible and that the teams had signed up to the direction of travel, but the challenge would as ever be around</p>	<p>MW</p>

<p>capacity. Another member welcomed the document which she felt would be a useful template for other services.</p> <p>SP19/116.4 In terms of risks the Executive Director of Primary and Community Services confirmed that £6m of transformation monies would come to an end but it had always been made clear that this was to be used to facilitate change and to support the existing workforce to manage it. He was comfortable that the organisation was currently managing the risk. The Executive Director of Public Health stated that similar conversations were held within the Regional Partnership Board and it was key to ensure the finance was allocated and managed appropriately.</p> <p>SP19/116.5 The Acting Chair suggested that the transformation and community services agenda would be a useful topic for a future board workshop discussion. She would flag this within her Chair's report to Board.</p> <p>SP19/116.6 It was resolved that the Committee to note the information contained within the report by way of progress with the Community Services Transformation Fund.</p>	LM
<p>SP19/117 Public Service Boards (PSBs) Gwynedd & Anglesey</p> <p>SP19/117.1 The Area Director (West) presented the report which updated members on developments and implementation of the Gwynedd and Anglesey Well-Being Plan and the implications for the Health Board. She set out two key objectives - firstly to ensure communities thrived and were prosperous in the long-term and secondly to ensure that residents were healthy and independent with a good quality of life. She indicated that the PSBs were prioritising a range of actions to deliver these objectives and that the paper set out the focus of a range of sub-groups that had been established in the areas of Welsh Language, climate change, homes for local people, poverty, health and care of adults and the welfare and achievement of children and young people. The Area Director (West) went onto draw members' attention to the establishment of an Integrated Health and Social Care Group for Gwynedd and Anglesey which aimed to take the RPB transformation project to a local level to ensure delivery.</p> <p>SP19/117.2 The Acting Chair noted that the report of a Wales Audit Office review into PSBs would be considered by the Regional Partnership Board at its next meeting. The Area Director (West) would ensure that the SPPH Committee was sighted on any implications from those recommendations. A member suggested that the frequency of the PSB updates to the Committee was not consistent and may be too frequent. It was agreed that this be reviewed to ensure reporting was most timely and appropriate.</p> <p>SP19/117.3 It was resolved that the Committee note the update and current progress made by the Gwynedd & Anglesey Public Service Board.</p> <p><i>[Mrs Ffion Johnstone left the meeting]</i></p>	MW

<p>SP19/118 Update on Alcohol Strategies in BCUHB</p> <p>SP19/118.1 The Executive Director of Public Health presented the paper which provided an update on strategic alcohol and related Area Planning Board (APB) activity. She drew attention to a change within the Public Health Act of 2018 in terms of minimum unit prices for alcohol, and that a new substance misuse needs assessment had been undertaken with a series of recommendations to be taken forward with partners. Members’ attention was drawn to the harm reduction strategy which was now progressing and that a useful workshop had been held in November. Finally the Executive Director of Public Health referred to licensing work and confirmed that whilst there was a process in place, the local data was not available that would really make a difference. The Board would continue to explore the opportunities to ensure it had a positive impact on licensing applications.</p> <p>SP19/118.2 It was resolved that the Committee:</p> <ol style="list-style-type: none"> 1. Note the opportunities contained in the recommendations of the Substance Misuse Needs Assessment. 2. Note the opportunities for addressing the harms of alcohol misuse through the North Wales Alcohol Harm Reduction Strategy and Delivery Plan on its release. 3. Endorse the approach being taken to develop a regional ‘Alcohol Harm Reduction Strategy and Action Plan’ and to further develop the alcohol licensing process and administration. 	
<p>SP19/119 Update on the work on the Adverse Childhood Experiences (ACE) agenda</p> <p>SP19/119.1 The Executive Director of Public Health presented the paper which provided an update position on a paper previously received by the Committee. The Assistant Director of Corporate Planning enquired as to the funding situation with the ACE and EAT (Early Action Together) programmes and it was noted that the ACE work would continue but the EAT work was likely to come to an end but may be picked up through another mechanism, eg; police and crime agencies. The Executive Director of Public Health assured the Committee that there was a partnership approach to ACE but some projects were progressing faster than others.</p> <p>SP19/119.2 It was resolved that the Committee note the progress in taking forward the ACE agenda in partnership across the region</p>	
<p>SP19/120 Terms of Reference Review</p> <p>SP19/120.1 The Executive Director of Planning and Performance indicated that the previous Committee Chair had wished to see a higher focus on primary and community services within the SPPH terms of reference.</p>	

<p>SP19/120.2 Members were supportive of this in principle and requested that a revised draft be submitted to the next formal meeting. In addition it was noted that the Finance Director for Commissioning and Strategy should be listed as 'in attendance'.</p>	<p>MW DD</p>
<p>SP19/121 Summary of business considered in private session to be reported in public</p> <p>It was resolved that the Committee note the report.</p>	
<p>SP19/122 Issues of significance to inform the Chair's assurance report</p> <p>To be determined by the Chair</p>	
<p>SP19/123 Date of Next Meeting</p> <p>The Committee would next meet on the 14.1.20 (private workshop session) and 4.2.20 in public</p>	
<p>Exclusion of Press and Public</p> <p>It was resolved that representatives of the press and other members of the public be excluded from the remainder of this meeting having regard to the confidential nature of the business to be transacted, publicity on which would be prejudicial to the public interest in accordance with Section 1(2) Public Bodies (Admission to Meetings) Act 1960.</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
3.9.19				
Mark Wilkinson	Re: Environmental Policy statements The Executive Director of Planning and Performance agreed to prepare a paper for discussion at the next meeting, taking into account further feedback from the Area Director (Centre).	24.9.19	<p>24.9.19 – Natural Resources Wales have been contacted with a view to receiving a presentation from them at a future meeting. This may be more of a developmental subject and will be scheduled as soon as possible.</p> <p>1.10.19 - It had been agreed to invite Natural Resources Wales to a future SPPHC to supplement the Environmental Policy.</p> <p>6.11.19 Rod Taylor advises representative to attend 14.1.20 workshop session</p> <p>3.12.19 Mark Wilkinson reported that there had been further discussions with Bethan Jones-Edwards and that Natural Resource Wales were now booked to attend SPPH workshop on the 14th January to which Rod Taylor would also be invited to provide the BCU position.</p> <p>5.3.20 Agenda item SP20/11</p>	<p>14.1.20</p> <p>Action to be closed</p>
1.10.19				

<p>Deborah Carter</p> <p>> Senior Associate Medical Director</p>	<p>SP19/89 Enabling Strategies : Quality Improvement Strategy briefing</p> <p>SP19/89.3 Information presented into the “crude death rate” was noted and the Associate Director Quality Assurance agreed to liaise with the Senior Associate Medical Director to analyse and refresh the version presented.</p>	<p>October</p>	<p>21.11.19 An update has been requested from the Senior Associate Medical Director and is awaited.</p> <p>3.12.19 Mark Wilkinson confirmed that a conversation had been held with the Senior Associate Medical Director who confirmed that reduction in crude death rate reported to the October meeting related to common cause variation but she would arrange for a short explanatory note to be included within the action log for closure.</p> <p>11.2.20 All variation seen is expected (common cause); the information that had been supplied was the difference between 2 points in time.</p>	<p>14.1.20</p> <p>Action to be closed</p>
<p>3.12.19</p>				
<p>Lawrence Osgood (for Sue Green)</p>	<p>SP19/109.4 Corporate Risk Register</p> <p>Clarify the contradictory presentation of data against CRR14 Staff Engagement in that the summary report indicated a reduction in risk score but the risk itself stated there had been no change since presentation to November Board.</p>	<p>31.12.19</p>	<p>25.2.20 CRR14 (staff engagement) has been reviewed at board level and the recommendation is to de-escalate to Tier 2. To be considered for approval at March Board meeting</p>	<p>Action to be closed</p>
<p>Lawrence Osgood (for Sue Green)</p>	<p>SP19/109.4 Corporate Risk Register</p> <p>Clarify whether IWantGreatCare was still a relevant assurance against CRR14</p>	<p>31.12.19</p>	<p>Risk amended to omit this assurance</p>	<p>Action to be closed</p>
<p>Lawrence Osgood (for Sue Green)</p>	<p>SP19/109.5 Corporate Risk Register</p> <p>Follow up with Jackie Hughes the impact of changes to Trac system on CRR15 Recruitment and Retention</p>	<p>31.12.19</p>	<p>25.2.20 Steve Gregg-Rowbury is discussing the concern with Jackie Hughes.</p>	

Mark Wilkinson	SP19/109.7 Corporate Risk Register Clarify the contradictory presentation of data against CRR18 EU Exit in that the summary report indicated a reduction in risk score but the risk itself stated there had been no change since presentation to November Board.	31.12.19	Update to be provided to the meeting	
Mark Wilkinson	SP19/109.7 Corporate Risk Register Ensure that the Committee review CRR18 EU Exit at each meeting for the time being given the political situation.	27.1.20	With the departure of the UK from the EU, this risk does not seem to warrant routine report. EU exit risk planning has been scaled back across the NHS in Wales and is likely to be reviewed as we approach the end of the transition period ie 31.12.20. The scoring attached to CRR18 will be reviewed via our normal processes	Action to be closed
David Fearnley Chris Stockport	SP19/110.3 Digitally Enabled Clinical Strategy Use the example of diabetes pathway as a 'case study' example at Board Workshop	5.12.19	Chris Stockport and the Exec team presented a pathway approach and used DM as an example the board workshop held on 6 February.	Action to be closed
Teresa Owen	SP19/115.2 Regional Partnership Board Update Inform Committee members where the latest Carer's Strategy could be obtained from.	31.12.19	The Carers Strategy can be found at: https://www.northwalescollaborative.wales/carers/	Action to be closed
Mark Wilkinson	SP19/116.2 Transformation Fund Update Arrange for Executive Team consideration of suggestion regarding use of diabetes pathway as a pilot for the application of social model, for further discussion by SPPH	27.1.20	The draft plan 2020/21 includes the diabetes pathway as an early priority for work.	Action to be closed
Lyn Meadows	SP19/116.5 Transformation Fund Update	15.1.20	23.1.20 Chair's assurance report to Board advised:	Action to be closed

	Flag within Chair's Assurance Report the Committee's suggestion that transformation and community services would be useful topic for future board workshop		An update paper on the Transformation Fund and Community Services was considered and a suggestion made that the Executive Team develop a proposal for identifying a pathway with variation in practice (such as diabetes) to pilot the application of the social model. It was also suggested that this agenda would be a useful topic for discussion at a Board Workshop.	
Mark Wilkinson	SP19/117.2 Public Service Boards Gwynedd & Anglesey Review and if necessary refresh reporting schedules of PSBs to SPPH	27.1.20	Reporting schedules are reviewed as part of routine agenda setting to ensure neither under or over reporting from individual PSBs	Action to be closed
Mark Wilkinson Diane Davies	SP19/120 Terms of Reference Provide revised draft to next meeting to incorporate higher focus on primary/community services, and to note that Finance Director Commissioning & Strategy should be formally in attendance	27.1.20	11.2.20 ToR amendments to be discussed initially at next CBMG meeting on 26.3.20	19.3.20

25.2.20

Cyfarfod a dyddiad: Meeting and date:	Strategy, Partnerships and Population Health Committee 5.3.20				
Cyhoeddus neu Breifat: Public or Private:	Public				
Teitl yr Adroddiad Report Title:	Annual Plan Monitoring Report (APMR)				
Cyfarwyddwr Cyfrifol: Responsible Director:	Mr Mark Wilkinson, Executive Director of Planning & Performance				
Awdur yr Adroddiad Report Author:	Dr Jill Newman, Director of Performance				
Craffu blaenorol: Prior Scrutiny:	This paper has been scrutinised and approved by the Executive Team.				
Atodiadau Appendices:	None				
Argymhelliad / Recommendation:					
The Strategy, Partnerships and Population Health Committee is asked to scrutinise the progress reported.					
Ar gyfer penderfyniad /cymeradwyaeth For Decision/ Approval *		Ar gyfer Trafodaeth For Discussion*		Ar gyfer sicrwydd For Assurance*	Er gwybodaeth For Information*
					R
Sefyllfa / Situation:					
This report provides a self-assessment by the executive leads of the progress being made in delivering the key actions contained in the 2019/20 Operational plan.					
Cefndir / Background:					
The operational plan has a number of key actions required to be delivered during 2019/20. The Executive lead reviews on a monthly basis progress against their areas for action and RAG-rates progress. Where an action is complete this is RAG rated purple, where on course to deliver the year end position the rating is green. Amber and red ratings are used for actions where there are risks to manage to secure delivery or where delivery is no longer likely to be achieved. For Amber and Red rated actions a short narrative is provided.					
Asesiad / Assessment					
Strategy Implications Delivery of the operational plan actions is key to implementation of the Boards strategy					
Financial Implications Delivery of the operational plan within the budget set by the Health Board is part of ensuring resources are well-managed and care effectively provided within the allocated resources.					
Risk Analysis The RAG-rating reflects the risk to delivery of key actions					
Impact Assessment The operational plan has been Equality Impact Assessed.					



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January 2020

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This report presents performance as at the end of January 2020 against the 2019/20 Annual Plan actions, and is presented in the same order as the plan i.e. health improvement and health inequalities, care closer to home, planned care, unscheduled care, workforce, digital, estates and finance.

The ratings have been self assessed by the relevant lead executive director. All the ratings have been reviewed and approved by the lead executive.

Where a red or amber rating is applied in any month, a short narrative is provided to explain the reasons for this and actions being taken to address.

To interpret this report, it is necessary to note the basis of the rating which provides a succinct forecast of delivery, combined with an assessment of relative risk. Future milestone markers are included as M in the matrix to indicate when elements of actions contained in the report were due for completion. Many of the actions have multiple milestones to support delivery of the year end position. Only when all milestones are complete can the action be achieved.

Feedback is welcomed on this report and how it can be strengthened. Please email Jill.Newman@Wales.NHS.UK.

RAG	Every month end	By year end	Actions depending on RAG rating given
Red	Off track, serious risk of, or will not be achieved	Not achieved	Where RAG given is Red: - Please provide some short bullet points explaining why and what is being done to get back on track
Amber	Some risks being managed	N/A	Where RAG is Amber: Please provide some short bullet points explaining why and what is being done to get back on track
Green	On track, no real concerns	Achieved	Where RAG is Green: No additional Information required
Purple	Achieved	N/A	Where RAG is Purple: No additional Information required

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				Apr-19	May-19	Jun-19	Jul-19	Aug-19	Sep-19	Oct-19	Nov-19	Dec-19	Jan-20	Feb-20	Mar-20
AP001	Smoking cessation opportunities increased through Help Me Quit programmes	Executive Director of Public Health	Quality, Safety & Experience	G	G	G	G	G	G	G	G	G	G		M
AP002	Healthy weight services increased	Executive Director of Public Health	Quality, Safety & Experience	G	G	G	G	G	G	G	G	A	A		
AP003	Explore community pharmacy to deliver new lifestyle change opportunities	Executive Director of Public Health	Quality, Safety & Experience	G	G	G	G	G	G	G	G	G	G		M
AP004	Delivery of ICAN campaign promoting mental well-being across North Wales communities	Executive Director of MH & LD	Quality, Safety & Experience	G	G	G	G	G	G	G	G	G	G		M
AP005	Implement the Together for Children and Young People Change Programme	Executive Director of Primary and Community Care	Quality, Safety & Experience	A	A	G	G	G	M	G	G	G	G		M
AP006	Improve outcomes in first 1000 days programmes	Executive Director of Primary and Community Care	Quality, Safety & Experience	G	G	G	G	G	G	G	G	M	G		M
AP007	Further develop strong internal and external partnerships with focus on tackling inequalities	Executive Director of Public Health.	Strategic Partnership & Population Health	G	G	G	G	G	G	G	G	M	G		M
AP008	Partnership plan for children progressed with a strong focus on Adverse Childhood Experiences	Executive Director Primary and Community Care	Quality, Safety & Experience		R	A	A	A	A	A	A	A	A	G	M

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AP002 – Improve access to Children’s weight management specialist services – The tier 3 Business case originally due by Qtr.1 2020/21 is delayed due to review of delivery models elsewhere to better inform the business case development.

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AP009	Put in place agreed model for integrated leadership of clusters in at least three clusters, evaluate and develop plan for scaling up	Executive Director Primary & Community Care	Quality, Safety & Experience	G	G	A	A	A	M	G	G	G	G		M	
AP010	Put in place Community Resource Team maturity matrix and support to progress each CRT	Executive Director Primary & Community Care	Quality, Safety & Experience	G	G	G	G	G	G	G	G	M	G		M	
AP011	Work through the RPB to deliver Transformational Fund bid	Executive Director of Primary and Community Care	Strategic Partnership & Population Health	G	G	G	G	G	G	G	G	G	G		M	
AP012	Define and put in place Model for integrated Primary and Community Care Academy (PACCA) to support GP practices under greatest pressure	Executive Director of Primary and Community Care	Quality, Safety & Experience	A	A	G	G	G	M	G	G	G	G		M	
AP013	Develop and implement plans to support Primary care sustainability	Executive Director of Primary and Community Care	Strategic Partnership & Population Health		G	G	G	G	G	A	G	M	A		M	
AP014	Model for health & well-being centres created with partners, based around a 'home first' ethos	Executive Director of Primary and Community Care	Strategic Partnership & Population Health	A	A	A	A	A	M	A	A	A	A		M	
AP015	Implementation of RPB Learning Disability strategy	Executive Director of MH & LD	Strategic Partnership & Population Health		G	G	G	G	G	G	G	G	G		M	
AP016	Plan and deliver digitally enabled transformation of community care	Executive Director of Primary & Community Care	Digital & Information Governance	G	G	A	A	A	A	A	A	G	A		M	
AP017	Develop and Implement a Social prescribing model for North Wales	Executive Director of Primary & Community Care	Strategic Partnership & Population Health	G	G	G	G	G	G	G	G	G	G		M	
AP018	Establish framework for assessment for CHC and individual packages of care for people with mental health needs or learning disabilities	Executive Director of MH & LD	Quality, Safety & Experience	G	G	P										M
AP019	Establish a local Gender Identity Team	Executive Director of Primary & Community Care	Quality, Safety & Experience	A	A	A	A	A	A	G	G	M	P			

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AP013 Develop & Implement plans to support Primary Care sustainability

A Business Case has been drafted, and is currently being completed, to further develop the Primary & Community Care Academy (PACCA). This will be presented in line with the health board planning considerations for 2020/21. The Business Case for the PACCA includes workforce plans.

A plan and business case has been developed for Clinical Triage by phone. Initial local work on this has been completed, and a business case paused due to the need to align with similar work underway nationally, and greater BCU coordination of managed practices. Clinical triage of calls in primary care is being tested in some managed and independent practices to inform further planning.

AP014 Model for Health & Wellbeing Centres

This work is progressing but is not as far progressed as was originally intended. Work is ongoing to make up lost time, linking to the development of future operational plans in the Areas.

AP016 Plan and deliver digitally enabled transformation of community care

This work is being progressed with partners as part of the Community Transformation plans, including the development of Welsh Community Care Information System (WCCIS). The Malinko Scheduling System has been commissioned as a pilot with 2 CRTs in Central Area, to trial a system to support workload allocation and optimise management of caseloads in a more effective and efficient use of staffing resource (nursing, therapists and social services)..

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AP020	Centralisation of complex vascular surgery services supported by a new hybrid theatre on YGC site	Executive Director of Nursing & Midwifery	Finance & Performance	P												
AP021	Implement preferred service model for acute urology services	Executive Director of Nursing & Midwifery	Finance & Performance	G	G	A	R	R	M	R	R	R	A			M
AP022	Business case, implementation plan and commencement of enabling works for Orthopaedics (refer to estates section/ plan)	Executive Director of Nursing & Midwifery	Finance & Performance	G	G	A	A	A	M	A	A	A	R			
AP023	Transform eye care pathway to deliver more care closer to home delivered in partnership with local optometrists	Executive Director of Nursing & Midwifery	Finance & Performance	A	A	A	R	R	M	R	A	A	A			
AP024	Rheumatology service review	Executive Director of Primary & Community Care	Finance & Performance	G	G	A	A	A	A	A	A	M	G			
AP025	Systematic review and plans developed to address service sustainability for all planned care specialties (RTT).	Executive Director of Nursing and Midwifery	Finance & Performance	G	G	A	A	A	M	A	A	A	A			
AP025	Implement year one plans for Endoscopy	Executive Director of Therapies & Health Sciences	Finance & Performance	G	G	A	R	R	R	R	A	A	A			
AP025	Systematic review and plans developed to address diagnostic service sustainability	Executive Director of Therapies & Health Sciences	Finance & Performance	G	G	A	R	R	A	A	A	A	R			M
AP025	Systematic review and plans developed to address service sustainability	Executive Director Nursing & Midwifery	Strategic Partnership & Population Health	G	G	A	A	A	A	A	A	G	A	A		M
AP026	Fully realise the benefits of the newly established SURNICC service	Executive Director Primary and Community Care	Finance & Performance		G	A	G	G	G	G	G	G	M	P		
AP027	Implement the new Single cancer pathway across North Wales	Executive Director of Therapies & Health Sciences	Finance & Performance	A	R	A	G	G	G	G	G	G	G	G		
AP028	Develop Rehabilitation model for people with Mental Health or Learning Disability	Executive Director of Mental Health & Learning Disabilities	Quality, Safety & Experience		G	G	G	A	A	G	G	G	P			M

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AP021 - Implement preferred service model for acute urology services - Work is on-going to finalise the business case. It is expected this will be presented during March 2020.

AP022 - Business case, implementation plan and commencement of enabling works for Orthopaedics (refer to estates section/ plan) - work is continuing on the orthopaedic plan. The outline Business Case was submitted to Board in January 2020. The appointment of the orthopaedic network manager completed and appointee is now in post.

AP023 – Transform eye care pathway to deliver more care closer to home delivered in partnership with local optometrists - Draft business case is complete and has been submitted to the business case scrutiny group. 6 optometry practices have been appointed to develop share care glaucoma pathway.

AP025 – Systematic review and plans developed to address service sustainability for planned care specialties (RTT) – Systematic review and plans developed to address service sustainability for planned care specialties (RTT)– Now shared with finance to be costed.

AP025 – Implement one year plans for endoscopy - We are progressing with our work in Endoscopy linking in with the National Endoscopy Group and each DGH site had a pre JAG assessment visit at the end of November arranged by them. The Health Board has also prepared an Endoscopy Action Plan for the National Endoscopy Group with three phases - Immediate, Stabilisation and Sustainability. We are working closely with the NHS Collaborative and are in the process of appointing an individual who will be an interim network manager dedicated to supporting Endoscopy.

AP025 – Systematic review and plans developed to address diagnostic service sustainability - Radiology are procuring additional capacity needed for the year end. They are working on their sustainability plan with the findings from the Kendall Bluck report.

AP025 - Systematic Review and plans developed to address sustainability - A number of streams are being worked upon for 2020/21 within the planned care improvement group; these include work on referral management and contracting for insourcing and outsourcing. Work is also continuing to improve OPD utilisation. The anticipated impact is to increase efficiency and utilisation.

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AP029	Demand Improved Urgent care out of hours / 111 service	Executive Director Nursing and Midwifery	Finance & Performance	G	G	G	G	G	G	G	G	G	M	G		
AP030	Demand Enhanced care closer to home / pathways	Executive Director Primary and Community Care	Finance & Performance	G	G	G	A	A	M	A	A	M	A			M
AP031	Demand Workforce shift to improve care closer to home	Executive Director Nursing and Midwifery	Finance & Performance	G	G	G	A	R	M	R	R	A	A			
AP032	Demand Improved Mental Health crisis response	Executive Director of MH & LD	Finance & Performance	G	A	A	A	A	M	G	G	G	G			M
AP033	Demand Improved Crisis intervention services for children	Executive Director Primary and Community Care	Finance & Performance	A	A	G	A	A	A	A	A	A	A	G		M
AP034	Flow Emergency Medical Model	Executive Director Nursing and Midwifery	Finance & Performance	G	G	A	G	A	M	A	A	A	A			
AP034	Flow Management of Outliers	Executive Director Nursing and Midwifery	Finance & Performance	Grey	Grey	Grey	G	A	M	A	A	A	A			
AP035	Flow SAFER implementation	Executive Director Nursing and Midwifery	Finance & Performance	G	A	A	A	A	M	A	G	M	P			
AP036	Flow PICU for Mental Health	Executive Director of MH & LD	Finance & Performance	G	A	A	A	A	G	G	G	G	A			M
AP037	Flow Early Pregnancy Service (emergency Gynaecology)	Executive Director of Public Health	Finance & Performance	G	G	G	G	G	M	G	G	M	G			
AP038	Discharge Integrated health and social care	Executive Director Nursing and Midwifery	Finance & Performance	A	A	A	A	A	M	A	A	A	A			M
AP039	Stroke Services	Executive Medical Director	Finance & Performance	A	A	R	A	R	R	R	R	R	R			

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AP030 Demand: Enhanced Care Closer to Home Pathways - Improvements are being made in Emergency Departments (EDs) to provide timely care although progress is slower than planned. New ED escalation triggers and action cards implemented across all sites. Targeted gold level command and control work has commenced across all three EDs to improve patients access to timely ED care. Individuals in post are progressing well on training programmes. Rated as amber as should not be described as 'embedded' yet, although it is progressing well.

AP031 Demand: Workforce shift to improve Care Closer to Home - 31a Kendall Bluck workforce review was completed at the end of December with recommendations for ED workforce changes – including at ANP level. A task and finish group has been established to work through the staffing recommendations and associated recruitment

AP034 Flow: Emergency Medical Model - Milestone hit at Ysbyty Glan Clwyd (YGC) and Ysbyty Wrecsam Maelor (YMH). Ysbyty Gwynedd (YG) has opened the new ED unit but models of care are still being finalised to fully operationalise the space. Plans for these were implemented in December 2019.

AP034 Flow: Management of Outliers - Work to reduce outliers in Wrexham has been successful through achievement of new acute floor. Part of the gold level command and control has been focused on ensuring the patient is in the right bed, first time and supporting teams through making bed allocation decisions. Strategic plans in place to look at how we can use the Christmas period to re-balance patients in the Hospital as we are likely to be the lowest occupied on Christmas Eve.

AP036 – PICU for Mental Health - Psychiatric Intensive Care Unit (PICU) Programme work is under consultation and implementation will be dependent on the outcome. Working with corporate engagement team to undertake further engagement on PICU in line with community health council request. To be completed end of June 2020.

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AP038a Discharge Integrated Health & Social Care – Winter pressures money is being used to support our Home First model which includes intermediate care to address shortage in provision of packages of care

AP038b Discharge Integrated Health & Social Care –AP038c Discharge Integrated Health & Social Care - Winter pressures money is being used to further support the Home First models. Work commenced in West in November and in the East and Central in January. Impact in the West has been 808 bed days saved with 126 directly from YG, 627 from community hospitals and 55 from admission avoidance. Impact from East and Central will be available for next month.

AP038d Discharge Integrated Health & Social Care – “What Matters” conversations are happening but not consistently within 24 hours and further work is needed on discharge planning.

AP039 Stroke Services – This action remains red rated as it has not been possible to find a route to resource the business case in 2019/20. However, progress has been made in implementing aspects of year 1 of the business case. The thrombectomy service (clot retrieval) has been expanded to provide a seven day per week service from November 2019. The health board has been successful in its bid for rehabilitation assistants and is moving forward to recruit 2 whole time equivalent assistants for each acute site, to increase the acute therapeutic time patients receive and support optimal recovery and early discharge. The consultants’ home-based technology has been improved to support prompt decision-making in relation to opportunities for thrombolysis. Work is continuing to include the implementation of the early supportive discharge and rehabilitation model within the health community plans for 2020/2021. In addition, the stroke pathway is a priority for the 20/21 plan, and will include adopting a value based health care approach to redesign the pathway. This will form part of the clinical strategy’s integrated pathway programme, and also will be informed by the national clinical framework which is likely to prioritise stroke pathways. Details of the Health Board methodology will be developed during the next couple of months for the clinical strategy programme, with a document prepared by July aligning the work. The anticipated outcomes from the implementation of the pathway include timely access and diagnostics, reduced admissions, improved discharge and reduction in bed days. National evidence shows improvement in survival and reduced disability post-stroke from full implementation of the pathway.

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AP041	Establish an integrated workforce improvement infrastructure to ensure all our work is aligned	Executive Director Workforce & Organisational Development	Finance & Performance	G	G	G	G	G	M	G	G	G	G		
AP042	Build on QI work to develop the BCU improvement system and delivery plan for efficient value based healthcare	Executive Director Workforce & Organisational Development	Quality, Safety & Experience	G	G	G	G	G	M	G	G	G	G		M
AP043	Deliver Year One Workforce Optimisation Objectives - reducing waste and avoidable variable/premium rate pay expenditure. Demonstrating value for money and responsible use of public funds	Executive Director Workforce & Organisational Development	Finance & Performance	A	A	A	A	A	M	A	A	A	A		M
AP044	Deliver year one Health & Safety Improvement programme, focussing on high risk / high impact priorities whilst creating the environment for a safety culture	Executive Director Workforce & Organisational Development	Quality, Safety & Experience	G	A	A	A	A	M	A	A	M	A		M
AP045	Develop an integrated multi professional education and learning Improvement Programme in liaison with HEIW	Executive Director Workforce & Organisational Development	Strategic Partnership & Population Health	A	G	G	G	G	M	G	G	M	G		
AP046	Develop a Strategic Equality Plan for 2020-2024	Executive Director Workforce & Organisational Development	Strategic Partnership & Population Health	G	G	A	G	G	M	G	G	G	G		
AP047	Deliver Year One Leadership Development programme to priority triumvirates	Executive Director Workforce & Organisational Development	Finance & Performance	G	A	A	A	A	M	G	G	M	G		M
AP048	Develop an integrated workforce development model for key staff groups with health and social care partners	Executive Director Workforce & Organisational Development	Strategic Partnership & Population Health	G	G	G	A	A	G	G	G	M	G		M
AP049	Provide 'one stop shop' enabling services for reconfiguration or workforce re-design linked to key priorities under Care Closer to Home; excellent hospital services	Executive Director Workforce & Organisational Development	Strategic Partnership & Population Health	A	A	A	A	A	M	A	A	A	A		M
AP050	Develop and Deliver Year one Communications Strategy to improve Communications and enhance BCNUHB reputation	Executive Director Workforce & Organisational Development	Strategic Partnership & Population Health	A	G	G	G	G	M	G	G	M	G		M
AP081	Staff (Clinical Rostering)	Executive Director Workforce & Organisational Development	Finance & Performance	Grey	Grey	Grey	Grey	Grey	Grey	Grey	Grey	Grey	A		

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AP043 Deliver Year One Workforce Optimisation Objectives - reducing waste and avoidable variable/premium rate pay expenditure. Demonstrating value for money and responsible use of public funds - Progress has been achieved in areas such as; the Retention Improvement Plan, which is in place and actions are progressing, Nurse and Midwife bank capacity increased through revised rates and auto-enrolment, Establishment Control (EC) system via electronic portal enabling effective establishment control. Workforce Optimisation Programmes and associated Project Initiation Documents (PID) are in place and overseen by the Workforce Improvement Group (WIG). However this objective remains Amber as whilst work programmes are all being vigorously pursued and some schemes are green there are still programmes in early stages of development. Next Steps: Continued oversight and delivery of all Workforce Optimisation programmes including: Medical Productivity & Efficiency, Nursing; Midwifery and AHP Productivity & Efficiency, Non Clinical Productivity & Efficiency and Overarching / T&Cs Application.

