

## Bundle Health Board 20 January 2022

- 1 OPENING BUSINESS
- 1.1 09:30 - 22/01 Welcome and Apologies for Absence
- 1.2 09:31 - 22/02 Patient Story - Gill Harris  
22.02 Mr Parry's Patient Story V2.docx
- 1.3 09:46 - 22/03 Declarations of Interest
- 1.4 09:47 - 22/04 Draft Minutes of the Health Board Meeting held in public on 18th November 2021 for accuracy  
22.04 Minutes Health Board 18.11.21 V0.3 - English.docx
- 1.4.1 09:52 - 22/05 Matters Arising and Summary Action Log  
22.05 Summary Action Log Public\_v230.doc
- 1.5 10:02 - 22/07 Report of the Chair  
*Verbal*
- 1.6 10:07 - 22/08 Report of the Chief Executive - Jo Whitehead  
22.08 20120 CEO report V1.0.docx  
22.08a CEO Report Appendix EASC Chair's Summary 9.11.21 V1.0.pdf  
22.08c CEO Report appendix SSPC Assurance Report 18.11.21 V1.0.doc  
22.08b CEO report JC Briefing v1.0.pdf
- 1.7 10:12 - 22/09 Targeted Intervention Improvement Framework - Gill Harris  
22.09 2022-01-20 TIIF update (1). V01.docx
- 1.8 10:22 - 22/10 Covid-19 Update - Gill Harris  
*This paper follow on 19 January 2022*
- 1.9 10:42 - 22/11 Maintaining Good Governance During Covid 19 - Louise Brereton  
22.11 220111 Maintaining Governance Arrangements update report V1.0.docx
- 1.9.1 10:47 - Comfort Break
- 1.10 10:57 - 22/12 Board Assurance Framework - Louise Brereton  
22.12 Draft BAF cover report - Board 200122 V1.0.docx  
22.12a BAF Items 1-21 - Jan 2022 V3.0.pdf
- 1.11 11:07 - 22/13 Corporate Risk Register - Simon Evans Evans  
22.13 2022-01-20 Board Full CRR Report-V0.2 Cover Sheet.docx  
22.13b Appendix 2 Full List Corporate Risks.pdf  
22.13c Appendix 3 Risk Key Field Guidance V2-Final.pdf
- 1.12 11:17 - 22/14 ITEM FOR CONSENT Mental Health Act 1983 as amended by the Mental Health Act 2007. Mental Health Act 1983 Approved Clinician (Wales) Directions 2008. Update of Register of Section 12(2) Approved Doctors for Wales and Update of Register of Approved Clinicians (All Wales) - Nick Lyons  
22.14 AC & S12 Board Report FV - December 2021 - English V1.0.docx
- 1.13 11:18 - 22/15 ITEM FOR CONSENT Documents Signed Under Seal - Louise Brereton  
22.15 220120 Documents Signed Under Seal v1.0\_English V1.0.docx
- 2 STRATEGIC ITEMS FOR DECISION - THE FUTURE
- 2.1 DEVELOPING NEW STRATEGIES OR PLANS
- 2.1.1 11:19 - 22/16 Winter/Resilience Plan - Gill Harris  
22.16 BoardPapW.Planv5.07.01.21f8.docx  
22.16a BCUHB 2021-22\_Winter Resilience Plan \_draft\_Jan 06\_final9 (003) - 13 01 22.docx
- 2.1.2 11:39 - 22/17 Integrated Medium Term Plan - Update and Timeline - Sue Hill, Chris Stockport  
22.17 IMTP Board 20-01-22 V1.0.docx
- 2.1.3 11:59 - Lunch Break
- 3 QUALITY, SAFETY AND PERFORMANCE - THE PRESENT
- 3.1 12:29 - 22/18 Committee and Advisory Group Chair's Assurance Reports

*Committee Chairs to highlight any matters referred to Board*

*a - Covid Cabinet*

*b - Audit Committee*

*c - Performance, Finance & Information Governance Committee*

*d - Mental Health & Capacity Compliance Committee*

*e - Remuneration & Terms of Service Committee*

*f - Partnerships People & Population Health Committee*

*g - Stakeholder Reference Group*

*h - Healthcare Professionals Forum*

*i - Local Partnership Forum*

*j - Targetted Intervention Improvement Framework*

22.18a Chair's Report Covid Cabinet Nov - Jan\_For Board 20.1.22\_V1.0.docx

22.18b Audit Committee Chairs report January Board V1.0.docx

22.18c Chair's Assurance Report PFIG 23.12.21 v1.0.docx

22.18d - Chair's Assurance Report MHCCC inaugural 17.12.21 v1.0.docx

22.18d Chair Assurance report MHCCC 17.12.21 Appendix 1.docx

22.18d Chair's Assurance Report MHCCC inaugural 24.9.21 v1.0.docx

22.18e Committee Chair's Assurance Report RTS 21.10.21 and 2.12.21 v1.0.docx

22.18e Committee Chair's Assurance Report RTS 21.10.21 V1.0.docx

22.18f Chair's Assurance Report PPPHC 9.12.21 v1.0.docx

22.18f Chair Assurance report PPPHC 9.12.21 App1 PPPH Terms of Reference 1.04 for submission to Audit (002).docx

22.18g SRG Advisory Group Chairs Report to the Board 06.12.21 V1.00 Final.doc

22.18h HPF Chairs' Report Health Board January 2022 ENG V1.0 (002).doc

22.18i Chair's Report LPF 12.10.21 V1.0\_English.doc

22.18j Chair's Assurance Report TIIF Steering Group 1.11.21 v1.00 Approved.docx

22.18j Chair's Assurance Report TIIF Steering Group 6.12.21 v1.0 Approved.docx

3.2 12:44 - 22/19 Quality & Performance Report - Sue Hill

22.19 QaP report V2.docx

22.19a QP Report Board - January 2022 (November Position) FINAL v1.1.pdf

3.3 12:59 - 22/20 Finance Report to include Savings Opportunities - Sue Hill

22.20 Finance Report V1.0.docx

22.20a Finance Report M08-22 Appendix 1 V1.0.pptx

3.4 13:14 - 22/21 Vascular Services - Nick Lyons

22.21 Board Paper Vascular Update January 2022 V512 Jan 22.V2.1.docx

3.5 13:24 - 22/22 Infection Prevention Control Mid Year Update - Gill Harris

22.22 Board and Committee Report Template for IP Update Jan 22.docx

22.22 IP Update Jan 22 V2.pdf

3.6 13:34 - 22/23 Primary and Community Care Academy - Chris Stockport

22.23 20220107 Board Cover Sheet PC Academy business case.docx

22.23a Academy business case Appendix 1 Business Case.docx

22.23b 20220107 Addendum to PACCA Business Case 090122.docx

4 LEARNING FROM THE PAST

4.1 13:49 - 22/24 Audit Wales Structured Assessment and Annual Audit Report 2021- Louise Brereton

22.24 210120 Structured Assessment and Annual Audit Report V1.0.docx

22.24 2794A2022-23\_BCU\_Annual\_Audit\_Report\_2021\_Eng V1.0.pdf

22.24 BCUIHB\_Structured\_Assessment\_Phase\_Two\_2021\_EngV1.0.pdf

4.3 13:59 - 22/25 Research & Development Annual Report - Lynne Grundy

22.25 Research & Development Cover Paper.docx

22.25a RDreport2021Board.docx

5 14:09 - CLOSING BUSINESS

5.1 22/26 Items to Refer to Committees

*Verbal*

5.2 22/27 Review of Risks Highlighted within the Meeting

*Verbal*

5.3 22/28 Review of Meeting Effectiveness

*Members are invited to reflect on the meeting effectiveness*

5.4 22/29 Summary of Private Board business to be reported in public - Louise Brereton

22.29 Private session items reported in public\_English (2).docx

5.5 22/30 Date of Next Meeting

*10th March 2022*

5.6 22/31 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."*

<b>Cyfarfod a dyddiad:</b> <b>Meeting and date:</b>	<b>Health Board</b> <b>20 January 2022</b>						
<b>Cyhoeddus neu Breifat:</b> <b>Public or Private:</b>	Public						
<b>Teitl yr Adroddiad</b> <b>Report Title:</b>	Patient Story - Mr Parry						
<b>Cyfarwyddwr Cyfrifol:</b> <b>Responsible Director:</b>	Gill Harris, Executive Director of Nursing and Midwifery						
<b>Awdur yr Adroddiad</b> <b>Report Author:</b>	Matthew Joyes, Acting Associate, Director of Quality Assurance Rachel Wright, Patient and Carer Experience Lead						
<b>Craffu blaenorol:</b> <b>Prior Scrutiny:</b>	Matthew Joyes, Acting Associate, Director of Quality Assurance Gill Harris, Executive Director of Nursing and Midwifery						
<b>Atodiadau</b> <b>Appendices:</b>	Patient Story						
<b>Argymhelliad / Recommendation:</b>							
The Committee is asked to receive and reflect upon the patient story.							
<b>Ticiwch fel bo'n briodol / Please tick as appropriate</b>							
<b>Ar gyfer penderfyniad /cymeradwyaeth</b> <b>For Decision/ Approval</b>		<b>Ar gyfer Trafodaeth</b> <b>For Discussion</b>		<b>Ar gyfer sicrwydd</b> <b>For Assurance</b>		<b>Er gwybodaeth</b> <b>For Information</b>	<b>Y</b>
<b>Y/N i ddangos a yw dyletswydd Cydraddoldeb/ SED yn berthnasol</b> <b>Y/N to indicate whether the Equality/SED duty is applicable</b>						<b>N</b>	

## **Betsi Cadwaladr University Health Board Patient Stories Transcript Form**

*A video the story, told by Mr and Mrs Parry, will be played at the meeting.*

*The story can be accessed [here](#) for those connected to the NHS Wales network.*

### **Overview of Mr Parry's Story told by Mr and Mrs Parry**

Mr Parry is currently receiving dialysis at Ysbyty Glan Clwyd three times per week. Mr Parry approached the Patient and Carer Experience Team seeking flexibility in the dialysis shifts offered to him.

