

Bundle Health Board 24 November 2022

- 1.0 09:30 - 22/242 OPENING BUSINESS
- 1.1 09:30 - 22/243 Welcome and Apologies for Absence - Mark Polin
- 1.2 09:35 - 22/244 Declarations of Interest
- 1.3 09:36 - 22/245 Draft Minutes of the Health Board Meeting and AGM held in public on 29 September 2022 for accuracy
 - Health Board Minutes 29 9 22 V0.4.docx
 - Minutes AGM 29.9.22 v.02_English.docx
 - AGM Questions and draft responses Final.docx
- 1.4 09:41 - 22/246 Matters Arising and Summary Action Log
 - Action Tracker 29 September 2022 v4.docx
- 1.5 09:50 - 22/247 Patient / Staff Story
 - APPROVED - HB - Nov 2022 - Patient Story.docx
- 1.6 10:10 - 22/248 Report of the Chair - Mark Polin
Verbal report
- 1.7 10:20 - 22/249 Report of the Acting Chief Executive
 - CE Report Cover November final bilingual.docx
 - CEO report - November final.docx
 - Appendix A - WHSCC Joint Committee Briefing (Public) 6 Sept 2022.pdf
- 2.0 10:30 - 22/250 STRATEGY AND PLANNING
- 2.1 10:30 - 22/251 Transformation of Informatics into Digital, Data and Technology (DDAT)
Appendices A-G are background reading.
 - DDAT Board REPORT NOV 2022 Main Body Transformation of Informatics to DDAT Main Body Saesneg.docx
 - DDAT Board REPORT NOV 2022 BAF APPENDIX A.docx
 - DDAT Board REPORT NOV 2022 IT SCORE EXPLAINER APPENDIX B.docx
 - DDAT Board REPORT NOV 2022 Global Resourcing Appendix C.pdf
 - DDAT Board REPORT NOV 2022 Staff Costs APPENDIX D.docx
 - DDAT Board REPORT NOV 2022 Essential Services Programme APPENDIX E.docx
 - DDAT Board REPORT NOV 2022 HIMSS Levels APPENDIX F.docx
 - DDAT Board Report Appendix G - Microsoft EA Benefits.docx
- 3.0 10:45 - 22/252 QUALITY, SAFETY AND SIGNIFICANT REPORTING
- 3.1 10:45 - 22/253 Unscheduled Care report
 - USC Board Paper November 2022 V1.4.docx
- 3.2 10:55 - 22/254 Planned care assurance report
 - Planned Care November 2022 v0.4.docx
- 3.3 11:05 - 22/255 Winter Plan Assurance report
 - Winter plan_Draft v1.3.docx
- 3.4 11:15 - 22/256 Patient Safety Report
 - APPROVED - Quality and Patient Safety Report - Board - Nov 2022.docx
- 3.5 11:25 - 22/257 Vascular Report
 - BOARDpublic.Vascular.November2022 (002).docx
- 3.6 11:45 - 22/258 Infection Prevention and Control
 - Board Committee Coversheet - IP Update Nov 2022.docx
 - IP Update Nov 22.pdf
- 3.7 11:55 - 22/259 Nurse Staffing
 - Nurse Staffing Levels - Board Committee Coversheet.docx

- 3.8 12:05 - 22/260 Primary Care
Primary Care Update_November 2022 (003).docx
- 3.9 12:15 - 22/261 Director of Public Health Report – Mental Health and Wellbeing
Good Mental Wellbeing Health Board Paper - V.02 2022.pdf
BCUHB - Public Health_GOOD MENTAL WELLBEING _ Annual Public Health Report 2022_ENGLISH.pdf
- 3.10 12:25 - 22/262 Update of Register of Approved Clinicians and of Section 12(2) Doctors
Consent item
(Eng) All Wales AC & Section 12 Board Report November 2022 FV.docx
- 4.0.0 12:26 - BREAK
- 4.0.1 12:55 - 22/263 GOVERNANCE
- 4.1 12:55 - 22/264 Targeted Intervention Report
Targeted intervention YGC MM v2.00 Draft PM 16 Nov.docx
- 4.2 13:05 - 22/265 Chair's Actions Report
No matters to report.
- 4.3 13:05 - 22/266 Committee and Advisory Group Chairman's Assurance Reports
- 4.3.1 13:05 - 22/267 Cabinet Report
Cabinet Chair's Assurance Report_Sept and November.docx
- 4.3.2 13:10 - 22/268 Performance, Finance and Information Governance Committee - 27 October
Chair's Assurance Report PFIGC 27.10.22 v.04 draft.docx
- 4.3.3 13:20 - 22/269 Partnerships, People and Population Health – 13 September and 8 November
Chair's Assurance Report 13 September Final LT.docx
Chair's Assurance Report PPPHC 8.11.22 LT.docx
- 4.3.4 13:30 - 22/270 Local Partnership Forum – 11 October
LPF Chair's Assurance Report 11.10.22 v0.2.doc
- 4.3.5 13:35 - 22/271 Mental Health Capacity and Compliance Committee – 4 November
Chair's Assurance Report MHCCC 04.11.22 V0.2.docx
- 4.3.6 13:40 - 22/272 Quality, Safety and Experience Committee - 1 November
Chair's Assurance Report QSE 01.11.22 V0.3.docx
- 4.3.7 13:50 - 22/273 Targeted Intervention Improvement Steering Group - 22 September and 24 October 2022
Chair's Assurance Report TIIF Steering Group 22.09.22 v1.00 Final.docx
Chair's Assurance Report TIIF Steering Group 24.10.22 v1.00 Final.docx
- 5.0 14:00 - PERFORMANCE AND DELIVERY
- 5.1 14:00 - 22/274 Integrated Quality & Performance Report
QP Report HB Cover - November 2022 (Sept Position).docx
QP Report Board - Nov 2022 (Sept 2022 Pos).pdf
- 5.2 14:15 - 22/275 Annual Plan Monitoring Report
HB Coversheet - OPMR Q2 2022_23v1.docx
Annual Plan MR 2022-23 Quarter 2 HB v0.1.pdf
- 6.0 14:25 - PEOPLE AND RESOURCES
- 6.1 14:25 - 22/276 Finance Report – M6
Board Finance Report Cover sheet Mth 6.docx
Board Report M6 Finance v3.pdf
- 6.2 14:35 - 22.277 Savings and Recovery Report
Savings Recovery Report November 2022 COVERSHEET.docx
Savings & Recovery Report November 2022.pdf
- 7.0 14:50 - CLOSING BUSINESS
- 7.1 14:50 - 22.278 Items to Refer to Committees
- 7.2 14:51 - 22.279 Review of Risks Highlighted within the Board meeting

7.3 14:53 - 22.280 Summary of Private Board Business

Consent item

Summary of Private Board Business.docx

7.4 14:53 - 22.281 Date of Next Meeting – 26 January 2023

7.5 14:53 - 22.282 Exclusion of Press and Public

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

Betsi Cadwaladr University Health Board (BCUHB)
Draft minutes of the Health Board meeting held in Public
on 29 September 2022 at Venue Cymru, Llandudno

Board Members Present:

Name	Title
Mark Polin	Chairman
Lucy Reid	Vice Chair
Nichola Callow	Independent Member
Cllr Cheryl Carlisle	Independent Member
John Cunliffe	Independent Member
Gareth Evans	Acting Executive Director of Therapies and Health Sciences
John Gallanders	Independent Member
Gill Harris	Deputy CEO and Executive Director of Integrated Healthcare
Jacqueline Hughes	Independent Member
Cllr Medwyn Hughes	Independent Member
Dr Nick Lyons	Executive Medical Director
Molly Marcu	Board Secretary (Interim)
Richard Micklewright	Independent Member
Teresa Owen	Executive Director of Public Health
Fôn Roberts	Associate Independent Member
Chris Stockport	Executive Director Transformation, Strategic Planning and Commissioning
Linda Tomos	Independent Member
Angela Wood	Executive Director of Nursing and Midwifery
Jane Wild	Associate Independent Member

In Attendance:

Lowri Gwyn	For Translation
David Seabrooke	Interim Assistant Director of Corporate Governance
Cllr M Parry	Stakeholder Reference Group
Matthew Joyes	Acting Associate Director of Quality, Patient Safety and Experience (for Patient Story)
Phil Orwin	Interim Director of Regional Delivery
Dylan Roberts	Chief Digital information Officer
Helen Stevens-Jones	Director of Partnerships and Stakeholder Engagement
Rod Taylor	Director of Estates
Claire Wilkinson	Deputy Director of Workforce and Organisational Development
Tim Woodhead	Director of Operational Finance

Richard Hayward	Head of Partnerships, Intelligence and Methodology - Healthcare Inspectorate Wales
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Agenda Item	Action
22/199 OPENING BUSINESS	
<p>22/200 Welcome and Apologies</p> <p>The Chairman reminded the Board that they were welcome to make their contributions in either Welsh or English.</p> <p>22/200.1 Apologies were received from:</p> <p>Sue Green, Executive Director of Workforce and Organisational Development Sue Hill, Executive Director of Finance Jo Whitehead, Chief Executive John Cunliffe, Independent Member Adrian Thomas, Executive Director of Therapies and Health Sciences Clare Budden, Chair of Stakeholder Reference Group</p>	
<p>22/201 Declarations of Interest</p> <p>22/201.1 There were no declarations to note.</p>	
<p>22/202 Draft Minutes of the Health Board meeting held on 4 August and 24 August</p> <p>22/202.1 The draft minutes of the Health Board held on 4 and 24 August 2022 were received and agreed as an accurate record, subject to the following:</p> <p>22/202.2 Inclusion of Linda Tomos as present at 4 August meeting and as an apology for 24 August.</p>	
<p>22/203 Matters Arising and Summary Action Log</p> <p>22/203.1 The Board reviewed the action log. The following points were highlighted:</p> <p>Item 17 – Chairman had discussed with the Chief Executive the transition in the context of the new Operating Model and reminded the Executive of the need to continue to keep Board informed of progress with the Model's implementation</p> <p>Item 3 – noted that work continued on board development</p> <p>Item 21 – noted that prioritisation work was continuing</p>	
22/204 Patient Story – Coronary Advanced Nurse Practitioner	

<p>22/204.1 The Executive Director of Nursing and Midwifery introduced the patient story, which was then presented by the Acting Associate Director of Quality, Patient Safety and Experience.</p> <p>22/204.2 The story featured the work and role of an advanced nurse practitioner for cardiac who was attached to a GP surgery and the story gave an account of the benefits and reassurance that regular consultations with the advanced nurse practitioner were bringing them.</p> <p>22/204.3 It was noted that the clinical services strategy approved by the Board had an aim of bringing care closer to home for patients. It was noted that the video was used in an educational role.</p> <p>22/204.4 Members of the Board were encouraged to see opportunities for patients to access healthcare other than through a direct consultation with a GP. The Chair noted that the surgery highlighted, Rysseldene, had recently merged as a managed practice with Rhoslan and requested that an impact assessment return to the relevant Committee given concerns raised by local politicians.</p> <p>22/204.5 The Board noted and received the patient story.</p>	GH
<p>22/205 Chairman's Assurance Report</p> <p>22/205.1 The Chairman reminded the Board that the Chief Executive had decided to retire, as previously announced. He had no matters to report that were not covered elsewhere on the agenda</p> <p>22/205.2 The Board noted and received the Chairman's report.</p>	
<p>22/206 Chief Executive's Report</p> <p>22/206.1 The Board received the report of the Chief Executive. The report highlighted the. First meeting of the Health Board leadership team in the next few days.</p> <p>22/206.2 The Board noted the report of the Chief Executive.</p>	
<p>22/207 STRATEGY AND PLANNING</p>	
<p>22/208 Partnership Engagement and Communications Strategy</p> <p>22/208.1 The Board received the draft strategy, setting out a strategic approach for partnership engagement and communications for approval. The Chairman invited the Director of Partnerships and Stakeholder Engagement to introduce the report on behalf of the Chief Executive.</p>	

<p>22/208.2 The context and background of the strategy was described to the Board and the delivery plan accompanying the papers was highlighted. The strategy enabled better joined-up working of previously separate teams, including the charity and colleagues working across the organisation. It had been devised in line with the new operating model. The development of the strategy had been carried out in conjunction with partners and stakeholders and had been previously discussed by the Stakeholder Reference Group, Partnerships, People and Population Health Committee and with the Community Health Council.</p> <p>22/208.3 In response to Independent Members' questions, the Director of Partnerships, Communication and Engagement agreed that a six monthly review of the strategy would be carried out by the PPPH Committee and then go to Board. It was noted that there were no financial Implications directly associated with the Implementation of the report.</p> <p>22/208.4 The Chairman said that there was a need to improve the communications around the activities of the Board itself, including its decisions and activities such as visits It was agreed that this would be incorporated within the communications and engagement plan.</p> <p>22/208.5 There was a reminder given for Board members to attend the Staff Awards taking place on 21 October 2022.</p> <p>22/208.6 The Board approved the Strategy.</p>	
<p>22.209 - Decarbonisation Plan</p> <p>22.209.1 The Board received a report from the Executive Director of Finance setting out the Health Board's commitment to reducing its environmental impact and promoting sustainable healthcare, enabling the NHS to deliver excellent patient care now and in the future. The Chairman invited the Director of Estates to introduce the item in the absence of the Executive Director of Finance.</p> <p>22.209.2 The plan had been developed in keeping with the NHS Wales Decarbonisation Strategy Delivery Plan in partnership with the Carbon Trust. It set out the strategic direction of travel for the next five years and summarised the decarbonisation actions that will be implemented in the next two years to reduce carbon emissions across all greenhouse gas and emissions scopes.</p> <p>22.209.3 Work was split evenly among land and property, procurement and transport. The strategy had been reviewed by the PPPH Committee. The Chair of the PPPH Committee had welcomed the ambition shown in the draft strategy and recognised the challenges around capital expenditure.</p> <p>22.209.4 Where possible, external funding would be obtained to support capital improvements such as improving glazing. In order to save against the capital investment the Programme Board was discussing the further installation of LED lighting. A number of sources of funding were available.</p>	

<p>22.209.5 The contribution made by the Green Group was recognised. The strategy was further endorsed by the Director of Public Health as it would support the public's well-being.</p> <p>22.209.6 It was noted that other health boards were entering into an Energy Performance Contract and this would be discussed further at PPPH Committee.</p> <p>22.209.7 It was noted that the IMTP would need to take account of the strategy and its ambitions.</p> <p>22.209.8 It was agreed that a further update should come to the Board in early 2023.</p> <p>22.209.9 The Board approved the strategy noting that the action plan had been endorsed at the previous PPPH Committee.</p>	SH
<p>22.210 - QUALITY, SAFETY AND SIGNIFICANT REPORTING</p>	
<p>22.211 Planned Care Assurance Report</p> <p>22.211.1 The Board received a report from the Deputy Chief Executive/ Executive Director of Integrated Clinical Services seeking to provide assurance to the Board in terms of progress of the planned care programme in line with the Welsh Government's programme to modernise these services and decrease waiting lists.</p> <p>22.211.2 The Chairman invited the Interim Director of Regional Delivery to introduce the report. It was noted that the Welsh Government had set out targets to eliminate 104 week waits by 31st March 2023. In response, the Health Board was utilising theatre sessions and external providers for some services. Some patients were being transferred. There has been engagement with the (Getting It Right The First Time) GIRFT process. Work continued to plan through Covid demand, so at this stage only partial assurance could be offered.</p> <p>22.211.3 A planned care strategy was under development, aiming to close the gap between demand and capacity. It was noted that reports were expected from earlier GIRFT activity in relation to Ophthalmology and Neurology in January. Orthopaedics was deemed high risk and high opportunity. The Chairman reminded the Board that the Health Minister had had to apologise for the organisation's long waiting times.</p> <p>22.211.4 The Deputy Chief Executive stated that it was not possible at this stage to state when the Health Board would be back on track for clearing patient backlogs. A further report would be brought in November or December for the areas described in the report and further analysis in January/February of long waiting patients. The Health Board was bringing in additional capacity and clinicians were clear about the prioritisation of patients. Work was also ongoing in relation to the development of a planned care strategy, with an initial version of the document anticipated in December 2022.</p>	PO

<p>22.211.5 The plan for additional capacity at Abergele was continuing although issues with infrastructure continued to be worked through.</p> <p>22.211.6 The Board noted and received the Planned Care Assurance Report</p>	
<p>22.212 - Patient Safety Report</p> <p>22.212.1 The Board received the patient safety report from the Executive Director of Nursing & Midwifery providing information and analysis on significant quality and patient safety issues arising during the prior two month period, alongside longer-term trend data, and information on the improvements underway. There was also narrative on the Health and Safety Executive (HSE) Enforcement Action.</p> <p>22.212.2 Themes identified from national reporting were:</p> <ul style="list-style-type: none"> • Recognition and escalation of deteriorating patients • Falls • Healthcare acquired pressure ulcers (HAPU) • Surgical safety - NRIS had reduced <p>22.212.3 The Chairman highlighted some concerns raised from the Quality Safety & Experience (QSE) Committee noting that the Executive Director of Nursing & Midwifery had only recently taken up post but the Board needed to be assured that concerns being articulated are responded to and the loop is closed for Board to be assured that QSE and the Executive are satisfied. In response to the Chairman the Executive Director of Nursing & Midwifery informed the meeting that she was, following discussions with the Chair of QSE, reviewing the range of reports going to the Quality Safety & Experience (QSE) Committee and developing an improved learning framework following on from investigations and complaints, backed by an audit programme, and improvement frameworks which would be evidenced based. Learning from investigations and safety bulletins should be able to demonstrate a sustained improvement across the organisation. In relation to the QSE Chair's escalation report, the Executive Director of Nursing & Midwifery acknowledged, along with her Executive colleagues, the points made and undertook to respond to the points made and give assurance going forward.</p> <p>22.212.4 The Executive Medical Director agreed with the Executive Director of Nursing & Midwifery and added that the building blocks needed to be in place for escalation and reporting and triangulation across sectors with a focus on outcomes for patients. It was acknowledged there needed to be more focus on outcomes and embedded learning across all areas of the Health Board be it Community, Primary or Secondary and it was highlighted that a fresh approach to this had been received at the Executive Team meeting.</p> <p>22.212.5 The Chair queried when the Chair of QSE could receive a response on the points raised. Clarity was given that the discussions the Chairman was referring to were about the queries raised in relation to this Patient Safety Report rather than the QSE Chair's Assurance Report. The Executive Director of Nursing & Midwifery advised that she would respond to those concerns by Friday 30 September.</p>	<p>AW</p>

22.212.6 Following a query from the Vice Chair, the Director of Quality clarified that there was a correction to page 6 of the report – the sentence regarding unexpected deaths should read “known to Mental Health”.

22.212.7 The Chair of the QSE Committee queried how all the groups and teams working on improvement would make a difference to patients. The Executive Director of Nursing & Midwifery highlighted the work around inpatient falls as an example.

22.212.8 The Deputy CEO and Executive Director of Integrated Healthcare highlighted that the Health Board was developing a quality strategy and dashboard with the aim of predicting and proactively mitigating patient safety risks, and that the developments planned in relation to improving the use of electronic information would support this.

22.212.9 The Vice Chair/Chair of QSE highlighted the impending action by the Health & Safety Executive in relation to the Hergest Unit and the Notice of Contravention, advising that the QSE Committee had received the MHLdH action plan in relation to this, she queried what assurance the Board could receive that the action plan and other actions including the task group would resolve the issues, given that the Board had been in the same position previously and improvements were now needed.

22.212.10 The Executive Director for Public Health advised that the work on the action plan had moved forward since being presented at QSE, by using learning from the work taking place at YGC, moving into a dials and cogs approach and to ensure ownership by the staff involved in delivering the changes. A chronological timeline was also being finalised and would be shared with colleagues as discussed in prior meetings.

22.212.11 Work continued to address backlogs in reporting incidents and complaints. The 75% target for a 30-day response rate was not achieved by the Health Board (actual performance was an average of 36.05%). The position deteriorated over the winter period and is slowly recovering. At the end of July 2022, 441 complaints were overdue.

22.212.12 The Patient and Carer Experience Team are focusing on improving the backlog position. A recovery plan has been developed and the intention is to address the position by the end of the financial year, however the potential for continued or greater pressure on service creates a risk to successful achievement of this plan.

22.212.13 The common themes within complaints were consent, confidentiality and communication, as well as access to appointments, admission, transfer and discharge. This information is shared with services to support local improvement.

22.212.14 The Executive Director of Nursing & Midwifery reported that there was one safety alert currently outstanding.

<p>22.212.15 The Chair requested that the Chair of QSE and the Executive Director of Nursing and Midwifery review the report and work together to get to a stage where they agree and are assured by the content of the report.</p> <p>22.212.16 The Chair noted that the delay in complaints handling was increasing and requested that the Executive Director of Nursing and Midwifery returned to the Board with plans of how this would be addressed</p> <p>22.212.16 The Board noted and received the Patient Safety Report.</p>	<p>LW/AW</p> <p>AW</p>
<p>22.213 - Vascular Report</p> <p>22.213.1 The Board received a report from the Executive Medical Director updating on progress to secure the ongoing sustainability of vascular surgical services. The Executive Medical Director emphasised that the Health Board remained committed to delivering a safe and sustainable vascular service.</p> <p>22.213.2 The requirement for dual consultant operating has meant a rota that was unsustainable, but contingency support was in place. A Vascular Improvement Plan was in place and there continued to be support from English trusts where necessary. A Health Inspectorate Wales visit was expected in November.</p> <p>22.213.3 The Board noted the actions taken following the escalation of concerns to make the service safe, remain in place, as well as continuation of the current contingency planning through the EPRR framework.</p> <p>22.213.4 The Executive Medical Director reported that an incident previously described as a never event had now been downgraded, and that a sustainability assessment has been commissioned.</p> <p>22.213.5 The Board noted and received the Vascular Report.</p>	
<p>22.214 - Welsh Government Quality & Safety, Learning and Improvement Framework</p> <p>22.214.1 The Board received a report from the Executive Director of Nursing and Midwifery setting out the Welsh Government quality and safety framework, which was a key foundation to the ongoing development and implementation of the Health Board's own Quality Strategy.</p> <p>22.214.2 The Board noted the report.</p>	
<p>22.215 - North Wales Market Stability Report 2022</p>	

<p>22.215.1 The Board received a report presenting the final draft of the regional Market Stability Report (MSR) produced by the North Wales Regional Partnership Board. The report had been discussed with Local Authorities and presented to PPPH Committee. It would be submitted to Welsh Government in November.</p> <p>22.215.2 The Board approved the final draft of the Regional Market Stability Report.</p>	
<p>22.216 - Healthcare Inspectorate Wales Annual Report 2021/22</p> <p>22.216.1 The Chairman welcomed Richard Hayward, Head of Partnerships, Intelligence and Methodology from Healthcare Inspectorate Wales and the Board received the presentation slides.</p> <p>22.216.2 As the Health Board's Relationship Manager, Richard Hayward described the approach of Health improvement Wales and that its annual report had recently been published. He highlighted areas of good practice at BCUHB, including that quality was embedded, there was proactive sharing and good engagement with senior managers. Areas for improvement include record keeping and staffing, infection prevention and control and concerns about staff well-being in the emergency department.</p> <p>22.216.3 Future priorities for Health Inspectorate Wales would include patients moving between services.</p> <p>22.216.4 The Deputy Chief Executive thanked the Health Inspectorate Wales for its continuing work with staff at YGC.</p> <p>22.216.5 The Board noted and received the 2021/22 Health Inspectorate Wales Report</p>	
<p>22/217 Mental Health Act 1983 (as amended by the Mental Health Act 2007)</p> <p>22/217.1 The report from the Executive Medical Director detailed an update of the Register of Approved Clinicians (All Wales) and Update of Register of Section 12(2) Approved Doctors for Wales for 29 June to 24 August 2022.</p> <p>22/217.2 The Board ratified the updates for this period.</p>	
<p>22.218 – GOVERNANCE</p>	
<p>22.219 - Targeted Intervention Report (TIF)</p> <p>22.219.1 The Board received a report providing assurance that the TIF Process is further reflecting good practice since the last report in August 2022. The report set out the processes for handling the TIF between now and the Board agenda item in November 2022 when the Board will receive a report that recommends a TIF "self-assessment" position.</p>	

<p>22.219.2 There were a number of improvement recommendations in the August report that have now been implemented and will strengthen the programme going forward and enable us to provide evidence that there has been an impact on agreed TIIF outcomes. Workstreams covered mental health, strategy and planning, performance, leadership, engagement and a focus on the emergency department and vascular service at Ysbyty Glan Clwyd.</p> <p>22.219.3 The Board noted and received the Targeted Intervention Report.</p>	
<p>22/220 Committee and Advisory Group Chair's Assurance Reports</p> <p>22/220.1 The Board received reports and escalations from the following meetings:</p> <p>Cabinet (Mark Polin) Audit Committee (Medwyn Hughes) Quality, Safety & Experience Committee (Lucy Reid) Performance, Finance & Information Governance Committee (John Cunliffe) Mental Health & Capacity Compliance Committee (Lucy Reid) Stakeholder Reference Group (Clare Budden) Healthcare Professionals Forum (Gareth Evans) Local Partnership Forum (Sue Green)</p> <p>22/220.2 The item for Partnerships, People and Population Health Committee was withdrawn as the report had not been finalised due to the timing of the meeting.</p> <p>22/220.3 The Chairman invited the leads from these meetings to highlight any significant issues/concerns to the Board:</p> <p>22.221 - Cabinet Report</p> <p>22.221.1 The report from the Cabinet encompassed 5 meetings that had taken place in July and August 2022. The principal themes related to vascular targeted intervention and Make It Safe actions (paediatrics).</p> <p>22.222 - Audit Committee</p> <p>22.222.1 In addition to the ongoing discussions about the 2021/22 Financial statements the Committee was concerned about the number of limited assurance reports. The Chairman of the Committee also highlighted the financial controls review that would be reported to the next meeting of the Committee.</p> <p>22.223 - Quality, Safety and Experience Committee (QSE)</p> <p>22.223.1 The objective of the Committee was to provide the Board with assurance over the quality and safety of services across the Health Board and that patient experience is at the heart of service development. The QSE Chair noted that the Committee could not provide any such assurance to the Board at the moment, as this had not been received during its meeting.</p>	

<p>22.223.2 It was noted that the recurring themes and ongoing failure to evidence learning was unacceptable. The Committee was therefore escalating these concerns to the Board and have asked specifically for the Executive Team to provide a response on how this is going to be addressed to be able to evidence improvements in patient safety and harm.</p> <p>22.223.3 The Chairman stated that there needed to be a plan from the Executive Team to address the concerns described, that the Committee was now escalating. The Executive Director of Nursing and Midwifery responded that the Executive would identify an enhanced approach to providing updates including a learning framework and cascading approach. The Executive Medical Director supported the approach. Deputy CEO/Executive Director of Integrated Clinical Services highlighted the new operating model and systems would begin to deliver improvements as well as the incoming three lines of defence approach. It was emphasised that the Health Board needed to focus on improving patient outcomes.</p> <p>22.223.4 The Chairman concluded that the Chair of the Committee and the Executive Director of Nursing and Midwifery should meet and find a more robust way of receiving assurance at the Committee while looking at the priorities. He also suggested that the Committee undertake a deep dive exercise similarly to the one that PPPH had done recently utilising the methodology prepared for this.</p> <p>22.224 - Performance, Finance and Information Governance Committee</p> <p>22.224.1 On behalf of the Chair of the Committee, Independent Member Richard Micklewright highlighted the Committee's concern about the Health Board being able to live within its means, for example controlling agency spend.</p> <p>22.225 - Stakeholder Reference Group (SRG)</p> <p>22.225.1 The Chairman invited Councillor Mike Parry, who was attending Board on behalf of the Chair of the Stakeholder Reference Group to address the report. The SRG had discussed the communications and engagement strategy. It had held an away day and discussed concerns about attendance on the part of some local authorities. The. Group had been unable to identify concrete examples of issues that they had directly influenced.</p> <p>22.225.2 The Chairman confirmed that he would attend the next meeting of SRG</p> <p>22.227 - Healthcare Professionals Forum</p> <p>22.227.1 The Board received the report of the meeting of the Healthcare Professionals Forum held on 22 September 2022.</p> <p>22.228 - Mental Health Capacity and Compliance Committee</p>	<p>AW</p> <p>LR/AW</p>
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<p>22.228.1 The Board received the report of the meeting of the MHCC Committee held on 29 July 2022. It was noted that the 92 risks mentioned in the report did not relate specifically to mental health matters.</p> <p>22.229 - Local Partnership Forum</p> <p>22.229.1 The Board received the report of the meeting of the. Local Partnership Forum held on 19 July 2022.</p> <p>22.230 - Targeted Intervention Steering Group</p> <p>22.230.1 The Board received the report of the Targeted Intervention Improvement Framework Steering Group held on 22 August 2022.</p>	
<p>22.232 PERFORMANCE AND DELIVERY</p>	
<p>22.233 - Finance Report - Month 5</p> <p>22.233.1 The Board received the Finance Report for month 5 from the Operational Finance Director. The report stated that the cumulative position for the year was a deficit against plan of £2.7 million. The deficit was forecast to be recovered by month 10. Savings delivered year to date was £6.5 million against a planned £7.5 million. Non-recurrent savings were £2.4 million against a forecast of £14.4 million which is £20.6m behind the £35 million planned for the year.</p> <p>22.233.2 It was noted that Health Boards had been advised by WG to anticipate that additional funding for increased energy costs would be provided. The Health Board's financial plan for 2022/23 was to deliver a balanced position, which includes the £82.0m strategic support funding from Welsh Government (£30.0m Performance Fund, £12m Transformation Fund and £40.0m Strategic support). The Health Board has been requested to reflect the £42m as non-recurrent, which would revise the underlying carried forward deficit to £82m. The Health Board will continue discussions with NHS Wales Executive Team.</p> <p>22.233.3 The Performance Finance and Information Governance Committee would be looking more closely at the month six forecast in October. At this stage there was concern, based on the savings plans and their delivery so far, that balance was an attainable position.</p> <p>22.233.4 The Finance Department was reviewing reserves and slippage on transformation schemes for example, if a scheme was delayed. It was accepted that the Health Board's position was challenging at this stage. A further £20 million of savings was required to be found in the remainder of the year. Any shortfall in recurring savings would be added to the requirement for 2023/2024.</p> <p>22.233.5 The Chair queried the data with regards savings and it was clarified that the Health Board was behind with regards to savings and that it was forecasting to be much further behind. The Chair stated that he felt that it would not be possible to break even given the opportunities described within the report around both delaying £12.9m worth of IMTP schemes and recruitment into posts. He</p>	

<p>requested that the finance team review the opportunities. The Director of Operational Finance noted that a much more detailed piece of work needed to be undertaken to include additional mitigations. The Chair advised that the matter of expenditure and savings was being escalated nationally with other Health Boards to Welsh Government. The Board Secretary noted that the PFIG Committee would be reviewing a break even risk at its next meeting and would feedback to Board. It was noted that the dialogue around the £82m needed to be a joined up conversation with the Board.</p> <p>22.233.6 An Independent Member raised a query around transactional versus reoccurring funding. The Director of Operational Finance clarified that any recurrent savings of the £35m not achieved would be carried forward to the following year and added to the savings required.</p> <p>22.233.7 An Independent Member queried much we spend per annum on transport and how much money is received through Section 106. It was noted that the transport budget was £8m. The Director of Operational Finance advised that no Section 106 money had been received and the Chair asked that this matter be discussed outside the meeting.</p> <p>22.233.8 The Board noted the report.</p>	TW
<p>22.234 - Integrated Quality & Performance Report</p> <p>22.234.1 The Board received the Integrated Quality Performance Report from the Acting Executive Director of Finance.</p> <p>22.234.2 It was acknowledged that sepsis was an important indicator and that further information would be brought back on this subject.</p> <p>22.234.3 It was also noted that there was a piece of work ongoing to address levels of sickness.</p> <p>22.234.4 The Board noted and received the Integrated Quality & Performance Report.</p>	
COMMUNICATION AND ENGAGEMENT	
<p>22.236 - Welsh Language Annual Monitoring Report</p> <p>22.236.1 The Board received the report as a consent item from the Executive Director of Public Health addressing the duty of the Health Board to provide an annual account of the compliance with the Welsh language standards to the Welsh language Commissioner.</p> <p>The Board noted and received Welsh Language Annual Monitoring Report.</p>	
22.237 - Safeguarding Annual Report	

<p>22.237.1 The Board received the Safeguarding and Public Protection Report 2021-2022 as a consent item providing insurance against performance and compliance in respect of safeguarding legislation and best practice.</p> <p>22.237.2 In relation to adults and children and young people, it was noted that the Health Board had achieved full compliance with the quality audit. Based on the safeguarding maturity matrix and in line with the national picture, the impact of new legislation and COVID-19 had brought about a significant rise in the level of activity and complexity experienced through the year.</p> <p>22.237.3 The Board noted and received the 2021/22 Safeguarding Annual Report.</p>	
<p>22.238 CLOSING BUSINESS</p>	
<p>22/164.1 Review of Risks Highlighted within the Meeting</p> <p>22/164.2 There were no new risks highlighted within the meeting.</p>	
<p>22/165 Summary of Private Board Business to be reported in Public</p> <p>22/165.1 The Health Board considered the following matters in private session on 4 August 2022:</p> <ul style="list-style-type: none"> • Corporate Risk Register Report • Good Governance Institute review of vascular services • North Wales Vascular Service Update <p>22/165.2 The Health Board considered the following matters in private session on 24 August 2022:</p> <ul style="list-style-type: none"> • Financial Accounts 2021/22 • End of Year Reporting 2021/22 • Audit Wales Audit Report on the Financial Statements 2021/22 <p>22/165.3 The Board noted the report.</p>	
<p>22/166 Date of Next Board Meeting</p> <ul style="list-style-type: none"> • 24 November 2022 	



Betsi Cadwaladr University Health Board (BCUHB)

Draft minutes of the Annual General Meeting held in public on 29th September 2022 at Venue Cymru, Llandudno

Present:

Mark Polin	Chair
Molly Marcu	Board Secretary
Nicky Callow	Independent Member - University
Cheryl Carlisle	Independent Member
Richard Micklewright	Independent Member
Gareth Evans	Associate Member ~ Director of Social Services
	Chair of Healthcare Professionals Forum
Gill Harris	Deputy CEO
Jackie Hughes	Associate Independent Member
Medwyn Hughes	Independent Member
John Gallanders	Independent Member
Teresa Owen	Executive Director of Public Health
Lucy Reid	Vice Chair
Chris Stockport	Executive Director Transformation, Strategic Planning, And Commissioning
Linda Tomos	Independent Member
Fon Roberts	Associate Independent Member
Jane Wild	Chair of Health Care Professionals Forum
Angela Wood	Executive Director of Nursing & Midwifery
Nick Lyons	Executive Medical Director

In Attendance:

David Seabrooke	Interim Director of Corporate Affairs (<i>for minutes</i>)
Philip Orwin	Interim Director of Regional Delivery
Helen Stevens-Jones	Director of Partnerships, Communications and Engagement
Matthew Edwards	Audit Wales
Dylan Roberts	Chief Digital and Information Officer
Claire Wilkinson	Deputy Director - Operational Workforce

Agenda Item Discussed

A22.1 Welcome and Introduction

A22.1.1 The Chair welcomed all attendees to the Annual General Meeting of the Health Board.

A22.1.2 Apologies had been received from Jo Whitehead, Sue Green, John Cunliffe and Sue Hill.

A22.2 Annual Report and Accounts 2021/22

A22.2.1 Annual Report 2021/22

A22.2.1.1 The Deputy Chief Executive presented slides reviewing 2021/22

A22.2.1.2 She acknowledged the continuing commitment and dedication shown by staff during the pandemic. She commended the vaccination programme which had successfully been delivered as a result of excellent partnership working.

Referral to treatment times and waiting lists remained a challenge; the organisation had increased capacity to address this.

Quality performance had included work to better understand patient feedback through engagement, patient stories and 100 Experience champions. Other points highlighted:

- Urology - improvement plan being implemented representatives. Royal College of Surgeons Review commissioned.
- Falls and Pressure Ulcers– remains our highest incidents of harm: Policies have been updated and an improvement project refined with strategic oversight
- Patient Safety Programme – overarching programme being developed

On concerns around the vascular service, she highlighted:

- Rapid response to Royal College findings
- Improvement plan and oversight group in place
- Clinical support to MDT working from RLUHT
- Quality/harm review panel with independent chair established with ongoing feedback
- Close oversight via the Executive Medical Director with regular Board review and Ministerial updates

In the year ahead, there were challenges on recruitment and retention to address. Establishment of the network of Urgent Primary Care Centres. Other initiatives included

- Transformation of services to improve access and create capacity
- Continue improvement activity across mental health services for children and adults
- Commence the design and development the first of our planned Regional Treatment Centres
- Primary care academy – continued development and the implementation of a recruitment and retention strategy for primary care in north Wales.

A22.2.2 Annual Financial Accounts

A22.2.2.1 The Deputy Chief Executive reiterated the apologies previously given by the Chief Executive and the Executive Director of Finance for the failings in relation to the annual accounts.

A22.2.2.2 On behalf of the Executive Director of Finance, the Finance Director – Operational informed the meeting as follows:

The Health Board's financial duties were

- To break-even against allocations across three years
- Produce a three year IMTP (duty previously suspended during Covid)
- Close cash balances within guidelines (achieved)
- Meet the target for prompt payment of invoices (achieved)

The Health Board did not achieve the first duty as there was an overspend in 2019/20 of £38m. It had missed the 15 June deadline for submitting the accounts for which he apologised, although this was recognised by Audit Wales as an administrative deadline – the statutory deadline of 28 August had been met. The Health Board has put in place an action plan to deliver the recommendations detailed in the Audit Wales Audit of Accounts report.

There had been a growth in agency spend of £48.7m. Capital expenditure was £46m.

A22.2.2.3 The Chairman invited Matthew Edwards from Audit Wales to comment on the audit position. The Health Board had received a qualified opinion on its accounts. The auditor had issued a limitation of scope on the true and fair judgement as there was not sufficient evidence to conclude this.

The Auditor General had recommended that the Health Board:

1. undertakes a review to understand why these issues occurred and to strengthen its controls accordingly
2. undertakes a comprehensive exercise to identify, and correct for, the errors in its accounting records
3. identifies the corrections it needs to make to ensure that its 2022-23 accounts give a true and fair view

A22.2.2.4 The Chairman confirmed that an independent review had been commissioned and that the Health Board was taking these recommendations very seriously.

A22.3 Public Questions

A22.3.1 The Chair stated that advance questions had been invited from members of the public, which would also be responded to in writing as detailed in the Schedule to the minutes.

A22.4 Concluding Remarks

A22.4.1 The Chair extended his thanks to everyone involved in today's meeting for their work and the delivery of the presentations to the AGM.

Schedule – Public questions and responses (A22.3)

2022 - AGM QUESTIONS

Question	From	Answer	From
<p>Questions for AGM</p> <p>1 What is the Health Board doing to ensuring safe staffing across all clinical teams especially those without coverage within section 25b of the Wales staffing levels act?</p>	Royal College of Nursing	<p>1 What is the Health Board doing to ensuring safe staffing across all clinical teams especially those without coverage within section 25b of the Wales staffing levels act?</p> <p>Lead – Director of Nursing and Midwifery</p> <p>Summary Response for AGM – Ensuring safe and appropriate staffing levels is a key component of patient safety, quality and staff experience. Across the Health Board we have established systems (twice daily safety huddles and the use of Safe care) to track and monitor staffing levels and ensure that staff are deployed in a manner that reflects patient acuity on a shift by shift basis, taking into consideration staff skills and knowledge .</p> <p>Central to this is the requirement to recruit and retain sufficient staff. We have adopted a number of approaches to optimising staff availability including a fast track approach to national recruitment and international recruitment. Available staffing is maximised through voluntary additional hours for substantive staff and flexible use of our temporary workforce.</p> <p>For areas which are covered by the Act we report to our Board twice a year our achievement against the staffing standards. For areas not covered by section 25b we utilise the same or comparable assessment methodology to identify with triangulation of harm data and professional judgement the required staffing levels. These areas will be reported to Board and scheduled in yearly cycle going forward.</p> <p>.</p>	

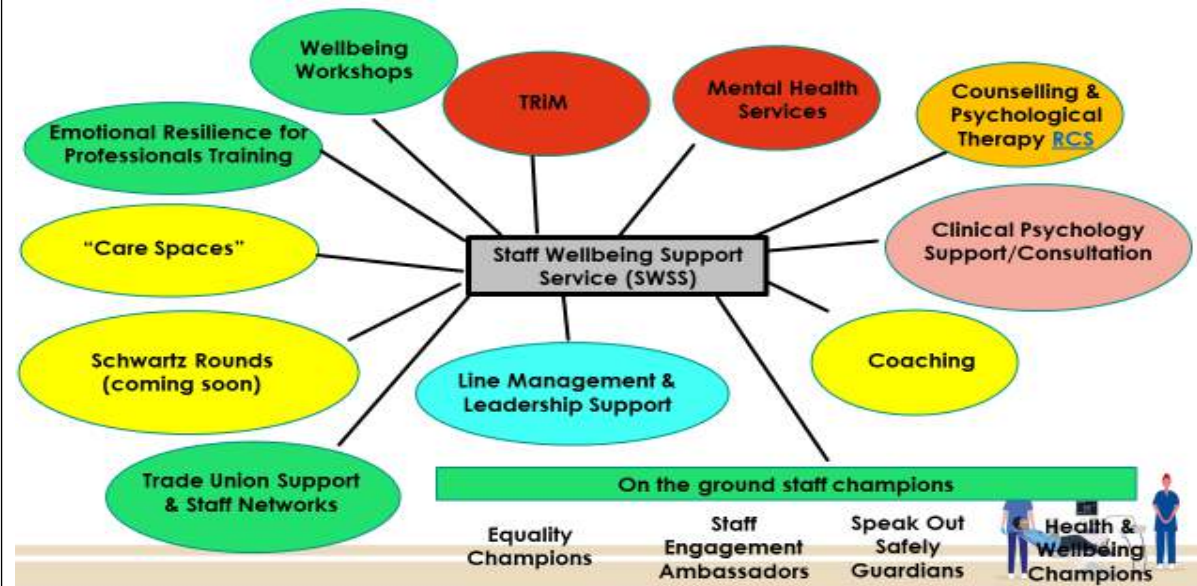
<p>2 In the knowledge that there has been a downturn in the recruitment and retention of the nursing workforce what strategies are the Health Board putting in place to both mitigate for the short fall and plan for the workforce in the future?</p>		<p>2 What contingencies are there to reprioritise services should current Covid-19 pressures continue to increase?</p> <p>Lead – Director of Integrated Clinical Services</p> <p>Summary response for AGM</p> <p>Our staff have shown tremendous resilience and flexibility in responding to the demands of the pandemic. Through its various phases we have gathered significant learning which will support any future response, including how to flex our services.</p> <p>In previous peaks we have received guidance from Welsh Government regarding prioritisation of services and we would expect this to be the case going forward. Locally our challenge is to ensure that we can deploy our staff safely and flexibly to meet the pandemic response requirements alongside other urgent and priority clinical services. We now have well rehearsed processes for escalation and rapid decision making which we can deploy rapidly in any future peak.</p> <p>Promoting and protecting the safety and wellbeing of our staff remains a priority. We have systems in place to respond to increased PPE needs, including fit testing as an example and our wellbeing services remain in place to respond to offer support to individual members of staff.</p> <p>Detailed supporting information</p> <p>For staffing in Covid-19 surge, twice weekly staff deployment meetings would take place with senior Nursing Leads, and the frequency would increase/decrease as required. These meetings would be based on live workforce data and patient acuity. Similarly, the principles of safe and effective movement of staff in/out of Covid-19 live areas would be re-inacted. This group would make deployment and reprioritisation decisions that are in line with the instruction from GOLD command.</p>	
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<p>3 Is staff welfare and wellbeing being supported as the Health Board continue to see exceptional demand on services whilst supporting the recovery plan?</p>		<p>In addition, to support the delivery of services:</p> <ul style="list-style-type: none"> • Implementation of business continuity plans • Ensure risks are escalated via daily sit reps and risk registers • Increasing fit testing within service areas such as mask type and supply dictates, supporting PPE steering groups • Undertake 72-hour reviews of outbreaks and report as appropriate to HSE under RIDDOR. • Work closely with colleagues within Infection Control to increase work on Covid secure environments and risk assessments to support vulnerable staff return to work. • Updating FAQs as government or HSE guidance changes to ensure that staff are suitably informed. • Modify training packages for V&A and manual handling to ensure training is undertaken in Covid secure environments and deliver security reviews along with additional security to provide advice and support to patients on mask wearing within the hospital or medical environment. • Support all staff through wellbeing services, with counselling etc <p>3 In the knowledge that there has been a downturn in the recruitment and retention of the nursing workforce what strategies are the Health Board putting in place to both mitigate for the short fall and plan for the workforce in the future?</p> <p>Lead – Director of Nursing and Midwifery</p> <p>Summary response for AGM</p> <p>The ongoing challenges in relation to nurse recruitment and retention are a cause of concern for us all and we have implemented actions both short and longer term to assist in maximising staffing. Changes to the flow of graduates such as in September this year, where there were only 20 compared to a typical intake of 140 have contributed</p>	
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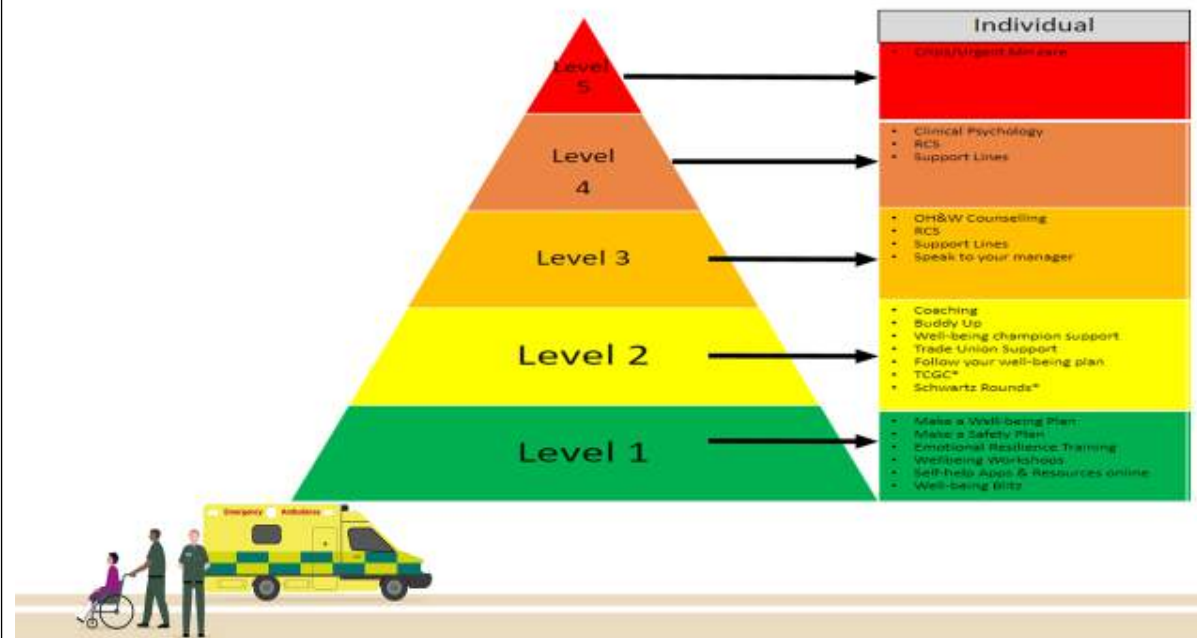
<p>4 Thematically staff raising concerns is an underlying topic of several recent adverse press reports, how is this being tackled to ensure staff feel safe to raise issues and are presented with safe arenas to do so?</p>		<p>significantly to recent rises in vacancies. More positively, a graduate cohort of 200+ is expected in March 2023 which will be a positive benefit.</p> <p>We have taken action to enhance recruitment through enhanced local campaigns, international channels and building our Healthcare Support Worker Graduate Scheme to provide a steady flow of “home grown talent”. Supporting and Investing in our current workforce and succession planning is key to our local plan . Supporting staff and understanding how they feel about their roles is also key. We have a retention project which is informed by feedback from staff in areas of high turnover. Preceptorship and pastoral arrangements have been strengthened to support newly qualified and appointed staff.</p> <p>Continuing to transform the skill mix of the workforce structure through new roles such as Band 4 Assistant Practitioners and Band 3 Progress Chasers will also assist in building towards a sustainable future workforce.</p> <p>On a strategic level we approved our People Strategy and Plan earlier this year which is focussed upon enhancing the experience and contribution of our staff, thereby enhancing attractiveness as an employer. A Nursing Workforce Strategy is also in development which will focus on professional development, retention and innovation.</p> <p>4 Question - Wellbeing interventions and support for Staff:</p> <p>Lead – Director of Workforce and OD</p> <p>Summary response for AGM</p> <p>The challenge of delivering services and progressing recovery is huge and it is critical that we support our staff through this process. The Health Board has in place a wide range of supports for staff through the Occupational Health and Wellbeing Service.</p> <p>A team of trained support advisors are available to give basic health and wellbeing advice on the phone during normal working hours. In addition, Betsinet has a number of pages dedicated to the service providing information on health and wellbeing. Recently new advice has been provided for staff members who wish to self-refer in to the service.</p>	
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		<p>In addition a Staff Wellbeing Support Service (SWSS) was launched in Dec 2021, sitting outside of Occupational Health, consisting of a team of clinical psychologists and support. A wide range of support and materials is available for staff to access through these routes.</p> <p>More recently the health and wellbeing team have been engaging with staff regarding financial wellbeing as a result of the impact of the financial crisis upon staff welfare, providing access to advice and support materials.</p> <p>Maintaining a focus on staff wellbeing and support is critical to our ability to deliver the services we need for the population of north wales and the Board will continue to prioritise this.</p> <p>Detailed supporting information</p> <p>BCUHB Have an established and competent Occupational Health and Wellbeing service, (OHWBS) being the only NHS Occupational Health service in Wales to have been accredited by the Royal College of Physicians, Faculty of Occupational Medicine, this service is provided for everyone regardless of job role, grade, gender, ethnicity, disability or religion.</p> <p>The service comprises three teams in East, West and Central with counselling support at each location, supported by physiotherapists in East and central with access to in house physio services in the West and in rural areas. The wellbeing side of the service is led by a band 8B Health and wellbeing co-ordinator who also manages the counselling provision</p> <p>A team of trained support advisors sit within the team to give basic health and wellbeing advice on the phone during normal working hours</p> <p>Betsinet has a number of pages dedicated to the service providing information on health and wellbeing. Recently new advice has been provided on Betsinet for staff members who wish to self-refer in to the service</p>	
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		<p>In addition a Staff Wellbeing Support Service (SWSS) was launched in Dec 2021, sitting outside of Occupational Health, consisting of a team of clinical psychologists and support with their own Betsinet Page: , this has had good traffic , with blogs & newsfeed items increasing the traffic, with over 13,000 hits from 3000 staff , This also provides the Health Matters Newsletter which can be printed for staff who don't access the internet</p> <p>Together both the OHWBS and SWSS have provided targeted support to areas where staff wellbeing has been of concern, providing extra counselling support and advice</p> <p>The health & wellbeing team are heavily involved in ongoing work around financial wellbeing and are supporting staff in collaboration with MaPS (Money & Pensions Service). There is also a Betsinet page with advice and support in the form of financial wellbeing updates and local discounts and benefits.</p> <p>The Service continue to deliver HSE Stress Management Standards workshops for managers at BCU to help raise awareness of support available and promote the use of the HSE standards to help manage stress in their teams. The Service provides MDT support for teams who approach us directly who have acknowledged their colleagues health and wellbeing is being impacted negatively due to exceptional demand and particular workplace issues and can tailor support based on the need of the team. Awareness of the Occupational Health service and SWSS and what they can offer teams in terms of support and tools and techniques to stay well are a continuous role for the team.</p> <p>The service have also identified a number of health and wellbeing champions from amongst staff all over the health board who are supported by the wellbeing team to support staff members as peers. The champions link with staff on the ground supporting staff, linking back to managers and escalating areas of concern so staff receive the best care and support timely.</p> <p>The SWSS (Staff Wellbeing Support Service) continues to support staff by providing a tiered approach of care which includes support from a self-care level via self-help materials and apps and support from health and wellbeing champions through to counselling support, clinical psychology provision and crisis pathways for urgent support. SWSS support is targeted thus;</p>	
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The Health board also provide access to RCS, an online EAP which sits outside of the health board and provides separate counselling and support service to all Betsi staff. All services utilise a tiered approach to support at different levels with a pathway having been developed for staff members in crises to ensure they gain appropriate support



The Occupational Health and Wellbeing team, along with the wider SWSS programme also provide bespoke support to staff and teams who require support on either an individual or group level. This can include support at team meetings, facilitating wellbeing discussions and planning and supporting the completion and implementation of stress risk assessments and wellness action plans.

Workshops on emotional wellbeing have been delivered to staff focussing on the management and support of Stress and anxiety, how to manage loss and grief and how to focus on elements of trauma and vicarious trauma. These workshops are delivered by the BCUHB counselling team and run throughout the year for all staff to book onto.

The Health and Wellbeing team are also working on various initiatives to support staff in the wider context of wellbeing, which includes a healthy food healthy staff programme, providing discounted healthy food at the acute canteen sites for staff to access. The programme also

<p>5 Thematically staff raising concerns is an underlying topic of several recent adverse press reports, how is this being tackled to ensure staff feel safe to raise issues and are presented with safe arenas to do so?</p>	<p>provides the details of the meals and instructions on how to make these meals at home for a family of 4 for less than £4. The programme has been widely received and feedback is very encouraging.</p> <p>Other initiatives include physical activity programmes, utilising work with the outdoor partnership programme encouraging staff to join in and attend various outdoor activities which, are funded to allow all staff to access the activities. This programme is aimed at increasing physical activity within the workforce and also supporting the green spaces initiative to make use of the outdoors across North Wales.</p> <p>The Health and Wellbeing programme is linked in with National groups which supports best practice and evidence based approaches to ensure that the work being implemented is supporting staff in the best way possible.</p> <p>5 Question - staff feeling safe to raise issues and are presented with safe arenas to do so:</p> <p>Lead – Director of Workforce and OD</p> <p>Summary response for AGM</p> <p>Ensuring that staff have a number of routes available to them to raise concerns is essential if we are to provide a safe, supportive working environment. Recognising that on occasions staff do not wish to, or do not feel able to use traditional routes to raise concerns, we have added a bespoke system Codi Llais yn Ddiogel/Speak Out Safely (SOS).</p> <p>SOS can be accessed via a number of routes; through web based conversations, email or telephone contact and through a network of SOS Guardians. The Guardians are members of BCU staff recruited to this role to offer support to colleagues based on their character, integrity and values. SOS is available on an anonymous basis if staff feel uncomfortable about identifying themselves.</p> <p>The SOS team provide regular reports on concerns raised and themes which are emerging to inform organisational learning and highlight where action is required.</p>	
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		<p>Detailed supporting information</p> <p>The Health Board has implemented an approach for staff needing to raise concerns when the usual routes for doing so (i.e. talking to a line manager, speaking to a Trade Union representative) have not led to a successful resolution of concerns. This approach implemented in July 2021 is Codi Llais yn Ddiogel/Speak Out Safely (SOS).</p> <p>SOS offers staff a number of different options for raising concerns in a safe and supported manner including:</p> <ul style="list-style-type: none"> • Via Work in Confidence – an independent, web-based platform that allows staff to raise concerns anonymously and engage in a 2 way conversation with a member of the SOS team around the concern they have • Via the SOS Multi-Disciplinary Team (comprising senior and experienced clinical and corporate staff, including a senior nursing representative) – directly or via Work in Confidence. Additionally, the MDT meet on a fortnightly basis to review how best to progress and where possible resolve concerns staff are raising • Via contact with one of our SOS Guardians (who are members of BCU staff recruited to the role based on their character, integrity and values) – staff can speak directly to a Guardian face to face, do so via Work in Confidence, or via email or via phone <p>Staff have the ability to choose to use SOS anonymously if that is preferred and all members of the SOS team approach concerns raised from the basis of our organisational values and the wider principles of compassionate leadership.</p> <p>Additionally the SOS team provide 6 monthly updates on the types of concerns arising in SOS as well as the learning from such to various Executive level committees, work in connection with Trade Union Partners to explore opportunities for shared learning and support of staff, and are part of an All Wales group looking at how systems similar to SOS can be implemented across the whole of Wales. Now that SOS has been properly established in the organisation and awareness of its value (through promotion as well as staff feedback) is established, further work is being undertaken to improve the team's ability to share organisational learning at all levels of the organisation so that SOS supports wider</p>	
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		<p>aspirations within the Health Board to be a just, restorative, inclusive and learning organisation.</p> <p>During recent adverse events as described above, SOS was offered as a safe and supportive route for staff looking to raise concerns and was utilised by staff accordingly.</p>	
<p>I have a question for Chair, Mark Polin at the Betsi AGM 29th September 2022, based on letter in Daily Post 25th August: NO SURPRISE BETSI STILL NOT CLINICALLY SUSTAINABLE</p> <p>'Joint Review of BCUHB Governance' by Health Inspectorate Wales and the Wales Audit Office June 2013, over 9 years ago!</p> <p>"Crucially, the way in which the Board operates needs to be improved in order to support more effective scrutiny and decision-making. In particular, the issue of papers late or on the day of the Board meeting should not be allowed to continue".</p>	Michael Joyce	<p>Lead - Chairman</p> <p>Mr Joyce - Thank you for your question, which covers a number of themes that arose in the Joint Review and also more recent developments.</p> <p>With regard to Board papers, as Chairman I have set clear expectations upon colleagues. The practice of presenting papers late or on the day has ceased. As a Board, we continue to challenge ourselves to ensure that ongoing improvement is sustained and that our papers are accessible, of high quality and focused upon the key business that the Board oversees..</p> <p>In terms of service strategy and sustainability, since the beginning of 2020 this Health Board, like all other NHS organisations and many beyond, has been absorbed by the need to respond to the pandemic. Our staff have done a fantastic job, rapidly changing the way services are delivered, demonstrating true innovation and immense resilience. At the beginning of this year, with pandemic pressures starting to reduce we turned our attention back to strategic matters and have demonstrated progress.</p> <p>With regard to our overall strategic direction and principles for our clinical services strategy, we are clear. We have refreshed our strategic direction through Living Healthier, Staying Well. This clearly articulates our ambition to improve population health and wellbeing as well as delivering excellent care. This has been well received by our partners.</p> <p>Earlier in the summer we approved our Clinical Services Strategy which sets out the principles upon which our services will be designed and delivered. This has been developed with input from our clinicians which is critical if we are to build a collective view of how sustainable services should be delivered in North Wales. These principles, along with the articulation of the overall shape of service provision are important foundations upon which to</p>	

<p>"In the absence of clear proposals for the future shape of acute services, the Health Board is having to deal with immediate concerns about the viability of medical rotas across three sites, and very real concern that the Health Board's current service model is neither clinically nor financially sustainable".</p> <p>Betsi Chair - in August 2022 - Integrated Medium Term Plan rejected; 2022/22 accounts investigated; clinical service strategy based on hospital avoidance and demedicalised care closer to home, with NO reconfiguration of failing hospital services; Betsi thrown into "tizz" by radical restructuring of management operating model.</p> <p>Why is anyone surprised that Betsi is still "neither</p>	<p>develop specific specialty or service responses.</p> <p>That work continues. We have commenced detailed reviews in a number of service areas such as stroke and urology from which more detailed plans will emerge during this year. I expect these plans to point to the need to change the way we deliver services. They will address the issues of safety, quality, accessibility and sustainability and will be the first of a series of such reviews that will shape the delivery of care in North Wales for years to come.</p> <p>The refresh of Living Healthier, Staying Well and the development of our Clinical Services Strategy are key underpinnings for our Integrated Medium Term Plan. As you rightly say this was not approved for 2022-25, principally due to the challenges we face in recovering access to planned care following the pandemic and delivering robust and timely unscheduled care. We are not alone in these challenges – they are national issues. We will, however demonstrate progress throughout the remainder of this year to ensure that our IMTP for 2023-26 can be approved.</p> <p>With regard to the Operating Model, this is about much more than management structures. As part of our Stronger Together programme we engaged with staff and stakeholders to ask them what would help make this organisation more effective. We are responding to that feedback, a critical part of which was the need to move decision making closer to the front line of service delivery and empower people to make change and improvement. The changes to our Operating Model are designed to achieve this. They are not an extensive management restructuring and whilst the changes will take a little while to bed in I don't think they have got our people "in a tizz". More local ownership of decisions, supported by stronger governance and accountability offers the potential for positive improvement across the Health Board.</p> <p>Finally, with regard to finances you will have heard earlier in the meeting our reflections on the audit criticisms we received and the steps we have taken to respond to these and so I don't propose to go over that ground again. With regard to sustainability and financial balance we have made positive strides, supported by the strategic assistance received from Welsh Government and I expect this to continue as we prepare our plans for the coming</p>	
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<p>clinically nor financially sustainable"?</p>		<p>years. There is clearly more to do and the Board are wholly committed to securing the changes required to deliver sustainability.</p>	
<p>Question for BCUHB AGM 2022</p> <p>15th September 2022</p> <p>Q1</p> <p>Patients of the Hanmer Surgery believe that since 2014 the attempts by their GP and the Patient Action Group to redevelop the surgery premises have been seriously mishandled by the Health Board East Area Team to the extent that the plan to:</p> <ul style="list-style-type: none"> • Provide improved access to a wider range of services closer to home; • Create an efficient environment for his NHS staff and a better environment for patients; • Improve the quality of the environment in which our primary care is provided. <p>is now seriously jeopardised by the lack of</p>	<p>Philip Jones</p> <p>For and on behalf of the Hanmer Surgery Patient Action Group</p>	<ul style="list-style-type: none"> • Specialised Estates are currently reviewing the previous draft business case • An additional resource has been commissioned within the East Area Team specifically to look at Estates work and is currently in discussion with the Practice and Specialised Estates around additional information required to support this – (most recent correspondence was 14th Sep from them to the Practice) 	

<p>engagement and action by senior Managers. It appears to us that there is a disconnect between what Health Board officials say is happening and what is actually happening. Can the HB please set out how it intends to rectify this situation in a timely manner in order that its own actions in accepting the document “2019/22 Estates Strategy: Enabling Everyone to Deliver Excellent Care” is not just another hollow promise ?</p> <p>Q2</p> <p>At the 2021 HB AGM Dr Chris Stockport said that the HB would be reviewing its Estates Strategy and working with individual practices in addressing premises issues. Can the Board confirm if this review has been completed and please say which primary care premises in the East Area, scoring 4 (Fair) or 5(Poor), have been improved since the Estates Report of 2016?</p>		<p>The full Estates Review is yet to be completed. However since the 2016 report the only significant full redevelopment was the Flint Health Centre, opened in April 2018 and funded by Welsh Government.</p> <p>A number of sites have benefited from additional specific smaller improvements funded via the Improvement Grants process.</p>	
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<p>Q3.</p> <p>With the resignation of yet another CEO has BCUHB become an oversized organisation which is too big for a single board and CEO to manage? As patients we believe that the organisation should be split either by area or by care (Primary, Secondary), to give a better and more efficient service to patients, communities and stakeholders across North Wales, thus giving better value for money.</p> <p>If the Board does not agree can they please explain to us why this should not happen.</p>			
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Ref	Lead Executive / Member	Minute reference and agreed action	Original Timescale	Update (date)	Action status	RAG status
<div><div>P</div> Complete</div> <div><div>G</div> On track</div> <div><div>A</div> Slippage on delivery</div> <div><div>R</div> Delivery not on track</div>						
Actions from Health Board 26.5.22						
17	Chief Executive	22/114.9 – Operating Model Clarification around board expectations <ul style="list-style-type: none">• to receive reports on progress on the implementation and any significant changes should be highlighted.• to receive a recruitment and selection timeline that moved the Operating Model forward• that when colleagues left the organisation their cover arrangements were shared with partners.• as permanent recruitment took place, the Remuneration and Terms of Service Committee will monitor the number of interim appointments in the structure• Executive Portfolios be finalised and reported to the Remuneration and Terms of Service	July and September 2022 Board Meetings	Update on implementation given at 4.8.22 board ref: 22/154	29 September 2022 – Chairman emphasized final bullet-point of action	

Ref	Lead Executive / Member	Minute reference and agreed action	Original Timescale	Update (date)	Action status	RAG status
						<div> <div>P</div> Complete <div>G</div> On track <div>A</div> Slippage on delivery <div>R</div> Delivery not on track </div>
	Vice Chair, Chair of PFIG and Deputy CEO/Executive Director of Integrated Clinical Services	Committee and clarity around the Executive Director of Therapies & Health Sciences position be provided. <ul style="list-style-type: none"> • that as the Operating Model moved forward, the culture and expectations of leaders would witness change. • that the structures below the higher tiers to be shared with the Board as these were clarified. • expect to be clear on the governance, performance and assurance framework and the timing for implementation and that the Vice Chair, Chair of PFIG and Deputy CEO/Executive Director of Integrated Clinical Services would progress this outside of the meeting. 		A meeting has been arranged for GH / LR / JC on 17th November to address this issue		
Actions from Health Board 4.8.22						
Action Tracker						
(3)	Board Secretary	21.189.1 Review of Meeting	October 2022	Review progress on this at the next	29.9.22 Continue to	

Ref	Lead Executive / Member	Minute reference and agreed action	Original Timescale	Update (date)	Action status	RAG status
						<div> <div>P</div> Complete <div>G</div> On track <div>A</div> Slippage on delivery <div>R</div> Delivery not on track </div>
		Effectiveness Reflect and follow up comments regarding duplication in some papers already having been through the Committee structure and being presented to Board in the same format when perhaps a summary would have sufficed. There were also comments made that information in some papers was out of date by the time it reached Board.		Committee Effectiveness Group (Executive Board Development scheduled for 15/6/22) This meeting has been postponed and will be arranged as soon as possible 4.8.22 – action kept open	discuss through the board development program. Actions in place for September /October round of committees 8/11/22 – a proposal for a Board Effectiveness Review and Development Plan has been developed which will commence in November Propose closure	
Public Agenda – 4.8.22						
18	Executive Medical Director	22/141 Patient Story – Long Covid service Could more assurance be provided about the structure of the service to enable a sustainable and responsive service?		29.9. 22: Implementing a sustainable service model is a commitment in the IMTP for this year.	Update provided – propose closure	

Ref	Lead Executive / Member	Minute reference and agreed action	Original Timescale	Update (date)	Action status	RAG status
						<div> <div>P</div> Complete <div>G</div> On track <div>A</div> Slippage on delivery <div>R</div> Delivery not on track </div>
	<p>Executive Director of Public Health</p> <p>Executive Director of Finance</p>	<p>Committee and Advisory Group Assurance reports</p> <p>(i) QSE to receive the mental health improvement plan</p> <p>(ii) PPPH: Estate Strategy to come to committee</p>	<p>September QSE</p> <p>November PPPH</p>	<p>Completed</p> <p>Presentation given to the Board Workshop in October, with a further update due on 1st December. Draft strategy to be presented to PPPH and then Board in January</p>		
25	<p>Board Secretary</p> <p>Executive Director of Finance</p>	<p>22/156 Integrated Quality & Performance Report</p> <p>(i) board workshop on primary care sustainability</p> <p>(ii) Re-issue the IQPR with improved narrative on performance</p>	<p>30 October</p> <p>5 September 2022</p>	<p>Workshop held 20 September</p> <p>The workshop included proposals to strengthen the quality of narrative provided in future reports</p>	(i) Completed	
26	Executive Director of Finance	22/157 Annual Plan Monitoring Report	29 September Board		Propose Closure	

Ref	Lead Executive / Member	Minute reference and agreed action	Original Timescale	Update (date)	Action status	RAG status
						<div> <div>P</div> Complete <div>G</div> On track <div>A</div> Slippage on delivery <div>R</div> Delivery not on track </div>
		Address concerns about the depth of information provided		Will be reflected in update to November board		
27	Executive Director of Finance	22/158 Finance Report October PFIG to review the plans to achieve efficiencies and control over-spending	27 th October	Proposals presented to PFIG on 27 th October and will be discussed in Board November	Closed	
Actions from 29 September public meeting						
1	Executive Director of Finance / Board Secretary	22.209 - Decarbonisation Plan Progress update to Board	Early 2023	This item has been added to the Board Cycle of Business for March '23.	Propose Closure	
2	Deputy CEO/Executive Director of Integrated Clinical Services	22.211 Planned Care Assurance Report Further report on winter capacity planning	November/December 2022	On agenda today	Closed	
3	Executive Director of Nursing & Midwifery	22.212 - Patient Safety Report/ 22.223 - Quality, Safety and Experience Committee (QSE)	November 2022	Update provided to the QSE chair regarding observations and questions asked. Arranged meeting to be rescheduled for further clarification	Propose closure	

Ref	Lead Executive / Member	Minute reference and agreed action	Original Timescale	Update (date)	Action status	RAG status
						<div> <div>P</div> Complete <div>G</div> On track <div>A</div> Slippage on delivery <div>R</div> Delivery not on track </div>
		Respond to the points made in the QSE Chair's escalation report		and planning on assurance going forward.		

Teitl adroddiad: <i>Report title:</i>	Carer Story		
Adrodd i: <i>Report to:</i>	Health Board		
Dyddiad y Cyfarfod: <i>Date of Meeting:</i>	Thursday, 24 November 2022		
Crynodeb Gweithredol: <i>Executive Summary:</i>	A patient or carer story is presented to the Board to bring the voice of the people we serve directly into the meeting. The digital story will be played at the meeting. A short summary is included in the attached paper.		
Argymhellion: <i>Recommendations:</i>	The Committee is asked to note this report.		
Arweinydd Gweithredol: <i>Executive Lead:</i>	Angela Wood, Executive Director of Nursing and Midwifery		
Awdur yr Adroddiad: <i>Report Author:</i>	Matthew Joyes, Associate Director of Quality Rachel Wright, Patient and Carer Experience Lead Manager		
Pwrpas yr adroddiad: <i>Purpose of report:</i>	I'w Nodi <i>For Noting</i> <input type="checkbox"/>	I Benderfynu arno <i>For Decision</i> <input type="checkbox"/>	Am sicrwydd <i>For Assurance</i> <input checked="" type="checkbox"/>
Lefel sicrwydd: <i>Assurance level:</i>	Arwyddocaol <i>Significant</i> <input type="checkbox"/> Lefel uchel o hyder/tystiolaeth o ran darparu'r mecanweithiau / amcanion presennol <i>High level of confidence/evidence in delivery of existing mechanisms/objectives</i>	Derbyniol <i>Acceptable</i> <input checked="" type="checkbox"/> Lefel gyffredinol o hyder/tystiolaeth o ran darparu'r mecanweithiau / amcanion presennol <i>General confidence / evidence in delivery of existing mechanisms / objectives</i>	Rhannol <i>Partial</i> <input type="checkbox"/> Rhywfaint o hyder/tystiolaeth o ran darparu'r mecanweithiau / amcanion presennol <i>Some confidence / evidence in delivery of existing mechanisms / objectives</i>
			Dim Sicrwydd <i>No Assurance</i> <input type="checkbox"/> Dim hyder/tystiolaeth o ran y ddarpariaeth <i>No confidence / evidence in delivery</i>
Cyfiawnhad dros y gyfradd sicrwydd uchod. Lle bo sicrwydd 'Rhannol' neu 'Dim Sicrwydd' wedi'i nodi uchod, nodwch gamau i gyflawni sicrwydd 'Derbyniol' uchod, a'r terfyn amser ar gyfer cyflawni hyn: <i>Justification for the above assurance rating. Where 'Partial' or 'No' assurance has been indicated above, please indicate steps to achieve 'Acceptable' assurance or above, and the timeframe for achieving this:</i>			
In line with best practice, a patient or carer story is presented to the Board to bring the voice of the people we serve directly into the meeting, but it is not presented as an assurance item. However, the accompanying paper describes some of the learning and actions undertaken in response to the story.			
Cyswllt ag Amcan/Amcanion Strategol: <i>Link to Strategic Objective(s):</i>	Quality		
Goblygiadau rheoleiddio a lleol: <i>Regulatory and legal implications:</i>	N/A		
Yn unol â WP7, a oedd EqlA yn angenrheidiol ac a gafodd ei gynnal? <i>In accordance with WP7 has an EqlA been identified as necessary and undertaken?</i>	N/A		
Yn unol â WP68, a oedd SEIA yn angenrheidiol ac a gafodd ei gynnal? <i>In accordance with WP68, has an SEIA identified as necessary been undertaken?</i>	N/A		
Manylion am risgiau sy'n gysylltiedig â phwnc a chwmpas y papur hwn, gan	BAF21-10 - Listening and Learning		

gynnwys risgiau newydd (croesgyfeirio at y BAF a'r CRR) <i>Details of risks associated with the subject and scope of this paper, including new risks(cross reference to the BAF and CRR)</i>	
Goblygiadau ariannol o ganlyniad i roi'r argymhellion ar waith <i>Financial implications as a result of implementing the recommendations</i>	N/A
Goblygiadau gweithlu o ganlyniad i roi'r argymhellion ar waith <i>Workforce implications as a result of implementing the recommendations</i>	N/A
Adborth, ymateb a chrynodeb dilynol ar ôl ymgynghori <i>Feedback, response, and follow up summary following consultation</i>	N/A
Cysylltiadau â risgiau BAF: (neu gysylltiadau â'r Gofrestr Risg Gorfforaethol) Links to BAF risks: (or links to the Corporate Risk Register)	BAF21-10 - Listening and Learning
Rheswm dros gyflwyno adroddiad i fwrdd cyfrinachol (lle bo'n berthnasol) <i>Reason for submission of report to confidential board (where relevant)</i>	N/A
Camau Nesaf: Gweithredu argymhellion Next Steps: Implementation of recommendations N/A	
Rhestr o Atodiadau: List of Appendices: Appendix A - Carer Story Summary	

Betsi Cadwaladr University Health Board Carer Story: Changing Facilities

A video story told by Sue, who is a carer for her son, will be played at the meeting.

Overview of Patient Story

I am the mum to two beautiful children with complex disabilities and medical needs and have been frequent visitors to Ysbyty Glan Clwyd over the past decade.

We have always found the paediatric team without exception, to be caring, professional and we have been so very fortunate to have received outstanding level of care from the doctors, nurses and health care support staff on that ward. However, I do believe that there are areas of the hospital where the needs of patients and visitors with complex needs has fallen below standard.

I recently had a negative experience regarding the changing places facilities at the hospital during a recent visit. My son requires full assistance with toileting, which means he wears an incontinence pad that needs changing in a similar way to a nappy. I know where this facility is in the hospital so I took him to the room. There was no signage on the door to show that this was a 'Changing Places' room but to the right of the door there was a sheet of A4 paper that said that it was a changing places facility, the opening hours and where to go to ask for the room to be opened. It was disappointing that the toilet not only had an 'opening time' but more embarrassingly that a person requiring the facility would have to seek permission to use it.

The room is equipped with a hoist and when I went to use the hoist, I found that the unit was showing a 'spanner' symbol so I wasn't confident that it was in good working order. My son weighs 38kg and ideally I would hoist him but it meant that on this occasion I had to physically lift him, which is not safe for either him or me. I find it frustrating when the equipment is there to be used but not in satisfactory working order.

Key Themes Emerging

- No specific maintenance schedule for the hoist installed within the room.
- Accessibility issues for Sue when attempting to use the changing room for its designated purpose.
- Location of the shower tray within the Changing Room setting.
- Lack of suitable facilities for patients with people with complex needs.

Summary of Learning and Improvement

This carer story has been shared with BCUHB Site Management Team, Estates Team, Patient and Carer Experience Team and Equality Team. The carer story is due to be

presented at the BCUHB Equality Stakeholder Group meeting on 24th November 2022 where further learning will be identified.

The Head of Site at Ysbyty Glan Clwyd has met with Sue to discuss her experience, and to apologise for the difficulty she experienced accessing the changing facilities at Ysbyty Glan Clwyd. At the meeting between Sue and the Head of Site at Ysbyty Glan Clwyd, learning identified and actions undertaken from sharing her experience was discussed.

To ensure this experience does not happen again, BCUHB will ensure that the room is always open and available for use. This will be checked by undertaking continual reviews and spot-check of changing room provisions. The changing room facility has now been incorporated into Quality Walkabouts of the hospital with senior staff members on a regular basis.

The changing room has been added to the domestic cleaning rota to ensure that standards are met. Immediate action has been taken to ensure the safety and servicing of the hoist. The Room and hoist have been checked by the Estates Team and are fit for purpose.

Actions undertaken following the sharing of the carer story

- The story has been shared widely as detailed above.
- Spot checks introduced for the changing room facility.
- The domestic cleaning rota has been amended to include the changing room facility.
- The changing room facility has been added to the site Quality Walkabout checklist.
- Temporary signage is in place and permanent signage is on order for the changing room facility.
- Awareness has been raised by the Head of Site amongst staff of the importance of the changing room facility and its accessibility at all times.
- The Patient and Carer Experience Team have on-going engagement with the Estates Team to ensure the changing room provisions are safe, clean and operational across BCUHB.
- Advice and guidance sought from current health care professionals employed by the Health Board to ensure that the facilities available within the changing room are sufficient and conducive to a patient, relative or carer with complex needs.
- Ysbyty Gwynedd and Wrexham Maelor Hospital accessible toilets have been checked. Both hospital sites do not have changing facilities, only accessible toilets that do not have equipment in. Signage for the accessible toilets has been checked and is fit for purpose.

The Patient and Carer Experience Team will share this feedback and seek assurance from departments by way of evidence that learning has been embedded.

The Patient and Carer Experience Team extend their gratitude and appreciation to Sue for sharing her experience.



Teitl yr adroddiad: <i>Report title:</i>	Adroddiad y Prif Weithredwr Chief Executive's Report
Adrodd i: <i>Report to:</i>	Bwrdd Iechyd Health Board
Dyddiad y Cyfarfod: <i>Date of Meeting:</i>	24 ^{ain} Tachwedd 2022 24 th November 2022
Crynodeb Gweithredol: <i>Executive Summary:</i>	<p>Mae'r adroddiad hwn yn diweddarau Aelodau'r Bwrdd am faterion allweddol yn y sefydliad, gwaith allanol ar y cyd â phartneriaid a gwasanaethau sy'n cael cydnabyddiaeth trwy gyfrwng enwebiadau a gwobrau. Mae'r pynciau yn cynnwys:</p> <ul style="list-style-type: none">• Gweithredu Dyletswydd Ansawdd a Dyletswydd Gonestrwydd Deddf Iechyd a Gofal Cymdeithasol (Ansawdd Ymgysylltu) (Cymru) 2020• Pwyllgor Gwasanaethau Ambiwlans Brys – Ambiwlans Awyr• Cyd-gyfarfod Timau Gweithredu gydag AaGIC (Addysg a Gwella Iechyd Cymru)• Cofrestru Darparwyr Gofal Cymdeithasol• Cynorthwyo Ceiswyr Lloches• Gweithredu Diwydiannol Posibl• Cynllunio at y Gaeaf• Adfer Ariannol• Gwobrau Cyrhaeddiad 2022• Gwobrau Cenedlaethol <p>This report provides an update for Board Members on key issues within the organisation, external work with partners and services recognised through nominations and awards. Topics include :</p> <ul style="list-style-type: none">• Health & Social Care (Quality and Engagement) (Wales) Act 2020 Duty of Quality & Duty of Candour Implementation• Emergency Ambulance Services Committee – Air Ambulance• Joint Executive Team Meeting with Health Education and Improvement Wales (HEIW)• Social Care Provider Registration• Providing Support to Asylum Seekers• Potential Industrial Action• Winter Planning• Financial Recovery• Achievement Awards 2022• National Awards
Argymhellion: <i>Recommendations:</i>	Bod y Bwrdd yn nodi cynnwys yr adroddiad. That the Board notes the content of the report.

Arweinydd Gweithredol: <i>Executive Lead:</i>	Prif Weithredwr Chief Executive		
Awdur yr Adroddiad: <i>Report Author:</i>	Prif Weithredwr Chief Executive		
Pwrpas yr adroddiad: <i>Purpose of report:</i>	I'w Nodi <i>For Noting</i> <input checked="" type="checkbox"/>	I Benderfynu arno <i>For Decision</i> <input type="checkbox"/>	Ar gyfer sicrwydd <i>For Assurance</i> <input type="checkbox"/>
Lefel sicrwydd: <i>Assurance level:</i>	Arwyddocaol <i>Significant</i> <input type="checkbox"/> Lefel uchel o hyder/tystiolaeth o ran darparu'r mecanweithiau / amcanion presennol <i>High level of confidence/evidence in delivery of existing mechanisms/objectives</i>	Derbyniol <i>Acceptable</i> <input type="checkbox"/> Lefel gyffredinol o hyder/tystiolaeth o ran darparu'r mecanweithiau / amcanion presennol <i>General confidence / evidence in delivery of existing mechanisms / objectives</i>	Rhannol <i>Partial</i> <input checked="" type="checkbox"/> Rhywfaint o hyder/tystiolaeth o ran darparu'r mecanweithiau / amcanion presennol <i>Some confidence / evidence in delivery of existing mechanisms / objectives</i>
			Dim Sicrwydd <i>No Assurance</i> <input type="checkbox"/> Dim hyder/tystiolaeth o ran y ddarpariaeth <i>No confidence / evidence in delivery</i>
Cyfiawnhad dros y gyfradd sicrwydd uchod. Lle bo sicrwydd 'Rhannol' neu 'Dim Sicrwydd' wedi'i nodi uchod, nodwch gamau i gyflawni sicrwydd 'Derbyniol' uchod, a'r terfyn amser ar gyfer cyflawni hyn: <i>Justification for the above assurance rating. Where 'Partial' or 'No' assurance has been indicated above, please indicate steps to achieve 'Acceptable' assurance or above, and the timeframe for achieving this:</i>			
Cyswllt ag Amcan/Amcanion Strategol: <i>Link to Strategic Objective(s):</i>	Mae'r cyfarfodydd yn ymdrin ag amrywiaeth o flaenoriaethau strategol. Meetings cover a range of strategic priorities.		
Goblygiadau rheoleiddio a lleol: <i>Regulatory and legal implications:</i>	Nid oes unrhyw oblygiadau penodol yn deillio o'r adroddiad hwn. There are no specific implications arising from this report.		
Yn unol â WP7, a oedd EqlA yn angenrheidiol ac a gafodd ei gynnal? <i>In accordance with WP7 has an EqlA been identified as necessary and undertaken?</i>	Amherthnasol ar hyn o bryd. Not applicable at this stage.		
Yn unol â WP68, a oedd SEIA yn angenrheidiol ac a gafodd ei gynnal? <i>In accordance with WP68, has an SEIA identified as necessary been undertaken?</i>	Amherthnasol ar hyn o bryd. Not applicable at this stage.		
Manylion am risgiau sy'n gysylltiedig â phwnc a chwmpas y papur hwn, gan gynnwys risgiau newydd (croesgyfeirio at y BAF a'r CRR) <i>Details of risks associated with the subject and scope of this paper, including new risks(cross reference to the BAF and CRR)</i>	Mae'r materion a godir yn dylanwadu ar draws ystod o risgiau. The issues raised impact across a range of risks.		
Goblygiadau ariannol o ganlyniad i roi'r argymhellion ar waith	Nid oes unrhyw oblygiadau penodol yn deillio o'r adroddiad hwn. There are no specific implications arising from this report.		

Financial implications as a result of implementing the recommendations	
Goblygiadau gweithlu o ganlyniad i roi'r argymhellion ar waith Workforce implications as a result of implementing the recommendations	<p>Nid oes unrhyw oblygiadau penodol yn deillio o'r adroddiad hwn.</p> <p>There are no specific implications arising from this report.</p>
Adborth, ymateb a chrynodeb dilynol ar ôl ymgynghori Feedback, response, and follow up summary following consultation	<p>Amherthnasol.</p> <p>Not applicable.</p>
Cysylltiadau â risgiau BAF: (neu gysylltiadau â'r Gofrestr Risgiau Corfforaethol) Links to BAF risks: (or links to the Corporate Risk Register)	<p>Mae'r materion a godir yn dylanwadu ar draws ystod o risgiau.</p> <p>The issues raised impact across a range of risks.</p>
Rheswm dros gyflwyno adroddiad i bwyllgor cyfrinachol (lle bo'n berthnasol) Reason for submission of report to confidential Committee (where relevant)	<p>Amherthnasol.</p> <p>Not applicable.</p>
Camau Nesaf: Gweithredu argymhellion Next Steps: Implementation of recommendations <p>Amherthnasol i'r adroddiad hwn.</p> <p>Not applicable to this report.</p>	
Rhestr o Atodiadau: List of Appendices: <p>Briff Cydbwyllgor Pwyllgor Gwasanaethau Iechyd Arbenigol Cymru (WHSSC)</p> <p>Welsh Health Specialist Services Committee (WHSSC) Joint Committee Briefing</p>	

Health Board – 24th November 2022

Report Title: Chief Executive's report

Situation

The purpose of the report is to keep Board Members updated with regard to issues affecting the organisation and highlight topical issues which are of interest to the Board.

Some issues raised in this report feature more prominently within reports of the Executive Directors as part of the Board's public business.

Background

This report provides an update for Board Members on issues affecting the organisation, external work with partners and services recognised through nominations and awards.

There are specific papers on the Health Board meeting agenda which address other priority issues, for example Targeted Intervention and therefore these issues are not referred to in this report.

Assessment and Analysis

External / Partnership Activities

Health & Social Care (Quality and Engagement) (Wales) Act 2020 Duty of Quality & Duty of Candour Implementation

The Duty of Quality and the Duty of Candour will come into force on 1st April 2023. These duties apply to all services provided by the Health Board and also to primary care. Extensive preparation work is ongoing at a national and local level. Staff from the Health Board have been actively engaged in the national development work as well as ensuring that local planning is progressing. There are currently consultations open from Welsh Government regarding these duties and the Health Board will formally respond to each.

Both duties will require changes in local policies, procedures, working practices and local and national reporting requirements. In addition, there will be a requirement for organisation wide awareness of the new duties as well as education and training for clinical staff, leaders and Quality & Safety Teams. Given the collective responsibilities Boards will have in meeting the requirements of these Duties, Board level training will also be required.

Welsh Government Officials recently joined the Health Board Leadership Team to discuss the requirements of the Act and the actions required to prepare for its implementation. A self assessment of our readiness has been undertaken, covering the following themes :

- Leadership
- Implementation Arrangements
- Infrastructure requirements
- Policies and Procedures
- Resources
- Awareness and Training.
- Primary care

The Executive Director of Nursing and Midwifery is leading the implementation work within the Health Board and will be providing updates to the Quality, Safety and Patient Experience Committee as the implementation date draws closer.

Emergency Ambulance Services Committee – Air Ambulance

In the previous Chief Executive Report attention was drawn to work ongoing through EASC to undertake a strategic review of the Air Ambulance Service's operations with a view to maximising the use of the charity's assets in order to reach as many patients as possible. As part of this review a proposal emerged that the Welshpool base be merged with the North Wales base to form a single North Wales resource.

Given the significance of this potential change a period of widespread engagement will take place, with a view to reaching a conclusion and a final recommendation in the new year. Following a meeting of EASC on 8th November 2022 where the approach to engagement was discussed, details of the engagement programme and timings are awaited. This will provide the opportunity for comments from members of the public and stakeholders in North Wales to be taken into account. A further update will be provided as these details are finalised

Joint Executive Team Meeting with Health Education and Improvement Wales (HEIW)

As part of the Executive Team's ongoing engagement with key partner organisations in NHS Wales a Joint Executive Team Meeting was held with HEIW. A range of important issues in relation to education and training across many disciplines were discussed and agreement reached that joint work will be progressed in the following areas –

- Opportunity to support work based learning pathways in BCU to develop Band 2,3 and 4 workforce, with a particular focus on LD

- Explore the opportunity for a more locally accessible paediatric conversion course for ED staff
- Explore the potential for more post graduate entry points for training eg Speech and Language Therapy
- Explore potential for more radiology trainees in North Wales and develop links with the National Imaging Academy in terms of employment routes
- Explore opportunities in the national strategic mental health workforce plan to see how we can work together on implementation

Lead Executives will link with their counterparts in HEIW to progress this agenda and a follow up meeting will be held in December.

Social Care Provider Registration

Board members will be aware of the current challenges with social care capacity and its impact upon hospital discharge and the transfer of patients to domiciliary care. Care Inspectorate Wales (CIW), the regulator for social care, have become increasingly aware that due to current challenges in accessing social care provision, Health Boards are needing at times to provide care beyond the usual 6 week intermediate care period. This is as a result of delayed access to, or a lack of provision of, domiciliary care services to hand over patients to.

In response to this a discussion has commenced at a national level regarding the steps that would have to be taken for registration with CIW to be sought by Health Boards. Whilst this may not be a solution to be sought immediately, the ability to move swiftly should the situation arise is viewed as a positive step. As a result, CIW have offered a seminar to explore these issues and have indicated a willingness to offer “advice surgeries” to organisations that are interested. The Health Board is engaging with this work to ensure all avenues to increased social care capacity are explored.

Welsh Health Specialist Services Committee (WHSSC) Joint Committee Briefing

WHSSC have published a briefing summarising the business considered and the decisions taken at the meeting on September 6th 2022, which included:

- Specialist Services Strategy
- Specialist paediatric Services 5 year Commissioning Strategy
- Designation of Provider Framework
- Individual Patient Funding Requests (IPFR) Governance
- WHSSC Annual Report 2021/22

A copy of the briefing is enclosed as Appendix A

Providing Support to Asylum Seekers

The Health Board is working closely with Local Authorities, Public Health Wales and other partners to ensure that there is an appropriate response in place to meet the health and wellbeing needs of an increasing number of asylum seekers who are being placed in North Wales. The number of individuals placed in North Wales is being determined by the Home Office, with placements happening at very short notice.

The Health Board has a responsibility for health screening and providing appropriate primary care and hospital services to meet identified health needs. The Health Board response is being managed through the Integrated Health Communities, drawing in primary care and other specialist services as required. A pan North Wales Group is in place to ensure consistency of response across the Health Board

Internal Activities

Potential Industrial Action

Board Members will be aware that a number of public sector Trade Unions have confirmed their intention to ballot members for industrial action in relation to the level of Pay Award for 2022/2023.

The Health Board has received the required Notice of Ballot from:

- Royal College of Nursing (RCN) – Closing date 2nd November
- Unison - closing date 25th November
- Royal College of Midwives (RCM) – closing date 12th December
- Chartered Society of Physiotherapists (CSP) – closing date 12th December
- Unite – closing date 20th December

Trade Unions had indicated that they would ideally wish to co-ordinate action wherever possible, however, this may be challenging given ballot dates.

The Outcome of ballot from RCN was received on 9th November. This confirmed that the Trade Union has met the threshold to move forward to industrial action. This will comprise strike action (as opposed to action short of strike).

Under the Trade Union and Industrial Relations (Consolidation) Act 1992 (TULRCA), action must begin within 6 months of the ballot outcome, or up to 9 months if the Trade Union and Employer agree. The Trade Union is required to give 14 days' notice of their intention to take industrial action.

Any decisions regarding action are taken by RCN at a UK level and as such any such agreement would be reached at this level rather than regional or local level.

Preparations are being made at both All Wales and Health Board level to ensure that services can be managed safely during periods of Industrial Action.

Constructive discussions continue with the Health Board's Trade Union partners.

A further verbal update will be provided at the meeting.

Winter Planning

Arrangements are being implemented to ensure that there is a robust plan for winter. The potential pressures for the coming winter are heightened by a number of factors including:

- existing pressures on unscheduled care going into winter,
- challenges in ensuring timely discharge due to shortages of care staff,
- the potential impacts of COVID combined with influenza upon primary care and hospital services,
- uncertainty over staff sickness levels linked to the above
- the threat of industrial action and its impact upon staff availability

In order to manage this combination of unknown impacts detailed scenario planning is being undertaken to understand potential impacts upon services. Additional surge capacity has been identified and arrangements for escalation in times of extreme pressure have been reviewed with scenarios for stepping up the "GOLD" command structure defined. A detailed report on winter planning is included separately on the Board agenda.

Financial Recovery

In month 6 the Health Board forecast financial position for 2022/23 changed from balanced to a forecast £10m deficit. This change in forecast is principally related to the non-delivery of a robust savings programme. This requires a change in approach to drive remedial action.

In order to address this situation a financial recovery approach is being adopted. A recovery Lead has been identified who will work closely with the Director of Finance to ensure that additional savings schemes are developed rapidly to impact upon expenditure rates during the remainder of this financial year with a view to achieving a return to a forecast balanced financial position. This approach will not look at finance in isolation, but will incorporate quality and performance oversight to ensure a balanced view is taken across all three themes.

All services and departments are required to identify additional savings, which will be validated during November. Progress with identifying and delivering savings will be tracked through a Recovery Group which will be Chaired by the Recovery Lead. A more detailed paper on this matter is included separately on the Board agenda.

Achievement Awards 2022

An evening of celebration was held on Friday 21st October at Venue Cymru where 450 members of staff, volunteers and sponsors were in attendance to hear the announcement of the winners of the Achievement Awards 2022.

Speaking at the event, Mark Polin, BCUHB Chairman and Gill Harris, Deputy Chief Executive conveyed their admiration and respect for the fantastic work being done across North Wales before the award announcements began.

Winners of the Awards were :

The Extra Mile Award

For the individual or team who has gone beyond the call of duty and their job description, demonstrating exceptional commitment and living our values.

Mared Jones-Owen, IV Lead Nurse, Ysbyty Alltwen

Transformation and Innovation Award

This award is to be awarded to an individual or team who find a solution or design a new process which significantly improves services to the public or to staff.

Dr Dan Menzies, Dr John Glen, Berwyn Thomas and Geraint Williams

Ysbyty Glan Clwyd

Leadership Award

This award is to be awarded to an individual or team who find a solution or design a new process which significantly improves services to the public or to staff.

Jane Williams, Therapeutic Support Services, Learning Disability Services, Bryn y Neuadd Hospital

Volunteer Award

This category is for those who have made an exceptional contribution to the work of the Health Board through volunteering and recognises those who have given us their time and dedication voluntarily.

Andy Williams and Buddi the therapy dog

Partnership Award

To acknowledge an individual or team who has brought people together to make things happen. This category is for those who demonstrate excellent practice in working with, and involving others towards a shared goal, in line with our values.

Aaron Haley, Internal Communications Manager

Welsh Language Award

To acknowledge an individual who has made special efforts to promote the use of the Welsh language in the Health Board.

Manuela Niemetscheck, Art Psychotherapist, Ysbyty Gwynedd

Diversity, Equality and Inclusion Award

For the individual or team who has made a significant contribution towards supporting and encouraging diversity, equality and inclusion in the workplace.

Ellen Greer, Former Acting Associate Director of Organisational Development

Team Award

This recognises the team who have demonstrated success in applying our values: putting patients first; working together; learning and innovating; communicating openly and honestly; valuing and respecting each other; working brilliantly well together and collectively achieving significant success.

Theatre Recovery / Post Anaesthesia Care Unit (PACU), Ysbyty Glan Clwyd

COVID-19 Response and Recovery Award - Individual

For the individual who has demonstrated an outstanding contribution to our COVID-19 response and/or recovery.

Dr Andy Campbell, Critical Care Clinical Lead, Wrexham Maelor

COVID-19 Response and Recovery Award - Team

For the team who has demonstrated an outstanding contribution to our COVID-19 response and/or recovery.

Ysbyty Enfys / Rainbow Hospital, Deeside

The Chairman's Awards

COVID-19 Vaccination Team | Test, Trace, Protect Team (TTP)

Awarded to the **COVID-19 Vaccination Team** who, right across the region, have worked night and day to deliver our most challenging and complex vaccination programme ever.

Awarded to the **Test, Trace, Protect Team (TTP)** who, again, across North Wales, have worked with partners to ensure that the public were protected from COVID-19 by putting in place – at lightning speed – a hugely effective service.

National Awards

Staff from the Health Board have secured two prestigious national awards at the NHS Wales Awards 2022

The first category was 'Empowering People To Co-Produce Their Care' , where the 'Long Covid Lived Experience Partnership Group' were winners. This was submitted by Rachel Wright, Patient & Carer Experience Lead Manager.

The second category was 'Improving Health and Wellbeing' with the 'Community cardiology diagnostic vehicle. An innovative response to C19 and the future for cardiac diagnostics' taking the award. This was submitted by Liana Shirley, Advanced Imaging specialist - community cardiology.

Commenting on this success, Professor John Boulton, National Director of NHS Quality Improvement and Patient Safety noted that the awards are a national showcase for excellence and celebrate improvement in patient care across Wales. The quality of entries was excellent and it was a very impressive accomplishment to be a winner. The teams have shown remarkable energy and dedication to achieve this, well done to all.

Recommendation

That the Board notes the content of the report.

WELSH HEALTH SPECIALISED SERVICES COMMITTEE (WHSSC) JOINT COMMITTEE MEETING BRIEFING – 6 SEPTEMBER 2022

The Welsh Health Specialised Services Committee held its latest public meeting on the 6 September 2022. This briefing sets out the key areas of consideration and aims to ensure everyone is kept up to date with what is happening within the Welsh Health Specialised Services.

The papers for the meeting can be accessed at:

<https://whssc.nhs.wales/joint-committee/committee-meetings-and-papers/2021-2022-meeting-papers/>

1. Minutes of Previous Meetings

The minutes of the meeting held on the 12 July 2022 were **approved** as a true and accurate record of the meeting.

2. Action log & matters arising

Members **noted** the progress on the actions outlined on the action log.

3. Major Trauma Presentation

Members received an informative presentation on the South Wales major trauma network, which was launched in September 2020. Members noted the comprehensive evaluation process which was underway to review the effectiveness of the network over the last 18 Months.

Members **noted** the progress made.

4. Specialised Services Strategy Presentation and Report

Members received a report and a presentation on the planned development of a ten year strategy for specialised services for the residents of Wales, and to describe the proposed approach to communication and engagement with key stakeholders to support its development.

Members **approved** the overall approach to developing a ten year strategy for specialised services and provide feedback on the key documents presented.

5. Recovery Update Paediatrics – Presentation

Members received a presentation providing an update on recovery trajectories for paediatric services across NHS Wales, following a request from the JC on the 12 July 2022.

Members **noted** the presentation.

6. Chair's Report

Members received the Chair's Report and **noted**:

- Chair's Action taken to appoint James Hehir, Independent Member (IM), CTMUHB as the Interim Chair of the All Wales Individual Patient Funding Request (IPFR) Panel,
- The recruitment process to appoint two new WHSSC IM's,
- Attendance at the Integrated Governance Committee 9 August 2022; and
- Key meetings attended.

Members (1) **noted** the report; and (2) **Ratified** the Chairs action taken.

7. Managing Director's Report

Members received the Managing Director's Report and **noted** the following updates on:

- The Integrated Commissioning Plan (ICP) 2022-2025 being accepted by the Minister for Health & Social Services,
- A letter received from Welsh Government concerning a review of Secure Services and consideration of a Single Commissioner for Mental Health Services,
- the Managing Director of WHSSC being designated as the Senior Responsible Officer (SRO) for an All-Wales Molecular Radiotherapy (MRT) Programme,
- That feedback on the Mental Health Specialised Services Strategy for Wales 2022-2028 will be presented to the Joint Committee in November 2022,
- WHSSC receiving approval through the Value in Healthcare Bid – for an Advanced Therapy Medicinal product (ATMP) and for the Welsh Kidney Network (WKN) to provide an all Wales Pre-habilitation Programme to support kidney patients to choose and commence the treatment that offers them the best outcomes,
- Work being undertaken to monitor TAVI (Transcatheter aortic valve implantation) activity increases; and
- The appointment of an interim Director of Mental Health & Vulnerable Groups.

Members **noted** the report.

8. Neonatal Transport – Update from the Delivery Assurance Group (DAG)

Members received a report providing an update from the Neonatal Transport Delivery Assurance Group (DAG).

Members (1) **Noted** the report, (2) **Noted** the update on the progress of the implementation of the Neonatal Transport Operational Delivery Network (ODN); and (3) **Received assurance** that the Neonatal

Transport service delivery and outcomes is being scrutinised by the Delivery Assurance Group (DAG).

9. Specialised Paediatric Services 5 year Commissioning Strategy

Members received a report providing an update on the Specialised Paediatric Services 5 year Commissioning Strategy which was recently issued for a stakeholder feedback for a period of 4 weeks. The Joint Committee were requested to note the comments received, the WHSSC responses and the updated strategy for final publication.

Members (1) **Noted** the report, (2) **Approved** the proposed final version of the strategy; and (3) **Supported** the proposed next steps.

10. South Wales Cochlear Implant and BAHA Hearing Implant Device Service

Members received a report presenting an update on discussions with the Management Group regarding the process and outcome of a recent review of the South Wales Cochlear Implant and BAHA Hearing Implant Device Service. The report also presented the proposed next steps including a period of targeted engagement on the future configuration of the Service.

Members noted that on the 28 July 2022 the Management Group discussed the preferred commissioning options as the basis of engagement/consultation and had supported the preferred commissioning option of a single implantable device hub for Cochlear and BAHA for both children and adults with an outreach support model.

Members noted that a report would need to be submitted to HB Board meeting in September 2022 to seek support from Boards on engagement with Health Board residents (each report will include CHC views from the relevant HB area).

Members (1) **Supported** the management group recommendation, (2) **Agreed** the process to be followed (as advised by the Board of CHCs), (3) **Agreed** the content of the engagement materials as the basis of targeted engagement, (4) **Advised** on processes for individual Health Boards; and (5) **Noted** the EQIA.

11. Designation of Provider Framework

Members received a report seeking approval to adopt the Designation of Provider Framework as the WHSS team methodology for evaluating the appropriateness of Health Care Providers to become a designated provider of Highly Specialised and Specialised Services.

Members noted that the Designation of a Provider of Specialised Services Framework had been developed as part of the WHSSC Commissioning Assurance Framework (CAF).

Members (1) **Noted** the report and (2) **Approved** the Designation of Provider Framework as the WHSS team methodology for evaluating the appropriateness of health care providers.

12. Individual Patient Funding Requests (IPFR) Governance Update

Members received a report providing an update on discussions with Welsh Government (WG) regarding the All Wales Independent Patient Funding Requests (IPFR) Policy and the work undertaken to update the terms of reference (ToR) of the WHSSC IPFR Panel. The report asked for support to undertake an engagement process on updating the ToR and a specific and limited review of the All Wales IPFR policy.

Members (1) **Noted** that Welsh Government (WG) had confirmed that as the All Wales Independent Patient Funding Requests (IPFR) Panel is a sub-committee of the WHSSC Joint Committee, it is within its authority to update and approve the terms of reference (ToR), (2) **Noted** that Welsh Government had confirmed that WHSSC could embark on an engagement process with key stakeholders to update the WHSSC IPFR Panel Terms of Reference (ToR) and to engage on a specific and limited review of the All Wales IPFR Policy, (3) **Approved** the proposal for WHSSC to embark on an engagement process with key stakeholders, including the All Wales Therapeutics and Toxicology Centre, IPFR Quality Assurance Advisory Group (AWTTC QAG), the Medical Directors, Directors of Public Health and the Board Secretaries of each of the Health Boards (HBs) and Velindre University NHS Trust (VUNT), to update the WHSSC IPFR Panel Terms of Reference (ToR) and on the specific and limited review of the All Wales IPFR Policy; and (4) **Noted** that the revised documents will need to be supported by the Joint Committee prior to referral to the Health Boards for final approval; and as requested in the letter of 28th July the revised documents will be shared with Welsh Government.

13. WHSSC Annual Report 2021-2022

Members received the WHSSC Annual Report 2021-2022.

Members **approved** the WHSSC Annual Report 2021-2022.

14. COVID-19 Period Activity Report for Month 3 2022-2023 COVID-19 Period

Members received a report that highlighted the scale of the decrease in activity levels during the peak COVID-19 period and whether there were any signs of recovery in specialised services activity.

Members **noted** the report.

15. Financial Performance Report – Month 4 2022-2023

Members received the financial performance report setting out the financial position for WHSSC for month 4 2022-2023. The financial position was reported against the 2022-2023 baselines following approval

of the 202-2023 WHSSC Integrated Commissioning Plan (ICP) by the Joint Committee in February 2022.

The financial position reported at Month 4 for WHSSC was a year-end outturn forecast under spend of £12,693k.

Members **noted** the current financial position and forecast year-end position.

16. Corporate Governance Matters

Members received a report providing an update on corporate governance matters that had arisen since the previous meeting.

Members **noted** the report.

17. Other reports

Members also **noted** update reports from the following joint Sub-committees and Advisory Groups:

- Audit & Risk Committee (ARC),
- Management Group (MG),
- Quality & Patient Safety Committee (QPSC),
- Integrated Governance Committee (IGC),
- All Wales Individual Patient Funding Request (IPFR) Panel.



GIG
CYMRU
NHS
WALES

Tîm Gwasanaethau Iechyd
Arbenigol Cymru
Welsh Health Specialised
Services Team



PARCH
-
RESPECT



PARTNERIAETH
-
PARTNERSHIP



GWELLA AC
ARLOESI
-
IMPROVEMENT
& INNOVATION

Teitl adroddiad: Report title:	Proposals for the Transformation of Informatics into Digital, Data and Technology (DDAT) – people, process and technology.		
Adrodd i: Report to:	The Health Board		
Dyddiad y Cyfarfod: Date of Meeting:	24 th November 2022	Rhif agenda : Agenda Item number:	2.1
Crynodeb Gweithredol: Executive Summary:	<p>Following on from the Board workshop in October, this report formally presents the conclusions of the discovery work undertaken by the Chief Digital and Information Officer and Senior Leadership Team in relation to the Health Board's Digital Data and Technology capabilities and provides costed recommendations to take the Health Board forward and begin mitigating two of its most serious BAF risks, which are detailed in Appendix A.</p> <p>The effective delivery of DDAT is fundamental in realising the Health Board's strategic ambitions and IMTP.</p> <p>This report will formally record the:</p> <ul style="list-style-type: none"> • Current state assessment of the DDAT environment; • Current state of the DDAT operating model; • Proposed future DDAT operating model and cost; • Proposed approach taken to determine the future state of the DDAT environment and how it will be aligned to the Organisation's strategies and objectives. <p>It is recommended that the financial case presented in this document and included in the 2023/24 IMTP submissions, is supported as a priority.</p>		
Argymhellion: Recommendations:	<p>To begin mitigating the risks presented in the BAF, the Board is asked to support the transformation of Informatics into DDAT proposals at an additional revenue cost of £1,657,035 recurrently. This is to bring in the necessary skills and capabilities required for the basic delivery of DDAT and ensure benefits are realised on future projects in line with the Health Boards strategies. It is recognised that this ask will need to be considered alongside other IMTP submissions and bids.</p> <p>In addition, the board is asked to acknowledge the exponential increase in the consumption and complexity of DDAT over the last three years and with due regards to increased cyber security risks, the need for more frequent refresh and upgrade cycles of the entirety of the DDAT estate. This requires significant capital and revenue investment.</p>		
Arweinydd Gweithredol: Executive Lead:	Dylan Roberts, Chief Digital and Information Officer		
Awdur yr Adroddiad: Report Author:	Dylan Roberts, Chief Digital and Information Officer		
Pwrpas yr adroddiad: Purpose of report:	I'w Nodi <i>For Noting</i> <input type="checkbox"/>	I Benderfynu arno <i>For Decision</i> <input checked="" type="checkbox"/>	Am sicrwydd <i>For Assurance</i> <input type="checkbox"/>

Lefel sicrwydd: Assurance level:	Arwyddocaol <i>Significant</i> <input type="checkbox"/>	Derbyniol <i>Acceptable</i> <input type="checkbox"/>	Rhannol <i>Partial</i> <input checked="" type="checkbox"/>	Dim Sicrwydd <i>No Assurance</i> <input type="checkbox"/>
	Lefel uchel o hyder/tystiolaeth o ran darparu'r mecanweithiau / amcanion presennol <i>High level of confidence/evidence in delivery of existing mechanisms/objectives</i>	Lefel gyffredinol o hyder/tystiolaeth o ran darparu'r mecanweithiau / amcanion presennol <i>General confidence / evidence in delivery of existing mechanisms / objectives</i>	Rhywfaint o hyder/tystiolaeth o ran darparu'r mecanweithiau / amcanion presennol <i>Some confidence / evidence in delivery of existing mechanisms / objectives</i>	Dim hyder/tystiolaeth o ran y ddarpariaeth <i>No confidence / evidence in delivery</i>
<p>Jus Cyfiawnhad dros y gyfradd sicrwydd uchod. Lle bo sicrwydd 'Rhannol' neu 'Dim Sicrwydd' wedi'i nodi uchod, nodwch gamau i gyflawni sicrwydd 'Derbyniol' uchod, a'r terfyn amser ar gyfer cyflawni hyn:</p> <p><i>Justification for the above assurance rating. Where 'Partial' or 'No' assurance has been indicated above, please indicate steps to achieve 'Acceptable' assurance or above, and the timeframe for achieving justification for the above assurance rating. Where 'Partial' or 'No' assurance has been indicated above, please indicate steps to achieve 'Acceptable' assurance or above, and the timeframe for achieving this:</i></p> <p>Although assurance is provided in that there are clear and validated plans to address the DDAT challenges facing the Health Board, partial assurance is given due to the uncertainty of delivery from a financial perspective and the challenge of recruitment and retention of the capabilities needed to achieve what is necessary.</p>				
Cyswllt ag Amcan/Amcanion Strategol: Link to Strategic Objective(s):		The effective and efficient delivery of DDAT is a fundamental component of delivering local, regional and national strategies. This includes A Healthier Wales , Ministerial priorities, the Clinical Services Strategy and Living Healthier, Staying Well .		
Goblygiadau rheoleiddio a lleol: Regulatory and legal implications:		Ineffective management of DDAT and, as a result, the applications and services across the Health Board, could lead to major service disruptions and data loss, which can have regulatory as well as legal implications. In addition, ineffective prioritisation, commissioning, development and delivery of DDAT enabled change, will impact on the Health Board's ability to deliver its objectives.		
Yn unol â WP7, a oedd EqlA yn angenrheidiol ac a gafodd ei gynnal? In accordance with WP7 has an EqlA been identified as necessary and undertaken?		An EqlA was completed in 2021 as part of the Digital Strategy work. It is recognised that a further assessment will be required for any future organisational change process that might result from this.		
Yn unol â WP68, a oedd SEIA yn angenrheidiol ac a gafodd ei gynnal? In accordance with WP68, has an SEIA identified as necessary been undertaken?		A socio-economic impact assessment (SEIA) was undertaken for the Digital Strategy 2021 and has not been identified as necessary for the preparation of this report. The potential of digital enabling the delivery of the "triple aim" of improving patient experience, population health and per capita cost of health care would have a positive socio-economic impact in		

	terms of social and digital inclusion, raising education levels and the potential to improve the health tech economy. Therefore, it is suggested that a SEIA would be completed when the current strategy is revised.
<p>Manylion am risgiau sy'n gysylltiedig â phwnc a chwmpas y papur hwn, gan gynnwys risgiau newydd (croesgyfeirio at y BAF a'r CRR)</p> <p>Details of risks associated with the subject and scope of this paper, including new risks(cross reference to the BAF and CRR)</p>	<p>This paper is specifically in relation to the BAF risks noted in Appendix A. However, operational risks CRR 21 – Cyber Security risks and CRR20 - Informatics infrastructure capacity, resource and demand are also mitigated by this work.</p>
<p>Goblygiadau ariannol o ganlyniad i roi'r argymhellion ar waith</p> <p>Financial implications as a result of implementing the recommendations</p>	<p>The financial implications of the proposed investments and initiatives to implement this change are included in the IMTP proposals.</p>
<p>Goblygiadau gweithlu o ganlyniad i roi'r argymhellion ar waith</p> <p>Workforce implications as a result of implementing the recommendations</p>	<p>This change will require the implementation of a new structure for DDAT, which will increase the head count and will be subject to an organisational change process.</p>
<p>Adborth, ymateb a chrynodeb dilynol ar ôl ymgynghori</p> <p>Feedback, response, and follow up summary following consultation</p>	<p>The current state of DDAT and the plans for the transformation of the operating model have been developed through consultation with the Exec Management Team, the Transformation and Improvement Team, Informatics Teams, Hospital Management Teams and Clinical Informatics Leads. Stakeholders recognise the current gaps in provision of DDAT and the need for modernisation, the impact of doing nothing and are supportive of proposals to positively move forward.</p> <p>These proposals have been developed through consultation with the PPPH Committee, who have provided input and challenge and presented at a Board Workshop to ensure a common understanding where there was support.</p> <p>John Cunliffe (IM) has been consulted throughout and fully concurs there are gaps that require attention through investment and a positive journey of modernisation. John Cunliffe is committed to being closely and continually involved.</p> <p>Significant engagement was undertaken to develop the Digital Strategy 2021-2024 and many aspects identified align with this report</p>
<p>Cysylltiadau â risgiau BAF: (neu gysylltiadau â'r Gofrestr Risg Gorfforaethol)</p>	<p>BAF Risks in Appendix A are the subject of the paper.</p>

Links to BAF risks: (or links to the Corporate Risk Register)	
Rheswm dros gyflwyno adroddiad i fwrdd cyfrinachol (Ile bo'n berthnasol)	Amherthnasol
Reason for submission of report to confidential board (where relevant)	Not applicable
Camau Nesaf: Gweithredu argymhellion Next Steps: Implementation of Recommendations <ul style="list-style-type: none"> - Further revision and refinement of the BAF, as necessary. - Completion of IMTP process - Starting the Organisational Change Process for the new DDAT operating model at the senior leadership levels - Complete the discovery exercise and digital maturity assessments of the Health Board in partnership with DHCW - Working with PPPH to develop deep dive sessions for particular elements of the plan to provide greater assurance and understanding of the problem and delivery. 	
Rhestr o Atodiadau: List of Appendices: The full set of appendices are for reference only and need not be read in detail. They provide evidence for assurances that the conclusions and recommendations in this paper are sound. The PPPH Committee will be considering a deeper dive into some of these areas. Appendix A – Digital, Data and Technology Proposed BAF Risks. Appendix B – Overview of Gartner IT Score DDAT Maturity Model. Appendix C – Global Resources External Benchmark of DDAT Roles Appendix D – Additional DDAT Resource Capability Requirements to Transform Operating Model Appendix E – ICT Infrastructure Essential Services Programme Appendix F– HIMSS EMRAM Model Appendix G – Example savings and benefits from Microsoft Software investments.	

1. Introduction/Background

Note: *The terms Digital, Data and Technology (DDAT) will be used throughout this document.*

The Health Board's strategic plans are, with the increases and complexity of demand in mind, to improve the health of the population, the provision of direct healthcare services and do so within a balanced budget.

The Health Board, in line with every other organisation in the internet age, need to put digital at the core of its strategic ambitions, as an enabler in changing models of care, to transform patient experiences and to improve outcomes. They have recruited at Board level, a Chief Digital and Information Officer (CDIO) with the knowledge and experience to provide leadership and expertise in this area.

This report presents the findings of a further discovery exercise the CDIO and his leadership team have done in terms of the current state of the Informatics service operating model and proposes a move towards a good practice DDAT model using proven methods and maturity models. It also presents, as a result of this work, an update on the Board Assurance Framework (BAF) risks relating to DDAT. (See Appendix A).

Definition of DDAT:

Digital is about how organisations change their business models to take advantage of the technologies of the internet age in order to enable better outcomes. This takes into consideration the technologies and tools used both inside and outside the enterprise by customers/patients/citizens.

Data and analytics combined, starting with the goals (or problems) in mind, can provide insights prompting actions that will deliver better outcomes for the organisations. Information governance and data handling is a key element of this area.

Technology is the broad and complex ecosystem of IT systems, smart devices, internet of things and everything that is combined through modern techniques and governance can meet the needs and wants of individuals, whilst addressing the holistic needs and wants of society.

DDAT combined is the common term used for the profession and the operating model, which when effectively delivered, results in the best value.

The CDIO is also responsible for paper Patient Records Management, as in the storing, locating, retrieval, security, retention, destruction and possibly digitisation. This does not include clinical recording of information or the standards pertaining to that which are the responsibility of the Chief Medical Officer.

2. Body of report

The CDIO and team have completed this high-level discovery exercise to ascertain the current state of the DDAT environment and operating model against good practice and have identified various deficiencies, both in the current environment and with the operating model.

Through consultation that included the PPPH Committee and the lead Independent Member for DDAT, this has resulted in the BAF risks being updated, as shown below:

DDAT BAF RISKS AUG 2022

Principal Risk	Initial Risk Score (impact x likelihood)	Current Risk Score (impact x likelihood)	Tolerable Risk Score (target by year end)
<p>There is a risk that we won't achieve our strategic and operational objectives, caused by having inadequate arrangements for the identification, commissioning and delivery of Digital, Data and Technology enabled change.</p> <p>This will lead to an inability to deliver new models of care in line with national and local strategies, which results in a significant future degradation in patient safety, quality of care, public confidence, financial controls and reputation.</p>	16 (4x4)	16 (4x4)	12 (4x3)
<p>There is a risk that we are unable to maintain the minimum level of service to our patients and population, caused by having inadequate digital applications, infrastructure, security and resources that may result in major ICT failures or cyber attack.</p> <p>This will lead to compromised – safety and quality of care, reduced public confidence, reputational damage and finance and regulatory non-compliance.</p>	25 (5x5)	20 (5x4)	12 (4x3)

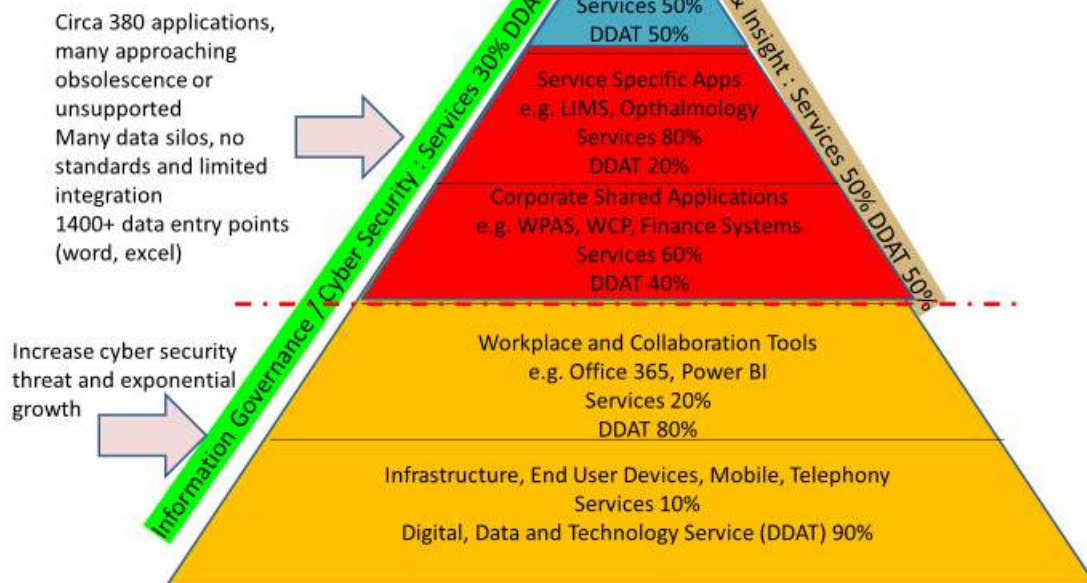
There are numerous maturity models available that describe how an effective DDAT function should operate in different organisational environments, and these include the capabilities required to deliver effectively. The one which is used by many and is all encompassing across all disciplines of DDAT is the Gartner Group IT Score. A brief overview of this and its applicability to BCU is provided in **Appendix B**. The challenge is to be able to obtain the skills and capabilities to effectively apply the model and deliver good practice.

The CDIO presented a Board Workshop session in October, which was to educate the Board on what DDAT is, the current and future target states in preparedness for decisions on this paper.

Some of the slides from that session are incorporated into this report to help illustrate the position.

The current state assessment of the DDAT environment

Current State Assessment. The What.



This diagram shows the different elements of DDAT (not including Paper Patient Record Management) and a Red, Amber, Green (RAG) rating provided for each area in terms of levels of concern, as it relates to the BAF risks.

Summary of main areas of concern

DDAT currently manages circa 380 separate clinical and business applications that are known about, some of which are nearing obsolescence and present a risk to service continuity and, although some are integrated, there remains numerous data silos.

This means that there isn't one patient record; bits of the patient record could be spread across numerous systems, paper and may not always be up to date. This introduces risk, requires clinicians to often enter the same data multiple times in multiple systems, needing to ask the patient multiple times for their status and problems which introduces risk and inefficiency. This is especially the case within unscheduled care and admissions from there.

With this, many non-standard data silos exist, many of which are in closed systems and therefore inaccessible, it is extremely time consuming and, in some cases, impossible to extract data to present for performance reporting and other insights. e.g., IQPR. To produce these reports currently requires significant manual intervention.

The risk of cyber-attack has exponentially increased with the ease in which criminals can now obtain tools to hack systems, steal data or hold organisations to ransom. The WannaCry and recent Advanced System hacks ([Advanced cyber-attack: NHS doctors' paperwork piles up - BBC News](#)) are examples of this.

The way to mitigate these risks is to keep all elements of the information and technology estate as current as possible. This especially means the basic infrastructure and collaboration environments, on top of which our critical clinical and business applications reside. It is no longer possible to sweat the asset in the DDAT environment as this will open the Health Board up to risk of attack for which, if the vulnerabilities exist, the probability is high. Therefore, the refresh rates for DDAT are significantly increased and within shorter time frames, which in turn increases the resources and

finance required to keep up. This also accelerates the need to move to more cloud-based software as a service solutions and contracts thus mitigating some of the upgrade work. This means a move to a revenue based model as opposed to sunken capital investments. All these things combined mean the ongoing revenue costs of the IT area of DDAT, as an estimate, will likely double in the next 3 – 5 years.

With due regards to the move to cloud based models, based on industry projections - current estimated annual revenue costs for the ICT element of DDAT alone are estimated as:

Current Annual ICT Maintenance, Support & Licensing Budget	Projected Annual Budget Requirement (3-5 Yrs)
£6,462,000	£10,200,000

Board are asked to take consideration of this with due regards to medium to long term financial planning.

Standard Operational Spend

The Wanless review (2002) recommended that the NHS should double spending on ICT resources from 1.5% to 3.00 % of organisation turnover and this has remained an ongoing benchmark over the years. Currently some 20 years later the Health Boards DDAT service has yet to achieve this base figure currently standing at 1.1% of overall spend. This is compared to recommended 4.5 - 5% by the National Audit Office (2018) for organisations who want to put digital at the core of their plans and, an overall average of 2% across Wales and 2.8% across England. Therefore, BCUHB is coming from a low base.

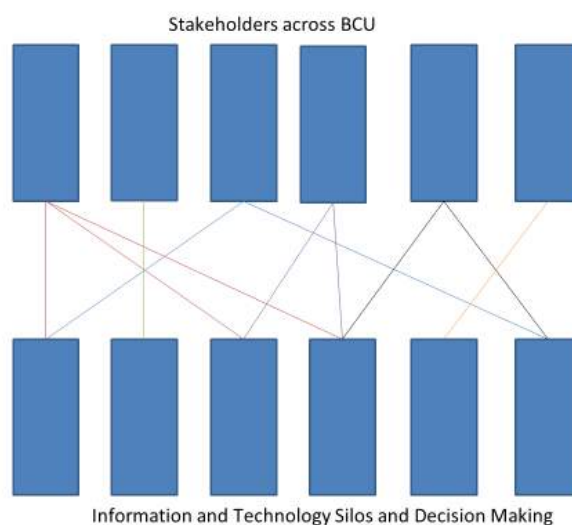
Current State of the DDAT Operating Model

This diagram illustrates the way in which requests for work come into the DDAT function.

Current State Assessment. The how.

No clear service plans
No business roadmaps
No digital roadmaps

450+ pieces of work
No priority
No consistency
No visibility
No transparency
Unclear finance model



In most cases requests for work come from different people with different priorities to different contacts in DDAT. Requests received are uncoordinated and not prioritised or impact assessed against those of the organisation and do not always consider the wider architectural implications for the Health Board. As well as this, the finance and resourcing implications are not always clear,

including those required for operational running and sustainability. This may be one of the reasons the applications landscape, described earlier, is as it is.

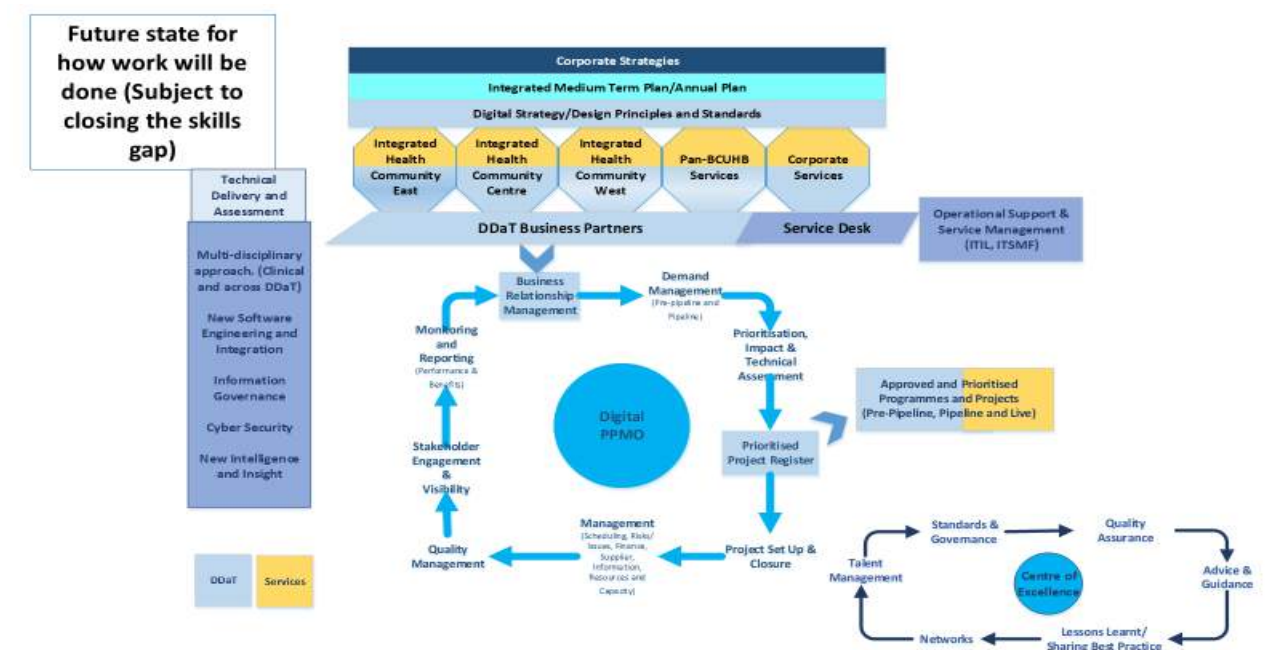
The current financial management arrangements around DDAT requires reconsideration. For example, once project business cases are approved, all revenue consequences necessary to cover the total cost of ownership across the lifecycle of the project through to on-going business as usual support arrangements should be agreed and signed off by Finance before commencement and money that has been committed through decision follow. More detail is provided as to state of finances and financial management of DDAT later in this report. A portfolio approach which considers the optimal way of delivering multiple projects vs separates will result in better use of resources and lower costs overall.

The future state of the DDAT operating model

The future state is to implement a new operating model based on good industry practice, however, the immediate starting point for BCU is to address the relationship with the “business” and the way in which new requests for work are considered, impact assessed, how the solutions to meet the needs are designed and developed and how DDAT will ensure best overall utility of our DDAT resources aligned to delivering the strategies and priorities of BCUHB. Of importance right now is mitigating the BAF risks noted in **Appendix A**.

An imperative is to implement a standard practice approach to how new DDAT projects are commissioned, prioritised, impact assessed (what is involved to deliver them properly), financed and delivered.

The diagram below outlines the proposed approach for how new pieces of work will be commissioned in line with standard practice. This has been developed with the Transformation and Improvement Team who will be adopting the same practice. In many cases a multi-disciplinary team or group made up of DDAT, Transformation, Workforce and Finance will be employed to ensure the organisation are working on the right things and projects are properly resourced to deliver the change that goes with the data and technology.



This standard practice way of working requires capabilities and skills that do not currently exist within the current BCU DDAT function.

The roles and capabilities required are summarised below:

Architects: (Applications, Data, Business and Technical)

These are people who design applications, hardware, software, networking, information systems and services intended to solve identified problems within the context of the whole organisation. They should have strong design skills across multiple IT silos and the health care domain.

Software Engineers:

These are people who deal with the design, development, testing, and maintenance of software applications. Software engineers apply engineering principles and knowledge of programming languages to build software solutions for end users. It is unfortunate that there is a diversity of software applications across the Health Board – a software engineering team is required to mitigate the risks with these and develop replacements to new and consistent standards.

Product Management:

DDAT currently deliver projects which have a defined start and end. Once the project is complete and the product delivered (in many cases the applications noted above) there is little consideration for its longevity or continual improvement. The product manager is the person who identifies and understands the customer need and the larger organisational objectives that a product or feature will fulfil. They describe what success looks like for a product and ensure the combined multi-disciplinary team required to continually deliver that improvement and the associated benefits is financed and maintained up to the point it requires decommissioning. E.g. The Welsh Clinical Portal (WCP) was delivered some years ago with training included in the project. WCP has changed significantly since then with many new features released. These have not been exploited and there are no arrangements for new users to be trained on WCP. The product is not being owned or managed.

Business Partnering/Relationship Management:

The Business Relationship Manager (BRM) is responsible for understanding the business, assisting in the prioritisation of projects, ensuring that projects align with the technology that provides maximum return on investment and directing IT strategy in support of the overall business strategy. A good understanding of the business/clinical models and direction is important for this to be a success and it will result in good, prioritised requirements coming into DDAT.

Service Designers and User Experience Designers:

Information and Technology is the means to an end not the end itself. Service designers design the end-to-end journey of a service with regard to what DDAT can enable. This helps a user realise their goals and BCUHB deliver a strategic or operational intent. More importantly, benefits are realised from investments in DDAT.

Business Analysts:

Working with Service Designers Business Analysts processes, interpret and document business processes, products and services through the analysis of data. This helps to design “to be” services that will improve performance.

Training and Exploitation Teams:

There is no training or exploitation team in DDAT. Anecdotally, although evidenced by service desk calls, the digital literacy of the workforce in BCU is poor. Training is sometimes included short term as part of projects. These are teams of people who, through different means, enable the workforce to exploit the information and technology investments made to realise the most value to them. They would likely support the product teams above if they were established.

Subject matter Information Analysts or ideally Data Scientist:

In order to move from a reactive information provision team to one that is smarter, based on a

good knowledge of the business areas, in providing targeted intelligence and insight to inform better decisions there is a need to bring in some specialist resources. These will educate and embed best practice across the organisation and wider team to increase the maturity from just providing information on request to become more proactive through working with teams to derive targeted intelligence and Insight. This removes reliance on agency and external consultants such as Lightfoot.

Clinical Information Officers:

Clinically qualified persons acting as a liaison between the disciplines of clinical medicine, DDAT and change is essential if BCUHB is to deliver successful change enable by digital. Enrolling clinicians in pathway redesign, developing digitised clinical practice with due regards for clinical safety is essential to success of any transformation. There are currently some limited resources working in this area doing a good job – more are required to support effective change.

Cyber Security Engineers:

BCU has the largest, most complex ICT Infrastructure within NHS Wales and is arguably the Health Boards biggest hidden asset. The ever-increasing threat posed by cyber-attacks should now be worryingly clear and real. It is vital the Health Boards ICT infrastructure be suitably resourced to continuously manage and evolve to the ever-increasing cyber threats the modern world has come to anticipate.

Having a suitably skilled and resourced Cyber Security Team (currently 2x WTE) will help raise the organisations overall security posture and provide a higher level of mitigation against potential significant service disruption and data loss in the event of a cyber-attack. Furthermore, ensure the Health Boards legal regulatory compliance in relation to the Network & Information Systems legislation.

Please see **APPENDIX D** for detailed costings for these roles and the minimum viable requirements.

Not having these standard DDAT skills and capabilities in place will mean the new operating model can't work as proposed. The job descriptions and scope of these roles in the public sector are defined and are available for download from the DDAT Profession Capability Framework (<https://www.gov.uk/government/collections/digital-data-and-technology-profession-capability-framework>). Although it is understood that these will need to be adapted to fit in with the Welsh, BCU Agenda for Change NHS JD format.

NB. Assuming funds were made available, there will be a challenge in obtaining these skills, their recruitment and retention, in what is an exponentially growing market. Like many sectors and industries at present, there is an ever-increasing demand for highly skilled staff, this is being felt more than ever in respect of DDAT specialist roles and competencies. With the adoption of new digital ways of working, underpinned by more complex and emerging technologies, retention and salary demands arguably pose the biggest barrier in the short to medium term. DDAT have engaged with WOD to explore the possibility of introducing specialist pay allowances or market supplements to counter these issues, these supplements are now common place in NHS and the wider public sector in England. **If full time employees are not obtainable there will be the requirement to commission external service providers to augment the existing teams which will cost more.** However, the financial implications in this report are based on NHS employees.

Third party digital recruitment firms have been engaged with to estimate the costs of some of these roles, details of which are provided in **Appendix C** as an illustration. This does not provide the entirety of the ask but provides an illustration of the levels recruited at other organisations.

As discussed at the Board workshop – no financial benefits can be directly attributed to the investment in these roles. However, once these skills are in place, benefits articulated in future business cases will be accurate, tracked and attainable. Further there will be cost avoidance through reducing current project failures, lack of benefits realisation, technical debt and the non-delivery of various elements of the IMTP.

The future state of the DDAT environment and aspired outcomes, a top down perspective

It is necessary to be clear about the future state of the DDAT environment in the organisation. This will be in the form of a target blueprint that will show the different components that need to be delivered and provide a framework for all future design, investment and delivery decisions.

DDAT is the means to an end and not the end itself and as such the future blueprint for DDAT should be informed by a clinical and business blueprint. i.e. What is the future organisation and service design that DDAT will enable?

It is expected that the Clinical Services Strategy delivery work and other supporting strategy work will develop these models in time. In the absence of these it is proposed that the future target clinical and business blueprints are based on the capabilities present in average performing health and care providers across the World.

Our maturity against the average can be measured using internationally recognised Electronic Medical Records Adoption (EMRAM) and Digital Health Care usability and maturity models. Two leading models to be used for this are the HIMSS EMRAM and KLASS usability surveys.

HIMSS EMRAM incorporates a methodology and algorithms to automatically score hospitals, on their Electronic Medical Records (EMR) capabilities, relative to their digital maturity, providing a target state that can inform a more detailed road map to ease adoption. Measuring clinical outcomes, patient engagement and clinician use of EMR technology starting with acute care hospitals and their affiliated ambulatory care settings. It is an eight-stage model (0-7) with comparisons to healthcare organisations in the same country and around the world.

This allows understanding and assessment of gaps in an organisations digital maturity, utilising the EMRAM Gap Assessment Report, allowing an outline of areas to address to be able to reach Stage 7 and full electronic medical record adoption.

The CDIO has worked with DHCW and Digital Directors across Wales and secured agreement that HIMSS will do an assessment of each Health Board's maturity and this will be funded by DHCW. Part of this will be to identify a target level to aim for Nationally that can be presented to Welsh Government for consideration. It is not expected that this would be HIMSS Stage 7.

The basic future expectations for clinicians and patients (Derived from the Digital Strategy 2021).

Our aspiration is that digital and accurate data will be core to our most important responsibility to deliver the best patient-centred care within the resources available. The basic expectation is that patients or their carers will have:

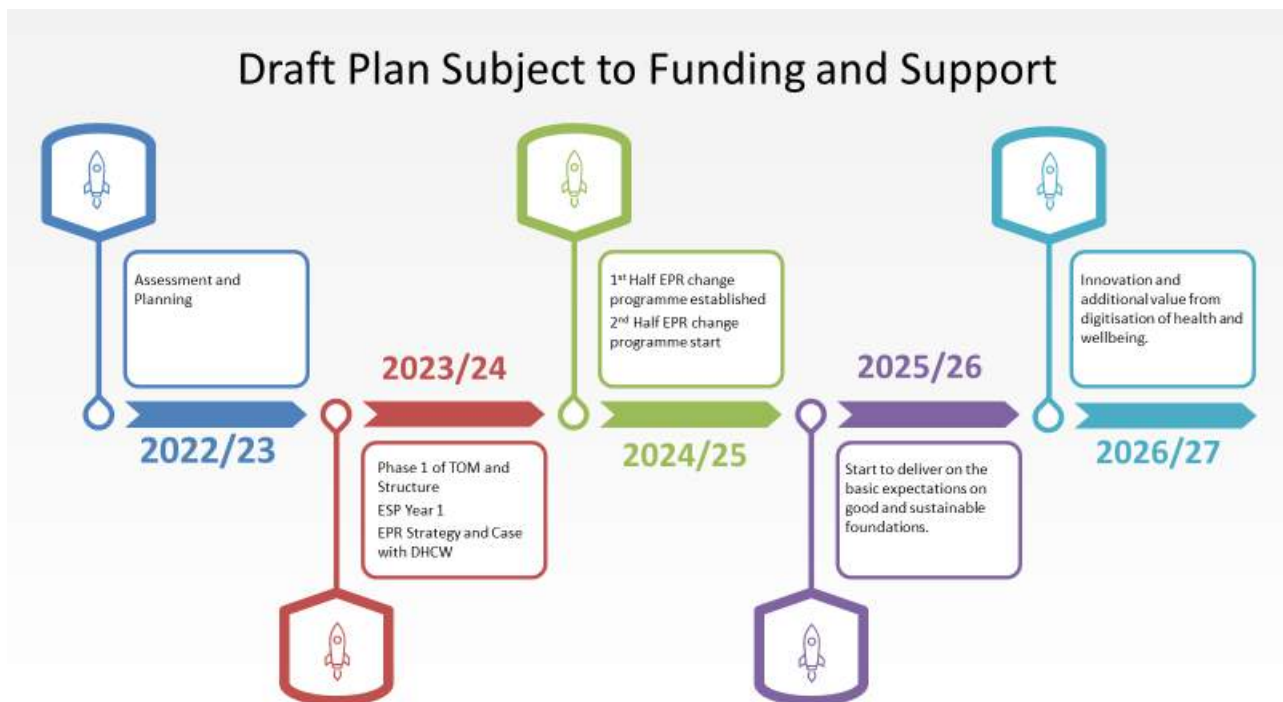
- confidence that health and care staff have their up-to-date information, regardless of the care setting so they won't have to repeat details unnecessarily.
- confidence systems will be in place to easily manage appointments, refill medications, and speak with health and care staff.
- confidence in their use of the internet and basic digital skills.

- there will be increased transparency about how the health and care system protects and uses their data.
- digital access to their health and care information, such as test results, medications, procedures and care plans from across all parts of the system so they can better understand and plan their care and;
- access to a wide range of consumer health and wellbeing tools, apps and services specifically designed around their individual needs and wants.

Health and Care staff will have:

- confidence that the IT services they use will enable fast and seamless recording and access to quality information.
- use of modern easy to use devices suited to their working practice,
- that the IT they use and the data they handle is protected from cyber-attack or major failure and
- that the data and the tools used can provide new insights as to the optimal spend of resources to meet the demands to make things better for the patients and the health care system

Timelines for the delivery of these expectations are unclear until a more detailed assessment can be made, and costed roadmaps developed. An illustration is provided below:



With new agile delivery methods, that could be deployed, if the new operating model and ways of working are agreed, the focus would be on an 80 / 80 approach - making 80% of the things we do for 80% of patients simpler, clearer, faster for the patients as well as the clinicians in an iterative manner so benefits would be delivered on the way across the period.

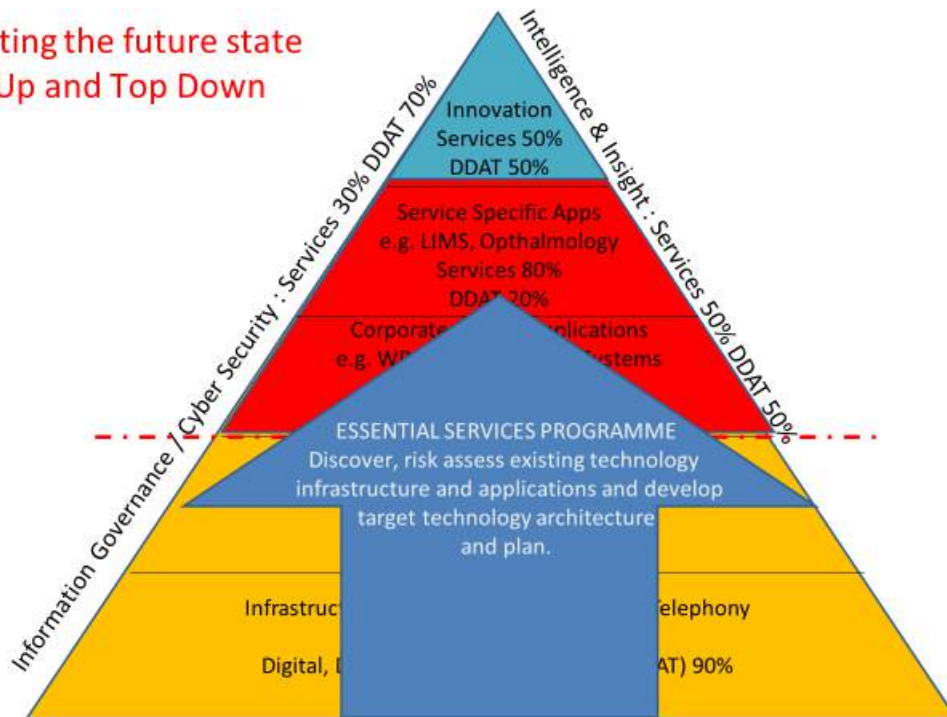
This practice is equivalent to Gartner IT Score 3 to 4 ways of working.

A Bottom Up perspective

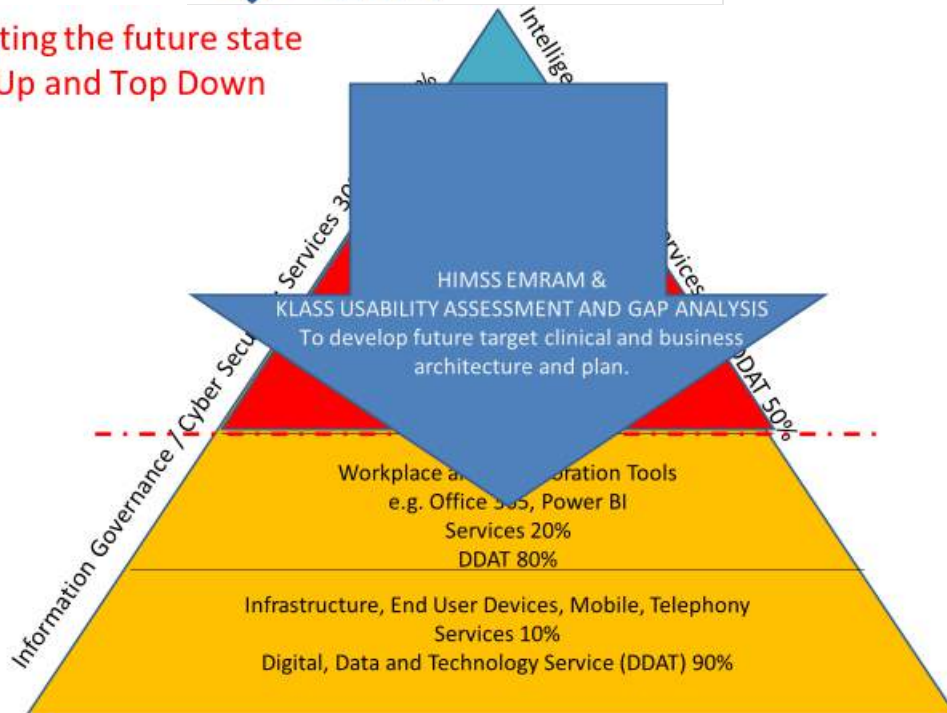
The blueprint will also need to be informed by a “bottom up” perspective that looks at the risk assessment of the current technology, infrastructure and applications environments through the technology and cyber security risk lenses. Due to the current risks presented by unsupported application, infrastructure and services it will be necessary to replace or upgrade some components faster. This might mean components are changed that are not aligned to the overall “top down” target blueprint.

These diagrams below attempt to illustrate the bottom up and top down approaches necessary to develop the future state. Plans and costs on how to deliver the future state will then need to be developed.

Blueprinting the future state Bottom Up and Top Down



Blueprinting the future state Bottom Up and Top Down



For both aspects of this work to be effectively carried out it will require the commissioning of external skills and capabilities to help us ascertain the baseline position and determine the future state and outline plans to get there. This will come from third party specialist companies. The culmination of these costs in this financial year could be circa **£350,000** which has previously been discussed EMT. Discussion with Finance to determine the way in which this pressure can be funded is progressing as well as asking external parties such as DHCW.

Growth in Demand for DDAT Services

The use of and demand for information and technology services has grown exponentially over the last five years and the resources to support that have not.

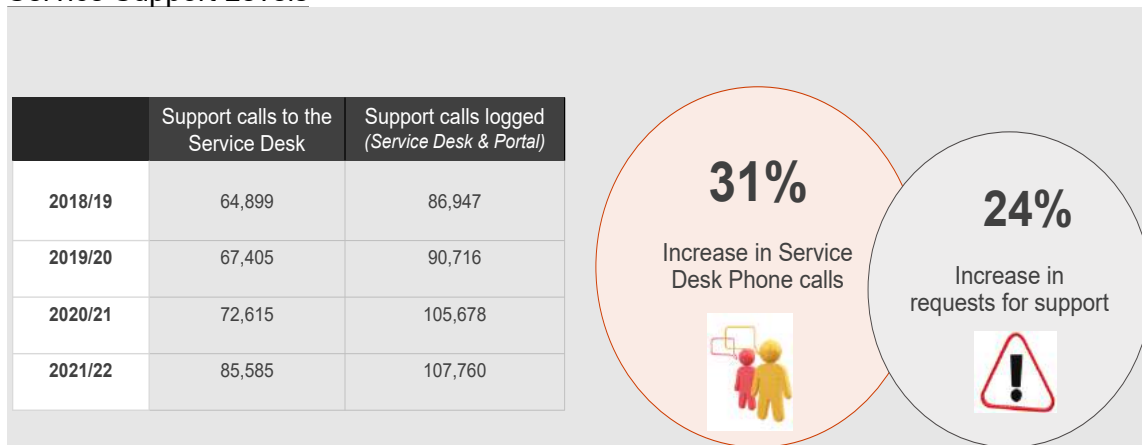
The Covid pandemic has also necessitated a fundamental shift in ways of working from which the Health Board cannot realistically retrench. Agile working has changed perceptions with technologies, and the support thereof, re-aligned with a new normal way of working. However, managing these new ways of working requires a shift in investment models and increased digital appreciation throughout the organisation. The benefits accrued from this way of working, reduction in transport costs, accommodation and in many cases increased effectiveness have not been measured.

The overall cost and resourcing of DDAT should increase with the overall increase in its use, growth and complexity, although the unit costs of DDAT should decrease through efficiencies in how DDAT is delivered.

The following diagrams illustrate the growth in demand across DDAT.



Service Support Levels



The budgets have not grown comensurate with the growth in use and service is impacted as a result.

There is no maintenance or upgrade plan for the hardware and software investment that where made with temporary funds during the COVID pandemic and some of this will be included in the Essential Services Proposition.

ICT Infrastructure and Software Essential Services Programme:

Supported technology infrastructure (hardware and software) is fundamental in supporting day-to-day clinical and business activities and keeping the Health Board safe from major IT failures and cyber attack. To achieve this, as is the case across all industries, means an increased frequency of upgrades and refresh cycles is required. This, coupled with the recent increase in volume and use of IT, which means more to refresh, means a requisite increase is required in the levels of investment.

The three-year rolling Essential Services Programme addresses this issue the detail of which is at **Appendix E**.

It has been developed under the leadership the Chief Technology Officer, with input from DHCW who have been furnished with the requirements and needs.

With acknowledgement of the current extreme financial challenges facing the Health Board, through the CDIO and with the help of third-party expertise in this area, Co > Stratify the programme has been challenged and reduced to that which is essential in terms of mitigating risks of failure.

Without it, challenges will be faced with security, productivity and connectivity which can lead to unexpected downtime, data breaches and prolonged clinical operational disruptions. Noted in the BAF risks above.

3. Budgetary / Financial Implications

Financial Year - 2022/23

The immediate budgetary implications in year are estimated to be a worse case £300-350K to bring in the external expertise (consultants) and assistance to assist with the current and future state models and plans. These are being managed with the assistance of finance across current budgets and with help from DHCW and will not cause a pressure.

Financial Year – 2023/24

Bringing in new capabilities to deliver the transformation of Informatics into DDAT is a recurrent £1,657,035. This is the minimum requirement to introduce a standard practice way of working and that which the Board are asked to support as an IMTP bid. By bringing these capabilities in and applying the minimum good practice there will be a significantly higher probability that benefits, including savings, identified for future and some current projects will be realised. Therefore, all be it not directly attributable now, as identified by PPPH committee, this is an invest to save case.

PLAN B

It is recognised that the Health Board faces unprecedented financial challenges. If the funds cannot be diverted from other places or made available and the change cannot be progressed through 2023 onwards then the intent will be to continue to progress with the right path on a best endeavours basis as has been the case over the last few years. The BAF risks will likely remain at a similar level as this will be a slower and more incremental approach over many years.