AP044 - Deliver year one Health & Safety Improvement programme, focussing on high risk / high impact priorities whilst creating the environment for a safety culture - The Qtr. 3 2019 / 20 report updated on work underway to address the gaps in compliance in Health & Safety legislation, the risk remains amber, however a comprehensive set of action plans is being implemented and monitored to address the shortfalls in key areas of concern. The most significant risks are now on tier 1 risk register which include asbestos, legionella, contractor management and control, fire safety and electrical safety. There are a number of groups now established to focus on the risks identified above and these will be monitored by the Strategic Occupational Health & Safety Group. The Occupational Health Service are developing the Safe Effective Occupational Health Standards (SEQOSH), this will be implemented in July 2020. A comprehensive set of policies will form the basis of the next 12 months work that are realistic and clear on roles and responsibilities. Action plans are being completed as scheduled and Q3 report has been provided to QSE in January 2020 to track progress.

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AP049 - Provide 'one stop shop' enabling services for reconfiguration or workforce re-design linked to key priorities under Care Closer to Home; excellent hospital services - A number of aspects of this objective have been achieved e.g. further developing guidance to assist managers to take ownership of actions, increasing organisational capacity in regards to Equality Impact Assessment knowledge and understanding. However, this objective remains amber as whilst teams across W&OD have deployed a multi-team intervention model in support reconfiguration/ workforce redesign in areas such as sickness management and in support of various workforce PIDS this model has not been formalised and publicised. Next Steps: W&OD will continue multi-team support to Workforce Optimisation programmes and will document this approach in order to develop this into an 'offer' which can be publicised to areas planning significant change.

AP081 – Staff (Clinical Rostering). The roster alignment project aspect of this milestone is outstanding as the shift consultation remains ongoing and consequently the staff bandings haven't been built into the roster templates. The consultation within MH & LD has also been paused. In terms of the support and challenge meetings these have been established across secondary care with YGC and YG holding weekly meetings and WMH holding monthly meetings, all of which are supported by the rostering team, WOD and finance colleagues. Within the other divisions if the meetings are being held they have not requested rostering support / attendance at these.

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AP051	Phase three of Welsh Patient Administration Project (PAS) starts. It will replace the Commercial PAS system in the West and standardise processes relating to this system in other sites	Executive Medical Director	Digital & Information Governance	G	G	G	G	G	M	G	G	G	G		M
AP052	Completion of pilot studies to learn lessons to inform wider installation and utilisation of the Welsh Community Care Information System	Executive Medical Director	Digital & Information Governance	A	A	R	R	R	M	R	R	Moved to 2021/22			
AP053	Reconstitute the Welsh Emergency Department System upgrading the Emergency Department System in the East (phase 1) and extending instances to Central and West (phase 2 and 3)	Executive Medical Director	Digital & Information Governance	G	G	G	G	G	M	G	G	G	G		M
AP054	Phase 2 of a local Digital Health Record which will strengthen our investment and approach to the delivery of an electronic patient record	Executive Medical Director	Digital & Information Governance	G	G	G	G	G	M	G	G	G	G		
AP055	Support the identification of storage solution for Central Library	Executive Medical Director	Digital & Information Governance	A	A	A	A	A	M	G	G	G	G		
AP056	Transition program to review the management arrangements for ensuring good record keeping across all patient record types	Executive Medical Director	Digital & Information Governance	G	G	A	A	A	A	A	A	A	A		M
AP057	Delivery of information content to support flow/efficiency	Executive Medical Director	Digital & Information Governance	A	A	G	G	G	M	G	G	G	G		M
AP058	Rolling programmes of work to maintain / improve the digital infrastructure e.g. migration of telephone infrastructure from an end of life solution to one which is fully supported and capable of underpinning service change e.g. single call centre	Executive Medical Director	Digital & Information Governance	G	G	A	A	A	A	A	A	A	A		M
AP059	Provision of infrastructure and access to support care closer to home	Executive Medical Director	Digital & Information Governance	A	A	A	A	A	A	A	A	A	A		M
AP060	Support Eye Care Transformation	Executive Medical Director	Digital & Information Governance	G	G	G	G	G	G	G	G	G	P		M
AP061	Implement Tracker 7 cancer module in Central and East.	Executive Medical Director	Digital & Information Governance	A	A	G	G	A	M	A	A	A	A		

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AP056 Transition program to review the management arrangements for ensuring good record keeping across all patient record types - Funding has been secured via the HASCAS and Ockenden Board for the recruitment of a Project Manager. The delay lies currently with the translation of the recruitment papers. The project will start a 12 month plan from the date of recruitment.

AP058 Rolling programmes of work to maintain / improve the digital infrastructure - The discretionary Capital programme allocation for 2019/20 has been reduced from £3 million to £2.7million following formal change control. Circa £957k of the allocation was spent at the end of Period 9. The majority of outstanding purchases will be made in January 2020 with the exception of Computer Hardware, which will be made as scheduled in February 2020. Going forward some slippage against schemes is likely as a result of pressures born through the allocation of Digital Priorities funding in November 2019. Full outturn will be prioritised.

AP059 Provision of infrastructure and access to support care closer to home - Project Brief presented to Regional Integrated Services Digital Transformation Board 9/1/20 and scope approved. Outline Business Case now in development to bid for capital and revenue funding identified

AP061 Implement Tracker 7 cancer module in Central and East - WPAS Upgrade v19.2 has been completed as scheduled but it does not support service needs. The Service have identified issues with functionality, which increases workload and lengthens processes. A SharePoint site fulfils current requirements. When identified developments are delivered it will be implemented to the Service for User Acceptance Testing and Implementation.

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January 2020

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				Apr-19	May-19	Jun-19	Jul-19	Aug-19	Sep-19	Oct-19	Nov-19	Dec-19	Jan-20	Feb-20	Mar-20	
AP062	Statutory Compliance / Estate Maintenance	Executive Director Planning and Performance	Finance & Performance	G	G	G	G	G	G	G	G	G	G	G		M
AP063	Primary Care Project Pipeline	Executive Director Planning and Performance	Strategic Partnership & Population Health	G	G	G	G	G	G	G	G	G	G	G		M
AP064	Well-being Hubs	Executive Director Planning and Performance	Strategic Partnership & Population Health	G	G	A	A	A	A	A	A	A	A	A		M
AP066	Ruthin Hospital	Executive Director Planning and Performance	Strategic Partnership & Population Health	G	G	G	G	P								M
AP067	Vale of Clwyd	Executive Director Planning and Performance	Strategic Partnership & Population Health	G	G	G	G	G	G	R	Removed					
AP068	Orthopaedic Services	Executive Director Planning and Performance	Finance & Performance	G	G	G	G	G	G	G	G	G	G	G		M
AP069	Ablett Mental Health Unit	Executive Director Planning and Performance	Strategic Partnership & Population Health	G	G	G	G	A	R	R	G	G	Moved to 2021/22			
AP070	Wrexham Maelor Infrastructure	Executive Director Planning and Performance	Strategic Partnership & Population Health	R	R	R	R	P	M							
AP071	Hospital Redevelopments	Executive Director Planning and Performance	Strategic Partnership & Population Health	G	G	G	G	A	A	A	A	A	A	G		M
AP072	Central Medical Records	Executive Director Planning and Performance	Strategic Partnership & Population Health	G	G	G	G	A	A	R	G	G	R			M
AP073	Residencies	Executive Director Planning and Performance	Strategic Partnership & Population Health	G	G	G	G	G	G	A	A	R	R			M
AP074	Integrated Care Fund (ICF) Schemes	Executive Director Planning and Performance	Strategic Partnership & Population Health	G	G	G	G	A	G	G	G	G	G	G		

Three Year Outlook and 2019/20 Annual Plan
Monitoring of progress against Actions for Year One (2019/20)

January 2020

AP064 Wellbeing Hubs - A wellbeing hub will not be complete in 2019/20 despite some progress being made, hence the change in score to red. The developing understanding of the needs of the emerging integrated health and social care localities has instigated a review of the primary care pipelines and the future configuration of health and well-being hubs. Problems have been encountered in identifying a suitable, cost effective site for Pen y Groes, and the complexity of delivering through a third party has impacted on the programme for Bangor.

AP072 Central Medical Records - This scheme to reprovide medical records storage was originally prioritised as a result of the proposed redevelopment of the Ablett Unit at YGC - medical records are currently partly stored in Tawel Fan. The change to the likely preferred option for Ablett business case to a new build elsewhere on the YGC site has reduced some of the urgency. Current progress with a digital health record means the need for physical storage may be lessened - albeit over the long term.

AP073 Residencies - A draft business case has been shared with potential housing partners. Discussions are needed with Welsh Government on the potential availability of public sector capital. Further meetings are scheduled for March.

Plan Ref	Actions	Executive Strategic Lead	Scrutiny Committee of the Board	submitted to Committees			Self Assessment and milestone due indicator (M) from revised outlook report July 2019								
				Apr-19	May-19	Jun-19	Jul-19	Aug-19	Sep-19	Oct-19	Nov-19	Dec-19	Jan-20	Feb-20	Mar-20
AP075	Governance	EDN&M & Deputy CEO	Finance & Performance	Grey	Grey	M	A	A	M	A	A	A	A		
AP076	Grip and Control	Executive Director of Finance	Finance & Performance	Grey	Grey	M	A	G	M	A	A	A	A		
AP077	Planning	Executive Director of Finance	Finance & Performance	Grey	Grey	M	A	A	M	A	A	A	A		
AP078	Procurement	Executive Director of Finance	Finance & Performance	Grey	Grey	M	A	G	M	A	A	A	A		
AP079	Risk Management	Deputy CEO	Audit Committee	Grey	Grey	Grey	Grey	Grey	M	G	G	G	G		

Three Year Outlook and 2019./20 Annual Plan
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January 2020

AP075 Governance - Work is continuing on developing the Governance framework of the Health Board. The revised draft Clinical Risk Strategy is on target for implementation in April 2020. The work to date has highlighted a number of issues to be addressed and posed 6 emergent risk management themes, which need to be considered in order to align with the work on the overall governance framework.

AP076 Grip and control - Progress is being made against the Financial Recovery Action Plan, but this has not delivered a reduction in the expenditure run rate to allow progress towards the control total of £25m deficit. The Health Board has identified further areas to scrutinise discretionary expenditure for the last quarter of the year, and to increase the levels of financial governance and control within the organisation.

AP077 Planning - Performance against in-year financial plan (including savings programme) is being tracked. Accurate forecasting and delivery of financial recovery actions are critical in driving the required reduction in expenditure by divisions over the last quarter of the year. Planning cycle for future years is underway. We are learning lessons from current year planning, in-year performance to date, and from the Financial Recovery programme to better inform future planning.

AP078 Procurement - Efficiency framework and other opportunities are being scoped and accessed. Conformance with procurement requirements is being monitored and any deviations reported. Lessons from this year show that utilising national frameworks and All-Wales approaches via NWSSP is not sufficient to guarantee meeting the Health Board's financial targets. Engagement with NWSSP on All-Wales approaches has begun between the Director of Finance and new Director of Procurement, to identify any potential opportunities which can deliver at scale.

The Annual Plan is included on page 423 of the March 2019 Health Board papers.

The link to these papers is shown below:

<http://www.wales.nhs.uk/sitesplus/documents/861/Agenda%20bundle%20Health%20Board%2028.3.19%20%20V2.0%20updated%2022.3.19-min.pdf>

Three Year Outlook and 2019./20 Annual Plan
Monitoring of progress against Actions for Year One (2019/20)

January 2020



Cyfarfod a dyddiad: Meeting and date:	Strategy, Partnership and Population Health Committee 5.3.20						
Cyhoeddus neu Breifat: Public or Private:	Public						
Teitl yr Adroddiad Report Title:	Estates Strategy – One year on						
Cyfarwyddwr Cyfrifol: Responsible Director:	Mark Wilkinson, Executive Director of Planning and Performance						
Awdur yr Adroddiad Report Author:	Neil Bradshaw – Assistant Director – Capital						
Craffu blaenorol: Prior Scrutiny:	Estates Improvement Group						
Atodiadau Appendices:	0						
Argymhelliad / Recommendation:							
The Committee is asked to note the Estates Strategy including a review of the progress to date and details of the actions and priorities going forward.							
Ar gyfer penderfyniad /cymeradwyaeth For Decision/ Approval *		Ar gyfer Trafodaeth For Discussion*		Ar gyfer sicrwydd For Assurance*		Er gwybodaeth For Information*	x
Sefyllfa / Situation:							
The purpose of this report is to provide an update on the Estates strategy including a review of the progress to date and details of the actions and priorities going forward.							
Cefndir / Background:							
<p>In March 2019 the Health Board approved it's first Estates strategy in support of its long term strategies. 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 and concludes that the current estate was not viable in the long term and was unable to support the future vision of care.</p> <p>The strategy provides a vision and framework for the future development and utilisation of our estate, outlines an initial pipeline of priorities and describes how we will seek to work with partners to maximise the benefits of our collective property portfolios.</p> <p>The strategy is not a static document but must be flexible to respond to the changing needs and priorities of the Health Board. It was confirmed that the strategy would be subject to annual review as part of an iterative process to reflect and respond to the challenges faced by the Health Board.</p> <p>This document presents the first planned annual review – One Year On</p>							

Asesiad / Assessment**Progress to date**

During 2019/20 progress has been made in taking forward the initial priorities identified within the strategy. This progress has been monitored, and scrutinised, through regular reports to the Health Board within the context of the overall three year outlook and 2019/20 annual plan. Assessment of progress against key milestones may be summarised as follows:

Statutory compliance/Estate maintenance	G
Primary care pipeline	G
Well-being hubs	A
Ruthin hospital	P
Vale of Clwyd	Removed
Orthopaedic Services	G
Ablett Mental health unit	G
Wrexham Maelor Infrastructure – c. £60m of much needed investment in Wrexham Maelor received high level approval from Welsh Government.	P
Hospital Redevelopments	A
Central medical records	G
Residencies	R
Integrated care fund (ICF)	G

Green and amber schemes are forecast to be completed on time. P denotes schemes that have been completed. Red (Residencies) will not be achieved in 2019/20 and will be carried forward into 2020/21

In 2019/20 the governance and structure of the estate and capital processes were reviewed. As part of our organisation and governance structure for improvement the Health Board established an Estates Improvement Group (EIG) to lead the development and implementation of the estate strategy and oversee the portfolio of projects and programmes to deliver the strategy. In support of the EIG, three Health Economy Estate Groups (HEEG) were established to determine the local health economies estate priorities aligned to the local operational plan and the estate strategy.

From a review of the progress to date the following were noted:

- The work in developing the infrastructure programme for Wrexham Maelor hospital signposted similar concerns with respect to resilience and compliance at Ysbyty Gwynedd.
- Our developing understanding of the needs of the emerging integrated health and social care localities has instigated a review of the primary care pipelines and the future configuration of health and well-being hubs.
- During the year the Health Board has engaged with partners in developing a range of collaborative solutions. This work has highlighted the complexity of managing significantly different governance and financial regulatory arrangements between the NHS, Local Authorities and third sector partners. However, notwithstanding these complexities it is clear that collaboration offers potential opportunities.
- The EIG has identified key strategic themes for potential estates savings as follows:
 1. Estates Disposals

2. Withdrawal from leased premises
 3. Review of office accommodation
 4. Large site rationalisation
 5. Investment in non-compliance estate
- In going forward the estate strategy will need to reflect the future design of services as determined by the emerging digitally enabled clinical strategy.
 - Successful delivery is dependent upon focusing on a small number of priorities that deliver maximum benefit.

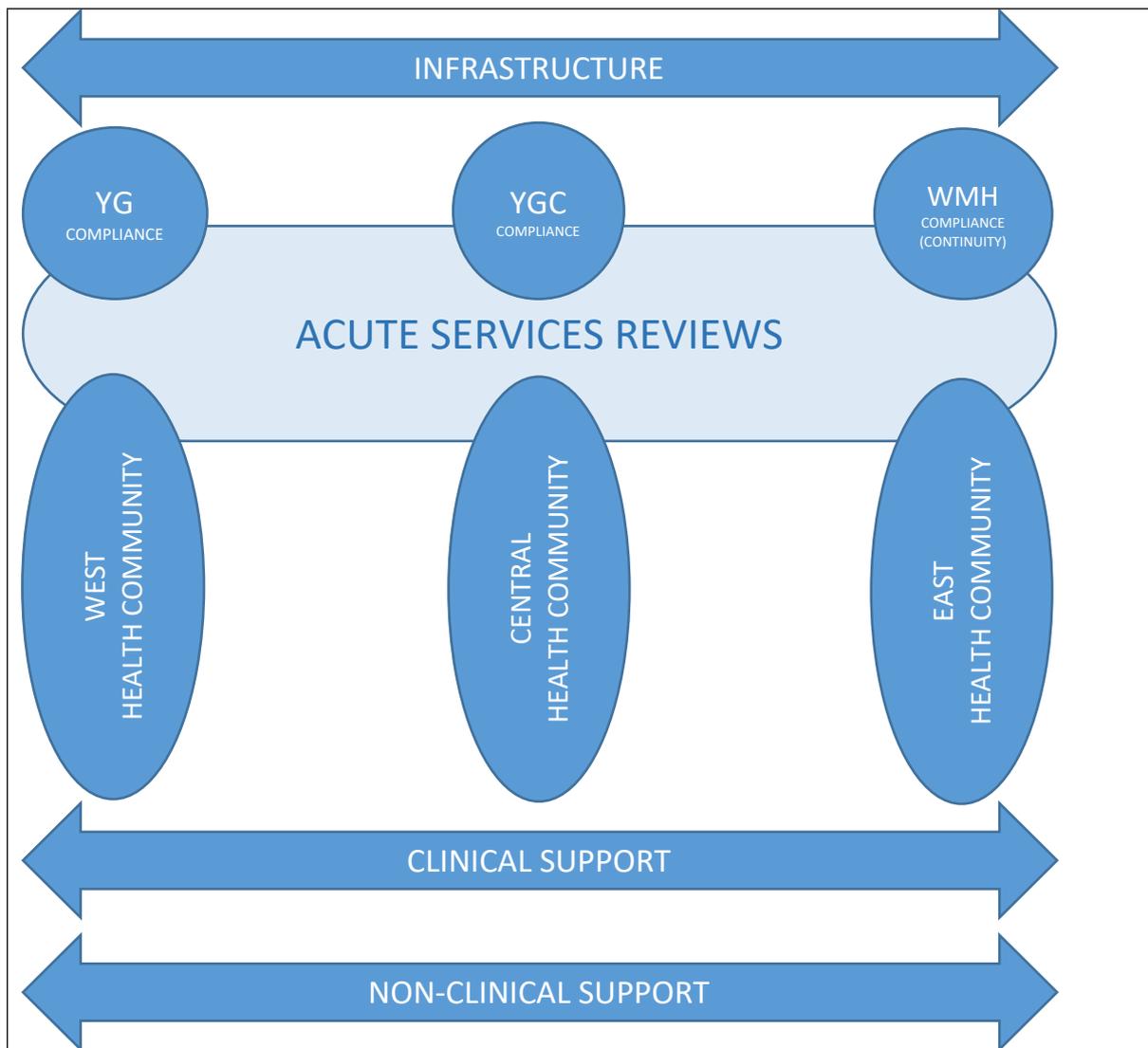
This work has allowed us to identify high level savings opportunities.

Proposed Pipeline Project	Financial Year 2020-21	Financial Year 2021-22	Financial Year 2022-23	Financial Year 2022-23
General in year disposals based on three year programme in line with Estates Strategy of 5% per Year	£ 20,000.00	£ 22,000.00	£ 23,000.00	£ 24,000.00
Termination of Leased Premises in line with Estates Strategy of 55 per year (subject to break clauses and No New Leases) - (estimated assumptions need confirmation through area economies)	£ 20,000.00	£ 20,000.00	£ 20,000.00	£ 20,000.00
Rationalisation of office accommodation and move to home /agile working	£ 74,759.00	£ 99,680.00	£ 99,680.00	£ 99,680.00
Large Site Rationalisation - Abergele and Bryn y Neuadd	£ 65,000.00	£ 352,437.00	£ 804,875.00	£ 896,375.00
Projected Revenue Opportunity Savings	£ 179,759.00	£ 494,117.00	£ 947,555.00	£ 1,040,055.00
Items for consideration				
1 - Cost of relocating staff has not been factored within this high level assessment currently				
2 - Area Economies to confirm Lease terminations				
3 - All site closures will require formal consultation with WG and Public/CHC				
4- Capital Investment will be required to support disposals and rationalisation.				

Refreshing the estate strategy

In response to the above the EIG have considered the structure of the estate strategy and the process to develop and implement the required change. The strategy will provide a delivery framework for the future development and utilisation of the estate. This framework will comprise a series of inter-related programmes that will be defined within supporting programme business cases. Each programme business case will comprises 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 have been determined by considering the primary dependencies and follow the patient journey or business processes as follows:



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.

Following on from the Wrexham Maelor hospital continuity business case separate programmes will be developed for Ysbyty Gwynedd and Ysbyty Glan Clwyd. It is noted that while there challenges with respect to electrical capacity at Ysbyty Glan Clwyd, this can be managed in the medium term

The Health Economy plans will support changes within our acute hospitals and define the requirements within our community, primary care and mental health estate.

The clinical support programme will define the estates needs within diagnostic, pharmacy and cancer services together with sterile services and medical engineering.

Final the non-clinical programme will determine and prioritise office, training, facilities (catering etc.) and residencies.

The programmes will also be required to demonstrate how we will deliver our strategic saving themes.

We will continue to work with partners to seek opportunities to develop collaborative solutions and make best use of our collective property assets.

Programmes leads will be identified for each of the programmes and delivery groups established to deliver the agreed objectives. For the health economies this will be delivered through the HEEGs and the chair of each will be the senior responsible officer.

Next steps

During 2020/21 we will continue to take forward the plans to deliver the following:

- Wrexham Maelor continuity programme
- Ruthin hospital
- North Denbighshire Community hospital
- Ablett mental health unit
- Llandudno Junction/Conwy Primary care resource centre
- "Project paradise"
- Waunfawr primary care centre
- Bryn Beryl integrated dementia and adult mental health unit.

In addition the EIG and HEEGs will focus upon the following priority programmes:

1. Ysbyty Gwynedd compliance
2. Health Economy programme business cases
3. Review of accommodation in Central Area.
4. Relocation of services from Abergele hospital
5. Rationalisation of Bryn y Neuadd
6. Office accommodation (linked to 4 and 5 above)
7. Residencies.

The above priorities will in all likelihood require additional resources to drive them forward at pace.

The EIG will scrutinise and monitor the progress of the above and provide an update report as part of the Annual Plan monitoring report. The estate strategy will be refreshed to reflect the revised delivery framework and proposed next steps.



GIG
CYMRU
NHS
WALES

Bwrdd Iechyd Prifysgol
Betsi Cadwaladr
University Health Board

Environmental Sustainability

Strategy, Partnerships and
Population Health Committee
5.3.20

Environmental Sustainability and Decarbonisation

Mark Wilkinson - Exec Director Planning and Performance
Rod Taylor – Director of Estates and Facilities

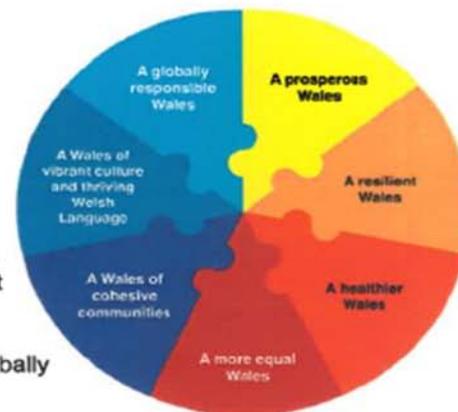
Delivering Carbon Reduction and Well Being:

The Environment (Wales) Act 2016¹ and the Well-being of Future Generations (Wales) Act 2015² together provide a legislative framework to enable the sustainable development of Wales. They principally do this by requiring the sustainable management of natural resources and providing a framework for improving the social, economic, environmental and cultural well-being of Wales.

Addressing climate change impacts and decarbonisation are crucial to achieving the objectives of the Acts. The Environment Act requires the achievement of an overall 80% reduction in greenhouse gas emissions by 2050. The Well-being of Future Generations Act sets seven Well-being Goals (below), which provide a shared vision for Wales to work towards that include the development of a low carbon economy.

The Carbon Positive Project helps BCUHB deliver on its purpose, the requirements of the Environment Act and its contribution to the Well-being Goals, by:

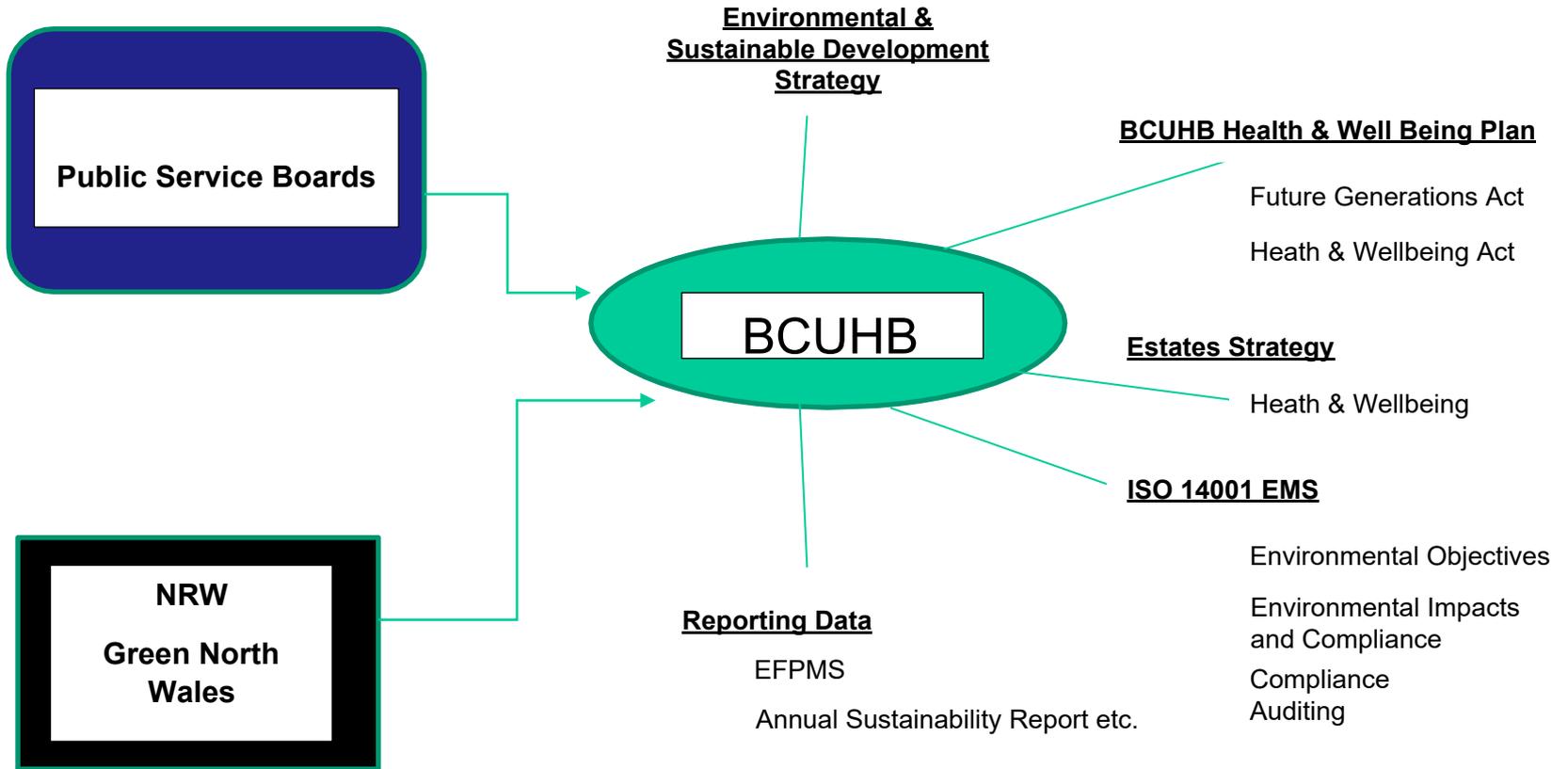
1. Contributing to achieving emissions reduction for the Welsh public sector to meet The current 2016 -2020 Carbon budget
2. Showing leadership to help progress towards the ambitious carbon neutral Welsh Public sector by 2030
3. Together with decarbonisation we can optimise multiple benefits including better Working environments for our staff, enhanced biodiversity and improved air and Water quality.
4. By working with our procurement and supply chains move to a low carbon resources.
5. Supporting the Sustainable Management of Natural Resources by taking into account Multiple benefits that contribute to a resilient ecosystem and communities.
6. Contributing to the delivery of the Well-Being and a prosperous Wales and a resilient Wales Goals where addressing climate change is specifically mentioned, but also globally Responsible Wales Goal.