Mr Parry wanted to change shifts during the summer in order to participate in ploughing matches at the weekends and to be able to attend family events. Mr Parry felt the issue with flexibility lies with the absence of the 6-day transport services from Welsh Ambulance Services NHS Trust (WAST).

The Dialysis Unit Manager at Betsi Cadwaladr University Health Board (BCUHB) explains how the provision of the 6 day transport, which would include Saturday's would then free up more of the shifts, so that all patients would have greater flexibility in shift patterns. In turn, it would also mean that not all patients who require high acuity care are on the same shift, which would ease demands on staff.

### **Summary of learning and improvement**

On 21<sup>st</sup> October 2021 a meeting was held with representatives from BCUHB Patient and Carer Experience Team, Renal Service, Dialysis Unit and WAST to share Mr Parry's story and to discuss the 6 day transport service from WAST.

Mr Parry's video story was shared within the Renal Service and Dialysis Service and across the area division for awareness raising.

On 16<sup>th</sup> November 2021, Rachel Wright, BCUHB Patient and Carer Experience Lead attended the WAST Quality, Patient Experience and Safety Meeting to present Mr Parry's video story. This was an excellent example of collaborative patient led improvements in North Wales with our WAST colleagues. WAST felt the patient story was a great opportunity for the organisations to work together to share stories as a catalyst for change.

The Patient and Carer Experience Teams at both BCUHB and WAST have since been working closely to share best practise, building relationships and working towards positive outcomes for North Wales patients.

WAST have submitted a request for funding to Welsh Government to enable them to offer a 6 day transport service, to help improve patients opportunities to access Renal Services over a 6 day period, giving patients more choice in their care. WAST are currently awaiting on the outcome of this bid.

The Renal Service have increased patient flexibility in dialysis shifts. Since his story has been shared, Mr Parry has been offered the dialysis shift pattern he requested.

The Patient and Carer Experience Team extend their gratitude and appreciation to Mr and Mrs Parry for sharing their story.



**Betsi Cadwaladr University Health Board (BCUHB)**  
**Draft minutes of the Health Board meeting held in public**  
**on 18<sup>th</sup> November 2021 via Zoom conferencing**

**Present:**

Mark Polin	Chair
Louise Brereton	Board Secretary
Clare Budden	Chair of Stakeholder Reference Group
Nicky Callow	Independent Member ~ University
Cheryl Carlisle	Independent Member
John Cunliffe	Independent Member
Morwena Edwards	Associate Member ~ Director of Social Services ( <i>part meeting</i> )
John Gallanders	Independent Member
Sue Green	Executive Director of Workforce & Organisational Development
Gill Harris	Executive Director of Nursing & Midwifery / Deputy CEO
Sue Hill	Executive Director of Finance
Jackie Hughes	Independent Member
Nick Lyons	Executive Medical Director
Lyn Meadows	Independent Member
Richard Micklewright	Independent Member
Teresa Owen	Executive Director of Public Health
Lucy Reid	Vice Chair ( <i>part meeting</i> )
Chris Stockport	Executive Director of Primary and Community Services
Adrian Thomas	Executive Director of Therapies & Health Sciences
Linda Tomos	Independent Member
Jo Whitehead	Chief Executive ( <i>part meeting</i> )

**In Attendance:**

Kate Dunn	Head of Corporate Affairs ( <i>for minutes</i> )
Simon Evans-Evans	Interim Director of Governance ( <i>part meeting</i> )
Matt Joyes	Acting Associate Director of Quality Assurance ( <i>part meeting</i> )
Lowri Gwyn	Translator
Fiona Lewis	Corporate Business Officer ( <i>for live streaming support</i> )
Llinos Roberts	Executive Business Manager – Chair's Office ( <i>for live streaming support</i> )
Paolo Tardivel	Director of Transformation & Improvement ( <i>part meeting</i> )

Agenda Item Discussed	Action By
<b>21.206.1 Welcome and Apologies for Absence</b>	
<b>21.106.1.1</b> The Chair welcomed everybody to the meeting which was again being live streamed to enable members of the public to observe the meeting in real time. Members were reminded they were welcome to contribute in the language of their choice. The Chair went onto welcome Mr John Gallanders and Mr Richard Micklewright to their first meeting as	

<p>newly appointed Independent Members to the Health Board, representing the Third Sector and Finance respectively.</p> <p><b>21.106.1.2</b> Apologies for absence were noted for Mr Gareth Evans and Cllr Medwyn Hughes. It was noted that Mrs Jo Whitehead would be late joining the meeting.</p>	
<p><b>21.206.2 Declarations of Interest</b></p> <p><b>21.206.2.1</b> Prof Nicky Callow declared an interest in item 21.221 in that she was previously the line manager of one of the vascular consultants.</p>	
<p><b>21.207 Patient Story</b>  <i>[Matt Joyes joined the meeting]</i></p> <p><b>21.207.1</b> The Acting Associate Director of Quality Assurance shared the audio version of the patient story.</p> <p><b>21.207.2</b> An Independent Member felt there was a lot of learning from the story with wider implications than just vascular services. She enquired whether it was normal practice for the procedure described in the story to be carried out on the ward, and whether the infection was hospital acquired. The Executive Medical Director responded that there were times when a balance needed to be struck between patient experience and the urgency of treatment. He was confident that in this case it had been carefully considered and deemed appropriate to undertake the treatment on the ward although he had asked clinical teams to consider whether this practice was becoming over-normalised. The Executive Director of Nursing and Midwifery added that podiatrists on the ward adhered to Royal College guidance and their competence was signed off as part of their Continuing Professional Development. The Chair asked that this matter be reported back to the Quality, Safety &amp; Experience (QSE) Committee. In terms of the source of infection the Executive Medical Director was not able to confirm this, but explained that this was very often the case. The Independent Member asked how staff had reacted to the story and the Executive Medical Director confirmed that the story had been shared at the Vascular Steering Group and at clinical governance team meetings and he had been encouraged at the discussions in terms of teasing out the learning. The QSE Chair did not wish to add any comments other than to confirm the QSE Committee had raised a number of points at their meeting on 2<sup>nd</sup> November. She welcomed the clarity of the presentation of the report to the Health Board. Another Independent Member suggested that future patient stories could benefit from providing more contextual history and incorporating a whole pathway approach.</p> <p><b>21.207.3 It was resolved that</b> the Board receive and reflect upon the patient story.</p> <p><i>[Matt Joyes left the meeting]</i></p>	<p>NL</p> <p>GH (MJ)</p>



<p><b>21.208 Draft Minutes of the Health Board Meeting held in public on 23rd September 2021 for accuracy</b></p> <p><b>21.208.1</b> The minutes were approved as an accurate record.</p>	
<p><b>21.209 Matters Arising and Summary Action Log</b></p> <p><b>21.209.1</b> Updates were provided to the summary action log</p>	
<p><b>21.210 Report of the Chair</b></p> <p><b>21.210.1</b> The Chair reported that the following Chair's Actions had been undertaken since the last Health Board meeting:</p> <ul style="list-style-type: none"> <li>• Board Chair's Action to accept the BCUHB Construction Contractor Works Framework as detailed in the contract award recommendation and approved at the Finance &amp; Performance Committee in August 2021</li> <li>• Dual Performance, Finance &amp; Information Governance (PFIG) and Board Chair's Action to approve an extension to the Licence to Occupy Forge Road GP Managed Practice Premises</li> <li>• Board Chair's Action to approve settlement of a high value claim in the specialty of ophthalmology</li> <li>• Dual Chair's Action (Board and Finance &amp; Performance Committee) to ratify the decision of the tender evaluation panel that the contract for the provision for the delivery of Outsourced Planned Care Services – Orthopaedics should be awarded to Spire Healthcare, with a potential contract value over 2 years and 6 months of £15 million.</li> </ul>	
<p><b>21.211 Report of the Chief Executive</b></p> <p><b>21.211.1</b> The Deputy Chief Executive presented the report and wished to highlight that significant demands were still being seen within Emergency Departments (EDs) and work continued with Local Authority colleagues to improve the discharge situation.</p> <p><b>21.211.2</b> The Chair then raised the matter of the Holden Report which was completed in 2013. He reminded the Board that the organisation had last year appealed against a decision from the Information Commissioner to publish the report on the basis that it could identify specific individuals. Discussions had continued with the Information Commission since January 2021 to seek a mutual agreement to publish the report whilst protecting the identification of specific individuals, as required to do under data protection law. The ongoing legal process had prevented the Board from discussing the matter in public until now, however, the Chair was pleased to report that an agreement had been reached with the Information Commissioner, and endorsed by the Tribunal in the last week. The Health Board was therefore able to publish the report on 18<sup>th</sup> November 2021 with minimal redactions to protect personal data and as agreed with the Information Commissioner and the Tribunal.</p> <p><b>21.211.3</b> The Executive Director of Nursing and Midwifery / Deputy Chief Executive added that she was pleased to be able to publish the report following this agreement and wished to</p>	