The Essential Services Programme (ESP) 2023/24 – 2026/27 estimated costs are:

The annual requirement for the equivalent to ESP in previous five years has been circa £5m that historically has not been fully funded due to competing priorities. This has resulted in a greater level of backlog maintenance and risk.

The table below shows the previous two years of investment and that which is required from 2023/24 onwards to deliver the Essential Services Programme as detailed in **Appendix E**.

The Board are asked to acknowledge this requirement although it is recognised that it needs to be considered against other priorities and risks.

	Historic and Future Capital				
F/Y	2021/22	2022/23	2023/24	2024/25	2025/26
Budget	£4,925,000	£1,516,000	£7,111,450	£7,840,337	£8,663,758

	Historic and Future Non-Pay Revenue			
F/Y	2022/23	2023/24	2024/25	2025/26
	£6,458,427	£8,634,172	£9,941,291	£10,893,450
Budget				
Variance		£2,175,745	£1,307,119	£952,159

It should be acknowledged that most of the revenue pressures identified are unavoidable in that they are increases in licencing costs. E.g. The Microsoft Enterprise Agreement increase for 2023/24 is £667,305 per annum. Furthermore, National Policy directives on Cyber Security maintain that we continually invest in information security tools to reinforce and raise our overall cyber security posture. These capabilities will incur an additional revenue cost of £200K per annum.

If the Health Board have the right capabilities to effectively deliver on some of these projects, as well as the prime purpose of mitigating risks of failure, some benefits and savings could be identified and realised.

Appendix F Shows example savings and opportunities from Microsoft Software Investment

4. Risk Management

The transformation of the current Informatics function and operating model to a good practice DDAT model will, once established, address some of the issues for how the Health Board currently deliver DDAT, enable the Health Board to deliver its strategy, enabled by DDAT and over time mitigate the BAF risks in **Appendix A**.

5. Equality and Diversity Implications

As noted above an Equality Impact Assessment (EqIA) was carried out as part of the development of the current Digital Strategy and if there is to be any Organisational Change Process resulting from investment as a result of this paper and further proposals then an EqIA will be required to be done at that point.

Appendix A - Digital, Data and Technology BAF Risks. Best printed and viewed on landscape A3.

Risk Number	Responsible Director	Assurance Committee	Principal Risk	Controls in place to manage risk (mitigation)	Internal assurances	External Assurances on controls	Gaps in control (where the controls are not working or further controls required)	Gaps in assurance i.e. negative/limited or no assurance (where assurance has not been gained)	Initial Risk Score (impact x likelihood)	Current Risk Score (impact x likelihood)	Tolerable Risk Score (target by year end)	Action plan description	Action plan due date
2.5	Chief Digital Information Officer	People, Partnerships and Population Health Committee	There is a risk that we won't achieve our strategic and operational objectives caused by having inadequate arrangements for the identification, commissioning and delivery of Digital, Data and Technology enabled change. –This will lead to an inability to deliver new models of care in line with National and Local Strategies which results in a significant future degradation in patient safety, quality of care, public confidence, financial controls and reputation.	No controls yet in place subject to actions being delivered by newly appointed CDIO reviewing the current operating model and developing proposals and plans for its transformation into a minimum viable Digital, Data and Technology operation for the Health Board.	Annual Plan delivery assurance report to PPPH Committee	Benchmarking the service against external assessments. e.g. Gartner Group IT Score. NCSC. Cyber Essentials+ IG Toolkit Government Digital Service DDAT roles and possibly SFIA assessments.	Implementation of new DDAT operating model and structure including investment in skills and capabilities.	Plans, finance and resourcing not in place.	16 (4x4)	16 (4x4)	12 (4x3)	Proposals for a new operating model and its associated resource requirements and financial case is being developed for inclusion in the 2023/24 IMTP. This will include new functions for: <i>Intelligence and insight, Digital PMO, Architecture Software engineering, Service design and clinical change , Governance arrangements</i>	Nov-Feb
NEW ADDITION ON TOP OF ABOVE	Chief Digital Information Officer	People, Partnerships and Population Health Committee	There is a risk that we are unable to maintain the minimum level of service to our patients and population caused by having inadequate digital applications, infrastructure, security and resources that may result in major ICT failures or cyber attack. This will lead to compromised – safety and quality of care, reduced public confidence, reputational damage and , finance and regulatory non-compliance.	Cyber Security controls: Cyber Assessment Framework with Welsh Government. Monitoring tools to flag anomalies. Antivirus/Anti Ransomware software.	Annual Plan delivery assurance report to PPPH Committee	External expert independent review and assessment of the current environment.	Develop costed proposal for three-year Essential Services Programme to address the issues identified.	Plans, finance and resourcing not in place.	25 (5x5)	20 (5x4)	12 (4x3)	Proposals being developed for an Essential Services Programme to address deficits as they become known.	Nov-Feb

Appendix 2 Digital, Data and Technology Target Operating Model & Gartner IT Score Maturity Model Explainer

July 2020

1. Background

As with most successful organisations in the 21st Century, the Health Board, in line with national strategies, wants to put digital at the core of its strategy and delivery and has recruited a CDIO to lead this work. The Informatics Service recognises a need to review its current operating model in order to adequately support this and to reflect the changing, external environment, organisational demands, changes in the technology, the information and regulatory landscape and modern approaches to delivery. The name used across the public sector to describe the profession that encompasses our future ambitions for Intelligence and Insight, Patient Records Management Services, Information Governance, Information and Communications Technology is **Digital, Data and Technology (DDAT)**.

Therefore, we can say that we are moving from BCU's current Informatics model to a new DDAT model.

This paper advocates BCUHB follows proven practices applied elsewhere and this is represented by the Gartner Group IT Score model described in this document.

2. Approach

The first step in any organisational design is to establish a clear understanding of the enterprise's overall DDAT demands and the value proposition DDAT is expected to deliver. The second step is optimal delivery, seeking to "organise around what you are trying to optimise".

The vision for the future of Health and Care Services is integration across traditional organisational boundaries, putting people (citizens/patients) at the centre with a focus primarily on collectively, as a system, delivering better outcomes with people as opposed to the traditional paternalistic approach of delivering services to or for people. This is aligned to Value Based Healthcare Models and the Primary Care Home Model, which bring together a range of health and social care professionals working to provide enhanced personalised and preventative care for their local communities.

Good information, intelligence and predictive analytics is critical to enabling this work.

However, in the case of BCUHB, there is also the immediate priority, which is to raise the basic maturity and delivery of direct care provision.

A critical and basic prerequisite for safe, reliable and effective care is a combined patient record (ideally digital) that is easily accessible at the point of care.

The expectation is that patients or their carers will have:

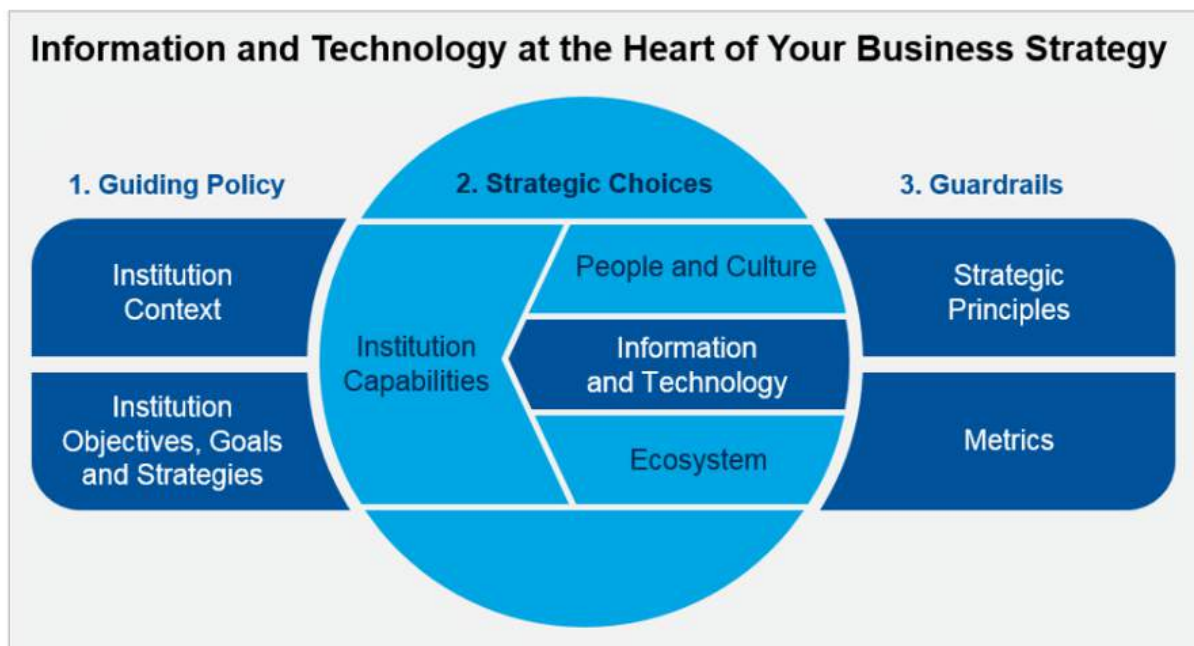
- Confidence that health and care staff have their up-to-date information, regardless of the care setting, meaning they won't have to repeat details unnecessarily.
- Confidence that systems will be in place to easily manage appointments, refill medications, and speak with health and care staff.
- Confidence in their use of the internet and basic digital skills.
- Confidence there will be increased transparency in how the health and care system protects and uses their data now and at future dates.
- Digital access to their health and care information from across all parts of the system, e.g. test results, medications, procedures and care plans, enabling them to better understand and plan their care.
- Access to a wide range of consumer health and wellbeing tools, apps and services, specifically designed around their individual needs.

Health and Care staff will have:

- Confidence that the IT services they use will enable fast and seamless recording and access to quality information.
 - Confidence that this is done through modern, easy to use devices, suited to their working practice.
 - Confidence that the IT they use and the data they handle is protected from cyber-attack or major failure
- and
- Confidence that the tools used can provide new insights and support decisions making things better for both the patients and the system.

3. The “Business” Strategy – “It takes two to tango”

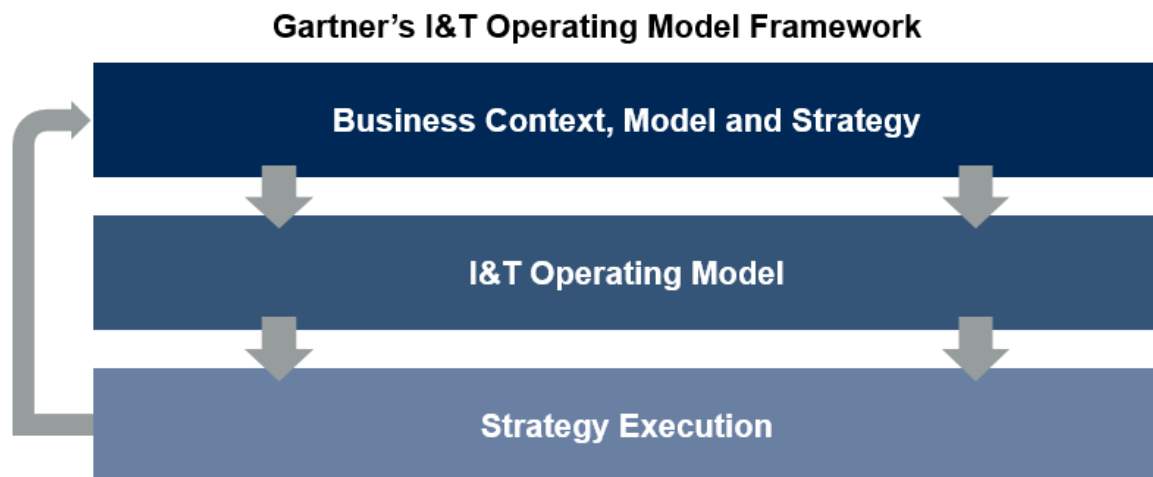
The strategies for the Health Board are varied; for Digital to be at the core of these means that the DDAT and CDIO need to be working with those developing the “business” strategies.



Standard practice would dictate that once there is clarity around the strategic outcomes and direction, the next step would be to define the business capabilities required to deliver. From there, DDAT can determine what capabilities are required to enable or shape the business capabilities and then, based on all of that, what the DDAT operating model needs to be to underpin it.

The Gartner models below illustrate this.





The disconnect, is often that the institutional capabilities are the same as they were many years ago despite the strategy goals and context changing significantly. Therefore, in many cases, DDAT is enabling capabilities that are not aligned to the overall strategy and direction.

Therefore, it is important to identify the business leads to work with in order to shape the future business strategy and importantly, define what the business capabilities (future business blueprint – what we do and how we do it) need to be in order to achieve that strategy. The CDIO and CCIOs will play key roles in working with these people to help make this happen.

There is currently a lack of clarity in terms of what the future business blueprint or what business capabilities are required holistically to enable it. The gap can be filled by emulating good practice and what other successful organisations are doing. This can be derived from defined and well utilised maturity models such as the HIMSS EMRAM or KLASS Arch Collaborative models that identify what good practice is and the capabilities required to achieve that.

4. Gartner define different maturity and operating models for IT services, which are detailed below:
 - **ITScore Level 1: Functional** — At this level, enterprises view IT as a commodity and a necessary cost of business but see little potential in it beyond basic task automation. IT is a functional utility. Enterprise leaders expect it to be invisible, available and reliable. IT's highest level of contribution is its own operational efficiency, most likely measured by cost control through asset optimization.
 - **ITScore Level 2: Enabling** — Here, enterprises expect IT to enable and potentially improve back-office business operations, but through an arm's-length relationship. Top executives engage with IT leaders only as necessary to place orders for tools and solutions. CIOs are not engaged in business planning and focus on discovery processes to identify business demands as early as possible, instituting basic relationship management roles and rudimentary project management.
 - **ITScore Level 3: Contributing** — Enterprises at Level 3 have matured to a proactive improvements engineering. All leaders are jointly and separately accountable for delivering benefits from IT investments, as measured by improvements in key business indicators. This

is where the business and IT work jointly on developing the business strategy and delivering it jointly.

- **ITScore Level 4: Differentiating** — At Level 4, enterprises seek to dominate their industries, strategically employing IT as a differentiator for their key value propositions, whether they are customer intimacy, efficiency or product/service innovation. Boundaries between IT and other technology-centric organizations, such as R&D or manufacturing, have broken down, facilitating the exploitation of hard-to-replicate synergies that create lasting competitive advantage.
- **ITScore Level 5: Transformational** — At the highest maturity level, enterprises use IT to redefine markets, industries and competition. At this maturity level, IT is an innovation engine dedicated to creative destruction, transformation and strategic change. In such enterprises, the CIO may become a COO, chief strategist or strategic change officer.

The current Informatics and Information Governance functions in the Health Board operate at IT core Level 1: functional simply reacting to demand and direction as a support service.

As is the case for the majority of leading organisations in the 21st Century, if Digital and Information is to be at the core of the future strategy and operation then the new DDAT Service at BCUHB needs to be as a minimum at:

- **ITScore Level 3: Contributing** — Enterprises at Level 3 have matured to a proactive improvements engineering. All leaders are jointly and separately accountable for delivering benefits from DDAT investments, as measured by improvements in key business indicators. This is where the business and DDAT work jointly on developing the business strategy and delivering it jointly.

The scope of ITScore level 3, means the CDIO and DDAT will be proactive in approaches to engage and enrol business and clinical areas in becoming digitally savvy, discovery and making sure digital is “at the core” of their thinking and what they do. This means directly contributing to shaping the business capabilities, processes and direction. This requires skills that are not currently present in the Health Board.

At IT Score Level 3 DDAT may be intrusive in how those business services operate from a position where relationship and trust has been established.

5. DIS Capabilities

Many organisations have been working at IT Score Level 3 for some considerable time so it is proven.

The challenge is how to move from IT Score 1 to IT Score 3 as this involves changing the way the business, as well as DDAT, operates.

From an IT Score 1 it is necessary to first move to IT Score 2, develop and embed those capabilities and ways of working and then following that move to IT Score 3.

An example Capabilities Template that define the operational capabilities for IT Score 2 is shown below.

IT Capabilities Template

1. Strategy	2. Enterprise Architecture	3. Data Management	4. IT Governance	5. Business Relationship	6. Manage project portfolio	7. Development	8. Service Delivery & Deployment	9. Sourcing & Vendor Management	10. Info Security & Risk Management	11. Develop & Manage talent
1.1 Develop Technology Strategy	2.1 Manage Security Architecture	3.1 Manage Data Quality	4.1 Design IT Strategic Plan	5.1 Manage Business Relations & Demand	6.1 Manage Program & Portfolio Delivery	7.1 Manage Business Requirements	8.1 Manage Build, Release & Deployment	9.1 Sourcing strategy	10.1 Secure the Technology Environment	11.1 Plan Workforce Strategy
1.2 Develop Architecture Vision	2.2 Manage Information Architecture	3.2 Manage Data Governance	4.2 Understand Business Objectives & the Value of IT	5.2 Assess business cases	6.2 Product management	7.2 Design thinking	8.2 Perform Technology Change Management	9.2 Procurement	10.2 Ensure Privacy & Confidentiality	11.2 Assess and Manage Employee Performance
1.3 Manage Innovation	2.3 Manage Application Architecture	3.3 Manage Databases	4.3 Manage IT Performance & Metrics	5.3 Support Business partner technology decision making	6.3 Manage Project Delivery	7.3 Customer Experience	8.3 Integrate applications	9.3 Manage Vendor & Supplier Relationships	10.3 Manage Info Security & Risk Governance	11.3 Develop Critical Skills and Competencies
1.4 Business Design	2.4 Manage Architecture Integration	3.4 Manage BI/analytics	4.4 Manage Governance, Policy & Standards	5.4 Communicate strategy & performance	6.4 Manage Project prioritization	7.4 Develop & Build Agile Methodologies	8.4 DevSecOps & Continuous integration	9.4 Tech Acquisitions	10.4 Manage Identities, Access & Vulnerabilities	11.4 Guide Employee Development and Career Paths
	2.5 Platform and Ecosystem Modeling	3.5 Advance analytics & AI	4.5 Digital Ethics	5.5 Manage employee adoption	6.5 Manage Organizational Change	7.5 Develop & Build Applications	8.5 Manage IT Services & Catalog		10.5 Manage IT Business Continuity & Disaster Recovery	11.5 Develop Leaders
	2.6 Evaluate new technologies		4.6 Manage Knowledge, Information, & Content			7.6 Develop Infrastructure	8.6 Perform Monitoring & Event Management		10.6 Manage Security Threats	
			4.7 Manage & Analyze IT Financials			7.7 Manage Testing & Quality Control	8.7 Perform Incident & Problem Management			
			4.8 P&L Product Management			7.8 Manage User Acceptance	8.8 Operate Service & Contact Center			
			4.9 Manage Global/Local Operations				8.9 Provide & Manage IT Service Support			
							8.10 Manage and Maintain IT Assets & Licenses			

6. Conclusion

DDAT Leadership Team, working with Transformation and Improvement and other key stakeholders across the organisation, need to develop a plan to move the DDAT operating model from IT Score 1 to IT Score 2 with IT Score 3 capabilities in mind.

This will involve proposing new models and ways of working relating to governance, finance, engagement, sourcing, architecture, planning, business change, performance management, business intelligence, portfolio management, new competencies, capabilities, training and organisation structures.

External expertise and new capabilities that do not currently exist need to be brought into the organisation for this to work. This could be through a mix of internal and external resources.

The current DDAT Senior Leadership Team are proactively learning about the new ways of working.

A Gartner EXP subscription of £57,500 per annum could provide a single place of access to the tools, guides, knowledge and analyst support to help BCUHB deliver its new operating model as well as provide many other resources and insight to accelerate delivery and raise the knowledge of the internal teams. A case will be made for this including the potential for support from DHCW or Welsh Government.

If this is not possible then alternative sources of knowledge and learning will be required with a slower implementation.

A change in operating model of this type, from IT Score 1 to IT Score 2, including the biggest challenge of bringing in resources and capabilities to make it happen, would take on average 12-18 months to implement and embed.

This work changes how things are done, how DDAT is delivered. It does not deliver value in of itself but will provide assurance that more value will be delivered through future pieces of work as they will have been delivered through proven methodologies.



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Bwrdd Iechyd Prifysgol
Betsi Cadwaladr
University Health Board

The demand for Digital, Data and Technology candidates is still outstripping supply and, with more organisations implementing either fully remote or hybrid working, the market to secure the right talent is increasingly competitive.

By applying our extensive knowledge of the marketplace, the latest independent market research and automation across our database, we have initially benchmarked the positions as follows, (these may be subject to change following a full discovery exercise that would involve a targeted market research campaign):

Position	Contract	Work From Home	West Midlands	North West
Enterprise Architect	£800+	£93,500+	£93,000+	£95,000+
Solutions Architect	£675+	£85,000+	£75,000+	£81,500+
Data Architect	£800+	£85,000+	£76,000+	£75,000+
Integration Architect	£675+	£81,500+	£70,000+	£75,000+
Service Designer	£600+	£60,000+	£55,000+	£55,000+
Product Manager	£600+	£70,000+	£60,000+	£70,000+
Business Partner	£500+	£60,000+	£60,000+	£60,000+

The permanent figures are based on the last 6 months on working from home, and North West & West Midlands regions (broader catchment areas as there is not enough data to focus purely on Wales).

These figures are based on averages across what the market is offering, however, that doesn't always mean they were successful in recruiting.

The contract rates are the minimum rate to the contractor and do not include any margin.

In relation to the Cyber Security roles you asked us to benchmark, again based on our market knowledge having recently recruited in this field, we would advise that you are currently under-grading by at least one band for each role.

Role	Current Band	Salary Range	Suggested Band	Suggested Salary
Cyber Security & Compliance Manager	8A	£48,526 - £54,619	8B/C If 8B you would need to appoint top of scale.	min £60-70k, (likely to be closer to £80k outside of NHS)
Cyber Security & Compliance Engineer	5	£27,055 – £32,934	7/8A If band 7 you would need to appoint at top of scale.	min £45-55k, (likely to be closer to £60-65k outside of NHS)
Compliance Officer	7	£41,659 – £47,672	8A/8B If 8A you would need to appoint at top of scale.	£50-60k

Please note a more detailed and dedicated discovery exercise would include the following:

- Meeting to confirm expectations and aspirations from this discovery.
- Understanding of the current and anticipated target operating model.
- Analysis of roles currently occupied by contractors and the associated costs.
- What are the anticipated salaries / grades / pay bands / job descriptions for the desired permanent or FTC candidates and how do they compare with the competitor market.
- Review which of these roles could realistically be filled with permanent members of staff and what would the associated cost saving be per annum to support business case development.
- How is BCUHB positioned as a potential employer of choice (attraction and retention including prior advertising), and what are the current initiatives to address this.
- What are the current specialist talent touchpoints (channels), routes to market to engage in-demand skills and what are the current blockers or under-exploited opportunities.
- What are the assessment and onboarding processes and how do they inhibit the attraction of talent.
- Review and assess what realistic timescales for a specialist recruitment campaign would look like and what the anticipated real-world savings would be, incorporating costs of delivery by a specialist recruitment partner.
- Assessment of diversity within the existing DDaT team with recommendations for broader inclusive hiring across the organisation.



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Appendix D – Additional DDAT resource capability requirements to transform operating model

DDAT Team	Role/Position	WTE	Band	Cost @ Mid Point	Total
Information, Communications & Technology	Application Architect	1.0	8b	71,324	71,324
	Data Architect	1.0	8b	71,324	71,324
	Software Engineer	4.0	8a	61,438	245,752
	Trainers/Floor Walkers	3.0	5	41,257	123,771
Digital Delivery, Strategy & Engagement	Product Mgr/Business Relationship Mgr	2.0	8a	61,438	122,876
	Change and Benefits Mgr	1.0	8a	61,438	61,438
	Business Analyst	2.0	7	55,329	110,658
	Service Designer	2.0	8a	71,324	142,648
	Business Relationship Manager	4.0	7	55,329	221,316
Compliance & Business Management	Business Support Manager	1.0	7	55,329	55,329
	Business and Information Analyst	1.0	5	41,257	41,257
Digital Health Records	Assistant Manager	1.0	6	44,671	44,671
Data Intelligence & Insight	Specialist Information Analyst	3.0	6	44,671	134,013
	Senior Information Analyst	1.0	7	55,329	55,329
	Data Engineer	1.0	6	44,671	44,671
Office of CCIO	Clinical Liaisons	2.0	7	55,329	110,658
					£
				Total Requirement	1,657,035

Appendix E

DDAT Essential Services Programme

			Financial Year 2023/24		Financial Year 2024/25		Financial Year 2025/26	
Theme	Development/Investment	Description	Capital	Revenue	Capital	Revenue	Capital	Revenue
DDaT (ICT) (Business Operations Team)	Mobile Phone Life Cycle Replacement & Estate Growth	<p>Replacement of obsolete mobile devices that provide robust and reliable access to computer applications which the health board is becoming increasingly reliant upon.</p> <p>This supports replacement of existing hardware which has reached End of Life (EoL) (Current 4 Year Life Cycle).</p> <p>This investment plan also includes 4% Growth of the estate from 2023 onward.</p> <p>Device Baseline of current estate is 5000 devices (Mobile Phone) (Inflation Costed at 8.5% per annum)</p> <p>Risk (If not Completed)</p> <p>Older devices may be more prone to failure will be unsupported by the manufacturer making them a cyber security risk and may not support latest technology enhancements. Without mobile communications staff may be left vulnerable in remote locations or when lone working. Community working teams will be hindered in delivering patient care. Poor performance and reliability due to aged devices creating inefficacies</p>	£0	£0	£0	£0	£0	£0
DDaT (ICT) (Business Operations Team)	VPN Life Cycle Replacement & Estate Growth	<p>Replacement of VPN (Secure two factor authentication for remote logon) to re-licence and continue to provide reliable access to computer systems which the health board is becoming increasingly reliant on.</p> <p>Annual Investment Plan. This support replacement of VPN Estate (Current 3 Year Life Cycle). This investment plan also includes 4% Growth of the estate from 2023 onward. Device Baseline of current estate is 6500 VPN (Inflation Costed at 8.5% per annum)</p> <p>Risk (If Not Completed)</p> <p>Staff would not be able to connect remotely, this would prevent agile working</p>	£0	£0	£0	£0	£0	£0
DDaT (ICT) (DSDS Team)	WPAS Licencing	<p>Annual Maintenance and Support Licence for WPAS Instances. (Inflation Costed at 8.5% per annum)</p> <p>Risk (If Not Completed)</p> <p>Main Patient Administration System that holds demographic and clinical information would not be available. This would prevent organisation from delivering effective patient care.</p>	£0	£559,935	£0	£646,307	£0	£701,243
DDaT (ICT) (DSDS Team)	Desktop Estate - Hardware Lifecycle Replacement - Tablet	Replacement of obsolete Tablet devices such to provide robust and reliable access to computer systems which the health board is becoming increasingly reliant on.	£416,125	£0	£519,220	£0	£647,856	£0

		<p>Annual Investment Plan. This support replacement of existing hardware which has reached EoL (Current 3 Year Life Cycle). This investment plan also include15% Growth of the estate from 2023 onward. Device Baseline is 2000 devices (IPAD) (Inflation Costed at 8.5% per annum)</p> <p>Risk (If not completed)</p> <p>If hardware is not replaced, it can become vulnerable to cyber security risks. In addition, there may be software/hardware incompatibilities for new applications due to Operating System supplier based obsolescence.</p> <p>Poor performance and reliability could affect patient care by adding additional time to run clinical/business applications as well as impacting staff productivity.</p>							
DDaT (ICT) Customer Technical Support Team	Service Modernisation Programme	<p>To support the ongoing Service Desk Modernisation Programme. Digital Data & Technology (ICT) Customer Technical Support Team are looking to modernise our centre of operations and Service Desk Environment.</p> <p>This includes</p> <p>Service Desk Institute Team Membership, Service Desk Accreditation</p> <p>BCS Membership</p> <p>Risk (if not completed)</p> <p>The risk of not undertaking this work will result in improvements that have been identified by the SDI Audit not being realised.</p> <p>Staff will not be able to undertake BCS Accreditation and Industry standards, hindering personal development and delivery of a quality service.</p>	£0	£27,125	£0	£27,125	£0	£27,125	
DDaT (ICT) Customer Technical Support Team	Replacement ITSM (Information Technology Service Management) - ServicePoint replacement	<p>To replace the current ITSM tool (ServicePoint) that is used to record and manage Incidents and requests Unfortunately ServicePoint no longer supports our needs and ambitions in providing a modern customer centric support tool.</p> <p>Capital element required for associated hardware and implementation costs.</p> <p>Risk (if not completed)</p> <p>The risks of not completing this work will result in the inability to:</p> <p>Provide a lack of a fully functioning modern customer facing interface allowing self-service and knowledge support to include guides, videos, and FAQs, as well as providing a simple and efficient request fulfilment service hardware and software including laptops, tablets, and mobile phones</p> <p>Provide a Service Desk that meets the needs of a modern and ambitious organisation supporting both clinical and business needs wherever the member of staff works.</p> <p>Deliver Integrated ticket tracking and performance reporting measuring what really matters.</p> <p>Provide capability to report on services in a meaningful way across KPIs defined for each service and off the ability to manage resolver groups across organisational boundaries (particularly relating to national services).</p>	£50,000	£60,000	£25,000	£62,306	£0	£64,807	

DDaT (ICT) Cyber Security and Compliance	Third Party, Vulnerability Scanning	<p>It is best practice to utilise external, third party "ethical hackers" to carry out vulnerability scans of the organisations network. This provides independent verification of the security patching process in place. Although this is a requirement of the Welsh Government's Cyber Assessment Framework for the NIS Regulations, no budget is currently held for this work: -</p> <p><i>"You regularly test to fully understand the vulnerabilities of the critical systems that support your essential functions and verify this understanding with third-party testing."</i></p> <p>(https://www.ncsc.gov.uk/collection/caf/cyber-assessment-framework)</p> <p>Risk of not completing the work: -</p> <p>There is a risk that without third party vulnerability scanning vulnerabilities may exist in the organisation's ICT environment which may be exploited by a malicious actor to deploy Ransomware or Zero Day Threats. There is also a risk that the Health Board will not be able to sufficiently be able to demonstrate to Welsh Government's Cyber Resilience Unit that it is complying with the Network and Information Systems Regulations 2018 (NIS-R). Cyber Security recognised as a Tier 1 Risk which sits outside the organisation's Risk Appetite Framework</p>	£0	£50,000	£0	£54,250	£0	£58,861
DDaT (ICT) Cyber Security and Compliance	Third Party Incident Response Service	<p>The recent Cyber-attacks on the Irish Health Service Executive and OneAdvanced Adastra have shown the need to involve specialist forensic expertise from the private sector if the organisation were to suffer an attack. The complex nature of the BCUHB's ICT environment and of typical Cyber-attacks mean recovery time is substantially reduced when the specialist third party is already engaged with the organisation before the attack. The requirement for third party arrangements forms part of the Welsh Government's Cyber Assessment Framework for the NIS Regulations: -</p> <p><i>"Arrangements exist to augment your organisation's incident response capabilities with external support if necessary (e.g., specialist cyber incident responders)."</i></p> <p>(https://www.ncsc.gov.uk/collection/caf/cyber-assessment-framework)</p> <p>Risk of not funding the requirement: -</p> <p>There is a risk that failure to engage a third-party specialist Cyber Security responder would lead to a delayed recovery from a major Cyber Security Incident, this would have significant and ongoing impact on safe patient care and treatment. There is also a risk that the Health Board will not be able to sufficiently be able to demonstrate to Welsh Government's Cyber Resilience Unit that it is complying with the Network and Information Systems Regulations 2018 (NIS-R). Cyber Security recognised as a Tier 1 Risk which sits outside the organisation's Risk Appetite Framework</p>	£0	£50,000	£0	£54,250	£0	£58,861

DDaT (ICT) Cyber Security and Compliance	Aid Retirement of Legacy Systems	<p>The Health Board has recognised Zero-day and Ransomware Cyber Attacks as a Tier 1 Risk. This is against a background of increasing instability in Europe and a significant increase in the number of high profiles, disruptive Cyber Attacks in the past 12 months include the Irish Health Service and the Scottish Environment Agency. In each of these cases, criminals were able access sensitive data and exfiltrate it to the Internet before disabling systems completely through encrypting key files and servers. In many high-profile Cyber incidents, the attackers gain access to the network by exploiting vulnerabilities in legacy systems.</p> <p>In seeking to improve the security of the Health Board's technology estate, ICT are working with Systems Owners to retire a number of legacy business systems which hold critical business data but reside on obsolete technology platforms which are no longer in receipt of security updates from the suppliers. The use of obsolete systems not only poses a risk the data contained within those systems, but they can use also be used by an attacker as ""landing box"" to further explore corporate networks.</p> <p>Although legacy systems are backed up by ICT, in many cases the relevant departments have ceased the technical support contract as an efficiency saving. The lack of specialist, 3rd party knowledge in respect of these systems means that in the event of an incident it may not be possible to successfully re-instate access to the data even though a backup is held.</p> <p>This request for funding is to support the migration away from some of these legacy technologies, reducing the number of obsolete systems operating and reducing the associated Cyber Security Risk."</p>	£60,000	£0	£60,000	£0	£60,000	£0
DDaT (ICT) Infrastructure (Server & Cloud)	Data Centre Hardware Replacement Support & Maintenance (UPS's, Fire Suppression, Aircon, Environmental Monitoring)	<p>Datacentre Hardware Replacement (4 Year Cycle@ 100,000 per annum) Support & Maintenance 3x Data Centres in DGH's. To include uninterruptable power supplies (UPS), air conditioning and fire suppression.</p> <p>Components for added resilience and contingency for data centre and Comms Room environmental failures due to unforeseen circumstances.</p> <p>Risk (if not completed)</p> <p>Without this scheme, the organisation will run the risk of the environment hosting all the key IT components not being fit for purpose and potentially causing service outages which may impact on patient care/safety.</p> <p>Maintenance of power systems and air conditioning are vital to protect the health and safety and wellbeing of staff working within the data centre area.</p>	£108,500	£0	£117,723	£0	£127,729	£0
DDaT (ICT) Infrastructure (Data Centres)	BT Switchroom Refurbishment	<p>This scheme is for the refurbishment and modernisation of the BT Switch Room at Ysbyty Gwynedd, Bangor. The BT Switch Room is the main communications hub for the hospital and houses critical services as follows; access circuits to the PSBA network, access to the Internet (Wi-Fi Spark gateway), the main PABX telephone system, and the new Cisco IPT Telephone system, CCTV control systems for the hospital, in addition to these services the BT Switch room hosts ESX servers for Virtual systems, and storage for PiMS and backup servers (Veeam).</p> <p>Risk of not completing</p>	£210,000	£0	£0	£0	£0	£0

		<p>If the BT Switch room refurbishment work is not completed then there could be a risk to failure of the hosting environment which could result in major loss of service for the site such as loss of Telephony, lost access to the wide area network including access to regional Data Centres, Loss of sitewide CCTV, loss of Wi-Fi Spark public Wi-Fi, loss of some virtual server hosting.</p> <p>The current BT Switch environment is no longer fit for purpose for the following reasons:</p> <p>1. no fire suppressant system is in place</p> <p>2. Air Conditioning system is over 10 years old.</p> <p>3. the room has poor physical security due to opening windows, with visibility from buildings within the adjoining courtyard, no CCTV security monitoring.</p> <p>4. the room is not sealed and suffers ingress of dust and dirt which is detrimental to the sensitive electronic systems housed there.</p> <p>5. Artificial lighting system is not fit for purpose.</p> <p>This project proposal intends to address these issues and will include a full environmental health check and deep clean.</p>						
DDaT (ICT) Infrastructure (Data Comms)	Core Local Area Network Upgrade Wrexham Maelor Hospital	<p>To upgrade the core Cisco data network to support the hosting of critical server applications and systems within the data centre.</p> <p>Risk of not completing</p> <p>Failure to complete the upgrade of the Core LAN network, and the associated peripheral LAN infrastructure at DGH sites in a timely manner when the equipment formally reaches End of Life (EoL) would leave the health board at serious risk of total site LAN failure due to 1. no Cisco TAC support, 2. risk of hardware failure with no access to spare parts, 3. no access to software updates for security vulnerabilities and bug fixes, 4. limited LAN service development opportunities for entire site.</p> <p>The core LAN at all three DGH operate in conjunction with each other in terms of services such as OTV and are configured in a complex resilience topology which facilitates virtual Data Centre access, virtual IP telephony services etc. For this reason, it is vitally important that the core LAN at the DGH is kept current and always have compatible levels of hardware and software.</p> <p>LAN network services underpin all ICT service delivery, including key clinical systems such as PACS, WPAS, LiMS, Telehealth, GP OOH, E Mail, Intranet, Internet, and Patient Wi-Fi services. In addition, significant parts of the hospital's current IP telephony services rely directly on the LAN. The replacement IP Telephony system relies fundamentally on the local area network for its basic operation. These key services would be unavailable in the event of network failure, which would indirectly have a significant negative impact on normal business within the DGH hospitals, and on its ability to deliver safe, effective, and efficient patient care.</p>	£580,000	£0	£0	£45,000	£0	£0
DDaT (ICT) Infrastructure (Data Comms)	Core Local Area Network Upgrade Glan Clwyd Hospital	<p>To upgrade the core Cisco data network to support the hosting of critical server applications and systems within the data centre.</p> <p>Risk of not completing</p> <p>see above</p>	£0	£0	£629,300	£45,000	£0	£0
DDaT (ICT) Infrastructure (Data Comms)	Core Local Area Network Upgrade Ysbyty Gwynedd	<p>To upgrade the core Cisco data network to support the hosting of critical server applications and systems within the data centre.</p> <p>Risk of not completing</p> <p>see above</p>	£0	£0	£0	£45,000	£682,791	£0

DDaT (ICT) Infrastructure (Data Comms)	DGH Local Area Network Switch Upgrades/Replacement (LAN Phase 3)	Upgrade and replace user access network switches situated access DGH campuses. Risk of not completing see above	£360,000	£5,000	£390,600	£5,000	£423,801	£10,000
DDaT (ICT) Infrastructure (Data Comms)	Community Hospitals, Health Centres & Clinic Local Area Network Upgrades	Upgrade Cisco data network at community Hospitals and outlying Health Centres to support service users accessing critical server applications and systems within DGH's Data Centres. Risk of not completing see above	£190,000	£10,000	£260,400	£10,000	£282,534	£10,000
DDaT (ICT) Infrastructure (Data Comms)	WiFi Access Point Upgrades & Expansion	Expand and upgrade wireless access points to ensure mobile service users robust and expanded connectivity to the corporate clinical and business applications. Risk of not completing if the wireless access points (WAPs) are not replaced when they are End of Life (EoL) then they will not be compatible with the new Wireless LAN controllers (being commissioned Sept 2022). This will result in significant areas of the HB sites being left without wireless network service. We also require additional WAPs to provide wireless LAN service in areas that may not have adequate coverage (not spots). Failure to replace or expand wireless access will result in the key failure of mobile device applications such as mobile telephony, WNCr, use of Blood Glucose meters, Patient infusion pumps, asset tracking systems (RFID), use of iPads and other portable equipment being used to help deliver patient care. Wireless network environments that are not provisioned to recognised standards of security including environmental, physical, running correct level of software, and monitoring may be deemed as a causal effect of critical system failure that may result in a NIS(R) regulatory breach and subsequent fines.	£374,667	£23,000	£413,213	£12,000	£449,611	£0
DDaT (ICT) Infrastructure (Data Centres)	Support & Maintenance	Support & Maintenance 3x Data Centres in DGH's. To include uninterruptable power supplies (UPS), air conditioning and fire suppression. Risk of not completing Network and Communications Rooms and Data Centre Hosting environments that are not provisioned to recognised standards of security including environmental, physical, running correct level of software, and monitoring may be deemed as a causal effect of critical system failure that may result in a NIS(R) regulatory breach and subsequent fines.	0	36,000	0	36,000	0	36,000
DDaT (ICT) Infrastructure (Data Comms)	Community Site Network Perimeter Security Upgrade (Firewalls)	Upgrade perimeter Firewall(s) to the latest technology to ensure fit for purpose security to protect against ever increasing and sophisticated cyber-attacks. N.B. This will not be relevant following the BCUHB VRF project to be completed Autumn 2022.	£0	£0	£0	£0	£0	£0
DDaT (ICT) Infrastructure (Data Comms)	DGH Network Perimeter Security Upgrade (Intrusion Prevention Systems)	Upgrade Intrusion Prevention Systems to the latest technology to ensure fit for purpose security to protect against ever increasing and sophisticated cyber-attacks. Risk of not completing failure to maintain adequate network security systems including "Intrusion Prevention Systems" may result in loss of some or part of critical ICT services due to denial of service or other Cyber security incidents. This may result in patient care being directly affected when access to information and communication systems is impaired.	£200,000	£24,400	£217,000	£24,400	£235,445	£24,400

		Risk of NIS(R) breaches and subsequent fines.							
DDaT (ICT) Infrastructure (Data Comms)	Wide Area Network Data Circuit Upgrades	Upgrade to existing Wide Area Network data circuits connecting BCU sites to ensure adequate bandwidth for clinical and business systems. Risk of not completing The Wide Area Network (WAN) needs to have the correct level of bandwidth, resilience, and security facilities (Comms Room environmental) to ensure that current and future demand on digital services it enables is met now and into the future. Failure to maintain adequate enterprise-wide network infrastructures may result in loss of access to some or part of critical ICT services due to denial of service or other Cyber security incidents. This may result in patient care being directly affected when access to information and communication systems is impaired. Risk of NIS(R) breaches and subsequent fines.	£40,000	£0	£43,400	£0	£47,089	£0	
DDaT (ICT) Infrastructure (Data Comms)	Cyber Security Infrastructure 2 - Replacement of the Cisco Access Control System (ACS)	To implement the replacement of the Access Control System (ACS) which is End of Support August 2017. It is important to replace this key centralised service which manages authentication of wireless users across BCU and administrative access to the corporate network infrastructure. The replacement system is the Identity Services Engine (ISE) which brings additional benefits in terms of comprehensive user and device authentication, and network access control (NAC). Following on from independent security review of the Health Boards ICT infrastructure, this system will allow improved cyber threat mitigation, and security improvement (access control). Risk of not completing failure to maintain adequate network security systems including network "Access Control Systems" may result in loss of some or part of critical ICT services due to denial of service or other Cyber security incidents. This may result in patient care being directly affected when access to information and communication systems is impaired. Risk of NIS(R) breaches and subsequent fines.	£15,000	£30,000	£16,275	£30,000	£17,658	£30,000	
DDaT (ICT) Infrastructure (Data Comms)	NetTerrain system documentation	Upgrade and refresh Network Management Systems for the monitoring and reporting of network integrity and proactive fault finding. Risk of not completing failure to maintain adequate controlled and up-to-date system documentation for all critical and related ICT systems risks system mis-management due to knowledge gaps and misinformation that may result in system failure which would in turn affect the ability of clinical staff to facilitate patient care activity. Risk of NIS(R) breaches and subsequent fines.	£0	£2,000	£0	£2,000	£0	£2,000	
DDaT (ICT) Infrastructure (Data Comms)	Patient, Public and Accommodation WiFi Expansion & Refresh	To upgrade the existing public Wi-Fi system across the Health Board, to include Internet access bandwidth upgrade at three district general hospitals at Wrexham, Bangor, and Glan Clwyd. Risk of not completing	£50,000	£33,000	£0	£33,000	£0	£33,000	

		<p>The public Wi-Fi service was installed over nine years ago and is no longer fit for purpose due to performance and operational issues. If this project work isn't completed then there is a risk that the health board will not be able to deliver a modern flexible Internet Wi-Fi service for use by the public, visitors, and other stakeholders such as contractors. In addition, there would be a risk that the three accommodation areas in Bangor, Glan Clwyd, and Wrexham serving approximately 600 total residents would not benefit from modern high speed Internet access. This group of stakeholders includes medical students and other clinical staff that rely on robust and high-performance Internet services for leisure and study activity. Access to the Internet is seen as a "must have".</p>							
DDaT (ICT) Infrastructure (Data Comms)	Development of the ICT Infrastructure Monitoring System (SolarWinds)	<p>for additional monitoring modules to cover server and telephony infrastructure monitoring.</p> <p>Risk of not completing</p> <p>failure to maintain adequate real time monitoring of the status of all critical and related ICT systems risks system mis-management due to knowledge gaps and misinformation that may result in infrastructure system failures which would in turn affect the ability of staff to facilitate patient care activity.</p> <p>Risk of NIS(R) breaches and subsequent fines.</p>	£0	£23,000		£0	£23,000	£0	£0
DDaT (ICT) Infrastructure (Data Comms)	Internet DMZ Development	<p>To develop a secure Internet facing network environment (DMZ) for hosting services (e.g., Public Wi-Fi , Cisco Expressway, Multitone Appear, Hosting web sites).</p> <p>Risk of not completing</p> <p>The components for the DMZ solution include a pair of geo-resilient firewall appliances, network switches to create safe LAN areas (DMZ VLANs).</p> <p>Failure to complete this work would result in the following services not being delivered;</p> <p>Provision of a secure and resilient Internet hosting environment (DMZ) to utilise the new Internet access circuits at YG and WM, in support of the following Internet based services:</p> <ol style="list-style-type: none"> 1. Public Wi-Fi and Entertainment (Internet ACCESS only) 2. Corporate remote access facilities and hosted services (Cisco Duo) 3. external integrated services (e.g., MultiTone "Appear" Cisco Expressway/ Jabber on the move) 4. Outbound Corporate Internet Access 5. Access to O365 service 	£15,000	£6,000		£15,000	£6,000	£15,000	£6,000
DDaT (ICT) Infrastructure (Desktop Services)	Desktop - Estate Growth & Hardware Lifecycle Replacement	<p>Desktop Annual Investment Plan. This support replacement of existing hardware which has reached EoL (Current 5 Year Life Cycle). This investment plan also includes 3% Growth of the estate from 2023 onward. Device Baseline of current estate is 8060 devices (Desktop)</p> <p>Device Cost (Increase of 8.5% per Annum)</p> <p>No Antipater Growth</p> <p>Risk (If not completed)</p> <p>If hardware is not replaced, it can become vulnerable to cyber security risks. In addition, there may be software/hardware incompatibilities for new applications due to Operating System supplier based obsolescence.</p> <p>Poor performance and reliability could affect patient care by adding additional time to run clinical/business applications as well as impacting staff productivity.</p>	£1,749,020	£0		£1,897,687	£0	£2,058,990	£0

DDaT (ICT) Infrastructure (Desktop Services)	Laptop - Estate Growth & Hardware Lifecycle Replacement	<p>Laptop Annual Investment Plan. This support replacement of existing hardware which has reached EoL (Current 5 Year Life Cycle). This investment plan also includes 17% Growth of the estate from 2023 onward. This is based on data from first 5-month 2022/2023. Device Baseline of current estate is 7365 devices (Laptop) with anticipated estate growth per annum due to change to agile working.</p> <p>Device Cost (Increase of 8.5% per Annum)</p> <p>Estate Antipated Growth 5%</p> <p>Risk (If not completed)</p> <p>If hardware is not replaced, it can become vulnerable to cyber security risks. In addition, there may be software/hardware incompatibilities for new applications due to Operating System supplier based obsolescence.</p> <p>Poor performance and reliability could affect patient care by adding additional time to run clinical/business applications as well as impacting staff productivity.</p>	£1,678,115	£0	£1,911,793	£0	£2,178,010	£0
DDaT (ICT) Infrastructure (Desktop Services)	Desktop Hardware Spares / Upgrades included limited clinical printer replacement	<p>If hardware is not within replacement cycle or is out of warranty but viable repair is possible, this revenue is used to cover spares and upgrades including memory modules replacement SSD Hard Drives etc - this can prolong the life of the devices and increase performance.</p> <p>Funding from this area is used to support critical patient hardware, including replacement of Clinical printers.</p> <p>Risk (If not completed)</p> <p>If hardware is not replaced, it can become vulnerable to cyber security risks. In addition, there may be software/hardware incompatibilities for new applications due to Operating System supplier based obsolescence.</p> <p>Poor performance and reliability could affect patient care by adding additional time to run clinical/business applications as well as impacting staff productivity.</p>	£0	£130,200	£0	£141,267	£0	£153,275
DDaT (ICT) Infrastructure (Server & Cloud)	Server Cloud Virtualisation Expansion & Refresh	<p>Upgrade and Replacement of Virtual Server host hardware (4 Yearly Replacement) £20,000 Per Host (Currently 33 Hosts) 8.25 host per year replaced @ £165,000</p> <p>The vSphere Cloud hosts run the platform that hosts all our business and clinical systems hosted within BCU.</p> <p>Risk (if not completed)</p> <p>Without the continual upgrade and expansion of the hosts, the organisation would run at risk of performance degradation and running systems on out of support hardware</p>	£179,025	£0	£194,242	£0	£210,753	£0
DDaT (ICT) Infrastructure (Server & Cloud)	Cloud Storage Expansion & Refresh	<p>(4 Yearly Programme @ £1,000,000 - Annual Replacement Cost £250,000)</p> <p>Primary Storage Area Network (SAN) for the organisation. The SAN storage contains all health board systems and data. This scheme is a key fundamental part of our infrastructure and needs to be reviewed for capacity and performance annually.</p> <p>Risk (if not completed)</p> <p>Without this scheme the health board runs risk of running out of storage capacity, performance degradation, being unable to implement new / replacement systems and the infrastructure being unsupported.</p>	£271,250	£0	£294,306	£0	£319,322	£0
DDaT (ICT)	Citrix Clinical Follow Me	Citrix Implementation and Licencing	£0	£150,000	£0	£450,000	£0	£600,000

Infrastructure (Server & Cloud)	Desktop Implementation and Licencing	Desktop devices such as PC's and Laptops have on average a life expectancy of between 3 and 5 yrs. Virtualising and delivering applications to the end user device using server-side resources increases lifecycles to 5 - 7yrs and provides an overall better and faster user experience including the ability to have the clinical desktop and associated applications follow a logged-on service user between devices significantly improving efficiencies in accessing clinical and business applications. Risk (if not completed): Without this scheme, the organisation would be unable to realise the benefits of quicker login times, being able to pick up from where you left off any place, any time, any device. This could have a significant positive effect on clinician time.									
DDaT (ICT) Infrastructure (Server & Cloud)	Backup Server Infrastructure	(4 Yearly Programme @ £400,000 - Annual Replacement Cost £100,000) Backup and Disaster recovery infrastructure capacity and renewal programme. This scheme allows for additional and replacement storage to be bought. Risk (if not completed) This is reviewed and purchased to ensure the infrastructure is backed up and has the resilience required to be able to restore services when required. Without this, data rentation timelines will be shorter and frequency of backups lower raising the potential for data loss.		£108,500	£0		£117,723	£0		£127,729	£0
DDaT (ICT) Infrastructure (Server & Cloud)	Core System Replacement (Such as Web Filtering\Cyber Security Software \ Search, Index & Archiving \ Patch Management Software \ Network Load Balancing)	Annual scheme to allow for the upgrade and replacement of core IT systems. Core systems such as Web Filtering, Cyber Security Suite of Tools, Patch Management, Backup and Network Load Balancing software are reviewed every three years to ensure they still fulfil the requirement of the organisation. Risk (if not completed) Without this, the health board runs the risk of being unable to maintain and improve the capabilities of the core IT infrastructure and keep pace with developments and new regulatory and legislative standards such as NIS-D,. GDPR required by national bodies.		£271,250	£0		£294,306	£0		£319,322	£0
DDaT (ICT) Infrastructure (Server & Cloud)	Revenue Licences and Subscriptions which include	Server Infrastructure support and maintenance contracts along with subscriptions to software required to efficiently run, support, and maintain the Health Boards IT infrastructure. Microsoft Windows Server Datacentre with System Centre (ECI) Safend Safend Data Protection Suite (DPS) protects sensitive data before its transfer via comprehensive data encryption, port and device restriction and control and content inspection. Nessus Professional Vulnerability Assessment Software, which is used to identify and fix, security vulnerabilities, software flaws, missing patches, malware etc. Secure File Sharing Portal Support / Maintenance for NHS Wales Secure File Sharing Portal Secure VPN Support / Maintenance for NHS Wales Secure VPN Service Azure Subscription		£0	£528,534		£0	£659,246		£0	£715,282

DDaT (ICT) Infrastructure (Server & Cloud)	Microsoft Enterprise Licencing	<p>Cloud connecting and hosting</p> <p>Junior Doctors Webmail</p> <p>Support / Maintenance for NHS Wales Junior Doctors Email Service.</p> <p>SIEM</p> <p>Event and Log Management Software</p> <p>Logpoint leverages advanced analytics, accelerated by machine learning, to improve your cybersecurity posture</p> <p>Patch My PC</p> <p>Third-Party Applications Software Patch Management</p> <p>Veeam Backup and Replication</p> <p>Server Backup and Replication Management Platform</p> <p>Smoothwall Web Filter</p> <p>Internet Web Filter Management</p> <p>Kemp Load Balancer</p> <p>Server Network Load Balancing Management & Automation</p> <p>Enterprise Vault</p> <p>Email Archiving</p> <p>Zoom</p> <p>Corporate Licence use of Zoom</p> <p>Imprivata</p> <p>Single Sign In Software Licencing, Management & Maintenance</p> <p>McAfee (Endpoint)</p> <p>Malware and Antivirus Software Licencing, Management & Maintenance</p> <p>Dell Compellent - Enterprise Monitoring Services</p> <p>SAN Monitoring and Management Software</p> <p>VMWare - vSphere</p> <p>VMware vSphere is VMware's virtualization platform, which transforms data centres into aggregated computing infrastructures that include CPU, storage, and networking resources. vSphere manages these infrastructures as a unified operating environment and provides you with the tools to administer the data centres that participate in that environment.</p> <p>Datacentre WMH & YGC Maintenance</p> <p>Secure IT Services (SITE) Datacentre Support & Maintenance</p> <p>Risk (if not completed)</p> <p>The schemes are required to maintain the core services that the department requires to provide service. Each scheme is reviewed annually to ensure value and whether it is still required. Without funding, the organisation runs significant risk of core systems being unavailable due to lack of support and maintenance</p>						
		<p>Annual licence renewal for Microsoft Office365 and associated Microsoft products and applications purchased on an all-Wales basis</p> <p>Risk (if not completed)</p>	£0	£5,100,000	£0	£5,700,000	£0	£6,185,000

		The organisation has entered into a 5-year agreement with the rest of NHS Wales to purchase Microsoft licensing. This scheme permits staff to utilise the Microsoft suite of software such as outlook, word, excel, teams and SharePoint. Without this agreement the organisation would be unable to use any of this software.								
DDaT (ICT) Infrastructure (Telecoms)	Telephony Call Logging Upgrade/Refresh	<p>To upgrade, standardise, and expand the Telephony Call Logging system to include logging of all telephone extensions within Health Board. This will provide enhanced capture of call detail records within the organisation for reporting on statistical use, detecting call use anomalies (e.g., fraudulent use), and other abusive use of the telephone system. The Call logging system will also allow better management of telephone services by reporting performance management and capacity planning metrics. MIT uCentric.</p> <p>Risk of not completing</p> <p>Without software tools such as uCentric and 2Ring, we would not be able to manage the optimisation of the IP Telephony service and Contact Centre environments. In addition, we would not be able to have the necessary level of visibility of Telephony services activity, call tracing, and handset usage. Each telephone handset needs a use licence as part of the Cisco EA. Unused handsets represent wasted investment.</p>		£0	£17,345		£0	£17,345	£0	£17,345
DDaT (ICT) Infrastructure (Telecoms)	Paging Infrastructure Refresh/Replacement	<p>Replace aging infrastructure (at YG, Bangor) with modern all-encompassing communication applications.</p> <p>Risk of not completing</p> <p>Benefits of a unified paging system across the three DGH sites would be missed. Risk of aging system failure resulting in critical clinical (Cardiac emergency) alerting communication failure and risk to patient safety.</p> <p>Risk of NIS(R) breaches and subsequent fines.</p>		£0	£0		£0	£0	£0	£0
DDaT (ICT) Infrastructure (Telecoms)	Telephony (Core) System Replacement	<p>Continued replacement of the entire Health Boards telephone systems due to obsolescence of existing disparate PBX systems used throughout BCUHB. There are over 40 different PBX in use across 110 BCU sites, many of which are now deemed “end of support”, and as such are becoming increasingly difficult, and expensive to support and maintain. These systems are being replaced with a single vendor, modern, resilient, and unified IP based telephone system (IPT), which will facilitate more efficient management, and provide the standardised and flexible communication features required in modern agile organisations.</p> <p>Risk of not completing</p> <p>1. There is an existential risk that the current legacy and obsolete Telephone systems in use at Wrexham, Glan Clwyd, and Bangor will fail some of the systems are over 30 years old. There is an increasing risk that spare parts, technical support knowledge will become unavailable and that the costs of third-party support will become unattainable. Any catastrophic failure of a legacy Telephone system may result in a complete site communications failure which would impact on the hospital's ability to deliver patient care safely and efficiently.</p>		£175,000	£0		£423,150	£0	£459,118	£0

		2. The benefits of a modern, flexible, feature rich Unified Communications system would not be leveraged by the health board and that the 2022 Communications Plan could not be delivered. Risk of NIS(R) breaches and subsequent fines.						
DDaT (ICT) Infrastructure (Telecoms)	Contact Centre(s) Refresh/Replacement)	Standardise contact centre facilities across the Health Board, which are currently utilised for Patient Booking, GP Out of Hours, and the ICT Service desk amongst others. These legacy systems will be replaced by a single unified contact centre infrastructure as part of the IPT replacement program (refer above). The new system will provide a more flexible and standardised set of features that are simpler to administer, and therefore easier to implement future contact centre developments. Risk of not completing see above	£10,000	£0	£0	£0	£0	£0
DDaT (ICT) Infrastructure (Data Comms)	Revenue Licences and Subscriptions which include	Annual service charge, support and maintenance contracts for Network and Telephony service provision required to efficiently run, support, and maintain the Health Boards network and telephony capabilities. PSBA Wide Area Network Charges, Wide area network charges to provide access to public sector network. Cisco LAN and UC Maintenance, Local Area Network (LAN) and Unified Communications (IPT) Support and Maintenance provided by Smartnet. Cisco Unified Communications, Enterprise Agreement (EA) for Cisco unified communications IP telephony contact centre and phone management Cisco DNA Licencing (based on suggested £450k per annum from 2023/2024), Change of licencing model to subscription base which allows usage of Cisco based hardware for LAN and WLAN SolarWinds Software Support & Maintenance Network and server-based monitoring system, analytics traffic intelligence topology mapping to readily see understand and resolve issues UPS Maintenance, Uninterruptable power supply, maintenance, and support Security and Planning Software Subscriptions Wireless mapping and software maintenance support Risk (if not completed) The schemes are required to maintain the core services that the department requires to provide service. Each scheme is reviewed annually to ensure value and whether it is still required. Without funding, the organisation runs significant risk of core systems being unavailable due to lack of support and maintenance	£0	£1,768,633	£0	£1,812,795	£0	£2,160,251
Totals			£7,111,452	£8,634,172	£7,840,338	£9,941,291	£8,662,758	£10,893,450

Appendix F– HIMSS EMRAM Model

EMRAM HIMSS SOLUTION	<i>EMR Adoption Model Capabilities</i>
7	Integration of data from multiple external sources. Service users receive alerts and reminders to support self-managed care and use automated tools to measure patient outcomes. Digital infrastructure tools enable dynamic patient engagement in managing personal health and care.
6	Integration of medical devices. Health Information Exchange supports data sharing. Service users submit self-reported outcomes data. Wearables and implants support remote monitoring and patient management of health and care. Online services improve access, and health literacy.
5	Integration of data from external sources. Change in clinical parameters is continuously monitored by alerts and warnings. Telehealth and virtual care services are available. Intruder Prevention Systems manage unauthorised access. Technology supports bedside processes.
4	Computerised Practitioner Order Entry and Electronic prescribing within an electronic medicines administration record. Clinical and Information governance is well defined. Monitoring of Clinical outcome and patient satisfaction targets.
3	Electronic clinical documentation is accessed remotely through the CDR. Role based access controls are in place.
2	A clinical data repository (CDR) provides access to results and reports. Governance and Policy control Clinical Decision Support opportunities, Training records and IT security.
1	Laboratory, Imaging, Pharmacy and Cardiology systems produce patient centric reports and results. Resilience management plans are in place.

Appendix G

Example Savings and Benefits from Microsoft Software Investment

The Health Board has been heavily invested in Microsoft productivity software for many years and pays for such by way of an all-Wales NHS Enterprise Agreement (EA). In recent years the cost of this agreement has significantly increased, but so has the functionality with numerous innovative and practical applications now available for use. With the advent of Office 365 (being a component of the EA), the Health Board has realised many benefits centred around enabling flexible working, improved communication and broader internal and external collaboration. It should be noted that benefits realised to date have been derived from the use of only a small number of O365 applications such as Teams and SharePoint.

A significant and new component of the Microsoft EA is the Power Platform. This range of tools has the potential to provide valuable data intelligence and insights with the use of Power BI, enables the development of applications for bespoke solutions using Power Apps and provides the ability to create intuitive workflow automation and Artificial Intelligence through the use of Power Automate. At present, DDAT does not have the skills and capabilities to fully leverage the potential of Power Apps and Power Automate (this is discussed in pages 10-11 of the Board report and further detailed in Appendix D). These two Power components of the EA have the potential to deliver the greatest benefits in terms of productivity efficiencies and digital transformation for the Health Board.

The table below details the benefits that have been enabled to be realised to date, but importantly, further details on-going and future planned solutions.

O365 Application	Dept / Service	Benefit Description	Strategic Alignment	Benefit Category	Benefit Sub-Category	Measures and indicators to be used (1 per row)	Unit of measure (Time/%/£ etc)	Status
Teams	PAN BCU	Decommission Skype for Business	Replace current software or systems with O365 app	Financial (cashable)	Cost savings	Skype users increased from c.2500 Mar 2020 to 6000 by Sep/Oct 2020 due to pandemic, these were prioritised for Teams roll out	£32,000	Completed - Benefits Realised
Teams	PAN BCU	Post pandemic - continuation with virtual meetings; leads to more productive colleagues (no wastage - travel time), reduces need for travel expenses claims and reduction in pool car costs	More efficient workforce or process	Financial (cashable)	Cost savings	Increased productivity Decreased travel expenses	Mileage down 44% - saving £1,000,742 Rail Travel down 74% - saving £220,509 Hotel down 81% - saving £238,218	Completed - Benefits Realised
Outlook Online	PAN BCU	Community based colleagues - ability to access Outlook on a BYOD allows them to manage days more efficiently, by responding to emails when time allows rather than letting them build up - this also benefits recipient of email, as they get response in a timelier manner	More efficient workforce or process	Financial (non-cashable)	Efficiency	Increased productivity	productivity	Completed - App Rolled Out, Benefits Need Gathering
One Drive	PAN BCU	Community based colleagues - ability to access files and documents at a convenient time, allowing them to read, review or work on them leads to a more effective team	More efficient workforce or process	Financial (non-cashable)	Efficiency	Increased productivity	productivity	Completed - App Rolled Out, Unable to provide Benefits
Forms	Anaesthetics	Complete equipment or department audit using QR code functionality	More efficient workforce or process	Financial (non-cashable)	Efficiency	Digital audit checks, allowing for data to be digitally analysed. No longer need to visit site to check audit taking place - can be reviewed remotely	Time to complete audit reduced from minutes to seconds.	Completed - Benefits Realised

Forms	Clinical Psychology & Mental Health & Learning Disabilities	Replace paper questionnaires	More efficient workforce or process	Financial (cashable)	Cost savings	The cost to print form (paper & ink), scan and upload doc to a SharePoint site (time). Also, for some areas time lost waiting for paper form to be returned to area	Cost of staff printing, scanning, and uploading doc, also manual analysing of response data	Completed - App Rolled Out, Unable to provide Benefits
Bookings	Information	Automate appointment for mass vaccinations bookings to remove admin processes e.g., book training courses, offices or clinic rooms	More efficient workforce or process	Financial (non-cashable)	Efficiency	Mass vaccination programmes (Covid) and widespread training roll out (WPAS) removes the admin process	Cost of staff purely administering appointments Cost of text, letters, reliance on postal service	Completed - Benefits Realised
Yammer / Sway	PAN BCU	Corp Comms Team Replace Weekly Bulletin (and other weekly communications) to a real time solution	New Functionality (Colleagues)	Non-financial (Qualitative)	Effectiveness	It takes 6 hours to create Weekly Bulletin, all the paper & printing costs (and time to do that) at each site to stick the notices to a wall - are they read?	Cost of staff time to produce Weekly Bulletin	Completed - App Rolled Out, Benefits Need Gathering
Power BI	Workforce	Workforce download all metrics (2yrs plus) into Power BI	Replace current software or systems with O365 app	Financial (non-cashable)	Efficiency	No Ad hoc report requests as HR managers can pull own. Also, time saving on auto generation	Creation of time for Information colleagues no longer creating specialist report	Completed - App Rolled Out, Benefits Need Gathering
Power BI	Information	Information creates a Referral to Treatment every Monday	More efficient workforce or process	Financial (non-cashable)	Efficiency	Savings of 2hrs pw to create, also allows recipient to refresh real-time	Creation of time for Information colleagues no longer creating ad hoc report requests	Completed - Benefits Realised
Power Apps, Teams, Lists & SharePoint	Finance	Creation of an Oracle access authorisation tool using Power Apps that sits within Teams. Requests are sent to Admin Portal (Lists within SharePoint)	More efficient workforce or process	Financial (non-cashable)	Efficiency	As process is contained within one app (Teams)it means it is easier to keep tabs on where all requests are up to in the process	Cost of processing / authorising manual requests versus automated option	Completed - App Rolled Out, Benefits Need Gathering
SharePoint Online	PAN BCU	Decommission Cascade - platform for Intranet	Replace current software or systems with O365 app	Financial (non-cashable)	Cost avoidance	Remove end of life product - Cascade has no licence fee as in house development Cascade has 5316 pages, only 3702 online. Only 1132 updated since Jan-20	Costs to develop new intranet would start at £30k pa (based on up to 500 users)	Completed - Benefits Realised
SharePoint Online	PAN BCU	New Intranet to incorporate Yammer news feed, replacing Weekly Bulletin	New Functionality (Colleagues)	Financial (cashable)	Cost savings	Weekly Bulletin takes 1 person 6 hours to manually create - increased productivity for person. Colleagues receiving comms real time.	Real time bite size updates, rather than weekly bulletin	Completed - App Rolled Out, Benefits Need Gathering
Blackberry Work	PAN BCU	Moving all users onto InTune (O365) and having BYOD capability will mean the licence renewal did not need to take place in July 2021	Replace current software or systems with O365 app	Financial (cashable)	Cost savings	Ability to use O365 on personal phone or other devices, with use of InTune and MFA has negated the need for Blackberry	£125,000	Completed - Benefits Realised
In Tune	PAN BCU	Allows everyone access to their O365 account via their personal mobile device	New Functionality (Colleagues)	Financial (non-cashable)	Efficiency	Previously only 5% of all colleagues used Blackberry, whereas up to 100% can access work emails (and other O365 functionality) via a mobile device Increase in productivity as access to O365 via personal device for more colleagues	productivity	Completed - App Rolled Out, Benefits Need Gathering
Sway	CAHMS	Departmental newsletter - a great way to connect in a virtual environment	New Functionality (Colleagues)	Non-financial (Qualitative)	Other	Staff morale	N/A	Completed - Benefits Realised
Forms & SharePoint Lists	PAN BCU	Acceptable User Agreement e-Forms	More efficient workforce or process	Financial (non-cashable)	Cost avoidance	The cost to print form (paper & ink), scan and upload doc to a SharePoint site (time)	Number of Acceptable User Agreement forms & time taken to process	Completed - App Rolled Out, Unable to provide Benefits

Defender	PAN BCU	Decommission McAfee	Replace current software or systems with O365 app	Financial (cashable)	Cost savings	Equivalent security software protection provided within O365 package (separate project to upgrade Win7 to Win10 and receive Defender as part of rebuild)	£75,000	Completed - App Rolled Out, Benefits Need Gathering
Defender	PAN BCU	Decommission Safend for port security e.g., data encrypted on USB sticks	Replace current software or systems with O365 app	Financial (cashable)	Cost savings	Equivalent security software protection provided within O365 package - protects data in transit e.g., contained on USB stick	£35,000	Completed - App Rolled Out, Benefits Need Gathering
Power BI	Workforce	Bringing together the data on ESR & TRAC to give an holistic view of recruitment process	Replace current software or systems with O365 app	Financial (cashable)	Cost savings	Provides all data on recruitment process, highlights bottlenecks in process to fill vacancies	Unnecessary chasing in recruitment process, ability to pull reports	Completed - App Rolled Out, Benefits Need Gathering
Lists, Power Automate & Power BI	Workforce	Tracks local induction forms completion, Power Automate validates data in the fields	Replace current software or systems with O365 app	Financial (cashable)	Efficiency	Manager needs to fill out Induction form within certain timeframe of start date, Power Automate prompts them to do it, Power BI provides hourly refresh of data	Cost of Workforce Colleagues completing Reporting & Compliance checks	Completed - Benefits Realised
SharePoint	Cancer Fatigue	SharePoint site set up to house advice and support for patients	Replace current software or systems with O365 app	Non-financial (Quantitative)	Efficiency	Literature has been summarised and gathered to aid Health Care professionals to provide support to patients	Provides literature for Health Care professionals in central place	Completed - App Rolled Out, Unable to provide Benefits
SharePoint Lists	Additional Learning Needs	SharePoint site with Lists to record the requests from schools and local authorities to provide patient data	Replace current software or systems with O365 app	Non-financial (Quantitative)	Efficiency	A robust method of tracking requests to ensure all are responded to within the 6-week timescales	Reputational Penalty only Time taken to manually process requests	Completed - App Rolled Out, Benefits Need Gathering
Power BI	CAHMS	Performance Report (Child & Young Person division)	Replace current software or systems with O365 app	Financial (non-cashable)	Efficiency	Exporting data from WPAS to Power BI (instead of Excel) makes report more interactive and reduces requests for Ad-hoc reports	Creation of time for Information colleagues no longer creating ad hoc report requests	Completed - Benefits Realised
Power BI	Emergency Depts	Floor Plans for ED's allowing for better management	More efficient workforce or process	Financial (non-cashable)	Efficiency	Real time Floor Plans for ED's showing live data/visuals of waiting areas, wards and linking in with the WAST dashboard for ambulances	Unstanding of capacity and availability within ED's	Completed - Benefits Realised
Power Apps	Emergency Depts	ED Shift Logs	More efficient workforce or process	Financial (non-cashable)	Efficiency	Tags & Flags for each patient to assist in handover of shifts, interactive comment box, can review on the go rather than paper - (piloted in GC)	Paper saving, ability to see on the go	Completed - App Rolled Out, Benefits Need Gathering
Bookings	Workforce & Organisational Development	To attend the new virtual Orientation Programme for BCU	More efficient workforce or process	Financial (non-cashable)	Efficiency	Enables colleagues to choose and book onto a course at a time that suits without the involvement of another colleague	12 mins to schedule attendance for new starter x 161 = 1932 mins (32hrs) Jan/Feb	Completed - Benefits Realised
Forms	Library Services (West)	Gather feedback to enhance the BCU Library service across all 3 sites	Replace current software or systems with O365 app	Financial (non-cashable)	Efficiency	Enabling colleagues to shape the library service over the next 5 years	Colleague feedback...	Completed - App Rolled Out, Unable to provide Benefits
Forms	Workforce & Organisational Development (Stronger Together)	ASiM Wellbeing Course Feedback forms	More efficient workforce or process	Financial (non-cashable)	Efficiency	Capture feedback online and able to analyse the data instantly	TBC	Completed - Benefits Realised
Bookings	Informatics	To attend training sessions for the roll out of the Symphony project	More efficient workforce or process	Financial (non-cashable)	Efficiency	Enables colleagues to choose and book onto a course at a time that suits without the involvement of another colleague	Time to schedule delegate attendance for course	Completed - App Rolled Out, Unable to provide Benefits

Forms/SharePoint	Workforce & Organisational Development (Stronger Together)	To gather information for the discovery phase of the Stronger Together project	More efficient workforce or process	Financial (non-cashable)	Efficiency	Capture feedback online and able to analyse the data instantly	Time saving of 10 minutes per response	Completed - Benefits Realised
Forms, SharePoint & Lists	Informatics	Creating two electronic forms to replace paper for the Central Symphony project - a Training Needs Analysis & Acceptable User Statement	More efficient workforce or process	Financial (non-cashable)	Efficiency	Removes the printing & signing of a paper form, then the manual scanning of the doc. Also makes it easier to find a Form as all in a List rather than opening individual docs	Time to print, sign and scan Time to upload or search for a doc	Completed - Benefits Realised
Forms & SharePoint Lists	Audiology	Forms to be used to create a Colleague Survey that would be embedded into SharePoint Site and publish findings there	Replace current software or systems with O365 app	Financial (non-cashable)	Efficiency	They also have a 'Grrr' box to put in items that annoy them during the day - this could be included if responses could be anonymised	Removes the admin involved in data input	Completed - App Rolled Out, Benefits Need Gathering
Lists	Audiology	Create a List linked to Service Satisfaction Questionnaire (on Forms) to work through the findings	Replace current software or systems with O365 app	Financial (non-cashable)	Efficiency	Previously used paper surveys which would be manually uploaded to Excel; therefore, any findings would be addressed in Excel	Removes the admin involved in data input	Completed - App Rolled Out, Benefits Need Gathering
Sway	Audiology	Currently use Publisher for monthly newsletter	Replace current software or systems with O365 app	Financial (non-cashable)	Efficiency	Moving from Publisher to Sway would allow them to share project updates and Scorecards and share on SP site	Information only	Completed - App Rolled Out, Benefits Need Gathering
Planner	Audiology	Planner to be used to plan out Service Improvement action plans	Replace current software or systems with O365 app	Financial (non-cashable)	Efficiency	Currently a new project will start with a great action plan, however it needs more structure and integration for the Managers	Reduce admin time chasing updates	Completed - App Rolled Out, Benefits Need Gathering
Bookings	Covid Vaccination Programme	Used to create rota's for Covid vaccinations	More efficient workforce or process	Financial (non-cashable)	Efficiency	Efficient management of Covid vaccination process at vaccination centres pan BCU	Time savings = 60hrs	Completed - Benefits Realised
Bookings	Occupational Health	Online option for patients/staff to book in with clinicians for Flu and Pertussis, becomes primary vehicle with telephone option relegated to secondary option	New Functionality (Patients)	Financial (cashable)	Cost savings	Removal of telephone answering costs, removal of telephone calls freeing up time to complete different tasks that add value	TBC	Completed - App Rolled Out, Benefits Need Gathering
Bookings	Corporate Nursing	Online option for staff to book in for injection training, becomes primary vehicle with telephone option relegated to secondary option	New Functionality (Patients)	Financial (cashable)	Cost savings	Removal of telephone answering costs, removal of telephone calls freeing up time to complete different tasks that add value	Leaner, easy to navigate and quick to upload additional dates.	Completed - Benefits Realised
Bookings, Forms & Teams	Self-Care Office	Self-Care Office provide virtual patient training via Teams. Forms are used to gather course feedback. Looking to use Booking to schedule sessions and integrate Forms for any pre-course requirements	More efficient workforce or process	Financial (non-cashable)	Efficiency	Removal of telephone answering costs, removal of telephone calls and postal requests freeing up time to complete different tasks that add value	Time to schedule delegate attendance for course	Completed - Benefits Realised
Teams	Emergency Depts	Teams used for various aspects of governance process, including medical teaching programme. Undertake weekly teaching sessions for medics over Teams during Covid, meaning doctors don't need to be in building to access sessions	Maximise opportunities for patient care and patient experience	Non-financial (Quantitative)	Risk avoidance/reduction	GMC training survey described it as wonderful improvement in educational experience and transformational improvement in trainee feedback - technology platforms played big part of foundations upon which programme was built	Robust set up, addressed challenges from Welsh Risk Pool, access from anywhere	Completed - Benefits Realised
Sway	Recruitment	Recruitment training videos for TRAC	More efficient workforce or process	Financial (non-cashable)	Efficiency	No need to run face to face or virtual TRAC training sessions as all recruiting managers can access training material via Sway	Trainers time to run regular sessions on how to use TRAC	Completed - Benefits Realised

Forms	Nursing, Midwifery & Patient Services	Forms used to replace paper-based evaluations/feedback following training	More efficient workforce or process	Financial (non-cashable)	Efficiency	Following the training, all the data contained in the paper evaluations would be input into Excel to track, turn into charts or graphs and create reports, however Forms does it for you	Removes the admin of updating paper records and providing reports	Completed - Benefits Realised
Forms	Dietetics	Forms is used to capture evaluations following Dietetics training	More efficient workforce or process	Financial (non-cashable)	Efficiency	A method to capture course evaluations at the end of course. Paper evaluations previously were entered into a spreadsheet and reported on quarterly	Removes the admin of updating paper records and providing reports	Completed - App Rolled Out, Benefits Need Gathering
Planner	Informatics	Planner used to track requests for work, to ensure completed on time for Unscheduled Care	Replace current software or systems with O365 app	Financial (non-cashable)	Efficiency	Small team, can assign work within team to assist the Unscheduled Care Improvement Programme	Ability to capture all requests and keep on top of requests within team	Completed - App Rolled Out, Unable to provide Benefits
Power BI	Informatics	Need to create Dashboards and reports from Data Warehouse, starting to use Power BI to do this instead of Excel	Replace current software or systems with O365 app	Financial (non-cashable)	Efficiency	Allows for better data requests, results	Ability to get data quickly and present in visual format	Completed - Benefits Realised
Whiteboard	Informatics	Used Whiteboard in Analytics team meeting - worked well in virtual environment, allowing for better collaboration	Replace current software or systems with O365 app	Financial (non-cashable)	Efficiency	Enhanced virtual team meetings by being able to collaborate, share ideas etc	Effective Teams Meeting	Completed - Benefits Realised
Forms	Business Continuity	Forms is used to request attendance at the Living Well while Working training sessions	More efficient workforce or process	Financial (non-cashable)	Efficiency	Further analysis required to determine benefits	Further analysis required to determine benefits	Completed - App Rolled Out, Benefits Need Gathering
Forms	Self-Care Office	Forms is used to request attendance at the Business Continuity training sessions	More efficient workforce or process	Financial (non-cashable)	Efficiency	Forms would remove the need to answer phone call requests or email requests - plan to move to Bookings to enhance even further i.e., remove the need for email confirmation	Removes phone/email admin to book onto and schedule attendance	Completed - Benefits Realised
Power BI	CAHMS	Creation of a CAMHS waiting list report	Replace current software or systems with O365 app	Financial (non-cashable)	Efficiency	Report will allow colleagues without access to WPAS to view and monitor waiters by area, team and type.	Give access to CAMHS team leads to wait list numbers on daily basis	Completed - App Rolled Out, Unable to provide Benefits
Forms, Lists & Power BI	Workforce	Queries to Establishment Control captured in auditable workbook to ensure response within timely manner and robust tracker	Replace current software or systems with O365 app	Financial (non-cashable)	Efficiency	Email queries to queries to Establishment Control inbox - cannot see which have been dealt with, therefore repeat emails sent and have no data on response times	TBC	Completed - App Rolled Out, Benefits Need Gathering
Forms	Resus	Forms linked to the intranet page, requesting new agenda items for the Resuscitation Committee	Replace current software or systems with O365 app	Financial (non-cashable)	Efficiency	Includes the ability to attach documents to the form submission	Removes admin	Completed - App Rolled Out, Benefits Need Gathering
Forms	Resus	A Forms driven Education Feedback tool, so candidates on the Resus courses can give constructive feedback on the teaching sessions delivered.	More efficient workforce or process	Financial (non-cashable)	Efficiency	Replaces paper questionnaires and the QR code enables candidates to give feedback via their mobile devices if they wish. Proving helpful in-service reviews.	Admin time to input data submitted on paper forms	Completed - App Rolled Out, Benefits Need Gathering
Power BI	Office of Medical Director	Power BI report which tracks progress made towards job planning for BCU, Sites and Specialities - look to upload to SharePoint site	Replace current software or systems with O365 app	Non-financial (Quantitative)	Risk avoidance/reduction	Report will monitor job planning compliance of SAS doctors and consultants in BCU. Contractual requirement to have valid up to date job plan, reviewed annually. Report provides comprehensive data to specialities and senior managers	Report to increase user experience and to highlight where job plan reviews are overdue.	Completed - App Rolled Out, Unable to provide Benefits

Power BI	Corporate Office	The Antigen Service created a report in Power BI to show the Testing numbers for Covid	Replace current software or systems with O365 app	Financial (non-cashable)	Efficiency	The report provides a heat map, provides all the data in one place, which saves time. The Lead Manager has the data to hand at click of button	Saves time as access to all information in one place	Completed - App Rolled Out, Benefits Need Gathering
Forms	Academic Unit	Forms currently being used to monitor attendance in the teaching sessions and for feedback post session	More efficient workforce or process	Financial (non-cashable)	Efficiency	Download data into Excel (possibly use Lists)	Removes admin time spent updating responses	Completed - App Rolled Out, Unable to provide Benefits
Power BI	Radiology	Power BI used to capture data on Waiting Lists & Monthly Stats for Radiology and create dashboards	Replace current software or systems with O365 app	Financial (non-cashable)	Efficiency	Last year everything was Excel based, moved towards Power BI reports and dashboards	Further analysis required to determine benefits	Completed - App Rolled Out, Benefits Need Gathering
Forms	Information Governance	IG using Forms to gather an understanding of what their customers want from them	Replace current software or systems with O365 app	Financial (non-cashable)	Efficiency	The survey hopes to identify areas that Nursing can improve their service and performance regarding digital skills	Less time spent collating, more time spent improving	Completed - App Rolled Out, Benefits Need Gathering
Forms	Corporate Nursing	Forms being used to gather insight into digital skills across nursing within BCU	Replace current software or systems with O365 app	Financial (non-cashable)	Efficiency	The survey hopes to identify areas that IG can improve their service and performance	Less time spent collating, more time spent improving	Completed - App Rolled Out, Unable to provide Benefits
SharePoint Online	Learning Disability Services	SharePoint site has just been created	Replace current software or systems with O365 app	Financial (non-cashable)	Efficiency	Move away from using Shared Drive, therefore will be able to access from cloud when off site	Easy access to documents when not on site	Completed - App Rolled Out, Benefits Need Gathering
Sway	Digital Health Records	Sway created to provide information on Cito & DHR	More efficient workforce or process	Financial (non-cashable)	Efficiency	Further analysis required to determine benefits	Information only	Completed - App Rolled Out, Benefits Need Gathering
Bookings	Digital Health Records	Bookings embedded within Sway to schedule Cito training	More efficient workforce or process	Financial (non-cashable)	Efficiency	Manual schedule (phone or email)	Removes the admin of answering calls and manually booking onto courses	Completed - App Rolled Out, Benefits Need Gathering
Forms	Digital Health Records	Forms used for questionnaires and Acceptable User Statements within DHR project	More efficient workforce or process	Financial (non-cashable)	Efficiency	Moving away from paper-based questionnaires & AUS as by definition of project name - look to digitise processes	TBC	Completed - App Rolled Out, Benefits Need Gathering
Planner	Digital Health Records	Planner used to plan project activity within team	Replace current software or systems with O365 app	Financial (non-cashable)	Efficiency	Project team working to tight deadlines and reporting at Ministerial level, therefore require effective, efficient planning tool	TBC	Completed - App Rolled Out, Benefits Need Gathering
Power BI	Digital Health Records	Dashboards created on DHR SharePoint site using Power BI	Replace current software or systems with O365 app	Financial (non-cashable)	Efficiency	Creating visual dashboards to display key stats for each Service/Dept on BetsiNet site	TBC	Completed - App Rolled Out, Benefits Need Gathering
Planner/Lists	Communications	Use these to show what team are up to and where they are up to for Forward Look (shared with Corporate Services)	Replace current software or systems with O365 app	Financial (non-cashable)	Efficiency	Further analysis required to determine benefits	TBC	Completed - App Rolled Out, Benefits Need Gathering
SharePoint Online	Office of the Board Secretary	Create a SharePoint site to store the docs internally, track changes via link rather than email doc before posting correct doc to website	Replace current software or systems with O365 app	Financial (non-cashable)	Efficiency	Standing Orders/Scheme of Delegation/Standing Financial Instructions are Word docs sent out via email to track changes - finalised doc is posted on the website	Reduce email traffic, easier to track changes	Completed - App Rolled Out, Benefits Need Gathering

Power BI	Primary Care Contracting	A portal has been developed on Power BI to get the data to hand for reporting	Replace current software or systems with O365 app	Financial (non-cashable)	Efficiency	Encountering difficulties getting the data to talk to the system to pull the data and issues with auto saves etc	Further analysis required to determine benefits	Completed - App Rolled Out, Benefits Need Gathering
Forms	Primary Care Contracting	Forms used for reporting or practices	Replace current software or systems with O365 app	Financial (non-cashable)	Efficiency	Used to use Word or Excel docs and manually input data into spreadsheet	Reduces Data Input time Reduces Data Input errors	Completed - App Rolled Out, Benefits Need Gathering
Stream	Transformation & improvements	Creating some user guides for Transformation programme work – with Stream you can screen record, would make everything look good	Replace current software or systems with O365 app	Financial (non-cashable)	Efficiency	Used videos to provide a little more interaction for staff when using each item in toolkit as opposed to just text.	Further analysis required to determine benefits	Completed - App Rolled Out, Benefits Need Gathering
Planner	Corporate Office	Using Planner to manage project to merge Acute & Community	Replace current software or systems with O365 app	Financial (non-cashable)	Efficiency	Planner embedded into Teams site, although still using GANTT chart in Excel	Reduce admin time chasing updates	Completed - App Rolled Out, Benefits Need Gathering
SharePoint Lists	Informatics	WPAS Go Live Issues Tracker using SharePoint Lists	Replace current software or systems with O365 app	Financial (non-cashable)	Efficiency	SharePoint List to replace Excel tracker	Reduce time logging issues and keeping track on open ones	Completed - App Rolled Out, Unable to provide Benefits
Power Apps, Forms & SharePoint Lists	ED	Power Apps creates a LEAF CPD Certificate for the colleague to confirm they have completed the training.	More efficient workforce or process	Financial (non-cashable)	Efficiency	Colleagues read a brief description of a situation, (no actual patient info) - use a Form to provide their feedback, which is collated on SP Lists	Professional Development	Completed - App Rolled Out, Benefits Need Gathering
Power Apps, Forms & SharePoint Lists	ED	Power Apps used to create an Issue Reporting App	More efficient workforce or process	Financial (non-cashable)	Efficiency	Staff can report any issues via Forms which feeds onto a SP List, where his team can pick up to resolve	Further analysis required to determine benefits	Completed - App Rolled Out, Benefits Need Gathering
Forms	Audiology	A Service Satisfaction Questionnaire has been created on Forms instead of Smart Survey	Replace current software or systems with O365 app	Financial (non-cashable)	Efficiency	Previously used paper surveys which would be manually uploaded to Excel	Removes the admin involved in data input	Completed - App Rolled Out, Benefits Need Gathering
Forms	Occupational Therapy	Forms been used to create a Service Evaluation form for Primary Care	Replace current software or systems with O365 app	Financial (non-cashable)	Efficiency	Currently no consistent form to enable data to be analysed	Removes the admin involved in data input	Completed - Benefits Realised
Sway	Anaesthetics	Sway is used to deliver lectures and teaching	Replace current software or systems with O365 app	Non-financial (Qualitative)	Effectiveness	Replace PowerPoint presentations making them more interactive and more up to date	Better method of delivery for lectures and teaching	Completed - App Rolled Out, Unable to provide Benefits
Forms	Anaesthetics	Forms have been used in Dept to gather information such as list of courses that Drs have attended or Dept surveys	Replace current software or systems with O365 app	Financial (non-cashable)	Efficiency	Previously the secretary would send an email to request the information and spend months chasing responses	Reduce admin time chasing updates	Completed - App Rolled Out, Unable to provide Benefits
Forms, Lists & Power Automate	Anaesthetics	Gratex is a means of providing a positive comment/compliment, used to be a form on old BCU intranet site	Replace current software or systems with O365 app	Financial (non-cashable)	Efficiency	Positive comments/compliments should be treated same way as complaints - understand the root cause to apply to all situations. Also, recognition should be provided to colleague	Automate the process of passing on feedback to the person concerned	Completed - App Rolled Out, Benefits Need Gathering
Power BI	Acute Medicine	Power BI currently in use to display performance metrics for the Programme	Replace current software or systems with O365 app	Financial (non-cashable)	Efficiency	Provides data for the Team Leads and Ward Matrons to see how their units perform	Provides data/metrics without the need to pull reports weekly	Completed - App Rolled Out, Benefits Need Gathering

Forms	Anaesthetics	Forms in use for feedback from meetings, department wide surveys and for monitoring hours worked in Dept	Replace current software or systems with O365 app	Financial (non-cashable)	Efficiency	Forms has saved time in the collection of data, especially the Monitoring Hours, as they have a busy on call shifts	Removes admin from process	Completed - App Rolled Out, Benefits Need Gathering
SharePoint Online	Anaesthetics	SharePoint site has been created as a Departmental hub - all guidelines in one place (you can see which are approved and which are draft)	Replace current software or systems with O365 app	Financial (non-cashable)	Efficiency	SharePoint Document Library to house all guidelines in one place	Reduces wastage as one stop shop for all guidance	Completed - App Rolled Out, Benefits Need Gathering
Power Apps	Information	Power App created 'BCU DW Security' to manage the Security access to the Warehouse	Replace current software or systems with O365 app	Financial (non-cashable)	Efficiency	Previously completed task via VBA	Saves 3-5 mins per person to grant access - access limited	Completed - App Rolled Out, Unable to provide Benefits
Forms	Respiratory	Forms have been used in Dept to gather information in the form of surveys	More efficient workforce or process	Financial (non-cashable)	Efficiency	TBC	Reduce admin time chasing updates	Completed - App Rolled Out, Benefits Need Gathering
Stream & Forms	Quality Directorate	To use Stream to record training videos and use Forms to gather feedback or as a quiz to test understanding	Replace current software or systems with O365 app	Financial (non-cashable)	Efficiency	Currently provides F2F training F2F which is time consuming and must arrange it with users availability etc. Stream channel to record training material and user can access whenever want	Removes need to deliver F2F training and scheduling of training	Completed - App Rolled Out, Benefits Need Gathering
Forms	Primary Care	Forms have been used to gather information, for the Patient Experience and Colleague Feedback forms	More efficient workforce or process	Financial (non-cashable)	Efficiency	These replace the paper forms, and the data is pulled into Excel	Reduce time in gathering data	Completed - App Rolled Out, Benefits Need Gathering
SharePoint & Lists	Primary Care	SharePoint site has been created and a List contains the Service Data Collection	More efficient workforce or process	Financial (non-cashable)	Efficiency	All data is in one place and whole team can see	Further analysis required to determine benefits	Completed - App Rolled Out, Benefits Need Gathering
Teams & Bookings	Dietetics	Interactive Teams group session to assist patients with Type 2 diabetes care pathway	Replace current software or systems with O365 app	Financial (non-cashable)	Efficiency	Programme ran F2F since 2009 pan BCU, with 13 groups/month – referral rate of around 1200 -1500 newly diagnosed Type 2 diabetes per year.	Further analysis required to determine benefits	Completed - App Rolled Out, Benefits Need Gathering
SharePoint Online	Continuing Health Care (Finance) & Ynys Mon Council	SharePoint site to ease communication, secure storage between Ynys Mon Council & BCU	Replace current software or systems with O365 app	Financial (non-cashable)	Efficiency	A Pooled Budget pilot between Ynys Mon Council & BCU - currently emailing everything back and forth and saving down	Reduces admin & processing time. Also improves version control of docs	Completed - App Rolled Out, Benefits Need Gathering
Teams / SharePoint	North Wales Community Dental	SharePoint / Teams site for all dental staff to access - Ideally would also need access for some external dental contractors	Replace current software or systems with O365 app	Financial (non-cashable)	Efficiency	Transformation programme across North Wales Dental is due to start. Require ability to communicate & share information across BCU and independent contractors allowing for collaborative working	Further analysis required to determine benefits	Completed - App Rolled Out, Benefits Need Gathering
SharePoint Online	Same Day Emergency Care	SharePoint site for Same Day Emergency Care Unit at YG. Relatively new service which is developing at pace in line with the Welsh Govt caveat and launch of six goals for Urgent and Emergency Care.	Replace current software or systems with O365 app	Financial (non-cashable)	Efficiency	SDEC Unit wants site where can store pathways, guidelines and where staff can access important clinical guidelines, which is a patient / staff safety risk.	Saves time as all current guidelines, SOP etc stored in one place that is accessible	Completed - App Rolled Out, Unable to provide Benefits
Power BI	Informatics	Power BI report for WPAS Go Live pulling data from SharePoint List (BCU365-194) regarding 1257 reported post Go Live issues	Replace current software or systems with O365 app	Financial (non-cashable)	Efficiency	Dashboard data real time with SP List, available to digest as project Go Live continues	Dashboard to assist with WPAS Go Live	Completed - App Rolled Out, Unable to provide Benefits

Forms	Informatics	Forms used for engagement, fact finding, clinician feedback, training needs, secure print survey and Covid screen test (prior to training) for WPAS Project. Also, User Acceptance Form	Replace current software or systems with O365 app	Financial (non-cashable)	Efficiency	Previously used paper forms, that require printing, scanning, uploading	Reduced the admin time in chasing responses	Completed - App Rolled Out, Unable to provide Benefits
Forms	Communications / CAHMS / Post Grad Centre / Resus Training	Replace Survey Monkey & Smart Survey	Replace current software or systems with O365 app	Financial (cashable)	Cost savings	Remove any licence/subscription fees Survey Monkey £75pm = £900 per user/pa Smart Survey £60pm = £720 per user/pa	£7545.22 spent in last 5 years by 9 Depts	Completed
Teams	PAN BCU	Using 'Transcribe' or 'Record Meeting' functionality allows a record of the meeting to be captured - this could replace minute taking or be used to check accuracy	More efficient workforce or process	Financial (non-cashable)	Efficiency	Reduction of need for colleague to take minutes, therefore freed up to complete different tasks that add value. A meeting lasting 1 hour, equates to 5 hours typing up/review/making amends	Number of meetings for each service and other tasks that staff member could be doing	On Going / Development
Teams - Company Communicator	PAN BCU	Functionality within Teams allowing ICT & Corp Comms to send one way message (including links & pictures) to notify of a change/incident	New Functionality (Colleagues)	Non-financial (Quantitative)	Risk avoidance/reduction	Increase Teams usage - metrics for percentage of users the message was delivered to	N/A	On Going / Development
Teams - Jabber	PAN BCU	Softphone app that enables a call to be made to a non-Teams user without the need for a desk phone	Replace hardware with O365 app	Financial (cashable)	Cost savings	Removes cost of desk phones for new starters and phone replacement programme (licence cost for Jabber of £80)	5 types of handsets in use at moment - cost of phone for project person £100	On Going / Development
Teams - Cisco	PAN BCU	Integrate Cisco and Teams to enable a call to be made to a non-Teams user without the need for a desk phone	Replace hardware with O365 app	Financial (cashable)	Cost savings	Removes cost of desk phones for new starters and phone replacement programme Cisco phones to be retained on wards, switchboard and contact centres	5 types of handsets in use at moment - cost of phone for project person £100	On Going / Development
Bookings	Information	Online option for patients to book in with clinicians / specialists becomes primary vehicle with telephone option relegated to secondary option	New Functionality (Patients)	Financial (cashable)	Cost savings	Removal of telephone answering costs, removal of telephone calls freeing up time to complete different tasks that add value	Cost of staff purely administering appointments Cost of text, letters, reliance on postal service	On Going / Development
Yammer	PAN BCU	Decommission Staff Connect App on smart phones	Replace current software or systems with O365 app	Financial (cashable)	Cost savings	Integration with O365 – allowing staff to potentially seamlessly access BetsiNet and other O365 apps from their phone (pending authentication and additional apps to support utility)	£20,000	On Going / Development
Password Reset	PAN BCU	Moving to O365 allows user to self-serve for password resets, reducing volume of calls into the Helpdesk, freeing capacity to focus on more technical issues	More efficient workforce or process	Financial (non-cashable)	Efficiency	Volume of calls answered and number of staff employed to man lines	Cost of staff resetting passwords	On Going / Development
SharePoint Online	PAN BCU	Community based colleagues - ability to access files and documents at a convenient time, allowing them to read, review or work on them leads to a more effective team	More efficient workforce or process	Financial (non-cashable)	Efficiency	Increased productivity	productivity	On Going / Development

SharePoint Online	Informatics	Ability to share patient details with other hospitals within BCU/outside BCU e.g., Countess of Chester, also with 'Whitelisted' Services, saves emailing/printing etc	New Functionality (Colleagues)	Financial (non-cashable)	Efficiency	More efficient way of working, auditable means of sharing data	productivity	On Going / Development
Planner	Number of Depts	Replace Trello	Replace current software or systems with O365 app	Financial (cashable)	Cost savings	Remove any licence/subscription fees	£120 per user/pa	On Going / Development
UI Flows (add on for Power Automate)	Finance	Similar to Blue Prism currently used by Finance - map out a process that robot can open another system, perform an action, robot works 24/7 and replaces staff resource on basic admin tasks	Replace current software or systems with O365 app	Financial (cashable)	Cost savings	Difference between total of annual salary/benefits package and annual cost for robot	£8k pa per robot	On Going / Development
FAQ BOT	PAN BCU	Provides answers on 'How To' questions regarding Core Apps currently (will build out intelligence around other apps once released), leaving the Help Desk to focus on calls relating to 'broken' systems etc	More efficient workforce or process	Financial (non-cashable)	Efficiency	Reduce calls into Help Desk as user can self-serve, ICT can focus on other parts of their role or answer more in-depth/technical calls	Ability to answer more Help Desk calls in a timely manner rather than spending time answering 'how to' calls	On Going / Development
Power BI	Finance	Finance to move from QlikView to Power BI (as part of All Wales transition) - need to replicate reports on new tool	Replace current software or systems with O365 app	Financial (cashable)	Cost savings	All Wales transition to create consistency in reporting across all Health Boards **Possible other options being considered	£150-£200k pa	On Going / Development
Power Apps	Informatics / Information Governance	Creation of new Asset Register using Power Apps to pull data from the DPIA, automatically request annual or security reviews	Replace current software or systems with O365 app	Financial (non-cashable)	Efficiency	Further analysis required to determine benefits- will know more once Insight have finished developing tool	Cost of processing data for new requests and annual reviews	On Going / Development
SharePoint Online, Lists, Power BI, Planner & Yammer	Primary & Community Care	Creation of a BCU/pan Wales competency framework for Primary & Community Care	Colleague development	Non-financial (Qualitative)	Effectiveness	Further analysis required to determine benefits	learning gaps, development timeframes	On Going / Development
Forms, Teams & SharePoint Lists	PAN BCU	Electronic referral process to replace fax or internal post referrals	More efficient workforce or process	Financial (non-cashable)	Efficiency	The cost and time to fax or post a referral. The admin time spent updating or chasing requests	Number of internal referrals	On Going / Development
SharePoint, Power Virtual Client & Stream	Workforce	Power Virtual Client is a BOT on SharePoint page to direct staff to correct area, Stream has 'how to do' video's uploaded to assist staff	Replace current software or systems with O365 app	Financial (cashable)	Cost savings	Reduce calls into Help Desk as user can self-serve, Workforce can focus on other parts of their role or answer more in-depth/technical calls	Ability to answer more Help Desk calls in a timely manner rather than spending time answering 'how to' calls	On Going / Development
Teams, Power Apps & Power BI	PAN BCU	Building Access App designed to ensure capacity not exceeded when colleagues Return to Office (Covid restrictions)	New Functionality (Colleagues)	Non-financial (Quantitative)	Risk avoidance/reduction	Rooms/Floors/Buildings to be configured within guidelines first. Allows safe return as staff need to book in first, data captured for track & trace if required	Ensures safe return of colleagues to office	On Going / Development
Power Automate & One Drive	Number of Depts	An Image Annotation app - take a photo using a mobile device, annotate it with notes or arrows and sync to One Drive	Replace current software or systems with O365 app	Financial (non-cashable)	Efficiency	Opportunity to capture photo and notes all in over place and save to device or sync to One Drive. Multiple uses - Patient Care, Estates or Health & Safety	Time taken to upload digital camera photos and notes taken at scene	On Going / Development
Forms, SharePoint List, Power Auto & Power BI	Number of Depts	Audit & Investigation app using Forms to ask the questions and Power Apps to chase for and record results	Replace current software or systems with O365 app	Financial (non-cashable)	Efficiency	Move away from Excel based audit data storage, enables automation to chase requests and report findings. Questions can be made specific to each area requirements	Cost of penalty for not completing audit in timely manner	On Going / Development

Power BI	PAN BCU	eForms to collect information not currently on patient systems, but not clinical information	More efficient workforce or process	Financial (non-cashable)	Efficiency	Further analysis required to determine benefits	Further analysis required to determine benefits	On Going / Development
MFA	PAN BCU	To replace current Secure ID Tokens such as RAS or DUO to allow access to BCU network from other Wi-Fi connections	Replace current software or systems with O365 app	Financial (cashable)	Cost savings	Removes the need for a physical RAS token or the DUO app	Cost of other options	On Going / Development
Power Automate Desktop (PAD)	Information	PAD to complete Robotic Process Automation by interacting with WPAS	More efficient workforce or process	Financial (non-cashable)	Efficiency	A flow was built to take patient CRNs/NHS numbers and ethnicity data from WIS data warehouse, search for patient in WPAS and input ethnicity and save update	PAD took 107 mins to complete 75 records versus 90-100 mins by agency staff	On Going / Development
GitHub	Informatics	A collaborative way to create and deploy code, allows input from other users in tenancy i.e. NHS Wales	Replace current software or systems with O365 app	Financial (non-cashable)	Efficiency	Replace current Perforce which although free is complex to use. This is MS owned therefore integrates with O365 apps and Jira Cloud	Easier to use, help from other HB when coding	On Going / Development
Forms	Learning Disability Services	Community Learning Disability nurses currently use paper referral forms – a recent audit highlighted there are 6 different versions of paper form out there, which leads to incorrect information or blank fields	More efficient workforce or process	Financial (non-cashable)	Efficiency	An e-Form will ensure consistency in information requested/provided; it will also eliminate blank fields meaning the referral form can be actioned upon receipt rather than chasing missing information	Time wasted chasing up missing info, time to scan and upload paper forms	On Going / Development
Bookings	Posture and Mobility Service	Use Bookings to schedule Posture and Mobility Service vans	Replace current software or systems with O365 app	Financial (non-cashable)	Efficiency	Currently all admin lies with the team, booking, confirmation and cancellation via email and spreadsheets. Booking allows users to request & cancel based on availability	Admin time to process booking or cancellation read email, update s/s & send email	On Going / Development
SharePoint, Forms, Lists & Planner	Library Services (West)	Creation of new Libraries SharePoint site, incorporating Forms (for requests), Lists (for Forms requests) and Planner to track who has actioned what	Replace current software or systems with O365 app	Financial (non-cashable)	Efficiency	Using the Power Automate functions within Forms, Lists & Planner, it has removed admin and made the process more efficient	Admin to time to action staff requests	On Going / Development
SharePoint	Occupational Therapy	Creation of SharePoint site for Occupational Therapy & Community	Replace current software or systems with O365 app	Financial (non-cashable)	Efficiency	Centralised storage facility, place to collaborate	Further analysis required to determine benefits	On Going / Development
Bookings	Nursing, Midwifery & Patient Services	To schedule the training for student nurses at the intake stages: April & September	Replace current software or systems with O365 app	Financial (non-cashable)	Efficiency	Scheduling currently performed via ESR, however access to ESR can take a while, this will allow them to access training sooner	Effective use of 100's of student's time	On Going / Development
Sway	Nursing, Midwifery & Patient Services	Creation of newsletter or presentation for Dept	Replace current software or systems with O365 app	Financial (non-cashable)	Efficiency	Effective interactive newsletter or presentation	Further analysis required to determine benefits	On Going / Development
Lists	Nursing, Midwifery & Patient Services	Lists to be used instead of Excel to track action log	Replace current software or systems with O365 app	Non-financial (Qualitative)	Effectiveness	Action log currently tracked via Excel, moving to Lists will allow for automated actions	TBC	On Going / Development
Forms	Urology	Forms to be used to replace paper forms e.g. IPSS Prostrate form	More efficient workforce or process	Financial (non-cashable)	Efficiency	Forms would make it more convenient for the patient and save someone data inputting from the paper questionnaire	Removes the admin of updating paper records and providing reports	On Going / Development

Bookings	Urology	To schedule private consultant who works out of GP surgery's	More efficient workforce or process	Financial (non-cashable)	Efficiency	Add Bookings to Private Consultants website, allowing patients to schedule clinic appointments, will allow notes to gathered in time and GP surgery aware of who is attending	Removes admin of scheduling. Assists in patient note gathering	On Going / Development
Bookings	Dietetics	Schedule training courses	Replace current software or systems with O365 app	Financial (non-cashable)	Efficiency	To remove the admin in sending emails to confirmation booking to training courses	Removes admin from process	On Going / Development
Sway	Dietetics	To create flyer to advertise training courses for Councils (nurseries) or Schools	More efficient workforce or process	Financial (non-cashable)	Efficiency	Rather than resending a flyer when new courses are available, they plan to link to the course dates, therefore will always show up to date courses dates	Creation of electronic flyer means it will be always up to date	On Going / Development
Forms	Performance	Forms to replace audit questionnaire for bench marking	More efficient workforce or process	Financial (non-cashable)	Efficiency	Forms would allow the data on benchmarking to be analysed before being sent off as it would realise a time saving from data input	Removes all data input and errors associated and saves time	On Going / Development
Lists	CAHMS	To look into Forms feeding into Lists to form a workbook	Replace current software or systems with O365 app	Financial (non-cashable)	Efficiency	Currently pull BCU365-107 data into Excel to upload onto WPAS, look at having Forms data fed automatically into Lists - which can be used as a workbook	Wasted admin checking which items updated at end of shifts and exporting daily	On Going / Development
Planner	CAHMS	To look at Planner as a project management tool (instead of MS Project due to cost) or a team delegation tool	Replace current software or systems with O365 app	Financial (cashable)	Cost avoidance	Removes the need to chase via email, updates on tasks on regular basis, also removes cost of MS Project as Planner included in O365	Better method of delegation of tasks or planning of projects	On Going / Development
Bookings & Teams	Dietetics	To provide virtual patient training via Teams, looking to use Booking to schedule sessions	More efficient workforce or process	Financial (non-cashable)	Efficiency	Removal of telephone answering costs, removal of telephone calls and postal requests freeing up time to complete different tasks that add value	Time to schedule delegate attendance for course	On Going / Development
Forms	Dietetics	To send as a pre-requisite for virtual course and as a feedback mechanism post course	More efficient workforce or process	Financial (non-cashable)	Efficiency	Removes the need for manual input of data following pre-requisite information or course evaluations	Admin time to input data submitted on paper forms	On Going / Development
SharePoint	Physiotherapy	Create a pan BCU site to house policy changes created by Physiotherapy working group with sections for East/West/Central	Replace current software or systems with O365 app	Financial (non-cashable)	Efficiency	Use share function when creating policies rather than receiving back comments on multiple Word docs	Help work collaboratively	On Going / Development
Forms	Physiotherapy	A form created to record when completed certain competencies associated with the role	More efficient workforce or process	Financial (non-cashable)	Efficiency	A tracking mechanism for understanding who can do what	Help work collaboratively	On Going / Development
Yammer	Physiotherapy	To create external communities rather than using What's App or to give opportunity to share best practices	Replace current software or systems with O365 app	Financial (non-cashable)	Efficiency	Further analysis required to determine benefits	Further analysis required to determine benefits	On Going / Development
SharePoint	Performance	Set up a SharePoint to house Performance reports	Replace current software or systems with O365 app	Financial (non-cashable)	Efficiency	Wants to share reports with services through SharePoint and move away from culture of emailing out reports - effectively creating a self-serve repository to reduce amount of emails stored	Remove admin of creating and sending emails with report attached	On Going / Development
Lists	Performance	Use Lists to capture actions from meetings	Replace current software or systems with O365 app	Financial (non-cashable)	Efficiency	Move away from capturing actions in Word or Excel and start capturing them in List to make use of the automated functionality	Remove the admin of chasing responses etc	On Going / Development

Stream	Performance	To create a training package to showcase O365 apps with a view to digitising the Performance team	Replace current software or systems with O365 app	Financial (non-cashable)	Efficiency	By using the 'Record Screen' function, he can showcase the O365 apps to move away from current processes that are very manual and involve emails, Word & Excel	Improve all processes to digitise the Dept	On Going / Development
Lists	Resus	Lists - to link in with the data obtained on current Forms (BCU365-115 & BCU365-116)	Replace current software or systems with O365 app	Financial (non-cashable)	Efficiency	Working on Lists data in a workbook, rather than constantly exporting to Excel the latest responses	Removes manual admin of exporting from Excel	On Going / Development
Bookings	Resus	Training requests through Bookings	More efficient workforce or process	Financial (non-cashable)	Efficiency	Most training requests is done through ESR however for those that cannot be done that way, this offers an automated process	Removes admin of scheduling training	On Going / Development
Planner	Resus	Team delegation tool - concern that requires assistance to create the group to attach it to	More efficient workforce or process	Financial (non-cashable)	Efficiency	Further analysis required to determine benefits	Further analysis required to determine benefits	On Going / Development
Forms	Occupational Therapy	Create an evaluation form for a new service	More efficient workforce or process	Financial (non-cashable)	Efficiency	Replaces paper questionnaires and all the associated admin in updating paper to spreadsheet	Removes paper and admin task	On Going / Development
Lists/Planner	Occupational Therapy	Lists or Planner as an action log or delegation tool	Replace current software or systems with O365 app	Financial (non-cashable)	Efficiency	Further analysis required to determine benefits	Remove the admin of chasing responses etc	On Going / Development
Forms & Power BI	Occupational Therapy	To complete a Form following a patient assessment, which pulls into some form of dashboard	More efficient workforce or process	Financial (non-cashable)	Efficiency	Produce a report to Welsh Govt - currently at a C/D rating, should be at a A/B rating. Use paper forms that get lost, or are completed after event	Removes paper and admin task	On Going / Development
Sway	Occupational Therapy	Create a newsletter, with images as to how they are doing in relation to the data (Power BI)	Replace current software or systems with O365 app	Financial (non-cashable)	Efficiency	Further analysis required to determine benefits	Further analysis required to determine benefits	On Going / Development
Forms	Occupational Therapy	Some Occupational Therapy equipment is sent to home or school and requires safety checks to be completed	More efficient workforce or process	Financial (non-cashable)	Efficiency	Using QR code functionality, Forms could be used to capture record of safety checks	Removes paper and admin task	On Going / Development
Planner	Transformation & improvements	To look at Planner as a team delegation tool	Replace current software or systems with O365 app	Financial (non-cashable)	Efficiency	Removes the need to chase via email, updates on tasks on regular basis	Better method of delegation of tasks or planning of projects	On Going / Development
Sway	Continuing Health Care	Use Sway to create a departmental newsletter highlighting funding requests, care home reviews, patient safeguarding etc	More efficient workforce or process	Financial (non-cashable)	Efficiency	Look to link into data created on CHC Dashboards (Power BI) as unable to get whole Dept together to update on latest results	Better communication tool	On Going / Development
Power BI & Power Automate	Quality Directorate	Power BI could help manage complaints, providing a dashboard of data and Power Automate could send email to acknowledge complaint at Day 2 and send chasers to complaint manager	More efficient workforce or process	Financial (non-cashable)	Efficiency	Complaints are currently tracked on Datix (and will continue to be) however this will provide meaningful data and remove the admin element in chasing up complaint handlers to meet targets	Removes admin with complaint handlers and provides a dashboard of data to manage complaint cycle	On Going / Development
Teams (Shifts)	Quality Directorate	Look to use Shifts function within Teams to plan team availability	More efficient workforce or process	Financial (non-cashable)	Efficiency	Ensure department runs effectively by planning attendance, shift patterns etc	Remove admin of maintaining shift coverage	On Going / Development
Sway	Library Services (West)	Create a Sway to promote Library Services - include video's	Replace current software or systems with O365 app	Financial (non-cashable)	Efficiency	Promote the Library Services to all new starters to BCU	Further analysis required to determine benefits	On Going / Development

Yammer	Library Services (West)	Create a Yammer Community for the pan BCU Library Service	Replace current software or systems with O365 app	Non-financial (Quantitative)	Effectiveness	Create a community to work/collaborate effectively	Further analysis required to determine benefits	On Going / Development
Forms	Mental Health & Learning Disabilities	Look to use Forms to create a Staff Wellbeing Questionnaire, an Exit Interview survey and to obtain information from Clinical Ops Managers	More efficient workforce or process	Financial (non-cashable)	Efficiency	Currently use emails or paper forms to obtain the information which then must be collated onto a spreadsheet	Removes emails and admin involved in obtaining the information	On Going / Development
Power BI	Mental Health & Learning Disabilities	Create a Performance Report in Power Bi to show how progressing against KPI's	Replace current software or systems with O365 app	Financial (non-cashable)	Efficiency	Currently use Excel to showcase data and emails to obtain/chase the information	Removes emails and admin involved in obtaining the information	On Going / Development
Bookings	Academic Unit	Look to use Bookings for Clinical School sessions for both medical and post grad courses	More efficient workforce or process	Financial (non-cashable)	Efficiency	Allow students to self-serve by booking on to courses	Removes emails and admin involved in scheduling appointments	On Going / Development
Sway/Stream	Academic Unit	A method to house training video's (Stream) or embed to doc to share (Sway)	Replace current software or systems with O365 app	Financial (non-cashable)	Efficiency	Further analysis required to determine benefits	Further analysis required to determine benefits	On Going / Development
Power Apps	Academic Unit	Use Power Apps for student timetable and induction doc	Replace current software or systems with O365 app	Financial (non-cashable)	Efficiency	Currently create a timetable in Excel that can be printed into an A5 paper booklet (8-10 pages)	Removes paper booklet production	On Going / Development
Forms & Lists	Academic Unit	Look to develop Form as Acceptable User Statement following training completion and store responses in Lists for easy access	More efficient workforce or process	Financial (non-cashable)	Efficiency	Currently get student to sign a paper form, which needs to be scanned and stored individually as a record of their consent	Removes admin time to scan document onto system	On Going / Development
Planner	Occupational Therapy	Use Planner as a team delegation tool	More efficient workforce or process	Financial (non-cashable)	Efficiency	To better understand workloads of the team and manage team task better	Further analysis required to determine benefits	On Going / Development
Sway	Occupational Therapy	To publish some 'How To' guides	Replace current software or systems with O365 app	Financial (non-cashable)	Efficiency	Further analysis required to determine benefits	Further analysis required to determine benefits	On Going / Development
Forms & Power Automate	Quality Directorate	To replace the complaint e-Form on website on to Forms and use Power Automate to transfer the data across into Datix	Replace current software or systems with O365 app	Financial (cashable)	Cost savings	Currently the e-Form is powered by Smart Survey, by replacing it with Forms will save the licence fee and Power Auto will remove the need to data input the complaint details	Remove admin time transferring complaint details from e-Form to Datix	On Going / Development
Bookings	Cardiology	Look to use Bookings for education and training sessions	More efficient workforce or process	Financial (non-cashable)	Efficiency	Currently sessions are tracked via spreadsheets and email/phone used	Removes the admin of answering calls and manually booking onto courses	On Going / Development
Forms	Cardiology	Look to Forms to conduct audits	More efficient workforce or process	Financial (non-cashable)	Efficiency	Move away from paper questionnaires/audits and the manual data input process of capturing data on Excel	Removes the admin involved in data input	On Going / Development
Sway	Corporate Office	Create a new fortnightly newsletter in Sway	Replace current software or systems with O365 app	Financial (non-cashable)	Efficiency	Currently use Publisher, which is not user friendly	Reduce creation time for newsletter as Sway more user friendly	On Going / Development
Bookings	Learning Disability Services	Bookings could be used for scheduling Training courses e.g. Epilepsy or consultation clinics	More efficient workforce or process	Financial (non-cashable)	Efficiency	Currently all bookings are dealt with by the secretary, who spends 'most of her time scheduling the bookings'	Removes the admin of answering calls and manually booking onto courses	On Going / Development

Forms & Lists	Office of the Board Secretary	A digital sign off Form has been created, which could feed into a List	Replace current software or systems with O365 app	Financial (non-cashable)	Efficiency	Currently sign off is done via email, which are then individually saved down, which means if need to find them is time consuming	Reduce email traffic, remove time taken to upload and search for doc	On Going / Development
Lists	Office of the Board Secretary	Legislation Assessment Framework is currently stored in system that will be deleted – could be exported into SharePoint Lists	Replace current software or systems with O365 app	Financial (non-cashable)	Efficiency	Will provide continued access to LAF data	Further analysis required to determine benefits	On Going / Development
Forms & SharePoint Lists	HR	HR forms (currently on Word & Excel) to be replaced with Forms and displayed in SharePoint Lists	Replace current software or systems with O365 app	Financial (non-cashable)	Efficiency	Easier for users to access the form via link (no need to print), easier for HR to store data (no scanning, saving, or searching for doc)	Reduce time processing requests as no need to scan & save	On Going / Development
Power Apps	HR	HR forms (currently on Word & Excel) that require Line Manager authorisation to be replaced with Power Apps	Replace current software or systems with O365 app	Financial (non-cashable)	Efficiency	Easier for users to access the form via link (no need to print), easier for HR to store data (no scanning, saving, or searching for doc) and still get LM approval	Reduce time processing requests as no need to scan & save	On Going / Development
Lists	Corporate Office	Use List as an Action Tracker and a Risk Register for the Acute & Community project	Replace current software or systems with O365 app	Financial (non-cashable)	Efficiency	List to replace Excel doc for Action Tracker & Risk Register at start of project	Reduce admin time chasing updates	On Going / Development
Power Apps	ED	Power Apps used to create an ED Simulation app for teaching and learnings	More efficient workforce or process	Financial (cashable)	Cost avoidance	Further analysis required to determine benefits	Professional Development	On Going / Development
Power Apps, Forms & SharePoint Lists	ED	Power Apps & Forms used to create a Patient Enquiry Form	More efficient workforce or process	Financial (non-cashable)	Efficiency	Effectively this is a call back form, to prevent the switchboard transferring calls through to ED all the time	Reduces interruptions, allowing ED to work through what is in front of them	On Going / Development
Bookings	Audiology	Bookings to be used for 1-2-1 engagement and annual PDR's	More efficient workforce or process	Financial (non-cashable)	Efficiency	Current process is very manual and involves a lot of emailing back and to	Removes the admin of manually booking sessions	On Going / Development
Forms	Workforce & Organisational Development	Forms to replaced PDF/Word docs in recruitment process e.g. New Employee Questionnaire, Pre-Employment ID Check & Declaration Form & Self-Declaration Health Questionnaire	Replace current software or systems with O365 app	Financial (non-cashable)	Efficiency	Word/PDF docs require printing, completing, and posting back to BCU to be scanned and uploaded to be saved as record for applicant	Removes admin time of printing, scanning & manual upload	On Going / Development
Forms, SharePoint Lists	Health Visiting	CAV created an E-Consent Flu Form for parents to give consent for immunisation - replicate this in BCU for Flu vaccines and HPV	More efficient workforce or process	Financial (cashable)	Cost savings	Currently 97k paper consent forms are printed, distributed to schools, collected, sorted, scanned, data input and reported on to Welsh Govt	Removes printing, transportation, manual counting, scanning & upload doc	On Going / Development
Forms, SharePoint Lists	Nursing Midwifery & Patient Services	CAV created an E-Consent Flu Form for parents to give consent for immunisation - replicate this in BCU for Covid vaccines in Care Homes	More efficient workforce or process	Financial (cashable)	Cost savings	Currently paper consent forms are printed, distributed to Care Homes, collected, sorted, scanned, data input and reported on to Welsh Govt	Removes printing, transportation, manual counting, scanning & upload doc	On Going / Development
Lists/Planner	Acute Medicine	Lists or Planner could be used instead of Mura (KanBan Board) for project he has just started work on	Replace current software or systems with O365 app	Financial (cashable)	Cost savings	Remove any licence/subscription fees Mura £??pm = £?? per user/pa	Reduce licence costs by using MS Planner or Lists instead	On Going / Development
Bookings	Acute Medicine	Bookings could be used to schedule training sessions	More efficient workforce or process	Financial (non-cashable)	Efficiency	Currently a manual process involving phones and emails	Removes the admin of manually booking sessions	On Going / Development
SharePoint Online	Acute Medicine	SharePoint Online would assist when sharing docs for collaboration ahead of publishing	Replace current software or systems with O365 app	Financial (non-cashable)	Efficiency	Current process involves emailing the doc to request amends and then collating responses into one doc for publishing	All amends in one place, less time spent reviewing	On Going / Development

Power BI & Forms	Occupational Therapy	Currently a pilot taking place in Primary Care using 3 Forms - Power BI could help to analyse data	More efficient workforce or process	Financial (non-cashable)	Efficiency	Very manual process to analyse the data - if get it right, it could be replicated elsewhere	Removes manual process to analyse data	On Going / Development
SharePoint	Mental Health & Learning Disabilities	Use SharePoint as a central storage facility for all the latest updates	Replace current software or systems with O365 app	Financial (non-cashable)	Efficiency	Currently email out latest guidance, either saved down individually or remains in mailbox which is not easy to reference	Reduces wastage as one stop shop for all guidance	On Going / Development
Power Apps	Informatics	Power App created 'BCU Phone Distribution Log' to manage the distribution of mobiles	Replace current software or systems with O365 app	Financial (non-cashable)	Efficiency	To be used to track mobile phone requests and device given to users, it can also be used as a check to ensure recharge has been requested from service and phone has gone to back to ICT.	Reduce time spent managing mobile phones	On Going / Development
Forms	IG	Looking to use Forms for IG self-evaluations for individual areas	More efficient workforce or process	Financial (non-cashable)	Efficiency	Forms for collection of responses and providing data, will save massive amounts of time.	Reduce time gathering data	On Going / Development
Power BI	Primary Care	Power BI used to create a dashboard of all the Service Data	Replace current software or systems with O365 app	Financial (non-cashable)	Efficiency	Previously provided 6 monthly updates on service - took 4 weeks of number crunching to get the data correct in Excel	Better visual data, easier to create reports	On Going / Development
Sway	General Surgery	Sway to be used for Departmental presentations	Replace current software or systems with O365 app	Financial (non-cashable)	Efficiency	Replace PowerPoint presentations making them more interactive and more up to date	TBC	On Going / Development
Planner	North Wales Community Dental	Planner attached to SP site to highlight Transformation programme of North Wales dental academy	Replace current software or systems with O365 app	Financial (non-cashable)	Efficiency	Considered MS Projects, but cost, currently use Excel	All part of digitising the NW Dental Academy	On Going / Development
Sway	North Wales Community Dental	Sway to be used to create latest version of Departmental newsletter providing updates on ideas received	Replace current software or systems with O365 app	Financial (non-cashable)	Efficiency	Currently use PowerPoint for presentations	All part of digitising the NW Dental Academy	On Going / Development
Power BI	North Wales Community Dental	Potential to create an ideas Dashboard to share on the SP site - a quick visual for SP visitors	Replace current software or systems with O365 app	Financial (non-cashable)	Efficiency	Currently use Excel for graphs and PowerPoints for presentations	All part of digitising the NW Dental Academy	On Going / Development
Power Automate & Forms	Workforce & Organisational Development	Creation of a New Appointment Form Request for targeted recruitment such as Exec or top surgeon to work in addition to TRAC	New Functionality (Colleagues)	Financial (non-cashable)	Efficiency	Adds automation to the process; decision making, sending of emails, sending of applicant data to NWSSP	Time taken to manually email applicants and process applications	Queued
SharePoint Lists & Forms	Junior Doctors	A referral Form for patients requiring a scan, that are contained within SharePoint Lists	Replace current software or systems with O365 app	Non-financial (Quantitative)	Efficiency	Further analysis required to determine benefits	Further analysis required to determine benefits	Queued
Forms	PAN BCU	Introduce a pan-BCU digital Discharge from Hospital form for ongoing care in the community	More efficient workforce or process	Financial (cashable)	Cost savings	Removal of a complex paper form that causes delays to patient discharge and blocks beds until resolved	Cost of delayed discharge care and cost of blocked beds	Queued
Bookings	Continuing Health Care	Bookings could help to schedule meetings with provider, family, and social worker	More efficient workforce or process	Financial (non-cashable)	Efficiency	Current method involves a lot of admin time; reviews get moved for number of reasons and takes time to reschedule all parties	Removes letter production and admin involved in scheduling appointments	Queued
Bookings	Health & Safety	Bookings could be used to schedule Fit Testing for staff	Replace current software or systems with O365 app	Financial (non-cashable)	Efficiency	Currently they use email and spreadsheets. As it is used by multi users, there can be over bookings, which increases emails and cancellations	Removes emails and admin involved in scheduling appointments	Queued

Stream	Physiotherapy	Stream to share videos on Physiotherapy techniques etc with the public	Replace current software or systems with O365 app	Financial (non-cashable)	Efficiency	Further analysis required to determine benefits	Further analysis required to determine benefits	Queued
Power BI	Nursing Care Homes	Nursing Home Care Audit	<i>Further analysis required to determine benefits</i>			Further analysis required to determine benefits	Further analysis required to determine benefits	Queued

Teitl adroddiad:	Emergency and Unscheduled Care 6 Goals for Urgent and Emergency Care performance update Winter planning and resilience update.			
Report title:				
Adrodd i:	BCU Health Board.			
Report to:				
Dyddiad y Cyfarfod:	Thursday, 24 November 2022			
Date of Meeting:				
Crynodeb Gweithredol:	<p>The following report provides further updates on current progress of the Unscheduled care programme and performance, along with identified actions during the past month within Unscheduled and Emergency.</p> <p>The dataset provided on performance to support our patient population and steps being undertaken to improve performance for the patient population of North Wales.</p> <p>The focused 6 Goals for Urgent and Emergency transformation programme is in recognition of the ongoing challenges on the Unscheduled and Emergency Care system across Wales and the need to support and enable staff to effectively and safely deliver the necessary services to meet the needs of our health economy over the coming months during the winter period.</p>			
Executive Summary:				
Argymhellion:	The board is requested to note the ongoing work within Emergency and Unscheduled care through the 6 Goals for Urgent and Emergency care.			
Recommendations:				
Arweinydd Gweithredol:	Gill Harris, Acting CEO			
Executive Lead:				
Awdur yr Adroddiad:	Phil Orwin – Interim Regional Delivery Director Geraint Farr – Interim Associate Director for Emergency Care Medwyn Jones – 6 Goals for Urgent and Emergency Care Programme Director.			
Report Author:				
Pwrpas yr adroddiad:	Purpose of report: I'w Nodi <i>For Noting</i> <input type="checkbox"/>	I Benderfynu arno <i>For Decision</i> <input type="checkbox"/>	Am sicrwydd <i>For Assurance</i> <input checked="" type="checkbox"/>	
Lefel sicrwydd:	Arwyddocaol <i>Significant</i> <input type="checkbox"/> Lefel uchel o hyder/tystiolaeth o ran darparu'r mecanweithiau / amcanion presennol	Derbyniol <i>Acceptable</i> <input type="checkbox"/> Lefel gyffredinol o hyder/tystiolaeth o ran darparu'r mecanweithiau /	Rhannol <i>Partial</i> <input checked="" type="checkbox"/> Rhywfaint o hyder/tystiolaeth o ran darparu'r mecanweithiau /	Dim Sicrwydd <i>No Assurance</i> <input type="checkbox"/> Dim hyder/tystiolaeth o ran y ddarpariaeth
Assurance level:				



	<i>High level of confidence/evidence in delivery of existing mechanisms/objectives</i>	<i>amcanion presennol General confidence / evidence in delivery of existing mechanisms / objectives</i>	<i>amcanion presennol Some confidence / evidence in delivery of existing mechanisms / objectives</i>	<i>No confidence / evidence in delivery</i>
<p>Cyfiawnhad dros y gyfradd sicrwydd uchod. Lle bo sicrwydd 'Rhannol' neu 'Dim Sicrwydd' wedi'i nodi uchod, nodwch gamau i gyflawni sicrwydd 'Derbyniol' uchod, a'r terfyn amser ar gyfer cyflawni hyn:</p> <p><i>Justification for the above assurance rating. Where 'Partial' or 'No' assurance has been indicated above, please indicate steps to achieve 'Acceptable' assurance or above, and the timeframe for achieving this:</i></p>				
Cyswllt ag Amcan/Amcanion Strategol:	<p>Unscheduled care Improvement programme- 6 Goals for Urgent and Emergency Care.</p>			
Link to Strategic Objective(s):				
Goblygiadau rheoleiddio a lleol:	<p>Health and Safety Executive</p>			
Regulatory and legal implications:	<p>Regulation 28 October 2022 – Prevention notice of Future deaths.</p>			
<p>Yn unol â WP7, a oedd EqlA yn angenrheidiol ac a gafodd ei gynnal?</p> <p><i>In accordance with WP7 has an EqlA been identified as necessary and undertaken?</i></p>	<p>Do/Naddo <u>Y/N</u></p> <p>Os naddo, rhowch esboniad yn ymwneud â'r rheswm pam nad yw'r ddyletswydd yn berthnasol</p> <p><i>If no please provide an explanation as to why the duty does not apply</i></p> <p><u>Gweithdrefn ar gyfer Asesu Effaith ar Gydraddoldeb WP7</u></p> <p><u>WP7 Procedure for Equality Impact Assessments</u></p>			
<p>Yn unol â WP68, a oedd SEIA yn angenrheidiol ac a gafodd ei gynnal?</p> <p><i>In accordance with WP68, has an SEIA identified as necessary ben undertaken?</i></p>	<p>Do/Naddo <u>Y/N</u></p> <p>Os naddo, rhowch esboniad yn ymwneud â'r rheswm pam nad yw'r ddyletswydd yn berthnasol</p> <p><i>If no please provide an explanation as to why the duty does not apply</i></p> <p><u>Gweithdrefn WP68 ar gyfer Asesu Effaith Economaidd-Gymdeithasol.</u></p>			

	<u><i>WP68 Procedure for Socio-economic Impact Assessment.</i></u>
<p>Manylion am risgiau sy'n gysylltiedig â phwnc a chwmpas y papur hwn, gan gynnwys risgiau newydd (croesgyfeirio at y BAF a'r CRR)</p> <p><i>Details of risks associated with the subject and scope of this paper, including new risks(cross reference to the BAF and CRR)</i></p>	<p>(crynodeb o'r risgiau a rhagor o fanylion yma)</p> <p>(summarise risks here and provide further detail)</p>
<p>Goblygiadau ariannol o ganlyniad i roi'r argymhellion ar waith</p> <p><i>Financial implications as a result of implementing the recommendations</i></p>	To be confirmed pending outcome from Health and Social care winter planning 2022-2023
<p>Goblygiadau gweithlu o ganlyniad i roi'r argymhellion ar waith</p> <p><i>Workforce implications as a result of implementing the recommendations</i></p>	To be confirmed pending outcome from Health and Social care winter planning 2022-2023
<p>Adborth, ymateb a chrynodeb dilynol ar ôl ymgynghori</p> <p><i>Feedback, response, and follow up summary following consultation</i></p>	
<p>Cysylltiadau â risgiau BAF: (neu gysylltiadau â'r Gofrestr Risg Gorfforaethol)</p> <p><i>Links to BAF risks:</i> (or links to the Corporate Risk Register)</p>	<p>Risk 3873 – Inability to provide safe, timely and effective care.</p> <p>Risk 4583 – Emergency departments becoming unsafe due to immediate release requests.</p>
<p>Rheswm dros gyflwyno adroddiad i fwrdd cyfrinachol (lle bo'n berthnasol)</p> <p><i>Reason for submission of report to confidential board (where relevant)</i></p>	<p>Amherthnasol</p> <p>Not applicable</p>
<p>Camau Nesaf: Gweithredu argymhellion</p> <p>Next Steps: On-going development of the Six Goals for Urgent and Emergency care board.</p> <p>Implementation of the all Wales ambulance handover improvement programme.</p> <p>Unscheduled care Access reviews to support USC improvement.</p> <p>Monthly review of Winter resilience in line with social economic changes.</p>	
<p>Rhestr o Atodiadau: List of Appendices:</p>	

Appendix 1 – Dataset for report.

Sefyllfa / Situation:

The following report provides further updates on current progress of the Unscheduled care programme and performance along with identified actions during the past month within Unscheduled and Emergency, including developing national improvement programmes with support from the Delivery Unit (DU).

The dataset provided on performance to support our patient population and steps being undertaken to improve performance for the patient population of North Wales.

The focused 6 Goals for Urgent and Emergency transformation programme is in recognition of the ongoing challenges on the urgent and Unscheduled and emergency care system across Wales and the need to support and enable staff to effectively and safely deliver the necessary services to meet the needs of our health economy over the coming months during the winter period.

Cefndir / Background:

Unscheduled and Emergency Care.

Pressures are continuous across North Wales in relation to Unscheduled and Emergency care, attendances have reverted back to the pre-Covid numbers and the Health Board (Combined) has continued to remain at average Opel level 3 throughout the month since November 2021. Attendances remain > 14000 per month to the Emergency departments across BCUHB, with ambulance arrivals remaining constant. Admission rates from the Emergency departments remain constant at 26% (Combined).

Those arriving at the emergency departments as triage Category 1 and 2 remain constant; there is an increase in those attending as triage category 4 and 5 in comparison to previous months.

The ongoing effects from the COVID pandemic remain and we are still experiencing:

- i) Higher call demand on WAST/Hospital delays, that are resulting in patients being advised to self-present to the Emergency Departments due to the clinical safety plan, resulting in double blockage on arrival i.e.: ambulance arrivals and self-presenters.
- ii) There is an increase in those that are referred from Primary care attending by self-means out of hours resulting in them having to go via the Emergency departments.
- iii) Inability to support packages of care in the community due to staffing vacancies resulting in longer delays in packages of care impacting on ability to reduce medically fit for discharge (MFFD's) and increasing length of stay in hospital.

Performance Metrics.

4 Hour Performance.

The 4 Hour performance (Fig 1) is affected by multiple factors and flow is not a singular reason, but is the main contributory factor when performance is assessed using the EDDS coding. Performance

continues to deteriorate during the out of hour's period due to the demand arrival / per hour continues to remain similar to daytime hours.

Performance for those patients that are discharged from the emergency departments through the minors work stream remain low due to capacity within the Emergency departments, with the constant inability to protect areas within the Emergency departments to ensure timely reviews.

An option appraisal is being developed to review the sustainable option of MIU's / UPCC's against a singular Urgent Treatment Centre that in essence would be a sort and sieve opportunity for those requiring access to Urgent and Emergency care. This forms part of Goal 2 of the Six Goals for Urgent and Emergency care, alongside this utilizing the varied staffing skill mix (ENP's/ACP's/ECP's) along with joint working with WAST colleagues to support better utilisation.

Current data (Figure 1.1) shows the need to increase the availability of the services to support the demand as the current referral rate from the national 111 system equates to an average 1.7 referrals per day over a 12-month period. This will be reviewed in December in line with the increasing availability of 111 as part of a national restart 111 campaign during November and December 2022.

12 Hour Emergency department waits.

The 12 Hour performance (Fig2) continues to remain constant with central being just below 2021-2022 performance. Delays within the department are not solely down to flow, increased delays to first clinical assessment continues to impact and has an impact on time to investigations, time to review, time to referral and then the onward journey for the patient. The 12-hour performance is on the agenda at the ED Clin/Ops-meeting week commencing 14th November 2022 with a request to ensure ring-fenced areas within the emergency departments for clinical assessment and considerations ongoing in relation to E-triage to support redirection in line with site escalation plans.

Evidence has been requested from all IHC's in relation to when reverse boarding is enacted, when demand increases.

Reverse boarding is the process that supports flow out of the Emergency department where patients that are being admitted are transferred to and managed on the wards where there are confirmed discharges; this process distributes the risk across the hospital sites rather than the Emergency department alone.

The Six goals programme is required to develop an IT system to support outcome and reduce duplication when patients are being assessed.

Average Length of Stay (AVLOS)

The data in Appendix 1 (Figure 3) shows that the number of patients with an average length of stay greater than 21 days remains constant in both the acute settings and community hospital.

The Health and Social services Group (HSSG) all-Wales, highlights that there is a national issue with competing recruitment drives between health boards and social services that is influencing staffing in the community.

The number of patients awaiting packages of care remains high with over 250 patients across BCUHB IHC's in essence 1/3 of bed base being occupied by those patients that are medically fit that cannot be accommodated.

A focus on managing patients at home with family support has been shared within all IHC's over coming months to support an improved medically fit position. Themes have been identified with the blocks that are preventing patients from being discharged (Figure 4) that is reviewed by each IHC weekly with social care.

There needs to be clear communication from the Six Goals for urgent and emergency care Clinical/Operational (Clin/Ops) group to support improved discharge planning to reduce the demand on 999 services and reduce the need for readmissions.

Ambulance Performance.

Ambulance demand remains constant across Wales along with ongoing delays outside emergency departments due to lack of flow that is affecting the ability for the ambulance service to respond to emergency calls, Appendix 1 (Figure 5 & 5.1).

The Site escalation plans are being amended in line with the all Wales Escalation policy with a focus on actions on de-escalating to reduce the ambulance and Emergency department delays. It is planned that the new escalation triggers and actions on escalating are available for board review in January 2023 with a go live plan of March 2023

To address the ongoing delays a national work stream has been set up to support a rapid improvement programme to support improved handover process and reduce lost hours. There are multiple elements being reviewed locally but the priority 4 actions are:

- The Dual pin is process is when the ambulance crew input their allocated PIN number once the stretcher is clear (patient handed over to ED) with the Nurse taking handover inputting the Emergency department PIN number on the ambulance handover screen. Compliance of this process has been requested from WAST to confirm if the current lost hours are solely health board hours or combined hours between WAST and BCUHB.
- National project board to review reducing action plans from 40+ actions and interventions to reduce them down to 10 sustainable and effective actions to support change actions to support the improvement:
- Site escalation plans and hospital full protocols are in place and enacted
- Utilisation of progress chasers (staff who are dedicated to ensuring and expediting discharges) in emergency departments
- Utilisation of Same Day Emergency Care/Discharge lounges to increase flow.
- Review of the North Wales Directory of service for WAST to ensure accurate access to suitable pathways. The directory of service is a comprehensive, up to date list of active local services, designed to support WAST with accessing other services rather than conveying to the emergency departments.

- Ensuring all three SDECs are accepting direct access referrals from primary care, WAST and community nursing teams support to ensure UPCC's will follow.
- Developing urgent primary care centres (UPCC's) and UTCs as a step down model to support referrals' from the emergency departments and step up from community.

Lost hours peak during the out of hours and weekends with a rapid improvement in the mornings from 0800hrs. Over the last few weeks, there has been an improvement on lost hours East and West with a slight increase Centrally.

National Ambulance Improvement Trajectory 25%

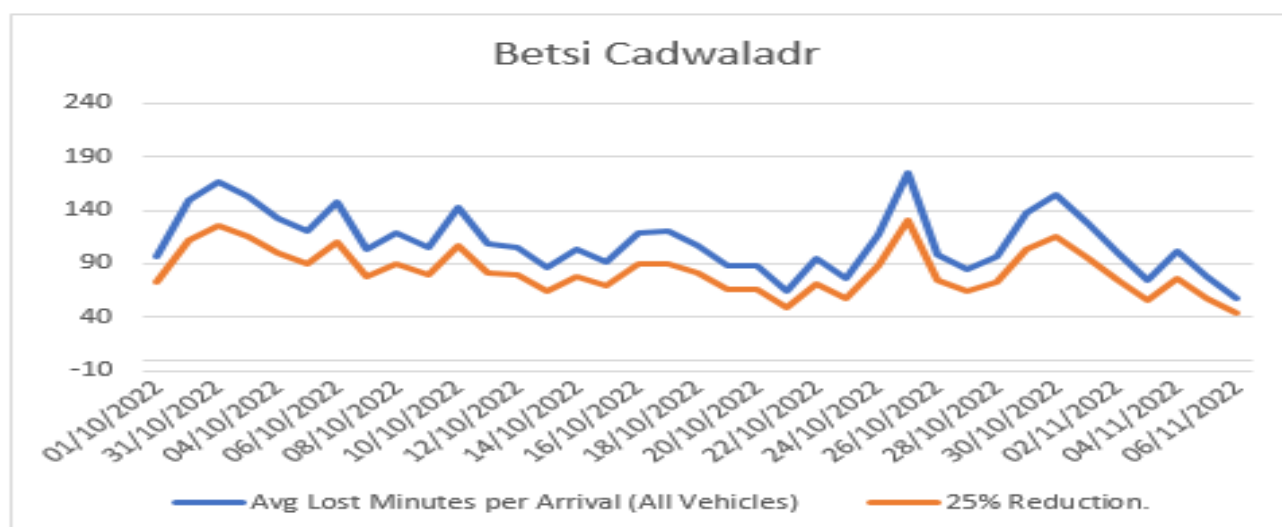


Figure 6 – National agreed trajectory lost hours

As part of the national trajectory a focus on a 25% reduction in lost hours pan BCUHB was agreed, the national dataset shown identifies that the gap is reducing to meet the 25% target.

The data shows that with the planned national improvement work stream that will be achievable in 2022 by supporting staff with education, developing direct access pathways, enhancing the fit 2 sit criteria to name a few.

A combined review of concerns and ambulance performance following on from the national HIW Health board and WAST report 2020 has been instigated and reported through the Delivery Unit national reporting notification process – (Appendix B)

The review will have a full Integrated health economy remit which will not solely focus on the emergency department, but will include site escalation levels and actions completed along with clinical frailty of the patient to confirm if escalation planning could have supported the patient journey. This is reported to the relevant IHC Quality and Safety group on a monthly basis.

Workforce:

The recruitment campaign for BCUHB Unscheduled care programme (additionally funded) is complete. This has allowed for an increase in Medical/Nursing/ AHP's and other staffing within the

Emergency Departments to support the increased demand along with ensuring nutritional checks/Observations and interventions are completed in a timely fashion

The additional staffing will also support an improved patient journey, which aims to reduce adverse incidents and complaints within Emergency Care.

Wrexham Maelor hospital, over the coming months, will have an additional 6 Emergency Department Locum Consultants commence in post during November and December, whilst 2 new Emergency Department Consultants will be commencing in post in Ysbyty Glan Clwyd; one by the end of December 2022, and the second starting in post in January 2023

There is an ongoing Nursing recruitment campaign that will support normal promotion and turnover.

In recognition of the need to achieve expedited Flow & Discharge, additional administrative staff, Porters, Progress chasers (a dedicated post to facilitate Flow and discharge) have been appointed across BCUHB to support the System patient journey for the patient population of North Wales.

Staff group	WTE
Progress chasers	4.8 WTE Per Site
Porters	10.0 WTE Per Site
Administration staff	5.0 WTE Per site

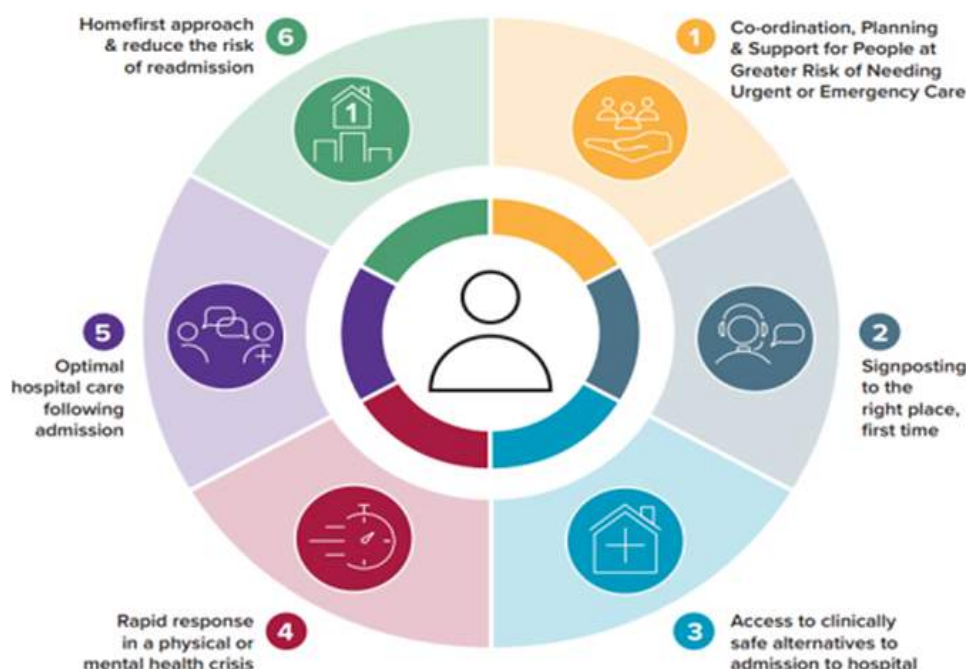
Moving forward it is recognised that Unscheduled care across North Wales requires commencement of a process to establish a sustainable staffing which supports trainees within the service to become future senior clinical leaders.

This approach is proven to provide ongoing sustainable support in service development and retain talent and experience in areas that have implemented it. The next focus of the workforce planning is to support the UPCCs/UTCs/MIUs/ GP OOH in conjunction with colleagues from WAST. A request has been placed to all service leads within UPCCs/MIU's and GP OOH to confirm current vacancies and recruitment plans that will support the modelling once the gap analysis is identified

This will also support re-establishment of services that have been limited due to staffing vacancies predominantly in the East and West IHC's

Asesu a Dadansoddi / Assessment & Analysis

6 Goals Programme Update



The Programme group currently meets on a fortnightly basis to gain momentum against the 6 goals plan and to review actions, milestones and progress with a request for each IHC to provide updates aligned to each goal to demonstrate an improvement, which in turn is reported to the Delivery Unit. The Programme has core membership of IHC Directors for the 3 localities across North Wales, WAST, Mental Health, Primary Care and Regional Partnership Board.

The IHC Directors run their own 6 Goals Programme Group, which also comprises multi-disciplinary membership that includes Local Authorities. This was previously known as the Unscheduled care board.

The Programme also has a dedicated informatics team who have developed an outline 6 Goals dashboard and support the initiatives with in each goal, examples are included in Appendix 2:

The Programme reports into the Executive Delivery Group (EDG) and the Performance Finance and Information Governance (PFIG) Committee.

Goal 1 Update

- IHC teams on all sites are working with Lightfoot Consultancy, which focuses on a deep dive analysis of high-risk patients, and identifying opportunities to support attendance avoidance and turnaround within the Emergency Department.
- As part of the high risk patient stratification the sites are increasing the support to Care Homes with clinical support and the 6 Goals Programme group are overseeing a project to work with a company called Immediate for a Clinical Assessment and Support Service for Care Homes in North Wales in December 2022 for all IHC's
- The 6 Goals Programme Board is also working with Primary Care to commence scoping initiatives to risk-stratify high risk frailty patients, however this is just at the scoping stage.

- A red bag initiative with Care Homes has commenced in the East locality in November, which will lead to improved communication between ED/assessment areas and wards. This scheme enables, amongst other benefits, relevant patient details to be kept together so that delays in identifying past medical history, medication status etc. are readily available.

Goal 2 Update

- UPCC's are now running in all three IHC's although the models are being refined to enable maximum patient benefit and ED/Primary Care support. Progress is developing with modelling in line with national requirement. There is current variation in the models which are slightly different in each site and the informatics team are now collating the performance and metrics for the service.
- The Clinical Lead for Minor Injury Services (Central IHC) has been developing training and enabling plans for Emergency Nurse Practitioners within our MIU's across North Wales. Work to improve the signposting of our service, which will link, with the development of our Directory of Services.
- The six Goals Programme Board have commissioned a member of the Transformation and Improvement Team to create an options appraisal for the provision of Urgent Care Centres to review the cost effectiveness of the service alongside the MIU's and Minors work streams within the emergency departments in line with attendances, the option appraisal will be completed at the end of December 2022

Goal 3 Update

- SDEC developments are progressing across all three sites, each with variations in each due to geography and available workforce, however the applied concept is consistent across healthcare communities. Each site is considering options for an extended service to support both weekdays as well as weekends. Ysbyty Glan Clwyd Hospital is providing a 7-day service currently (with reduced access hours at the weekend). However, whilst 7 day working is intermittent on the other two sites modelling work is ongoing to look at how the service can move into a realistic, sustainable 7-day service.
- Ongoing initiatives include standardising on reporting as well as looking at deploying Symphony (a Patient Management system) as the method to manage patient records between ED and SDEC.

Goal 4 Update

- Work continued with WAST to reduce delays outside of the hospitals.

Goal 5 Update

- A roll out programme is underway across BCUHB for the deployment of STREAM, which is an electronic whiteboard solution for patient flow. STREAM is operational at Ysbyty Glan Clwyd and there are key benefits to the organisation regarding patient flow. The team plan to deploy a mechanism for reporting real time capacity and demand at Ysbyty Glan Clwyd this month. It is planned for it to be embedded in all three sites by April 2023.
- Ongoing work remains to embed the principles of the revised SAFER methodology, which will be supported further with the launch of the Optimal Hospital Flow on 6th December 2022, following which the Health Board will develop an education campaign to support the launch.

Goal 6 Update

- The Home First service continues to manage a significant caseload for packages of care and this remains a key service to support discharges. The Health Board is engaged with the national 6 Goals group and will progress the work in line with the revised D2RA pathways, in collaboration with Local Authorities which will be key to success. Work is required to shift the operational and financial risk to either to a shared endeavour back to local authorities.