¹ Further information is available at: <http://www.wales.gov.uk/environment/act/2016/2016-act-environmental-wales>

² Further information is available at: <http://www.wales.gov.uk/welsh/act/2015/2015-act-welsh-future-generations-wales>

Local Influences on Carbon Reduction Planning



Examples of work with:-

Conwy & Denbighshire Public Service Board

Focus on Climate Change:-

- Community Green Pledge
- Environmental Policy Statement

Commitments to:-

Energy & Carbon - Waste - Biodiversity - Transport - Procurement - Planning
Water and Asset Management

In the future we could have :-

- A net zero carbon public sector by 2030
- A developing low carbon economy
- Resilient communities prepared to deal with the impacts of extreme weather events & sea level rise
- A natural environment with healthy biodiversity & habitats which maximises carbon capture





WHAT IS THIS ALL ABOUT ?

Climate Change is the defining issue of our time and the biggest threat to our well-being - globally and locally. We need to take drastic action now to reduce our greenhouse gas emissions and prepare and mitigate for the impacts of global warming, sea level rise and extreme weather events.



It's easy to feel you can't make a difference to help the environment – but you can. Each of us is an important part of the bigger picture and through our combined efforts, we can make a difference together!



By reducing our impact on the environment, we can ensure that future generations have the same opportunities we have today. Lifestyles and behaviours must change in order to achieve this goal. By signing up, you will be joining a community united in making a positive difference for everyone.



The Conwy & Denbighshire PSB's* Community Green Pledges provides suggestions and guidance for communities and organisations to make a difference. This scheme is open to anyone to join - such as community groups, sports clubs, villages, towns, charities and social enterprises.



MAKE THE PLEDGE TO MAKE A DIFFERENCE

WHAT ARE THE BENEFITS ?

- ✓ Make where you live / work a better place
- ✓ Reduce your environmental impact
- ✓ Feel good that you're making a difference
- ✓ Make new friends
- ✓ Educate your community
- ✓ Share good ideas

WHAT ARE THE COMMUNITY GREEN PLEDGES?

The Conwy & Denbighshire Public Services Board have developed the **Community Green Pledges** that identifies **5 Green Pledges** that communities can make to reduce their impact on the environment. These have been grouped in to 5 key areas, including -



*Please see page 2 for more information on the Conwy & Denbighshire PSB

Conwy & Denbighshire Public Services Board

Environmental Policy Statement



Introduction

Our Environmental Policy is focused on Climate Change as the defining issue of our time and the greatest threat to our well-being, globally and locally. We need to take drastic action now to reduce our greenhouse gas emissions and to prepare and mitigate for the impacts of global warming, sea level rise and extreme weather events. The Conwy and Denbighshire Public Services Board (PSB) is committed to taking action on Climate Change and has made environmental resilience a priority area of the [Local Well-being Plan](#) for the region. This Policy considers several aspects of environmental resilience including reducing carbon emissions, and working together to mitigate and adapt to Climate Change.

Why this is a priority for us

Climate Change will put pressure on ecosystems, infrastructure and landscape, threaten the well-being of both current and future generations and disproportionately affect the most vulnerable communities. The public sector needs to take the lead by reducing carbon emissions from its own activities and by working together with residents, communities and businesses to play their part in increasing environmental resilience to deal with the impacts of Climate Change.

If we focus on this priority now, in the future we could have

- A net zero carbon public sector by 2030
- A developing low carbon economy
- Resilient communities prepared to deal with the impacts of extreme weather events & sea level rise
- A natural environment with healthy biodiversity & habitats which maximises carbon capture



NRW Green North Wales

Potential Collaborative Options



Organisational carbon reporting and
options appraisal

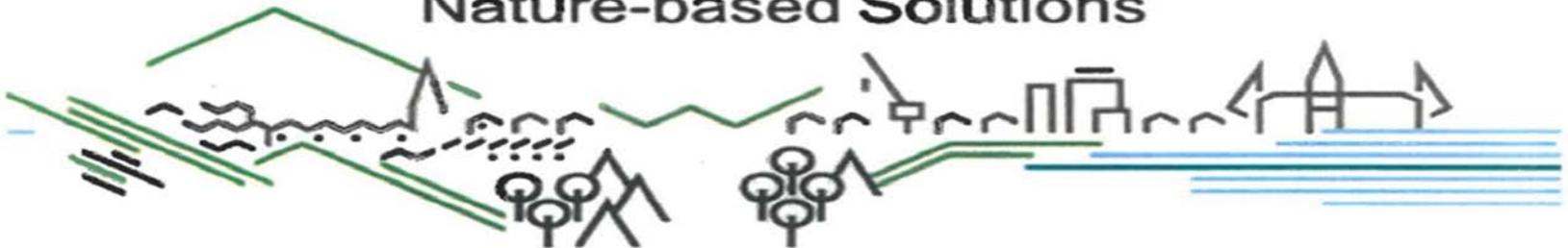
Procurement

Behaviour change

EV infrastructure

Coastal adaptation and FRM

Nature-based Solutions



Delivering a Carbon Project for BCUHB

- **Identify net carbon status to determine priorities**
- **Commitment to decarbonisation through :-**
 1. Buildings
 2. Transport
 3. Land and operational assets
 4. Procurement
- **Behavioural change & leadership**
- **Work in partnership with PSB's and other public sectors.**

Planned actions and next steps



Undertaking the Health Boards Carbon Footprint - Scope 1 to 3



Change behaviour & decision making in support of decarbonisation



Carbon Positive Projects for BCUHB

Climate Change - North Wales Today

Llanrwst



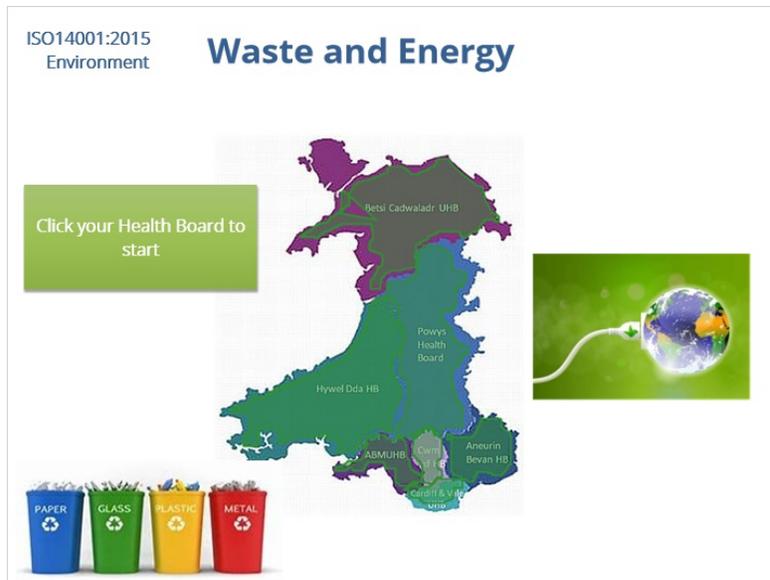
St Asaph



2019 EWE

1. E-learning module draft2

1.1 Environment ISO14001:2015, Waste & Energy



Notes:

Links to each health board by clicking on the map

1.2 Learning Objectives

Learning Objectives

By the end of today's training you will be able to:

- Be aware of the various ways the NHS in Wales affects the environment
- Be aware of the Health Board's Environmental Management System
- Know how correct waste management can ensure legal compliance, increase safety and reduce environmental impacts
- Understand some practical steps to reduce energy consumption in the work place and possibly even your home



Next

1.3 Environmental Challenges

Environmental Challenges

(Click on each topic numerically)



1 Environment
ISO14001:2015

All Health Boards in Wales have ISO14001 Environmental Management Standard



3 Energy

B.C.U.H.B. spends around 10 million pounds a year on electricity, oil and gas. Primarily for lighting, office equipment, cooling systems and heating / hot water production



2 Waste

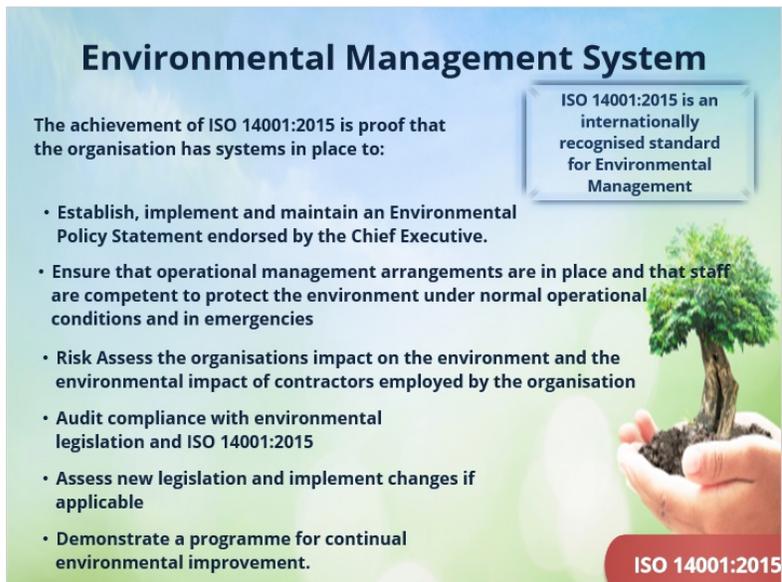
All health board staff have a duty of care to ensure compliance with legislations and reduce environmental impacts.

Next

Notes:

Staff need to click on each dark blue box to continue

1.4 Environmental Management System



Environmental Management System

The achievement of ISO 14001:2015 is proof that the organisation has systems in place to:

ISO 14001:2015 is an internationally recognised standard for Environmental Management

- Establish, implement and maintain an Environmental Policy Statement endorsed by the Chief Executive.
- Ensure that operational management arrangements are in place and that staff are competent to protect the environment under normal operational conditions and in emergencies
- Risk Assess the organisations impact on the environment and the environmental impact of contractors employed by the organisation
- Audit compliance with environmental legislation and ISO 14001:2015
- Assess new legislation and implement changes if applicable
- Demonstrate a programme for continual environmental improvement.

ISO 14001:2015

The slide features a background image of a hand holding a small tree. A red button labeled 'ISO 14001:2015' is located in the bottom right corner.

Notes:

Links KEY TOPICS environment tab

1.5 Environment & ISO14001



Environment & ISO14001

The NHS is a large and complex organisation and the everyday activities affect the environment in a wide range of ways, from its use of energy, transport and travel, to the waste it produces.

BCUHB covering almost a third of the landmass of Wales, is the largest Health Board in Wales. Due to its size and the nature of services it provides, the Health Board has a number of environmental aspects, which if not carefully managed and controlled would have significant financial and environmental impacts. Amongst the 29 principal environmental aspects are significant aspects such as procurement, energy from fossil fuel, clinical waste, general waste, construction waste including asbestos, boiler blow-down, noise, air borne asbestos fibres, transport, vehicle emissions, mains water & storage and land use.

Next

The slide features a background image of a hand holding a small tree. A red button labeled 'Next' is located in the bottom right corner.

1.6 Environmental Policy

Environmental Policy

As part of the Health Board's commitment to reducing its impacts on the environment, the Health Board will implement and maintain a formal Environmental Management System (EMS), which will be designed to achieve the following key principles:

- Sustainable Development
- Compliance Obligations
- Prevention of Pollution
- Continual assessment and improvement.
- Protection of the environment



Effective environmental management will be achieved through the following processes:

- Promotion of the environmental policy to all relevant stake holders and interested parties.
- Identification of all significant environmental aspects and associated legal obligations, including those resulting from changes.
- Implementation of suitable control procedures, covering normal, abnormal and emergency operating conditions.
- Establishing and monitoring objectives and targets, aimed at reducing environmental and financial impacts, in line with those issued by Welsh Government.
- Provision of appropriate training to all relevant personnel
- Regular planned audits
- Regular review of the effectiveness of the EMS by an Environmental Steering Group

Next

1.7 Environmental Objectives



Environmental Objectives & Targets

Environmental objectives are goals that you would like to meet in the future. Targets are the means for providing verifiable evidence that you have actually met the objective. For example, your **environmental objective may be to:**

- Raise energy awareness
- Reduce the generation of wastes
- Identify and create biodiversity areas
- Minimise the release of air contaminants to the environment
- Comply with environmental and waste legislations and regulations
- Use recycled products where feasible
- Safeguard the environment for future generations



Back to environmental challenges

1.8 Waste Producer Duty of Care

Waste Producer Duty of Care



- It is a legal requirement that all healthcare waste is segregated and disposed of correctly and safely by the producer of the waste



- The producer is the ward, department or person producing the waste or placing the waste in the bag or container



- Waste incorrectly segregated, contained or disposed of can lead to a considerable fine or even imprisonment
- Bags and containers must be secured, sealed, tagged or labelled at the point of production identifying the source



Next

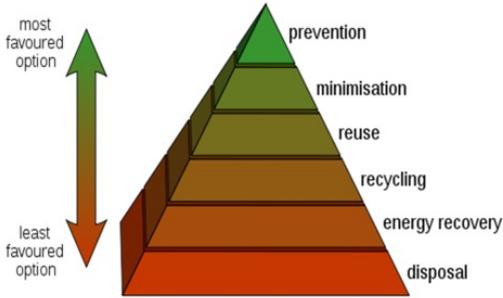
Notes:

Links to KEY TOPICS waste tab

1.9 Waste Hierarchy

Waste Hierarchy

As an organisation we are committed to applying the principles of the waste hierarchy



most favoured option

least favoured option

prevention

minimisation

reuse

recycling

energy recovery

disposal

Next

Notes:

Follow on page from duty of care tab

1.10 Types of Waste

(Drag and Drop, 10 points, 1 attempt permitted)

Types of Waste

'Click on each waste stream'



To ensure easy and immediate recognition of the various types of waste, it is essential that waste is placed in the correct bag

Orange

Clear

Yellow and Black

Yellow



Next

Drag Item

Drop Target

Drag and drop properties

Snap dropped items to drop target (Stack random)

Delay item drop states until interaction is submitted

Notes:

Staff need to click on each waste stream to continue

Orange (Slide Layer)

Orange bag waste

CLINICAL WASTE consists of items such as:



- Infectious or potentially infectious soft clinical waste contaminated with blood/bodily fluids e.g. dressings, swabs, wipes, gloves, gowns, masks, aprons and empty blood bags with all sharps removed. (Blood bags containing blood should be placed in a sealed container with a gelling agent and sharps into yellow lidded containers)

- **NO** sharps, liquids, chemicals, amalgam or anatomical



- If the bag is damaged/ripped, double bag in an orange bag **NOT** in a clear bag



This waste is disposed of via alternative treatment in a licensed clinical waste disposal facility.

Return to waste streams

Clear (Slide Layer)

Clear bag waste

Recycling and domestic waste

BCUHB recycles on average 2,250 tonnes of waste per year, this equates to **188** empty double decker buses.



The following items/materials **CAN** be placed into dry mixed recycling:

- Paper, Card, Magazines, Plastic Carrier Bags, Empty Plastic Cups, bottles & other clean plastics, empty drinks cans.



- **Do NOT** dispose of clinical waste such as aprons, gloves and other Personal Protection Equipment into the recycling, as this can spread diseases. Use the appropriate clinical waste stream

- **Do NOT** dispose of batteries or aerosols into the recycling or domestic waste streams as these are classed as hazardous and require specialist recovery

Return to waste streams

Yellow and Black (Slide Layer)

Yellow and Black waste

Gypsum and Amalgam waste
Non-haz healthcare gypsum
waste for incineration or
recovery plaster casts



No-infectious gypsum
based plaster casts
and dental moulds

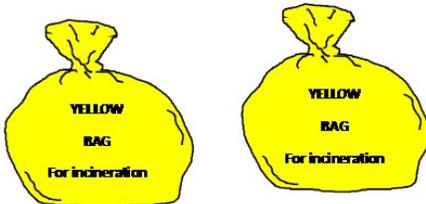


Return to waste streams

Yellow (Slide Layer)

Yellow bag waste

Highly infectious waste produced in specific
areas only. Double bag in yellow bag and place
into a sealed yellow container for incineration.



Return to waste streams

1.11 Sharps & Other Clinical Wastes

Sharps & Other Clinical Wastes

(Please click each button for more information)

Sharps Containers
Due to the specialist nature of healthcare waste it may be unsuitable to dispose of some forms of wastes in bags as they may be able to cause harm. These wastes must be disposed of by special arrangements to conform with legislations.

Other Clinical Wastes
The containers must not be kept in direct sunlight and should always be out of reach of patients & general public. Do not place sharps containers in clinical waste bags.

- ❖ Ensure all containers are assembled correctly, signed and dated on assembly and closure.
- ❖ Dispose of sharps containers within **3 months** of assembly even if they are not full



Leave sharps & Wastes

Notes:

Links from next button on YELLOW BAG waste page

Sharps Containers (Slide Layer)

Sharps Containers

Yellow lidded sharps containers
Sharps contaminated with medicines partially discharged sharps including those contaminated with medicines **NOT** cytotoxic or cytostatic



Orange lidded sharps containers
Sharps **NOT** contaminated with medicines E.G. Phlebotomy/acupuncture/podiatry/broken glass
The waste stream must **NOT** contain medicines, chemicals, amalgam or anatomical wastes



Back to sharps containers and other wastes

Other Clinical Wastes (Slide Layer)

Other Wastes

Cytotoxic & Cytostatic -
PURPLE lidded container

Sharps and apparatus contaminated with
cytotoxic and cytostatic medicines
 

Pharmaceutical / Medicinal
- BLUE lidded container/
BLUE box

Waste medicines and waste
contaminated with medicines i.e
blister packs, empty medicine
bottles **NOT** cytotoxic or cytostatic
 

Anatomical / Theatre
Waste - RED lidded
containers

All recognisable human tissue and large
metal items from theatre, labour wards,
histology and mortuaries
 

Gypsum Waste- Yellow
bag with black stripe

Plaster casts, dental moulds and other items
containing gypsum waste from emergency
departments, minor injury units, fracture clinics,
theatres & dental departments (**not** plasterboard)
 

Back to sharps containers and
other wastes

1.12 DRAG & DROP EXERCISE

(Drag and Drop, 10 points, 3 attempts permitted)

Drag and drop exercise (Part 1)

Please drag and drop the different wastes into the correct coloured container, you cannot move to the next slide until you have completed successfully - Click **submit** when you have completed the exercise


Paper


Swabs


Plastic cups


Empty
blood bags


Gloves


Bottles


Dressings


Card



Orange



Clear

Drag Item	Drop Target
Group	Orange

4	
Group 11	Orange
Group 7	Orange
Group 8	Orange
Group 3	Clear
Group 10	Clear
Group 1	Clear
Group 5	Clear

Drag and drop properties
Snap dropped items to drop target (Stack random)
Delay item drop states until interaction is submitted

Feedback when correct:

That's right! You selected the correct response.

Feedback when incorrect:

You did not select the correct response.

Notes:

NEED TO ADD DRAG & DROP EXERCISE HERE

Correct (Slide Layer)

Drag and drop exercise (Part 1)

Please drag and drop the different wastes into the correct coloured container, you cannot move to the next slide until you have completed successfully - Click **submit** when you have completed the exercise



Paper



Swabs



Empty
blood bags

Correct

That's right! You selected the correct response.

Continue



Gloves



Card



Orange



Clear

Incorrect (Slide Layer)

Drag and drop exercise (Part 1)

Please drag and drop the different wastes into the correct coloured container, you cannot move to the next slide until you have completed successfully - Click **submit** when you have completed the exercise

The screenshot shows a digital interface for a waste management exercise. At the top, the title is "Drag and drop exercise (Part 1)". Below it is a paragraph of instructions. The main area contains a light blue box with several items: "Paper" (a sheet of paper), "Gloves" (a pair of blue gloves), "Swabs" (a box of swabs), "Empty blood bags" (a bag of blood bags), and "Card" (a brown card). A grey dialog box is overlaid in the center, titled "Incorrect", with the text "You did not select the correct response." and a "Continue" button. Below the main area are two trash can icons, each next to a button: an orange button labeled "Orange" and a grey button labeled "Clear".

Try Again (Slide Layer)

Drag and drop exercise (Part 1)

Please drag and drop the different wastes into the correct coloured container, you cannot move to the next slide until you have completed successfully - Click **submit** when you have completed the exercise

The screenshot shows the same digital interface as above. The main area contains the same items: "Paper", "Gloves", "Swabs", "Empty blood bags", and "Card". A grey dialog box is overlaid in the center, titled "Incorrect", with the text "That is incorrect. Please try again." and a "Try Again" button. Below the main area are the same two trash can icons and buttons: an orange button labeled "Orange" and a grey button labeled "Clear".

1.13 Drag and drop exercise (Part 2)

(Drag and Drop, 10 points, 3 attempts permitted)

Drag and drop exercise (Part 2)

Please drag and drop the different wastes into the correct coloured container, you cannot move to the next slide until you have completed successfully - Click **submit** when you have completed the exercise

Drag Item	Drop Target
Picture 7	Yellow Sharps
Picture 8	Yellow Sharps
Picture 9	Yellow Sharps
Picture 10	Button 2
Picture 11	Button 2

Drag and drop properties
Snap dropped items to drop target (Stack random)
Delay item drop states until interaction is submitted

Feedback when correct:

That's right! You selected the correct response.

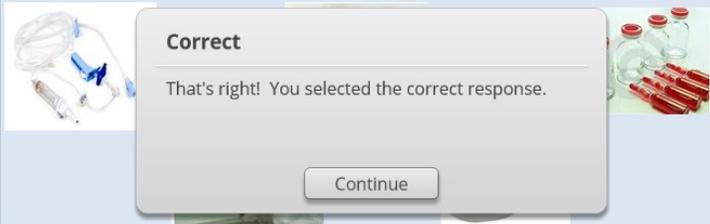
Feedback when incorrect:

You did not select the correct response.

Correct (Slide Layer)

Drag and drop exercise (Part 2)

Please drag and drop the different wastes into the correct coloured container, you cannot move to the next slide until you have completed successfully - Click **submit** when you have completed the exercise



Correct

That's right! You selected the correct response.

Continue



Yellow and Black



Yellow Sharps

Incorrect (Slide Layer)

Drag and drop exercise (Part 2)

Please drag and drop the different wastes into the correct coloured container, you cannot move to the next slide until you have completed successfully - Click **submit** when you have completed the exercise



Incorrect

You did not select the correct response.

Continue



Yellow and Black



Yellow Sharps

Try Again (Slide Layer)

Drag and drop exercise (Part 2)

Please drag and drop the different wastes into the correct coloured container, you cannot move to the next slide until you have completed successfully - Click **submit** when you have completed the exercise



Incorrect

That is incorrect. Please try again.

Try Again





Yellow and Black



Yellow Sharps

1.14 True or False?

(Pick Many, 10 points, 3 attempts permitted)



True or False? (Waste)



1. All employees have a duty of care to ensure they segregate & dispose of their waste correctly? True False
2. Gloves & aprons should be disposed of into orange bags? True False
3. Aerosols & batteries can go into a clear bag for recycling? True False
4. Recycling an item is better than reusing it? True False
5. All Health Boards in Wales have to display an environmental policy endorsed by the Chief Executive? True False


[Go back to environmental challenges](#)

Correct	Choice
X	Radio Button 1

	Radio Button 2
X	Radio Button 7
	Radio Button 8
	Radio Button 11
X	Radio Button 12
	Radio Button 9
X	Radio Button 10
X	Radio Button 15
	Radio Button 16

Feedback when correct:

That's right! You selected the correct response.

Feedback when incorrect:

You did not select the correct response.

Correct (Slide Layer)

 True or False? (Waste) 

1. All employees have a duty of care to ensure they segregate & dispose of their waste correctly? True False

2. Gloves & **Correct**

That's right! You selected the correct response.

3. Aerosols

4. Recyclin True False **FALSE**

5. All Health Boards in Wales have to display an environmental policy endorsed by the Chief Executive? True False

[Go back to environmental challenges](#)

[Continue](#)

Incorrect (Slide Layer)

 True or False? (Waste) 

1. All employees have a duty of care to ensure they segregate & dispose of their waste correctly? True False

2. Gloves & **Incorrect**

You did not select the correct response.

3. Aerosols

4. Recyclin True False **FALSE**

5. All Health Boards in Wales have to display an environmental policy endorsed by the Chief Executive? True False

[Go back to environmental challenges](#)

[Continue](#)

Try Again (Slide Layer)



True or False? (Waste)



1. All employees have a duty of care to ensure they segregate & dispose of their waste correctly? True False
2. Gloves & **Incorrect**
3. Aerosols
4. Recycling True False
5. All Health Boards in Wales have to display an environmental policy endorsed by the Chief Executive? True False

Try Again

Go back to environmental challenges



1.15 Introduction to energy

Introduction to Energy

The financial cost is substantial, and the associated carbon production also has a significant impact, with BCUHB emissions standing at 37,000 tonnes of Carbon Dioxide a year; this equates to 37,000 hot air balloons. BCUHB uses more than £5 million worth of energy every year



There are several practical steps which can be taken to help reduce energy consumption, both at work and at home.

Please click on the tabs below for further information, and complete the small quiz at the end.

Click to complete the small quiz

(Please view all energy types before entering the quiz)

Lighting 

Heating 

Cooling 

Office Equipment 

1.16 Lighting

Lighting



Lighting is essential to ensure that people at work can carry out their tasks safely and effectively. However, unnecessary use of lighting is wasteful and should be minimised.

- Make maximum use of daylight
- Switch off lights that are not needed, where safe to do so
- Ensure you switch off the lights when you are the last person leaving at the end of the day
- Fit labels on switches so people know which switches control which lights

It is a common myth that “Fluorescent lights use more electricity starting up than 12 hours running time”. **This is absolutely not the case, and fluorescent lights should be switched off to save energy in the same manner as any other light fitting**



[Go back to in introduction to energy](#)

1.17 Heating

Heating



Heating is a major consumer of energy, and should be controlled closely to minimise consumption. Most major buildings have central time controls which are managed by Operational Estates

- Close doors and windows when heating is on
- Report any under or over heating, changes to occupancy patterns and any windows and doors which do not seal to Operational Estates Helpdesk

Most large sites have computer controlled temperature settings, but some smaller offices and clinics may have local thermostats fitted directly onto the radiators. These should be set on a mid-range not maximum

Do not use portable electric heaters under any circumstances without permission from Operational Estates. They are high potential fire and trip hazard, and only to be used for temporary solutions only whilst permanent repairs are being conducted



[Go back to in introduction to energy](#)

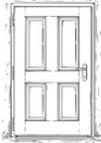
1.18 Space Cooling

Space Cooling



Space cooling is a major consumer of energy, and should be controlled closely to minimise electricity consumption

- Close doors and windows when space cooling is in use
- Report any changes in occupancy patterns to Operational Estates Helpdesk to adjust space cooling on/off times
- Report any doors and windows that do not seal properly to Operational Estates Helpdesk to prompt repair





- **Do not use portable electric coolers under any circumstances without permission from Operational Estates.** They are a high potential fire and trip hazard, and only to be used for temporary solutions whilst permanent repairs are being conducted

[Go back to in introduction to energy](#)

1.19 Office Environment

Office Equipment



Most office appliances only use relatively small amounts of power, but modern working methods use a high number of individual appliance, and they add up to a significant proportion of overall electricity use. Good housekeeping measures are important to minimise the impact

- Only switch on PC's, monitors, copiers and printers when you need them
- Make sure all equipment is switched off at the end of the working day, unless continuous clinical use is essential
- Remember, standby operation still consumes electricity, even a small saving is still a saving
- Replace equipment with modern "Energy Star" rated appliances when upgrades are specified by managers



[Go back to in introduction to energy](#)

1.20 True / False (Energy)

(Pick Many, 10 points, 3 attempts permitted)



True or False? (Energy)



1. If space cooling is in use, windows and doors should be kept closed

True
 False
2. If heating levels are too high or low, staff should purchase portable electric heaters or coolers

True
 False
3. Switching off PC and monitors is not important as they go to "standby" after a while anyway

True
 False
4. There is no need to switch fluorescent lights off at the end of the day, as they use more power starting up in the morning

True
 False
5. BCUHB uses more than £5 million worth of energy every year

True
 False



Correct	Choice
X	Radio Button 1
X	Radio Button 5
	Radio Button 7
	Radio Button 6
	Radio Button 2
X	Radio Button 3
X	Radio Button 4
	Radio Button 8
	Radio Button 9
X	Radio Button 10

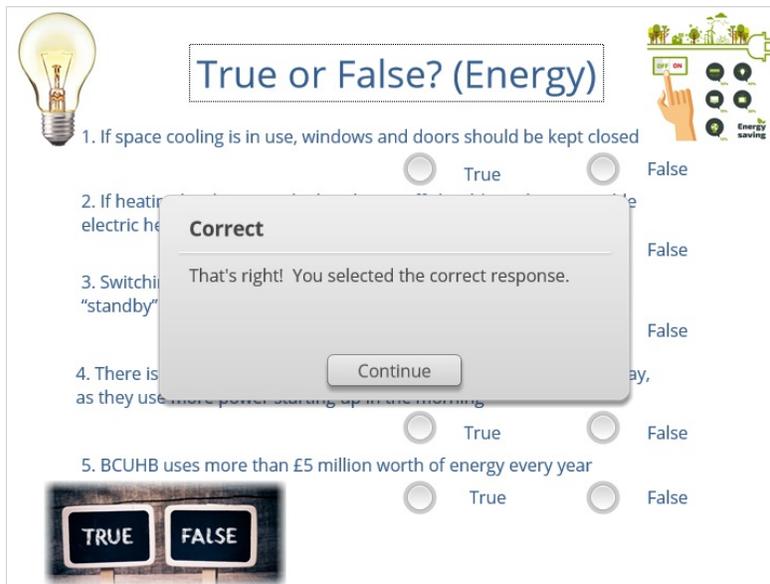
Feedback when correct:

That's right! You selected the correct response.