record her thanks to the Information Commissioner. She also extended her gratitude to the member of the North Wales community who originally asked for this report to be released and who had been working with the Health Board to move the matter along. She stated that the organisation was absolutely committed to being open with its community and at the same time protecting personal data as it was required to do. She welcomed the mutual agreement with the Information Commissioner that allowed both of these to happen. The Executive Director of Nursing and Midwifery noted that the Board had reflected long and hard on the circumstances around the Holden Report and the impact that not publishing it has had on the community, including staff. The report was written 8 years ago and was written by the external investigator as a confidential report which had always limited the ability of the Health Board to publish it. Staff had raised legitimate concerns and the Board needed to ensure that any actions taken to publish it did not undermine the confidence of those staff and other staff in raising concerns in the future as to do so would risk patient safety. In taking the learning from the report it had been decided that similar reports would now automatically be written for public release through the appropriate committee, and a process had been developed to ensure this happened. Members were informed of examples to this commitment in action including the release of the review in Llandudno Hospital following concerns which went to QSE Committee on 2<sup>nd</sup> November 2021, and the independent investigations into other serious occurrences which were underway now and would all now be reported in public to the QSE Committee. It was noted that the organisation was also considering whether any other historical reports should be made public, such as the review into concerns within speech and language services. The Executive Director of Nursing and Midwifery stated that although the Holden Report described the Hergest Unit in 2013, the fact that the report had not been made publically available had damaged community confidence in the Health Board, and she hoped that the release of the report and a commitment to future open reporting would help address this.

**21.211.4** The Executive Director of Public Health stated that as the new executive lead for mental health services she was pleased with the progress that had recently been made. Like all services across the UK, mental health services had significant challenges to address including staffing numbers, managing demand for beds, ensuring the appropriate mix of patients and dealing with the impact of Covid-19. She reported that the Health Board acknowledged the challenges mental health services faced around the time of the Holden Report, both at the Hergest Unit and the wider services, and was pleased that inspections from Healthcare Inspectorate Wales (the independent regulator of healthcare) showed improvements in care within services. The new leadership team for mental health were working hard to continue to make sustained improvements, and this aligned to the targeted intervention framework with Welsh Government (WG). The Executive Director of Public Health hoped that the publication of the Holden Report would demonstrate to the North Wales community the Board's commitment to openness and building trust, and that people reading the report would recognise that it described a unit 8 years ago and that many changes had been and would continue to be made to improve health and care for the people of North Wales.

**21.211.5** The QSE Committee and Mental Health Capacity & Compliance Committee Chair felt there would understandably be concerns at the report and whether the recommendations from 2013 had been actioned appropriately. She felt that whilst services would obviously have changed since that time it was important to demonstrate learning from any reviews regardless of how they originated. She welcomed the refreshed process for external reviews

<p>and the intention that any future ones would be commissioned in the knowledge they would be published.</p> <p><b>21.211.6 It was resolved that</b> the Health Board note the report of the Chief Executive.</p>	
<p><b>21.212 Targeted Intervention Improvement Framework</b></p> <p><b>21.212.1 Chair's Report from Meeting Held 6.9.21</b></p> <p>The report was noted.</p> <p><b>21.212.2 Chair's Report from Meeting Held 29.9.21</b></p> <p>The report was noted</p> <p><b>21.212.3 Self-assessment</b></p> <p><b>21.212.3.1</b> The Executive Director of Nursing and Midwifery reported that a recent meeting with Welsh Government had been positive, although formal feedback was awaited. The Chair added that the self-assessment had been scrutinized and amended at a recent Board Workshop.</p> <p><b>21.212.3.2 It was resolved that</b> the Board:</p> <ul style="list-style-type: none"> <li>• Note the amended TIIF update paper from 23 September 2021</li> <li>• Note the progress in delivering Targeted Improvement.</li> <li>• Agree the self-assessment reference points against each matrix             <ul style="list-style-type: none"> <li>a. All Ages Mental Health 1</li> <li>b. Strategy, Planning and Performance 1</li> <li>c. Leadership Governance and Culture 1</li> <li>d. Engagement 1</li> </ul> </li> <li>• Agree the target reference point for May 2022             <ul style="list-style-type: none"> <li>a. All Ages Mental Health High 2</li> <li>b. Strategy, Planning and Performance High 2</li> <li>c. Leadership Governance and Culture 2</li> <li>d. Engagement High 2</li> </ul> </li> </ul>	
<p><b>21.213 Covid-19 Update</b></p> <p><b>21.213.1</b> The Executive Director of Nursing and Midwifery delivered a presentation which highlighted:</p> <ul style="list-style-type: none"> <li>• Community infection levels were rising with Gwynedd currently being the county with highest rates in Wales</li> <li>• Confirmed cases by age demonstrated an upturn in younger age groups</li> </ul>	

- There were 141 inpatients as at 17.11.21 with an increasing level in Ysbyty Gwynedd (YG)
- A range of Executive Incident Management Team (EIMT) decisions that had been taken
- Operational issues including impact on primary care, acute hospitals, ambulance turnaround and domiciliary/residential care
- Test Trace and Protect activity
- Vaccination programme activity including:
  - 1,209,209 vaccinations had now been given in North Wales;
  - update on the current phase including booster programme delivery;
  - performance against the JCVI cohorts.
  - key issues around capacity, concerns around travelling distances and queues.

**21.213.2** A discussion ensued. The Stakeholder Reference Group (SRG) Chair enquired as to why Pfizer was the preferred vaccine for boosters as it would appear that storage requirements did create challenges. The Executive Director of Nursing and Midwifery confirmed this was a logistical matter and primarily as this was the vaccine that had been made available to the Health Board, although work continued on other options alongside this. The SRG Chair also enquired as to the plans for Wales following announcements in England regarding second doses for 16-19 year olds. The Executive Director of Nursing and Midwifery was aware that WG guidance had just been updated and she would check and feedback. An Independent Member raised the matter of uptake by staff and it was reported that 11,000 staff had now received their third dose but the English decision around mandating the vaccine had not to date been considered in Wales.

GH

**21.213.3** The Executive Director of Public Health reiterated that in terms of both flu and Covid-19, vaccination was one of the best safeguards that the Health Board could provide for its communities. An Independent Member referred to the cancellation rate and wondered whether these were true cancellations or whether the appointment was rebooked. The Executive Director of Nursing and Midwifery would check and respond outside of the meeting. She also confirmed that where possible and appropriate, boosters were being administered to in-patients.

GH

**21.213.4** An Independent Member suggested that the current strike action within public transport would impact upon attendance for vaccinations and would likely affect the more vulnerable population groups. The Executive Director of Nursing and Midwifery responded that the Emergency Preparedness Resilience & Response (EPRR) lead was working with Local Authorities to mitigate the impact of the strike action. She also addressed a question around sanitising stations and access to face masks on hospital sites in that a situation report had been requested across all sites as it was acknowledged that different levels of consistency had developed. The Executive Director of Workforce and OD added that the ongoing Health and Safety Executive (HSE) inspection was also addressing covid-secure measures and initial feedback on signage and 'meet and greet' arrangements on acute sites had been positive. An Independent Member expressed her continued concern at the situation in care homes in terms of discharge from hospital and capacity and that Local Authorities had shared their concerns and described challenges with the Minister.