Alongside the 6 goals work stream and as part of the operational focus on the unscheduled /Emergency care framework:

- **Demand Management** – An Electronic dashboard to review USC performance against national indicators is being reviewed by the DU in line with the all Wales escalation process to ensure compliance and then will need a period of sense checking against manual trigger reviews prior to potentially go live December/January 2022.
- **Joint work with WAST** – National Review of the immediate release system submitted following on from feedback from all areas within the health board (On call team/ Site managers/ ED teams). Ongoing work to look at joint working in relation to falls service/ Consultant connect and a recent review of the PTAS system and ability to remotely redirect/review calls from within BCUHB and interact prior to the need for an ambulance arrival.
- **Emergency care - ED** – ED Clinical / Operational (Clin/Ops) group implemented to support shared learning and practice with a singular Emergency department approach across North Wales that is clinically led.
Improving access to the Urgent Primary Care Centres (UPCCS) for patients that are suitable, that attend the Emergency Departments as a step-down approach in line with WG recommendation.
- **Capacity management** – Awaiting evidence of hospital full protocols and reverse boarding process to ensure clear actions and accountability to support demand capacity from each IHC.

Review of local bed modelling post pandemic and in preparation for Winter planning which will be reviewed in the Emergency Planning Resilience Response (EPRR) meeting

Developing a 7 days discharge lounge in line with 7-day NHS services, and reviewing capacity of discharge lounges to reduce restriction to increase timely discharges into early evenings and weekends.

Developing a 7 days SDEC service to support demand.

- **Joint work with Local Authorities –**

- 1) To explore better utilisation of step down capacity in collaboration with primary care;
- 2) To develop joint solutions for additional capacity e.g., NHS funded care home with MDT wrap around support.
- 3) To establish an integrated sustainable workforce model

- **Trauma Network BCUHB –** A Trauma network manager has been appointed on six-month secondment to support the improvement programme post-Peer Review as future peer reviews in accordance with National TQUINSS will be conducted. This will help maintain communication and development with the South Wales Trauma Network

Developing staff to support TARN compliance and ensure ability to support national Trauma quality indicators by developing trauma training for clinical staff to manage both adult and pediatric patients which also included national reporting process via the Trauma Audit Research Network (TARN)

Development of formal business case to support North Wales Trauma Network with support / funding from WG in line with the all Wales Trauma Network by March 2022.

- **Using data and information** -Challenge placed on how we are using the data v performance in fortnightly access meetings chaired by the performance director.

Opsiynau a ystyriwyd / Options considered

- *System review for UPCC/UTC/MIU's and GP OOHs to support the six Goals for Urgent and Emergency Care.*
- *Data validation across North Wales in line with all Wales EM Consultants communication with RCEM Wales for breach validation.*
- *Trauma Peer Reviews to be completed in Central and East by February 2022.*

Goblygiadau Ariannol / Financial Implications

Funding to support projects against the Welsh Government £25m for Urgent and Emergency care in line with the 4 key deliverables: Contact First, Urgent Primary Care Centres, Same Day Emergency Care models and Remote clinical support via SICAT (Single Integrated Clinical Assessment and Triage)

Potential requirement for review of Contract for the Trauma Network in line with on-going system pressures into Royal Stoke Hospital.

Review of NEPTS Contract to support increasing demand and additional costs associated with late discharges.

Requirement for Helipad reviews in light of potential 2nd aircraft (EMRTS) being based in North Wales.

Dadansoddiad Risk / Risk Analysis

The issues raised within this paper link to the Board Assurance Framework (BAF) 20-02 for Safe and Effective Management of Unscheduled Care within strategic priority 1 for Safe Unscheduled Care. This describes the risk that *the Health Board may not be able to deliver safe and effective care due to being unable to commit support processes. This could negatively impact on the quality of patient care provided*".

Mitigating actions to reduce harm:

1. Ambulance Improvement Programme – To reduce delays of those vehicles held and supporting immediate release requests.
2. Restarting of the 111 system December 2022 to improve public education on services available.
3. Reducing attendances into the Emergency departments by streaming patients to alternative pathways.
4. Embedding hospital full protocols and reverse boarding at each IHC and ensuring they are activated.

Cyfreithiol a Chydymffurfiaeth / Legal and Compliance

N/A

Asesiad Effaith / Impact Assessment

N/A

Appendix 1:

Figure 1 - 4 hour performance against trajectory

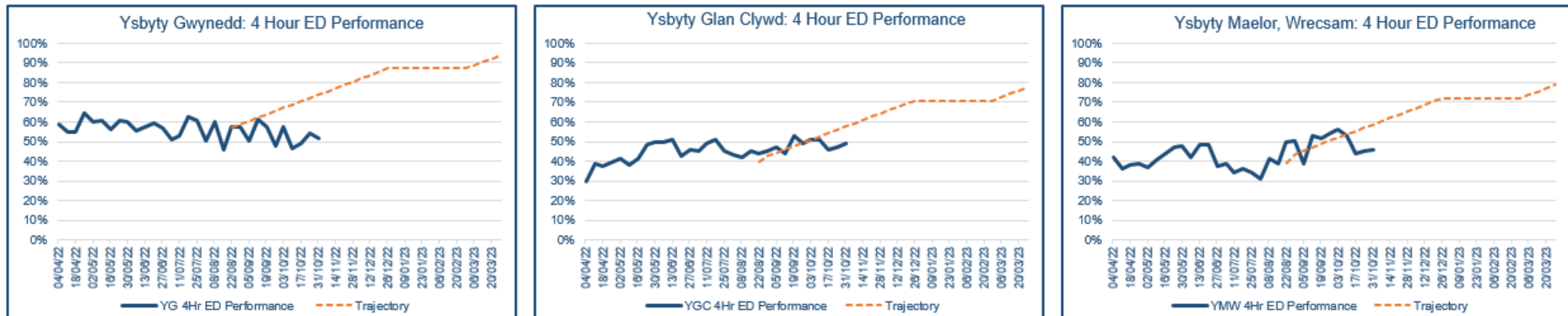


Figure 2 - 12 hour performance against trajectory

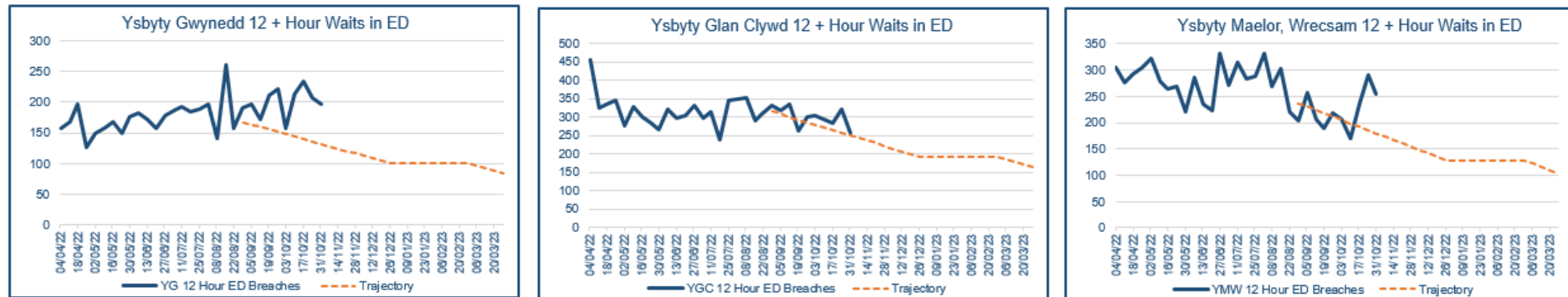
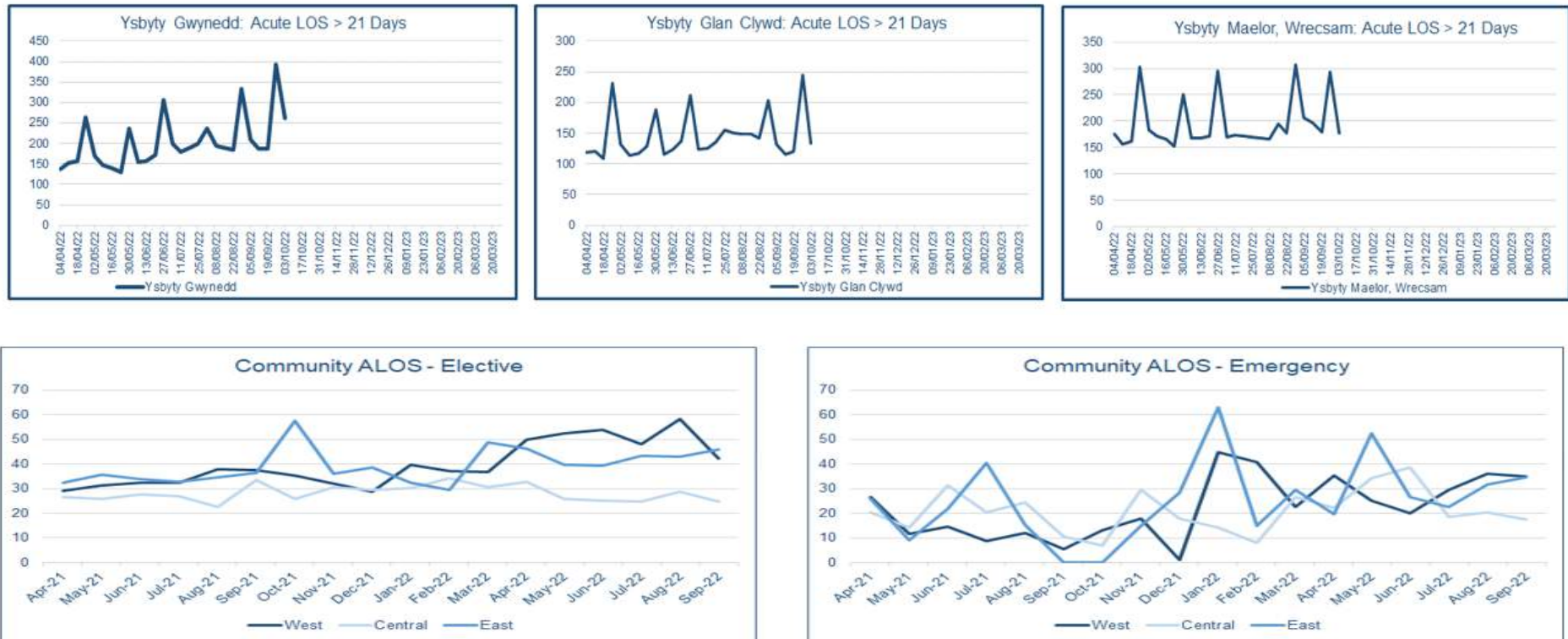


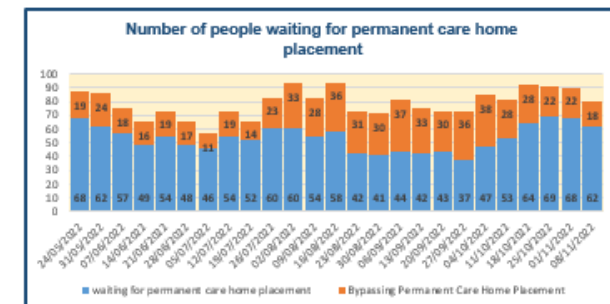
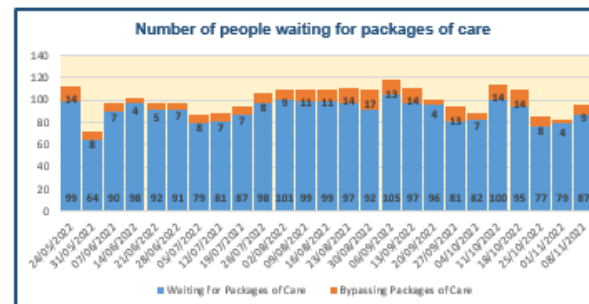
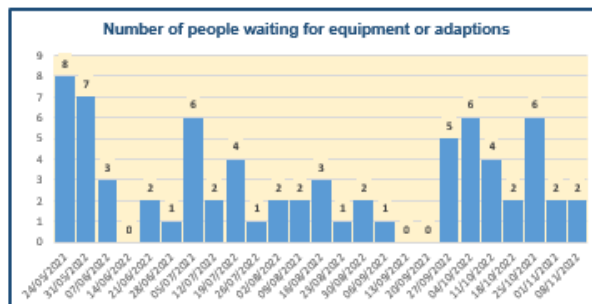
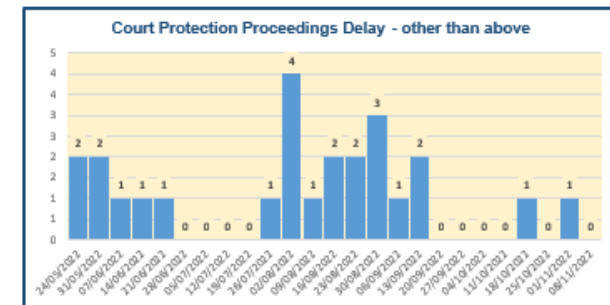
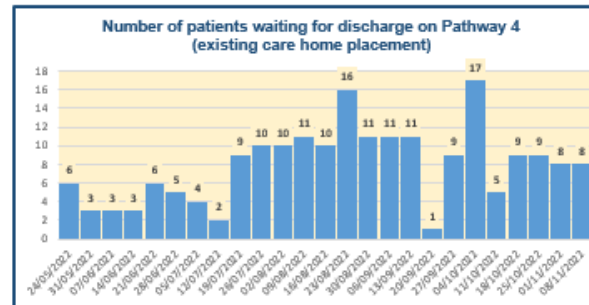
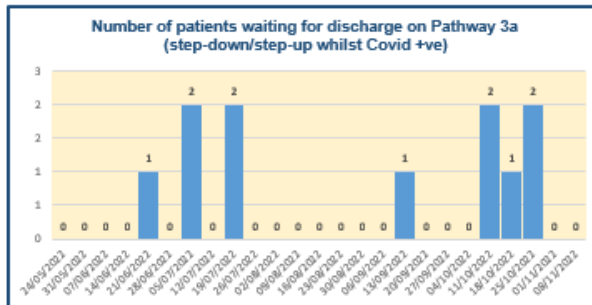
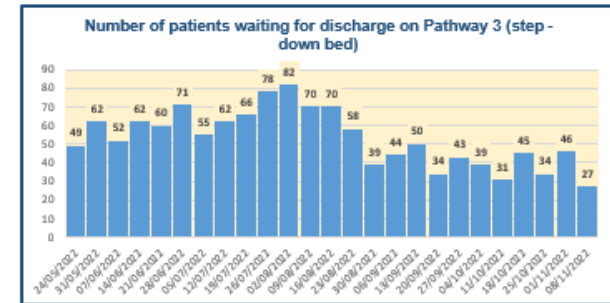
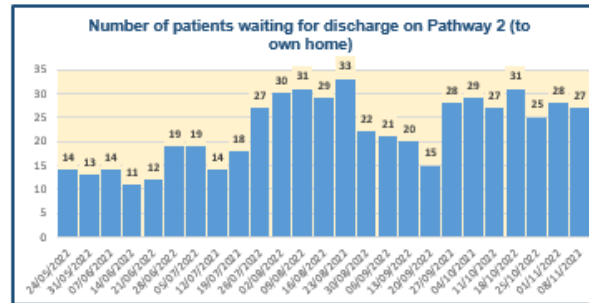
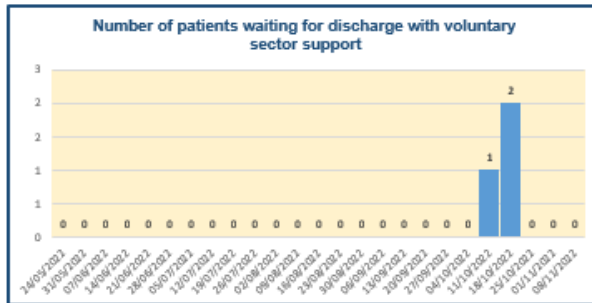
Figure 3 - Length of Stay greater than 21 days



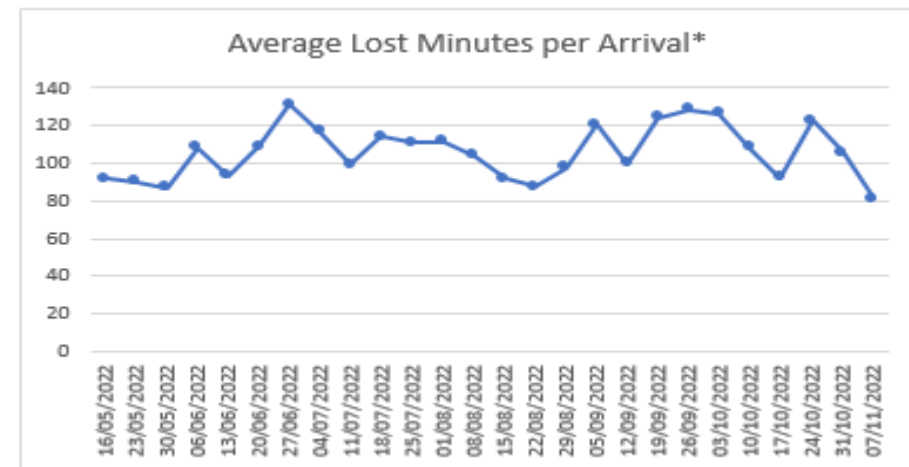
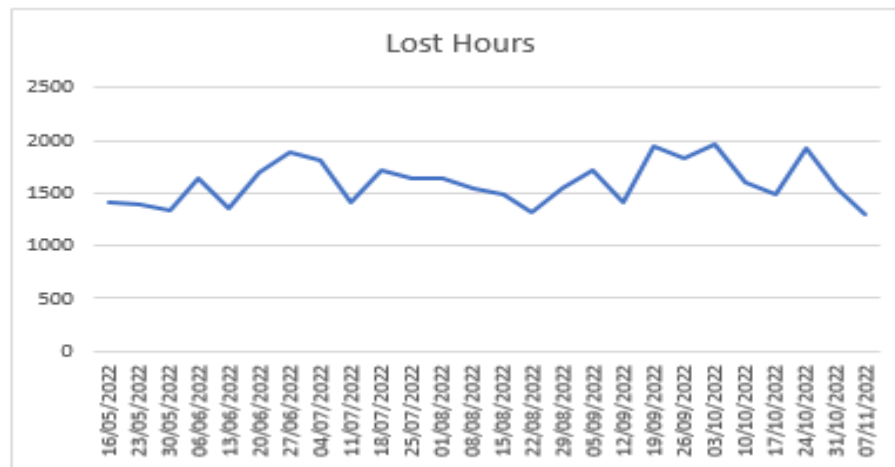
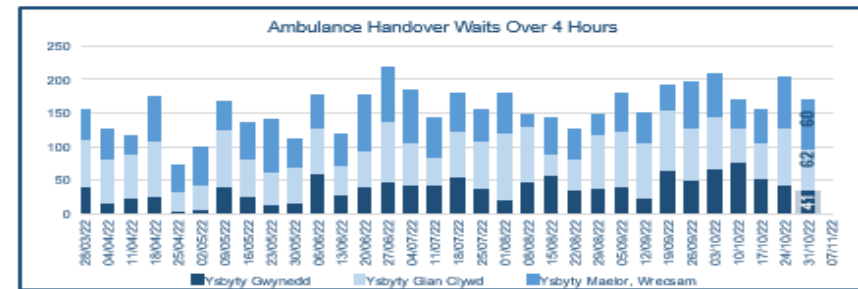
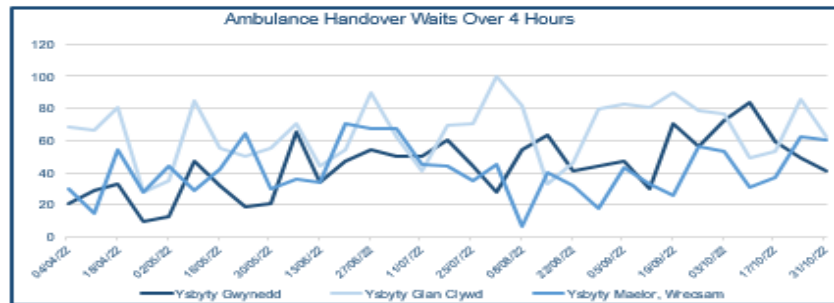


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Figure 4 – Patients on awaiting discharge on D2RA pathways



Figures 5 and 5.1 Ambulance Handover Waits



Appendix 2:

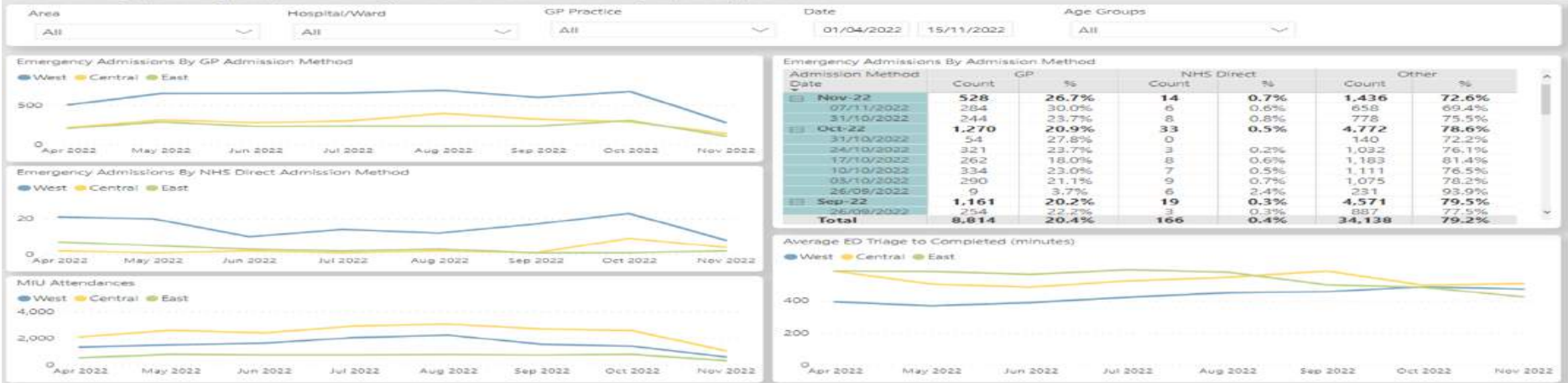
Six Goals for Urgent and Emergency Care Dashboard





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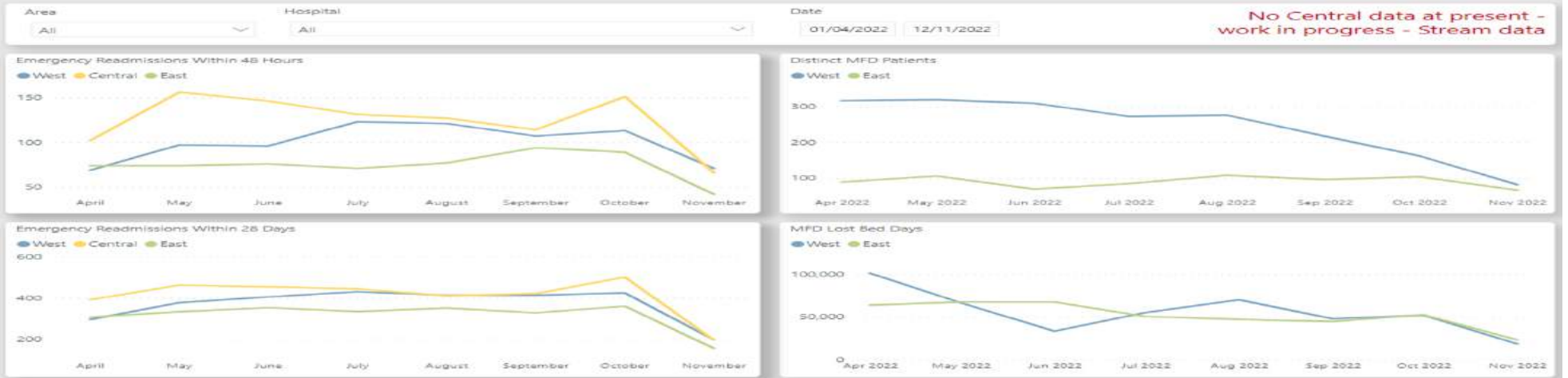
Goal 2: Signposting people with urgent care needs to the right place, first time





Bwrdd Iechyd Prifysgol
Betsi Cadwaladr
University Health Board

Goal 6: Home first approach and reduce the risk of readmission



Teitl adroddiad:	Planned Care Assurance Paper		
Report title:			
Adrodd i:			
Report to:	Public Health Board meeting		
Dyddiad y Cyfarfod:	Thursday, 24 November 2022		
Date of Meeting:			
Crynodeb Gweithredol: Executive Summary:	<p>The purpose of this paper is to provide partial assurance to the Health Board (HB) with the progress of the Planned Care (PC) programme in line with Welsh Government's programme to modernise PC services and decrease waiting lists.</p> <p>Previous updates have described the challenges facing Betsi Cadwaladr University Health Board (BCUHB) in relation to the delivery of PC services, and specifically the large number of patients waiting for a new outpatient appointment, or a planned intervention/treatment, many of whom have been waiting in excess of 52 weeks and some more than 104. The origins of this precede Covid, but the pandemic has exacerbated the position significantly.</p> <p>After several months, where the total waiting list rose, we have seen it plateau in the last few weeks. The validated position stands in excess of 170,000, as of 3rd November 2022, with 46,582 waiting over 52 weeks and 14,500 waiting over 104 weeks. With plans to transform PC services, WG has mandated 2 ministerial priorities for this financial year:</p> <ol style="list-style-type: none"> 1. No patient should be waiting more than 52 weeks for their first outpatient appointment (Stage 1) by the end of December 2022. 2. No patient should be waiting more than 104 weeks for any stage of their pathway by the end of March 2023. <p>This paper gives an overview of the PC programme's actions to date, with next steps for the programme inclusive of the governance framework established, and the commencement of planning for next financial year's IMTP.</p>		
Argymhellion: Recommendations:	<p>The Board is asked to note the partial assurance of the PC programme recognising that the delivery of this programme is vast and will take time in delivering the key objectives</p> <p>Reduction in waiting lists and in transforming PC services. Partial assurance is given due to the volume of patients waiting and factors outside of our control, the impact of potential strike action and operational pressures predicted over winter.</p>		
Arweinydd Gweithredol: Executive Lead:	Gill Harris - Deputy Chief Executive/Executive Director of Integrated Clinical Services		
Awdur yr Adroddiad: Report Author:	Co Authors: Nikki Foulkes, Acting Associate Director Planned Care/Andrew Kent, Interim Subject Matter Expert: Planned Care/Andrew Oxby, Interim Subject Matter Expert: Outpatients		
Pwrpas yr adroddiad: Purpose of report:	I'w Nodi <i>For Noting</i> <input type="checkbox"/>	I Benderfynu arno <i>For Decision</i> <input type="checkbox"/>	Am sicrwydd <i>For Assurance</i> <input checked="" type="checkbox"/>



Lefel sicrwydd: Assurance level:	Arwyddocaol Significant <input type="checkbox"/> Lefel uchel o hyder/tystiolaeth o ran darparu'r mecanweithiau / amcanion presennol <i>High level of confidence/evidence in delivery of existing mechanisms/objectives</i>	Derbyniol Acceptable <input type="checkbox"/> Lefel gyffredinol o hyder/tystiolaeth o ran darparu'r mecanweithiau / amcanion presennol <i>General confidence / evidence in delivery of existing mechanisms / objectives</i>	Rhannol Partial <input checked="" type="checkbox"/> Rhywfaint o hyder/tystiolaeth o ran darparu'r mecanweithiau / amcanion presennol <i>Some confidence / evidence in delivery of existing mechanisms / objectives</i>	Dim Sicrwydd No Assurance <input type="checkbox"/> Dim hyder/tystiolaeth o ran y ddarpariaeth <i>No confidence / evidence in delivery</i>
Cyfiawnhad dros y gyfradd sicrwydd uchod. Lle bo sicrwydd 'Rhannol' neu 'Dim Sicrwydd' wedi'i nodi uchod, nodwch gamau i gyflawni sicrwydd 'Derbyniol' uchod, a'r terfyn amser ar gyfer cyflawni hyn:				
Justification for the above assurance rating. Where 'Partial' or 'No' assurance has been indicated above, please indicate steps to achieve 'Acceptable' assurance or above, and the timeframe for achieving this:				
Cyswllt ag Amcan/Amcanion Strategol:		This paper aligns to the Health Boards strategic goal of reducing the number of patients waiting.		
Link to Strategic Objective(s):				
Goblygiadau rheoleiddio a lleol:				
Regulatory and legal implications:		Not Applicable		
Yn unol â WP7, a oedd EqlA yn angenrheidiol ac a gafodd ei gynnal?				
In accordance with WP7 has an EqlA been identified as necessary and undertaken?		Not Applicable		
Yn unol â WP68, a oedd SEIA yn angenrheidiol ac a gafodd ei gynnal?				
In accordance with WP68, has an SEIA identified as necessary ben undertaken?		Not Applicable		
Manylion am risgiau sy'n gysylltiedig â phwnc a chwmpas y papur hwn, gan gynnwys risgiau newydd (croesgyfeirio at y BAF a'r CRR)				
Details of risks associated with the subject and scope of this paper, including new risks (cross reference to the BAF and CRR)		BAF Risk 1.5 - Lack of capacity to manage volume of planned care demand, adversely impacting on quality of care and patient experience, exposing patients to significant patient harm		
Goblygiadau ariannol o ganlyniad i roi'r argymhellion ar waith				
Financial implications as a result of implementing the recommendations		Please refer to detail in report.		
Goblygiadau gweithlu o ganlyniad i roi'r argymhellion ar waith				
Workforce implications as a result of implementing the recommendations		Please refer to detail in report.		
Adborth, ymateb a chrynodeb dilynol ar ôl ymgynghori		Planned Care programme is reported at the Planned Care Recovery and Transformation Group (PCRTG), Executive Delivery Group		

Feedback, response, and follow up summary following consultation	(EDG): Transformation and Performance, Finance, and Information Governance Committee (PFIGC).
Cysylltiadau â risgiau BAF: (neu gysylltiadau â'r Gofrestr Risg Gorfforaethol) Links to BAF risks: (or links to the Corporate Risk Register)	BAF Risk 1.5 - Lack of capacity to manage volume of planned care demand, adversely impacting on quality of care and patient experience, exposing patients to significant patient harm
Rheswm dros gyflwyno adroddiad i fwrdd cyfrinachol (lle bo'n berthnasol) Reason for submission of report to confidential board (where relevant)	Not applicable
Camau Nesaf: Gweithredu argymhellion Next Steps: Implementation of recommendations	
Rhestr o Atodiadau: Dim List of Appendices: None	

Planned Care Assurance Paper

1. Introduction/Background

- 1.1 The paper presented to Performance, Finance, and Information Governance Committee (PFIGC) described the challenges facing BCUHB (Betsi Cadwaladr University Health Board) in relation to Planned Care (PC). Specifically, around the considerable number of patients waiting for an outpatient appointment, or a planned intervention/treatment, many of whom have been waiting more than 52 weeks and some more than 104. The origins of this precede Covid, in certain specialties but the pandemic has exacerbated the position significantly across all specialties.
- 1.2 This is an all-Wales concern with Welsh Government (WG) writing a strategy for 'Transforming and modernising planned care and reducing waiting lists,' (April 2022). Which builds upon the priorities within the NHS Planning Framework with the aim to accelerate health and care recovery in the short to medium term whilst focusing on stabilising and recovering the waiting lists, by developing and embedding longer-term transformative and innovative change.
- 1.3 The first step in this process for PC was in producing a plan in collaboration with operational teams and Informatics. This plan included a capacity model and trajectories to meet the 2 ministerial priorities for 2022/23.
 - No patient should be waiting more than 52 weeks for their first outpatient appointment (Stage 1) by the end of December 2022.
 - No patient should be waiting more than 104 weeks for any stage of their pathway by the end of March 2023

With solutions to mitigate any gaps within capacity to meet outturn from 2019/20. To support the delivery of activity and to improve patient pathways, a programme was devised to reflect local requirements and the National PC programme.
- 1.4 Underpinning this plan is the governance framework and the four pillars of PC (Performance, Delivery, Transformation and Planning) whereby the progress within these pillars are reported at the Planned Care Recovery and Transformation Group (PCRTG).

2. Body of report

2.1 Strategy Implications

The sustained delivery of PC (and the clearance of the backlog) is a key business and safety objective for BCUHB. Delays to elective treatment have had and are continuing to have significant impacts on the well-being of patients and their families. These impacts can range from potentially life threatening, cancer, or life limiting, with both having a significant impact socially and economically. Furthermore, for those patients on waiting lists for significant periods (e.g., more than 52 weeks), deterioration in their condition is almost inevitable.

The delivery of the PC Recovery Plan is a combination of transactional (operational) and transformational (developmental) initiatives. As presented at PIFGC (27th October 2022), there are three distinct but inter-dependent stages;

- Restart
- Stabilisation and recovery
- Sustainability.

The first commenced, with varying degrees of completeness, and the immediate objective across the HB and Wales, continues to be to get back to activity levels of

2019/20 and creating that stability, which will see the waiting list plateau and begin to reduce. With the sustainability of services being one of the aims of the PC transformation programme.

2.2 IMTP Trajectories

As reported at PIFGC (27th October), a quarter 1 refresh of the trajectories for the two ministerial priorities was submitted, with all known assumptions and mitigations to that date. These included the change in COVID de-escalation measures. When the first ministerial priority trajectories were performed. We recognised performance against the trajectories was not where it should be, so we have produced forecasts, which are refined monthly. Performance against these measures are beginning to improve with the number of patients waiting in excess of 52 weeks slowly decreasing.

2.3 Transformational Programme

The PC transformational programme has been split into four work streams, which are presented at PFIGC and Executive Delivery Group (EDG): They follow the patient's pathway from visiting their GP through their journey within secondary care before being discharged back to their GP. All four-work streams are progressing with work stream leads and projects, with outpatients being the most developed.

Outpatient Work Stream

2.3.1 The 3-point plan is to reduce demand, improve scheduling and policy adherence leading to increased capacity.

Validation is delivered internally via a small team of 16 through a national provider. The external team (HBSUK) is part of a national programme commissioned via Welsh Government.

Scheduling and Policy Adherence

Following validation, the 'right' patients can then be booked to see the 'right' clinician by:

- Ensuring patients are booked in the correct order
 - Treating in turn has improved by 10% (September – October).
- Ensuring patients are booked following booking protocols
 - We have deployed a single booking process across the health board, by instigating the booking of [routine] patients. This will now be business as usual
- Ensuring the DNA and Discharge policy is followed (this with the assurance that booking protocols have been followed)
 - We are instigating a Programme of DNA reviews that is clinically supported. Governance arrangements are being put in place in readiness for this initiative going live from Q4 2022.

Capacity and Efficiency Utilisation has been reviewed with measures put in place to ensure we are maximizing our core capacity and that it is utilised efficiently.

- We are now ensuring clinics are booked to the attendance capacity.
- All capacity templates have been scrutinised --to provide assurance that the HB has the capacity in the system that was planned/scheduled.
- Utilisation of clinical alternatives; this is to establish if other persons can undertake appointments as an alternative to consultant e.g. specialist nurses.

To support the above;

Dashboards have been established with the Secondary Care Acute Directors and Primary care service leads, which forecasts >52 and >104 week Stage 1 reductions that are monitored weekly. In addition to this, we are reviewing the impact of the 3-point plan to provide assurance that the service is running at its optimum.

While we adopt the outpatients' programme, we are also building the foundations for the future as we manage our patients across the HB. This includes the accelerated implementation of 'fully booked' booking. This is in operation in the West but now operational across the health board, meaning that all the patient booking centers across BCU now follow the same procedures, thus standardising the way in which we schedule patients across the health board. Early next year we will be establishing a single Patient Target List (PTL) that will enable us to offer patients the next available appointment (clinically viable), at any location across the HB.

The timetable for this is:

- Fully booking of patients November 2022
- Single PTL (Informatics) 19th May 2023
- From May 2023, BCU will have the ability to schedule patients across the HB in a standardised manner that will improve patient experience and support patient care across the HB.

The above is aligned to the RTC programme to support migration to these facilities when they come online.

We are also increasing the use of a Patient Initiated Follow-up (PIFU) pathway, this where instead of a routine follow-up appointment the patient can instigated a follow-up as needed with this clinically approved and applied pathway. We have increase the use of this pathway from 2.4% in January 2022 to 5.7% in October, thus releasing clinic capacity where the follow-up is not needed.

Supporting this work is the "My Planned Care" which is a national initiative similar to the one that is already available in England. This is set to launch on the 11th of November and enables patients to look up the waiting times for their specialty, this is based on the number of patients waiting for a service.

2.3.2 GiRFT/Clinical Pathways

Getting it Right First Time (GIRFT) programme commenced with Orthopaedics completing the deep dive analysis (February) and are working with an action plan. The Gynaecology deep dive has taken place (July), and actions have taken place following this. The deep dive for Urology happened in November, with the proposed deep dive for General Surgery (Colorectal and Upper Gastrointestinal Surgery) for early December. It is anticipated that Ophthalmology will be in the New Year.

2.3.3 Cancer

The Cancer Partnership Group is developing the cancer strategy for the HB, which is aligned with the Welsh cancer plan. The group are developing programmes of work for the next 3-5 years, with supporting themes of work from prevention to end of life care. It will oversee, re-design and develop the cancer advisory groups to improve Cancer performance for the population of North Wales. These include:

- Urology who have piloted 'straight to mpMRI;' have proposed a new model for prostate pathway which is inclusive of capacity and demand modelling for prostate biopsies. They are also commencing robotic assisted surgery for prostatectomies in November.
- Colorectal who are aiming to increase the uptake of 'straight to test pathway' with publication of new national FIT pathway and continue to implement the endoscopy business case to increase capacity and reduce waits

2.3.4 Additional Capacity

We continue to seek additional capacity via outsourcing and insourcing, including building on our arrangements for Orthopaedics, Ophthalmology, Dermatology and Endoscopy. These in the short term will support our delivery of the programme. With Insourcing, (Orthopaedics and Mixed surgical. There has been a delay due to circumstances outside our control concerning an anomaly between the All Wales Standing Financial Instructions and the National Procurement Guidance. This has now being resolved and we have now commenced the formal Alcatel process for this contract.

2.3.5 Modular Theatres

To complement the increase of capacity, in particular orthopaedics, a business case is being explored to provide modular theatre and ward, or a combination of this, which will allow the organisation to deliver further in-patient activity that cannot be treated elsewhere and will not be interrupted by operational pressures. Currently the sites being reviewed are Abergele and Llandudno.

2.3.6 Regional Treatment Centers (RTCs)

The RTC will provide a new ambulatory care model for the planned care services. Several work streams have commenced to support the modernisation of PC using best practice principles such as GiRFT, these and other work streams will be support the delivery and subsequent construction of the RTC's. The timelines are under constant review as would be expected in such a complex programme to prevent and mitigate any slippage. The first phase of the programme is to define the size and locations of the RTC, which will need to include public engagement and consultation. This and other work streams will allow an indicative timeline to construction. Which currently indicates an opening of the new building in 2027.

2.3.7 IMTP 2023/24

Next steps include planning in a timely manner for the next financial year, part of the IMTP business cycle is complete the demand and capacity (D&C) modelling for 2023/24. This began in September with the Integrated Health Communities (IHC), Pan BCU Services and some supportive services signing off their D&C before having Corporate Confirm and Challenge meetings, (inclusive of Planning, Finance, Performance, Informatics, Workforce and PC). The IMTP schemes submitted are expected to form part of the team's mitigations and solutions to address any potential gap in capacity or to transform services.

3. Budgetary/Financial Implications

- 3.1 Significant funding has been made available for this financial year, investment plans for 2022/23 have been confirmed to ensure that both current performance is maintained and that additionality is achieved or procured. Much of the investment in the current financial year is to re-enforce the infrastructure of key services – diagnostics, cancer, to remove bottlenecks and to improve the quality of patient experience. There are significant investments in Outsourcing and Insourcing. Monthly monitoring against this funding has been embedded as part of PC's governance. Risk Management

The underlying risk score associated with the backlog of patients on the waiting list remains unchanged currently at 25, but the current score is based on actions to date and has been revised to 20. The various actions are designed to mitigate and reduce the risk, but it needs to be recognised that none of these will provide immediate solutions, and despite best endeavours, operational pressures may still affect progress.

4 Equality and Diversity Implications

The PC programme is designed to address health inequalities and facilitate the HB's socio-economic duty by streamlining process, transforming services and reducing waiting lists

5 Planned Care Strategy 2023 – 2025

Although significant plans are in place to improve BCU's PC function, PC are embarking on the Planned Care Strategy 2023 – 2025. The outline strategy will be ready for review and comment by the end of December 2022.

Teitl adroddiad: <i>Report title:</i>	Betsi Cadwaladr Health Board Winter planning and resilience update.			
Adrodd i: <i>Report to:</i>	BCUHB Board.			
Dyddiad y Cyfarfod: <i>Date of Meeting:</i>	Thursday, 24 November 2022			
Crynodeb Gweithredol: <i>Executive Summary:</i>	The following report provides further updates on current progress of the winter and resilience plan for BCUHB for the winter period for 2022-2023.			
Argymhellion: <i>Recommendations:</i>	The board is requested to note the ongoing work with an awareness of a national steer from Welsh Government in relation to the Health and Social Care Plan 2022-2023 is still yet to be released.			
Arweinydd Gweithredol: <i>Executive Lead:</i>	Gill Harris, Interim Chief Executive Officer - BCUHB			
Awdur yr Adroddiad: <i>Report Author:</i>	Phil Orwin – Interim Regional Delivery Director Geraint Farr – Interim Associate Director For Emergency Care			
Pwrpas yr adroddiad: <i>Purpose of report:</i>	I'w Nodi <i>For Noting</i> <input type="checkbox"/>	I Benderfynu arno <i>For Decision</i> <input type="checkbox"/>	Am sicrwydd <i>For Assurance</i> <input checked="" type="checkbox"/>	
Lefel sicrwydd: <i>Assurance level:</i>	Arwyddocaol <i>Significant</i> <input type="checkbox"/> Lefel uchel o hyder/tystiolaeth o ran darparu'r mecanweithiau / amcanion presennol <i>High level of confidence/evidence in delivery of existing mechanisms/objectives</i>	Derbyniol <i>Acceptable</i> <input type="checkbox"/> Lefel gyffredinol o hyder/tystiolaeth o ran darparu'r mecanweithiau / amcanion presennol <i>General confidence / evidence in delivery of existing mechanisms / objectives</i>	Rhannol <i>Partial</i> <input checked="" type="checkbox"/> Rhywfaint o hyder/tystiolaeth o ran darparu'r mecanweithiau / amcanion presennol <i>Some confidence / evidence in delivery of existing mechanisms / objectives</i>	Dim Sicrwydd <i>No Assurance</i> <input type="checkbox"/> Dim hyder/tystiolaeth o ran y ddarpariaeth <i>No confidence / evidence in delivery</i>
Cyfiawnhad dros y gyfradd sicrwydd uchod. Lle bo sicrwydd 'Rhannol' neu 'Dim Sicrwydd' wedi'i nodi uchod, nodwch gamau i gyflawni sicrwydd 'Derbyniol' uchod, a'r terfyn amser ar gyfer cyflawni hyn: <i>Justification for the above assurance rating. Where 'Partial' or 'No' assurance has been indicated above, please indicate steps to achieve 'Acceptable' assurance or above, and the timeframe for achieving this:</i>				
Cyswllt ag Amcan/Amcanion Strategol:		Health and Social care (Wales) Winter plan 2022-2023		
Link to Strategic Objective(s):				
Goblygiadau rheoleiddio a lleol:		Health and Safety Executive		
Regulatory and legal implications:		Civil Contingencies Act – Level 1 Responder.		
Yn unol â WP7, a oedd EqIA yn angenrheidiol ac a gafodd ei gynnal?		Do/Naddo <u> Y/N </u>		

<i>In accordance with WP7 has an EqlA been identified as necessary and undertaken?</i>	Attached within the appendices
<i>Yn unol â WP68, a oedd SEIA yn angenrheidiol ac a gafodd ei gynnal?</i> <i>In accordance with WP68, has an SEIA identified as necessary ben undertaken?</i>	Do/Naddo Y/N Os naddo, rhowch esboniad yn ymwneud â'r rheswm pam nad yw'r ddyletswydd yn berthnasol <i>If no please provide an explanation as to why the duty does not apply</i> <u>Gweithdrefn WP68 ar gyfer Asesu Effaith Economaidd-Gymdeithasol.</u> <u>WP68 Procedure for Socio-economic Impact Assessment.</u>
<i>Manylion am risgiau sy'n gysylltiedig â phwnc a chwmpas y papur hwn, gan gynnwys risgiau newydd (croesgyfeirio at y BAF a'r CRR)</i> <i>Details of risks associated with the subject and scope of this paper, including new risks(cross reference to the BAF and CRR)</i>	Inability to provide timely care for the patient population of North Wales. Inability to maintain service provisions for the patient population of North Wales.
<i>Goblygiadau ariannol o ganlyniad i roi'r argymhellion ar waith</i> <i>Financial implications as a result of implementing the recommendations</i>	To be confirmed pending outcome from Health and Social care winter planning 2022-2023
<i>Goblygiadau gweithlu o ganlyniad i roi'r argymhellion ar waith</i> <i>Workforce implications as a result of implementing the recommendations</i>	To be confirmed pending outcome from Health and Social care winter planning 2022-2023
<i>Adborth, ymateb a chrynodeb dilynol ar ôl ymgynghori</i> <i>Feedback, response, and follow up summary following consultation</i>	Amendments as per Email 03/11/2022 GH
<i>Cysylltiadau â risgiau BAF:</i> (neu gysylltiadau â'r Gofrestr Risg Gorfforaethol) <i>Links to BAF risks:</i> (or links to the Corporate Risk Register)	To be confirmed once identified with IHC's and Social Care
<i>Rheswm dros gyflwyno adroddiad i fwrdd cyfrinachol (lle bo'n berthnasol)</i> <i>Reason for submission of report to confidential board (where relevant)</i>	Amherthnasol Not applicable
<i>Camau Nesaf/Next Steps:</i> Monthly reviews in line with constant social economic changes, Ongoing developments in line with IHCs developments on services.	
<i>Rhestr o Atodiadau/List of Appendices:</i> As per narrative.	

Betsi Cadwaladr University Health Board Winter & Resilience Plan 2022-23

Draft v 1.2

Review 14/12/2022

Reporting Arrangements

BCUHB Executive Team

BCUHB Performance, Finance & Information Governance Committee

BCUHB Health Board public meeting

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1. Executive Summary

Winter typically results in increased demand from seasonally affected conditions, increased risk connected to infection prevention and control outbreaks and the potential risk of influenza. Using the learning from our pandemic experience, it is necessary for the Health Board to have a strong resilience plan allowing us to respond to pressures, which can occur at any time, alongside sustaining and increasing our elective activity. While we have been experiencing health services challenges caused by the ongoing impact of Covid-19 we are now in the phase of recovering from and controlling the Covid -19 impact. The aim is to manage the Covid risks while returning to business as usual, even during the Winter period.

We have developed the Betsi Cadwaladr University Health Board (BCUHB) Resilience Plan based on work developed through the Urgent and Emergency Care improvement programme. The Plan is concordant with the Unscheduled Care Improvement Plan and is aligned to the six goals for urgent and emergency care. It also responds to the six priorities in the Urgent and Emergency Care: Increasing system operational resilience for winter 2022-2023, which also has a clear focus on prevention against the five main areas of harm from Covid-19.

Further initiatives are also being developed through the Regional Partnership Board (RPB) with partners in Local Authorities, the third sector and other public services to address the broader winter resilience issues for our population in conjunction with the Emergency Preparedness Resilience and response (EPRR)

The purpose of the Winter Resilience Plan is to ensure the overall effectiveness of winter planning, alongside the additional challenges of Covid-19 and the whole system ability to meet forecast activity during the winter period whilst maintaining patient safety at all times. This plan will be reviewed on a regular basis in line with all other potential risks, such as the Welsh Government instigation of the Menai Suspension Bridge closure, but will proceed while we wait for the full guidance in relation to the Health and Social Care Winter plan 2022-2023

The Plan includes the critical operational triggers status (OPEL) which is reported through the daily Tactical Control Centre (TCC) to the System Lead or Silver On-Call out of hours along with normal metrics such as SITREP levels, and Emergency department risk scores for the Health Board. The triggers will identify local system pressures. The process informs other sites within the health board and external services of additional surge / contingency plans that may be required to control risk and maintain operational effectiveness. This will be done in conjunction with the Welsh Ambulance Service Operational Delivery Unit (ODU) at regular intervals.

The triggers compliment local winter contingency plans developed by each service. They include delivery of SAFER (patient flow) and SORT actions (methodologies that ensure the mitigation of risk and maximisation of a positive clinical outcome and experience) in acute and community hospital settings. The aim is to maximise operational discharge planning to mitigate winter unscheduled care pressures, Covid-19 demands, and support the delivery of surge options for critical care, inpatient beds or the redeployment of resources to mitigate system pressures, alongside maintaining elective activity.

Command and Control will be co-ordinated through existing operational structures within the TCC, On Call Rotas and with additional operational resilience from Operational Control Centres and Senior Manager of the Day (SMOD) rotas that will report to the Gold/Silver Command Operational Resilience structure. The TCC includes reports from acute, community, mental health, primary care and women's services.

2. Introduction

Winter pressures are a recurrent issue for the NHS and presents significant and increasing challenge for the health and social care system, typically with an increase in urgent presentations to primary care, Emergency Departments (EDs) and presentations to hospital, which subsequently affects system capacity and flow. There are also significantly increased pressures on the social care and independent sectors, as needs increase and capacity to respond is challenged.

When flow across a hospital slows, EDs become overcrowded, ambulances are delayed, discharge delays occur with the potential for poorer patient outcomes and experience along with increasing lengths of stay within the emergency departments. This will often result in longer lengths of stay, loss of packages of care and the need to open escalation beds.

The Royal College of Emergency Medicine (RCEM Statement 2020 – Overcrowding in Emergency departments states that overcrowding in EDs is unsafe and affects quality of care and patient experience.)

It is a gauge of whole-system difficulties that adversely affect capacity and resilience and as such, whole-system planning and action is required to mitigate the impact. This emphasises the need for continually increasing partnership working across all stakeholders, not just in Winter but on a permanent basis.

ED capacity continues to be limited from the implementation of Covid-19 safety measures including social distancing, screening, and cohorting of patients.

This Plan describes the arrangements to manage the anticipated increased demand across Health Board services. The Plan builds upon the Unscheduled Care Improvement Plan (Six Goals for Urgent and Emergency Care) as well as further learning from the Covid-19 pandemic and supports future forecasting, that will inform system changes to ensure resilience across the health and social care system over the winter months. The Plan is aligned with the six NHS Wales goals of urgent and emergency care, see fig 1 below as well as the eight key priorities in the WG Health and Social Care Winter Plan 2021/22, see section 3.

Fig 1: 6 Goals for Urgent and Emergency care



The Plan is our response to the escalated levels of need for patient assessment, treatment and care during the winter period. The proposals in the plan represent an increase of the scale and pace of the initiatives already in place to address ongoing challenges on the urgent and emergency care system with a focus on supporting patients at home, closer to home and enhanced hospital avoidance.

Throughout 2022/23, we have continued to work in partnership with Welsh Ambulance Service Trust (WAST), Local Authorities and third sector organisations, and our Plan functions in conjunction with the winter plans developed by our partner organisations.

The Unscheduled care plan will be monitored on a regular basis in line with the on-going change in demand and forecasting.

3. Principles and Priorities

In line with the WG Health and Social Care Winter Plan 2021/22, this plan also seeks to support the six priorities in the WG Urgent and Emergency care: Increasing system operational resilience for winter 2022/2023 (letter dated September 2022) whilst awaiting the Health and Social Care Plan 2022-2023:

1. NHS Wales Ambulance Delivery Plan.
2. Fit to Sit Implementation,
3. Maintaining Critical care services,
4. Maintaining Children and young people's services,
5. Maintaining Elective care,
6. Maintaining Cancer services,

4. Protecting us from COVID

Together with our partners in the Regional Partnership Board, we have been working to manage Covid-19 since the onset of the pandemic. In addition to ongoing work through the RPB and supporting programmes, we are working formally through a Strategic Winter Pressures Group managed by the North Wales Emergency Preparedness Resilience and Response (EPRR) forum. This was established to share awareness of, and respond to pressures in the whole system, particularly affecting health and social care. The Group provides a route for the RPB's leadership group to be able to seek swift senior action to emerging issues. The purpose of the group is to:

- Create shared situational analysis;
- Prioritise issues and appropriate escalation; and
- Agree and deliver the actions, which will address blockages in the system and provide solutions, which can often be across organisations.
- Support early escalation to prevent the need to firefight (Proactive approach v Re-active approach)

A regular data pack updating on key metrics is published including system pressures in health, social care and independent sector alongside the development of an electronic escalation system in line with the All Wales Site Escalation Plan to support national reporting

The need to address the balance of harm is clearly identified and decisions taken through this group will be informed by assessment of risk, taking into account the potential impact in terms of the wider harms associated with measures to respond to Covid-19 as well as the direct harm of Covid.

The Group also receives input from the Prevention & Surveillance Groups / incident Management Teams across North Wales, where partners are working at county level to identify hotspots, trends and respond to significant issues, working closely with the local and regional contact tracing teams. The Prevention & Surveillance Group chairs' forum are responsible for reviewing and updating the Prevention and Response Plan actions for the region, which respond to the Coronavirus Control Plan. Regional responses include working with education, the care sector, and other risk settings to respond to incidents and outbreaks.

Our BCUHB plans are consistent with the guidance in the WG 'Coronavirus Control Plan' and the Public Health 'Response to Respiratory Illness Winter 2021.' New guidance will be addressed and implemented as it is received from WG.

4.1 Monitoring and Modelling

The Health Board informatics service undertakes a weekly refresh of the demand and capacity modelling in USC, based on the current trends. The output shows that the demand for emergency admission beds outstrips capacity at many points in the winter period.

Covid-19 modelling is well established in the Health Board and reported on a regular basis to the Executive Team and Board. The BCUHB Business Intelligence Unit has also constructed its own predictive model for influenza, based on available data alongside Welsh government all Wales modelling

At the time of updating of this Plan forecasting data identifies our peak demand across the Health community will occur in December 2022, this will result in regular updates of plan in relation to demand and capacity as we approached the forecasted trajectory for COVID

4.2 COVID-19 Vaccination Programme

Vaccination/booster vaccinations are key in mitigation for this winter in the ongoing response to protect against the harms of Covid-19 and emerging other infectious conditions. BCUHB has operated an extremely successful vaccination campaign with high vaccination rates, across all age groups, and stands up to comparison with achievements across Wales.

Monitoring of the current Covid-19 vaccination position is weekly through the Executive Team.

Complementary to the Covid-19 vaccination programme, influenza vaccination for staff has commenced in September 2022

4.3 Test Trace and Protect (TTP)

Elements of TTP remain in place to support surge demand across North Wales. If required Testing Units would be recommissioned in the event of peak infection and be deployed to support identified need across North Wales.

4.4 Infection Prevention and Control

The Health Board is working to ensure consistency with the Public Health 'Response to Respiratory Illness Winter 2021.' New guidance will be addressed and implemented as it is received from Welsh Government over the coming months.

Safe Clean Care – Zero Harm continues to work on a large-scale programme of activity aimed at changing behaviours to prevent healthcare acquired infections. Three work streams are in operation: Safe Place; Safe Space and Safe Action. Under the programme, more than 100 staff are trained as Infection Prevention and Control champions, and proactive measures are being taken to prevent nosocomial infection, this is evident through the reduction in events.

All visitors to clinical areas continue to be verbally screened on arrival to respective areas with screening of patients if they become symptomatic. We continue to screen patients in the emergency departments that require admission with visual display to prompt patients and staff. These are for COVID/Influenza and amended recently for Monkey pox and Ebola in line with forecasting planning.

As of the 14th November 2022, All BCUHB Sites require staff/patients and visitors to wear face masks in hospital settings unless clinically exempt.

5. Keeping people well

The Health Board continues to work in partnership with Local Authorities, third sector and other colleagues to enable and support people to stay well, to manage their own conditions and adopt a healthy lifestyle. There are many initiatives already in place across North Wales, which facilitate this approach including work with Public Services Boards, the Regional Partnership Board and the Health Board's work on Building a Healthier Wales. The Health Improvement and Reducing Inequalities Group has been managing a programme of evidence-based initiatives designed to promote healthier lifestyles for three years and is still building on successful outcomes achieved to date.

There are some specific initiatives now in place, which will augment these and help people stay well over the winter period and in the current environment with rapidly spreading Covid-19. The Protect programme, as referenced above, has established six Community Support Hubs to support people to stay well and access a wide range of support.

Our winter proposals include enhancing the capacity of community connectors who are volunteer services that are accessible through social services and voluntary agencies, who can signpost and support people to resources and services that will help them stay well and prevent deterioration in conjunction with the Six goals for Urgent and Emergency Care and the 1000 bed campaign. These aim to reduce those patients that are medically optimised that are stranded in Hospital beds across North Wales, ensuring future planning for their care.

5.1 Self-care

Our existing Expert Patient Programme has been supporting self-care and the approach is now being enhanced to support people who are experiencing symptoms of long-Covid.

The Multi-Disciplinary Team approach for the long Covid programme utilises a bio-psychosocial model to undertake a comprehensive assessment and collaborative development of a formulation of needs. The teams will also provide guided self-management support and case management to follow up the progress of secondary care referrals and/or contact with community support. An Expert Patient Programme for people with long-Covid symptoms is operational.

A business case has been written to extend the long-Covid service and bring ongoing sustainable improvements and benefits into existing therapies for long-term conditions and persistent post-viral conditions resulting from a wider range of conditions.

5.2 Seasonal influenza

The 2022/23 flu vaccination programme to combat seasonal influenza is being delivered by a dedicated Vaccination team. As in previous years, the Health Board is working with primary care – GPs and pharmacists – to deliver the flu vaccination programme across North Wales in a timely fashion.

A Flu Campaign Hub has been established for BCUHB staff to make information and resources available to promote the campaign. BCUHB have developed staff to become “Flu Champions” that can vaccinate staff in their working areas to support staff demand. Staff can receive their flu jab at work from a local roaming flu vaccinator; at a drop-in session in their department or workplace; or by booking a place at a nearby staff clinic.

The potential impact of a spike in seasonal flu has been taken into account in the forward modelling work being undertaken by the informatics team. Currently flu is not circulating at significant levels, but the situation is being monitored through Public Health surveillance alongside monitoring of and response to other seasonal pressures.

5.3 Respiratory and long-term conditions

It is recognised that there are capacity challenges within respiratory teams across BCUHB as they are involved in running the Non-invasive ventilation (NIV) services for Covid-19 patients. About services, there is limited community respiratory resources for supported discharge and pulmonary rehabilitation in the community.

The BCUHB community pharmacy / acute conditions scheme has been identified as a winter scheme again this year, where independent prescribers support acute conditions for a range of issues including respiratory disorders, including COPD and asthma exacerbations, suspected upper respiratory tract infections and sore throats. Similarly, the Choose Pharmacy, common ailments scheme, can support patients.

6. Maintaining safe health services

6.1 Health inequalities and vulnerable groups

It is well recognised that health inequalities have been exacerbated because of the Covid-19 pandemic, and the impact of the Covid-related harms has been greater on specific groups.

As a result, the Community Support Hubs are established to provide direct access to support and advice for people from specific groups. Details are included earlier in this document. In addition, equality impact assessment (and where required, socio-economic duty impact assessment) is being undertaken on key service response areas to ensure support to address inequalities in access for specific groups. This is further enhanced by the local winter planning schemes that have been requested to support care closer to home, and increased care into Community, residential homes.

The Covid vaccination programme has established an Equity group which is supporting the identification of specific needs, making connections with seldom heard groups and gathering feedback through stakeholder groups on any areas of concern

in order that the operational response is geared towards promoting uptake amongst the underserved groups.

6.2 Mental health and wellbeing

In keeping with WG guidance, our responses to the mental health impact of the pandemic continue to be focused on three key areas:

- Maintaining mental health services as 'essential' services and responding to immediate mental health needs, joint communication through WEDFAN to support those high attendance service users and support them with care closer to home.
- Strengthening protective factors and reducing the socioeconomic impacts of the pandemic on mental health and wellbeing, recognising that many of the levers for mental health protection and prevention sit outside of the health system.
- Supporting the NHS to meet the changing mental health needs in their areas and ensuring mental health services can stabilise and recover for the long term.

Action taken via the USC Improvement Programme includes establishment of a Crisis Care Steering Group with system-wide representation, to oversee all elements of the crisis care programme, including 111 Mental Health practitioner service, Mental Health Assessment Unit, Sanctuary, I-Can, and Older Person's Crisis Care.

WEDFAN (Wales Emergency Department Frequent Attenders Network) is in its third year with a pro-active approach to support those service users that have a high rate of ED attendances/999 calls by managing their complaints and ensure clear action plans to support their care closer to home, with clear escalation plans to support them in crisis.

The national 111 programme is recruiting into the Mental Health Practitioner service to support the patients at initial contact.

6.3 Primary and community services

Primary Care

Primary care services continue to face a range of challenges including catching up with a large backlog of routine work suspended to support the Covid-19 response, unprecedented new demands for care, national recruitment difficulties, continued Covid-19 restrictions and the ongoing vaccination programme.

Despite these challenges, the pandemic has presented opportunities to fast track a number of developments, which will help to address winter pressures these include:

- Enhanced remote triage and access using virtual platforms.
- Consultant Connect
- Cluster business continuity planning
- End of Life medicines hubs
- Access questionnaire: to seek assurance from GP Practices regarding their access arrangements and current demand, as well as identify solutions.

- Encouraging GP practices and community pharmacies to report their escalation levels, with Area teams taking action to provide support where necessary
- Review of online platforms
- Enhancement or replacement of telephone systems in managed practices
- Enhancement of websites for managed practices
- Support to address Planned Care backlog
- Continued expansion of Urgent Primary Care Centres across North Wales.

Working with the GP practices, clusters and the Local Medical Committee (LMC), a number of further actions are taken to address the current challenges facing GP practices over winter months when demand is expected to be even greater, and in the longer term. These include:

- Further development of the urgent primary care centres (UPCC), contributing to a whole system model of unscheduled care, as well as working closely with the national Strategic Programme for primary care, sharing learning and evaluation post PEER review.
- Relaunch of the escalation framework, encouraging all practices to record their levels to inform local intelligence and response, as well as the all Wales reporting for escalation that is reported on nationally on a daily basis.
- Introduction of the High-Level Primary and Community Care Escalation Framework to support general practice to consistently report and monitor pressures within the system and mitigating actions to address the risks has been implemented and reported daily.
- Through the autumn and winter period, maintain a range of contractual relaxations intended to alleviate the increased demand on community pharmacies that were introduced during the Covid-19 pandemic.

Whilst awaiting confirmation of any additional financial support for winter planning from WG, BCUHB has commenced the programme of additional planning to support should any additional funding become available.

6.4 Integrated Health Communities (IHC's)

Each Integrated Health Community is required to ensure local winter planning encompasses all elements within their service footprint and to ensure they are fed back into the Health Board winter resilience plan aware of local demographic variances.

These will be reviewed monthly in line with the Health and Social care position to ensure flexibility to meet demand.

As part of the planning, all IHC's have to provide:

- 1) Surge capacity and triggers for utilising.
- 2) Staffing capacity.
- 3) Planned care capacity.

- 4) Unscheduled care planning in line with the six goals for urgent and emergency care.

The IHCs ensure all plans are completed in conjunction with Womens Services, Paediatric services, Renal Services, Oncology service and mental health services due to geographical locations.

6.5 Post-COVID syndrome (Long COVID)

The Health Board has developed an extensive on line resource to support individuals who suffer ongoing post COVID symptoms.

<https://bcuhb.nhs.wales/covid-19/long-covid/long-covid-rehabilitation/>

6.6 Children and young people's services

Children's services leads are working in close collaboration with colleagues in Local Authorities and third sector to ensure sustainability of essential children's services during the winter period.

BCUHB have been proactivity involved in the All Wales preparedness for the possible respiratory surge, by joining daily SitRep calls developing the electronic paediatric SitRep and implementing the use of Opal levels, which are shared daily pan BCUHB.

The Paediatric sit rep can be access via the link below for BCUHB staff once approved:

<http://bcudatawarehouse/PowerBIReports/powerbi/RS/Karen%20Carter/Paediatric%20SITREPS%20RSV?rs:Command=Render&rc:Toolbar=false->

We also participate in the task group for the care of critically ill children/ Trauma Care for Children.

There is close collaboration with the North West paediatric network as well and information regarding SitReps are shared through this route on a regular basis as per appendices

6.7 Essential services

BCUHB is maintaining essential and urgent services in line with local and national priorities.

The three acute sites will operate as a network to prioritise available capacity for patients as required, as was undertaken during previous waves, along with managing current elective demand on each site

Additional diagnostic centres are being developed to address demand and identify potential urgent cancer.

Radiology and endoscopy services are being maintained to support all services with insourcing to support the backlog of demand that are running out of hours and during weekends.

The System Resilience reporting through the Local Options Framework is completed weekly following review at the Gold Command Operational Resilience meeting.

6.8 Planned care

BCUHB has a significant number of patients waiting for a planned intervention/treatment, many of whom are waiting in excess of 52 weeks. This situation is not unique to BCUHB and mirrors experience across Wales and the wider NHS, however, the number and length of time patients are required to wait for treatment is of concern.

While the pandemic has effectively led to the relinquishment of the 26-week referral to treatment (RTT) target, an increasing number of elective patients are requiring urgent elective treatment and need to be assessed, diagnosed and treated as soon as possible after referral and as close to the 26-week target as possible.

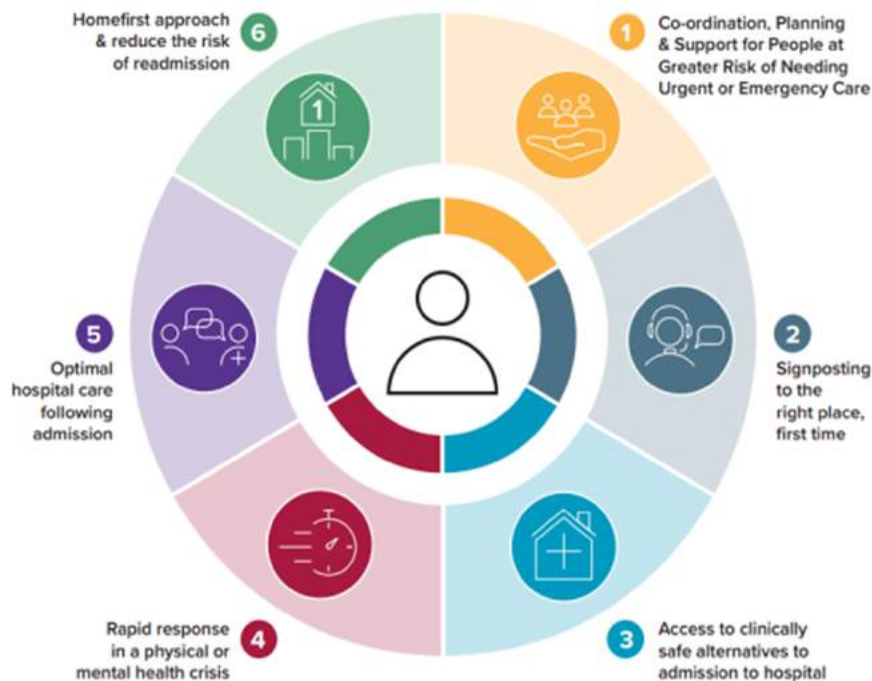
The Board has developed a six point Planned Care Recovery Plan to address the elective waiting list backlog, further work is ongoing to finalise the action plans, which will underpin the plan for the remainder of 2022/23 and 2023/24. The aspiration to achieve 80% of the 2019/20 i.e. pre-Covid activity levels is unlikely to be achieved this financial year and it is recognised that the recovery timetable will last for up to five years in the current climate.

Unscheduled care pressures have a direct impact on planned care and represent a risk to maintaining the capacity required to meet the needs of planned care patients. Conversely, lengthening elective waiting times also mean that patients are increasingly likely to require treatment via an unscheduled care pathway emphasising the need to have effective urgent and emergency care plans in place for winter 2022/23 and forthcoming years.

A forum for escalating USC demand that may affect planned care is being developed to ensure a combined approach for Elective work and unscheduled care work to ensure a visual display of a rising tide event.

6.9 Urgent and emergency care

The Health Board has an established a 6 Goals Programme Board for Urgent and Emergency Care, the structure for which is set out in the diagram below:



The Programme will oversee all six goals with a primary focus to support the below elements that will assist with the overarching flow within the health economy.

The programme is continuing with the work streams from 2021-2022 but will now be matched against Goals 1, 2, 5 and 6, and management is through the Senior Responsible Officer (SRO) and the Executive Team.

There is a structure in place to support the Urgent and Emergency care (Six Goals programme) that comprises of a Senior Clinician, Senior Operational Manager and a programme manager, this structure will support the day to day management of the Urgent and Emergency care programme across North Wales along with allowing the capacity to manage the strategic oversight going into the following years.

Operational teams have started to develop proposals to mitigate the anticipated Winter Pressures, see section 12 – Schemes to support delivery over winter whilst awaiting confirmation of funding to support.

In addition, the Health Board has been working on joint proposals regarding social care with the six local authorities in North Wales see section 11 – Working together across Wales.

The Health Board has a System Resilience and Contingency Planning Meeting with teams across North Wales Health and Social care along with members of the emergency services, which took place on 27th October 2022 and has subsequent weekly planning meetings to support the ongoing changing Health and Social care position due to multiple factors.

The challenge was set to the Board to undertake actions that would solve the issue of congestion and poor patient flow with support from external partners as part of the six

goals for urgent and emergency care to identify lessons learnt from other health providers across Wales and share good practice.

Community Services

Integrated Health Community (IHC) Area Teams continue to work closely with colleagues in Social Care and Acute Hospitals to increase capacity and capability within the community to respond to population need and deliver care closer to home alongside supporting with Surge capacity when the Health Economies are in crisis.

Priority for the Community Services during winter months are:

- Expansion and enhancement of Community resource Teams that provide both planned and urgent care. This is to ensure:
 - CRTs can work closely with Primary Care colleagues to for patients with long-term conditions and people who require immediate assessment, including routine reviews for patients with long-term health conditions.
 - CRTs have appropriate range and number of allied health professionals embedded that have varied skills/experience to support managing the patient closer to home.
- Expansion of D2RA:
 - Increased therapy input into Home First
 - Increase step down bed capacity to support winter
 - Increase HCSWs to undertake a dual role in supporting patient discharges and ensure further support is in place for patients who need it to prevent 'revolving door' admissions
 - Utilise "Ready for home beds"
 - Implement Choice Policy
 - Work with Local Authority colleagues to have joint recruitment
 - Additional nursing home beds staffed by NHS staff.
- Better utilisation of MIUs
 - Upskilling MIU workforce
 - A robust and updated directory of services at Health board level.
- Expansion of UPPC across North Wales, with some services located close to the emergency departments.
- Falls response and management in community to achieve a safe reduction in conveyance of people who had a fall by ambulance to Emergency Departments in conjunction with the Welsh Ambulance Service Trust.

Acute Services

Acute Hospitals continue to work closely with colleagues in Area Team and Social Care to increase capacity and capability within the acute sites to respond to population need and deliver optimal hospital care.

Priority for the Acute Services during winter months are:

- Working closely with WAST to focus on safe and timely ambulance patient handover and the triage of patients in ED's.

- Working closely with WAST to focus on alternative pathways (Primary care/MIU/SDEC)
- Clinical criteria for managing patients waiting in an ambulance with clear actions for escalation.
- Utilising single integrated clinical assessment and triage (SICAT) to review of 999 patients to triage, advice, discharge or stream to alternative services if clinically appropriate
- Expansion of SDEC so that patients are assessed, receive diagnosis and start treatment on the same day, resulting in improved patient experience and outcomes and reducing unplanned hospital admissions and where possible with the intent to safely reduce transport to hospital or to bypass the Emergency Department.
- Development and instigation of Hospital Full Protocol pan BCU with local variances with clear actions to support de-escalation.
- Outcome focused Board Rounds with senior decision makers involved with patient discharge from day of admission (SAFER)
- Adoption and expansion of Criteria Led Discharge to all wards.
- Implementation of electronic OPEL reporting to support early escalation and a clear visual display to support the rising tide of demand.

In addition to the winter, schemes described in section 12 below, other developments arising from the Urgent Care Improvement programme include:

- **Additional physical capacity:**
BCUHB has brought forwards works to support opening additional beds early in the winter season with works ongoing in Wrexham Maelor and Ysbyty Glan Clwyd to create additional capacity on the acute sites that would have remained closed over the winter periods.

Due to the reduction in need for social distancing a further review is ongoing to ensure maximised bed capacity within the health economy.

- **Surge Capacity**
All acute and community hospital sites have reviewed the inpatient surge capacity in their existing hospital locations. This includes a range of options that will allow additional acute and community bed spaces to be opened in response to increasing demand. Potential Surge capacity is reviewed regularly in light of surge planning and Infection planning, current agreed surge capacity is as per appendix 1 reflects the current increased capacity should an initial surge be identified. This will require regular reviews in light of variation in infectious conditions potentially faced over the winter periods (monkey pox, Ebola, twin-demic). All three IHC's are reviewing their current surge planning and amend accordingly with any capital changes.
- **Escalation plans**
Escalation plans are in place for RSV (children's services), adult Critical Care and general acute capacity in community and acute hospitals.

Developments are ongoing in relation to sharing of Social care plans for escalation along with utilising the available beds dashboard with BCUHB stakeholders to ensure maximum occupancy for those appropriate patients.

The all Wales escalation plan is in the process of being implemented that will emphasis on the actions for managing the peak periods and ensure ability to de-escalate on set actions being completed.

- **1000 beds (across Wales) campaign**

The Health and social care system across Wales continues to face unprecedented pressures, exacerbated by workforce challenges, inflation, the pandemic and recovery.

On May 23rd, 2022 the Minister for Health and Social Services wrote to the Chairs of the Regional Partnership Boards, Health Board Chief Executives and the Directors of Social Services in response to concerns about the sufficiency and commissioning of older people's residential care across Wales, including residential and nursing home provision for older people who are assessed as needing EMI beds.

In addition, there is a requirement to commission an additional 1000 care home or care places across all Wales - with the additional capacity ideally being available by October in preparation for winter pressures. The requirement for North Wales is 243 additional care placements, which can be an additional bedded capacity or community support packages of care.

Recognising that prolonged in-patient care when a person is medically fit for discharge is not in, the individual's best interest and presents a number of risks and actual harm. In addition, we do not have the capacity to respond in a timely way to urgent, emergency or planned care for the population of North Wales. In order to provide safe alternatives to hospital care for those who are assessed as Medically Fit for Discharge (MFFD) / Medically Optimised (MO), there is a clear requirement to immediately scale up the North Wales response.

It is essential that this work is a 'Joint Endeavour' with our statutory partners and stakeholders to develop and refine our operational processes so not to destabilise the current fragile service across both Health and Social Care.

The requirement to commission an additional 243 care placements in North Wales fall into five themes, which have been agreed nationally and are in line with the six Goals for Urgent and Emergency Care. We in North Wales have agreed to focus on prevention / admission facilitation and avoidance initiatives.

1. Optimising Hospital Discharge
2. Step down to recover
3. Maximizing Care Home Capacity
4. Workforce
5. Expanding third Sector

Concerning the 243 placements across North Wales, each IHC has identified a range of schemes across Health & Social Care for additional bedded capacity or community support packages of care, as at November 2022 there are 203 placements identified across 15 schemes, (98 step down beds, 72 packages of care and 33 efficiencies within length of stay). Fortnightly progress review meetings are held with the Delivery Unit against agreed trajectories for these

schemes between October 2022 and March 2023. Local IHC monitoring meetings are also in place fortnightly to review progress and monitor risks. Additional schemes, including support to care homes, accessing underutilised residential care beds and are being developed to increase the number of placements and bring them on line as soon as possible.

Work has commenced to block-purchase step down beds (in available Care Homes) in line with the above schemes with a view to evaluate expressions of interest received by end November and award contracts immediately.

Work is also underway with Care Inspectorate Wales (CIW) to achieve registration to enable Community teams to attract additional staff to provide some social care and extend community / home first teams that bridges the gap in domiciliary care.

The aspiration is that there are no / minimal delays for patients deemed ready for discharge across all Health in-patient services assessed as MFFD / MO.

Menai Suspension Bridge Closure

Following on from the Welsh Government notification of the above Bridge closure on Friday the 21st October 2022, the health board has instigated a Business continuity plan (BCP) to support health provision and maintain service provision should there be an issue with access and egress from Mon.

The Business continuity plan will aim to ensure full stakeholder engagement and planning to support the health and social care needs of the population on Mon. This is inclusive of developing a reception and resuscitation area should we lose the ability to convey patients to hospital along with managing renal/cancer/paediatric and Womens services on the Island, It is being prepared for 6 month duration in the first instance.

7. Maintaining our social care services

The Health Board and Local Authorities continue to work in collaboration and regional meetings are regularly held through the NW Regional Partnership Board and NW Leadership Group. Locally, Area Integrated Service Boards are established comprising membership from health and social care representatives.

Any correspondence in relation to any additional support over the winter period 2022/2023 is still to be received.

8. Supporting unpaid carers

Welsh Government is continuing to fund national carers' organisations through the Third Sector Social Services Grant Scheme 2020-23, to provide a range of support and information services. WG has released funding to local health boards and their carer partnerships to target and adapt projects supporting carers of all.

9. Keeping everyone informed

The WG 'Keep Wales Safe' campaign, which commenced in Winter 2020/21, is due to continue throughout the autumn / winter of 2022/2023 and is aimed at encouraging the behaviours required to stop further spread and harm from Covid-19 and other respiratory infections.

These include promotion of the vaccine programme, testing and self-isolation, and the personal behaviours required of people, as outlined in the Covid Code.

In addition, the WG 'Help Us Help You' campaign, which covers access to the NHS in Wales, self-care, and wellbeing, will also increase activity during autumn / winter.

The Health Board recognises the importance of public messaging to enable individuals to know which service is the right one to meet their needs, particularly in the case of urgent need. We are working in collaboration with partner organisations to ensure consistent messaging and a shared position on current issues.

A co-ordinated communications approach is in place to raise awareness locally across communities in North Wales. It will complement the national advertising campaigns and includes:

- Routine updates to the website, including details of booster vaccination availability, local service information etc.
- A series of targeted reach adverts on Facebook and Instagram promoting minor injury units, pharmacies, NHS 111 Wales and other relevant services as and when they are available over the winter
- Targeted display ads on websites that include advertising space. Remarketing these based on custom affinity audiences.
- Non-paid for posts that rely on Facebook's algorithm and social media followers to engage and share content. Including posting in local community groups.
- Non-paid for posts that rely on Twitter's algorithm and followers to engage and share content. Targeted messages to partners encouraging them to share our message. Examples of partners includes Welsh Ambulance and local authorities.
- Podcast with subject matter experts on the challenges behind winter pressures and delayed discharges (getting behind the headlines to raise awareness of the complexities of emergency care).
- Daily Post column from the Chairman on the challenges of winter pressures.

- Advertising on bus stops, train stations and retail along the North Wales coast alongside NHS 111.

The communications team is also supporting the Gold and Silver command structure and messaging will continually evolve in line with feedback and local service developments.

There is additional communication planning on going in relation to the risk that has been identified with the Menai Suspension Bridge closure to support patients in managing their health concerns and ensuring minimal disturbance for their care.

10. Working together across North Wales

As has been described throughout this plan, we are working closely with partners through a variety of mechanisms to ensure that we have a consistent approach and utilise our shared resources to best effect.

The 2021/22 WG Health and Social Care Winter plan tasked Regional Partnership Boards (RPBs) to collate a single high-level plan for the integrated health and social care response to seasonal pressures. It is required to consider the wider partnership working necessary to support longer-term transformation and address system pressures this will be developed in line with the 2022/2023 WG Health and Social Care winter along with ongoing BCP.

11. Schemes to support delivery over winter

Schemes were developed in line with guidance from WG, which confirmed the importance of working in partnership with WAST, primary care, local authorities and third sector and housing partners and specified the requirement for 'winter schemes' to align to the HB's USC improvement programme.

Potential schemes have been assessed using the below narrative:

1. Do the proposals align directly with the ambition of the USC plan/Six Goals for Urgent and Emergency care?
2. Have we implemented the scheme before and if so, what metric demonstrated that it was successful?
3. Is there a realistic chance to recruit the staff against the timeline?
Monitoring of successful scheme is via the USC dashboard.

Schemes to support delivery over winter

	Goals	Outcome	Projects	Proposed Key Deliverables 2022-2023	Quantify Impact
1.	Co-ordination, planning and support for populations at greater risk of needing urgent and emergency care	Planning and support to help high risk or vulnerable people and their carers to remain independent at home, preventing the need for urgent care	<ul style="list-style-type: none"> • Multi Agency Discharge Event (MADE) across BCUHB • Falls prevention and management in community • Improved Advanced Care Planning 	<ul style="list-style-type: none"> • IMTP bid for Enhanced Falls response service utilising an Occupational Therapist with WAST to manage patient falls in situ completed and OT secondment • Increasing falls team capacity develop phase 1 of the Hospital at Home model • Community frailty services 	<ul style="list-style-type: none"> • Reduce the number of patients requiring treatment in ED following a fall • Increased number of patients being treated closer to home or at scene following a fall • Avoiding unnecessary hospital admissions
2.	Signposting, information and assistance for all	Information, advice or assistance to signpost people who want – or need - urgent support or treatment to the right place, first time.	<ul style="list-style-type: none"> • 111 First / SICAT / healthcare professionals' line – clinical assessment to signpost patients to most appropriate pathway of care • MIU/UPCC Review to ensure maximum utilisation of MIUs/UPCCs to address the shift in flow to EDs and challenges in capability and capacity 	<ul style="list-style-type: none"> • Extend service to care homes with the airdale model. • Discuss options for reviewing 111 calls with ED or 999 disposition for alternative reassigning where possible • Enhance ENP skill set to support Urgent treatment centre criteria. • Review and update Directory of Services to accurately reflect MIU service provision 	<ul style="list-style-type: none"> • Reduced ED attendances through signposting to alternative services • Better patient experience and shorter patient journey

	Goals	Outcome	Projects	Proposed Key Deliverables 2022-2023	Quantify Impact
3.	Access to clinically safe alternatives to hospital admission	Community alternatives to attendance at an Emergency Department and/or admission to acute hospital for people who need urgent care but would benefit from staying at, or as close as possible, to home.	<ul style="list-style-type: none"> • Development of UPCCs in each health community • Enhanced care at home (Hospital at Home) • WAST pathways • Further develop SDEC models on each acute site • Community frailty pathway 	<ul style="list-style-type: none"> • Expand existing UPCC models with WAST access • Review WAST APP to support UPCC • Recruit to additional SDEC workforce • Develop and implement process driven SDEC model 	<ul style="list-style-type: none"> • Support for acute admission avoidance, rapid response in the community and discharge pull. • Increased proportion of patients who can be treated in their own home / community
4.	Rapid response in a physical or mental health Crisis	The fastest and best response at times of crisis for people who are in imminent danger of loss of life; are seriously ill or injured; or in mental health crisis.	Crisis response – mental health	<ul style="list-style-type: none"> • Develop an all age community-based 24/7 mental health crisis care pathway directly accessible to all professionals, service users and carers. • Substantial improvement in ambulance handover times 	<p>Reduction in WEDFAN cases.</p> <p>Improvement on WAST response times.</p>
5.	Optimal Hospital Care following admission	Optimal hospital-based care for people who need short term, or ongoing, assessment/treatment	<ul style="list-style-type: none"> • Flow programme • Acute medical and surgical specialty models including in reach to EQ 	<ul style="list-style-type: none"> • Embed internal professional standards (IPS) to reduce delays in patient care. • Implement effective board rounds across acute and 	<ul style="list-style-type: none"> • Efficient internal hospital processes • Improved journey of patients from admission to discharge

	Goals	Outcome	Projects	Proposed Key Deliverables 2022-2023	Quantify Impact
		for as long as it adds benefit	<ul style="list-style-type: none"> • D2RA home first hub to link flow work with LA / 3rd sector relationships 	<ul style="list-style-type: none"> community hospital wards as well • Implement Criteria Led Discharge • New acute site management model Review and revise D2RA documentation 	<ul style="list-style-type: none"> • Optimal Hospital Care following admission • Timely discharges where patient returns home when MfD and avoiding unnecessary stay in hospital • Reduced waits for treatment / diagnostics
6.	Home First approach and reduce risk of readmission	A home from hospital when ready approach, with proactive support to reduce chance of readmission	<ul style="list-style-type: none"> • Deliver effective Community IV therapy services at / as close to home as possible • Community Frailty 	<ul style="list-style-type: none"> • Review and redefine role of community hospital • Develop SOP for MFD • Expand HFB following approval of business case • Develop MDT response for patients identified as frail to assess and support appropriate decision for patient to be treated in most appropriate place 	<ul style="list-style-type: none"> • Facilitate timely discharge where assessment is done in the right place to ensure patient in right place at the right time. • Support for patients to stay at home • Reduced length of stay • Avoid unnecessary stay in hospital

12. Triggers to Determine Mitigation and Surge Plans

The critical service areas have had surge plans in place throughout the Covid-19 pandemic and ever since in readiness to respond should the situation escalate and to ensure general resilience. These have been informed by the weekly tracking of capacity and demand, which assists in identifying growing pressures in the system.

The surge plans are currently being updated which will cover:

- Health communities – acute and area teams
- Critical care
- Mental health
- Children's services / RSV

The plans are being reviewed through the Gold and Silver command structure and will be stepped up as required on approval from Gold Command.

Additional surge plans for the acute and community bed base include opening of surge areas that will add further inpatient bed capacity subject to staffing – Current modelling is in Appendix 1

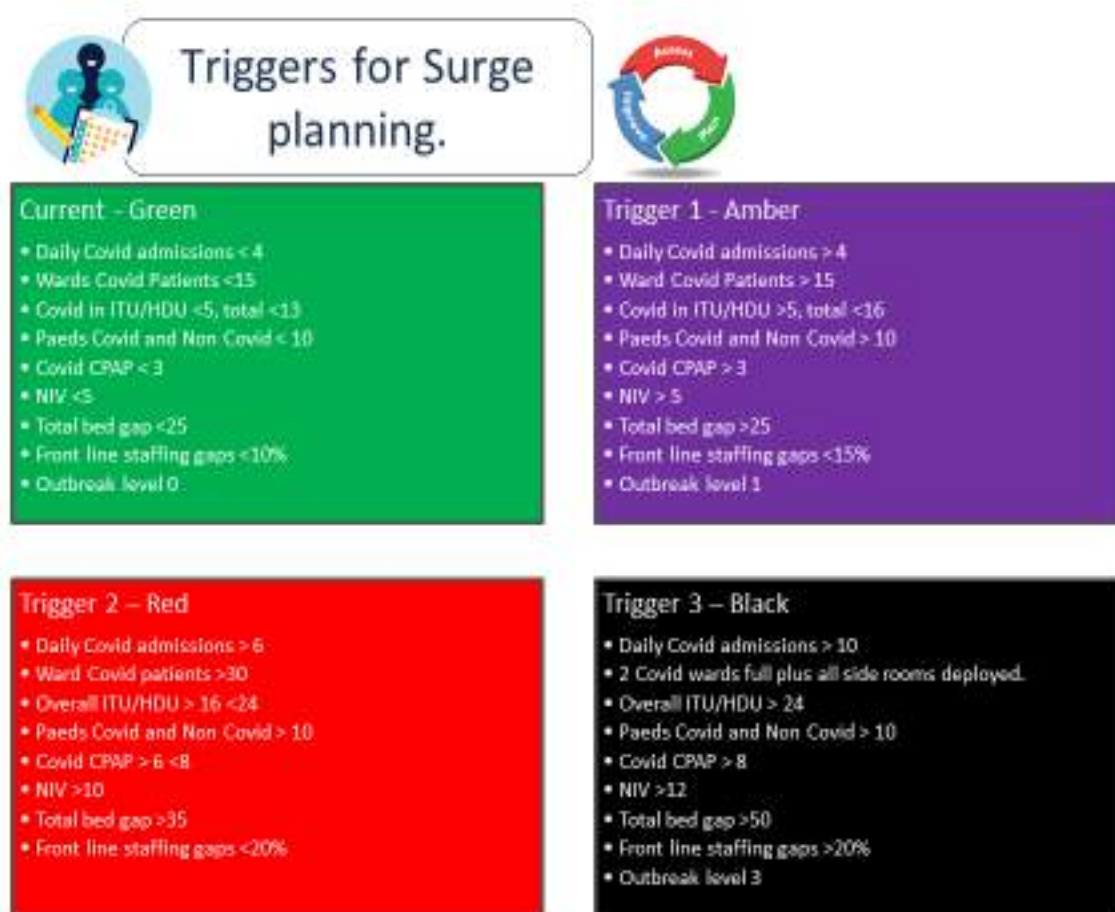
The Health Community Plans include operational triggers to support local decision making in order to meet winter and Covid-19 surge capacity and inform the Silver and Gold Command structures of operational trends that might require further internal and external support.

There are also specific Divisional Plans for Womens' Cancer services, renal services, Paediatrics and Mental Health.

The triggers below will be reported by each Health Community at the daily Tactical Control Centre meetings in order to determine if further pan-secondary care / community support is required to address any critical shortfall in core service provision. At all times aiming to reduce risk and harm within the wider health community and with critical partners.

Local plans in acute and community hospital settings to maintain operational effectiveness with admission avoidance and discharge planning will have already taken place following SAFER and SORT principles.

Each Health Community will report the following additional triggers, and further develop linked mitigating actions. The triggers are linked to an escalation status colour 'Green' through to 'Black' for Covid. These are applied in conjunction with the all Wales escalation model.



With regards Covid 19, BCUHB is currently at a Green status in relation to escalation, with system resilience back to pre-Covid status in that:

- Covid Patients are being managed at local level through isolation initially and co-horting when required.
- Visitors are allowed back onto the wards with a verbal screening prior to arrival and appropriate PPE
- Elective work is ongoing.
- Outpatient clinics are functioning

As triggers fluctuate from Green to black and vice versa, the Integrated Health Economies' resilience plans will support the stopping of specific elements with advice and guidance from Infection prevention alongside the resilience teams. This would function as a rising tide system in line with the Joint Emergency Service Interoperability Programme (JESIP) requirements.

In addition, each Health Community and the system is developing additional triggers and associated actions in relation to the following indicators:

1. OMFD (patients who are optimised and medically fit for discharge)
2. Total numbers waiting in the ED departments (by category)
3. Total number of Covid inpatients (admission due to Covid and admission due to other physical health need with Covid)
4. Ambulances waiting (and length of wait)
5. Additional beds in operation as a result of the instigation of the surge plans
6. Capacity in primary care reduction in GP appointments based on baseline 2019/20
7. Availability of next day GP surgery slots by area

8. Overall bed availability in community, acute, mental health and women's and children's services

Each Integrated Health Community and Acute Winter and Covid-19 Surge Capacity Plan includes actions that will be undertaken to mitigate operational pressures locally subject to the local assessment by Senior Management Teams and because of the escalation states as defined above with clear actions to de-escalate. See Appendices.

The impact of winter pressures and Covid-19 /Infections conditions effects on Primary Care and Community Services is captured in the daily Primary and Community Escalation Framework. Through the Gold and Silver Command Operational Resilience, structure Level 4 Extreme Pressure (very high-risk) triggers will be monitored daily to provide system alerts to operational risks that require Health Board support and mitigation and also to track operational consequence on other services, so that they can prepare for any impacts.

13. Command and control

The System lead manager Command and Control framework continues in the current format of a senior operational manager-supporting pan BCUHB Monday to Friday. This operates 12 hours per day, five days per week.

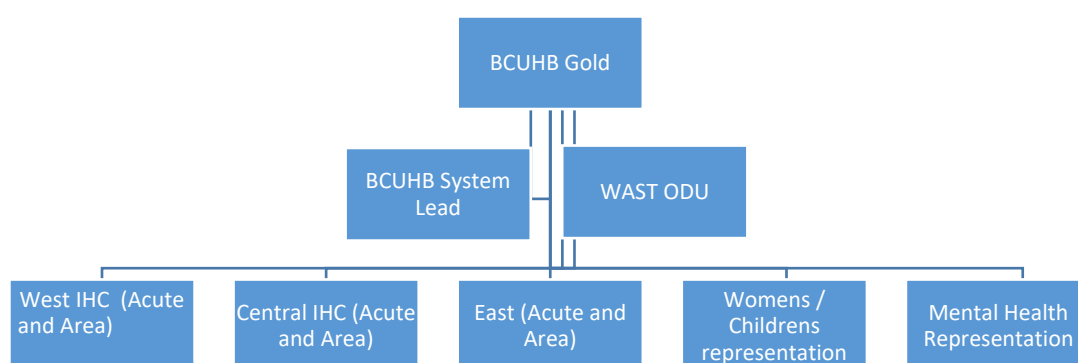
It provides the senior operational decision making to enact local plans within acute hospitals and community hospitals. Acting as the communication and decision making support framework to enable Integrated Health Community decisions that support patient flow, decompression of services and integrated planning of resources to enable plans to be delivered on a daily basis which is then managed out of hours/weekends by the silver on call.

This system can be activated to 7/7 at the request of Gold.

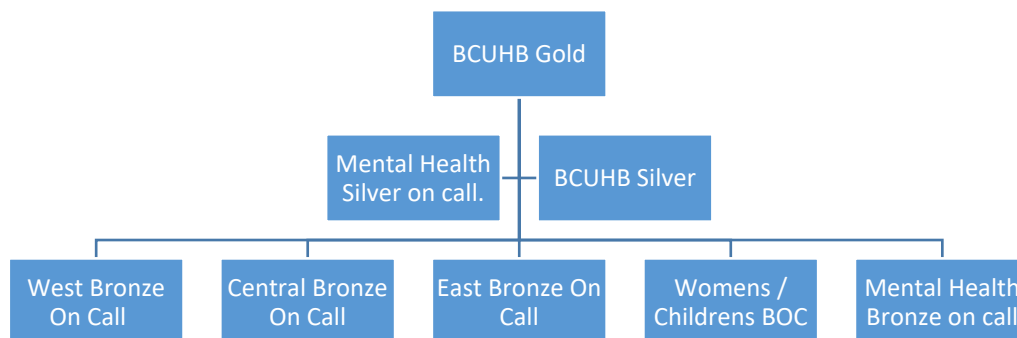
The Senior System lead manager is the singular point of contact for the ODU in relation to national reporting and escalation. Senior operational directors within the health board manage this rota.

If triggers for escalation are identified within BCUHB then the health economy can re-institute the Tactical Control Cell (TCC) alongside this each Integrated Health Economy setting up of the Hospital Control Cell (HCC) that is managed by a senior operational manager 7 days a week. This is at the request of Executives with guidance from Infection prevention and Emergency planning readiness and resilience.

The current modelling for on call is:

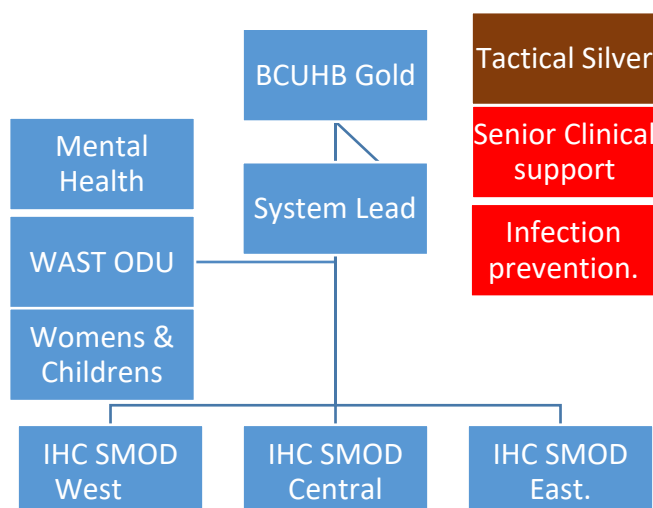


In Hours System Resilience, currently has in excess of 10+ participants –



Out of Hours and Weekends.- Currently has 10+ per call.

Potential changes due to escalation due to winter pressures:



Potentially (In hours) would have 7 senior staff on call with each IHC managing their own risks and escalating to the system lead in hours and Silver on call out of hours. The additional element to support resilience and planning would be:

- Tactical Silver that would be there to support rising tide events and subject matter expert on Resilience and planning i.e.: Monkey Pox/ Bridge closure etc. to allow system lead / silver on call to manage day to day aspects.
- Senior Clinician to be available to support any difficult conversations when requesting additional elements of work i.e.: recalling of Consultants, escalating of any delays in communications regarding referrals.
- Senior representation of a Subject matter expert in relation to Covid/Respiratory conditions to allow early planning.

Any decisions / discussions would then require an action log to be completed in line with JESIP to support risk assessments being completed.

14. Potential ideas for further consideration

As part of the ongoing resilience planning the following ideas are currently being considered as a potential assistance to those plans already in place, particularly in view of the potential pressures the system will face in 2022/2023, any which are taken forward will be evaluated and/or included in the Health Board's Resilience Plan 2023/2024:

- 24 hour discharge where it is safe to do so and patients can be provided with a volunteer house sitter or similar i.e.: Night owls (Mon)
- Separate facility to take all minor injuries/illness from ED, established permanently or separately in an ED department similar to the Urgent treatment centre model.
- 24/7 in-house transport to complete transfers and discharges
- 24/7 Medicine Registrar based in EDs
- General introduction of annualised contracts to provide workforce flexibility and attract those who may not otherwise work for the Health Board
- Everyone waiting a test where clinically appropriate to be discharged but with monitoring (volunteer or access to the ward via phone)
- Boosting admin staff into all clinical areas remaining open to free up clinical staff from non-clinical tasks
- Zero tolerance of Optimising Medically Fit for Discharge (OMFFD) and reduction to 10% of current level
- Bringing community staff in to review patients known to them in ED and take them out (D2A)
- All psychiatric patients without a physical medical health need to be transferred immediately to reduce risk.
- One single bed management/capacity function as part of escalation pan BCUHB
- Consultant only admission from ED 24/7
- Ambulance handover area and zero tolerance of waits
- Right of admission only as a last resort, not as a standard option, consultant admission should assist with this
- Discharge facility to be used 24/7
- Two ward rounds a day, attended by a senior manager as well as clinical team members to ensure non clinical issues are unblocked
- Senior presence director level/senior manager supporting the front door (ED/SDEC) along with similar presence for back door (MFFD/Transfers)
- AHP satellite clinics in primary care seeing those patients specific to them e.g. back pain/physio, bowel patients/nurse specialists
- Nurse specialist and all other clinical staff returned to wards where appropriate, including all staff with registration who work in non-clinical facing roles

Winter additional planning and staffing requirements are included in appendix 2

15. Risks

The Winter Resilience Plan risks fall into the following categories:

- Increase in Covid-19 transmission, infection, and other seasonal illnesses.
- Workforce capacity and recruitment of additional resource required to deliver winter schemes
- Environment - existing infrastructure and social distancing.
- Bed spacing restrictions
- Unscheduled Care attendances
- Optimised Medically Fit for Discharge (OMFD) patients
- Planned Care – Essential and Elective Services
- Local Infrastructure failure.

Covid-19 continues to be a factor, albeit at a lower level than Waves 2 and 3. In addition, there is the potential for increased prevalence of RSV (Respiratory Syncytial Virus) in children and a high risk of influenza across the whole population resulting from increased social interaction and the relaxation of Covid measures in the community and most recently Monkey pox and Ebola.

The workforce capacity and availability risks relate to potential Covid-19 pressures, surge requirements and increased workload in both acute and community settings, compounded by the need for some staff to self-isolate and increased levels of staff sickness.

Although ED and MIU attendances have returned back to pre-COVID demand, there are risks in relation to the Health Board's ability to deal with an increase in attendances due to sub optimal patient flow.

Modelling indicates increases are likely due to influenza and other seasonal illnesses, Covid-19 patients, as well as those who present with life-threatening conditions both medical and surgical conditions. Without improvements to flow this will result in longer lengths of stay within the ED, putting patients at risk of harm and more likely to have a poor experience of care.

Due to pressures elsewhere in the Health and Social Care system, particularly in social care, the Health Board has seen an increase in the number of patients who are medically fit for discharge who remain in hospital whilst arrangements for their post discharge care are finalised. For example, at the end of September 2022, the Health Board's acute and community hospitals were hosting over 350 patients designated as Medically Fit for Discharge. Around half of these patients were awaiting further care, of which the largest group were those awaiting a package of care in their own homes.

The risks associated with planned care relate to restricted capacity arising from the Covid measures still in place, limited opportunities to secure additional internal or external non-recurrent capacity and the challenge of protecting elective capacity in the face of increasing pressure from unscheduled and emergency care and capacity constraints in the social care system.

	Risk Title	Overview	Likelihood	Impact	Mitigation
1	Increase in Covid-19	Surge in Covid-19 numbers Threat of new variant of concern resulting in a surge of cases Threat of new vaccine-evading variant			Vaccinations Robust vaccination strategy/programme Winter resilience & Surge Plans for additional capacity. Review of triggers for implementation of COVID ward and elective reviews.
2	Emergence of other serious communicable diseases/Viruses	Seasonal influenza RSV, Ebola, Monkey pox			Vaccinations Robust vaccination strategy/programme Respiratory guidance published Use of respiratory pathways. Co-hort ability due to pressured isolation facilities. Pressure supported Isolation. Capacity with Tropical medicine.
3	Increased waiting times/delayed handover times.	Pressures on the NHS and social care, which typically increase during the winter months including delayed ambulance transfers and delayed discharges from care.			Seasonal planning embedded Winter resilience plans updated Daily risk huddles and outcomes for de-escalation. Utilisation of SDEC/111/UPCCS to reduce attendances.
	Risk Title	Overview	Likelihood	Impact	Mitigation
4	Workforce pressures in health and social care due to high vacancy rates, staff sickness and social economic pressures..	Winter normally provides its own series of challenges for the sector this is now further expanded in light of financial instability of the economy			WOD working through contingency plans. Review of recruitment strategies to reduce the internal competing for staff. Revised Local Options Framework and impact assessment
5	Increased unscheduled care demand due to delay in chronic conditions reviews by all specialities (Surgery/Mental Health etc) Increased acuity of patients due to the delays resulting in increased LoS and high acuity areas (ITU/CCU) and prolonged recovery periods.	Backlogs in all specialities continue. Patients inability to care at "Right place" resulting in inappropriate attendances to Emergency departments either self presenting or via WAST > demand.			All Wales Escalation framework Review of GP sessions to support demand. Guidance for dental check-ups updated Increased access to 111/SICAT/UPCCS / I Can to support those that can be managed closer to home safely. Consultant connect access. Redirection of Minors work streams. Increased capacity with MIU's Educational development to support the choose wisely approach.
	Risk Title	Overview	Likelihood	Impact	Mitigation
6	Power and gas outages	Risks around energy supply Some medical equipment that relies on electricity . Risk of harm to individuals due to stopping of supplies due to costs.			Resilience plans ongoing. Medical equipment support provision to increase. Pathways in development to prevent conveyances due to "Social factors"
7	Stock holding levels and demand & supply of PPE etc	If there is a surge in covid or other aligned virus's the need for PPE and vaccines may increase.			Robust stock management, Early planning for surge. Capital process to ensure isolation facilities within each health economy.
8	Extreme low temperatures and adverse weather	Extreme temperatures can put additional demand services. Risk of increased illness and excess deaths Increased demand for Trauma Services and rehabilitation.			Civil Contingencies/emergency planning and resilience response plans. Weekly BCUHB & Social care meetings to review weekend planning and issues for escalating.

	Risk Title	Overview	Likelihood	Impact	Mitigation
9	Community care home capacity	Due to ongoing rises in costs, ability for care homes to remain sustainable.			1000 beds campaign on going. Review of recruitment strategies across H&SC Ability to provide care closer to home. Six goals for Urgent and Emergency care implementation.
10	Industrial action	A number of health unions are balloting for NHS staff to go on strike in relation to elements above - No date has been confirmed as yet.			Discussions ongoing with Unions. NHS Employers are updating their Industrial Action Guidelines Civil contingencies act will reduce the risk for Emergency service staff and ensure availability
11	Menai suspension bridge closure.	Singular bridge access on and off the island has increased commuting times and cost for staff and Patients, along with limited access/egress for the ambulance service to respond.			Review of Business continuity planning for full closure. Allowing staff the opportunity to work closer to home when feasible. Ensuring real time communication to staff and patients. Reive of BCPs for Renal / Cardiac/ Oncology and maternity services.
12	Home births ability due to risks identified	Current home births are suspended due to demand and capacity			Review of system capacity and escalation of concerns nationally. On going work with service providers review risks and identify solutions.

16. Glossary

ADT	Assessment, Diagnostic and Treatment
APP	Advanced Paramedic Practitioner
BCUHB	Betsi Cadwaladr University Health Board
CCC	Clinical Contact Centre
CRT	Community Resource Team
CPAP	Continuous Positive Airway Pressure
CTU	Community Testing Units
CYP	Children and Young People
ED	Emergency Department
FICM	Faculty of Intensive Care Medicine
GP	General Practitioner
HECC	Health Emergency Control Centre
HTK	Home Testing Kits
IPC(T)	Infection, Prevention and Control (Team)
ITU	Intensive Treatment Unit
ICU	Intensive Care Unit
Jesip	Joint Emergency Service Interoperability Programme.
LMC	Local Medical Committee
LTU	Local Testing Units
MTC	Mass Testing Centres
MTU	Mobile Testing Units
NIV	Non-Invasive Ventilation
NWCTC	Welsh Critical Care and Trauma Network
ODU	Operational Delivery Unit
OPMD	Optimised Patient Medically fit for Discharge
PPE	Personal Protective Equipment
RWC(S)	Reasonable Worst-Case Scenario
SDEC	Same Day Emergency Care
SiCAT	Single Integrated Clinical Assessment and Triage
TTP	Test, Trace, Protect
UPCC	Urgent Primary Care Centre
WAST	Welsh Ambulance Services Trust
WG	Welsh Government

Appendices

Appendix:
1. Surge capacity within the IHC's
2. Winter bids staffing requirement.
3. West IHC winter planning brief
4. Central IHC winter planning brief
5. East IHC winter planning brief
6. EQIA Assessment

Provider	Location / critical outputs	Option 1	Option 2	Option 3	Option 4	Option 5	Option 6	Option 7	Totals
East Health Community									
Acute beds	Wrexham Maelor Hospital	Samaritan - currently Crit Care surge option - not currently utilised. Potential for 11 spaces. Depending on crit care demand - 4 to be used immediately	Surgical SDEC - Physical space for 6 beds SDEC would relocate to SAU	Morris - was 19. Now on 20. Physical space for 7 more beds however all currently closed due to IP&C guidance/social distancing regulations	Arrivals - 16 beds - all elective and day case activity would need to cease.	Pasteur - currently 11 trolleys. Potential for 8 beds - impact to cancer pathway. Cancer work would entirely cease. Aim to protect as per earlier Covid waves	Cunliffe - on 23. Potential to surge to 25 but impact on red dialysis	Boarding on wards Potential for further 10 beds by boarding additional 2 pts on each designated acute ward. High risk, staffing risk and would not be enacted except with decision of Gold command and initiation of internal major incident	
	Possible beds that could be opened (staffing risks apply to all red risks)	11 beds	6 beds	7 beds	16 beds	8 beds	2 beds	10 beds	60 additional surge beds WMH
	RAG rating to open / commission								
	Possible timescales	1 day	1 day	3 days (IPCC advice)	7 days	7 days	14 days	7 days	
Community Beds									
	East Area	Deeside and Mold: day rooms	Evington ward - MDT room	Deeside and Mold: reduce social distancing to pre-Covid levels	Chirk: reduce social distancing to pre-CoVid levels	Chirk, Deeside and Mold: altered use of therapy areas at community hospitals	Independent Sector: additional nursing/residential beds commissioned from care home		
	Comments	currently in use	need to locate additional bed	requires IPC advice and risk assessment. Review staffing	need to hire an additional 2 beds. requires IPC advice and risk assessment. Staffing challenges	requires OP activity to cease and therapy areas to be reorganised. Additional beds.	agreement from care home management team (meeting 22/12)		
	Possible beds that could be opened	2 beds on each ward - 8 in total	1 additional bed	Deeside and Mold: 12 beds - 4 deeside and 8 Mold	Chirk: 5 beds - Chirk (transparent screens are in situ)	12 beds - 4 beds chirk, 4 beds Mold, 4 beds deeside	up to 12 beds		50 additional surge beds East Comm Hosp
	RAG rating to open / commission								
Centre Health Community									
Acute beds									
	YGC	Ward 19. Was 24 bed ward. Ventilation and IPT issues. Now 10 beds escalation. Re-open to 24 beds - relocate TVN, DLNs and delay colposcopy plan	Ward 14. Was 26 beds. Now 22. Reopen remaining 4 beds. Note IPT/H&S issues to resolve. Review for further 4 beds as was a 30 bedded ward. Space used for stroage.	Ward 6. Void converted for CPAP wave 1. Now used as DOSA. IPT, H&S and infrastructure issues. Review and correct with operational estates. Could be suitable X beds tbc. Note impact on daycase staging area.	Ward 19a. Used as green gynaecology ward. Check occupancy. Consider consolidating into maternity wards till post wave 4?	Therapy Investigations Unit (TIU). Review inpatient use. Low level acuity step-down MFFD?	Urology Day Unit. Possible in extremis solution. Mitigation for cancer UDU work required.	Abergele Hospital. Primary use for elective orthopaedics. Already used for swab negative post trauma care.	
	Possible beds that could be opened	10 beds	4 beds	10+ beds	12 beds	4+	TBC beds	20 beds (elective ortho)	58 additional surge beds YGC (inc elective to emergency use)
	RAG rating to open / commission								
	Possible timescales	10 beds with step down of Discharge Lounge. More beds would require 3+ days to increase by further 4 beds	Requires IPT sign off for space and ventilation	Daycase surgery would need to be stopped. Risk assessment for infrasture required and suitable patients for overnight care	Gynaecology to move to Maternity. Risk assess red areas for gyane and mat pts	Relocate therapy staff, secure suitable equipment. Oxygen and suction available	Currently used for daycase procedures. Risk assessment of UDU for possible overnight use required prior to considering.	Suspend elective orthopaedics. Existing ward. Patient selection similar to Community Hospitals tbc	
Community Beds									
	Central	Llandudno Hospital: Aberconwy ward to increase from 11 to 19. Agree model of care.	Colwyn Bay. Nil surge options	Ruthin Community Hospital: Menlil ward, reduce bed spaces	Denbigh Infirmary. Nil surge options	Llandudno Hospital: Llewelyn ward, reduce bed spacing	Llandudno Hospital: Morfa, reduce bed spacing		
	Possible beds that could be opened	8 beds	0 beds	Max 4 beds	0 beds	Max 4 beds	Max 4 beds		20 additional surge beds East Comm Hosp
	RAG rating to open / commission								
	Possible timescales	24-72 hours		24-72 hours		24-72 hours	24-72 hours		
West Health Community									
Acute beds									
		Two voids between Moelwyn and Hebog ward with capacity for 5 beds in each bay. Now used as respiratory physiology and office.	Conwy ward to increase from 30 bedded to 35 bedded footprint	Glaslyn ward to increase from 26 bedded to 30 bedded ward following removal fixtures and fittings	Enlli currently critical care surge (with 4 patients) but could be utilised for surge capacity if critical care de-escalates	Maesdu ward Llandudno Hospital			
	Possible beds that could be opened	10 beds	5 beds	4 beds	15	8			42 additional surge beds WMH
	RAG rating to open / commission								
	Possible timescales	24-72 hrs	24hrs	24-48hrs	Subject to covid crit care surge	10 days			
Community Beds									
	West	YPS. Use dayroom	Eryi. Uses lymoedema room. Subject to staffing	Bryn Beryl. Uses treatment room and physio area.	Altwen. Uses treatment room, visitor room and staff room. Also at max OPD capacity	Dolgellau. Uses RJP room	Tywyn. Within ward foot print		
	Possible beds that could be opened	4	6	4	13	4	9		40 additional surge beds East Comm Hosp
	RAG rating to open / commission								
	Possible timescales	<24 hours	24-72 hours	24-72 hours	24-72 hours	24-72 hours	<24 hours		
Totals									
									270 additional surge beds

Scheme Outline	Description of additional resource required	WTE Required
WEST IHC		
SDEC	1 x Band 3 HCW 7 days 8-6	2.25
NEPTS	Additional WAST crew, above core WAST contract	
Security	Additional Security over Christmas and New Year	
GP at front Door	<i>Awaiting info for costing purposes</i>	
EC Transfer Team	Band 2 HCA Proposed 10.00 – 00.00, 7 days a week (2 on each shift)	6.40
Additional ED Reception Team	2.17 WTE Band 3 - to provide additional reception cover	2.17
Point of Contact Hub – admin staff to support incoming calls for ED/SDEC/Gogarth/Aran	Band 2 A&C Proposed 08:00 - 20:00, 7 days per week	0.00
Additional Primary care support/speciality support at the front door for the Emergency Care Directorate	8a budget for 1.5 WTE - be able to offer evening OT shifts to ANPs currently working elsewhere	1.50
EC Portering Staff	Band 2 Porter Proposed 08:00 - 00:00, 7 days per week	0.00
Intentional Rounding Teams - YG	1 x HCA per Ward 08:00-20:00 x 7 days x 14 wards	7-12
Rapid Response bed cleaning	2 x HCA (for site) 08:00 - 22:00 x 7 days	0.00
Increased Ortho-Geriatrician (plus SHO support) cover	Dr Singla - plus SHO support (both Agency) - additional hours - 4 hours each per day x 5 days per week Oct to March	0.00
Echo support for wards	1 WTE band 2, 1 WTE Band 4	2.00
Respiratory Specialist Nurse Support	Band 3 2 WTE for TB screening/spec nurse pressures	2.00
Sleep Apnoea	1 WTE Band 2	1.00
Nursing Vascular Access Service	Combined costing	4.00
2 WTE off Framework Agency		2.00
SHOs - 6/8 see Fawad Mohammed's email re: Medicine and winter	6 SHOs (specialties to cover Covid rota) plus Fatima and Aqib	8.00
Ward Clerk Provision	Request for 2wte Band 2 ward clerks to act as relief clerks.	2.00
1 WTE off Framework Agency - Respiratory		1.00
TOTAL		34.32

Scheme Outline	Description of additional resource required	WTE Required
Central IHC		
GIM Consultant Locum	To support with management of medical outliers and thus reducing burden on speciality teams of 'safari' ward rounds. Locum consultants x 2 for ward 10. Reduce internal outliers. Support to ward 9 for General Medicine	3.00
Additional junior doctor out of hours support	2nd Medical SpR on nights. Re-appoint winter x 6 SHOs	8.00
Locum Respiratory Medicine Consultant	Support respiratory medicine in EQ over winter: speciality in-reach	1.00
Weekend Discharge Registrar	Increased SHO / PA cover to support with weekend discharges and intake of patients in Medicine	3.00
Support respiratory ward	Increase resp ward physiotherapy x 1 WTE	1.00
Night Sisters	B7 Night Sisters for Medicine to help with overnight selection and preparation of patients for early discharge / escalation re MFFD delays	4.80
WEDFAN +	Re-establish a 'WEDFAN' team with clinical psychology support to reduce admissions in high risk patients	3.00
Post Take Ward Round support	Efficient PTWR with prompt follow up and delivery	4.80
Manage complex respiratory patients: ILD and biologics	B8a Pharmacist to support biological asthma and ILD to release consultant respiratory medicine time for USC / UEC	1.00
Pharmacy extended hours (plus weekend) pilot	B8A Pharmacist and 7 Technician.	2.00

TOTAL		31.60
Scheme Outline	Description of additional resource required	WTE Required
East IHC		
Admin & Clerical Support	Additional admin support for the out of hours period to trial keeping WPAS updated so that the patients lists and ward accuracy are real time to support effective discharges and efficiencies for junior doctors. Working Hours = 5pm-2am, 7 days per week. (Based on period from 1st November to 31st March)	9.60
Winter Surgical Registrar	Middle grade doctor to work with surgical manager of the day, SAU and A&E to focus on the timely management of surgical assessments and admissions. Based on period from 1st October. Focus on discharging and creating capacity.	1.00
Golden Bed for # NOF and enhancement of orthogeriatric input. Additional locum ortho-geriatrician for 4 months	This is aimed at ensuring x 1 ring fenced T&O bed at any given time. This capacity can be created with prompt daily discharge profile reviews. When T&O patient from ED needs to be accommodated when ward is full, then the ward can temporarily go up to go down.	0.00
Strengthening of ambulatory trauma model	To enhance the ambulatory trauma model introduced during COVID escalation to manage day case trauma outside of the inpatient ward footprint - One RN and one HCA for 4 months	2.00
Increase to 16 critical care beds (currently funded for 12)	Based on Period from 1st October to end of March	0.00
Hot clinic nursing support	Band 5 Nurse and Band 3 HCA to support hot clinic - Based on the period from 1st October to 31st March	2.00
Deteriorating Patient Matron	Provision of a Sepsis/Deteriorating Matron that will work in conjunction with Critical Care, AIT team and wider directorates in totality so all patients have access to this clinical expertise and standardised clinical approach. Band 8a for 4 months	1.00
GIM Consultant Locum	To support with management of medical outliers and thus reducing burden on speciality teams of 'safari' ward rounds. B7 OT appointed at risk to link between wards and HFB for complex discharges	1.00
Band 2 Medical relief	Band 2 medical relief x4 per shift (early late and night). To support wards, escalation, additional demand	19.20
Additional junior doctor out of hours support	x1 additional night doctor per night x1 additional junior doctor to support AMU per night x1 additional on call junior support on weekend 0900-2130	3.00
Band 3 Medical Assistants	To support cannulation/venepuncture/bloods etc. on wards.	11.00
Weekend Discharge Registrar	Increased cover to support with weekend discharges and intake of patients in Medicine	1.00
Support for Lung Cancer patients	Nurse time to support with patients who present to ED or admitted to hospital with lung cancer. - 4 months	1.00
Specialist resp practitioner	Support acute NIV for patients in acute setting - 4 months	1.00
CRT at the front door	Increasing capacity into CRT at the front door to support more crisis patients with the aim of avoiding admission	2.80
2 x Pharmacy Technician and 2 x Pharmacy Assistant to support timely discharges	Appointment of permanent (or locum) Pharmacy Technicians and permanent Pharmacy Assistants to ensure TTO are provided to patients in a timely manner to facilitate earlier in the day discharges. Suggested ward cover - Panto, POW, Bonney & Bromfield.	4.00
Discharge Lounge Extended Opening	Increase discharge lounge opening to facilitate 7 day opening through winter period Proposal/suggestion - 10:00am - 9pm weekdays- use of bank hours) weekends - change opening times 12-7pm (no additional staff required)	0.00
Additional junior doctor support on inpatient wards	Increase junior doctor input to inpatients wards to support with TTO's and EPOCS	12.00
Increased therapy for wards	Increased therapy input into Wards	7.00
Pharmacy Technician input into Community Hospitals	To directly support and facilitate earlier in the day discharge from Community Hospitals	4.80

Physio & OT Support in ED Minors	Physio/OT in triage to enable patients to receive assessment and treatment earlier in their pathway. Both physio and OT are Band 7 Mon - Sun 9am - 5pm for 6 months	2.00
Extra Nurse and HCSW to support ambulance arrivals	To ensure that patients held in ambulances are provided with appropriate and safe levels of care including observations and intentional rounding checks. To support patients in the ambulance assessment room - 1 Band 6 and 1 Band 2 on shift 24/7 Monday to Sunday - 6 months	19.20
Extra ED Receptionist 24/7	ED requires an extra shift to be added to their reception roster to ensure the reception has two people on at all times to mitigate risk of last minute sickness - Additional Band 3 24/7 - 6 months	4.8
EC Floor Co-ordinator	Band 7-floor coordinator with a focus on management of ambulances and flow between the ED and AMU working in collaboration with the NIC. Monday - Friday 8.30 - 17.00 - 6 months	1
Prescribing Pharmacist	To provide pharmacist support to the ED to ensure early reconciliation of medication. Should be a non-medical prescriber this will enable support for the admitting team with in-patient drug prescribing Band 8A Monday to Friday 9am to 5pm - 4 months	1
Nursing/Clinical support for Frequent patient attenders	To provide nursing/clinical support in the management of frequent patient attenders with the aim to reduce the number of times individuals attend Band 7 37.5 hours per week, plus 1 session of a consultant	1.4
Administration support for Frequent patient attenders	To provide administration support in the management of frequent patient attenders with the aim to reduce the number of times individuals attend. Band 3 7.5 hours per week	1
Mode of transport for transfer of ED patients	Ensuring regular transfer of patients in a timely manner	0
Additional discharge crew	Additional Discharge crew 1400 - 2200 5 working days per working week. Circa £54 per hour	0
SDEC extension	Currently open 08.00 to 17.00 M-F	0
Sustain orthopaedic and elective recovery through winter period due to existence of super green protected area	WG funding expected to substantiate the plan from April 2023	0
PACU	Increase PACU functionality to a 7 day 24/7 service. This will require additional medical cover (x3 middle grades- these will also cover the increase in critical care beds) and x2 additional nurses bands 5 and additional support the ability to treat elective patients appropriate for PACU and will bolster the unit during the winter months.	5
Medicines Management support for CRT and Home First	x1 Band 5 technician	1
ED Admissions Medicines Housekeeper'	Band 3 ATO - information provided in an email from Paul carter 12.08.22	3
Care Home Outreach	2 x Band 2 HCA and 2 x Band 7 ANP (1 of each for Flintshire and Wrexham) to provide weekday 9-5 support to Care Home residents preventing the need for a number of GP Home visits, allowing them to see more practice based patients.	2
TOTAL		123.20

Scheme Outline	Description of additional resource required	WTE Required
Pan BCUB		
Community IV services pan BCUHB	Ability to manage IV services within the community setting to reduce escalation into hospital along with improving discharge profile of those having IV services but are clinically safe. 1 8A, 6 Band 7's and 3 Band 3's to support all IHC's	10
Total staff		199.2

IHC West update to inform Board updates 24th November 2022:

- Emergency Care Assurance Paper
- Winter Plan and Resilience Assurance Paper

Emergency Care:

Work is progressing well within West IHC in line with the Six Goals approach to improve urgent and emergency care. The IHC has reported back on progress with the first three goals via the 6 Goals Board on 3rd November, and is due to report back on Goals 4, 5 and 6 at the 6 Goals Board on 17th November. As well as the corporate oversight that the 6 Goals Board provides, for West IHC, all activity related to Unscheduled Care and Winter Planning & Resilience reports through the West Unscheduled Care Group. This is a well-established multi-disciplinary monthly forum and has a good level of clinical engagement and input from system partners.

West IHC and system partners have recently held a Multi-Agency Discharge Event (MADE) on 9th & 10th November. This is the second event held in West. This time, the focus of the first day was the community hospitals, and the second day focussed on Ysbyty Gwynedd. This was again successful in moving the pathway forward for a number of individual patients, and in identifying areas where further focus is needed. This will be taken forward by relevant task & finish groups aligned under the 6 Goals, rather than creating additional streams of improvement work that could be difficult to co-ordinate, monitor and confuse our teams.

The latest officially reported performance (September 2022) showed Ysbyty Gwynedd type 1 ED performance within 4 hours as 55.3%. This was the highest of the three BCU Acute sites. This compares with the average in England of 56.9% in September. The draft position for YG for October was 54.0%, and again this was the highest of the three sites for major Emergency Department performance.

The West IHC is committed to delivery of the improvement trajectories that are in place for 4 hour performance and for reducing 12 hour waits, reducing ambulance offload delays and reducing the profile of super stranded (length of stay 21 days plus) patients. As well as fine-tuning the systems of processes within the ED itself, the key focus is on improving flow through the hospital and a relentless focus on reducing the volume of Medically Fit for Discharge (MFFD) patients held with beds at YG and community hospitals.

The medical Same Day Emergency Care service is scheduled to move from its current location adjacent to the ED to create a dedicated emergency assessment floor during week commencing 14th November. It is anticipated that there will be significant benefits from this change and the volume of patients who can be managed through a short stay or ambulatory pathway, and where an admission to inpatient ward can be avoided. It also enables an expansion of patients who can be treated through the Surgical SDEC, which will remain on the ground floor. Further changes to expand the functionality of the Urgent Primary Care Centre co-located with the ED as an ED streaming option go live the following week.

Winter Planning:

The focus at Ysbyty Gwynedd is to provide improved senior decision making in order to reduce the overall number of emergency admissions, and where admission is necessary to manage this more effectively to reduce length of stay.

A number of actions have been identified with system partners as part of the most recent MADE event. These include a more consistent and objective focus at MFFD meetings and long stay reviews to identify earlier opportunities for discharge, ensure that placements and packages of care are not being over-prescribed, and focus in on what matters to the patient to prevent their deconditioning in a hospital bed. Crucially, we will be relaunching the “End PJ Paralysis” ethos across the West IHC, and seek to engage better with our patients’ families and loved ones with a view to identifying options for discharge. It has been evident that the Choice Policy has not been fully implemented, leaving some nursing and residential homes with potentially empty beds (though it is difficult to gain clarity on whether these are adequately staffed) and a more rigorous approach will now be followed, accepting the additional geographical challenges of the West patch relative to other parts of BCU.

There is commitment from the senior IHC leadership team to focus in on effective processes and challenge at ward level, and all have been allocated a ward to buddy with and support board rounds at YG on a regular basis.

A workshop is planned before the end of November to undertake a stocktake / mapping of all our community resources within the West IHC, including their eligibility and referral criteria. The particular focus is on managing frailty, and pro-active wraparound care for those patients identified as being at high risk of readmission (informed by the Lightfoot data.) This is in recognition of current pressures that will intensify over the coming months; to ensure that what we are doing with the current resource is being put to the best possible use for the maximum number of patients possible. Given the current financial position, it appears unlikely that worked up bids to expand pre-hospital provision and admissions avoidance and improved support for patients to facilitate timely discharge will be funded in the short term. The request made of our teams has therefore been to think flexibly and creatively, and to make best possible use of other funding streams such as non-recurrent Regional Integration Fund (RIF) monies.

The following provides a high level summary of work that has been commenced over the last two months to ensure that we continue to provide a safe, patient focussed service over the winter period:

Enhanced Care at Home – we have reviewed our enhanced care referral criteria and pathways, with a view to increasing pre front door assessment and triage capacity for the frail elderly population. The focus initially is on Anglesey, linking in to existing activities and the dedicated Community Geriatrician who is in place. The enhanced care service will fully integrate the Consultant, Advanced Nurse Practitioners and Community Resource Teams on the island to promote step up care within the community setting (patient’s own home/ residential and nursing home and community hospital as appropriate). This has been linked to the Lightfoot high-risk patient data. Roll out to Gwynedd is currently under discussion, but there are less pre-existing resources in place to achieve this.

Increased Tuag Adref - 30 additional Health Care Support Workers are in the process of being recruited. The current evidence is that this is staff who are new to the care sector, and this is not depleting existing care homes or domiciliary care agencies. This will provide additional capacity to maintain people safely at home and to provide step down reablement capacity within the West IHC.

Across Tuag Adref and District Nursing services, a total of 59 patients are now being supported in their own homes with packages of care that cannot currently be supported by social care due to capacity constraints; this is the highest number ever and is projected to grow further as winter progresses as part of the 1,000 Beds response. It is likely that these 59 patients would be in a hospital bed currently if this service has not been put in place. This is funded from RIF for the current financial year; there is a risk in future years if the IMTP bid is not successful, and the staff are being recruited substantively as previous take up on a fixed term basis was limited.

Menai Suspension Bridge closure - contingency plans are being developed, including the establishment of capacity to support urgent care requirements at Ysbyty Penrhos Stanley (YPS) in Holyhead.

24/7 MIU/Urgent care facility at YPS. MIU currently works 8am – 8pm. Recruitment for additional posts to deliver a 24/7 facility is underway. This will support alternatives for self-presenters and WAST conveyance to Ysbyty Gwynedd. Crucially, with the UPCC it will create an unscheduled care hub to support reduce YG ED footfall in the longer term. Again, this is RIF funded and therefore a risk without substantive investment.

Enhanced discharge support team. This is being recruited to with some staff already in place. This will ensure dedicated support to the wards across the IHC to support complex discharge planning, attend MDTs and liaise with external agencies regarding placements and to secure more timely patient discharges. This will also include the development of the trusted assessor model, which was agreed with partners via the recent MADE event. Again, this is an IMTP submitted bid and being supported via RIF monies at risk.

Urgent Primary Care Centres. This is a newly established service in the West, operational since 30th May 2022. Uptake has been very positive and number are continuing to increase. From 1st October, the service went from being operational on 2 sites each day to 3 sites each day (now including Ysbyty Gwynedd, co-located with ED) Monday to Friday. There has been a very positive peer review with plans being developed for a fourth site in Tywyn, and collaborative working with the MIUs in Alltwen and YPS. A Community Pharmacy pilot is being trialled mid November, to streamline the referral process for practices. A meeting is scheduled on 18th November to review pathways and expand the UPCC criteria to ensure the skill-mix of clinicians is fully utilised. Work is also underway to improve the interface between ED and the co-located UPCC at YG in order to derive maximum benefit, which will be crucial going in to the winter months.

Therapies. The capacity within the Community Resource Teams has been expanded via Band 4 Therapy Support workers; this has been enabled through RIF monies. This will contribute to the admissions avoidance work with the frail elderly and “high risk” patient cohort outlined above. Discharge to Recover and Assess (D2RA) support has also been expanded to seven days.

It should be noted that the west IHC is also committed to working towards the Ministerial priorities for elective care, and is currently ahead of the planned position on 52 weeks (stage 1 December 2022), 104 weeks (all stages March 2023) and 156 weeks (all stages) where zero breaches are anticipated by March 2023. Protecting Urgent Suspected Cancer and other urgent activity, as well as maintaining a full outpatient and diagnostic programme over the winter months, is firmly built in to our plans. It is also crucial that we continue to focus on flow out of the acute site to maintain the functionality of Day Surgery and the ring-fenced arthroplasty ward at YG. This is to keep routine activity moving and continue to deliver against the challenging trajectories, and not storing up a bigger challenge for 2023-24 as the “bulge” of outpatients who have been seen convert to needing an operation.

Further detailed work will now be undertaken to plan in detail for the two week Christmas / New Year period. This will include reaching out to the two local authorities to seek an acceptable level of coverage to prevent additional pressures in early January that could be avoided.

Contact: IHC Director Central – Libby Ryan-Davies

Update as at 10th November 2022

Purpose: to provide an update to Geraint Farr on the current status of Winter Preparedness Arrangements for IHC Central ahead of a report to Board.

In order to fully engage in wider health board winter resilience planning and to align with the BCU Winter Resilience Task and Finish Group and Silver to Gold Winter Resilience Group the IHC for Central (IHCC) has established an IHC Winter Preparedness and Planning Task and Finish Group (The Group). This will ensure that our solutions and mitigations have that floor to board alignment.

The Group held a Winter Planning and Preparedness workshop on Wednesday 9th November bringing together colleagues from across the system, including our WAST partners, to agree key actions to minimise the impacts over winter. The focus of the session was to identify and develop practical and tangible responses to the predicted winter pressures and wider system demands on a whole system basis.

This built on work commenced in the summer with local authority colleagues which focused on tackling high risk cohorts identifying through the Lightfoot work, both within ED as well as care homes, including targeting frequent attenders before they hit out front door.

Through the workshop on 9th November, a number of areas where work was already underway were identified. The workshop focused on identifying committed timescales and leads who could drive forward this work at pace. Those commitments are in the process of being collated and will be shared back with the Group for review and scoring. This process will also help to identify whether we may have resource implications, although the main focus of the workshop was about using existing resources to their maximum capacity and impact.

Key areas of focus identified to be progressed include:

Already in train:

- Frailty Team in YGC – further work to increase therapy input and further work with WAST. Previous pilot showed an approx. 20% reduction on conveyances.
- Earlier therapy intervention for rehab to promote earlier discharges.
- Build on Lightfoot work – focus in identifying high risk patients for early intervention and care planning – working across GPs, CRTs, Wast and Acute services. NB there is a need to ensure this aligns to Mental Health responses as data shows majority of these are mental health related.
- Care home support including rapid response, wrap around support, step down care and commissioning beds during the winter months
- Additional HCSWs in community to support individuals and avoid unnecessary hospital admissions – funded through Discharge to Recover and Assess funding via the Regional Integrated Fund – recruitment in progress.

Further work being progressed and implemented imminently include:

- Regular MDT board rounds with focus on expediting discharges – ensuring daily check and challenge sessions
- Establishing a discharge lounge
- Streaming appropriate ED attenders to MIUs pilot
- Cohorting wards in our community hospitals – focus on Holywell and Llandudno
- Tracking packages of care from ED to community Hospital to avoid lost care provision and facilitate discharge to usual place of residence.
- Checklists to support discharge planning
- Protecting Urgent planned cancer work is a priority for the IHC and this will be undertaken by ensuring capacity is available for this group of patients as taken place centrally and across the Health Board previously

- The Lightfoot work demonstrated the need for a reduction in the first two weeks following Christmas to support a much quicker recovery including the preservation of planned care throughout the winter is currently being mapped through
- The imminent procurement of insourcing and outsourcing to 'cold site' providers will also secure continued planned care

Areas of work we need to further investigate and understand feasibility:

- Exploring capacity of HFB and potential extension of their remit
- Continue discussions and planned improvements across a number of identified pathways with a view to implement between December 22 and January 23.
- Protecting our staff health and wellbeing

Next Steps

A full operational plan will be developed over the course of the next week, with clearly defined and agreed action plans and identified leads established to ensure delivery. This includes service level responses to cover the immediate 'Festive Period' including management of planned care, urgent procedures as well as system impacts of reduced care home, domiciliary care, and local authority provision during that period.

We will work with BCU divisions such as Mental Health and Women's to ensure alignment of plans and associated impacts. For example, our focus on High Risk Adults identified in the Lightfoot work tells us that a large number of these patients are known to mental health services, and therefore the solution on how to manage these individuals needs to align to the Mental Health response.

We will also test our plans and arrangements with our local authority colleagues and seek their support in strengthening in-reach, particular from a social care perspective during the holiday period.

IHC East Winter Plan Brief Summary

The East IHC is having its inaugural Winter resilience Preparedness and Planning Group next Tuesday 15th November. This will enable the team to engage in an informed and positive in wider Health Board winter resilience planning and to align with the BCU Winter Resilience Task and Finish Group and Silver to Gold Winter Resilience Group the IHC for Central (IHCC) has established an IHC Winter Preparedness and Planning Task and Finish Group (The Group).

We have split our plans out into relevant services to identify what is being planned, either with or without funding.

Community Hospitals

Much of this work is built on ongoing collaboration with local authority colleagues which focused on tackling high risk cohorts identifying through the Lightfoot work, both within ED as well as care homes, including identifying and anticipatory interventions of high-frequency and high-intensity service users in partnership with LAs and the Ambulance service before they hit out front door -

- **Community Hospitals** – bed surge escalation plan in place by community hospital site. This is based on risk assessment of each area and staffing resources. As this is a dynamic situation, the need to surge will be assessed and monitored on the community daily SITREP call and surge capacity agreed. Nurse staffing will be mobilised to support each surged area. The additional funding required will be to support additional nurse staffing for surged beds through use of overtime, bank and agency as a last resort **(F)**
- **Additional surge beds in Deeside Community Hospitals** (6) (f) –Community team are meeting with finance today but essentially surging asap when staffing is ‘secure’. Supported mainly by temporary staffing.
- **District Nursing Services** – Additional support will be available to care homes, following the model that was put in place at the commencement of the pandemic. All DN teams have allocated care homes, and will support a ‘ward round’ approach to ensure that all residents are assessed and monitored from a health perspective, and that appropriate support is given to care home colleagues. In addition to the support from core DN services, an ANP on call rota is in place to support the timely response to care homes in assessing residents and the delivery of clinical care over a 24 hour period, to support admission avoidance.
- **Roll out of red bag scheme** – this has commenced in Wrexham County with a number of residential care homes agreeing to be part of the work programme. To date 8 care homes have had support in each resident having support in gathering key information into a red file, which is easy for hospital staff to read if admission is required. This is both an information tool that is quick to hand, and also a communication aid with the care home to support discussions about the residents care needs and discharge planning. It is envisaged that more care homes will be coming on line over the next weeks and into the winter.
- **CRT/Home First Provision** – a review of the CRT provision in ED is taking place to support the work programme linked with the ‘high risk’ patient lists that are updated daily by Lightfoot Solutions. This will be linked to an automated alert system which will alert the Home First team if a known ‘high risk’ patient is at risk of admission or has been admitted into ED. This will support the timely actions and MDT communication to ensure patient assessment and planning takes place to support admission avoidance or early discharge from ED or admission areas. The additional funding requirement will be in the form of agreement for temporary posts, bank and overtime to support an extended roster **(F)**
- **Community Wellbeing scheme** in East - Driven by community nursing. This is a winter project that focuses on health and social issues that help support individuals to stay well and at home, so anything from skin care (reduction in movement etc) to ensuring vulnerable groups are aware of dinner clubs, warm spaces to exercises to prevent deconditioning.

Therapies

- The WAST and OT project for reduced conveyance for patients who’ve sustained a fall is moving to 7 days from 5th December for 10 weeks
- The Clinical Specialist therapist in HFB is working to change pathways to ensure patients requiring therapy input to enable a sooner discharge (liaison for social service colleagues).
- Clinical Specialist OT put in at risk to support complex discharges from the Maelor
- As part of the ED frailty we are requesting a band 7, band 6 and two Band 5’s to support the admission avoidance work. **(F)**
- Therapies always work to clinical priority in event of a surge and so as required staff would be moved along the acuity continuum
- Where possible we are continuing to seek locum staff to mitigate vacancies – these would be from core budget

Ysby Wrexham Maelor

- Priority 1s (must dos if possible) from the winter plan, noting there is no additional funding available. 2 schemes are already in the run rate hence total additionally would be circa £1m, though it is acknowledged the changing financial climate may prohibit.
- Critical Care staffing for additional beds included to enable surge. Since last winter plan Crit Care has moved to a larger footprint but the funding for additional nurses is included in the Pan BCU BC, as yet unapproved, so this is in the winter plan simply to take account of potential surge cost should a combination of Flu and Covid require it.
- Matrons to support 7 day working as opposed to on call to support quality and safety. Plan to start pending negotiations and rota changes in January.
- Extended discharge lounge opening (f) From 7:30 Mon – Friday (the weekend discharge profile currently doesn’t support the cost currently, but it will be monitored continually to assess increasing requirement.

- Expansion of AEC hours (TBC)
- Expansion of UTC/ED – will be completed within two weeks:
 - UPCC in place and throughput improving
 - Streaming at the front door
- Frailty Team at the front door – currently 5/7 but looking at weekend expansion
- Staffing increase where possible – weekend and out of hours resilience
- LOS Improvement acute and community – ongoing focussed reviews, scrutiny of POCs and scrutiny of those POCs that are not achievable due to lack of resource to find a different solution.
- 6 Goals Programme – number of schemes within this i.e increased therapy input, LOS focus, criteria led discharge
- Surge capacity discussions ongoing to include
 - Ongoing reverse Boarding
 - Assertive Discharge Lounge usage
- Focussed discharge event discussion held last week with David Coyle plan for one early and one Mid-December Discharge Event to –
 - Increase capacity
 - Reduce community dependency load
 - Identify non-conveyance opportunities
 - Preservation of inpatient surgical activity capability

Facilities

Winter and ongoing focus is on filling current vacancies to ensure that we can meet the demands on our services including increased cleaning frequencies to meet the requirements of the All Wales Covid addendum and enhanced cleaning needs.

East Facilities Team is hosting a recruitment/ information event in Wrexham next week to enable achievement of the addendum.

HMP Berwyn

Working alongside the prison about Winter contingency planning so slightly a different organisational approach but the plan also links in with East IHC winter plan.

Our main priorities are

- Increased reserve staffing resource that we can draw upon from agencies/ Bank staff that have prison clearance if the registered nurse sickness levels increase (this is already within the agreed budget).
- We are included in the HMP Berwyn's Winter plans with regards to the use of the RMP (regime management plan).
- Health care delivery plan dependant on rag rating re staffing levels.

Primary Care

- Supporting UPPC to improve E flow and additional Primary care slots
- Managed practice improvement programme with focus on access, recruitment, and communications
- Dedicated care home visiting team (Subject to funding)
- Practice Manager training and support programme provided by East IHC Team
- Substantive recruitment of admin staff for managed practices
- Further development of buddy / cross site cover within clusters for GP and Nursing staff – GMS and Managed Practices, focussed on extend hours (evenings)
- Securing physical capacity for the UPCC at both Maelor and Mold sites
- Support from Area Vaccination Team to co-deliver Flu and Covid vaccines in Managed Practices reducing requirement for practice staff to be involved and allowing them to focus on core capacity
- Dedicated Care Home team to reduce the requirement for 'home' visits from registered practices – subject to funding
- Consider further integration of MIU / OOH and UPCC to offer a full urgent care (Injury and Illness) service
- Development of an off-site hub to provide telephone capacity to practices – subject to funding

**PARTS A (Screening – Forms 1-4) and
B (Key Findings and Actions – Form 5)**

For:	Betsi Cadwaladr University Health Board Winter and Resilience Plan 2022 -2023
Date form completed:	November 2022

PARTS A: SCREENING and B: KEY FINDINGS AND ACTIONS

Introduction

These forms have been designed to enable you to record, and provide evidence of how you have considered the needs of all people (including service users, their carer's and our staff) who may be affected by what you are writing or proposing, whether this is:

- A policy, protocol, guideline or other written control document;
- A strategy or other planning document e.g. your annual operating plan;
- Any change to the way we deliver services e.g. a service review;
- A decision that is related to any of the above e.g. commissioning a new service or decommissioning an existing service.

Remember, the term 'policy' is used in a very broad sense to include "All the ways in which an organisation carries out its business" so can include any or all of the above.

Assessing Impact

As part of the preparation for your assessment of impact, consideration should be given to the questions below. You should also be prepared to consider whether there are possible impacts for subsections of different protected characteristic groups. For example, when considering disability, a visually impaired person will have a completely different experience than a person with a mental health issue. It is increasingly recognised that discrimination can occur based on more than one ground. People have multiple identities; we all have an age, a gender, a sexual orientation, a belief system and an ethnicity; many people have a religion and/or an impairment as well. The experience of black women, and the barriers they face, will be different to those a white woman faces. The elements of identity cannot be separated because they are not lived or experienced as separate. Think about:

- ✓ How does your policy or proposal promote equality for people with protected characteristics (Please see the General Equality Duties)?
- ✓ What are the possible negative impacts on people in protected groups and those living in low-income households and how will you put things in place to reduce or remove these?
- ✓ What barriers, if any, do people who share protected characteristics face because of your policy or proposal? Can these barriers be reduced or removed?
- ✓ Consider sharing your EqIA wider within BCUHB (and beyond), e.g. ask colleagues to consider unintended impacts.
- ✓ How have you/will you use the information you have obtained from any research or other sources to identify potential (positive or negative) impacts?

Part A – Form 1: Preparation

1.	What are you assessing i.e. what is the title of the document you are writing or the service review you are undertaking.	Betsi Cadwaladr University Health Board 2022-2023 Winter and Resilience Plan
2.	Provide a brief description, including the aims and objectives of what you are assessing.	<p>The purpose of this screening is to consider the equality impact of the Winter and Resilience Plan.</p> <p>Winter typically results in increased demand from seasonally affected conditions, increased risk connected to infection prevention and control outbreaks and the potential risk of influenza. Learning from the pandemic experience it is necessary for the Health Board to have a strong resilience plan allowing us to surge to respond to pressures which can occur at any time, alongside managing our elective capacity. We have been experiencing health service challenges caused by the ongoing impact of Covid-19 and whilst we are in the phase of recovering from the Covid-19 impact, there has, more recently, been a noticeable increase in Covid-19 demand across the health community.</p> <p>The Plan takes into consideration factors such as the existing pressures in health and social care, the predicted and expected increase in winter respiratory viruses and Covid-19 presentations (and admissions), proposed industrial action from the fire service and possibly the health service, the cost of living crisis and fuel poverty</p> <p>It responds to six objectives described in the Welsh Government guidance 'Urgent and Emergency Care: Increasing system operational resilience for Winter 2022 – 2023' paper :</p> <ul style="list-style-type: none"> • NHS Wales Ambulance Delivery Plan • Fit to Sit implementation across all acute hospitals • Maintaining critical care services • Maintaining Children and Young People's services • Delivering milestones set out in the Transforming and Modernising Planned Care and Reducing Waiting lists guidance • Maintaining cancer treatments <p>The Plan also responds to six goals set by the national programme for urgent and emergency care:</p> <ul style="list-style-type: none"> • Co-ordination, planning and support for people at greater risk of needing urgent care

		<ul style="list-style-type: none"> • Signposting people with urgent care needs to the right place, first time • Clinically safe alternatives to admission • Rapid response in crisis • Optimal hospital care and discharge practice from the point of admission • Home first approach and reduce risk of admission <p>Whilst guidance from WG on USC funding has not been received, it is their expectation that we do not have a separate winter plan this year and that the schemes are aligned to the USC Improvement Programme as part of the six goals for Urgent and Emergency Care.</p> <p>There is a focus on supporting care close to home, utilisation of the 1000 beds campaign and improved discharge planning.</p>
3.	Who is responsible for whatever you are assessing i.e. who has the authority to agree or approve any changes you identify are necessary?	The Six Goals Programme Board chaired by Chris Subbe, Consultant Physician, Ysbyty Gwynedd, has responsibility for co-ordinating the work to develop the Winter and Resilience Plan.
4.	Is the Policy related to, or influenced by, other Policies or areas of work?	<p>The Winter and Resilience Plan is aligned to the Unscheduled Care Improvement Plan and the Six goals for Urgent and Emergency Care. It also responds to the priority areas described in the 'Urgent and Emergency Care: Increasing system operational resilience for Winter 2022 – 2023' (WG guidance Sept. 2022) which has a clear focus on prevention against the five harms from Covid-19.</p> <p>Further initiatives are being developed through the Regional Partnership Board (RPB) with partners in Local Authorities, the third sector and other public services to address the broader winter resilience issues for our population and in conjunction with Emergency Preparedness Resilience and Response (EPRR).</p> <p>The Plan has also been developed in the context of the wider legislative duties of the Health Board, national policy and guidance and local policy frameworks:</p> <ul style="list-style-type: none"> ▪ A 'Healthier Wales: our Plan for Health and Social Care 2018' ▪ BCUHB Clinical Services Strategy ▪ 1000 beds campaign ▪ Equality Act 2010 ▪ Equality Act 2010 (Statutory Duties) (Wales) regulations 2011 ▪ Special Measures Improvement Framework ▪ NHS Wales Delivery Framework ▪ NHS Wales Planning Guidance ▪ BCUHB's long term strategy Living Healthier, Staying Well (2018) ▪ BCUHB LHSW Strategy Refresh (2021)
5.	Who are the key Stakeholders i.e.: who will be affected by your document or proposals? Has a plan for engagement been agreed?	<p>There are a wide range of stakeholders who are affected by this plan including:</p> <ul style="list-style-type: none"> ▪ Citizens, their families, carers and communities ▪ BCUHB Staff ▪ The Health Board's statutory advisory forums: <ul style="list-style-type: none"> - Performance, Finance and Information Governance Committee - Population Partnerships and Public Health Committee ▪ BCUHB Leadership Team ▪ Partnership organisations including Local Authorities, third sector and existing networks ▪ Regional Partnership Board ▪ Primary Care contractor professions i.e. General Practice, Pharmacy ▪ Welsh Ambulance Services Trust (WAST) ▪ Neighbouring Local Health Boards in Wales ▪ Mid Wales Joint Committee ▪ Public Health ▪ Independent sector e.g. private care providers ▪ Elected representatives including MPs, AMs, Town and Community Councillors.
6.	What might help or hinder the success of whatever you are doing, for example communication, training etc.?	<p>Key enablers to effectively deliver the Winter and Resilience Plan include:</p> <ul style="list-style-type: none"> • Strong leadership • The engagement of staff to respond and deliver the change required to fulfil the Plan. • Effective partnership working with WAST, Local Authorities and third sector organisations • The ability of staff and partners to embrace new ways of working to avoid admissions where possible and reduce the number of prolonged admissions • Resources re-aligned to deliver the priorities • Accurate and robust capacity, demand and performance data • Service and divisional plans aligned to deliver the winter priorities • A clear accountability structure to ensure performance management and remedial action is carried out where needed.