Feedback when incorrect:

You did not select the correct response.

Correct (Slide Layer)

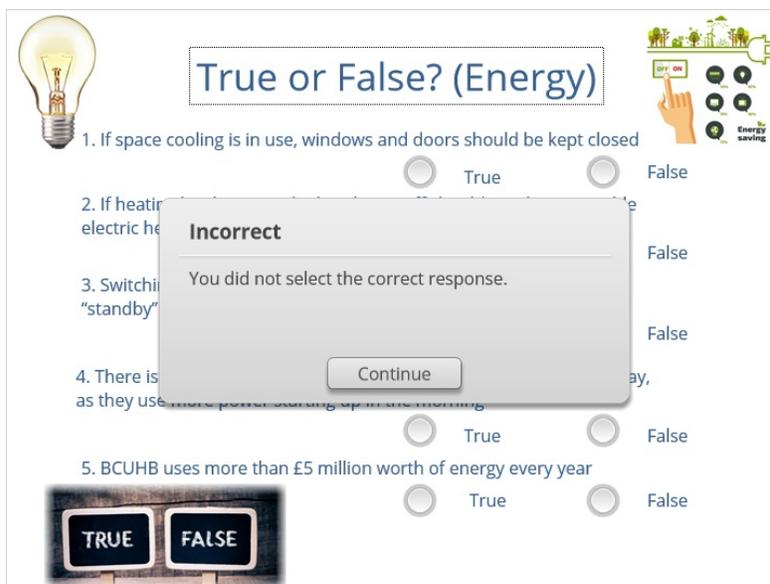


The screenshot shows a quiz slide titled "True or False? (Energy)". It features a lightbulb icon on the left and a hand pointing to a "Correct" message box in the center. The message box contains the text "Correct" and "That's right! You selected the correct response." with a "Continue" button. The quiz questions are partially visible:

- 1. If space cooling is in use, windows and doors should be kept closed. True False
- 2. If heating is in use, windows and doors should be kept closed. True False
- 3. Switching off lights and appliances when not in use saves energy. True False
- 4. There is no need to turn off lights and appliances when not in use. True False
- 5. BCUHB uses more than £5 million worth of energy every year. True False

At the bottom, there are two buttons labeled "TRUE" and "FALSE".

Incorrect (Slide Layer)

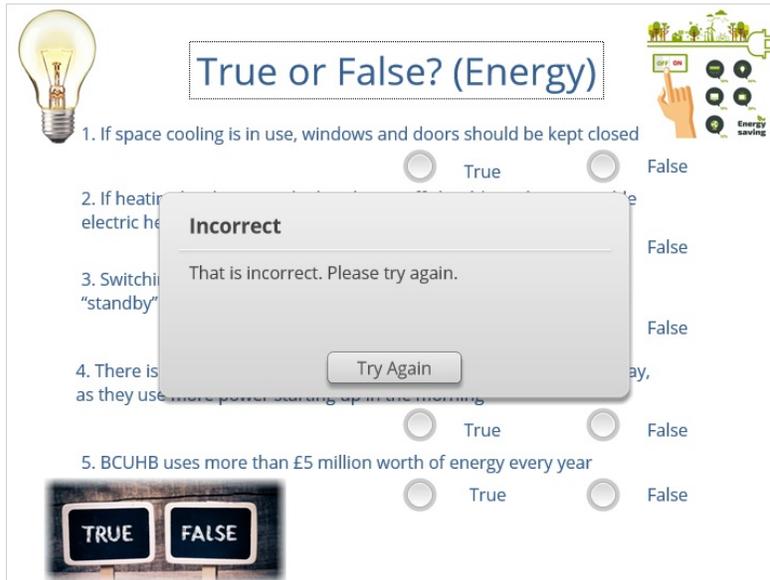


The screenshot shows the same quiz slide as above, but with a "Incorrect" feedback message box in the center. The message box contains the text "Incorrect" and "You did not select the correct response." with a "Continue" button. The quiz questions are partially visible:

- 1. If space cooling is in use, windows and doors should be kept closed. True False
- 2. If heating is in use, windows and doors should be kept closed. True False
- 3. Switching off lights and appliances when not in use saves energy. True False
- 4. There is no need to turn off lights and appliances when not in use. True False
- 5. BCUHB uses more than £5 million worth of energy every year. True False

At the bottom, there are two buttons labeled "TRUE" and "FALSE".

Try Again (Slide Layer)



True or False? (Energy)

1. If space cooling is in use, windows and doors should be kept closed

True False

2. If heating electric heaters are used, windows and doors should be kept closed

True False

3. Switching lights off when not needed is a good way to save energy

True False

4. There is no need to turn off lights when you leave a room

True False

5. BCUHB uses more than £5 million worth of energy every year

True False

Incorrect
That is incorrect. Please try again.

Try Again

TRUE FALSE

1.21 RESOURCES



Resources

Web Links

- www.naturalresources.wales
- www.carbontrust.com/client-services/wales
- www.energysavingtrust.org.uk
- www.sustrans.org.uk/wales
- www.recycleforwales.org.uk
- www.wrapcymru.org.uk
- www.bsigroup.com

• BCUHB Estates & Facilities website • BCUHB Environment Policy
• BCUHB ES03 Waste Policy • BCUHB Energy Policy

Finish & Exit



GIG
CYMRU
NHS
WALES

Bwrdd Iechyd Prifysgol
Betsi Cadwaladr
University Health Board

Cyfarfod a dyddiad: Meeting and date:	Strategy, Partnerships and Population Health Committee 5.3.20						
Cyhoeddus neu Breifat: Public or Private:	Public						
Teitl yr Adroddiad Report Title:	North Wales Regional Partnership Board meeting update						
Cyfarwyddwr Cyfrifol: Responsible Director:	Mark Wilkinson, Executive Director of Planning and Performance						
Awdur yr Adroddiad Report Author:	Suzanne Didcote, PA to Executive Director of Planning and Performance						
Craffu blaenorol: Prior Scrutiny:	The report is being brought for information / assurance.						
Atodiadau Appendices:	Notes of 6 th December 2019 Regional Partnership Board meeting attached						
Argymhelliad / Recommendation:							
The Committee is asked to receive the update from the North Wales Regional Partnership Board							
Ar gyfer penderfyniad /cymeradwyaeth For Decision/ Approval *		Ar gyfer Trafodaeth For Discussion*		Ar gyfer sicrwydd For Assurance*	x	Er gwybodaeth For Information*	X
Sefyllfa / Situation:							
The notes provide the Committee with an update on progress within the RPB partnership work programme. The notes of the 6 th December 2019 meeting are attached.							
Cefndir / Background:							
Key points to note include:							
<ol style="list-style-type: none"> 1) Update received on Welsh Ambulance Service Trust Long Term Strategy 2) Welsh Language Policy – reminder of commitment for Local Authorities and Health Board 3) Updates on A Healthier Wales – Care Closer to Home and Community Services Team 4) Update on WAO Intermediate Care Fund 5) Update on Building a Healthier Wales 6) A paper was shared on the RPB medium / long term strategy 7) Update from Mid Wales Joint Committee – Social and Green Solutions in Health 8) Feedback report from the RPB Self Assessment Workshop 							

Aseiad / Assessment
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.



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

NORTH WALES SOCIAL CARE AND WELL-BEING
SERVICES IMPROVEMENT COLLABORATIVE

	<p>DW confirmed a meeting will be arranged with JG to discuss the Mountain Rescue future agenda item.</p>	
<p>3.</p>	<p><u>Welsh Ambulance Service Trust (WAST) Long Term Strategy</u></p> <p>The board received an update from Jason Killens, James Houston and Estelle Hitchon on the Welsh Ambulance Service NHS Trust (WAST) Long Term Strategic Framework.</p> <p>JK reported WAST make contact with over 1 million patients annually through various services provided; All Wales 999 service, non-emergency transport service, planned activity discharges, 111 service and NHS Direct Wales.</p> <p>Historically WAST existed as a provider of transport. However now the type of service and delivery of care is shifting to individual patient needs and system of delivering care in services, avoiding Emergency Department unless necessary. In order to develop WAST’s long term strategic framework WAST undertook an intensive period of engagement with over 450 patients, staff and external stakeholders.</p> <p>Following the consultation an internal steering group was established. This group endorsed the strategic framework in May 2019 and continues to engage on the progress of the strategy.</p> <p>The strategy includes 3 goals:</p> <ol style="list-style-type: none"> 1. Helping patients and staff to stay healthy 2. Helping patients more easily access our services at the right time 3. Providing the right care in the right place, wherever and whenever it is needed <p>To enable the transformation within the service WAST will ensure:</p> <ul style="list-style-type: none"> • The design and infrastructure of the organisation are at the forefront of innovation and technology • A whole system partnership and engagement • Staff to be the best that they can be • Providing the best care possible, outcomes and experience to our patients <p>WAST propose to educate the public to make informed choice of services which are easily accessible. The emergency service will transition from NHS Direct to 111. New virtual technology will be utilised and integrated into services to provide the right response at the right time.</p> <p>WAST also propose to further engage and work with health partners to utilise primary care, in the home or in the community. To enable this Advance Paramedic Practitioners posts will be developed to enhance clinical skills of the workforce and joint multidisciplinary teams i.e. a paramedic and a physiotherapist to attend to a patient who had fallen.</p>	

	<p>ME also raised the issue of recruiting paramedics, with the University of Swansea being the only University in Wales providing paramedic courses and queried WAST's intention of exploring courses within North Wales in Bangor and Glyndŵr Universities, also promoting the recruitment of Welsh speakers. ME also referenced 'More Than Just Words' is not noted within WAST's Long Term Strategy.</p> <p>CEO confirmed WAST recruit paramedics mainly from the University of Swansea. However, work will start in January 2020 to strengthen links with all Universities in Wales, and North Wales Universities will be explored for post graduate Advanced Paramedic courses.</p> <p>EH noted that Health Education Improvement Wales (HEIW) commission members of the future workforce, and the focus should be on how to encourage more local young people to consider WAST as a career, not just as a job. Further work will be required in collaboration on the Welsh Language standards.</p> <p>ME suggested a representative from WAST attended the MTJW Forum.</p> <p>TO thanked WAST for their presentation and RPB members for the useful discussion that followed.</p>	
<p>4.</p>	<p><u>Welsh Language on-line training</u></p> <p>ME, chair of the 'More Than Just Words' (MTJW) forum, reminded everyone of the commitment Local Authorities and the Health Board have taken on the Welsh Language Policy (WLP).</p> <p>Furthermore, a request has been received from the MTJW forum for RPB members to complete the 'Work Welsh' 10 hour training to attain level 1. The training will involve:</p> <ul style="list-style-type: none"> • Face to face conversations with service users and those you care for • Learning job titles in the social care sector in Welsh • Learn what some service user groups are in Welsh • Discuss some conditions specifically relating to social care • Develop further conversation skills <p>The chair considered this a fair challenge and asked for comments around the table.</p> <p>KR questioned the requirement to reach level 1 as a comparator to level 1 within NWFRS and NWP, who are also committed to the WLP.</p> <p>ME would assume being able to introduce oneself, colleagues, and a definition will be circulated to RPB members.</p> <p>ME was pleased to learn of Welsh already being offered in the workplace and suggested RPB members to introduce themselves in Welsh around the table in future.</p>	<p>ME – to provide a definition of Work Welsh L1.</p>

	<p>JLe informed when attending national WG meetings in her capacity of carer representative, translation services are rarely available at these events.</p> <p>RPB members were in agreement for non-Welsh RPB members to undertake the 10 hour Welsh on-line learning to attain level one, taking into account flexibility with the timescale, owing to work priorities.</p> <p>The link to the training: https://dysgucymraeg.cymru/cymraeg-gwaith/cyrsiau-cymraeg-gwaith/croeso-sector-gofal/</p>	<p>Non-Welsh RPB members to undertake the 10 hour Welsh on-line learning.</p>
<p>5.</p>	<p><u>A Healthier Wales – CCTH/CST update</u></p> <p>The board received an update from AJ on the activities to date on the Community Services Team Transformation Programme.</p> <p>North Wales Local Authorities and BCUHB have worked closely for a number of years to develop services in the community, funded historically by ICF. The CST Transformation Programme funding has enabled this work to be enhanced further, with similar objectives to WAST, aiming to transfer fewer people into hospital, providing early help and support for people to be provided within their own homes.</p> <p>The work will be supported via GP clusters and social care arrangements, Community Resource Teams, providing support on ‘what matters’ to individuals. These localities, once fully developed will work locally within agreed regional design principles.</p> <p>Work completed in this reporting period includes:</p> <ul style="list-style-type: none"> • Supporting changes in local areas, working with practitioners, hospital and partners i.e. the initial stages regarding the mapping work against supporting people. • Sub-regional project teams are active in the Central, West and East areas with work ongoing specific to those areas. • Work completed on design principles and on the outcomes, KPI's and the baseline data. • Tackling the issue of a sustainable service for the future; the current pattern and future requirement in relation to services, resources and funding support. • Locality Leadership Teams (LLT) will provide local governance and strategic management of resources with different models being considered across the region. • Locality Pacesetters will involve looking at lessons learned prior to consideration of rollout. • Working with IPC on the independent assessment and theories of change across North Wales, looking at the models that will best implement change. • Publicising both the Transformation Programme and the Community Services Programme, making all staff aware of the culture changes that admittance to hospital is not the default option. 	

	<ul style="list-style-type: none"> It is also noted WG have communicated to RPB's their decision to extend the programme period until March 2021, with the cut-off for activity to be 28th February 2021. <p>PW enquired how the programme dovetailed with other Transformation Programmes taking place regarding the community hubs and primary care. AJ confirmed all Transformation Programme Project Managers are employed through the Regional Collaboration Team, with each programme sighted on each other's work and is part and parcel of the same discussion.</p> <p>EH agreed public palatability of change is difficult, and would be happy to discuss outside RPB how to work collectively to deliver the local message.</p> <p>HC offered to assist with figures to populate the 'crime' section of the 'Framework for Locality Health & Social Care Needs Assessment.</p> <p>MW enquired if the LLT's were new and how they relate and link in to partnership working, cluster work and avoided duplication.</p> <p>AJ informed the LLT are pace setters testing concepts in detail with lessons learned cascaded throughout the region in order to support further development. It is not the intention to create another layer. Project boards have been established across each of the Pace Setters, to explore all opportunities before implementation.</p> <p>BJE advised that the CST TP have agreed to engage in IPOPS as a complimentary initiatives to support the collation of outcomes and performance data, and a commitment from BCU acute services is essential to get the best outcome from the model.</p> <p>JLe asked for clarity if the carer comments within the report referred to non-paid carers, and if this work has been completed working with 'carers' or with 'services who provide care'.</p> <p>JLe also referred to the section on 'Approach to Co-production' advising these are steps taken to acknowledge co-production, not actual co-production, which is working together as equal partnership with all stakeholders, involving carers and all organisations in the actual development of the plan.</p> <p>FJ agreed to place this item for discussion at the next NWCOG meeting.</p> <p>TO agreed to arrange a separate conversation with BJE and AJ on the risks and assessment within the report.</p>	<p>Co-production on NWCOG agenda - FJ</p> <p>TO/BJE/AJ to discuss CST risks & assessment</p>
6.	<p><u>WAO – ICF</u></p> <p>The board received an update from NA on the WAO ICF report for NWRPB, which notes the key findings and areas to consider. The report applies historically to the audit that took place during 2018.</p>	

<p>The report provides examples of identified notable practice across Wales which RPB's could learn from i.e. the development of a performance dashboard in the Cardiff and Vale RPB; responsibilities set out in a Memorandum of Understanding from the Greater Gwent.</p> <p>NA took the opportunity to thank ICF colleagues, AISB's and the Regional ICF Co-ordinating Group for their regular discussions to maximise the ICF funding, which also saw an increase in the Social Value element.</p> <p>TO suggested developing an action plan citing all key findings identified and the action taken to resolve, so that all RPB members are aware of the work undertaken.</p> <p>BJE confirmed all actions are being implemented through the ICF officers group and the local AISB's. Progress has been seen throughout the year and work carried out will be discussed at the next ICF officers lead meeting.</p> <p>Outcomes for service users identified from the report includes developing exit strategies for all ICF projects and opportunities explored to learn from good practice in other regions. Mature conversations will be required as many projects are still very reliant on ICF funding with many projects now considered part of the authority's core services, and critical to sustain the day to day services of social care.</p> <p>A further discussion will be required on RPB membership. The audit notes the difficulties in decision making, due to the size of the board. TO agreed, and this discussion will be held once the updated guidelines and expectations have been received from WG.</p> <p>NA agreed for the action plan to be created and agreed on the risks around the exit strategy. All partners have however used ICF to progress and support services under severe pressure. A loss of ICF funding would be a significant issue for all partners.</p> <p>JLe raised concern regarding the outcomes for service users section and despite positive examples there is little evidence of the fund improving outcomes for service users and enquired how the outcomes for service users are measured.</p> <p>BJE informed WG have provided a framework for reporting and collating outputs, however there is nothing in place for capturing longer term outcomes apart from case studies.</p> <p>DW stated as a Third Sector employee and being involved in ICF projects, the stark message provided is that many Third Sector organisations are not confident for sustainability outside of ICF funding, and the time taken to apply for funding is a barrier to many organisations.</p>	<p>BJE/SG to create a plan of actions completed for March RPB.</p> <p>WAO ICF report for NWRPB to be discussed in detail at the ICF officers meeting.</p> <p>RPB membership for future RPB agenda.</p>
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	<p>BJE informed WG are proposing a tender process for a national ICF evaluation in the near future.</p> <p>TO advised there will be an opportunity at the rescheduled WG RPB self-assessment workshop 12.02.2020, to discuss ICF post March 2021.</p>	
<p>7.</p>	<p><u>Building A Healthier Wales</u></p> <p>The board received an update from TO on the additional funding (£1.3M) made directly to BCUHB specifically on Prevention and Early Years transformation work across Health & Social Care in North Wales. WG have recently stipulated additional requirements to link this work with PSB's.</p> <p>There is a tight deadline for the submission of plans to WG by 31.12.2019 and pressure to spend by the end of the financial year.</p> <p>TO confirmed work is progressing, with Public Health consultants evidencing what makes a difference and what provides value in the system.</p> <p>CB noted the importance of maximising the opportunity for all RPB members to have an opportunity for future funding suggestions to ensure the funding is spent as dynamic as possible, and noted the importance of including housing and fuel poverty.</p> <p>EH suggested having projects for future funding 'ready to go', to be resourced immediately as a solution to WG funding applications with short turnaround deadlines; whether this is ICF slippage or other funding, and maybe this is a piece of work that could be completed in the spring.</p> <p>TO confirmed the suggestions received far exceed the amount of funding allocated and will be prioritised in the order of greatest preventative outcome.</p>	<p>Final plan to be brought to future RPB meeting</p>
<p>8.</p>	<p><u>RPB Medium/long Term Strategy</u></p> <p>The paper included in the meeting pack on the RPB medium/long term strategy is the collation of the work from the RPB long term vision workshop held with Keith Moultrie September 2019. Whilst collating the notes from the facilitated workshop it became difficult to draw out any specific and tangible concepts over and above the work that is already being delivered. Consequently, the document reads more as a focus and priority document than a strategy, and a request is being made for further feedback from RPB members for specific comments that should be considered, taking into account the priorities of the RPB as stated in the statutory guidance, AHW and ICF. Once these final comments have been received the final documents will be presented to the NWRLB, who originally commissioned this piece of work.</p> <p>Suggestions made included:</p>	

	<ul style="list-style-type: none"> • Strengthen influences – giving WG information regarding barriers i.e. temporary funding. • Localities and regions advising of barriers specific to their areas • WG to use the RPB to see what is and isn't working • JLe suggested changing the wording of 'coproduction' within the document which reads as putting an onus on people to get involved rather than drawing people in. • More emphasis on education - re-visit once WG guidance has been circulated • More emphasis on Housing • Expand on the culture 	Additional feedback to be forwarded to BJE by 06.01.2020
9.	<p><u>Mid Wales Joint Committee (MWJC) – Social and Green Solutions in Health priority</u></p> <p>The board received an update from ME on the objectives of the Mid Wales Joint Committee. Gwynedd Council and BCUHB are members of the committee as South Meirionnydd is located within the catchment of the region.</p> <p>The MWJC intend to hold a workshop in Mid Wales, where members of NWRPB are welcome to attend. The workshop will involve discussions on how to sustain work in a rural area.</p> <p>ME agreed to share the date of workshop once advised.</p>	Date of workshop to be circulated - ME
10.	<p><u>Letter form WG 18.11.2019 - Feedback Report from the Regional Partnership Board Self-Assessment Workshop</u></p> <p>Following the RPB Self-Assessment workshop 02.10.2019, WG have circulated a feedback report which captured the discussion of the day. The Task & Finish Group has since met to discuss the next steps regarding the piloting of a self-assessment tool and are inviting expressions of interest from two RPB's to participate in the Pilot March/April 2020.</p> <p>Following a full discussion the NWRPB members were in agreement not to take part in the pilot, due to the lack of capacity and the volume of work already undertaken by the NWRPB.</p>	This decision to be brought to the attention of elected members for agreement as meeting is not quorate.
11.	<p><u>For information</u></p> <p>TO advised RPB members of the documents 'for information' at the end of the meeting pack;</p> <ol style="list-style-type: none"> 1. PHW - Winter pressure and 2. Health & Housing – Housing Policy & AHW – ICF Capital Programme. 	
	TO concluded the meeting by thanking DW for his contribution and support to the NWRPB over the years, as DW's role within the Red Cross finishes at the end of 2019, and wished DW well for the future.	



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

NORTH WALES SOCIAL CARE AND WELL-BEING
SERVICES IMPROVEMENT COLLABORATIVE

	<p>Nododd y Cyng. LIMH y dylid newid 'nodiadau' i 'cofnodion' yn y cofnodion Cymraeg.</p> <p>Cadarnhaodd DW y bydd cyfarfod yn cael ei drefnu gyda JG i drafod Achub Mynydd, sy'n eitem ar y rhaglen i'r dyfodol.</p>	RW i ddiweddarau.
3.	<p><u>Strategaeth Hirdymor Ymddiriedolaeth Gwasanaeth Ambiwlans Cymru (YGAC)</u></p> <p>Derbyniodd y bwrdd y wybodaeth ddiweddaraf gan Jason Killens, James Houston ac Estelle Hitchon ar Fframwaith Strategol Hirdymor Ymddiriedolaeth GIG Gwasanaeth Ambiwlans Cymru.</p> <p>Rhoddodd JK wybod fod YGAC yn cysylltu â thros filiwn o gleifion bob blwyddyn drwy'r gwahanol wasanaethau a ddarperir; gwasanaeth 999 Cymru Gyfan, gwasanaeth cludiant mewn achosion nad ydynt yn rhai brys, rhyddhau cleifion ar gyfer gweithgareddau a drefnwyd, gwasanaeth 111 a Galw Iechyd Cymru.</p> <p>Yn hanesyddol, roedd YGAC yn bodoli fel darparwr cludiant. Fodd bynnag, mae'r math o wasanaeth a darpariaeth gofal bellach yn newid i ganolbwyntio ar anghenion cleifion unigol a system o ddarparu gofal drwy wasanaethau, gan osgoi defnyddio'r Adran Argyfwng oni bai bod hynny'n angenrheidiol. Er mwyn datblygu fframwaith strategol hirdymor YGAC, fe wnaeth YGAC ymgymryd â chyfnod dwys o ymgysylltu gyda thros 450 o gleifion, staff a budd-ddeiliaid allanol.</p> <p>Yn dilyn ymgynghoriad, sefydlwyd grŵp llywio mewnol. Cymeradwyodd y grŵp y fframwaith strategol ym mis Mai 2019, ac mae'n parhau i ymgysylltu â chynnydd y strategaeth.</p> <p>Mae'r strategaeth yn cynnwys 3 nod:</p> <ol style="list-style-type: none"> 1. Helpu cleifion a staff i aros yn iach 2. Helpu cleifion i gael mynediad haws at ein gwasanaethau ar yr amser cywir 3. Darparu'r gofal cywir yn y lleoliad cywir, lle bynnag a phryd bynnag y bo angen. <p>Er mwyn galluogi'r newid o fewn y gwasanaeth, bydd YGAC yn sicrhau:</p> <ul style="list-style-type: none"> • Fod cynllun a seilwaith y sefydliad yn flaenoriaeth i waith arloesi a thechnoleg • Partneriaeth ac ymgysylltu system gyfan • Bod staff yn gwneud eu gorau glas • Bod y gwasanaeth yn darparu'r gofal, canlyniadau a'r profiad gorau posibl i'n cleifion <p>Mae YGAC yn cynnig addysgu'r cyhoedd i wneud penderfyniadau gwybodus mewn perthynas â gwasanaethau sy'n hawdd cael mynediad atynt. Bydd y gwasanaeth argyfwng yn newid o Galw Iechyd Cymru i 111. Bydd y gwasanaeth yn integreiddio technoleg rhithwir newydd i wasanaethau i ddarparu'r ymateb cywir ar yr amser cywir.</p>	

Mae YGAC hefyd yn cynnig ymgysylltu a gweithio ymhellach gyda phartneriaid eraill i ddefnyddio gofal sylfaenol, yn y cartref neu yn y gymuned. Er mwyn galluogi hyn, caiff swyddi Uwch Ymarferwyr Parafeddygol eu datblygu i wella sgiliau clinigol y gweithlu a thimau amlddisgyblaethol ar y cyd h.y. byddai parafeddyg yn ogystal â ffisiotherapydd yn bresennol i ymdrin â chlaf sydd wedi cael codwm.

Mae'r manteision yn cynnwys:

- Gofal clinigol a phrofiad gwell i gleifion.
- Bydd pobl yn gwneud penderfyniadau gwybodus am eu hanghenion gofal iechyd.
- Iechyd, lles a bodlonrwydd swydd gwell i weithwyr.
- Gweithlu hyblyg a medrus ar gyfer y dyfodol - rhagor o gyfleoedd gyrfaol ar draws lechyd a Gofal Cymdeithasol.
- Rhaglen gyfan yn cefnogi rhaglen gofal wedi'i drefnu a heb ei drefnu.

Nododd RS bod strategaeth hirdymor YGAC yn cefnogi ac yn cysylltu'n agos â'r Rhaglen Trawsnewid Cymunedol/Gofal yn Agosach at y Cartref ac y byddai'n rhaid cael trafodaeth ynghylch sut mae hyn yn cyd-fynd a Cymru lachach a phwy fydd yn gyfrifol am ddatblygu.

Diolchodd KR i YGAC am y cyflwyniad llawn gwybodaeth, a heriodd YGAC i fod yn fwy hyblyg a chydweithredol gyda sefydliadau h.y Heddlu Gogledd cymru (HDC), Gwasanaeth Tan ac Achub Gogledd Cymru (GTAGC), Gofal a Thrwsio a llu o sefydliadau eraill er mwyn darparu'r gwasanaeth ar draws Cymru gyfan i gleifion ar yr amser cywir.

Mae'r YGAC eisoes yn gweithio'n agos gyda BIPBC ac mae gwelliannau wedi'u cydnabod yn amser ymateb yr Adran Argyfwng. Mae gwasanaeth wedi'i deilwra mewn perthynas â chodymau wedi dechrau yn Ne Cymru, a bydd y gwasanaeth yn cael ei roi ar waith ar draws Cymru. Derbyniodd JK yr her, a chytunodd i gael trafodaeth bellach â'r GTAGC S yn y dyfodol agos.

Holodd DW ynghylch materion yn ymwneud â phobl sy'n profi codymau yn eu cartref, a defnydd y cyhoedd o 'Manga' – clustog wedi'i lenwi ag aer a ddefnyddir i godi.

Nododd EH:

- Fod LIC wedi ariannu ac wedi darparu 'manga' ynghyd a hyfforddiant i ddefnyddio'r offer ym mhob cartref gofal ar draws Cymru.
- Bydd 'gwasanaeth codymau' a ariennir gan LIC, a ddatblygwyd y gaeaf diwethaf yn Ne Cymru yn cael ei gyflwyno'n genedlaethol i ymateb i gleifion heb eu hanafu sy'n ffonio 999
- Mae trafodaeth weithredol yn mynd rhagddo ynghylch sut y gall partneriaid gydweithio gyda gwasanaethau eraill ar draws y sector cyhoeddus i ymateb i godymau lle nad yw'r unigolyn wedi anafu.

Hysbysodd NA am nifer o achosion yng Ngogledd Cymru o gleifion yn aros cyfnodau hir am Ambiwlans, gan arwain at eu salwch yn symud i gyflwr dirifol.

CST/YGAC
i drafod
cysylltiadau.