**21.213.5** An Independent Member enquired around the possibility of administering vaccines in schools as was happening in England, and sought assurance that the demand for vaccines would be met out in communities. The Executive Director of Nursing and Midwifery indicated that walk-in sessions had been established to encourage a better take-up by

<p>children but accepted there could be other ways of improving uptake by working with schools. The Executive Director of Public health was aware of some specific instances with shortages of the flu vaccine but she had no general concerns about availability, and supply and demand was being closely monitored.</p>	
<p><b>21.213.6</b> An Independent Member asked around the in-patient capacity across BCUHB particularly with the oncoming winter, and the Executive Director of Nursing and Midwifery confirmed that the Executive team and others were looking to make additional ward space available to support the population, however, the workforce would always remain a limiting factor. The Independent Member then enquired as to whether there was a difference between a booster dose and third dose, and made reference to current issues within vaccination centres in terms of queue management. The Executive Director of Public Health confirmed that the doses were different with a higher level 'top up' third dose being offered to those with severe weakened immunity, whilst the booster dose was to extend the duration of protection for those with regular immunity. The Executive Director of Nursing and Midwifery responded regarding vaccination centres, acknowledging there had been recent challenges with queues. Messages continued to be reinforced to ask people to attend on time for their appointment time but she accepted that further support needed to be given to ensure the most vulnerable were not waiting for long periods without shelter or seating.</p>	GH
<p><b>21.213.7</b> An Independent Member felt that the second dose take up rates for 12-17 year olds (4%) seemed very low. The Executive Director of Nursing and Midwifery responded this would predominantly be a timing issue in reporting. The Independent Member also suggested that alternative mechanisms to a letter should be offered for 12-15 year olds. It was reported that social media was utilised and the offer of walk-in sessions was now made, but accepted that communication and invitation mechanisms could be widened for this age group. The Executive Director of Nursing and Midwifery undertook to follow up the point of whether there was evidence that take up increased for this age group when social media was more widely used.</p>	GH
<p><b>21.214 Mental Health Act 1983 as amended by the Mental Health Act 2007. Mental Health Act 1983 Approved Clinician (Wales) Directions 2008. Update of Register of Section 12(2) Approved Doctors for Wales and Update of Register of Approved Clinicians (All Wales)</b></p> <p><b>21.214.1 It was resolved that</b> the Board 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 Process and Criteria Document for S12 Approved Doctor approvals.</p>	
<p><b>21.215 Emergency Scheme of Reservation &amp; Delegation</b></p> <p><b>21.215.1 It was resolved that</b> the Board approve the Emergency Scheme of Reservation and Delegation (SORD).</p>	
<p><b>21.216 Transformation Update</b>  <i>[Paolo Tardivel joined the meeting]</i></p>	

**21.216.1** The Director of Transformation & Improvement presented the paper which set out the Transformation and Improvement Strategy and approach for the Health Board. He highlighted that the focus was on improving outcomes for the population but at the same time supporting financial efficiency and value for money. Significant preparatory work was underway in terms of controls, governance and recruitment to deliver the ambition of a self-improving organisation with a clinically led workforce. He confirmed that reporting would be made through the Executive Delivery Group (Transformation and Finance) and up to the PFIG Committee. He also indicated that there was a session scheduled for the private Board Workshop on 2<sup>nd</sup> December 2021.

**21.216.2** A discussion ensued. An Independent Member enquired around the team structure and the Director of Transformation & Improvement responded that there would be an improvement function focused on mainstreaming service improvement on a longer-term basis, together with a range of specialists to add rigour. There would also be a programmes function to ensure a consistent Project Management Office approach, and a flexible resource pool of project managers. A key area of work would be on pathways and value based care. The Independent Member disagreed with the statement in the paper that previous transformation work had been focused on cost savings. The Director of Transformation & Improvement Financial accepted that cost savings were not the only driver but that there had been a higher emphasis on this during the period of financial recovery. He reiterated the need for transformation to lead on improving patient experience whilst tracking financial improvements and ensuring benefits realisation. The Independent Member also challenged whether improvement should be solely clinically led, and the Director of Transformation & Improvement acknowledged there was a balance to be struck but it was essential to ensure specialist knowledge was in place at the outset. Another Independent Member suggested that clinically led should be interpreted as a wide range of allied healthcare professionals. The Director of Transformation & Improvement accepted this point and would amend the narrative accordingly.

**21.216.3** The SRG Chair felt that the success of the programme would be measured in terms of delivery of the vision. She felt that some of the narrative was very optimistic – for example the use of phrase “a perfect experience”. The Director of Transformation & Improvement suggested that the programme needed to have high ambitions but he would reflect on this point. An Independent Member enquired as to where the prevention agenda fitted in and it was confirmed this would be core to the development of the various workstreams and would be aligned to strategic plans and ambitions.

**21.216.4** The Chair felt it was important to note that this was the first time the Board had seen a Transformation Strategy. He noted that transformation was a key focus for the organisation and was pleased that investment was now being made to move it forward although he was concerned that the team may be overwhelmed. The Executive Director of Primary Care and Community Services stated that success would only be achieved through an organisation-wide commitment, and that the transformation team was there to support and enable not to take sole responsibility for delivery. The Chair also welcomed the focus on value and the reference in the paper to prioritisation. He indicated the Board would expect additional assurances based on the comments made when the matter was further discussed at the Board Workshop.

**21.216.5** It was resolved that the Board endorse the Transformation and Improvement strategy and approach outlined in the paper

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<p><i>[Paolo Tardivel left the meeting]</i></p>	
<p><b>21.217 Strategy Development Update</b></p> <p><b>21.217.1</b> The Executive Director of Primary Care and Community Services presented the paper highlighting a range of key points:-</p> <ul style="list-style-type: none"> <li>• The refresh of the Living Healthier Staying Well (LHSW) Strategy had included recent engagement events from which feedback clearly supported the relevance of the Strategy's goals.</li> <li>• Other feedback indicated that the organisation could communicate its plans and goals far more succinctly. In response, officers had looked at how other organisations had met the challenge with a consistent feature being the need for simplicity of message and a 'plan on a page'.</li> <li>• Progress on the development of a Clinical Services Strategy continued under the leadership of the Executive Medical Director, with a clinical 'summit' being held to test and shape the strategy. In addition there had been strengthened arrangements to reflect the public voice, and the Board was on track to have this Strategy by the end of March 2022.</li> </ul> <p><b>21.217.2</b> A discussion ensued. The Chair sought assurance around the development of the Integrated Medium Term Plan (IMTP) and the Executive Director of Primary Care and Community Services indicated the organisation was on track to deliver a three year IMTP which would be the first for some time. He set out the challenge of ensuring a flow and alignment with other key documents and ensuring that the content was deliverable by the Health Board and its partners. An Independent Member enquired as to the level of confidence that the IMTP would achieve the aims and be within the timeframe. The Executive Director of Primary Care and Community Services was absolutely confident at the level of enthusiasm within the teams to deliver the IMTP and he welcomed the positive level of ambition. He felt it would be challenging to deliver within the timeframe but he was confident of the ability to do so, recognising that the Clinical Services Strategy also needed to be in place. The Executive Medical Director added that in order to manage expectations it was important to be clear on what the Clinical Services Strategy was and was not, as it would not provide a definitive update against every single pathway nor would it map every staff member to the delivery of every clinical outcome. The SRG Chair was pleased to learn of the range of consultation that was taking place, and requested that feedback be provided to those who contributed to close the loop.</p> <p><b>21.217.3 It was resolved that</b> the Board receive the update on work underway to develop and align the Health Board's key strategies.</p> <p><i>[Jo Whitehead joined the meeting]</i></p>	<p>CS</p>
<p><b>21.218 Strategic Outline Case: Llandudno Junction/Conwy Primary Care Development</b></p> <p><b>21.218.1</b> The Executive Director of Primary Care and Community Services presented the paper which sought approval to the Strategic Outline Case (SOC) and confirmation that the development was part of the Board's strategic thinking. This would then progress to seeking approval from WG to move to the next formal stage. It was highlighted that there had been long-standing conversations in terms of a development in the Llandudno Junction / Conwy area to ensure fit for purpose primary care provision. The provision had been challenged</p>	

<p>both by increased housing developments, disability access requirements and the pandemic. The Executive Director of Primary Care and Community Services stated that the development was most certainly aligned to the organisational strategy for its primary care estate and remains a priority for investment across the Area Teams. He indicated that the paper also made reference to a number of longer term potential options including whether there would in time be a need to have premises in both areas and he would be keen to start this conversation with WG.</p> <p><b>21.218.2</b> A discussion ensued. An Independent Member welcomed the development but made a wider comment that the Health Board could be more engaged with Local Authority planning to ensure sustainability within primary care. Another Independent Member enquired how the Health Board ensured the older buildings within the primary care estate met disability access requirements. The Executive Director of Primary Care and Community Services responded that every effort was made to support primary care contractors to meet the requirements but some premises were more challenged than others. Reasonable adjustments were regularly made in order to meet individuals' needs but this often affected efficiency and were not sustainable arrangements. The Independent Member raised some specific queries around the lease for the Gyffin premises, the potential for residential development of the Maes Derw site, and funding of the highways development – the Chair asked that these be responded to outside of the meeting.</p> <p><b>21.218.3 It was resolved that</b> the Board approve the Strategic Outline Case for Conwy / Llandudno Junction for onward Welsh Government approval decision and funding.</p>	CS
<p><b>21.244 Emergency Department (ED) Workforce Business Case</b></p> <p><b>21.244.1</b> The Executive Director of Nursing and Midwifery presented the paper, highlighting there had been a good discussion at the recent PFIG Committee where members had supported the business case in principle, but not formally approved it at that stage. She acknowledged that the business case was long-awaited and following wide engagement and benchmarking she felt it was representative of future thinking for EDs. The development of the business case had enabled a review of skill mix options and a 'below the line' nursing establishment had been included to support the extra activity and address long waits in EDs. With the implementation of the business case it was proposed there would be gateways to release funds in line with the ability to recruit, whilst maximising capacity in unscheduled care across the whole pathway and supporting patients to self-care where appropriate. Finally it was stated that recruitment would be on a pan North Wales basis.</p> <p><b>21.244.2</b> The PFIG Committee Chair referred to the gateway reviews and recalled that a commitment had been given to provide three-monthly reports to the Committee, subject to approval by the Board. The Executive Director of Nursing and Midwifery confirmed this was the case and that the format of those reports would be agreed with him as PFIG Chair. She added that a bid around SDEC (Same Day Emergency Care) principles had been supported in part by WG and the organisation would be working towards an emergency floor concept. The Executive Director of Finance confirmed that scrutiny had occurred around the investment into EDs and the expected efficiencies and benefits. She also felt that an opportunity would be provided to look at the wider pathway of unscheduled care not just EDs.</p>	