		<p>Potential barriers which could hinder implementation of the Plan may include:</p> <ul style="list-style-type: none"> ▪ Uncertainty around COVID-19 and other winter respiratory viruses ▪ Lack of capacity amongst our workforce and the social care sector ▪ Funding constraints ▪ Stability of the independent sector
7.	<p>Think about and capture the positive aspects of your policy that help to promote and advance equality by reducing inequality or disadvantage.</p>	<p>The Plan is in response to the escalated levels of need for patient care during the winter period. The proposals in the Plan represent a stepping up of the scale and pace of the initiatives already in place to address ongoing challenges on the urgent and emergency care system with a focus on supporting patients closer to home and hospital avoidance.</p> <p><i>There are many factors that influence our health and well-being, not least rising levels of poverty and inequality. The Winter and Resilience Plan describes the arrangements in place to manage the anticipated increased demand over the winter period across the Health Board. The following programmes of work will strengthen the population health approach by prioritising prevention, early intervention and will therefore assist in reducing health inequalities :</i></p> <p>Covid-19 vaccination programme - at the time of writing the Winter Plan (November 2022), there is a noticeable increase in Covid-19 demand across the health community. Vaccination is a key mitigation for this winter as part of the ongoing response to protect against the harms of Covid-19. BCUHB has operated an extremely successful vaccination campaign with high vaccination rates across all age groups, and stands up to comparison with achievements across Wales.</p> <p>The Covid-19 vaccination programme has established an Equity Group which is supporting the identification of specific needs, making connections with seldom heard groups and gathering feedback through stakeholder groups on any areas of concern in order that the operational response is geared towards promoting uptake amongst underserved groups.</p> <p>Keeping people well - BCUHB continues to work in partnership with Local Authorities, the third sector and other colleagues to enable and support people to stay well, to manage their own conditions and adopt a healthy lifestyle. There are many initiatives already in place across North Wales, which facilitate this approach including work with Public Services Boards, the Regional Partnership Board and the Health Board's work on Building a Healthier Wales. The Health Improvement and Reducing Inequalities Group has been managing a programme of evidence-based initiatives designed to promote healthier lifestyles and is building on successful outcomes achieved to date.</p> <p>Self-care - our Expert Patient Programme has been supporting self-care and the approach is now being enhanced to support people who are experiencing symptoms of long-Covid</p> <p>Seasonal influenza - the 2022 / 2023 flu vaccination campaign to combat seasonal influenza is underway. As in previous years, the Health Board is working with primary care (GPs and pharmacists) to deliver the flu vaccination programme across North Wales in a timely fashion</p> <p>Health inequalities and vulnerable groups - it is recognised that health inequalities have been exacerbated because of the Covid-19 pandemic and the impact of the Covid-related harms has been greater on specific groups. As a result, Community Support Hubs have been established to support people from specific groups to stay well and access a wide range of support and advice. In addition, equality impact assessment (and where required, socio-economic duty impact assessment) is being undertaken on key service response areas to ensure support to address inequalities in access for specific groups.</p> <p>Mental health and well-being - in keeping with WG guidance we will maintain mental health services as 'essential' services and respond to immediate mental health needs. The Wales Emergency Department Frequent Attenders Network (WEDFAN) supports service users that have a high rate of ED attendances / 999 calls by managing their complaints with clear action plans to support their care closer to home and escalation plans to provide support in a crisis.</p> <p>Action taken via the USC Improvement Programme includes establishment of a Crisis Care Steering Group with system-wide representation to oversee all elements of the crisis care programme, including 111 Mental Health Practitioner service, Mental Health Assessment Unit, Sanctuary, and Older Person's Crisis Care.</p> <p><i>Increasing the accessibility of healthcare for the population of North Wales including those people sharing different protected characteristics will assist in reducing health inequalities. Examples include:</i></p> <p>Primary care services continue to face a range of challenges including unprecedented new demands for care, national recruitment difficulties and the on-going vaccination programme. Despite these challenges, the pandemic has presented opportunities to fast track a number of developments, which will help to address winter pressures. Examples include enhanced remote triage and access using virtual platforms, consultant connect and the continued expansion of Urgent Primary Care Centres (UPCC).</p>

	<p>Children’s service leads are working in close collaboration with colleagues in Local Authorities and the third sector to ensure sustainability of essential children’s services during the winter period.</p> <p>Planned care – BCUHB has a significant number of patients waiting for a planned intervention / treatment, many of whom are waiting in excess of 52 weeks. This situation is not unique to BCUHB and mirrors experience across Wales and the wider NHS however, the number and length of time patients are required to wait for treatment is of concern. BCUHB has developed a six point Planned Care Recovery Plan to address the elective waiting list backlog. Work is ongoing to finalise the action plan for the remainder of 2022 – 2023 and 2023 – 2024.</p> <p><i>Work to improve and expand the supporting infrastructure and framework in our integrated health communities will help address the health inequality challenges facing the local population including people sharing different protected characteristics. Examples include:</i></p> <p>Community services continue to work closely with colleagues in social care and acute hospitals to increase capacity and capability within the community, respond to population need, deliver care closer to home and support with surge capacity when the integrated health communities are in crisis. Examples include the expansion and enhancement of Community Resource Teams, expansion of D2RA, the better utilisation of Minor Injury Units and the expansion of UPPC’s across North Wales.</p> <p>Acute services – Integrated Health Communities continue to work closely with social services to increase capacity and capability within the acute sites to respond to population need and deliver optimal hospital care. The priorities for acute services during the winter months include working with WAST to focus on alternative pathways such as primary care, Minor Injury Units and the expansion of Same Day Emergency Care so that patients are assessed, receive diagnosis and treatment on the same day.</p> <p>Additional physical capacity – BCUHB has brought forward works to support opening additional beds early in the winter season with work on going at the Wrexham Maelor Hospital and Ysbyty Glan Clwyd to create additional capacity.</p> <p>1000 beds (across Wales) campaign – there is a requirement to commission an additional 1000 care home or care places across all Wales in preparation for winter pressures. The requirement for North Wales is 243 additional care placements, which can be additional bedded capacity or community support packages of care. The expectation is that there are no or minimal delays for patients deemed ready for discharge across all health in-patient services who are assessed as medically fit for discharge.</p>
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Part A **Form 2: Record of potential Impacts: protected characteristics and other groups**


Please complete the next section to show how this policy / proposal could have an impact (positive or negative) on the protected groups listed in the Equality Act 2010. *(Please refer to the [Step by Step guidance](#) for more information)*. It is important to note any opportunities you have identified that could advance or promote equality of opportunity. This includes identifying what we can do to remove barriers and improve participation for people who are under-represented or suffer disproportionate disadvantage.

Lack of evidence is not a reason for *not assessing equality impacts*. Please highlight any gaps in evidence that you have identified and explain how/if you intend to fill these gaps.

Remember to ask yourself this: If we do what we are proposing to do, in the way we are proposing to do it, will people who belong to one or more of each of the following groups be affected differently, compared to people who don’t belong to those groups? For example, will they experience different outcomes, simply by reason of belonging to that/those group(s). And if so, will any different outcome put them at a disadvantage?

The sort of information/evidence that may help you decide whether particular groups are affected, and if so whether it is likely to be a positive or negative impact, could include (but is not limited to) the following:

- population data
- information from EqlAs completed in other organisations
- staff and service users data, as applicable
- needs assessments
- engagement and involvement findings and how stakeholders have engaged in the development stages
- research and other reports e.g. Equality & Human Rights Commission, Office for National Statistics
- concerns and incidents
- patient experience feedback
- good practice guidelines
- participant (you and your colleagues) knowledge

Protected characteristic or group	Will people in each of these protected characteristic groups be impacted by what is being proposed? If so, is it positive or negative? (tick appropriate below)				Reasons for your decision (including evidence that has led you to decide this) A good starting point is the EHRC publication: " Is Wales Fairer (2018)? " You can also visit their website here	How will you reduce or remove any negative Impacts that you have identified?
	Yes	No	(+ve)	(-ve)		
Age	X		X		 <p>Health inequality has been compounded by the COVID-19 pandemic. Age UK have reported that 27% of older people (around 4.3 million) can't walk as far since the start of the pandemic and 37% of older people (nearly 6 million) have less energy since the start of the pandemic.</p> <p>According to the Office of National Statistics, of the 4 million people in the UK who have never used the internet, 84% were over the age of 65 and 62% were over the age of 75.</p> <p>There are a number of specific challenges that our population face in the coming years which mean that we need to change the way we work and how we involve people in order to meet them.</p> <p>A list of schemes have been prioritised for inclusion in the Winter and Resilience Plan. Mitigating actions have been noted where an EQIA has been undertaken and negative impacts identified.</p> <p>The Covid-19 vaccination programme established an Equity Group which is supporting the identification of specific needs, making connections with seldom heard groups and gathering feedback through stakeholder groups on any areas of concern in order that the operational response is geared towards promoting uptake amongst underserved groups.</p> <p>Examples of schemes include:</p> <ul style="list-style-type: none"> The Vaccination Programme has undergone an EQIA informed by engagement undertaken during the Covid-19 pandemic and the emerging evidence relating to the impact of Covid. Themes identified mostly related to the accessibility of vaccine centres, the accessibility of information, the difficulty of booking appointments and staff awareness and training. <p>Elements of Test, Trace and Protect remain in place to support surge demand across north Wales. If required testing units would be recommissioned in the event of a peak and be deployed to support identified need across north Wales</p>	<p>There are significant positive impacts because of the protective impact for health and life. However, negative potential impacts were identified. Mitigating actions include:</p> <ul style="list-style-type: none"> - the development of targeted communications and information materials in accessible formats and languages including BSL; - the modelling of travel and transport implications to support equitable access; - Targeted information and engagement campaigns with protected characteristic groups.

				<ul style="list-style-type: none">• The further development of Same Day Emergency Care Services (SDEC) on each District General Hospital site. This will improve patient flow and ensure high quality, safe care is achieved in line with local and national targets• The provision of an additional 243 care placements across North Wales, which can be an additional bedded capacity or community support packages. This will reduce prolonged in-patient care when a patient is medically fit for discharge (which can present a number of risks and actual harm) and will support the delivery of safe effective care to the residents of north Wales• The provision of essential Children’s and Young People’s services over the winter period in collaboration with colleagues in Local Authorities and the Third Sector• The Community Frailty pathway will assist in reducing waiting times and variation across north Wales• Public messaging is important to enable citizens of all ages to know which service is the right one to meet their needs, particularly in the case of urgent need. The WG ‘Help Us Help You’ campaign covers access to the NHS in Wales, self-care and well-being and will increase its activity during Autumn / Winter along with the ‘Keep Wales Safe’ campaign aimed at encouraging behaviours required to stop further spread and harm from Covid-19 and other respiratory infections																												
Disability	x		x	<p>North Wales Equality Profiles 2021</p> <p>The UN Human Rights Office of the High Commissioner has found that disabled people have been left uniquely exposed and disadvantaged during the pandemic.</p> <p>Disabled people are more likely to have pre-existing health conditions, are more likely to be unemployed, have mental health issues and have more difficulty accessing services. They are also more reliant upon publicly provided services for their daily living, yet many such essential services were withdrawn or rationed during the pandemic, often at short notice. Some disabled people were left isolated and unable to survive during lockdown, others unable to access information and essential long-term healthcare.</p> <p>A report from ONS found that the proportion of recent internet users was lower for adults who were disabled (78%) as defined by those who identified as disabled in the Equality Act, compared to those who were not disabled (95%). In addition, disabled people are three times more likely to have never used the internet.</p> <p>More people are living with one or more complex health issue such as diabetes or heart disease and we will support people to manage these conditions better so that they can live their life to the full.</p> <div><p>CHRONIC CONDITIONS</p><p>Percentage of patients registered with a North Wales GP surgery as having a chronic condition.</p><table><thead><tr><th></th><th>BCUHB (%)</th><th>WALES (%)</th></tr></thead><tbody><tr><td>Hypertension</td><td>16.9</td><td>15.9</td></tr><tr><td>Diabetes mellitus (patients aged 17+)</td><td>7.8</td><td>7.8</td></tr><tr><td>Asthma</td><td>7.6</td><td>7.4</td></tr><tr><td>Cancer</td><td>3.7</td><td>3.3</td></tr><tr><td>COPD</td><td>2.7</td><td>2.4</td></tr><tr><td>Atrial fibrillation</td><td>2.6</td><td>2.4</td></tr><tr><td>Stroke & transient ischaemic attack</td><td>2.2</td><td>2.2</td></tr><tr><td>Heart failure</td><td>1.1</td><td>1.1</td></tr></tbody></table><p>Patients with chronic conditions are recorded by GPs on registers as part of the Quality Assurance and Improvement Framework (QAIF). Limitations of the data include variation in practice coding and recording of data.</p></div>		BCUHB (%)	WALES (%)	Hypertension	16.9	15.9	Diabetes mellitus (patients aged 17+)	7.8	7.8	Asthma	7.6	7.4	Cancer	3.7	3.3	COPD	2.7	2.4	Atrial fibrillation	2.6	2.4	Stroke & transient ischaemic attack	2.2	2.2	Heart failure	1.1	1.1	
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					<p>The Winter and Resilience Plan has the potential to improve access to services for disabled people e.g. through an increased focus on community based services.</p> <p>Examples include:</p> <ul style="list-style-type: none"> • Expansion and enhancement of Community Resource Teams (CRT's) to provide both planned and urgent care. CRT's will work closely with primary care colleagues in supporting patients with long term conditions (including routine reviews) and patients who require immediate assessment. This will increase capacity and capability within the community, respond to population need, deliver care closer to home and support with surge capacity when the Integrated Health Communities are in crisis. This will have positive impacts for some disabled people e.g. access to healthcare services from home will reduce the need to travel and avoid potential car parking difficulties. • The provision of community alternatives to attendance at an Emergency Department and / or admission to acute hospital for people who need urgent care but would benefit from staying at, or as close as possible, to home. Examples include alternative pathways such as Primary Care, Minor Injuries Units or Same Day Emergency Care Services. This will result in improved patient experience and outcomes, reduce unplanned hospital admissions and where possible the intent to safely reduce transport to hospital or to bypass the Emergency Department. • Development of an all age community based 24 / 7 mental health crisis care pathway directly accessible to all professionals, service users and carers. This will ensure the fastest and best response times for people who are in imminent danger of loss of life; are seriously ill or injured; or in mental health crisis. • A number of developments in primary care will help address winter pressures. These include the use of enhanced remote triage and access using virtual platforms and consultant connect. 	<p>Issues associated with access, travel distance and transport can present barriers for disabled people, older people and their families. The provision of CRT's that are geographically located in a way that maximises the number of patients that can be seen closer to home will be highly beneficial</p> <p>Any negative impacts will be addressed by undertaking Equality Impact Assessments on a scheme-by-scheme basis. The importance of ensuring that healthcare services are available for those who do not have the digital skills or digital platforms is recognised as being essential.</p>
Gender Reassignment	x		x		<p>The development of a new primary care-led Gender Identity Care pathway in Wales for trans people has been a positive step forward in relation to care and support.</p> <p>No direct impact has been identified as a result of implementing these proposals</p>	
Pregnancy and Maternity	x		x		<p>A Fair Treatment for the Women of Wales report (November 2020) found increased levels of stress, anxiety, and mental health distress and baby loss among women. Disabled women, including the accessibility of Covid-19 compliant maternity environments, have experienced additional barriers.</p> <p>After-birth care, including visits from health visitors to the home have been largely cancelled and conducted over the</p>	<p>The Women's Directorate has produced a Winter and C19 Business Continuity Plan for providing maternity services to pregnant women and care for new mothers in the event of a Winter surge and an outbreak of Covid-19</p>

					phone, excluding many mothers who are deaf or have hearing loss. Evidence also suggests perinatal mental health issues are less likely to be identified in the absence of face-to-face appointments. It will be necessary to assess the long-term effects on future generations of inadequate and inaccessible maternity services.																																																																														
Race / Ethnicity	x		x		<p>Ethnicity by area and ethnic group, Wales, Betsi Cadwaladr UHB Areas & Local Authorities, 31st March 2020</p> <table><thead><tr><th></th><th>White</th><th>Black, Asian and minority ethnic</th><th>Percentage of people who are Black, Asian and minority ethnic</th></tr></thead><tbody><tr><td>Wales</td><td>2,929,600</td><td>186,600</td><td>6</td></tr><tr><td>Betsi Cadwaladr UHB</td><td>679,600</td><td>17,800</td><td>2.6</td></tr><tr><td>Isle of Anglesey</td><td>69,500</td><td>*</td><td>*</td></tr><tr><td>Gwynedd</td><td>118,400</td><td>4,400</td><td>3.6</td></tr><tr><td>Conwy</td><td>111,000</td><td>3,700</td><td>3.3</td></tr><tr><td>Denbighshire</td><td>90,900</td><td>4,200</td><td>4.4</td></tr><tr><td>Flintshire</td><td>153,800</td><td>2,500</td><td>1.6</td></tr><tr><td>Wrexham</td><td>136,000</td><td>3,000</td><td>2.2</td></tr></tbody></table> <p>Source: StatsWales (WG)</p> <p>There remains variation in how individuals access and engage with the available health services in North Wales, leading to differences in health outcomes.</p> <p>We know there has been greater disease and death in certain groups of the population in North Wales due to COVID-19. We recognise there is much to be done to improve how public health messaging is developed and how we engage with ethnic minority communities who are not accessing care for both immediate emergencies and for preventative health messaging.</p> <p>There are specific challenges for women from ethnic minority backgrounds and measurable adverse differences in health outcomes, for example in maternity services.</p> <p>We also know that Gypsy, Roma and Traveller people live shorter lives, suffer from chronic ill health at a higher rate than the general population, and have higher rates of stroke and poorer mental health.</p> <p>Schemes that aim to positively impact this protected characteristic group include:</p> <ul style="list-style-type: none">• The 111 First / SICAT / healthcare professionals’ line – clinical assessment will signpost patients to the most appropriate pathway of care and proactively increase access to advice and guidance for under-served groups.• The Protect programme has established six Community Support Hubs to support people from specific and underserved groups to stay well and access a wide range of support. In addition, equality impact assessment (and where required, socio-economic duty impact assessment) is being undertaken on key service response areas to ensure support to address inequalities in access for specific groups.		White	Black, Asian and minority ethnic	Percentage of people who are Black, Asian and minority ethnic	Wales	2,929,600	186,600	6	Betsi Cadwaladr UHB	679,600	17,800	2.6	Isle of Anglesey	69,500	*	*	Gwynedd	118,400	4,400	3.6	Conwy	111,000	3,700	3.3	Denbighshire	90,900	4,200	4.4	Flintshire	153,800	2,500	1.6	Wrexham	136,000	3,000	2.2	BCUHB is committed through the Strategic Equality Plan to deliver our part of the Welsh Race Equality Action Plan																																									
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Religion, belief and non-belief	x		x		<p>North Wales Equality Profiles 2021</p> <table><thead><tr><th></th><th>All categories: Religion</th><th>Christian</th><th>Buddhist</th><th>Hindu</th><th>Jewish</th><th>Muslim</th><th>Sikh</th><th>Other religion</th><th>No religion</th><th>Religion not stated</th></tr></thead><tbody><tr><td>Isle of Anglesey</td><td>69,751</td><td>45,400</td><td>165</td><td>45</td><td>40</td><td>250</td><td>43</td><td>257</td><td>17,797</td><td>5,754</td></tr><tr><td>Gwynedd</td><td>121,874</td><td>72,503</td><td>426</td><td>238</td><td>55</td><td>1,378</td><td>39</td><td>637</td><td>36,163</td><td>10,435</td></tr><tr><td>Conwy</td><td>115,228</td><td>74,506</td><td>347</td><td>206</td><td>62</td><td>583</td><td>17</td><td>478</td><td>30,017</td><td>9,012</td></tr><tr><td>Denbighshire</td><td>93,734</td><td>60,129</td><td>266</td><td>167</td><td>32</td><td>469</td><td>8</td><td>345</td><td>25,132</td><td>7,186</td></tr><tr><td>Flintshire</td><td>152,506</td><td>101,298</td><td>344</td><td>158</td><td>70</td><td>482</td><td>29</td><td>362</td><td>38,726</td><td>11,037</td></tr><tr><td>Wrexham</td><td>134,844</td><td>85,576</td><td>351</td><td>504</td><td>58</td><td>860</td><td>87</td><td>310</td><td>36,927</td><td>10,171</td></tr></tbody></table> <p>Source: ONS, Census 2011</p> <p>Christianity is still the largest religion in Wales, although the proportion has decreased alongside an increase in</p>		All categories: Religion	Christian	Buddhist	Hindu	Jewish	Muslim	Sikh	Other religion	No religion	Religion not stated	Isle of Anglesey	69,751	45,400	165	45	40	250	43	257	17,797	5,754	Gwynedd	121,874	72,503	426	238	55	1,378	39	637	36,163	10,435	Conwy	115,228	74,506	347	206	62	583	17	478	30,017	9,012	Denbighshire	93,734	60,129	266	167	32	469	8	345	25,132	7,186	Flintshire	152,506	101,298	344	158	70	482	29	362	38,726	11,037	Wrexham	134,844	85,576	351	504	58	860	87	310	36,927	10,171	
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				<p>those stating no religion. Muslim, Hindu and Buddhist populations have approximately doubled since 2001, remaining the next three largest religions in Wales.</p> <p>In North Wales, the vast majority of the population describe themselves as Christian. There is a slightly higher Muslim population in Gwynedd and Wrexham, and slightly higher numbers of Buddhists living in Gwynedd.</p> <p>There is no specific impact anticipated from the Winter Plan proposals. Appropriate support is in place as needed for religious or belief requirements. In general, staff will be more familiar with specific local needs and requirements.</p> <p>The winter plan schemes will work to provide holistic services that understand and address the specific needs of the population.</p>	
Sex	x		x	<p>North Wales Equality Profiles 2021</p> <p>Analyses of age and sex with the WIMD levels of deprivation found the following:</p> <ul style="list-style-type: none"> Females from all age groups are more likely to live in more deprived areas than males. On average, 9.2% of females live in the 10% most deprived LSOAs compared with 8.7% of males. Females make up a greater share of all those living in the 10% most deprived LSOAs. 52.1% of those living in the 10% most deprived LSOAs are female. Younger people are more likely than older people to live in the 10% most deprived LSOAs, with the likelihood slightly higher for females than males. Around 21% of people aged 24 or under live in the most deprived 20% of LSOAs in Wales compared with around 14% of those aged 65 or over. Nearly 61,000 children under age 16 live in the 10% most deprived LSOAs compared with 38,300 people aged 65 and over. <p>There remain differences in outcomes experienced by men and women in specific circumstances, and differences in the way that they access health advice, information and support.</p> <p>Overall, men have a lower life expectancy (78 years, compared to 82 years for women); there are more premature deaths from cancer, more deaths from cardiac disease and a three times higher risk of death from suicide.</p> <p>No direct impact has been identified because of implementing these proposals. It is considered that the schemes would have no impact on either sex, most of which represent a stepping up of the scale and pace of services that are already in place.</p>	.
Sexual Orientation	x		x	<p>In general, trans people are more reliant on health care services than LGB people. Trans people's health needs sometimes require care that is more specific and we know that there are currently significant gaps in trans healthcare provision in Wales. However little robust evidence is available on inequalities in respect of gender identity and there is a bias towards research on sexualities (LGB).</p> <p>Since the Gender Recognition Act 2004, there has been increasing public awareness of the transgender population. Evidence is mounting that this community experiences significant health inequalities due to numerous factors. One such determinant, as defined by Meyer (2003) is 'minority stress' – this is the lifelong, cumulative, psychological and physical effects of having a minority identity.</p>	

					<p>LGBTQ+ people face a number of barriers in being unable to access healthcare services or medication and are at increased risk of violence, abuse, homelessness, lower employment, social isolation and loneliness.</p> <ul style="list-style-type: none"> • The 111 First / SICAT / healthcare professionals' line – clinical assessment will signpost patients to the most appropriate pathway of care and proactively increase access to advice and guidance for under-served groups. • Community alternatives to attendance at an Emergency Department and / or an admission to an acute hospital for people who need urgent care but would benefit from staying at, or as close to home as possible. Examples include the development of Urgent Primary Care Centres in each health community and Enhanced Care at Home (Hospital at Home) 	
Marriage & civil Partnership (Marital status)	x		x		No specific impact identified	
Low-income households	x		x		No specific impact identified	
Intersectional Impacts of COVID-19	x		x		<p>Intersectional impacts of COVID-19 and the Winter Resilience Plan - COVID-19 has highlighted that health inequality is above all an intersectional issue, and that people with multiple protected characteristics, and / or living with socio-economic disadvantage, are most at risk of further health inequality as a result.</p> <p>The continuing delivery of the COVID-19 Vaccination Programme will have positive impacts on those experiencing the greatest health inequality. However, we recognise through the detailed impact assessments undertaken on these programmes that there is a risk of inequality including:</p> <ul style="list-style-type: none"> - The location of vaccine centres, particularly for older and disabled people, and Black and Ethnic minority people, who as groups have lower car ownership and are therefore more likely to be reliant on others or public transport; - Vaccine hesitancy in black and ethnic minority communities, where we have seen lower vaccination rates. - Vaccine scepticism in younger people - Access due to environmental barriers - Understanding of arrangements and process. <p>Post –Covid syndrome (Long Covid) – an extensive on line-resource has been developed to support individuals who experience on-going Covid symptoms. The patient pathways required to support the population to manage the longer-term health conditions resulting from long Covid, and improve their outcomes will support us in addressing health inequality for our populations living with health inequality. Prevalence rates of self-reported long COVID were greatest in people aged 35 to 69 years, females, those living in the most deprived areas, those working in health or social care, and those with a pre-existing, activity-limiting health condition.</p>	<p>The Vaccine Equity Group addresses Covid-19 issues as part of their ongoing programme of work. Mitigating actions include the modelling of travel and transport implications to support equitable access to vaccination programmes; and targeted communication / campaigns that focus on specific groups</p>

Part A Form 3: Record of Potential Impacts: Human Rights and Welsh Language

Human Rights:

Do you think that this policy will have a positive or negative impact on people's human rights? For more information on Human Rights, see our intranet pages at: <http://howis.wales.nhs.uk/sitesplus/861/page/42166>

The Articles (Rights) that may be particularly relevant to consider are:

- *Article 2 Right to life*

- Article 3 Prohibition of inhuman or degrading treatment
- Article 5 Right to liberty and security
- Article 8 Right to respect for family & private life
- Article 9 Freedom of thought, conscience & religion

Will people’s Human Rights be impacted by what is being proposed? If so is it positive or negative? (tick as appropriate below)				Which Human Rights do you think are potentially affected	Reasons for your decision (including evidence that has led you to decide this)	How will you reduce or remove any negative Impacts that you have identified?
Yes	No	(+ve)	(-ve)			
x		x			<p>Evidence Considered:</p> <ul style="list-style-type: none"> • How Fair in Wales, 2011, Equality and Human Rights Commission • From safety net to springboard: A new approach to care and support for all based on Equality and Human Rights, Equality & Human Rights Commission • The Human Rights Act: Changing Lives • Welsh Government: Standards for Improving the Health and Well-Being of Homeless People and Specific Vulnerable Groups <p>The Winter and Resilience Plan aims to actively eliminate inequalities where they may exist and improve access to high quality, safe and sustainable healthcare. There is recognition that we must deliver services for the population of North Wales, whilst ensuring that appropriate, sustainable community services are delivered within locality / county areas.</p> <p>The plan acknowledges the growing prevalence in the population of people with for instance, cognitive impairment / dementia who are at the greatest risk of having their human rights breached.</p> <p>On-going training and awareness raising amongst all staff groups through our mandatory Equality and Human Rights training is key to mitigating against this risk.</p>	

Welsh Language:

There are 2 key considerations to be made during the development of a policy, project, programme or service to ensure there are no adverse effects and / or a positive or increased positive effect on

Welsh Language	Will people be impacted by what is being proposed? If so is it positive or negative? (tick appropriate below)				Reasons for your decision (including evidence that has led you to decide this)	How will you reduce or remove any negative Impacts that you have identified?
	Yes	No	(+ve)	(-ve)		
Opportunities for persons to use the Welsh language	x		x		<p>The Health Board’s Welsh Language Strategic Plan ensures that changes in the legislative landscape are reflected in our approach to planning high quality, language appropriate care. The Welsh Language Standards and the ‘More than just words’ Framework provides the foundation on which we continue to build and improve.</p> <p>The Winter and Resilience Plan therefore aims to deliver increased and improved access to the Welsh Language, particularly through its focus on community based</p>	

				<p>services – recognising that healthcare delivered within local communities has the potential to more likely respond through the medium of Welsh.</p> <p>Where a patient's first language is Welsh every effort to accommodate the patient's wishes utilising Welsh speaking staff members will be made. Should this not be possible, then Language line can be used or WITS for face to face interpretation.</p> <p>It will be necessary to assess any potential impact on Welsh Language on a scheme by scheme basis.</p>	
Treating the Welsh language no less favourably than the English language	x		x	<p>Evidence Considered:</p> <ul style="list-style-type: none"> Welsh Language Measure, 2011 Welsh Language Standards, effective from 2016 BCUHB Welsh Language Scheme <p>Ensuring the safety, dignity and respect of Welsh speakers is integral to the provision of health services in Wales. The Welsh Language Standards under the Welsh Language (Wales) Measure 2011 establishes the legislative requirements for the Health Board and whilst the Health Board is committed to achieving its legal requirements, it has also set a greater level of ambition that will be driven by the desire to improve the quality of care provided for patients in their first language.</p>	

Part A Form 4: Record of Engagement and Consultation

Please record here details of any engagement and consultation you have undertaken.

This may be with workplace colleagues or trade union representatives, or it may be with stakeholders and other members of the community including groups representing people with protected characteristics. They may have helped to develop your policy / proposal, or helped to identify ways of reducing or removing any negative impacts identified.

We have a legal duty to engage with people with protected characteristics under the Equality Act 2010. This is particularly important when considering proposals for changes in services that could impact upon vulnerable and/or disadvantaged people.

What steps have you taken to engage and consult with people who share protected characteristics and how have you done this? Consider engagement and participatory methods.	Regular updates have been given to the BCUHB's Statutory Committee's and the Regional Partnership Board. Winter schemes have been identified by each Integrated Health Community for 2022 – 2023 and have been informed by local engagement mechanisms and partnership working with Local Authorities, the third sector and WAST. Overall however, proposals in the Plan represent a stepping up of the scale and pace of initiatives already in place.
Have any themes emerged? Describe them here.	The themes that have emerged from those schemes that have undertaken an EQIA to-date include communication, access and digital exclusion. Mitigating actions have been flagged in the respective EQIA's and the programmes will be required to keep these under review, undertaking more specific impact assessment as needed as initiatives progress.
If yes to above, how have their views influenced your work / guided your policy / proposal, or changed your recommendations?	Schemes (where appropriate) will require Equality Impact Assessment Screening to determine whether full Equality Impact Assessment is necessary. This will enable a detailed analysis of potential impacts and mitigating actions will be considered as part of this.

For further information and help, please contact the Corporate Engagement Team: see their intranet page at: <http://howis.wales.nhs.uk/sitesplus/861/page/44085>

Part B Form 5: Summary of Key Findings and Actions

1. What has been assessed? (Copy from Form 1)	Betsi Cadwaladr University Health Board 2022-2023 Winter and Resilience Plan
2. Brief Aims and Objectives (Copy from Form 1)	<p>The purpose of this screening is to consider the equality impact of the Winter and Resilience Plan.</p> <p>Winter typically results in increased demand from seasonally affected conditions, increased risk connected to infection prevention and control outbreaks and the potential risk of influenza. Learning from the pandemic experience it is necessary for the Health Board to have a strong resilience plan allowing us to surge to respond to pressures, which can occur at any time, alongside managing our elective capacity. We have been experiencing health service challenges caused by the ongoing impact of Covid-19 and whilst we are in the phase of recovering from the Covid-19 impact, there has, more recently, been a noticeable increase in Covid-19 demand across the health community.</p> <p>The Plan takes into consideration factors such as the existing pressures in health and social care, the predicted and expected increase in winter respiratory viruses and Covid-19 presentations (and admissions), proposed industrial action from the fire service and possibly the health service and the cost of living crisis and fuel poverty</p> <p>It responds to six objectives described in the Welsh Government guidance 'Urgent and Emergency Care: Increasing system operational resilience for Winter 2022 – 2023' paper:</p> <ul style="list-style-type: none"> • NHS Wales Ambulance Delivery Plan • Fit to Sit implementation across all acute hospitals • Maintaining critical care services • Maintaining Children and Young People's services • Delivering milestones set out in the Transforming and Modernising Planned Care and Reducing Waiting lists guidance • Maintaining cancer treatments <p>The Plan also responds to six goals set by the national programme for urgent and emergency care:</p> <ul style="list-style-type: none"> • Co-ordination, planning and support for people at greater risk of needing urgent care • Signposting people with urgent care needs to the right place, first time • Clinically safe alternatives to admission • Rapid response in crisis • Optimal hospital care and discharge practice from the point of admission • Home first approach and reduce risk of admission <p>Whilst guidance from WG on USC funding has not been received, it is their expectation that we do not have a separate winter plan this year and that the schemes are aligned to the USC Improvement Programme as part of the 6 goals for Urgent and Emergency Care.</p> <p>There will be a focus on supporting care close to home, utilisation of the 1000 beds campaign and improved discharge planning.</p>

From your assessment findings (Forms 2 and 3):

3a. Could any of the protected groups be negatively affected by your policy or proposal?	Yes		No	✓
3b. Could the impact of your policy or proposal be discriminatory under equality legislation?	Yes		No	✓
3c. Is your policy or proposal of high significance? For example, does it mean changes across the whole population or Health Board, or only small numbers in one particular area?	Yes	✓	No	
4. Did your assessment findings on Forms 2 & 3, coupled with your answers to the 3 questions above indicate that you need to proceed to a Full Impact Assessment?	Yes		No	✓
	Record here the reason(s) for your decision i.e. what did Forms 2 & 3 indicate in terms of positive and negative impact for each characteristic, Human Rights and Welsh Language?			
5. If you answered 'no' above, are	Yes	✓	No	

there any issues to be addressed e.g. reducing any identified minor negative impact?	Where it is perceived there may be a risk of negative impact arising or unintended consequences, these will be flagged in the respective EQIA's and schemes will be required to keep these under review, and undertake more specific impact assessment as projects and initiatives progress.	
6. Are monitoring arrangements in place so that you can measure what actually happens after you implement your policy or proposal?	Yes ✓	No
	How is it being monitored?	The BCU Health Board and its Sub Committees will be responsible for providing the necessary scrutiny through regular updates on the Winter and Resilience Plan
	Who is responsible?	Gill Harris, Acting Chief Executive has overall responsibility for the Winter and Resilience Plan with delivery linked to respective Executive Directors
	What information is being used?	BCU Health Board information relating to Quality, Performance and Finance
	When will the EqIA be reviewed? (Usually the same date the policy is reviewed)	The EQIA will be subject to ongoing review and further supporting EQIA work will be undertaken for any new scheme developments

7. Where will your policy or proposal be forwarded for approval?	Six Goals Programme Board
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8. Names of all parties involved in undertaking this Equality Impact Assessment: please note EqIA should be undertaken as a group activity	Name	Title/Role
	Wendy Hooson	Head of Health Strategy and Planning (Interim)
	Geraint Farr	Associate Director for Emergency Care (Interim)
	Medwyn Jones	USC Programme Director
	Chris Subbe	Consultant Physician, Ysbyty Gwynedd
	Members of the Six Goals Programme Board	
	Phil Orwin	Interim Director of Regional Delivery
Senior sign off prior to committee approval:		
Please Note: The Action Plan below forms an integral part of this Outcome Report		

Action Plan

This template details any actions that are planned following the completion of EqIA including those aimed at reducing or eliminating the effects of potential or actual negative impact identified.

	Proposed Actions	Who is responsible for this action?	When will this be done by?
1. If the assessment indicates significant potential negative impact such that you cannot proceed, please give reasons and any alternative action(s) agreed:	Not applicable	Not applicable	Not applicable
2. What changes are you proposing to make to your policy or proposal as a result of the EqIA?	Due to the transformational and individual nature of the schemes, they will not be assessed collectively, but each will require Equality Impact Assessment Screening to determine whether full Equality Impact Assessment is required.	Individual project leads will undertake this action.	In line with scheme milestones
3a. Where negative impacts on certain groups have been identified, what actions are you taking or are proposed to reduce these impacts? Are these already in place?	By screening individual schemes, detailed analysis of the potential impacts will be undertaken in relation to specific plans. Mitigating actions will be considered as part of this.	Individual project leads will undertake this action.	In line with scheme milestones
3b. Where negative impacts on certain groups have been identified, and you are proceeding without reducing them, describe here why you believe this is justified.	Not applicable	Not applicable	Not applicable

	Proposed Actions	Who is responsible for this action?	When will this be done by?
4. Provide details of any actions taken or planned to advance equality of opportunity as a result of this assessment.			

Teitl adroddiad: <i>Report title:</i>	Quality and Patient Safety Report: August 2022 – September 2022		
Adrodd i: <i>Report to:</i>	Public Board		
Dyddiad y Cyfarfod: <i>Date of Meeting:</i>	24/11/2022		
Crynodeb Gweithredol: <i>Executive Summary:</i>	This report provides the Health Board with information and analysis on significant quality and patient safety issues arising during the prior two month period, alongside longer-term trend data, and information on the improvements underway.		
Argymhellion: <i>Recommendations:</i>	The Health Board is asked to receive this report.		
Arweinydd Gweithredol: <i>Executive Lead:</i>	Angela Wood, Executive Director of Nursing and Midwifery		
Awdur yr Adroddiad: <i>Report Author:</i>	Matthew Joyes, Associate Director of Quality		
Pwrpas yr adroddiad: <i>Purpose of report:</i>	I'w Nodi <i>For Noting</i> <input type="checkbox"/>	I Benderfynu arno <i>For Decision</i> <input type="checkbox"/>	Am sicrwydd <i>For Assurance</i> <input checked="" type="checkbox"/>
Lefel sicrwydd: <i>Assurance level:</i>	Arwyddocaol <i>Significant</i> <input type="checkbox"/> Lefel uchel o hyder/tystiolaeth o ran darparu'r mecanweithiau / amcanion presennol <i>High level of confidence/evidence in delivery of existing mechanisms/objectives</i>	Derbyniol <i>Acceptable</i> <input type="checkbox"/> Lefel gyffredinol o hyder/tystiolaeth o ran darparu'r mecanweithiau / amcanion presennol <i>General confidence / evidence in delivery of existing mechanisms / objectives</i>	Rhannol <i>Partial</i> <input checked="" type="checkbox"/> Rhywfaint o hyder/tystiolaeth o ran darparu'r mecanweithiau / amcanion presennol <i>Some confidence / evidence in delivery of existing mechanisms / objectives</i>
			Dim Sicrwydd <i>No Assurance</i> <input type="checkbox"/> Dim hyder/tystiolaeth o ran y ddarpariaeth <i>No confidence / evidence in delivery</i>
Cyfiawnhad dros y gyfradd sicrwydd uchod. Lle bo sicrwydd 'Rhannol' neu 'Dim Sicrwydd' wedi'i nodi uchod, nodwch gamau i gyflawni sicrwydd 'Derbyniol' uchod, a'r terfyn amser ar gyfer cyflawni hyn: <i>Justification for the above assurance rating. Where 'Partial' or 'No' assurance has been indicated above, please indicate steps to achieve 'Acceptable' assurance or above, and the timeframe for achieving this:</i>			
There is confidence in the data provided in the report however, the strength of learning and improvement remains an area of concern and is a key focus of work. This is being addressed through a range of measures including the actions aligned to the BAF risk for quality (1.2), the Patient Safety Improvement Programme and the Quality Strategy currently being finalised.			
Cyswllt ag Amcan/Amcanion Strategol: <i>Link to Strategic Objective(s):</i>	Quality		
Goblygiadau rheoleiddio a lleol: <i>Regulatory and legal implications:</i>	Instances of harm to patients may indicate failures to comply with the NHS Wales Health and Care Standards or safety legislation.		
Yn unol â WP7, a oedd EqlA yn angenrheidiol ac a gafodd ei gynnal? <i>In accordance with WP7 has an EqlA been identified as necessary and undertaken?</i>	N/A		
Yn unol â WP68, a oedd SEIA yn angenrheidiol ac a gafodd ei gynnal? <i>In accordance with WP68, has an SEIA identified as necessary been undertaken?</i>	N/A		

<p>Manylion am risgiau sy'n gysylltiedig â phwnc a chwmpas y papur hwn, gan gynnwys risgiau newydd (croesgyfeirio at y BAF a'r CRR) <i>Details of risks associated with the subject and scope of this paper, including new risks (cross reference to the BAF and CRR)</i></p>	BAF 1.2 – Quality
<p>Goblygiadau ariannol o ganlyniad i roi'r argymhellion ar waith <i>Financial implications as a result of implementing the recommendations</i></p>	N/A
<p>Goblygiadau gweithlu o ganlyniad i roi'r argymhellion ar waith <i>Workforce implications as a result of implementing the recommendations</i></p>	N/A
<p>Adborth, ymateb a chrynodeb dilynol ar ôl ymgynghori <i>Feedback, response, and follow up summary following consultation</i></p>	N/A
<p>Cysylltiadau â risgiau BAF: (neu gysylltiadau â'r Gofrestr Risg Gorfforaethol) Links to BAF risks: <i>(or links to the Corporate Risk Register)</i></p>	BAF 1.2 – Quality
<p>Rheswm dros gyflwyno adroddiad i fwrdd cyfrinachol (lle bo'n berthnasol) <i>Reason for submission of report to confidential board (where relevant)</i></p>	N/A
<p>Camau Nesaf: Gweithredu argymhellion Next Steps: Implementation of recommendations N/A</p>	
<p>Rhestr o Atodiadau: List of Appendices: Quality and Patient Safety Report</p>	



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University Health Board

Quality and Patient Safety Report to the Health Board

August 2022 – September 2022





INTRODUCTION

Within the NHS in Wales, quality is defined in statute as having three dimensions: patient safety, clinical effectiveness and patient (and carer) experience.

This report provides the Health Board with a summary of key quality related information from the months of August and September 2022. The aim of this report is to provide the Health Board with key quality highlights at each meeting.

Detailed information relating to trends, themes, learning and improvement is provided to the Quality, Safety and Experience (QSE) Committee in the bi-monthly Patient Safety Report and triannual Patient and Carer Experience Report.

There are two sections of this report that may include incidents that affect employees and members of the public, as well as patients; these are nationally reportable incidents and liability claims. As the Quality Directorate manage these matters, they are included in this report to provide an overall view of these areas.

NATIONALLY REPORTABLE INCIDENTS (NRI)

The following definition of a nationally reportable incident applies:

“A patient safety incident which caused or contributed to the unexpected or avoidable death, or severe harm, of one or more patients, staff or members of the public, during NHS funded healthcare.”

The timescale for reporting such incidents is within seven working days.

During August and September 2022, 25 nationally reportable incidents were reported to the Delivery Unit.

Appendix 1 provides a breakdown of NRIs per health community/service.

There has been a gradual increase in reportable incidents since April 2022, with Health Community West, Ysbyty Gwynedd accounting for nine of the 25 reportable incidents in the reporting period. However, the position remains lower than the previous year. The main themes continue to be falls, healthcare acquired pressure ulcers (HAPUs) and recognition and escalation of the deteriorating patient.

Appendix 2 shows the Health Board position in terms of reportable incidents per 100,000 population in relation to the All-Wales position per 100,000 population. Given the small numbers involved, and the particular reporting requirements for certain incidents which can fluctuate, the average should be considered a more useful comparison than an individual two-month period.

In addition to the above mentioned nationally reportable incidents, there were fifteen Early Warning Notifications (EWN) reported, nine of which were in relation to healthcare associated infections (Clostridium difficile & Covid-19 outbreaks). The other notifications relate to incidents that may attract media attention.

At the time of writing, the total number of nationally reportable incidents open is 76 of which 48 are overdue. Appendix 3 shows the overdue position per health community/service.

Overall investigation closure rate within timeframe was 16.7% in August, increasing slightly to 25% in September. Weekly reports highlight the divisional performance.

Recognising the delays to full investigations, the Patient Safety Team continue to place particular focus on ensuring Make it Safe Rapid Reviews are completed so that early learning to improve safety is identified and implemented.

There were 25 NRIs, for the two-month time period covered in this report. The NRIs recorded during this period can be broken down as follows

- Falls n=5
- Grade 3 or above Healthcare Acquired Pressure Ulcer n=4
- Healthcare Acquired Infection (resulting in death) n=1
- Delay in diagnosis n =6
- Deteriorating patient n=4
- Death in custody n=1
- PRUDIC n=1
- Never Event n=3

All NRIs are subject to a Make it Safe Rapid Review, potentially a Rapid Learning Panel and a proportionate investigation. The learning and actions from each are recorded on the Datix safety management system.

The sharing of learning from incidents (beyond the immediate service) is achieved through clinical governance/quality meetings and networks, and through safety alerts where appropriate.

The system sharing and embedding of learning remains a risk for the organisation (and is contained on the Board Assurance Framework). Plans are in place to strengthen the extracting, sharing, and embedding of learning to include:

- A weekly 'Harm Free Care' Meeting
- A new "lessons learned" on a page template
- A new Monthly Patient Safety Bulletin
- A new central Patient Safety Learning Library as part of the new Intranet site
- Mandated Learning Events (using the Oxford Model Event concept) following each completed investigation
- Updating the Safety Alerts Policy and process
- A new organisation-wide Learning Forum.

Themes identified from Nationally Reported Incidents (excluding Never Events)

The Patient Safety Team monitor incidents to identify themes and where these need to inform organisational priorities (recognising full investigations are underway). Currently, the following are the identified themes:

- Recognition and escalation of deteriorating patient
- Falls
- Healthcare acquired pressure ulcers (HAPU)

These three theme areas are underpinned by a recurring issue of record keeping, that whilst not directly causal to an incident occurring, is contributory to the circumstances that create unsafe conditions.

Never Events, whilst being a sub-set of Nationally Reportable Incidents, are detailed separately in a section below.

The following section provides a summary of some of the themes and the actions underway.

Recognition and escalation of deteriorating patient (to include delay/failure to monitor patient, failure to act on adverse symptoms and delay in diagnosis (n=4))

There have been four incidents that were nationally reported during this period whereby recognition, escalation and treatment of a deteriorating patient has been delayed and subsequently resulted in severe harm or death. One in Wrexham Maelor Hospital, two in Ysbyty Gwynedd and one in women's services.

Appendix 4 provides a breakdown of incidents per service.

The Sepsis Trigger, Escalation and Antibiotic Stewardship Review (STEAR Group) was set up in March 2022 to investigate the rapidly changing environment of Sepsis recognition, and to then improve the process of auditing Sepsis management across the Health Board through a task and finish process. After a summer break the group is keen to complete the updated response to Sepsis.

The group has discussed the mechanism of observation-triggered review and agreed on the NEWS+ scoring system that accounts for the conscious level of patients as part of the established early warning score. Minor modifications will be made to the current observation chart.

The next task will be to look at the deteriorating patient with NEWS+ ≥ 3 and decide how to define the probability of Sepsis within that group of patients. A screening tool has been proposed which incorporates recommendations from NICE and the AoMRC (Academy of Medical Royal Colleges) statement. Once this has been approved in the STEAR group it will be forwarded for approval and implementation will then begin.

Falls (n=5)

Within the reporting period there were a total of five patient falls that resulted in severe/permanent harm and therefore met the criteria for national reporting. This is a reduction from nine in the previous period

This is broken down as follows:

Central Acute (3), West Acute (2)

Appendix 5 provides a breakdown of incidents per service.

On review of learning from these incidents, there are ongoing themes that can be identified that contribute to these falls:

- Staff oversight
- Inadequate completion of falls documentation
- Poor handover/communication between staff or with families
- Lack of use of call bells
- Reliance on alarm equipment
- No lying and standing BP taken.

Immediate actions have been undertaken for each of these incidents and these include immediate staff de-briefings, localised training and increasing of awareness through sharing incident details. The impact of this awareness raising and training is then monitored and measured through the ward accreditation process.

There were six investigation reports relating to falls during this period that were approved following a review at the Incident Learning Panel.

The Health Board Falls Strategic Group continues to meet and oversee the activity around falls improvement across the Board, setting direction and monitoring improvement trajectories and actions. A detailed update was provided to the QSE Committee in the Patient Safety Report.

Executive team members have also been exploring the feasibility of establishing Health Community MDT teams to undertake multifunctional assessments in order to progress the current work streams further. These teams will be supported by the BCU Transformation and Improvement Directorate to ensure consistency of approach and embedding of methodology.

Grade 3 or above healthcare associated pressure ulcer (n=4)

Within the reporting period there were a total of 4 grade 3, grade 4 or ungradable healthcare associated pressure ulcers reported to the Delivery Unit. This is broken down as follows:

Acute West (1), Acute East (1), Area Central (1) and Area West (1)

Appendix 6 provides a breakdown of incidents per service.

The recurring themes are:

- No evidence of increasing intentional rounding as/when needed.
- A delay in completing documentation on admission i.e., pressure ulcer management plans and Purpose T documentation
- Lack of reviewing and updating risk assessment documentation for patients throughout their care.

All investigations from pressure ulcer investigations are reviewed weekly at local harms meetings. In addition, the sharing of findings at local level is reflected through the raising of awareness at safety briefs. The impact of the increased awareness is then monitored and measured through the ward accreditation process.

When looking at Intentional Rounding (IR) as a theme alone, the Patient Safety Team has identified issues with IR to include inconsistency, gaps in IR, variation in frequency, issues not identified despite IR and lack of knowledge and training. As such the team has recommended the following:

- Review guidance and documentation regarding IR.
- Establish IR training and education.
- Ensure that registered practitioners are accountable for IR.
- Consider implementation of senior nurse/matron rounding.

The first HAPU Improvement Group was held on 25 of August with the first focused collaborative meeting on 6 October and a follow-on workshop on 25 October.

The overall aim of the collaborative is a 50% reduction in all reported Health Acquired Pressure Ulcers with 100% reduction in avoidable Healthcare Acquired Pressure Ulcers across BCUHB (hospital and community) by April 2024.

NEVER EVENTS

Never Events are defined as “*patient safety incidents that are wholly preventable because guidance or safety recommendations are available at a national level and should have been implemented by all healthcare providers.*” The Welsh Government issues a list of incidents that are deemed to be Never Events. Each Never Event type has the potential to cause serious patient harm or death. However, serious harm or death does not need to have happened as a result of a specific incident for that incident to be categorised as a Never Event.

In the current financial year, April to September 2022/23, four never events have been reported, compared to seven in the same timescale in 2021/22.

Twelve Never Events were reported in 2021/22, compared to five in 2020/21 and six in the full year of 2019/20. However, three Never Events are subject to the downgrade process following completion of investigations.

Within the current reporting period three new Never Events were reported, detailed immediately below (investigations are ongoing):

- Retained foreign object
- Retained swab
- Procedure carried out on wrong patient

The primary theme (11 of 12 incidents) is surgical safety.

Appendix 7 provides a breakdown of Never Events per service.

In response, the Health Board recognised the role of human factors in the prevention and mitigation of systemic failure on patients, families, and clinical staff. The Health Board aims to mainstream human factors knowledge, understanding and practice to ensure the consistent, sustainable delivery of safer care for patients, whilst supporting our staff in that delivery: *making it easy for them to do the right thing*.

The BCUHB Transformation and Improvement Directorate appointed a Quality Improvement Fellow specifically dedicated to theatres; the aim of this work is to support the teams in relation to consistently using the WHO checklist and addressing the causes of never events. The QI Fellow and designated YGC WHO Improvement Group, have undertaken observational audits and departmental surveys which directed their attention to complete review of their current WHO checklist in order to ensure relevance, eliminate duplication and waste and incorporate human factor elements into this process.

A six month timescale was agreed, (1 April - 1 October 2022), with initial focus to be placed at YGC theatres for the first 3 months due to an identified increase in never event incidents. The remaining three months were expected to see the roll out the learning to Abergele Hospital, Ysbyty Gwynedd and Wrexham Maelor Hospital. YGC staff Covid sickness levels, annual leave commitments and clinical demands have resulted in reduced team engagement. sustainability. An extension has therefore recently been granted for a further 6 months.

PATIENT SAFETY ALERTS AND NOTICES

The Welsh Government (WG), supported by the NHS Wales Delivery Unit, leads on identifying significant national patient safety risks and concerns that would require a Patient Safety Solution at a national level for issue to the NHS in Wales. There are two types of solutions issued:

- **ALERT (PSA):** This requires prompt action with a specified implementation date to address high risks/significant safety problems.
- **NOTICE (PSN):** This is issued to ensure that organisations and all relevant healthcare staff are made aware of the potential patient safety issues at the earliest opportunity. A Notice allows organisations to assess the potential for similar patient safety risks in their own areas and take immediate action. This stage 'warns' organisations of emerging risk. It can be issued in a timely manner, once a new risk has been identified to allow rapid dissemination of information for action.

Organisations are required to confirm that they have achieved compliance by the date stated.

Overdue Alerts

Reference	Title	Applicable To?	Type	Date action underway	Deadline	Notes
PSN057	Emergency Steroid Therapy Cards: Supporting Early Recognition & Management of	BCU-wide	Patient Safety Solution - Notice	27/05/2021	31/12/2021	Clinical policy progressing through approval process. Deputy Executive MD

	Adrenal Crisis in Adults and Children					now providing leadership to progress completion. Expected completion within 2 months.
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Closed Alerts

No alerts have been closed for the time period

LITIGATION

During this bi-monthly period of August and September 2022, 57 claims or potential claims were received against the Health Board. Of these, 51 related to clinical negligence and 6 related to personal injury.

During the bi-monthly period, 29 claims were closed. Of these, 22 related to clinical negligence and seven related to personal injury. The total costs for the total closed claims in this period amounted to £16,072,834.86 before reimbursement from the Welsh Risk Pool.

The following themes have been identified for this period for clinical negligence:

1. Implementation of care
2. Diagnosis – Including delay in diagnosis
3. Treatment or procedure

As expected, the largest number of open claims relate to Surgery, Specialist Medicine and Women and Maternal Care. This is not an unusual profile of specialities within the NHS. The themes remain similar. The Health Board also continues to comply with the Early Reporting Scheme adopted in Wales in relating to potential birth injury claims.

The following themes have been identified for personal injury:

1. Slips/trips
2. Violence & Aggression

All settled claims require completion of a Learning from Events Report. This records the findings of investigation and any actions taken and is jointly developed by the claims manager and relevant clinical lead. This report must be submitted to the Welsh Risk Pool to reclaim costs.

A more detailed summary of high value cases is provided to the QSE Committee in the Patient Safety Report.

INQUESTS

HM Coroner notifies the Health Board when they have opened an inquest into the death of a patient and they require further information from the Health Board. The Health Board's

Legal Services Team within the Quality Directorate facilitate this process and offer support to any witness by way of training and one to one support.

During the relevant time period, August and September 2022, 64 new inquests or requests for information from the coroner were received from the Coroners in North Wales.

34 inquests were concluded between during August and September 2022. The distribution of the inquest conclusions is in line with previous findings, and there are no unusual or unexpected findings to be taken from this.

Regulation 28 (Prevention of Future Death Notices)

In the period of this report, there were zero new Regulation 28 (PFD) reports issued by HM Coroner to the Health Board,

HEALTHCARE INSPECTORATE WALES (HIW)

Healthcare Inspectorate Wales (HIW) is the independent inspectorate and regulator of healthcare in Wales who inspect NHS services, and regulate independent healthcare providers against a range of standards, policies, guidance and regulations to highlight areas requiring improvement.

HIW also monitor the use of the Mental Health Act and review the mental health services to ensure that vulnerable people receive good quality of care in mental health services.

HIW undertook an inspection of the Emergency Department, Wrexham Maelor Hospital on 8 – 10 August 2022. No immediate concerns or serious issues were raised however at the time of writing the inspection process remains ongoing via review of clinical documentation. The Health Board await the report from HIW and in the meantime, the service are taking steps to ensure the initial verbal feedback from the inspection is shared with staff across all sites, and service improvement is commenced.

On 9 May 2022, Healthcare Inspectorate Wales (HIW) identified the Emergency Department, Ysbyty Glan Clwyd as a Service Requiring Significant Improvement (SRSI). The Quality Team are working closely with the Improvement Director at YGC in regards to seeking assurance of action delivery from the inspections earlier in the year. The position was reported to the QSE Committee on 01 November 2022.

In February 2022, HIW designated BCU Vascular Services as a Service Requiring Significant Improvement (SRSI). This was in response to the Royal College of Surgeons (RCOS) Clinical Record Review Report, published on 20 January 2022, which identified a number of concerns that indicated a risk to patients using the vascular service. As a consequence of the RCOS report and the SRSI designation, HIW are undertaking a local review during late 2022 to examine progress made by the Health Board in relation to the RCOS recommendations, and whether measures taken in addressing the RCOS recommendations are sustainable and ensure that patients receive safe care of good quality. The outcome of this review will enable HIW to consider whether the vascular service can be de-escalated as a SRSI. The fieldwork phase of the review will consist of a number of different activities, including reviewing notes and data. The Health Board's Executive Medical Director has nominated a key contact for HIW as the Centre Integrated Health Community

Director of Operations, and they will coordinate the activities. Discussions have taken place and the fieldwork will take place during December 2022.

A new database for capturing HIW intelligence, the AMaT system, was implemented at the beginning of August 2022. AMaT is a well-established audit management and tracking system and is used by NHS bodies across England and Wales. Whilst the Health Board recently implemented the software for clinical auditing, we are one of the first in Wales to use the system's 'inspection module'. However, Health Boards are collaborating to use AMaT for a wider range of clinical assurance and effectiveness functions. The AMaT inspection module will enable the Health Board to manage all recommendations, information requests, actions and evidence before, during and following an inspection.

Due to the increase in HIW activity over recent years, along with the Services Requiring Significant Improvement (SRSI), the Quality Directorate invited HIW to take part in the Quality Grand Rounds Programme in September 2022. HIW presented to Health Board staff and discussed their role as regulators and how they operate.

Complaints

During the months of August 2022 and September 2022, 366 complaints were received by the Health Board. 193 of those were complaints managed under the Putting Things Right Regulations and 173 were initially categorised as early resolutions, however 34 of these were later upgraded to being managed under Putting Things Right Regulations (PTR).

At the end of September 2022, performance remained below the all-Wales target of 75% for complaints closed within 30 working days. On average, the number of complaints closed within the timeframe was 29%. The performance level has continued to drop due to the number of complaints received during the period. In addition, work pressures within services has compromised performance due to capacity and Covid-19 sickness absence.

Significant focus is in place to support services recover their position and a recovery plan is in place. The Patient and Carer Experience Team are moving as much resource as possible to focus on improving this position. A recovery plan has been developed and the intention is to address the position by the end of the financial year, however the risk of continued or greater pressure on service creates a risk to successful achievement of this plan. Performance data is shared weekly with senior leaders to support active monitoring.

The common themes within complaints were consent, confidentiality and communication, as well as access to appointments, admission, transfer and discharge. This information is shared with services to support local improvement.

The Health Board continues to adhere to the National Wales Framework Guidance to provide a consistent approach for NHS Wales's organisations to identify, review and report patient safety incidents following nosocomial transmission of Covid-19 in compliance with the National Health Service (Concerns, Complaint and Redress Arrangements) Regulations 2011 – Putting Things Right.

Public Services Ombudsman for Wales (PSOW)

Detailed information on key cases investigated by the Ombudsman is included in the Patient and Carer Experience Report to the QSE Committee.

The Ombudsman's Annual Letter 2021-2022 was received on 09 August 2022 and was provided to the QSE Committee on 06 September 2022.

Monthly meetings are scheduled with the Ombudsman's Head of Complaints Standards to promote partnership working between the Health Board and PSOW, and to discuss and share compliance data and review the Health Board's current position.

One Public Interest Report was issued under s.23 of the Public Services Ombudsman (Wales) Act 2019. The complaint related to the care and management following a referral to an NHS Hospital Trust in England (the Walton Centre NHS Foundation Trust) which was commissioned by the Health Board to provide care and treatment. The Health Board having commissioned the care from the Trust remained responsible for the monitoring and oversight of the care which the Trust provided. The Consultant Neurologist based at the Trust failed to diagnose the patient's multiple sclerosis ("MS" - a condition which affects the brain and the spinal cord) between 18 May 2018 and 19 September 2019. The complaint also related to the complaint responses received from both the Trust and the Health Board which were not robust and were inaccurate. An action plan has been developed and will be monitored to ensure all recommendations are implemented over the next few months.

Patient Feedback

Patient feedback and listening to the voices of patients, carers and service users, is key to effective service improvement. The CIVICA real-time patient feedback system is currently being embedded across the Health Board, with implementation started in summer of 2021, and is a mechanism to support real time patient and carer feedback. The online patient feedback system supports the development and deployment of multiple surveys across multiple channels, along with standard reporting, alerting and enhanced text analytics. It signals an important milestone in providing every patient and carer with an opportunity to have their voices heard and acted upon.

In August and September, 2,249 patient feedback responses were received. The average experience rating was 9.38 out of 10. Appendix 8 provides a chart of the rating over time.

The Patient and Carer Experience Team is using hybrid text analysis of qualitative data to provide key information from the narrative provided by patients in addition to the scoring provided by patients. The main positive keywords are compassion, friendliness, professional and polite. The main negative keywords are waiting, facilities, comfort and food.

A breakdown of this information is provided to services by means of a live dashboard and a monthly report. Services are encouraged to review their feedback and take action to improve.

A new Patient and Carer Feedback Framework is in development to establish a strengthened approach to listening and acting upon feedback.

The Patient Advice and Liaison Service (PALS) offers confidential advice, support and information on health-related matters. They provide a point of contact for patients, their families and their carers. The team dealt with 1,145 contacts during August and September 2022.

Detailed information is contained in the Patient and Carer Experience Report to the QSE Committee.

CONCLUSION

This report provides the Health Board with information and analysis on quality and patient safety matters including Nationally Reportable incidents, Never Events and HIW activity occurring in the last two months.

The key points of note are:

- The rate of Nationally Reportable Incidents (NRIs) remains constant – the main themes remain falls, healthcare acquired pressure ulcers, and the recognition and action on deteriorating patients. Improvement work for all these areas has been reinvigorated under the leadership of senior clinical staff.
- The rate of surgical safety NRIs (specifically Never Events) has reduced and whilst it is too early to draw a definitive conclusion, the learning from previous incidents and the intensive improvement work is likely to be making a difference.
- The number of overdue incident investigations, and consequently closure within the target timeframe is below expectation. Services report clinical and operational pressure as being the main cause. Support is being provided. The Health Board is marginally the outlier in this regard.
- One overdue Safety Alert remains. Whilst this is the best overall position in Wales, the actions required are being actively chased and have been escalated to the Executive Medical Director.
- The number of overdue complaints remains unacceptably high, with an impact on the closure target compliance. As with incidents, services report pressures as being the cause. Support is being provided to all divisions from the corporate team and a recovery plan has been developed. It is likely to take several months to address the backlog position and the risk of ongoing or greater pressure on services is a risk to success.
- The overall patient experience rate has increased slightly from the previous period.

The Health Board will continue to submit more detailed information to the QSE Committee through the bi-monthly Patient Safety Report and triannual Patient and Carer Experience Report.

The Health Board is asked to note the report.

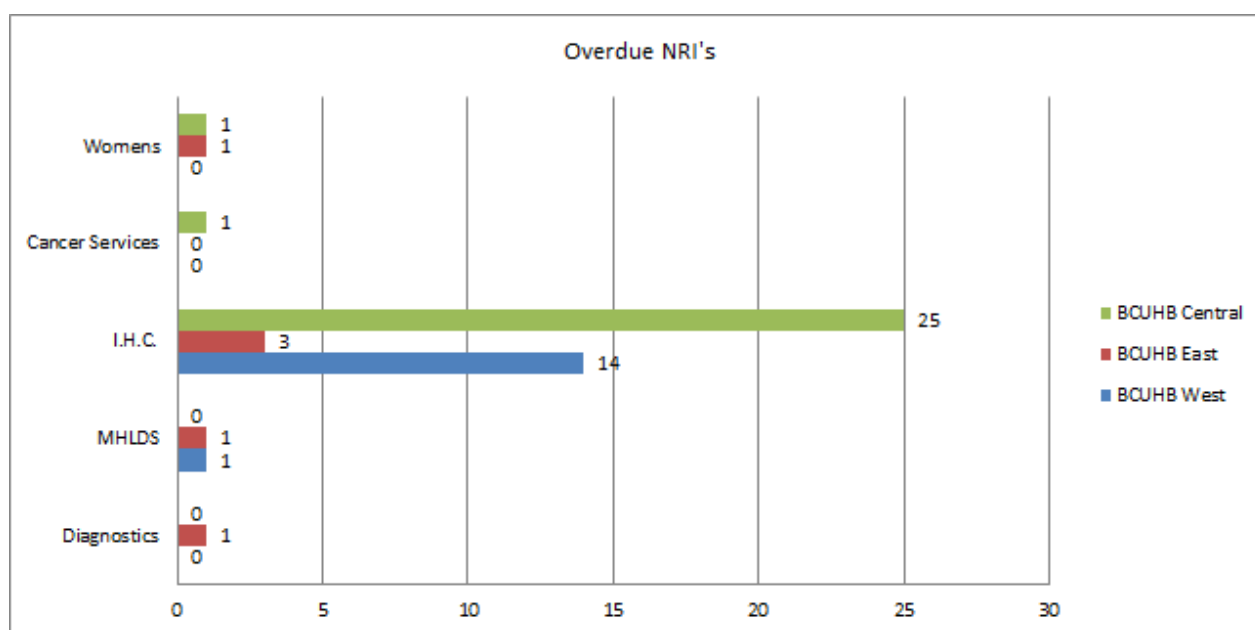
Appendix 1 – Reporting rates of NRIs

	Oct-21	Nov-21	Dec-21	Jan-22	Feb-22	Mar-22	Apr-22	May-22	Jun-22	Jul-22	Aug-22	Sep-22	Total
Health Community West: YG	1	3	1	9	0	8	2	3	0	1	3	6	37
Health Community West: Primary and Community	0	1	1	1	0	5	1	0	0	0	2	0	11
Health Community Central: YGC	2	3	3	6	8	4	4	2	6	4	3	3	48
Health Community Central: Primary and Community	0	3	1	2	3	3	0	0	0	0	0	1	13
Health Community East: WMH	1	6	4	0	0	6	0	1	1	3	2	0	24
Health Community East: Primary and Community	0	2	1	1	0	2	0	0	2	1	0	1	10
Women's and Midwifery	0	3	3	0	0	1	0	0	1	2	1	1	12
Diagnostics and Clinical Support	1	0	0	0	0	0	0	1	0	0	0	0	2
Cancer Services	0	0	1	0	1	0	0	0	0	0	0	0	2
Mental Health and Learning Disability	1	0	1	1	0	1	0	0	0	0	1	1	6
Support Services	0	0	0	0	0	0	0	0	0	0	0	0	0
Total	6	21	16	20	12	30	7	7	10	11	12	13	165

Appendix 2 – Reporting rates of NRIs – National comparison

Time period	BCUHB incidents/100,000 population	All Wales incidents/100,000 population
Oct/Nov 2021	3.8	3.0
Dec /Jan 2022	4.3	3.2
Feb/March 2022	6.2	3.8
April /May 2022	2.9	2.9
June/July 2022	3.4	2.7
Aug/Sept 2022	3.8	3.3
AVERAGE	4.0	3.1

Appendix 3 – Reporting rates of NRIs – Overdue position



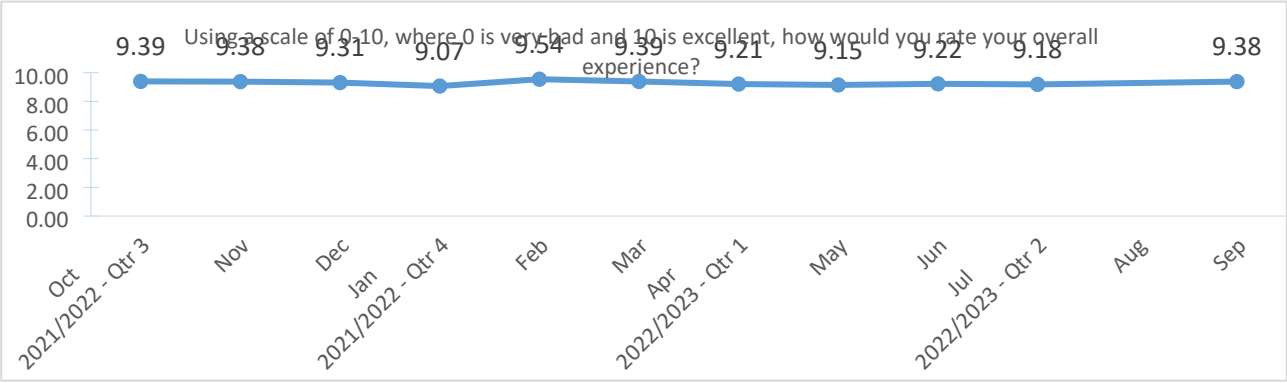
Appendix 4 – Reporting rates of NRIs - Recognition and escalation of deteriorating patient (to include delay/failure to monitor patient, failure to act on adverse symptoms and delay in diagnosis)

Recognition and escalation of deteriorating patient	Oct-21	Nov-21	Dec-21	Jan-22	Feb-22	Mar-22	Apr-22	May-22	Jun-22	Jul-22	Aug-22	Sep-22	Total
YGC	0	1	2	4	2	1	3	2	3	1	0	0	19
WMH	1	0	0	0	0	2	0	0	0	0	1	0	4
YG	1	2	0	1	0	3	1	0	0	0	2	2	12
Central Area	0	0	0	0	1	0	0	0	0	0	0	0	1
Womens	0	0	0	0	0	1	0	0	0	0	1	0	2
Total	2	3	2	5	3	7	4	2	3	1	4	2	38

Appendix 5 – Reporting rates of NRIs – Falls

Reportable falls	Oct-21	Nov-21	Dec-21	Jan-22	Feb-22	Mar-22	Apr-22	May-22	Jun-22	Jul-22	Aug-22	Sep-22	Total
YGC	1	1	1	2	4	2	0	0	1	2	1	1	16
WHM	0	1	3	0	0	2	0	1	1	2	0	0	10
YG	0	0	1	7	0	2	1	3	0	0	1	1	16
Central Area	0	0	0	0	2	1	0	0	0	0	0	0	3

Appendix 8 – Patient Feedback



Teitl adroddiad:	Vascular Services
Report title:	
Adrodd i:	Public Board
Report to:	
Dyddiad y Cyfarfod:	Thursday, 24 November 2022
Date of Meeting:	
Crynodeb Gweithredol: Executive Summary:	<p>The purpose of this paper is to update the Health Board on progress to secure the ongoing sustainability of the vascular surgical services.</p> <p>This follows escalation measures put in place in response to concerns raised by the Vascular Quality Review Panel (VQRP) in July 2022, which were reported to the previous Board meeting. The paper gives a brief update on the current position and on work undertaken to commission ongoing contingency support, develop a longer-term sustainability assessment and undertake an options appraisal following the completion of the sustainability assessment.</p>
Argymhellion: Recommendations:	<p>The Board is asked to:</p> <ul style="list-style-type: none"> • Receive the report and support the continuing work to ensure sustainability of safe and effective vascular services. • Note the actions which remain in place following the VQRP concerns including the vascular improvement plan (VIP). • Note that Health Inspectorate Wales (HIW) will review the service in December 2022. • Note that clinical outcomes for patients undergoing amputation are in line with peer units. • Note the National Vascular Registry published its 2022 report on November 10th and that BCUHB mortality rates remain within the confidence limits. • Note that clinical pathway development has started for patient with ischemic lower limbs. • Note the outcome of the vascular renal access peer review • Note the issue of a Prevention of Future Deaths (PFD) report from His Majesty's Coroner (HMC) • Note that an incident previously categorised as a never event has been downgraded

	<ul style="list-style-type: none"> Note the contingency planning though the Emergency Preparedness, Resilience and Response (EPRR) framework has been discontinued. Note that Gold support for the service has been discontinued. Note the efforts to recruit. Note that a sustainability assessment has been commissioned. 			
Arweinydd Gweithredol: Executive Lead:	Dr Nick Lyons, Executive Medical Director / Acting Deputy CEO			
Awdur yr Adroddiad: Report Author:	Jenny Farley, Interim Vascular Network Manager Dr Emma Hosking, Acting Deputy Executive Medical Director			
Pwrpas yr adroddiad: Purpose of report:	I'w Nodi <i>For Noting</i> <input checked="" type="checkbox"/>	I Benderfynu arno <i>For Decision</i> <input type="checkbox"/>	Am sicrwydd <i>For Assurance</i> <input checked="" type="checkbox"/>	
Lefel sicrwydd: Assurance level:	Arwyddocaol <i>Significant</i> <input type="checkbox"/> Lefel uchel o hyder/tystiolaeth o ran darparu'r mecanweithiau / amcanion presennol <i>High level of confidence/evidence in delivery of existing mechanisms/objectives</i>	Derbyniol <i>Acceptable</i> <input type="checkbox"/> Lefel gyffredinol o hyder/tystiolaeth o ran darparu'r mecanweithiau / amcanion presennol <i>General confidence / evidence in delivery of existing mechanisms / objectives</i>	Rhannol <i>Partial</i> <input checked="" type="checkbox"/> Rhywfaint o hyder/tystiolaeth o ran darparu'r mecanweithiau / amcanion presennol <i>Some confidence / evidence in delivery of existing mechanisms / objectives</i>	Dim Sicrwydd <i>No Assurance</i> <input type="checkbox"/> Dim hyder/tystiolaeth o ran y ddarpariaeth <i>No confidence / evidence in delivery</i>
Cyfiawnhad dros y gyfradd sicrwydd uchod. Lle bo sicrwydd 'Rhannol' neu 'Dim Sicrwydd' wedi'i nodi uchod, nodwch gamau i gyflawni sicrwydd 'Derbyniol' uchod, a'r terfyn amser ar gyfer cyflawni hyn:				
The service is designated as a Service Requiring Significant Improvement and further work is being undertaken to secure the improved outcomes and longer-term sustainability required to address this and provide full assurance. The clinical workforce is more stable than previously but remains fragile.				
Cyswllt ag Amcan/Amcanion Strategol: Link to Strategic Objective(s):	The provision of safe and high-quality services is a primary duty of the Health Board.			
Goblygiadau rheoleiddio a lleol: Regulatory and legal implications:	The Vascular Service remains designated a Service Requiring Significant Improvement under HIW and Welsh Government (WG) escalation measures.			
Yn unol â WP7, a oedd EqIA yn angenrheidiol ac a gafodd ei gynnal? In accordance with WP7 has an EqIA been identified as necessary and undertaken?	Not required at this time			
Yn unol â WP68, a oedd SEIA yn angenrheidiol ac a gafodd ei gynnal?	Not required at this time			

<p><i>In accordance with WP68, has an SEIA identified as necessary been undertaken?</i></p>	
<p>Manylion am risgiau sy'n gysylltiedig â phwnc a chwmpas y papur hwn, gan gynnwys risgiau newydd (croesgyfeirio at y BAF a'r CRR)</p> <p><i>Details of risks associated with the subject and scope of this paper, including new risks (cross reference to the BAF and CRR)</i></p>	<p>The corporate risk register (CRR) was reviewed on 4 October 2022. Three risks related to the vascular service were placed on the CRR at Tier 1. All three link to the strategic priority recovering access to timely planned care pathways, BAF21-02.</p> <p>CRR22-25: There is a risk that there will be delays in the delivery of emergency, urgent and routine care for vascular patients.</p> <p>CRR22-26: There is a risk that the acute vascular service could not be sustained.</p> <p>CRR22-27: There is a risk that following the RCS stage 2 review of 47 sets of case notes, vascular medical workforce documentation is non-compliant with regulatory standards for record keeping</p>
<p>Goblygiadau ariannol o ganlyniad i roi'r argymhellion ar waith</p> <p><i>Financial implications as a result of implementing the recommendations</i></p>	<p>Financial implications of the escalation measures and the commissioning of contingency support are funded through IMTP.</p> <p>Additional costs arising from contingency measures and dual consultant cover are £222K to date.</p> <p>Financial assessment will form part of the options appraisal for the medium to longer term sustainability plans.</p>
<p>Goblygiadau gweithlu o ganlyniad i roi'r argymhellion ar waith</p> <p><i>Workforce implications as a result of implementing the recommendations</i></p>	<p>Kendall Bluck Consulting are examining the workforce implications of the various options for future sustainability.</p>
<p>Adborth, ymateb a chrynodeb dilynol ar ôl ymgynghori</p> <p><i>Feedback, response, and follow up summary following consultation</i></p>	<p>Not applicable currently</p>
<p>Cysylltiadau â risgiau BAF: (neu gysylltiadau â'r Gofrestr Risg Gorfforaethol)</p> <p><i>Links to BAF risks:</i> (or links to the Corporate Risk Register)</p>	<p>Risks CRR22-25, CRR22-26 and CRR22-27 capture key risks in relation to the vascular services and are linked to the strategic priority 'recovering access to timely planned care pathways', BAF21-02.</p>
<p>Rheswm dros gyflwyno adroddiad i fwrdd cyfrinachol (lle bo'n berthnasol)</p>	<p>Amherthnasol</p> <p>Not applicable</p>

<i>Reason for submission of report to confidential board (where relevant)</i>	
Next Steps:	
Rhestr o Atodiadau: Dim List of Appendices: None	

Board Meeting in Public

24 November 2022

Vascular Services Update

Introduction/Background

Vascular services for the population of North Wales have been provided since 2019 through a hub and spoke model with centralisation of arterial and endovascular services at Glan Clwyd Hospital.

An invited service review by the Royal College of Surgeons (RCS) was commissioned by the Board in 2020 to review the quality of the new service, the first report was published in March 2021 and the second report in February 2022. In response to the second report, the Board convened a Vascular Quality Review Panel (VQRP) with an external chair to review specific cases.

The various improvement plans relating to vascular were integrated into a single Vascular Improvement Plan (VIP) in November 2021. A strengthened Vascular Steering Group (VSG) was established at that time with lay representatives, and Community Health Council input. On 8 July 2022, the Chair of the VQRP raised specific safety concerns in relation to the management of patients undergoing aortic surgery which led to recommendations including dual consultant operating for some more complex procedures, and the involvement of regional specialist centre in multidisciplinary (MDT) planning of the care of those patients. These were implemented immediately.

Current situation

Governance and VQRP concerns

The VIP is being subsumed into the maturity matrix as part of the improvement work taking place at Glan Clwyd Hospital on their journey to excellence. A newly appointed senior nurse is carrying out thematic analysis of serious incidents and concerns to identify key themes to focus learning and change.

The vascular team are early adopters of the CiTO e-form system for the recording of their multi-disciplinary team (MDT) discussions. Audits are demonstrating improvements in record keeping and consent processes.

Dual consultant operating continues for planned aortic surgery. Since the dual on-call arrangements started the need for a second consultant on-call at night has only been required once. When the new middle grade vascular doctors are in post this arrangement

will be revoked. The middle grade surgeons will provide on-site support seven days per week including evening presence and overnight on-call.

The VQRP expect to publish their report in November 2022. HIW will review the service in December 2022.

The board is asked to note the strengthened governance arrangements in terms of the vascular improvement plan, the publication date of the VQRP report, and the date of the planned HIW inspection.

Amputation rates comparison to peers

The Consultant Professional Lead undertook a review of the amputation data from the National Vascular Registry from 2018-2022. They reviewed the data before and after the hub and spoke model implementation and compared it with amputation rates from other UK vascular units. Data was drawn from clinical coding.

The results of the review for major amputation only, demonstrated that BCU network's mortality rate is similar to the national average for major amputation and that amputation rates are stable from before the network creation to the current day.

National Vascular Registry report

The **2022** NVR report was published on 10th November 2022 (for the years 2019-2021). Further work is now underway for data validation and, more importantly, to ensure that any learning from the national audit has been adopted.

Transforming pathways for patients with ischaemic lower limbs and diabetic foot disease

Work has started to transform the care of patients with ischemic lower limbs from diabetes. The CHC, primary care colleagues and the MDT are involved. Pathways development is expected to take up to 12 months, but improvements will be introduced in stages.

Vascular Renal Access

The vascular renal access peer review took place in September. The review team commented on the excellent clinical outcomes for patients and plans are now in place to address the waiting lists and clinical accountability for patients who need this access and to ensure standardisation of care. The formal report is awaited.

The board is asked to note that amputation rates are stable since before centralisation and that outcomes are in line with peer units. The board is asked to note the pathway redesign in progress, and the vascular renal access peer review findings.

Prevention of Future Deaths report

The inquest into the death of patient GR took place on 18 October 2022. The coroner recorded a narrative verdict and issued a PFD report to Welsh Ambulance Service Trust (WAST) and BCUHB with respect to transfer delays between YG and YGC. A transfer group is already established and agreed actions will be complete within 56 days.

Never event downgrade

An incident was categorised as a never event on the grounds of it being a 'wrong site surgery'. Full investigation took place and although the operation did not achieve its objective, it was the same operation as the original theatre booking. As such, it was downgraded to a nationally reportable incident. There is significant learning from this event, which has been shared across the health board.

The board is asked to note the PFD report and that the action plan is underway. The board is asked to note the downgrading of the never event.

Contingency arrangements and support

Liverpool University Hospitals Foundation Trust (LUHFT) paused their contingency support for the duration of their move to the Aintree site. They continue to provide an elective service for complex tertiary patients. University Hospitals of the North Midlands NHS Trust (UHNH) agreed to accept patients out of hours if required and are supporting the MDT to review all patients deemed to need aortic surgery.

The BCUHB vascular service is currently stable from the perspective of the consultant workforce so the EPRR and Gold support arrangements have been discontinued.

The board is asked to note that more stable consultant staffing has led to the discontinuation of EPRR and Gold cover arrangements.

Recruitment

The workforce and organisational development (WOD) team is monitoring the use of the additional funding from the IMTP. The network team is working with finance and WOD teams to create a system that allows accurate tracking of the IMTP funding and to ensure that the service can demonstrate improvement in patient care and value for money.

Commissioning of contingency and longer-term strategic support

The Executive Medical Director has approached NHS England (NHSE) to discuss how the service can build mutually supportive long-term relationships to ensure a stable and high-quality service.

The executive team have commissioned Kendall Bluck consulting to assess the current workforce against the service delivery model. They expect to report their findings in November 2022.

The board is asked to note the efforts to ensure the long-term sustainability of vascular services to patients in North Wales.

Teitl adroddiad: Report title:	Infection Prevention Update
Adrodd i: Report to:	BCUHB Board
Dyddiad y Cyfarfod: Date of Meeting:	Thursday, 24 November 2022
Crynodeb Gweithredol: Executive Summary:	<p>The report provides an update to Board on key activities, progress, and infection prevention moving forwards. It includes:</p> <ul style="list-style-type: none"> • A description of the Infection Prevention service and team. • Highlights from the Infection Prevention Annual Report for 2021-22: compared to other Health Boards. • Key infection prevention risks; there are currently two Tier 1 infection prevention risks on the risk register. • Current Mandatory Surveillance Rates of Health Care Associated Infections and compliance with trajectories. • A COVID-19 update; COVID has continued to dominate the work of the IP team but contacts no longer have to be tested and isolated and a reduced isolation time supported by LFT testing has enabled closed bays and wards to open more quickly, resulting in enhanced patient flow. Visiting continues as pre-pandemic however, masks have been re-introduced across the Health Board. Isolating symptomatic and positive patients continues to be a challenge resulting in ongoing outbreaks and bed closures, especially when cohort wards are not available. • Safe Clean Care Harm Free Programme and progress with current campaigns; including the campaign to 'Be Proud of Our Place' with the launch of the 5S methodology, 'clear the clutter' and 'dump the junk'. • Estates and Facilities Infection Prevention Developments including 'forensic search' and ATP testing using the latest technology to highlight areas contaminated with body fluids, and an Air Purification trial taking place on Hebog ward in YG. • Decontamination; a Strategic Review of the decontamination of medical devices was carried out by the Shared Services Partnership in August and highlighted a number of concerns related to infrastructure, equipment and environment that will require significant investment over the next 10 years to modernise and meet national guidance. • Appropriate use of Antibiotics; BCUHB are on target for WG Improvement Goal to achieve a minimum 25% reduction in antimicrobial usage in the community; at end of 21/22 total reduction was 38.6%. • The Infection Prevention Sub-Group Plan on a Page for 2022-23 to highlight current priorities, targets and what success looks like. The Infection Prevention Team continues to adopt a 'zero tolerance' approach to healthcare associated infections and embrace learning from the pandemic to build an Infection Prevention Team for the future.
Argymhellion: Recommendations:	The Board are asked to receive the Infection Prevention Update presentation for assurance.
Arweinydd Gweithredol:	Angela Wood, Executive Director of Nursing and Midwifery

Executive Lead:				
Awdur yr Adroddiad: Report Author:	Rebecca Gerrard, Director of Nursing Infection Prevention and Decontamination			
Pwrpas yr adroddiad: Purpose of report:	I'w Nodi <i>For Noting</i> <input type="checkbox"/>	I Benderfynu arno <i>For Decision</i> <input type="checkbox"/>	Am sicrwydd <i>For Assurance</i> <input checked="" type="checkbox"/>	
Lefel sicrwydd: Assurance level:	Arwyddocaol Significant <input type="checkbox"/> Lefel uchel o hyder/tystiolaeth o ran darparu'r mecanweithiau / amcanion presennol <i>High level of confidence/evidence in delivery of existing mechanisms/objectives</i>	Derbyniol Acceptable <input checked="" type="checkbox"/> Lefel gyffredinol o hyder/tystiolaeth o ran darparu'r mecanweithiau / amcanion presennol <i>General confidence / evidence in delivery of existing mechanisms / objectives</i>	Rhannol Partial <input type="checkbox"/> Rhywfaint o hyder/tystiolaeth o ran darparu'r mecanweithiau / amcanion presennol <i>Some confidence / evidence in delivery of existing mechanisms / objectives</i>	Dim Sicrwydd No Assurance <input type="checkbox"/> Dim hyder/tystiolaeth o ran y ddarpariaeth <i>No confidence / evidence in delivery</i>
<p>Cyfiawnhad dros y gyfradd sicrwydd uchod. Lle bo sicrwydd 'Rhannol' neu 'Dim Sicrwydd' wedi'i nodi uchod, nodwch gamau i gyflawni sicrwydd 'Derbyniol' uchod, a'r terfyn amser ar gyfer cyflawni hyn:</p> <p><i>Justification for the above assurance rating. Where 'Partial' or 'No' assurance has been indicated above, please indicate steps to achieve 'Acceptable' assurance or above, and the timeframe for achieving this:</i></p>				
Cyswllt ag Amcan/Amcanion Strategol: Link to Strategic Objective(s):		The report underpins the Board strategic direction around delivery of services. IPSG Plan on a Page		
Goblygiadau rheoleiddio a lleol: Regulatory and legal implications:		Code of Practice for the Prevention and Control of Healthcare Associated Infections (2014) Welsh Government 6 key mandatory performance indicators/organisms.		
Yn unol â WP7, a oedd EqlA yn angenrheidiol ac a gafodd ei gynnal? <i>In accordance with WP7 has an EqlA been identified as necessary and undertaken?</i>		Not required.		
Yn unol â WP68, a oedd SEIA yn angenrheidiol ac a gafodd ei gynnal? <i>In accordance with WP68, has an SEIA identified as necessary been undertaken?</i>		Not required. The Report does not relate to a strategic decision. The Board are asked to receive and acknowledge the update report.		
Manylion am risgiau sy'n gysylltiedig â phwnc a chwmpas y papur hwn, gan gynnwys risgiau newydd (croesgyfeirio at y BAF a'r CRR)		There are currently two Tier 1 infection prevention risks on the corporate risk register: 1. Potential that medical devices are not decontaminated effectively so patients may be harmed, scoring 16 (CRR22-19).		

<p>Details of risks associated with the subject and scope of this paper, including new risks(cross reference to the BAF and CRR)</p>	<p>2. Inability to deliver timely Infection Prevention and Control services due to limited capacity, scoring 15 (CRR22-18).</p> <p>There is one Tier 2 risk related to the reduction in Public Health Wales Consultant Microbiologists, scoring 9.</p>
<p>Goblygiadau ariannol o ganlyniad i roi'r argymhellion ar waith</p> <p>Financial implications as a result of implementing the recommendations</p>	<p>Costs associated with HCAI prevention continue to fall on the Hospitals directly involved in patient care and those providing support services such as Laboratory, Radiology, Pharmacy, Estates and Facilities. In exceptional circumstances, e.g. pandemic, additional resources/funding may be available from Welsh Government.</p> <p>Additional funding has been secured for improvements of the aged Estate and each Hospital Management Team have prioritised how this will be spent in conjunction with the Infection Prevention Team.</p> <p>A Capital replacement programme in place to address aged sterilising equipment.</p> <p>Further funding will be required to future-proof Decontamination services.</p>
<p>Goblygiadau gweithlu o ganlyniad i roi'r argymhellion ar waith</p> <p>Workforce implications as a result of implementing the recommendations</p>	<p>'Infection Prevention is everyone's business'</p> <p>Recruitment to Infection Prevention Nurse posts has been challenging due to a lack of suitable applicants. An IP Team development plan has been written to support the development of existing team members</p> <p>There are implications associated with the availability of workforce/ poor staffing levels which is managed by the Hospital Management Teams.</p> <p>Increased medical engagement is essential.</p>
<p>Adborth, ymateb a chrynodeb dilynol ar ôl ymgynghori</p> <p>Feedback, response, and follow up summary following consultation</p>	<p>The Board are asked to receive the Infection Prevention Update presentation for assurance and provide feedback/acceptance.</p> <p>Infection Prevention activity continues to be overseen by the Infection Prevention Sub Group.</p>
<p>Cysylltiadau â risgiau BAF: (neu gysylltiadau â'r Gofrestr Risg Gorfforaethol)</p> <p>Links to BAF risks: (or links to the Corporate Risk Register)</p>	<p>There are currently two Tier 1 infection prevention risks on the corporate risk register:</p> <ol style="list-style-type: none"> 1. Potential that medical devices are not decontaminated effectively so patients may be harmed, scoring 16 (CRR22-19). 2. Inability to deliver timely Infection Prevention and Control services due to

	limited capacity, scoring 15 (CRR22-18).
Rheswm dros gyflwyno adroddiad i fwrdd cyfrinachol (lle bo'n berthnasol)	Amherthnasol
<i>Reason for submission of report to confidential board (where relevant)</i>	Not applicable.
Camau Nesaf: Gweithredu argymhellion <i>Next Steps:</i> <i>Implementation of recommendations</i> The Board are asked to receive the Infection Prevention Update presentation for assurance.	
Rhestr o Atodiadau: Dim	

Diweddariad Atal Heintiau

26/10/2022

Rebecca Gerrard

Cyfarwyddwr Nyrsio Atal Heintiau a Dadlygru

Infection Prevention Update

26/10/2022

Rebecca Gerrard

Director of Infection Prevention and Decontamination



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Betsi Cadwaladr
University Health Board

Infection Prevention Update

- Infection Prevention Team
- Infection Prevention and Control Annual Report 2021-22: Key Achievements and Challenges
- Infection Prevention Risks
- Current Mandatory Surveillance Rates of Health Care Associated Infections and compliance with trajectories – focus on C.difficile and MRSA blood stream infections
- COVID-19
- Safe Clean Care Harm Free Programme and progress with current campaigns
- Estates and Facilities Infection Prevention Developments
- Decontamination
- Appropriate use of Antibiotics
- Infection Prevention Plan on a Page for 2022-23



Infection Prevention Team

- The team provide service 8:30–5 on Monday-Friday. Telephone on-call service 9-5 Saturday, Sunday and bank holidays. Out of hours, advice provided by oncall Microbiologist.
- Sickness remains a challenge and there are still a few vacancies, but the situation has improved this year.
- An IP Team development plan has been written to support the development of existing team members.
- A Decontamination Consultant from an agency commences in November for 6 months (3 days per week) to support the development of a decontamination strategy for BCUHB and associated business cases.
- An experienced infection prevention nurse has continued to support the team 2/3 days per week through an Agency.
- The whole Infection Prevention team had a productive and enjoyable away day in September – enabling a review of how to improve current ways of working and outputs, both in local teams and collaboratively as a pan-BCU infection prevention team.

Infection Prevention Annual Report 2021-22 – Key Achievements

- Compared to other Health Boards, BCUHB was not an outlier for any of the six mandatory surveillance organisms; BCUHB had the lowest report rate for *C.difficile* and was below the trajectory for *E.coli* blood stream infections.
- There were no cases where CPE was thought to be acquired in hospital.
- Policies and guidelines were updated and disseminated as required to keep pace with changing national guidance.
- The 'Safe Clean Care – Harm Free' programme continued to drive forward improvement initiatives including creation of dedicated resources on the intranet, 'De-clutter' campaigns to improve tidiness and ease cleaning, Environmental improvement works including installation of more bay doors, new hand wash basins and improved changing facilities for staff.
- In 2021/22 157 Infection Prevention Champions were trained across BCUHB to act as ambassadors of good practice, and this number has almost doubled to over 300 since then.
- There was enhancement of inpatient testing regimes for respiratory viruses to enable swift decision making.
- BCUHB achieved a 38.6% reduction in antimicrobial use since 2013/14 compared to a 25% trajectory.
- There was a successful pilot of Hypochlorus acid for enhanced cleaning of patient rooms as a safer and quicker alternative to hydrogen peroxide vapour (HPV) and this is now being rolled out across BCU.



Infection Rate Comparisons in 2021/22

	C. diff	MRSA	MSSA	E. coli	Klebsiella	Pseudomonas
Infection rates at the end of 21/22	30.4	1	21.5	62.9	18.4	4.7
BCUHB's position in Wales	4th	2nd	1st	4th	1st	3rd
England average	25.2	1.2	21.7	67.1	20.2	7.7

Infection Prevention Annual Report 2021-22 – Key Challenges

- Staffing within the Infection Prevention Team was severely challenged so workload had to be re-prioritised and shared across the organisation to ensure all areas had minimal cover. A risk assessment was completed.
- COVID-19 dominated 2021/22, however lessons have been learned and recent outbreaks have been quickly contained.
- The Welsh Governments framework for the management of patient safety incidents following transmission of COVID-19 is being followed, but by the end of March 2021, only 255 cases had been fully investigated. Additional funding and resource has now been provided to progress this work.
- Due to high rates of absence related to COVID-19, facilities had to recruit high numbers of additional bank staff to support cleaning.
- The estate is ageing and non-critical ventilation i.e. in general wards and departments is generally poor and reliant on natural sources. It would take significant investment to make improvements but the use of mobile air handling units is being explored.
- There is still evidence of inappropriate prescribing of antibiotics, compliance with Start Smart then Focus Audits is poor and BCUHB has high levels of antibiotic resistance so further work is required to promote the Antibiotic Stewardship Programme.
- A number of infrastructure/resource challenges have prevented progression in a number of areas related to decontamination. BCUHB need to develop a Decontamination Strategy and planned programme of improvements.
- Current lack of inpatient decant facilities to enable Deep cleaning further impacted by pressures in patient flow.



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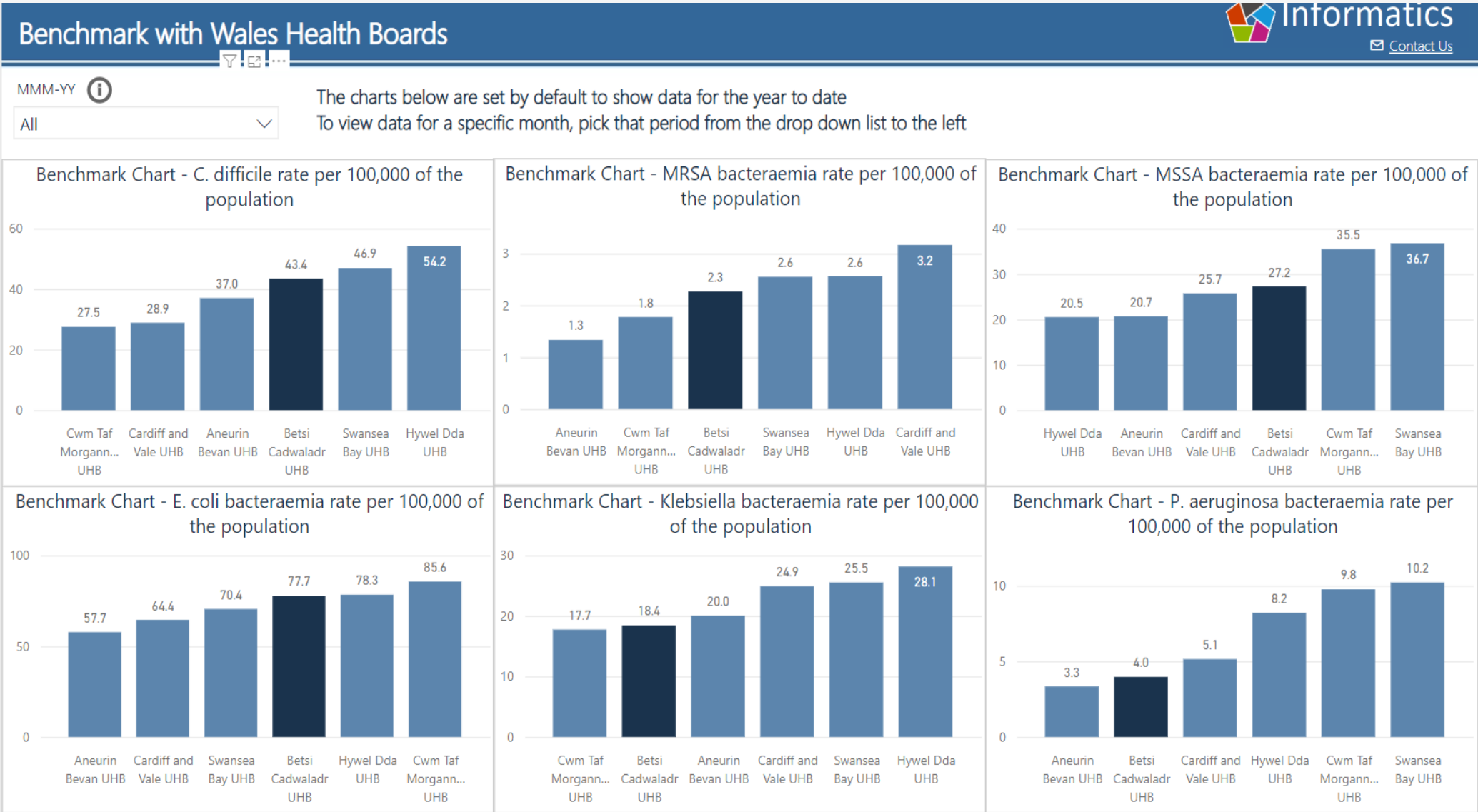


Infection Prevention Risks

- There are currently two Tier 1 infection prevention risks on the risk register:
 1. Potential that medical devices are not decontaminated effectively so patients may be harmed, scoring 16.
 2. Inability to deliver timely Infection Prevention and Control services due to limited capacity, scoring 15.
- There is one Tier 2 risk related to the reduction in Public Health Wales Consultant Microbiologists, scoring 9.
- Mandatory Surveillance Data for Infection Rates: In comparison with other Welsh Health Boards, at the end of September, BCUHB were 2nd for Klebsiella and Pseudomonas blood stream infections, 3rd for MRSA and 4th for C.difficile, MSSA and E.coli – see next slide.

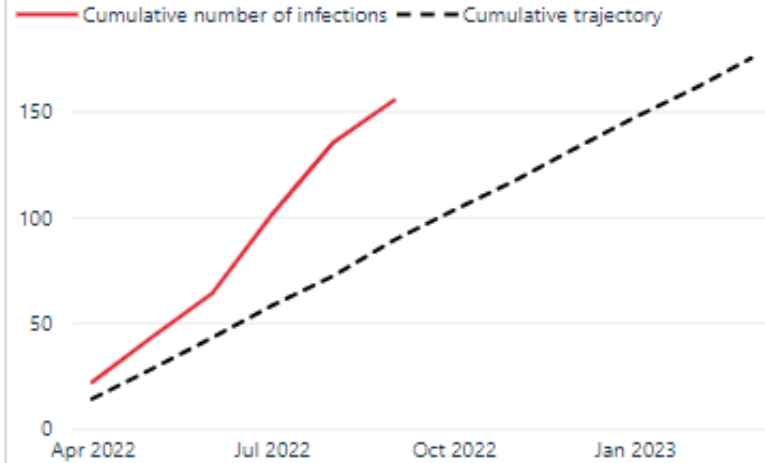


Mandatory Surveillance of Health Care Associated Infections (HCAI): Six Key Performance Indicators (April to end Sept)

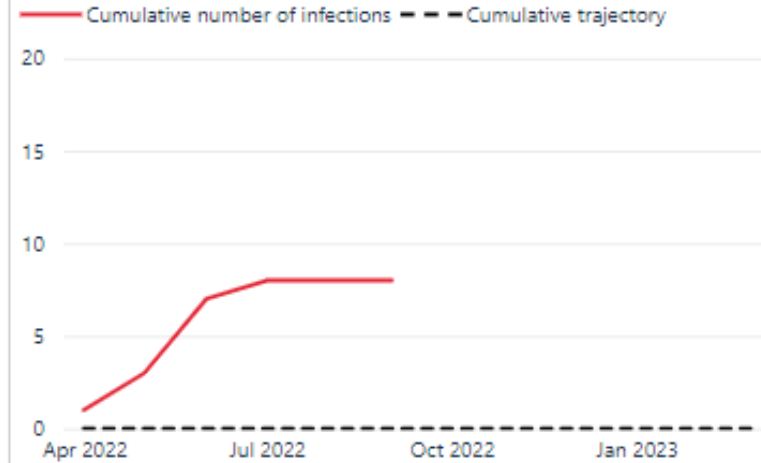


BCUHB Trajectories versus Actual numbers of Infections

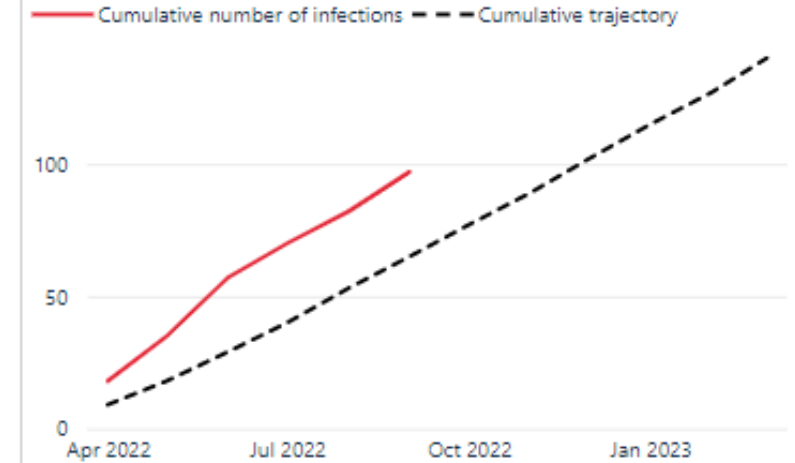
BCUHB - Cumulative number of C. difficile infections vs target



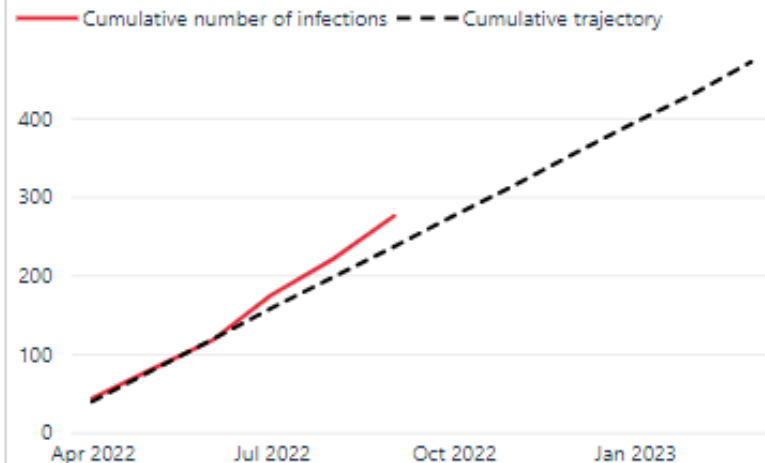
BCUHB - Cumulative number of MRSA infections vs target



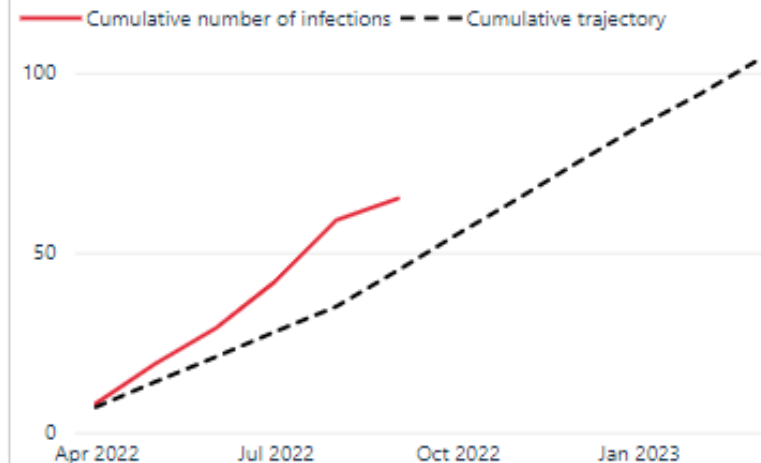
BCUHB - Cumulative number of MSSA infections vs target



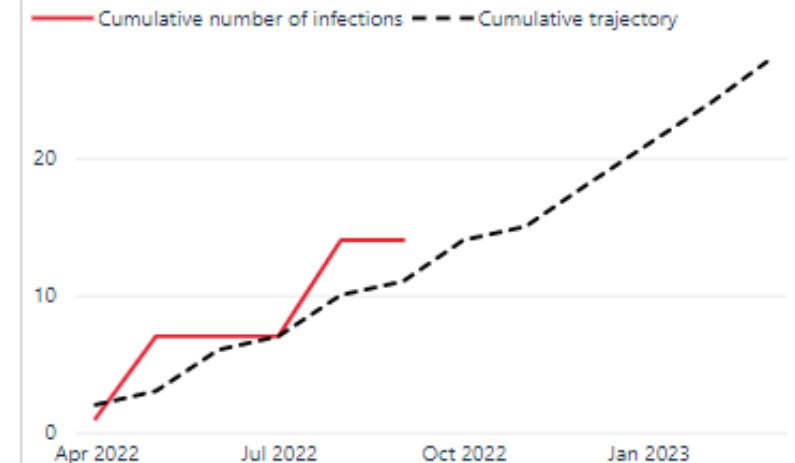
BCUHB - Cumulative number of E. coli infections vs target



BCUHB - Cumulative number of Klebsiella sp. infections vs target



BCUHB - Cumulative no of P. aeruginosa infections vs target



C. difficile Infection

- There is normally a seasonal increase in C.difficile infections over the summer months but an increased number of infections has been seen this year. C.difficile infection rates have also risen across Wales and nationally.
- In BCU there are often delays in isolating patients due to shortage of single rooms. IHCs have been asked to implement reactive followed by proactive deep cleaning programmes with high level disinfection to reduce the environmental burden.
- BCU are also seeing larger numbers of repeat infections and this is being investigated. The Faecal Transplant Protocol is being reviewed following recent NICE guidance and will need to be promoted and supported by clinicians across BCU.
- There is a current lack of Consultant Microbiologists to review patients and undertake C.difficile ward rounds.
- A Task and Finish Group has been convened and actions identified and progressing.
- Knowledge of C.difficile within the IP team has been enhanced to support the newer less experienced team members and enable them to deliver micro-teaching sessions to clinical staff.
- The 'patient incident review' process has been strengthened to ensure more focus on prevention measures.
- A review of Oncology patients has been undertaken; the report is expected later this year.

MRSA Blood Stream Infections

8 in total year to date - 4 avoidable, 3 unavoidable, 1 unable to determine (due to lack of information from the Care home; BCU are collaborating with Practice Development Nurses to strengthen the investigation process in care homes)

Learning has been identified and disseminated:

- Documentation related to vascular bundles, urinary catheter and blood cultures must be completed in full.
- Staff must check previous infection status of patients
- Patients should be swabbed on admission as per policy
- Decolonisation treatment must not be delayed
- Wound charts are to be used for all broken skin, not just pressure ulcers
- Urinary catheter passports must be used



Advanced ANTT Key Trainer Workshops For acute and community clinical staff who perform aseptic procedures took place in September. There were no MRSA blood stream infections in August and September.

COVID-19

- COVID-19 continues to dominate the work of the Infection Prevention team and policies and protocols have to be repeatedly changed as national guidance changes.
- In spring 2022, contacts no longer had to be tested and isolated and a reduced isolation time supported by LFT testing, enabled closed bays and wards to open more quickly, resulting in enhanced patient flow.
- Visiting continues as pre-pandemic however, masks have been re-introduced across the Health Board following publication of the October Welsh Health Circular.
- The majority of symptomatic staff, visitors and patients now display only mild symptoms and is not unusual for people to think they just have a cold and not get tested.
- Isolating symptomatic and positive patients continues to be a challenge resulting in ongoing outbreaks and bed closures, especially when cohort wards are not available.
- National guidance now focusses on testing symptomatic staff and patients for COVID-19, influenza and RSV.



Weekly number of inpatients with confirmed COVID-19 by Health Board

Daily number of inpatient cases in hospital, by health board of admission



Safe clean care – Harm Free Programme

- All Divisions have a 'Plan on a Page' and have completed an updated Self Assessment.
- Estates have an allocated budget to help improve the environment – deliverables prioritised and agreed at local IP groups.
- Weekly Safe Clean Care Steering Group meetings are held to carry out Deep Dives, highlight progress and share ideas.
- There are a series of Awareness Campaigns in progress.
- A successful Celebration Event was held on 26th October 2022 with fun and informative presentations, exhibition stands and information about new and innovative approaches to cleaning.



Safe Clean Care - Harm Free

Celebration Event

Wednesday 26th October 2022

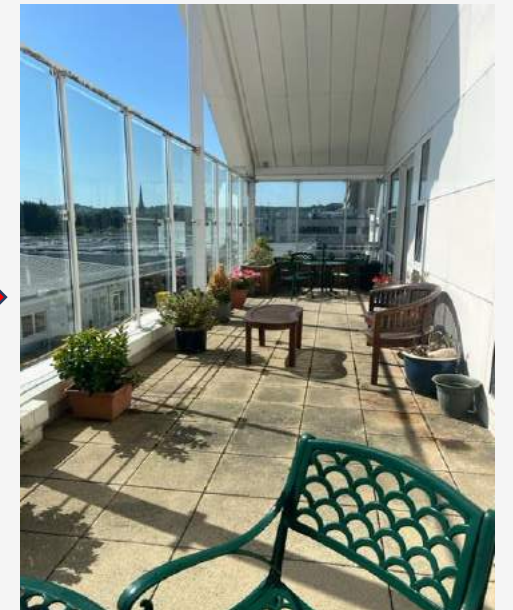
The Safe Clean Care – Harm Free (SCC-HF) Celebration Event is taking place on the morning of Wednesday 26th October at the Oriel Hotel, St Asaph.



'Proud of our place' Awareness Campaign

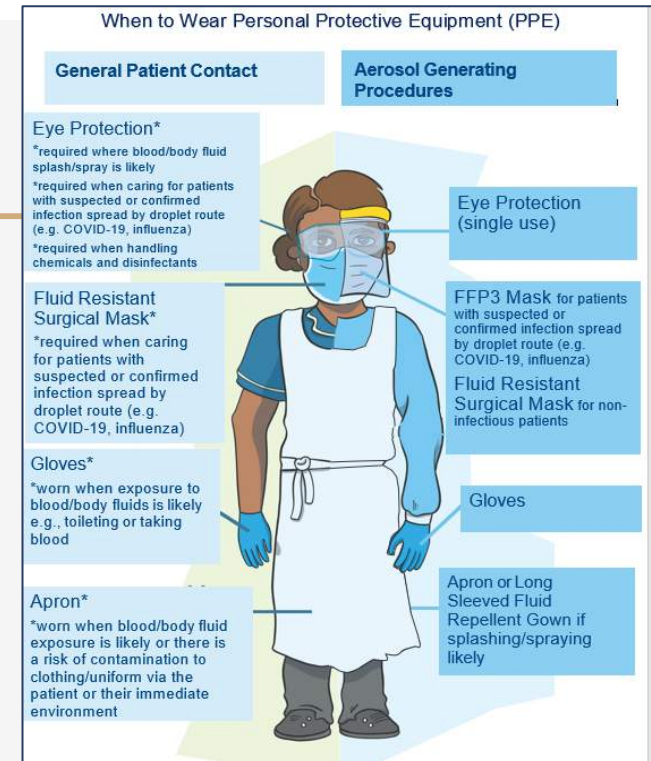
To support wards and departments to take pride in their environment and involved:

- The launch of a 5S poster (using the 5S methodology: Sort, Set in order, Shine, Standardise and Sustain) to enable teams to record their progress using images.
- Promoting opportunities to 'Clear the Clutter' working with colleagues in Estates and Facilities to provide additional opportunities to 'dump the junk'.
- There has been great enthusiasm for this campaign. Some examples are below:



Campaigns in progress: Making Space Safe

- This involves promoting Standard Infection Prevention Precautions focusing on appropriate use of Personal Protective Equipment (PPE) and the cleaning bed spaces (particularly focused around who cleans what), what type of clean is needed and the importance of Deep clean programmes.
- Social distancing is being reinforced to limit footfall on wards and to minimise the number of staff present at handovers. Also supporting the reduction of staff movement and reinforcing safe bed space layout for patients to eliminate overcrowding and reduce opportunity for cross infection.
- Empowering patients by revamping patient information and communication methods with advice for patients on how to help themselves stay safe in hospital and avoid infections.



Awareness Campaigns in the planning stage

Rapid Learning:

- Launch of the new Outbreak Management Policy – including the provision of clear outbreak summaries with improved processes for sharing learning widely and rapidly.
- Revamp the Post Infection Review processes to simplify the cycles, improve medical engagement and facilitate rapid shared learning and embed the learning into practice.

Safe Action Saves Lives:

- Screening and testing - promoting the importance of prompt action related to patient isolation and sampling, and reiterating the importance of checking results and acting on them promptly.
- Promoting appropriate management of invasive devices - including vascular devices, urinary catheters, and blood culture taking – promoting Aseptic Non-Touch Technique (ANTT) using 'Skills for safety' prompt cards for staff and a 'Preventing Healthcare Associated Infections' handbook.

Estates and Facilities: Infection Prevention Developments

- **'Forensic search'** - Investigating the application of fluorescence in the measurement of cleaning efficacy in healthcare settings. Pilot taking place in October in Chirk Hospital; hoping it will lead to further research.
- **ATP testing** - A quantitative process for measuring the cleaning process on any surface. Pilots completed with Housekeeping Supervisors and now working with Infection Prevention to roll out next phase of testing. Handheld units in place with each IP team across the three areas. Support provided by Estates for analysis and reporting of results.



Air Purification Units Trial

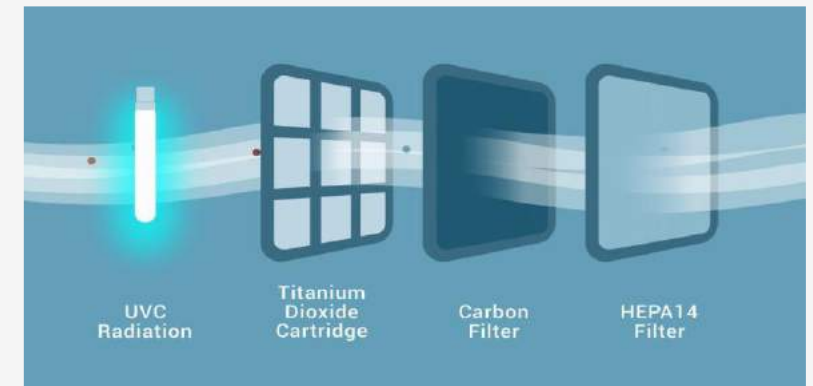
A pilot is currently taking place on Hebog ward at YG to measure the efficiency and efficacy of mobile air purification units.

Unit capacity is set to achieve Air Change compliance as per national recommendations.

The testing Strategy has been agreed for the second phase of testing – involving Active Air Sampling and Air Particulate testing to determine the efficacy of the units.

Staff and patient feedback is included.

The group is reporting to BCUHB Ventilation Safety Group.



Decontamination – Strategic Review by Shared Services

A 'Strategic review of The Decontamination of Medical Devices within BCUHB' was completed by Shared Services in August. Key concerns highlighted include:

- All 3 Sterile Service Department (SSD) engineering services are near or at the end of life and will require replacement over the next ten years, with the Wrexham Maelor unit being the priority.
- Concerns raised with the current infrastructure, equipment and built environment for Endoscope decontamination at YGC and WM (including endoscopy, urology, and ENT).
- BCUHB need to investigate the purchase of a compatible sterilisation system for scopes that enter sterile cavities i.e. choledochoscopes.
- Local decontamination facilities supporting community dental premises are generally in poor condition, with units often lacking appropriate environmental controls. Recommendations include exploring the transfer of decontamination activities to SSD.
- A need for a collaboration on a Health Board wide management strategy as currently each Decontamination unit operates to different standards/systems.
- Non-lumened scopes used in ENT should be decontaminated using automated methods; WM currently use manual. YGC use disposable. Decontamination procedures should be reviewed and changed to reflect the updated guidelines.

In summary, an in-depth formal review of its decontamination service should be carried out to incorporate both the internal needs of the organisation, along with the wider needs of the NHS in Wales.

Significant investment is required to develop and upgrade the necessary infrastructure for decontamination services.

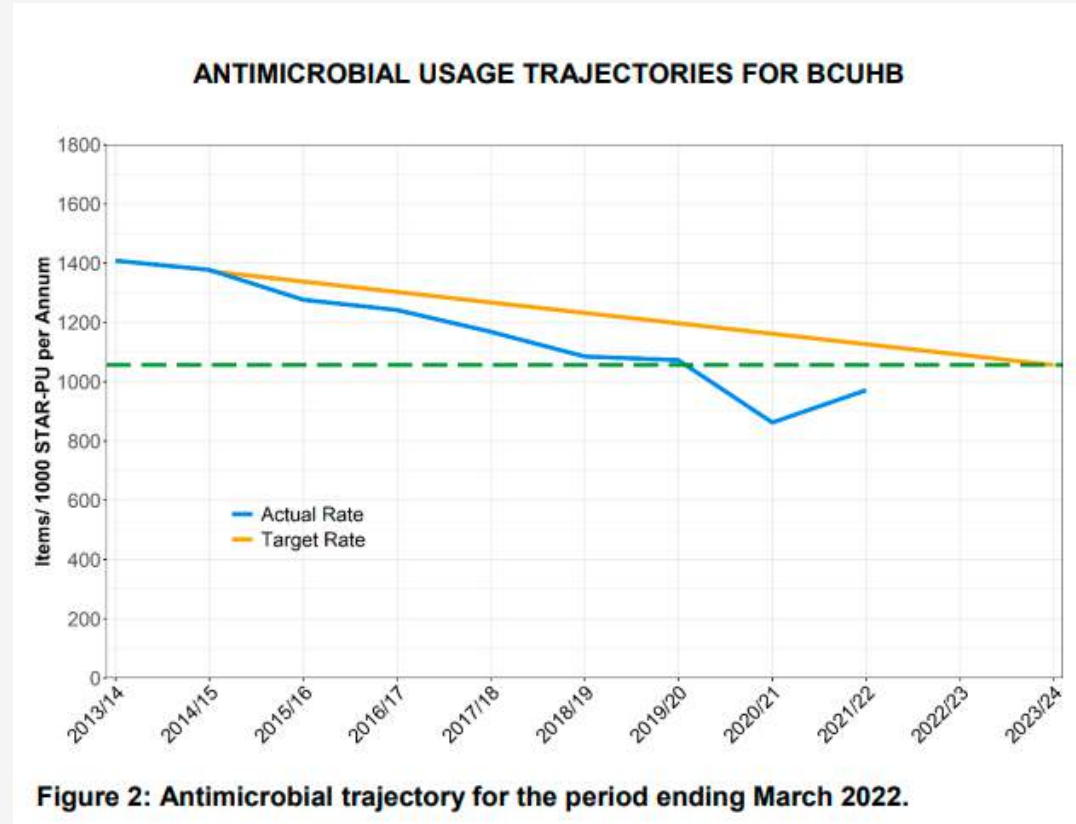
Decontamination: Assurances and Achievements

- Funding has been approved for a Decontamination Consultant from an agency to commence in November for 6 months (3 days per week) to support the development of a decontamination strategy for BCUHB and associated options appraisal and the development of business cases.
- The Decontamination Committee meets on a regular basis and is proactive in ensuring a process of continual improvement with decontamination of medical devices.
 - AAA reports submitted for all acute and community sites carrying out decontamination.
 - The Decontamination Team follow up non attenders.
 - Risk assessments are reviewed and updated.
- Training issues are being addressed.
- A Capital replacement programme is in place to address aged sterilising equipment.
- Decontamination audits have been increased to twice yearly and are completed as planned.
- The Endoscopy unit at YG has been designed to meet Joint Advisor Group standards; pre-JAG visit secured in Q4 with a view to be fully accredited later this year.



Appropriate Use of Antibiotics

- BCUHB are on target for WG Improvement Goal to achieve a minimum 25% reduction in antimicrobial usage in the community; at end of 21/22 total reduction was 38.6%.
- Microguide® regularly updated including major revisions to primary care and paediatric sections.
- BCU are still seeing high resistance rates in some areas, in particular *E.coli* and certain antibiotics; an in-house resistance dashboard has been developed and launched to allow closer monitoring and scrutiny.
- An ARK long-stay chart is being piloted as first in Wales in BCUHB community hospitals.
- Antibiotic stewardship work with community dental service and contracted dentists now providing antibiotic prescribing guidelines, data and audit information for all in the service across BCUHB.



OUR VISION

Zero healthcare associated infections (HCAIs)

Infection Prevention Sub-Group – Plan on a page



Bwrdd Iechyd Prifysgol
Betsi Cadwaladr
University Health Board

OUR PRIORITIES FOR 2022-2023

Lower the burden of infection

Reduce IP risk from medical devices

Optimise antimicrobial use

Improve education and training in IP

Lower the environmental burden

A COLLABORATIVE APPROACH TO DELIVERING OUR PRIORITIES

Staff engagement & ownership across all staff groups. Standard precautions for all.
Patient & outbreak reviews (PIRs).
Audit & surveillance programmes.
Vaccination campaigns.
Data & epidemiology.
Optimised use of siderooms.
Policies and protocols.
Effective outbreak control meetings.

Risk management.
Improvement plans.
Capital investment.
Policies and protocols.
Audit and surveillance.
Education and training.
Sharps management.
Management beds and mattresses

Prudent prescribing.
Resistance data.
Audit and surveillance.
Staff engagement.
Policies and protocols.
Antimicrobial ward rounds.
Education and training including primary care.

Staff qualified in IP for their role.
SCC-HF improvement initiatives.
Share lessons learnt & good practice.
Develop IP Champions.
Promote MOOC. Mandatory training.
Patient/carer/visitor education.
Policies and protocols.

Credits for cleaning (C4C) audits.
Cleaning protocols.
Deep clean programmes.
Ventilation maximised. Safe Water, incl water sampling & little-used sinks.
Improvements to the estate.
Risk management. Food safety.
Environmental risk assessments.

TARGET

Monitor comparative & trend data.
Business case for future IP team.
Increase medical engagement with IP.
Develop IT for monitoring & reporting.
Review of CDT in cancer patients.
Complete study of ward-level predictors of COVID-19 outbreaks.
Quarterly deep dives at IPSG.
Effective use and feedback of data.

Develop an inclusive risk register.
Develop decontamination strategy.
Complete CAUTI project work.
Improve compliance with blood culture & vascular bundles.
Complete twice yearly decontamination audits.
Promote catheterisation e-learning programme.

Antimicrobial workplan.
Refine and launch antimicrobial dashboard.
Develop protocol for CPE.
Revise restriction policy.
Strengthen SStF audit.
Implement mandatory ARK training. Improve primary /secondary care info exchange

Bimonthly IP newsletter & IP Conference.
Review and refine PIR processes.
Establish IP Champions on every shift.
ANTT assessors in every ward/dept.
Improve mandatory training rates.
Review & update patient/carer information.
Promote IP in community & nursing homes.
Support SCC-HF improvement initiatives based on key themes learnt from PIRs.

Restart Environmental cleanliness group.
Complete Deep clean programmes.
Drive improvements and expenditure on priorities identified at LIPGs.
Ensure compliance with food safety audits.
Review use of mobile air purifiers.
Roll out use of Hypochlorus acid.
Improve waste segregation.

SUCCESS LOOKS LIKE

No avoidable HCAIs.
HCAI improvement goals achieved.
Low surgical site infection rates.
Vaccination targets met.
Good compliance with audits.

All policies and protocols up to date and all staff aware of them.
Good compliance with audits.
Improved decontamination facilities.
No decontamination incidents.
Reduction in sharps incidents.

Improved compliance with Welsh AMR improvement goals.
Reduced resistance rates.
Up to date Microguide.
Good compliance with audits.

ESR training compliance rates >85%.
More staff qualified in IP.
Patients informed and aware of how they can contribute to IP / self-care.
All policies and protocols up to date.

Improved C4C scores. Low vacancy rate.
Improved water and ventilation scores in annual report from Shared Services.
Good compliance with audits and tests.
5 star food ratings.

Diolch

Thank you



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Betsi Cadwaladr
University Health Board

Teitl adroddiad: <i>Report title:</i>	Nurse Staffing Levels			
Adrodd i: <i>Report to:</i>	BCUHB Board			
Dyddiad y Cyfarfod: <i>Date of Meeting:</i>	Thursday, 24 November 2022			
Crynodeb Gweithredol: <i>Executive Summary:</i>	<p>In line with the Nurse Staffing Levels (Wales) Act 2016 a formal annual presentation to the Board is required detailing the respective nurse staffing levels for each individual ward pertaining to sections 25B to 25E of the Act.</p> <p>This report and accompanying appendices aims to assure the Board that the legislative requirements associated with Section 25B of the Act and “<i>duty to calculate and take steps to maintain nurse staffing levels</i>” are being maintained.</p>			
Argymhellion: <i>Recommendations:</i>	The Board is asked to receive this report to gain assurance in relation to the organisation meeting its statutory “ <i>duty to calculate and take steps to maintain nurse staffing levels</i> ” in all wards that fall under the inclusion criteria of Section 25B of the Nurse Staffing Levels (Wales) Act 2016.			
Arweinydd Gweithredol: <i>Executive Lead:</i>	Mrs Angela Wood, Executive Director of Nursing & Midwifery			
Awdur yr Adroddiad: <i>Report Author:</i>	Mrs Alison Griffiths Director of Nursing for Workforce, Staffing and Professional Standards Miss Joanna Brown, Nurse Staffing Programme Lead			
Pwrpas yr adroddiad: <i>Purpose of report:</i>	I’w Nodi <i>For Noting</i> <input type="checkbox"/>	I Benderfynu arno <i>For Decision</i> <input type="checkbox"/>	Am sicrwydd <i>For Assurance</i> <input checked="" type="checkbox"/>	
Lefel sicrwydd: <i>Assurance level:</i>	Arwyddocaol <i>Significant</i> <input type="checkbox"/> <small>Lefel uchel o hyder/tystiolaeth o ran darparu'r mecanweithiau / amcanion presennol</small> <small>High level of confidence/evidence in delivery of existing mechanisms/objectives</small>	Derbyniol <i>Acceptable</i> <input checked="" type="checkbox"/> <small>Lefel gyffredinol o hyder/tystiolaeth o ran darparu'r mecanweithiau / amcanion presennol</small> <small>General confidence / evidence in delivery of existing mechanisms / objectives</small>	Rhannol <i>Partial</i> <input type="checkbox"/> <small>Rhywfaint o hyder/tystiolaeth o ran darparu'r mecanweithiau / amcanion presennol</small> <small>Some confidence / evidence in delivery of existing mechanisms / objectives</small>	Dim Sicrwydd <i>No Assurance</i> <input type="checkbox"/> <small>Dim hyder/tystiolaeth o ran y ddarpariaeth</small> <small>No confidence / evidence in delivery</small>
<p>Cyfiawnhad dros y gyfradd sicrwydd uchod. Lle bo sicrwydd 'Rhannol' neu 'Dim Sicrwydd' wedi'i nodi uchod, nodwch gamau i gyflawni sicrwydd 'Derbyniol' uchod, a'r terfyn amser ar gyfer cyflawni hyn:</p> <p><i>Justification for the above assurance rating. Where 'Partial' or 'No' assurance has been indicated above, please indicate steps to achieve 'Acceptable' assurance or above, and the timeframe for achieving this:</i></p>				
Cyswllt ag Amcan/Amcanion Strategol: <i>Link to Strategic Objective(s):</i>		<p><i>Nurse Staffing Levels (Wales) Act 2016 Section 25B applies to adult acute medical inpatient wards, adult acute surgical inpatient wards, and paediatric inpatient wards.</i></p> <p><i>A Healthier Wales: Our Plan for Health and Social Care identifies a requirement to “drive</i></p>		

	<p>the changes we need to see in our health and social care system, so that it is able to meet the needs of current and future generations in Wales” Recruitment and retention are key themes within these plans, and notes that while health and social care services have capability to attract the best talent in the world, there is evidence of fragility in specific services that have affected the delivery of quality care to patients.</p> <p><i>A Healthier Wales: Our Workforce Strategy for Health and Social Care</i> draws a direct link between vacancy rates and high agency expenditure.</p> <p><i>The priorities of the Chief Nursing Officer</i> includes an ambition to attract, recruit, train, educate and retain the nursing and midwifery workforce so that the nursing and midwifery vacancy factor is reduced, working towards no vacancies over 3-5 years</p>
<p>Goblygiadau rheoleiddio a lleol:</p> <p><i>Regulatory and legal implications:</i></p>	<p>Statutory reporting requirements aligned to the Nurse Staffing Act (Wales) 2016 “<i>duty to calculate and take steps to maintain nurse staffing levels</i>”</p>
<p>Yn unol â WP7, a oedd EqlA yn angenrheidiol ac a gafodd ei gynnal?</p> <p><i>In accordance with WP7 has an EqlA been identified as necessary and undertaken?</i></p>	<p>Not applicable</p>
<p>Yn unol â WP68, a oedd SEIA yn angenrheidiol ac a gafodd ei gynnal?</p> <p><i>In accordance with WP68, has an SEIA identified as necessary been undertaken?</i></p>	<p>Not applicable</p>
<p>Manylion am risgiau sy'n gysylltiedig â phwnc a chwmpas y papur hwn, gan gynnwys risgiau newydd (croesgyfeirio at y BAF a'r CRR)</p> <p><i>Details of risks associated with the subject and scope of this paper, including new risks(cross reference to the BAF and CRR)</i></p>	<p>CRR2113 - Nurse Staffing (Continuity of service may be compromised due to a diminishing nurse workforce). There is a risk to the provision of high quality safe and effective nursing care due to the number of nursing vacancies across the Health Board.</p> <p>Inability to provide appropriate nurse staffing levels to ensure time to care for patients sensitively can compromise the Health Boards ability to deliver health care effectively, and compromise the reputation of Health Board nursing services.</p> <p>This could be further exacerbated by the impact on the resilience of the workforce due to;</p> <ol style="list-style-type: none"> 1) the ongoing Covid 19 pandemic 2) the increasing age profile within the workforce

	<p>3) retention rate of nursing staff across the Health Board.</p> <p>CRR15 Recruitment & Retention (this applies to all staff across the Health Board but the nursing workforce is a significant element of the risk).</p> <p>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</p>
<p>Goblygiadau ariannol o ganlyniad i roi'r argymhellion ar waith</p> <p><i>Financial implications as a result of implementing the recommendations</i></p>	<p>A financial assessment arising from the organisations statutory duty to calculate nurse staffing levels will be considered within the financial planning cycle for 2023/24.</p>
<p>Goblygiadau gweithlu o ganlyniad i roi'r argymhellion ar waith</p> <p><i>Workforce implications as a result of implementing the recommendations</i></p>	<p>Workforce implications relate to the ability to both finance and recruit a sufficient workforce of both registered nurses and healthcare assistants</p>
<p>Adborth, ymateb a chrynodeb dilynol ar ôl ymgynghori</p> <p><i>Feedback, response, and follow up summary following consultation</i></p>	<p>Not applicable</p>
<p>Cysylltiadau â risgiau BAF: (neu gysylltiadau â'r Gofrestr Risg Gorfforaethol)</p> <p><i>Links to BAF risks:</i> (or links to the Corporate Risk Register)</p>	<p>As detailed above - Risk ID1976</p>
<p>Rheswm dros gyflwyno adroddiad i fwrdd cyfrinachol (lle bo'n berthnasol)</p> <p><i>Reason for submission of report to confidential board (where relevant)</i></p>	<p>Not applicable</p>
<p>Camau Nesaf: Gweithredu argymhellion</p> <p><i>Next Steps:</i> <i>Implementation of recommendations</i></p>	
<p>Rhestr o Atodiadau: List of Appendices:</p> <ol style="list-style-type: none"> 1. Annual Presentation of Nurse Staffing Levels to the Board 2. A summary of Nurse Staffing Levels for wards where Section 25B applies 3. Nurse Staffing Levels Assurance Paper 	

Annual Presentation of Nurse Staffing Levels to the Board

Health Board	Betsi Cadwaladr University Health Board																																																				
Date of annual presentation of Nurse Staffing Levels to Board	1st November 2022 (to QSE Committee)																																																				
Period Covered	01 October 2021 to 30 September 2022																																																				
Number and identity of section 25B wards during the reporting period. <ul style="list-style-type: none"> • Adult acute <u>medical</u> inpatient wards • Adult acute <u>surgical</u> inpatient wards • <u>Paediatric</u> inpatient wards • <u>Oncology & Haematology</u> inpatient wards • <u>Womens Gynaecological</u> inpatient wards 	<p>The tables below identify the wards that have been included under Section 25B of the Nurse Staffing Levels (Wales) Act 2016 within this reporting period. The accompanying Appendix 2 document provides a summary of Nurse Staffing Levels for the wards detailed below.</p> <p>Adult acute <u>medical</u> inpatient wards: Total x 24</p> <table border="1"> <thead> <tr> <th>Ysbyty Gwynedd x 7</th><th>Ysbyty Glan Clwyd x 9</th><th>Ysbyty Wrexham Maelor x 8</th></tr> </thead> <tbody> <tr><td>Glaslyn</td><td>Ward 1</td><td>Acton</td></tr> <tr><td>Glyder</td><td>Ward 2</td><td>ACU</td></tr> <tr><td>Hebog</td><td>Ward 4</td><td>Bersham</td></tr> <tr><td>Moelwyn</td><td>Ward 9</td><td>Bonney</td></tr> <tr><td>Prysor</td><td>Ward 10</td><td>Cunliffe</td></tr> <tr><td>Tryfan</td><td>Ward 11</td><td>Fleming</td></tr> <tr><td>Alaw (Oncology & Haematology)</td><td>Ward 12</td><td>Morris</td></tr> <tr><td></td><td>Ward 14</td><td>Pantomine</td></tr> <tr><td></td><td>Enfys (Oncology & Haematology)</td><td></td></tr> </tbody> </table> <p>Adult acute <u>surgical</u> inpatient wards: Total x 16</p> <table border="1"> <thead> <tr> <th>Ysbyty Gwynedd x 4</th><th>Ysbyty Glan Clwyd x 6</th><th>Ysbyty Wrexham Maelor x 6</th></tr> </thead> <tbody> <tr><td>Tegid</td><td>Ward 3</td><td>Arrivals</td></tr> <tr><td>Dulas</td><td>Ward 5</td><td>ENT</td></tr> <tr><td>Ogwen</td><td>Ward 6 (ABH)</td><td>Erddig</td></tr> <tr><td>Enlli</td><td>Ward 7</td><td>Mason</td></tr> <tr><td></td><td>Ward 8</td><td>Glyndwr / SAU / SDEC</td></tr> <tr><td></td><td>Ward 19a Glaslyn (Womens)</td><td>Samaritan</td></tr> </tbody> </table>		Ysbyty Gwynedd x 7	Ysbyty Glan Clwyd x 9	Ysbyty Wrexham Maelor x 8	Glaslyn	Ward 1	Acton	Glyder	Ward 2	ACU	Hebog	Ward 4	Bersham	Moelwyn	Ward 9	Bonney	Prysor	Ward 10	Cunliffe	Tryfan	Ward 11	Fleming	Alaw (Oncology & Haematology)	Ward 12	Morris		Ward 14	Pantomine		Enfys (Oncology & Haematology)		Ysbyty Gwynedd x 4	Ysbyty Glan Clwyd x 6	Ysbyty Wrexham Maelor x 6	Tegid	Ward 3	Arrivals	Dulas	Ward 5	ENT	Ogwen	Ward 6 (ABH)	Erddig	Enlli	Ward 7	Mason		Ward 8	Glyndwr / SAU / SDEC		Ward 19a Glaslyn (Womens)	Samaritan
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Paediatric inpatient wards: Total x 3

Ysbyty Gwynedd x 1	Ysbyty Glan Clwyd x 1	Ysbyty Wrexham Maelor x 1
Childrens Unit	Childrens Unit	Childrens Unit

This reporting period has seen the inclusion of a further four wards meeting the Nurse Staffing Levels (Wales) Act 2016 Section 25B requirements. These are Glyndwr in YWM, Enfys & Ward 19a in YGC and Alaw in YG.

Following the Autumn 2022 nurse staffing levels reviews a number of wards have required a change to their establishments with the overall FTE changes summarised in the table below.

	Required Establishment at the start of the reporting period (October 2021)		Funded* Establishment (as at October 2022)*		Required Establishment at the end of the reporting period (September 2022) Inclusive of additional wards meeting the definition pertaining to Section 25B		FTE Variance between current funded (October 2022) and required (September 2022) Inclusive of additional wards meeting the definition pertaining to Section 25B	
	RN	HCA	RN	HCA	RN	HCA	RN	HCA
YWM Total	268.83	208.52	272.68	178.8	277.14	219.90	4.46	41.10
YG Total	209.54	172.80	196.46	138.62	207.51	195.71	11.05	57.09
YGC Total ¹	276.53	238.53	254.13	176.72	261.51	253.56	7.38	76.84
Paediatric Total	83.46	31.27	79.47	30.37	83.46	31.27	3.99	0.9
Oncology & Haematology Total **	33.61	26.74	33.61	26.74	33.3	31.27	-0.31	4.53
Womens Gynaecological Total **	11.93	6.32	11.93	6.32	11.37	5.69	-0.56	-0.63
BCUHB Total	883.90	684.18	848.28	557.57	874.29	737.40	26.01	179.83

* **Funded** establishment sourced from Finance Ledger

** Establishment in place pre meeting the definition pertaining to Section 25B

Note: The required and funded establishment figures exclude supernumerary ward sister/charge nurse and ward support staff i.e. housekeepers, dementia support workers etc.

¹ Figures include a reduction of 4.13 FTE RN following review of Abergele Ward 6 with these FTEs redistributed to Abergele DOSA & Day Case establishment

<p>Using the triangulated approach to calculate the Nurse staffing level on section 25B wards</p>	<p>The triangulated methodology prescribed in the section 25C of the Nursing Staffing Level (Wales) Act 2016 sets out the principles to calculating the nurse staffing levels. There is also a requirement to undertake a minimum of bi-annual calculations for each ward to which Section 25B of the 2016 Act pertains. BCUHB process of calculating the nurse staffing levels has three steps:</p> <p>Step 1: Initial Review</p> <p>Each ward completes the designated proforma available within the ‘Nurse Staffing Levels (Wales) Act 2016’ Operational Guidance as evidence of the review and application of the triangulated methodology. This also ensures a consistent and transparent approach to undertaking nurse staffing level calculations. This is presented for review, discussion and supportive challenge.</p> <p>The Integrated Health Community Nurse Director / Associate Director of Nursing - leads the review to calculate Nurse staffing levels in collaboration with the Heads of Nursing, Matrons, Ward Sister/Manager, and senior colleagues from Finance. The review is informed by both qualitative and quantitative information comprising of:</p> <ul style="list-style-type: none"> ➤ Acuity data - acuity is measured by using an evidence-based workforce planning tool Welsh Levels of Care². ➤ Professional judgement – the Integrated Health Community Nurse Director / Associate Director of Nursing in conjunction with the relevant Head of Nursing, Matron and Ward Manager use their knowledge of the clinical area plus the evidence from the acuity audit to make an informed decision regarding the calculation of Nurse staffing levels. ➤ Quality Indicators – the review includes an analysis of quality indicators that are particularly sensitive to care provided only by a Nurse. The quality indicators shown to have an association with low staffing levels and must be reported on are: <ul style="list-style-type: none"> ○ <i>Patient falls</i> - any fall that a patient has experienced whilst on the ward; ○ <i>Pressure ulcers</i> - total number of hospital acquired pressure ulcers considered to have developed while a patient on the ward; ○ <i>Medication errors</i> - any error in the preparation, administration or omission of medication by Nursing staff (this includes medication related never events). ○ <i>Complaints</i> – wholly or partly about care provided to patients by nurses made in accordance with the complaint’s regulations.
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² The Welsh Levels of Care consists of 5 levels of acuity ranging from; Level 5 where the patient is highly unstable and at risk, requiring an intense level of continuous nursing care on a 1:1 basis, down to Level 1 where the patients condition is stable and predictable, requiring routine nursing care.

	<p>For paediatric inpatient wards where sections 25B of the 2016 Act pertains, in addition to care quality indicators identified above, infiltration/extraversion injuries must also be reported on.</p> <p>Additional information provided at the initial review includes, though is not limited to:</p> <ul style="list-style-type: none"> ➤ Current ward bed numbers and speciality, including specific treatments or procedures. ➤ Ward environment, layout and geographical position ➤ Detail of service and patient pathway changes ➤ Ward based initiatives. improvement programmes or action plans ➤ Current nurse staff provision, including those that are not included in the core roster (supervisory ward manager, frailty/rehabilitation support workers, ward administrators etc.). ➤ Workforce/Staffing related metric data i.e. Performance & Development Review (PADR) compliance, mandatory training compliance, sickness, maternity leave. ➤ Patient flow/activity related data for the previous 12 months. ➤ Finance related data i.e. pay/non pay expenditure/utilisation of permanent/temporary staff. <p>Step 2: HealthBoard Wide Review</p> <p>A Health Board wide (multi-site, service specific) review is undertaken, led by the Director of Nursing for Workforce, Staffing and Professional Standards, taking into account national guidance and best practice evidence, to ensure a consistent Health Board wide approach. The review includes sharing good practice and lessons learnt and assurance of compliance with the Nurse Staffing Levels (Wales) Act 2016 requirements in that all workforce models included have an uplift of 26.9% and a supernumerary Band 7 Ward Sister/Charge nurse has been calculated within the overall workforce plan for each ward.</p> <p>Step 3: Formal Presentation of Nurse Staffing Levels to Executive Director of Nursing & Midwifery</p> <p>Integrated Health Community Nurse Director / Associate Director of Nursing formally present their proposed nurse staffing levels to the Executive Director of Nursing and Midwifery as the confirmed designated person³ and on approval; this is formally presented to the Board.</p>
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³ The designated person must act within the Health Boards governance framework authorising that person to undertake the Nurse staffing calculation on behalf of the Health Boards Chief Executive Officer. In view of the requirement to exercise nursing professional judgement, the designated person should be registered with the Nursing and Midwifery Council and have an understanding of the complexities of setting a Nurse staffing level in the clinical environment, such as the Executive Director of Nursing and Midwifery.

Finance and workforce implications	<p>The workforce requirements following the review and recalculation of the WTE nursing establishments required to provide the planned rosters, are summarised in Appendix 2. Financial implications of the review will be considered by the Executive Team and considered within the 2023/24 financial planning cycle.</p> <p>There have been, and continue to be dedicated recruitment campaigns across a range of Nursing specialties as vacancy profiles indicate. A priority is increasing registrants, with initiatives such as international recruitment, Clinical Fellowship Programmes for Nursing and Health Care Assistants graduate schemes. With the upskilling of Healthcare Support worker roles at bands 2 & 3, and the continued use of band 4 assistant practitioner roles. The assistant practitioner roles provide a further route of access to registered Nurse positions as part of the Health Boards career framework. Short-term mitigation remains through temporary staffing of bank and agency staff and deployment of staff internally (clinical and non-clinical).</p> <p>As a Health Board there has been underpinning work to secure and assure plans for maintaining Nurse staffing levels and compliance with the 2016 Act to date, and ongoing. There is continual development as greater information, analysis and comprehension is gained locally and nationally. There is a range of both short and long term actions being taken by the Health Board to improve the extent to which a sufficient workforce is available to work within the Registered Nurse and Health Care Support Worker establishments across all health settings. Workforce and Organisational Development teams continue to work closely with senior nursing and midwifery colleagues to maximise recruitment and retention of nursing and midwifery staff initiatives which include:</p> <ul style="list-style-type: none"> • Initiatives being led by the Workforce and Organisational Development teams and Corporate Nursing to develop and implement innovative approaches to recruitment of Registered Nurses and Health Care Assistants • Continued overseas Registered Nurse recruitment campaigns • Maintaining educational partnership arrangements with Glyndwr and Bangor Universities, and Llandrillo College in relation to the creation and development of courses to support the further/higher education such as Clinical Nursing Fellowship Programme/Part-time BN/Level 2- 4 NVQ • Continual review and enhancements of BCUHB careers framework
Conclusion & Recommendations	
	<p>Throughout the past year, nurse staffing levels for all healthcare settings across BCUHB have been calculated at a level which demonstrates the commitment to having 'regard to the importance of providing sufficient nurses to allow time for the nurses to care for patients sensitively'. This statutory requirement has ensured that the staffing levels for all wards and areas across BCUHB caring for inpatients have been set and, wherever possible</p>

maintained. When it has not been possible to maintain staffing levels, appropriate action, mitigation and escalation is in line with [BCUHB Nurse Staffing Levels Policy](#)

It has been challenging to consistently meet the planned roster within wards given the extremity of the current situation. The COVID-19 pandemic is unfinished and the true extent of this remains unseen. Staffing requirements over the last 2 years have increased at a level significantly in excess of previous years. The professional judgement of nurse managers and leaders has been relied on significantly given the dynamic and constantly evolving clinical situation. During this time all staff have displayed resilience and solidarity as the organisation endeavours to:

- Manage the pressures of unscheduled care
- Re-start planned/elective services against the backdrop of consequential and unprecedented waiting list times
- Maintain nurse staffing levels together with vacancies, staff absences, and increased patient care needs
- Manage reduced bed capacity, and maintain patient pathways within a climate that has exacerbated long standing issues within social care
- Deliver a large scale vaccination programme

The Board are asked to note and support the following next steps:

1. A review of the resource requirements to support the Nursing Workforce, Staffing and Professional Standards agenda to ensure the organisation is able to fulfil its statutory duties in relation to the Nurse Staffing Levels (Wales) Act 2016; focus on meeting the nurse staffing establishments through ambitious and successful recruitment campaigns; focus on the retention of committed and skilled staff.
2. The emerging BCUHB People Strategy & Plan will be an essential enabler to the delivery of this key priority, and this will be further supported through the development and implementation of a robust Nursing Workforce Strategy that will place focus on retention and innovation.
3. Corporate finance teams will work with operational finance teams to adjust budgets as part of the annual planning cycle to reflect the revised approved rosters.
4. The E-Rostering team will adjust roster demand templates to reflect the agreed 'planned rosters'
5. Ward Managers will process the recruitment of staff, based on the revised nursing establishment (where applicable)
6. Ward Managers will display any changes to the planned roster on the ward boards displayed at the ward entrance

Appendix 2 Summary of Nurse Staffing Levels for wards where Section 25B applies

Health Board/Trust:	Name: Betsi Cadwalader UHB	
Period being reported on :	Start date: October 1 st 2021 End Date: September 30 th 2022	
Number of wards where section 25B has applied during the period:	Medical wards: YWM 8 YG 7 YGC 9	Paediatric wards: YWM 1 YG 1 YGC 1
	Surgical wards: YWM 6 YG 4 YGC 6	Total Section 25B Wards: YWM 15 YG 12 YGC 16

*Supernumerary: This refers to 1 WTE supernumerary ward sister/charge nurse post being additional to the WTE required establishment figures presented below

YWM Medical Inpatient Wards

Ward	Planned Roster			Required Establishment at the start of the reporting period (October 2021)		Is the Senior Sister/Charge Nurse supernumerary to the required establishment at the start of the reporting period?*	Planned Roster			Required Establishment at the end of the reporting period (Sept 2022)		Is the Senior Sister/Charge Nurse supernumerary to the required establishment at the end of the reporting period?*	Biannual calculation cycle reviews, and reasons for any changes made			Any reviews outside of biannual calculation, if yes, reasons for any changes made		
		RN	HCA	RN WTE	HCA WTE			RN	HCA	RN WTE	HCA WTE		Completed	Changed	Rationale	Completed	Changed	Rationale
Acton	E	5	4	25.58	15.63	Yes	E	5	4	25.58	19.90	Yes	Yes	Yes	HCA staffing increased during Spring 2022 review due to enhanced observations and ward layout. No further amendments made in Autumn 2022 review.	No		
	L	5	3				L	5	4									
	LD						LD											
	TW						TW											
	N	4	2				N	4	3									
ACU	E	6	3	31.27	14.21	Yes	E	6	3	31.27	14.21	Yes	Yes	No	No change to staffing	No		
	L	6	3				L	6	3									
	LD						LD											
	TW						TW											
	N	5	2				N	5	2									

E = Early shift

L = Late shift

TW = Twilight shift

LD = Long Day

N = Night duty

The number of staff per shift needs to be entered. The information should reflect the information on the informing patient template.