KR/YGAC i
drafod
ymhellach

	<p>Roedd y Prif Swyddog Gweithredol yn cydnabod bod angen mynd i'r afael ag amseroedd aros. Fodd bynnag, mae cynnydd da wedi'i wneud yn ddiweddar, gyda BIPBC yn arwain ar draws Cymru. Mae'r amseroedd ymateb yn parhau i fod yn hirach na'r targed, ond mae YGAC yn gweithio gyda chomisiynwyr a PBC ar y gofynion dros y 5 mlynedd nesaf, caiff yr adnoddau gofynnol a buddsoddiad sylweddol yn ogystal ag arbedion effeithlonrwydd eu darparu gan YGAC a gweddill y system.</p> <p>Nododd ME fod perfformiad YGAC a'r system gyfan yn is mewn ardaloedd gwledig o'i gymharu ag ardaloedd trefol ac argymhellwyd y dylid cynnal trafodaethau o fewn y systemau integredig yng Ngwynedd a Sir Fôn.</p> <p>Yn ogystal â hynny, cododd ME y broblem o ran recriwtio parafeddygon, nododd mai Prifysgol Abertawe oedd yr unig Brifysgol yng Nghymru sy'n cynnig cyrsiau parafeddygol a holodd bwriad YGAC i ystyried cyrsiau o fewn Gogledd Cymru ym Mhrifysgolion Bangor a Glyndŵr, fyddai hefyd yn hyrwyddo recriwtio siaradwyr Cymraeg. Nodod ME hefyd nad oedd 'Mwy Na Geiriau' wedi'i nodi o fewn Strategaeth Hirdymor YGAC.</p> <p>Cadarnhaodd y Prif Swyddog Gweithredol bod YGAC yn recriwtio parafeddygon yn bennaf o Brifysgol Abertawe. Fodd bynnag, bydd gwaith yn dechrau ym mis Ionawr 2020 i gryfhau cysylltiadau â holl Brifysgolion Cymru, a bydd Prifysgolion Gogledd Cymru yn cael eu harchwilio ar gyfer cyrsiau Parafeddyg Uwch</p> <p>Nododd EH fod Gwella Addysg Iechyd Cymru (HEIW) yn comisiynu aelodau o weithlu'r dyfodol, a dylai'r ffocws fod ar sut i annog mwy o bobl ifanc lleol i ystyried YGAC fel gyrfa, nid fel swydd yn unig. Bydd angen gwaith pellach a chydweithredu ar safonau'r Gymraeg</p> <p>Awgrymodd ME i gynrychiolydd o YGAC ymuno â'r Fforwm MTJW.</p> <p>Diolchodd TO i YGAC am eu cyflwyniad ac i aelodau'r BPRh am y drafodaeth ddefnyddiol a gafwyd.</p>	
4.	<p><u>Hyfforddiant Iaith Gymraeg ar-lein</u></p> <p>Bu i ME, cadeirydd y fforwm 'Mwy Na Geiriau' (MTJW), atgoffa pawb o ymrwymiad Awdurdodau Lleol a'r Bwrdd Iechyd mewn perthynas â'r Polisi Iaith Gymraeg.</p> <p>Mae cais wedi'i dderbyn gan y fforwm MTJW i aelodau o'r BPRh gwblhau'r hyfforddiant 10 awr 'Gweithio'n Gymraeg' er mwyn cyrraedd lefel 1. Bydd yr hyfforddiant yn cynnwys:</p> <ul style="list-style-type: none"> • Sgyrsiau wyneb yn wyneb gyda defnyddwyr gwasanaeth a'r rheiny yr ydych yn gofalu amdanynt • Dysgu teitlau swyddi yn y sector gofal cymdeithasol yn Gymraeg • Dysgu enwau rhai grwpiau defnyddiwr gwasanaeth yn Gymraeg • Trafod rhai amodau, yn ymwneud yn bennaf â gofal cymdeithasol • Datblygu sgiliau sgwrsio ymhellach 	

	<p>Roedd y cadeirydd yn ystyried fod hon yn her deg a gofynnodd am sylwadau o amgylch y bwrdd.</p> <p>Gofynnodd KR am y gofyniad i gyrraedd lefel 1 o'i gymharu â lefel 1 o fewn y GTAGC HGC, sydd hefyd wedi ymrwmo i'r Polisi Iaith Gymraeg.</p> <p>Roedd ME yn tybio mai'r gallu i gyflwyno eich hunan a chydweithwyr oedd yr ateb i gwestiwn KR, ond byddai diffiniad yn cael ei rannu gydag aelodau'r BPRh.</p> <p>Roedd ME yn falch o glywed fod y Gymraeg eisoes yn cael ei chynnig yn y gweithle ac awgrymodd i aelodau'r BPRh gyflwyno eu hunain yn Gymraeg o amgylch y bwrdd yn y dyfodol.</p> <p>Rhoddodd JLe wybod nad oedd gwasanaethau cyfieithu ar gael yn y mwyafrif o'r cyfarfodydd LIC cenedlaethol y mae hi'n eu mynychu fel cynrychiolydd gofalgwr.</p> <p>Cytunodd aelodau'r BPRh y dylai aelodau nad ydynt yn siarad Cymraeg ymgymryd â'r hyfforddiant dysgu Cymraeg ar-lein 10 awr er mwyn cyrraedd lefel un, gan ystyried hyblygrwydd gyda'r amserlen, oherwydd blaenoriaethau gwaith.</p> <p>Dyma'r ddolen i'r hyfforddiant: https://dysgucymraeg.cymru/cymraeg-gwaith/cyrsiiau-cymraeg-gwaith/croeso-sector-gofal/</p>	<p>ME – darparu diffiniad o Gweithin' gymraeg L1.</p> <p>Aelodau nad ydynt yn siarad Cymraeg ymgymryd â'r hyfforddiant dysgu Cymraeg ar-lein 10 awr.</p>
<p>5.</p>	<p><u>Cymru Iachach – Diweddariad ar y Rhaglen Trawsnewid Gofal yn Agosach at y Cartref/Gwasanaethau Cymunedol</u></p> <p>Derbyniodd y bwrdd y wybodaeth ddiweddaraf gan AJ ar y gweithgareddau hyd yma mewn perthynas â Rhaglen Trawsnewid Tîm y Gwasanaethau Cymunedol.</p> <p>Mae Awdurdodau Lleol Gogledd Cymru a BIPBC wedi cydweithio'n agos am sawl blwyddyn bellach i ddatblygu gwasanaethau i'r gymuned, sydd wedi cael ei ariannu yn hanesyddol gan y Gronfa Gofal Integredig (CGI). Mae cyllid Rhaglen Drawsnewid y Gwasanaethau cymunedol wedi caniatáu i'r gwaith hwn gael ei ddatblygu ymhellach, gydag amcanion tebyg i YGAC; gan anelu at drosglwyddo llai o bobl i'r ysbyty, darparu cymorth a chefnogaeth gynnar i bobl yn eu cartrefi eu hunain.</p> <p>Bydd y gwaith yn cael ei gefnogi drwy gystyrau Meddygon Teulu a threfniadau gofal cymdeithasol, Timau Adnoddau Cymunedol, darparu cymorth ar 'beth sy'n bwysig' i unigolion. Bydd yr ardaloedd hyn, unwaith y byddant wedi'u datblygu'n llawn, yn gweithio'n lleol o fewn egwyddorion cynllunio rhanbarthol cytunedig.</p> <p>Roedd y gwaith a gwblhawyd yn ystod y cyfnod adrodd hwn yn cynnwys:</p>	

- Cefnogi newidiadau mewn ardaloedd lleol, gweithio gydag ymarferwyr, ysbytai a phartneriaid, h.y. y camau cychwynol mewn perthynas â gwaith mapio yn erbyn cefnogi pobl.
- Mae timau prosiect is-ranbarthol yn weithredol yn yr ardaloedd Canolog, Gorllewinol a Dwyreiniol gyda gwaith penodol yn parhau yn yr ardaloedd hynny.
- Cwblhawyd gwaith ar egwyddorion cynllunio ac ar y canlyniadau, Dangosyddion Perfformiad Allweddol a'r data sylfaenol.
- Mynd i'r afael â'r broblem mewn perthynas â gwasanaeth cynaliadwy i'r dyfodol; y patrwm presennol a'r gofyniad o ran gwasanaethau, adnoddau a chefnogaeth ariannol i'r dyfodol.
- Bydd Timau Arweinyddiaeth Ardal Leol yn llywodraethu'n lleol ac yn cynnig rheolaeth strategol o adnoddau gan ystyried dulliau gwahanol ar draws y rhanbarth.
- Bydd Arloeswyr Ardal yn cynnwys ystyriaeth o wersi a ddysgwyd cyn ystyried rhoi unrhyw beth ar waith.
- Gweithio gydag IPC ar asesiadau a theorïau newid annibynnol ar draws Gogledd Cymru, gan edrych ar y dulliau gorau ar gyfer gweithredu newid.
- Cyhoeddi'r Rhaglen Drawsnewid yn ogystal â'r Rhaglen Gwasanaethau Cymunedol, gan sicrhau fod staff yn ymwybodol o'r newidiadau diwylliannol ac nad yw mynd i'r ysbyty yn opsiwn diofyn.
- Nodwyd hefyd bod LIC wedi rhoi gwybod i'r BPRh am eu penderfyniad i ymestyn cyfnod y rhaglen tan Mawrth 2021 ac mai'r dyddiad terfyn ar gyfer gweithgareddau yw 28 Chwefror 2021.

Gofynnodd PW sut mae'r rhaglen yn cyd-fynd â'r Rhaglenni Trawsnewid eraill sy'n mynd rhagddo mewn perthynas â chanolfannau cymunedol a gofal sylfaenol.

Cadarnhaodd AJ fod Rheolwyr Prosiect Rhaglenni Drawsnewid yn cael eu cyflogi drwy'r Tîm Cydweithredu Rhanbarthol, gyda phob rhaglen yn ymwybodol o waith ei gilydd ac yn rhan annatod o'r un drafodaeth.

Cytunodd EH ei bod yn anodd i'r cyhoedd dderbyn newid, ac y byddai hi'n hapus i drafod sut i weithio ar y cyd i ddarparu'r neges leol y tu allan i'r BPRh.

Cynigodd HC i helpu â'r ffigurau er mwyn llenwi'r adran 'trosedd' yn y Fframwaith ar gyfer Asesu Anghenion Iechyd a Gofal Cymdeithasol Lleol.

Gofynnodd MW a oedd y Timau Arweinyddiaeth Ardal Leol yn newydd a sut roeddent yn berthnasol ac yn gysylltiedig â gweithio mewn partneriaeth, gwaith clwstwr ac yn osgoi dyblygiad.

Rhoddodd AJ wybod mai arloeswyr yw'r Timau Arweinyddiaeth Ardal Leol, sy'n arbrofi cysyniadau'n fanwl gan ddefnyddio gwersi a ddysgwyd a'u rhaeadru drwy'r rhanbarth er mwyn cefnogi datblygiad pellach. Nid yw'n fwriad i greu haen arall. Mae byrddau prosiect wedi'u sefydlu ar draws bob un o'r Arloeswyr i ystyried bob cyfle cyn gweithredu.

	<p>Cynghorodd BJE fod y Rhaglen Drawsnewid Gwasanaethau Cymunedol wedi cytuno i ymgysylltu gydag IPOPS fel menter ddymunol i gefnogi casglu canlyniadau a data perfformiad, a bod ymrwymiad gan wasanaethau aciwt PBC yn hanfodol er mwyn sicrhau'r canlyniad gorau posibl i'r model.</p> <p>Gofynnodd JLe am gadarnhad o ran a oedd sylwadau'r gofalwr o fewn yr adroddiad yn cyfeirio at ofalwyr nad ydynt yn derbyn tâl, ac a yw'r gwaith hwn wedi'i gwblhau trwy weithio gyda 'gofalwyr' neu gyda 'gwasanaethau sy'n darparu gofal'.</p> <p>Cyfeiriodd JLe hefyd at yr adran 'Dull ar gyfer Cydgynhyrchu' gan roi gwybod mai'r camau a gymerir i gydnabod cydgynhyrchu yw'r rhain, nid y broses gydgynhyrchu ei hun, sef cydweithio fel partneriaeth hafal â phob budd-ddeiliad, gan gynnwys gofalwyr a sefydliadau yn natblygiad y cynllun.</p> <p>Cytunodd FJ i gynnwys yr eitem hon i'w thrafod yng nghyfarfod nesaf Grŵp Gweithredol Gofalwyr Gogledd Cymru.</p> <p>Cytunodd TO i gynnal sgwrs ar wahân â BJE ac AJ ynghylch y risgiau a'r asesiad o fewn yr adroddiad.</p>	<p>Cydgynhyrc hu ar agenda Grwp gofalwyr - FfJ</p> <p>TO/BJE/AJ i drafod risgiau ac asesiadau CST</p>
<p>6.</p>	<p><u>Swyddfa Archwilio Cymru – Cronfa Gofal Integredig – (CGI)</u></p> <p>Derbyniodd y bwrdd y wybodaeth ddiweddaraf gan NA ynghylch adroddiad CGI Swyddfa Archwilio Cymru ar gyfer BPRHGC, sy'n nodi'r canfyddiadau allweddol a'r meysydd i'w hystyried. Mae'r adroddiad yn berthnasol yn hanesyddol i'r archwiliad a gynhaliwyd yn ystod 2018.</p> <p>Mae'r adroddiad yn darparu enghreifftiau o arferion nodedig a nodwyd ar draws Cymru y gallai'r BPRh ddysgu oddi wrthynt h.y. datblygu dangosfwrdd perfformiad ym Mwrdd Partneriaeth Rhanbarthol Caerdydd a'r Fro, cyfrifoldebau a amlinellwyd mewn Memorandwm o Ddealltwriaeth gan Gwent Fwyaf.</p> <p>Cymerodd NA'r cyfle i ddiolch i gydweithwyr CGI, Byrddau Gwasanaethau Integredig Ardal (BGIA) a'r Grŵp Cydlyn CGI Rhanbarthol am eu trafodaethau rheolaidd i wneud y mwyaf o gyllid CGI, sydd hefyd wedi gweld cynnydd yn yr elfen o Werth Cymdeithasol.</p> <p>Awgrymodd TO y dylid datblygu cynllun gweithredu sy'n nodi'r canfyddiadau allweddol a nodwyd a'r camau gweithredu a gymerwyd i ddatrys, fel bod aelodau'r BPRh yn ymwybodol o'r gwaith a gaiff ei wneud.</p> <p>Cadarnhaodd BJE bod camau gweithredu'n cael eu cymryd drwy'r grŵp swyddogion CGI a'r BGIA lleol. Mae cynnydd wedi'i wneud trwy gydol y flwyddyn a bydd y gwaith a wnaed yn cael ei drafod yng nghyfarfod arweinïol nesaf y swyddogion CGI.</p>	<p>BJE/SG i greu cynllun o gamau gweithredu a gwblhawyd ar gyfer BPRh mis Mawrth.</p>

	<p>Mae canlyniadau ar gyfer defnyddwyr gwasanaeth a nodwyd o'r adroddiad yn cynnwys datblygu strategaethau gadael ar gyfer prosiectau a chyfleoedd CGI a ystyriwyd i ddysgu o arferion da mewn rhanbarthau eraill. Bydd yn rhaid cael trafodaethau aeddfed gan fod prosiectau yn parhau i fod yn ddibynnol iawn ar gyllid CGI gyda nifer o brosiectau bellach yn cael eu hystyried fel rhan o wasanaethau craidd yr awdurdod, ac yn hanfodol ar gyfer cynnal gwasanaethau dydd i ddydd gofal cymdeithasol.</p> <p>Bydd angen trafodaeth bellach ar aelodaeth y BPRh. Mae'r archwiliad yn nodi'r trafferthion mewn perthynas â gwneud penderfyniadau, o ganlyniad i faint y bwrdd. Cytunodd TO, a bydd y drafodaeth yn cael ei chynnal unwaith y bydd y canllawiau a disgwyliadau wedi'u derbyn gan LIC.</p> <p>Cytunodd NA i'r cynllun gweithredu gael ei greu a chytunwyd ar y risgiau mewn perthynas â'r strategaeth ymadael. Mae bob partner, fodd bynnag, wedi defnyddio CGI i ddatblygu a chefnogi gwasanaethau dan bwysau difrifol. Byddai dileu cyllid CGI yn broblem sylweddol i bob partner.</p> <p>Mynegodd JLe bryderon mewn perthynas â chanlyniadau'r adran defnyddwyr gwasanaeth ac er gwaethaf yr esiamplau cadarnhaol, nid oes llawer o dystiolaeth fod y cyllid yn gwella canlyniadau ar gyfer defnyddwyr gwasanaeth, a gofynnodd sut oedd y canlyniadau ar gyfer defnyddwyr gwasanaeth yn cael eu mesur.</p> <p>Rhoddodd BJE wybod fod LIC wedi darparu fframwaith ar gyfer adrodd a chasglu allbynnau, fodd bynnag, nid oedd system ar waith ar gyfer casglu canlyniadau hirdymor, gan eithrio'r defnydd o astudiaethau achos.</p> <p>Nododd DW fel gweithiwr Trydydd Sector sydd ynghlwm â phrosiectau CGI, mai'r neges glir a gafwyd yw nad yw nifer o sefydliadau Trydydd Sector yn hyderus am gynaliadwyedd y tu hwnt i gyllid CGI, a bod yr amser a dreulir yn gwneud cais am gyllid yn rhwystr i sawl sefydliad.</p> <p>Rhoddodd BJE wybod fod LIC yn cynnig proses dendro ar gyfer gwerthusiad CGI cenedlaethol yn y dyfodol agos.</p> <p>Cynghorodd TO y bydd cyfle yn y gweithdy hunanasesu BPRh LIC sydd wedi'i ail-drefnu ar gyfer 12.02.2020, i drafod CGI ar ôl mis Mawrth 2020.</p>	<p>Trafod adroddiad CGI Swyddfa Archwilio Cymru yn fanwl yng nghyfarfod swyddogion CGI.</p> <p>Aelodaeth BPRh ar gyfer rhaglen RPG i'r dyfodol.</p>
<p>7.</p>	<p><u>Adeiladu Cymru Iachach</u></p> <p>Derbyniodd y bwrdd y wybodaeth ddiweddaraf gan TO ynghylch y cyllid ychwanegol (£1.3 miliwn) a roddwyd i Fwrdd Iechyd Prifysgol Betsi Cadwaladr yn arbennig ar gyfer gwaith trawsnewid Atal a Blynnyddoedd Cynnar ar draws Iechyd a Gofal Cymdeithasol yng Ngogledd Cymru. Yn ddiweddar, mae LIC wedi mynnu gofynion ychwanegol i gysylltu'r gwaith â Byrddau Gwasanaethau Cyhoeddus.</p> <p>Mae terfyn amser tynn ar gyfer cyflwyno cynlluniau i LIC erbyn 31.12.2019 a phwysau i wario erbyn diwedd y flwyddyn ariannol.</p>	

	<p>Cadarnhaodd TO fod gwaith yn datblygu, ac mae ymgynghorwyr lechyd y Cyhoedd wedi profi beth sy'n gwneud gwahaniaeth ac yn cynnig gwerth yn y system.</p> <p>Nododd CB y pwysigrwydd o wneud y mwyaf o gyfleoedd i holl aelodau'r BPRh i gynnig argymhellion ariannol i sicrhau fod cyllid yn cael ei ddefnyddio yn y modd mwyaf dynamig posibl, a nodwyd y pwysigrwydd o gynnwys tai a thlodi tanwydd.</p> <p>Awgrymodd EH y dylid sicrhau fod prosiectau ar gyfer cyllid i'r dyfodol yn 'barod i fynd,' a'u hariannu ar unwaith er mwyn gallu bodloni terfynau amser tynn ceisiadau cyllid LIC, boed hyn yn llithriant CGI neu gyllid arall, ac efallai y gellid cwblhau'r gwaith hwn yn y gwanwyn.</p> <p>Cadarnhaodd TO bod yr awgrymiadau a dderbyniwyd hyd yma y tu hwnt i swm y cyllid a ddyrannwyd ac y byddant yn eu blaenoriaethu yn nhrefn y canlyniad ataliol mwyaf.</p>	<p>Cyflwyno'r cynllun terfynol mewn cyfarfod BPRh yn y dyfodol</p>
<p>8.</p>	<p><u>Strategaeth Tymor Canolig/Hirdymor y BPRh</u> Mae'r papur sydd wedi'i gynnwys ym mhecyn y cyfarfod ynghylch strategaeth tymor canolig/hirdymor y BPRh yn cynnwys gwaith o weithdy gweledigaeth hirdymor y BPRh a gynhaliwyd â Keith Moultrie ym mis Medi 2019. Wrth gasglu nodiadau o'r gweithdy, roedd yn anodd canfod cysyniadau penodol a diriaethol sy'n ychwanegol i'r gwaith sydd eisoes yn mynd rhagddo. O ganlyniad, mae'r ddogfen yn fwy o ddogfen ffocws a blaenoriaethau yn hytrach na strategaeth, caiff cais ei wneud am ragor o adborth gan aelodau'r BPRh ar gyfer sylwadau penodol y dylid eu hystyried, gan gymryd i ystyriaeth blaenoriaethau'r BPRh fel sydd wedi'i nodi yn y canllawiau statudol Cymru lachach ac CGI. Unwaith y bydd y sylwadau terfynol hyn wedi'u derbyn, caiff y dogfennau terfynol eu cyflwyno i Fwrdd Arweinyddiaeth Rhanbarthol Gogledd Cymru, a gomisiynodd y gwaith hwn yn wreiddiol.</p> <p>Roedd yr awgrymiadau a wnaed yn cynnwys:</p> <ul style="list-style-type: none"> • Cryfhau dylanwadau – rhoi gwybodaeth i LIC ynghylch rhwystrau e.e. cyllid dros dro • Ardaloedd a rhanbarthau yn rhoi gwybod am rwystrau sy'n arbennig i'w hardaloedd nhw • LIC i ddefnyddio'r BPRh i weld beth sy'n gweithio a beth sydd ddim yn gweithio • Awgrymodd JLe newid y geiriad 'cydgynhyrchu' o fewn y ddogfen gan ei fod yn awgrymu gosod cyfrifoldeb ar bobl i gymryd rhan yn hytrach na'u denu i mewn. • Rhagor o bwyslais ar addysg – ail-ystyried hyn unwaith y bydd canllawiau LIC wedi'u rhannu • Rhagor o bwyslais ar Dai • Ymestyn y diwylliant 	<p>Anfon adborth ychwanegol ymlaen at BJE erbyn 06.01.2020.</p>
<p>9.</p>	<p><u>Cydbwyllgor Canolbarth Cymru (CCC) - Blaenoriaeth Atebion Cymdeithasol a Gwyrdd ar gyfer lechyd</u></p>	

	<p>Derbyniodd y bwrdd y wybodaeth ddiweddaraf gan ME ynghylch amcanion Cydbwyllgor Canolbarth Cymru. Mae Cyngor Gwynedd a BIPBC yn aelodau o'r pwyllgor gan fod De Meirionnydd wedi'i lleoli o fewn dalgylch y rhanbarth.</p> <p>Mae CCC yn bwriadu cynnal gweithdy yng Nghanolbarth Cymru, lle mae croeso i aelodau'r BPRhGC fynychu. Bydd y gweithdy'n cynnwys trafodaethau am sut i gynnal gwaith mewn ardal wledig.</p> <p>Cytunodd ME i rannu dyddiad y gweithdy gydag aelodau unwaith y bydd hi wedi cael gwybod amdano.</p>	<p>Rhannu dyddiad y gweithdy ag aelodau - ME</p>
10.	<p><u>Llythyr gan LIC 18.11.2019 - Adroddiad Adborth gan Weithdy Hunanasesu'r Bwrdd Partneriaeth Rhanbarthol</u></p> <p>Yn dilyn gweithdy Hunanasesu'r BPRh ar 02.10.2019, mae LIC wedi rhannu adroddiad adborth sy'n crynhoi trafodaethau'r diwrnod. Ers hynny, mae'r Grŵp Tasg a Gorffen wedi cyfarfod i drafod y camau nesaf mewn perthynas â pheilota offeryn hunanasesu ac yn gwahodd datganiadau o ddi-ddordeb gan y ddau Fwrdd Partneriaeth Rhanbarthol i gymryd rhan yn y Cynllun Peilot ym mis Mawrth/Ebrill 2020.</p> <p>Yn dilyn trafodaeth lawn, roedd aelodau'r BPRhGC yn cytuno i beidio â chymryd rhan yn y peilot, o ganlyniad i'r diffyg capasiti a'r llwyth gwaith y mae'r BPRhGC eisoes yn gyfrifol amdano.</p>	<p>Tynnu sylw aelodau etholedig at y penderfyniad hwn er mwyn cytuno arno gan nad yw'r cyfarfod yn gworwm.</p>
11.	<p><u>Er Gwybodaeth</u></p> <p>Rhoddodd TO wybod i aelodau'r BPRh ynghylch y dogfennau 'er gwybodaeth' ar ddiwedd y pecyn cyfarfod;</p> <ol style="list-style-type: none"> 1. PHW - Pwysau'r gaeaf a 2. Iechyd a Thai – Polisi Tai ac AHW - Rhaglen Gyfalaf CGI 	
	<p>Daeth TO â'r cyfarfod i ben gan ddiolch i DW am ei gyfraniad a'i gefnogaeth i'r BPRhGC dros y blynyddoedd, wrth i rôl DW o fewn y Groes Goch ddod i ben ddiwedd 2019, a dymuno'n dda i DW ar gyfer y dyfodol.</p>	



Cyfarfod a dyddiad: Meeting and date:	Strategy, Partnerships and Population Health Committee 5.3.20						
Cyhoeddus neu Breifat: Public or Private:	Public						
Teitl yr Adroddiad Report Title:	Civil Contingencies and Business Continuity Progress Report						
Cyfarwyddwr Cyfrifol: Responsible Director:	Mark Wilkinson, Executive Director of Planning & Performance						
Awdur yr Adroddiad Report Author:	Emma Binns, Head of Emergency Preparedness and Resilience						
Craffu blaenorol: Prior Scrutiny:	Nil						
Atodiadau Appendices:	Nil						
Argymhelliad / Recommendation:							
The Committee is asked to receive this report and note the progress that has been made to enhance organisational resilience in 2019/20.							
Please tick one as appropriate (note the Chair of the meeting will review and may determine the document should be viewed under a different category)							
Ar gyfer penderfyniad /cymeradwyaeth For Decision/ Approval		Ar gyfer Trafodaeth For Discussion		Ar gyfer sicrwydd For Assurance		Er gwybodaeth For Information	X
Sefyllfa / Situation:							
<p>This paper will report on the progress made up to February 2020, against the key resilience work streams outlined in the 2019/20 work plan which has been informed by:</p> <ul style="list-style-type: none"> The Emergency Preparedness Response and Recovery Assurance Audit Report developed in early 2017 Gaps identified within both internal audit assessments undertaken in 2017/18 and 2018/19 for Civil Contingencies/Emergency Preparedness and Business Continuity Planning <p>The paper reports on the training and exercising programme and details the developments of the emergency planning arrangements and plans.</p>							
Cefndir / Background:							
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 Director / Interim Director of Strategy led on this portfolio to November 2018/19).

- In April 2019, the Health Board appointed a full time Head of Emergency Preparedness & Resilience to form a newly established BCU Resilience team. This team provides resilience expertise that supports the delivery of training, business continuity and co-operation with external partners in matters relating to the wider civil resilience agenda. A full time Business Continuity Manager commenced her role in November, which will ultimately strengthen and further the Health Board's ability to deliver the resilience programme.

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 which 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 which provides co-ordination and leadership of the business continuity management system, 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 which 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.

Asesiad / Assessment & Analysis

Strategy Implications

The Board has arrangements in place to ensure compliance with its legislative duties, and has developed a suite of plans to manage major incidents or business continuity issues.

Financial Implications

Non

Risk Analysis

There are no service specific risks associated with this report

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).

Impact Assessment

None – this is a progress report paper.

Programme of Work for 2019/20

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 2019/20.

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 2019/20 work-plan as appropriate. (The 2019/20 work plan was reviewed and approved by SPPH Committee on the 2nd April 2019.)

Work Area	Actions taken
<p>Governance</p>	<p><i>Ensure that gaps, shortfalls and actions from the internal audit self-assessment report against the Civil Contingencies Assurance, Emergency Preparedness, and Resilience & Response (EPRR) core standards and included in the work-plan.</i></p> <p>The work-plan for 2019/20 was developed taking into account the findings of the Emergency Preparedness, Response and Recovery (EPRR) assessment. The progress against each of these areas are summarised within this report.</p>
<p>Duty to Assess the Risks within the local community</p>	<p><i>To develop appropriate arrangements to mitigate identified risks in line with the updated Community Risk Register and the pre-determined LRF workload priorities.</i></p> <p>The Head of Emergency Planning and Resilience attends the NWRP Risk Group and is responsible for ensuring the LRF priorities are also reflected within the Health Board work-plan.</p> <p>During the 2019/20 period, significant work has been undertaken to prepare the Health Board for the impact of any potential “no deal” EU Exit due to the rejection of proposals for the withdrawal agreement in the parliamentary vote. An LRF Strategic Co-Ordination Group was established to determine strategic priorities for key agencies, the Assistant Director of Health Strategy represents the Health Board at this group. A BCU EU Transition Planning Task and Finish Group was established with representatives from key corporate teams responsible for procurement, supplies, contracting, finance, workforce, communications as well as emergency planning and operational management. In respect of the Health Board’s role and functions, a risks and issues log was developed and is updated as planning work continues. There are a number of potential immediate risks and issues and some longer term. There are national work-streams addressing the major areas of risk, and representatives of the Health Board have been in close liaison at a national level in order to ensure there is no duplication</p>

of response. The UK officially left the EU on the 31st January 2020 and has now entered an 11 month transition period. The EU Transition planning continues to be a focus and the following arrangements are ready for implementation should the UK exit transition without a trade deal in place :

Escalation arrangements

A national escalation process has been implemented to support Health Boards in the event of local mitigation actions not being able to address risks and issues following the exit from the EU. Health Boards will be required to submit a daily SITREP Report.

BCU arrangements

An EU Transition plan has been developed and a helpdesk will be established by the planning and performance team to assist with any issues that may arise from a no-deal scenario. The helpdesk is also responsible for the submission of the daily SITREP report.

To develop arrangements to respond to high risk public events within the community (e.g. Armed Forces Day).

The Resilience Unit are invited to attend Safety Advisory Groups chaired by local authorities on behalf of the Health Board. This ensures arrangements can be developed for the possible health implications associated with high risk public events. The Emergency Departments/area teams are briefed and advised whether additional staff should be considered for events that could cause disruption to normal business.

The Health Board was engaged in the multi-agency planning arrangements for the Gottwood Festival on Anglesey in June and the Head of EPPR and Directorate General Manager of ED at Ysbyty Gwynedd advised on the composition of the festival medical team.

Work with the LRF Health Group to secure more detailed local planning and response capabilities across health and social care partners.