<p><b>21.244.3</b> The Chair requested clarity on the timeline for investment and savings plans, together with associated monitoring arrangements. The Executive Director of Finance confirmed she would ensure this was covered in a paper to the December PFIG Committee. The Executive Director of Workforce and OD added that oversight through the Executive Delivery Group (Transformation &amp; Finance) would also help drive effective reporting, but she suggested that recruitment remained a key challenge and potential barrier. An Independent Member made the point that the paper was very biased towards medical and nursing and that it should reflect the wider range of clinical and support services. In addition she suggested the use of the phrase “qualified and non-qualified” was unfortunate. The Executive Director of Nursing and Midwifery accepted this point and added that in terms of skill mix, references to Advanced Practitioners would also include broader thinking around therapists. There had also been separate conversations around other services such as pharmacy and diagnostics across the wider organisation, however, the business case was primarily for front line ED services. In terms of support services such as reception staff this had previously been identified as a gap and investment had already been made in those areas.</p>	SH
<p><b>21.244.4</b> The SRG Chair was supportive of the plan but raised a wider point around governance and felt that papers could be improved to draw out key detail of prior Committee level discussion when a paper was subsequently presented to Board. The Chair felt this was a valid point and asked the Board Secretary to pick this up.</p> <p><b>21.244.5</b> An Independent Member raised the matter of border issues between Wrexham Maelor Hospital and the Countess of Chester Hospital. He suggested that human nature would mean that if patients over the border were aware that ED waiting times were shorter in Wrexham they would attend there rather than the Countess of Chester. He asked what strategic conversations had been held with providers over the border. The Executive Director of Nursing and Midwifery felt this point was well made and that the Countess of Chester was also under significant pressure. She reported that there were regular and ongoing conversations about pressures and operational matters with English providers. The Chief Executive added that from a commissioning perspective there were well-established links with the Countess of Chester specifically and with the Integrated Care System (ICS) which provided oversight across the English system of provider services for Welsh residents. Finally it was confirmed that the SDEC business case was progressing separately through PFIG Committee.</p>	LB
<p><b>21.244.6</b> It was resolved that the Board review the business case and support the 115.07 WTE additional resource and its associated funding as per details in the business case.</p>	
<p><b>21.219 Integrated Governance Framework Update</b>  <i>[Simon Evans-Evans joined the meeting]</i></p> <p><b>21.219.1</b> The Interim Director of Governance presented the paper which provided an update on the next stage of the Integrated Governance Framework (IGF) now that the refreshed agendas and cycles of business were in place. Work was ongoing with leads for the development of the Operating Model to ensure alignment and the Good Governance Institute (GGI) were continuing to support the Board around improving the quality of Board/Committee papers, and strengthening Committee reporting into Board. In addition a new suite of templates was nearing completion.</p>	

**21.219.2** A discussion ensued. The PFIG Committee Chair outlined challenges in managing the size of the agenda that the Committee now held, and that setting out the agenda in “future, present and past” did not necessarily support grouping items for decision or for scrutiny or for information. The Interim Director of Governance offered to attend agenda setting meetings to help officers and Chairs better manage this aspect. The Chief Executive indicated that as the Operating Model took shape there may be a need to review and reflect some further changes to the IGF. She suggested that a timeframe for review of the IGF be established and this was supported by other Board Members. The Chair also set out a shared desire to improve governance and clarity around Board and Committee matters but that there was still work to do in reaching an appropriate balance. He also noted reference in the paper to the Partnerships, People and Population Health (PPPH) Committee modelling new ways of working but he noted that the PFIG Committee was also looking at this, and this opportunity should not be missed.

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**21.219.3** The Chair also sought assurance around how the accountability framework via the Performance Oversight Group (POG) was working. The Chief Executive confirmed that she had attended the accountability meetings and felt they provided a robust listening opportunity where barriers to performance and improvement could be raised with Executives. She would wish to develop the meetings to make them more useful and effective for the departments/services themselves. The Interim Director of Governance added that a paper on performance accountability had also been shared at a recent Audit Committee. The Executive Director of Nursing and Midwifery indicated that Executive Team did plan for each accountability meeting to ensure that the discussion was in line with priorities and ambitions, and she felt that the new Operating Model would provide an opportunity to evaluate and build upon the accountability arrangements.

**21.219.4** The Board Secretary summarised that implementation of the IGF was still at a fairly early stage but there had already been positive examples of agenda setting involving a wider group of colleagues at that important stage.

**21.219.5** It was resolved that the Board note the update

*[Simon Evans-Evans left the meeting]*

## **21.220 Urology Review**

**21.220.1** The Executive Director of Nursing & Midwifery presented the paper, the subject matter of which had received prior scrutiny at QSE Committee. She highlighted that a subsequent meeting had taken place with the urologists to determine how to take the review forward, and the terms of reference for the improvement group and for the external review had been developed to ensure alignment.

**21.220.2** A discussion ensued. The QSE Committee Chair reported that a number of concerns had been raised around the service and welcomed the invitation for a Royal College review. She indicated that the QSE Committee had been assured that services would be improved in the meantime. The PFIG Committee Chair suggested that clarity was

required as to what was meant by an 'independent' review. He also queried whether robotic surgery could have been operational within North Wales if BCUHB hadn't signed up to the all Wales procurement arrangement. It was reported that whilst the all Wales process had created delays, the urology concerns were wider than the robotic service.

**21.220.3** An Independent Member noted reference to doubling the number of consultants and enquired how this had been determined ahead of the Royal College report. The Executive Director of Nursing and Midwifery reported that capacity and demand had been estimated based on Royal College guidance and existing data as an interim step to ensure the provision of safe care. The question was also asked whether the work was budgeted for, and it was confirmed it had been costed within the Regional Treatment Centre (RTC) assumptions in terms of recovery of the backlog, but not in terms of a longer term solution.

**21.220.4** An Independent Member queried whether the terms of reference for the review should include the service delivery model. The Executive Director of Nursing and Midwifery indicated that as part of wider transformation work, the Get it Right First Time (GIRFT) team had been invited to look at some specialties including urology.

**21.220.5** The Chair highlighted that concerns relating to urology had been noted internally ahead of the Ombudsman report. He also raised the issue of a strategic vision for urology and the Executive Director of Nursing and Midwifery confirmed she was working with the Executive Medical Director and the Executive Director of Workforce & OD to develop leadership within urology as part of the clinical services strategy.

**21.220.6** The Chair expressed his concern at the performance issues and numbers of incidents and that a sustainable response was required. The Executive Director of Nursing & Midwifery acknowledged this concern and suggested that setting up the Improvement Group as soon as possible, and ahead of the Royal College review, was key. She indicated there had been a good level of engagement and commitment from urology consultant colleagues to improve matters alongside the RTC work.

**21.220.7 It was resolved that** the Board support the decision of the Quality, Safety & Experience Committee to establish a local Improvement Programme for the service and to invite the Royal College of Surgeons to undertake an independent review.

## **21.221 Vascular Services**

**21.221.1** The Executive Medical Director presented the paper. He highlighted that the improvement programme was key to ensuring the continuity of safe services and that there was a greater attention to detail within the action plan in terms of measuring progress and the identification of mitigating actions. There would be an increased focus on patient experience and safety including the provision of patient stories at the Vascular Steering Group (VSG). He reminded members of the timeline for decision-making that led to the current centralised model being implemented in April 2019, and noted that the GGI were commencing a review of the decision-making process to inform learning for any future

service change. Members' attention was drawn to the current service provision provided at each site which was set out within Appendix 1. The Executive Medical Director noted that waiting times, operational pressures and staffing continued to be key challenges for the service. Work was ongoing to better understand the organisation's vascular outcomes, amputation rates and other key quality markers and a very recent audit report from the National Vascular Registry had now been received which identified similar challenges to what had already been identified and some outcome measures that may relate to patient safety. Officers were looking at this at pace to understand the implications.

**21.221.2** The QSE Committee Chair reiterated concerns expressed by the Committee at the lack of progress and that there had been multiple versions of an action or improvement plan presented over the past couple of years. She suggested it was understandable that patients and stakeholders may lose confidence in the service and that the organisation must now ensure that it could evidence clear improvement and explain any slippage against actions. The Executive Medical Director accepted this point.

**21.211.3** The Chair sought assurance that the current model was what was presented and agreed by the Health Board previously, and that there was no suggestion that the model was inappropriate. The Executive Medical Director confirmed this was the case and that he was not aware of any internal intelligence, nor information from external reviews, nor from comparison to other parts of the UK that would indicate that the current configuration was inappropriate. The Chair welcomed this assurance, however, he shared the frustrations of other members around pace and demonstrable improvement. He noted that both QSE and the Health Board would receive further reports in January which was also the time that the second element of the Royal College review was due.