Bersham	E	5	3	25.58	14.21	Yes	E	5	3	25.58	14.21	Yes	Yes	No	No change to staffing	No		
	L	5	3				L	5	3									
	LD						LD											
	TW						TW											
	N	4	2				N	4	2									
Bonney	E	4	4	19.90	19.90	Yes	E	4	4	19.90	19.90	Yes	Yes	No	No change to staffing	No		
	L	4	4				L	4	4									
	LD						LD											
	TW						TW											
	N	3	3				N	3	3									
Cunliffe	E	4	3	19.90	14.21	Yes	E	4	4	19.90	19.90	Yes	Yes	Yes	Autumn 2022 review required an increase in HCA staffing in response to harm profile	No		
	L	4	3				L	4	4									
	LD						LD											
	TW						TW											
	N	3	2				N	3	3									
Fleming	E	4	4	19.90	19.90	Yes	E	2	1	11.37	5.69	Yes	Yes	Yes	RN & HCA staffing adjusted during Autumn 2022 review following review of funded beds.	No		
	L	4	4				L	2	1									
	LD						LD											
	TW						TW											
	N	3	3				N	2	1									
Morris	E	4	4	17.06	21.32	Yes	E	4	4	17.06	21.32	Yes	Yes	No	No change to staffing.	No		
	L	4	3				L	4	3									
	LD						LD											
	TW						TW											
	N	2	4				N	2	4									
Pantomine	E	5	4	21.32	18.48	Yes	E	4	3	15.63	14.21	Yes	Yes	Yes	RN & HCA staffing adjusted during Autumn 2022 review following review of funded beds.	No		
	L	4	3				L	3	3									
	LD						LD											
	TW						TW											
	N	3	3				N	2	2									

E = Early shift	L = Late shift	TW = Twilight shift	LD = Long Day	N = Night duty
The number of staff per shift needs to be entered. The information should reflect the information on the informing patient template.				

YWM Surgical Inpatient Wards

Ward	Planned Roster			Required Establishment at the start of the reporting period (October 2021)		Is the Senior Sister/Charge Nurse supernumerary to the required establishment at the start of the reporting period?*	Planned Roster			Required Establishment at the end of the reporting period (September 2022)		Is the Senior Sister/Charge Nurse supernumerary to the required establishment at the end of the reporting period?*	Biannual calculation cycle reviews, and reasons for any changes made			Any reviews outside of biannual calculation, if yes, reasons for any changes made		
		RN	HCA	RN WTE	HCA WTE			RN	HCA	RN WTE	HCA WTE		Completed	Changed	Rationale	Completed	Changed	Rationale
Arrivals ¹	E	3	2	14.21	11.37	Yes	E	3	2	14.21	11.37	Yes	Yes	No	No change to staffing.	No		
	L	3	2				L	3	2									
	LD						LD											
	TW						TW											
	N	2	2				N	2	2									
ENT	E	3	2	14.21	11.37	Yes	E	3	2	14.21	11.37	Yes	Yes	No	No change to staffing.	No		
	L	3	2				L	3	2									
	LD						LD											
	TW						TW											
	N	2	2				N	2	2									
Erddig	E	5	3	25.58	17.06	Yes	E	5	4	25.58	19.90	Yes	Yes	Yes	HCA staffing increased during Spring review due to patient acuity and harm profile. No further amendments made in Autumn 2022 review.	No		
	L	5	3				L	5	4									
	LD						LD											
	TW						TW											
	N	4	3				N	4	3									
Mason	E	4	6	19.90	24.16	Yes	E	4	6	19.90	24.16	Yes	Yes	No	No change to staffing.	No		
	L	4	5				L	4	5									
	LD						LD											
	TW						TW											
	N	3	3				N	3	3									

¹ Irregularity noted in calculations presented in Autumn 2021 report however this was an administrative error only with the planned roster requirements and associated budget being available. Figures updated for this report.

E = Early shift	L = Late shift	TW = Twilight shift	LD = Long Day	N = Night duty
The number of staff per shift needs to be entered. The information should reflect the information on the informing patient template.				

Glyndwr	E	0	0			Yes	E	5	3	25.58	17.06	Yes	Yes	Yes	Stepped up as an Act ward in Spring 2022. Autumn 2022 review required an increase in HCA staffing in response to harm profile.	No		
	L	0	0				L	5	3									
	LD						LD											
	TW						TW											
	N	0	0				N	4	3									
Samaritan (was Prince of Wales Mon-Fri)	E	3	2	14.42	6.70	Yes	E	2	2	11.37	6.70	Yes	Yes	Yes	RN staffing adjusted during Autumn 2022 review due to decrease in beds.	No		
	L	4	1				L	2	1									
	LD						LD											
	TW						TW											
	N	2	1				N	2	1									
Samaritan (was Prince of Wales Sat-Sun)	E	2	1			Yes	E	2	1			Yes	Yes	No	No change to staffing at weekends	No		
	L	2	1				L	2	1									
	LD						LD											
	TW						TW											
	N	2	1				N	2	1									

YG Medical Inpatient Wards

Ward	Planned Roster			Required Establishment at the start of the reporting period (October 2021)		Is the Senior Sister/Charge Nurse supernumerary to the required establishment at the start of the reporting period?*	Planned Roster			Required Establishment at the end of the reporting period (Sept 2022)		Is the Senior Sister/Charge Nurse supernumerary to the required establishment at the end of the reporting period?*	Biannual calculation cycle reviews, and reasons for any changes made			Any reviews outside of biannual calculation, if yes, reasons for any changes made		
		RN	HCA	RN WTE	HCA WTE			RN	HCA	RN WTE	HCA WTE		Completed	Changed	Rationale	Completed	Changed	Rationale
Glaslyn	E	4	5	19.90	22.74	Yes	E	4	5	19.90	25.58	Yes	Yes	Yes	HCA adjusted during Spring 2022 review due to harm profile. No further amendments made in Autumn 2022 review.	No		
	L	4	5				L	4	5									
	LD						LD											
	TW						TW											
	N	3	3				N	3	4									
Glyder ¹	E	3	2	13.40	12.18	Yes	E	3	2	14.21	11.37	Yes	Yes	No	No change to staffing	No		
	L	3	2				L	3	2									
	LD						LD											
	TW						TW											
	N	2	2				N	2	2									

E = Early shift	L = Late shift	TW = Twilight shift	LD = Long Day	N = Night duty
The number of staff per shift needs to be entered. The information should reflect the information on the informing patient template.				

Hebog	E	5	4	22.74	19.90	Yes	E	5	5	22.74	22.74	Yes	Yes	Yes	HCA adjusted during Spring 2022 review due to harm profile. No further amendments made in Autumn 2022 review.	No		
	L	5	4				L	5	5									
	LD						LD											
	TW						TW											
	N	3	3				N	3	3									
Moelwyn	E	6	4	28.43	19.90	Yes	E	6	4	28.43	22.74	Yes	Yes	Yes	HCA staffing adjusted during Spring 2022 review due to patient care acuity. No further amendments made in Autumn 2022 review.	No		
	L	6	4				L	6	4									
	LD						LD											
	TW						TW											
	N	4	3				N	4	4									
Prysor ¹ (Mon – Fri)	E	4	2	15.63	9.95	Yes	E	3	3	14.21	10.95	Yes	Yes	Yes	RN & HCA staffing adjusted during Spring 2022 following skill mix review. No further amendments made in Autumn 2022 review.	No		
	L	3	2				L	3	2									
	LD						LD											
	TW		1				TW		1									
	N	2	1				N	2	1									
Prysor (Sat & Sun)	E	4	2	15.63	9.95	Yes	E	3	2	14.21	10.95	Yes	Yes	Yes	RN & HCA staffing adjusted during Spring 2022 following skill mix review. No further amendments made in Autumn 2022 review.	No		
	L	3	2				L	3	2									
	LD						LD											
	TW		1				TW		1									
	N	2	1				N	2	1									
Tryfan	E	4	4	19.90	19.90	Yes	E	4	5	19.90	22.74	Yes	Yes	Yes	HCA staffing adjusted during Spring 2022 review following a skill mix review and in response to harm profile.	No		
	L	4	4				L	4	5									
	LD						LD											
	TW						TW											
	N	3	3				N	3	3									

E = Early shift	L = Late shift	TW = Twilight shift	LD = Long Day	N = Night duty
The number of staff per shift needs to be entered. The information should reflect the information on the informing patient template.				

YG Surgical Inpatient Wards

Ward	Planned Roster			Required Establishment at the start of the reporting period (October 2021)		Is the Senior Sister/Charge Nurse supernumerary to the required establishment at the start of the reporting period?*	Planned Roster			Required Establishment at the end of the reporting period (Sept 2022)		Is the Senior Sister/Charge Nurse supernumerary to the required establishment at the end of the reporting period?*	Biannual calculation cycle reviews, and reasons for any changes made			Any reviews outside of biannual calculation, if yes, reasons for any changes made		
		RN	HCA	RN WTE	HCA WTE			RN	HCA	RN WTE	HCA WTE		Completed	Changed	Rationale	Completed	Changed	Rationale
Tegid	E	6	3	28.43	17.06	Yes	E	5	4	25.58	19.90	Yes	Yes	Yes	RN & HCA staffing adjusted during Spring 2022 review following reduction in beds and skill mix review. No further amendments made in Autumn 2022 review.	No		
	L	6	3				L	5	4									
	LD						LD											
	TW						TW											
	N	4	3				N	4	3									
Dulas	E	5	4	25.58	19.90	Yes	E	6	4	28.43	19.90	Yes	Yes	Yes	RN staffing increased during Spring 2022 review due to increased patient care acuity. No further amendments made in Autumn 2022 review.	No		
	L	5	4				L	6	4									
	LD						LD											
	TW						TW											
	N	4	3				N	4	3									
Ogwen	E	4	5	19.90	22.74	Yes	E	4	5	19.90	25.58	Yes	Yes	Yes	Autumn 2022 review HCA staffing increased due to patient acuity / dependency and harms profile.	No		
	L	4	5				L	4	5									
	LD						LD											
	TW						TW											
	N	3	3				N	3	4									
Enlli ¹	E	4	2	15.63	8.53	Yes	E	3	3	14.21	14.21	Yes	Yes	Yes	RN & HCA staffing adjusted in Spring 2022 review following skill mix review. Autumn 2022 review identified a need for a further increase of HCA on nights due to patient care acuity.	No		
	L	3	2				L	3	3									
	LD						LD											
	TW						TW											
	N	2	1				N	2	2									

E = Early shift

L = Late shift

TW = Twilight shift

LD = Long Day

N = Night duty

The number of staff per shift needs to be entered. The information should reflect the information on the informing patient template.

YGC Medical Inpatient Wards

Ward	Planned Roster			Required Establishment at the start of the reporting period (October 2021)		Is the Senior Sister/Charge Nurse supernumerary to the required establishment at the start of the reporting period?*	Planned Roster			Required Establishment at the end of the reporting period (Sept 2022)		Is the Senior Sister/Charge Nurse supernumerary to the required establishment at the end of the reporting period?*	Biannual calculation cycle reviews, and reasons for any changes made			Any reviews outside of biannual calculation, if yes, reasons for any changes made		
		RN	HCA	RN WTE	HCA WTE			RN	HCA	RN WTE	HCA WTE		Completed	Changed	Rationale	Completed	Changed	Rationale
Ward 1	E	4	4	19.07	20.49	Yes	E	4	5	19.07	23.21	Yes	Yes	Yes	Autumn 2022 review required an increase in HCA staffing due to patient care acuity and harms profile.	No		
	L	4	4				L	4	5									
	LD						LD											
	TW		1				TW		1									
	N	3	3				N	3	3									
Ward 2	E	4	4	19.07	20.49	Yes	E	4	4	19.07	20.49	Yes	Yes	No	No changes to staffing.	No		
	L	4	4				L	4	4									
	LD						LD											
	TW		1				TW		1									
	N	3	3				N	3	3									
Ward 4	E	4	3	19.07	16.34	Yes	E	4	3	19.07	16.34	Yes	Yes	No	No changes to staffing.	No		
	L	4	3				L	4	3									
	LD						LD											
	TW						TW											
	N	3	3				N	3	3									
Ward 9	E	4	4	19.07	20.49	Yes	E	4	4	19.07	20.49	Yes	Yes	No	No changes to staffing.	No		
	L	4	4				L	4	4									
	LD						LD											
	TW		1				TW		1									
	N	3	3				N	3	3									
Ward 11	E	5	3	27.24	16.34	Yes	E	5	3	24.52	16.34	Yes	Yes	Yes	RN staffing adjusted in Autumn 2022 review following skill mix review.	No		
	L	5	3				L	5	3									
	LD						LD											
	TW						TW											
	N	5	3				N	4	3									
Ward 12	E	5	4	21.79	19.07	Yes	E	5	4	21.79	19.07	Yes	Yes	No	No changes to staffing.	No		
	L	5	4				L	5	4									
	LD						LD											
	TW						TW											
	N	3	3				N	3	3									

E = Early shift

L = Late shift

TW = Twilight shift

LD = Long Day

N = Night duty

The number of staff per shift needs to be entered. The information should reflect the information on the informing patient template.

Ward 14	E	5	4	21.79	19.07	Yes	E	5	4	21.79	19.07	Yes	Yes	No	No changes to staffing.	No		
	L	5	4				L	5	4									
	LD						LD											
	TW						TW											
	N	3	3				N	3	3									
Ward 10 (was DOSA / Ward 19 / Ward 9 in previous reports)	E	5	4	21.79	19.07	Yes	E	4	4	19.07	20.49	Yes	Yes	Yes	RN & HCA staffing adjusted in Spring 2022 review following ward moves and to support patient care acuity and harms profile. No further amendments made in Autumn 2022 review.	No		
	L	5	4				L	4	4									
	LD						LD											
	TW						TW		1									
	N	3	3				N	3	3									

YGC Surgical Inpatient Wards

Ward	Planned Roster			Required Establishment at the start of the reporting period (October 2021)		Is the Senior Sister/Charge Nurse supernumerary to the required establishment at the start of the reporting period?*	Planned Roster			Required Establishment at the end of the reporting period (Sept 2022)		Is the Senior Sister/Charge Nurse supernumerary to the required establishment at the end of the reporting period?*	Biannual calculation cycle reviews, and reasons for any changes made			Any reviews outside of biannual calculation, if yes, reasons for any changes made		
		RN	HCA	RN WTE	HCA WTE			RN	HCA	RN WTE	HCA WTE		Completed	Changed	Rationale	Completed	Changed	Rationale
Ward 3	E	4	4	21.79	21.79	Yes	E	4	4	21.79	21.79	Yes	Yes	No	No changes to staffing.	No		
	L	4	4				L	4	4									
	LD						LD											
	TW						TW											
	N	4	4				N	4	4									
Ward 5	E	5	4	21.79	19.07	Yes	E	5	4	21.79	19.07	Yes	Yes	No	No changes to staffing.	No		
	L	5	4				L	5	4									
	LD						LD											
	TW						TW											
	N	3	3				N	3	3									

E = Early shift	L = Late shift	TW = Twilight shift	LD = Long Day	N = Night duty
The number of staff per shift needs to be entered. The information should reflect the information on the informing patient template.				

Ward 7	E	5	4	21.79	19.07	Yes	E	5	4	21.79	21.79	Yes	Yes	Yes	Autumn 2022 review required an increase in HCA staffing to support patient care acuity	No		
	L	5	4				L	5	4									
	LD						LD											
	TW						TW											
	N	3	3				N	3	4									
Ward 8	E	5	4	24.52	19.07	Yes	E	4	4	19.07	19.07	Yes	Yes	Yes	RN staffing adjusted in Spring 2022 review as Patients nursed on PACU ward post op. No further amendments made in Autumn 2022 review.	No		
	L	5	4				L	4	4									
	LD						LD											
	TW						TW											
	N	4	3				N	4	3									
Ward 6 (ABH) Inpatients (Previously reported as Ward Inpatients DOSA & Day Case combined)	E	5	2	17.75	8.17	Yes	E	3	3	13.62	16.34	Yes	Yes	Yes	During the Autumn 2022 review staffing has been reconsidered as part of the elective and planned care recovery model. Abergele Ward 6 is required to staff the inpatient ward, day case unit and DOSA unit with varying staffing requirements during the week. This section is now reporting on the staffing aligned to the beds pertaining to Section 25B on Abergele Ward 6. For transparency Abergele Ward 6 DOSA & Day Case staffing requirements can be located on page 13 of this report.	No		
	L	4	2				L	3	3									
	LD						LD											
	TW						TW											
	N	3	1				N	2	3									

E = Early shift	L = Late shift	TW = Twilight shift	LD = Long Day	N = Night duty
The number of staff per shift needs to be entered. The information should reflect the information on the informing patient template.				

Oncology & Haematology Inpatient Wards

Ward	Planned Roster			Required Establishment at the start of the reporting period (October 2021)		Is the Senior Sister/Charge Nurse supernumerary to the required establishment at the start of the reporting period?*	Planned Roster			Required Establishment at the end of the reporting period (Sept 2022)		Is the Senior Sister/Charge Nurse supernumerary to the required establishment at the end of the reporting period?*	Biannual calculation cycle reviews, and reasons for any changes made			Any reviews outside of biannual calculation, if yes, reasons for any changes made		
		RN	HCA	RN WTE	HCA WTE			RN	HCA	RN WTE	HCA WTE		Completed	Changed	Rationale	Completed	Changed	Rationale
Alaw (Mon – Fri)	E	0	0			Yes	E	4	3	16.24	14.21	Yes	Yes	No	Inaugural formal review completed in Spring 2022 using the triangulated methodology. No change to staffing numbers in Autumn 2022 review.	No		
	L	0	0				L	4	3									
	LD						LD											
	TW						TW											
	N	0	0				N	2	2									
Alaw (Sat & Sun)	E	0	0			Yes	E	3	3			Yes	Yes	No	Inaugural formal review completed in Spring 2022 using the triangulated methodology. No change to staffing numbers in Autumn 2022 review.	No		
	L	0	0				L	3	3									
	LD						LD											
	TW						TW											
	N	0	0				N	2	2									
Enfys	E	0	0			Yes	E	4	3	17.06	17.06	Yes	Yes	No	Inaugural formal review completed in Spring 2022 using the triangulated methodology. No change to staffing numbers in Autumn 2022 review.	No		
	L	0	0				L	4	3									
	LD						LD											
	TW						TW											
	N	0	0				N	2	3									

E = Early shift	L = Late shift	TW = Twilight shift	LD = Long Day	N = Night duty
The number of staff per shift needs to be entered. The information should reflect the information on the informing patient template.				

Paediatric Inpatient Wards

Ward	Planned Roster			Required Establishment at the start of the reporting period (October 2021)		Is the Senior Sister/Charge Nurse supernumerary to the required establishment at the start of the reporting period?*	Planned Roster			Required Establishment at the end of the reporting period (Sept 2022)		Is the Senior Sister/Charge Nurse supernumerary to the required establishment at the end of the reporting period?*	Biannual calculation cycle reviews, and reasons for any changes made			Any reviews outside of biannual calculation, if yes, reasons for any changes made		
		RN	HCA	RN WTE	HCA WTE			RN	HCA	RN WTE	HCA WTE		Completed	Changed	Rationale	Completed	Changed	Rationale
Wrexham Maelor	E			28.43	8.53	Yes	E			28.43	8.53	Yes	Yes	No	No change to staffing numbers.	No		
	L						L											
	LD	5	2				LD	5	2									
	TW						TW											
	N	5	1				N	5	1									
Glan Clwyd	E			28.43	11.37	Yes	E			28.43	11.37	Yes	Yes	No	No change to staffing numbers.	No		
	L						L											
	LD	5	2				LD	5	2									
	TW						TW											
	N	5	2				N	5	2									
Gwynedd	E			26.60	11.37	Yes	E			26.60	11.37	Yes	Yes	No	No change to staffing numbers.	No		
	L						L											
	LD	5	2				LD	5	2									
	TW	1					TW	1										
	N	4	2				N	4	2									

E = Early shift	L = Late shift	TW = Twilight shift	LD = Long Day	N = Night duty
The number of staff per shift needs to be entered. The information should reflect the information on the informing patient template.				

Womens Gynaecological Inpatient Wards

Ward	Planned Roster			Required Establishment at the start of the reporting period (October 2021)		Is the Senior Sister/Charge Nurse supernumerary to the required establishment at the start of the reporting period?*	Planned Roster			Required Establishment at the end of the reporting period (Sept 2022)		Is the Senior Sister/Charge Nurse supernumerary to the required establishment at the end of the reporting period?*	Biannual calculation cycle reviews, and reasons for any changes made			Any reviews outside of biannual calculation, if yes, reasons for any changes made		
		RN	HCA	RN WTE	HCA WTE			RN	HCA	RN WTE	HCA WTE		Completed	Changed	Rationale	Completed	Changed	Rationale
Ward 19a Glaslyn (Not previously an Act ward)	E	0	0				E	2	1	11.37	5.69	Yes	Yes	Yes	Stepped up in Autumn 2022 as an Act ward following return of elective Gynae patients after covid reconfiguration	No		
	L	0	0				L	2	1									
	LD						LD											
	TW						TW											
	N	0	0				N	2	1									

E = Early shift	L = Late shift	TW = Twilight shift	LD = Long Day	N = Night duty
The number of staff per shift needs to be entered. The information should reflect the information on the informing patient template.				

Abergele Ward 6 DOSA & Day Case

Abergele DOSA and Day Case areas do not currently meet Section 25B criteria and therefore will not be reported within subsequent reports. For transparency the below details the planned staffing identified from this reporting cycle.

Ward	Planned Roster			Required Establishment at the start of the reporting period (October 2021)		Is the Senior Sister/Charge Nurse supernumerary to the required establishment at the start of the reporting period?*	Planned Roster			Required Establishment at the end of the reporting period (Sept 2022)		Is the Senior Sister/Charge Nurse supernumerary to the required establishment at the end of the reporting period?*	Biannual calculation cycle reviews, and reasons for any changes made			Any reviews outside of biannual calculation, if yes, reasons for any changes made		
		RN	HCA	RN WTE	HCA WTE			RN	HCA	RN WTE	HCA WTE		Completed	Changed	Rationale	Completed	Changed	Rationale
Ward 6 (ABH) DOSA Beds YGC Mon – Sat day time Ward 6 (ABH) DOSA Beds YGC Mon, Weds & Fri Nights Ward 6 (ABH) Day Case Beds Tues & Thurs	E					Yes	E	1	1	2.33	2.33	Yes	Yes		No			
	L						L	1	1									
	LD						LD											
	TW						TW											
	N						N											
	E					Yes	E			1.26	1.26	Yes	Yes	Yes	No			
	L						L											
	LD						LD											
	TW						TW											
	N						N	1	1									
	E					Yes	E	1		0.99	0	Yes	Yes	Yes	No			
	L						L	1										
	LD						LD											
	TW						TW											
	N						N											

E = Early shift	L = Late shift	TW = Twilight shift	LD = Long Day	N = Night duty
The number of staff per shift needs to be entered. The information should reflect the information on the informing patient template.				

Nurse Staffing Levels Assurance Paper

1. Introduction/Background

The statutory guidance issued in support of the Nurse Staffing Levels (Wales) Act 2016 requires that there is an annual presentation to the Board of the nurse staffing levels for all wards that to which Section 25B of the 2016 Act pertains.

There are two key reporting requirements that the statutory guidance states should be undertaken within a Health Board:

1. There should be a formal annual presentation to the Board by the designated person¹ of the calculated nurse staffing levels for each individual ward to which sections 25B of the 2016 Act pertains – to take place in November of each year.
2. There should be an annual assurance report received by the Board which is structured in a way to provide the basis of the statutory nurse staffing levels triennial report required by Welsh Government² - to be received by the Board in May of each year.

2. Overview

In line with the requirements of the Nurse Staffing Levels (Wales) Act 2016, the triangulated methodology for calculating the nurse staffing levels for all areas pertaining to section 25B has been applied.

The narrative detailed within the Annual Presentation and the Summary of Nurse Staffing Levels (Appendix 2) has attempted to demonstrate the rationale for any proposed changes to the nurse staffing levels, for example changes to care quality outcomes, or sustained change in the pattern of patient acuity and ward activity.

The pressures of Covid-19 have made it difficult at times to distinguish within areas the bed base that would ordinarily form part of the Section 25B requirements, and those that would ordinarily be excluded. As the organisation resumes business as usual, services have had the opportunity to review and reconsider their clinical environments. This report will reflect any changes that are known, such as the restarting of elective and planned care activity. The autumn nurse staffing level calculations have identified that Abergele Ward 6 will specifically be impacted by service changes and as such, Appendix 2 has been configured to identify within this ward area the staffing levels that are required to support the beds that meet the definition under Section 25B of the 2016 Act; in addition to the beds/ward activity that does not currently meet the definition pertaining to Section 25B.

Amidst an ongoing pandemic, unscheduled care services continue to experience unprecedented pressures. Emergency departments are struggling to cope, with patients facing long and often uncomfortable waits before they can be seen, treated or admitted to a ward. The issue is further compounded by workforce challenges associated with higher-than-normal levels of sickness absence, and delays in discharging medically fit patients from the hospital sites. The autumn reviews again identified the regular (and in some areas sustained) use of “escalation beds” in response to

¹ The designated person must act within the HB’s governance framework authorising that person to undertake this calculation on behalf of the Chief Executive Officer. The designated person should be registered with the Nursing and Midwifery Council and have an understanding of the complexities of setting a nurse staffing level in the clinical environment, such as the Executive Director of Nursing.

² BCUHB Nurse Staffing Levels Triennial report was submitted to Welsh Government September 2021

system pressures and as such funding for these beds are included for consideration in the planning and prioritisation schedule of the IMTP. This review has not identified staffing levels for these surge areas until substantive funding is agreed to establish the wards or increased the funded beds on certain wards. Staff are utilised from across the site to support the staffing of these wards/beds alongside the use of temporary staffing. Seasonal and temporal pressures historically experienced during winter months, have been building throughout the year and it is evident that this pressure is placing significant stress on staff and creating significant risks for patients.

Key points to note:

- A total of 43 wards met the requirements pertaining to Section 25B of the 2016 Act during this reporting period. These comprise of 22 adult medical inpatient wards, 15 adult surgical inpatient wards, 3 paediatric inpatient wards, 1 Womens gynaecological inpatient ward and 2 oncology & haematology inpatient wards.
- Staffing Levels identified within Appendix 1 and Appendix 2 of the statutory report to Board is reflective of the calculated levels nursing staffing levels required to staff funded beds only. Where deemed appropriate, senior management teams have submitted schemes for consideration in the planning and prioritisation schedule of the IMTP to sufficiently fund and resource escalation beds.
- There are existing, known variances in the length of unpaid breaks across the Section 25B wards with Ysbyty Gwynedd & Ysbyty Maelor Wrexham traditionally having a 30 minute unpaid break in long day & night shifts, and Ysbyty Glan Clwyd having an hour unpaid. These differences are reflected in the establishment requirements within Appendix 2.
- This reporting period has seen the inclusion of a further four wards meeting the Nurse Staffing Levels (Wales) Act 2016 Section 25B requirements. These are Glyndwr in YWM, Enfys & Ward 19a in YGC and Alaw in YG.

Following the autumn 2022 nurse staffing levels reviews a number of wards have required a change to their establishments with the overall FTE changes summarised in the table below and full details are included in Appendix 2, Summary of Nurse Staffing Levels for wards where Section 25B applies.

	Required Establishment at the start of the reporting period (October 2021)		Funded* Establishment (as at October 2022)		Required Establishment at the end of the reporting period (September 2022) <small>Inclusive of 5 additional wards meeting the definition pertaining to Section 25B</small>		FTE Variance between current funded (October 2022) and required (September 2022) <small>Inclusive of 5 additional wards meeting the definition pertaining to Section 25B</small>	
	RN	HCA	RN	HCA	RN	HCA	RN	HCA
YWM Total	268.83	208.52	272.68	178.8	277.14	219.90	4.46	41.10
YG Total	209.54	172.80	196.46	138.62	207.51	195.71	11.05	57.09
YGC Total ³	276.53	238.53	254.13	176.72	261.51	253.56	7.38	76.84
Paediatric Total	83.46	31.27	79.47	30.37	83.46	31.27	3.99	0.9
Oncology & Haematology Total **	33.61	26.74	33.61	26.74	33.3	31.27	-0.31	4.53
Womens Gynaecological Total**	11.93	6.32	11.93	6.32	11.37	5.69	-0.56	-0.63
BCUHB Total	883.90	684.18	848.28	557.57	874.29	737.40	26.01	179.83

³ Figures include a reduction of 4.13 FTE RN following review of Abergele Ward 6 with these FTEs redistributed to Abergele DOSA & Day Case establishment



* **Funded** establishment sourced from Finance Ledger

** Establishment in place pre meeting the definition pertaining to Section 25B

Note: The required and funded establishment figures exclude supernumerary ward sister/charge nurse and ward support staff i.e. housekeepers, dementia support workers etc.

Adult Inpatient Nurse Staffing Levels - Ysbyty Wrexham Maelor (YWM)

The triangulation of the data and applied professional judgment have meant that a number of wards have required a change to establishment. Due to the harms profile Cunliffe and Glyndwr/SAU have received the addition of further HCAs. Fleming, Pantomime and Samaritan have all seen changes in staffing following decreases in beds. Acton and Erddig received increases in HCAs following the spring review with these increases demonstrating evidence for them to continue following the autumn review.

Adult Inpatient Nurse Staffing Levels - Ysbyty Glan Clywd (YGC)

The triangulation of the data and applied professional judgment have meant that a number of wards have required a change to establishment. Due to increased patient acuity care needs Wards 1 & 7 have received additional HCA staffing. Wards 8 & 10 have reconfigured their staffing during the spring review following service changes and ward relocation respectively, with these changes demonstrating evidence for them to continue following the autumn review. Ward 11 has seen changes to their RN staffing following a skill mix review in autumn. Abergele Ward 6 have reconfigured their staffing following a significant change in ward activity resulting in a requirement to staff both ABH Ward 6, ABH day unit and 3 beds in DOSA YGC unit.

Adult Inpatient Nurse Staffing Levels - Ysbyty Gwynedd (YG)

The triangulation of the data and applied professional judgment have meant that a number of wards have required a change to establishment. Due to increases patient acuity care needs Moelwyn and Ogwen have received an increase in HCA staffing and Dulas an increase in RN staffing. A review of the harms profile has necessitated increases to HCA staffing in Glaslyn and Hebog wards. During the spring 2022 review Prysor, Enlli and Tryfan saw changes to their staffing following skill mix reviews, with Enlli requiring a further increase in HCA staffing following the autumn 2022 review due to patient care acuity. Tegid during the spring 2022 review adjusted their RN & HCA staffing to reflect a skill mix review and a reduction in beds.

Oncology & Haematology Inpatient Nurse Staffing Levels – Ysbyty Glan Clywd (YGC) & Ysbyty Gwynedd (YG)

Enfys and Alaw completed their inaugural formal review in spring 2022 using the triangulated methodology. During the autumn 2022 review the triangulation of the data and applied professional judgement have demonstrated that there are no changes required to either wards Nurse Staffing levels.

Paediatric Inpatient Nurse Staffing Levels

The triangulation of the data and applied professional judgement have demonstrated that there are no changes required to the paediatric ward Nurse Staffing levels. It was noted that although the planned staffing levels are sufficient to meet the patient care needs, recruitment of staff is an issue which is further impacted by the current student nurse cohort graduation being delayed due to covid. This cohort are now anticipated to graduate in January – April 2023 (instead of September 2022), however full recruitment is anticipated to be achieved when this cohort graduates.

Womens Gynaecological Inpatient Nurse Staffing Levels – Ysbyty Glan Clywd (YGC)

Ward 19a has been stepped back up as an Act ward following the return of elective gynaecological patients after a previous reconfiguration due to covid. The Nurse Staffing levels have been calculated using the triangulated method.

Operational actions to mitigate the risk associated with nurse staffing shortfalls

In this challenging environment Workforce and Organisational Development (WOD) Department continue to work closely with senior nursing and midwifery colleagues to maximise recruitment and retention of nursing and midwifery staff. In support of this work a Health Board wide Nursing Recruitment and Retention group meets monthly and oversees a comprehensive work plan including:

- Continued overseas nurse recruitment programme with a plan to recruit 380 WTE registered nurses over 2 years, of which, 80 WTE will be RMN.
- Bachelor of Nursing FastTrack for Health Care Support Workers to “grow our own”
- Assistant Practitioners (Band 4) integrated well within establishments, and undertaking extended duties on a competency assessed basis
- Corporate led HCA recruitment drives, working closely with the temporary staffing team to directly appoint regular bank workers whilst sustaining an agile temporary workforce.
- Annual establishment reviews for areas exempt from Section 25B
- Monitoring of the SafeCare Allocate system usage to ensure targeted support to areas of poor compliance, and ensure visibility of available nursing resource and workforce utilisation.
- The development of a Workforce Utilisation Dashboard to identify the utilisation of substantive and temporary staff within rosters, measured against funded establishments in ESR. Staff unavailability (i.e. annual leave/sickness/training/parenting) will be included in the dashboard to identify the drivers for low substantive staff utilisation, and high temporary workforce requests above agreed funded establishment.

Workforce

Band 7 Ward Managers are ordinarily supernumerary however they will have been included in care delivery numbers at times of increased capacity needs, and when providing sickness/absence cover.

The ongoing impact of Covid 19, vacancy rates and variability in skill mix continues to be a challenge which cannot be under estimated. The competency, skill and experience of the nurses providing care to patients is a crucial component that has influenced the nurse staffing requirements within the bi annual calculation. The appointment of new graduates via the streamlining process continues to be a success as does the overseas recruitment programme.

Recruitment and retention activity has prioritised areas with significant need/risk. On the balance of risk, and following on from the staffing reviews undertaken in Spring 2022, some of the wards have recruited above funded establishments to ensure timely and sensitive nursing care. Recruitment initiatives have specifically focussed on increasing substantive registrants and non-registrants within the Health Board, via routes such as international recruitment, Health Care Assistants graduate schemes and external supported campaigns. Short /intermediate term mitigation continues to be through temporary staffing of bank and agency staff and deployment of staff internally (clinical and non-clinical).

Quality of care

As wards continue to facilitate the changing demands of the patient population as we move through the stages of the COVID 19 pandemic it is recognised that professional judgments made for some areas may change again at the next bi annual calculation and therefore some are recognised as interim amendments pending further review. An increase in patient acuity, dependency and reported harms have affected staffing requirements across the services, predominantly for Healthcare Assistants.

The acuity audit supported the professional judgement of the Ward Mangers, Matrons and Heads of Nursing with findings demonstrating a sustained number of patients who meet the Welsh Levels of Care 3 and 4. This may be due to late presentation / deterioration of a chronic illness, breakdown of support at home for cognitively impaired individuals or due to clinical instability. It is not anticipated that the patient needs at Welsh Levels of Care 3 and 4 are likely to reduce. In addition to acuity, there is also noted to be a sustained increase of dependency with patients within our care.

As there were some wards identified during this cycle of nurse staffing calculations where there remain concerns in relation to the care quality indicators, some of which it is judged require adjustments to their staffing levels as part of the improvement action plan, it is clear that there may be a negative impact on care quality if the outcome of the calculation cycle is not responded to operationally. Limiting patient numbers during these challenging times appears beyond the bounds of possibility.

The process for maintaining Nurse staffing levels are supported by a number of elements of which include:

- The Allocate SafeCare e-rostering system provides real-time data in relation to staffing, skill mix and patient acuity. The system is reviewed on a shift-by-shift basis (as a minimum) by the Senior Nursing teams. The system, in addition to professional judgement, enables the temporary redeployment of resource to support timely and sensitive patient care.
- Nurse staffing escalation process is outlined in NU28 Nurse Staffing Levels Policy.
- Reporting potential compromise to patient care and/or experience considered to be attributed to nurse staffing via the Datix system and review.
- Roster optimisation – ensuring that all rosters are completed in line with Rostering Policy WP28a. Rosters are subject to a double approval process which is monitored by the senior nursing team to ensure safe and effective rosters
- Use of temporary workforce – any gaps that cannot be filled by substantive staff are tendered in advance to the temporary workforce team in order to optimise fill rate. Where appropriate, block booking is supported to ensure stability, and regular workers to aid continuity
- A streamlined fast track recruitment process
- Partnership working with local universities to maximise opportunities for recruitment and retention including innovative opportunities for post graduate development

- The introduction of additional roles to support nurse staffing such as Assistant Practitioners (Band 4) Progress Chasers (Band 3) to support the safe and timely discharge of patients
- Targeted focus of innovative Nurse recruitment campaigns both locally, nationally and internationally informed by workforce data/analysis and feedback

3. Conclusion:

The report provides assurance to the Health Board that in line with statutory guidance the Health Board is fully compliant with the requirements of the Nurse Staffing Levels (Wales) Act 2016 bi annual calculations for 25B adult inpatient medical and surgical wards; and paediatric inpatient wards.

References:

[Nurse Staffing Levels \(Wales\) Act 2016 \(legislation.gov.uk\)](https://legislation.gov.uk)
[Nurse Staffing Levels \(Wales\) Act 2016: statutory guidance \(version 2\) \[HTML\] | GOV.WALES](#)
[Nurse Staffing Levels \(Wales\) Act 2016: Operational guidance Adults](#)
[Nurse Staffing Levels \(Wales\) Act 2016: Operational Guidance Paediatrics](#)
[Chief Nursing Officer for Wales: priorities 2022 to 2024 | GOV.WALES](#)
[Nursing in numbers 2022 - Royal College of Nursing \(rcn.org.uk\)](https://rcn.org.uk)

Teitl adroddiad: <i>Report title:</i>	Primary Care Update			
Adrodd i: <i>Report to:</i>	Health Board			
Dyddiad y Cyfarfod: <i>Date of Meeting:</i>	24 th November 2022			
Crynodeb Gweithredol: <i>Executive Summary:</i>	<p>The purpose of this paper is to provide the Board with an update on the situation with regards Primary Care. Acknowledging the continued effort, response and dedication that all contractors are making to provide services to best meet the needs of the population of north Wales during this period of ongoing and significant system demand.</p> <p>The report also seeks to highlight the work being led by the Deputy Director for Integrated Clinical Delivery (Primary Care) to develop a robust and forward-focused Primary Care plan/ strategy that is aligned to the strategic and clinical approach of the health board, and which seeks to provide a clear framework for delivering quality care closer to home.</p>			
Argymhellion: <i>Recommendations:</i>	<p>The Board is asked to note:</p> <ol style="list-style-type: none"> 1. The growing demand for primary care services, and the impact this is having on sustainability 2. The actions being taken together with primary care contractors and clusters, to manage this demand and best meet the needs of the people of north Wales 3. To agree to a separate update report on Accelerated Cluster Development being brought to the Board at a later date 			
Arweinydd Gweithredol: <i>Executive Lead:</i>	Gill Harris Deputy Chief Executive/ Executive Director of Integrated Clinical Services			
Awdur yr Adroddiad: <i>Report Author:</i>	Jo Flannery Acting Associate Director Primary Care (Strategy)			
Pwrpas yr adroddiad: <i>Purpose of report:</i>	I'w Nodi <i>For Noting</i> <input checked="" type="checkbox"/>	I Benderfynu arno <i>For Decision</i> <input type="checkbox"/>		Am sicrwydd <i>For Assurance</i> <input checked="" type="checkbox"/>
Lefel sicrwydd: <i>Assurance level:</i>	Arwyddocaol <i>Significant</i> <input type="checkbox"/> Lefel uchel o hyder/tystiolaeth o ran darparu'r mecanweithiau / amcanion presennol <i>High level of confidence/evidence in delivery of existing mechanisms/objectives</i>	Derbyniol <i>Acceptable</i> <input checked="" type="checkbox"/> Lefel gyffredinol o hyder/tystiolaeth o ran darparu'r mecanweithiau / amcanion presennol <i>General confidence / evidence in delivery of existing mechanisms / objectives</i>	Rhannol <i>Partial</i> <input type="checkbox"/> Rhywfaint o hyder/tystiolaeth o ran darparu'r mecanweithiau / amcanion presennol <i>Some confidence / evidence in delivery of existing mechanisms / objectives</i>	Dim Sicrwydd <i>No Assurance</i> <input type="checkbox"/> Dim hyder/tystiolaeth o ran y ddarpariaeth <i>No confidence / evidence in delivery</i>
Cyfiawnhad dros y gyfradd sicrwydd uchod. Lle bo sicrwydd 'Rhannol' neu 'Dim Sicrwydd' wedi'i nodi uchod, nodwch gamau i gyflawni sicrwydd 'Derbyniol' uchod, a'r terfyn amser ar gyfer cyflawni hyn:				

Justification for the above assurance rating. Where 'Partial' or 'No' assurance has been indicated above, please indicate steps to achieve 'Acceptable' assurance or above, and the timeframe for achieving this:	
<p>Cyswllt ag Amcan/Amcanion Strategol:</p> <p>Link to Strategic Objective(s):</p>	<p>The Strategic Programme for Primary Care provides a robust direction to inform priorities for both strategic and operational plans across all primary care and community services within the health board; ultimately supporting the delivery of 'A Healthier Wales'.</p> <p>It provides a platform for the health board to engage and support all Wales strategy and related development and representatives across the health board continue to support and participate in the various national primary care programmes.</p> <p>The Deputy Director for Integrated clinical Delivery (Primary Care) and Associate Director Primary Care/ Community Services Directors will continue to engage with the work of the Strategic Programme, both to represent the Health Board nationally and to ensure implementation of related recommendations and engagement at a regional, area and cluster level.</p> <p>The transformation of services during the pandemic, new ways of working and innovative solutions to be able to provide services, all contribute to the ongoing plans for primary care and clusters, as well as linking with the strategic and operational plans of the whole health and care system.</p>
<p>Goblygiadau rheoleiddio a lleol:</p> <p>Regulatory and legal implications:</p>	<p>All independent primary care contractors are commissioned to provide services under the WG regulations</p>
<p>Yn unol â WP7, a oedd EqIA yn angenrheidiol ac a gafodd ei gynnal?</p> <p>In accordance with WP7 has an EqIA been identified as necessary and undertaken?</p>	<p>Do/Naddo Y/N</p> <p>As an update report, this does not require impact assessments to be undertaken</p>
<p>Yn unol â WP68, a oedd SEIA yn angenrheidiol ac a gafodd ei gynnal?</p> <p>In accordance with WP68, has an SEIA identified as necessary ben undertaken?</p>	<p>Do/Naddo Y/N</p> <p>As an update report, this does not require impact assessments to be undertaken</p>
<p>Manylion am risgiau sy'n gysylltiedig â phwnc a chwmpas y papur hwn, gan gynnwys risgiau newydd (croesgyfeirio at y BAF a'r CRR)</p>	<p>The sustainability of primary care services is a corporate risk for the health board and reviewed via the Business Assurance Framework processes.</p>



<p>Details of risks associated with the subject and scope of this paper, including new risks(cross reference to the BAF and CRR)</p>	<p>High demand for contractor services is being reported and IHC teams will continue to work with clusters and practices to support them where possible.</p>
<p>Goblygiadau ariannol o ganlyniad i roi'r argymhellion ar waith</p> <p>Financial implications as a result of implementing the recommendations</p>	<p>This report provides no additional requests for finances outside those referred to in the Health Board's annual plan 2022/23. Primary care services, in the main are supported by a ring-fenced allocation from Welsh Government (WG), along with separate grants for specific areas of work</p>
<p>Goblygiadau gweithlu o ganlyniad i roi'r argymhellion ar waith</p> <p>Workforce implications as a result of implementing the recommendations</p>	<p>This report provides no additional requests for workforce outside those referred to in the Health Board's annual plan 2022/23. Primary care services, in the main are supported by a ring-fenced allocation from Welsh Government (WG), along with separate grants for specific areas of work</p>
<p>Adborth, ymateb a chrynodeb dilynol ar ôl ymgynghori</p> <p>Feedback, response, and follow up summary following consultation</p>	<p>Situation reports for contractor professions are shared during Contract Management Meetings, as well as at LMC meetings</p>
<p>Cysylltiadau â risgiau BAF: (neu gysylltiadau â'r Gofrestr Risg Gorfforaethol)</p> <p>Links to BAF risks: (or links to the Corporate Risk Register)</p>	<p>20-04 – Primary Care Sustainable Health Services</p> <p>There is a risk that the Health Board will be unable to ensure timely access to Primary Care (GMS) Services for the population due to growing demand and complexity, an ageing workforce and a shift of more services out of hospital. As a gateway to health care, this could result in deterioration in the population health, impacting on other health and care services and the well-being of the primary care workforce</p>
<p>Rheswm dros gyflwyno adroddiad i fwrdd cyfrinachol (lle bo'n berthnasol)</p> <p>Reason for submission of report to confidential board (where relevant)</p>	<p>Not applicable</p>
<p>Camau Nesaf: Gweithredu argymhellion</p> <p>Next Steps: Implementation of recommendations</p>	
<p>Rhestr o Atodiadau: Dim</p> <p>List of Appendices: None</p>	

HEALTH BOARD MEETING IN PUBLIC

NOVEMBER 2022

PRIMARY CARE UPDATE

1. Introduction/ Background

The purpose of this paper is to provide the Board with a routine update on the situation with regards Primary Care, noting the continued effort, response and dedication that all contractors are making to provide services to best meet the needs of the population of north Wales, during this period of significant ongoing demand across the whole health and care system.

The report also seeks to highlight the work being led by the Deputy Director for Integrated Clinical Delivery (Primary Care) to develop a robust and forward-focused Primary Care plan/ strategy that is aligned to the strategic and clinical approach of the health board, and which seeks to provide a clear framework for delivering quality care closer to home.

2. Information

Primary Care continues to play a key role in the delivery of urgent, and long-term conditions care to the people of north Wales. Despite the ongoing pressures and backlog of work which has resulted from the pandemic, they have remained available to those who need support. Whilst there had been some early signs of recovery, it should be noted that the current financial crisis is placing an increased pressure on independent contractors and is adding to the already significant strain on an exhausted and somewhat depleted workforce.

The section which follows aims to provide an overview of the current situation within each of the independent contractor professions, including system and workforce pressures, and sustainability.

2.1. GP Practices

GP Practices continue to play a key role in the delivery of the Covid-19 vaccination programme, and despite the additional workload that comes with it, have made important strides towards recovery.

2.1.1. Current system pressures

The current pressures on GP practices are of concern and are the result of:

- Needing to respond to a wide range of access routes into services;
- The significant backlog of planned care for people living with chronic conditions
- The need to provide ongoing care and support for people whilst they wait for their secondary care treatments
- Delivering the covid and flu vaccination programme
- Challenges with recruitment and retention
- Increasing financial challenges and risks to sustainability caused by the significant rise in the cost of living

2.1.2. Access

The GMS contract changes for 2019/20, which came into force in September 2019, set new access requirements on GP practices under the Quality Assurance and Improvement Framework (QAIF), as well as placing additional responsibilities on Health Boards for monitoring and reporting on accessibility to GP practices. The standards were measured against achievement at 31st March 2020 and 31st March 2021, with the intention that 100% achievement would be reached across Wales by March 2022.

On 10th May 2022, Welsh Government issued the Access Commitment 2022/ 23. The Access Commitment was introduced from 1 April 2022 to demonstrate to the public what they can expect in terms of access from GP practices. The principles of the Access Commitment are:

- A more planned and forward-looking approach, where contact is supported throughout the day to resolve the issues around the '8am bottleneck' and repeated attempts at contacting and/ or obtaining a consultation or other help and support. The release of all appointments at 8am (or other narrow window of time) is no longer acceptable
- All practices must provide a telephony service (preferably Voice or Internet Protocol solutions or sufficient incoming and outgoing lines) that fully meet the needs of individuals using the service
- All practices must offer a digital means of access in addition to telephone and in-person. The digital platform is for non-urgent access and only necessary for use during core hours

The joint letter to GPs from WG and the BMA Wales also states the following "where safe to do so, we expect GP practices to ensure doors are open, and GMS is accessible to the public"

For Quarter 1 2022/23, 81 practices (83.5%) achieved all 14 access standards. As in previous years, one practice in the East is not aspiring to achieve the Access Standards. The tables below provide achievement against each of the standards.

PHASE 1		Quarter 1 Achievement 2022/ 23
P1 1	Does your telephone system have a recording function for incoming and outgoing lines?	95.9%
P1 2	Does your telephone system have the ability to stack calls?	95.9%
P1 3	Are you able to interrogate your telephony system to analyse data on calls?	95.9%
P1 4	Are you able to confirm if your telephone introduction message is recorded bilingually and lasts no longer than 2 minutes?	92.8%
P1 5	Can you confirm if your practice offers patients and care homes access to order repeat prescriptions through a digital solution?	97.9%
P1 6	Can you confirm if your practice offers a digital method for patients to request non-urgent appointments or a call back?	94.8%
P1 7	Does your practice have the necessary governance arrangements in place for this process?	94.8%
P1 8	Can you confirm that your practice publicises information for patients on how to request an urgent, routine and advanced consultation?	99.0%
P1 9	Can you confirm that your practice publicises information for patients on how to request a consultation via the practice leaflet and practice website?	95.9%
P1 10	Can you confirm that your practice displays information on the Access Standards?	96.9%
P1 11	Does your practice offer same day consultation for children under 16 with acute presentations?	99.0%
P1 12	Does your practice offer same day consultations for patients clinically triaged as requiring an urgent assessment?	99.0%
P1 13	Does your practice offer pre-bookable appointments?	96.9%
P1 14	Does your practice actively signpost to alternative cluster-based services, health board wide and national services?	99.0%

PHASE 2		
P2 1	All existing patient facing staff to undertake the national care navigation training package and all new patient facing staff complete the national care navigation training package within 3 months of start date [if virtual course is available from HEIW]. Practices will supply names of new starters and date of training undertaken.	34.0%
P2 2	Appointments are available for advanced booking each day with declaration confirming that every patient contact is supported throughout the day. (Patients will be offered an appropriate consultation, whether urgently or through advanced booking consistent with the patient's assessed clinical need, without the need for the patients to contact the practice again).	71.1%
P2 3	To maintain a planned and forward-looking approach to consultations, practices to undertake a regular assessment of their scheduling appointment system to ensure a mix of remote, face-to-face, urgent, on the day and pre-bookable.	78.4%
P2 4	Practices must regularly maintain an automated and standardised public facing dashboard and make this available via a range of communication methods to meet the needs of their patients. (An Infographic will be made available via the PCIP for practices to use).	40.2%
P2 5	Practices to undertake the national patient experience survey, which should include 25 completed questionnaires per 1000 registered patients from a range of practice population and captured through a range of methods.	47.4%
P2 6	Practices undertake care navigation on digital requests in a similar and equitable fashion to telephone requests.	68.0%

2.1.3. Sustainability

GP practices continue to face significant pressure, which is impacting on their overall sustainability. The following table shows the practice escalation levels within each of the IHCs, as of 31st October 2022.

	East IHC		Central IHC		West IHC	
Pressure Level	Number	Percentage	Number	Percentage	Number	Percentage
Not recently submitted	38	97.5%	20	67%	16	57%
1	16	41%	15	50%	14	50%
2	21	55%	13	43%	12	43%
3	2	5%	2	7%	1	3.5%
4	0	0%	0	0%	1	3.5%
TOTAL	39	100%	30	100%	28	100%

- Only 1 practice (2.5%) in the East IHC have updated their escalation level between 01st October and 31st October 2022.
- 10 practices in the Central IHC have recorded that they have reviewed their level between 30th September and 31st October 2022.
- 43% of practices in the West IHC have recorded a new level between 30th September and 31st October 2022.

In recent months, the nature of the sustainability concerns being raised by GP practices has changed from predominately being focused on recruitment and retention issues, to more and more practices now reporting significant financial pressures, which are threatening their future viability. Work is being done locally to better understand the financial pressures, and work with individual practices to work towards a more financially sustainable position.

2.1.4. Improvement actions

Working with GP practices, clusters and the Local Medical Committee (LMC), a number of actions have been taken forward to address the current challenges facing GP practices:

- Engagement with the national Primary Care Escalation Reporting tool has commenced, with the Health Board reporting into the national 11am daily calls. The intention here is to elevate primary care within routine national reporting.
- The health board continues to engage with national programmes of work, led by the Strategic Programme for Primary Care, to promote primary care sustainability and work collectively on an action plan to help progress key issues.

2.1.5. GMS Contract Agreement 2022-23

Agreement has been reached nationally for a 4.5% uplift to the GP Pay element of the contract, fully meeting the DDRB recommendations on GP pay for 2022-23 and backdated to April 2022.

Recognising the vital role all practice staff play in the delivery of services and the desire for a fair and equitable pay uplift to be made to those existing staff, funding will be made available, mandated to ensure all existing practice staff receive a 4.5% uplift to their gross pay.

2.1.5.a. Unified contract

Work has been underway for the last twelve months, jointly with GPC Wales and NHS Wales to take forward the development of a new streamlined and simplified GMS contract. Emphasis has been placed on clinical judgement with a focus on those things which only GMS can and should do at an individual practice level. The new Unified Contract, is planned to commence on 1 October 2023 (subject to Ministerial approval and the Senedd legislative procedures), will remove the bureaucracy and layers which currently exist whilst strengthening the assurance held by health boards as to the delivery of GMS. The proposed changes will be taken forward over coming months and a consultation with professionals, stakeholders and the public are planned for April 2023.

The agreements so far are high level, with little detail. The following points have been agreed and will be taken forward through those amended Contract Regulations, including a formal consultation:

- All services currently identified as additional services will be re-classified as unified services (previously known as essential services).
- Some enhanced services (or elements of the enhanced service) will be reclassified as unified services.
- Those services which do not need to be provided by all GP practices and continue to be considered supplementary in nature will be redefined as supplementary services and delivered through commissioning by health boards. (Local Enhanced Service arrangements will remain the responsibility of health boards).
- Strengthened and holistic contract assurance measures, performance management and monitoring through a new Assurance Framework. Further work is required to finalise the Assurance Framework building on the principles which have been agreed.

2.2. Community Optometrist Practices

Across 72 practices, Community Optometry continues to deliver a combination General Ophthalmic Services (GOS), Eye Health Examination Wales (EHEW), community Low Vision services and enhanced shared care services alongside Ophthalmology Departments.

2.2.1. Current system pressures

Pressure within Community Optometry largely relate to a continued primary care backlog of routine eye examination appointments and workforce recruitment and retention difficulties pan-BCU. Specifically:

- Workforce challenges including Optometrist recruitment and experienced practice colleagues including Dispensing Opticians, Contact Lens Opticians and Optical Assistants.
- Limited locum resources to cover annual leave and short term cover.
- Administration resource difficulties within secondary care, limiting the coordination of patients for primary care shared care schemes.

2.2.2. Service delivery

72 Optometry practices, across North Wales, provide a variety of community services including:

- General Ophthalmic Services (GOS)
- Eye Health Examination Wales
- Low Vision Services
- Domiciliary eye care
- Primary care Ophthalmic Diagnostic Treatment Centres (ODTC) Glaucoma
- Ocular Hypertension (OHT) and glaucoma suspect SOS pathway
- Intraocular Pressure pathway

2.2.3. Improvement actions

A number of actions continue to be progressed to improve Optometry services across north Wales:

- Following recent optometry contract negotiations between the Welsh Government, Optometry Wales and NHS Wales, on Tuesday 20th September the Health Minister announced agreement of a new optometry contract terms of service and associated financial costs. Contract reform represents a significant reform of optometry services, aligned to the commitments set out in *A Healthier Wales* and the *Future Approach for Optometry Services*, founded on the key principles of prudent healthcare. A new Implementation Board has been established to support delivery of the new Wales General Ophthalmic Services (WGOS) over the next three years. The earliest aspects of the new contract are anticipated for June 2023.
- A new Diabetic Retinopathy Primary Care Ophthalmic Diagnostic Centre pathway is imminent.
- Commitment from the pan-BCU Ophthalmology lead to continue to support clinical placements for Optometrists training in Independent Prescribing, Glaucoma and Medical Retina.
- Early engagement with the Regional Optical Committee working towards cluster working aligned with Accelerated Cluster Development.

2.3. Dental Services

Of the 77 GDS contracts, 58 (75%) opted to join Contract Reform upon its relaunch in April 2022. The combined average contract value (AVC) of those contracts opting for Contract Reform accounts for 96% of the total GDS contract value.

A summary of contract values commissioned for 2022/23

Contract Type	Number of Contracts	Total Contract Value (£ million)
GDS	78	£28.176
CDS/PDS	4	£0
GDS EDS	20	£0.823
Innovation Fund	16	£0.620
Orthodontic	7	£2.440
Total contracted	125	£32.050

Increased GDS/ EDS provision has been secured by restricting a number of GDS contracts to include a dedicated weekly access session treating EDS patients routed via the helpline. The slight increase in orthodontic spend reflects the payment for the Waiting List Clearance triggered during the last two months of 2021/22.

Access to CDS and GDS care continues to be under pressure due to shortages in onward treatment access. A call handling system is in place which supports people queuing and capacity will be reviewed as demand increases. Opening hours have been extended by 30 minutes to 4pm weekdays.

2.3.1. General Dental Services (GDS)

2.3.1.a. Current system pressures

The current pressures on GDS practices are of concern and are the result of:

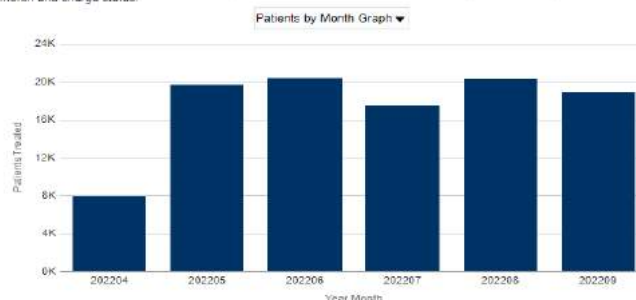
- The continued increase in the number of contracts at risk of handback
- Difficulties in recruitment and retention, which are impacting on staffing levels across the area and are leading to access problems for individuals served by these practices
- The need to provide additional short-term access sessions targeted at those people who have been displaced by recent practice closures
- Long waiting lists with few GDS practices able to accommodate new NHS patients

2.3.1.b. Access

A total of 18,820 people accessed a completed course of dental treatment in BCUHB during September. This represents a decrease in numbers seen from the previous month. Reasons for the fall in July and September are being analysed, although they are comparable with the all-Wales data.

Patients Treated by Month and Charge Status (All Patients)

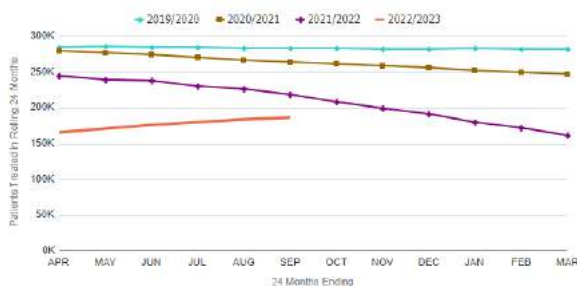
The charts and graphs available in the drop-down box below show the total number of patients treated, broken down by month and charge status.



The steady recovery of access to dental services for children has levelled off, whilst the recovery of adult patient numbers continues

Adult 24 Month Unique Patients Treated

This chart shows, by year, the counts of unique adult patients treated in the 24 months up to and including the month shown.



Child 12 Month Unique Patients Treated

This chart shows, by year, the counts of unique child patients treated in the 12 months up to and including the month shown.

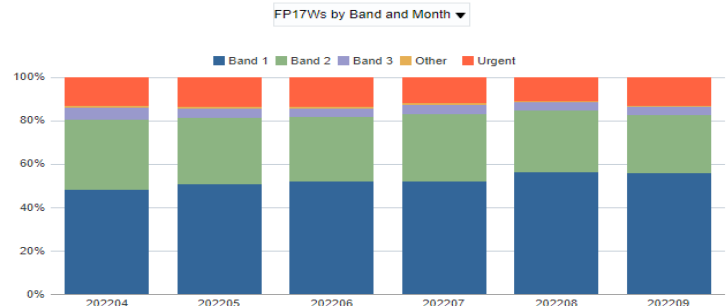


2.3.1.c. Treatment Bands

The proportion of band 1 treatments provided in September decreased from 56% to 55% whilst urgent treatment accounted for 13% of treatments; this is up from 11% the previous month. Reasons for the increase in urgent treatments during these months are currently being investigated, but are comparable with the All-Wales average.

FP17Ws by Treatment Band

Data refers to general FP17Ws only.



2.3.2. Community Dental Services (CDS)

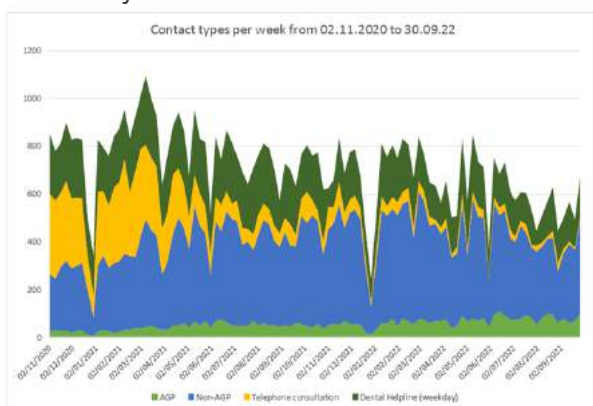
2.3.2.a. Current system pressures

The current pressures on CDS practices is of concern and are the result of:

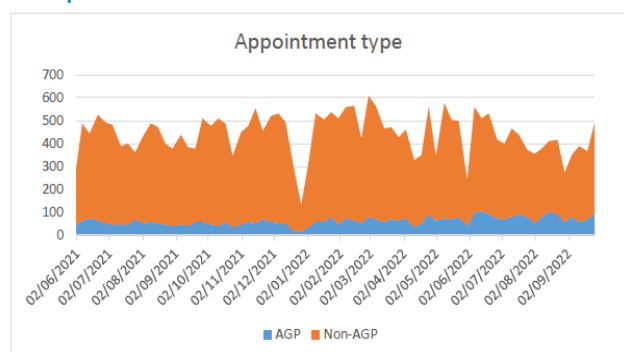
- High call volumes to the Dental Helpline
- Staffing issues as a result of recruitment challenges as well as the retirement and/ or senior level posts
- Delays in completing the required ventilation work at Wrexham Dental Centre

2.3.2.b. Activity

Reduced staffing levels due to Covid/ sickness, and self-isolation have continued to impact over this period. Moreover, a number of existing staff vacancies and staff leaving the service has also impacted on activity and a fall in face-to-face contacts. A reduction in CDS telephone consultations continues and these are mainly limited to urgent triage or pre-attendance screening where necessary.



AGP provision



AGP work reflects that ventilation in a number of CDS clinics is still an issue. Even with new guidelines appropriate fallow times must be observed at some sites. Speed increasing handpieces have been provided across the service which do not produce aerosols, to compliment the high speed handpieces.

There is emerging evidence that prescribing patterns for antimicrobials within NWCDs are improving as face-to-face contact becomes the norm. Work with Pharmacy to extract and interrogate this trend in data continues.

When we look at AGP provision, volumes affected by staff shortages during the year; leavers, staff sickness, impact of Omicron and self-isolation, ventilation work at WDC are evident. There is also a continuing trend to increasing numbers of definitive treatment per contact – extractions and filings. There is also a trend towards increased prevention and fluoride application as per Welsh Government Direction.

2.3.2.c. Improvement actions

A number of actions continue to be driven forward in order to improve access to and people's experiences of NHS dental services in north Wales.

- North Wales Dental Academy PDS practice is now open. Within 3 weeks, the practice had over 7,000 patient registrations. The first patient was seen w/c 24 October. Work continues to complete the Academy and CDS floors. Several meetings have been held with Cardiff Dental School to explore opportunities to expand current outreach and placements into North Wales. We continue to investigate opportunities to collaborate. Discussions continue with practices around requirements of and desire to work with the North Wales Dental Academy. Several promising leads are being investigated
- Planning for a commissioning exercise in NW Wales and in Flintshire for GDS delivery continues. We are currently working through governance process with a start target date for commencement Q3 22/23.
- Meetings continue to take place to discuss the steps needed to support the opening of future Academies, with the possibility of looking at Orthodontic practice as well as CDS practice, being considered.
- A strategy day to develop an overarching strategy for Dental Education in North Wales was held in September to inform direction and set requirements from all areas of the service profession and supporting stakeholders. The draft strategy is almost complete and will be shared with stakeholders for comment in November.

2.4. Community Pharmacy

Community Pharmacies continue to play a key role in the delivery of the Covid-19 vaccination programme, and despite the additional workload that comes with it, have made important strides towards recovery.

2.4.1. Current system pressures

Pressure levels on Community Pharmacies are easing slightly from last month, but are still significant across north Wales, and are the result of:

- Workforce shortages and pressure in teams, including reduced OOH cover.
- A shortage of DPPs limiting IP training opportunities
- Periods of treatment

2.4.2. Service delivery

149 Community Pharmacies across north Wales continue to provide Enhanced Services, which currently include the following:

Urgent primary care	Medicines optimisation
<ul style="list-style-type: none"> ▪ Clinical Community Pharmacy Services (CCPS) ▪ Sore Throat Test and Treat ▪ Pharmacy Independent Prescribing Service (PIPS) ▪ End of Life Care Medicines Hub 	<ul style="list-style-type: none"> ▪ Inhaler review services ▪ Care home support ▪ Adherence support ▪ Multidisciplinary reviews in care homes
Population health	
<ul style="list-style-type: none"> ▪ Smoking Level 2 & Help Me Quit @ Pharmacy ▪ Supervised Administration ▪ Needle and syringe programme ▪ Patient sharps 	



GIG
CYMRU
NHS
WALES

Bwrdd Iechyd Prifysgol
Betsi Cadwaladr
University Health Board

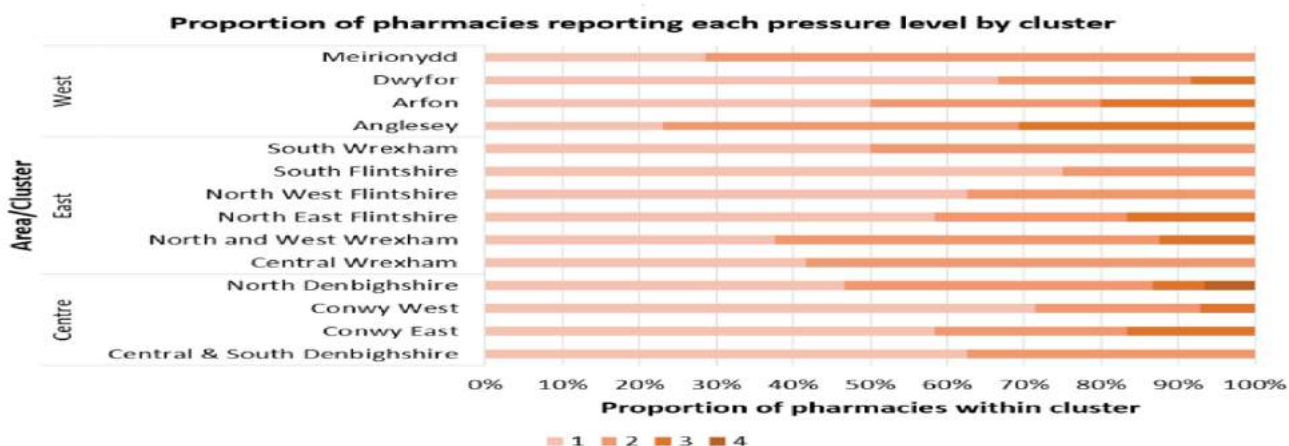
Covid-19 vaccination

2.4.3. Sustainability

Pressure levels within Community Pharmacy are easing from last month, although they are still significant across north Wales.

Pressure Level	Number	Percentage
1	78	52%
2	56	38%
3	14	9%
4	1	1%

The graph below describes the level of pressure at a cluster level:



Temporary suspensions of service are reducing and are lower than 2021 numbers, however, significant numbers remain. A new process for handling suspensions was introduced on 1st November. Progress/ impact will be reported as part of the May 2023 update.

Notices of Temporary Suspension of Pharmaceutical Services

Area	Cluster	Apr	May	Jun	Jul	Aug	Sep	Oct*
Centre	Central & South Denbighshire	2	5		3		1	
	Conwy East	4		2	3	2	1	
	Conwy West	12	2	3	7	7	1	3
	North Denbighshire	4	2	4	2	3	5	7
	Area Total	23	9	9	15	12	8	10
East	Central Wrexham	2		1	2	3	1	2
	North East Flintshire	2	3	3	4	2		1
	North West Flintshire	2	2	1	3	2		
	North West Wrexham	2	1	3	2	1	1	
	South Flintshire	1	3	2	3	2		
	South Wrexham	1	2	3	2	4	1	1
	Area Total	10	11	13	16	14	3	4
West	Anglesey	5	4	8	2	5		10
	Arfon	4	2	1	2	3	6	1
	Dwyfor	5		2	1	3	3	5
	Meirionnydd	3	1		1		3	2
	Area Total	17	7	11	6	11	12	18
Grand Total		46	50	27	33	37	23	32
Totals for same month in previous year					39*	56	29	37

2.4.4. Improvement actions

A number of service improvement activities are being taken forward within Community Pharmacy, including:

- Urgent Primary Care – roll-out of a dispersed UPC approach in West IHC, led by Community Pharmacy in order to integrate urgent care services into the wider primary care offer
- Medicines optimisation – repeat dispensing, MHOL; MDT care home reviews; adherence support programme; National MAR chart service
- Population Health – campaign to relaunch HMQ@ pharmacy service; Flu programme delivery and quality
- Network efficiency and effectiveness – promoting healthcare professional lines and NHS emails over fax; Walk in My Shoes scheme; supporting recruitment; escalation tool; CPLPT support; encouraging lunch breaks

In addition to the actions described above, considerable work is being undertaken within Community Pharmacy in order support winter planning, including:

- Sore Throat Test and Treat Service is being incorporated into the Common Ailments Service (CAS). 80-90 of the 149 Pharmacies in BCU are expected to provide this service over the winter. A review of additional conditions to include is currently underway
- The Pharmacist Independent Prescribing Service (PIPs) is rapidly expanding, with 8 further pharmacies planned to be commissioned over the coming months. The aim is to achieve roll-out to the majority of pharmacies by 2026/27
- Further integration of community pharmacy within the wider unplanned care system (UPCC/ General Practice, ED/ MIU) is being explored. The aim here is to provide a meshed network of services where people can move through the system efficiently, ensuring they can access the care they need

2.5. Primary Care ‘Strategy’ & Service Development

In addition to the work outlined above, considerable work is underway to support the development of a robust and future-focused primary care strategy, and associated delivery plans. The intention is to ensure our approach dovetails with the strategic direction of travel for the Health Board, as set out within it’s 10-year plan “Living Healthier, Staying Well”, and it’s Clinical Strategy. It is important that the primary care ‘strategy’ is not a standalone document but is fully intergrated with key strategic documents and in effect represents the front-end of a health board delivery plan for how services will be delivered and needs met in north Wales.

2.5.1. Primary Care strategy

The Primary Care vision setting workshop on the 26th September started a conversation about the medium-long-term vision for primary care in north Wales, and identified key areas to be followed up in more detail, including:

- Urgent Primary Care
- Managed Practices
- Estates
- IT & Digital Technology
- Communication
- Sustainability – recruitment, retention, workforce planning, finance
- Mental health
- Delivery (i.e., CICs)
- Pathways

A programme of deep dive sessions is now underway, which will support the development of the strategy as well as a series of clear improvement/ delivery plans.

2.5.2. Urgent primary care

Following a peer review of urgent primary care services in north Wales, IHCs are working through the recommended improvement actions in order to strengthen current ways of working, improve governance accountability, and our estates offer in order to ensure maximize impact

- **GP OOH** – requirement to fix risks within the system and improve estates offer
 - Regular meetings in place to work through improvement actions
 - New roles introduced into UPCCs to increase multi-skilled clinical workforce, including physiotherapists and ANPs
 - Increased corporate oversight
- **UPCC** – requirement to review and consolidate the model and approach into a consistent ‘once for north Wales’ model. Deep Dive sessions are in place to review the current model and approach and develop greater consistency and alignment between UPCC, OOH, ED front door. Development work will include the transition from UPCCs to UTCs, as well as the development of longer-term approach to improving urgent primary care, of which UPCCs/ UTCs are one part
- **Central IHC** – the differing model within Central IHC means that bringing UPCC in to YGC and providing ‘streaming service’ will be unsafe given differing staff models and lack of senior GP capacity. The preferred option is to ‘test’ a new enhanced way of working in East then scale-up across the other IHCs at pace once requirements are established and the model refined
- **West IHC** – UPCC Clinicians access ED/ MIU clinical systems and filter people who are appropriate for UPCC clinicians (within their clinical licence) and ‘pull’ from ED/ MIU to be assessed/ treated in UPCC. New pathways are being trialled, whereby GP practices will be encouraged to refer all people appropriate for Community Pharmacies to UPCC. Independent Prescribers are being provided with access to the clinical system in order to filter and ‘pull’ people who are appropriate. The intention here is to create a more streamlined approach. Finally, Community Pharmacy currently operating meshed-UPCC model in the West.
- **The East IHC** is currently ‘testing’ the UTC model in Wrexham ED and UPCC, in a positive example of hospital and primary care working together to deliver improvement. The aims of the pilot are to increase the number of people re-directed to Wrexham UPCC from ED; to reduce pressure in the ED department; to enable better use of higher-level clinicians within UPCCs; and to create an improved understanding of ED presentations suitable to be supported by the UPCC. The Pilot works by having a GP at the front door of ED ‘streaming’ all walk-in’s. This new way of working has increased referrals into the UPCC by up to 80% on certain days. The intention is to extend the hours of operation as well as expand the ‘streaming’ criteria.

The medium to long-term vision is to review UPCCs and OOHs to form part of a wider plan to transform same-day urgent (primary) care. Alignment with the Six Goals Programme will be achieved, and ensure a specific focus on the urgent offer within primary care.



2.5.3. Accelerated Cluster Development

Work continues to progress in relation to the implementation of the Accelerated Cluster Development (ACD) programme, including the development of a number of Professional Collaboratives, expanded Cluster meetings, and multi-agency strategic Pan-Cluster Planning Groups. As reported to Regional Partnership Board (RPB) at the end of October, partners have made considerable progress against Ministerial priorities:

	Action complete	In progress	Not yet commenced
2022/2023 Cluster Annual Plans published on Health Board websites	●		
2022/2023 Cluster Funding proposals / initiatives commence; local monitoring in place	●		
Confirm the geographical boundary to inform the development of the map of Pan Cluster Planning Groups (PCPG) and associated Clusters for the Health Board / RPB region	●		
Agree the governance route within the health board for the Pan Cluster Planning Group	●		
Partners establish Pan Cluster Planning Groups , <u>Terms of Reference</u> are adapted / adopted and PCPG governance is embedded into the local architecture	●		
PCPG Assurance is part of the Health Boards existing Board Governance structure	●		
Set out a project plan to begin establishing the <u>Professional Collaboratives</u> for the contractor professions	●		
Set out a project plan to begin establishing the comparable arrangements for establishing Professional Collaboratives for other professions (nursing, AHP, and social services)	●		
Any changes needed to the Health Board Scheme of Delegation / SFIs to allow PCPGs to have delegated authority to act are actioned		●	
Progress delivery of and appointments to any posts funded from the Strategic Programme for Primary Care Fund 2022 (SPPC Fund) ACD investment plans		●	

Consider the current Cluster arrangements , membership and governance to ensure it aligns with the <u>model Cluster Terms of Reference</u> for the ACD programme.	●		
Consider leadership and professional development needs of the Professional Collaborative Leads and Cluster Leads		●	
Consider the Organisational Development needs to optimise Pan Cluster Planning Group working		●	
Engage with SPPC commissioned PCC Leadership engagement exploratory workshops for Professional Collaboratives		●	
Engage with the Strategic Programme for Primary Care on the leadership and OD programmes for Cluster Leads, Professional Collaboratives & Leads PCPG members		●	
Confirm and prepare one Cluster footprint per Health Board to be part of the Cluster peer review process for 2022-2023	●		
Supported by Health Boards, individual Professional Collaboratives are established in each Cluster footprint		●	
Update skills and knowledge on the ' Once for Wales ' contract for PCPGs to use with Community Interest Companies (CiCs) if formed			●
Develop proposals to ensure that there is good and effective stakeholder, public and patient engagement in Clusters and PCPGs		●	
Professional Collaboratives (where established) begin to respond to published population needs assessments and identify their service gaps and developments in response to Welsh Government planning guidance		●	
Identified Cluster, with Health Board and RPB partners participates in the PCMW / ACD Peer Review pilot		●	
Clusters begin to use the Professional Collaboratives' (where established) responses to update the Cluster Plan to address identified needs assessments and service gaps		●	
Pan Cluster Planning Groups use the Cluster responses to produce a prioritised countywide response to the RPNA and a 3-year plan for 2023-26.			●
Health Boards use Pan Cluster Planning Group response to Regional Population Needs Assessments [RPNAs] & 3 year plans to inform their 2023-26 IMTPs			●
RPBs use Pan Cluster Planning Group responses to the RPNAs and 3 year plans to inform their next Area Plans assessments & plans			●
2023/2024+ Cluster Funding investment plans are agreed with stakeholders and endorsed by the PCPG		●	
RPBs publish their 5 year Joint Area Plan which should be informed by pan Cluster responses			●
As PCPG plans identify those services which are best delivered for the Cluster population footprint , Clusters will respond by establishing a range of Cluster delivery vehicles			●
Health, Social Care and wider partnership funding opportunities (eg Regional Investment Fund RIF) considered to support implementation of Cluster plans			●
ACD Programme transition year ends; ACD programme closes and PCPG / Cluster / Professional Collaborative working mainstreamed across health and social care planning and delivery landscape			●

Given the scale of the work involved with the implementation of the ACD programme, the Board is asked to agree to a separate report being provided at a later meeting, in order to allow focused discussion to take place.

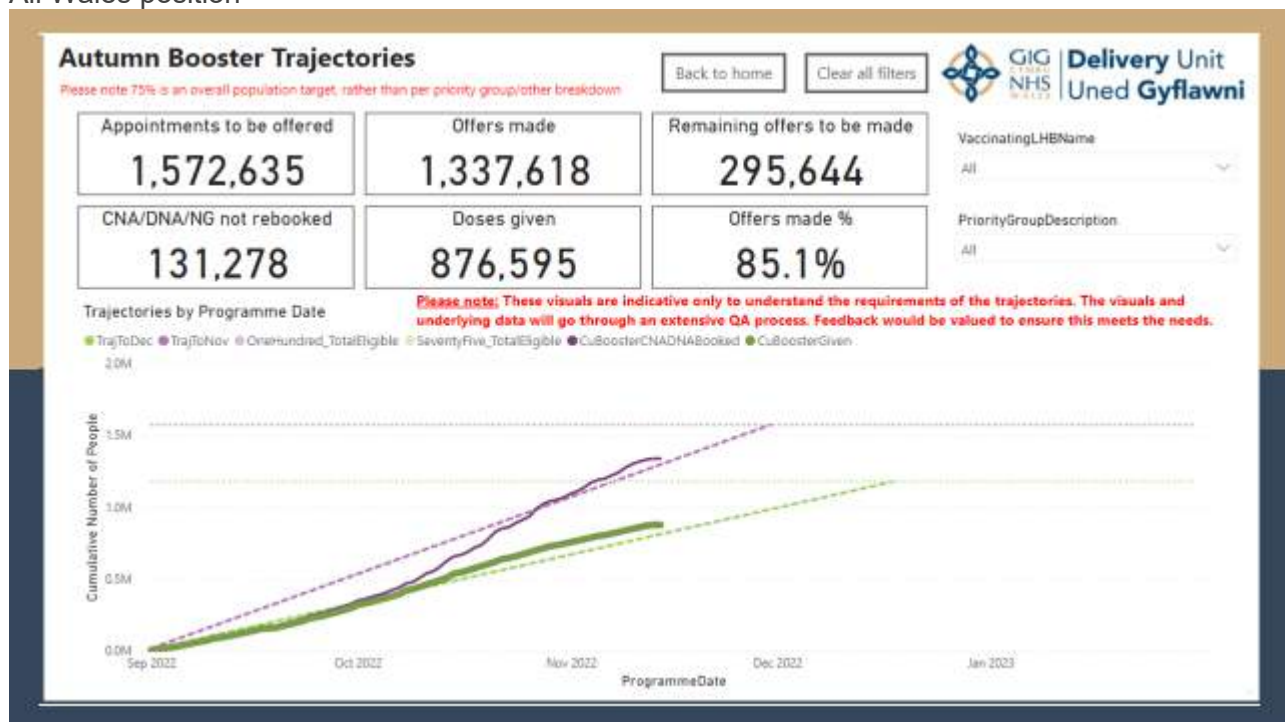
2.6. Vaccination programme

2.6.1. Covid

The National target set for take up of the Autumn Booster is 75%, BCU is currently at 52%, with circa 100k appointments left to undertake by the 12th December. The 2 charts below show the overall Wales position and then BCU's position to date.

- By the 18th November all known eligible citizens of North Wales will have received an appointment.
- As of the 14th November BCU have moved to Walk in availability for all Citizens
- Overall plan is to ensure 99% of delivery is completed by the 12th December.

All Wales position



BCU Position



2.6.2 Monkey Pox

The National picture for Monkey Pox is that is trending down. National delivery of vaccination has moved away from 7 days a week to week day delivery only and BCU have followed suit by standing down weekend delivery of testing and vaccination. Local systems are on standby to be reinstated should the clinical need arise.

The vaccination pilot for the at risk cohort is on track to hit 50% uptake by the end of November before being pushed wider to the rest of the cohort. Colleagues in Sexual Health are delivering to the at risk groups.

2.6.3. Dolgarrog Asylum Seekers prophylactic Diphtheria vaccination

On the 7th November 2022, BCU and Conway Council became aware that the Hilton Hotel in Dolgarrog had been opened as a site to asylum seekers from the Manston reception centre in Kent, receiving 85 vulnerable asylum seekers to date. Following publication of Mid Incident Notification – UKSHA Enhanced Incident NICC62, that stated that there was a known outbreak of Diphtheria in Manston (14 cases) and that subsequently 5 asylum seekers that had been dispersed to sites across England were found also to have Diphtheria. It has recommended treatment with prophylactic antibiotics and Diphtheria vaccination to all migrants within 10 days of leaving Manston. COVID and TTP teams along with local primary care colleagues will be attending Dolgarrog to carry out health screens and offer the recommended prophylactic treatment.

3. Conclusions

All primary care services are continuing to experience high levels of demand and providers continue to meet this challenge as best they can.

Primary Care has been preparing for growing pressures over the winter months ahead and as such it is key that the public is kept well informed of the situation, where and how to access the right services and encouraged to attend for flu and covid vaccinations.

There are some excellent examples of where Primary Care is responding strategically in order to further develop and improve service delivery, particularly in relation to our work to review the various Urgent Primary Care initiatives into a consolidated approach, which is not only aligned to, but which becomes the driver for change in relation to the Six Goals work within the Health Board.

Whilst progress against the Accelerated Cluster Development programme is to be reported at a separate meeting, it is worth noting that strategically, the model is being used to underpin our thinking and approach to primary care delivery, and the development of place-based partnerships.

Teitl adroddiad: Report title:	"Good Mental Wellbeing – It's Everyone's Business"; Annual Report of the Executive Director of Public Health 2022
Adrodd i: Report to:	Health Board (Public)
Dyddiad y Cyfarfod: Date of Meeting:	Thursday, 24 November 2022
Crynodeb Gweithredol: Executive Summary:	<p>Director of Public Health Annual Reports have a historical tradition which date back to 1856, when Medical Officers of Health (established under the 1848 Public Health Act) first started to publish yearly reports "On the State of the Public Health" in an attempt to generate interest and action towards improving the health of the population, and in particular of those with the worst health.</p> <p>The Director's of Public Health continue to publish independent reports on the health and wellbeing of their populations and on action being taken to improve and protect their population's health.</p> <p>This year's 2022 Annual Report of the Executive Director of Public Health focuses on mental wellbeing. This builds on the research about mental wellbeing given the impact of the pandemic over the last couple of years.</p> <p>Mental wellbeing belongs to everyone but it may mean different things to different people; Each person will have their own view on what it means to be mentally well. Mental wellbeing affects how people grow and develop; It influences how they cope with the normal stresses of life, how they work and the way in which they participate in family and community life. Mental wellbeing is an important area of Public Health as it determines overall health and happiness (PHW).</p> <p>The report reflects on the North Wales situation, with people living in North Wales reporting better mental wellbeing compared to the rest of Wales. The National survey for Wales data (2018-19) suggests that the average score in North Wales is 52.4 compared to 51.4 across Wales. Rates vary across the counties of North Wales.</p> <p>The content of the report includes;</p>

- Key messages on mental wellbeing.
- The definition of mental wellbeing.
- What influences mental wellbeing and happiness and how they are connected.
- Insight from the Covid-19 Pandemic.
- A life course view of mental wellbeing.
- Actions to protect mental wellbeing.
- Call to action.

The report focuses in on the four themes that give us all contentment, feelings of happiness and good mental wellbeing. These are being in good physical health, being part of and supported by a community/network of family and friends, nature and a safe environment for our family and friends now and in the future. The fourth is being free of financial stress and being financially secure. The report details the four themes and the life course actions that we can all take to protect our wellbeing. The report details how it is never too early or late to start doing so.

- **Being in good physical health** – Being active is the most protective life course action we can take for good mental health and wellbeing.
- **Safe environment for family and friends, now and in the future** – Being part of a safe nurturing neighbourhood is essential for mental wellbeing. Sadly, there are differences in mental wellbeing between affluent, deprived and disadvantaged communities. These are driven by the quality of schools, jobs, housing and neighbourhood.
- **Being part of and supported by a community** – Strong family and community connections and networks are essential for building self-esteem and confidence to build social relationships that help reduce anxiety and stress.
- **Being free of financial stress and being financially secure** – Wealth, or the lack of it, has a profound impact on mental wellbeing across all stages of life. Poverty causes stress, anxiety and poor health, and it reduces happiness, wellbeing and shortens lives.

	<p>The report also includes a number of wellbeing case studies from across the North Wales region. These bring the topic of good mental wellbeing into life and also references the five ways to wellbeing, which have previously been discussed at Board “take notice, connect, be active, keep learning and give”.</p> <p>The report concludes with three simple “call to action” suggestions. These are aimed at everyone across North Wales.</p> <p>The report is addressed primarily to officers and elected/appointed members of the NHS and other Public Sector bodies across North Wales and to other Community Leaders.</p> <p>This year’s report is not being printed in hard copy but will be available as a downloadable document via an online platform. Full details will be made available at the Board meeting in November 2022.</p>			
Argymhellion:	The Health Board are asked to discuss and note the content of the 2022 Annual Report, and support the 3 calls to action.			
Recommendations:				
Arweinydd Gweithredol:	Teresa Owen, Executive Director of Public Health			
Executive Lead:				
Awdur yr Adroddiad:	<ul style="list-style-type: none"> Ms Karen Bryson, Senior Advisor BCUHB Public Health Team 			
Report Author:				
Pwrpas yr adroddiad: Purpose of report:	I’w Nodi <i>For Noting</i> <input checked="" type="checkbox"/>	I Benderfynu arno <i>For Decision</i> <input type="checkbox"/>	Am sicrwydd <i>For Assurance</i> <input type="checkbox"/>	
Lefel sicrwydd: Assurance level:	Arwyddocaol <i>Significant</i> <input type="checkbox"/> Lefel uchel o hyder/tystiolaeth o ran darparu'r mecanweithiau / amcanion presennol <i>High level of confidence/evidence in delivery of existing mechanisms/objectives</i>	Derbyniol <i>Acceptable</i> <input checked="" type="checkbox"/> Lefel gyffredinol o hyder/tystiolaeth o ran darparu'r mecanweithiau / amcanion presennol <i>General confidence / evidence in delivery of existing mechanisms / objectives</i>	Rhannol <i>Partial</i> <input type="checkbox"/> Rhywfaint o hyder/tystiolaeth o ran darparu'r mecanweithiau / amcanion presennol <i>Some confidence / evidence in delivery of existing mechanisms / objectives</i>	Dim Sicrwydd <i>No Assurance</i> <input type="checkbox"/> Dim hyder/tystiolaeth o ran y ddarpariaeth <i>No confidence / evidence in delivery</i>
Cyfiawnhad dros y gyfradd sicrwydd uchod. Lle bo sicrwydd 'Rhannol' neu 'Dim Sicrwydd' wedi'i nodi uchod, nodwch gamau i gyflawni sicrwydd 'Derbyniol' uchod, a'r terfyn amser ar gyfer cyflawni hyn:				

Justification for the above assurance rating. Where 'Partial' or 'No' assurance has been indicated above, please indicate steps to achieve 'Acceptable' assurance or above, and the timeframe for achieving this:	
Cyswllt ag Amcan/Amcanion Strategol:	<ul style="list-style-type: none"> Improving health and reducing inequalities Mental Health and Wellbeing
Link to Strategic Objective(s):	
Goblygiadau rheoleiddio a lleol:	There are no specific implications to note.
Regulatory and legal implications:	
Yn unol â WP7, a oedd EqlA yn angenrheidiol ac a gafodd ei gynnal?	Not Applicable – The DPH Report does not contain specific proposals which could be assessed for impact. However, the report does include a section as a call to action on improving mental wellbeing.
In accordance with WP7 has an EqlA been identified as necessary and undertaken?	
Yn unol â WP68, a oedd SEIA yn angenrheidiol ac a gafodd ei gynnal?	Not applicable.
In accordance with WP68, has an SEIA identified as necessary been undertaken?	
Manylion am risgiau sy'n gysylltiedig â phwnc a chwmpas y papur hwn, gan gynnwys risgiau newydd (croesgyfeirio at y BAF a'r CRR)	Not applicable.
Details of risks associated with the subject and scope of this paper, including new risks(cross reference to the BAF and CRR)	
Goblygiadau ariannol o ganlyniad i roi'r argymhellion ar waith	The Report does not generate any explicit financial implications.
Financial implications as a result of implementing the recommendations	
Goblygiadau gweithlu o ganlyniad i roi'r argymhellion ar waith	The Report does not generate any explicit workforce implications.
Workforce implications as a result of implementing the recommendations	
Adborth, ymateb a chrynodeb dilynol ar ôl ymgynghori	Not applicable.
Feedback, response, and follow up summary following consultation	
Cysylltiadau â risgiau BAF: (neu gysylltiadau â'r Gofrestr Risg Gorfforaethol)	The Executive Director of Public Health Report has a focus on mental wellbeing and physical health, but is not linked to any specific BAF risk.
Links to BAF risks: (or links to the Corporate Risk Register)	
Rheswm dros gyflwyno adroddiad i fwrdd cyfrinachol (lle bo'n berthnasol)	Not applicable
Reason for submission of report to confidential board (where relevant)	

Camau Nesaf:
Gweithredu argymhellion

Next Steps:
Implementation of recommendations

The full report will be shared at the November 2022 Board meeting. The report will also be shared with Partners across the Region and it is hoped that the report will raise awareness of the importance of good mental wellbeing. The aim is to support the Healthier North Wales approach being taken across the region.

Rhestr o Atodiadau:

Dim.

List of Appendices:

None.

Good Mental Wellbeing

It's everyone's business

Annual DPH Report

Public Health Annual Report

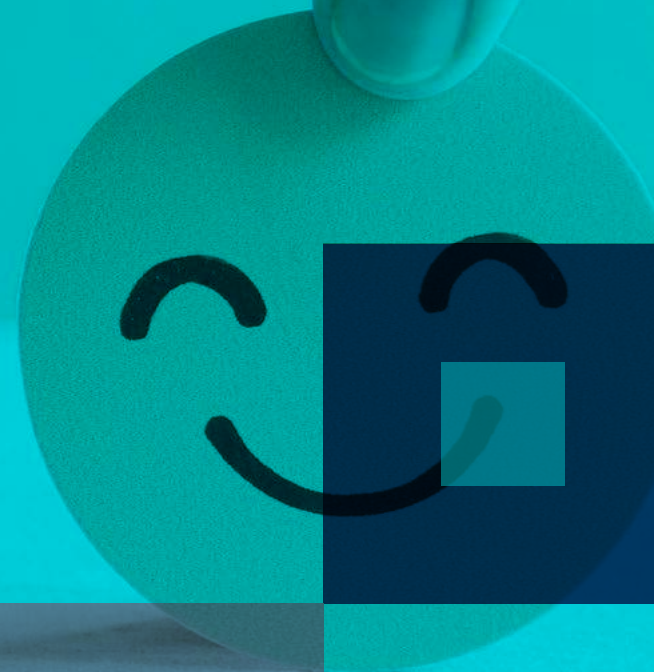
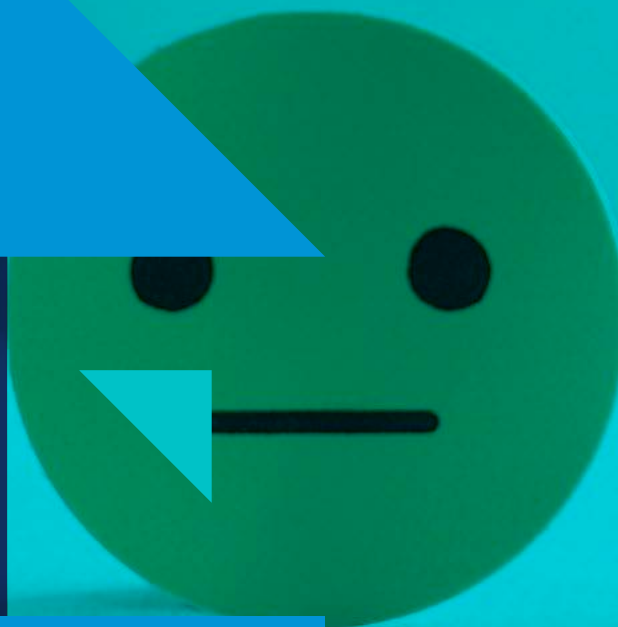
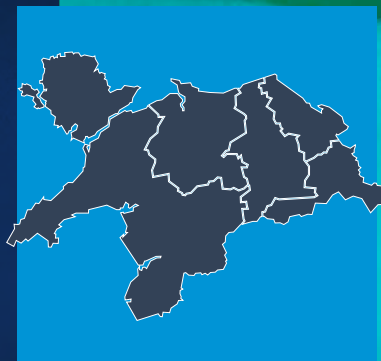
Betsi Cadwaladr University Health Board

November 2022



GIG
CYMRU
NHS
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Betsi Cadwaladr
University Health Board



Areas covered

Foreword by Teresa Owen, Executive Director of Public Health	The Importance of Prevention in Mental Health by Dr Alberto Salmoiraghi, Medical Director Mental Health and Learning Disability	Mental wellbeing affects everyone Lucy Reid, BCUHB Vice Chair	Introduction and key messages for protecting our mental wellbeing 1	Mental wellbeing – a very human condition 2
What influences mental wellbeing and happiness – and how they are connected 3	Insights from the Covid-19 pandemic on why these influences are important 4	Life Course Actions for personal wellbeing – a life-course view 5	What have we learnt about what can we each do to protect our mental wellbeing 6	Call to action 7
Case Studies 	Acknowledgements 	Data 	References 	Glossary ABC

Foreword

Teresa Owen, Executive Director of Public Health



As Executive Director of Public Health (DPH) for Betsi Cadwaladr University Health Board (BCUHB), I am pleased to introduce my latest Public Health Annual Report. After a break from writing the annual reports during the extremely busy Covid-19 pandemic years – this year I have chosen to focus on mental wellbeing.

There is much written and researched about the state of our mental wellbeing, including the impact of the pandemic over the past couple of years. Building on this insight, this year's report focuses on the role of four big, interlinked areas that directly affect our mental wellbeing – our own physical health, our support networks and connectedness, our relationship with the environment including its impact on us and our impact on it, and our financial resilience. The pandemic has brought their influence on our mental wellbeing, and the importance of looking after them, into stark relief. The last DPH Report focused on a range of health protection issues including pandemics, but little did we know then what was ahead for all of us with the Covid-19 Pandemic.

While we are beginning to recover from the impact of the pandemic on our way of life, our mental wellbeing is being further tested by the impact of global warming, the economic situation of Brexit, and the war in Ukraine. We are all facing an unprecedented rise in our cost of living, with energy, food and job insecurity exercising everyone's mental wellbeing.

We may feel overwhelmed by these and their impact on our lives. However, focusing on what we can do, thinking positively and knowing that we are taking steps that are good for us, our families and community does bolster our resilience and boost our mental wellbeing. Together we create a voice for good mental wellbeing that can shape communities, society, and policy.

World Mental Health Day on 10th October 2022 encouraged us all to think about this. To help us on this journey across North Wales we are delighted to have lots of personal contributions in this report from people who live, study and work in the region. These real personal stories bring alive the insights from local, national, and international research, and the impact of local support and advice. This insight will also support all system partners understand what we do well to support our communities, and what else would be useful to put in place.

This report has been a real team effort once again. My sincere thanks to everyone who's contributed and supported this year's report, and special thanks to Karen Bryson for keeping us on task with the report production.

We hope these rich insights will help each of us reflect on what is important for mental wellbeing and what steps we can personally take to protect and enhance it.

Mental wellbeing is everyone's business



The Importance of Prevention in Mental Health

Dr. Alberto Salmoiraghi, Clinical Director Mental Health and Learning Disability, BCUHB



Prevention is a word that we often hear about our physical health. However, the same concept and rules apply to our mental health. A substantial portion of mental health problems that come to the attention of primary and secondary care services could be prevented by the individual. Simple measures can be taken by any of us to prevent deterioration of our mental health and to preserve our mental wellbeing, without necessarily accessing professional help.

There are several areas and steps that will help in preserving our mental wellbeing. Loneliness and lack of social connections is often reported to be linked with poor mental health. Trying to engage in social activities is often underestimated in how important it is for our mental health. It can be done in many ways, but it gives a strong sense of identity and helps reframe problems.

Substance abuse is another aspect that is under our control at the initial stages. It's easy to think that stress and anxiety may be helped by tobacco, alcohol, or illegal substances, but the evidence is that they affect our mental health even in the short term and may, of course, lead to dependency and serious physical health problems. Even smoking tobacco is linked to increased levels of anxiety, and alcohol affects mood.

On the other side, exercise and healthy eating is linked with better mental health, lower levels of anxiety and depression, more alertness and improved cognitive functions. In the long

term, a healthy lifestyle is linked with longer life expectancy and lower incidence of mental illnesses and dementia. Wales has a rich, accessible, and beautiful natural environment that can be used for the benefit of our mental wellbeing.

Finally, asking for help early is crucial. When people struggle with their mental health, it is normal to feel ashamed and isolated. People do not talk about their problems until it becomes unbearable. Talking to friends, family members, or reaching out to the voluntary sector makes a substantial difference. Other times it is a matter of needing some practical help and to be signposted in the right direction. The aim is prevention of further progression towards severe mental health problems.



Mental wellbeing affects everyone

Lucy Reid, BCUHB Vice Chair, with specific brief to oversee mental health



The Together for Mental Health Partnership Board brings together all partners in the region to support the mental health and wellbeing of children, young people and adults living in North Wales.

The pandemic has been a real challenge for many people. Before the pandemic, we focused on mental health and our mental health services, but not so much on how people were managing their mental wellbeing.

The pandemic really brought out the importance of people's mental wellbeing through the way in which people felt socially isolated; how many struggled with the financial impact of being furloughed or losing their jobs. Many of us felt very restricted during the prolonged lockdowns and limitations placed on being able to see family and friends. I know I felt very isolated, and turned to my dogs and long walks to help.

Armed with these first-hand experiences, the partnership is revisiting the Together for Mental Health Partnership Strategy because we now recognise that the type of support that people need has fundamentally changed. It will now focus more on supporting mental wellbeing with a further shift to prevention and early intervention.

As we enter a very difficult winter with a cost of living crisis, many of us are feeling increasingly anxious and alone. This means we need to think differently about what we do to support each other. We want people be able to manage stressors before they reach crisis point. So, we will need to improve access to information about how people can protect and manage their wellbeing, as well as where and how to access support when it's needed.

We will continue to promote our ICAN service which is a fantastic resource. It's easy to find on the internet and has an app to help us find local ICAN services, such as someone to chat with about a concern over a cup of tea through to more expert advice. Many have used it throughout the pandemic and found it a great support. Additionally provided during the lockdown, and still accessible, were the 'Solihull Approach to Parenting' online courses. Parents could access information online, in their own time, in their own home.

The pandemic has unlocked some of these resources by changing how the service itself works. We can unlock a lot more and make them more accessible for people when really needed. It's a real partnership-delivered approach.

Section 1



Introduction and key messages



Introduction and key messages for looking after our mental wellbeing

Introduction

North Wales is a great place to live, with the 2nd highest life expectancy in Wales. However, there is a growing gap between the least and most deprived communities, suggestive of growing inequalities in our overall wellbeing.¹

Marmot, in his key inequalities report², suggests that half of what affects our mental wellbeing resilience is our social context which can be summarised as:

- ✓ personal physical health
- ✓ the impact and strength of connections with family, friends and communities
- ✓ our environment – where we live, our awareness of and impact on, our planet
- ✓ financial security and sufficiency

The experience of living through the Covid-19 pandemic has thoroughly tested these. Many of us were able to adapt and protect our mental wellbeing. For others, it worsened mental wellbeing significantly.

This report considers the importance of these factors using invaluable insight gathered from the pandemic. It reflects on what we each can do to protect our own mental wellbeing at each stage of life, and what else would help.

Infographic: Life expectancy in North Wales



Mental wellbeing

Feeling able to function well in everyday life, to deal with things effectively, to identify and manage emotions appropriately and to be resilient. How someone is feeling about themselves and what is going on for them

Sara, Flintshire, 18-64

Key messages

Mental wellbeing improves when:

We are physically healthy and active – it boosts our mood and protects our physical and mental health against long term conditions. This is important for all ages, especially our younger generation, so they adopt healthy habits from the start

We have a support network – of family, friends and community. This builds our resilience, feelings of being valued and included. This is especially important for children and young adults.

We feel safe, and can connect with nature – we all need to be free of fear from violence, trauma or abuse. Our built and green environment affects our feelings of value, purpose and wellbeing. We need to engage with, and look after, both.

We are financially secure – financial wellbeing is about feeling secure and in control. In short – confident and empowered.

Section 2



Mental wellbeing – a very human condition

Mental wellbeing – a very human condition

“Mental wellbeing belongs to everyone but it may mean different things to different people; each person will have their own view on what it means to be mentally well. Mental wellbeing affects how people grow and develop; it influences how they cope with normal stresses of life, how they work and the way in which they participate in family and community life. Mental wellbeing is an important area of public health as it determines both overall health and happiness.” **Public Health Wales**⁶⁷

Defining mental wellbeing is a pretty tall order. One person’s stresses may be very different from another’s. It’s very personal.

The following pages provides examples of what mental wellbeing means to people living and working in North Wales.



People living in North Wales report better mental wellbeing compared to the rest of Wales. We score 52.4 compared to 51.4 across Wales. Across the region, mental wellbeing varies from 50.9 in Wrexham to 53.5 in Flintshire. **(National Survey for Wales 2018-19)**



We all need to take care of our Mental Wellbeing

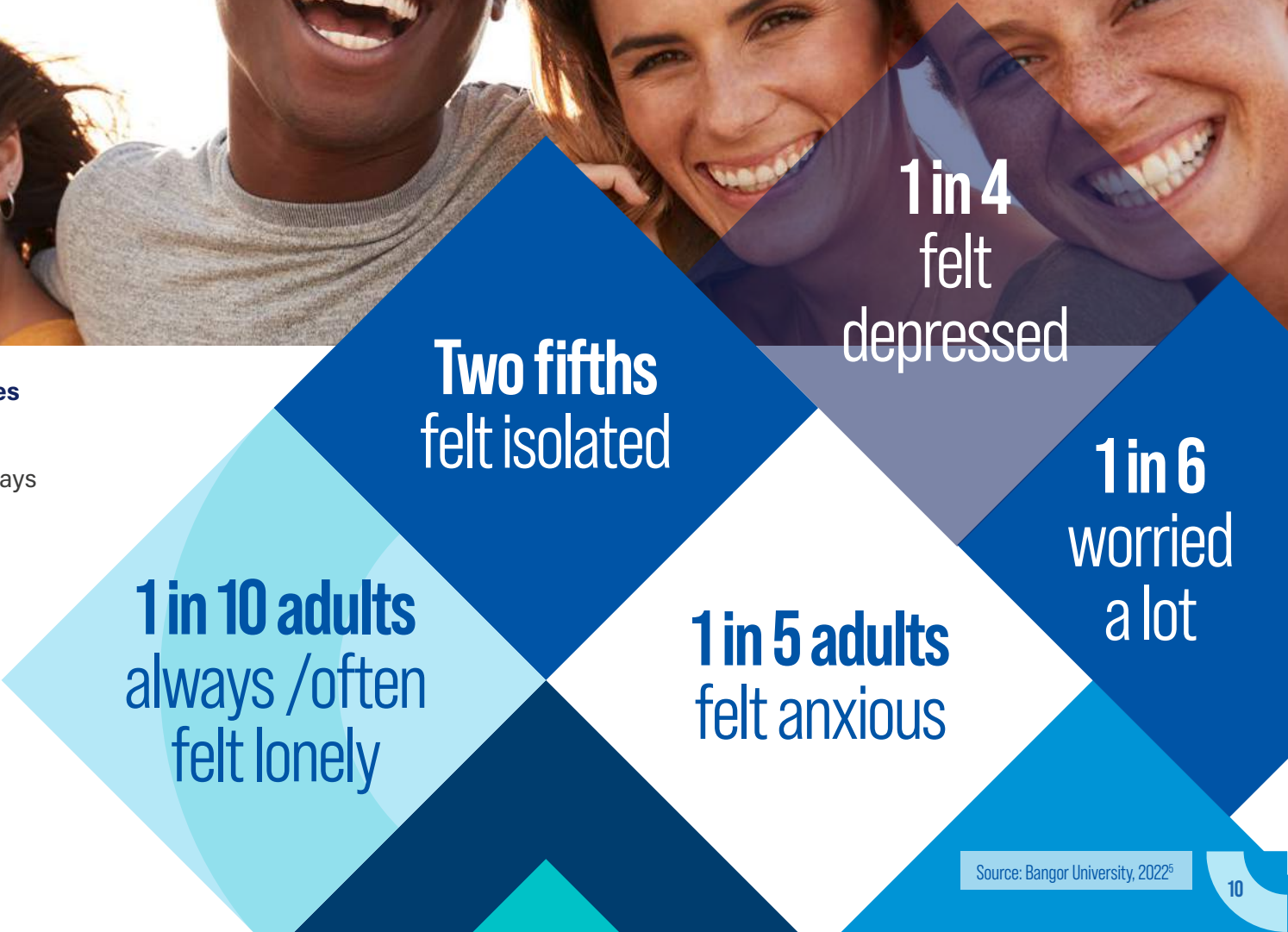


One in four of us are likely to experience challenges to our mental wellbeing each year.³

What we feel is often described in several different ways - 'poor emotional health', 'overloaded', 'burnt out', or 'overwhelmed.'

During the pandemic, the constant experiences reported across all age groups, from young children to the elderly, were anxiety, depression, isolation and loneliness. Loss of control has been a huge issue.

Those most affected were women, younger people, elderly, those on low/no income, and those with long-term health conditions.⁴



What mental wellbeing means to you

"Feeling happy and at ease" -
Georgina,
Anglesey,
16-64

"the negative and positive feelings that effect your mental health and what we do about it"
Delyth,
Gwynedd Local
Authority

"Happy, Content, Trying to live your best life with friends and family"
S Cooper,
Wrexham County
Borough Council,
public servant

"The ability to cope with everyday situations good or bad"
Anon



Section 3



What influences wellbeing?

What influences wellbeing?

When we distill down the things that give us contentment, feelings of happiness and good mental wellbeing, these are the four areas - being in good physical health; being part of and supported by a community and network of family and friends; nature and a safe environment for our family and friends now and in the future. The fourth is being free of financial stress and being financially secure.

Knowing that we can influence these and can see the positive impact of our daily efforts, maintains and strengthens our own resilience and feelings of good mental wellbeing.

Healthy life expectancy at birth in North Wales
63.9 years (M) & 62.4 years (f)⁶



[Infographic: Healthy life expectancy data](#) 

Being in good physical health

Healthy minds live in healthy bodies.¹⁰

Physical health is closely linked to mental wellbeing⁷. The relationship goes both ways with recent and ongoing illness having a negative effect on wellbeing⁸, and poor wellbeing influencing physical health.⁹

Being active is the most protective life-course action we can take for good mental health and wellbeing. It increases our cognitive abilities from early years, builds neural pathways in young adults, and maintains them in older years. It improves educational achievement and employment opportunities. It strengthens our protective immune system, pain tolerance and reproductive health. It reduces our risk of obesity, diabetes strokes and heart attacks, and slows disease progression, including dementia.^{14,15}

The most effective activity increases our heart rate, and boosts brain activity and memory. Dancing, swimming and cycling have particular benefits in improving life satisfaction.¹¹ Lifting weights increases physical strength and slows brain degeneration. T'ai chi, the Chinese balance practice, slows cognitive decline.¹⁶

BCUHB has 11,918 people living with dementia. As fitness improvement even in older years can improve memory by 33%, its never too late to start.¹²

Being physically healthy has a wider reach than our own mental wellbeing. Our physical health is as important to our family member's stress, anxiety, mental wellbeing and happiness as to our own.

Good physical health leads to greater life satisfaction.¹³

[Click here to see the health status in North Wales.](#)



If we measured health gain as money

£1

Physical health gained

adds

50p

Mental wellbeing





Safe environments for family & friends now, and in the future



Being part of a safe nurturing neighbourhood/community is essential for mental wellbeing.^{22,23,24}

There are differences in **mental wellbeing between affluent, deprived and disadvantaged communities**, driven by the quality of schools, jobs, housing and neighbourhood.¹⁸

Support networks still help manage daily anxieties and stresses.

However, people who live in communities where they **don't have these connections** to others, are less likely to have the longer, healthier lives enjoyed by people with thriving social networks.¹⁷

[Click here](#) to see how safe people feel in north Wales



Nature and the outdoors is the New Pill.

The power of nature is now recognised by medicine as an alternative option to drug therapy^{19,25,26}. It is often socially prescribed as an alternative to drugs to encourage us to spend more time with nature to help our mental wellbeing.

Indoor plants and **small urban patches where nature thrives**,²⁹ which often mirrors the challenges in our own life journey, have a restorative effect.^{27,28} Even a short time in nature, hearing bird song, running water,²⁰ walking amongst trees reduces our heart rate & blood pressure, and boosts our immune system.

Locally, the **Gwynedd Community Project** provides solace & opportunities for new friendships. The Grenfell Tower Maxilla Wall of Truth Garden in London, shows the power of nature to heal even the severely traumatised.



Global Warming is a public health challenge and opportunity.

Global warming is affecting our air, food, water and weather security.³¹

Poor air quality is one of the largest risks to our wellbeing.²¹ It is linked to asthma in children, CVD, diabetes, and dementia plus other life-limiting conditions. It worsens anxiety, stress, and depression.

The **most protective action we can take also improves our physical and mental wellbeing**.³⁰ Reducing our own carbon emissions levels through changing how we travel, eat and heat our homes* will improve our physical, cognitive and emotional wellbeing. We must make this achievable for everyone, especially the vulnerable who are most affected.³²

"During Covid, not seeing anyone in the community left me feeling disconnected which made me feel isolated and alone" - Georgina, Anglesey, 18-64

Being part of, and supported by, a community

Being connected to support networks

Strong family and community connections and networks are essential for building **self-esteem, confidence** and social relationships, that help reduce anxiety and stress.

Building networks is hard when feeling anxious, stressed and isolated. Socially prescribed community-based activities, such as sustainable allotment schemes, connect people and communities while helping cut carbon footprints. Participants report greater life satisfaction. Sustainability initiatives lead to increased happiness.³³

Tools for staying in contact

When affordable, accessible and used well, phones, teleconferencing, and social media can be good tools to maintain and extend existing relationships with real time connections.

However, they need to be used with caution as they can also exploit or reinforce vulnerabilities, isolation, loneliness and anxiety.

Simple tools for staying in touch are often forgotten. The Americans spent months designing a pen to work in space. Russians used a pencil. Back on Earth, old fashioned letters can bring happiness to the writer and recipient.

In Gwynedd, the Pen Pal Scheme brought a young girl and elderly woman together during the pandemic.



Equality and being part of a community at work

Feeling supported, valued and respected at work influences our mental wellbeing. In 2019, on average 17 days were lost per employee to poor physical & mental wellbeing in the UK.³⁴

Organisational values are a key influence for new employees entering the workplace. After the Covid-19 pandemic 40% of employees globally chose to change jobs to employers whose values around equality aligned with their own.³⁵

Research with Wrexham Youth Services report a generation concerned about the risk of close contact and highlights how changed society norms will affect the role of communities and workplaces for good mental wellbeing.³⁶



Being free of financial stress and being financially secure

Wealth – or lack of it - has a profound impact on mental wellbeing across all stages of life. Financial resilience and wellbeing is vital for good physical and mental wellbeing. As a measurement of security, those who own their own homes seem to have a higher sense of life satisfaction, less anxiety and a higher sense of happiness than those who live in rented accommodation.³⁷

Conversely, poverty causes stress, anxiety and poor health. It reduces happiness, wellbeing and shortens lives.

Economic case for addressing poverty. Poor health and mental wellbeing led to £27 billion lost Gross Domestic Product (GDP) in 2019 (pre-pandemic).³⁸ During the pandemic disadvantaged communities were most at risk financially. In 2021 alone, average sick days rose to 17 days. Those on low pay or zero hours contracts were most at risk of reduced income and job losses.

The global incident is adding further pressure, pushing up fuel prices, food prices and inflation. This means more households will be pushed into poverty and the risk of poorer mental wellbeing.

Breaking the poverty cycle. Currently, about 30% of children in north Wales are in low income families.³⁹ Children born into poverty are more likely to struggle to break free without access to opportunities, experiences and environments that bring better educational success, more secure well paid jobs, and greater access to choices that promote physical and mental wellbeing.^{44,45}

Freedom from financial insecurity is an essential equality, societal and economic agenda. Financial wellbeing is about feeling secure and in control. Analysis shows that parents and carers play a crucial role in the development of a child’s financial behaviour and can be shaped between the ages of 3 and 7 years old.⁶⁶

Local access to fresh affordable food



Education and good quality environments nurture personal value



Levels of deprivation across North Wales [click here](#)



A living wage for all jobs



Insulated and affordable housing⁴³



Better environments^{40,41,42}



Good free or affordable transport



How they connect

The four factors we have just explored are closely connected. Improvements or challenges in one area have a knock on effect across the others.

This is good news, as taking a positive step in one area will show benefits across the others, and help improve overall mental wellbeing.

Stephen's story below is a true example of how these connections work.

The Five Ways to Wellbeing tool - a Five-a-day for mental wellbeing, help us to Connect, Be Active, Take Notice, Learn and Give

Stephen's story

Stephen, who is in his mid-thirties, must work away from home because his employer relocated the site 100 miles away. He lives in rented accommodation during the week and goes home at weekends.

When Stephen first moved away, he missed his family and cycling to work with his friends back home. In this new job Stephen drove to work each day even though it was only a 10-minute cycle. He bought ready meals most days as it was easier than cooking just for himself. He felt anxious and stressed most of the time. He was concerned he had lost fitness and was finding it hard to cover the costs of running two homes, travel, and food. He felt isolated and had started to wonder if he should just look for a new job back home. After a friend at work told him about the 5 Ways to Wellbeing, this is what he did.

I decided to cycle to work instead of driving

Quite a few of my colleagues do too – so I've found a group to ride and chat with outside work

My kids are learning about air pollution and did their school project on how I lowered my carbon footprint

Savings on travel costs helps with other bills

I feel happier and less stressed about working away from home

I'm getting fitter and having to tighten my belt

Across BCUHB, the percentage of people who are overweight or obese ranges from 53.5% in the Isle of Anglesey to 63.4% in Denbighshire. This worsened for the 2 years of the pandemic. (Source: National Survey for Wales 2021-22)

Section 4



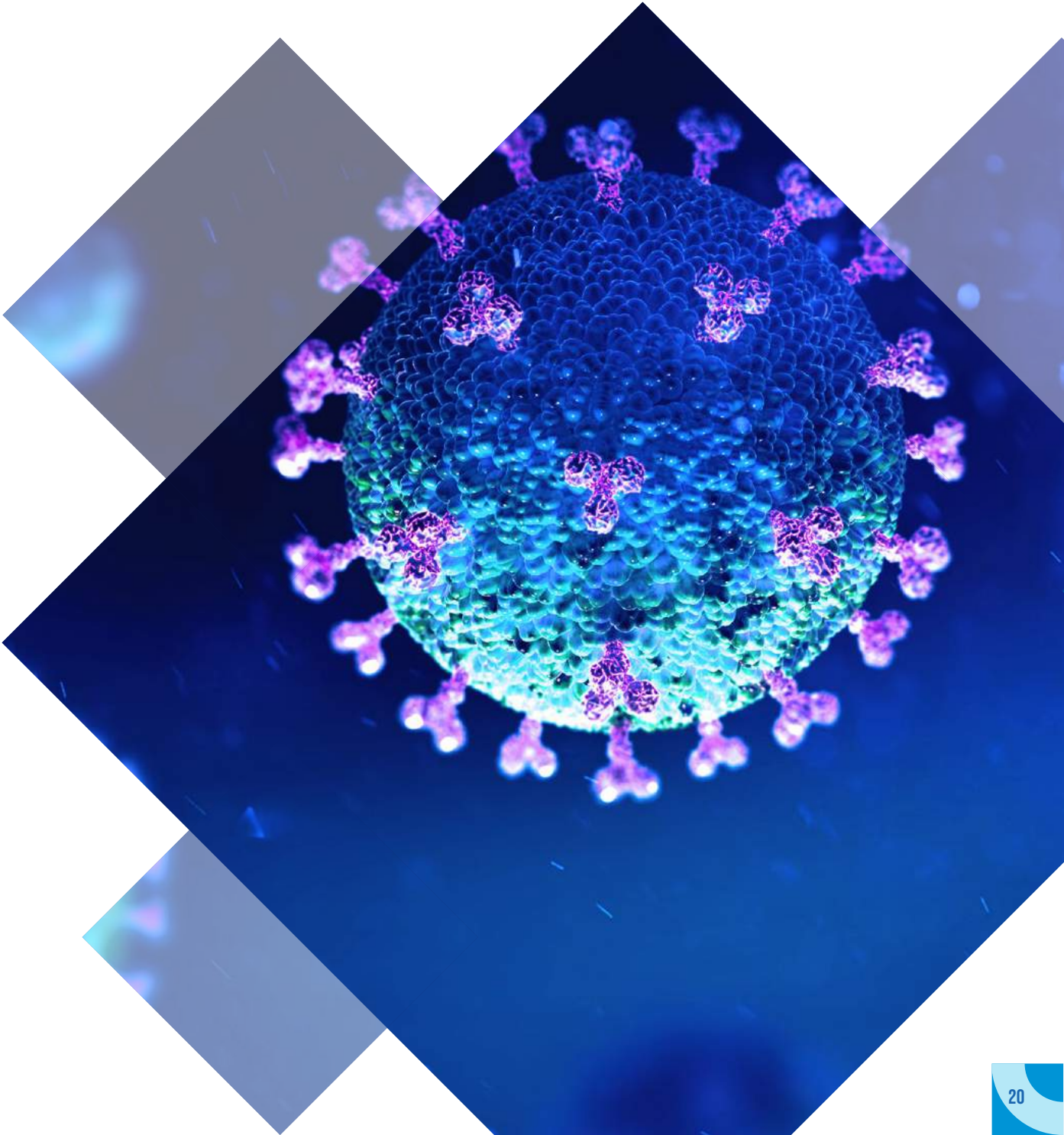
Insights from the Covid 19 Pandemic

Context

The Covid-19 pandemic affected everyone to varying degrees, even those with secure family and friendship groups. Groups who were most affected were:

- Young people, in particular females
- Those with long term illnesses and the vulnerable, particularly the elderly
- Disadvantaged communities

This section looks at how people experienced the pandemic through the lens of the four factors for mental wellbeing outlined in the previous section. While the pandemic improved mental wellbeing for some, for many it made it worse.



Poor physical health and inactivity reduced mental wellbeing

Less activity increased risk of poor physical and mental wellbeing⁵¹

With lockdown and the introduction of working from home, home schooling and shopping on-line many became more sedentary. This was compounded for some by poor home working set-up, with many experiencing mobility, joint problems and injuries.

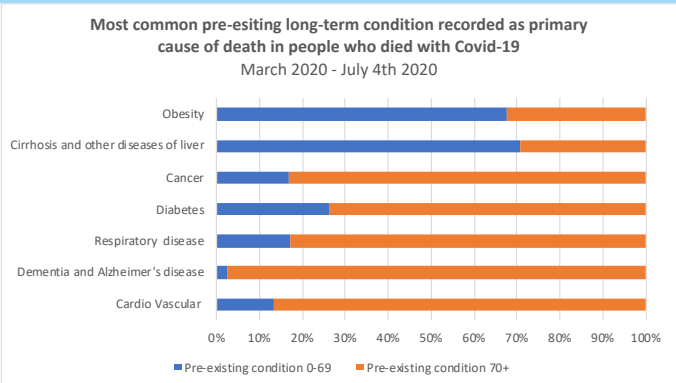
However, it was not all bad news. For some, working from home reduced the stress and costs of travel, and some joined community activities.

Pre-existing health conditions increased risk and anxieties

Covid-19 and long-term conditions increase risk of death during the Covid-19 pandemic. Awareness of their vulnerability increased levels of anxiety, stress and depression for many.

In Wales 9 out of 10 Covid-19 deaths between March and July 4th July 2020, had pre-existing conditions recorded as the primary cause of death.

The **top pre-existing long-term conditions** are shown here.⁶⁸



Click to see activity levels in North Wales



Joined in local activities



No commuting

Obesity and high Body Mass Index (BMI) were key risk factors

During the pandemic BMIs generally increased as we became less active and ate more. This was across all age groups. A higher proportion admitted to hospital and intensive care had BMI levels considered obese. Those who were obese reported poorer mental wellbeing.⁴⁶



Obesity reduced activity⁴⁷



Inactivity worsened food choices



Increased and worsened mental wellbeing^{50,52}

Social inequalities and vulnerability were linked to reduced activity⁴⁸

More people from disadvantaged and deprived groups were more adversely affected.⁴⁹

Since the pandemic just over 50% of the population achieve 150mins of exercise each week

About 1 in 5 adults drink above the recommended level – a risk to their health and wellbeing

About 6 in 10 adults are obese – a risk to their health and wellbeing

"I would like to attend the gym again but worry about mixing too much with others.... My grandmother had to stay home a lot more and this has had a negative effect on her mobility and fitness level" – Emily, Anglesey, 18-64

Family, friends and community were essential for mental wellbeing



Resilience came through informal family & community emotional support.

Prolonged isolation caused anxiety, loneliness and low confidence.⁵³ For new mums, isolation affected their birth experience and delayed social skills development in children and young adults.

Read why support networks were important for a new mum.

People had different experiences. Isolation exacerbated conditions such as dementia, disorientation, and early death. For many it caused enormous distress. For others it was a welcome relief from social pressures, with a reduction in suicide ideation and suicides.⁵⁶



"inconsolable" quote from the manager, Leonard Cheshire Care Home



Anxiety fell for those in friendship groups,

Safe, shared public spaces were sought by all, especially by young people for independence and social relationships.⁵⁴

*"In Penrhyn House we all got closer. We had a gym, cooked and ate together, had film nights. Walked together."
- Anthony, 18-64, Gwynedd*

Adversity can be a catalyst for new friends and intergenerational support.

43,000 community groups supported wellbeing in the pandemic such as the PenPal and Friendship Benches in Gwynedd.⁵⁷



Social media and digital tools have changed society and how we work, study, communicate, shop, access services. Its made keeping in touch with family and friends easier. For many, wellbeing podcasts, such as those by Dr. Michael Mosley offered ideas and support.

"Set up a group on Facebook to keep the street connected. It was nice to know there were people around. I felt more secure knowing they were there." Rosie, 65, Wrexham



Adversity strengthened community capital and created connectedness, collaboration and being valued. These bonds were also a source of emotional support, particularly in children and young people.⁵⁵

"I saw communities pull together more to support each other such as elderly vulnerable people" - Sara, 18-64, Flintshire

[Click here to see Levels of reported loneliness across North Wales](#)



Neighbourhood, nature and the environment came to the fore



Disconnected and deprived communities were supported with housing, food, and helped to meet the cost of heating during the pandemic. This improved their mental wellbeing.

The percentage of people who felt they belonged in their own area ranged from 59% in Wrexham to 73% in Gwynedd (National Survey for Wales 2021-22)



As the cost of living crisis grows, mental wellbeing may well be at risk again.

Increase in crime, youth violence and fear for women's safety during the Covid-19 pandemic increased anxiety for personal and loved ones' safety.

"Stuck indoors all the time, could not make plans because we didn't know when the pandemic would end so nothing to look forward to" Student, Wrexham

Levels of reported belongingness across North Wales [click here](#)



"went out for walks more and started running"



Re-found pleasure was found in outdoor activities. Children and adults missed being outdoors and active during lockdowns. Many more people have taken up walking and cycling than before the pandemic.

Nature has become important to us, with many parks and nature reserves seeing numbers doubling compared to pre-pandemic years.

Being in nature reduced anxiety and stress. We are now spending more time enjoying being in gardens, allotments, parks or wider countryside. Many are feeling less stressed and less anxious.

"It was nice to go to the beach with my dogs, and not see many cars or people which made me look around at nature and the sea."



Global CO₂ emissions dramatically fell during the first pandemic lockdown when industry and transport almost completely stopped. The impact on air and noise pollution was profound.

Air quality improved in urban areas and respiratory problems and anxiety levels fell.⁵⁸

Our awareness of the environment, nature and our impact on it has increased. People reported hearing birdsong for the first time, enjoyed the silence of no cars, and fresher air. Many have not returned to the same level of pre-pandemic car use.

"No cars on the road, quiet and peaceful, positive effect on the environment made me feel good" Female working in the 3rd sector

How many people felt able to influence their community across North Wales [click here](#)



The impact of financial inequalities on mental wellbeing

Low wage jobs were insecure and limited choices.

People on low/zero wages were at higher risk of financial stress and poor mental health^x One in five (1:5) earning less than £20,000 lost their jobs.⁵⁹



Those already under financial stress were most at risk of poor mental wellbeing.

In the 3 years before the pandemic, 22% of working-age adults in Wales were living in relative income poverty. During the pandemic some people, for example, unable to access food & jobs, developed poor mental wellbeing and felt unable to cope.⁶⁰ 30,224 food parcels were distributed in North Wales⁶².



Financial wellbeing was good for mental wellbeing. Those who could work from home or were furloughed, reported better mental and/or physical health. Many saw reduced commuting costs to work and they could save more. Others, dependent on parents for example, found lack of financial independence stressful.⁶⁰



See impact of employment status on mental wellbeing [click here](#)



16,000 jobs lost in 2020
Welsh Government

63% claimed universal credit in May 2020⁶³

11.3% living in relative poverty post-pandemic
Welsh Government

34% of children now live in poverty
Welsh Government

Financial problems were also found to be stressors for suicide.

Factors most strongly associated with suicidal thoughts and behaviours were financial problems, as well as, food insecurity, domestic abuse, relationship problems, redundancy, and social isolation.⁶⁰

Financial pressures were a predictor for poor mental wellbeing.

Economic vulnerability or financial difficulty was a good predictor of mental health stress in over 40% of cases.⁶¹

The cost of living crisis looks likely to prolong the distress caused by the pandemic.

People in low income/ social rented accommodation are now paying higher fuel costs than average in the UK. Rising food and energy prices, and lower buying power of the pound, may significantly increase stress and anxiety, particularly households already financially insecure.

"I had no money which caused problems at home" - LS, 6-17, Conwy

Section 5



Life Course Actions - let's look at what we each can do to protect our wellbeing. It's never too early or late to start.

Taking care of our mental well being is a life-long journey. Insights from the Covid-19 pandemic are valuable to help us think about how we can protect our own mental wellbeing throughout our life. It also importantly provides us with a clear steer on what is needed for our youngest at the start of their lives, and whilst growing up, to help them achieve life-long good mental wellbeing.

Early Years



Children and Young Adults



Working Age Adults



Older Years



Follow each life course line to see what steps we can take to protect our mental wellbeing

Click on the link below/tab above to see what we each can do as we grow, mature and age to look after our mental wellbeing. You can also see examples of how the Health Board has supported - and where to find information about what else is available in your area



Looking after our physical health throughout life is the most protective step we can take for mental wellbeing

Where can I go for further support



Please visit dewis.wales for more information about help to be active in your local area.

Early Years

Our **first 1,000 days** shapes our future health and wellbeing.

Every movement counts. Make being active outdoors part of everyday life.

Breast milk for the best start followed by early healthy eating habits, including 5-a day fruit and vegetables. Avoid processed food and high sugar drinks.

Breast Feeding rates



Children and Young Adults

Develop healthy habits for life.

Be super active. Walk or cycle, play sports, choose outdoor activities to boost energy levels and brain power.

Develop eating habits for good health. Eat more 5-a day fruit and vegetables. Avoid processed food, high sugar drinks, alcohol and drugs.

The danger zone for poor physical and mental wellbeing.

Build daily physical activity into work and home life.

Exercise to keep muscle strength, cognitive function, weight control and mental wellbeing.

Check what you eat.

Eat more 5-a-day fruit and vegetables – it's better for your health, planet and wallet.



Stay active for a longer, healthier life.

Move it or lose it! From Iron man to gardening, being active protects muscle mass, bone density & cognitive ability.

Eat a healthy diet.

Food high in calcium and vitamins is essential for physical wellbeing and mental agility.

Working Age Adults

If we measured health gain as money

£1 adds 50p

Physical health gained

Mental wellbeing

Turbo charge mental wellbeing - exercise daily, eat more healthy food, drink sensibly and don't smoke

Read why Helen W started running



Older Years



Financial wellbeing supports mental wellbeing from birth to older years

Early Years

Society needs to support

parents' through fair pay, job security and affordable housing, fresh food and childcare.

This will help parents provide

their little ones' with the safety of a warm home, food, emotional security, clean air, green spaces and the safe communities they need.

Children and Young Adults

Address inequalities Lift all children out of poverty by ensuring they grow up in a home without excessive financial stress or job insecurity.

Give them the best opportunity for success. Ensure they have good schooling and home environment for learning.

Teach financial literacy and promote early financial independence

Look after your physical and mental wellbeing to improve job opportunity and income security.

Improve financial literacy and wellbeing and seek help or advice if unsure or struggling to make ends meet. Build a pension for later.

"Go Green" to reduce costs while protecting your health - for example, walk/cycle more, eat fruit and vegetables, insulate your house.

Working Age Adults

49% of single parent households were in material deprivation in 2021-22⁶⁴

11, 948 food parcels given to children in North Wales 2021-22

Money Helper - a one stop shop for advice⁶⁶



Where can I go for further support

Please visit dewis.wales for more information about community activities in your local area.



Prepare for financial sufficiency in retirement – plan during your working years

Be financially literate and avoid financial scams.

"Go green" to reduce costs while protecting your wellbeing – remain active, walk and cycle, insulate your home, eat more fruit and vegetables.

Older Years



Support networks are for the good times and the bad

Early Years

Encourage strong parental and family bonds from birth.

Encourage play with others to improve social and communication skills

Build community support networks and sense of belonging for the family and child by joining in community groups, activities, and social events.

See how a family support worker helped a distressed family



Where can I go for further support



Please visit dewis.wales for more information about community activities in your local area.

Children and Young Adults

Protect and strengthen family bonds as a safety net while navigating towards adulthood

Build close friendship groups at school and socially (off-line) for peer-group emotional and wellbeing support.

Find a trusted adult who you can turn to for support, advice, safety, and protection.

5,761 parents who completed the Solihull Parenting on line course during the pandemic found it helped them build supportive networks



Build and strengthen support networks – with family and friends to help manage the stresses of daily living.

Create a positive workplace – create the environment that makes it a great place to work

Get involved in social activities – and give back, such as in community clean-up days or in a charity.



Stay in touch with family – in person, by phone or social media.

Maintain a network of friends across all age groups – to stay connected, current and mentally agile

Get out and about with friends – be part of social groups and clubs to boost your feeling of value, independence, and happiness.

Working Age Adults

The Five Ways to Wellbeing tool – a Five-a-day for mental wellbeing, we believe will help us to Connect, Be Active, Take Notice, Learn and Give



Read about the Early Years/NESTA programme in Flintshire



Older Years



Protect and look after your neighbourhood/community and natural environment



Where can I go for further support

Please visit dewis.wales for more information about community activities in your local area.

Early Years

Be outside – in forests, playgrounds and beaches- they are free and accessible all year

Get little ones involved in community projects - to build pride, belonging and responsibility

Join forest events - to nurture love of nature and understanding of why it's worth looking after.



Children and Young Adults

Take pride in your neighbourhood - get involved, help to keep it clean and safe.

Get involved in local or online community and environmental projects that add social value and impact.

Be the change – make daily choices that reduce your carbon footprint. Walk, cycle, eat more fruit and vegetables, recycle and upcycle.



Get involved in community and work-based projects - enhance your neighbourhood

Step into nature – enjoy, support, learn and get involved in local preservation work.

Take daily steps to reduce your carbon footprint.

Working Age Adults

Healthy Charter for North Wales promotes sustainable travel

Read about how being in nature helps people in North Wales



Read Helen's Story – an iCAN volunteer



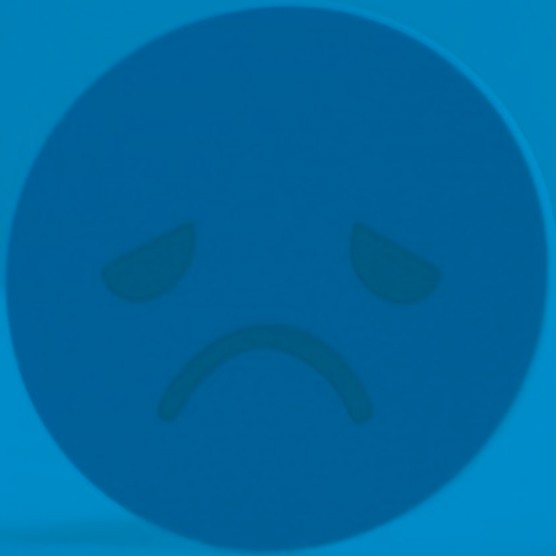
Remain visible and part of the community – be a champion for community safety and cohesion

Share your skills and experience with the younger generations.

Buy green – buy local, buy green, invest green, recycle and upcycle, improve insulation, reduce energy use.

Older Years

Section 6



What have we learnt

What we have learnt and how do we level the wellbeing playing field

The pandemic has clearly affected everyone to varying degrees. Few would dispute that they experienced some level of anxiety and stress over the past two years. Many have shared positive stories of strong family relationships, reconnecting with nature, learning new skills and improved fitness. Others are still recovering from deep-rooted depression and disruption to their lives. Inequalities have played a major factor.

Of course, there will be other events, small or large, personal, national or global, that may well put pressure on our mental wellbeing. Other viruses may emerge to disrupt life again. Currently, we are all aware of the economic, energy and cost of living crisis and concerned about the impact it will have over the coming months.

But, looking back on the pandemic and what we know, there is much we can do personally as individuals, as families, as a community and as a partnership of services, to strengthen our mental wellbeing - whatever life throws at us in the future.



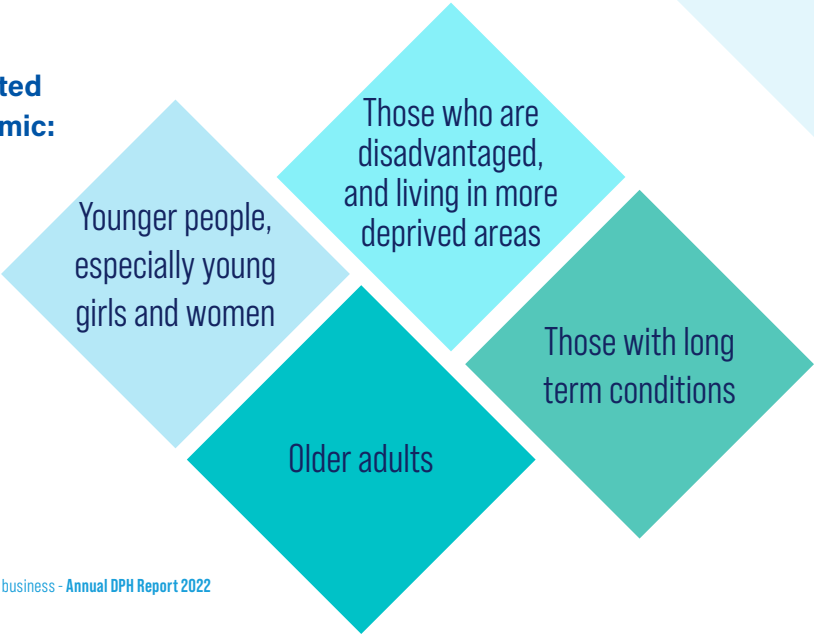
Lessons from the pandemic

Those most at risk of poor mental wellbeing in moments of crisis are the most vulnerable in our society.

Insights from the pandemic confirm Sir Michael Marmot’s well known position that good physical health, strong community support and networks, a safe and nurturing environment and financial resilience were important factors for mental wellbeing.

They are valuable reminders about how we can protect our own mental wellbeing in general during, these turbulent times. It also importantly provides us, as parents and wider society, a clear steer on what is needed for our youngest at the start of their lives, to enable life-long good mental wellbeing, better life opportunities and lower dependency on an increasingly challenged health care system.

Those most affected during the pandemic:



Look after our physical health – Start early to build healthy life habits in young children to support a long life in good health and mental wellbeing. It is never too early or late to start - focus on a healthy diet, being active, building strength to protect our physical & brain function and mental wellbeing.

Nurture and protect our support networks – Our response to stresses and anxieties of growing up, day-to-day life, or major life events, is stronger when we feel valued, confident and protected by family, friends and community at home and work. Letters, phones and social media can all help extend friendships – but are not a long-term substitute for in-person contact.

Strengthen our financial resilience
Look after our physical health and mental wellbeing to optimise job opportunities and security. Strengthen financial wellbeing and don’t be afraid to seek help and support.

Make our home, neighbourhoods, communities and our natural environment accessible and safe places to be – Know what you can control and where to get support. Spend time in nature and protect it. Doing our bit through daily life choices, no matter how small, to protect our planet, makes us feel happier.

Section 7



Call to action

Call to action for everyone

What can we each do ?



Adopt the “5 Ways to Wellbeing” approach – it’s a mental wellbeing “5-A-day healthy food for the mind”. Many use this and find it really helps.



Reflect on the four areas that influence your wellbeing and take action on the things that will help your wellbeing. It could range from dealing with an overdue bill to relieve financial anxieties through to planting trees to protect your environment! It’s about taking personal control.



Talk to a friend, or seek community support. If you need help to tackle something that is causing you stress, don’t worry alone. Try [this link](#) for information on support available to help in North Wales.

What can the wider system do to protect and improve mental wellbeing?

- ✔ Strengthen strategic planning and investment to create a nurturing environment for early years. The return on investment will be seen through reduced poor health and longer years in good health.
- ✔ Encourage more outdoor and community activities for children and young adults. This will reinstate confidence in face-to-face social networks and encourage physical activity.
- ✔ Work with employers on workplace wellbeing and improving job security to support financial and mental wellbeing.
- ✔ Support and promote the work of Community Connectors who help build strong communities to support people who are isolated and vulnerable.
- ✔ Continue to develop an integrated approach through implementing the Together for Mental Wellbeing Strategy.
- ✔ Promote social prescribing as a first response to poor physical, mental and financial wellbeing.
- ✔ Ensure social, physical, financial and mental wellbeing is embedded in all policies, such as economic development, welfare, planning, early years, education and the wider health and care system.
- ✔ Consider using Mental Wellbeing Impact Assessment (MWIA) to strengthen strategic, policy and operational plans.
- ✔ Continue to work in partnership with public, non-statutory and voluntary organisation, such as [2025 Movement](#) to support mental wellbeing

Case study:

A family in Conwy



" Support from Marnie, our Family Worker allowed me to feel proud as a parent about how now we manage day to day - we couldn't have got through this without the support of Marnie." Mum

This story is about a family at breaking point during the pandemic when the father was ill and his daughter was very distressed. The social care team stepped in to provide the family with much needed support.

As a Social Care team we started working with the family, when their daughter had overheard a conversation between her parents about her father's illness. Because she was frightened, she started behaving out of character.

Marnie, the Family Worker visited them at home, and found out about his illness. He seemed quite low, and had not received any support with coping with his feelings and emotions about the illness.

The Family Worker arranged counselling for both the father and for the daughter, and offered a parenting course to support the family with their communication.

Through this support the family were able to talk openly with one another. This helped their daughter to cope with her feelings which has improved her behaviour.

Shared by the Social Care Team, Central Area.

Case study:

Healthy Ageing and Intergenerational Projects in Gwynedd and across North Wales, promoting a sense of wellbeing



Thank you so much for finding us something to go to together, we are really excited, everything seems to be coming together for us now” Nerys, Anglesey

A Welsh Government grant during 2021-2022, funded a programme of activities and support for older people and their communities across each Local Authority in North Wales

Mirain Llwyd Roberts, Gwynedd Age Friendly Co-ordinator, believes that the only way to create age-friendly communities is to work together and ensure everyone plays their part.

The Gwynedd team used part of the grant to run social events in their community to reduce loneliness, isolation and promote mental wellbeing. Working with the Community Connectors across Gwynedd, they reached a total of 1,948 older residents demonstrating the desire for social connection.

Like many other counties in North Wales, Gwynedd continues to build intergenerational projects to bring people of all ages together to improve mental health & wellbeing. Here are some examples of their recent projects:

- Friendship bench

Visiting a care home

Intergenerational Environmental day

Pen-pals scheme

Gwynedd Local Authority hopes to join the WHO global network of age friendly communities to share and access similar success stories.



Case study:

Helen W's Story



The positive impact was that my physical health improved and I had a positive way to help control my weight, anxiety and general feeling of lethargy.

Helen is an employed, working-aged female from the Flintshire area. This is what she kindly shared for the report.

I was very isolated as I lived by myself and had just lost my pet dog. I struggled to cope with day-to-day life and how I had to interact with people. Although living by myself was a personal choice, I suddenly realised how important the daily physical interactions I had before the pandemic were - interactions at work, in the activities I undertook as part of general day to day life. I only appreciated their importance when they were all taken away and I was left by myself 24/7.

The only positive impact was I had a lot of time to think about me, what made me tick and how to begin to support myself during these times. There was a lot of time for self-reflection, reading and understanding why I behaved the way I did during these times. It gave me the time to step back and reflect on what I needed to keep going.

Unable to get out and move, I began to put on weight which ultimately meant that I felt low, lethargic and left with little motivation. So I tapped into my love of running and scheduled in regular runs to help build a routine, exercise and a form of relaxation. This gave me motivation to then continue my daily routines.

Case study:

Helen's Story



"We support and improve your mental wellbeing through a range of service across North Wales"



Helen is an employed, working aged female from the Flintshire area. This is Helen's story.

ICAN Volunteer

I live on my own and during the pandemic I felt pretty lonely and useless. As I could empathise, I threw myself into volunteering for 2 mental health services to support and advocate for people who were struggling. It was not just about volunteering, but promoting mental health awareness and understanding the plight of many people. Having spent 10 months volunteering with ICAN, (a new approach to supporting the mental wellbeing of people within the community), I knew it needed its volunteers 100% during lockdown. Due to my own struggles with isolation, it was also suggested that I volunteer for another NHS Mental Health Service, 'CALL', the mental health helpline for Wales.

Volunteering throughout the pandemic, as well as continuing to work from home, highlighted for me that no-one was immune to the impact of the pandemic on our mental wellbeing. The uniqueness of the situation is that we all had to adapt our way of life and build resilience, while supporting each other to cope during the lockdown.

Family, friend and colleagues at work all recognised that our mental wellbeing is valuable, and, now we have all shared in the impact of the lockdown, we need to continue the mental health discussions, share our own experiences, and help others who are struggling know that we are all in it together.



Case study: a new mum during the pandemic



Having a baby at the start of the pandemic was a very strange experience. I was very fortunate to have a home birth because the baby came two days before the home birth restrictions came into effect. In one way it was lovely to be in a safe and cosy little bubble, but on the other hand it was very difficult. With two other children home from school, and a partner who continued to work virtually, it didn't reflect the maternity leave I had imagined!

As someone who is from a large, close family, I would have had a lot of help and support under normal circumstances. I was used to seeing them so often – it was very hard not to. It was also hard not to be able to confide in them face-to-face.

My partner took the children for their 'daily stroll' once a day, and so at that point I was having time alone with the baby. It was also strange not having visitors – everyone loves a new baby – and I feel for people like my Nain (Grandma) who didn't get to hold the newborn baby – as she has done for the other little ones.

I had periods of being incredibly grateful for the time with my children, time I would never have again. The baby was extremely lucky to have everyone from her family at home with her every day through lockdowns. The children helped me (at times) as the baby grew up and started communicating and playing.

I also had a period of feeling quite low and depressed as things were quite 'intense' and I was extremely tired. I took much longer to lose weight after this birth as I wasn't doing anything physically strenuous, and so this was affecting my spirits as well.

From a financial point of view, I wasn't in a worse position than usual – because we couldn't go out and spend, I was able to save a little bit extra. Weekly food costs certainly increased with everyone at home 24/7 emptying the cupboards.

"I will look back on the period as a happy time, but there were certainly days when I didn't feel happy at all!!"



Early years case study: Flintshire Early Years and NESTA Cymru Programme



NESTA (National Endowment for Science, Technology and the Arts)

For all children to have the best start in life all early years services need to work collaboratively to develop a seamless, responsive system that provides strong foundations and clear outcomes for young children.

To better understand our population within this age range, their families, and their needs, the Flintshire Early Years' Service partnered with NESTA Cymru to determine available data, assess need, and identify opportunities for early years and child development.

As a result we now use innovative methods to create change, through collaboration and partnership working to support informed decision making.


Gail Bennett, Early Years and Family Support Manager, September 2022

Visit the NESTA Website [Click here](#)

What if instead of relying on children to be resilient, we create a world that is less traumatic.



Case study: Coed Lleol (Small Woods) – North Wales

[Click here](#) to see how Coed Lleol (Small Woods) project helps adults and children who live in areas with high health needs benefit from using their natural environment" 



*"It has encouraged me to get outside even when it's wet and windy and this has had a beneficial effect on my overall mental health and wellbeing"
(Walking Group Gwynedd, Outdoor Health Project)*

Improving mental well-being, physical health, learning new knowledge and skills, improves social wellbeing and increases confidence.

Coed Lleol's (Small Woods) Actif Woods Wales Programme began in 2010 to connect people with their local woodlands for their health and wellbeing, whilst also helping to maintain and promote healthy woodlands.

The Actif Woods Wales programme engages adults and children who predominantly live in areas that have high health needs, low employment rates and often poor access to services.

It supports social prescribing, working in partnership with health services and GPs who refer people to the Programme. It also runs training courses for GPs and health workers, and helps develop outdoor health hubs that connect people to a range of outdoor services in their area.

Sessions are delivered in all 6 local authority areas - Anglesey, Gwynedd, Conwy, Denbighshire, Flintshire and Wrexham.

A typical Coed Lleol (Small Woods) Actif Woods session covers:

- woodland skills and knowledge
- healthy eating
- woodland exercise – guided walks to meet various abilities

Sessions cover (for example)

- Bushcraft and fire lighting skills
- Coppicing, green woodworking, whittling, willow-weaving,
- Tree and wildlife identification
- Campfire cooking with a focus on healthy eating responsibility
- Light woodland management

Supported by: Welsh Government's EnRaW (Enabling Natural Resources and Well-being scheme) and the Healthy and Active Fund. Additional funding is also received from Anglesey AONB.

5 Ways to Well Being - a new “5-a-day” for good mental wellbeing

Pum ffordd at les
Five ways to wellbeing

Pum peth syml y gallwn ni i gyd eu gwneud i roi hwb i'n lles
Five simple things we can all do to give our wellbeing a boost

<p>Bod yn sylwgar Take notice</p>	<p>Cymrwch amser i chi'ch hun, sylwch ar bethau o'ch cwmpas a sawrwcw y foment</p> <p>Take time for yourself, notice things around you and savour the moment</p>
<p>Cysylltu Connect</p>	<p>Gwnewch amser i gysylltu â ffrindiau a theulu i helpu i gyfoethogi'ch diwrnod</p> <p>Make time to connect with friends and family to help enrich your day</p>
<p>Bod yn fywiog Be active</p>	<p>Mae bod yn fywiog yn gwneud i chi deimlo'n dda. Symudwch - dawnsiwrch, canwch; camwch allan - ewch am dro, i redeg neu i feicio</p> <p>Being active makes you feel good. Get moving - dance, sing, step outside - go for a walk, a run or cycle</p>
<p>Dal ati i ddysgu Keep learning</p>	<p>Gall dysgu rhywbeth newydd fod yn hwyl, gwneud i chi deimlo'n dda a datblygu'ch hyder</p> <p>Learning something new can be fun, make you feel good and build your confidence</p>
<p>Rhoi Give</p>	<p>Fe all gwellthredoedd o garedigrwydd, helpu eraill neu hyd yn oed gwirfoddoli eich gwneud i deimlo'n hapusach</p> <p>Acts of kindness, helping others or even volunteering can make you feel happier</p>

GIG NHS
Bwrdd Iechyd Prifysgol
Betsi Cadwaladr
University Health Board

GIG NHS
Bwrdd Iechyd Prifysgol
Betsi Cadwaladr
University Health Board

Pum ffordd at les
Five ways to wellbeing

Visit the BCUBH video [Click here](#)





2025 Movement - a partnership for wellbeing



Mental wellbeing is a key priority for all partners who have joined together to work differently as part of the 2025 social movement to end avoidable health inequalities across North Wales.

Widening inequalities, caused by the pandemic and the cost of living crisis, are only going to make this challenge bigger for all our organisations. **Children and adults in households in the lowest 20% income brackets two to three times more likely to develop mental health problems.** This is why it's even more important that we work together across organisational boundaries to achieve the change our region needs to improve mental wellbeing for the communities we serve.

Anyone interested in joining 2025 and becoming part of a growing movement of people and organisations all committed to tackling health inequalities, can visit www.2025movement.org to find out more.