The Resilience Unit contributes to the NWRF Health Group work-plan. Social care partners were formally invited to join the BCU Flu Pandemic Group. This has strengthened the planning and ultimately the response arrangements. Social Care partners have also been consulted during the EU Transition Planning arrangements.

<p>Duty to maintain Plans</p>	<p><i>To develop a plan which supports the Health Board in the event of a national fuel disruption – this action will be dependent on the publication of the UK Government national Emergency Plan – Fuel.</i> <i>The Resilience Unit have prepared a draft Fuel Plan and are working closely with all BCU departments who deliver essential urgent care within a community setting. This is to ensure continuity of service during a fuel shortage.</i></p> <p><i>To develop robust “Lockdown” arrangements for each acute hospital, followed by community and mental health hospital/facilities.</i></p> <p>The Ysbyty Gwynedd Hospital Management Team commissioned a report which outlines the mechanism, practices and feasibility of undertaking a lockdown at Ysbyty Gwynedd, utilising assets currently on site. A draft policy has been prepared by Insp Andrew McGregor who was seconded to a post to assist with this. It is currently out for comments. Once reviewed this policy will be signed off at the Health and Safety Senior Management Team Meeting.</p> <p><i>To address identified gaps within the Internal Audit Report relating to business continuity, specifically:</i></p> <p>The Business Continuity Monitoring Report is continuously updated to track progress and ensure continual assessment against the work plan. In November 2019, a dedicated Business Continuity (BC) Manager was recruited and the post holder is leading on developing business impact analysis’ and plans for those departments and services without. A number of exercises, to test existing business continuity plans and arrangements, have been diaries as following, with many more in the pipeline;</p> <ul style="list-style-type: none"> • March – Acute Children’s Ward East • April – Theatres East • May - Acute Mental Health • June – Critical Care East <p>The BC Manager will continue to coordinate and monitor testing of plans across BCU.</p> <p>A Business Continuity Working Group has been established and the first meeting was held on the 24th June 2019 where the Terms of Reference were drafted and approved. A further meeting took place on 28th February 2020 and the working group will meet every 6 months. We took a decision to the scheduling of the second meeting due to the number of meetings planned in December and January and to allow teams to have the opportunity to feed back at this meeting.</p> <p>Given the extensive planning around COVID-19 a number of BC plans have been fast-tracked and are being reviewed to ensure their suitability.</p> <p>Publish a HAZMAT/CBRN plan incorporating the updated Emergency Department arrangements.</p>
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The Resilience Unit have produced a draft CBRN (Chemical, Biological, Radiological and Nuclear) plan. This plan details the actions that the Health Board would implement in response to an incident of this nature. The plan was tabled for consideration at the Civil Contingencies Meeting on the 15th October 2019. A meeting has been arranged with the Emergency Department Leads to ensure that the final amendments are made before final approval at April's Civil Contingencies meeting.

To develop arrangements to support the management of a mass fatality incident within North Wales.

Multi-agency plans have been developed under the direction of the Local Resilience Forum Mass Fatalities Group. Local Authority are the lead agency. However, it is essential that we work across the resilience forum area to assist. The Resilience Unit and Ysbyty Glan Clwyd Mortuary have developed a BCU Plan which details how the Health Board will respond to a mass fatalities incident in North Wales.

A mass fatality incident is any incident where the number of fatalities is greater than normal local arrangements can manage. Depending on the scale and nature of the incident there may be a requirement for special arrangements to be implemented at local, regional or national level.

A multi-agency strategic workshop was held in November. The aim of the event was to validate the NWRF Mass Fatalities Plans. A number of recommendations were derived from the workshop and these have been incorporated into an action plan. The LRF Mass Fatalities Group will lead on the action plan and BCU arrangements will be modified and further developed accordingly.

Complete the review of the Health Board Pandemic Influenza arrangements.

The Health Board pandemic flu group was re-established in July 2018, chaired by the Executive Director of Public Health.

A number of task and finish groups were established to enable a full review of existing plans. The tactical plan was circulated at the July Civil Contingencies Group and was subsequently tested at the NWRF Tactical Exercise in September 2019.

As a result of the Covid 19 outbreak in China, it has been necessary to progress outstanding pandemic flu plans as the processes within these plans will be used to manage an outbreak in the UK.

The UK is currently within the containment phase of Covid 19. There are currently no cases in Wales. An operational team has been established to ensure that the health board is prepared to respond to such an outbreak within North Wales. Area, primary care and acute teams have action plans in place to manage Covid 19 testing and escalation procedures are being formulated. A desktop exercise to test our arrangements has been scheduled for the 27th February.

<p>Duty to have in place command and control arrangements.</p>	<p><i>Review MERIT team co-ordination and activation procedures.</i></p> <p>MERIT (Medical Emergency Response Incident Team) is a pre hospital medical capability that acts in support of the ambulance service response to a major incident. A full review of the MERIT training course has been completed. There is now an “all Wales” approach for the delivery of training. The first new course within Wales was delivered on the 26th November 2019.</p>
<p><i>Duty to communicate with the public</i></p>	<p><i>To contribute to the Local Resilience Forum and its substructures.</i></p> <p>The BCU Executive Director of Planning and Performance represents the Health Board at the Local Resilience Forum (LRF) meetings and the Head of Emergency Preparedness and the Head of Communications represent the Health Board at the Co-Ordination Group and the various LRF task and finish groups. The Head of EPRR Chairs the Learning & Development Group. Attendance at all Groups has been secured during the year to date. In addition, the Resilience Unit assisted with the development of the Mass Fatalities Workshop.</p>
<p><i>Duty to cooperate with our civil contingencies partners</i></p>	<p><i>To develop activation arrangements with partners in NHS England for access to mutual aid.</i></p> <p>The Resilience Unit attend the Health Resilience Partnership Team Meetings in Cheshire and Merseyside and a representative from Cheshire is invited to attend the Health Board’s Civil Contingencies Group to support this joint working.</p> <p>A process has been agreed in principle via NHS England for the treatment of burns patients during a major incident. This piece of work is ongoing.</p>
<p><i>Duty to share information</i></p>	<p><i>Duty to share information.</i></p> <p>During 2019/20 the resilience team has continued to share information between Category 1 and 2 responders as and when required.</p> <p><i>Training and Exercising</i></p> <p>Further to the review and refresh of the hospital major incident plans and the development of area team major incident plans. There is a need to</p>

<p>Training & Exercising</p>	<p>test the major incident planning arrangements by delivering at least 1 live play major incident exercise, 3 table top exercises and 3 communications cascade exercises.</p> <p>Due to a number of changes in hospital leadership roles, a full refresh of the major incident plans is underway. The 3 communication cascade exercises took place in June, September and March.</p> <p>On Friday 13th September 2019, Ysbyty Gwynedd held a live major incident exercise - Exercise Gwiber Goch. The aim of the exercise was to test the hospital's major incident plans.</p> <p>The exercise was organised and planned over a 3-month period by the XGG planning group chaired by Dr Mark Knights, Consultant anaesthetist. It was timed to coincide with the completion of the final phase of the new build Emergency Department. The exercise was supported by 203 Field Hospital Army Reservists, EMRTS Cymru and Cardiff University medical students.</p> <p>Key objectives of the exercise included a test of:</p> <ul style="list-style-type: none"> • Communication cascade procedures. • Departmental response to exceptional volume of patients and appropriate triage of patients in: <ul style="list-style-type: none"> • Emergency Department. • Theatres. • Critical Care. • Use of major incident documentation. • Clinical Management of: <ul style="list-style-type: none"> • multiple major haemorrhages (2 simultaneously in unknown females). • multiple patients requiring anaesthesia and critical care. • Multiple patients requiring general and / or orthopaedic damage control surgery. • Patients requiring vascular surgery (which has been relocated to Ysbyty Glan Clwyd). • Paediatric patients with traumatic injuries. • Incidental medical emergencies and business continuity capability. • Patients requiring transfer to tertiary centres. • Multiple patients requiring CT scanning. • Mortuary management of multiple fatalities. • HMT management of: <ul style="list-style-type: none"> • Command and Control. • Communications with staff, press, relatives and higher management. • Requests for additional resources. <p>A number of recommendations were made at the exercise and these will be incorporated within our 2019/20 workplan.</p>
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To provide adequate training opportunities for staff who have identified roles within emergency planning roles.

The Head of EPPR delivers operational and tactical training for bronze and silver on call teams and the strategic training is delivered on a multi-agency basis at the NWRF. In addition, the following training programme has been delivered within 2019/20;

- Pre-hospital Incident Management (MERIT Passport Course)
- Operational Command course – a course specific to the Bronze on-call cohort which develops knowledge of Hospital Incident Commander role and responsibilities.
- Loggist (Key Decision Making).
- Wales Silver – Training for Silver commanders on JESIP and what to expect within a tactical coordination group (TCG).

The Health Board is an active participant at the various NWRF training events, including those for Bronze, Silver and Gold commanders and loggists as well as key note events and conferences. 19 members of health board staff have undertaken JESIP training during 2019/20.

On-call and clinical staff are also invited to attend LRF and multi-agency exercises via the Resilience Unit. Staff have participated in the following exercises:

- May 2019 - NWRF CBRNe Workshop
- September 2019 - Exercise Eupathy – operational level multi agency flooding scenario led by NWRF in September 2019.
- November 2019 - NWRF Mass Fatalities Workshop
- December 2019 - Exercise Silurian Resolve – Strategic Level multi agency national exercise. BCU were the strategic lead for health at this exercise.

To facilitate 2019/20 training and exercises to test Business Continuity Plans across very high and high risk services.

An exercise schedule has been developed. Prior to the exercise, full business continuity training will be given to staff in attendance. The following areas have exercises planned between March – June;

- Children's
- Theatres
- Acute Mental Health
- Critical Care

A further exercise schedule will be incorporated into the 2020/21 work plan.

Identify training requirements within each of the Emergency Departments and develop a training schedule.

An Emergency Department training group has been established and this has been incorporated within the 2019/20 work-plan.

Ensure on-call staff are invited to attend multi agency JESIP (Joint Emergency Services Interoperability Programme) Training.

JESIP (Joint Emergency Services Interoperability Programme) Training is now being offered to all Category 1 Responders within North Wales operational and tactical managers attended last year's this training. This is an excellent opportunity for staff within the health board to learn and experience the management of an incident alongside multi agency partners. This training programme will continue and is incorporated into the 2019/20 work-plan.

Staff at bronze on call level attend the Bronze Major Incident On Call Training and the JESIP training and this is recorded.

Work with the Local Resilience Forum Learning & Development Group to formalise a schedule of exercising that meets the Health Boards training objectives.

The resilience team have worked with the Local Resilience Forum to formalise a schedule of training and exercising that meets the Health Board's training objectives. The five year strategy developed in 2018 aims to ensure that all responders involved in Integrated Emergency Management are given the necessary generic skills and competencies to perform assigned emergency roles.

A Training Needs Analysis was completed and submitted to the Learning & Development Group (L&D).

Operational and Tactical training was requested via L&D and the JESIP training sessions we recommended. These sessions are delivered across North Wales and a number of Bronze/Silver/Gold commanders have received this training.

There is also further training opportunities via the Wales Silver and Gold sessions. Again this is circulated to on-call rotas, and attendance is encouraged.

Gap analysis work is now in progress to determine who requires what training.

The opportunity to attend multi-agency major incident exercises at a local and national level is available to staff. Operational, tactical and strategic managers attended a flooding exercise, flu pandemic exercise, Strategic Co-Ordination Centre exercise as well as a strategic chemical release exercise.



Cyfarfod a dyddiad: Meeting and date:	Strategy, Partnerships and Population Health Committee 5.3.20					
Cyhoeddus neu Breifat: Public or Private:	Public					
Teitl yr Adroddiad Report Title:	An update on public engagement and monitoring impact					
Cyfarwyddwr Cyfrifol: Responsible Director:	Mrs Sue Green, Executive Director of Workforce and Organisational Development					
Awdur yr Adroddiad Report Author:	Mrs Katie Sargent, Assistant Director of Communications and Mr Rob Callow, Head of Public Engagement					
Craffu blaenorol: Prior Scrutiny:						
Atodiadau Appendices:	1 Engagement Team Briefing January 2020.					
Argymhelliad / Recommendation:						
The Committee is asked to NOTE the progress detailed in this paper						
Please tick one as appropriate (note the Chair of the meeting will review and may determine the document should be viewed under a different category)						
Ar gyfer penderfyniad /cymeradwyaeth For Decision/ Approval	<input type="checkbox"/>	Ar gyfer Trafodaeth For Discussion	<input type="checkbox"/>	Ar gyfer sicrwydd For Assurance	<input checked="" type="checkbox"/>	Er gwybodaeth For Information
Sefyllfa / Situation:						
The purpose of this paper is provide the Committee with an update on the key public engagement activity and its impact since the last report in October 2019 and to report key findings from the annual partner and public perceptions survey work.						
Cefndir / Background:						
Introduction and Background						
1.0 Public engagement is a priority for the Health Board, particularly as we agree our annual plan and develop our clinical services strategy.						
1.1 This report gives an update on the impact of designated public engagement activities undertaken at both a North Wales and an area level, as evidenced by survey results.						

The impact of our engagement activity on the perceptions of our partners and the public is captured in our annual surveys of these groups. These surveys also highlight the challenges facing us in terms of maintaining a positive reputation and trust.

- 1.2 Feedback from the public, staff and stakeholders is an important way to evidence improved relationships and reputation of the Health Board. As outlined in previous reports, we have undertaken a significant amount of work to seek, gather and understand views from both the public and our partners.

Public perceptions and our reputation

- 2.0 We undertake an annual public perception survey, which started in 2017, asking for people's views on their involvement and engagement levels in their health services. We can use survey results to compare with previous years' findings to identify and track changes in public attitudes. Questions are around:

- trust in the Health Board;
- the reputation of the Health Board (open and honest);
- ability to influence the Health Board; and
- how well the Health Board listens to people.

- 2.1 1, 027 surveys were returned by members of the public and the survey report highlights a number of positive findings:

- current levels of engagement with Health Board services remain high with most of the public having used local NHS services within the last six months (86 per cent);
- of these, 9 per cent have attended a consultation event or engagement activity, up slightly on the previous years and indicating that in the region of 60,000 people have engaged with the Health Board beyond using the medical services; and
- respondents continue to have a good understanding of the role the Health Board has in delivering local health services.

- 2.2 The survey also indicated a number of areas for improvement:

- increasingly, people feel that they are unable to influence or have a say in the health priorities and decisions taken;
- on a scale of 1 – 10 (1 is zero, ten is lots), the average score for respondents' opportunity to influence or have a say in the health priorities and decisions for their local area is 2.8, notably lower than the average score of 3.16 achieved last year;
- while concern about the future of local NHS services remained steady between 2017/18, over the last year it has increased significantly. The number of people saying they do not feel positive has increased from 52 per cent to 63 per cent;

- overall, the average score for how good the respondents think their local NHS is at listening to local people is 4.0, down from 4.3 last year;
- improvements to service provision are highlighted again this year as being an important way that BCUHB could demonstrate it is listening to local people with **appointments, patients** and **time** the most frequently mentioned words;
- of primary importance to a notable number of respondents is the issue of access to their GPs and the lack of appointments;
- just 28.5 per cent agree/strongly agree that their comments and suggestions on service improvement are valued by the local NHS, compared to 34.4 per cent last year;
- word of mouth (50 per cent) and local newspapers remain the main sources of information about the local NHS for the third year running with around a fifth of the population using the Health Board website to source information;
- a higher proportion of the public (32 per cent) recall hearing something about BCUHB in the last month than they did in either of the previous years (22 per cent);
- 307 respondents commented on what they had heard, with over half of these comments focusing on negative aspects of the management of the Health Board. The majority of these have heard something, either about the changes to nursing rotas and/or the cost of external consultants, in particular, the Recovery Director; and
- this year, 57 per cent say that they speak positively about the local NHS, down from 63 per cent in year two.

2.3 At the time the survey was being undertaken, the Health Board was receiving negative coverage in the national and local media about the costs and numbers of external management consultants and plans to change nurse rotas. This may have had some influence on the responses.

Partner perceptions and our reputation

3.0 To supplement the findings from the public survey, we have also undertaken three annual stakeholder surveys. These involve interviewing a number of key senior partners from local authorities, the third sector, social housing and other health organisations about their perceptions of the Health Board. This is to provide us with a better understanding of how relationships with stakeholders have changed over the last year and to identify ways that we can build on these relationships going forward.

3.1 Whilst the stakeholder survey undertaken last year highlighted areas for further work, there was a feeling that new ways of working and communications had improved since the first survey in 2017. In particular a better understanding of the Health Board's vision and strategic priorities had been gained from the previous year.

3.2 The third stakeholder survey is now being completed with 22 partners having been interviewed. The findings are expected to be ready by the end of March, however initial impressions are again indicating improved perceptions:

- on the whole, partners were positive about the working relationship they have with the Health Board saying it has got better or stayed the same as last year. There is more positivity this year in terms of service delivery and a sense that things are starting to happen;
- they recognise that the Health Board still has challenges, but are keen to continue their work with us to support and deliver improved services;
- strategically, there is good progress with meetings feeling constructive and very good relationships forming as a result of people staying in post. This in turn leads to greater stability for partnership working;
- there is a feeling that the senior board are working much more proactively on transformation with their stakeholders and partners;
- the third sector in particular is now feeling recognised as a partner rather than the 'poor relation' in strategic decision making;
- there is a more inclusive feel with stakeholders reporting that they feel part of the Health Board's planning and are not being brought in after decisions have been made;
- several interviewees referenced the staff awards ceremony. This was highlighted as being an extremely uplifting and motivating event and a rewarding way to show appreciation of the staff on the frontline; and
- there has also been a lot of praise for frontline staff working as a team with partner service delivery and really influencing change in local communities.

3.3 As expected, partners have highlighted some challenges in working with the Health Board:

- it is felt that middle management do not have enough authority to make relatively simple decisions. This is put down to a hierarchical approach and can cause frustration on both sides, slowing down even the most small and practical issues needing to be dealt with; and
- partners feel that the Health Board being in special measures may be connected with the lack of power being afforded to middle management in making decisions. They feel this probably means excessive micromanagement and most decisions being made on a financial basis rather than for the benefit of the service users.

3.4 These are brief headline interpretations and the findings will become clearer as the interviews are analysed in more detail.

Reputation Management

4.0 The public survey confirms the need to understand and manage our reputation to create more positive perceptions. A plan to respond to this is being developed and led at executive officer level.

Key areas of focus will include:

- demonstrating a clear understanding of the views of the public so that the right issues can be identified and shown to be addressed;
- ensuring a consistent use of a centralised list of key stakeholders to improve relationship management;
- further strengthening links and relationships with key existing regional networks such as the Regional Partnership Board (RPB) and Public Service Boards (PSBs); and
- testing and establishing additional communications channels to highlight the good news and positive achievements of the Health Board. This will include a monthly roundup of news from the Health Board from the Chair and Chief Executive to partners.

4.1 At a strategic partnership level, funding has been allocated by Welsh Government to the North Wales RPB to support public engagement. The RPB has agreed to fund a post to co-ordinate engagement across the partners and develop good practice in engagement. This will contribute to more joined-up approaches, shared objectives and improved relationships between the Health Board and our partners.

Designated continuous engagement activity

5.0 Since the last report in October 2019, a comprehensive range of public and stakeholder engagement activity has continued across North Wales. Examples of some the engagement work undertaken since the last update in are attached in **Appendix 1 Engagement Team Briefing January 2020**. This quarterly update will be sent to members of the Engagement Practitioners Network and partner organisations.

5.1 Over the last quarter we have continued to identify opportunities to work more closely with partners and community groups to strengthen relationships, listen to concerns and facilitate collaborative working. For example, North Wales Community Health Council (NWCHC) is currently conducting a programme of engagement across North Wales inviting people to give their views and experiences on the new centralised vascular service. The Health Board has welcomed this engagement and the Engagement Team have been supporting the NWCHC by promoting and sharing the dates and times of events with the public and stakeholders.

Aseiad / Assessment & Analysis

Strategy Implications

We will encourage and support ways people can get involved in shaping services including identifying opportunities to involve service users in strategy development and service delivery. Engagement is a critical part of shaping delivery of our Three Year Outlook and development of its clinical services strategy

Financial Implications

Non

Risk Analysis

There are no service specific risks associated with this report

Legal and Compliance

The Health Board has a duty to engage and consult with citizens. This has been strengthened through a range of UK and Welsh Government policies and legislation

Impact Assessment

It is important that we seek and understand the views of representatives of those from protected characteristic groups and the seldom heard. This intention runs through all of our engagement plans and activities. We have continued to engage with a wide range of groups and people to ensure we are listening and offer opportunities for them to influence services, strategies and policies.

JANUARY 2020



**HEAD OF
ENGAGEMENT**

**WEST ENGAGEMENT
OFFICER**

**CENTRAL ENGAGEMENT
OFFICER**

**EAST ENGAGEMENT
OFFICER**

WELCOME TO BETSI CADWALADR UNIVERSITY HEALTH BOARD'S UPDATE BRIEFING

During the last quarter (September - December 2019) a wide range of public and stakeholder engagement activity has continued across North Wales. We have been focused on a number of important areas including service development and health improvements, education and strengthening our partnerships and networks.





ABLETT UNIT REDEVELOPMENT

In order to inform the development for the proposed redevelopment of the Ablett Unit at Glan Clwyd Hospital, we carried out a series of engagement events between October and December 2019.

The purpose of these informal events was to gather feedback from stakeholders about improvements for older persons mental health inpatient care in Conwy and Denbighshire. We attended or hosted 18 meetings and events and spoke with around 225 people. This included people with lived experience of older person's mental health care, their carers, our own staff, and staff from partner organisations.

As well as providing feedback and ideas many of those we spoke to provided valuable suggestions on how to ensure the design of the proposed Dementia Assessment Unit on the site of Glan Clwyd Hospital could provide improvements for staff, patients and their loved ones.

These suggestions and comments, have been fed back to our Ablett Redevelopment Design Group, and will be used to inform future developments of our older persons' environments.

cymryd rhan  get involved



BITE SIZED HEALTH IN THE WORKPLACE



BRATHIAD O IECHYD
BITE SIZED HEALTH

An important role of the Health Board is to support people to stay healthy and well. One group of people that we have been actively engaging with our working age population. Working age people often ignore their health concerns, which if not addressed can often lead to more serious health conditions.

In April 2019 a 'Well-being in the Workplace' event was held in Redwither Tower on the Wrexham Industrial Estate. This was hosted by Wrexham County Borough Council and supported by Public Health Wales, Betsi Cadwaladr University Health Board and the Association of Voluntary Associations in Wrexham. In total 22 organisations attended with information stands, including, Rowlands Pharmacy, CALL Helpline, AURA Leisure, Carers Wales, Liver Trust and North Wales Bowel Cancer support group.

Leading on from this we launched our 'Bite Sized Health in the Workplace' initiative which offers employers the opportunity to hold staff events where they can receive health and wellbeing information and support in the workplace.



Initially 8 employers registered their interest, supporting over 2,000 employees who work on Wrexham Industrial Estate. These companies became part of the Bite Sized Health pilot initiative. This has gained interest and support from many sectors, including private, public and the third sector, who want to help deliver wellbeing improvements and information to our working age population.

During the last quarter a large event at Wockhardt in Wrexham was held. This was supported by Health Board teams including, dietitians, the diabetes team, oral health, mental health, pharmacy staff, specialist nurses, winter wellness team and therapies. Additional support was also given by Rowlands Pharmacy, who offered blood pressure checks and smoking cessation advice to employees who attended the sessions.

These events also provided an opportunity to raise awareness of other national campaigns such as flu, alcohol awareness, September, immunisation, health screening and Get North Wales Moving.

The Bite Sized Health is being extended to community settings and other public sector services such as libraries, leisure centres, Job Centre Plus and local authorities across North Wales. During October we held an event at Porthmadog job centre and in November we collaborated with Anglesey Council to host an event at a sheltered accommodation in Amlwch.

LLANDUDNO HOSPITAL OPEN DAY

An open day held at Llandudno Hospital on 30 November 2019 marked the beginning of the Hospital's journey to becoming a 'Health Promoting Hospital', a World Health Organisation standard which aims is to integrate health promotion and education, in both the hospital and the community.

We are working with Cartrefi Conwy who manage much of the social housing around the Hospital, and have an important role in supporting engagement with local residents.

At the Open Day the local community were invited to have a behind the scenes look at services available in the hospital. We were also able to promote our work and talk to people about health issues. Also on offer were healthy activities and third sector information stands.



The Mayor of Llandudno visited and health & social care students from Llandrillo College supported the event which gave them an opportunity to learn about the services available in the hospital.

An aim of a Health Promoting Hospital is to encourage healthy and active lifestyles. Everyone at the Open Day could give Yoga and Tae Kwon Do a try or have a go at golf and Wii fit. Visitors could also enjoy music provided by a local ukulele band.

In the Hospital dining room people could talk to third and public sector organisations about local services, advice and support while enjoying a free healthy soup for lunch.

The day also provided an opportunity to promote recruitment, career and volunteering opportunities in the Health Board alongside external organisations who support people into work.



RURAL ENGAGEMENT

Our rural engagement work has not stopped just because the weather has changed. We are still very much active and have visited numerous livestock auctions over the last few months. We attended Bryncir market in October, conversations with farmers centred on how many had received or have planned their yearly flu jabs. Not many had and as a result we decided that this would be a key health prevention service we could provide at the auctions. We arranged to visit Ruthin, Dolgellau and Bryncir markets to provide flu immunisation sessions. Fferyllwyl Llyn community pharmacist attended Dolgellau and Bryncir and Carmella Health Care visited Ruthin auction where they offered immunisations to those who may not have gone to their GP surgery for the injection.

There was very positive feedback and farmers had the opportunity to discuss other health concerns with the pharmacists.

Our rural engagement has contributed to the Public Health Wales report [Supporting farming communities at times of uncertainty an action framework to support the mental health and well-being of farmers and their families.](#)

This is a framework to support the mental wellbeing and resilience of farmers. The framework was developed by bringing together farmers, farming unions, third sector organisations, and the health and policy sectors to share views, reflect on challenges, and potential solutions and actions.



Our contribution included highlighting the work done by the Dolgellau Outpatient Department staff and engagement team. The aim of this is to bring health education into the community to reach those groups that may have difficulty in accessing health services. We also highlighted the evidence collected at the auctions in relation to how mental health issues such as stress, anxiety and worry and the steps we are looking to make as a Health Board to address these issues. Raising awareness and promote mental well-being amongst farmers and the farming community.

ENGAGEMENT PRACTITIONER FORUMS

The engagement team has established three engagement practitioners' forums across North Wales. These networks are largely public and voluntary sector engagement professionals where they can share information and good practice, identify opportunities for collaboration, reduce duplication and pool resources.

The forums are also about sharing common challenges, highlighting concerns and supporting each other.

Over the last quarter we have had a wide mix of third and public sector organisations and community groups attending and presenting on a diverse range of topics from the challenge of antibiotic resistance, good practice for patient and public engagement in GP surgeries, developing the Healthier Wales agenda, health pathways for older people, falls prevention, community pharmacy and health screening updates to partners.



PRIMARY SCHOOL E-BUG SESSIONS

Working with Pharmacy and Healthy School Coordinators, three engagement events were held. We used e-Bug resources with teachers to deliver sessions in the classroom to raise awareness of antimicrobial resistance and the dangers of misuse of antibiotics.

Our aim is to continue to work with schools to raise awareness of this important issue.





Cyfarfod a dyddiad: Meeting and date:	Strategy, Partnerships and Population Health Committee 5.3.20					
Cyhoeddus neu Breifat: Public or Private:	Public					
Teitl yr Adroddiad Report Title:	Briefing paper on the Integrated Care Fund (ICF)					
Cyfarwyddwr Cyfrifol: Responsible Director:	Mr Mark Wilkinson, Executive Director of Planning & Performance					
Awdur yr Adroddiad Report Author:	Mr Nigel McCann, Chief Finance Officer, Central Area					
Craffu blaenorol: Prior Scrutiny:	None					
Atodiadau Appendices:	None					
Argymhelliad / Recommendation						
The Committee is asked to note the paper and consider future reporting requirements.						
Please tick one as appropriate (note the Chair of the meeting will review and may determine the document should be viewed under a different category)						
Ar gyfer penderfyniad /cymeradwyaeth For Decision/ Approval		Ar gyfer Trafodaeth For Discussion		Ar gyfer sicrwydd For Assurance	Er gwybodaeth For Information	X
Sefyllfa / Situation:						
This is a Briefing Paper to provide the Committee with an overview of the Integrated Care Funds and the financial management arrangements across the North Wales Regional Partnership Board, and follows the Welsh Audit Office Report recommendations from July 2019.						
Cefndir / Background:						
The NWRPB was established under the Social Service and Well-being (Wales) Act 2014						
Asesiad / Assessment & Analysis						
Strategy Implications						
The NWRPB was established under the Social Service and Well-being (Wales) Act 2014, and is a key driver in the Partnership working and arrangement across the NHS and Local Authorities.						
Financial Implications						
ICF Revenue and Capital Funds are made available on a non-recurring basis to the North Wales Regional Partnership Board, with all financial flows through the Health Board.						
Risk Analysis						
The key risk is the non-recurrent nature of the funding, given a number of core services that are funded and supported from the ICF Allocations. ICF Capital risk is held by the Local Authority lead.						
Legal and Compliance						
Part 9 of The Act sets out a clear intention to “improve outcome and well-being of people, as well as improving the efficiency and effectiveness of service delivery”.						
Impact Assessment						
None, this is an update Briefing Paper						

1. Introduction

- 1.1. The purpose of this Briefing Paper is to set the legislative requirements around integration of Health and Social Care Services, and in particular provides a specific focus on the Integrated Care Fund (ICF) Revenue and Capital Allocations for 2019/20.
- 1.2. In July 2019, Section 3 of the Welsh Audit Office Report *Integrated Care Fund* recommended that the relevant Health Board Committee receives regular reports on the use of ICF Funds.
- 1.3. The report is divided into the following key sections:-
 - **Section 2:** A reminder of the key requirements of the Social Service and Well-being (Wales) Act 2014 (The Act).
 - **Section 3:** Overview of the legal agreements to support integration/pooling of budgets
 - **Section 4:** Overview of the North Wales Regional Partnership, Leadership Group and Governance structures in relation to ICF
 - **Section 5:** Overview of the Integrated Care Fund.
 - **Section 6:** ICF Revenue Allocations 2019/20.
 - **Section 7:** ICF Revenue Allocations 2019/20

2. Social Services and Well-Being (Wales) Act 2014

- 2.1. The Social Services and Well-being (Wales) Act received Royal Assent on 1st May 2014 and came into force from April 2016. The Act provides the legal framework for improving the well-being of people who need care and support and carers who need support, and for transforming social services in Wales, giving effect to the policy stated in the White Paper Sustainable Social Services for Wales: A Framework for Action. The Act aimed to transform the way social services are delivered through an approach focused on achieving the outcomes necessary to promote a person's well-being - as an individual, as part of a family and as part of their community
- 2.2. Part 9 of The Act sets out a clear intention to "*improve outcome and well-being of people, as well as improving the efficiency and effectiveness of service delivery*".
- 2.3. The guidance requires that an integrated approach be adopted to the development of early intervention and preventative services, with the establishment of a Regional Partnership Board under Part 9 to oversee this.
- 2.4. The key aims of cooperation, partnership and integration are described as follows:
 - To improve care and support, ensuring people have more say and control,
 - To improve outcome and health and wellbeing,
 - Provide coordinated, person centred care and support,
 - Make more effective use of resources, skills and expertise

- 2.5. The Wellbeing of Future Generations (Wales) Act 2015 promotes the principles of long term, prevention, integration, collaboration and involvement to help public bodies undertake better planning for the wellbeing of our population and future generation.
- 2.6. *A Healthier Wales; Our Plan for Health and Social Care* sets out the Welsh Governments long term future vision of a “whole system approach to health and social care”, which is focused on health and wellbeing, and on preventing illness. *A Healthier Wales* makes clear the expectation that Regional partnership boards will drive this transformation.
- 2.7. The Integrated Care Fund (ICF) is a key mechanism to support the delivery of numerous elements of these 3 key pieces of Legislation and Strategy.