**21.211.4** An Independent Member enquired whether the proposed additional workforce proposals implied that the service was currently not sufficiently staffed. The Executive Medical Director reported that a piece of detailed work would feed into the IMTP process and would ensure staffing in line with national standards and best practice. The detailed financial implications were not yet known and the proposals would need to go to the Vascular Oversight Group and then through the normal IMTP processes. The Chair stated that the Board would need to consider any proposals for additional investment in the vascular workforce, in the same way it had for urology.

**21.211.5** It was resolved that the Board note the update from the Vascular Steering Group, to note the focus on quality, safety and patient experience and to note the decision-making timeline.

## **21.222 Quality & Performance Report**

**21.222.1** The Executive Director of Finance presented the report and highlighted a range of key points. She confirmed that the refreshed National Delivery Framework had just been published by WG and would be worked through by the performance team ahead of incorporating the revisions into the next report. With regards to the quadruple aims it was

noted that children's immunisations performance was very good with 94.9% of children having had the "six in one" vaccine and 94.10% having had the MMR vaccine. In terms of influenza the campaign had just commenced and would be reported in the December report. An improved position for mental health was reported with 66.6% of adults receiving a review within 28 days and the number commencing therapy remaining above target. In terms of complaints the rate remained consistently over 62% which reflected an improvement over previous years. In addition there had been a reduction in the number of falls with harm. The Executive Director of Finance then went on to describe a range of areas for improvement including infection prevention in terms of increasing numbers across Wales in e-coli and c-difficile. Concerns remained around children's mental health services with only 23.6% of children being able to access treatment within 28 days, although it was highlighted that contracts had been extended with the aim of ensuring a month on month improvement from October to December. The Executive Director of Finance went onto explain there had been five never events in the year which remained a concern. The Sepsis Six data had commenced from September and officers were checking that the metric was being recorded and monitored appropriately. It was highlighted that Covid-19 vaccinations were now over a million and booster over half a million. Finally the Executive Director of Finance acknowledged the Board and Committees' continued concerns around the Quality and Performance report and confirmed that further conversations were being held with Chairs to address these.

**21.222.2** A discussion ensued. An Independent Member referred to the latest position with ED performance and ambulance handover, and also with regards to triage support to the 4 hour stroke target. The Executive Director of Finance confirmed that constructive work continued to maintain a helpful army presence, and that in terms of stroke care a meeting was being rescheduled to look at the pathway to involve more clinical colleagues to implement best practice for early transfer. The Independent Member asked for a further update once that meeting had taken place.

*[Lucy Reid left the meeting]*

**21.222.3** An Independent Member noted that in looking at the report as a whole the majority of measures were on a downward trend which he felt demonstrated a fundamental issue with performance management. The Executive Director of Finance responded that a high proportion of the metrics related to planned care and unscheduled care, and the productivity and efficiency within these areas had been adversely affected by the pandemic. She indicated that the support from WG for the development of RTCs would deliver a more sustainable model. The Executive Director of Nursing & Midwifery added that as part of the RTC work, planned care would be separated out from unscheduled care in line with the Board's strategic direction. The Executive Medical Director added that in these unprecedented times there were unavoidably long waits that would affect patient experience, however, he was clear that staff were committed to improving this.

**21.222.4** An Independent Member felt that primary care was still under-represented across the report. The Chair indicated that he was aware of work ongoing to develop relevant measures and he would wish to see some elements built into the report earlier than the next

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<p>financial year. The Executive Director of Finance responded that it was likely there would be a subset of information that she would share with Chairs to seek their views as to what would be appropriate to incorporate from December onwards.</p> <p><b>21.222.5</b> The Chair reminded the Board that whilst the number of reds in the report was of concern, he felt some reassurance could be taken from a range of measures now in development that should provide opportunity for improvement, including the RTC work, an improvement programme for unscheduled care, clinical leadership support to transformation and the recently approved investment in the ED workforce.</p> <p><b>21.222.6 It was resolved that</b> members of the Health Board scrutinise the report.</p>	SH
<p><b>21.223 Operational Plan Monitoring Report</b></p> <p><b>21.223.1</b> The Executive Director of Finance presented the report and highlighted the inclusion of a useful slide providing a RAG summary across the six domains following feedback from the PPPH Committee. She felt this offered a balanced scorecard approach for these domains and the number of red or amber measures were notable, predominantly across planned care and unscheduled care. She reiterated that the report format continued to be addressed for a total refresh from the new financial year but confirmed that she was looking to make some improvements from December onwards to address some concerns raised by members. She went on to highlight a range of areas where there was positive activity including RTCs, the development of a specialist cancer business case and population health aspects.</p> <p><b>21.223.2</b> A discussion ensued. An Independent Member queried whether enough was being done to recover planned care performance, noting that the plan had been written in the context of the pandemic. The Executive Director of Finance confirmed there was a detailed plan of intention, but there was a significant amount of reliance on other NHS providers who were also struggling with capacity. The Health Board was doing everything it could to ring fence capacity for its population as part of IMTP planning. The establishment of RTCs would reduce pressure on the acute sites and was now at the expressions of interest stage. The Executive Director of Nursing and Midwifery added that a key lesson learned was the need to separate planned care out from unscheduled care and that this would provide the biggest impact, alongside addressing independent sector capacity.</p> <p><i>[Lucy Reid rejoined the meeting]</i></p> <p><b>21.223.3</b> An Independent Member referred to the enabler of the implementation of the Health and Safety improvement plan and enquired why the requirement to identify and support staff at a greater risk of contracting Covid was red. The Executive Director of Workforce and OD responded that BCU was one of the highest RIDDOR reporters and had worked closely with the HSE on this matter. The target was reported as red as the Board had received a notice of contravention from the HSE following the death of a member of staff last year. The Chair enquired whether the PPPH Committee were being sighted on staff</p>	

welfare matters including increased sickness rates, and the Executive Director of Workforce and OD confirmed this was in hand together with support to lone workers.

**21.223.4** The PPPH Committee Chair made reference to Safe Clean Care and that the Committee had been concerned at the status of this element and had felt there was insufficient explanation as to the lack of progress. The Executive Director of Nursing and Midwifery assured the Board that there had been significant progress recently which would be reported to the QSE Committee in January.

**21.223.5** The Chair noted that 28 items within the report had turned red from the previous month, and he sought assurance that the scale of this had been considered and that there was not cause for significant concern given the current circumstances. The Executive Director of Finance indicated that some triggers that would turn a target red may only relate to a short delay and accepted that a short qualitative narrative against such cases to offer a judgement on the significance would be helpful. The Chair also noted that many of the updates within the report would rely on the development and implementation of business cases and he sought assurance that they were deliverable and aligned to strategic priorities. The Executive Director of Finance was broadly confident that any business cases that were required to deliver the objectives in-year were funded within the plan. The Chair then referred to difficulties in addressing staff behaviours with regards to compliance with infection prevention control (IPC) guidance, and asked what level of confidence the Executive Team had in this regard. The Executive Director of Nursing and Midwifery confirmed that she and the Executive Medical Director were working closely to get champions in place to support this work and to encourage professional challenge to examples of non-adherence. There was also work underway with regards to audit activity for IPC. Finally she agreed with earlier comments that the detail behind many of the red areas in the report related to not achieving things in as timely a manner as would be wished.

**21.223.6** It was resolved that the Health Board scrutinise the report.

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## **21.224 Finance Report M6**

**21.224.1** The Executive Director of Finance presented the paper which was a summary of a more detailed report that had been scrutinized at the PFIG Committee. She highlighted that the strategic financial support of £82m this year from WG plus Covid19 recovery monies to assist with planned care had been built into reporting. A positive month 6 position was reported in that a balance position was shown for in-month, year to date and year end in line with the financial plan. It was noted that a table describing the impact of Covid19 funding had been included in the paper which it was hoped was helpful. This included the Covid19 and enhanced flu vaccination programme of £16m; the Test Trace & Protect programme of £18.5m, plus Covid-specific initiatives such as the use of field hospitals as mass vaccination centres; enhanced cleaning standards around IPC. *[Lucy Reid left the meeting]*. The Executive Director of Finance went on to state that the PFIG Committee had considered a paper on the use of the strategic support and that a number of the schemes had been delayed resulting in a detailed review of opportunities to utilise potential slippage to meet the

same objectives as the funding was agreed for. It was also highlighted that the savings delivery at M6 was £13.6m against a £17m target but members could be assured that delivery had improved at M7 up to £16.6m. Finally the Executive Director of Finance acknowledged the report was succinct and confirmed she would be more than happy to go through any detail with those Board Members who did not attend the PFIG Committee. This was welcomed in terms of assisting members in their governance and scrutiny role.

**21.224.2** A discussion ensued. The Chair enquired whether the reported overspends were being examined in order to understand why the position was as it was. The Executive Director of Finance confirmed that there was detailed understanding behind each overspend and this again was an area to be addressed in terms of providing Board Members with an appropriate level of detail in financial reports. An Independent Member noted that the use of agency had been a longstanding issue and he would express caution that recruitment would be sufficiently successful so as to eliminate the need for agency staff completely. He suggested that the new cycle of three yearly budgeting alongside the IMTP would need to be realistic in this regard. The Executive Director of Finance concurred and confirmed the transformation programme would require both workforce and financial implications to be worked through to determine what recruitment needed to look like. She also indicated multi-disciplinary teams would need to operate at a level that would allow and support clinicians to do the clinical elements. The Executive Director of Workforce and OD added that long-term recruitment was the key as there was now a need for agile additionality in terms of people's skills or capacity, and a workforce planning model that looked more widely than traditional recruitment. *[Morwena Edwards left the meeting]* The Executive Director of Nursing and Midwifery added that the focus on matters such as the emergency care business case, the transformation agenda, the clinical services strategy and the development of the North Wales clinical school all pointed to the organisation being in a much stronger position in terms of recruitment.