Movement 2025, Avoiding avoidable health inequalities in North Wales, Annual Report, 2019/20, Clare Budden, Chair

Acknowledgements

Once again, our Annual DPH Report is a joint effort. We have been delighted with everyone’s enthusiasm to contribute – its focus on personal and community mental wellbeing and insights from the pandemic has hit a nerve for many.

So this report is the work of not only the Public Health Team, but also of our local communities in North Wales, colleagues from across the Health Board, Local Authorities and the Voluntary Sector. Your insights and experience have been invaluable, and we hope we have done your contribution justice.

Our thanks and gratitude go to everyone.

Many thanks to our Health Board strategic leads for their continued enthusiasm, expertise and contribution to this preventative lens for mental wellbeing.

Dr Alberto Salmoiraghi	Clinical Lead and Medical Director for Mental Health , for his contribution in the Foreword, and passion for a preventive approach to mental wellbeing
Lucy Reid	Chair, Together for Metal Health Partnership Board and Vice Chair, BCUHB , for her continued oversight of our mental health and wellbeing work, and for her support and contribution to this year’s Annual DPH Report

Particular thanks go to members of the Public Health Team who lead on mental health and wellbeing, and provided data insights and much of the research that underpins the report. Their expertise, insight, and support has been constant and invaluable. Also to Karen Bryson for taking the lead overall on collation of the report.

Dr Robert Atenstaedt	Consultant in Public Health Medicine
Anna Varela-Raynes	Senior Public Health Practitioner
Dafydd Gwynne	Principal Public Health Practitioner
Basil McDonald and Matthew York	ST1 Specialty Registrars in Public Health, for their research on the factors that affect wellbeing, their objectivity and critique

Wider members of the Public Health team, Health Board, Local Authorities and Voluntary Sector who have supported, contributed, sought people’s insights and advised, are included below (in first name alphabetical order) My apologies if we have inadvertently missed anyone from the list.

Ceriann Tunnah	Consultant in Public Health
Ceri Mcgaugie	Senior Secretary, and PA for Lucy Reid
Clare Budden	Chair, Movement 2025
Claire Jones	Public Health Intelligence Specialist
Emma Hughes	PA to Teresa Owen, Director of Public Health
Gail Bennett	Early Years and Family Support Service Manager, Flintshire Local Authority
Hannah Lloyd	Administration Support to the Report team
Hannah Lloyd	Public Health Principal Practitioner
Jackie Irwin	Public Health Principal Practitioner
Jinette Hindmarsh	Business Manager, for removing hurdles and connecting people
Lisa Goodier	Integrated Strategy & Portfolio Development, Mental Health & Learning Disabilities
Louise Woodfine	Consultant in Public Health
Mirain Llwyd Roberts	Community Coordinator, Gwynedd Local Authority
Nel Griffith	Public Health Practitioner
Nia Thomas	Public Health Practitioner
Paul Kavanagh	Consultant Lead, Test Trace & Protect – our thanks to Paul and the TTP Team across the 6 Local Authorities who gathered people’s mental wellbeing experiences of Covid 19.
Rhiannon Mair	Public Health Practitioner
Sarah Andrews	Consultant in Public Health
Siwan Sutton	Senior Public Health Practitioner
To those who shared their experiences, many whom are quoted throughout the report.	Unfortunately, we couldn’t include all, but your insights have been invaluable in helping us shape the report. Thank you .

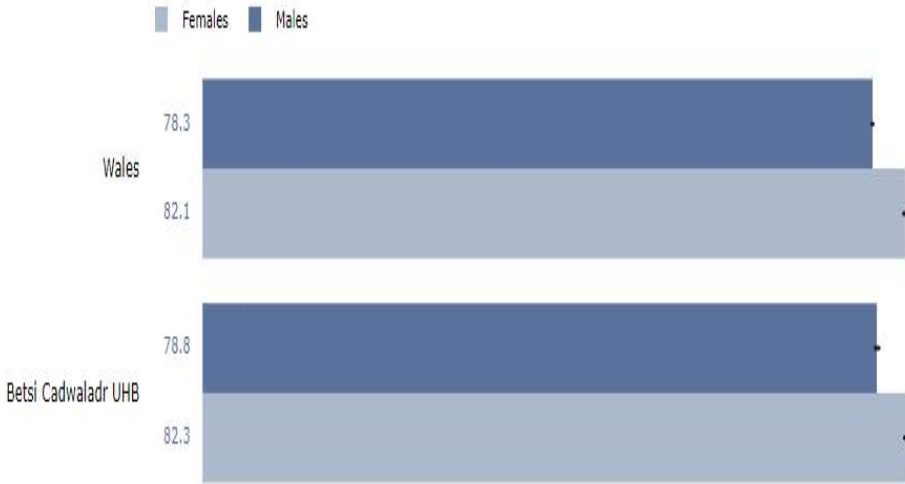
Appendix 1 - Data

Life expectancy in North Wales

Life expectancy for males in BCUHB is statistically significantly higher than Wales; for females it is similar to Wales.

PHW Public Health Outcomes Framework

Life expectancy at birth, years, males and females, Wales and Betsi Cadwaladr UHB, 2018-2020
Produced by Public Health Wales Observatory using APS, 2011 Census, PHM, MYE (ONS)

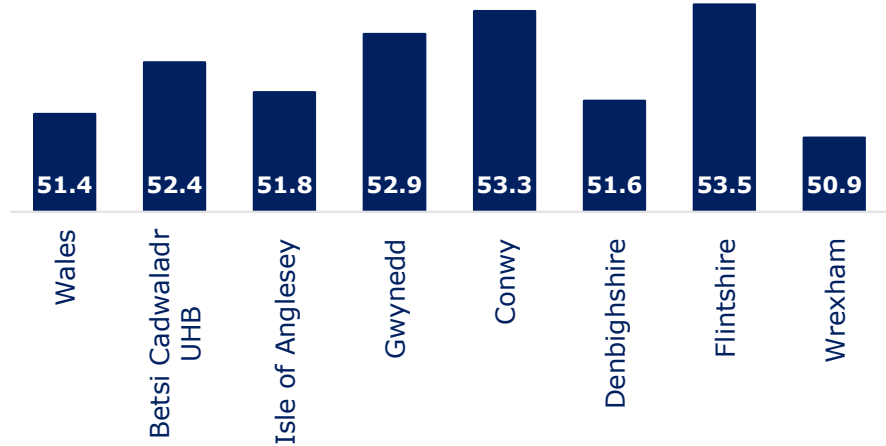


People living in North Wales report better mental wellbeing compared to the rest of Wales

BCUHB has a mental wellbeing score of 52.4 compared to 51.4 across Wales; a higher score indicates stronger mental health. Across the region, mental wellbeing scores range from 50.9 in Wrexham to 53.5 in Flintshire.

National Survey for Wales 2018-19

Warwick-Edinburgh mental wellbeing scale*, Wales, Betsi Cadwaladr UHB & unitary authorities, 2018-19
Source: National Survey for Wales, 2018-19 (WG)

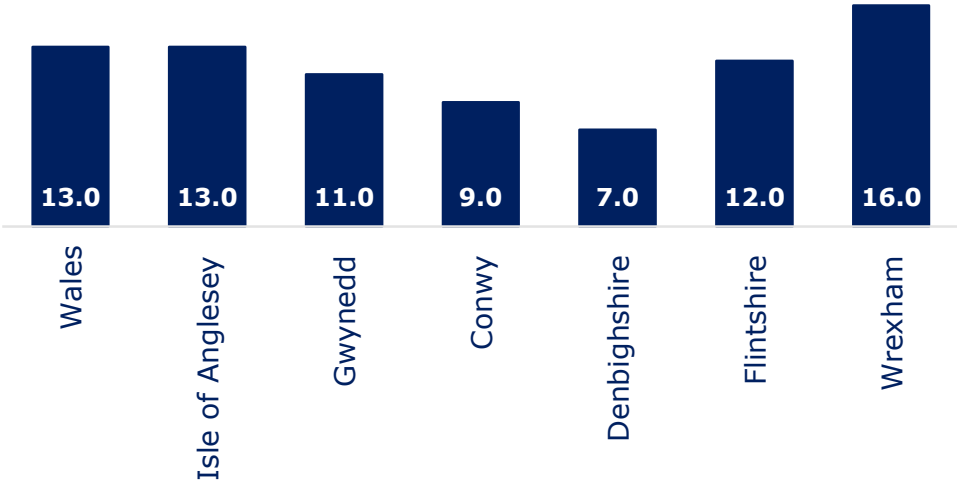


*higher score indicates stronger mental wellbeing

Mental Wellbeing challenges

Across BCUHB, the percentage of people reporting to be lonely ranges from 7.0% in Denbighshire to 16.0% in Wrexham.
(Source: **National Survey for Wales 2021-22**)

Percentage of adults (aged 16 years and over) reporting to be lonely, Wales, Betsi Cadwaladr UHB & unitary authorities, 2021-22
Source: National Survey for Wales, 2021-22 (WG)

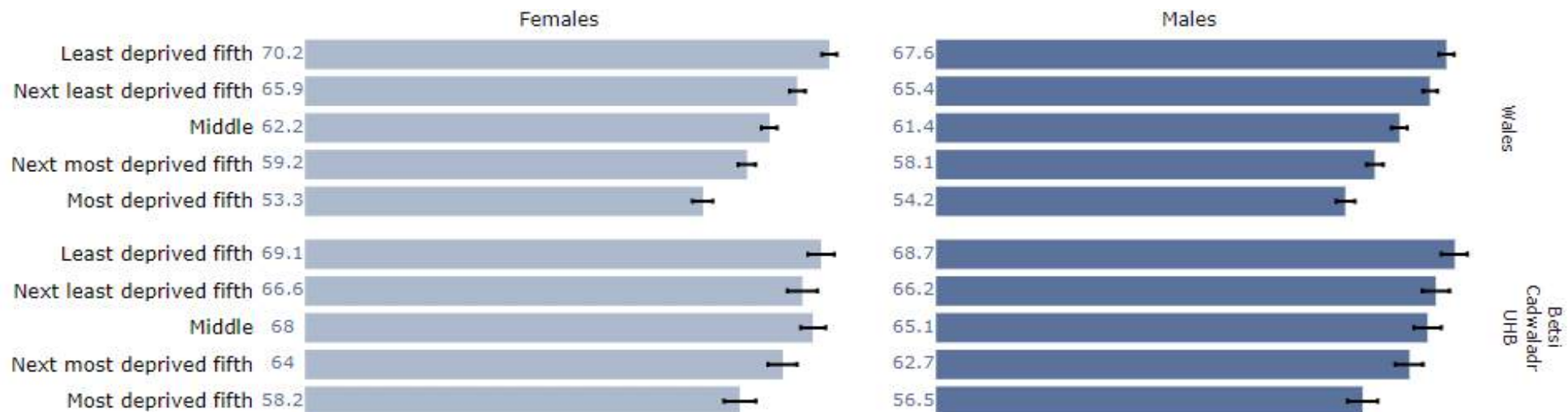


Healthy life expectancy

The gap in life expectancy between the least and most deprived population in Wales has been generally increasing in recent years for males and females, suggestive of growing inequality. The inequality gap was over a year greater for males than in females.

Healthy life expectancy at birth, years, males and females, Wales and Betsi Cadwaladr UHB by deprivation fifth, 2018-2020

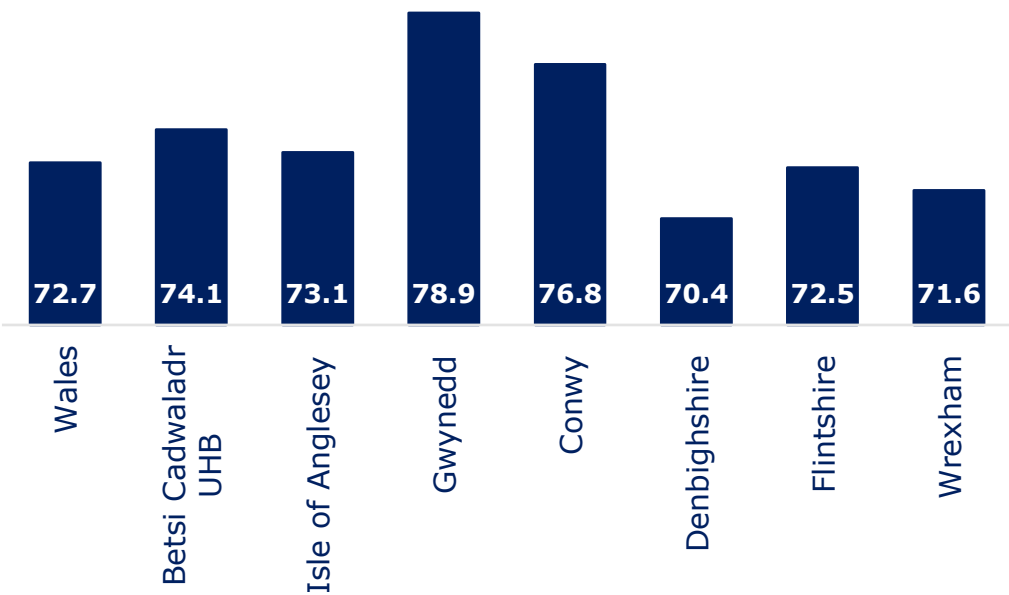
Produced by Public Health Wales Observatory using APS, 2011 Census, PHM, MYS (ONS) & WIMD (2019)



Health status in North Wales

In 2021-22, 74.1% of BCUHB’s population reported their health to be very good or good; 14% reported to be limited a lot by longstanding illnesses. (Source: [National Survey for Wales](#))

Percentage of adults (aged 16 years and over) reporting their health to be good or very good, Wales, Betsi Cadwaladr UHB & unitary authorities, 2021-22
Source: National Survey for Wales, 2021-22 (WG)



Feeling safe

CRIME LEVELS

Total recorded crime and public order offences in BCUHB are both higher than the Wales average (Source: **ONS**)

FEEL SAFE

Across BCUHB, the percentage of people reporting feeling safe at home ranges from 57.0% in Wrexham to 85.0% in Gwynedd (Source: National Survey for Wales 2021-22)

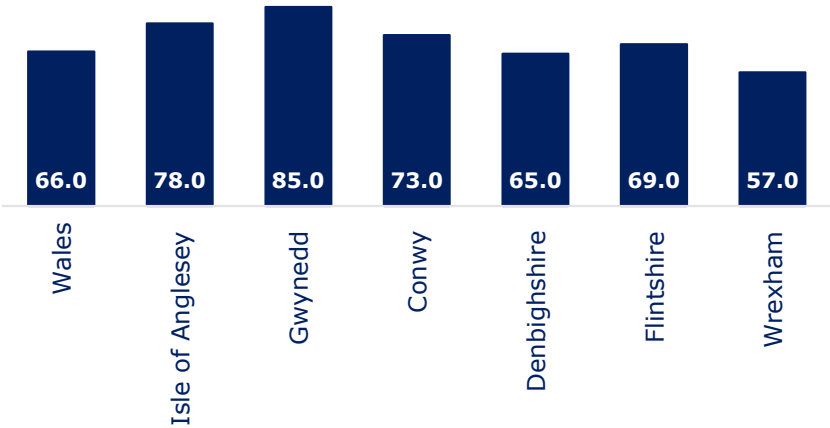
Police recorded crime per 1,000 population, Wales & North Wales police force area, year ending March 2022

	Total recorded crime (per 1,000 population)	Public order offences (per 1,000 population)
Wales	84.9	12.5
North Wales	96.2	14.4

Source: Office for National Statistics

Percentage of adults (aged 16 years and over) feeling safe at home, walking in the local area and when travelling, Wales, Betsi Cadwaladr UHB & unitary authorities, 2021-22

Source: National Survey for Wales, 2021-22 (WG)



Satisfied and able to influence their community

SATISFACTION

Across BCUHB, the percentage of people reporting to be satisfied with their ability to get to/access facilities ranges from 85.0% in Flintshire to 96.4% in Denbighshire.

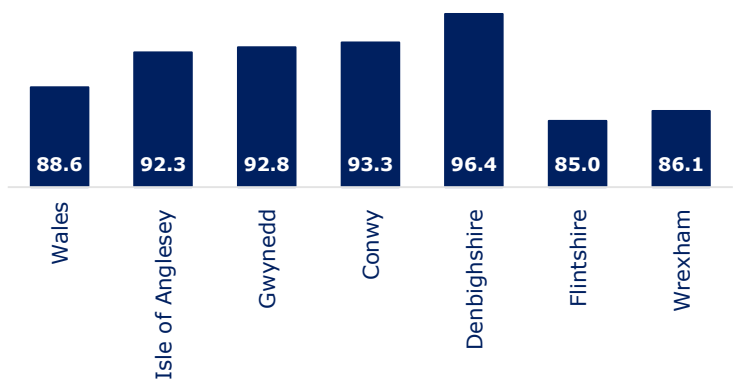
(Source: [National Survey for Wales 2021-22](#))

ABLE TO INFLUENCE DECISIONS

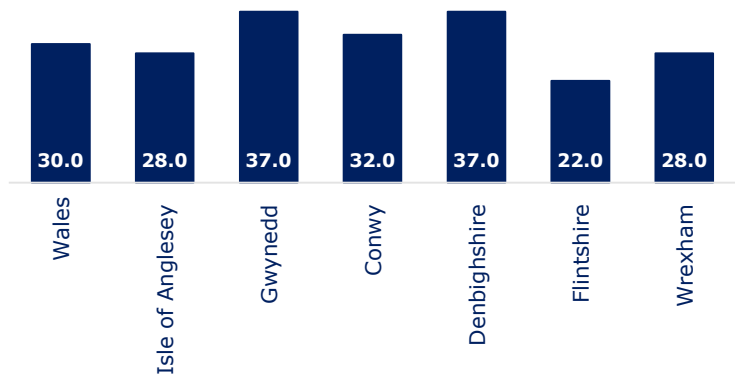
Across BCUHB, the percentage of people who feel able to influence decisions affecting their local areas ranges from 22.0% in Flintshire to 37.0% in Gwynedd and Denbighshire

(Source: [National Survey for Wales 2021-22](#))

Percentage of adults (aged 16 years and over) satisfied with their local area as a place to live, Wales, Betsi Cadwaladr UHB & unitary authorities, 2021-22
Source: National Survey for Wales, 2021-22 (WG)

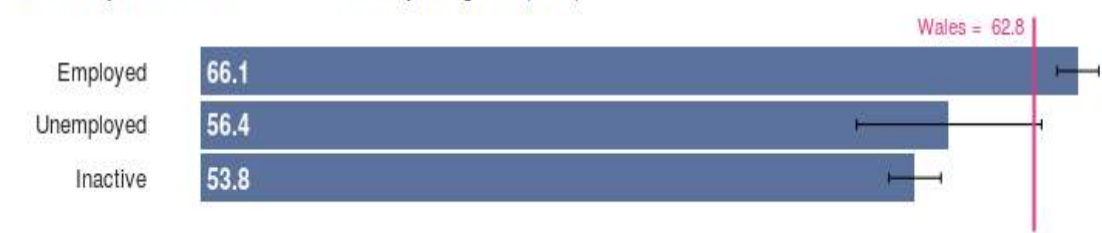


Percentage of adults (aged 16 years and over) who feel able to influence decisions affecting their local area, Wales, Betsi Cadwaladr UHB & unitary authorities, 2021-22
Source: National Survey for Wales, 2021-22 (WG)



Employment improves happiness and reduces anxiety

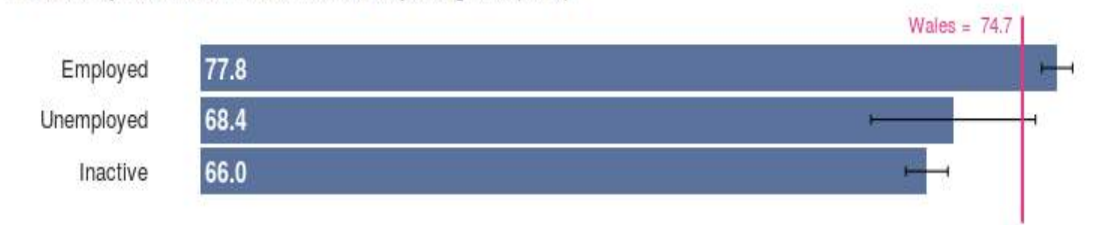
Low sense of anxiety, age-standardised percentage, persons aged 16+, by employment status, Wales, 2018
Produced by Public Health Wales Observatory, using APS (ONS)



ANXIETY

In 2018, 66% of employed persons aged 16 years and over in Wales reported having a low sense of anxiety compared to 56% of unemployed persons and 54% of economically inactive persons. ([Public Health Wales](#))

High sense of happiness, age-standardised percentage, persons aged 16+, by employment status, Wales, 2018
Produced by Public Health Wales Observatory, using APS (ONS)



HAPPINESS

In 2018, almost 78% of employed persons aged 16 years and over in Wales reported a high sense of happiness compared to 68% of unemployed persons and 66% of economically inactive persons ([Public Health Wales](#))

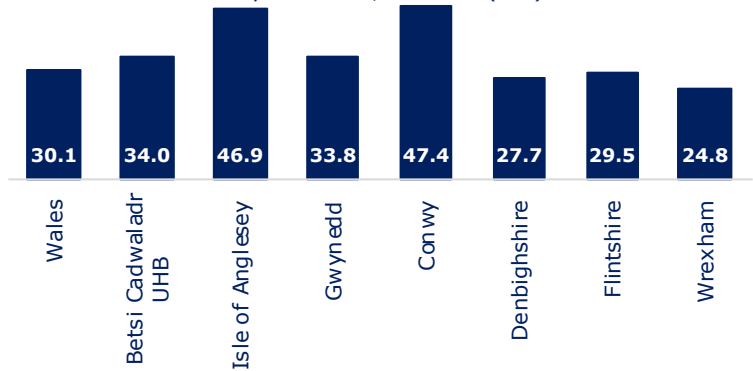
Activity levels in North Wales

150 mins recommended levels of activity for adults each week

Too little

EXERCISING LESS THAN 30 mins per week
Percentage of adults (aged 16 years and over) reporting being active less than 30 minutes in the previous week, Wales, Betsi Cadwaladr UHB & unitary authorities, 2021-22

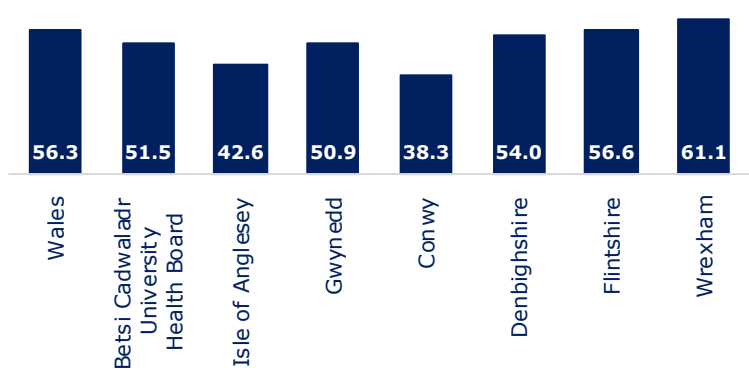
Source: National Survey for Wales, 2021-22 (WG)



Reaching or above target

EXERCISING AT LEAST 150 mins per week
Percentage of adults (aged 16 years and over) reporting being active at least 150 minutes in the previous week, Wales, Betsi Cadwaladr UHB & unitary authorities, 2021-22

Source: National Survey for Wales, 2021-22 (WG)



Source: National Survey for Wales 2021-22)

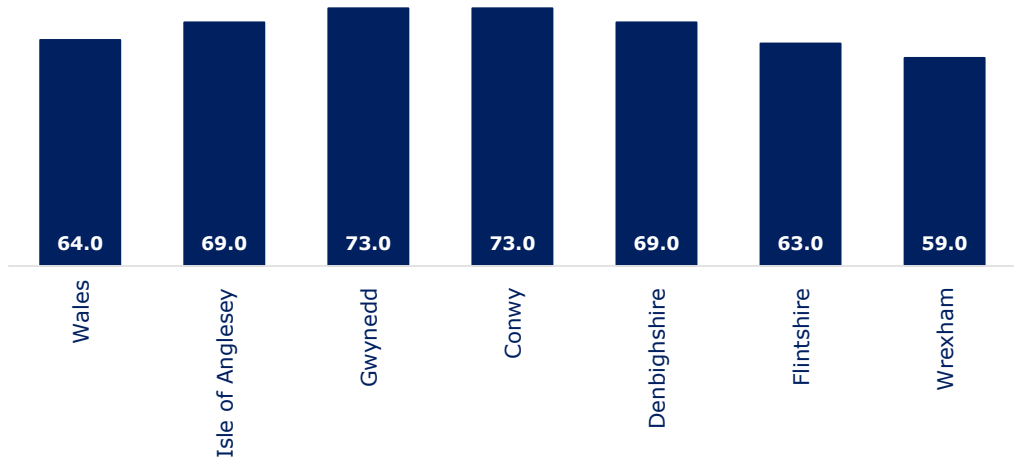
Belonging

BELONGING

In 2021-22, the percentage of people feeling that they belong to the area, that people from different backgrounds got on well together and the people treat each other with respect ranged from 59.0% in Wrexham to 73.0% in Gwynedd and Conwy (Source: [National Survey for Wales](#))

Percentage of adults (aged 16 years and over) agreeing that they belong to the area; that people from different backgrounds get on well together; and that people treat each other with respect, Wales, Betsi Cadwaladr UHB & unitary authorities, 2021-22

Source: National Survey for Wales, 2021-22 (WG)



Deprivation

PEOPLE LIVING IN DEPRIVATION

Across BCUHB, the percentage of people living in households in material deprivation ranges from 8.4% in Conwy to 13.1% in Wrexham.

(Source: **DWP/HMRC Statistics March 2022**)

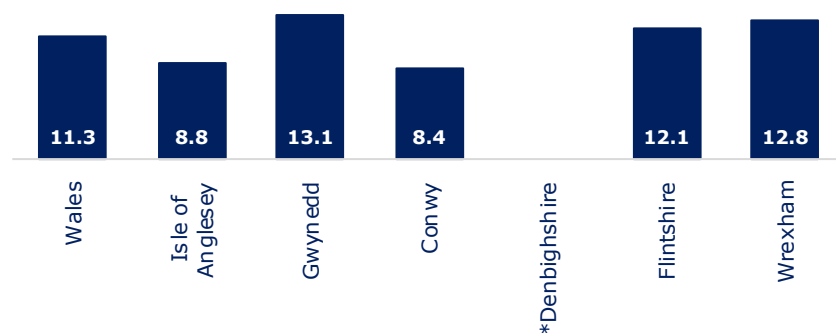
CHILDREN IN LOW INCOME FAMILIES

Across BCUHB, the percentage of children in low income families ranges from 30.8% in Denbighshire to 35.6% in the Isle of Anglesey.

(Source: **National Survey for Wales 2021-22**)

Percentage of people living in households in material deprivation, Wales, Betsi Cadwaladr UHB & unitary authorities, 2021-22

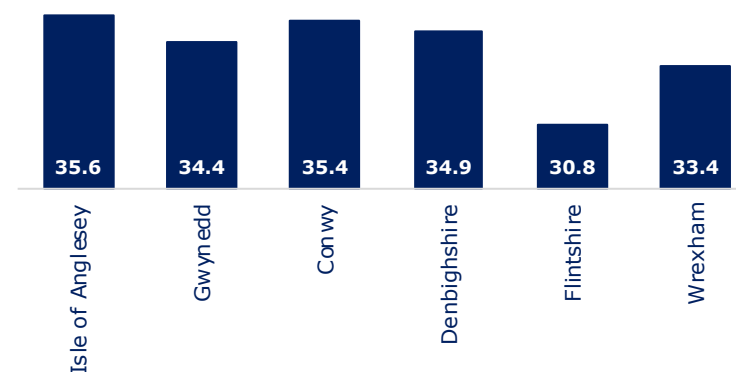
Source: National Survey for Wales, 2021-22 (WG)



*Data disclosive or not sufficiently robust for publication

Percentage children in low income families, North Wales unitary authorities, 2020/21

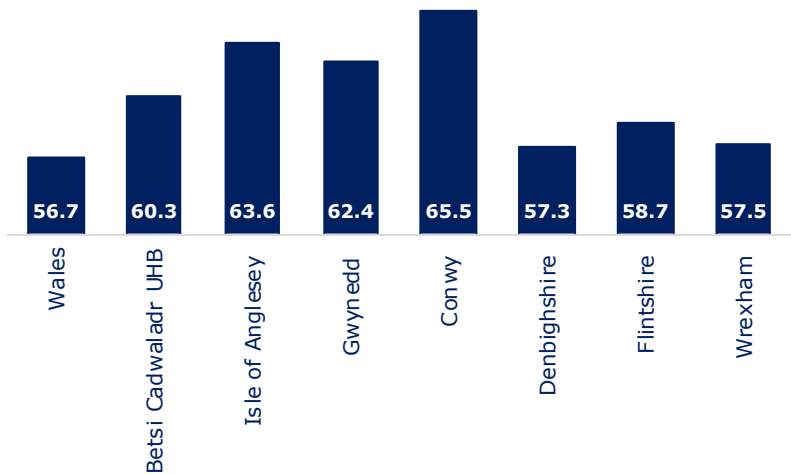
Source: Children in Wales; DWP/HMRC Statistics (March 2022)



Breast Feeding rates

Across BCUHB, the percentage of people breast feeding at birth ranges from 57.3% in Denbighshire to 65.5% in Conwy. The percentage in BCUHB is higher than the Wales average (Source: [National Survey for Wales 2021-22](#))

Breastfeeding status at birth (percentage), Wales, Betsi Cadwaladr UHB & unitary authorities, 2021
Source: StatsWales (Welsh Government)

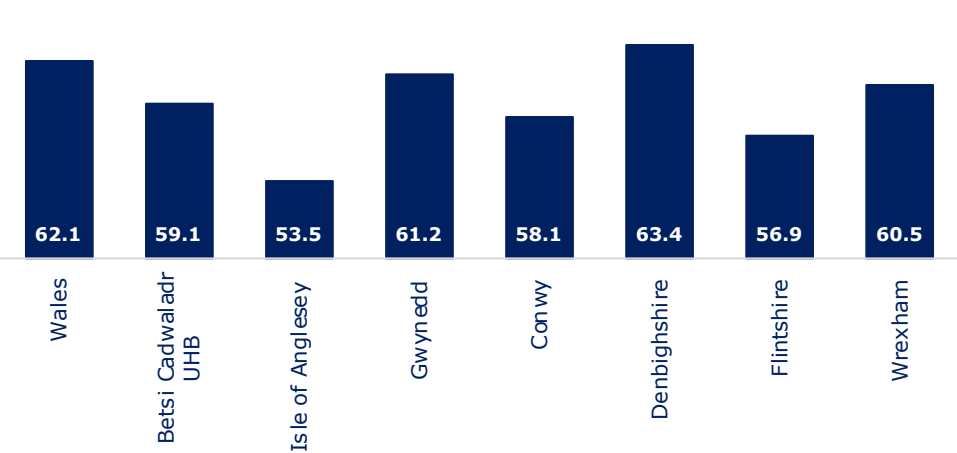


Obesity levels in BCUHB

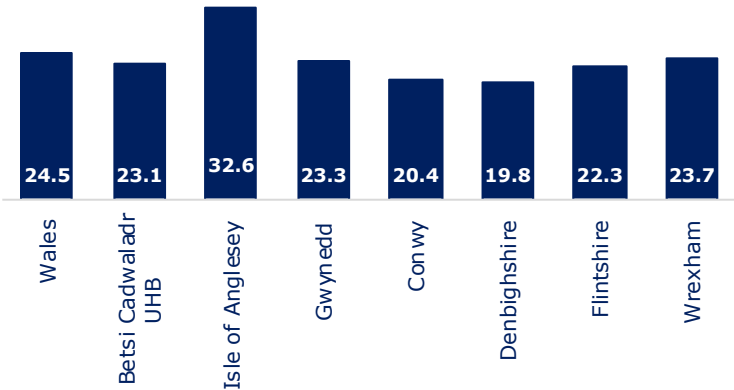
OBESITY LEVELS

Across BCUHB, the percentage of people who are overweight or obese ranges from 53.5% in the Isle of Anglesey to 63.4% in Denbighshire. The percentage in BCUHB is lower than the Wales average
(Source: National Survey for Wales 2021-22)

OVERWIGHT or OBESE
Percentage of adults (aged 16 years and over) who are overweight or obese (BMI 25+), Wales, Betsi Cadwaladr UHB & unitary authorities, 2021-22
Source: National Survey for Wales, 2021-22 (WG)



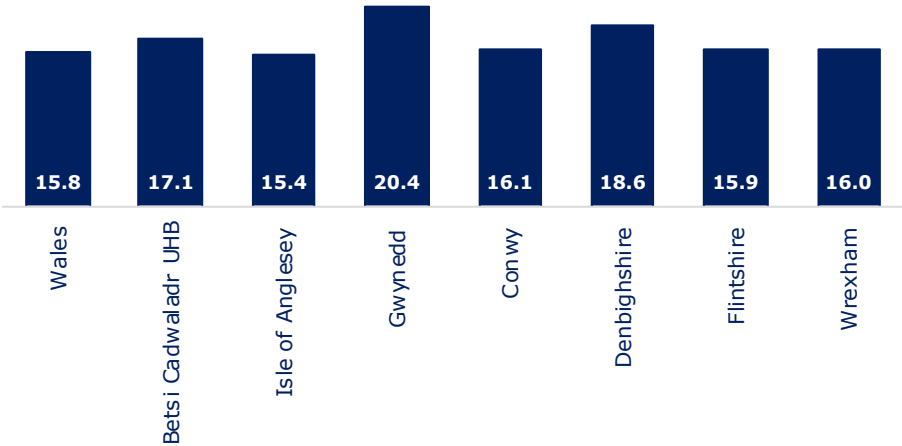
OBESE
Percentage of adults (aged 16 years and over) who are obese (BMI 30+), Wales, Betsi Cadwaladr UHB & unitary authorities, 2021-22
Source: National Survey for Wales, 2021-22 (WG)



Alcohol consumption

Across BCUHB, the reported average weekly alcohol consumption ranges from 15.4% in the Isle of Anglesey to 20.4% in Gwynedd. The percentage in BCU is higher than the Wales average
(Source: [National Survey for Wales 2021-22](#))

Percentage of adults (aged 16 years and over) who report drinking above recommended guidelines (above 14 units per week), Wales, Betsi Cadwaladr UHB & unitary authorities, 2021-22
Source: National Survey for Wales, 2021-22 (WG)



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Glossary of terms

BCUHB	Betsi Cadwaladr University Health Board	MWIA	Mental Wellbeing Impact assessment
BMI	Body Mass Index	NESTA	National Endowment for Science, Technology and the Arts
CALL	Community Advice and Listening Line	ONS	Office of National Statistics
CO2	Carbon dioxide (also short-hand for all gases associated with global warming)	PA	Personal Assistant
CVD	Cardio-vascular disease	PHW	Public Health Wales
DEWIS Cymru	A website to help people access local support services in Wales	TTP	Test, Trace and Protect (the Welsh Government Covid-19 management programme)
DPH	Director of Public Health	T4MHPB	Together for Mental Health Partnership Board (North Wales’ partnership for mental wellbeing)
DR	Doctor	UK	United Kingdom
EnRaW	Enabling Natural Resources and Wellbeing	WG	Welsh Government
5-a-day	UK Department of Health’s Healthy Eating Programme	WHO	World Health Organisation
GDP	Gross Domestic Product	24/7	Short-hand for everyday (24 hours each day – 7 days each week)
iCAN	Support network for wellbeing		
MaPS	Money and Pensions Service is an arm’s-length body, sponsored by the Department for Work and Pensions.		

Thank you for reading

Annual DPH Report

Public Health Annual Report

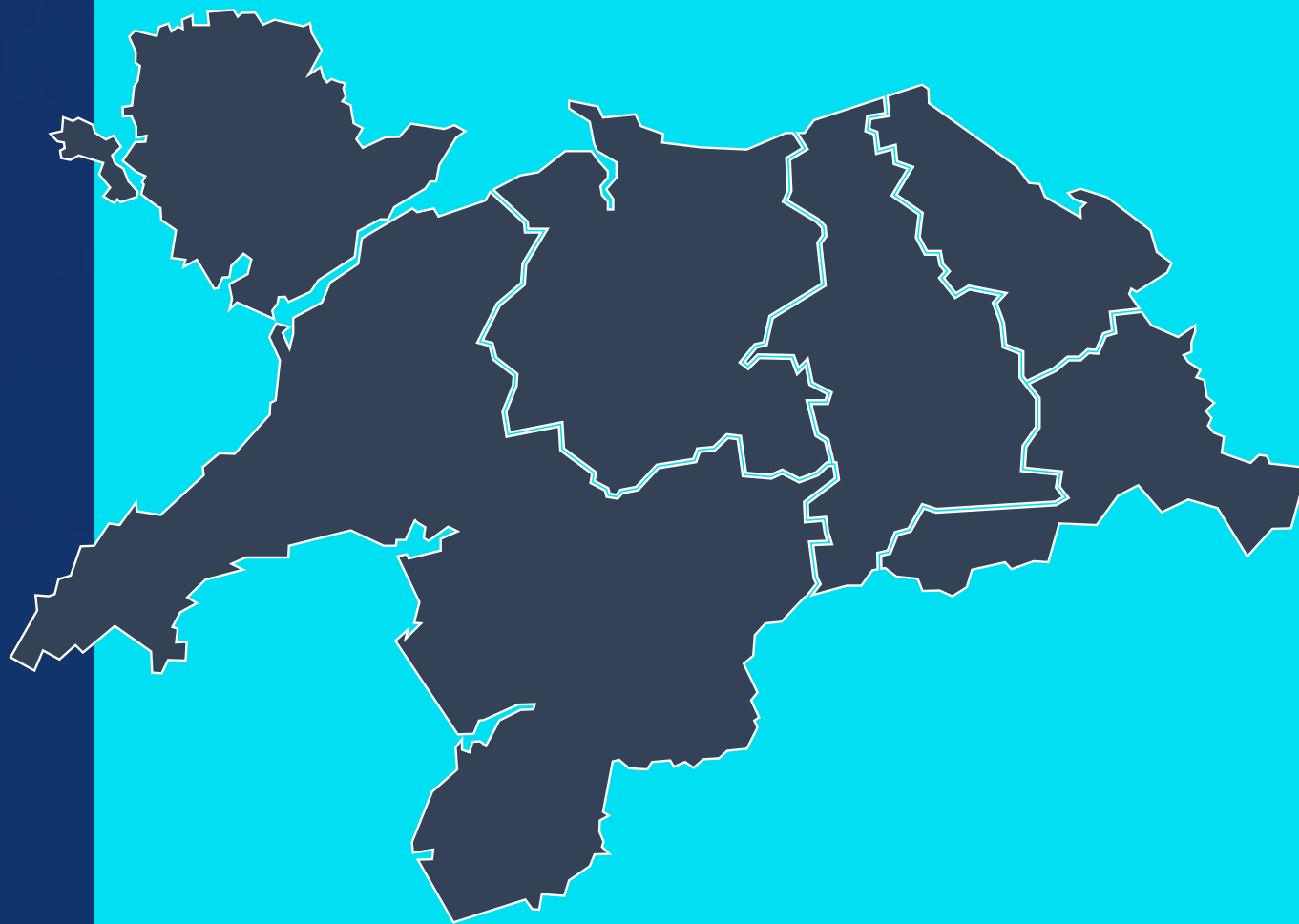
Betsi Cadwaladr University Health Board

November 2022



GIG
CYMRU
NHS
WALES

Bwrdd Iechyd Prifysgol
Betsi Cadwaladr
University Health Board



Cyfarfod a dyddiad: Meeting and date:	Board Meeting 24 November 2022					
Cyhoeddus neu Breifat: Public or Private:	Public					
Teitl yr Adroddiad Report Title:	Mental Health Act 1983 as amended by the Mental Health Act 2007. Mental Health Act 1983 Approved Clinician (Wales) Directions 2018. Update of Register of Approved Clinicians (All Wales) and Update of Register of Section 12(2) Approved Doctors for Wales.					
Cyfarwyddwr Cyfrifol: Responsible Director:	Dr Nick Lyons, Executive Medical Director.					
Awdur yr Adroddiad Report Author:	Meryl Roberts, All Wales Approvals Manager for Approved Clinicians and Section 12(2) Doctors.					
Craffu blaenorol: Prior Scrutiny:	Not applicable					
Atodiadau Appendices:	Appendix 1: Mental Health Act 1983 as amended by the Mental Health Act 2007:- Approved Clinician (Wales) Directions 2018. - <u>Update of Register of Approved Clinicians for Wales.</u> Appendix 2: Mental Health Act 1983 as amended by the Mental Health Act 2007:- - <u>Update of Register of Section 12(2) Approved Doctors for Wales.</u>					
Argymhelliad / Recommendation:						
<p>The details presented to the Board in this Report is a summary of the approvals which have already received ratification for Approved Clinicians and Section 12(2) Doctor approvals across the Principality.</p> <p>This report provides a governance record of compliance with legislative requirements under the Mental Health Act 1983 (as amended 2007) of the approvals and ratification process.</p> <p>The Board is asked to note the report and ratify the approvals in line with the Welsh Government Guidance Mental Health Act 1983 Approval of Approved Clinicians (Wales) July 2018 for Approved Clinicians and the Section 12(2) Process and Criteria Document for S12(2) Approved Doctor approvals.</p>						
Ticiwch fel bo'n briodol / Please tick as appropriate						
Ar gyfer penderfyniad /cymeradwyaeth For Decision/ Approval		Ar gyfer Trafodaeth For Discussion		Ar gyfer sicrwydd For Assurance	✓	Er gwybodaeth For Information
Y/N i ddangos a yw dyletswydd Cydraddoldeb/ SED yn berthnasol						N

Y/N to indicate whether the Equality/SED duty is applicable	
Sefyllfa / Situation:	
<p>Betsi Cadwaladr University Health Board (BCUHB) undertakes the delegated function of the Welsh Ministers for the approval of Approved Clinicians and Section 12(2) doctors on behalf of all the Health Boards in Wales. The Health Board ensures an effective approval, re-approval, suspension and termination of approval processes for Approved Clinicians and Section 12(2) doctors in Wales.</p>	
Cefndir / Background:	
<p>The Approval Process is part of the legislative process relating to the Mental Health Act 1983 (as amended 2007).</p> <p>The Welsh Government Mental Health Act 1983 (Approved Clinicians) (Wales) Directions 2018, Approved Clinician Procedural Arrangements (July 2018) and All Wales Section 12(2) Process and Criteria Document (September 2021) set out the eligibility criteria for approval and reapproval for Doctors and non-medical Clinicians who wish to become approved under the Mental Health Act 1983. These documents are used by the Approvals Team and All Wales AC and S12 Panel who scrutinise applications for approval which have been received from Clinicians across the Principality. Applications are received either for Approved Clinician or Section 12(2) applications from Psychiatrists, General Practitioners and other registered professionals who are eligible to apply for approval status under the Mental Health Act (1983) (as amended 2007).</p> <p>Applications are scrutinised by the approval team for completeness and compliance and then submitted to Panel members for their scrutiny, assessment and recommendation.</p> <p>Following Panel assessment, any recommendation for approval must receive formal ratification from the Approving Board, for the process of approval to be lawful and to ensure compliance with legislative requirements.</p> <p>Ratification is sought via a written Chair's Action letter and submitted to the Office of the Board Secretary for co-ordination and completion.</p> <p>Approval is then received in writing from the Board Chairman, Chief Executive Officer, Board Secretary and two Independent Members and returned to the Approvals Team.</p> <p>The Clinician is then informed that they have received approval and this is confirmed in writing in a signed Chief Executive Officer approval letter.</p> <p>The Health Board then formally ratifies decisions through this paper which is submitted on a bi-monthly basis</p>	
Asesu a Dadansoddi / Assessment & Analysis	
<p>The Board continues to exercise this function effectively and to work with Welsh Government to further develop the Directions that underpin this important function.</p>	
Opsiynau a ystyriwyd / Options considered	
<p>This is a factual report for assurance purposes.</p>	
Goblygiadau Ariannol / Financial Implications	

None

Dadansoddiad Risk / Risk Analysis

To ensure that all Clinicians are approved and reapproved within the agreed timescales, the All Wales Approval Panel assesses applications according to the Procedural Arrangements agreed with Welsh Government.

If Clinicians do not apply for re-approval according to the agreed timescales, their approval could expire and this could have an adverse impact on the availability of Approved Clinicians, Responsible Clinicians and Section 12(2) Approved Doctors across the workforce in the Principality.

Under The Mental Health (Mutual Recognition) Regulations 2008, a Section 12(2) approved Doctor in England is also approved in Wales and vice versa. Due to a current lack of Section 12 Directions for Wales, there is a risk that a Section 12(2) approved Doctor in Wales may not be lawful in England.

Cyfreithiol a Chydymffurfiaeth / Legal and Compliance

The Approval Process meets the legislative requirements of the Mental Health Act 1983 (as amended 2007) and the Mental Health Act 1983 (Approved Clinicians) (Wales) Directions 2018.

The Board is asked to note that Wales does not currently have Section 12 Directions for the approval, re-approval and ending of Section 12(2) Doctor approval. Welsh Government met with the Approvals Team on 20th October 2021 and it was agreed that Section 12 Directions will be made. Welsh Government Legal Team reviewed draft Section 12 Directions for compliance and further meetings between the Approvals Team and Welsh Government took place on 8th December 2021, 4th and 11th February 2022, 11th March 2022 and 20th May 2022 to review and agree the contents. Further meetings will be scheduled to ensure the draft Section 12 Directions are reviewed, agreed and enacted by the Welsh Minister.

Asesiad Effaith / Impact Assessment

None.

**Update of Register of Approved Clinicians and Section 12 (2) Approved Doctors
for Wales
25th August 2022 – 4th November 2022**

	AC	S12 (2)
Approvals and Re-approvals	20	9
Approvals suspended	0	0
Approvals re-instated/ Reinstated and returned to work in Wales	2	0
Removed	0	0
Retired	0	0
Registered without a licence to practise and retired	1	0
Transferred from AC register (to S12 Register)	0	0
Transferred/Removed from S12 – Became AC approved	0	0
No longer working in Wales and Approval Expired	1	0
No longer working in Wales	3	2
Approval Ended	2	0
RIP	1	0

APPENDIX 1

Mental Health Act 1983 as amended by the Mental Health Act 2007

Mental Health Act 1983 Approved Clinician (Wales) Directions

Update of Register of Approved Clinicians for Wales

25th August 2022 – 4th November 2022

Approvals and Re-approvals: 20

Surname	First Name	Workplace	Date Approval Expires	Chair's Action
Best	Fiona	Betsi Cadwaladr University Health Board, Ty Llywelyn, Bryn Y Neuadd Hospital, Aber Road, Llanfairfechan LL33 0HH.	25 th August 2027	Yes
Raja	Jawad	Betsi Cadwaladr University Health Board, Flintshire Substance Misuse Service, Rowley's Drive, Shotton, Deeside, CH5 1PU.	29 th August 2027	Yes
Bapuji Rao	Velagapudi	Aneurin Bevan University Health Board, Ty Siriol Unit, County Hospital, Coed-y-Gric Road, Griffithstown, Pontypool, NP4 5YA.	5 th September 2027	Yes
Payne	Olwen	Betsi Cadwaladr University Health Board, Child & Adolescent Mental Health Services, Talarfon, Holyhead Road, Bangor, LL57 2EE.	6 th September 2027	Yes
Omoigui	Osaretin John Ret	Cardiff and Vale University Health Board, Hamadryad CMHT, Hamadryad Road, Cardiff, CF10 5UY.	8 th December 2026	Yes
Ruth	Pauline	Aneurin Bevan University Health Board, Monnow Vale Hospital, Monmouth NP25 5BL.	7 th September 2027	Yes
Enaohwo	Oghenemarho Meshach	Mental Health Care UK Ltd, New Hall Independent Hospital, New Hall Road, Ruabon, Wrexham, LL14 6HB.	14 th February 2027	Yes
Darwish	Ahmed	Ludlow Street Healthcare Group Ltd, Pinetree Independent Hospital, 904 Newport Road, Cardiff, CF3 4LL.	9 th June 2027	Yes

Surname	First Name	Workplace	Date Approval Expires	Chair's Action
Rashid	Haroon	Powys Teaching Health Board, Ty-Illtyd CMHT, 10 Bridge Street, Llanfaes, Brecon, LD3 8AH.	25 th March 2024	Yes
Ellis	Elin Mererid	Aneurin Bevan UHB, Cwm Coch, Ysbyty Aneurin Bevan, Lime Avenue, Ebbw Vale, Blaenau Gwent, NP23 6GL.	19 th September 2027	Yes
Bhalerao	Manjiri	Betsi Cadwaladr University Health Board, Bodnant Unit, Maesdu Road, Llandudno, Conwy, LL30 1QY.	20 th September 2027	Yes
Burden	Thomas Joseph	Aneurin Bevan University Health Board, Ty Bryn Unit, St Cadoc's Hospital, Lodge Road, Caerleon, Newport, NP18 3XQ.	3 rd October 2027	Yes
Bankole	Abiodun	Powys Teaching University Health Board, Clywedog Ward, War Memorial Hospital, Llandrindod Wells, Powys, LD1 5HF.	10 th October 2027	Yes
Sambhi	Rajvinder	Betsi Cadwaladr University Health Board, Heddfan Unit, Wrexham Maelor Hospital, Croesnewydd Road, Wrexham, LL13 7TD	16 th October 2027	Yes
Thompson	William Michael	Hywel Dda University Health Board, Pembrokeshire Learning Disabilities Team, Llanion House, Llanion Park, Pembroke Dock, Pembrokeshire, SA72 6DY.	25 th October 2027	Yes
Boyapati	Venkataramana	Cygnnet Healthcare Ltd, Woodrow House, 1 Brownsville Road, Stockport, SAK4 4PE.	25 th October 2027	Yes
Pasunuru	Kavitha	Aneurin Bevan University Health Board, CAMHS Team, Ty Bryn, St Cadoc's Hospital, NP18 3XQ.	27 th October 2027	No* *pending ratification via a Chair's Action Letter
Purushothaman	Bhuvaneswari	Hywel Dda University Health Board, Bro Cerwyn Hospital, Fishguard Road, Haverfordwest, Pembrokeshire, SA61 2PG.	30 th October 2027	No* *pending ratification via a Chair's Action Letter
Reddy	Harish	Hywel Dda University Health Board, South Ceredigion Community Mental Health Team, Hafan Hedd Resource Centre, Newcastle Emlyn, Ceredigion, SA38 9NS.	1 st November 2027	No* *pending ratification via a Chair's Action Letter
Davies	Owen	Swansea Bay University Health Board, Caswell Clinic, Glanrhyd Hospital, Tondu Road, Bridgend, CF31 4LN.	1 st November 2027	No* *pending ratification via a Chair's Action Letter

Approvals Suspended: 0

Surname	First Name	Workplace	Date Approval Expires

Approvals re-instated/or Returned to Wales: 2

Surname	First Name	Workplace	Date Approval Expires	Previous Chair's Action
Jebadurai	Jeshoor	Hywel Dda University Health Board, Enlli Ward, Bronglais Hospital, Aberystwyth, SY23 1ER.	26 th December 2022	Yes
Kollabathula	Indira	Betsi Cadwaladr University Health Board, South Gwynedd CMHT, Bryn Beryl Hospital, Caernarfon Road, Pwllheli, Gwynedd, LL53 6TT.	14 th December 2022	Yes

Removed (Left Wales) and Approval Expired: 1

Surname	First Name	Workplace	Date Approval Expired
Chummun	Vinu	Cwm Taf Morgannwg University Health Board, Adult CMHT, First Floor, Keir Hardie Health Park, Aberdare Road, Merthyr Tydfil, CF48 1BZ.	2 nd November 2022

Retired: 0

Surname	First Name	Workplace	Date Approval Expired

No longer Registered & Retired: 1

Surname	First Name	Workplace	Date Approval Expired
Saeed	Rugiyya	Cardiff and Vale University Health Board, Llanfair Unit, University Hospital Llandough, Penlan Road, Penarth, Cardiff, CF64 2XX.	28 th September 2022

Transferred from AC Register to S12 Register: 0

Surname	First Name	Workplace	Date Approval Expires

No longer working in Wales: 3

Surname	First Name	Workplace	Date Approval Expires
Fenton	Kristy	Hywel Dda University Health Board, Preseli Centre, Withybush Hospital, Fishguard Road, Haverfordwest, Pembrokeshire, SA61 2PZ.	4 th August 2025
Dhanushkodi	Rajesekar	Betsi Cadwaladr University Health Board, Denbighshire CAMHS, Royal Alexandra Hospital, Marine Drive, Rhyl, Denbighshire, LL18 3AS.	8 th September 2025
Dunsby	Anne-Marie	Cardiff and Vale University Health Board, Llandough Hospital Penlan Road, Llandough, Cardiff, CF64 2XX.	1 st January 2023

Approval Ended: *2

Surname	First Name	Workplace	Date Approval Expired
Ruth	Pauline (<i>*later reapproved</i>)	Aneurin Bevan University Health Board, Monnow Vale Hospital, Monmouth, NP25 5BL.	3 rd September 2022

Surname	First Name	Workplace	Date Approval Expired
Jones	Jane Elspeth	Cardiff and Vale University Health Board, CAMHS Team, St David's Hospital, Cowbridge Road East, Canton, Cardiff, CF11 9XB.	4 th October 2022

RIP: 1

Surname	First Name	Workplace	Date Approval Expired
Sargeant	Matthew, Dr	Hywel Dda University Health Board, Cwm Seren, Hafan Derwen, St David's Park, Jobswell Road, Carmarthen, SA31 3HB.	3 rd November 2022

APPENDIX 2

Mental Health Act 1983

Update of Register of Section 12(2) Approved Doctors for Wales

25th August 2022 – 4th November 2022

S12 Approvals and Re-approvals: 9

Surname	First Name	Workplace	Date Approval Expires	Chair's Action
Ezeigwe	Chukwuemeka	Cwm Taf Morgannwg University Health Board, Ward 14, Coity Clinic, Princess of Wales Hospital, Bridgend, CF31 1RQ.	24 th August 2027	Yes
Elmasry	Eslam	Aneurin Bevan University Health Board, CAMHS Team, Neath Port Talbot Hospital, Baglan Way, Port Talbot, SA12 7BX.	19 th September 2027	Yes
Davies	Abigail	Cardiff and Vale University Health Board, CAMHS department, St David's Hospital, Cowbridge Road, Cardiff, CF11 9XB.	20 th September 2027	Yes
Williams	Owain	Betsi Cadwaladr University Health Board, Uned Hergest, Ysbyty Gwynedd, Penrhosgarnedd, Bangor, Gwynedd, LL57 2PW.	4 th October 2027	Yes
Saima	-	Betsi Cadwaladr University Health Board, Hafod Community Mental Health Team, Beechwood Road, Rhyl, Denbighshire, LL19 3EU.	18 th October 2027	Yes
Saha	Keya	Hywel Dda UHB, Heddfan Unit, Glangwili Hospital, Dolgwili Road, Carmarthen, SA31 2AF.	31 st October 2027	Yes
Williams	Owain	Betsi Cadwaladr University Health Board, Uned Hergest, Ysbyty Gwynedd, Penrhosgarnedd, Bangor LL57 2PW	4 th October 2027	Yes
Dyban	Maria	Cardiff and Vale University Health Board, Woodland House, Maes y Coed road, Cardiff, CF14 4TT.	8 th October 2027	Yes
Malik	Mahdi	Betsi Cadwaladr University Health Board, Cefni Hospital, 59 Bridge St, Llangejni, Ynys Mon, LL77 7PN.	15 th October 2027	Yes

S12 suspended: 0

Surname	First Name	Workplace	Date Approval Expires

S12 Approvals reinstated/Returned to Wales: 0

Surname	First Name	Workplace	Date Approval Expires

S12 Removed – Approval Expired: 0

Surname	First Name	Workplace	Date Approval Expired

Registered Without a Licence and Retired: 0

Surname	First Name	Workplace	Date Approval Expires

Transferred from AC Register & Became S12 approved: 0

Surname	First Name	Workplace	Date S12(2) Approval Expires

Transferred from S12 Register & Became AC approved: 0

Surname	First Name	Workplace	Date Approval Expired

S12 No longer working in Wales: 2

Surname	First Name	Workplace	Date Approval Expires
Subodh	Subodh	Cwm Taf Morgannwg University Health Board, Ty Draw, The Avenue, Pontypridd, CF37 4DF.	18 th October 2022
Bright	James	Betsi Cadwaladr University Health Board, Ablett Unit, Glan Clwyd Hospital, Rhyl, Denbighshire, LL18 5UJ.	16 th November 2022

S12 Approval Ended: 0

Surname	First Name	Workplace	Date Approval Expired

RIP: 0

Surname	First Name	Workplace	Date Approval Expires

Teitl adroddiad:	Targeted Intervention Improvement Framework: Updated Self-Assessment Position for BCUHB
Report title:	
Adrodd i:	Betsi Cadwaladr University Health Board Meeting
Report to:	
Dyddiad y Cyfarfod:	Thursday, 24 November 2022
Date of Meeting:	
Crynodeb Gweithredol: Executive Summary:	<p>The Welsh Government placed the Health Board into Target Intervention from Special Measures in March 2021. Targeted Intervention (TI) is the process through which BCUHB needs to evidence sustainable changes and improvements to Welsh Government for the services we provide to the people of North Wales. The Health Board's Executive and Senior Teams are strongly motivated by the desire to improve the services under TI and to exit TI status when it can be evidenced there has been sustained improvement to the satisfaction of the BCUHB Board and the Welsh Government.</p> <p>The Targeted Intervention framework is based upon a maturity matrix for 6 domain areas. A maturity matrix approach has been developed that has been proven to be effective in supporting innovative and transformational change, enabling an organisational focus on improvement. These maturity matrices allow for common themes along a transformation journey to be highlighted and concisely highlights the 'must do's' for success, provides reassurance that the focus is on the right priorities, and brings to light areas that are in need of more attention.</p> <p>Every six months the Board is required to make a self-assessment of progress and to set a target for the following six months. This report outlines the process to establish a self-assessment position for BCUHB for November 2022 and a target position. This work is lead by a TI Team that includes, A TI Central Team, A TI Lead, Senior Responsible Officer (SRO) and Independent Member (IM) for each domain. The progress of the Teams and recommendations to the Board is overseen by a TI Steering Group. The table</p>

below summarises the self-assessment position that the Board are asked to approve.

The Board received comprehensive details of all the maturity matrices, evidence submitted and current progress at the Board Workshop on the 13 October 2022. The Workshop asked that the TI Steering Group moderate the self-assessment scores. This has been completed and the proposals are highlighted below in Table 1.

Finally, the detailed report section 4 identifies a summary of progress in the 6 TI Domains for noting by the Board.

Table 1 – The Proposed Self-Assessment Position

Domain	Board Agreed Target for November 2022 (at May 2022 Board)	Recommended Maturity Matrices point prior to Board Workshop and TI Steering Group Moderation	Recommended Reference Point for November 2022. (Moderated at October TI Steering Group)	Recommended Target for May 2023. (Moderated at October TI Steering Group)	Recommended Target to achieve by November 2023 (Moderated at October TI Steering Group)
All ages Mental Health	3	2	2	2	3
Strategy & Planning	3	2	2	2	3
Leadership	2	2	2	2	3
Engagement	4	2	2	3	3
Performance	N/A	2	1	1	2
Ysbyty Glan Clwyd	N/A	1	1	2	2

Argymhellion:

Recommendations:

The Board is asked is to:

1. Agree the November 2022 self-assessment reference points and May 2023 target scores against each Targeted Intervention for:
 1. All Ages Mental Health
 2. Strategy and Planning
 3. Leadership Governance and Culture
 4. Engagement
 5. Performance
 6. Ysbyty Glan Clwyd
2. Note the progress in progressing Targeted Improvement.

Arweinydd Gweithredol:

Executive Lead:

Gill Harris - Deputy Chief Executive/Executive Director of Integrated Clinical Services

Awdur yr Adroddiad: Report Author:	Phil Meakin – Associate Director of Governance			
Pwrpas yr adroddiad: Purpose of report:	I'w Nodi <i>For Noting</i> <input type="checkbox"/>	I Benderfynu arno <i>For Decision</i> <input checked="" type="checkbox"/>	Am sicrwydd <i>For Assurance</i> <input type="checkbox"/>	
Lefel sicrwydd: Assurance level:	Arwyddocaol Significant <input checked="" type="checkbox"/> Lefel uchel o hyder/tystiolaeth o ran darparu'r mecanweithiau / amcanion presennol <i>High level of confidence/evidence in delivery of existing mechanisms/objectives</i>	Derbyniol Acceptable <input type="checkbox"/> Lefel gyffredinol o hyder/tystiolaeth o ran darparu'r mecanweithiau / amcanion presennol <i>General confidence / evidence in delivery of existing mechanisms / objectives</i>	Rhannol Partial <input type="checkbox"/> Rhywfaint o hyder/tystiolaeth o ran darparu'r mecanweithiau / amcanion presennol <i>Some confidence / evidence in delivery of existing mechanisms / objectives</i>	Dim Sicrwydd No Assurance <input type="checkbox"/> Dim hyder/tystiolaeth o ran y ddarpariaeth <i>No confidence / evidence in delivery</i>
<p>Cyfiawnhad dros y gyfradd sicrwydd uchod. Lle bo sicrwydd 'Rhannol' neu 'Dim Sicrwydd' wedi'i nodi uchod, nodwch gamau i gyflawni sicrwydd 'Derbyniol' uchod, a'r terfyn amser ar gyfer cyflawni hyn:</p> <p>Justification for the above assurance rating. Where 'Partial' or 'No' assurance has been indicated above, please indicate steps to achieve 'Acceptable' assurance or above, and the timeframe for achieving this:</p> <p>The assurance level within this paper is categorised as partial due to the YGC Emergency Department and vascular services being recently incorporated within the TIIF framework. Health Improvement Wales also categorised both services as requiring significant improvement between March and May 2022. In addition, the BCUHB Integrated Medium Term Plan has not been approved by Welsh Government and the organisation is working for this year to an annual plan.</p>				
Cyswllt ag Amcan/Amcanion Strategol: Link to Strategic Objective(s):		1: Improve physical, emotional and mental health and well-being for all/ Improve the safety and quality of all services		
Goblygiadau rheoleiddio a lleol: Regulatory and legal implications:		Welsh Government Targeted Intervention Improvement Framework		
Yn unol â WP7, a oedd EqlA yn angenrheidiol ac a gafodd ei gynnal? In accordance with WP7 has an EqlA been identified as necessary and undertaken?		Not required		
Yn unol â WP68, a oedd SEIA yn angenrheidiol ac a gafodd ei gynnal? In accordance with WP68, has an SEIA identified as necessary been undertaken?		Not required		

<p>Manylion am risgiau sy'n gysylltiedig â phwnc a chwmpas y papur hwn, gan gynnwys risgiau newydd (croesgyfeirio at y BAF a'r CRR)</p> <p><i>Details of risks associated with the subject and scope of this paper, including new risks(cross reference to the BAF and CRR)</i></p>	<p>The subject and scope of this paper relate to Corporate Risk Register risks associated to the provision of Vascular Services. These are risks number CRR22-25, CRR22-26 and CRR 22-27</p> <p>The subject and scope also relates to a Board Assurance Framework risk No 1.1. "Failure to consistently provide safe provision of care to patients at YGC, resulting in significant harm to patients, poor patient experience and a high number of complaints and claims, as well as a loss of public confidence."</p> <p>The paper identifies improvements, that if not delivered could impact on the successful achievement of the TIIF Programme. Successful delivery of the TIIF will support the mitigation of a number of risks that are open in the risk register. In addition, the TIIF Steering Group will be considering the development of a new risk related to the delivery of the TIIF Programme at its next meeting.</p>
<p>Goblygiadau ariannol o ganlyniad i roi'r argymhellion ar waith</p> <p><i>Financial implications as a result of implementing the recommendations</i></p>	<p>No additional financial implication to the current commitment.</p>
<p>Goblygiadau gweithlu o ganlyniad i roi'r argymhellion ar waith</p> <p><i>Workforce implications as a result of implementing the recommendations</i></p>	<p>No additional workforce implication to the current commitment.</p>
<p>Adborth, ymateb a chrynodeb dilynol ar ôl ymgynghori</p> <p><i>Feedback, response, and follow up summary following consultation</i></p>	<p>The paper has been shaped by the following meetings</p> <ul style="list-style-type: none"> • TI Meetings with Welsh Government, 10 November 2022. • The BCUHB Cabinet Meeting on 3 November 2022. • The TI Steering Group on 24 October 2022 • The BCUHB Board Workshop on 13 October 2024 • The BCUHB Board Report on TI in August 2022 • TIIF Steering Group Meeting in August 2022

	<ul style="list-style-type: none"> • TIIF Working Group and the TIIF Evidence of Outcomes Group (both in September 2022)
Cysylltiadau â risgiau BAF: (neu gysylltiadau â'r Gofrestr Risg Gorfforaethol) Links to BAF risks: (or links to the Corporate Risk Register)	Draft BAF Risk Number 1.2 "Risk of the provision of poor standards of care to the patients and population of North Wales, falling below the expected standards of quality and safety, resulting in a deterioration of care and harm to patients and service users"
Rheswm dros gyflwyno adroddiad i fwrdd cyfrinachol (lle bo'n berthnasol) Reason for submission of report to confidential board (where relevant)	Not applicable. Paper submitted in public Board
Camau Nesaf: Gweithredu argymhellion Next Steps: The agreements made by the report with regard to self-assessment will be presented and then submitted to the Welsh Government. The six maturity matrices will then be published on the BCUHB website.	
Rhestr o Atodiadau: Dim List of Appendices: None	

**CYFARFOD CYHOEDDUS BWRDD Y CYFARWYDDWYR
RHOWCH Y DYDDIAD
TEITL YR ADRODDIAD**

***BOARD OF DIRECTORS MEETING IN PUBLIC*
TARGETED INTERVENTION IMPROVEMENT FRAMEWORK: PROGRESS UPDATE
29 SEPTEMBER 2022**

**1. Cyflwyniad / Cefndir
Introduction/Background**

1.1 The Welsh Government placed the Health Board into Target Intervention from Special Measures in March 2021. Targeted Intervention (TI) is the process through which BCUHB needs to evidence sustainable changes and improvements to Welsh Government for the services it provide to the people of North Wales. The Health Board is strongly motivated by the desire to improve the services under TI and to exit TI status when it can be evidenced there has been sustained improvement to the satisfaction of the BCUHB Board and the Welsh Government.

1.2 Whilst the Welsh Government provided the areas of concern (domains) and expected outcomes the Health Board has developed and own the details within six TI matrices, which the Board has subsequently shared with colleagues in Welsh Government. The six TI Domains are:

1. All Ages Mental Health
2. Strategy and Planning
3. Leadership Governance and Culture
4. Engagement
5. Performance
6. Ysbyty Glan Clwyd

1.3 Every six months the Board is required to make a self-assessment of progress and to set a target for the following six months. This report outlines the process to establish a self-assessment position for BCUHB for November 2022 and a target position for May 2023. This work has been led by a TI Team that includes, a TI Central Team, A TI domain lead, Senior Responsible Officer (SRO) and Independent Member (IM) for each domain. The progress of the Teams and recommendations to the Board is overseen by a thorough process including a TI Steering Group. The proposal on the self-assessment scores for November 2022 and future targets have been reviewed with a specific Board Workshop on 13

October 2022. The Board Workshop received all of the detailed maturity matrix and associated supporting evidence ahead of the Board Workshop to support the initial proposals made at the Board Workshop. This was very detailed and has not significantly changed since that date.

1.4 At the last formal assessment in May 2022 BCUHB had four TIIF domains. There are now six domains. Each domain has an Independent Member link who is providing additional support and scrutiny that is much valued by the SRO and TI domain Lead. The Board will also be aware that there is a new TI domain for Ysbyty Glan Clwyd. In addition, in accordance with a request from Welsh Government, the Performance TI domain has been separated from the Strategy and Planning TI domain.

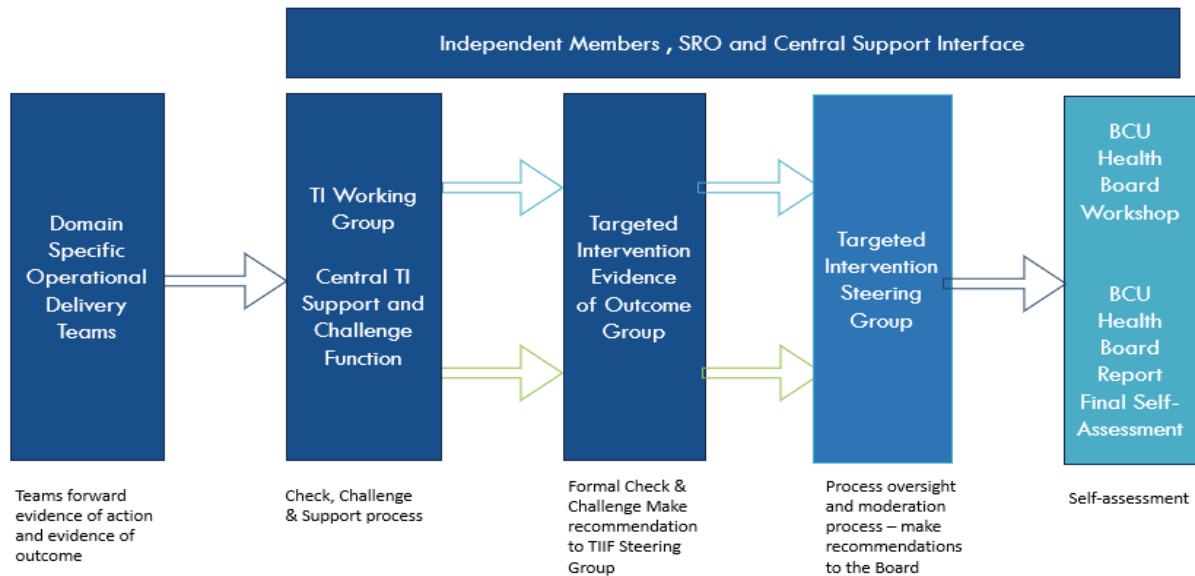
1.5 A Ysbyty Glan Clwyd (YGC) TI Domain has been developed and shared with Welsh Government and there is now a TI Maturity Matrix that reflects the “Journey to Excellence” Improvement Plans at YGC. For clarity, the YGC TIIF Maturity Matrices currently includes consideration of Vascular Services and the improvement plans that are in place for this service. Quarterly meetings with the Welsh Government continue as part of the TI process.

1.6 At the last quarterly meeting with Welsh Government on 10 November 2022 it was agreed to disaggregate the YGC Matrix into two separate (part a and part b) maturity matrices under the YGC Domain (a. YGC - Emergency Department and Leadership and b. YGC Vascular and Leadership). The precise naming and numbering of this will be confirmed at the TI Steering Group on the 21 November 2022. This disaggregation will allow for greater clarity in the development of the maturity matrices and provide greater clarity for the “reviewers” of the maturity matrices.

2. The Maturity Matrix Assessment Process and Key Findings

2.1. Since the last Board assessment in May 2022 the TI domain teams have provided evidence to demonstrate movement through the TI Maturity Matrices. The evidence was reviewed through the TI Process. See Figure 2 below:

Figure 1 – Summary of the TI Governance Process



2.2. As part of this process, a new “peer to peer” (by domain leads) review of evidence took place before final moderation of scores. This has been very important in understanding the Health Board’s position for this self-assessment. This is because TI domain leads have produced a high number of evidence submissions since the last self-assessment and it is important to have a system to review this evidence and to establish whether the information provided provides evidence that there has been an impact on the outcomes experienced by patients, workforce and stakeholders. An outcomes framework has been developed by the Health Board and Good Governance Institute to help colleagues carry out this task.

2.3 The September TI Steering Group then proposed self-assessment scores for each of the six TI domains and then prepared a pack of detailed information for consideration and assurance by the Board Workshop on the 13 October 2022. This information included a summary of evidence provides for each domain and the fully updated Maturity Matrices. Outline proposals were agreed at the Board Workshop with a request for the October TI Steering Group to carry out a final moderation of the scores. Independent Members and SROs of the TI Domains were invited to that moderation session and a final moderated position was shared back with Independent Members so that a true position could be reported to this Board Meeting. The significant results are outlined in the next section of this report.

3. Proposed Self-Assessment Recommendations for November 2022

3.1 Whilst the TI Domains are able to illustrate many improvements against the maturity matrices it has been assessed that (in the majority of cases) that there has not been sufficient evidence of a sustained impact of outcomes for patients and workforce to merit moving from a level two to a level three. TI Domain leads are ambitious and enthusiastic to move along the TI Maturity Matrices but it is clear that moving from a level two to a level three may well take a longer period of time than it takes to move from a level one to a level two. Figure 2 below summarises the maturity matrix assessment levels. A focus for the TI teams will be to develop firmer proposals of how to sustainably meet criteria for a “three and four” scores. This will be made in consultation with Welsh Government.

Figure 2 Maturity Matrix Assessment Levels

Level		Criteria
0	No progress	Principle not accepted or if accepted no plans to develop plans
1 Basic Level	Principle accepted and commitment to action	Health Board is aware of the requirement but is unable to demonstrate meeting it and/or cannot evidence clear plans or approaches to meet the criteria
2 Early Progress	Early Progress in development	The Health Board recognises what is required for the criteria. The Health Board is able to evidence being able to meet <i>some</i> of the criteria but cannot evidence being able to meet all aspects in full. The Health Board plans to meet all the criteria in full
3 Results	Initial achievements realised	The Health Board meets most of the criteria, in line with its agreed milestones, it has clear and credible plans to continually and sustainably improve service provision.
4 Maturity	Results consistently achieved	The Health Board meets all the criteria to a high standard, can evidence many examples of good practice against the criteria which are routinely shared and adopted by others
5 Exemplar	Others learning from our consistent achievements	The Health Board's excels at all criteria, service provision and patient experience is excellent. The Health Board is leading the strategic agenda through the implementation of innovative practice that is shared with other Health Boards and beyond the organisation to others, enabling realisation of long term sustainability

3.2 Throughout the TI Process there has been a reflection that the TI self-assessment levels for November 2022 and May 2023 need to authentically reflect the context that the Health Board, our patients and our Workforce are experiencing. For example, this includes the significant point that a new YGC TI Domain, and the reasons for it being in place need to be reflected in the self assessment scores for some of the existing TI Domains. It has been important as well to reflect all the feedback from key stakeholders in all of the TI Domains.

3.3 The Performance TI domain matrix has been reviewed as part of the TI moderation process and it has been proposed that the self-assessment and target position need to better reflect Performance experience during the self-assessment period and the

potential position in six months time. It also needs to be noted that the Performance Maturity Matrix is going to be significantly reviewed and presented to the TI Steering Group in November 2022. A Board update will follow once this has taken place.

3.4 Despite this reflective position, the BCUHB TI Teams do want to reflect to the Board and Welsh Government that there is an ambition to set targets for a longer term period beyond May 2023. Therefore, this paper proposes to identify targets that will be achieved on or by November 2023. This approach reinforces need to take a safe and realistic approach to the November 2022 self-assessment and May 2023 target position whilst having a firm ambition that TI Teams will plan to achieve before November 2023.

3.5 Table 1 below summarises the proposed self-assessment for November 2022, May 2023 and a targeted position the Health Board intends to achieve by November 2023.

Table 1 Proposed Self-Assessment Position After Board Workshop and Moderation at TI Steering Group

Domain	Board Agreed Target for November 2022 (at May 2022 Board)	Recommended Maturity Matrices point prior to Board Workshop and TI Steering Group Moderation	Recommended Reference Point for November 2022. (Moderated at October TI Steering Group)	Recommended Target for May 2023. (Moderated at October TI Steering Group)	Recommended Target to achieve by November 2023 (Moderated at October TI Steering Group)
All ages Mental Health	3	2	2	2	3
Strategy & Planning	3	2	2	2	3
Leadership	2	2	2	2	3
Engagement	4	2	2	3	3
Performance	N/A	2	1	1	2
Ysbyty Glan Clwyd	N/A	1	1	2	2

4. Examples of Progress In Each Domain

4.1 As mentioned above in this report there has been some improvements in the TI domains that the Board is asked to note. Full details of the maturity matrices were provided to the Board ahead of the Board Workshop on 13 October 2022.

4.2 Adult Mental Health:

- A series of “Together for Mental Health” workshops have taken place with combined representation from areas such as local authority, third party partners, stakeholders and veterans. Over 352 people were invited to attend with approximately 80 people

at the workshop. The last workshop is due to be held in November to co-productively refresh the Together for Mental Strategy.

- The second iteration of the Operating Model has been submitted for approval, with plans to engage once this has been approved.
- An Engagement Plan is being developed aligned to the implementation of the Divisional Improvement Plan, with progress starting to be made with identified leads.
- Progress has been made with the “Just R” recruitment campaign which has resulted in 265 enquiries since it was launched on 5th September 2022, the team are currently working on converting these enquiries into applications aiming to successfully appointments. There has also been progress developing a “talent pool” initiative approach which will provide a more streamlined recruitment process.

4.3 CAMHS:

- Work commencing with colleagues in Workforce and OD to develop CAMHS Workforce Mapping and Workforce Planning with attendance at the launch of the HEIW Mental Health Workforce Strateg.
- Commencement of contracts with Healios and Hafal for additional assessment and therapy capacity including group work to support access times. Barnardo's commissioned via Call for Innovation process which has enhanced demand management in the West Area.
- Recruitment commenced to enable delivery of enhanced Crisis service in all IHC Areas with task and finish group established to lead on redesign of Crisis services to consider best evidence-based practice to enable a regionalised process and development of standardised documentation.
- Analysis in the form of a ‘World Café’ event has taken place for the Children's Charter days that were held in the Summer to bring together the themes and learning from all Areas to help inform the Recipe Book and Children's Charter for BCUHB with a day arranged in the new year for the launch of the Charter.
- Launch of Schools In Reach service with partners from Local Authority and Education, the service will provide training and consultation to education professionals in schools across the region to respond to the needs of children and young people with emerging and enduring mental health needs and assist in creating a supportive environment.

4.4 Strategy & Planning:

- Development of the Clinical Services Strategy
- Development of the Integrated Medium - Term Plan (IMTP)
- Appointment of three sustainability fellows and a Patient Recorded Outcomes (PROMs) Officer
- Carpal Tunnel Syndrome pathway finalised.
- Scoping exercise and engagement events taking place for 3 separate cancer pathways (Prostate, Colorectal & Anus) and 2 additional separate pathways (Heart Failure and Dementia)
- 2 separate pathways (Elective Hip and Knee) being finalised with the documentation and operational elements to be put forward for approval in December.

4.5 Engagement:

- Staff and services continue to support the embedding of engagement in many community events.

- Established a regular programme of face-to-face meetings with Members of the Senedd and Parliament, meeting them at least once every quarter, to discuss the issues they have raised and to brief them on the latest developments at the Health Board.
- This is supported by a weekly bulletin, which is also sent to all partners including leaders of local authorities. As a result of this there has been a decrease in cases. At the beginning of 2022 the number of open cases was over 200, with 134 of these being overdue the 15-day target. As of October, these have been reduced to 100 open cases of which 73 are overdue. This means we have halved both the total backlog and number of overdue responses.
- Corporate Communications Team shortlisted for four awards at CIPR Wales awards and were awarded the Internal Communications Campaign award. The Team were also awarded a BCNUB Staff Achievement Award for Internal Communications.
- The Team are taking an additional approach to external communications, this includes the Chairman having a regular column in the Daily Post and the Team are also planning a series of podcast to discuss in depth organisational issues. The first podcast will be based around Winter pressures and delayed transfers of care.
- Corporately we are taking more opportunities to engage with all teams, staff and patients.
- Improvement in social media and website usage. The Team are launching direct online communications whereby people external to BCNU are asked to join the organisation online and receive regular information via email. This is due to commence in November 2022.

4.6 Leadership:

- Conversations around Strategic Deployment (front line to Board – connection) Workshop took place on the 15th September. Proposal is to form a Strategic Deployment Network of senior leaders to create Board to front line connection.
- Network Event for Senior Leaders with the first one on 30th Sept re: operating model, started work on the organisational behavior compact and how we all work together.
- Supporting and enabling delivery of the YGC Improvement Plan, inclusive of Vascular improvement plan.
- Senior Leadership Team coaching to commence, two Integrated Health Communities will go through the process in Quarter 3 with two more areas being identified for Quarter 4.
- Under the Our Way of Working programme, the Integrated Leadership & Management Development discovery and co-design workshop is scheduled for the 22nd November.
- The Institute of Health Improvement are supporting improvement work in YGC, the Leading for Improvement development programme will commence in December. Ongoing co-design of the organisational behavioural compact.
- Strategic Deployment Network developed.
- Silver Maple engaged to provide senior leadership individual and team coaching

4.7 Performance:

- John Cunliffe has been confirmed as the Link IM for this domain and this is leading to an improved Maturity Matrix.

4.8 Ysbyty Glan Clwyd (YGC):

- Implementation of a new local delivery, oversight and assurance structure for ED TI assurance (Sprint) that provides intensive change management support and senior

leadership scrutiny of delivery through weekly Accountability Meetings with EQ Directorate Leadership.

- Appointment of dedicated UEC Project Delivery Support with immediate focus on ED Paediatric Pathway/Management and START models – workshops being arranged for wider staff and stakeholder engagement from across the Central IHC system to develop longer term sustainable models.
- Successful launch of Central IHC Journey to Excellence, that embodies immediate TI assurance (Sprint) and transformational change (Journey to Excellence), delivered across three sessions on Monday 5 September, with 110 Central IHC staff members (including Mental Health and external partners such as WAST) of all grades engaged in both the improvement approach (the BETSI Way) and plan for longer term transformational change
- BCUHB Nurse competencies developed with a priority focus on YGC ED nursing, including paediatric competencies
- Clinical Director appointed and improvements made in Clinical Vascular Team including improved Workforce.
- In relation to the Vascular Improvement Plan there is now a mortality review of post amputations, significant improvement in note keeping and improvement in consent.
- Regular MDT meetings take place internally which are minuted and are supported externally by Liverpool and Stoke.
- Medical Staff improvements including 2 recent Away Day sessions.

5. Goblygiadau Cyllidebol / Ariannol / *Budgetary / Financial Implications*

5.1. There are no direct budgetary implications associated with this paper.

6. Rheoli Risg / Risk Management and Next Steps

6.1 The subject and scope of this paper relate to Corporate Risk Register risks associated to the provision of Vascular Services. These are risks number CRR22-25, CRR22-26 and CRR 22-27

The subject and scope also relates to a Board Assurance Framework risk No 1.1. “Failure to consistently provide safe provision of care to patients at YGC, resulting in significant harm to patients, poor patient experience and a high number of complaints and claims, as well as a loss of public confidence”

The paper identifies improvements, that if not delivered could impact on the successful achievement of the TI Programme. Successful delivery of the TI will support the mitigation of a number of risks that are open in the risk register. In addition, the TI Steering Group will be considering the development of a new risk related to the delivery of the TI Programme at its next meeting.

7. Recommendations

7.1 The Board is asked to:

7.1.1 Agree the self-assessment reference points for November 2022 and target self-assessment scores for May 2022 against each Targeted Intervention for:

- All Ages Mental Health
- Strategy and Planning

- Leadership Governance and Culture
- Engagement
- Performance
- Ysbyty Glan Clwyd

7.1.2 Note the progress in the Targeted Improvement domains,

DRAFT FOR EXEC REVIEW

Health Board 24 th November 2022	 <p>Bwrdd Iechyd Prifysgol Betsi Cadwaladr University Health Board</p> <p><i>To improve health and provide excellent care</i></p>
Committee Chair's Report	

Name of Committee:	Cabinet – YGC Improvement Plan
Meeting dates:	22 nd September 2022, and 3 rd November 2022
Name of Chair:	Mark Polin
Responsible Director:	Gill Harris, Acting CEO / Executive Director of Integrated Clinical Services
Background summary of business discussed:	<p>Cabinet has been convened in response to the tripartite decision to escalate YGC into Targeted Intervention with effect from 7.6.22.</p> <p>Cabinet's role is to provide oversight and assurance to the Board for these improvements to include those in the Emergency Department and the Vascular network, as well as more widely across the YGC site, and demonstrate the Board's commitment to delivering safer services for our patients.</p> <p>During the cabinet meetings, the YGC improvement plan has been reviewed in order to monitor progress against the implementation of key mitigations.</p> <p>Cabinet has overseen progress reports on implementation of the YGC Improvement plan. Work is being progressed to determine further support from WG and partner organisations.</p> <p>Regular update reports are provided to all meetings on:</p> <ul style="list-style-type: none"> • Vascular Services • Targeted Intervention • Make it Safe (paediatrics) <p>Cabinet has maintained oversight of the provision of additional resources and support for current and new staff in relation to vascular services</p> <p>Summary highlights since last Board meeting</p> <p>22.09.22</p> <ul style="list-style-type: none"> • SRO Report – improvements being seen across the YGC site, and the IHC model was working well. Work was continuing on

	<p>patient flow and patient pathways. Workforce update to be prepared for the next Cabinet meeting.</p> <ul style="list-style-type: none"> • Vascular report and update received. • Make it Safe (paediatrics) – update received. • Targeted Intervention – update provided as to how TI was being applied at YGC. Report to be submitted to November Board meeting. • Cabinet Terms of Reference – to be amended to reflect flexibility of Cabinet to response to WG and HIW interventions. • Covid-19 All Wales Visiting Guidance was received. <p>03.11.22</p> <ul style="list-style-type: none"> • Targeted Intervention report discussed. The proposed self-assessment position was adopted and this would be reflected in the November Board paper. • SRO report – good progress continues to be made. Journey to Excellence work continuing across the site and wider Central IHC team. • YGC workforce update received and noted. Further work to be undertaken and to be reported back to future Cabinet meeting. Workforce and recruitment to be further discussed at Board Workshop session on 1 December. • ED and Vascular – noted that HIW inspection to be undertaken during December. Mock inspection undertaken and evidence of transformation being seen. Areas of good practice being shared across BCU. • Vascular update received. Strengthening of the rota has enabled gold stand down from Stoke and Liverpool. • Winter Resilience update provided. Work undertaken to-date noted. Report to be provided to November Board.
Key assurances provided during the meetings:	Good progress being made as part of YGC improvement plan, in terms of engagement with staff, planned care, and transformation work.
Key risks including mitigating actions and milestones	<p>Vacancies levels and recruitment remain a risk.</p> <p>Actions arising from Workforce Deep Drive to be incorporated within a future Board Workshop, and ensure it links in with IMTP process.</p>
Issues to be referred to another Committee	None
Matters requiring escalation to the Board:	None
Well-being of Future Generations Act Sustainable	The items considered by Cabinet gave consideration to the sustainable development principles indicated below:

Development Principle	1.Balancing short term need with long term planning for the future; 2.Working together with other partners to deliver objectives; 3. Involving those with an interest and seeking their views; 4.Putting resources into preventing problems occurring or getting worse; and 5.Considering impact on all well-being goals together and on other bodies
Planned business for the future meetings:	<ul style="list-style-type: none"> • YGC Improvement Plan • Vascular Services Update • Update on Targeted Intervention • Covid-19 Update •
Date of next meeting:	8 th December 2022

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Committee Chair's Report

Name of Committee:	Performance, Finance and Information Governance Committee
Meeting date:	27.10.22
Name of Chair:	John Cunliffe, Independent Member
Responsible Director:	Rob Nolan, Acting Executive Director of Finance
Summary of business discussed:	<p>The Committee received a presentation on</p> <ul style="list-style-type: none"> ▪ BCU Recovery Action Plan which included outlines of: <ul style="list-style-type: none"> - Background - Closing the gap on delivering the 2022/23 savings - Financial control and governance actions - Performance actions - Quality actions - Governance structures from weekly reviews to Board - Action plan summary - Transformational Recovery focus areas: <ul style="list-style-type: none"> ▪ Planned Care, Unscheduled Care, Continuing Healthcare, Medicines Management, Workforce - Transactional recovery focus areas: <ul style="list-style-type: none"> ▪ Digital, Estates, Facilities and Procurement - Action plan to deliver other savings <p>Discussed and noted the following items</p> <ul style="list-style-type: none"> • Revised Draft Finance Strategy 2022-2025 • Annual financial plan update • Finance Report Month 6 2022/23 • Savings report • Financial Control Update • Capital Programme Report month 6 • Planned Care report • Regional Treatment Centre update - Gateway Review 1 • Unscheduled Care Update report • Transformation Report • People (Workforce) Plan Report • Update on Workforce deep dive

	<ul style="list-style-type: none"> • Information Governance (IG) Key Performance Indicators (KPI) Report <p>Ratified</p> <ul style="list-style-type: none"> • the decision taken by the Executive Team on the 12th October 2022 to extend the use of the Inflationary Uplift Mechanism (IUM) for Funded Nursing Care (FNC) to cover 2022/2023 back dated to April 2022. This will give an increase of 5.19% (£9.56) with an updated weekly fee of £193.88. A cost pressure of £190k will be managed by the divisions. <p>Noted the following items for information</p> <ul style="list-style-type: none"> • Quality & Performance Report • Integrated Medium Term Plan development process • 2022/23 Board Assurance Framework (BAF) • Corporate Risk Register • External Contracts report • Divisional Operational report - East Integrated Health Care (IHC) <p>The Committee considered the following in private session:</p> <ul style="list-style-type: none"> • Extension of a contract to support the RTC programme • Orthopaedic Business Case • Refurbishment of premises for Substance Misuse services • Nuclear Medicine Consolidation Project support • Leases for GP premises, Dental Academy, Community Midwifery and Early Intervention Psychosis service
<p>Key assurances provided at this meeting:</p>	<ul style="list-style-type: none"> • The Committee reorganised its agenda to prioritise BCU's financial and performance position and improvement steps in a BCU Recovery Action Plan • Mental Health Services had delivered against their full savings target. • the Wrexham Business Continuity project remains on track to submit a full business case although costs have increased from £43m to £46m due to economic instability. • plans are in place to manage any Capital slippage this financial year. However, there may be consequential impact on available capital in future years • grip in outpatient booking was emerging given the update from the OPD Programme Lead however, there remained concern in the pace of digital delivery • successful recruitment to 6 wte clinical roles at the Wrexham Maelor hospital site would move it forward in terms of sustainability and also improve waiting times and quality of service. • BCU's Information Governance staff mandatory training was reported as the highest yet achieved at 82% compliance.

Key risks including mitigating actions and milestones	<ul style="list-style-type: none"> • The financial forecast had been revised from break even to £10m deficit. The committee was not fully assured that the deficit position will be limited to this value. Actions and governance are being pursued to address recovery of the financial position. An updated presentation would be provided to the Health Board on 17.11.22 • There remains significant risk of non-delivery of the savings target (the balance being £17.5m). Financial planning for 2023/24 is of concern given the rate of inflation, energy costs and current financial and savings performance. WG guidance is awaited but Executives were considering realistic plans including local needs assessed budget management. • There is a £46.2m (net) high level funding risk to the financial position. It is anticipated that WG funding will be available, there is not indication of timescale. • The pace of workforce planning improvements was raised as a risk particularly with regard to costs from using agency and locum staff. This is also shared with the Partnerships, People and Population Health Committee (PPPHC). • The pace taken to embed transformation processes is a risk to the delivery of improved outcomes. The Executive Director of Transformation and Strategic Planning was advised this was due to ensuring consistent and robust programme/project management approaches and was confident that many schemes would shortly change from red/amber to green. • Only partial assurance was provided in regard to Planned Care given the Winter challenges ahead • the RTC programme had received a disappointing first gateway review. A robust action plan has been put in place improving all the recommendations from Red to Amber or Green. • Risk to Unscheduled Care has increased due levels of Medically Fit for Discharge patients creating critical pressures on bed availability. Grip and control measures utilising the 6 point plan are being focussed upon.
Issues to be referred to another Committee	<ul style="list-style-type: none"> • Enhanced workforce reporting formats would be discussed between the PFIGC and PPPHC Chairs and Executive Director Workforce & OD to provide a more effective triangulation of data against finances, services and the IMTP. • It was acknowledged that the Winter Resilience Plan would be discussed at the PPPHC 8.11.22 meeting
Matters requiring escalation to the Board:	<p>Savings delivery and overall financial forecast.</p>
Planned business for the next meeting:	<p>Regular reports plus</p> <ul style="list-style-type: none"> • Divisional report • Financial planning

Date of next meeting:	22.12.22
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Committee Chair's Report

Name of Committee:	Partnerships, People and Population Health (PPPH) Committee
Meeting date:	13.09.2022
Name of Chair:	Linda Tomos, Independent Member
Responsible Director:	Chris Stockport, Executive Director Transformation, Strategic Planning, & Commissioning
Summary of business discussed:	<p>The Committee approved:</p> <ul style="list-style-type: none">• The draft Partnerships, Engagement and Communications Strategy• The BCUHB Decarbonisation Action Plan 2022- 2027• The Welsh language monitoring report 2021/22 <p>The Committee received and discussed:</p> <ul style="list-style-type: none">• The North Wales Market Stability report• Test, Trace, Protect (TTP) Programme update• The TUPE transfer of Local Public Health Team (LPHT) to the Health Board• Population Health: Travel Well update• People (Workforce) Performance Report• Corporate Health Standard report• Corporate Risk Register• Board Assurance Framework – PPPH Committee risks• Updates received from :<ul style="list-style-type: none">- Population Health Executive Delivery Group- Transformation Executive Delivery Group- People Executive Delivery Group- Together for Mental Health Partnership Board- North West Regional Partnership Board
Key assurances provided at this meeting:	<ul style="list-style-type: none">• The Assistant Director Capital Strategy provided an update on the Asset Management Strategy (AMS) at the request of the Committee Chair. The Committee noted that a timescale was

now in place to complete activities and the Strategy would be submitted to the Board meeting on 17 January 2023.

- It was proposed that the AMS should be discussed at a Board workshop/ development session if time was available. This would include any lessons learned from the delay in completing the work and the potential for a greater focus on partnership activities relating to the new North Wales Medical School.
- The North Wales Market Stability Report highlighted the challenges in terms of domiciliary care provision however a memorandum of understanding remains in place to ensure that there are no unintended consequences of partner organisations setting differing pay scales for similar roles.
- Assurance was provided that the organisation has plans in place to meet the requirements of the NHS Wales Decarbonisation Strategic Delivery Plan through the BCUHB Decarbonisation Action Plan 2022- 2027, developed in partnership with the Carbon Trust.
- The Welsh Language Monitoring Report 2021/22 provided evidence of compliance with the Welsh Language standards required by the Welsh Language Commissioner. This included:
 - The number of complaints received in relation to compliance
 - The Welsh language skills of employees
 - The number of new and vacant posts advertised during the year
 - Training delivered to improve the Welsh language skills of the workforce
- The Test, Trace, Protect (TTP) Programme update demonstrated that BCUHB have made service changes in line with the Welsh Government's revised guidance.
- TUPE Transfer of Public Health Wales staff update provided assurance that BCUHB has plans in place for the TUPE transfer of Local Public Health Team (LPHT) to the Health Board by 1 October 2022 and that staff will be equipped with the relevant IT items in advance of that date.

	<ul style="list-style-type: none"> • The People (Workforce) Performance Report provided an update on progress in delivering the People Strategy: 2022 – 2025 including details of a new performance dash board which has been tested, the development of a revised Business Planning mechanism, that a number of senior management appointments have been made across Integrated Health Care (IHC) and that a Leaving Well product is in place. • Assurance was provided through the Corporate Health Standard report that work continues to collate evidence in support of a submission for both Gold and Platinum Standards in 2023.
Key risks including mitigating actions and milestones	<ul style="list-style-type: none"> • Committee risks reported through the Corporate Risk Register included a number of emerging risks in relation to the Vascular Service and the loss of organisational memory. • The Digital and Data Technology Report highlighted a number of new risks for consideration into the BAF Risks including the risk of having inadequate arrangements for DDAT enabled change and that inadequate infrastructure/resources may result in IT failures. Mitigation measures will be progressed by February 2023 • The BCUHB Decarbonisation Action Plan 2022- 2027 will require additional capital funding of £10m over two years and the Capital Investment Group has already allocated £500k discretionary capital funding in 2022/23. Work has commenced on an estate wide energy efficiency programme to support delivery. • There is currently no financial agreement in place with Public Health Wales regarding the TUPE Transfer of Public Health Wales (PHW) staff to BCUH planned to take place on 1 October. However, it is anticipated that agreement will be reached regarding an appropriate financial envelope which takes into account future cost pressures. • The Market Stability Report was not submitted by the June 2022 deadline however, a revised submission date of November 2022 has been agreed with the Welsh Government. The report highlighted a risk in terms of demand for domiciliary

	care provision and the growth and development of these services have been identified as providing a future opportunity.
Issues to be referred to another Committee	There were no items for referral to other committees.
Matters requiring escalation to the Board:	It was proposed that the Board should receive an update in relation to the outcome of the Rapid Deep Dive into recruitment and that this could feature in a Board Development Session in November.
Planned business for the next meeting:	To be agreed.
Date of next meeting:	08.11.22

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Committee Chair's Report

Name of Committee:	Partnerships, People and Population Health (PPPH) Committee
Meeting date:	8.11.2022
Name of Chair:	Linda Tomos, Independent Member
Responsible Director:	Chris Stockport, Executive Director Transformation, Strategic Planning, & Commissioning
Summary of business discussed:	<p>The Committee</p> <p>received:</p> <ul style="list-style-type: none">• Digital Healthcare Wales CEO presentation <p>approved:</p> <ul style="list-style-type: none">• Clinical Coding policy – with an amendment to clarify staff training arrangements• Seasonal Influenza & COVID-19 Plan 2022-23• Implementation of Anti-racist Wales Action Plan <p>The Committee received the following strategy updates:</p> <ul style="list-style-type: none">• Living Healthier, Staying Well Strategy update• Integrated Medium Term Plan (IMTP) update – further notes below• Clinical Services Strategy update• Integrated Digital Data and Technology Report• Research and Development annual report 2021/22• Winter Resilience Plan 2022/23• Nurse Staffing levels assurance report• Good Mental Wellbeing – It's Everyone's Business"; Annual Report of the Executive Director of Public Health• Operational Plan Monitoring Report (OPMR) 2022-23• Recruitment Process Rapid Deep-Dive Feedback• Test, Trace, Protect (TTP) Programme update• North West Regional Partnership Board annual report• Together for Mental Health Partnership Board Chair assurance report• Royal College of Physicians report : Positives From the Pandemic Health innovation and new ways of working in north Wales

Key assurances provided at this meeting:	<ul style="list-style-type: none"> • The Integrated Digital Data and Technology report was commended for demonstrating the progress being to advance digital matters as well as the productive relationship with DCHW on a national level. • The Committee requested that a report on the Health Board's research and development activity be received every 6 months rather than annually. • Assurance was received on the arrangements for the annual immunisation programme for flu and the Covid-19 booster programme. • The Committee requested an additional information report on the skills of nursing staff and any gaps which had been identified to accompany the annual Nurse Staffing compliance report • The Committee received a detailed update on the Winter Resilience Plan, noting the range of challenges highlighted this year with mitigations in terms of hospital and community beds. • The Committee noted that all schemes were rated green for Q2 of the Operational Plan. • A positive report was received relating to the deep dive workshop in August focused on recruitment and retention. The Committee looked forward to receiving more information on the impact of changes to existing procedures.
Key risks including mitigating actions and milestones	<ul style="list-style-type: none"> • The Committee discussed the challenges associated with the delivery of the Winter Resilience Plan including those for urgent care and staffing levels and the mitigations being put in place. • The Committee expressed disappointment in the level of detail provided by the update on the IMTP. However, subsequently more information was provided to clarify the situation and a Board workshop will be arranged on 15 December to discuss the draft IMTP and the planning milestones.

	<ul style="list-style-type: none"> The Committee also noted the corporate risk register and the Board Assurance Framework.
Issues to be referred to another Committee	There were no items for referral to other committees.
Matters requiring escalation to the Board:	There no matters to be escalated to the Board meeting.
Planned business for the next meeting:	To be agreed.
Date of next meeting:	17.1.23

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Health Board 24.11.22	 <div data-bbox="1050 210 1295 297"> Bwrdd Iechyd Prifysgol Betsi Cadwaladr University Health Board </div> <p data-bbox="740 315 1380 353"><i>To improve health and provide excellent care</i></p>
<h2 data-bbox="518 389 1075 432" style="text-align: center;">Advisory Group Chair's Report</h2>	

Name of Advisory Group:	Local Partnership Forum
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Meeting date:	11 th October 2022
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Name of Chair:	Jo Whitehead
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Responsible Director:	Mrs Sue Green, Executive Director of Workforce & Organisational Development
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Summary of key items discussed:	<ul style="list-style-type: none"> • Targeted Intervention • Finance Report • Planning & Transformation update • Workforce Report • Recruitment Review • Stronger Together • Health & Wellbeing Update • Cost of Living Crisis • Speak out Safely
Key advice / feedback for the Board:	<ul style="list-style-type: none"> • Members advised that as of 7.6.22, both YGC's Vascular Services and Emergency Department were added to the existing four TI domains • A query was raised regarding staff who had inadvertently paid VAT on their lease cars, and if they would be receiving a rebate from the Health Board. It was confirmed that this had been escalated to Welsh Government and that current understanding was that there was to be an All Wales approach to this problem. • Trade unions requested that they be involved at the outset of new IMTP schemes as a matter of course. • A list to be provided by the Transformation Team for the Members, stating who would be leading on which transformation projects, to ensure people aware of who to approach if they have any queries or suggestions • Changes to pay progression arrangements, which had been due to take effect pre-Covid but had been suspended, were now scheduled to take effect in October 2022. There had been some 'teething troubles' as pay progression is now no longer automatic, but Workforce had worked well with managers to overcome these problems.

	<ul style="list-style-type: none"> • The backlog in job evaluations was continuing to increase and therefore an improvement plan had been agreed and was due to be enacted imminently. • Due to respect and resolution work being done by W&OD, as part of the People Operating Model, they were putting in a dedicated team whose sole focus would be on case management. An Interim Head of Case Management had been brought in to start to manage the handover and to start to pull that team together. • The trade unions wished Lesley Hall a healthy and fulfilling retirement and hoped that whoever takes over the link with them be as fair, open and transparent as she had always been. • Trade unions raised concerns about the Job Evaluation team's backlog as they believed the BCU team was one of the smallest teams in Wales and needed bolstering with more resources. • Trade unions asked for more support from W&OD regarding staff who had been assaulted whilst at work during Covid, and who remain on sick leave. They believed that that members of staff are being well-supported but that they must be encouraged to return to work. • Trade unions asked the Health Board to consider the UK Government's review that is being carried out on pregnancy loss before 24 weeks' gestation. The report is expected to recommend more time to recover when someone is not officially 'sick' and is also expected to have an impact on some of the Health Board's policies and terms and conditions • Unsustainably high staff 'did not attend' rates for vaccinations were causing concern for the Health & Wellbeing team and a piece of work was underway to understand the causes. • Members were advised that face to face assessments have now resumed and that a new occupational health physician had been recruited. • Trade unions commended the Cost of Living Crisis team and the Health Board for leading on this in Wales and confirmed that the trade unions were keen to work alongside the Health Board • Concern was raised regarding pension payments and asked if it might be possible to assist staff finding them too much at present and choosing to leave their pension schemes – could there be a 'pension holiday' or a temporary ability to reduce pension payments? • It was agreed that should any recurring themes arise with regards to Speak out Safely guardians, Members would be advised as early as possible.
Planned business for the next meeting:	Range of standard reports plus: <ul style="list-style-type: none"> • Verbal update on Targeted Intervention • Corporate Risk & Assurance Framework • Quality & Performance Report • A Patient's Story.

	<ul style="list-style-type: none">• Update from the Trade Unions Partners' Secretariat.• Strategic Occupational Health & Safety Group (issues of significance).• Welsh Partnership Forum Report
Date of next meeting:	13.00 hrs, Tuesday, 10 th January 2023, virtual via Teams.

Disclosure:

Betsi Cadwaladr University Health Board is the operational name of Betsi Cadwaladr University Local Health Board

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Committee Chair's Report

Name of Committee:	Mental Health Capacity and Compliance Committee
Meeting date:	4.11.22
Name of Chair:	Lucy Reid, Health Board Vice Chair
Responsible Director:	Teresa Owen, Executive Director of Public Health
Summary of business discussed:	<p>The meeting noted :</p> <ul style="list-style-type: none"> • Patient Story • Approval of All Wales Approved Clinicians and Section 12(2) Doctors Report • Deprivation of Liberty Safeguards Quarterly Report • Associate Hospital Managers Update • MHA Performance Report September 2022 • Corporate Risk Register • Quarterly Mental Health Act Rolling Audit Report • Consideration of any HWI/Inspection Reports/Audit Reports • Report on the use of Restraints • Policies • Power of Discharge Group Chair's Assurance Report • Court of Protection Report
Key assurances provided at this meeting:	<ul style="list-style-type: none"> • The Committee acknowledged the improvements overall in compliance against the Mental Health Act requirements identified from the audit report and the action being taken to address continued non compliance in other areas. • The safeguarding team continue with preparations for the Liberty Protection Safeguard legislation and progress is being made on the backlog of Deprivation of Liberty applications.
Key risks including mitigating actions and milestones	<ul style="list-style-type: none"> • The Committee remain concerned about the timescales involved in assessing and escalating risks onto the corporate risk register. • The Committee raised concerns about the length of time taken to implement HIW recommendations in a consistent, sustainable way.

	<ul style="list-style-type: none"> • A report on the use of restraints was provided for the first time, however there were concerns with the process for oversight of restraint practices across the Health Board. It was noted that the report provided only related to the acute mental health units and mitigating actions to ensure safe practice was limited. The Committee were informed that a group is being set up to take this work forward and a further update will be provided to QSE Committee in terms of the wider Health Board and MHCC Committee for activity under the Mental Health Act. • The Committee asked for a report on learning arising from previous Court of Protection cases to ensure the organisation is managing these cases appropriately.
Targeted Intervention Improvement Framework Domain addressed	Mental Health
Issues to be referred to another Committee	There were none.
Matters requiring escalation to the Board:	n/a
Well-being of Future Generations Act Sustainable Development Principle	<p>The Committee gave due regard to the sustainable development principles of:</p> <ol style="list-style-type: none"> 1. Balancing short term need with long term planning for the future; 3. Involving those with an interest and seeking their views; 4. Putting resources into preventing problems occurring or getting worse; 5. Considering impact on all well-being goals together and on other bodies)
Planned business for the next meeting:	Standard reports
Date of next meeting:	10.02.23

Health Board
24.11.22



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University Health Board

To improve health and provide excellent care

Committee Chair's Report

Name of Committee:	Quality, Safety and Experience (QSE)
Meeting date:	1 November 2022
Name of Chair:	Lucy Reid, Committee Chair and Independent Board Member
Responsible Director:	Angela Wood, Executive Director of Nursing
Summary of business discussed:	<ul style="list-style-type: none"> • A Patient Story about the collection of experiences from staff from WAST and BCUHB Occupational Therapy Service describing the Falls Response Team pilot • Report of the Lead Executive highlighted many of the reports to be looked at in detail throughout the meeting including patient safety, reportable incidents, never events and the NHS Wales Awards • The Corporate Risk Register, noting the discussions that took place at the 4 October 22 Risk Management Group and the new escalating risks to the Committee • Policies for approval including the All Wales Thromboprophylaxis Policy and the IPC05 Outbreak and Reporting and Control Policy including major outbreaks. The Thromboprophylaxis Policy was approved • Mental Health Outcomes and Improvements, an update was provided on progress made to date in the development and delivery of the MH&LD Divisional Improvement Plan. • YGC Improvement Plan was received which highlighted progress being made with regards to TI at YGC • Vascular Services Update on the improvements in the quality, safety and experience in the vascular service, and to summarise key operational and planning issues of relevance • Patient Safety Report which the Committee discussed learning from the near misses, it was noted that the output from the newly formed organisational learning review meeting would be shared with the QSE committee and there would be a deep dive into the WHO checklist. • Human Tissue Act Compliance Report, Inspection Report and CAPA plan noting partial assurance can be provided for full resolution of four inspection findings before the HTA deadline. • HIW update noting that the report was much clearer but still required detail on the themes of outstanding actions.

	<ul style="list-style-type: none"> • Quality/Safety Awards and Achievements were noted • Sepsis Review which highlighted the rising pattern of antimicrobial resistance across North Wales and the actions resulting from this • Her Majesty's Inspectorate of Prisons Inspection of HMP Berwyn Report with an update to be given outside of the meeting on what long wait times were for both GP and dental appointments • RCGP Report noting that the paper would return once further solutions are identified. • GP Out of Hours UPPC Peer Review noting that a medium and long term plan regarding Primary Care models were being looked at. • Psychological Interventions (including Psychological Therapies) for Children and Young People with the delivery of the review taking place next year • Ophthalmology Update focussing on a review of the Audit and Pyott report for Ophthalmology services 2021 • Chair's Assurance Reports from Strategic and Tactical Delivery Groups: <ul style="list-style-type: none"> • Vascular Steering Group • Clinical Effectiveness Group • Patient Safety and Quality Group • Infection Prevention Steering Group
Key assurances provided at this meeting:	<ul style="list-style-type: none"> • Emerging risks are now being included within the reporting to the Committee and a number of additional clinical risks are being developed. The Committee were informed that the Integrated Health Communities will be reviewing the risks to ensure that they are appropriate. • The Committee received the peer review report for the GP OOH service and Urgent Primary Care highlighting a number of areas of good practice. The review had also identified the need to improve the co-ordination of these services with the wider unscheduled care programme, which is now being taken forward. • The Committee received an update on the baseline assessment for psychological services for children and young people, noting that the same work now needs to take place for the adult service.
Key risks including mitigating actions and milestones	<ul style="list-style-type: none"> • The MHLDS improvement plan update was presented. The Committee have requested greater clarity on improved outcomes. The Committee highlighted the number of concerns still being received about the Hergest Unit and requested confirmation that this is being fed into the improvement work and can be evidenced. • Learning from incidents and near misses is still not evident. Near miss reporting was presented to the Committee for the first time but there was no clarity as to how it was being actioned by the service. The Committee decided to arrange a deep dive into the response to the WHO Surgical Checklist following concerns

	<p>about the nature of the improvement work being undertaken and timescales involved.</p> <ul style="list-style-type: none"> • The Human Tissues Authority had identified a number of areas of non-compliance following a recent inspection and an action plan has been drafted in response. The Committee were concerned that it had previously been informed that these areas had been addressed. • The Committee remain concerned around the balance of risks on the register with more focus on clinical risks to be reviewed as well as mandatory training and enhanced focus on mitigations and action plans.
Targeted Intervention Improvement Framework Domain addressed	<ul style="list-style-type: none"> • Mental Health (adult and children) • Strategy, planning and performance • Leadership (including governance, transformation and culture) • Engagement (patients, public, staff and partners) • Vascular • YGC
Issues to be referred to another Committee	A number of risks relating to estates have been discussed with the Committee Chairs for Performance, Finance, and Information Governance and Partnerships, People, and Public Health Committees
Recommendation/ Matters requiring escalation to the Board:	Escalations were raised to the Board after the July QSE meeting in relation to reoccurring themes and ongoing failure to evidence learning raised last time and these remain, however, the Committee received feedback of how they would be addressed and future mitigations.
Well-being of Future Generations Act Sustainable Development Principle	<p>The Committee gave adequate consideration to the sustainable development principles:</p> <ol style="list-style-type: none"> 1. Balancing short term need with long term planning for the future; 2. Working together with other partners to deliver objectives; 3. Involving those with an interest and seeking their views; 4. Putting resources into preventing problems occurring or getting worse; and 5. Considering impact on all well-being goals together and on other bodies)
Planned business for the next meeting:	<p>Range of regular / standing items plus:</p> <ul style="list-style-type: none"> • BAF • Policy on Policies • Urology Update
Date of next meeting:	20.1.23

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Chair's Report

Name of Committee:	Targeted Intervention Improvement Framework (TIIF) Steering Group
Meeting date:	22.09.22
Name of Chair:	Phil Meakin, Associate Director of Governance (on behalf of Gill Harris)
Responsible Director:	Gill Harris, Deputy Chief Executive / Executive Director of Integrated Clinical Delivery
Summary of business discussed:	<ul style="list-style-type: none">Phil Meakin chaired the meeting as Gill Harris and Molly Marcu were unable to attend therefore the meeting was not quorate however contact was made outside of the meeting to agree the key discussion items and gain ratification on proposals.Feedback was provided on the letter received from Judith Paget, Welsh Government (WG) an confirmation provided that the actions included in the letter are being discussed with the Executive Team to ensure they are delivered ahead of the next meeting with WG.The first meeting of the TI Working Group has taken place, the purpose of the Group is to triangulate information across the domains and focus on whether the evidence being submitted is having an impact on the outcomes.A request has been sent to all domains to review their maturity matrices in light of YGC being added to the TI programme to ensure they align where applicable.The first meeting of the TI Evidence of Outcomes Group has taken place with discussion around the Terms of Reference, the membership of the Group and the proposed self-assessment scores.
Key assurances provided at this meeting:	<ul style="list-style-type: none">Governance arrangements are in place to monitor TI progress via Steering Group oversight.
Key risks including mitigating actions and milestones	<ul style="list-style-type: none">No risks were raised

TlIF Domain addressed	<ul style="list-style-type: none"> • All
Issues to be referred to another Committee	<ul style="list-style-type: none"> • None
Matters requiring escalation to the Board:	<ul style="list-style-type: none"> • None
Well-being of Future Generations Act Sustainable Development Principle	<p><i>Describe how the items of business and the development of any proposals considered by the Committee gave adequate consideration to the sustainable development principles or if not indicate the reasons for this.</i></p> <p><i>1. Balancing short term need with long term planning for the future – covered by the strategy, planning and performance domain.</i></p> <p><i>2. Working together with other partners to deliver objectives – covered by the engagement work</i></p> <p><i>3. Involving those with an interest and seeking their views – covered by the engagement work;</i></p> <p><i>4. Putting resources into preventing problems occurring or getting worse – via WG funding allocation;</i></p> <p><i>5. Considering impact on all well-being goals together and on other bodies – covered by engagement work.</i></p>
Planned business for the next meeting:	<ul style="list-style-type: none"> • This meeting will focus on the moderation of the proposed scores for the TI self-assessment prior to the Board in November and the Link IMs will be invited to attend.
Date of next meeting:	24.10.22

Chair's Report

Name of Committee:	Targeted Intervention Improvement Framework (TIIF) Steering Group																															
Meeting date:	24.10.22																															
Name of Chair:	Gill Harris, Deputy Chief Executive / Executive Director of Integrated Clinical Delivery																															
Responsible Director:	Gill Harris, Deputy Chief Executive / Executive Director of Integrated Clinical Delivery																															
Summary of business discussed:	<ul style="list-style-type: none">Gill Harris highlighted that a number of Execs have not been present at recent meetings and requested this is raised at the Exec Team meeting to highlight the importance of attending the Steering Group meetings going forward.The Steering Group conducted a final moderation of the scores proposed during the Board Workshop for each of the TI domains. Independent Members were invited to attend the Group and the table below reflects the final proposed position ahead of the November Board report which Phil Meakin will produce. As part of the considerations, it was agreed to have a stretch target by November 2023.The principle was discussed and agreed that the target scores for November 2023 would not be a “stretch target”, rather we would seek to hit this target before November 23. It will be important to communicate this internally with TI domain colleagues and stakeholders. <table><tr><th>Domain</th><th>Score for Nov 22</th><th>Target Score for May 23</th><th>Target Score by Nov 23</th></tr><tr><td>All Ages Mental Health</td><td>Level 2</td><td>Level 2</td><td>Level 3</td></tr><tr><td>Strategy & Planning</td><td>Level 2</td><td>Level 2</td><td>Level 3</td></tr><tr><td>Leadership</td><td>Level 2</td><td>Level 2</td><td>Level 3</td></tr><tr><td>Engagement</td><td>Level 2</td><td>Level 3</td><td>Level 3</td></tr><tr><td>Performance</td><td>Level 1</td><td>Level 1</td><td>Level 2</td></tr><tr><td>YGC</td><td>Level 1</td><td>Level 2</td><td>Level 2</td></tr></table>				Domain	Score for Nov 22	Target Score for May 23	Target Score by Nov 23	All Ages Mental Health	Level 2	Level 2	Level 3	Strategy & Planning	Level 2	Level 2	Level 3	Leadership	Level 2	Level 2	Level 3	Engagement	Level 2	Level 3	Level 3	Performance	Level 1	Level 1	Level 2	YGC	Level 1	Level 2	Level 2
Domain	Score for Nov 22	Target Score for May 23	Target Score by Nov 23																													
All Ages Mental Health	Level 2	Level 2	Level 3																													
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Leadership	Level 2	Level 2	Level 3																													
Engagement	Level 2	Level 3	Level 3																													
Performance	Level 1	Level 1	Level 2																													
YGC	Level 1	Level 2	Level 2																													

	<ul style="list-style-type: none"> • The next step will be for Phil Meakin to communicate this position to the designated Link IMs and SROs for each domain. • The Performance maturity matrix will be developed to ensure the attributes better align to the outcomes. • The Steering Group agreed that there is a need to consider how the Vascular element of the YGC maturity matrix is separated from the overall matrix. • The Group received proposals for resource requirements for an effective TI programme, it was agreed that Phil Meakin and Molly Marcu would meet to discuss how to resource the TI Central Team as recommended in the paper. • It was agreed that more engagement was needed throughout the Health Board on TI to allow the organisation to demonstrate evidence of an impact on outcomes. Phil Meakin will take this work forward; this is also linked to the item above (TI Central Team)
Key assurances provided at this meeting:	<ul style="list-style-type: none"> • Governance arrangements are in place to monitor TI progress via Steering Group oversight.
Key risks including mitigating actions and milestones	<ul style="list-style-type: none"> • No risks were raised
TIIF Domain addressed	<ul style="list-style-type: none"> • All
Issues to be referred to another Committee	<ul style="list-style-type: none"> • Consideration of TI Resources will be discussed at the Remuneration and Terms of Service Committee.
Matters requiring escalation to the Board:	<ul style="list-style-type: none"> • A report will be produced by Phil Meakin for the November Board (formal self-assessment for November 20022)
Well-being of Future Generations Act Sustainable Development Principle	<p><i>Describe how the items of business and the development of any proposals considered by the Committee gave adequate consideration to the sustainable development principles or if not indicate the reasons for this.</i></p> <ol style="list-style-type: none"> 1. <i>Balancing short term need with long term planning for the future</i> – covered by the strategy, planning and performance domain. 2. <i>Working together with other partners to deliver objectives</i> – covered by the engagement work 3. <i>Involving those with an interest and seeking their views</i> – covered by the engagement work; 4. <i>Putting resources into preventing problems occurring or getting worse</i> – via WG funding allocation; 5. <i>Considering impact on all well-being goals together and on other bodies</i> – covered by engagement work.
Planned business for the next meeting:	<ul style="list-style-type: none"> • Feedback from meeting with WG 10th November • Resource for TI Central Team Update • Meeting arrangements for next 12 months

Date of next meeting:	21.11.22
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Teitl adroddiad: <i>Report title:</i>	Quality & Performance Report to 30 th September 2022			
Adrodd i: <i>Report to:</i>	Health Board			
Dyddiad y Cyfarfod: <i>Date of Meeting:</i>	Thursday, 24 November 2022			
Crynodeb Gweithredol: <i>Executive Summary:</i>	<p>This report outlines performance against the key performance and quality measures identified as a priority for the Health Board and reported to the Performance, Finance and Information Governance, and Quality, Safety and Experience Committees. The summary of the report is now included within the Executive Summary pages of the Quality and Performance Report and demonstrates the work related to the key measures contained within the 2022-23 National Performance Framework. This framework has been revised to provide performance measures including Ministerial Priority Measures under the Quadruple Aims set out in A Healthier Wales.</p> <p>The structure of the report follows the sub-chapter headings within the Quadruple Aims.</p> <p>Following feedback from members of the Board, the trend arrows have been replaced with rolling 12 month trend charts which better illustrate past performance and direction of travel of performance.</p>			
Argymhellion: <i>Recommendations:</i>	The Health Board is asked to scrutinise the report and to advise whether any areas need further details and assurances sought.			
Arweinydd Gweithredol: <i>Executive Lead:</i>	Sue Hill Executive Director of Finance			
Awdur yr Adroddiad: <i>Report Author:</i>	David Vaughan Head of Performance Assurance			
Pwrpas yr adroddiad: <i>Purpose of report:</i>	I'w Nodi <i>For Noting</i> <input type="checkbox"/>	I Benderfynu arno <i>For Decision</i> <input type="checkbox"/>	Am sicrwydd <i>For Assurance</i> <input checked="" type="checkbox"/>	
Lefel sicrwydd: <i>Assurance level:</i>	Arwyddocaol <i>Significant</i> <input type="checkbox"/> Lefel uchel o hyder/tystiolaeth o ran darparu'r mecanweithiau / amcanion presennol	Derbyniol <i>Acceptable</i> <input type="checkbox"/> Lefel gyffredinol o hyder/tystiolaeth o ran darparu'r mecanweithiau / amcanion presennol	Rhannol <i>Partial</i> <input checked="" type="checkbox"/> Rhywfaint o hyder/tystiolaeth o ran darparu'r mecanweithiau / amcanion presennol	Dim Sicrwydd <i>No Assurance</i> <input type="checkbox"/> Dim hyder/tystiolaeth o ran y ddarpariaeth <i>No confidence / evidence in delivery</i>

	High level of confidence/evidence in delivery of existing mechanisms/objectives	General confidence / evidence in delivery of existing mechanisms / objectives	Some confidence / evidence in delivery of existing mechanisms / objectives	
<p>Cyfiawnhad dros y gyfradd sicrwydd uchod. Lle bo sicrwydd 'Rhannol' neu 'Dim Sicrwydd' wedi'i nodi uchod, nodwch gamau i gyflawni sicrwydd 'Derbyniol' uchod, a'r terfyn amser ar gyfer cyflawni hyn:</p> <p>Justification for the above assurance rating. Where 'Partial' or 'No' assurance has been indicated above, please indicate steps to achieve 'Acceptable' assurance or above, and the timeframe for achieving this: There are a number of under-performing key areas across the Health Board with limited evidence and assurance that improvements will be made and/or sustained – hence the partial assurance.</p> <p>Steps to improve this rating: We will continue focus on improving performance reporting and workflows, which includes supporting leads and services to improve the connection between correcting actions, plans and improvements – to benefit both our local population health and well-being and that of our workforce.</p>				
Cyswllt ag Amcan/Amcanion Strategol:	The performance measures included in this report are from the NHS Wales Performance Framework 2022-23.			
Link to Strategic Objective(s):				
Goblygiadau rheoleiddio a lleol:	This report will be available to the public once published for Health Board.			
Regulatory and legal implications:				
Yn unol â WP7, a oedd EqlA yn angenrheidiol ac a gafodd ei gynnal?	Do/Naddo N			
In accordance with WP7 has an EqlA been identified as necessary and undertaken?	The Report has not been Equality Impact Assessed as it is reporting on actual performance.			
Yn unol â WP68, a oedd SEIA yn angenrheidiol ac a gafodd ei gynnal?	Do/Naddo N			
In accordance with WP68, has an SEIA identified as necessary been undertaken?	The Report has not been assessed for its Socio-economic Impact as it is reporting on actual performance			
Manylion am risgiau sy'n gysylltiedig â phwnc a chwmpas y papur hwn, gan gynnwys risgiau newydd (croesgyfeirio at y BAF a'r CRR)				
Details of risks associated with the subject and scope of this paper, including new risks (cross reference to the BAF and CRR)	The pandemic has produced a number of risks to the delivery of care across the healthcare system			
Goblygiadau ariannol o ganlyniad i roi'r argymhellion ar waith				
Financial implications as a result of implementing the recommendations	The delivery of the performance indicators contained within the annual plan will have direct and indirect impact on the financial recovery plan of the Board.			
Goblygiadau gweithlu o ganlyniad i roi'r argymhellion ar waith				
Workforce implications as a result of implementing the recommendations	The delivery of the performance indicators contained within our annual plan will have direct and indirect impact on our current and future workforce.			

Adborth, ymateb a chrynodeb dilynol ar ôl ymgynghori <i>Feedback, response, and follow up summary following consultation</i>	
Cysylltiadau â risgiau BAF: (neu gysylltiadau â'r Gofrestr Risg Gorfforaethol) <i>Links to BAF risks:</i> <i>(or links to the Corporate Risk Register)</i>	
Rheswm dros gyflwyno adroddiad i fwrdd cyfrinachol (lle bo'n berthnasol) <i>Reason for submission of report to confidential board (where relevant)</i>	Not applicable
Camau Nesaf: Gweithredu argymhellion <i>Next Steps:</i> <i>Implementation of recommendations:</i>	
Rhestr o Atodiadau: <i>List of Appendices:</i> None	

Quality and Performance

Report

Health Board



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Betsi Cadwaladr
University Health Board

Performance to 30th September
2022

Presented on 24th November
2022



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Welsh Government has advised Health Boards to continue to monitor performance in line with the measures included in the 2022-23 NHS Wales Performance Framework published in mid 2022. The Report is structured according to themes and the Quadruple Aims as presented in A Healthier Wales. Only those measures requested to presented to Board are included in this report.

Report Structure

This report is in a state of transition as we amend it to reflect the new NHS Wales Performance Framework for 2022-23. There are new measures where data wasn't previously collected – we are working on getting this into the report, as required/requested where applicable, as quickly as possible.

The latest validated data we have access to is contained within the report. A number of mental health measures are reported one month in arrears.

All measures are reported (split) and presented in separate reports to PFIG and QSE committees. This Health Board version is a subset of only those measures requested.

This report is structured so that measures complementary to one another are grouped together. Narratives on the 'group' of measures are provided, as opposed to looking at measures in isolation.

Performance Monitoring

Narratives are provided on groups of red rated narratives.

Additional charts are included that provide a performance position on key activity across the Health Board that aren't covered within the main body of this report – nor is the specific focus.

DTOC graphs and narrative have been removed as nationally D2RA is the focus and is being further developed. We will update and include as required.

Ongoing development of the Report

Work is underway to utilise the full suite of MS 365, including Power BI to produce a digitally interactive, flexible and insightful Dashboard more reflective of modern business intelligence systems.

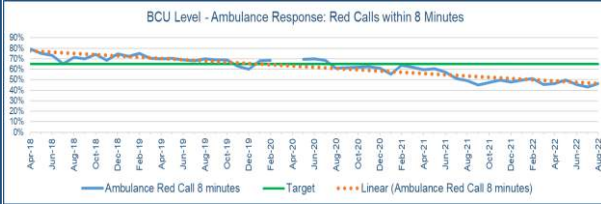
In the meantime, following feedback from Board members, some changes have been made to the Q&P Report. These are as follows:-

- The structure of the Executive Summary – to improve clarity of performance position.
- Images have been removed from the report to reduce the size of the report.
- RAG rated trend arrows have been replaced with 12 month trend infographics to reduce confusion regarding the direction of performance.

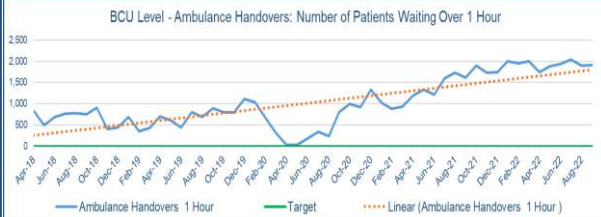
Overall Summary Dashboard 1 of 2

Unscheduled Care Measures

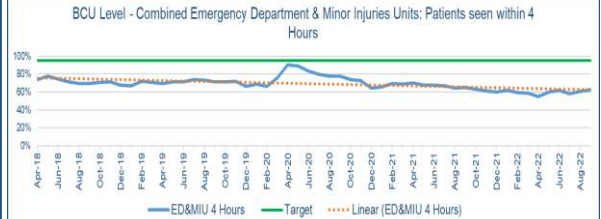
Ambulance Red Calls 8 Minutes: 45.5%



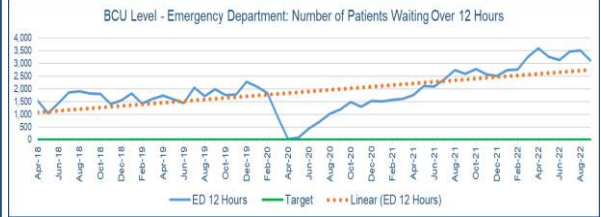
Ambulance Handovers Over 1 Hour: 1,908



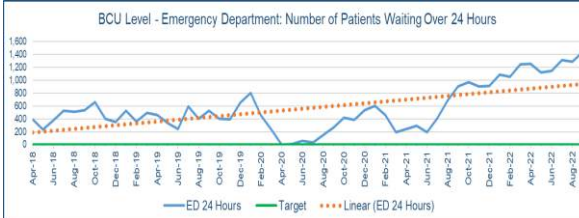
Combined ED&MIU 4 Hours: 62.25%



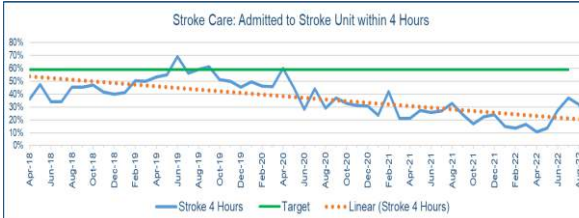
ED 12 Hours: 3,120



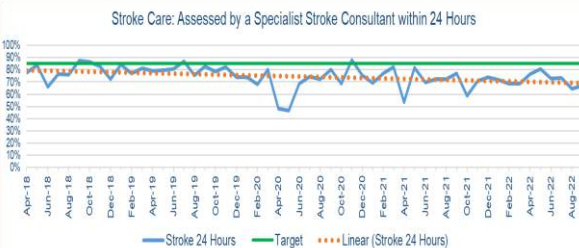
ED 24 Hours: 1,441



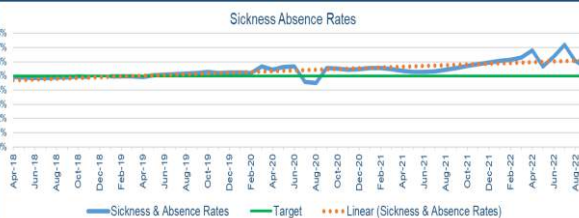
Stroke Admission 4 Hours: 18.10%



Stroke Consultant 24 Hours: 67.10%

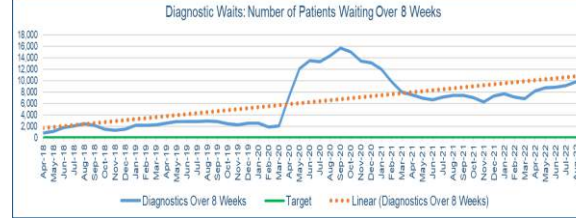


Sickness Absence Rate: 5.63%



Planned Care Measures

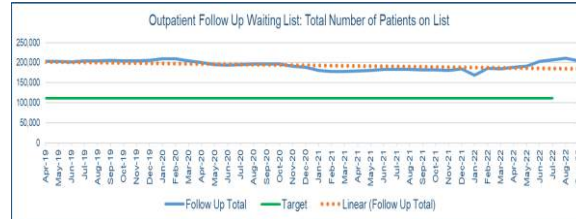
Diagnostic Waits 8 Weeks: 9,464



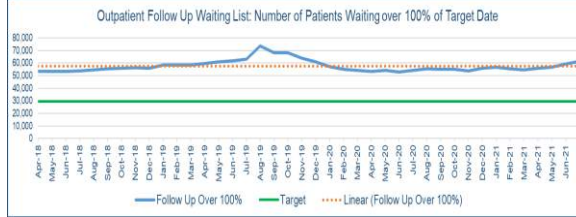
Therapy Waits 14 Weeks: 5,450



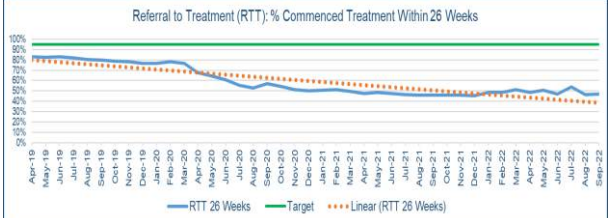
Total Follow Up Backlog: 205,057



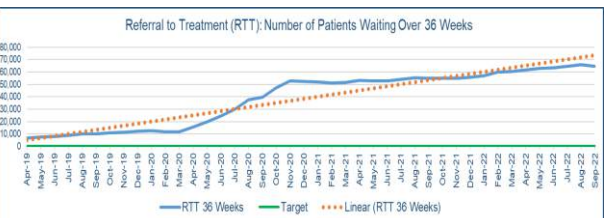
Follow Up Over 100%: 61,488



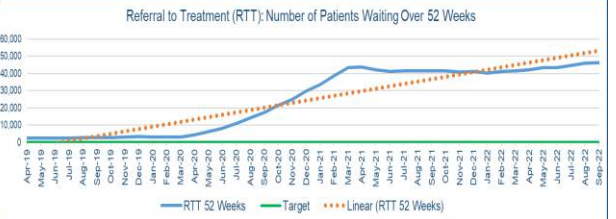
RTT within 26 Weeks: 54%



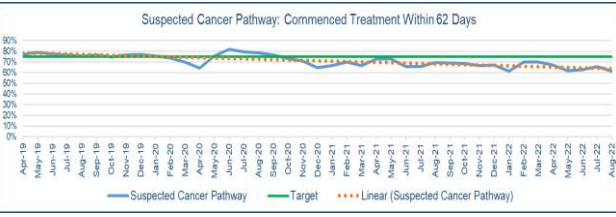
RTT Over 36 Weeks: 64,788



RTT Over 52 Weeks: 46,086

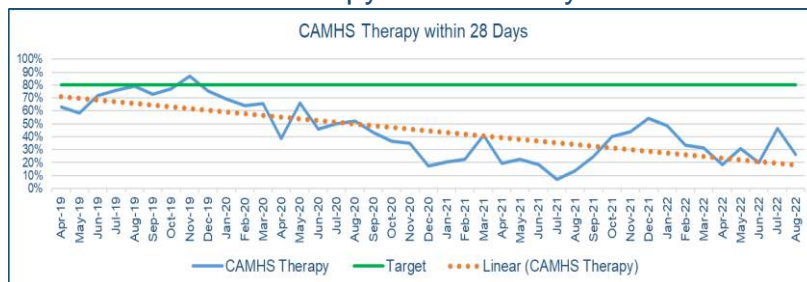


Suspected Cancer Pathway: 61.71%

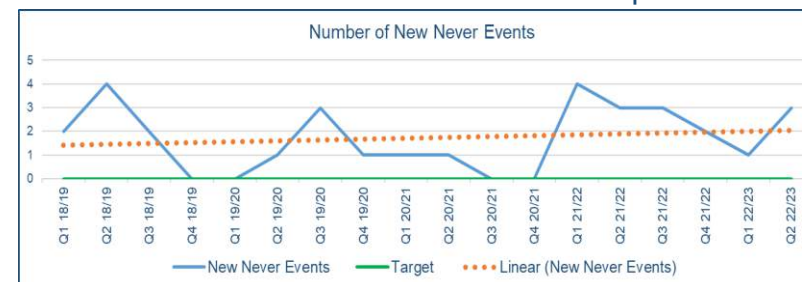


Overall Summary Dashboard 2 of 2

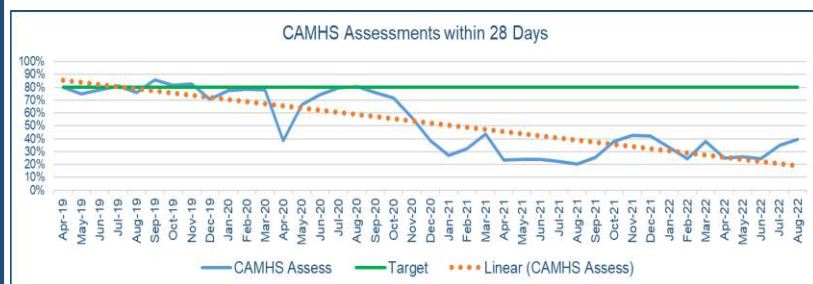
CAMHS – Therapy within 28 Days: **26.47%***



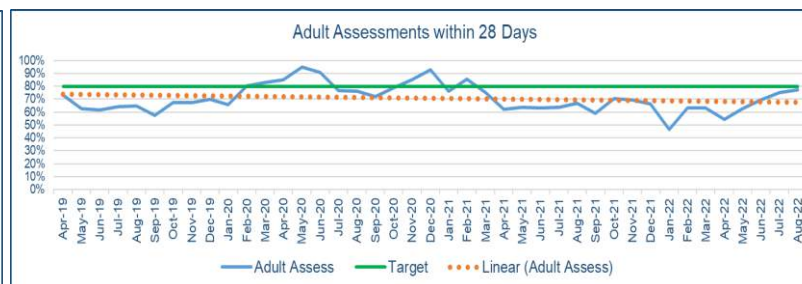
Number of New Never Events: Jul-Sep 2022 **3**



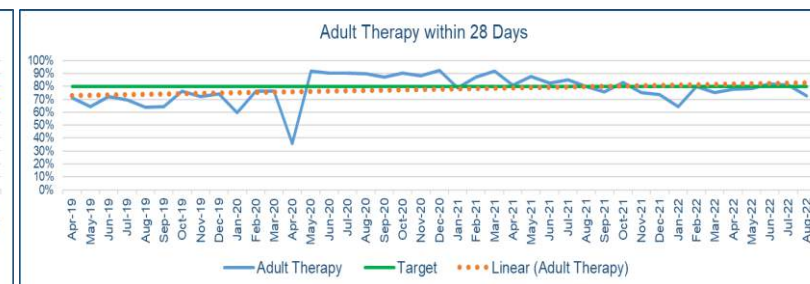
CAMHS – Assessed within 28 Days: **39.81%***



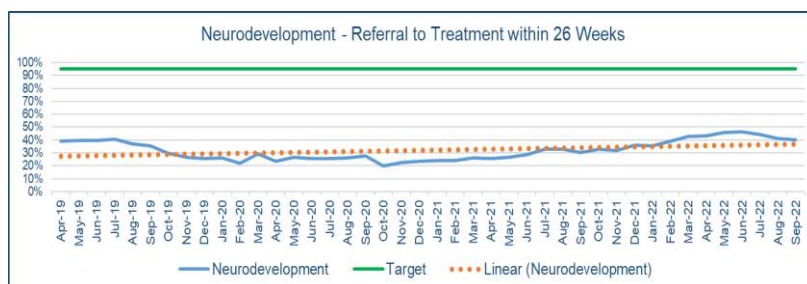
Adult MH Assessed within 28 Days: **77.12%***



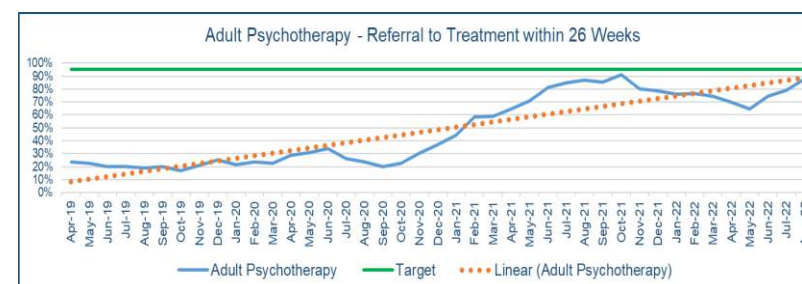
Adult MH Therapy within 28 Days: **72.8%***



Neurodevelopment within 26 Weeks: **40.09%***



Adult Psychotherapy within 26 Weeks: **88.0%***



*data reported 1 month in arrears or quarterly reported

Improving Position	Static Position	Declining Position
<ul style="list-style-type: none"> Number of patients waiting over 8 weeks for diagnostic endoscopy continues to decrease from 3,141 (Aug 2021) to 2,250 (September 2022) Percentage of ophthalmology R1 appointments attended which were within their clinical target date or within 25% beyond their clinical target date increased from 42.4% (Aug 2021) to 52% (September 2022) although dipped from 54% previously reported. Staff sickness has started falling for last 3 months at 5.6% for September compared with a high of 7.2% reported in July. Although Emergency Department (ED) (inc. MIUs) 4-hour waits has worsened from 64.5% (Aug 2021) to 58.4% (July 2022) it has started to improve at 62.25% for September 2022 Although number of patients waiting 12 hours or more in all hospital EDs (inc. MIUs) has increased from 2,746 (Aug 2021) to 3,469 (July 2022), In September the figure has fallen by over 300 to 3,120. There has been a sustained reduction over 5 months in the number patients waiting more than 14 weeks for a specified therapy from a high of 6,682 in May 2022, to 5,450 (September 2022). Mandatory training compliance is stable and above target at 86% % PADR completion in past 3 months has improved from 65 % (July) to 67.7% (September 2022) Median time from arrival at an ED to assessment by a senior clinical decision maker has decreased from 188 mins (April 2022) to 143 mins (September 2022). Number of patients waiting more than 104 weeks for referral to treatment has increased from 7,460 (Aug 2021) to 15,301 (July 2022) – but there has been a 4-month recent improvement trend There has been an improvement in episodes clinically coded within one reporting month post episode discharge end date from 92.9% to 95.6% and is also now exceeding target (95%) 	<ul style="list-style-type: none"> Median time from arrival at an emergency department to triage by a clinician has been stable over last 12 months, at around 46.5 minutes. % of emergency responses to red calls arriving within (up to and including) 8 minutes is fairly stable between ranges of 45.2% to 51.0% during past 12 months Percentage of patients starting their first definitive cancer treatment within 62 days from point of suspicion (regardless of the referral route) is fairly stable fluctuating slightly below and above 65% for the past 11 months to September 2022. Percentage of patients waiting less than 26 weeks for referral to treatment has remained largely static at 46.2% (August 2021) to 46.9.0% (September 2022), Number of ambulance patient handovers over 1 hour remains static at around 1,900 (although a slight decrease from 2,037 reported previously) 	<ul style="list-style-type: none"> Number of patients waiting more than 8 weeks for a specified diagnostic continues to increase from 7,389 (Aug 2021) to 9,464 (September 2022) Number of patients waiting over 52 weeks for a new outpatient appointment has started to slowly creep up from a figure of 23,076 (Jan 2022) to 26,515 (August 2022) Number of patients waiting for a follow-up outpatient appointment who are delayed by over 100% has increased from 55,286 (Aug 2021) to 61,488 (September 2022) Number of patients waiting more than 36 weeks for referral to treatment has increased from 55,295 (Aug 2021) to 64,871 (July 2022) but looks to be stabilising with 64,788 reported for September 2022. Agency spend as a percentage of the total pay bill has increased from 4.8% (Aug 2021) to 7.2% (July 2022) but is starting to fall at 6.5% in September 2022.

Improving Position	Static Position	Declining Position
<ul style="list-style-type: none"> • % of patients waiting less than 28 days for a first appointment for Specialist Child and Adolescent Mental Health Service improved for last three months to 100% (caution small numbers though) • The last four months, particularly July, have seen the reverse of a four month declining position in % of therapeutic interventions started within 28 days following an assessment by Local Primary Mental Health Support Service for under 18 years • % of children and young people waiting less than 26 weeks to start an Attention Deficit Hyperactivity Disorder or Autistic Spectrum Disorders neurodevelopment assessment has steadily improved over the last 12 months from 33.1% to 44.2% in July and stabilised to September (40.1%) • % of Mental Health assessments undertaken within 28 days from the date of receipt of referral for adults aged 18 years+ has improved month-on-month for last four months (54.5% to 77.1%) • % of patients waiting less than 26 weeks to start a psychological therapy in Specialist Adult Mental Health has improved month-on-month from May to August and is now above target (80%) at 88% 	<ul style="list-style-type: none"> • % Mental Health assessments (for under 18 years) undertaken within 28 days of referral, whilst still well below target, has been reasonably consistent between 24.3% to 39.8% over the last six months • % of Health Board residents in receipt of secondary mental health services who have a valid care and treatment plan for people aged under 18 years has been above target (90%) for all but one (89.2%) month in the last 12 • Both adult psychiatric measures have been at 100% since reported from October 2021 to August 2022 • % of therapeutic interventions started within 28 days following an assessment by Local Primary Mental Health Support Service for adults aged 18 years+ has been fairly static over the past 12 months with two of the last three months above 80% target (August falling below at 72.9%) • % of Health Board residents in receipt of secondary Mental Health services who have a valid care and treatment plan for adults 18 year+ been very consistent between 81.7% to 87.2% over the past 11 months and not far from a target of 90% 	<ul style="list-style-type: none"> • Complaints responded to in a timely manner has been trending downwards for nine months now, since September 2021 (68%) to September 2022 (30%)

Chapter 1

Quadruple Aim 2:

People in Wales have better quality and more accessible health and social care services, enabled by digital and supported by engagement



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- 1a: Primary and Community Care

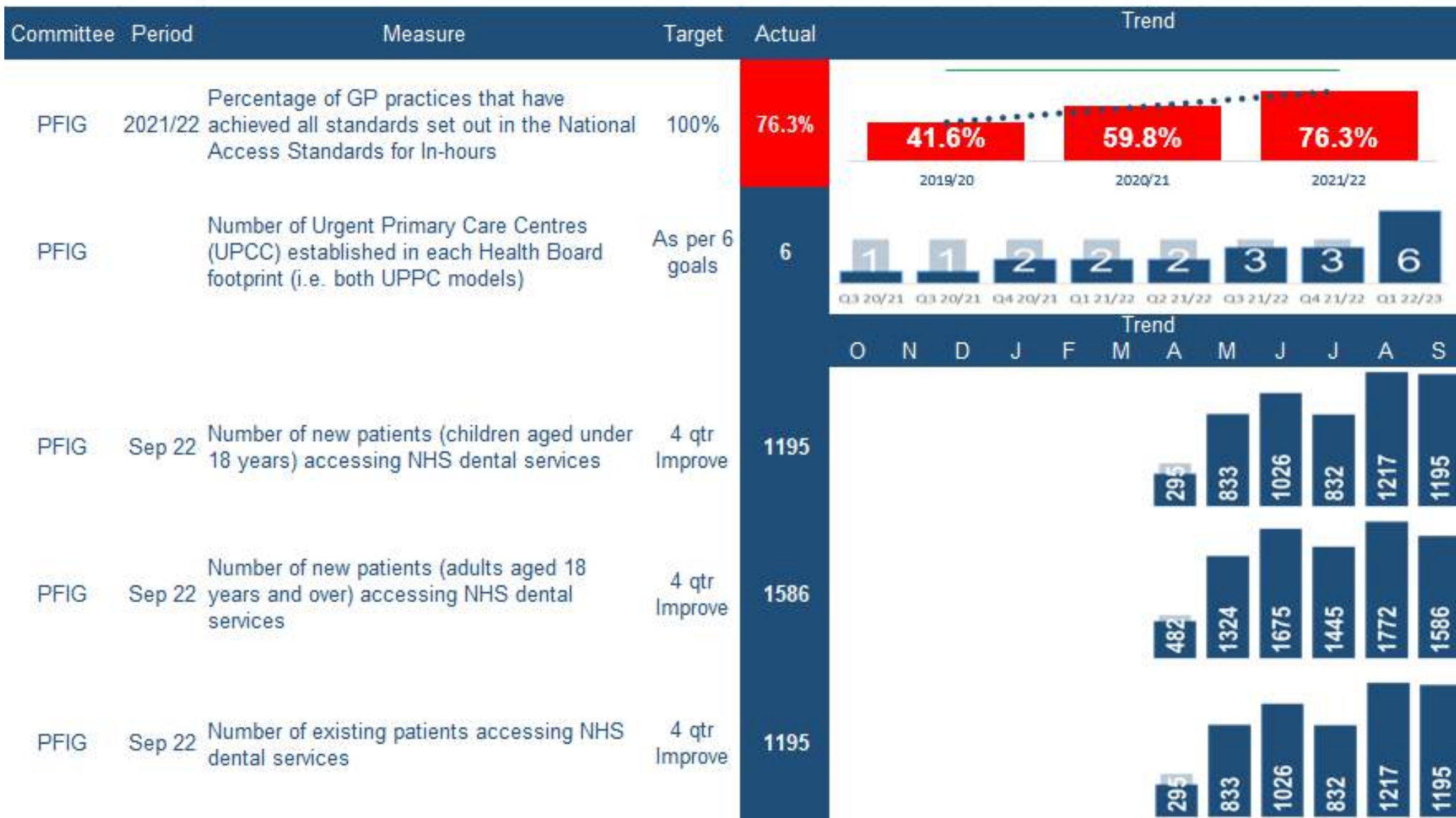


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Measures: Primary & Community Care



Urgent Primary Care Centres (UPCC)

Data for June 22 to end July 2022 period

Total Referrals
2000

Average Mthly
Referrals
1000

Average Daily
Referrals
45

Outcome	06/22 – 08/22	%
Self Care Advice	963	54.6%
Medication and Self Care Advice	629	35.7%
Inappropriate Referral - Returned	36	2.0%
UPCC Unable to accept (operational issues)		0.0%
DNA / No response from Patient	45	2.6%
Referral to a Speciality	32	1.8%
Dealt with by OGP / Issue Resolved / Declined Contact	24	1.4%
Referral to UPCC Physio	21	1.2%
Directed to ED	10	0.6%
Directed to Community Based Service	3	0.2%
Directed to MIU	1	0.1%
Total	1764	

The system this data comes from ceased to be available in August. A new system should be ready for next PFIG report and data refreshed and backdated.