3. Pooled Funds / Pooled Budgets

- 3.1. Specifically in relation to Pooled Budgets, The Act requires “*the establishment of pooled funds in relation to*”;
 - The exercise of care home accommodation functions,
 - The exercise of family support functions (specifically IFSS),
 - Functions that will be exercised jointly as a result of an assessment carried out under Section 14 of The Act, or any plan prepared under Section 14A.
- 3.2. At an organisational level Care Homes are primarily covered by the Care Standards Act 2000 and the NHS Wales Act 2006, which set out the following definitions;
 - a) Functions of Local Authority under S35 & S36 of the Care Standards Act where an adults needs are to be met by providing or arranging to provide accommodation in a care home.
 - b) Functions of the Local Health Board under S33 of the NHS Wales Act 2006 in relation to an adult in cases where the;
 - i. Adult has primary need for health care and it has been decided to meet the needs of the adult in a care home (Continuing Health Care), or
 - ii. Adult does not have a primary need for health care but the adults needs can only be met by the Local Authority arranging provision of accommodation together with nursing (Funded Nursing Care).
- 3.3. Welsh Government also expects to see “*an integrated approach to the development of early intervention and preventative services. There is a specific requirement for pooled funds in relation to the Integrated Family Support Services. Local authorities have been allocated funding as part of a local settlement to enable integrated family support services to be established and to cover the health and social care costs of the service. This will form the basis of a formal partnership with a pooled fund*”

- 3.4. Welsh Government also states *“Local Health Boards and Local Authorities should also consider any funding from Welsh Government such as the Integrated Care Fund (ICF), to be considered as a form of pooled budget. Although this will not require a formal partnership agreement, the commitment of any expenditure under the integrated care fund, or similar funding streams, should be the subject of written agreement”*.
- 3.5. Under the requirement for pooled funds in relation to care home accommodation functions, Local Health Boards and Local Authorities will be expected to:
- Undertake a population needs assessment and market analysis to include the needs of self-funders,
 - Agree an appropriate integrated market position statement and commissioning strategy. These will specify the outcome required of care homes, including the range of service required. There should also be an agreement on the methods of commissioning (for example, some services may require a block contract, step up, step down intermediate care services, respite care etc),
 - Agree a common contract and specification,
 - Develop an integrated approach to agreeing fees with providers,
 - Develop an integrated approach to quality assurance,
 - Adopt a transparent use of resources. Budgets must be aligned with overall expenditure identified, together with the financial commitments of both agencies to the commissioning of care homes. These arrangements need to be subject to a written agreement
- 3.6. Pooled Budgets are essentially then an administrative means of supporting an agreed and shared outcome or objective across the Partners in that pooling arrangement.
- 3.7. Pooled Budgets should be seen a means to an end, as opposed to the end itself, and cannot and should not be seen as the single answer to addressing the significant financial and operational pressures facing social care and health care services.
- 3.8. The key and essential driver must be as an enabler of service improvement and integration across Partners, for the benefit of the population that we serve
- 3.9. The Health Board has, along with all 6 Local Authority partners, signed a formal Section 33 Agreement for the 2019/20 Pooled Budget, which is being hosted by Denbighshire County Council.

4. North Wales Regional Partnership approach

Regional Partnership Board, Leadership Group & Lead Officers Group

- 4.1. Part 9 of The Act sets out specific responsibilities in terms of partnership working and the forming of new governance arrangements, under which the Regional Partnership Board has been established.
- 4.2. Membership of the Regional Partnership Board include the following:

- At least one elected member of one of the 6 Local Authorities
- At least one member the Local Health Board
- The person appointed as director of social services under section 144 of the Act in respect of each Local Authority, or his or her nominated representative
- A representative of the Local Health Board.
- Two persons who represent the interests of third sector organisations.
- At least one person who represents the interests of care providers.
- One person to represent people with needs for care and support in the area covered by the regional partnership board
- One person to represent carers in the area covered by the regional partnership board

4.3. The key role for the Regional Partnership Board is to:

- To respond to the population needs assessment carried out in accordance with section 14 of the Act
- To ensure that the partnership bodies provide sufficient resources for the partnership arrangements
- To promote the establishment of pooled budgets where appropriate
- To ensure that services and resources are used in the most effective and efficient way to improve outcomes for people in their region
- To ensure that information is shared and used effectively to improve the delivery of services, care and support, using technology and common systems to underpin this
- To ensure progress on integration of services for the following:
 - Older people with complex needs and long terms conditions, including dementia
 - People with learning disabilities
 - Carers, including young carers
 - Integrated Family Support Service and pooled budgets and resources
 - Children with complex needs due to disability or illness
- To ensure that pooled funds are established and managed in relation to care home accommodation to take effect from 6th April 2018
- To ensure that the Regional Implementation plan is being delivered
- To report annual on the work and progress of the Board to Welsh Government on an annual basis
- To have oversight of regional grant funding and reports on their usage for example – Delivering Transformation Grant; Integrated Care Fund; Primary and Community Grant; Carer’s grant.

4.4. Sitting below the Regional Partnership Board is the Leadership Group, which is represented by all Partners; the 3 Area Directors sit on this Group.

4.5. Sitting below the Leadership Group is the Lead Officers Group, which is chaired by a member of the Leadership Group and contains representatives across both Finance and Service Leads from all 6 Local Authorities and from the 3 Area Teams within the Health Board. This Lead Officers Group is the key means of operationally managing all of the ICF projects and funds (revenue and capital) and for coordinating the Welsh Government Quarterly Reporting and drafting the Priorities and Investment plans for the forthcoming financial year(s).

Regional Governance Arrangements

- 4.6. To respond to the population needs assessment carried out in accordance with section an overarching Integration Agreement between the 6 LA's and BCUHB has been prepared with the intention that all partners sign up to a willingness to integrated working and also provides a clear framework within which to operate. The Integration Agreement sets out the areas to be focussed upon with regard to integration, and is designed so that any current or future Section 33 National Health Service (Wales) Act 2006 Agreements across the region will sit underneath the overarching Integration Agreement.
- 4.7. The Agreement sets out the project areas that have been identified as a starting point to develop pooled budgets in response to the legislative requirements.
- 4.8. The Agreement has been drafted with the provisions of Part 9 of the Act in mind, together with the requirements of the relevant regulations and statutory guidance. All 6 LA's and the LHB have – through their legal representatives -agreed the terms of this Agreement which is currently in the process of being formally executed by all partners in accordance with their own individual governance arrangements.
- 4.9. An **Integrated Care Fund Agreement** has been developed to reflect the requirements of statutory guidance issued by the Welsh Government in April 2017 with regard to deployment of ICF monies and which re-iterates the need for RPB's to use the ICF to support schemes and activities that provide an effective integrated and collaborative approach in respect of the priority areas for integration. ICF monies should also be used to address care and support needs as identified in local population assessments. Whilst the ICF monies are allocated to LHB's, spending decisions must be taken collaboratively by the RPB. A 3 year written agreement is mandated by the statutory guidance to ensure that ICF capital and revenue funds are managed effectively.
- 4.10. All decisions regarding the allocation shares of ICF Budgets (Revenue and Capital) are ratified at the Leadership Group and approved at the Regional Partnership Board.
- 4.11. The Regional Partnership Board receives and approves the Quarterly Welsh Government ICF Report, and the Investment Plans.

5. Integrated Care Fund

- 5.1. The ICF aims to drive and enable integrated and collaborative working between Social Services, Health, Housing and the Third / Independent Sectors. It is intended to help Regional Partnership Boards **to develop and test new approaches and service models** that will support the underpinning principles of **integration and prevention**
- 5.2. Evaluation and learning lie at the core of ICF and it is essential that any and all ICF programmes or projects are designed with outcomes at the forefront
- 5.3. Statutory Guidance identifies the following groups as priority areas of integration and seamless services and as such the ICF budget allocations are specifically targeted towards:
 - Older People with complex needs and long term conditions.
 - People with Learning Disabilities
 - Childrens with Complex Needs
 - Carers, including young carers
 - Dementia Action Plan
 - Integrated Autism Services
 - Welsh Community Care Information System (WCCIS)
- 5.4. The ICF must be used to support new projects and services or provide additionally to existing ones, It cannot be a replacement for other sources of funding.
- 5.5. ICF provides an opportunity to:
 - Encourage innovation and develop new models of delivering sustainable integrated services.
 - Establish preventative intervention to help avoid unnecessary hospital admissions or inappropriate admission to residential care, as well as preventing delayed discharges.
 - Develop new approaches to prevent children from going into secure accommodation.
 - Develop innovative projects that combine ICF Revenue and Capital Funding.
 - Focus resources and increased capacity to better meet demand and improve the equity of access to services.
 - Promote and maximise independent living opportunities and support people remaining at home wherever possible.
 - Support, though not substitute, other sources of funding such as the Primary Care Fund, to maximise opportunities.
- 5.6. The ICF should **not** be used:
 - For proposals which are not related to the areas clearly set out within the Guidance (see Para 5.4).
 - To substitute for existing funding streams.
 - To generate ongoing demand which cannot then continue to be met from within existing resources.

- 5.7. ICF funding is available for the financial year in which it is allocated by Welsh Government, There is no capacity to overspend as there is no end of year flexibility and funds cannot be carried over into the following financial year.
- 5.8. The Funding is allocated via Health Boards, however spending and investment decisions must be taken collaboratively through the Regional Partnership Board. The Board must have overall oversight and ensure the effective use and delivery of ICF projects and programmes. The Fund is designed to promote partnership and collaborative working and the decision-making on how it is used within the Region must reflect this.
- 5.9. Regional Partnership Boards must provide ICF finance and progress reports to Welsh Government on a Quarterly Basis using the Welsh Government Template.
- 5.10. For the 2019/20 Financial Year the overall Revenue Allocation allocated to the North Wales Regional Partnership Board is £24million.
- 5.11. Additionally, the North Wales Regional Partnership Board has an ICF Capital Allocation of £8.2million.

6. ICF Revenue Allocations 2019/20

- 6.1. The overall Revenue Allocation, managed through the ICF Governance arrangement as of January 2020 is £24 million. This includes the recent NWRPB Winter Plan allocation, and is made up of the following specific themes

Theme	£000's
Older Persons	9,487
LD & Childrens	4,215
Early Intervention	3,162
Dementia	2,056
Integrated Autism Service	652
WCCIS	340
Regional Support	240
Winter Plan	3,614
Mental Health - Therapeutic	200
Total as of January 2020	23,966

6.2. The following table summarises the Allocation by Programme / Project and also shows the expenditure claimed to January 2020

Theme	Annual Budget £000's	YTD Spend £000's
Community Support & Development	5,207	3,414
Winter Plan	3,614	1,873
Early Intervention	2,043	1,352
Step Up Step Down	1,729	1,052
Strengthening Families Services	1,494	864
New Models of Care / Service	1,478	962
Information, Advice & Assistance	1,344	1,002
Family & Other Intensive Support	1,179	999
Prevention	1,057	757
Support Care Sector	706	576
Integrated Autism Service	652	631
Programme Management	650	386
Wellbeing Support	636	222
Progression	525	357
Therapeutic Interventions	453	340
WCCIS	340	156
Workforce	285	186
Mental Health	200	23
Avoiding Out of County	190	160
Carers	162	89
Avoiding Admissions / DTOC	24	12
Total at January 2020	23,965	15,413

6.3. The following Table shows the Budget Allocation per Local Authority County (which includes the BCU element within that County), along with the expenditure claimed to the end of January 2020

Local Authority County	Annual Budget £000's	YTD Spend £000's
Ynys Môn	1,967	1,288
Gwynedd	3,422	2,305
Conwy	3,664	1,817
Denbigh	2,930	1,793
Flint	3,485	2,843
Wrexham	3,452	2,566
North Wales Wide	5,054	2,801
Total as of January 2020	23,965	15,413

- 6.4. Whilst the year to date expenditure claims may appear to be disproportionate to what would be 10/12ths of the annual budget, this reflects the timing of activities in relation to Early Intervention, Dementia and Winter Plan which typically increase during the final quarter.
- 6.5. Each Organisation , under the ***Integrated Care Fund Agreement*** is responsible and accountable for maintaining records locally, and is required to attest to such when they submit their monthly reimbursement claim to the Health Board. Each Organisation is subject to Audit arrangements.
- 6.6. Each Organisation submits a monthly expenditure claim to the Health Board, which is consolidated through Flintshire Local Authority, which the cash payments made to each Local Authority one month in arrears. The Payment Schedule is maintained and approved by the Chief Finance Office Central Area, as the ICF Finance Lead for the Health Board
- 6.7. At Year-End, the Central Area CFO works with the 6 Local Authority Finance Leads to ensure that the whole £24 million Allocation is fully accounted for.

7. Capital Allocations 2019/20

- 7.1. The ICF capital funding should be used to support accommodation led solutions to social care alongside housing and health capital programmes, supported by a broader understanding across all sectors of the benefits of joint working.
- 7.2. It is essential that the development of the Capital programme is routed in a health and care assessment of Population needs.
- 7.3. The effective and efficient deployment of the Welsh Government Capital Funding is a matter for the RPB to determine, ensuring robust delivery arrangements are put in place to utilise the funding appropriately and in accordance with the Guidance.
- 7.4. Projects supported by ICF capital can be delivered by a Local Health Board, a Local Authority, a third sector body or housing association or a combination of any of these. It is for the Regional Partnership Board to agree who would be the lead organisation in any project.
- 7.5. Whilst Welsh Government does not want to be prescriptive on the precise use of the capital funding provided (or which of the ICF the objectives it meets), projects should aim to demonstrate a recognisable shift in the way services are delivered, or in the ways collaborating organisations will operate differently as a result of the capital investment, in order to deliver improved outcomes for citizens to secure approval by Welsh Government.
- 7.6. ICF capital is to be used with additionality in mind.

- 7.7. The ICF Capital Funding is deployed in two key parts:
- (a)** Main Capital Programme (MCP), no less than 80% of the total allocation
 - (b)** Discretionary Capital Programme (DCP), no more than 20% of the total allocation.
- 7.8. The MCP is to be used for larger projects which require a significant level of investment, including those which may, or are likely to, require financial support across a number of financial years as part of an extensive development programme. Typically these would be projects with an individual value of greater than £100,000.
- 7.9. The DCP will therefore be smaller projects of an individual value less than £100,000, and will typically be one-year projects, often involving investment in equipment, aids, adaptations or technology.
- 7.10. The Regional Partnership Board must process and endorse individual projects within their MCP and the DCP, and the RPB then forward the endorsed and approved projects to the Welsh Government for scrutiny and Ministerial approval.
- 7.11. Projects supported by the MCP may include the provision of:
- Accommodation-led solutions to health and social care;
 - Integrated facilities (such as a regional “hub” approach to an ICF led service provision); both re-modelling and new provision;
 - Capital projects which support new and innovative integration of health, social care and/or housing;
 - Larger scale building re-modelling or adaptation (not supported by existing mainstream programmes);
 - Expenditure to evidence or explore the feasibility of larger capital investment
- 7.12. Projects supported by the DCP may include
- Aids and adaptations which are not supported by existing programmes and are in support of specific ICF objectives away from mainstream requirements (e.g. an enhanced Rapid Response need);
 - Equipment projects which support people to live independently in their own home and may reduce hospital admissions or speed up hospital discharge;
 - Other smaller scale projects in support of ICF objectives (e.g. community or third sector led).
 - Expenditure to evidence or explore the feasibility of delivering a larger capital project (e.g. as a stand-alone project).
- 7.13. The ICF Capital payment is made via the Health Board as a Welsh Government Grant, payable either through the Health Board Revenue account, or at the specific request of the Health Board paid via the Capital Resource Limit (CRL).

7.14. The following table summarises the 2019/20 ICF Capital Allocations originally agreed by the NWRPB by Local Authority County, and by BCU Area Division;

Local Authority County	Allocation £000's	BCU Area £000's
Ynys Môn	857	2,347
Gwynedd	1,490	
Conwy	1,595	2,871
Denbigh	1,276	
Flint	1,517	3,019
Wrexham	1,502	
Total ICF Capital	8,237	8,237

7.15. The following table summarises the key MCP Capital Projects;

Project	LA Region	Allocation £000's
Seiriol Extra Care	Ynys Mon	367
Bryn Meurig Llangefni	Ynys Mon	139
Community Resource Teams	Ynys Mon	187
Mencap Mon Hub	Ynys Mon	71
Dementia Units	Gwynedd	308
Tan Y Marian Respite Unit	Gwynedd	233
PenyGroes Respite Unit	Gwynedd	428
Brynffynnon - Arfon Community Hub	Gwynedd	270
Community Resource Teams	Gwynedd	52
Project Paradise	Conwy	1,000
Bron Y Nant Respite Unit	Conwy	103
Childrens Assessment Centre	Conwy	200
Corwen Extra Care Housing	Denbigh	1,300
Marleyfield House Expansion	Flint	1,465
Wrexham Wellbeing Hub	Wrexham	1,124
Heddwch	Wrexham	279
Total MCP Capital Schemes		7,526

7.16. The following table summarises the key DCP Capital Projects;

Project	LA Region	Allocation £000's
Live at Home	Wrexham	100
Telehealth Equipment	Wrexham	50
Community Equipment – CHC	Wrexham	100
Dementia Support Equipment	BCU	79
Cae Gwyn	Ynys Mon	40
Bryn Hwfa Respite Centre	Ynys Mon	5
Community Garden Cefni Hospital	BCU	48
Community Equipment (Denbighshire)	BCU	100
Telehealth Equipment	Conwy	100
Community Resource Teams set-up	BCU	100
Housing Stock Adaptations	Gwynedd	40
Porth Lesiant	Gwynedd	40
Canolfan Ieuntyd Maesgeirchan	Gwynedd	30
Llanelhearan Community Garden	Gwynedd	10
CRT Co-location	Conwy	100
CRT Co-location	Denbigh	100
Asofa	Flint	27
SPoA	Flint	25
Total DCP Capital Schemes		1,094

7.17. Whilst the MCP and DCP schemes exceed the £8.237million funding allocation, this is in recognition that there will be slippage against the MCP.

7.18. Where appropriate, projects receiving grant funding for land or buildings over £100,000 in value will be required to provide the Welsh Government with a legal charge over the freehold or leasehold property that is the subject of their project. This will be a funding condition detailed within the grant award letter. With projects delivered by local authorities, the grant offer letter will contain a pre-funding condition that will require a restriction to be registered against the freehold or leasehold property prior to the grant funding being released. Such a restriction will prevent the disposal of the property without the consent of the Welsh Government.

7.19. As Welsh Government award the Capital Funding via Grant to the Health Board, initially the Health Board is accepting full responsibility and accountability for the long term stewardship and protection of that investment, if for example the provider / contractor seeks to sell the asset on in the future (at a profit or loss) or should the provider cease to trade and the ICF-funded asset then becomes part of the liquidation and administration.

7.20. A *Back to Back Agreement* has been developed through NHS Legal Services which will be issued to each of the 6 North Wales Local Authorities in advance of transferring any of the ICF Capita Funds to that Authority. This *Back to back Agreement* essentially transfers the Accountability and Responsibility in full from the Health Board to the Local Authority, who will then be expected to put in place the appropriate Legal Charge.

8. Conclusions and Recommendations

- 8.1. There is a significant level of ICF Revenue and Capital Funding made available to the North Wales Region.
- 8.2. Health is used as the conduit for the flow of funds from Welsh Government, however Health does not solely own the ICF Allocations.
- 8.3. Welsh Government Policy and Legislation is clear that these allocations are to be managed across the Region and specifically by the Regional Partnership Board, with the relevant RPB deciding and agreeing on the allocations across partner organisations and across projects and programmes.
- 8.4. Welsh Government has clearly made The Regional Partnership Board responsible and accountable for managing the programmes and for reporting to Welsh Government, and therefore to each of its Stakeholder organisations.
- 8.5. The Regional Partnership Board is responsible for ensuring that the ICF is spent in line with the Guidance as issued by the Welsh Government.
- 8.6. Whilst the Capital Funding is all passed through the Health Board and the Health Board (Finance Executive) formally signs for the Capital Grant, the accountability and responsibility for the future management and security of any ICF Funded Asset is passed to the Local Authority through the *Back to Back Agreement*.
- 8.7. **The Committee is asked to note the contents of this Briefing Paper, and to consider their future ICF reporting requirements and frequency.**

Cyfarfod a dyddiad: Meeting and date:	Strategy, Partnerships and Population Health Committee 5 th March 2020					
Cyhoeddus neu Breifat: Public or Private:	Public					
Teitl yr Adroddiad Report Title:	Corporate Risk Register and Assurance Framework Report					
Cyfarwyddwr Cyfrifol: Responsible Director:	CRR01 Executive Director of Public Health CRR09 Director of Primary and Community Care CRR15 Executive Director of Workforce and OD CRR17 Executive Director of Planning and Performance CRR18 Executive Director of Planning and Performance Risk for De-escalation <ul style="list-style-type: none"> CRR14 – Staff Engagement - Executive Director of Workforce and OD 					
Awdur yr Adroddiad Report Author:	Mrs Justine Parry, Assistant Director of Information Governance and Risk Mr David Tita, Head of Risk Management					
Craffu blaenorol: Prior Scrutiny:	The full Corporate Risk and Assurance Framework (CRAF) is scrutinised by the Health Board twice per year and is published on the Board's external facing website. Individual risks are allocated to one of the Board's Committees for regular consideration and review. This report has been approved for submission to the Committee by the Deputy Chief Executive / Executive Director of Nursing and Midwifery.					
Atodiadau Appendices:	1					
Argymhelliad / Recommendation:						
The Strategy, Partnerships and Population Health Committee is asked to: <ol style="list-style-type: none"> 1) Consider the relevance of the current controls; 2) Review the actions in place and consider whether the risk scores remain appropriate for the presented risks; 3) Consider and approve the appropriateness to deescalate CRR14 Staff Engagement Risk to Tier 2 level. 						
Please tick one as appropriate (note the Chair of the meeting will review and may determine the document should be viewed under a different category)						
Ar gyfer penderfyniad /cymeradwyaeth For Decision/ Approval	<input checked="" type="checkbox"/>	Ar gyfer Trafodaeth For Discussion	<input type="checkbox"/>	Ar gyfer sicrwydd For Assurance	<input type="checkbox"/>	Er gwybodaeth For Information
Sefyllfa / Situation:						
The attached report has been produced from the web-based Datix system and details the risk entries allocated to the Strategy, Partnerships and Population Health Committee (SPPH).						

On the 12th December 2019, the Audit Committee requested a further review of the risks assigned to each committee. The Corporate Risks assigned to the SPPH Committee will be presented to the next meeting on the 16th April 2020.

Cefndir / Background:

The Health Board has undertaken a complete review of its risk management strategy which is underpinned by a risk management vision statement clearly setting the Board's vision and direction of travel regarding risk management. The new strategy underlines the powerful intention and firm commitment of the Health Board to embark on the implementation and embedding of an Enterprise Risk Management (ERM) Model across the entire organisation from 'Ward to Board' in 2020/21 and will be presented to the Board on the today for ratification and implementation from 1st April 2020.

The renewed energy for the management of risk across the Health Board has created a positive culture of risk awareness and momentum across the Health Board that is providing focus for ongoing debates and conversations around how best to capture, strengthen and monitor the effective management of the Health Board's principal risks. This will over the next few months enable us:-

- To appropriately identify, assess and capture the Health Board's principal risks which are aligned to the achievement of its objectives as defined in its 3 Year Plan and emergent clinical strategy.
- To align this to an assurance framework and widening our understanding of our key principal strategic risks as well as providing assurance that there are systems, processes and governance arrangements in place to robustly identify, assess, monitor and manage them, fostering a better understanding of the Health Board's strategic and extreme operational risks.

Defining the principal risks will enable the Health Board to appropriately frame and inform agendas. It will enable a timely response to any gaps in controls and assurance in a more dynamic way.

The Risk Management Team continue to support all Divisions to review their risks, advising on escalation/de-escalation or closure of the risk where sufficient mitigating controls are now firmly embedded. A newly established Executive Risk Scrutiny panel meets every week to review all Tier 2 risks and those currently rating Extreme. Feedback is also provided to each Division to support the future management of the risk.

The results of the recent Risk Management Gap and Training Needs Analysis undertaken by the risk management team across the Health Board also indicate a commitment by colleagues to regularly review and update their risks. In response, whilst the Risk Management Strategy clarifies the governance and escalation process for risks from 'Ward to Board', a training pack has been developed as well as targeted support being provided to ensure that staff are sufficiently empowered and confident in raising, capturing and discussing risks at their local Governance and Quality and Safety meetings.

Asesiad / Assessment & Analysis

Following a review of the full Corporate Risk and Assurance Framework on the 12th December 2019 by the Audit Committee, a further review of the risks assigned to the Strategy, Partnerships and Population Health Committee was requested.

In summary, following review and scrutiny, the following changes have been made to the below risks since the last report was received by the Strategy, Partnerships and Population Health Committee:-

CRR01 Population Health

Key progress: Risk controls have been updated to include working with the Regional Partnership Board to ensure population prevention focus for Building a Healthier Wales (BAHW) funding across the North Wales Region. There has been no change to the current risk scoring.

CRR09 Primary Care Sustainability

Key progress: Risk controls have been updated to reflect the current position and completion of risk assessments, inclusion of further managed practices, financial and future year investment and further development of the Primary & Community Care Academy. There has been no change to the current risk scoring.

CRR14 Staff Engagement

Key progress: As part of the corporate risk review at the Audit Committee on the 12th December 2019, key risk controls have been strengthened and updated to include implementation of all the 2016 Engagement Strategy requirements have been met, all the initiatives within the strategy have been mainstreamed into ongoing organisational development work, a Workforce & Organisational Development Strategy 2019-22 is in place and objectives to meet the strategy are in place and being monitored, mechanisms in place to measure staff engagement on a regular basis via the BeProud organisational survey, mechanisms are in place to measure team level staff engagement through the BeProud Pioneer programme, NHS Wales Staff Survey Organisational Improvement Plan and Divisional Improvement Plans monitored through the Workforce Improvement Group, retention Improvement plan in place and also PADR Improvement plan in place. This risk has now achieved its target score with further emphasis currently being placed on sustaining and embedding its controls.

The Committee are therefore asked to consider the appropriateness to deescalate this risk for future management at Tier 2 level within the Workforce and Organisational Development governance arrangements.

CRR15 Recruitment and Retention

Key progress: As part of the corporate risk review at the Audit Committee on the 12th December 2019, key risk controls have been strengthened and updated to include Medical and Dental recruitment panel being embedded to oversee fast tracking difficult to fill vacancies, continued promotion of the employment brand "Train Work Live North Wales" through digital media and marketing, organised calendar of recruitment events, deeper analysis of the time to hire showing more specifically where the hot-spots and delays are in the process, leading to improvements, new process to review all posts to ensure that the BCUHB is compliant with the Welsh Language Standards and will be included in Annual Report for Welsh Language. There has been no change to the current risk scoring.

CRR17 Development of an IMTP

Whilst there has been no further updates to this risk, an update paper will be presented to the Board to include next steps of the 3 year outlook and 2020/21. This risk will therefore be updated following further discussions at the Board and re-presented to the SPPH with the outcome of those discussions.

CRR18 EU Exit – Transition Arrangements

Key progress: This risk has been significantly reviewed in line with the extension to the date of exit to the 31st January 2020 and progress of the Withdrawal Agreement Bill (WAB) through parliament. Planning and preparations have been stood down by Welsh Government (WG) until further notice.

The national leadership Group will continue to meet on a monthly basis but SRO meetings have been stood down. This position will be reviewed by WG in July 2020 and response arrangements may be stood up if required; however, currently the risk of leaving on 31 January 2020 without the passing of the WAB is significantly reduced.

The Committee are therefore asked to consider the appropriateness to reduce the current risk score from 12 to 8 and note the change in the target risk score to a level 4.