**21.224.3** It was resolved that the report be noted

### **21.225 Primary Care Update**

**21.225.1** The Executive Director of Primary Care and Community Services presented the paper which provided an update on the provision of primary care services across North Wales. He wished to acknowledge the huge amount of work that continued across all contractor professions and was disappointed to note examples of negative media coverage about access to services during the pandemic. He continued to be humbled and grateful in respect of the commitment by primary care practitioners to deliver their services and highlighted that it was just not possible to offer face to face contacts for every patient whilst continuing to support the vaccination programme, and catch up on reviews for chronically frail patients. He confirmed that face to face consultations were still made available to those who most needed them. The Executive Director of Primary Care and Community Services added that in terms of GP cluster investment there had been around £3m made available this year for the delivery of local schemes to help address the backlog and avoiding unnecessary onward visits to acute sites.



<p><b>21.225.2</b> A discussion ensued. The Chair was surprised at the high percentage of GP practices who responded that their telephony system was appropriate as there was a long-standing concern they were not fit for purpose. The Executive Director of Primary Care and Community Services advised there was very specific wording within these national standards as to whether the practice would meet the requirement or not. The Chair was pleased to see that a deep dive access survey had commenced in GP practices and he suggested this should be shared with the appropriate Committee once available. In response to a question around the sharp drop in numbers of patients sent onto ophthalmic diagnostic treatment centres in October, the Executive Director of Primary Care and Community Services confirmed this was a data issue as opposed to a sudden drop in activity. An Independent Member was surprised that standard 7 relating to a timely, co-ordinated and clinically appropriate response was reported as 99%. Again, the Executive Director of Primary Care and Community Services indicated there was a very specific specification for the standard which he would be happy to share outside of the meeting. With regards to standard 3 around bilingual answerphone messages the question was asked how many practices were able to offer a bilingual reception service. The Executive Director of Primary Care and Community Services responded that this figure was not available however a mapping exercise of bilingual capabilities was being carried out. The Independent Member also asked whether the 99% of practices who could offer alternative methods of contact including digital, could allow online appointment requests and repeat prescriptions. The Executive Director of Primary Care and Community Services would check the specification of this standard.</p> <p><b>21.225.3 It was resolved that</b> the Board note:</p> <ol style="list-style-type: none"> <li>1. the growing demand for primary care services;</li> <li>2. the actions being taken together with primary care contractors and clusters, to manage this demand and best meet the needs of patients.</li> </ol>	<p>CS</p> <p>CS</p> <p>CS</p>
<p><b>21.226 Nurse Staffing Report</b></p> <p><b>21.226.1</b> The Executive Director of Nursing and Midwifery presented the report which had received scrutiny at the QSE Committee on 2<sup>nd</sup> November. She highlighted that the uplift for healthcare support workers was the same as for registrants, however, the continuing professional development requirements were very different and this would be addressed.</p> <p><b>21.226.2</b> A discussion ensued. The Chair enquired as to what recruitment activity was planned to maintain nurse staffing levels in particular. The Executive Director of Nursing and Midwifery indicated there was positive collaborative working and whilst some overseas recruitment had been made, the focus was on delivering an all Wales approach. The Executive Director of Workforce and OD acknowledged that current vacancy levels were not where they needed to be, although she suggested it would be helpful for the Board to note there were 230 more nurses in post than this time last year. She also noted the importance of recognising that when the establishment was increased this also increased the vacancy rate. Teams were looking at how the offer can be improved to make North Wales more attractive, and to address vacancy gaps at the same time as understanding workforce</p>	

planning issues. With regards to the reference of the acuity of patients driving increases in nurse staffing levels, the Executive Director of Workforce and OD felt there was a need to understand what the models of care need to look like, and this linked to the transformation agenda and providing care in the right place. GH the Act and what it covers, work in EIMT and looking at different models of care for sub acute patients including therapy colleagues. The Executive Director of Therapies and Health Sciences added that utilising therapy colleagues at the front door of acute services had real opportunities to make a difference in terms of reablement, avoiding admissions and supporting discharge.

**21.226.3 It was resolved that** the Health Board receive the report to gain assurance in relation to the following:

1. Betsi Cadwaladr University Health Board (BCUHB) is meeting its statutory 'duty to calculate' the nurse staffing level in all wards that fall under the inclusion criteria of Section 25B of the Nurse Staffing Levels (Wales) Act 2016.

2. BCUHB is meeting its statutory duty to provide an annual presentation to the Board detailing calculated nurse staffing levels (Appendix 1)..

The Health Board is also asked to note that:

3. As of 1 October 2021 the extension of section 25B of the Nurse Staffing Levels (Wales) Act 2016 has been extended to include paediatric inpatient wards. The Annual Presentation (Appendix 1) and Summary of Nurse Staffing Levels (Appendix 2) for wards where Section 25B applies will therefore include Adult acute medical inpatient wards; Adult acute surgical inpatient wards; and Paediatric inpatient wards.

4. Ongoing reasonable steps taken to monitor and as far as possible maintain nurse staffing levels in line with the Act and during times of unprecedented pandemic pressures.

5. Potential financial implications arising from the organisations statutory duty to calculate and take all reasonable steps to maintain nurse staffing levels will be considered by the Executive Team as part of the financial planning process for 2022/23.

## **21.227 Committee and Advisory Group Chair's Assurance Reports**

### **21.277.1 Covid Cabinet 15.9.21, 30.9.21, 14.10.21 & 28.10.21**

**21.227.1.1** The reports were noted

### **21.277.2 Audit Committee 28.9.21**

**21.277.2** The Board Secretary highlighted that the range of internal reports received at the Committee had provided a mix of substantial and reasonable assurance. She also drew members' attention to the matters for escalation which were the approval of the Emergency Scheme of Reservation & Delegation, and the approval of the schedule of financial claims.

### **21.227.3 Quality, Safety & Experience Committee 2.11.21**

**21.227.3.1** The QSE Committee Vice Chair presented the report and highlighted the key assurances and areas of concern.

<p><b>21.227.4 Performance Finance &amp; Information Governance Committee 28.10.21</b></p> <p>21.227.4.1 The report was noted</p> <p><b>21.227.5 Partnerships People &amp; Population Health Committee 14.10.21</b></p> <p>21.227.5.1 The report was noted</p> <p><b>21.227.6 Stakeholder Reference Group 20.9.21</b></p> <p>21.227.6.1 The report was noted</p> <p><b>21.227.7 Healthcare Professionals Forum 3.9.21</b></p> <p>21.227.7.1 The Executive Director of Therapies and Health Sciences presented the report and highlighted the key advice and feedback to the Board.</p>	
<p><b>21.228 Items to Refer to Committees</b></p> <p>21.228.1 It was felt there was nothing to refer across to any Committee</p>	
<p><b>21.229 Review of Risks Highlighted within the Meeting</b></p> <p>21.229.1 It was felt there were no areas of risk for escalation that were not already captured in the Board Assurance Framework or Corporate Risk Register.</p>	
<p><b>21.230 Review of Meeting Effectiveness</b></p> <p>21.230.1 The Chair invited members to send any comments or reflections to himself.</p>	
<p><b>21.231 Summary of Private Board business to be reported in public</b></p> <p>21.231.1 It was resolved that the Board note the report</p>	
<p><b>21.232 Date of Next Meeting</b></p> <p>20th January 2022 - to incorporate annual Trustees meeting</p>	
<p><b>21.233 Exclusion of Press and Public</b></p> <p>21.233.1 It was resolved that representatives of the press and other members of the public be excluded from the remainder of this meeting having regard to the confidential nature of</p>	

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.	
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Lead Executive / Member	Minute Reference and Action Agreed	Original Timescale Set	Update	Action to be closed
<b>Actions from Health Board 15.7.21</b>				
M Wilkinson	<b>21.123.2 QPR</b> The Vice Chair enquired when more primary care indicators would start to be incorporated and the Executive Director of Planning and Performance indicated that broader reporting was being developed and he committed to str the primary care elements from the September Health Board onwards	September	13.9.21 The 2021/22 Welsh Government (WG) National Delivery Measures are currently in draft. Once published a recommendation on the Measures, including Primary Care indicators that will be reported for the remainder of 2021/22 will be taken through the appropriate internal governance processes and the QPR revised accordingly. Subject to publication of the measures it anticipated that changes to the QPR will be made during Quarter 3. 23.9.21 The Vice Chair noted that a commitment had been made previously to provide primary care indicators to the September Board meeting but this had not been delivered. Notwithstanding that WG indicators were awaited she felt the organization did have some data that could in the meantime be helping to inform discussions eg; with the USC improvement programme. RN confirmed that the WG measures would be triangulated with metrics from the primary care team. He would share these with JC and LR to ensure they met expectations. 10.11.21 WG primary care measures have been compared with those already collated by the primary care team and this has been shared with the Vice Chair and PFIG Chair. In terms of the	Closed
R Nolan (S Hill)				RN