MUC REPORT

All Contacts by Area and Month - April 2019 to Current Month



Select Area

ALL

Centre

East

West

Select Financial Year

Select all

2019/2020

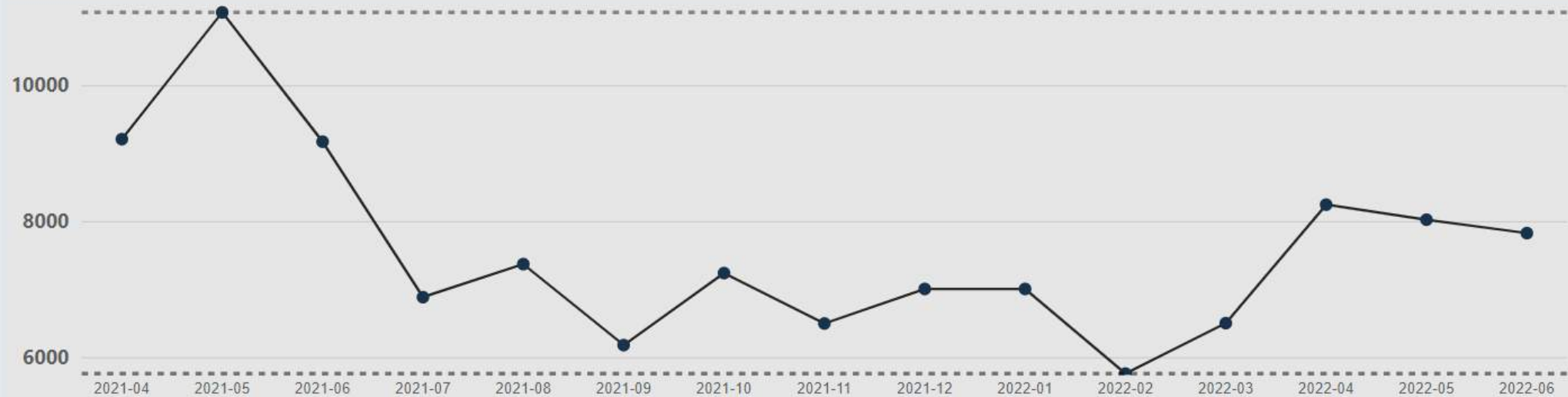
2020/2021

2021/2022

2022/2023

June 30th latest position

All Contacts by Month



Year	January	February	March	April	May	June	July	August	September	October	November	December	Total Contacts to Date
2021				9206	11071	9169	6882	7368	6177	7236	6495	7003	113957
2022	7003	5758	6500	8243	8022	7824							

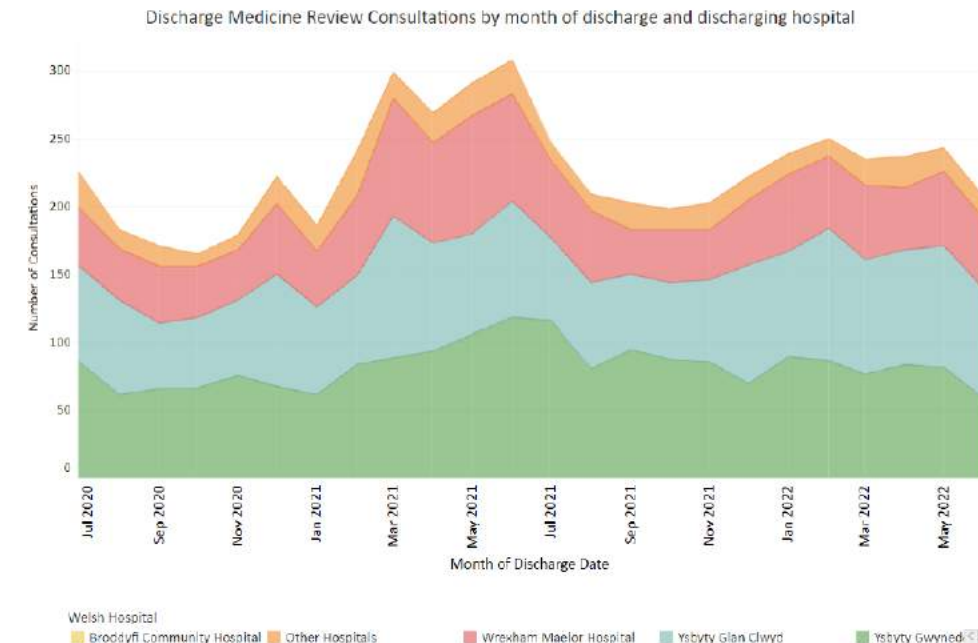
Situation Report (Overview)

Pressure Level	Number	Percentage
1	77	52%
2	58	39%
3	12	8%
4	1	1%
No report	1	1%

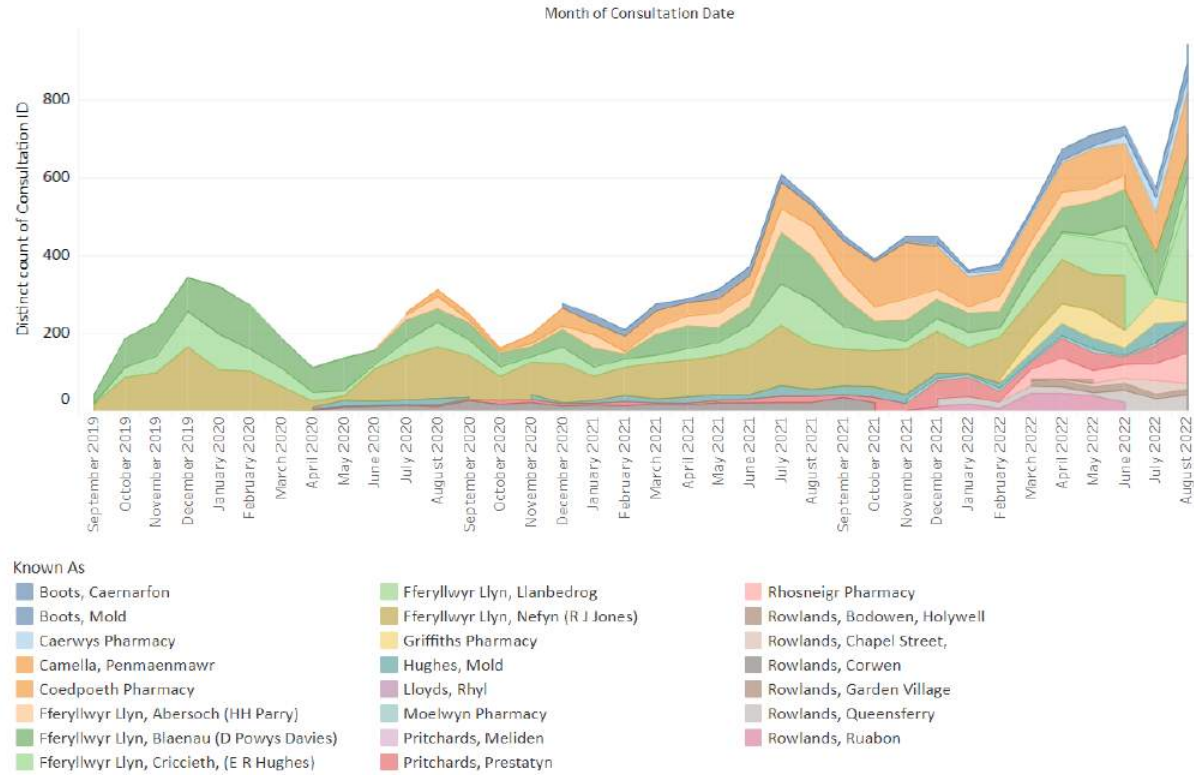
- **Pressure levels:** Pressure continuing to ease, but still significant across North Wales
- **Temporary suspension of services:** Suspensions are reducing, and are lower than 2021 levels, but there are still significant numbers
- **Support to care homes** – Updated service specification and fee has been re-launched
- **PIPS** – 22 sites now live, with more signing up. 941 consultations carried out in August 2022
- **CCPS** – Sore Throat Test and Treat & Bridging / QuickStart Contraception included from 1 Nov 2022
- **Adherence support** – Service specification in development, along with wider work plan for soft launch in Q3
- **Clusters & Collaboratives** – Working with Pharmacy Collaborative Leads to establish new structure and move to unified ToR
- **Periods of treatment** – hesitance in some practices to progress, but supporting where possible – possible risk to community pharmacy capacity.
- **Repeat Dispensing** – activity stable, good engagement in some areas, but most are limited

Community Pharmacy Enhanced Services Activity and Discharge Medicines Reviews

Current priorities	Key risks and mitigation								
<ul style="list-style-type: none"> ➤ Unplanned care services – Clinical Services rollout and availability; integrating unplanned care services into wider primary care offer ➤ Efficient and effective supply of medicines – Repeat Dispensing, MHOL & Periods of Treatment; supporting recruitment; escalation tool; CPLPT support; Encouraging lunch breaks ➤ Smoking cessation – Substantial campaign to boost service episodes and quit rates in Q3/Q4 ➤ Communication – promoting healthcare professional lines & NHS emails over fax; Walk in My Shoes scheme ➤ Medicines Optimisation – medicines management in care homes; MDT care home reviews; supporting adherence for patients living in their own home 	<table> <tr> <th>Risk</th><th>Mitigation</th></tr> <tr> <td>Workforce shortages and pressure on teams > reducing OOH cover</td><td>Monitoring closures & pressure; Pharmacy Escalation report completed weekly; CPLPT support to staff; aiding recruitment (Just R programme); robust response to unplanned closures</td></tr> <tr> <td>Shortage of DPPs limiting IP training opportunities</td><td>Continuing to link pharmacists up with potential trainers and supporting pharmacists to become DPP-ready</td></tr> <tr> <td>Periods of treatment</td><td>Working with GP practices where possible to support move to increased PoT</td></tr> </table>	Risk	Mitigation	Workforce shortages and pressure on teams > reducing OOH cover	Monitoring closures & pressure; Pharmacy Escalation report completed weekly; CPLPT support to staff; aiding recruitment (Just R programme); robust response to unplanned closures	Shortage of DPPs limiting IP training opportunities	Continuing to link pharmacists up with potential trainers and supporting pharmacists to become DPP-ready	Periods of treatment	Working with GP practices where possible to support move to increased PoT
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Shortage of DPPs limiting IP training opportunities	Continuing to link pharmacists up with potential trainers and supporting pharmacists to become DPP-ready								
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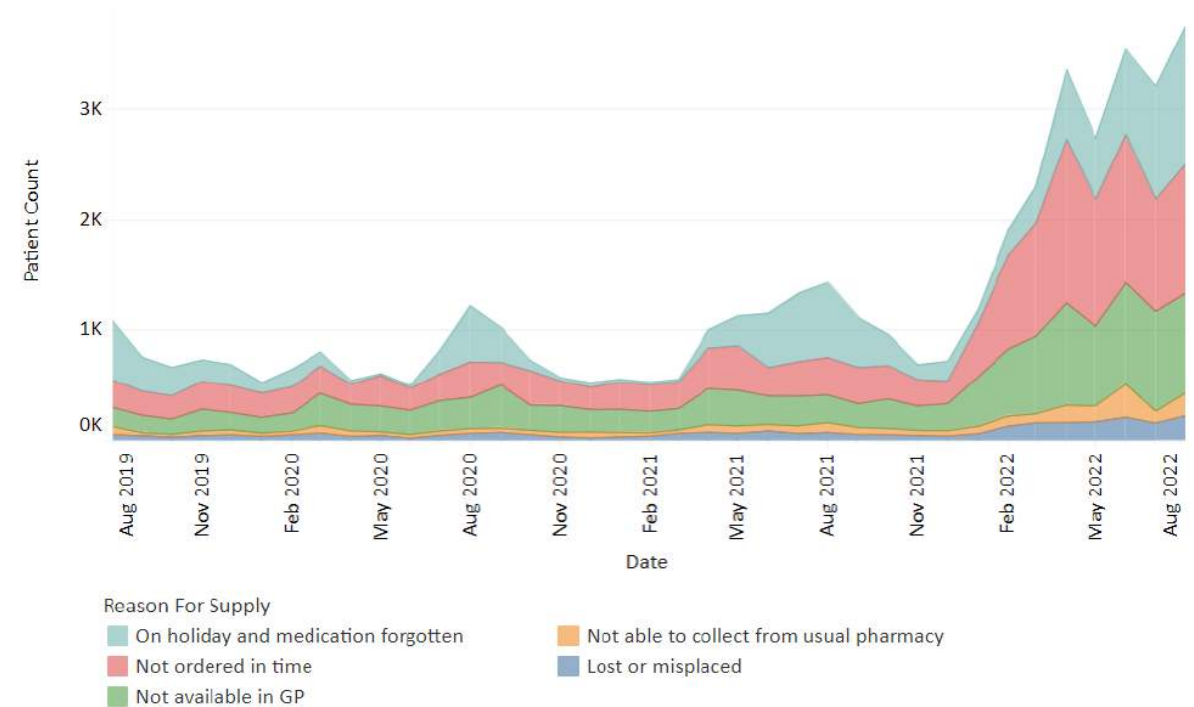
Independent prescribing in acute conditions and contraception consultations by month and provider site



Independent Prescribing Service data updated to 31 August 2022 ([Interactive chart](#)) – NOTE owing to the business continuity issues with Adastra, data from the Five Fferyllwyr Llyn pharmacies are excluded in July 2022

Community Pharmacy Enhanced Services Activity and Discharge Medicines Reviews

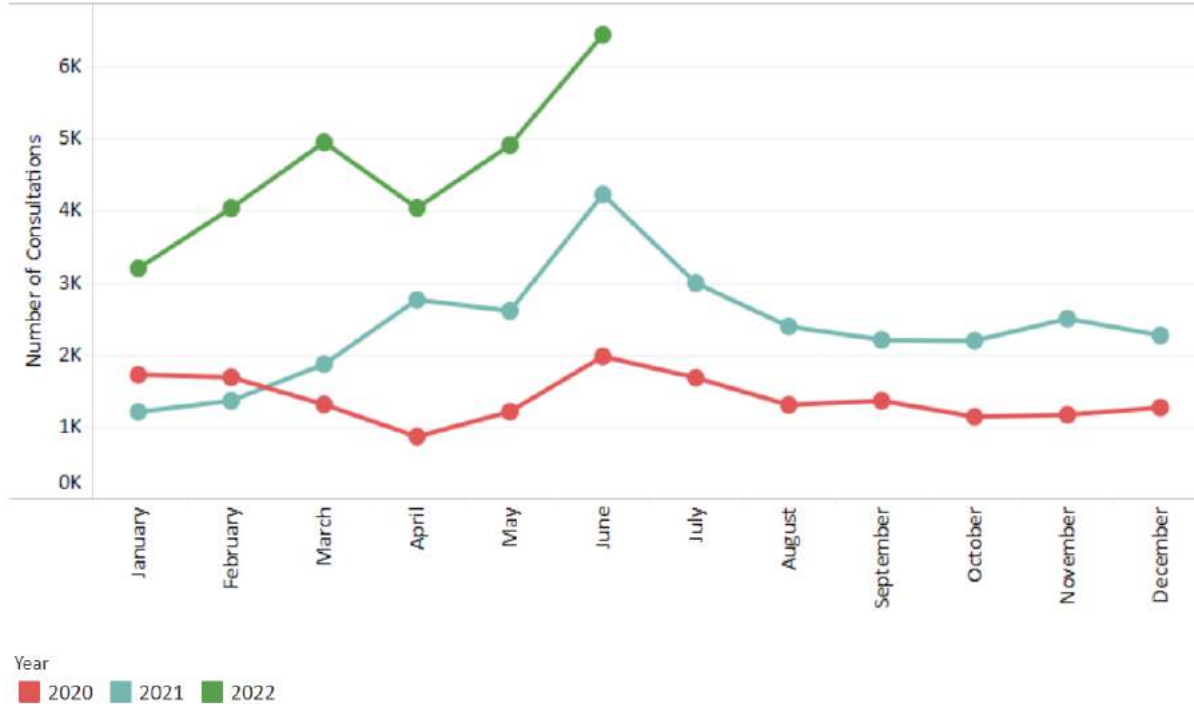
Emergency Medicine consultations by month and reason for supply



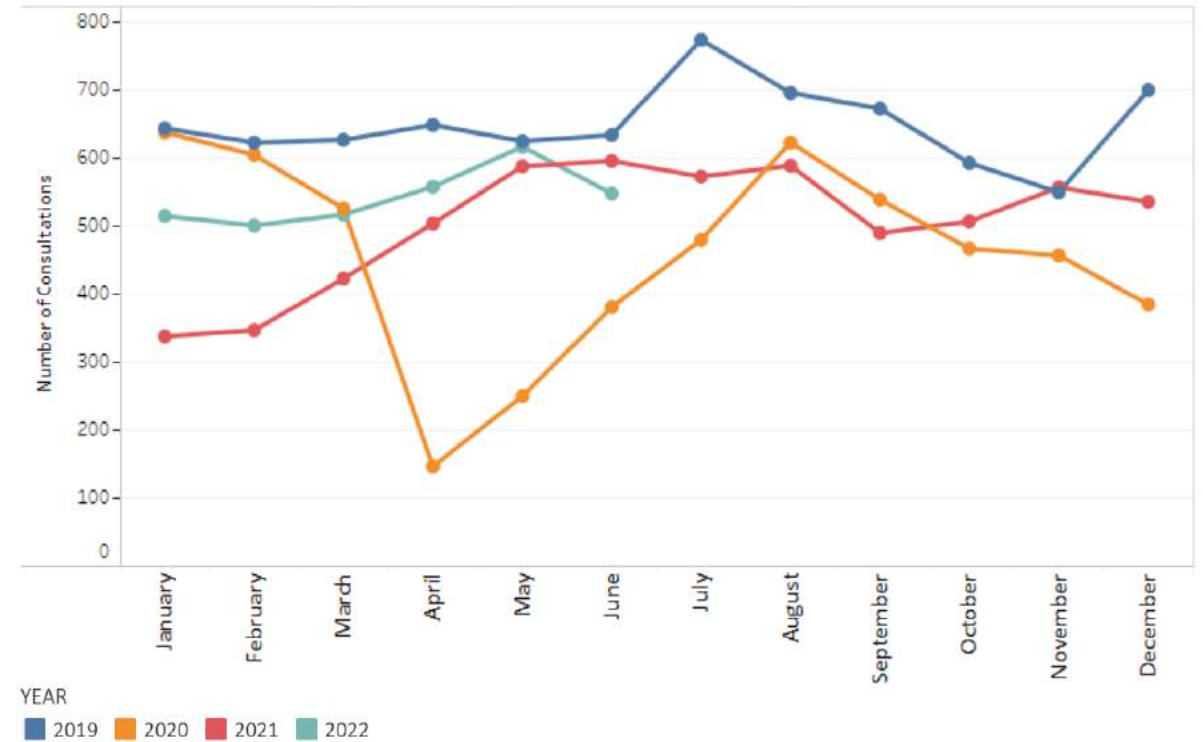
Emergency Medicines Service data updated to 31 August 2022 ([Interactive chart](#))

Community Pharmacy Enhanced Services Activity and Discharge Medicines Reviews

Number of CAS Consultations in BCUHB by month



Emergency Contraception by month across BCUHB



- 1b: Urgent and
Emergency Care

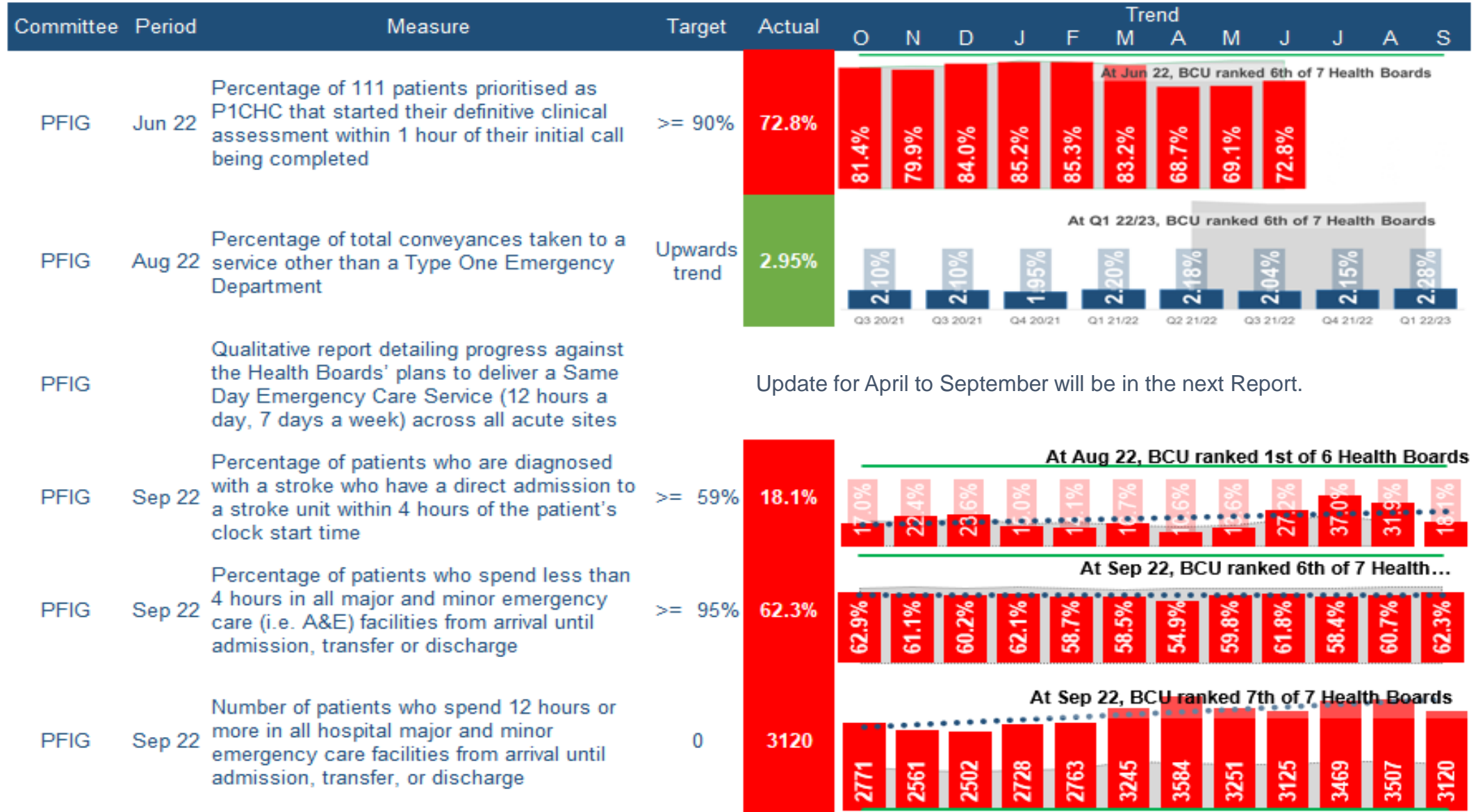


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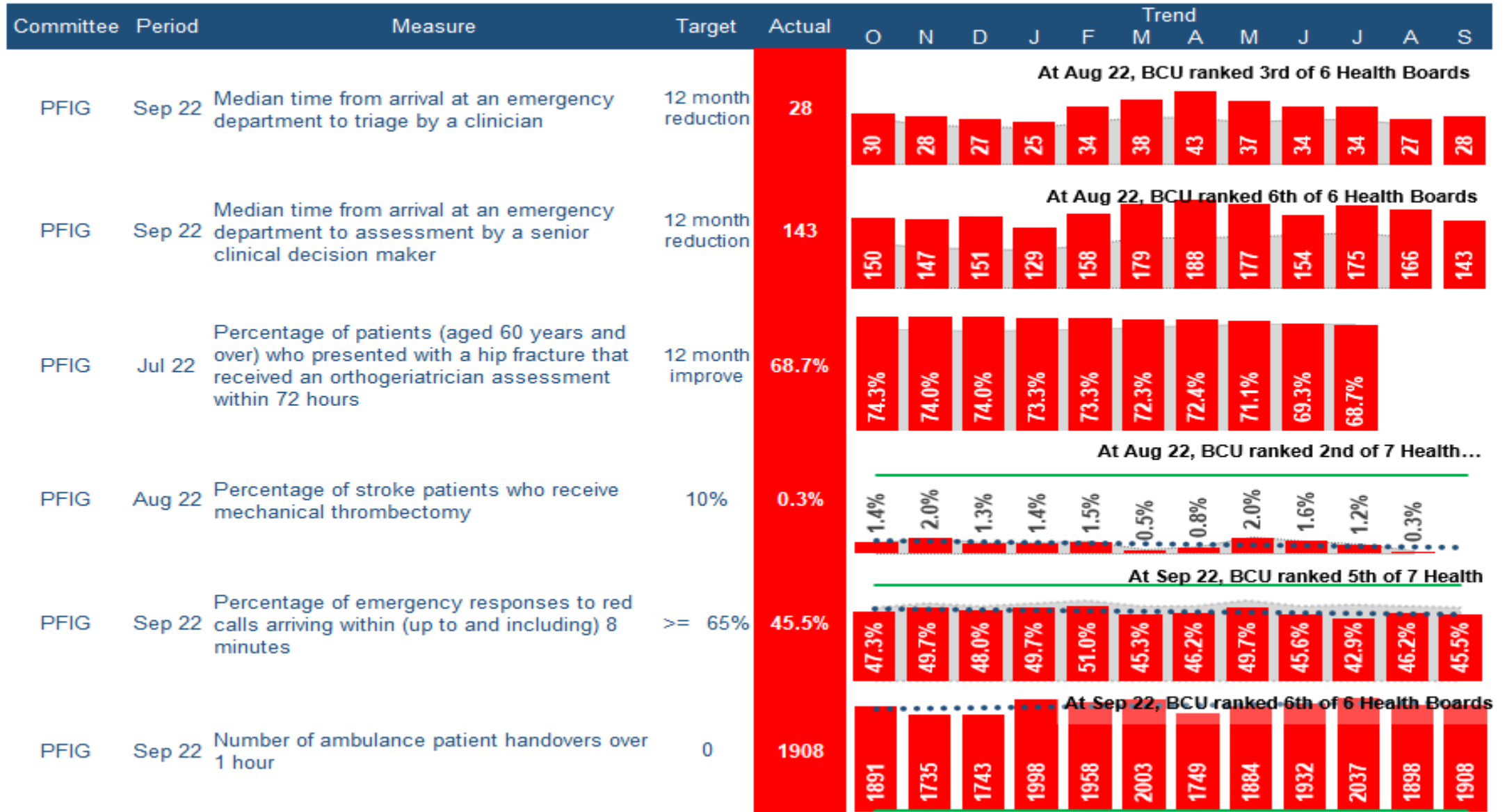
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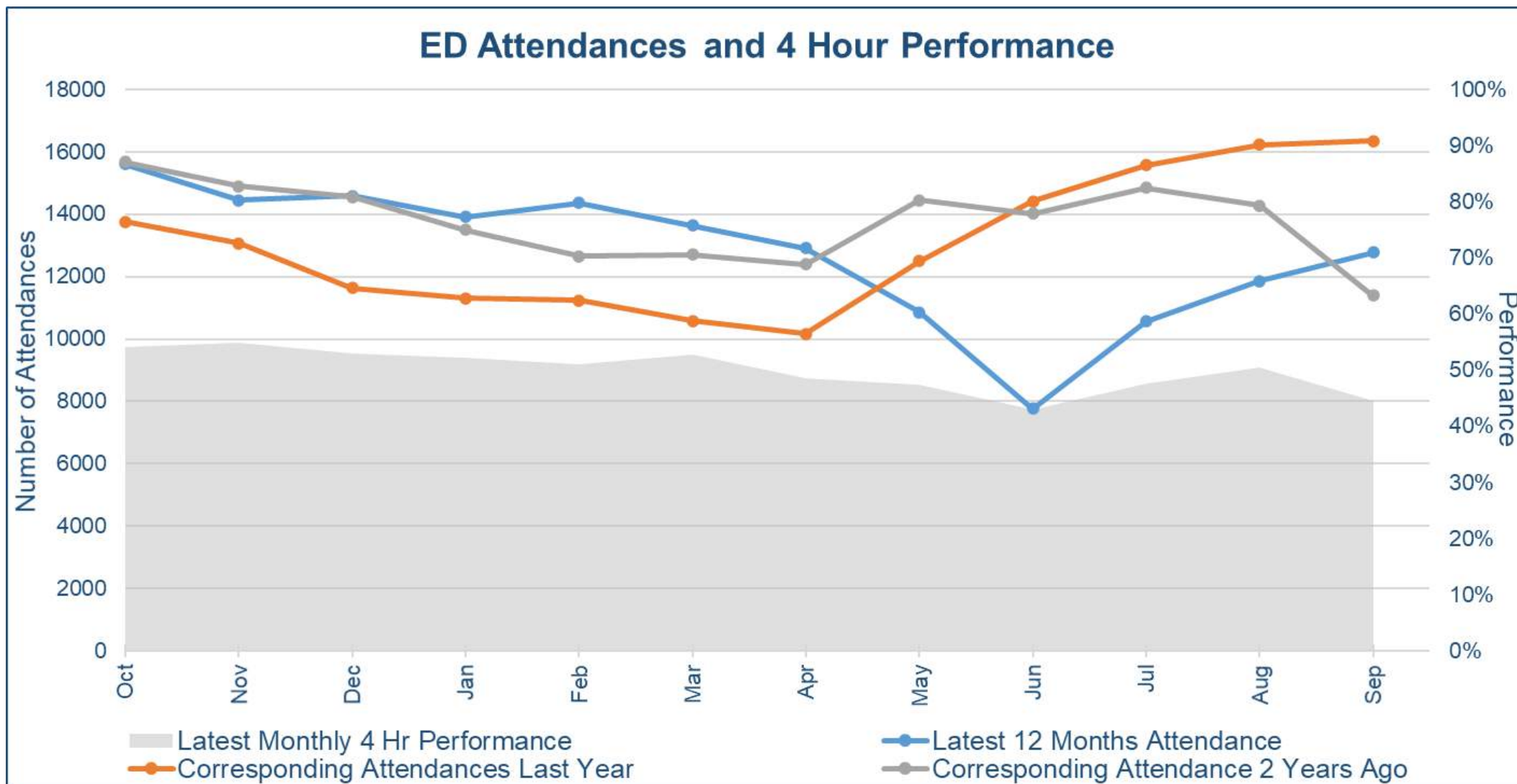
Measures: Urgent & Emergency Care Page 1



Measures: Urgent & Emergency Care Page 2

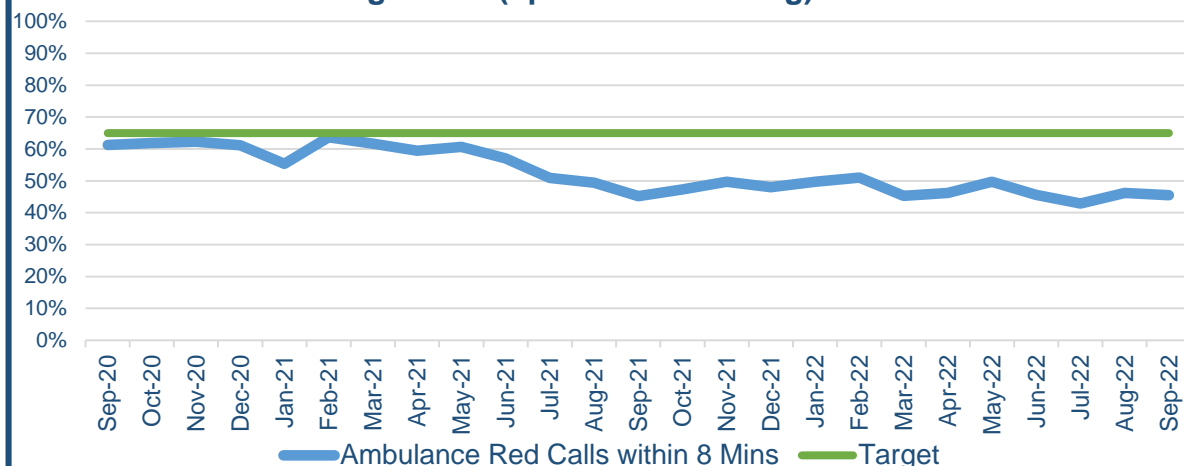


Charts: Emergency Department Attendances

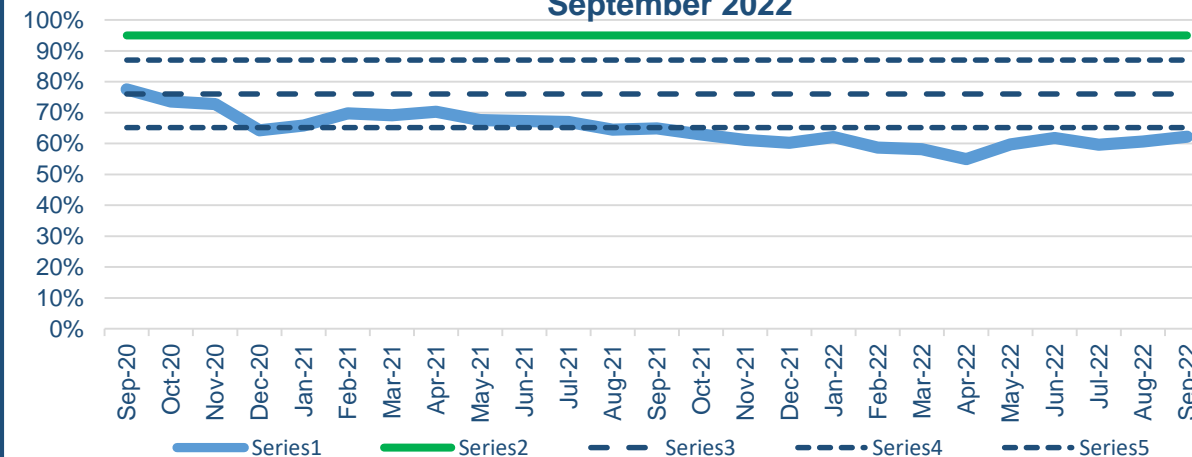


Charts: Unscheduled Care

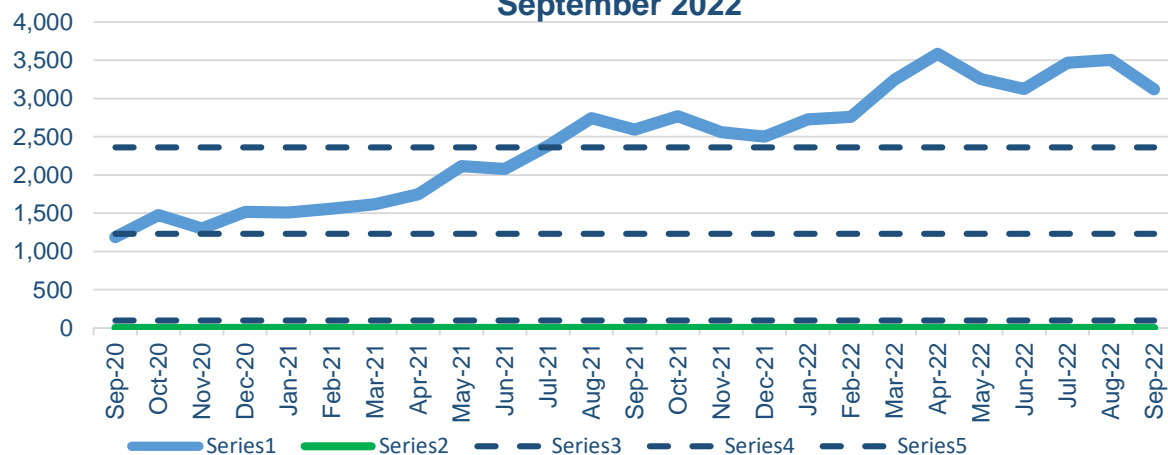
BCU Level - Percentage of Emergency Responses to Red Calls Arriving within (up to and including) 8 Minutes



BCU Level - Emergency Department (inc MIU) 4 Hour Waits: September 2022



BCU Level - Emergency Department 12 Hour Waits: September 2022



BCU Level - Ambulance Handovers over 1 Hour: September 2022



Narrative: Emergency Care

Why we are where we are

The ability to reach the required targets for Emergency care remain a challenge, including the targets for the 4-hour target, ambulance delays, patient harm, low staff morale and increased number of complaints. Flow and bottlenecks remain the constant challenge not just locally but nationally too.

What we're doing about it

In response to the inability to achieve the National Targets for Emergency care focus remains on the following areas to improve the performance, standards of care and staff morale.

- Recruitment against the ED business case was scheduled to be completed in January 2023, has been brought forwards to November 2022.
- Increased communication with key stakeholders and national agencies to support an improved focus on care closer to home in line with the national 6 goals for urgent and Emergency care.
- Appointed into the senior tier to support taking this work forwards.
- Continued joint working with Welsh Ambulance Service NHS Trust (WAST) to improve the care needs of patients when delays occur along with supporting the immediate release requests safely.
- Refreshing the former USC Programme Board into the Six Goals for Urgent And Emergency Care Board to ensure consistent approach across all sites and strengthening accountability for performance.

When we expect to be back on track

Emergency Care trajectories have been agreed but are determined by many external factors, however there are improvements expected which include:

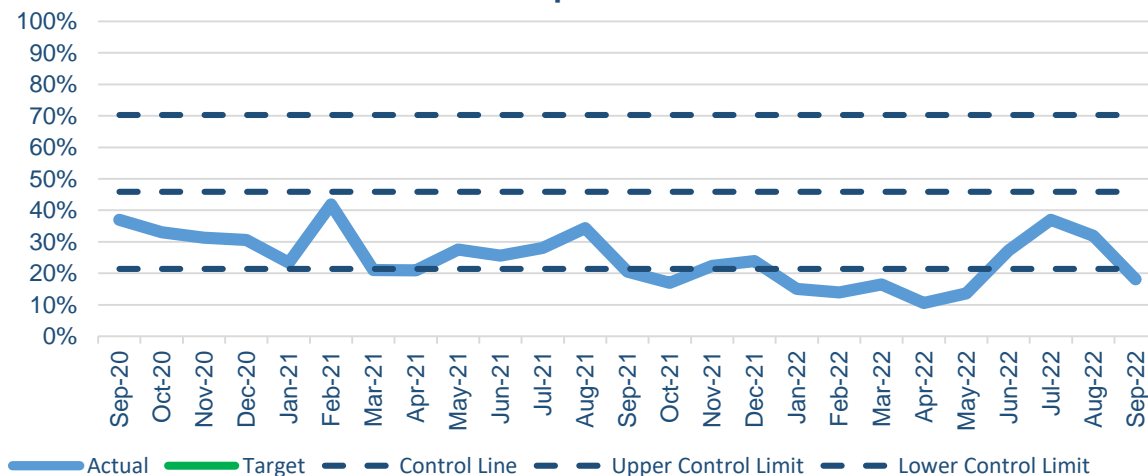
- Substantial reduction in 24hr delays.
- 20% improvement on ambulance handovers over the next quarter.
- Identification and implementation of an IT system to support SDEC and improve KPI's

What are the risks and mitigations to this (getting back on track)?

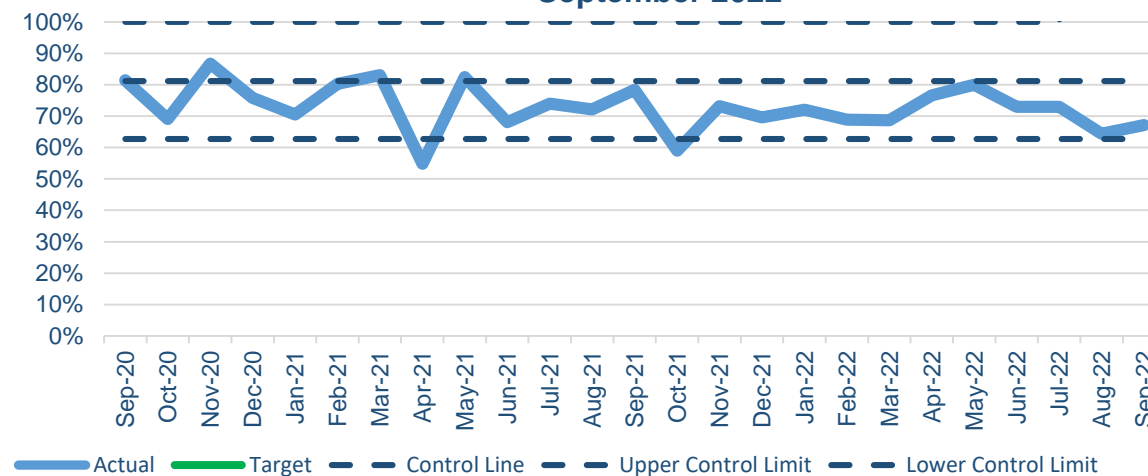
Key risks remain in situ regarding the inability to discharge patients that are medically fit for Discharge (MFFD), which impacts on flow through the sites for planned and unscheduled care. Additional funding to support the increased hours for SDEC alongside returning to normal planned care activity.

Charts: Stroke Care

BCU Level - Stroke Care - Admissions within 4 Hours: September 2022



BCU Level - Stroke Care - Consultant Assessed within 24 Hours - September 2022



Why we are where we are

Extreme site pressures on the Emergency Department (ED) impacting on ability to follow stroke pathway and off load ambulances; As patients self-present because of delays in Welsh Ambulance Service NHS Trust (WAST) activity in the community, we do not get pre-alerts. We get late notification to Acute Stroke Clinical Nurse Specialist (CNS) / Stroke team of stroke patients. There is also a lack of use by ED teams of stroke bleep. Medical Teams not requesting Computed Tomography (CT) scans on patient's initial presentation, and CT delays. Availability of Acute Stroke Unit (ASU) beds – not ring-fenced or filled with inappropriate patients.

- Site pressures
 - Inability to discharge due to lack of peripheral hospital beds and lack of care package support in the community
 - Covid numbers on site and ability to outlie from ASU
- No Consultant rota over weekends

What we are doing about it

- Clinical Site Management team are tasked with ring-fencing 2 Stroke Assessment beds at all times and repatriate any outliers to support this – ESD in the West soft launch should support
- Hospital Management Teams and Area management team are engaging with Medically Fit for Discharge (MFD) meeting to increase scrutiny on MFD delays.
- Agreement with ED staff that all suspected Stroke patients are given a Covid-19 test to ensure there are no further delays due to Covid-19 testing.
- Majority of specialist nurses in place to support bleep call and speed of response for all pre-alerts.
- Swallow Screen action plans on each site.
- ED Centre agreeing a fully equipped stroke assessment cubicle.
- Straight to test CT pathway trialled – East.
- Weekly performance and scrutiny meetings East – to cover breach reasons and learning.

When we expect to be back on track

Performance improvements are expected to start by middle of 2022/23 and tracking is being put in place. In line with Integrated Operational Plan (OP), a review of financial commitments and performance will be undertaken mid-year and appropriate adjustments made. The full performance improvement would be 2023/24.

What are the risks and mitigations to this (getting back on track)?

In line with Integrated Operational Plan (OP), a review of financial commitments and performance will be undertaken mid-year and appropriate adjustments made. The full performance improvement would be 2023/24. The recruitment of teams as per the BC is on track, but still has gaps in some specialities, i.e. Therapies West. Delay to the CHC process and agreement of the ESD wards in Centre and East.

- 1c: Elective and Planned Care

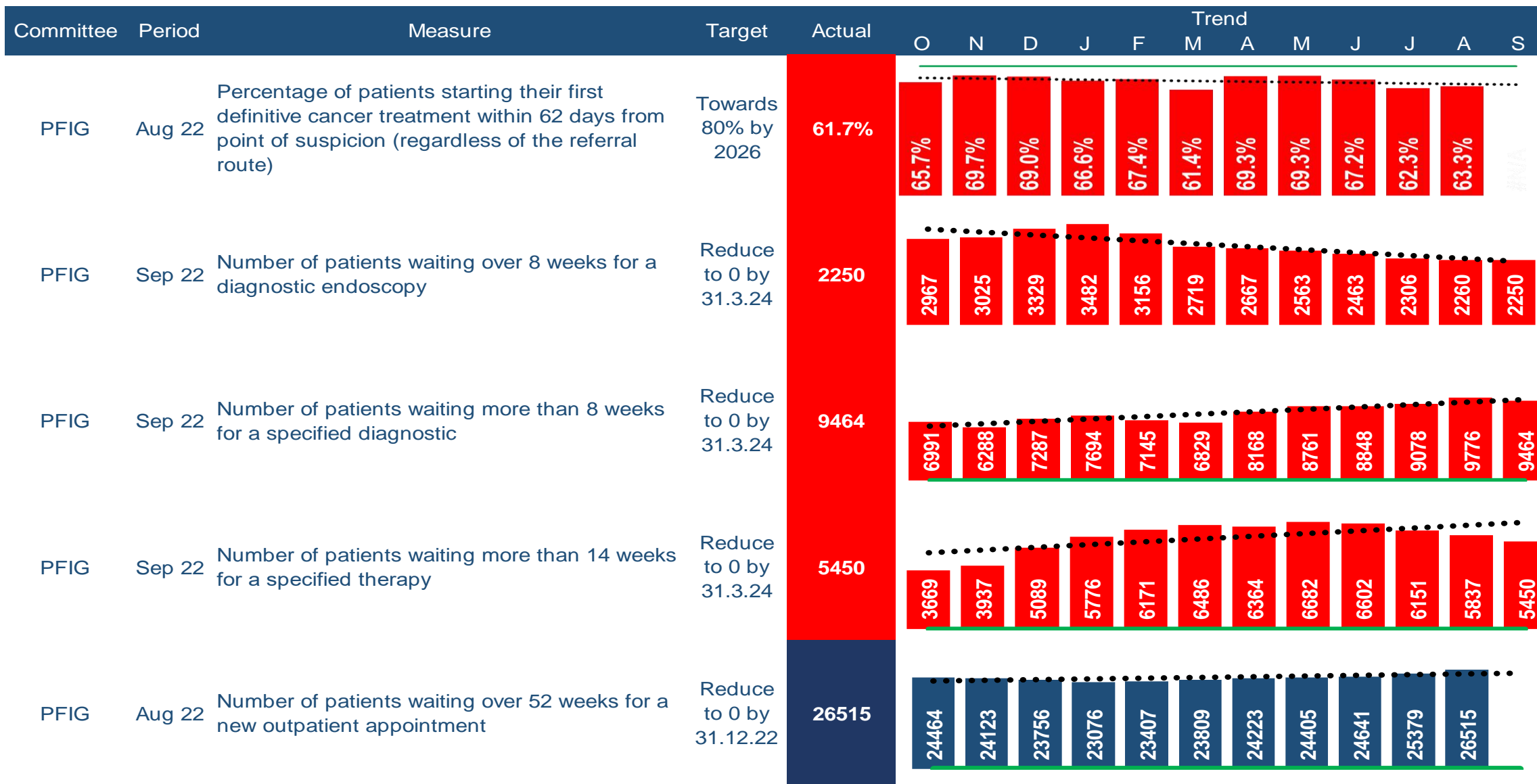


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Measures: Elective Planned Care page 1

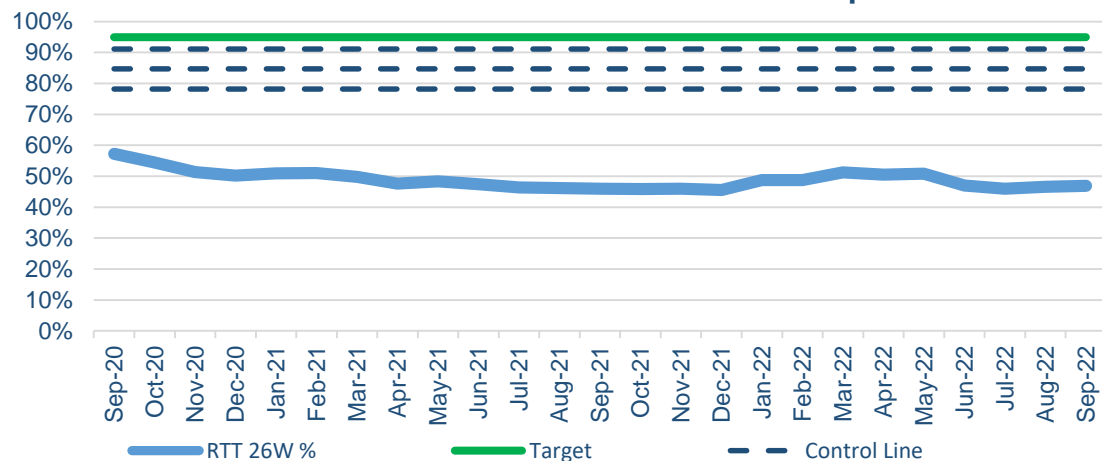


Measures: Elective Planned Care page 2

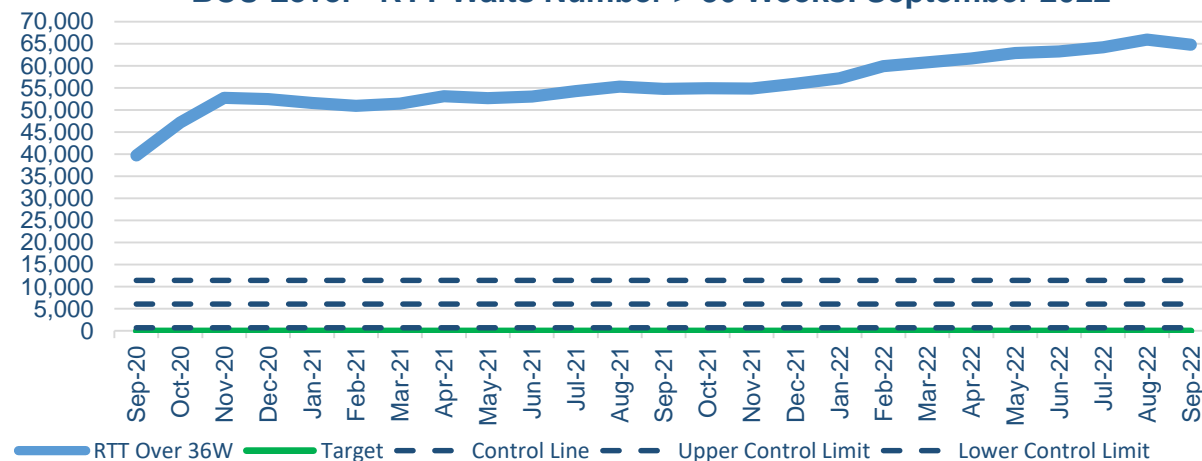


Charts: Referral to Treatment (RTT)

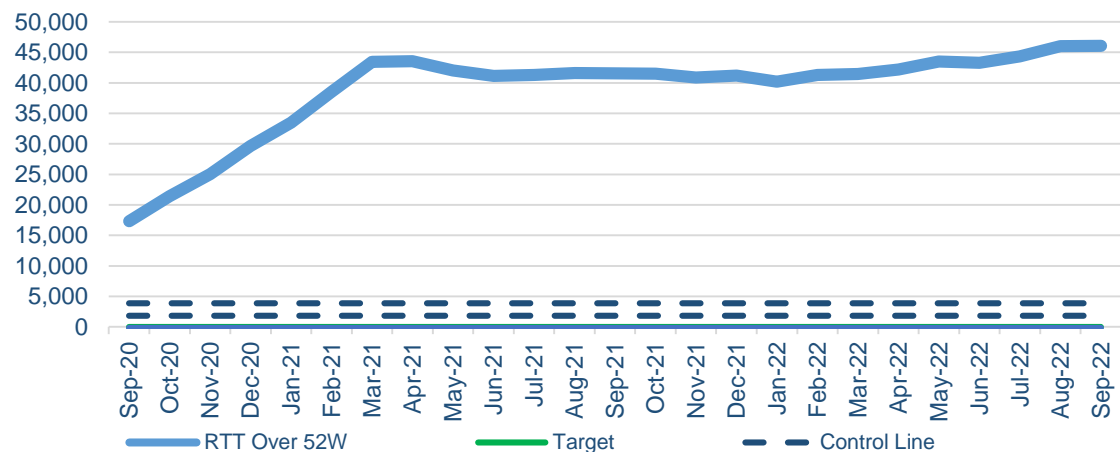
BCU Level - RTT Waits % <= 26 Weeks September 2022



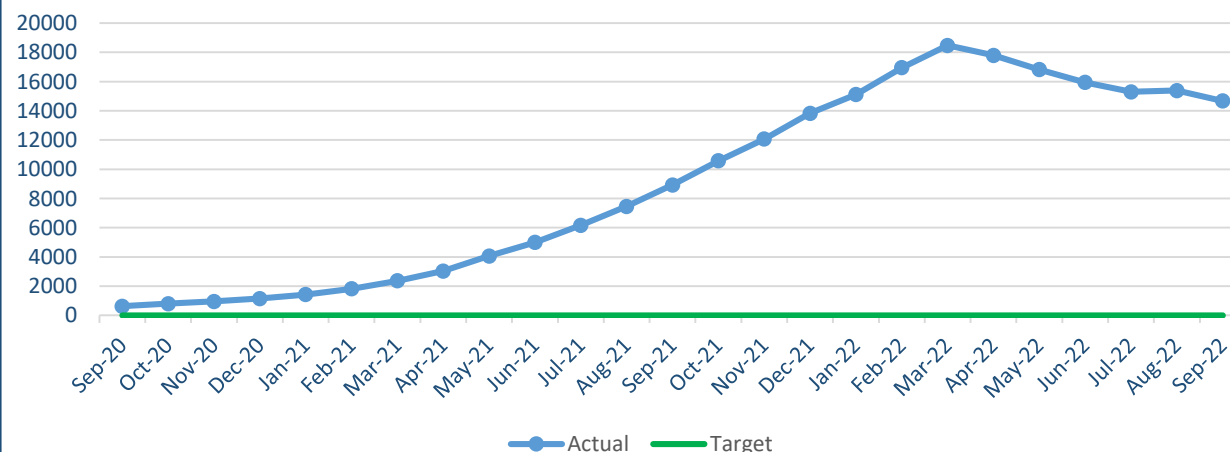
BCU Level - RTT Waits Number > 36 Weeks: September 2022



BCU Level - RTT Waits Number > 52 Weeks: September 2022

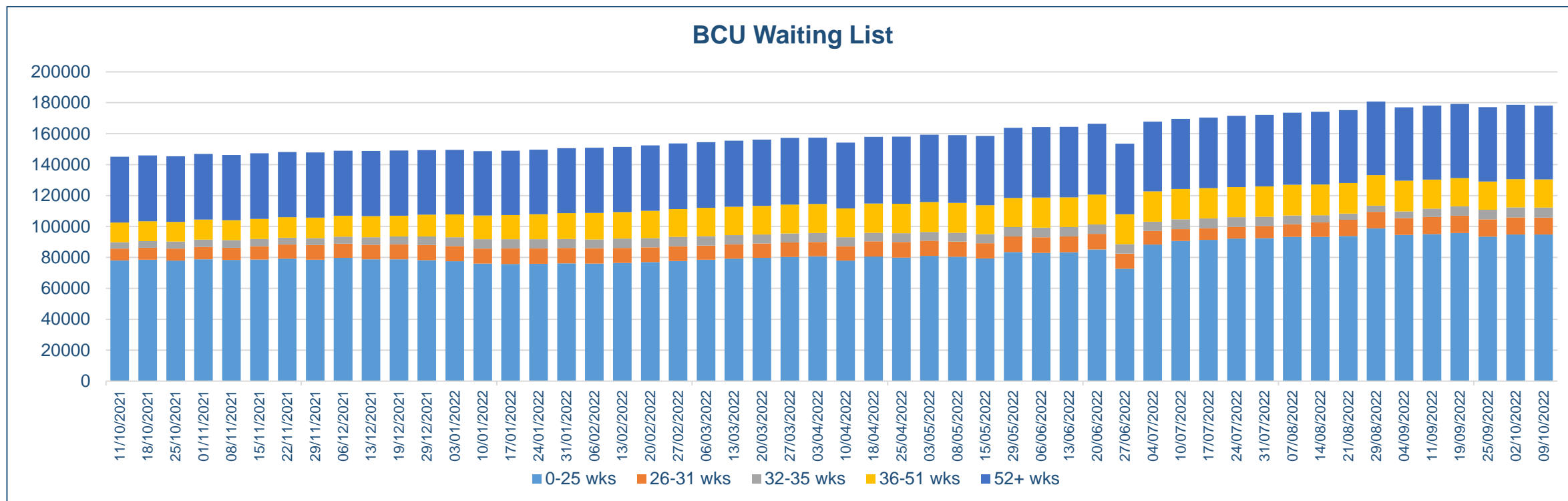


BCU - RTT Waits >104 weeks: September 2022



Charts: Planned Care Waiting List size

Data as at, 9th October 2022



Narrative: Referral to Treatment

Why we are where we are

The size of the waiting list and the length of time patients are waiting to be seen and for their treatment has been compounded by the Covid pandemic, whereby routine activity was paused. However, the waiting list continued to grow in this period, without any patients being removed from the waiting list due to all routine activity being paused. Covid escalation arrangements were put in place across Wales at the start of the pandemic, these measures were only de-escalated on May 16th this year for Outpatients and from the beginning of July for all surgery and procedures.

What we are doing about it

Several measures have been taken to reduce the waiting list and the length of times patients are waiting, this is in line with the ministerial priorities. As a Health Board we are getting back to deliver the same level of activity for all stages that we did in 2019/20, this has been facilitated by the de-escalation of Covid-19 measures. Where there are gaps within capacity to achieve these levels, we are looking to providing solutions that mitigate these gaps.

In addition to these steps, we are embedding outpatient and theatre principles to support the delivery of this activity. As well as working with Welsh Government to validate our waiting lists, this exercise will allow us to book the right patients. There are several other schemes that we are implementing that will support this, for example moving some orthopaedic procedures out of main theatres into another setting to increase throughput.

When we expect to be back on track

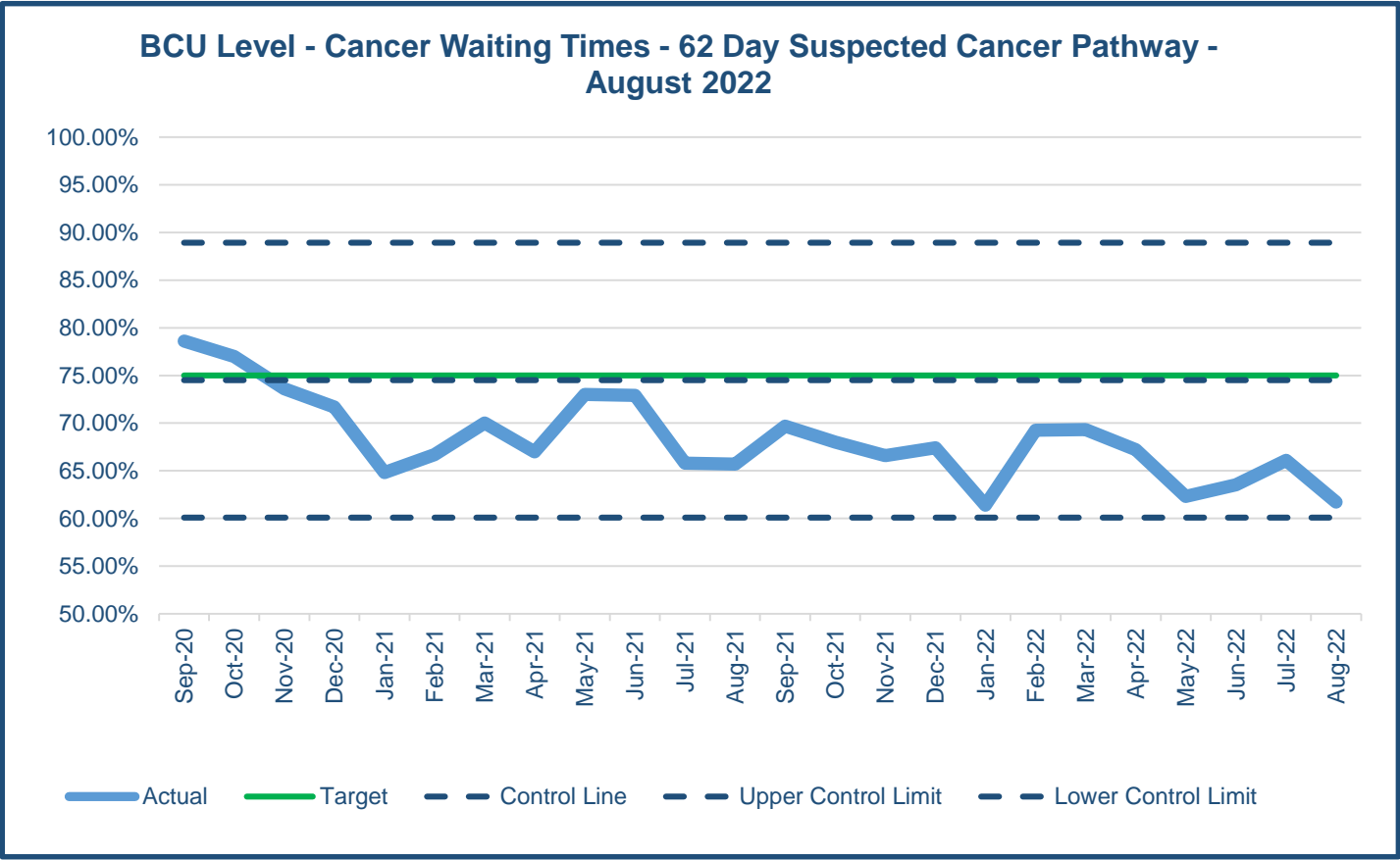
We are working to the ministerial priorities of;

1. No patients waiting 52+ weeks for their first outpatient appointments at the end of the calendar year, in most specialities
2. No patients waiting 104+ weeks for any stage of their pathway at the end of March 2023, in most specialities

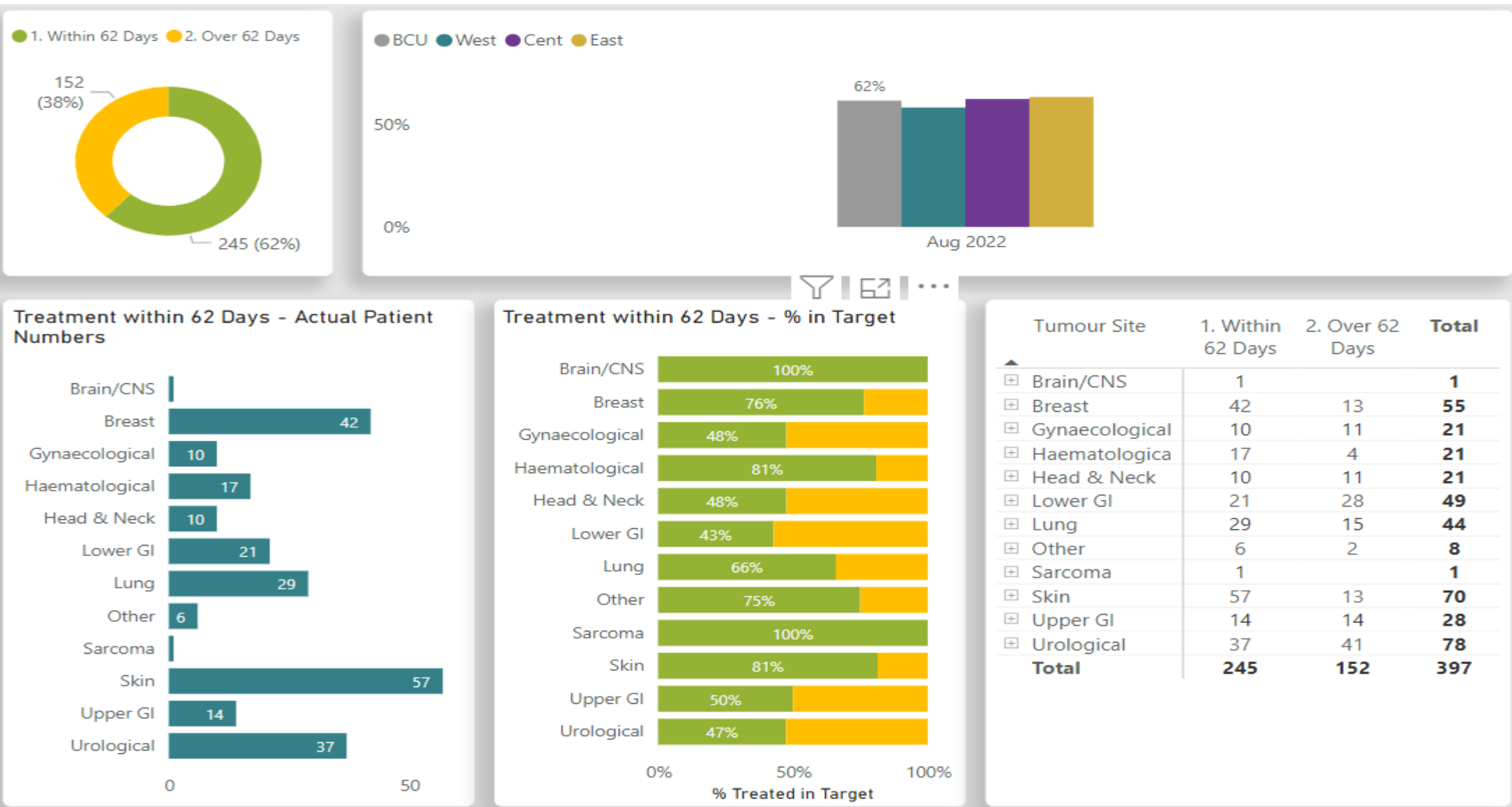
What are the risks and mitigations to this (getting back on track)?

The risks to us delivering this include;

1. The potential for another wave of Covid-19, we will continue to increase the levels of activity to mitigate the impact of any new waves of Covid-19.
2. Staffing - we are working with workforce, to determine our capacity levels against budgeted establishment to be able to recruit through dedicated recruitment days and looking to how we can do things differently through new ways of working.



Note: Cancer Data is reported 1 month in arrears



Why we are where we are

In August 2022 BCU reported 61.7% of patient (245 out of 397) treated in target. Main breach reasons detailed below:

- **Diagnostic** - 48 patients were reported with the primary breach reason being logged as diagnostic. These patients include those waiting for Endoscopy 20.8%, wait for biopsy/FIT tests 41.3% and radiology 27%
- **Treatment** - Surgery date breaches remain the largest factor with 42.8% Treatment breaches related to a delay for surgery. Oncology treatments represent a smaller factor among treatment breaches with 12.1% patients breaching due to wait for chemotherapy and 6.1% for radiotherapy.

What we're doing about it

- All services are prioritising suspected cancer patients
- All clinic templates have been reviewed to ensure sufficient capacity to meet 80th percentile (and 95th where possible) weekly demand for suspected cancer patients
- Locum dermatologist support has been secured and Central and East teams are providing support to West in order to equalise waiting times, West may now offer support in order for Central and East to regain previous position
- Clinician sickness within Breast team in East and Central will likely require West team to pick up patients and prevent pathway delays.
- New process of Access Escalations meetings currently under implementation (including trial of smaller, focused escalations meetings in West) to address and resolve urgent concerns
- FIT testing used to triage referrals appropriately (straight to test vs outpatients). Data now received from bowel cancer screening laboratories regarding number of referrals by GP practice allowing us to identify GP practices who are fully implanting FIT process.

When we expect to be back on track

The Health Board continues to work towards 75% target performance by the end of 2022.

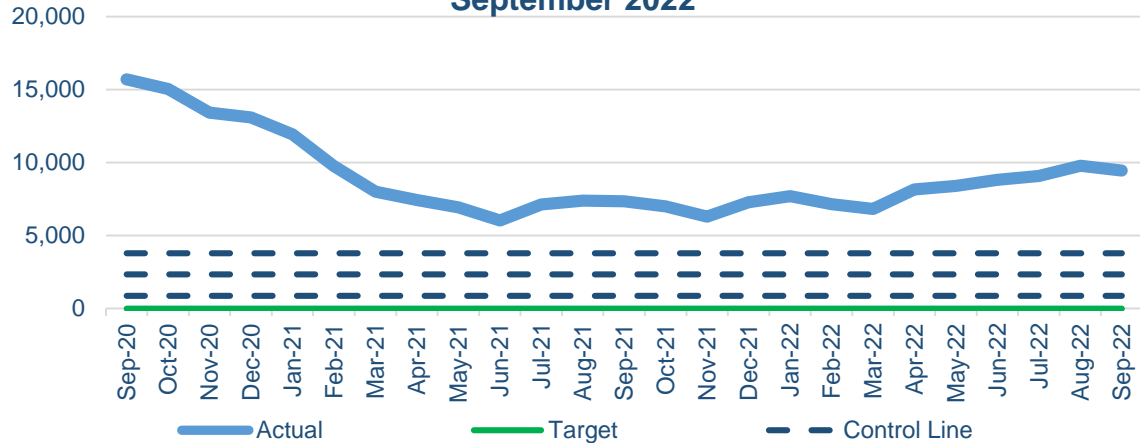
What are the risks and mitigations to this (getting back on track)?

Volume of Referrals – GP USC Referrals continue to remain above average in comparison to pre Covid-19 levels at 138% (3256 referrals received in August 2022)

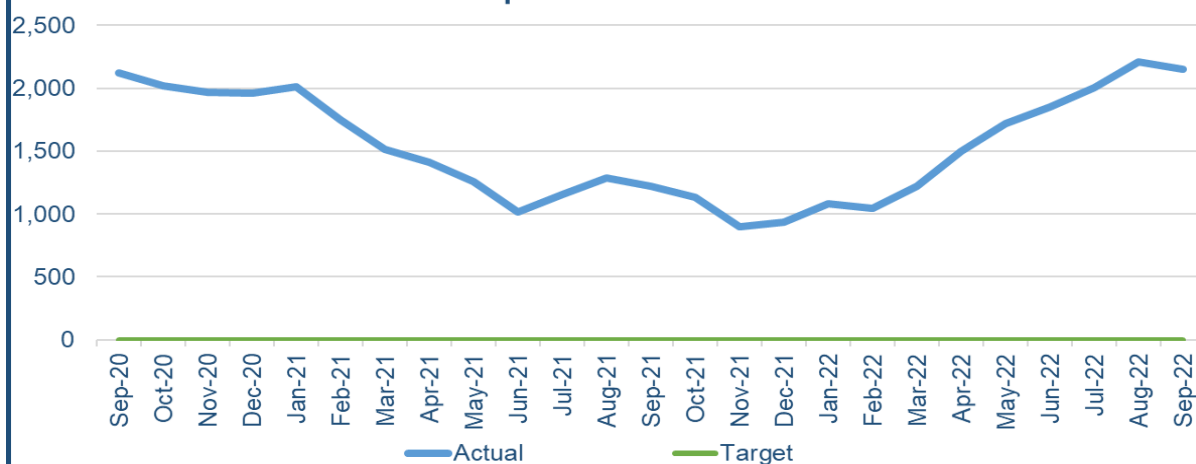
Oncology Staffing – Oncology staffing remains and ongoing priority with agreement now in place with Clatterbridge patients with regards to both Head and Neck and Dermatology oncology patients with locums already in post covering both neurological malignancies and Lower GI patients.

Charts: Diagnostics

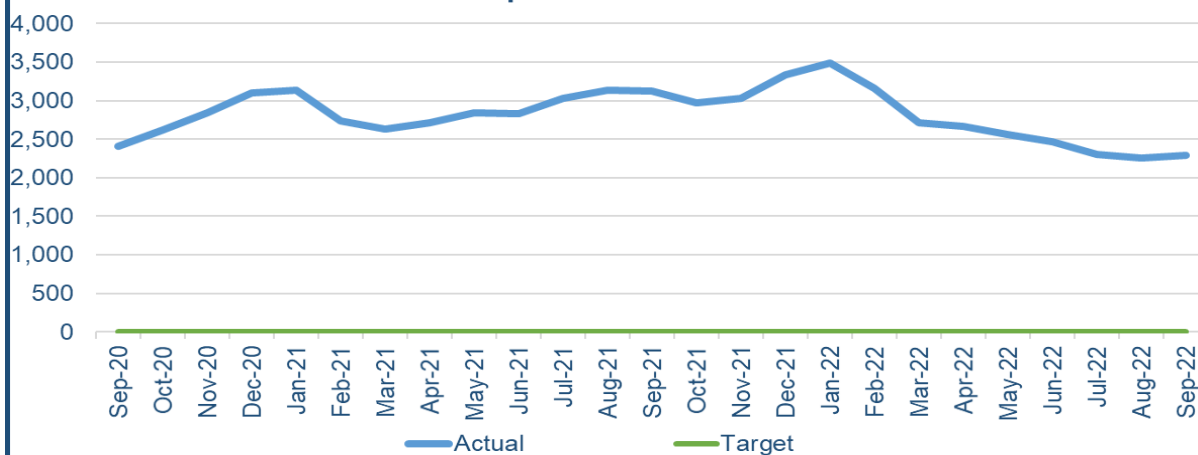
BCU Level - Diagnostic Waits Number of Breaches: September 2022



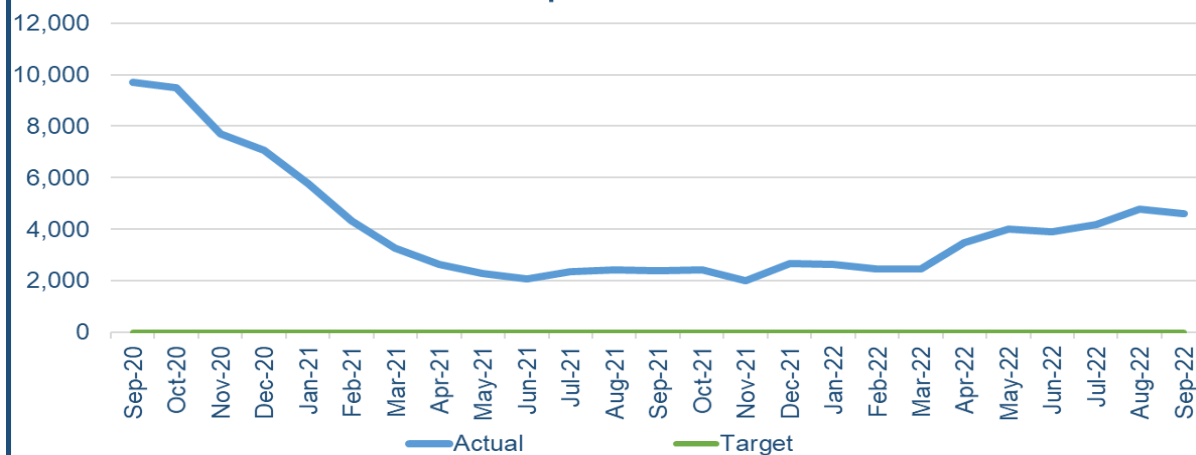
BCU Level - Diagnostic Cardiology; Number of Breaches September 2022



BCU Level - Diagnostic Endoscopy; Number of Breaches September 2022



BCU Level - Diagnostic Radiology (Total); Number of Breaches September 2022



Narrative: Diagnostic Waits – Radiology and Neurophysiology

Why we are where we are

Radiology: The number of patients waiting over 8 weeks for radiology diagnostics at 30.09.22 is 4605, an increase of 414 on the end of July 2022 position. The breakdown comprises a stable position in CT (94 breaches) offset by a reduction of 270 in MRI (1431 breaches) and an increase of 663 patients waiting over 8 weeks for an ultrasound scan (2966 breaches). Increased demand for period April-August is CT +24%; MRI +9%; Ultrasound +4.2% (vs 2019-2020). All three modalities have delivered record activity in this period, with demand increases limiting the ability to reduce breaches. MRI demand is now mitigated by the additional Wrexham modular scanner in place since August increasing capacity.

Neurophysiology: The number of patients waiting over 8 weeks is 551, an increase of 182 from the end of July 2022 position. There are 442 EMG (consultant-led) breaches and 109 NCS (physiologist-led) breaches. Annual leave plus physiologist leaver in August, with replacement post still being sought. Expect to secure dedicated Wrexham accommodation in October with short term locum cover / insourcing then sought to reduce backlog in Q3/Q4.

What we're doing about it

Radiology: Where possible we are aligning resources to meet the demands of the service, looking to recruit to unfilled vacancies, continuing to flex staff in CT and MRI, with modular scanner for MRI and an additional X-Ray trailer in the East to meet demand whilst building and equipment replacement works are progressing. A new Nuclear Medicine scanner capable of doing some CT which brings additional functionality to provide a better service to patients. Urgent work is ongoing to address the deterioration in ultrasound position.

When we expect to be back on track

Radiology: Although additional capacity is being sought urgently this remains an issue of major concern due to ongoing replacement works and the stability of the current equipment in the interim period. Activity as always is dependent on local staffing levels. Essentially demand is being matched with backlog remaining at similar levels. We are hoping to see improvements as new equipment and staffing models come online. Forecast remains 0 breaches in radiology by end 2023-24, and by end 2022-23 for neurophysiology.

What are the risks and mitigations to this (getting back on track)?

Radiology: There is a risk that patients may have to travel further for MRI and CT as we progress through the replacement programme, and that some sessions may be stood down to accommodate those who are urgently required, with the focus on the urgent and USC patients we expect to see the routine waiting lists grow before seeing an improvement in areas as new technology comes online.

Narrative: Diagnostic Waits – Endoscopy

Why we are where we are

In recent years there has been insufficient core capacity available to meet the demands for endoscopy, which continue to grow. Whilst good progress was made pre Covid, the impact of the pandemic has seen significant growth in waiting lists, this was due to closure of the service for a number of weeks and the impact on productivity due to the revised infection prevention measures and the need for social distancing. The majority of the existing capacity available is used for our USC cohort, whilst the diagnostics and surveillance patients are delayed further due to the demand and capacity mismatch.

What we're doing about it

A nationally directed programme was set up in 2019 (NEP) and BCUHB mirrors this NEP structure in terms of work streams. For a number of years we have been reliant on insourcing to support the capacity gap however the Endoscopy business case describes the requirements to build a sustainable seven day endoscopy service across North Wales. To date, we have opened a third procedure room in East which increases the capacity by 10 lists mid week and an additional 4 lists per weekend. The need to recruit substantively is essential, baseline modelling has been undertaken to determine the staffing requirements to support the additional sessions required. The first phase of this recruitment plan is underway. All sites continue to monitor utilisation, productivity and efficiency and ensure validation of waiting lists.

When we expect to be back on track

The demand & capacity modelling is currently underway and will be completed by 14th of October, this will give us the refreshed position to ensure our workforce and estates plans are aligned. Current trajectories demonstrate backlogs will be cleared towards the end of 2024.

What are the risks and mitigations to this (getting back on track)?

The recruitment model relies on a flexible model of continuing with insourcing to maintain capacity whilst recruitment is undertaken. Within the business case the requirement for refurbishment for East and relocation for Centre is acknowledged and will remain a risk without investment. Much of the endoscopy equipment in particular within Decontamination requires replacement and is at risk of failing, these have been submitted via the capital equipment bids. There has been a significant shortage of gastroenterologists and therefore consideration for clinical/nurse endoscopist posts has been agreed as mitigation.

Narrative: Diagnostics – Cardiology

Why we are where we are

We continue to see the waiting list grow and are unable to achieve the national 8 weeks diagnostic target. This is a known area of challenge nationally due to workforce shortages, and has meant we have held vacancies across North Wales.

Nationally it is recognised the demand for cardiac physiology diagnostics is increasing. Inpatient demand on the service continues to grow; supporting rapid diagnosis, treatment and facilitate timely discharge. Across North Wales, the departments are balancing inpatients, outpatients and pre-operative diagnostics based on patients clinical need. The longest waits are for echocardiograms and we have 77 patients waiting over 52 weeks .

What we're doing about it

- The service is undergoing demand and capacity modelling for future service provision
- Efficiency improvement work is ongoing
- We have appointed two new Cardiac Physiologists in the West, one above budget
- Additional waiting lists sessions have been agreed across North Wales

When we expect to be back on track

Fully clear the patients waiting over 52 weeks by March 2023.

What are the risks and mitigations to this (getting back on track)?

Risk-	Mitigation-
Business case is not funded in 2022/23	Ongoing additional waiting lists
Workforce sickness and recruitment	Pan BCU operational group monitoring and support

Eye Care Measure Dashboard | Welsh Government Submission

Area

West

Central

East

Reporting Month

September 2022

Open Pathways

Health Risk Factor	No Target Date	Not Overdue	0 - 25%	26 - 50%	51 - 100%	Over 100%	Total
R1	154	10,246	1,929	1,698	3,148	16,681	33,856
R2	23	1,467	498	551	797	3,849	7,185
R3	6	339	61	87	122	961	1,576
No HRF	907	317	33	30	48	88	1,423
Total	1,090	12,369	2,521	2,366	4,115	21,579	44,040

Attendances

Health Risk Factor	No Target Date	Not Overdue	0 - 25%	26 - 50%	51 - 100%	Over 100%	Total
R1	327	1,113	1,282	332	435	1,099	4,588
R2	40	44	16	12	13	132	257
R3	3	59	19	5		41	127
No HRF	165	57	71	15	11	30	349
Total	535	1,273	1,388	364	459	1,302	5,321

Did Not Attend

Health Risk Factor	Total Did Not Attend
R1	356
R2	21
R3	11
No HRF	26
Total	414

Patient Cancellations

Health Risk Factor	Not Overdue	Overdue	Total
R1	235	891	1126
R2	4	61	65
R3	17	24	41
No HRF	11	69	80
Total	267	1045	1312

R1 Attendances < 25% Overdue



Source: IRIS. Accessed 13.10.2022 Position for end of September 2022

Why we are where we are

- Covid-19 mitigation and staffing resource impacts on core activity and Eye Care Measure (ECM) transformation capacity.
- Historic Data Quality & Completeness impacting on availability and effectiveness of data for modelling, planning, delivery of sustainable services.
- Covid-19 distancing mitigation and reduced resources (staffing and estates) impact on capacity and transformational pathway delivery. i.e. reduction in Cataract. Outpatient capacity, reduced theatre utilisation and delay in embedding high volume, low complexity Cataract Pathways.
- Delay in National Digital programme delivery of Glaucoma “Go Live”. This is a key enabler of sustainable pathways to reduce patient waiting times and waste.
- Conflicting priorities/vacancies impacting on consistent Clinician and Operational Management engagement essential for continuous improvement.

What we are doing about it

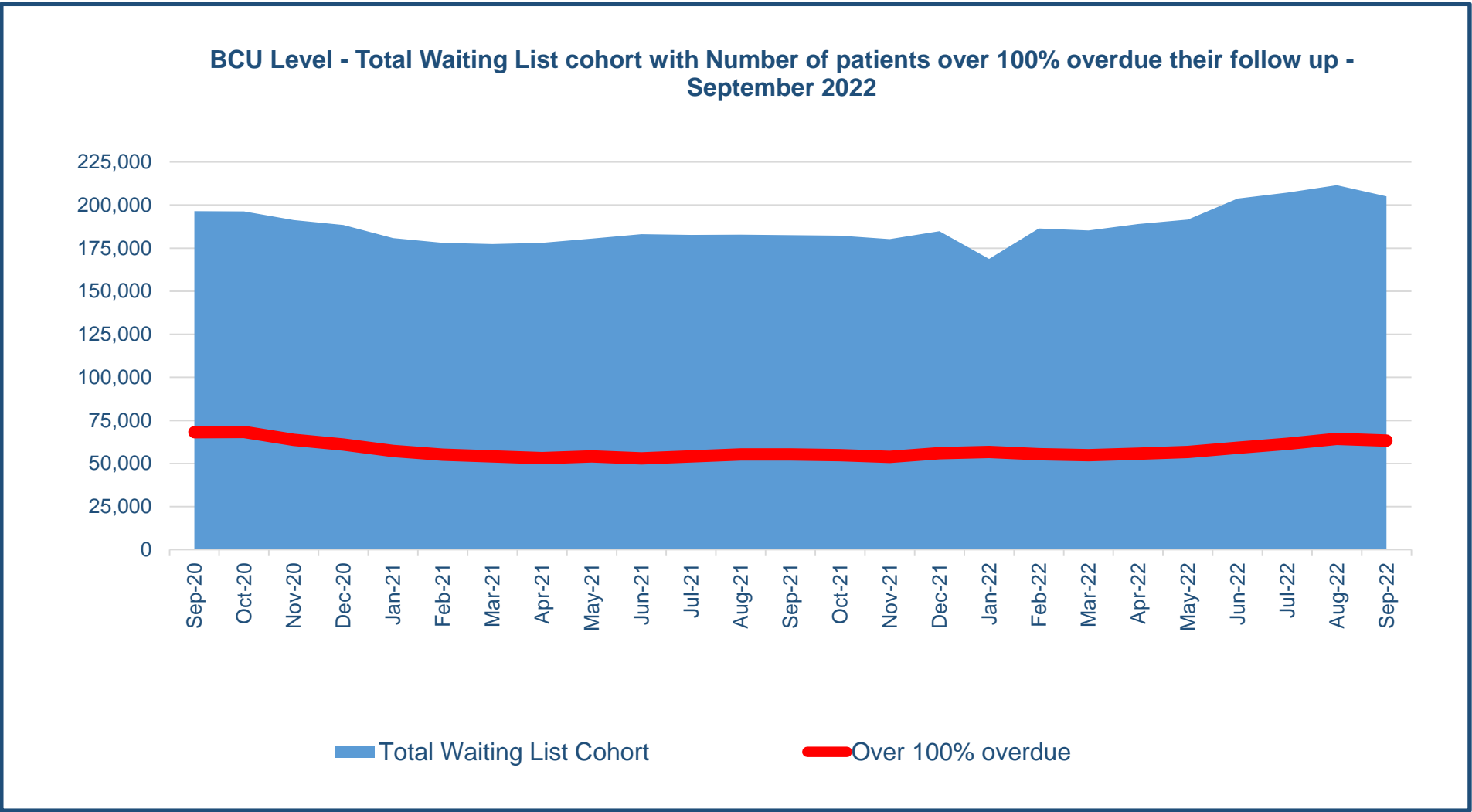
- Ophthalmology Teams progressing 100% Pre-Covid-19 capacity delivery plans. Transformational pathways & Continuous Improvement Networks mobilisation.
- Ophthalmology Area Teams to provide action plan to redress Clinical Condition data gaps.
- Capacity recovery from Cataract Outsourcing (400 Routine Patients per month rising to 600/month Sept 2022).
- Expand BCU pre-mobilisation to include Glaucoma and Cataract: to ensure Go Live readiness for both pathways when National Programme functionality confirmed.
- Pan BCU Clinical Lead and Optometry Advisor appointment/Pan BCU posts v's long-term “local” vacancies. Embed Clinical Networks for continuous improvement.

When we expect to be back on track

- ECM Integrated Pathways on track (Integrated Glaucoma and Diabetic Retinopathy Proof of Concept delivery consistent from 2021 Q4.) Diabetic Retinopathy Expansion Go Live (On Track for 30.9.22).
- Close of August 2022 target for addressing historic Clinical Condition gap backlog for R1 patients.
- Routine Cataract waiters to receive care <52 weeks by close of December 2022. Short term estate loss at YG Maxillofacial to cease 30.9.22.
- Health Board readiness for Go Live Glaucoma Tests and Cataract mobilisation completed within deadline/on track.
- Pan BCU Optometric Advisor & Clinical Lead recruitment (1.9.22). Vacancy review initial step to Pan-BCU posts August 2022 to support Pan BCU Consultant recruiting.

What are the risks and mitigations to this (getting back on track)?

- Risk: Pandemic mitigation recurrence/unplanned leave impact on Primary Care partners. Mitigation: Expanding number of Primary Care partners by Q4 2022.
- Risk: Operational team admin capacity gaps (vacancies/sickness). Partial Mitigations: Operational Teams utilising overtime/recruitment to vacancies.
- Risk: Outsourcing short-term solution. Medium and Longer-term mitigations in progression. Long-term: Regional Treatment Centre. Short/medium term: PDSA refresh of High-Volume Low Complexity Cataract Pathways and increase Theatre Utilisation (Complex Cataracts) to progress sustainable models of care supported by GIRFT (Q3 expected).
- Risk: Extended lead time for wider ECM pathways. Mitigation: Expand BCU pre-mobilisation to include Cataract to minimise lead time for multiple pathway delivery.
- Risk: Delayed delivery of sustainable pathways. Mitigation: Monthly RAG rated report highlighting/escalating risks with Eye Care Collaborative /Senior Leaders.



Narrative: Referral to Treatment

Why we are where we are

The outcome of the Covid pandemic had a detrimental impact on the waiting times, whilst the reduced capacity in the system added further pressures in secondary care. DNAs and not discharging patients that had not attended their New outpatient appointment increased from 51.1% in 2019/20 to 64% currently for 2022/23, therefore we are rescheduling 13% more Stage 1 / New patients than in 2019/20.

Over the past 12 months we have had 2,119 patients booked for an appointments more than 3 times due to their non-attendance (4 or more DNAs). At an average 12 patient attendance per outpatient clinic, this equates to 177 clinics or 89 days worth of clinics lost due to patients' repeated (4 or more DNAs) non attendance.

What we're doing about it

We have put in place plans that: i) treat our patients in turn ii) reduce the backlog, and ensuring that we have a clear and acute picture of the demand on the service. This is done by validating our records, enhancing and following policies and procedures, and ensuring that we use our capacity in the most efficient manner.

We are investigating technology and pathways to support an ever evolving health care service that moves with innovation, thus making it easier to move into provision of health care that may not be in a patient's immediate locality, but supporting the provision of care equality and the care for the patient at that time. For our Stage 1 >52 week waits we have plans in place to reduce this by 70% (from a September baseline) over the coming 4 months with plans being drawn to further improve this position in the aim of meeting the ministerial targets.

When we expect to be back on track

We are working to the ministerial priorities of;

1. No patients waiting 52+ weeks for their first outpatient appointments at the end of the year, in most specialities
2. No patients waiting 104+ weeks for any stage of their pathway at the end of March 2023, in most specialities.

What are the risks and mitigations to this (getting back on track)?

We are conscious of the pressures on the health service and its clinical and managerial staff, and the retention and recruitment of staff is a risk, with plans to attract [recruit] more support to deliver the services.

Narrative: Follow Up Outpatient Waiting List

Why we are where we are

The outcome of the Covid pandemic had a detrimental impact on the waiting times, whilst the reduced capacity in the system added further pressures in secondary care. The Follow-up appointment demand is further compounded as we increase activity at the front of the pathway (to reduce the backlog of New appointment requests)

What we're doing about it

As we increase the attendance of New appointments, we need to match and then manage more effectively the follow-ups to keep aligned to the new demand whilst reducing the follow-up backlog. To manage this we are validating our records, enhancing and following policies and procedures, and ensuring that we use our capacity in the most efficient manner. We are also on boarding new clinically approved pathways across many specialties, such as See on Symptoms and Patient Initiated Follow-up. Current uptake across BCU is 5.4% - this is an increase from 2.4% in January 2022, and increasing the virtual follow-ups (telephone/ video) with 23,117 patients attending a video consultation with 42 different specialties, with some 757 consultants – all this whilst reviewing pathways so that only those patients that are clinically in need of a follow-up are scheduled (this clinically guided).

When we expect to be back on track

BCU has met the 10 ministerial priority specialty pathways for SOS and PIFU, and will be operating as BAU by March 2023. Usage is now dependent on clinical adoption. All SOS and PIFU pathways in place are to be standardised pan-BCU by March 2024.

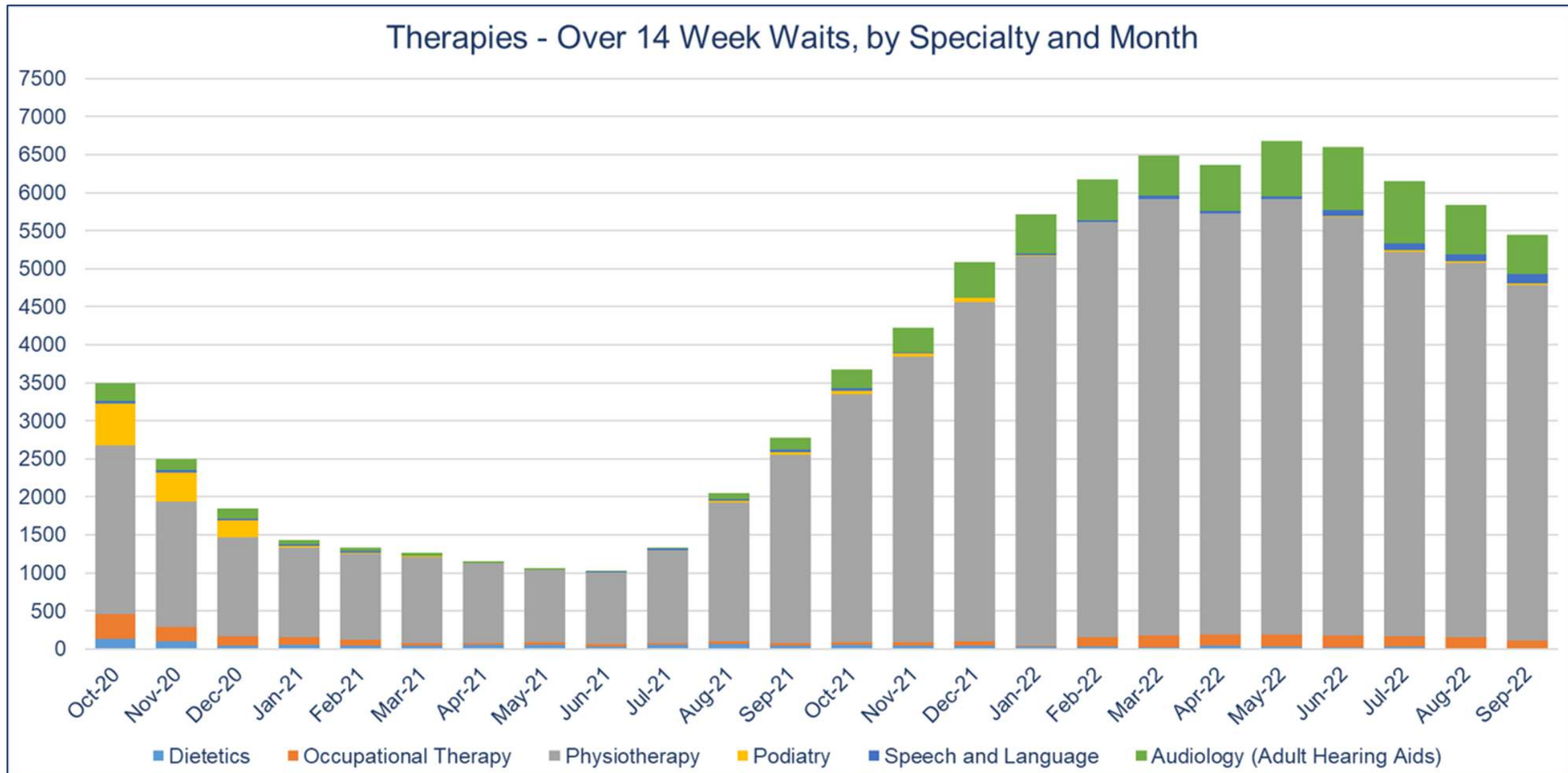
What are the risks and mitigations to this (getting back on track)?

We are conscious of the pressures on the health service and its clinical and managerial staff, and the retention and recruitment of staff is a risk, with plans to attract [recruit] more support to deliver the services.

The adoption of virtual and pathway changes (e.g. SoS and PIFU) are also an integral part of supporting a reduction in the follow-up waiting lists.

Clinical Engagement is vital and requires frequent senior level encouragement of spread and adoption for utilisation of the pathways.

Project Management and Information Analyst support is vital to the delivery, currently under recruitment.



Why we are where we are

East IHC Physio waiting times have been significantly affected by two matters – the cancellation of the routine caseload work during the COVID pandemic and the loss of physiotherapy departmental accommodation in Wrexham due to the reconfiguration of the Maelor hospital from Autumn 2020. Increased orthopaedic activity results in additional patients being added to the waiting list as urgent priorities lengthening the wait for routine patients.

Centre – there are a number of patients over 52 weeks that require managing ahead of end of December 2022

West – will meet the 52 target by December 2022

What we're doing about it

Validating the waiting list, applying partial booking rules, applying caseload management, signposting to support services. Specifically in East IHC Plas yn Rhos will be available for 1/3 of lost accommodation capacity from October 2022 and Plas Gororau for 100% lost accommodation capacity from September 2023. Locums are in place, community venues are being hired and remote working is being used where appropriate

Centre – Staff are available, we have additional hours being worked in an evening and at a weekend.

Ensuring that diaries are templated correctly for the correct number of new patient appointments. We continue to seek offers from staff for additional hours.

We have recruited to some bank band 4 positions and are about to set up training so that we can have some additional weekend clinics running. We have interviews next week to recruit additional Bank Band 4's.

We continue to go out to recruitment for MSK physios and have interviews set up next week. 6 of the 7 shortlisted have trained abroad and 4 of which do not have current work visas.

Where possible we utilise groups/classes with assistants/students. There is an active training programme to support the newly qualified band 5's who are working within MSK and have not had the usual MSK experience as a student due to Covid and are requiring additional support within this work area to then be able to take on the caseloads.

We continue to actively recruit locums. One commenced 2 weeks ago at RAH. Validation letters are being sent to those on the waiting lists.

When we expect to be back on track

East Physio IHC expect to be below 52 weeks by December 2022. Achieving the under 14 week wait target is not predicated in this financial year.

Centre aim to be back below 52weeks by December 2022

What are the risks and mitigations to this (getting back on track)?

Further slip in the timelines for Plas yn Rhos and Plas Gororau. Recruitment and retention of staff. Increase in orthopaedic activity.

Narrative: Therapy Waits (CMATS)

Why we are where we are

During the COVID pandemic routine appointments were cancelled. Post COVID pandemic there was a significant backlog of patients waiting. There was a significant period of reduced capacity due to social distancing; some clinic capacity has not returned
There is an increasing trend in the number of referrals to the service –trend of 4%
Finally, there have been vacant posts within the service, together with staff sickness (some Covid related)
East IHC also acquired the ECSWT patients who were previously outsourced – this caseload was not accompanied by additional resource.
West IHC has recently transferred onto WPAS – new ways of booking and reviewing clinic spaces to allow for CAN etc.

What we're doing about it

Validating the waiting list, offering additional hours and over time, actively recruiting (including into development posts).
Closed the ECSWT waiting list with these patients being referred into the previous outsourced arrangements.
Resetting clinic templates to pre Covid –additional time was factored into templates to allow for virtual clinics

When we expect to be back on track

All IHC CMATS expects to achieve the target of no waits over 52 weeks by December 2022.

What are the risks and mitigations to this (getting back on track)?

Recruitment and retention – mitigated by seeking opportunities to develop staff.
Clinical accommodation

- 1d: Child and Adolescent Mental Health Services (CAMHS)



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Measures: Children and Adolescent Mental Health Services



*No patients waiting at all. Therefore actually N/A. But for consistency of chart reported as 100%

**August latest data position

Narrative 1: Children and Adolescent Mental Health Services

Why we are where we are

End Aug performance against WG targets: 100% referred to CAMHS waited under 28 days for initial appointment; Mental Health Measure (MHM) Part 1a – 39.8% 1b – 26.4% MHM Part 2 93%. Position against mental health measure known risk, focus on improvement plan reduction on those waiting under 28 days. Off target against trajectory due to:

- 6% Increase demand for mental health assessment and intervention on a regional basis
- Reduction in core capacity due to sickness absence of 6.84% and staff turnover rate of 12.96% over Q1&2
- Increase in N:R ratio to 10:1 in comparison to pre-pandemic 7:1, this is associated with national picture of increased complexity and acuity of patients and has impacted on flow
- Recruitment to new posts within CAMHS services has seen movement of staff internally which has resulted in ongoing vacancies

What we're doing about it

- Support from Delivery Unit to review compliance and trajectories along with reporting matrix to ensure consistency across Wales.
- Integrated Health Community's (IHC's) developing revised recovery position with a view to escalation mid October on year end position
- Choice and Partnership Approach (CAPA) capacity and demand workshop arranged November 2022
- Monitoring of performance against improvement trajectory and recovery planning is ongoing across all teams through the established Regional CAMHS Performance Delivery Group with escalation to Assistant Area Directors via Strategic Improvement & Development Group for oversight.
- Monthly scrutiny of external provider uptake and throughput
- A Performance Management Framework is being developed to ensure increased clarity of KPIs, responsibilities and accountability through Access Work Stream of Targeted Improvement (TI)
- Recruitment to posts identified in 2022/23 funding bids has commenced to support early intervention and prevention services to improve the early help offer within schools and primary care, manage demand into specialist services and increase capacity within core services

When we expect to be back on track

Revised trajectories and recovery plans for 2022/23 are under development in IHC's which will enable regional year end position to be determined. Revised position in East and West IHC's being reviewed due to concerns around ability to meet improvement in numbers waiting over 28 days by year end.

What are the risks and mitigations to this (getting back on track)?

- Delays in recruitment are being supported by the Programme Management Office (PMO) to ensure posts are advertised in a timely manner and promoted through Just-R recruitment campaign, social media and recruitment events during Q3/4.
- Ability to recruit to all new posts as investment received equates to a 50% increase in staffing across the service.
- Increased demands on services in terms of referrals received and acuity is monitored in weekly performance meetings in local areas to ensure that escalations are made through TI Access Work Stream and IHC's
- Increased sickness absence, monitored on a weekly basis with a view to adjusting capacity across area teams.
- With increased waits there is a risk that there will be crisis presentation, to mitigate teams liaise with patients waiting to ensure community support / signposting is provided

Narrative 2: Neurodevelopment (ND)

Why we are where we are

Our performance against achieving the **WG target at the end of August 2022 has reduced to 41% waiting within target to start a ND assessment**. This is affected by:

- The gap between core capacity and demand is significant and affected by staff turnover, recruitment of skilled workforce, and clinical accommodation availability.
- The need to redesign and refocus the service to ensure it is needs led and provides timely, consistent and supportive services to children and their families.
- External Provider delivery for phase 1 and 2 of contract is not on track. Phase 3 is temporarily paused whilst further discussions take place with the provider.

What we're doing about it

- Development and implementation of a service improvement and development plan which is in progress; funding will be essential to make the impact required. Programme Manager is prioritising work streams. A key workstream is Workforce, a recruitment and retention strategy is being developed in order to build sustainable teams to deliver services internally. Linking with child psychology for input regarding/considering role redesign and seeking workforce support regarding specific recruitment campaigns. Funding/investment going forward will be essential to build capacity.
- Recruitment is underway for a Transformational Clinical Lead.
- Development of an agreed model of care for the service, which will include co-production and testing models to ensure they meet needs.
- We are working with the external provider to finalise and deliver a recovery plan for all phases of the contract.
- The requirement to use further external providers going forward is essential in order to meet demand, this is now being taken forward via business case/tender process.

When we expect to be back on track

- Escalation of private provider performance; to ensure the 3 phases on the contract are back on track and deliver; revised trajectories are being agreed, we hope this can be agreed by both parties by the end October 22.
- Currently in the final stages of agreeing the tender service specification and agreeing timescales with regards to the re-tender for the contract for 23/24
- The Service Improvement and Development Plan will be a 3 – 5 year incremental plan 22-25 to achieve a sustainable service fit for the future needs of our population.

What are the risks and mitigations to this (getting back on track)?

- Financial Risk – Phase 1 and 2 have been paid as per contract (paid on referral) with delivery outstanding. Recovery plan to ensure all outstanding referrals are closed prior to 31.3.23. Phase 3, currently paused whilst we agree recovery plan; No payment made against Phase 3.
- Operational risks – delayed waiting times for assessments, which has resulted in our inability to meet the WG target. Recovery plan to ensure all outstanding referrals are closed prior to 31.3.23. Phase 3, currently paused whilst we agree recovery plan
- Workforce risk – Internal recruitment and retention issues impacting on internal capacity for assessments. Risks raised particularly around psychology posts within the ND service. Risk to be escalated; recruitment on-going, review of skill mix currently being undertaken.

- 1e: Adult Mental Health Services



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Measures: Adults Mental Health Services

Committee	Period	Measure	Target	Actual	Trend											
					O	N	D	J	F	M	A	M	J	J	A	S
QSE	Aug 22	Percentage of service users (adults aged 18 years and over) admitted to a psychiatric hospital between 09:00 and 21:00 hours that have received a gate-keeping assessment by the CRHT service prior to admission	95%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%
QSE	Aug 22	Percentage of service users (adults aged 18 years and over) admitted to a psychiatric hospital who have not received a gate keeping assessment by the CRHTS that have received a follow up assessment by the CRHTS within 24 hours of admission	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%
QSE	Aug 22	Percentage of mental health assessments undertaken within (up to and including) 28 days from the date of receipt of referral for adults aged 18 years and over	80%	77.1%	70.6%	69.2%	66.2%	46.6%	63.2%	63.2%	54.5%	62.5%	69.5%	75.2%	77.1%	
QSE	Aug 22	Percentage of therapeutic interventions started within (up to and including) 28 days following an assessment by LPMHSS for adults aged 18 years and over	80%	72.9%	83.2%	75.2%	73.5%	64.4%	79.8%	75.1%	77.8%	78.5%	82.2%	81.2%	72.9%	
QSE	Aug 22	Percentage of patients waiting less than 26 weeks to start a psychological therapy in Specialist Adult Mental Health	80%	88.0%	91.0%	80.0%	78.6%	76.2%	76.4%	74.3%	69.6%	64.4%	74.6%	79.4%	88.0%	
QSE	Aug 22	Percentage of health board residents in receipt of secondary mental health services who have a valid care and treatment plan for adults 18 years and over	90%	84.3%	87.2%	86.3%	86.1%	87.1%	85.5%	85.4%	86.5%	86.7%	83.2%	81.7%	84.3%	

Narrative 1: Mental Health Measure

Why we are where we are

We have demonstrated a small improvement in parts 1a of the Mental Health Measure, this is largely due to the continuing improvements in the East and a stabilising of the waiting list position in the West. Vacancies across the teams continues to be the biggest adverse contributor to our failure to achieve compliance across all parts of the measure.

What we're doing about it

Regular monitoring of our position along with analysis of past years data which demonstrates peaks in referrals in late Autumn and consideration of our winter pressures has resulted in the division reviewing recovery plans and Executives have approved a scheme to allow the division to block book bank staff with skills and knowledge to support the core staff over the next 3 months. This new resource will enable us to reduce the longest waiters and bring us to a more manageable position. In addition it is anticipated that the introduction of the 111 press 2 scheme in winter will alleviate some of the demand typically seen through the Measure.

Recruitment drives to recruit to establishment has continued and the Just R campaign launched in September has started to see some early interest which we will pursue to maximise all employment possibilities.

When we expect to be back on track

With the new staff we are forecasting a return to compliance at the end of March 2023

What are the risks and mitigations to this (getting back on track)?

As outlined, staffing remains our biggest risk factor. Winter pressures and the possible uplift in COVID-19 cases is also a risk for delivery of our services.

Narrative 2: Adult Psychological Therapy

Why we are where we are

We are pleased to report further improvement in regional compliance for the secondary care adult specialist psychological therapy waiting time target. All areas are now compliant with both West and Central areas at 100%. This is a consistent improvement from the picture 3 years ago.

What we're doing about it

We continue with the whole system strategic improvement work to incrementally build the staffing resource to better meet professional and service minimum staffing guidelines, and the infrastructure to support these services and staff to sustain improvements long term. As previously reported this includes ongoing capacity/demand analysis, stepped care training and supervision to Multi-Disciplinary Team MDT colleagues to increase access to lower step interventions (as per Matrics Cymru guidance), waiting list review and no waits prioritising and fast track high risk and need, validation and proactive data collection across the region, proactive recruitment efforts and support for existing staff to ensure retention. We continue with the programme of increased access to delivery with the increased modes of delivery, including face to face groups and online delivery. We have service level research to indicate their benefit to service users across North Wales, in multiple teams and tiers of service within primary care mental health and secondary care mental health teams.

When we expect to be back on track

There is a need to be realistic about expectations with a small resource and the national picture of increased demand for psychological input (the pandemic and economic crisis impact) where compliance across Health Boards is not reaching target. We have made significant improvements in North Wales and are aiming to reach full compliance across all localities (West, Central, East) by early 2023, supported by maternity leave returns and new recruitments. However, it should be acknowledged with such a small specialist resource there remain challenges such as maternity leaves, sickness, and staff turnover vacancies. We continue to try and address the capacity demand mismatch by proposing plans for service improvement funding (SIF) to continue to build and improve the available resource and infrastructure within BCUHB to sustain these improvements long term.

What are the risks and mitigations to this (getting back on track)?

The risks are as above and mitigations are in place and ongoing as reported previous quarter. We are working with Health Education and Improvement Wales (HEIW) and aligning with the national workforce plans to build the workforce, and continue with efforts to secure SIF investment. The stepped initiative continues to support Multi-Disciplinary Team (MDT) staff across the whole mental health system to deliver lower step psychological interventions and psychological and trauma informed care to service users, as well improve access to evidence based intervention by increased direct delivery of groups and one to one psychological care to service users at Primary Care Mental Health (PCMH) and Community Mental Health Team (CMHT) levels.

Chapter 2

Quadruple Aim 3:

The health and social care workforce in Wales is motivated and sustainable



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- 2a: Workforce

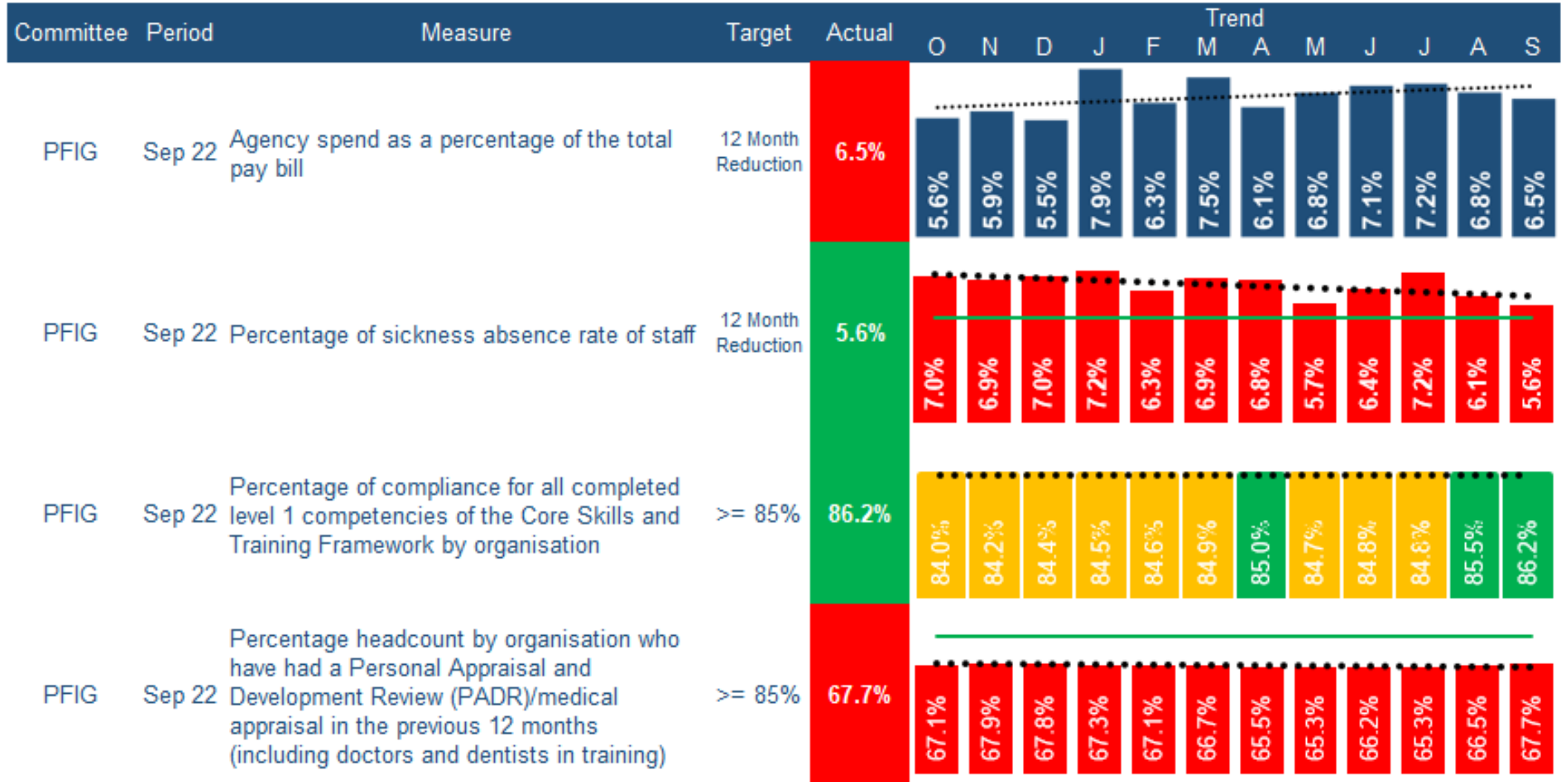


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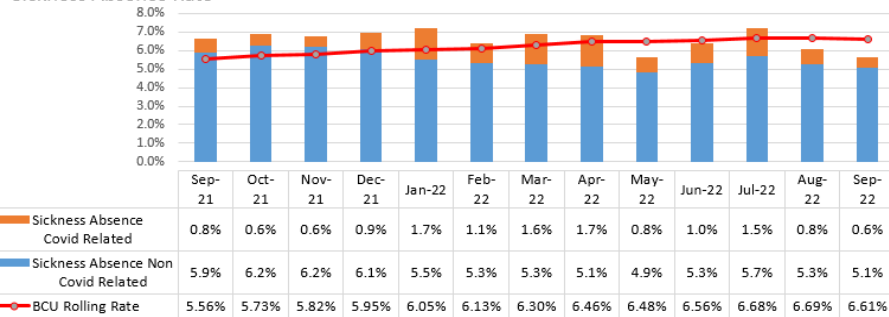
Measures: Motivated & Sustainable Workforce



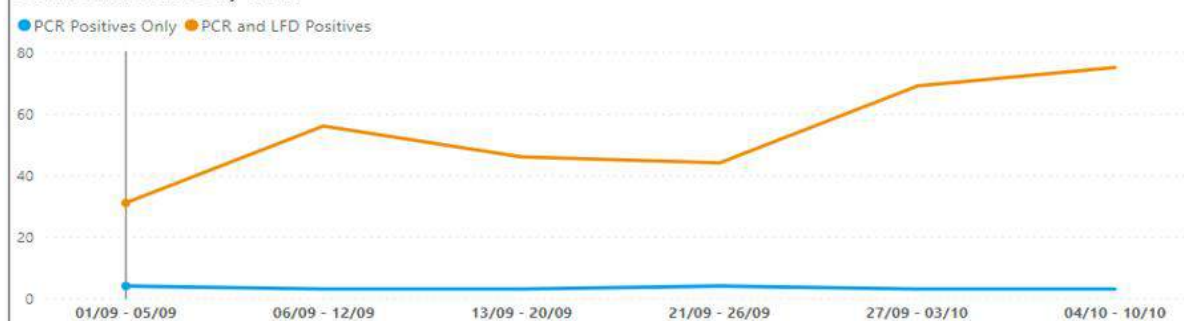
Charts: Motivated & Sustainable Workforce

Sickness absence Rates

Sickness Absence Rate

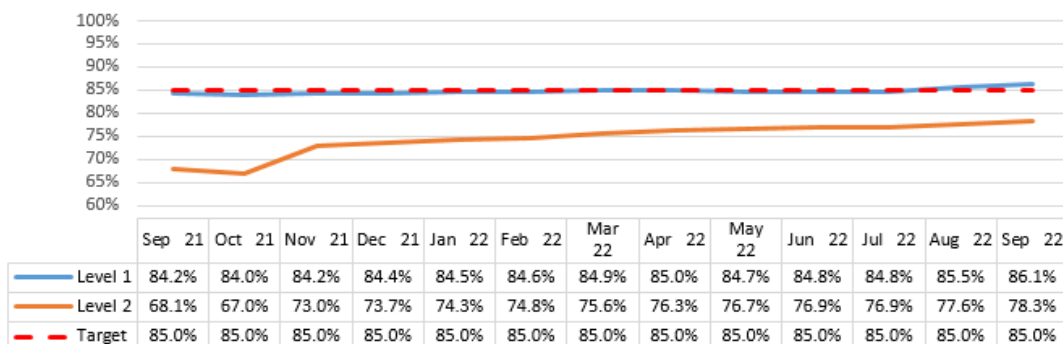


Staff Positive Cases by Week

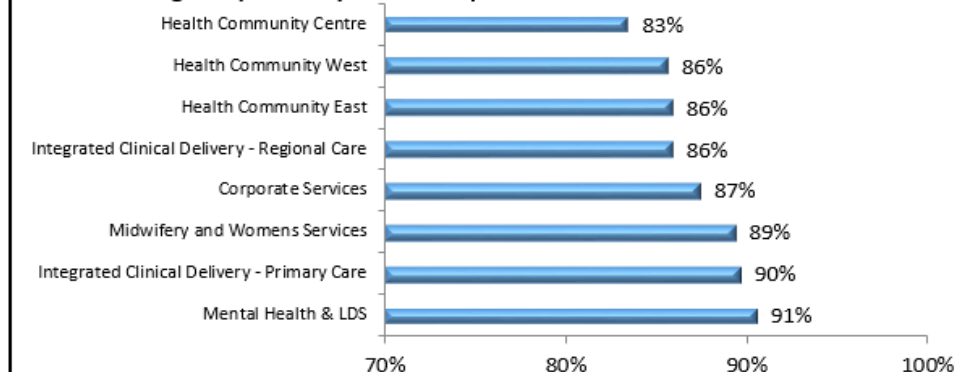


Core Mandatory Training Rate

Training Compliance September 2022

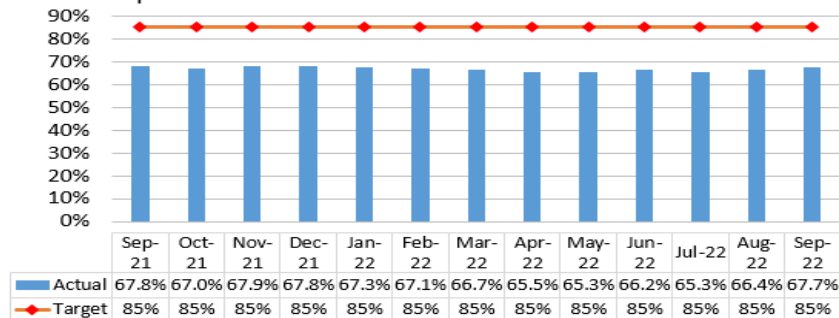


Level 1 Training Compliance by Division September 2022

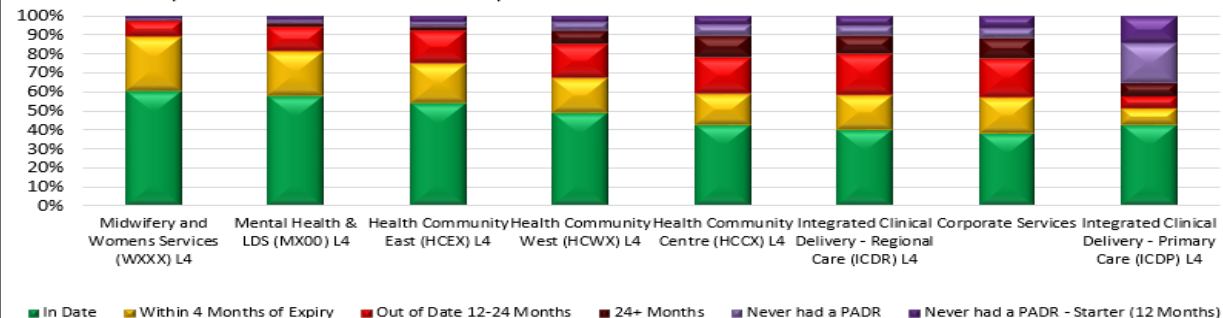


PADR

PADR % 30 September 2022



PADR % Compliance 1 October 2021 to 30 September 2022



Narrative: Sickness Absence

Why we are where we are

- Rolling sickness absence performance is at 6.61% a decrease of 0.7% (Sept 22). There has been a downward trend for the last 2 months (August & Sept).
- COVID19 related sickness absence has decreased by 0.9% to 0.6% from 1.5% (July 22) the lowest rate since November 2021.
- Non COVID19 related sickness absence has decreased by 0.6% from 5.7% (July 22) to 5.1% (Sept 22).
- Stress related absence remains the biggest cause of absence followed by infectious diseases. The highest levels of sickness absence are in Additional Clinical Services, Estate and Ancillary and Nursing and Midwifery. Additional Clinical Services rates are highest across the organisation but have decreased by 1.64% to 7.93% (sept 22) from 9.57% in July 22. Estates and Ancillary sickness rates have decreased by 2.7% to 7.34% (Sept 22) from 10.04% in June 22. Nursing and Midwifery levels have decreased by 1.75% to 5.77% (sept 22) from 7.52% in July 22.

What we're doing about it

- Continuing to support long term sickness and ill health retirements.
- Recruitment drives for staff vacancies.
- Managing long covid related absence in line with all Wales guidance.
- Coaching of managers.
- SWSS – increase in online services around wellness and support as well as signposting to relevant services, reviewing sickness hotspots/trends and teams across BCU.

When we expect to be back on track

- Current target is 4.2% at current levels and trends it will take approx. 18 months to 2 years get back on track

What are the risks and mitigations to this (getting back on track)?

- Potential remains for winter sickness levels to increase beyond 8% given the high summer levels which are traditionally the lowest, and the potential increase in Covid levels. Assumption that the vaccination programmes will maintain some resistance for covid, flu and other respiratory illnesses.
- Possibility of vulnerable staff going off as covid levels increase, continue to support staff in line with Welsh Government guidelines for Covid.
- Lack of ability to recruit staff may also impact on stress level and sickness of remaining staff.
- Impact of the rising cost of living may impact on staff ability to travel to work and stress related absence remains. (Cost of living group set up in partnership with TU colleagues.)

Why we are where we are

- PADR Compliance saw an increase of over 1% from July to August from 65.32% to 66.45% and another increase of 1.28% in September taking compliance to 67.73%. This is a significant increase in PADR organisational compliance that we have not seen for quite some time. The intrinsic link PADR has to Pay Progression, (as progression through increments is not approved unless a PADR conversation has taken place) has undoubtedly had an impact on this significant increase.

What we're doing about it

- The local BCU group which has been set up to monitor progress and local implementation of the National Pay Progression standards continues to meet bi-weekly with various actions taking place. Communication throughout the health board has continued in various and diverse forms ranging from our standard internal communications channels to messages on all staff payslips in September, to direct communications with all those managers and staff affected in October and communications with Exec Directors and Senior managers of those affected. HR Teams continue to work with managers locally to support implementation of Pay Progression standards.
- To date 10 PADR / Pay Progression workshops have taken place since July, with over 470 staff members attending. Further sessions have also been scheduled in until the end of the year. The workshops are a great opportunity to raise the awareness of the importance of PADR conversations with both staff and managers.

When we expect to be back on track

- An increase in organisational compliance suggests that the implementation of Pay Progression is contributing to ensure that PADR's are being conducted effectively and recorded accurately in ESR.

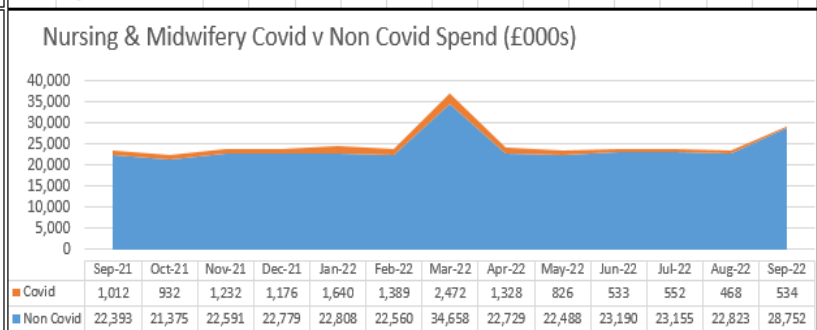
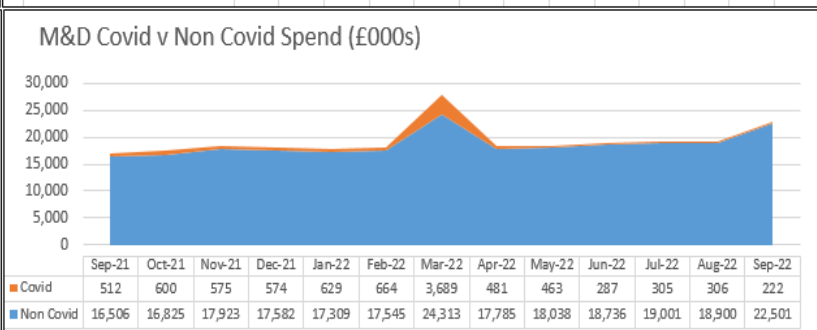
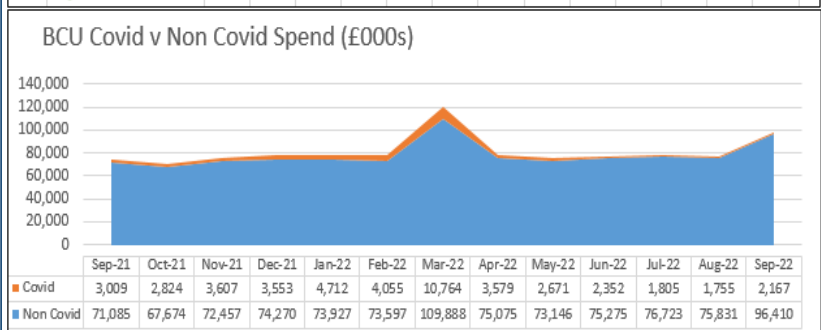
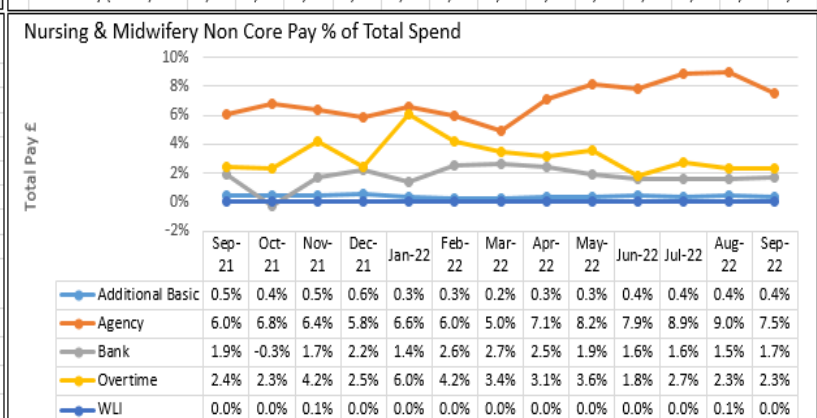
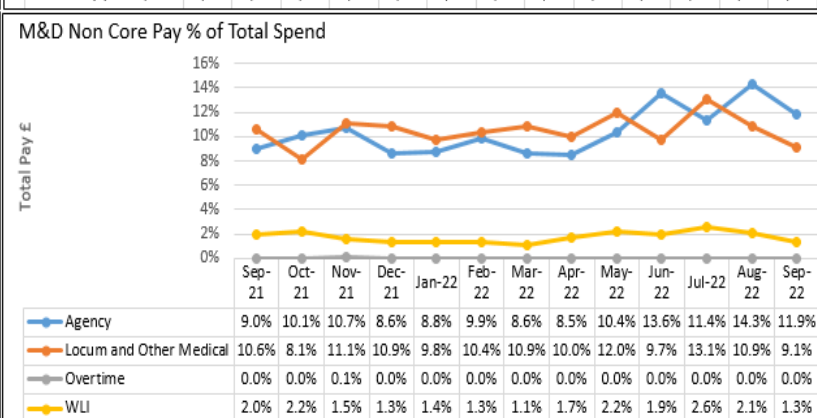
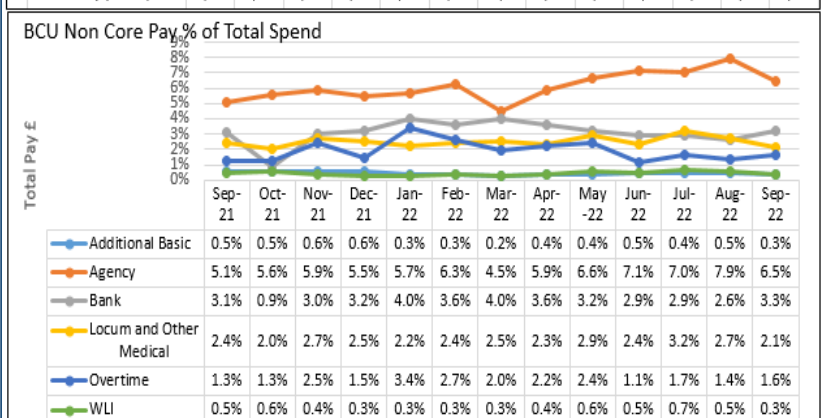
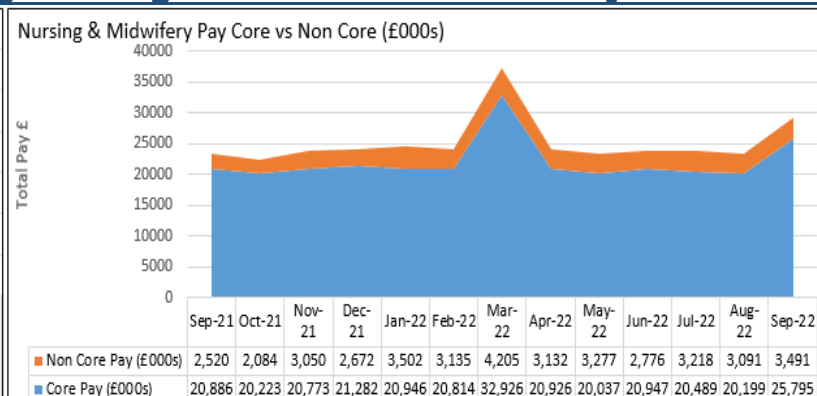
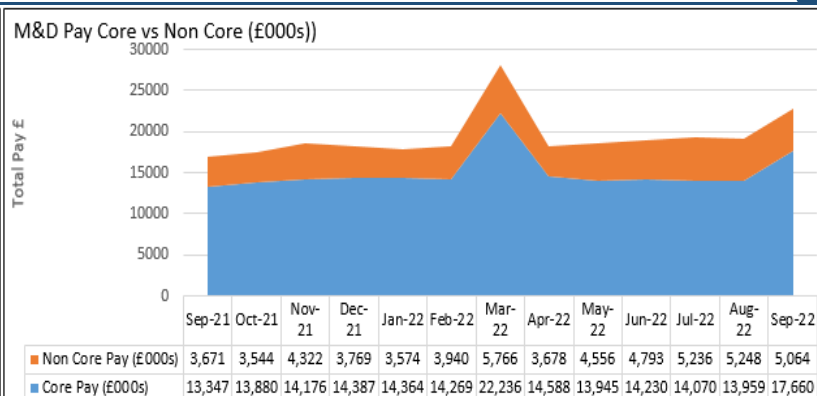
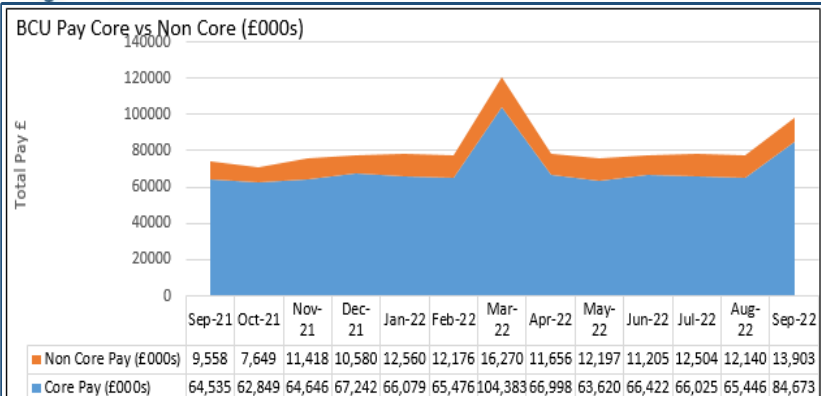
What are the risks and mitigations to this (getting back on track)?

- Due to the Integrated Health communities being newly formed and not all posts yet being filled, line management structures and hierarchies may not be fully operational which will impact PADR conversations being recorded on ESR.
- Continued operational pressures may also impact on the capacity of line managers and staff to complete PADRs. We will continue to support managers and staff to highlight the importance of PADR conversations.

Narrative: Mandatory Training

Why we are where we are
<ul style="list-style-type: none"> Mandatory Training compliance at level 1 has increased in all Mandatory subjects. This month reports compliance of 86.15% which places BCUHB above the national target of 85%. Level 2 training has increased in four of the five subjects and is currently reported at 78.28%.
What we're doing about it
<ul style="list-style-type: none"> From 1st October 2022 Managers must enter pay progression appraisal meeting details into Manager/Supervisor Self-Service, to confirm that pay progression should go ahead for employee's due pay-affecting increments. Standards for pay progression include the completion of statutory/mandatory training. Safeguarding training teams are putting 'face to face' training sessions back into their training delivery along with the development of workbooks and teams training whilst continuing to offer e-learning sessions.
When we expect to be back on track
<ul style="list-style-type: none"> We anticipate that we will maintain the national target during the forthcoming months whilst identifying and targeting the areas/staff groups with lower compliance to identify possible methodologies that could support a further increase in compliance.
What are the risks and mitigations to this (getting back on track)?
<ul style="list-style-type: none"> There is a risk that the current Compliance dashboard is unable to sustain the vast amount of compliance data needing to be pulled from ESR. This is currently under review to identify suitable alternatives to ensure the data is still available.

Charts: Agency & Locum Spend



Narrative: Agency & Locum Spend

Why we are where we are

- Non-core pay spend overall has increased by £1.76m from £12,140,000 in August 22 to £13,903,000 in September 22. This increase is seen across Agency, Bank and Overtime usage with a decrease across other non-core pay elements. Drivers behind the ongoing high levels of staff usage across all areas of the Health Board are the ongoing pressure on unscheduled care, and more activity across the Planned Care Recovery programme in terms of a higher usage across the nursing staff group.
- Medical non-core spend is down by £184k this month to £5.06m. There has been a decrease all elements of non-core pay across Agency Medical Locum and WLI spend. This small decrease in actual medical spend is encouraging but we are still seeing ongoing activity across Planned Care Recovery and the ongoing pressures on Unscheduled Care across the Health Board.
- Nursing non-core spend is up by £401k this to £3.49m. This increase is driven by an increased usage across all non-core elements and in particular supports the increased pressures on Unscheduled Care nursing across the Health Board where short notice cover is required.

What we're doing about it

- Targeted recruitment campaigns for Medical and Dental consultants are active and showing progress across the targeted specialities. The BAPIO initiative to attract overseas doctors from India to the Health Board is on track. Alongside this a plan to recruit doctors from across the Middle East with a planned rollout in Q3.
- The ongoing focus on Nursing recruitment is showing progress with the overseas nurse recruitment delivering success. The targeted open days for nursing across the IHCs in Q3 should see nursing recruitment in a more positive position, leading to increased capacity across the nursing workforce. This work is being undertaken by Nursing with support from WOD.

When we expect to be back on track

- The sustained expected impact for medical and nursing recruitment activity should be seen through Q3 to Q4 of 22/23.

What are the risks and mitigations to this (getting back on track)?

- The service delivery model and replication of predominantly bed-based services continues to result in challenges in respect of rotas for both medical and nursing staffing. The Clinical Workforce Service reviews alongside new recruitment initiatives ensure wherever possible pathways are aligned and aware of existing and future workforce challenges.
- It is acknowledged that there is a UK shortage of nurses (band 5 in particular), therefore recruitment campaigns will reduce rather than eradicate the vacancy levels. Increased recruitment to identified hotspots with the implementation of the workforce capacity health check dashboard will enable teams to target resources where they will have greatest impact to ensure service continuity.

Chapter 3

Operational and Local Measures



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- 3a: Incidents and Complaints

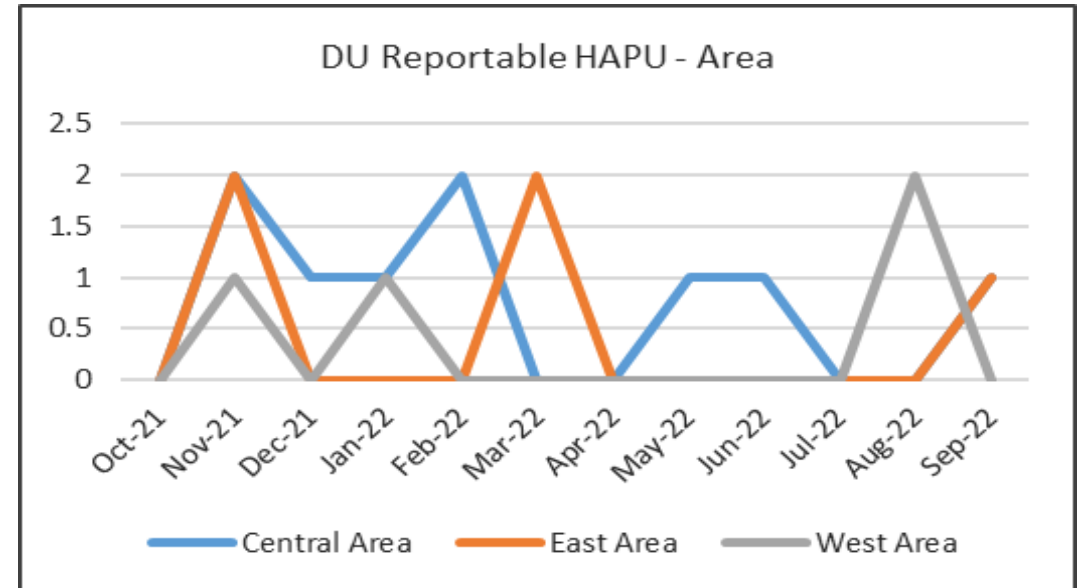
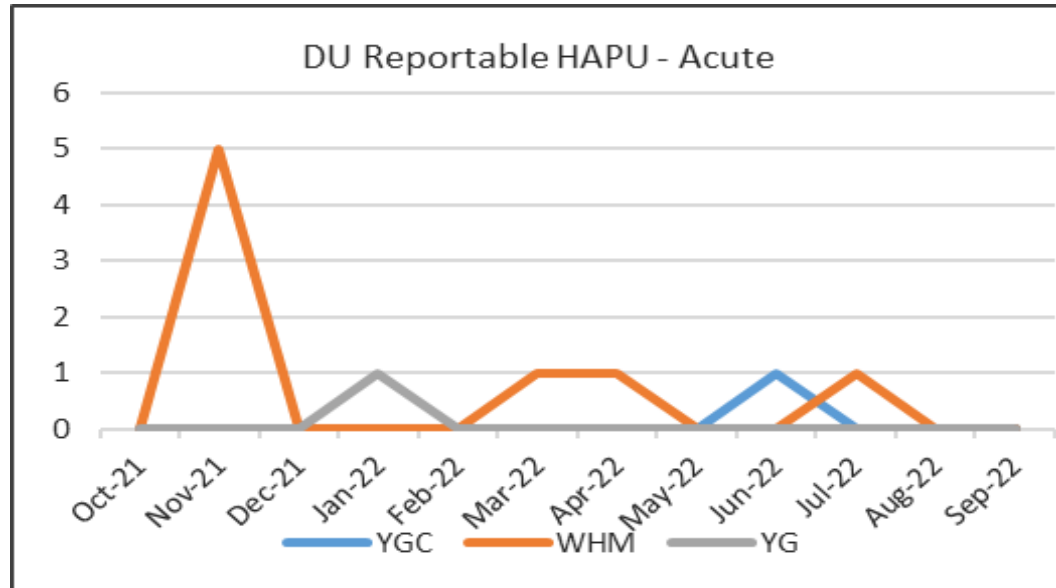
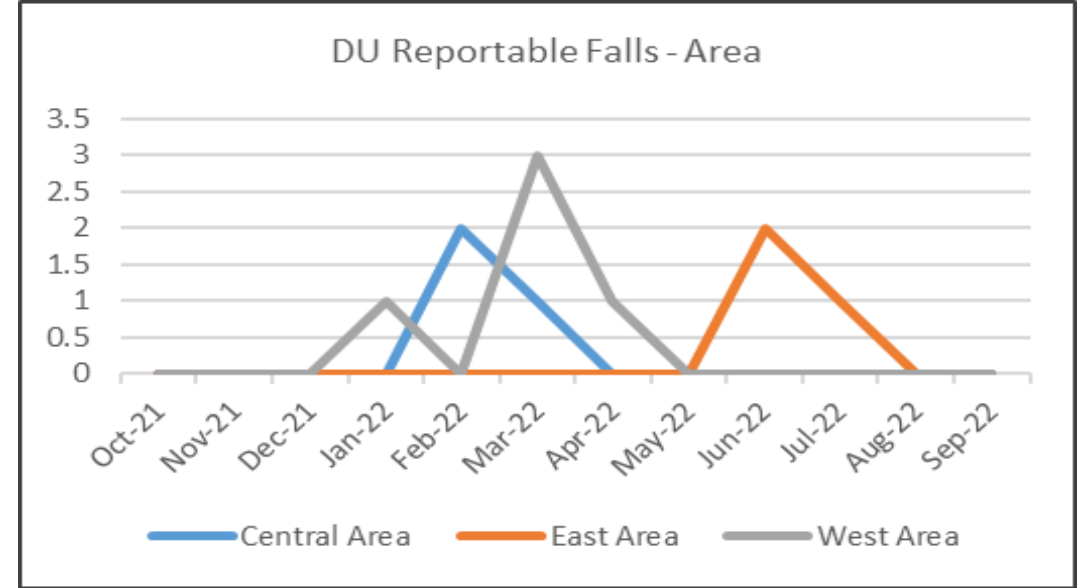
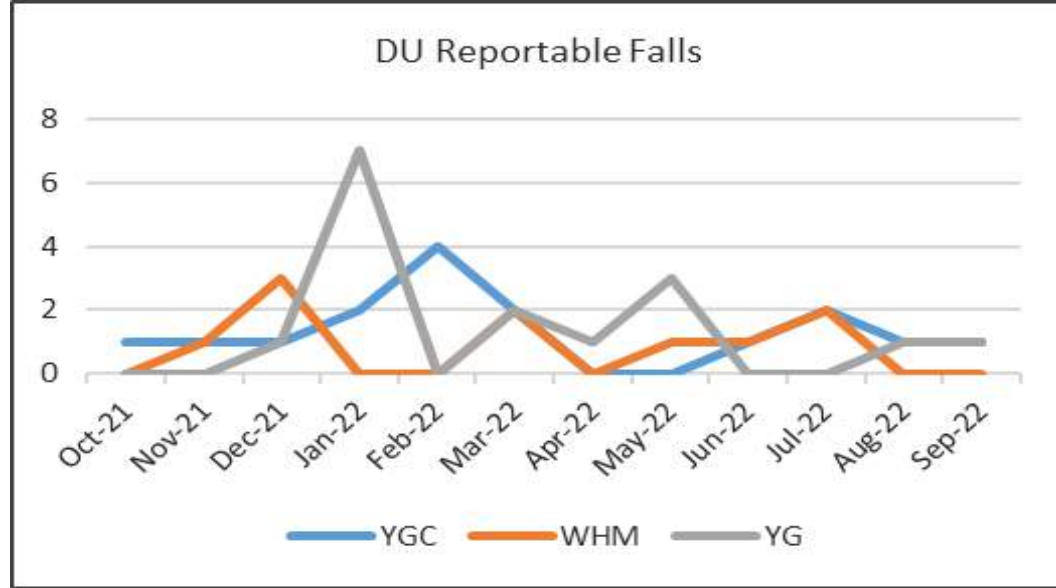


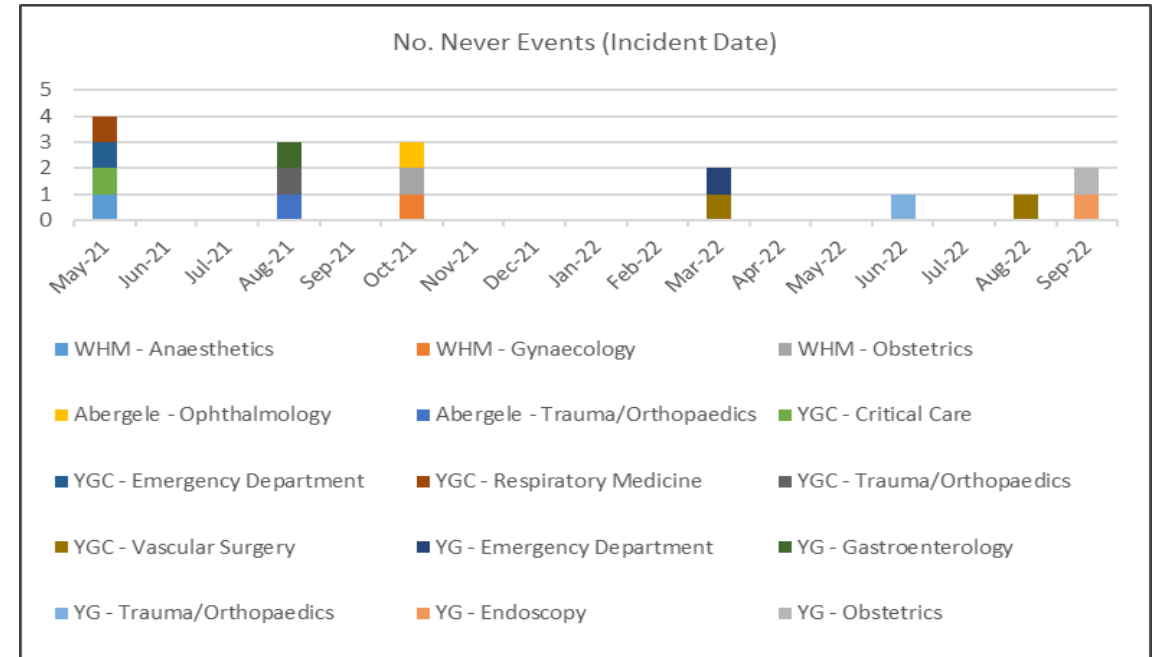
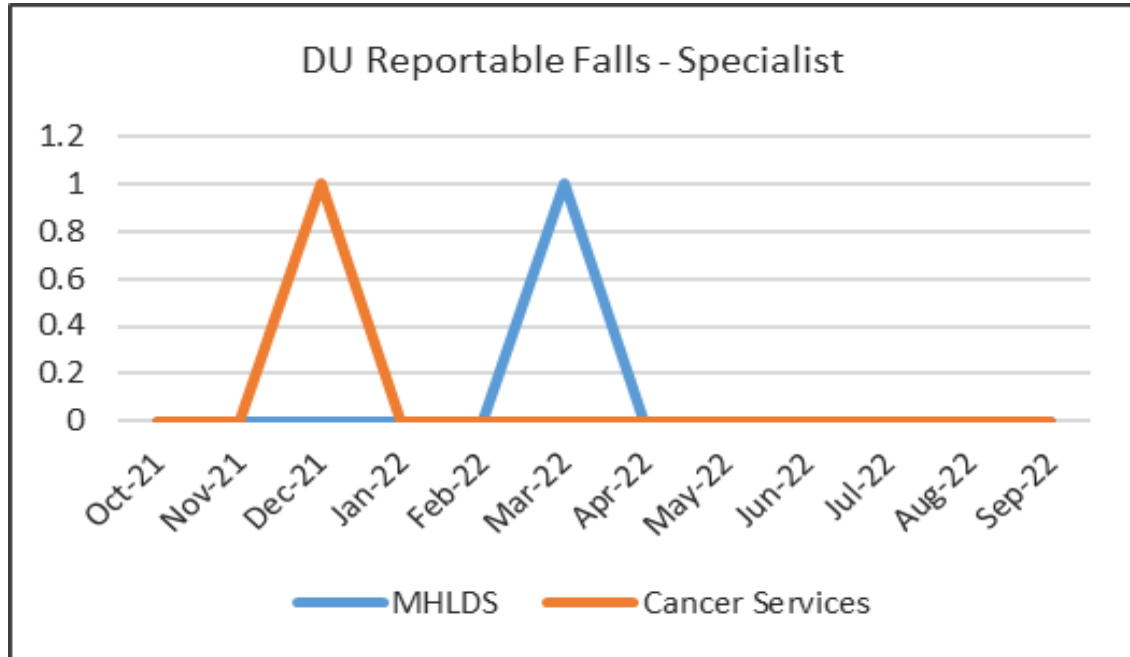
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Charts 1: Incidents





Narrative 1: Incidents

Why we are where we are

During this time period there were three new never events* reported to the Delivery Unit. These relate to a retained foreign object, retained swab and a procedure that was carried out on the wrong patient. Investigation into all three incidents are currently ongoing. Within the reporting period the number of falls with harm reported is five and the number of healthcare acquired pressure ulcers reported is four. Further detail are shown in the Patient Safety Report.