Current Risk Level		Impact				
		Very Low - 1	Low - 2	Moderate - 3	High - 4	Very high - 5
Likelihood	Very Likely - 5	Yellow	Orange	Red	CRR17	Red
	Likely - 4	Yellow	Orange	Orange	CRR01 CRR09 CRR15	Red
	Possible - 3	Green	Yellow	Orange	CRR18	Red
	Unlikely - 2	Green	Yellow	Yellow	CRR14	Orange
	Rare - 1	Green	Green	Green		Yellow

Strategy Implications

In line with the Health Board's Risk Management Strategy, all corporate risks are reviewed by a dedicated Committee of the Board which provides a structure and framework to consistently manage both strategic and operational risks as drivers for better decision making. These risks will identify the risks associated with the delivery of the Health Board's objectives as defined in the 3 year plan and annual plans.

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.

Risk Analysis

No risks have been identified from crafting this report as the risk of inaction is far greater than that of positive engagement with its content.

Legal and Compliance

Due to the nature of this report, legal and compliance issues are addressed as part of the risk assessment for each risk entry.

Impact Assessment

Due to the nature of this report, Impact Assessments are not required.

Appendix 1

CRR01	Director Lead: Executive Director of Public Health	Date Opened: 1 October 2015
	Assuring Committee: Strategy, Partnerships and Population Health Committee	Date Last Reviewed: 19 December 2019
	Risk: Population Health	Target Risk Date: 31 March 2021

There is a risk that the Health Board fails to deliver improvements in population Health in North Wales. This is due to a failure to focus on prevention and early intervention. This will lead to higher levels of non communicable diseases such as obesity, hypertension, coronary heart disease, stroke, diabetes, and some cancers. This will lead to an increase in demand on primary and secondary care, and increase levels of health inequalities between our most and least deprived communities.



Controls in place	Further action to achieve target risk score
<ol style="list-style-type: none"> Population health intelligence updated on a continuing basis ensuring that information is available to support planning for and monitoring of health status. Approved Population assessment to inform Social Services and Wellbeing Act developed in partnership, and now informing implementation of North Wales Regional Plan for 2018-2023. Review of Board cycle of business completed to enable focus on population health issues. Wellbeing Assessments completed and approved. Wellbeing Objectives and Plans approved / to be approved in the 4 PSBs. Strategic Partnerships in place providing opportunities for advocacy 	<ol style="list-style-type: none"> Further exploration and identification of new opportunities for Health Board to secure population health improvement through leadership role in strategic partnerships utilising new structures - Regional Partnership Board and Public Service Boards. Health Improvement and Inequalities Transformation (HIIT) Group lead the development of relevant section of 2019/22 IMTP submission, and ensure co-ordination with other aspects of the Plan which are interdependent. Identify substantive PMO support for this programme. Participate in Live Lab work with Office of Future Generations Commissioner and Public Health Wales to provide a new focus for prevention within the delivery of community services, and generate

for improving population health with partners.

7. Approved HB Strategy Living Healthier, Staying Well confirms emphasis on improving population health through more focus on prevention.
8. Baseline Assessment informing LHSW completed, underpinned by WG Public Health Outcomes Framework.
9. Improved data on Primary care available to Area Teams and Contractors via PH Directorate website.
10. Organisational objectives have now been revised and redefined as our Wellbeing Objectives.
11. BCUHB Operational Plan aligned with key actions for improving health identified in Public Health Wales IMTP.
12. DPH / Public Health Consultants attend all PSBs and Part 9 Board to advise and influence on prevention / early intervention agenda.
13. Delivery of Public Health Team workplan is aligned with operational Area Teams.
14. Public Service Boards Wellbeing Plans developed.
15. Health Improvement and Reducing Inequalities Group (HIRIG) established and working to ensure that population health and prevention initiatives are developed in Health Board Planning.
16. Continued engagement with the Live Lab work with Office of Future Generations Commissioner and Public Health Wales. Focusing on Healthy Weight in Pregnancy and Children.
17. BCUHB working with Regional Partnership Board to ensure population prevention focus for Building a Healthier Wales (BAHW) funding across the North Wales Region.

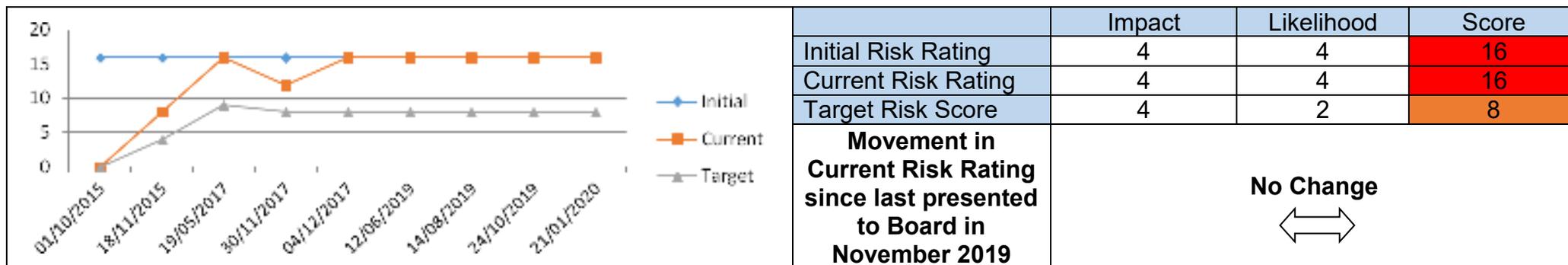
learning which can be shared across Wales.

5. Review of all other public health risks underway which will inform the existing risk mitigation measures for this overarching risk.

Assurances	Links to		
	Strategic Goals	Principal Risks	Special Measures Theme
1. Oversight by Public Service Boards and Local Authority Scrutiny Committees. 2. WG Review Meetings (JET). 3. Public Health Observatory reports and reviews. 4. WG Review and feedback on needs assessment.	1 2 5 6 7	PR8	Strategic and Service Planning

CRR09	Director Lead: Director of Primary and Community Care	Date Opened: 1 October 2015
	Assuring Committee: Strategy, Partnerships and Population Health Committee	Date Last Reviewed: 21 January 2020
	Risk: Primary Care Sustainability	Target Risk Date: 31 March 2021

There is a risk that the Health Board may be unable to meet its statutory responsibilities to provide a primary care service to the population of North Wales. This may be due to the significant number of GPs who are able to retire within the next 5 years and the supply of GPs in training may not meet the demand created by the turnover. This could lead to delayed access for some patients to the appropriate primary care service.



Controls in place	Further action to achieve target risk score
<ol style="list-style-type: none"> 5 Domain Sustainability risk assessment metric developed by PCUS used pan-BCUHB and by Areas to RAG rate and identify highest risk requiring support. Last assessment undertaken January 2020. Each Area has developed a regular practice review process to prioritise support. Area Teams have developed support infrastructure to those practices experiencing significant challenges/pressures in terms of sustainability. National Sustainability assessment process allows practices to request support from the Health Board. Clinical advice available from Area Medical Directors and Cluster leads to provide support and development advice to practices. Salaried GPs employed by Areas, working in managed practices and also GMS practices in difficulty. Further GPs employed since 	<ol style="list-style-type: none"> Evaluation and integration of new service models into primary care to ascertain their success. New governance models of primary care need to be assessed to identify their reliability and assurance. Care closer to home strategy to be evaluated. Establish primary care academy and further develop primary care training, including mentorship. Recruit to GP schemes being adopted by Clusters and supported by new project manager for recruitment and retention. Primary care workforce plan to be developed and fully implemented. Further engagement with primary care and partner organisations. Demand management scheme – establishing ways to release GP capacity and shift services out of hospital settings – new roles, new models, and new services.

August 2019.

7. Agreement to employ clinical leads in managed practices to provide leadership and oversight. Clinical lead appointed for Blaenau Ffestiniog, Criccieth/Porthmadog, Cambria/Longford other practices progressing recruitment at present.

8. Recruitment and retention plan to recruit new GPs into North Wales under development. Project Management for recruitment and retention appointed. Attendance at recruitment fairs and other conferences being co-ordinated to promote careers and share current vacancies in North Wales.

9. Schemes for retaining and recruiting staff e.g. Outstanding GP scheme and the GP with experience scheme in place.

10. Developed Multi-Disciplinary Teams within GP practices eg physiotherapists, ANPs, audiologist, pharmacists and this team takes on patients that were previously seen by the PG.

11. Developing new models of delivery of care within GP practices.

12. Primary care funding is supporting the way that services are delivered within community and primary care setting to take pressure off GPs.

13. Emerging schemes that will further support the way that services are delivered from Primary care eg Occupational therapy, advanced practice paramedics and GP sustainability and innovation unit have been allocated funding from Primary Care Investment funds in 2019/20 continuing into 20/21.

14. Cluster plans and funded schemes are focusing on areas such as pathways and supporting the way that care is delivered at local level.

15. ANPs focusing activity within Care/Nursing homes to improve patient care and reduce demand on GP visits.

16. Running 24/7 DN service to reduce out of hours call out and unnecessary ED admissions.

17. Navigators working within GP practices signposting patients to the right healthcare.

18. Workflow optimisation training available to practices.

9. Work with Deanery to increase the number of GP training places in N Wales.

10. Lobby WG for review of national DDRB pay scales and recommendations to increase the rates to better reflect the different roles of salaried GPs.

11. Accelerated role out of advanced practice training.

12. Promote practice mergers and federating.

13. Project to establish a Primary & Community Care Academy in place to deliver a sustainable, fit for purpose workforce within primary and community services through the allocation resources and development of new models.

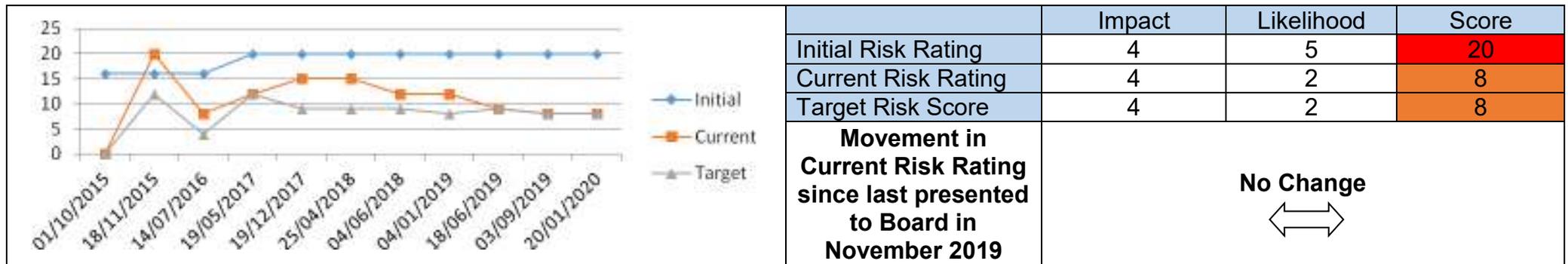
14. Further development of clusters/localities with partners to strengthen primary/community/social care.

15. Accelerate estates improvements to ensure fit for purpose buildings for care in community settings.

19. Intermediate care funded schemes supporting primary care.
20. 16 BCUHB managed practices in place that are providing opportunities to trial new models of working and develop new areas of clinical care.
21. BCUHB has approved a 'Care Closer to Home' strategy that provides a vision of the way that care will be provided within community and primary care setting in the future. A CCtH transformation board has been established to oversee progress, with the first meeting held on 20 July 2018.
22. Care closer to home themes set out in annual operational plan. Priority for cluster development, service model, workforce development, digital healthcare and technology and estates.
23. Governance and accountability of managed practices group in place; performance indicators established, project management work books published, governance framework for nurses and pharmacists agreed.
24. Premises issues being addressed with a number of practices, including approval to assign some premises head leases from partners to BCUHB.
25. Programme for recruiting and training practice nurses funded by PC funds in place with 6 nurses being recruited per annum.
26. Director of Primary and Community Health Services appointed and in post.
27. Plans to progress CCtH built into IMTP 2019-20, identified leads for progressing 4 themes (CRTS, Clusters, Health and Workforce/service model) Centres.
28. Project to establish a Primary & Community Care Academy in place to deliver a sustainable, fit for purpose workforce within primary and community services through the allocation resources and development of new models. Project Manager appointed August 2019 and additional pacesetter proposal funding secured.
29. Changes to GP contract include partnership premium to support and encourage GPs becoming partners going forward.

Assurances	Links to		
1. Oversight by Board and WG as part of Special Measures. 2. CHC visits to Primary Care. 3. GP council Wales Reviews. 4. Progress reporting to Community Health Council Joint Services Planning Committee.	Strategic Goals	Principal Risks	Special Measures Theme
	1 2 3 4 5 6 7	PR6	Primary Care

CRR14	Director Lead: Executive Director of Workforce and Organisational Development	Date Opened: 1 October 2015
	Assuring Committee: Strategy, Partnerships and Population Health Committee	Date Last Reviewed: 20 January 2020
	Risk: Staff Engagement	Target Risk Date: 31 March 2020
There is a risk that the Health Board does not maintain a culture which promotes excellence and engagement of staff in order to transform services. This may be caused by a disconnect between stated values and actual behaviours. This could lead to poor quality services, damage to the organisations reputation, long term sustainability and low levels of workforce satisfaction and well being.		

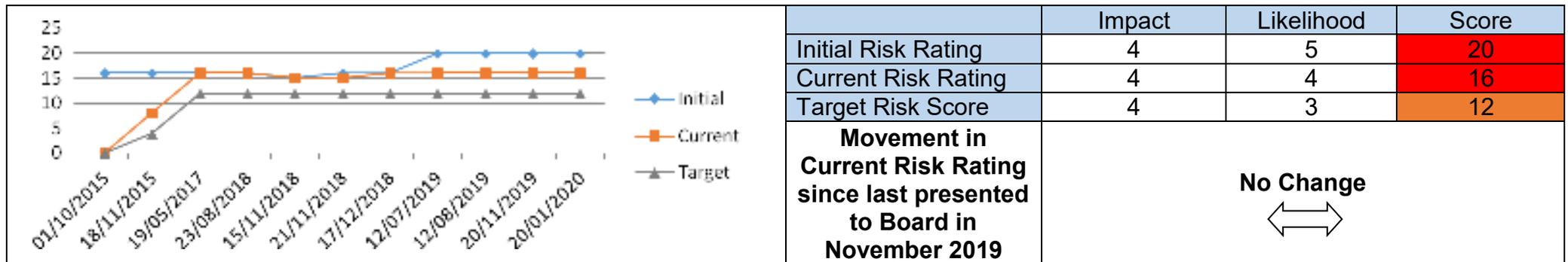


Controls in place	Further action to achieve target risk score
<ol style="list-style-type: none"> All the requirements of the Engagement Strategy 2016 have been met. All the initiatives within the strategy have been mainstreamed into ongoing organisational development work. Workforce & Organisational Development Strategy 2019-22 in place. Workforce Objectives 2019-20 to meet the Workforce Strategy in place and monitored through the Annual Plan Progress Monitoring mechanism. Mechanism in place to measure staff engagement on a regular basis via the BeProud organisational survey. Mechanism in place to measure team level staff engagement through the BeProud Pioneer programme. NHS Wales Staff Survey Organisational Improvement Plan and Divisional Improvement Plans monitored through the Workforce 	<ol style="list-style-type: none"> Implement HEIW talent management framework to retain and develop staff at Tiers 1-3. Develop Workforce Objectives 2020-21 to continue to meet the Workforce Strategy. Implement Pay Progression Policy to drive improvements in PADR.

Improvement Group. 7. Retention Improvement plan in place. 8. PADR Improvement plan in place.	
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Assurances	Links to		
1. Board and WG monitoring as part special measures. 2. Staff survey benchmarked across Wales. 3. Corporate Health Award. 4. Implementation of I Want Great Care.	Strategic Goals	Principal Risks	Special Measures Theme
	1 2 3 4 5 6 7	PR9	Engagement

CRR15	Director Lead: Executive Director of Workforce and Organisational Development	Date Opened: 1 October 2015
	Assuring Committee: Strategy, Partnerships and Population Health Committee	Date Last Reviewed: 20 January 2020
	Risk: Recruitment and Retention	Target Risk Date: 27 March 2020
There is a risk that the Health Board will have difficulty recruiting and retaining high quality staff in certain areas. This may be due to UK shortages for certain staff groups and the rurality of certain areas of the health board. This could lead to poor patient experience and outcomes, low morale and well being and attendance of staff.		



Controls in place	Further action to achieve target risk score
<ol style="list-style-type: none"> 1. Embedded Medical & Dental (M&D) recruitment panel that oversees the fast tracking of medical vacancies from authorisation to offer accepted. This is having a positive effect on M&D vacancy rates and time to hire. This also includes fast tracking the EC posts for hard to fill vacancies, reports submitted to the Board. 2. Promotion of the employment brand "Train Work Live North Wales" through digital media and marketing through key publications such as RCN careers brochures, BMJ on line and hard copy. 3. New calendar of recruitment events being organised, ready for wider circulation in February 2020. This will include planning and attendance at local and national job fairs for nurses in particular. 4. Deeper analysis of the time to hire showing more specifically where the hot-spots and delays are in the process, leading to improvements. 5. Implemented a new process to review all posts to ensure that the 	<ol style="list-style-type: none"> 1. Improve digital media marketing via social media the train work live north wales brand now has its own facebook. 2. Identification of recruitment co-ordinators in each secondary care high vacancy areas. Continue with student recruitment and promotion of nurse vacancies to Manchester, Chester and Staffordshire Universities. 3. Contribution to Medical Training Initiatives (MTI) Bapio Scheme. 4. Source recruitment marketing funding to support further digital marketing. Further work on recruitment pipelines such as trainees, graduates return to practice, cadet scheme and overseas candidates. 5. Finalise and implement the all Wales approach to Student Streamlining Process which will ensure that the HB complies with the national agreed process and manage the Bursary Schemes in conjunction with NWSSP.

BCUHB is compliant with the Welsh Language Standards - work led by the Workforce Information Systems Manager, compliance of existing process reported to the Welsh Language Forum on a quarterly basis, and will be included in Annual Report for Welsh Language.

6. Introducing a two month winter scheme with Medacs to bring 103 WTE RNs to support wards in critical areas, alleviating pressure for substantive staff by improving fill rates, monitoring and reporting will be included in the Quarterly Workforce Report to F&P Committee.

7. Identification of top 10 priority areas for nurse recruitment is in place, the team are focusing on adverts out versus vacancies and then using enabling techniques to improve the time to hire.

8. Streamlined process for internal vacancies in place, which also allows a focus to be placed on these.

9. Recruitment lead for BCUHB working with Corporate Nursing on a number of recruitment pipelines such as fast track of HCA band 4 to adult nurse course at Bangor University (2 year course will provide 12 nurses in 2020).

10. Positive changes to bursary system on degree nursing courses at Welsh Universities will commit graduates to 2 years working in the Welsh NHS.

11. A focus on retention with appraisal compliance and mandatory training monitored.

12. National KPI's Time to Hire focus on recruitment timescales monitoring both within BCUHB and NWSSP.

13. TRAC system in place which ensures standardised processes, this is monitored through the Workforce Monthly Reports including time to hire which enables Managers, HR and the Board to understand on a monthly basis where the recruitment difficulties are. Summary of monthly dashboard reported to F&P Committee Quarterly.

14. Implementation and promotion of flexible working: part time working, job share, compressed hours, annualised hours, flexi, career breaks, personalised annual leave etc.

15. Staff benefits such as cycle to work schemes and other non-pay

6. Finalise tendering process for an international recruitment campaign to bring 200+ RN into BCU form overseas, this is due to complete in March 2021.

7. Implement a new process to embed Welsh Language Standards as part of the Establishment Control process. This will be achieved by reviewing the Portal, the aim is to enable the HB to report on all posts and triangulate data back to appointees in the HB.

8. Work is currently underway to review the Exit Questionnaire process to encourage further feedback on our leavers.

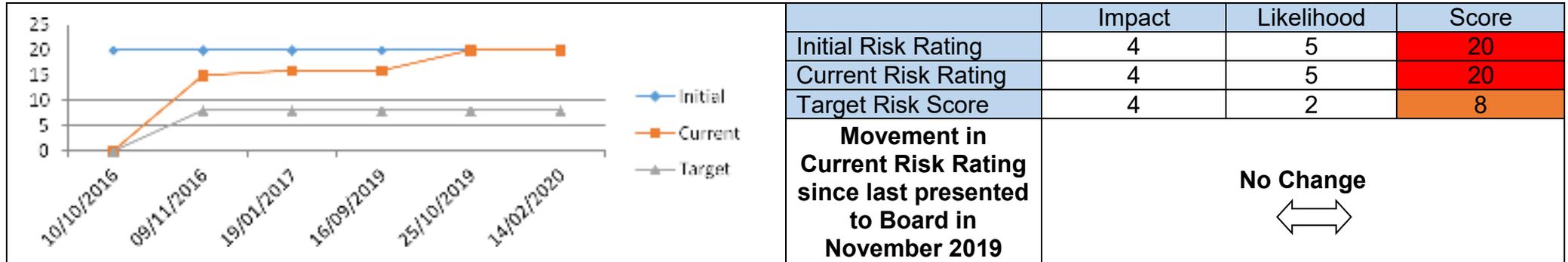
9. Further work to develop our retention strategy being led by the Head of OD.

10. Implement a return to practice campaign later in 2019 - although challenges raised in November 2018 to Bangor University on lack of places for BCU RTP nurses. Corporate Nursing taking forward.

<p>benefits in place.</p> <p>16. HR and Recruitment Team continue to promote best practice through times of organisational change, redeployment and secondments and through flexible working arrangements.</p> <p>17. An agency cap for medical and dental staff in place, with tight controls in place to reduce agency expenditure. National reporting is conducted monthly, which will be reviewed regularly.</p> <p>18. BCU HB contributes to the All-Wales Recruitment campaigns - 'train, work, live' brand. BCU Recruitment Team now has the SPOC which is promoted nationally and locally. Student nurse recruitment is the most successful pipeline and BCU have worked with WG/SSP to introduce a more robust method of recruiting our nurse graduates resulting in 130 nurses joining in September 2019 and a further 75 planned to join in March 2020.</p>	
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Assurances	Links to		
1. Staff surveys. 2. WG reporting (e.g. sickness absence and long term disciplinary cases). 3. NMC Royal College and Deanery Reviews and Reports. 4. Review of NWSSP recruitment timescales	Strategic Goals	Principal Risks	Special Measures Theme
	1 2 3 4 5 6 7	PR4	Leadership

CRR17	Director Lead: Executive Director of Planning and Performance	Date Opened: 10 October 2016
	Assuring Committee: Strategy, Partnerships and Population Health Committee	Date Last Reviewed: 14 February 2020
	Risk: Development of IMTP (Integrated Medium Term Plan)	Target Risk Date: 31 March 2020
There is a risk that the Health Board cannot deliver safe and sustainable services to the population of North Wales which may be because there is not an agreed plan for the next 3 years. This could lead to an inability to address and improve health and healthcare services.		



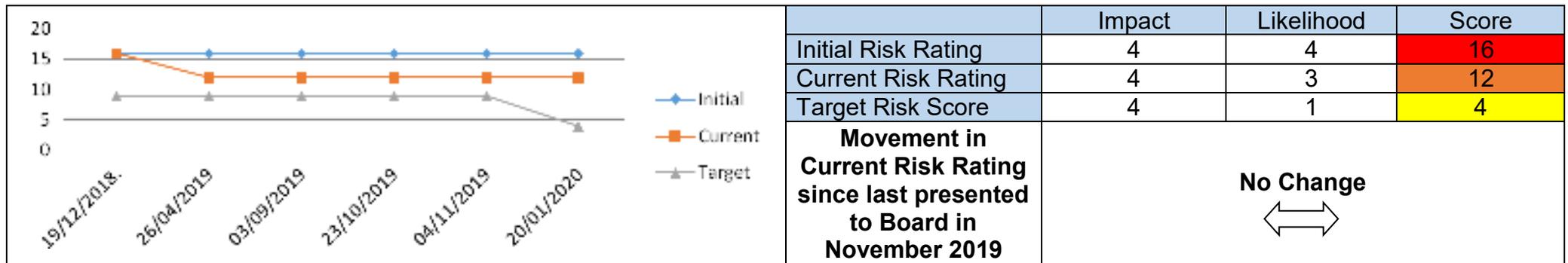
Controls in place	Further action to achieve target risk score
<ol style="list-style-type: none"> The timetable to develop the 2019/22 IMTP was discussed and agreed by SPPH Committee on 9th August 2018. The Health Board approved approach for developing the 2019/22 IMTP on 6th September 2018. Unscheduled Care - 90 day plan launched and measures and trajectories agreed for inclusion in the AOP for 2018/19. Transformation fund proposals developed with RPB partners Proposals for Community Services, children, mental health and learning disabilities submitted to Welsh Government. Workplan established to develop 2019/22 IMTP with 3 CEO sponsored workshops held on 4th October, 8th November and 13th December 2018. Care closer to home service transformation plan and approach reviewed and re-profiled under the leadership of the Director of Primary and Community Services. 	<ol style="list-style-type: none"> Revised Plan to SPPH Committee on 5th March 2020. On 12th March, there will be a full board workshop. The intention is to make the focus of the day the plan, and associated aspects. Final version of the plan to the executive team on 18th March 2020. Plan presented to Board on 26th March 2020.

7. Board resolved to develop a 3 year plan for 2019/22 and WG notified.
8. Board received draft 2019/22 3 year plan in January 2019.
9. Planned care delivery group established in January 2019. Work programme under development including; RTT, diagnostics, cancer and outpatient plans, infrastructure/support, Strategic/tactical change - Acute hospital care programme schemes, Policy/national programmes - National delivery plans, Enablers - PMO turnaround schemes with a focus short term productivity and efficiency improvements and processes i.e. transactional rather than transformational.
10. Feedback from WG received around ensuring a clear work programme for 2019/20 to deliver improvements in RTT and Unscheduled care.
11. Three Year outlook and 2019/20 Annual plan presented to Board in March 2019. Plan approved with further work identified and agreed around elective care in the specialties set out on page 40 of the paper.
12. The Board received an updated plan in July 2019 and recommended that further work be undertaken led by F&P Committee to scrutinise underpinning planning profiles, specifically RTT, (including diagnostics), unscheduled care alongside the financial plan for 2019/20.
13. Completed profiles at BCU level and submitted to F&P Committee on 22nd August 2019.
14. Site and speciality core activity profiles developed.
15. Draft 2020/23 Cluster plans developed to feed into health economy plans.
16. Key deliverables for 2020/23 developed in September 2019.
17. Health economy planning arrangements established to support development of 2020/23 plan with linked support from corporate planning team.
18. 2020/23 Planning principles and timetable prepared and presented to EMG, F&P and SPPH Committees. Identified plan development actions to be implemented September - December.

<p>19. Plan updates provided to SPPH Committee meetings and workshops from October. Following our financial review, our aim is to develop a refreshed Three Year Outlook for 2020/23 alongside a Work Programme for 2020/21 in the context of our statutory duty to produce a three-year IMTP</p> <p>20. Draft health economy plans for 2020/23 developed in November for initial review by Improvement Groups.</p> <p>21. F&P Committee received on 19th December 2019 the draft Three Year Outlook and Annual Plan for 2020/21 (v.0.02) together with draft 2020/21 Work Programme incorporating North Wales wide actions and specific health Economy Actions.</p> <p>22. Draft 2020/23 plan presented to Board in committee in January 2020. Principles to further inform strategy and plan development identified. The annual plan guidance for 2020/21 provided by WG was presented together with our local assessment of progress and where further work is required and the route map and timetable to complete the outstanding work, specifically around Planned Care and our Financial Plan.</p>	
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Assurances	Links to		
<p>1. Board and WG oversight as part of Special Measures. 2. Oversight of plan development through the SPPH Committee. 3. All Wales peer review system in place. 4. Joint Services Planning Committee of Community Health Council.5. Regular links to advisory for a - LPF, SRG, HPF.</p>	Strategic Goals	Principal Risks	Special Measures Theme
	1 2 3 4 5 6 7 8	PR5	Strategic and Service Planning

CRR18	Director Lead: Executive Director of Planning and Performance	Date Opened: 19 December 2018
	Assuring Committee: Strategy, Partnerships and Population Health Committee	Date Last Reviewed: 20 January 2020
	Risk: EU Exit - Transition Arrangements	Target Risk Date: 31 December 2020
<p>There is a risk that the Health Board (HB) will fail to maintain a safe and effective healthcare service. This may be caused by a lack of clarity and understanding at UK level in respect of the impact of withdrawal from the European Union (EU), and a subsequent failure by the HB to develop robust withdrawal contingency plans. This could lead to a disruption of service delivery and thereby adversely impact on outcomes for patients in terms of safety and access to services.</p>		



Controls in place	Further action to achieve target risk score
<ol style="list-style-type: none"> 1. BCUHB Task & Finish Group established, currently paused. 2. Potential risks and issues identified for no deal Brexit, will be further updated as implementation period progresses. 3. Participation with regional and national co-ordinating groups will recommence as required. 4. Engagement with Executive Team will continue as required to ensure cascade of any necessary actions. 5. Update briefings will continue to staff via Bulletin, and webpages will be updated, as the situation develops. 6. Lower level risks entered onto Datix and linked to CRR18 will be updated as required. 	<p>Following extension to date of exit to 31 Jan 2020 and progress of the Withdrawal Agreement Bill through parliament, planning and preparations have been stood down by WG until further notice. The national leadership Group will continue to meet on a monthly basis but SRO meetings have been stood down.</p> <p>Position will be reviewed by WG in July 2020 and response arrangements may be stood up if required, dependent on evaluation of political situation; however, currently the risk of leaving on 31 January 2020 without the passing of the WAB is significantly reduced.</p>

Assurances	Links to		
	Strategic Goals	Principal Risks	Special Measures Theme
1. Reporting to Executive Team and SPPH Committee 2. WAO audit of preparedness 3. WG oversight through national work streams	1 2 3 4 5 6 7	PR1	Not Applicable