**Further details are provided in the Quality Report.*

What we're doing about it

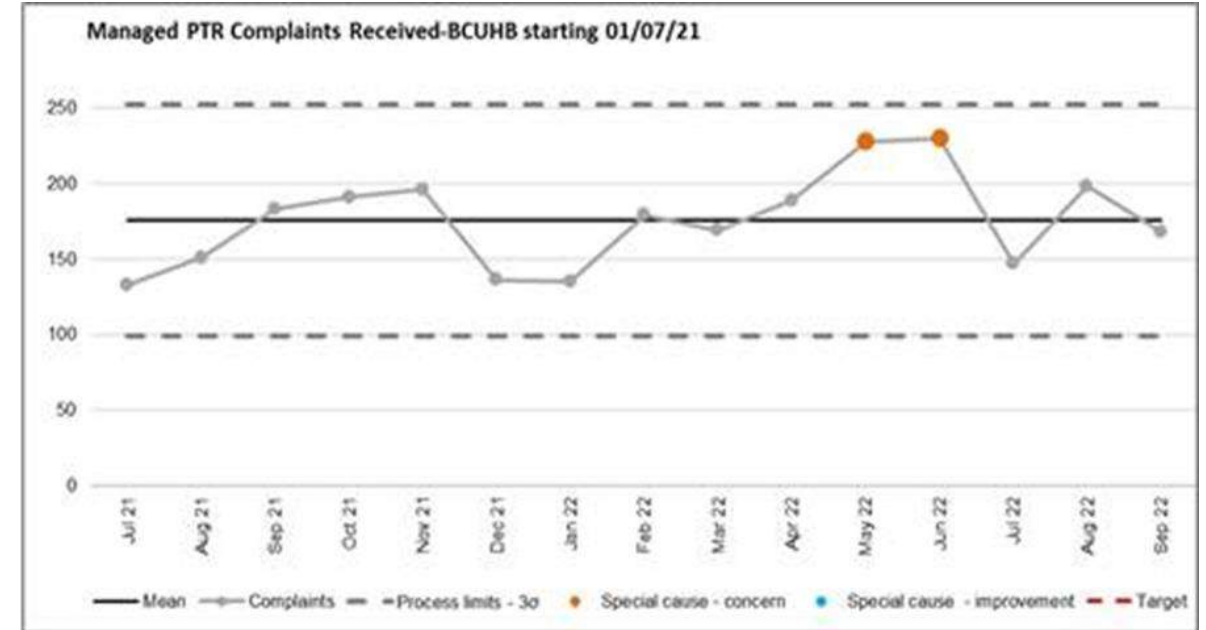
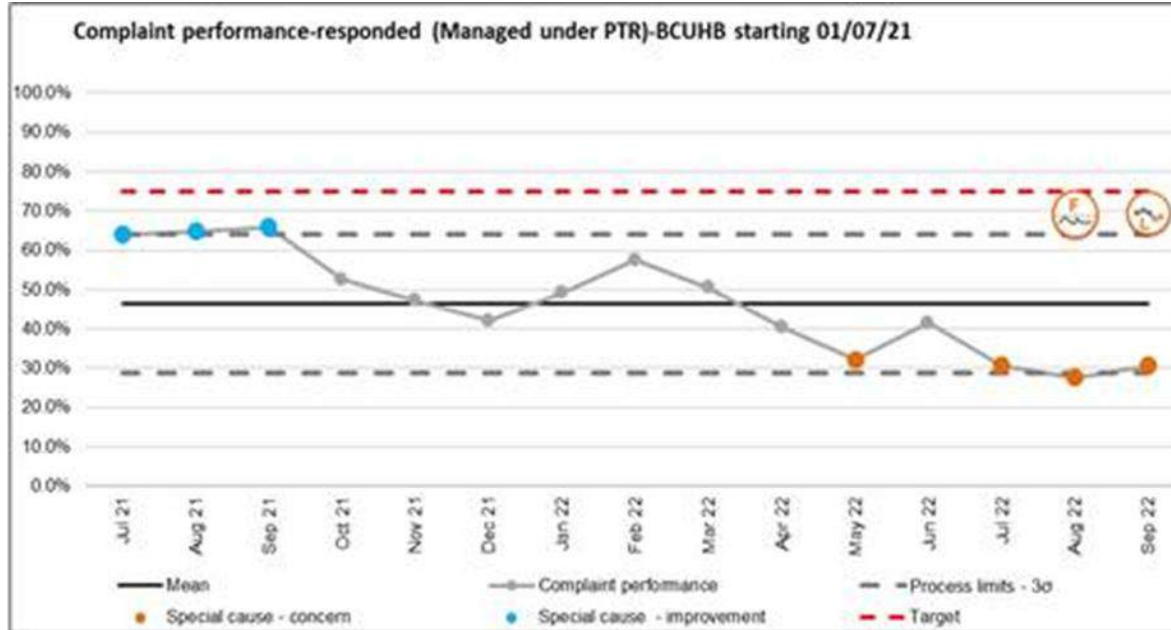
An investigation has commenced into all three Never Events. A Rapid Review and Rapid Learning Panel was held to identify immediate learning. The work to address falls and healthcare acquired pressure ulcers is also detailed in the Patient Safety Report. Further detail are shown in the Patient Safety Report.

When we expect to be back on track

Investigations are underway for the reported Never Events with a scheduled date for the Incident Learning Panel to review. The work to address falls and healthcare acquired pressure ulcers is detailed in the Patient Safety Report.

What are the risks and mitigations to this (getting back on track)?

The system sharing and embedding of learning remains a risk for the organisation. Plans are in place to strengthen the extracting, sharing, and embedding of learning some include updating safety alerts policy and process, patient safety learning library and a monthly patient safety bulletin. Further detail are shown in the Patient Safety Report.



Narrative 2: Complaints

Why we are where we are

During the months of August and September 2022, 29.07% (average) of complaints were responded to within 30 working (against a target of 75%), 438 complaints were overdue in August which increased to 468 complaints overdue in September. The response rate within the Putting Things Right (PTR) timescale was severely impacted due to the increasing number of complaints received across the Health Board and the impact of staffing and operational pressures. The consistent themes highlighted were particularly in relation to treatment and care, discharge, communication and appointment waiting times. The impact of the COVID-19 pandemic has increased the number of delayed appointments and waiting times, which has contributed to delayed treatment, and an increase in complaints in light of these factors.

What we're doing about it

A weekly complaints report is cascaded across all services with proactive support by the Complaints Team, and by Patient Advice Liaison Service (PALS) in the resolution of Grade 1 and 2 Complaints. Scrutiny is consistently being applied, ensuring that all complaints are managed under PTR as required, whilst seizing opportunities to provide timely resolution where applicable. This has already demonstrated a gradual reduction in the number of complaints managed under PTR where there is no allegation of harm particularly the Grade 1 Complaints. During August 2022 and September 2022, 52 of the complaints received were Grade 1 complaints. 173 complaints received were managed under Early resolution, with 18% of those being managed under PTR post the 2 working days. Specific review and support meetings have commenced with the Directors and Heads of Nursing, providing an overview of the current status of their complaints, highlighting the number of complaints overdue and grading in order to implement a collaborative approach on complaint management. The team continues to work with services to provide accurate and detailed performance data on a weekly basis with a new complaint management approach adopted via "rapid resolution workshops" to resolve the backlog of overdue complaints. In addition the Complaints Team are continuously data cleansing to ensure that all complaints where consent is not obtained post 30 working days is closed, and any complaints which pertain a patient safety incident is transferred to the incident team for investigation.

When we expect to be back on track

The aim is for recovery of the position by the end of the financial year, with a focus on prioritising the most significant and most overdue first. Progress will be monitored via the weekly reporting mentioned above but also through Accountability Meetings with the Executive Team.

What are the risks and mitigations to this (getting back on track)?

The capacity within services to manage both the current and backlog position is the main risk. Additionally, a risk exists that services may not achieve trajectories in the Complaints Recovery Plan impacted by the current re-organisation, particularly vacant posts, and the impact of potential staff absence during what is likely to be a busy winter period. In mitigation, dynamic management of the recovery plan is in place through weekly review and monitoring in Accountability Meetings with the Executive Team.

- Additional Information



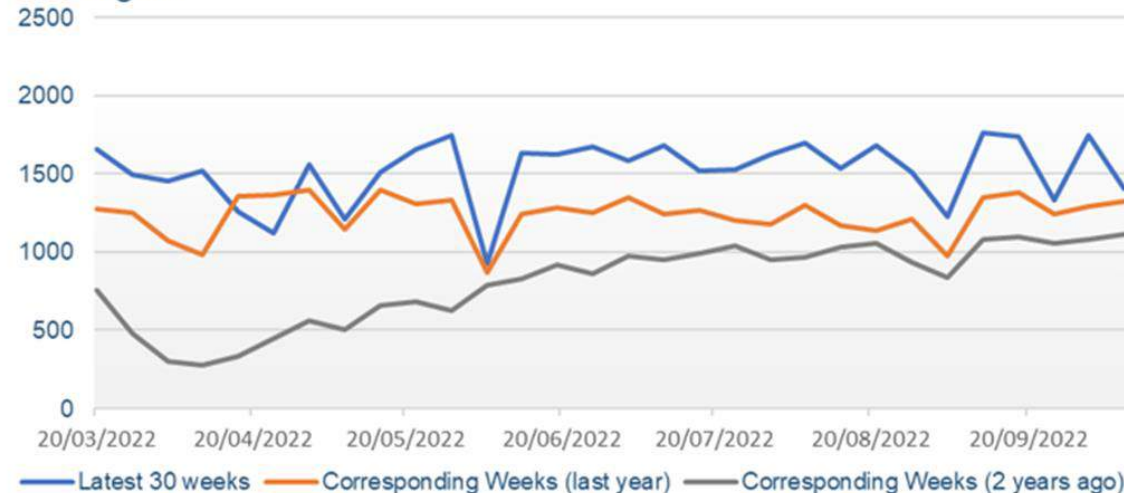
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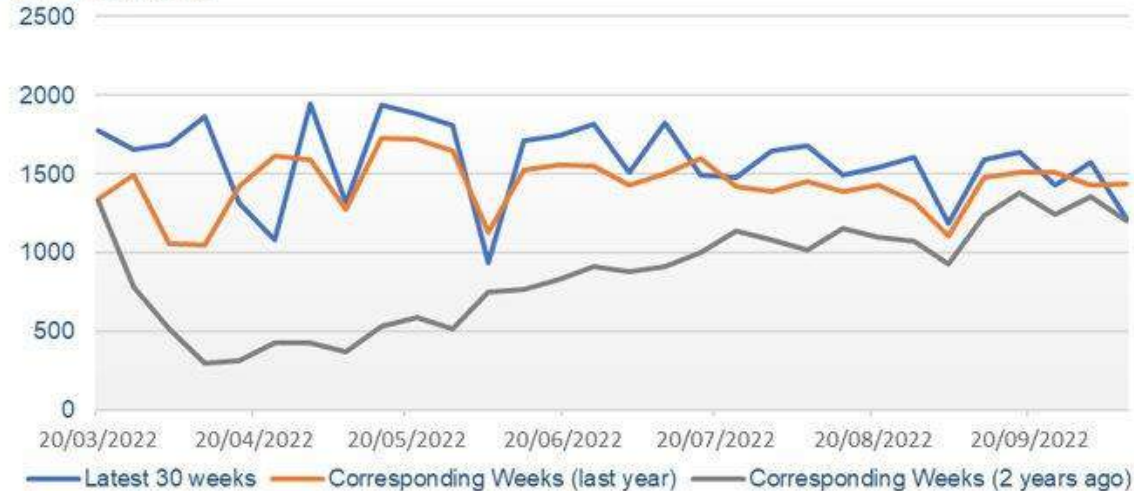


Planned Care Referrals & Out Patient Activity

GP Urgent



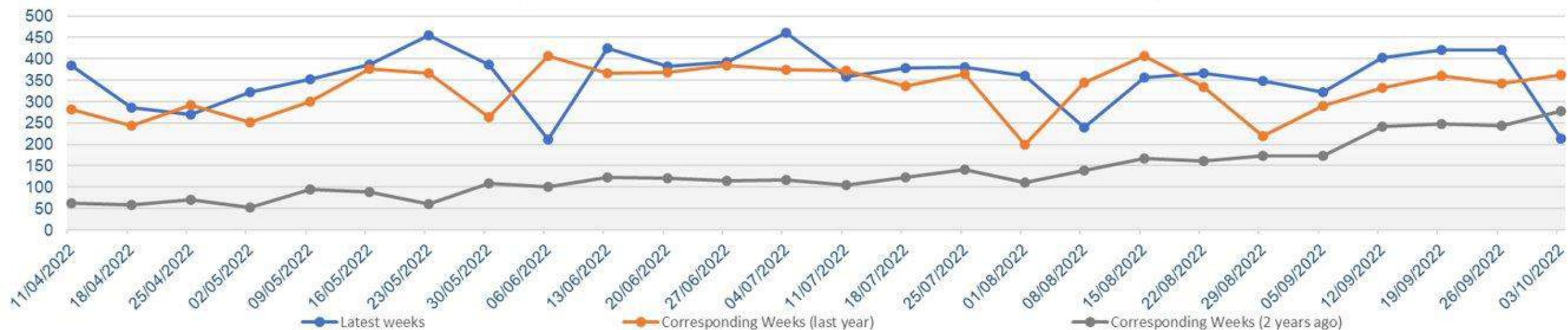
GP Routine



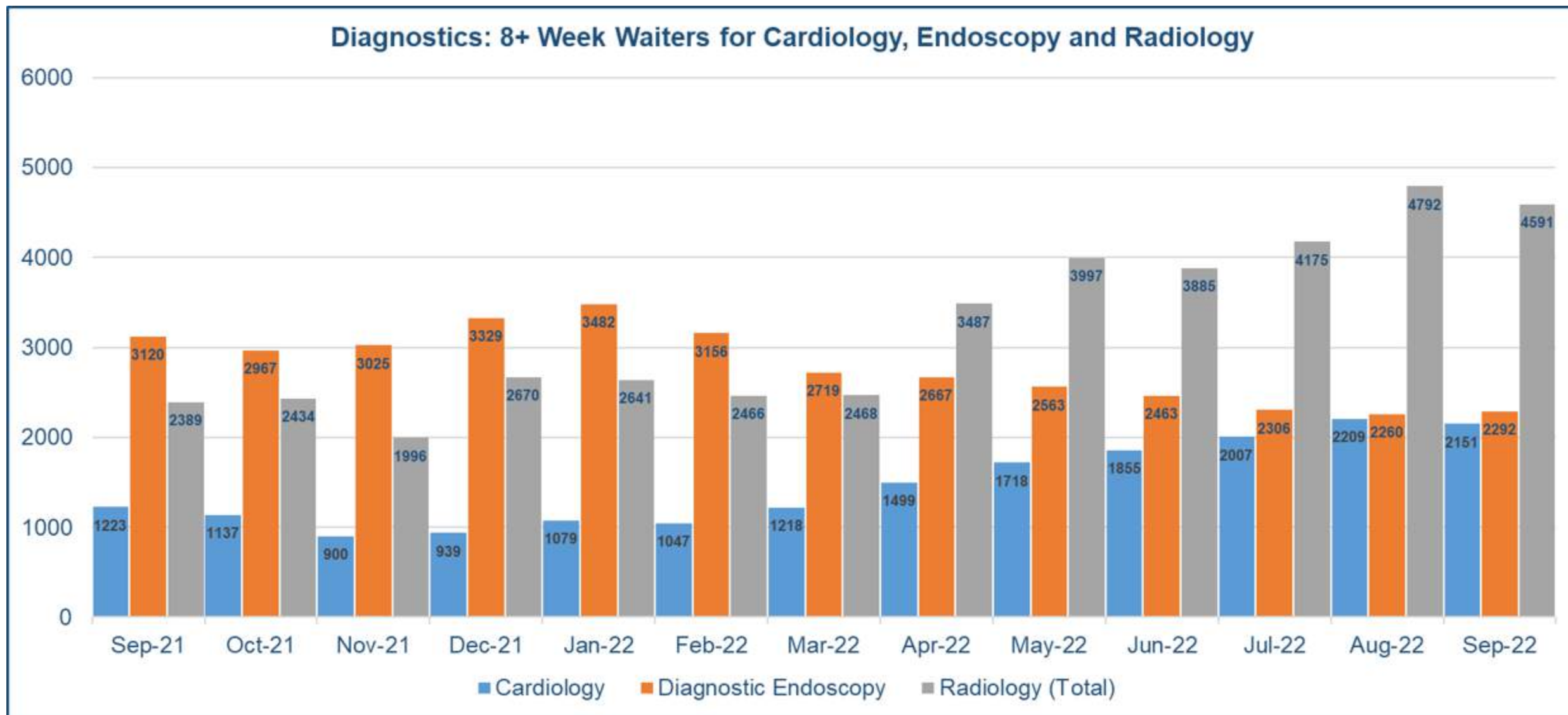
RTT High Level Report - Core Outpatient Activity (new, RTT, face to face attended appointments)



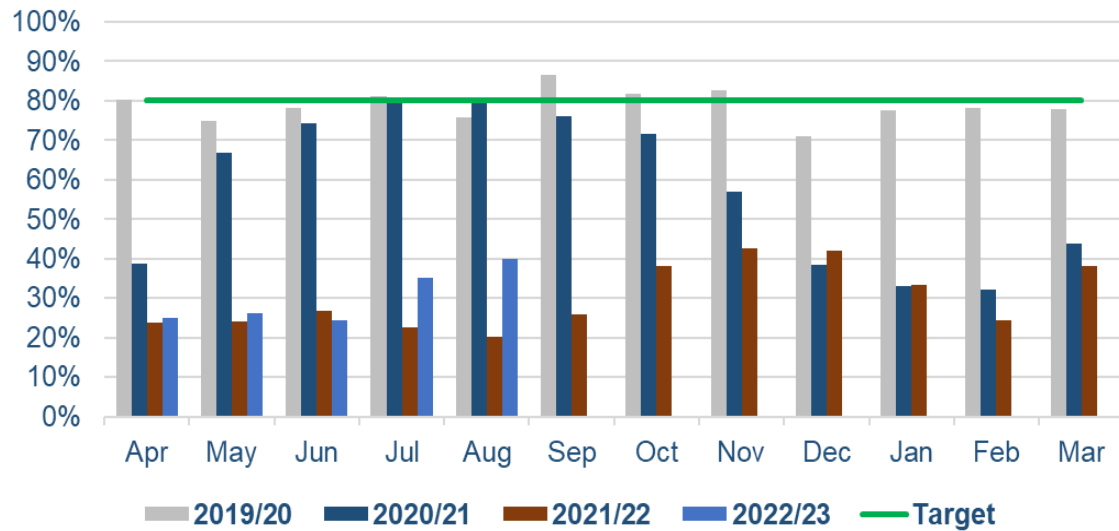
Theatre Procedures (Inpatient and Daycase): Completed Elective Cases in Planned Elective Lists by Week



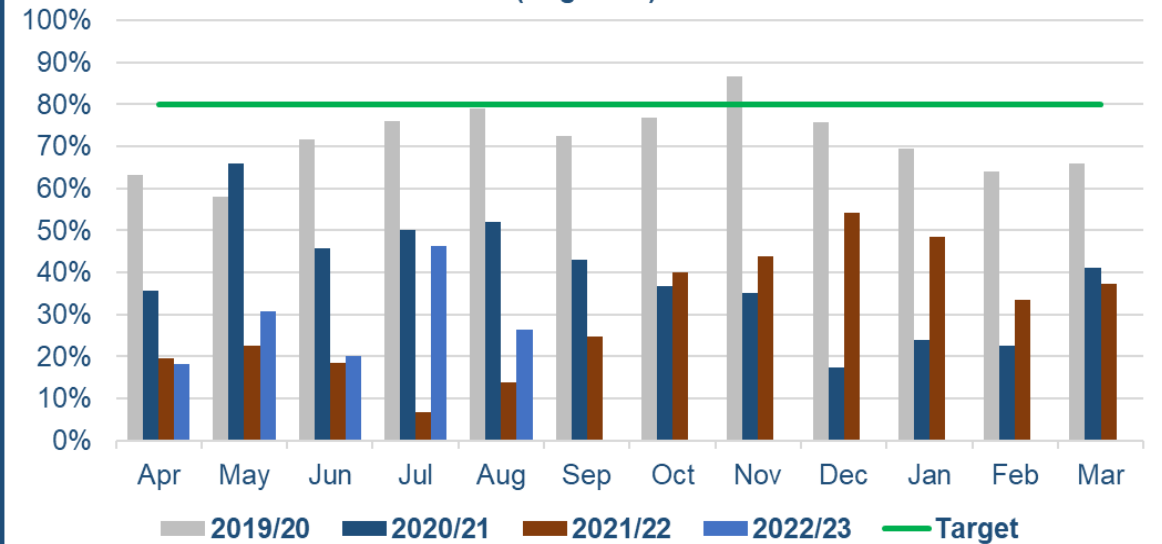
Diagnostic Waits (3 major wait categories)



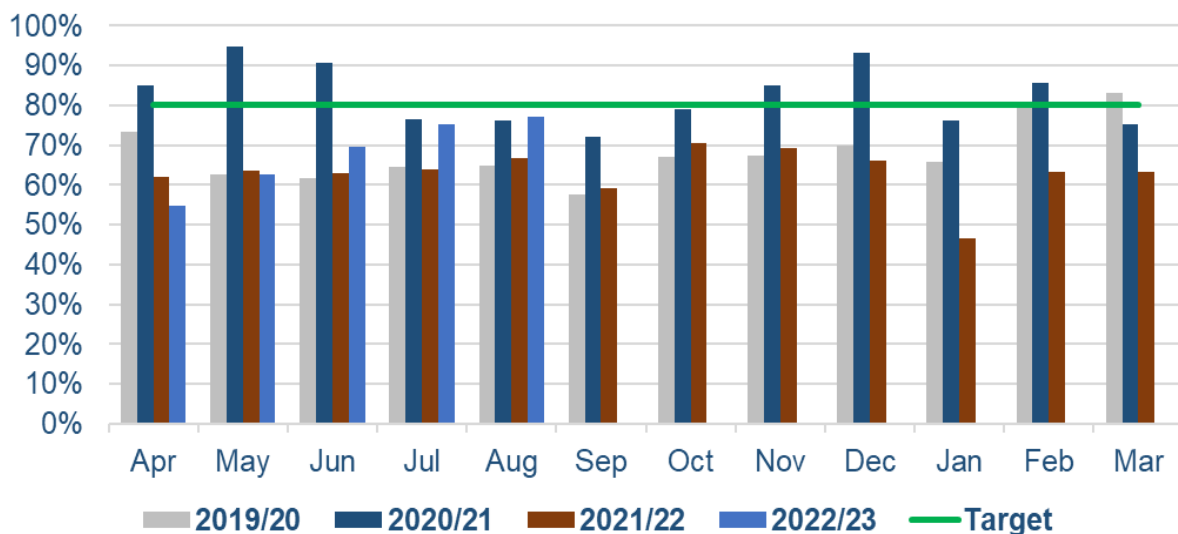
Percentage Mental Health Assessments (CAMHS) within 28 days of Referral (Aug 2022)



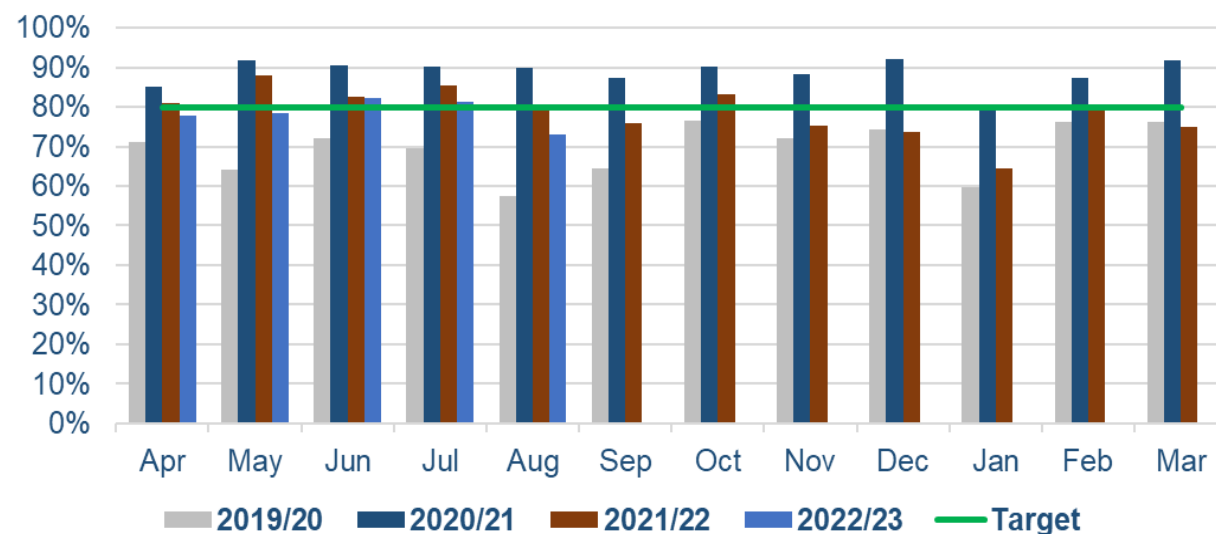
Percentage Mental Health Therapeutic Interventions (CAMHS) within 28 days of Assessment (Aug 2022)



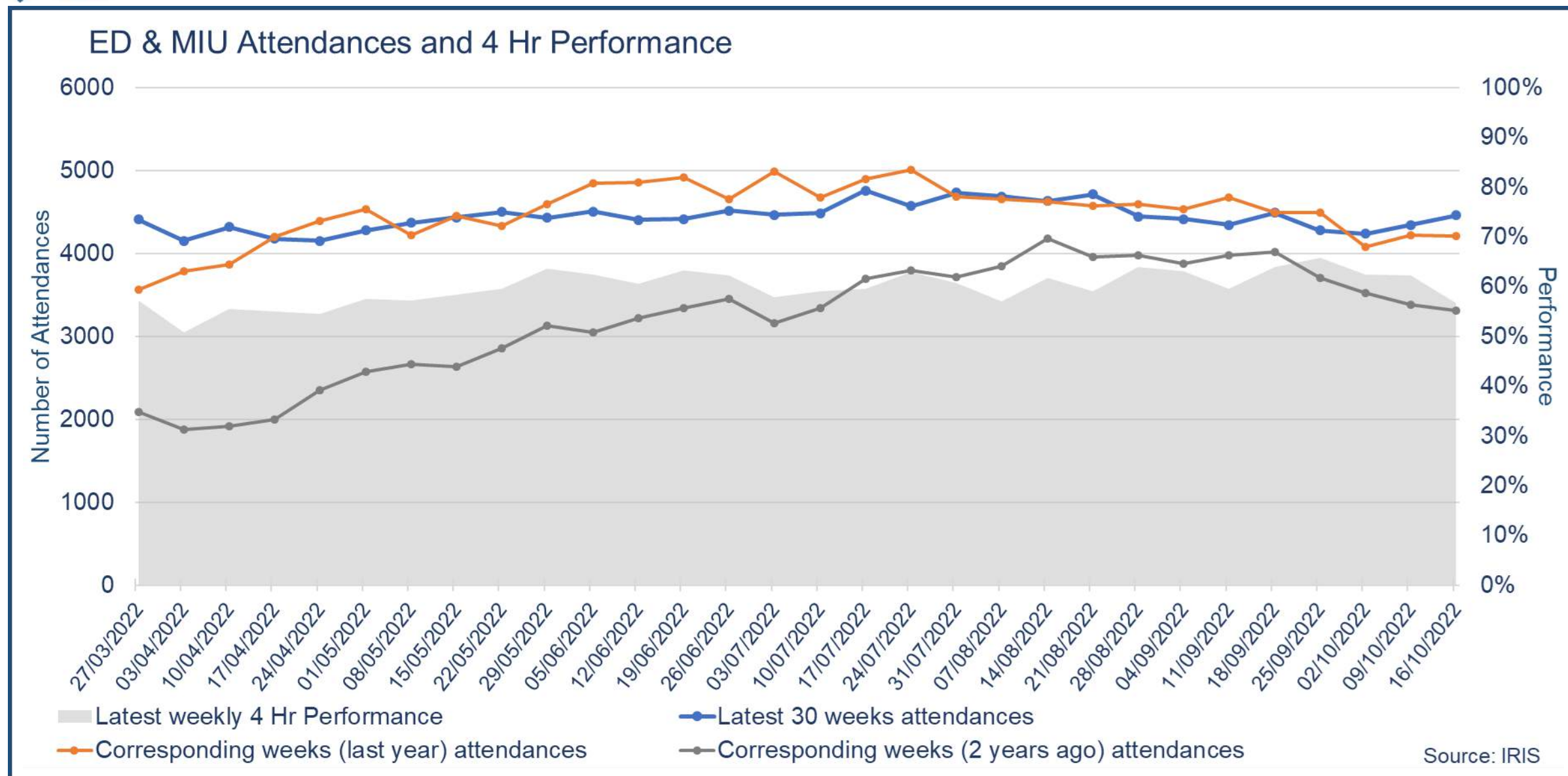
Percentage Mental Health Assessments (Adult) within 28 days of Referral (Aug 2022)



Percentage Mental Health Therapeutic Interventions (Adult) within 28 days of Assessment (Aug 2022)



Impact of COVID-19 Pandemic on Unscheduled Care



Impact of COVID-19 Pandemic on Unscheduled Care

Position as at end of 16th October 2022	Jun 22	Jul 22	Aug 22	Sep 21	Sep 22	October 1st - 16th 2021	October 1st - 16th 2022
ED&MIU 4 Hour Performance	61.77%	60.17%	60.65%	64.92%	62.94%	63.72%	59.97%
ED 4 Hour Performance	50.48%	46.38%	45.88%	54.95%	50.83%	54.59%	48.18%
ED 12 Hour Breaches	3124	3462	3507	2595	3106	1394	1613
1 - 2 Hour Ambulance Handover	645	599	583	599	547	350	288
2 - 3 Hour Ambulance Handover	383	397	412	364	355	196	193
3 - 4 Hour Ambulance Handover	262	322	274	272	272	126	130
4 - 5 Hour Ambulance Handover	234	240	197	141	244	76	113
Over 5 Hour Ambulance Handover	408	479	432	234	490	111	291
Red 8 Minute	45.62%	42.89%	46.18%	45.18%	45.38%	47.17%	43.22%

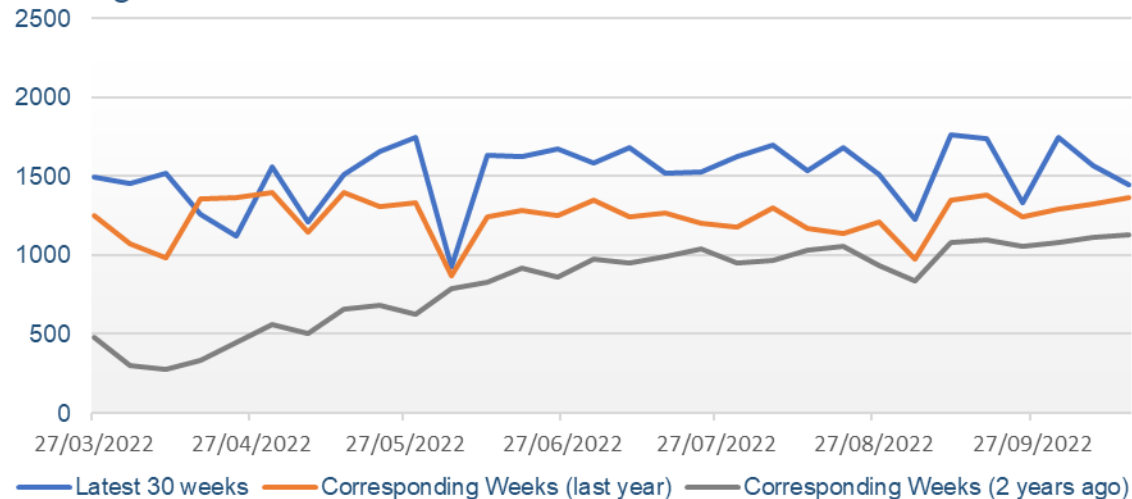
Red 8 Minute data from Sep 22 onwards is unvalidated and not for sharing outside this report.

Sources: Red 8 Minute - StatsWales (to Aug 22) and WAST Health Board Area Report

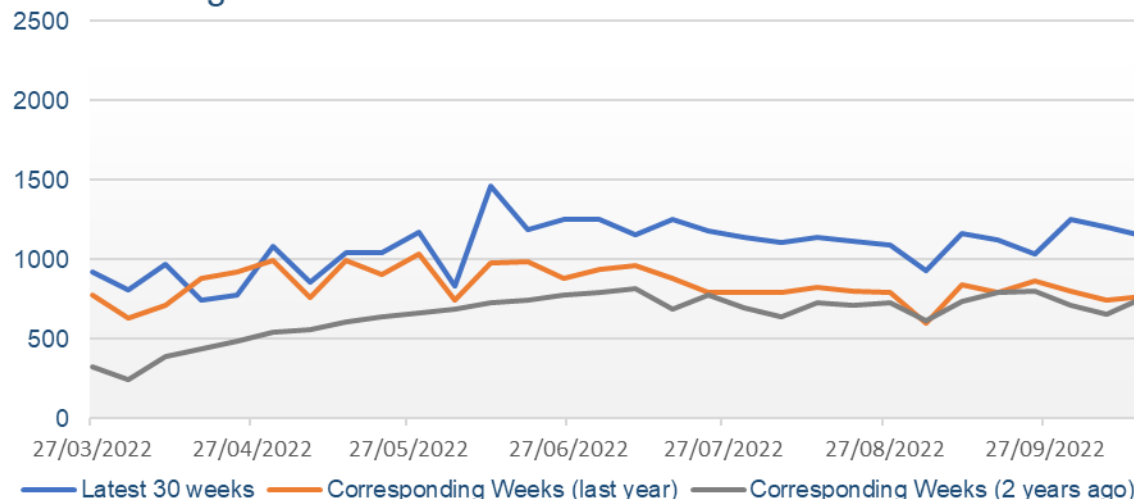
ED and Handover - IRIS, accessed 17/10/2022

Impact of COVID-19 Pandemic on Referral Rates

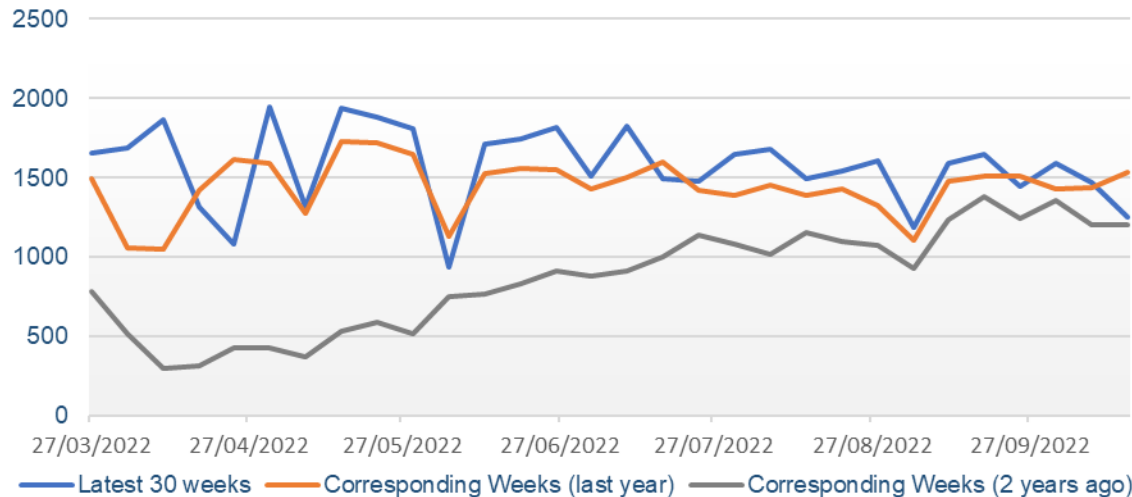
GP Urgent



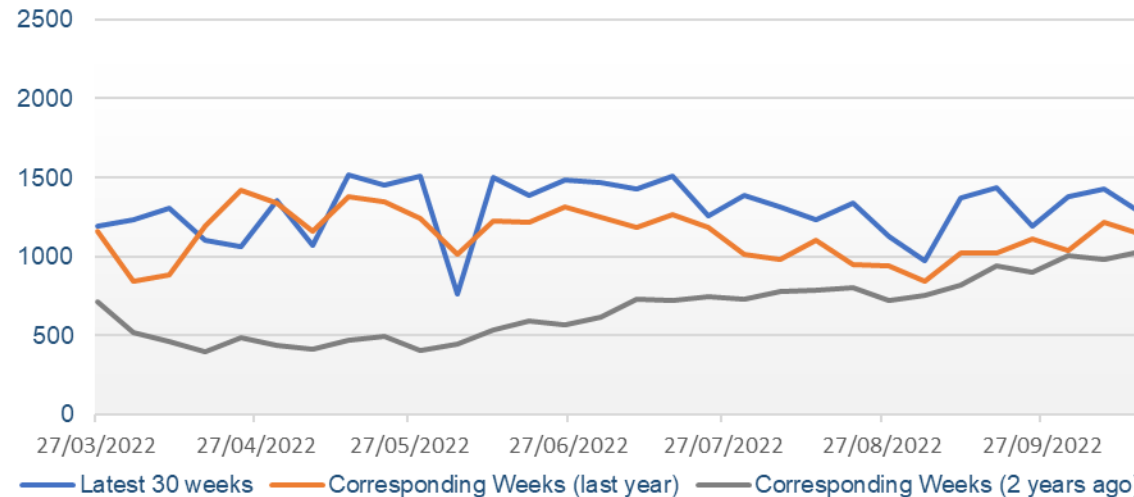
Non-GP Urgent



GP Routine

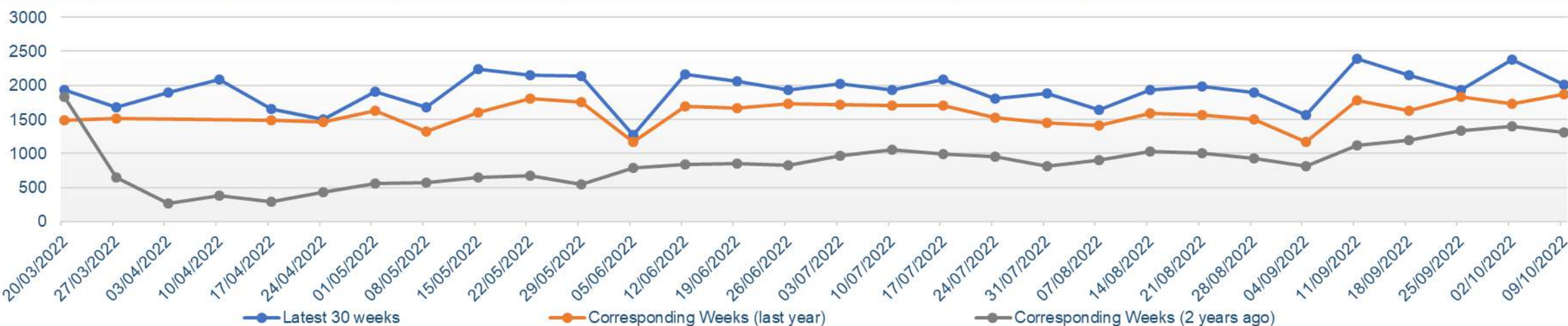


Non-GP Routine

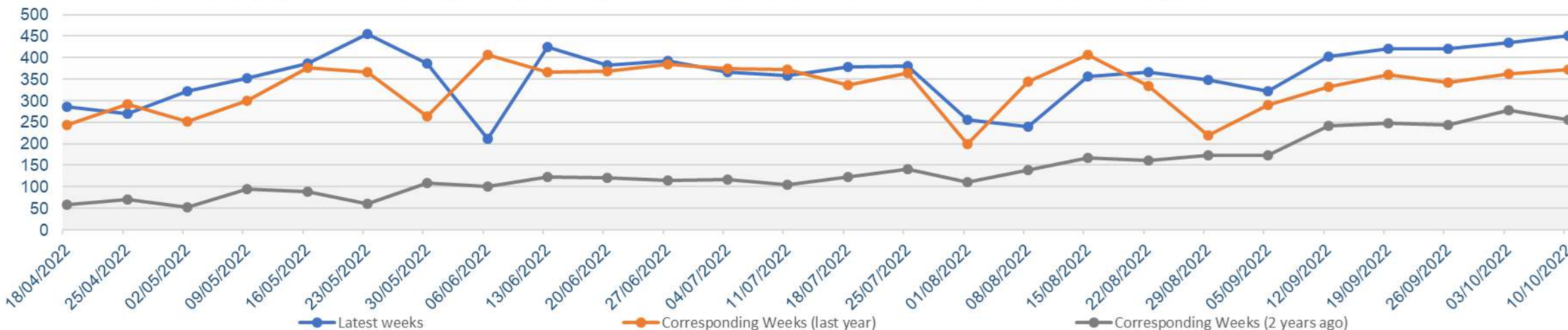


Impact of COVID-19 Pandemic on Planned Activity

RTT High Level Report - Core Outpatient Activity (new, RTT, face to face attended appointments)



Theatre Procedures (Inpatient and Daycase): Completed Elective Cases in Planned Elective Lists by Week



- Further Information



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Quality & Performance Report Betsi Cadwaladr University Health Board

Further information is available from the office of the Director of Performance for further details regarding this report. And further information on our performance can be found online at:

- Our website www.bcu.wales.nhs.uk
- Stats Wales <https://statswales.gov.wales/Catalogue/Health-and-Social-Care>

We also post regular updates on what we are doing to improve healthcare services for patients on social media:



follow @bcuhb



<http://www.facebook.com/bcuhealthboard>



Teitl adroddiad: <i>Report title:</i>	Annual Plan Monitoring Report (APMR) 2022-23		
Adrodd i: <i>Report to:</i>	The Health Board		
Dyddiad y Cyfarfod: <i>Date of Meeting:</i>	Thursday, 24 November 2022		
Crynodeb Gweithredol: <i>Executive Summary:</i>	<p>This is a high-level report, providing a status update for Q2, on specific programmes outlined in the original plan for 2022-23.</p> <p>The Health Board is required to review the Q2 status updates, particularly those programmes off track. Although due to the high-level nature of this report, all leads providing on track status updates were not required to provide supporting evidence. The Health Board is asked to approve the report as providing assurance that the programmes are on track to deliver.</p>		
Argymhellion: <i>Recommendations:</i>	The Health Board is asked to scrutinise the report and to advise whether any areas should be further scrutinised.		
Arweinydd Gweithredol: <i>Executive Lead:</i>	Sue Hill Executive Director of Finance		
Awdur yr Adroddiad: <i>Report Author:</i>	David Vaughan Head of Performance Assurance		
Pwrpas yr adroddiad: <i>Purpose of report:</i>	I'w Nodi <i>For Noting</i> <input type="checkbox"/>	I Benderfynu arno <i>For Decision</i> <input type="checkbox"/>	Am sicrwydd <i>For Assurance</i> <input checked="" type="checkbox"/>
Lefel sicrwydd: <i>Assurance level:</i>	Arwyddocaol <i>Significant</i> <input type="checkbox"/> Lefel uchel o hyder/tystiolaeth o ran darparu'r mecanweithiau / amcanion presennol <i>High level of confidence/evidence in delivery of existing mechanisms/objectives</i>	Derbyniol <i>Acceptable</i> <input type="checkbox"/> Lefel gyffredinol o hyder/tystiolaeth o ran darparu'r mecanweithiau / amcanion presennol <i>General confidence / evidence in delivery of existing mechanisms / objectives</i>	Rhannol <i>Partial</i> <input checked="" type="checkbox"/> Rhywfaint o hyder/tystiolaeth o ran darparu'r mecanweithiau / amcanion presennol <i>Some confidence / evidence in delivery of existing mechanisms / objectives</i>
			Dim Sicrwydd <i>No Assurance</i> <input type="checkbox"/> Dim hyder/tystiolaeth o ran y ddarpariaeth <i>No confidence / evidence in delivery</i>
<p>Cyfiawnhad dros y gyfradd sicrwydd uchod. Lle bo sicrwydd 'Rhannol' neu 'Dim Sicrwydd' wedi'i nodi uchod, nodwch gamau i gyflawni sicrwydd 'Derbyniol' uchod, a'r terfyn amser ar gyfer cyflawni hyn:</p> <p>Justification for the above assurance rating. Where 'Partial' or 'No' assurance has been indicated above, please indicate steps to achieve 'Acceptable' assurance or above, and the timeframe for achieving this: There are a number of programmes that are off track with supporting narrative that doesn't necessarily provide full assurance of getting back on track.</p> <p>Steps to improve this rating: we are working on devising a framework for connecting the high-level reporting down through to the finer operational reporting to gain greater insights into progress – and thus assurance of delivery and impact.</p>			

Cyswllt ag Amcan/Amcanion Strategol: Link to Strategic Objective(s):	The programmes monitored in this report are the key strategic programmes aimed at ensuring the health board delivers high quality services and outcomes the population of North Wales.
Goblygiadau rheoleiddio a lleol: Regulatory and legal implications:	This report is to be scrutinised at key committee meetings, including PPPH, PFIG and QSE.
Yn unol â WP7, a oedd EqlA yn angenrheidiol ac a gafodd ei gynnal? In accordance with WP7 has an EqlA been identified as necessary and undertaken?	Do/Naddo N The Report has not been Equality Impact Assessed as it is reporting on programme delivery status.
Yn unol â WP68, a oedd SEIA yn angenrheidiol ac a gafodd ei gynnal? In accordance with WP68, has an SEIA identified as necessary been undertaken?	Do/Naddo N The Report has not been assessed for its Socio-economic Impact as it is reporting on programme delivery status.
Manylion am risgiau sy'n gysylltiedig â phwnc a chwmpas y papur hwn, gan gynnwys risgiau newydd (croesgyfeirio at y BAF a'r CRR) Details of risks associated with the subject and scope of this paper, including new risks(cross reference to the BAF and CRR)	The pandemic has produced a number of risks to the delivery of care across the healthcare system, including how well and quickly programmes can be delivered.
Goblygiadau ariannol o ganlyniad i roi'r argymhellion ar waith Financial implications as a result of implementing the recommendations	The delivery of the programmes here will have direct and indirect impact on the financial recovery plan of the Board.
Goblygiadau gweithlu o ganlyniad i roi'r argymhellion ar waith Workforce implications as a result of implementing the recommendations	The delivery of the programmes here (some more than others) will have direct and indirect impact on the workforce.
Adborth, ymateb a chrynodeb dilynol ar ôl ymgynghori Feedback, response, and follow up summary following consultation	This Q2 status updates has been provided by programme leads across the Health Board. And the full report has been reviewed by the report author.
Cysylltiadau â risgiau BAF: (neu gysylltiadau â'r Gofrestr Risg Gorfforaethol) Links to BAF risks: (or links to the Corporate Risk Register)	This report provides a high-level overview of programmes that have potential to improve service delivery and outcomes for patients and service users. Therefore, for those programmes not on track there is a potential risk to these outcomes.
Rheswm dros gyflwyno adroddiad i fwrdd cyfrinachol (lle bo'n berthnasol) Reason for submission of report to confidential board (where relevant)	Not applicable

Camau Nesaf:
Gweithredu argymhellion

Next Steps:

Implementation of recommendations: *greater scrutiny of all programmes is required, including those reported as 'on track' – as this is a risk. We will be working towards a more in-depth and joined up reporting process whereby the finer details and robust assurance (or not) can be evidenced.*

Rhestr o Atodiadau:

Dim

List of Appendices:

None

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Betsi Cadwaladr
University Health Board

Annual Plan Monitoring Report 2022-23 Quarter 2 Update



Summary

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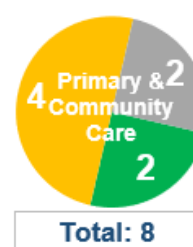
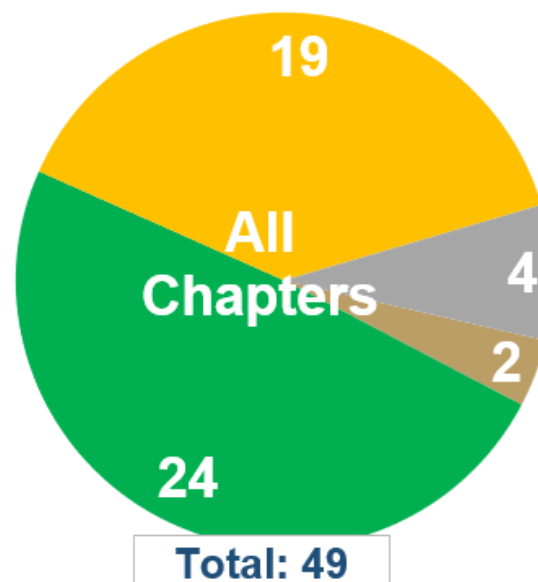
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Planned Care

Status



On
Track

Executive Lead: Gill Harris

Last Updated on:

19th October 2022

Our Outcomes

Implementation of breast, neck, lung and vague symptoms pathways to improve time access and treatment of patients.

Improved timely access for patients to the right eye care specialist at the right time resulting in improved outcomes for our patients.

Please see Planned care Recovery Page

Successful recruitment against final, agreed, business case

Produced by the Performance Directorate in collaboration with Planned Care Leads

Our Programmes

Legend:

Not Progressing

On Track

Off Track - Mitigated

No Update

On Hold

Ref	Programme	Q1	Q2	Q3	Q4
a.2022.36	Suspected cancer pathway improvement	On Track	On Track		
a.2022.6	Eye Care	On Track	Off Track - Mitigated		
a.2022.30	Radiology sustainable plan	On Track	On Track		
a.2022.31	Regional Treatment Centres	On Track	On Track		
a.2022.38	Urology - Robot Assisted Surgery	On Track	On Track		
a.2022.12	Long Covid	On Track	On Track		
a.2022.13	Lymphoedema	On Track	On Track		
a.2022.10	Implementation of Audiology pathway	Off Track - Mitigated	Off Track - Mitigated		
a.2022.39	Vascular	No Update	On Track		
b.2022.8	Diabetic Foot pathway	No Update	On Track		
a.2022.9	Home First Bureaus	On Hold	On Hold		

Narrative

a. 2022. 6 Eye Care: Measure 1: Implement National Intravitreal Treatment (IVT) Pathway. Awaiting clarification from Operational Team re status of Consultant recruitment to achieve full pathway delivery in Q2. Measure 2 Implement Rolling Delivery of Open Eyes All Wales Digital System. Update for Q2: BCU On track/delivered BCU Glaucoma Go Live dependency actions within agreed timescales. National Digital programme delivery of Glaucoma "Go Live" delayed. (Key enabler of sustainable pathways to reduce patient waiting times and waste efficiencies) Mitigation: BCU have expanded health board pre-mobilisation to include Glaucoma and Cataract: to ensure Go Live readiness for both pathways when National Programme functionality confirmed. Measure: Local Planning Group to support implementation of Integrated Eye Pathways arising from National Reform Q2 Update: Monthly Eye Care Collaborative Group (ECCG) re-established in Q4 2021. ECCG oversees Strategic Transformation and improvement in line with National strategic aims, including contract reform. Clinically led, Integrated Eye Care Network Groups, accountable to the ECCG, implement and monitor action plans to embed standard delivery of strategy into everyday practice. This measure has been partially achieved in Q4, with conflicting clinical and Operational demands and Senior Leadership vacancies challenging a. quorate Nursing and Operational Management attendance and b. Site tracking and timely delivery of actions in central area. Mitigation: Central Nursing Matron and Operational recruitment has been progressed: with post holders to commence posts in Q3.

a. 2022 10 Implementation of Audiology Pathway: There are some delays in recruitment due to unforeseen underdelivery of the national streamlining scheme. Many students declined posts in North Wales due to the need to relocate from South Wales. Mitigating steps are being put in place including: strengthening of shared posts with secondary care audiology to provide more resilience in workforce and improved recruitment/retention; exploration of development posts for some B5 vacancies recruiting staff at band 3/4 and providing training and development to B5. Service delivery models will be adapted in some areas to accommodate this to ensure delivery of services during those training periods and to ensure appropriate clinical supervision. Roll out is progressing well despite slower than anticipated recruitment.

Planned Care Recovery	Status	On Track	Executive Lead: Gill Harris	Last Updated on:	19th October 2022		
Our Outcomes	Our Programmes	Legend:	Not Progressing	On Track	Off Track - Mitigated	No Update	On Hold
Reduction number of patients waiting and lengths of waits due to increased capacity.	Ref	Programme	Q1	Q2	Q3	Q4	
Improved timely access for patients to diagnostic tests and oncology services.	Capacity – core and additional	Outsourcing	On Track	On Track			
		Insourcing	Off Track - Mitigated	Off Track - Mitigated			
		Partnerships	On Track	On Track			
Reduction number of patients being added or retained on our waiting lists leading to improved patient satisfaction and outcomes.	Lean, value-focused support infrastructure - clinical	Radiology sustainability - scheme a.2022.30	On Track	Not Progressing			
		Oncology capacity	On Track	On Track			
	Lean, value-focused support infrastructure - administrative	Pathology	On Track	On Track			
		Validation programme	On Track	Off Track - Mitigated			
		BetsiPathways e.g. Audiology - scheme a.2022.10	On Track	Not Progressing			
Improved patient outcomes	Modernisation	GIRFT / National Programme in 5 specialities	On Track	On Track			
		Patient Initiated Follow-up (PIFU) , See on Symptoms (SOS) , Advice & Guidance (A&G)	On Track	On Track			
		Pre-habilitation	On Track	Off Track - Mitigated			
		'Attend Anywhere'	On Track	On Track			
Reduction of 8 week breaches to meet national target of 0.	Building for the future	Urology Robot	On Track	On Track			
Increase in number/ ratio of video consultations, increase in service capacity and patient choice	Communication	RTC project - a.2022.31	On Track	On Track			
	a.2022.40	Launch a Communication Strategy	On Track	On Track			
Narrative		Video consultations	On Track	Not Progressing			
<p>Validation Programme: At the start of this financial year the health board sought support from an external provider to conduct administration validation. Administration validation is checking the patients notes against WPAS to ensure that WPAS was a true reflection of the patients journey through the health care system.</p> <p>Scope:</p> <p>The scope of this piece of work (although not documented) was to ensure that all Stage 1 > 52 week wait patients are validation in a timely manner, so we schedule only those patients that require an OP appointment (e.g. they had not been seen previously).</p> <p>In September of this year the external team was ceased, as there was a new team being provided by WG to support this piece of work. Due to a delay of 7 weeks this hindered meeting the scope (as for nearly 2 months the health board didn't have external validation support)</p> <p>We have on-boarded the external validation support with doubling the resource in order to validate at pace, meaning the scope of this project at Amber at this time.</p> <p>Given the need and move to booking 6 weeks in advance (in-line with OP 6,4,2 booking principles) additional logistics are needed so patients that are not validated are not scheduled but given the timeframe (11 weeks to the end of the year), this is a weekly reviewed project.</p> <p>Pre-habilitation: Follow up Board meeting on 17th October planned to review the original Prehab Board structure with a view to change this in line with the Planned Care work streams, so we ensure the two are not running in parallel. I have agreed to pick up work stream 3 of the planned care program and will position prehab there, with a tweaked structure.</p> <p>Meeting took place 7th October with informatics and Public Health colleagues to look at how we tackle Universal prehab and have a proposal to work up on the back of that.</p> <p>In terms of targeted prehab Yvonne Rimmer has been involved in a pilot with “Joint Approach” an external company who have provided some support to patients</p> <p>Yvonne presented to Jo Whitehead and Gill Harris on the 1st September on our prehabilitation pilot service evaluation with knee arthroplasty patients.</p> <p>Several documents are available upon request following the presentation (above) and have been sent to Welsh Government for the assistance in procuring any funding. These documents are:- Pilot Service Evaluation Presentation, - Pilot Service Evaluation Report, [Executive Summary and Conclusion sections present the most salient points], - Updated (20.9.22) Costings and projections prepared by BCUHB Finance, - A3 Methodology. We describe an extension to the East pilot, followed by a 3-phased approach to roll out. Importantly, the pilot extension, for which we require non-recurrent monies, is to enable further data collection to inform rollout across the region.The full cost of the 6-month pilot extension is £131,850. This is to fund the full programme and all BCH staffing requirements. This will benefit 400 patients (60% of eligible of stage 4 knee arthroplasty patients in the East area) and include a monitoring group of 50 patients. Financial modelling indicates that this will generate increased surgical capacity.</p>							

Unscheduled Care	Status	<div><div></div>On Track</div>	Executive Lead: Gill Harris	Last Updated on:	19th October 2022																		
Our Outcomes	Our Programmes	Legend:	<div><div></div>Not Progressing</div> <div><div></div>On Track</div> <div><div></div>Off Track - Mitigated</div> <div><div></div>No Update</div> <div><div></div>On Hold</div>																				
<div>Reduction in admissions, & ambulance handover delays and</div> <div>Improved performance against Sentinel Stroke National Audit Programme (SSNAP) Measures translating as improved clinical outcomes for our patients.</div> <div>Produced by the Performance Directorate in collaboration with Unscheduled</div>	<table><tr><th>Ref</th><th>Programme</th><th>Q1</th><th>Q2</th><th>Q3</th><th>Q4</th></tr><tr><td>a.2022.34</td><td>Strengthening emergency department (ED) & SDEC workforce to improve patient flow.</td><td><div></div></td><td><div></div></td><td></td><td></td></tr><tr><td>a.2022.35</td><td>Stroke services</td><td><div></div></td><td><div></div></td><td></td><td></td></tr></table>	Ref	Programme	Q1	Q2	Q3	Q4	a.2022.34	Strengthening emergency department (ED) & SDEC workforce to improve patient flow.	<div></div>	<div></div>			a.2022.35	Stroke services	<div></div>	<div></div>						
Ref	Programme	Q1	Q2	Q3	Q4																		
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a.2022.35	Stroke services	<div></div>	<div></div>																				
Narrative	<p><u>a. 2022. 35 Stroke services:</u> Construction start delayed due to ongoing engagement with CHC Service Planning Committee from May to July. Agreement with CHC on 11th. July to implement Stroke Specialist Inpatient Rehabilitation (SSIR) units in Llandudno General Hospital (LLGH) and Deeside. Commissioned design and construction work for Q3 start.</p>																						

a. 2022. 37. Urgent Primary Care Centres: Good progress, but review currently being undertaken with a small pilot being launched in October, which will look at ways to increase number of people streamed directly from ED triage (via a UPCC GP/ ANP) to the UPCC for consultation. Deep dive sessions planned to review north Wales model for Urgent Primary Care, which will shape future direction of UPCCs in North Wales.

a. 2022. 14. AISB Joint Commissioning: Funding allocated via ISBs is supporting a variety of initiatives across the Local Authority areas including services delivered by ICAN hubs - IMTP ref a2022.19 / MHLHD ref MH03_ICAN. A new commissioning lead to strengthen links with AISBs is due to start 17/10/2023. **a. 2022. 16. CAMHS Transition and Joint Working:** Delay in recruitment raised as risk and issue through IT Programme and Transition Work Stream. Monitoring via project team in place with a view to actions being completed by end of Q4. **a. 2022. 17. Early Intervention in Psychosis:** Accommodation has been identified but not yet approved via PFIG process, that will support effective delivery of the service and enable continued recruitment to establishment in the East under Phase 1 of EIP plans. Staffing for roll out of the service across Central and West to ensure equity of service availability and delivery is now costed and forms part of the phase 2 plans submitted through the IMTP process. All staff receiving training as recruitment progresses. Plans for Phase 2 have been assessed and costed and submitted through the IMTP process and awaiting decision. **a. 2022. 18. Eating Disorders Service development:** Partial recruitment is complete. Recruitment to establishment has been significantly limited by lack of suitable accommodation. A business case has been submitted through divisional and corporate governance routes for approval to lease suitable premises. Once approved, recruitment will re-commence. Training plan being progressed in line with Quarter 3 milestone. However, due to delays in recruitment delivery of training cannot be completed until we are at establishment. Milestone revision will be subject to timescales for estates. We are developing a team of staff to visit sites and start to establish a plan to measure outcomes. **a. 2022. 19. ICAN Primary Care:** 90% of iCan Primary Care Occupational Therapists (OT) recruited with two vacancies awaiting interviews. Training plan has been agreed and OTs are being trained. Expectation is that all staffs will be trained by the quarter 3 milestone's. **a. 2022. 20. Medicines Management Support:** All CMHT Lead pharmacists now recruited to. A number of the team posts are in place. Remaining vacancies being progressed and/or discussions taking place on alternative role opportunities. Roll out of EMIS continues. Delays have been experienced due to a national shortage of hardware. Central and East are awaiting deliver and installation of EMIS linked prescription printers with East due to start training staff in October. There are three working groups in place to help evaluate effectively the overall impact for each area; EMIS, Pharmacy Strategy Group and Medicine Management Group. **a. 2022. 21. Neurodevelopment recovery:** Phase 3 (relating to 22/23 IMPT funding) of the external provider contract commenced as planned in July/August 2022, a temporary pause has been put on referrals being sent for October 2022, due to concerns regarding outstanding delivery of completed assessments in phase 1 and 2; for which we are in the process of agreeing a recovery plan for. Further meeting with provider due to be held on 10.10.22. Risks currently being escalated. Finance position also been paused. **a. 2022. 23. Older Persons Crisis Care:** Recruitment to establishment partially complete. Start dates for recently interviewed candidates to be agreed and some posts re-advertised on Trac. The Quality Assurance Framework has been used to establish 11 tools for monitoring information, which is shared with practice development teams. We are working on launching a quality CQMT with providers for integrated working to improve care standards. Training and development is ongoing. **a. 2022. 24. Perinatal MH Services:** Recruitment progressing but incomplete due to lack of accommodation for the service. The team are working with the estates team to resolve this. Once accommodation issues are worked through then recruitment will continue. All staff in post have received or undergoing appropriate training to their role. Once the accommodation issues have been resolved and new staff are recruited then they will also receive the relevant training. Following peer review positive feedback received and recommendations provided on areas of improvement to achieve accreditation. Primary issue raised is lack of appropriate accommodation for patients and staff. **a. 2022. 25. Psychiatric Liaison Services:** Work for psychiatric liaison teams is progressing and forms part of the overarching crisis care work. Recommendations from the Delivery Unit review are being incorporated into the overall plans for future working. 2 Central posts recruited to, 2 East posts recruited to, 1 in West recruited to with the other being interviewed for in late October. Working towards completion to recruitment by within quarter 3.

Population Health

Status

On Track

Executive Lead: Teresa Owen

Last Updated on:19th October 2022

Our Outcomes

Reducing the potential spread of COVID-19 as much as possible and reducing the potential impact on our service, especially

In the longer term improved health and wellbeing of the population .

Produced by the Performance Directorate in collaboration with Population Health Leads

Our Programmes

Legend:

Not Progressing

On Track

Off Track - Mitigated

No Update

On Hold

Ref	Programme	Q1	Q2	Q3	Q4
a.2022.4	COVID-19 vaccination and Test, Trace and Protect (TTP)	<div></div>	<div></div>		
b.2022.5	Building a Healthier Wales (BAHW)	<div></div>	<div></div>		
b.2022.7	Community Pharmacy Enhanced Services - Alcohol and Blood Borne Viruses	<div></div>	<div></div>		

Narrative

Narrative only required for Programmes rated as Red - Off Track not Mitigated



Teitl adroddiad: <i>Report title:</i>	Finance Report for Month 6			
Adrodd i: <i>Report to:</i>	Public Health Board Meeting			
Dyddiad y Cyfarfod: <i>Date of Meeting:</i>	Thursday, 24 November 2022			
Crynodeb Gweithredol: <i>Executive Summary:</i>	<p>The purpose of this report is to provide a briefing on the draft unaudited financial performance of the Health Board for the six months from 1st April 2022 to 30th September 2022.</p> <p>The cumulative position for the year is a deficit against plan of £3.2m, (0.36% of allocation). The Health Board is forecasting a £10m deficit by the end of the financial year. The Executive team has set up a Financial Recovery Group in order to oversee improvements in the financial position and a financial recovery plan.</p> <p>Savings delivered in the 6 months to September 2022 was £8.6 against a plan of £9.2m, a shortfall of £0.6m. Non-recurrent savings delivered are £3.4m. The savings forecast is £15.2m, which is £19.8m behind the target of £35m for the year.</p>			
Argymhellion: <i>Recommendations:</i>	It is recommended that the report is noted.			
Arweinydd Gweithredol: <i>Executive Lead:</i>	Rob Nolan, Acting Executive Director of Finance			
Awdur yr Adroddiad: <i>Report Author:</i>	Tim Woodhead, Operational Finance Director			
Pwrpas yr adroddiad: <i>Purpose of report:</i>	I'w Nodi <i>For Noting</i> <input checked="" type="checkbox"/>	I Benderfynu arno <i>For Decision</i> <input type="checkbox"/>	Am sicrwydd <i>For Assurance</i> <input checked="" type="checkbox"/>	
Lefel sicrwydd: <i>Assurance level:</i>	Arwyddocaol <i>Significant</i> <input type="checkbox"/> Lefel uchel o hyder/tystiolaeth o ran darparu'r mecanweithiau / amcanion presennol <i>High level of confidence/evidence in delivery of existing mechanisms/objectives</i>	Derbyniol <i>Acceptable</i> <input type="checkbox"/> Lefel gyffredinol o hyder/tystiolaeth o ran darparu'r mecanweithiau / amcanion presennol <i>General confidence / evidence in delivery of existing mechanisms / objectives</i>	Rhannol <i>Partial</i> <input checked="" type="checkbox"/> Rhywfaint o hyder/tystiolaeth o ran darparu'r mecanweithiau / amcanion presennol <i>Some confidence / evidence in delivery of existing mechanisms / objectives</i>	Dim Sicrwydd <i>No Assurance</i> <input type="checkbox"/> Dim hyder/tystiolaeth o ran y ddarpariaeth <i>No confidence / evidence in delivery</i>
Cyfiawnhad dros y gyfradd sicrwydd uchod. Lle bo sicrwydd 'Rhannol' neu 'Dim Sicrwydd' wedi'i nodi uchod, nodwch gamau i gyflawni sicrwydd 'Derbyniol' uchod, a'r terfyn amser ar gyfer cyflawni hyn:				

Justification for the above assurance rating. Where 'Partial' or 'No' assurance has been indicated above, please indicate steps to achieve 'Acceptable' assurance or above, and the timeframe for achieving this:	
Cyswllt ag Amcan/Amcanion Strategol: Link to Strategic Objective(s):	This paper aligns to the strategic goal of attaining financial balance and is linked to the well-being objective of targeting our resources to those with the greatest need.
Goblygiadau rheoleiddio a lleol: Regulatory and legal implications:	Not Applicable
Yn unol â WP7, a oedd EqlA yn angenrheidiol ac a gafodd ei gynnal? In accordance with WP7 has an EqlA been identified as necessary and undertaken?	Naddo N Equality Impact (EqlA) and a socio-economic (SED) impact assessments not applicable
Yn unol â WP68, a oedd SEIA yn angenrheidiol ac a gafodd ei gynnal? In accordance with WP68, has an SEIA identified as necessary been undertaken?	Naddo N Equality Impact (EqlA) and a socio-economic (SED) impact assessments not applicable
Manylion am risgiau sy'n gysylltiedig â phwnc a chwmpas y papur hwn, gan gynnwys risgiau newydd (croesgyfeirio at y BAF a'r CRR) Details of risks associated with the subject and scope of this paper, including new risks(cross reference to the BAF and CRR)	There is a significant risk that the Health Board does not meet its statutory financial duty for 2022-23. BAF 2.3 Current risks and mitigations are shown in Appendix 1, slide 13. £38.1m worth of risks relate to areas where Welsh Government have indicated that funding will be provided, however they have also advised that this funding should be classified as high risk, indicating that funding for these issues is not certain.
Goblygiadau ariannol o ganlyniad i roi'r argymhellion ar waith Financial implications as a result of implementing the recommendations	Not applicable
Goblygiadau gweithlu o ganlyniad i roi'r argymhellion ar waith Workforce implications as a result of implementing the recommendations	Not applicable
Adborth, ymateb a chrynodeb dilynol ar ôl ymgynghori Feedback, response, and follow up summary following consultation	Not applicable
Cysylltiadau â risgiau BAF: (neu gysylltiadau â'r Gofrestr Risg Gorfforaethol) Links to BAF risks:	BAF 2.3 Risk of the Health Board's failure to meet the break-even duty.

<i>(or links to the Corporate Risk Register)</i>	
Rheswm dros gyflwyno adroddiad i fwrdd cyfrinachol (lle bo'n berthnasol)	Amherthnasol
<i>Reason for submission of report to confidential board (where relevant)</i>	Not applicable
Camau Nesaf: Gweithredu argymhellion <i>Next Steps:</i> <i>Implementation of recommendations Not Applicable.</i>	
Rhestr o Atodiadau: <i>List of Appendices: None</i>	

Finance Report

September 2022 – M6

Rob Nolan

Acting Executive Director of Finance



GIG
CYMRU
NHS
WALES

Bwrdd Iechyd Prifysgol
Betsi Cadwaladr
University Health Board



Executive Summary

Objective

To provide assurance on financial performance and delivery against Health Board financial plans and objectives and give early warning on potential performance issues. To make recommendations for action to continuously improve the financial position of the organisation, focusing on specific issues where financial performance is showing deterioration or there are areas of concern.

Positives & Key Assurances

- ✓ Key financial targets for Cash, Capital and PSPP all being met.
- ✓ From Month 5 onwards The Health Board started to report under the New Operating Model, which means Area Teams, Hospital Teams and relevant facilities are grouped under the relevant Integrated Health Communities on slide 5 and 11.

Issues & Actions

- Current Month is reporting a deficit position of £0.5m and cumulated deficit of £3.2m as at end of September.
- The Health Board is reporting a forecast outturn deficit of £10.0m. This is based on the assumption that the Health Board is able to use any slippage from the Strategic support and Recovery funding, and not claw back any benefits gained from the Annual Leave accrual.
- The review of forecast outturn has resulted in the development of Financial Recovery Plan including options for consideration by the Executive.
- The Health Board has set a savings target of £35m for 2022/23 to be driven equally by both transaction and transformation led plans and programmes of work. Full year forecast for Saving Schemes identified as Green total £14.4m against a plan of £35m, leaving £20.6m to be delivered over the remainder of the year. Including red schemes, for which assurance reviews must be completed, the forecast totals £15.2m.
- Welsh Government have requested a number of income assumptions to be rated as high risk as sources of funding are yet to be identified. These amount to £57.9m of which £23.9m is exceptional costs (Energy, Real Living Wage and National Insurance) with the balance relating to Non-programmable COVID costs.

Key Messages

- ❖ The September position is reporting a deficit of £0.5m and year to date deficit of £3.2m.
- ❖ From Month 6 the Health Board is reporting a forecast outturn deficit of £10.0m. This is based on the assumption that the Health Board is able to use any slippage from the Strategic support and Recovery funding which includes £30.0m Performance Fund, £12m Transformation Fund and £40.0m Strategic support.
- ❖ The deep dive review of forecast outturn has resulted in the development of a Financial Recovery Plan including options for consideration by the Executive.
- ❖ Full year forecast for Saving Schemes identified as Green total £14.4m against a plan of £35m, leaving £20.6m to be delivered over the remainder of the year. There is confidence that the Transactional Schemes will be delivered to address the £17.5m transactional target. Transformational savings have not been identified and there remains to be to be reduced assurance in this area of savings.

Summary of Key Numbers

<div>Month 6 Position</div> <div>In Month £175.5m against plan of £175.0m. £0.5m adverse</div> <div>YTD £953.6m against plan of £950.3m £3.2 adverse</div>	<div>Forecast</div> <div>Projected Position which is subject to inflationary risk.</div> <div>£10.0m deficit</div>	<div>Divisional Performance Month 6</div> <table><tr><td>West IHC</td><td>£5.3m adverse</td></tr><tr><td>Central IHC</td><td>£5.6m adverse</td></tr><tr><td>East IHC</td><td>£4.0m adverse</td></tr><tr><td>Womens</td><td>Balanced</td></tr><tr><td>MH & LD</td><td>£1.9m adverse</td></tr><tr><td>Commissioning Contracts</td><td>£1.4m adverse</td></tr><tr><td>ICD Primary Care</td><td>£0.4m favourable</td></tr><tr><td>ICD Regional Services</td><td>£1.0m adverse</td></tr><tr><td>Support Functions & Other Budgets</td><td>£15.8m favourable</td></tr></table>	West IHC	£5.3m adverse	Central IHC	£5.6m adverse	East IHC	£4.0m adverse	Womens	Balanced	MH & LD	£1.9m adverse	Commissioning Contracts	£1.4m adverse	ICD Primary Care	£0.4m favourable	ICD Regional Services	£1.0m adverse	Support Functions & Other Budgets	£15.8m favourable
West IHC	£5.3m adverse																			
Central IHC	£5.6m adverse																			
East IHC	£4.0m adverse																			
Womens	Balanced																			
MH & LD	£1.9m adverse																			
Commissioning Contracts	£1.4m adverse																			
ICD Primary Care	£0.4m favourable																			
ICD Regional Services	£1.0m adverse																			
Support Functions & Other Budgets	£15.8m favourable																			
<div>Savings</div> <div>In-month: £2.1m against target of £1.7m £0.4m favourable</div> <div>YTD: £8.6M against target of £9.2m £0.6m adverse</div>	<div>Savings Forecast</div> <div>£15.2m, including pipeline savings, against plan of £35.0m</div> <div>£19.8m adverse</div>	<div>COVID-19 Impact</div> <div>£22.3.m cost YTD</div> <div>£42.8.m forecast cost. Funded by Welsh Government (with risk) £NIL impact</div>																		
<div>Income</div> <div>£70.6m against budget of £69.2m</div> <div>£1.4m favourable</div>	<div>Pay</div> <div>£472.7m against budget of £468.6m</div> <div>£4.1m adverse</div>	<div>Non-Pay</div> <div>£551.5m against budget of £551.0m</div> <div>£0.5m adverse</div>																		



- As at Month 6 the forecast outturn position has been updated to report a £10.0m deficit. This is based on the assumption that the Health Board is able to use any slippage from the Strategic support and Recovery funding and is also dependent on Welsh Government fully funding all anticipated income and not clawing back any allocations received to date including ring fenced allocations and any benefits gained from the Annual Leave accrual.
- The below Table summarises the Worst Case Forecast Outturn position of £45.0m, which is offset by £40.0m Mitigations to report a Forecast Outturn position of £10.0m.
- The review of forecast outturn has resulted in the development of a Recovery Plan which will include additional mitigations for consideration by the Executive. Each Area of the Health Board has been set a Revised Control Totals which will ensure the Health Board does not exceed the Forecast Outturn. This is based on the principles of an additional 0.75% savings above that being currently delivered and further controls across on expenditure regarding pay and non-pay.

- The Health Board's financial plan for 2022/23 was to deliver a balanced position which includes the £82.0m strategic support funding from Welsh Government (£30.0m Performance Fund, £12m Transformation Fund and £40.0m Strategic support). In addition £38m funding has also been received for Planned and unscheduled Care Sustainability.
- The £42m Performance and transformation funding was included as recurrent in the Minimum Data Set. The three year financial plan included in the Integrated Medium Term Plan submission also assumed that funding for Performance and transformation would continue beyond 2023-24. The Health Board has been clear that it is committing recurrently against this funding in order to be able to deliver the required outcomes.

Variance	£m	£m
Financial Risk (Worst Case)		-45
Improve Savings delivery	10	
Reduction in Expenditure Forecast	7	
Balance Sheet - A/L accrual	10	
		27
		-18
Slippage on WG Investments		3
Review Planned Care Recovery		5
		-10



The key elements of the forecast are shown in the table below:

Variance	£m	£m
Financial Risk (Worst Case)		-45
Improve Savings delivery	10	
Reduction in Expenditure Forecast	7	
Balance Sheet - A/L accrual	10	
		27
		-18
Slippage on WG Investments		3
Review Planned Care Recovery		5
		-10

The key elements of the Financial Risk is shown in the table below:

Financial Deficit Assessment	£m	
Shortfall in delivery of savings	17	see slide 14
Prescribing	11	
CHC	7	
Increase in Agency Costs	21	see slide 11
Less		
Slippage on Performance and Transformation funding	-6	
Reduced contract forecast	-5	
Total Financial Deficit	45	

Improve Savings Delivery (£10m)

This element relates to 0.75% of influenceable spend for those areas currently not achieving the current savings target.

Slippage on WG investments (£3m)

This is an assessment of schemes that have not yet started and are unlikely to spend the currently forecast amount.

Balance Sheet – A/L accrual (£10m)

This is a revised accrual, calculated using the data in ESR and capping annual leave at 5 days carry forward as per the revised policy.

Review of Planned Care Recovery (£5m)

This is an assessment of schemes that are assessed as unlikely to spend the whole amount in the currently forecasts due to operational constraints. Key areas are Orthopaedics contracts and mixed specialty insourcing.



The profiling of the expenditure forecast is shown in the table below

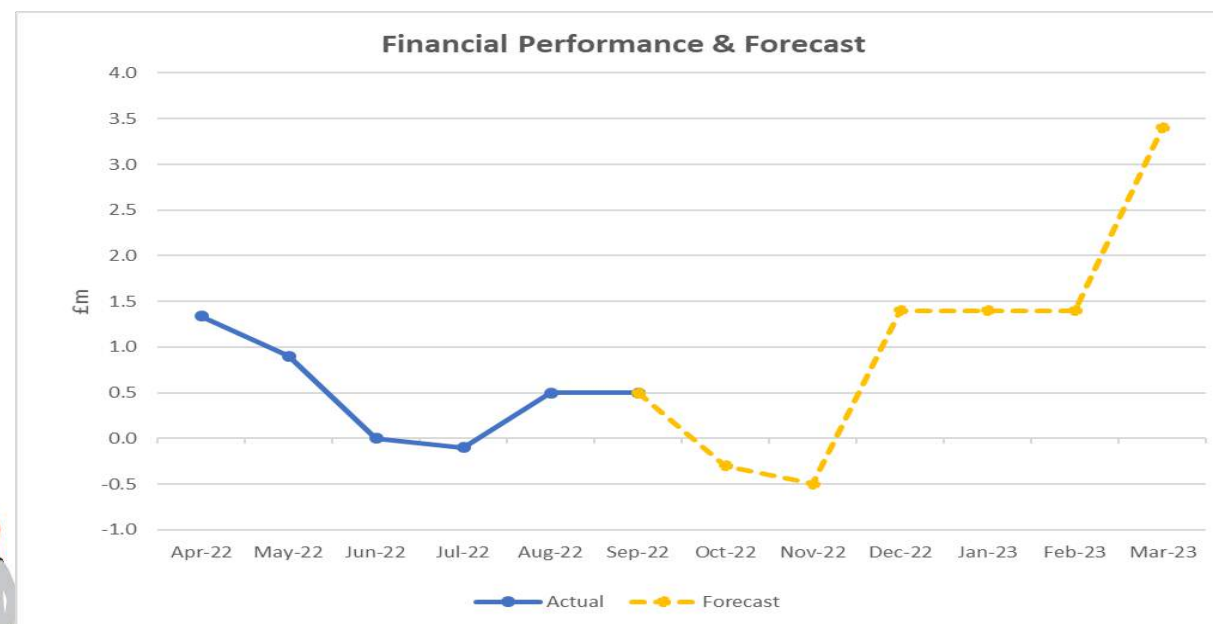
Summary of in Month Expenditure Actuals / Forecasts	Apr to Sept	Oct	Nov	Dec	Jan	Feb	Mar	Forecast year-end position
	Actual £'000	Actual £'000	Forecast £'000	Forecast £'000	Forecast £'000	Forecast £'000	Forecast £'000	£'000
Revenue Resource Limit	950,348	158,860	155,002	159,701	161,861	157,351	157,408	1,900,531
Other Welsh NHS Income	27,906	5,208	4,880	4,974	4,865	4,865	4,863	57,561
Other Income	42,732	6,830	7,039	6,641	6,669	6,667	6,650	83,228
Income Total	1,020,986	170,898	166,921	171,316	173,395	168,883	168,921	2,041,320
Primary Care Contractor (excluding drugs, incl)	106,219	18,719	18,784	18,680	18,665	18,149	18,721	217,937
Primary Care - Drugs & Appliances	58,332	9,917	9,996	10,135	10,135	9,400	10,081	117,996
Provided Services - Pay	472,670	79,428	78,541	79,639	79,945	79,545	79,673	949,441
Provider Services - Non Pay (excluding drugs &	101,977	17,657	16,296	16,873	17,468	16,966	17,250	204,487
Secondary Care - Drugs	40,624	7,033	7,197	7,028	7,150	6,920	7,394	83,346
Healthcare Services Provided by Other NHS Bod	153,852	24,628	21,824	25,854	25,949	25,959	25,969	304,035
Continuing Care and Funded Nursing Care	53,508	8,685	8,713	8,925	8,925	8,290	8,862	105,908
Other Revenue Expenditure	16,949	2,674	2,959	3,438	4,583	4,580	4,915	40,098
Capital Charge Expenditure	20,066	3,344	3,344	3,344	3,346	3,345	1,283	38,072
Additional 0.75% savings (assumed non pay)				(2,500)	(2,500)	(2,500)	(2,500)	(10,000)
Expenditure Total	1,024,197	172,085	167,654	171,416	173,666	170,654	171,648	2,051,320
Net surplus/ (deficit)	(3,211)	(1,187)	(733)	(100)	(271)	(1,771)	(2,727)	(10,000)



Revenue Position

- The in month position is reporting a deficit of £0.5m and a cumulative deficit of £3.2m as at the end of September.
- The total cost of COVID-19 in September is £3.5m (£22.3m year to date), an increase of £0.7m from August. Total year forecast cost of COVID-19 is £42.8m for which Welsh Government income has been anticipated to fully cover these costs, giving a nil impact on the financial position.
- As at Month 6 the forecast outturn is reporting a £10.0m deficit. This is based on the assumption that the Health Board is able to use any slippage from the Strategic support and Recovery funding.
- The forecast position is also dependent on Welsh Government fully funding all anticipated income and not clawing back any allocations received to date including ring fenced allocations and any benefits gained from the Annual Leave accrual.

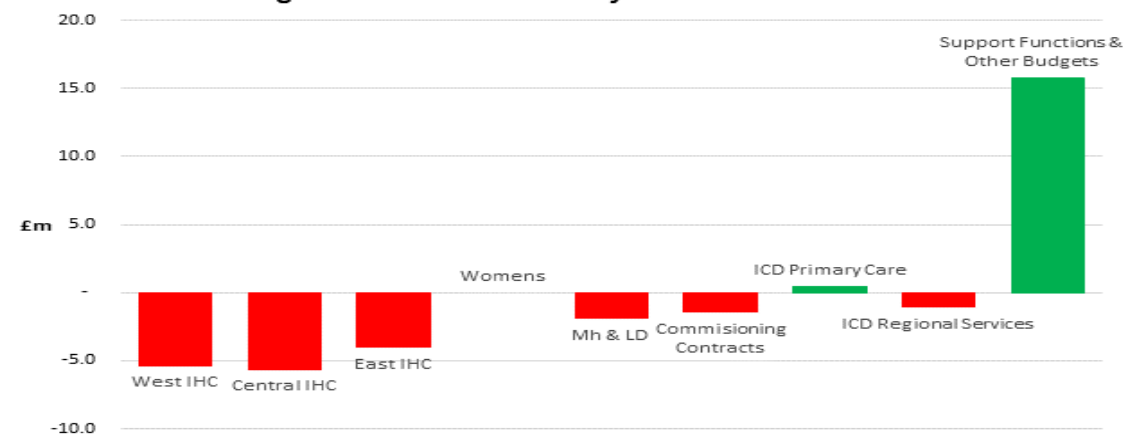
	Actual M1 £'000	Actual M2 £'000	Actual M3 £'000	Actual M4 £'000	Actual M5 £m	Actual M6 £m	2022/23 Cumulative				Forecast Actual £'000
							Budget £'000	Actual £'000	Variance £'000	Variance %	
Revenue Resource Limit	(152,882)	(151,609)	(152,384)	(159,645)	(158,854)	(174,974)	(950,348)	(950,348)	(0)	0.0%	(1,901,691)
Miscellaneous Income	(11,293)	(10,787)	(11,435)	(11,088)	(13,887)	(12,148)	(69,241)	(70,638)	(1,397)	2.0%	(140,256)
Health Board Pay Expenditure	76,620	73,442	75,384	76,336	75,084	95,804	468,592	472,670	4,078	0.9%	950,092
Non-Pay Expenditure	88,898	89,855	88,452	94,298	98,194	91,830	550,997	551,527	530	0.1%	1,101,855
Total	1,343	901	17	(99)	537	512	0	3,211	3,211		10,000



Divisional Positions

	In Month			Cumulative		
	Budget	Actual	Variance to Plan	Budget	Actual	Variance to Plan
	£000	£000	£000	£000	£000	£000
WG RESOURCE ALLOCATION	(174,974)	(174,974)	0	(950,348)	(950,348)	0
WEST INTEGRATED HEALTH COMMUNITY						
West Area	16,143	16,142	1	87,903	89,682	(1,779)
Ysbyty Gwynnedd	11,080	11,669	(589)	56,947	60,182	(3,235)
Facilities	1,305	1,370	(65)	5,846	6,179	(333)
Total West	28,528	29,182	(653)	150,696	156,043	(5,347)
CENTRAL INTEGRATED HEALTH COMMUNITY						
Central Area	21,475	20,655	820	116,529	115,628	901
Ysbyty Glan Clwyd	13,896	15,350	(1,454)	71,330	77,265	(5,936)
Facilities	1,542	1,593	(51)	6,931	7,539	(609)
Total Central	36,914	37,598	(684)	194,789	200,432	(5,643)
EAST INTEGRATED HEALTH COMMUNITY						
East Area	23,993	23,881	113	130,800	132,129	(1,329)
Ysbyty Wrexham Maelor	12,066	12,567	(502)	62,033	64,481	(2,448)
Facilities	1,299	1,265	35	6,135	6,357	(222)
Total East	37,358	37,713	(354)	198,969	202,967	(3,998)
Total Midwifery and Women's Services	4,317	4,283	35	21,620	21,668	(48)
Total Mental Health and LDS	14,081	14,237	(156)	73,085	74,968	(1,884)
Total Commissioning Contracts	20,749	21,151	(402)	125,682	127,119	(1,437)
INTEGRATED CLINICAL DELIVERY PRIMARY CARE						
Covid Programmes	1,426	1,431	(5)	9,708	9,712	(4)
Dental North Wales	2,823	2,877	(55)	16,637	16,604	34
Community Dental Services	655	598	57	3,055	2,565	490
Other Primary Care	(1,838)	(1,776)	(62)	(864)	(762)	(102)
Total Integrated Clinical Delivery Primary care	3,065	3,130	(65)	28,537	28,119	418
INTEGRATED CLINICAL DELIVERY REGIONAL SERVICES						
Provider Income	(1,767)	(1,662)	(106)	(10,591)	(10,470)	(122)
Diagnostic and Specialist Clinical Support	7,005	6,939	66	35,047	35,548	(501)
Cancer Services	5,349	4,932	417	27,138	27,562	(424)
Total Integrated Clinical Delivery	10,587	10,209	378	51,594	52,641	(1,047)
Total Service Support Functions and Other Budgets	19,374	17,983	1,391	105,377	89,601	15,776
Total	0	511	(511)	0	3,211	(3,211)

Integrated Health Community Positions at Month 6



- Key impacts affecting divisional positions include additional pay costs which are due to variable pay costs, particularly Agency costs.
- Of the £3.2m year to date overspend, Pay is £4.1m overspent, Non pay is £0.5m overspent which is offset by income overachieving by £1.4m.
- Non Pay pressures continue within CHC, due to more complex packages driving an increase in costs, prescribing costs and a number of general non pay inflationary costs.
- Non delivery of CRES is also having an impact.
- Other Budgets & Reserves includes Performance, Transformation and Sustainability schemes funding, for which some costs have been reported within the Divisions, but have yet to have funding released from reserves. The reserves profile has been adjusted to account for these costs, which is resulting in an underspend in other budgets.

Description	£m
Allocations Received	1792.1
Total Allocations Received	1,792.1

Description	£m
Allocations anticipated	
Capital	-1.4
COVID-19	31.0
Energy (Price Increase)	16.7
Employers NI Increase (1.25%)	4.7
Real Living Wage	2.5
Substance Misuse	6.0
IM&T Refresh Programme	1.9
Urgent Primary Care Centres	1.0
MSK Orthopaedic Services	1.2
Obesity Pathways	0.6
SDEC	1.6
WPAS	0.8
Annual Leave Overtime (Flowers Case)	2.5
WRP Risk Share 22/23 for M1 MMR	-5.0
All Wales Robotics Partnership	0.5
Real Living Wage B1 & B2 - from April 22	0.6
Payaward	42.8
Other	1.5
Total Allocations Anticipated	109.5

	£m
Total Allocations Received	1,792.1
Total Allocations Anticipated	109.5
Total Welsh Government Income	1,901.6

- The Health Board is funded in the main from the Welsh Government allocation via the Revenue Resource Limit (RRL). The RRL is currently £1,901.6m for the year, of which £950.3m has been profiled into the cumulative position which is £0.5m less than 6/12ths of the allocation.
- The RRL includes confirmed allocations to date of £1,792.1m, with further anticipated allocations in year of £109.5m.
- The anticipated allocations includes £31.0m for COVID-19 income, as £11.9m of COVID-19 funding has now been received within the allocation. £22.3m of COVID-19 funding has been profiled into the cumulative position to match expenditure.
- Also, within the allocations received includes £82.0m strategic support funding from Welsh Government (£30.0m Performance Fund, £12m Transformation Fund and £40.0m Strategic support). In addition, £38M has also been received for Planned and Unscheduled Care Sustainability Fund.

COVID -19 Funding	£m
Total COVID-19 costs in 2022/23	42.8
Total Covid -19 funding	42.8

Received	11.9
Anticipated	31.0



Expenditure

Pay Costs							Cumulative			Full Year Forecast
	M1	M2	M3	M4	M5	M6	YTD Budget	YTD Actual	YTD Variance	
	£m	£m	£m	£m	£m	£m	£m	£m	£m	
Administrative & Clerical	11.4	10.0	11.0	10.8	11.0	14.1	68.3	68.3	(0.0)	143.9
Medical & Dental	17.6	17.3	17.9	18.2	18.0	21.7	103.1	110.7	(7.6)	217.8
Nursing & Midwifery Registered	23.7	22.9	23.4	23.3	22.8	28.8	151.3	145.0	6.3	283.3
Additional Clinical Services	11.2	10.6	10.7	11.0	10.6	15.0	63.4	69.0	(5.6)	37.0
Add Prof Scientific & Technical	2.9	2.9	2.9	3.0	3.0	3.5	20.4	18.3	2.2	143.1
Allied Health Professionals	5.0	4.7	4.7	5.0	4.9	6.1	30.1	30.5	(0.4)	61.0
Healthcare Scientists	1.3	1.2	1.3	1.3	1.3	1.5	8.3	7.9	0.5	14.8
Estates & Ancillary	3.5	3.7	3.5	3.6	3.5	5.0	23.2	22.7	0.6	48.7
Students	0.1	0.1	0.1	0.1	0.1	0.1	0.5	0.5	0.0	0.6
Health Board Total	76.6	73.4	75.5	76.3	75.1	95.8	468.6	472.7	(4.1)	950.1
Other Services (Incl. Primary Care)	2.0	2.4	2.2	2.3	2.5	2.8	11.5	14.1	(2.6)	28.2
Total Pay	78.7	75.8	77.6	78.5	77.6	98.6	480.1	486.8	(6.7)	978.3

Non-Pay Costs	2022-23						Cumulative			Full Year Forecast
	M1	M2	M3	M4	M5	M6	YTD Budget	YTD Actual	YTD Variance	
	£m	£m	£m	£m	£m	£m	£m	£m	£m	
Primary Care Contractors	18.1	18.1	16.8	18.2	17.6	18.3	108.9	107.2	1.7	218.2
Primary Care Drugs	8.7	8.8	9.9	10.1	10.3	10.5	52.7	58.3	(5.6)	113.3
Secondary Care Drugs	7.0	7.3	5.4	6.7	7.2	7.2	39.2	40.6	(1.4)	81.9
Clinical Supplies	6.1	6.8	6.7	5.9	5.9	6.1	34.7	37.5	(2.9)	75.7
General Supplies	4.2	3.9	4.7	1.5	5.8	5.3	24.1	25.4	(1.3)	51.3
HC Services Provided by Other NHS	25.1	24.3	26.2	27.9	24.7	25.7	152.4	153.9	(1.4)	314.2
Continuing Care and FNC	9.4	9.4	9.4	10.2	9.6	5.5	49.1	53.5	(4.5)	111.9
Other	7.8	9.0	7.1	8.1	13.9	10.2	69.8	55.0	14.8	113.0
Non-pay costs	86.4	87.5	86.1	88.6	95.0	88.7	530.9	531.4	(0.5)	1,079.5
Cost of Capital	2.5	2.5	2.5	5.9	3.3	3.3	20.1	20.1	(0.0)	38.1
Total non-pay	88.9	90.0	88.6	94.5	98.4	92.1	551.0	551.5	(0.5)	1,117.5

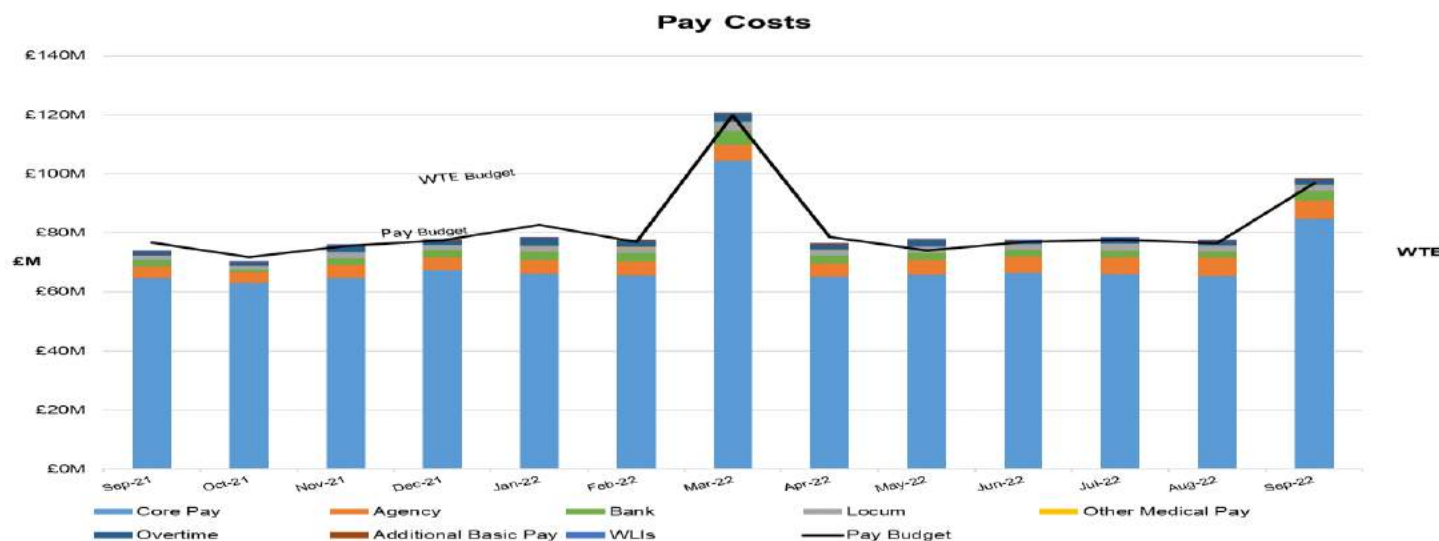
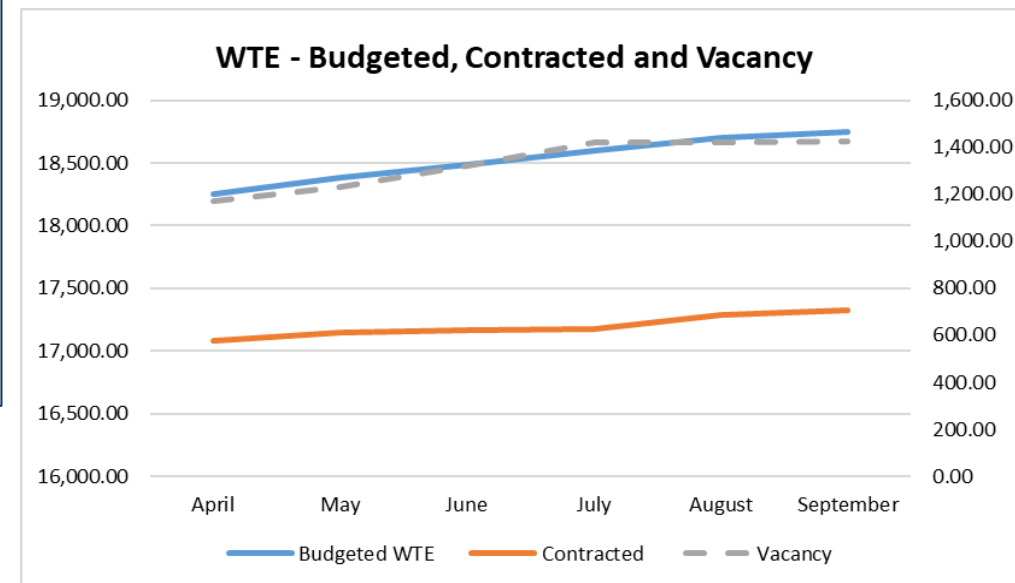


Variable Pay	2022-23						Total
	M1 £m	M2 £m	M3 £m	M4 £m	M5 £m	M6 £m	
Agency	4.6	5.0	5.5	5.5	6.2	6.4	33.2
Overtime	1.8	1.8	0.9	1.3	1.1	1.6	8.4
Locum	1.7	2.1	1.8	2.5	2.0	2.0	12.1
WLIs	0.3	0.4	0.4	0.5	0.4	0.3	2.3
Bank	2.8	2.5	2.3	2.3	2.0	3.2	15.1
Other Non Core	0.1	0.1	0.0	0.1	0.1	0.0	0.4
Additional Hours	0.3	0.3	0.4	0.3	0.4	0.3	2.0
Total	11.7	12.2	11.2	12.5	12.1	13.9	73.6

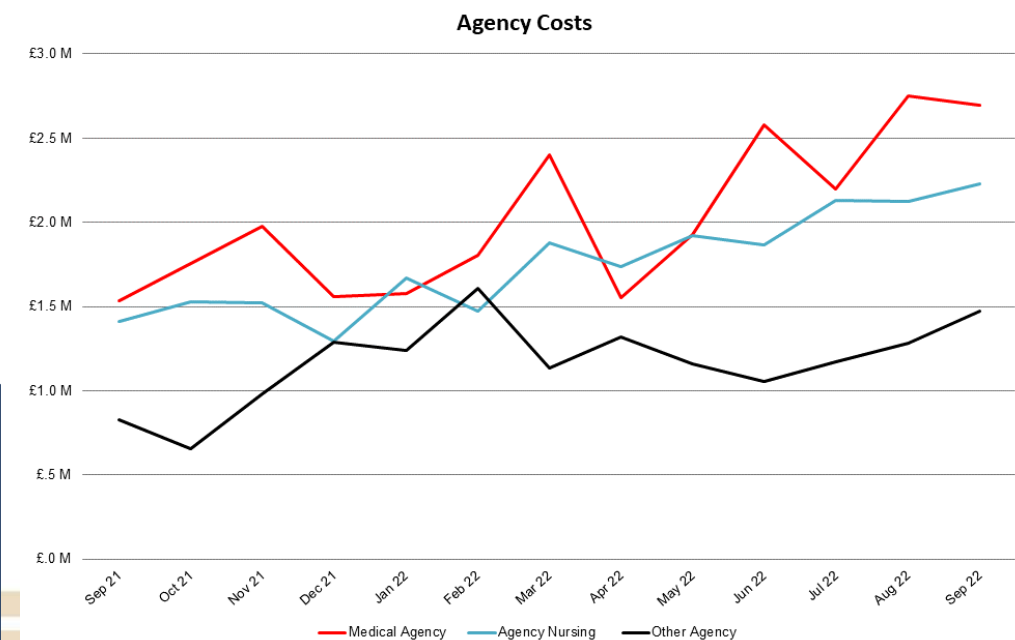
- Total Pay costs are £98.6m in September. Provided Services Pay costs is £95.8m, which is £20.7m higher than August costs due pay award backdated to April being accounted for within the September pay position. Total estimated A4C and Medical Pay Award costs for 22/23 is £40.1m based on staff in post.
- Total Variable Pay is £13.9m, of which Agency is £6.4m, Bank £3.2m and Overtime £1.6m. Variable Pay has increased by £1.8m from August, of which Bank spend has increased by £1.2m and Overtime has increased by £0.5m being mainly due to the pay award impact.
- A total of £2.2m pay costs were directly related to COVID-19 in September, which is £0.5m higher than August spend.
- Non Pay expenditure is £92.1m, a £6.3m reduction from August. Year to date Non Pay is reporting an adverse variance of £0.5m.

Pay Costs

- Pay costs have increased by £20.7m in Month 6 due to pay award backdated to April being accounted for within the September pay position. Total full year 22/23 estimated pay award impact for A4C and Medical staff based on staff in post is £40.1m, of which £20.1m has been accounted for in the Month 6 position.
- Total Variable Pay is £13.9m, of which Agency is £6.4m, Bank £3.2m and Overtime £1.6m. Variable Pay has increased by £1.8m from August, of which Bank spend has increased by £1.2m and Overtime has increased by £0.5m being mainly due to the pay award impact.
- The below graphs summarises monthly Pay costs and WTE trend, including WTE Vacancies.



WTE

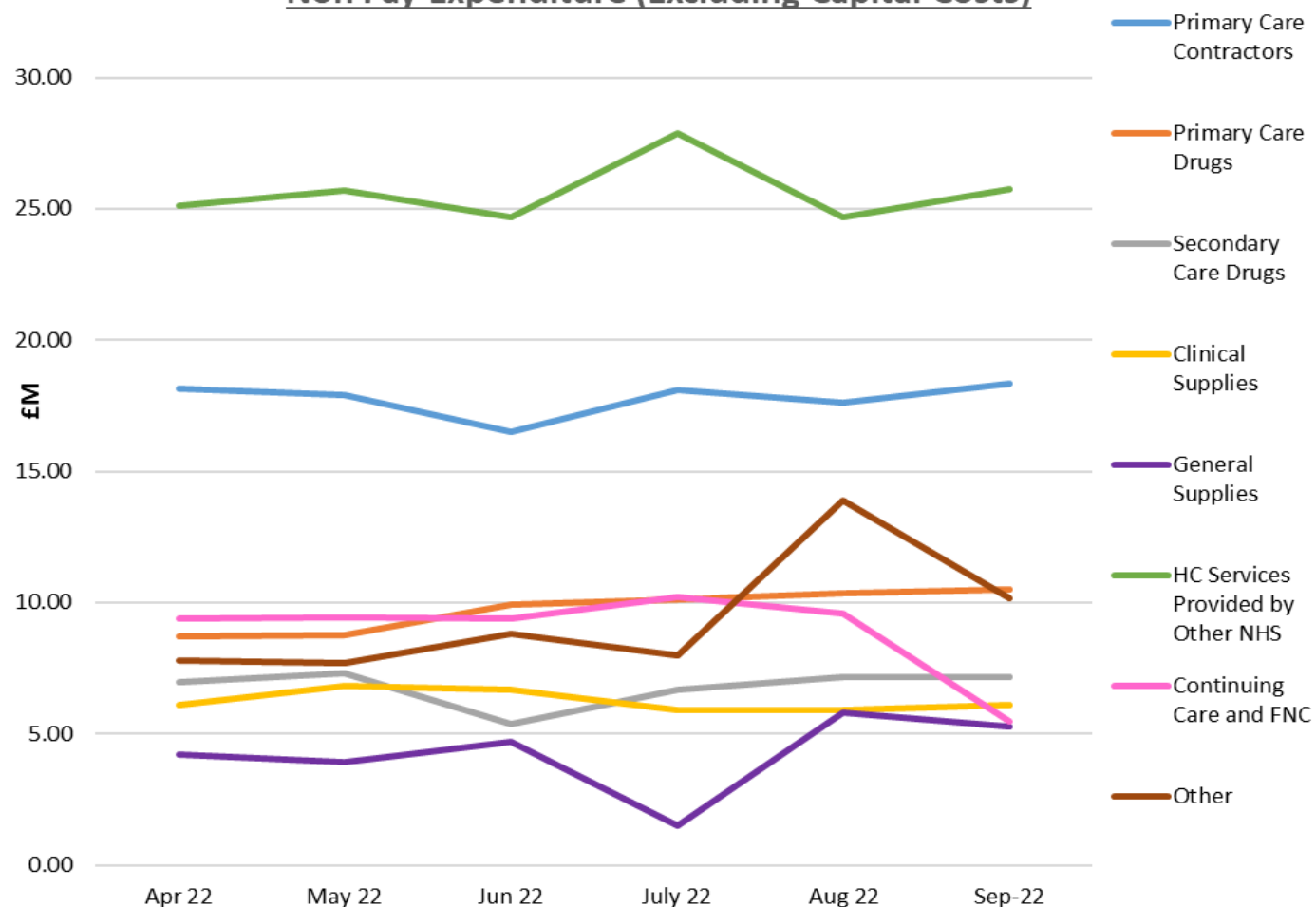


Total agency costs for September were £6.4m which is £0.9m above the average monthly expenditure in this financial year. Of the £6.4m, the 3 hospital sites accounted for £3.4m of the costs.

The costs for medical agency are £2.7m which is £0.4m more than the monthly average in 2022-23.

Agency nursing spend is £2.2m in September, which is £0.2m more than the monthly average in this financial year.

Non Pay Expenditure (Excluding Capital Costs)



Total Non-Pay Expenditure: September spend is £88.7m excluding capital charges, which is £6.3m less than August Non Pay spend. However September spend is in line with previous months average due to August non pay position being £6.4m higher than previous months. The main areas of changes in month are included below:

Primary Care Contractor: September expenditure is £18.3m, which is £0.7m higher than previous month spend. This The movement from last month is due to lower than average GMS enhanced services costs in Month 5.

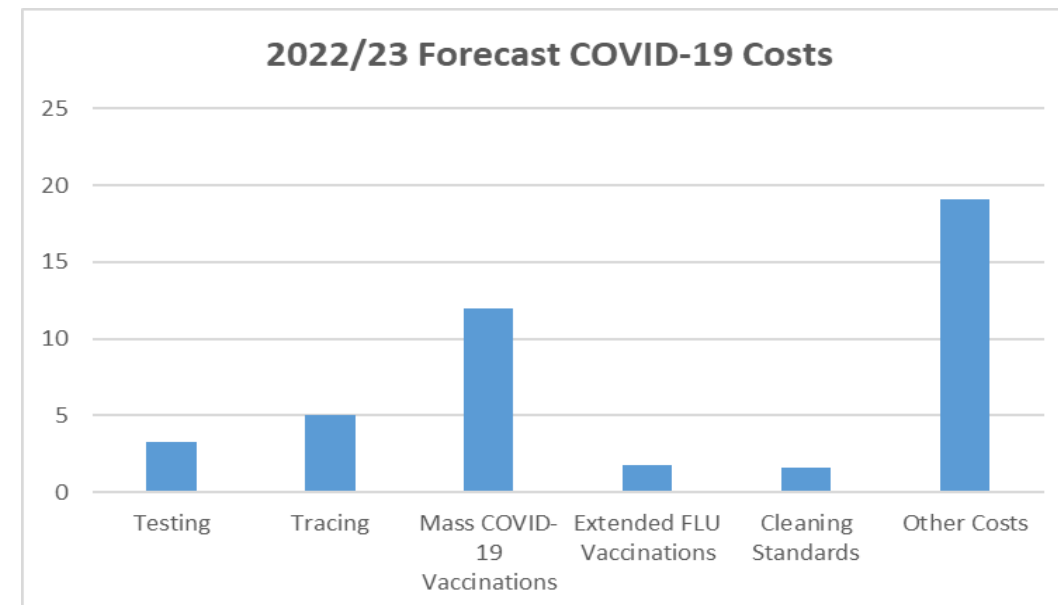
Primary Care Drugs: Spend is £0.2m higher than August. This is mainly driven by both volume and increase in average cost per prescribing day due to Non Cheaper Stock Obtainable (NCSO).

Healthcare Services provided by Other NHS Bodies: Spend has increased by £1.1m from previous month, however Month 5 spend was £1.1m lower than previous months average expenditure due to backdated re-categorization of outsourcing spend from Healthcare Services provided by other NHS Bodies to Other Private and Voluntary Sector.

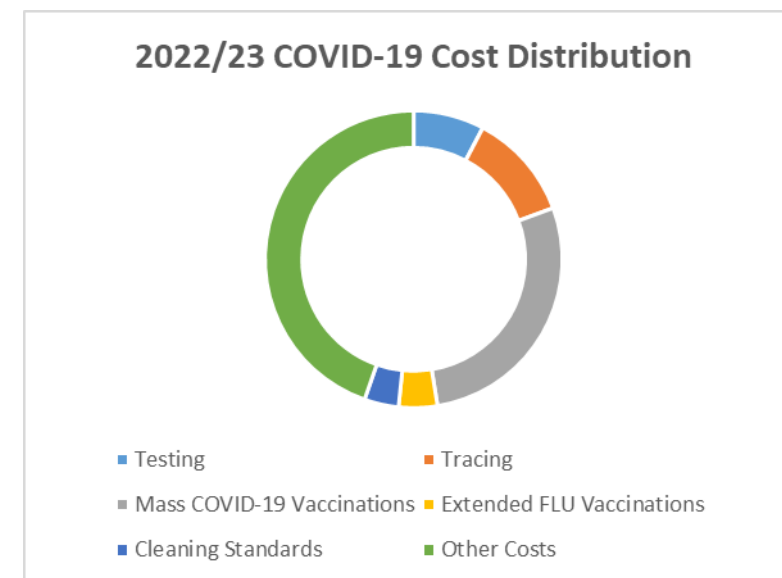
Continuing Health Care (CHC) and Funded Nursing Care (FNC): Expenditure in September is £5.5m which is £4.1m lower than August spend. The reduction is due to 13 less OPMH patients in month and packages of care being transferred from CHC to FNC. In addition to this, a review has been undertaken of all Local Authority charges which has also led to a one-off reduction in costs.

Impact of COVID-19

	Actual M01	Actual M02	Actual M03	Actual M04	Actual M05	Actual M06	Total YTD 2022/23	Forecast 2022/23
	£m	£m	£m	£m	£m	£m	£m	£m
Testing	0.3	0.3	0.2	0.2	0.2	0.3	1.5	3.3
Tracing	1.0	0.9	0.9	0.1	0.2	0.2	3.3	5.0
Mass COVID-19 Vaccinations	0.7	1.1	0.8	0.8	0.8	1.1	5.3	12.0
Extended Flu Vaccinations	0.0	0.0	0.1	0.0	0.0	0.1	0.2	1.8
Cleaning Standards	0.1	0.1	0.2	0.1	0.1	0.1	0.7	1.6
Other Costs	2.9	2.3	1.4	1.5	1.5	1.7	11.3	19.1
Total COVID-19 expenditure	5.0	4.7	3.6	2.7	2.8	3.5	22.3	42.8
Welsh Gov COVID-19 income	(5.0)	(4.7)	(3.6)	(2.7)	(2.8)	(3.5)	(22.3)	(42.8)
Impact of COVID-19 on Position	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0

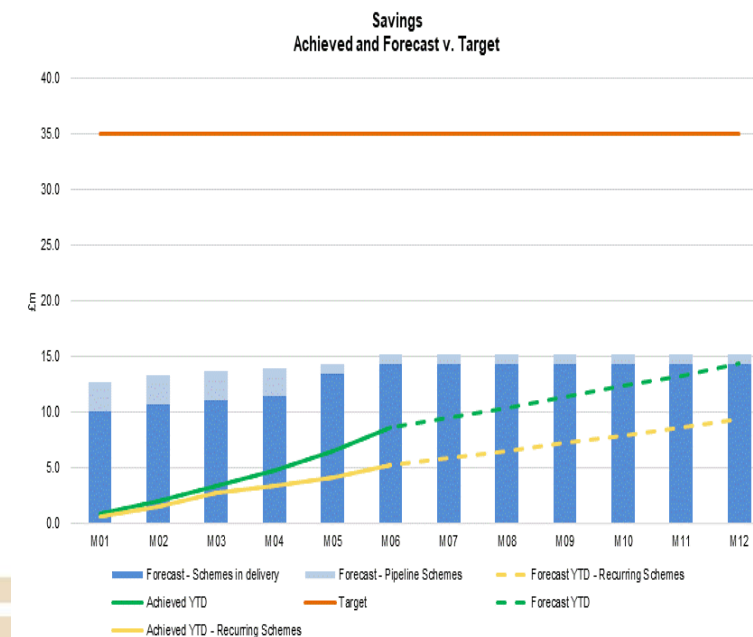


- COVID-19 expenditure in September is £3.5m, which is £0.7m higher than August. Total forecast cost of COVID-19 is currently £42.8m, a reduction of £1.0m from previous month forecast. The forecast is based on the assumption that COVID-19 costs will continue to have an impact for the whole year, however costs are expected to reduce over future months. Welsh Government income has been anticipated to fully cover this cost. COVID-19 forecast is regularly reviewed, revised and updated monthly.
- COVID-19 Other Costs is £1.7m for September which includes costs for Long COVID, additional staffing and PPE due to COVID Surge, Investigation and learning from Nosocomial Case and Patient Charge Income Target (Loss of Dental income).



		SCHEMES IN DELIVERY									PIPELINE SCHEMES				PROGRAMME	
	Savings Target £000	Year to Date Savings Target £000	Recurring Savings Delivered £000	Variance in Recurring Savings £000	Non-Recurring Savings Delivered £000	Recurring Forecast £000	Variance £000	Forecast Non- Recurring Forecast £000	Total Forecast £000	Forecast FYE £000	Recurring Plan £000	Non- Recurring Plan £000	Total Plan £000	Plan FYE £000	Total Forecast £000	Variance £000
West Integrated Health Community																
Area - West	2,940	756	713	(43)	410	1,141	(1,799)	941	2,083	1,489	0	0	0	0	2,083	(857)
Ysbyty Gwynedd	3,124	803	69	(734)	22	474	(2,650)	48	522	1,301	3	0	3	25	525	(2,599)
Facilities	304	78	0	(78)	0		(304)								0	(304)
Total West	6,368	1,637	782	(855)	432	1,616	(4,752)	989	2,605	2,790	3	0	3	25	2,607	(3,760)
Central Integrated Health Community																
Area - Centre	4,942	1,271	1,200	(70)	1,049	2,337	(2,605)	1,171	3,508	2,564	0	0	0	0	3,508	(1,435)
Ysbyty Glan Clwyd	3,951	1,016	27	(989)	87	182	(3,769)	339	522	234	50	0	50	100	572	(3,379)
Facilities	341	88		(88)			(341)								0	(341)
Total West	9,235	2,375	1,228	(1,147)	1,136	2,519	(6,716)	1,510	4,029	2,797	50	0	50	100	4,079	(5,155)
East Integrated Health Community																
Area - East	5,080	1,306	1,156	(151)	533	1,511	(3,569)	999	2,511	1,584	0	0	0	0	2,511	(2,569)
Ysbyty Wrexham Maelor	3,171	815	269	(546)	188	941	(2,230)	217	1,158	1,280	0	0	0	0	1,158	(2,013)
Facilities	316	81		(81)			(316)								0	(316)
Total East	8,567	2,203	1,425	(778)	721	2,452	(6,115)	1,216	3,669	2,864	0	0	0	0	3,669	(4,899)
PAN North Wales Services																
MHLD	613	158	766	609	51	1,000	387	56	1,056	1,016	0	0	0	0	1,056	443
Womens Services	1,375	579	85	(494)	678	105	(1,270)	756	860	137	0	0	0	0	860	(515)
Diagnostic and Specialist Clinical Support	2,044	526	108	(417)	49	267	(1,777)	76	344	291	0	0	0	0	344	(1,700)
Cancer Services	1,542	397	609	212	0	913	(629)	0	913	913	0	0	0	0	913	(629)
Area - Other	235	60	59	(2)	0	235	0	0	235	235	0	0	0	0	235	0
Contracts	1,500	386	0	(386)	0	0	(1,500)	0	0	0	0	0	0	0	0	(1,500)
Provider Income	304	78	0	(78)	0	0	(304)	0	0	0	0	0	0	0	0	(304)
Total PAN North Wales	7,613	2,183	1,627	(556)	778	2,520	(5,093)	888	3,408	2,592	0	0	0	0	3,408	(4,205)
Corporate	3,217	827	164	(664)	297	354	(2,863)	319	673	562	160	590	750	160	1,423	(1,794)
Total	35,000	9,226	5,226	(4,000)	3,365	9,462	(25,538)	4,922	14,383	11,605	213	590	803	285	15,186	(19,814)

- Savings delivered in Month 6 total £2.1m against a target of £1.4m, resulting in a favourable variance of £0.7m.
- YTD savings total £8.6m and the full year forecast is £14.4m, of which £9.5m are recurrent and £4.9m non recurrent, against a target of £35m leaving £20.6m to be delivered over the remainder of the year.
- Transactional savings target is £17.5m. The Full year forecast for green schemes has increased by £1.0m to £14.4m. Full Year forecast including red schemes totals £15.2m, for which assurance reviews must be completed.
- There is confidence that transactional schemes will be delivered to address the £17.5m transactional target, and further pipeline opportunities continue to under-go review and assurance.
- In parallel to the above, the development of transformational programmes and projects continues. Some progress has been reported with respect to mobilising the Improvement Groups. However, savings have not been identified at this time. As such, there remains reduced assurance in this area of savings.
- The review of forecast outturn has resulted in the development of Financial Recovery Plan including options for consideration by the Executive.



Risks and Opportunities (not included in position)

	RISKS	£m	Level	Explanation
1	Continuing Healthcare	£1.0m	High	There is a risk that Nursing Home prices will be higher than the 3% allowed for due to energy costs and general inflation.
2	Prescribing	£3.5m	Medium	Risk of continued increased prescribing activity
3	Higher than anticipated general inflationary costs	£1.5m	High	CPI is 9%
4	Increase in Agency costs	£0.5m	High	Difficulty in recruiting may lead to higher costs due to agency covering vacancies.
5	Not identifying all required savings	£14.4m	High	Risk that 70% of Savings will not be delivered as planned.
6	Anticipated Income for Exceptional costs	£23.9m	High	Anticipated income for Exceptional costs not being funded.
7	COVID-19 Testing Costs	£0.2m	High	Testing costs forecast to be above indicative £3.1m funding.
8	Non programmable COVID costs	£14.2m	High	Risk of Non Programmable COVID costs not being funded.
9	COVID Loss of Dental income	£0.5m	High	Lower than anticipated patient income Year to date
10	COVID Loss of Dental income	£0.5m	High	(Potential for patient income not to increase - not in Table B)
11	MSK Orthopaedic funding	£1.2m	High	Risk of not receiving MSK Orthopaedic Services Funding
	Total Risks	£61.4m		
	OPPORTUNITIES	£m	Level	Explanation
1	Delay planned developments	£14.2m	Medium	Stop or slow down planned developments to release slippage.
2	Recruitment in post leads to reduced Agency premium	£1.0m	Medium	Recruitment will lead to reduction in Agency costs.
	Total Opportunities	£15.2m		
	NET RISK	£46.2m		

Balance Sheet

	Opening Balance Beginning of Apr 22 £'m	Closing Balance End of Sep-22 £'m	Forecast Closing Balance End of Mar 23 £'m
Non-Current Assets			
Property, plant and equipment	617.7	602.3	611.2
Intangible assets	1.0	0.9	1.0
Trade and other receivables	63.1	62.8	63.1
Non-Current Assets sub total	681.8	666.0	675.3
Current Assets			
Inventories	19.1	19.2	19.1
Trade and other receivables	105.8	121.2	116.8
Cash and cash equivalents	6.7	7.2	-7.9
Non-current assets classified as held for sale	0.0	0.0	0.0
Current Assets sub total	131.6	147.6	128.0
TOTAL ASSETS	813.4	813.6	803.2
Current Liabilities			
Trade and other payables	257.1	229.5	233.5
Provisions	52.0	72.1	72.0
Current Liabilities sub total	309.2	301.6	305.6
NET ASSETS LESS CURRENT LIABILITIES	504.2	512.0	497.7
Non-Current Liabilities			
Trade and other payables	0.8	0.8	0.8
Provisions	62.0	62.0	62.0
Non-Current Liabilities sub total	62.8	62.8	62.8
TOTAL ASSETS EMPLOYED	441.3	449.1	434.8
FINANCED BY:			
Taxpayers' Equity			
General Fund	298.0	305.8	281.8
Revaluation Reserve	143.3	143.3	153.0
Total Taxpayers' Equity	441.3	449.1	434.8



Capital

- The approved Capital Resource Limit (CRL) for 2022/23 is £21.050m as per below summary table

Performance against CRL / CEL	Year To Date			Forecast		
	Plan £'000	Actual £'000	Variance £'000	Plan £'000	Forecast £'000	Variance £'000
Gross expenditure						
All Wales Capital Programme: Schemes:						
Imaging	356	268	(88)	4,483	4,607	124
Wrexham Redevelopment	961	821	(140)	2,399	1,859	(540)
Nuclear Medicine	81	1	(80)	798	799	1
Substance Misuse-Holyhead	(1)	(1)	0	0	0	0
Digital Medicine	0	0	0	10	10	0
Ablett Unit	0	0	0	1,423	1,423	0
Linacs	0	131	131	966	960	(6)
Sub Total	1,397	1,220	(177)	10,079	9,658	(421)
Discretionary:						
I.T.	752	501	(251)	1,713	1,713	0
Equipment	1,379	593	(786)	1,379	1,379	0
Statutory Compliance	0	0	0	0	0	0
Estates	3,000	2,098	(902)	7,879	8,300	421
Other	0	0	0	0	0	0
Sub Total	5,131	3,192	(1,939)	10,971	11,392	421
Other (Including IFRS 16 Leases) Schemes:						
Donated	154	154	0	800	800	0
Internally Generated	0	0	0	0	0	0
Sub Total	154	154	0	800	800	0
Total Expenditure	6,682	4,566	(2,116)	21,850	21,850	0
Donations:						
Donations:	154	154	0	800	800	0
Sub Total	154	154	0	800	800	0
CHARGE AGAINST CRL / CEL	6,528	4,412	(2,116)	21,050	21,050	0
PERFORMANCE AGAINST CRL / CEL (Under)/Over		(16,638)			0	

Teitl adroddiad: <i>Report title:</i>	Savings and Recovery Report – Month 6 2022/23			
Adrodd i: <i>Report to:</i>	Public Health Board Meeting			
Dyddiad y Cyfarfod: <i>Date of Meeting:</i>	Thursday, 24 November 2022			
Crynodeb Gweithredol: <i>Executive Summary:</i>	<p>The purpose of this paper is to provide an update on the savings position and recovery actions undertaken at Month 6 of 2022/23.</p> <p>A savings target was set for 2022/23 and subsequent 2 years at £35m p.a. This represents 3% of the Health Board's discretionary expenditure. The savings were expected to be cash releasing and recurring. The financial target for 2022/23 was split 50/50 between transformation and transactional plans.</p> <p>The full year forecast for green, amber and red savings has increased in Month 6 to £15.2m. A Recovery Plan has now been implemented, aimed at closing the savings gap.</p>			
Argymhellion: <i>Recommendations:</i>	The Board is asked to note the update.			
Arweinydd Gweithredol: <i>Executive Lead:</i>	Rob Nolan Acting Executive Director of Finance			
Awdur yr Adroddiad: <i>Report Author:</i>	Rob Nolan Acting Executive Director of Finance			
Pwrpas yr adroddiad: <i>Purpose of report:</i>	I'w Nodi <i>For Noting</i> <input checked="" type="checkbox"/>	I Benderfynu arno <i>For Decision</i> <input type="checkbox"/>	Am sicrwydd <i>For Assurance</i> <input type="checkbox"/>	
Lefel sicrwydd: <i>Assurance level:</i>	Arwyddocaol <i>Significant</i> <input type="checkbox"/> Lefel uchel o hyder/tystiolaeth o ran darparu'r mecanweithiau / amcanion presennol <i>High level of confidence/evidence in delivery of existing mechanisms/objectives</i>	Derbyniol <i>Acceptable</i> <input type="checkbox"/> Lefel gyffredinol o hyder/tystiolaeth o ran darparu'r mecanweithiau / amcanion presennol <i>General confidence / evidence in delivery of existing mechanisms / objectives</i>	Rhannol <i>Partial</i> <input checked="" type="checkbox"/> Rhywfaint o hyder/tystiolaeth o ran darparu'r mecanweithiau / amcanion presennol <i>Some confidence / evidence in delivery of existing mechanisms / objectives</i>	Dim Sicrwydd <i>No Assurance</i> <input type="checkbox"/> Dim hyder/tystiolaeth o ran y ddarpariaeth <i>No confidence / evidence in delivery</i>
<p>Cyfiawnhad dros y gyfradd sicrwydd uchod. Lle bo sicrwydd 'Rhannol' neu 'Dim Sicrwydd' wedi'i nodi uchod, nodwch gamau i gyflawni sicrwydd 'Derbyniol' uchod, a'r terfyn amser ar gyfer cyflawni hyn:</p> <p><i>Justification for the above assurance rating. Where 'Partial' or 'No' assurance has been indicated above, please indicate steps to achieve 'Acceptable' assurance or above, and the timeframe for achieving this:</i></p>				

<p>There is slippage against the planned savings target for 2022/23. However a Recovery Plan has been implemented that aims to close the savings gap by developing schemes that will deliver significant financial value in an accelerated timescale with constrained resources. Individual Operational and Corporate divisions have been set a control total based on the agreed forecast outturn for 2022/23. The control total has been reduced by 0.75% to reflect an increase in savings delivery of circa £10m.</p>	
<p>Cyswllt ag Amcan/Amcanion Strategol:</p> <p><i>Link to Strategic Objective(s):</i></p>	<p>This paper aligns to the strategic goal of attaining financial balance and is linked to the well-being objective of targeting our resources to those with the greatest need.</p>
<p>Goblygiadau rheoleiddio a lleol:</p> <p><i>Regulatory and legal implications:</i></p>	<p>Not applicable.</p>
<p>Yn unol â WP7, a oedd EqlA yn angenrheidiol ac a gafodd ei gynnal?</p> <p><i>In accordance with WP7 has an EqlA been identified as necessary and undertaken?</i></p>	<p>Not applicable.</p>
<p>Yn unol â WP68, a oedd SEIA yn angenrheidiol ac a gafodd ei gynnal?</p> <p><i>In accordance with WP68, has an SEIA identified as necessary ben undertaken?</i></p>	<p>Not applicable.</p>
<p>Manylion am risgiau sy'n gysylltiedig â phwnc a chwmpas y papur hwn, gan gynnwys risgiau newydd (croesgyfeirio at y BAF a'r CRR)</p> <p><i>Details of risks associated with the subject and scope of this paper, including new risks(cross reference to the BAF and CRR)</i></p>	<p>There is a risk that the Health Board does not meet its statutory financial duty for 2022/23. BAF 2.3</p> <p>Health Board financial risks are reported via the monthly Finance report and the Risk Register.</p>
<p>Goblygiadau ariannol o ganlyniad i roi'r argymhellion ar waith</p> <p><i>Financial implications as a result of implementing the recommendations</i></p>	<p>See attached report.</p>
<p>Goblygiadau gweithlu o ganlyniad i roi'r argymhellion ar waith</p> <p><i>Workforce implications as a result of implementing the recommendations</i></p>	<p>Not applicable.</p>
<p>Adborth, ymateb a chrynodeb dilynol ar ôl ymgynghori</p> <p><i>Feedback, response, and follow up summary following consultation</i></p>	<p>Not applicable.</p>
<p>Cysylltiadau â risgiau BAF:</p>	<p>BAF 2.3 Risk of the Health Board's failure to meet the break-even duty</p>



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(neu gysylltiadau â'r Gofrestr Risg Gorfforaethol)	
Links to BAF risks: (or links to the Corporate Risk Register)	
Rheswm dros gyflwyno adroddiad i fwrdd cyfrinachol (lle bo'n berthnasol) Reason for submission of report to confidential board (where relevant)	Not applicable
Next Steps: The attached report details a series of actions that have been developed to provide a clear governance structure for delivery of the short-term recovery plan.	
List of Appendices: Savings and Recovery Actions Report - M6 2022/23	

Savings and Recovery Report - M6 2022/23

Rob Nolan – Acting Executive Director of Finance



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Financial Improvement - Background

A savings target was set for 2022/23 and subsequent 2 years at £35m p.a.

This represents 3% of the Health Board's discretionary expenditure.

The savings were expected to be cash releasing and recurring.

Historically, the Health Board has delivered mainly transactional savings but with the development of the clinical strategy and the implementation of the operating model, we are now in a position to enable significant improvement schemes to drive towards sustainable service in north Wales.

The financial target for 2022/23 was split 50/50 between transformation and transactional plans, with the expectation that 85% of savings are delivered through transformational service change by 2024/25.

When the plan was submitted to Welsh Government in March, the divisions had identified cash releasing savings plans of £12.5m, with recurring savings including Red schemes £8.9m; excl. Red £7.8m but transformational savings plans were not sufficiently developed.

The Transformation team have worked to define and scope the Health Board's Transformation programme; to develop a clear and shared view of what 'Transformed' looks like; define the 'end state' solution; optimal roadmap and delivery structure.

These are the foundation for the development of a robust programme for the required service transformation and the programme infrastructure will validate that planned actions will deliver the targeted outcomes for patients and staff whilst also delivering sustainable, cash releasing savings and provide assurance that delivery plans are achievable within the available budget and capacity.

Financial Year	22/23 £m	23/24 £m	24/25 £m
Transactional Savings	18	12	6
Transformational Savings	17	23	29
Savings Target	35	35	35

Divisional Savings – FY Plan – Update Month 6

Total target £35m

Red, Amber and Green Schemes:

- FY Plan M1 £12.6 m
- FY Plan M5 £13.7m, one green scheme added, six red risk removed
- FY Plan M6 £14.4m, red risk - two estate schemes reinstated, one removed, one moved to 23/24 pipeline, green – three new schemes
- FY Forecast has increased from £14.4m in M6 **to £15.2m**

Green Schemes:

- FY Plan M1 £10.1m
- FY Plan M6 £13.6m, three new schemes £0.7m – gap £21.4m
- FY Forecast has increased from £13.4m in M5 to **£14.4m** – gap £20.6m
- 3 Areas forecast up £0.4m to £8.1m
Maintaining savings over their transactional target
Area target is relatively less challenging this year*
- 3 Providers down £0.1m to £2.2m
£2.9m below transactional target –£2.1m gap overall*

**Comparative analysis provided*

Red schemes down by £130k

£'000's	Target	FY Plan	Gap	FY Forecast	Gap
Transformation Savings	17,500	-	(17,500)	-	(17,500)
Divisional Savings (Amber & Green)	17,500	13,580	(3,920)	14,383	(3,117)
Total	35,000	13,580	(21,420)	14,383	(20,617)

£'000's	FY FORECAST (M6)		
	Recurring	Non Recurring	Total
Amber and Green Schemes			
Cash Releasing	9,199	4,007	13,206
Cost Avoidance	263	98	361
Accountancy Gains		520	520
Income Generation		297	297
	9,462	4,922	14,383
Red Schemes			
Cash Releasing	213	590	803
Cost Avoidance	-	-	-
Income Generation	-	-	-
	213	590	803
Total - Red, Amber and Green Schemes	9,674	5,512	15,186
Accountancy Gains in pipeline	-	207	207
Pipeline opportunity (not yet submitted to WG)	20	-	20
	20	207	227
Total 'Cash'	9,694	5,719	15,413
Productivity Improvements (Classed as NCR)	759		759
Total	10,453	5,719	16,172



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Divisional Savings – FY Plan vs FY Forecast vs Actual – Month 6

1) Transformation Savings

- FY Target 17.5m
- FY Plan nil
- YTD Target £250k
- YTD delivered nil

2) Transactional (Divisional) savings:

Green schemes:

- FY Target £17.5m Transactional target
- FY Plan M6 £13.6m – increased
- FY Forecast M6 £14.4m,
 - Up £1.0m on M5
- FY Forecast M6 recurring savings £9.5m
- YTD Target £9.0m – flat profile
- YTD Plan £7.0m
- YTD Actuals £8.6m*:
 - £1.6m favourable variance against YTD Plan (variance analysis provided). Increase on the favourable variance reported last month (£900k)
 - £0.4m below YTD Target (profiling issue)
- Month Only*:
 - Achieved £2.1m vs £1.4m Plan and £1.7m transactional Target – flat (1/12) Target profile to be adjusted in line with phased plans

£'000's	FY			YTD M6			
Total Plans	Target	Plan*	Forecast	Target	Plan*	Actual	Variance to Plan
Transformation Savings	17,500	-	-	250	-	-	0
Divisional Savings	17,500	13,580	14,383	8,976	6,995	8,591	1,596
	35,000	13,580	14,383	9,226	6,995	8,591	1,596
Divisional Plans	Target	Plan*	Forecast	Target	Plan*	Actual	Variance to Plan
Recurring	17,500	9,754	9,462	8,976	4,639	5,226	587
Non Recurring		3,826	4,922		2,356	3,365	1,010
Total	17,500	13,580	14,383	8,976	6,995	8,591	1,596

- YTD Achieved £8.6m - £26.4m gap
- FY Forecast (Green) increased by £1.0m to £14.4m – including red the total stands at £15.2m – gap of £19.8m
- 3 Areas FY Forecast (green) up £400k – chc & accountancy gains
- 3 Providers Forecast (green) down £100k – benefit of new scheme in Wrexham offset by reduction in agency savings
- Red scheme actions defined and agreed with exec
- Transactional Pipeline opportunities continue to progress – confidence remains that £17.5m will be reached
- Transformational savings plan nil – remains a concern
- Capacity remains an issue given current portfolio of change and need to focus on Recovery

*Actuals do not include schemes for which PIDs have not yet been submitted prior to close e.g. Lymphoedema (in flight), Decarbonisation and Facilities staff vacancies.

Divisional Savings – FY Plan vs FY Forecast – Month 6

Movement in Recurring/ Non Recurring

	FY PLAN			FY FORECAST (M6)			VARIANCE		
£'000's	Recurring	Non Recurring	Total	Recurring	Non Recurring	Total	Recurring	Non Recurring	Total
Amber and Green Schemes									
Cash Releasing	9,519	3,294	12,813	9,199	4,007	13,206	(321)	713	392
Cost Avoidance	234	98	333	263	98	361	29	0	29
Accountancy Gains		200	200		520	520	0	320	320
Income Generation		234	234		297	297	0	62	62
	9,754	3,826	13,580	9,462	4,922	14,383	(292)	1,096	804
Red Schemes									
Cash Releasing	213	590	803	213	590	803	0	0	0
Cost Avoidance			-	-	-	-	0	0	0
Income Generation			-	-	-	-	0	0	0
	213	590	803	213	590	803	0	0	0
Total - Red, Amber and Green Schemes	9,966	4,416	14,382	9,674	5,512	15,186	(292)	1,096	804

Green schemes:

- FY Forecast has increased from £13.4m in M5 to **£14.4m** – gap £20.6m
 - Up £1.0m on Forecast at M5 (£13.4m)
 - Favourable variance against FY Plan M6: £0.8m (variance analysis provided)
 - Adverse variance against FY Transactional Target - £3.1m gap
- 3 Areas forecast variance is £966k favourable.
- 3 Providers forecast £666k adverse. Now £2.9m below transactional target – £2.1m gap. Medical & Nursing agency forecasts reduced;
- FY Forecast M6 recurring savings £9.5m

The Recovery Actions

- Recovery is all about delivering improvements in equal measure:

- ☐ Finance
- ☐ Performance
- ☐ Quality



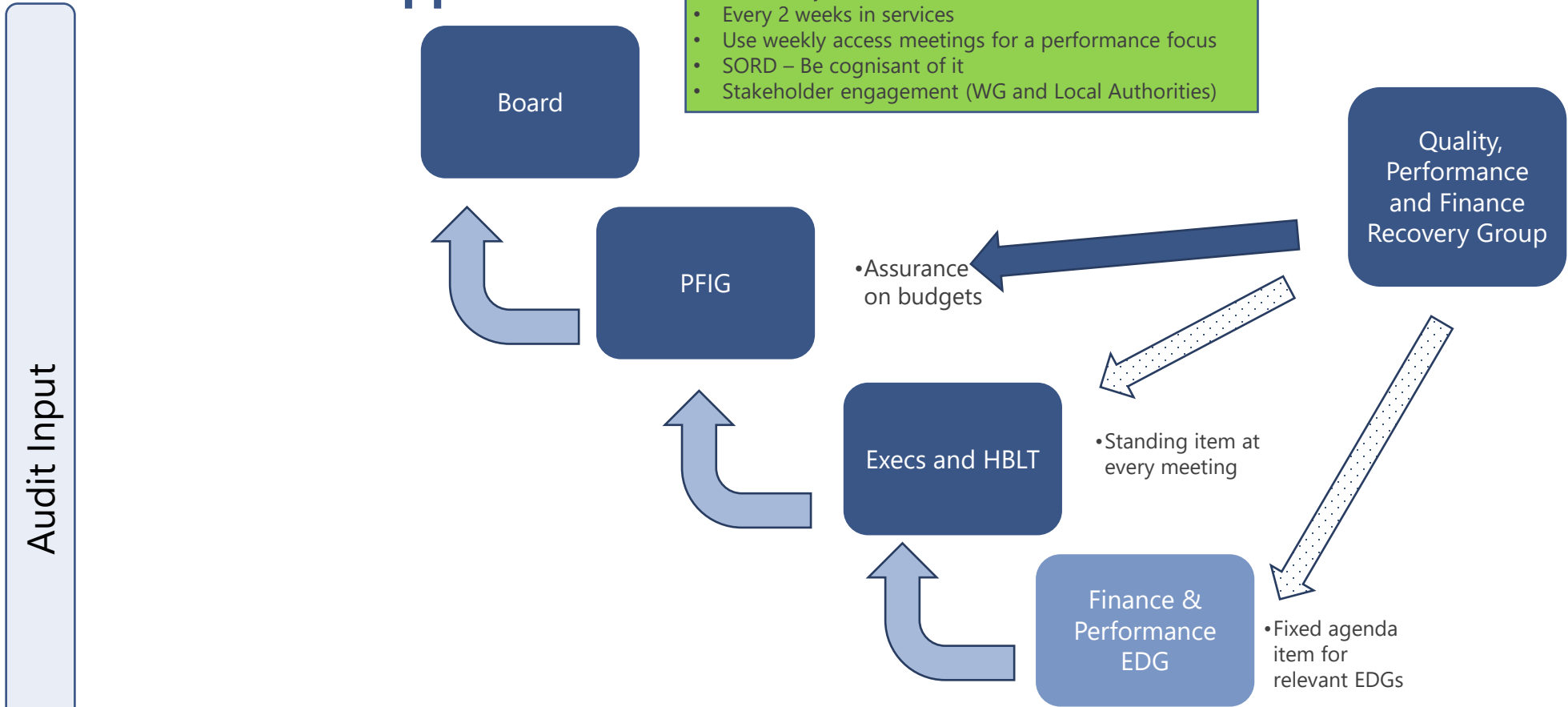
The financial strategy sets out our strategic financial aim to Achieve Greater Value through delivering sustainability, driving value and optimising the use of resources

The priority is to get as close to break even without negatively impacting on performance and quality

Savings Delivery 2022-23 – Closing the Savings Gap

- The challenge is to develop schemes that will deliver significant financial value in an accelerated timescale with constrained resources.
- The immediate areas of transactional focus includes technical financial adjustments, savings identified in the review of the M6 Forecast and targeted areas of underspend (slippage on vacancies, for example).
- Focus also continues on typical areas of significant cost reduction, which include Procurement, Estates, Corporate functions and some staffing related spend.
- Individual Operational and Corporate divisions have been set a control total based on the agreed forecast outturn for 2022-23. The control total has been reduced by 0.75% to reflect an increase in savings delivery of circa £10m, to give a total savings delivery in 2022-23 of £28m.
- IHC / Divisional Directors have been directed to work with their management teams and budget holders to identify robust proposals and secure additional cash releasing savings to deliver the additional 0.75% requirement.
- Divisions have submitted individual recovery plans to Executives detailing how they propose to deliver the additional savings delivery of 0.75%, these will be tested to ensure they are deliverable and do not negatively impact on performance and quality.

Governance Approach



Review IMPT – To make sure it aligns with the overall Recovery Plan



Impact of Recovery Actions

The following actions have been developed to provide a clear governance structure for delivery of the short term recovery plan:

- Governance:
 - A recovery lead responsible for operational management grip and control measures to improve savings delivery and performance has been identified
- Control Totals established to reduce and control spend this year:
 - Set financial control totals at individual IHC & service areas level based on the forecast outturn less a top slice of 0.75%
 - IHC / Division required to remain within its control total and submit a detailed plan to achieve this by the end of October
 - Any variations to the control totals, such as additional winter spend, will be subject to Executive approval, whereby the Control Total may be adjusted to reflect the unfunded costs or the cost absorbed within the Control Total
 - Any variation from the control total will be escalated to the CEO
- Dedicated Executive Reviews :
 - Submitted Recovery Plans reviewed at HBLT to identify opportunities for shared learning and for further opportunities, in addition to ensuring the proposals deliverable
 - The Director of Finance and recovery lead will meet with the IHCs and Divisions monthly to review progress against forecast spend and detailed plan, and agree further remedial action as required
 - An Executive progress update against the recovery action plan will be presented to Execs and HBLT each month

Impact of Recovery Actions

The Table summarises the Worst Case Forecast Outturn position of £45.0m, which is offset by £35.0m Mitigations to report a Forecast Outturn position of £10.0m. This is made up of:

Improvement in Savings Delivery

Quality, Performance and Finance Recovery Group - will meet to oversee the Recovery Plan. The group will provide updates to the weekly Executive Team and Health Board Leadership Team meetings, and also report to the Performance, Finance and Information Governance Committee.

Individual Operational and Corporate divisions have been set a control total based on the agreed forecast outturn for 2022-23. The control total has been reduced by 0.75% to reflect an increase in savings delivery of circa £10m, to give a total savings delivery in 2022-23 of £37.5m.

IHC / Divisional Directors have been directed to work with their management teams and budget holders to identify robust proposals and secure additional cash releasing savings to deliver the additional 0.75% requirement.

Divisions have submitted individual recovery plans to Executives detailing how they propose to deliver the additional savings delivery of 0.75%, these will be discussed at HBLT and Executives to test they are deliverable and do not negatively impact on performance and quality.

The savings being realised by these actions are anticipated to be realised in the last 4 months of the financial year.

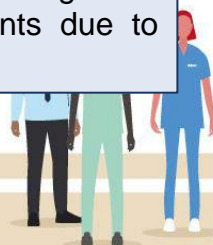
Reduction in expenditure forecast

Continuous review of the forecasts are anticipated to reduce the spend by £7m, including additional slippage in core budgets to be identified and a slow down in new developments due to recruitment delays.

Release of accrual of Annual Leave

Currently, the Health Board have an annual leave accrual of £25.7m after a release of £1.7m for staff who were paid for annual leave at the beginning of the financial year. It is calculated by capping the maximum carry forward of staff to 5 days. Administration and Clerical staff account for £4.5m of the total annual leave accrual, which are unlikely to have a backfill costs, but it is assumed that all clinical staff will be backfilled and the costs are included within the forecast deficit. The accrual will continue to be reviewed as further information becomes available, particularly following the release of the Manual of Accounts for 2022-23, which is anticipated in December 2022.

	£m	£m
Financial Deficit Assessment		45
Less:		
Improvement in Savings Delivery	-10	
Reduction in expenditure forecast	-7	
Release of accrual of Annual Leave	-10	
		-27
		18
Slippage on Strategic Support	-3	
Planned Care Recovery review	-5	
		-8
Forecast Financial Deficit		10



Forecast Outturn – Recovery Actions

Slippage on Strategic Support

The current forecast on slippage against Welsh Government and IMTP Investments is £9m. This reflects both the slippage already anticipated within the Financial Deficit Assessment (£6m) and the additional slippage against the Strategic Support (Performance and Transformation) at £3m. This does not include slippage on the investments made from the Planned Care Recovery Funding (£38.4m).

	Funds Allocated £000	Plan Spend £000	Plan YTD £000	Actual YTD £000	Slippage YTD £000	Plan M7 - M12 £000	Forecast M7 - M12 £000	Slippage M7 - M12 YTD £000	Forecast Spend 2022/23 £000	Forecast Slippage 2022/23 £000
PERFORMANCE FUND (£30m)	25,246	25,246	12,622	8,885	(3,737)	12,624	14,652	2,028	23,537	(1,709)
TRANSFORMATION (£12m)	11,154	11,155	4,816	3,330	(1,486)	6,339	5,785	(554)	9,115	(2,039)
NEW DEVELOPMENTS	8,141	8,141	3,034	1,106	(1,929)	5,106	3,989	(1,117)	5,095	(3,046)
VALUE BASED HEALTHCARE (£3.3m)	3,349	3,348	398	0	(398)	2,950	3,349	398	3,349	(0)
OTHER IMTP SCHEMES	32,582	32,582	15,997	14,347	(1,649)	16,585	16,251	(335)	30,598	(1,984)
Total	80,472	80,471	36,866	27,668	(9,199)	43,605	44,026	421	71,693	(8,778)

Planned Care Recovery review

The current assessment of the spend against the Planned Care Recovery fund has identified slippage of £5m, against the following schemes:

Mixed specialty and orthopaedic insourcing	£3.40m
Orthopaedic outsourcing	£1.10m
Ophthalmology outsourcing	£0.75m





Teitl adroddiad: <i>Report title:</i>	Summary of Private Board Business – 29 September 2022		
Adrodd i: <i>Report to:</i>	Health Board - Public		
Dyddiad y Cyfarfod: <i>Date of Meeting:</i>	Thursday, 24 November 2022		
Crynodeb Gweithredol: <i>Executive Summary:</i>	Standing Order 6.5.3 requires the Board to formally report any decisions taken in private session to the next meeting of the Board in public session. This principle is also applied to Committee meetings.		
Argymhellion: <i>Recommendations:</i>	The Board is asked to note the report		
Arweinydd Gweithredol: <i>Executive Lead:</i>	Molly Marcu – Board Secretary		
Awdur yr Adroddiad: <i>Report Author:</i>	David Seabrooke – Interim Assistant Director of Governance		
Pwrpas yr adroddiad: <i>Purpose of report:</i>	I'w Nodi <i>For Noting</i> <input checked="" type="checkbox"/>	I Benderfynu arno <i>For Decision</i> <input type="checkbox"/>	Am sicrwydd <i>For Assurance</i> <input checked="" type="checkbox"/>
Lefel sicrwydd: <i>Assurance level:</i>	Arwyddocaol Significant <input type="checkbox"/> Lefel uchel o hyder/tystiolaeth o ran darparu'r mecanweithiau / amcanion presennol <i>High level of confidence/evidence in delivery of existing mechanisms/objectives</i>	Derbyniol Acceptable <input checked="" type="checkbox"/> Lefel gyffredinol o hyder/tystiolaeth o ran darparu'r mecanweithiau / amcanion presennol <i>General confidence / evidence in delivery of existing mechanisms / objectives</i>	Rhannol Partial <input type="checkbox"/> Rhywfaint o hyder/tystiolaeth o ran darparu'r mecanweithiau / amcanion presennol <i>Some confidence / evidence in delivery of existing mechanisms / objectives</i>
			Dim Sicrwydd No Assurance <input type="checkbox"/> Dim hyder/tystiolaeth o ran y ddarpariaeth <i>No confidence / evidence in delivery</i>
Cyfiawnhad dros y gyfradd sicrwydd uchod. Lle bo sicrwydd 'Rhannol' neu 'Dim Sicrwydd' wedi'i nodi uchod, nodwch gamau i gyflawni sicrwydd 'Derbyniol' uchod, a'r terfyn amser ar gyfer cyflawni hyn: Justification for the above assurance rating. Where 'Partial' or 'No' assurance has been indicated above, please indicate steps to achieve 'Acceptable' assurance or above, and the timeframe for achieving this:			
Cyswllt ag Amcan/Amcanion Strategol:	No - N/A/		
Link to Strategic Objective(s):			
Goblygiadau rheoleiddio a lleol:	No - N/A/		
Regulatory and legal implications:			

Yn unol â WP7, a oedd EqIA yn angenrheidiol ac a gafodd ei gynnal? <i>In accordance with WP7 has an EqIA been identified as necessary and undertaken?</i>	No - N/A/
Yn unol â WP68, a oedd SEIA yn angenrheidiol ac a gafodd ei gynnal? <i>In accordance with WP68, has an SEIA identified as necessary ben undertaken?</i>	No - N/A/
Manylion am risgiau sy'n gysylltiedig â phwnc a chwmpas y papur hwn, gan gynnwys risgiau newydd (croesgyfeirio at y BAF a'r CRR) <i>Details of risks associated with the subject and scope of this paper, including new risks(cross reference to the BAF and CRR)</i>	No - N/A/
Goblygiadau ariannol o ganlyniad i roi'r argymhellion ar waith <i>Financial implications as a result of implementing the recommendations</i>	None
Goblygiadau gweithlu o ganlyniad i roi'r argymhellion ar waith <i>Workforce implications as a result of implementing the recommendations</i>	None
Adborth, ymateb a chrynodeb dilynol ar ôl ymgynghori <i>Feedback, response, and follow up summary following consultation</i>	Not applicable
Cysylltiadau â risgiau BAF: (neu gysylltiadau â'r Gofrestr Risg Gorfforaethol) <i>Links to BAF risks: (or links to the Corporate Risk Register)</i>	Not applicable
Rheswm dros gyflwyno adroddiad i fwrdd cyfrinachol (lle bo'n berthnasol) <i>Reason for submission of report to confidential board (where relevant)</i>	Not applicable
Camau Nesaf: Gweithredu argymhellion Next Steps: Implementation of recommendations The Health Board considered the following matters in private session on 29 September 2022 <ul style="list-style-type: none"> • Health & Safety Notice of Contravention -Hergest Unit MHLDD • Lightfoot contract • Vascular Service 	

- Planned Care Insourcing Paper
- Gwynedd Domiciliary Care Scheme – Contract Approval
- Settlement of high value claim
- Remuneration and Terms of Service Committee – Chair’s Assurance Report

Rhestr o Atodiadau:

Dim

List of Appendices:

None