			<p>Q&amp;P report, a revised format will be shared with the Chairs of the Board and Committees in December 2021, for use from April 2022 reporting. 18.11.21 Action re-opened. L Reid expressed concern at progress. S Hill suggested that in the interim a number of qualitative and quantitative measures had been identified that could be worked into the QaPR, and she would share these with L Reid.</p> <p>13.01.22 While we are still developing the revised QaPR report which will go live in the next financial year we have included some primary care measures in the QaPR.</p>	<p>Closed</p> <p>S Hill</p> <p>Closed</p>
T Owen	<p><b>21.143.2 Welsh Language Standards</b></p> <p>consider how other Health Boards were doing in terms of compliance with Standard 37 and incorporate any good practice into the next 6 monthly report.</p>	March 2022	<p>All Health Boards have been approached to ascertain their current and future positions in relation to Standard 37. Four Health Boards and one Trust have responded so far, and at present none are compliant with the Standard (either not translating any Board meeting documentation, or translating only the agenda and minutes). None of the organisations that have responded thus far have active plans in place to consider achieving compliancy. This will be formally reflected upon and documented in the next report in March 2022.</p>	March
<b>Actions from Health Board 23.9.21</b>				
G Harris	<p><b>21.170.8 USC</b></p> <p>Confirm a timeframe for receipt of the winter plan outside of meeting.</p>	October	<p>28.10.21 Winter preparedness status report was presented to PFIG Committee in public session <a href="#">agenda item PF21.18</a></p> <p>18.11.21 Action re-opened. The Chair asked that the latest approved paper be circulated to all Board members and formally agendered at Board in January.</p>	<p>Closed</p> <p>Immediate</p> <p>January</p>

R Nolan (S Hill)	<b>21.175.2 Operational Plan Monitoring Progress Report</b> Work with PFIG and QSE Committee Chairs to resolve their reporting concerns, and to also take on board recent discussions around whether the Board should be receiving a specific report that reflected progress more timely.	November	10.11.21 The Performance team are working with other Health Board colleagues to resolve existing issues with the content of the report highlighted by Committee Chairs including benchmarking with best practice examples from other NHS organisations. Meetings between the Executive lead and the Committee Chairs are arranged for later in November and an update will be provided at the next Board meeting in January. 18.11.21 S Hill undertook to work with other Committee Chairs to ensure a more appropriate exception report format by April 2022 but to make improvements in the interim to provide a more fit for purpose report. 13.01.22 A workshop is scheduled on 14.01 to agree the content and format of the OPMR going forward	January  S Hill  Closed
J Whitehead S Hill	<b>21.177.2 Finance M5</b> Consider how best to provide assurance to Independent Members that savings were linked to transformation and that there was a robust process to ensure visibility and confidence in savings plans.	November	10.11.21 An update on savings opportunities was presented at PFIG Committee in October and the process for identifying and monitoring schemes is being simplified and aligned to the transformation programme. Work is ongoing to develop the range of opportunities for inclusion in the IMTP, which will be presented at PFIG in December 2021. 18.11.21 Action re-opened. The Chair indicated that he would wish to see the matter presented to Board in January.  13.01.22The timetable for submission to WG has been extended and the savings detail will be reviewed at PFIG in January before review by the HB.	Closed  January  Closed

N Lyons L Brereton	<b>21.178.2 Vascular</b> Review decision making process following discussion around ensuring clarity on the responsibilities that the hub (Ysbyty Glan Clwyd) had to the network as a whole, and around the responsibilities that site managers had in terms of provision of appropriate services on their sites.	November	10.11.21 A process learning review has been initiated and will inform the Board and any operational teams in the implementation of future service developments.	Close
L Brereton M Polin	<b>21.189.1 Review of Meeting Effectiveness</b> 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.	October	10.11.21 Work is ongoing to address information flow between Committees and Board following outputs from board development sessions and with the support of the Good Governance Institute.	January
<b>Actions from Health Board 18.11.21</b>				
N Lyons	<b>21.207.2 Patient Story</b> Feedback to QSE on issue over-normalisation of clinical procedures on ward.	January	This will be reported at the March QSE	March
G Harris (M Joyes)	<b>21.207.2 Patient Story</b> Follow up suggestion that future patient stories could benefit from providing more contextual history and incorporating a whole	January	2.12.21 The request has been shared with the team who collate stories for the Board. This will be taken forward as suggested where possible, recognising the stories are the patient's own experiences and words and views, and are not	Closed



	pathway approach		presented as assurance reports.	
G Harris	<b>21.213.2 Covid Update</b> Check and respond to query regarding guidance on second doses for 16-19 year olds following English announcements.	December	12+ Eligible and being booked in for 2 <sup>nd</sup> Doses	Closed
G Harris	<b>21.213.3 Covid Update</b> Check and respond to query regarding cancellation rates for vaccinations (ie whether they were true cancellations or being rebooked)	December	Around 67% of all calls to the contact centre are related to cancellations, of these a significant majority are calling to either rebook or cancel as they have already had their vaccine through attendance at a walk in or self-book appointment.	Closed
G Harris	<b>21.213.6 Covid Update</b> Follow up concern regarding queuing times and ensuring the most vulnerable had shelter/seating	December	Due to the volumes and speed needed to deliver the vaccination programme queues were inevitable, however where possible this was mitigated to a minimum as per the SBAR that was taken through to reduce social distancing in times of inclement weather. Reductions in the observation requirements post vaccination	Closed
G Harris	<b>21.213.7 Covid Update</b> Follow up the point of whether there was evidence that vaccination take up increased for 12-15 year olds when social media was more widely used.	December	No significant increase has been seen in take up rates for this age group currently at 55%	Closed
C Stockport (P Tardivel)	<b>21.216.2 Transformation</b> Refresh narrative to clarify that clinically led incorporates wider range of allied healthcare professionals	December	Update 4/1/22 - Narrative updated to refer to collaboration with relevant stakeholder groups. Presented and endorsed at Board Workshop on 02/12/21.	Closed
C Stockport	<b>21.217.2 Strategy Update</b> Ensure that feedback is provided to those who contributed to the	January	Update 4/1/22 - The outcome report for the engagement exercise is being sent to those who received the initial correspondence and posted on	Closed

	engagement process		webpage and social media. Further information will follow on the areas in the strategy requiring refresh following the feedback.	
C Stockport	<b>21.218.2 SOC Llandudno Junction/Conwy</b> Respond to specific points raised by R Micklewright	November	23.11.21 Email sent addressing queries	Closed
S Hill	<b>21.244.3 ED Workforce Business Case</b> Ensure that paper to December PFIG provided clarity on timeline for investment and savings plans together with associated monitoring arrangements.	December	13.1.22 a gateway process has been built into the implementation of the ED business case and will be reported to PFIG.	Closed
L Brereton	<b>21.244.4 ED Workforce Business Case</b> Follow up wider point raised around the need to draw out detail of key Committee level discussions in papers subsequently presented to Board	January	13.1.22 in progress, this work will be reviewed through the Board Development Committee reshaping work stream.	End February
S Evans- Evans	<b>21.219.2 Integrated Governance Framework</b> Establish a timeframe for review of the IGF	January	This will be reviewed in July 2022 one year after it was established.	Closed
G Harris	<b>21.222.2 QaPR</b> Provide further update to members on 4 hour stroke target once a key meeting had been rescheduled and taken place	December	This meeting was cancelled because of Covid pressures and is currently being rescheduled.	February
S Hill	<b>21.222.4 QaPR</b> Share subset of primary care	December	13.1.22 Primary care indicators were shared with Committee Chairs and have been included in the	Closed

	data to seek views of Committee Chairs as to what could appropriately be included from December onwards		report	
S Hill	<b>21.223.5 QaPR</b> Ensure a short qualitative narrative to offer a judgement on the significance of red statuses in future reports	January	13.1.22 This will be implemented into the January report to be presented at the next Health Board in March	March
C Stockport	<b>21.225.2 Primary Care Update</b> Share outcome of deep dive access survey once available	January	Update 5/1/22 – This information will be available circa end of January 2022.	End of January
C Stockport	<b>21.225.2 Primary Care Update</b> Share the wording relating to Standard 7 re ‘timely, coordinated and clinically appropriate responses’	November	Update 5/1/22 - The measure /achievement required for this standard is :  Appropriate care navigation and triaging (with relevant training undertaken) and appointment systems in place: All children under 16 years of age with acute presentations are offered a same-day consultation.  URGENT – people who are clinically triaged as requiring an urgent assessment are offered a same day consultation (could be face to face, telephone, video call or a home visit).  Active signposting for appropriate queries to alternative cluster based services, health board-wide and national services.	Closed
C Stockport	<b>21.225.2 Primary Care Update</b> Check and respond regarding the specification of Standard 4 as to whether it meant 99% of	November	Update – 5/1/22 - The expected measure /achievement required for this standard is : By end of March 2021: 100% of practices offer access to repeat prescriptions through a digital	Closed

	practices could offer online appointments and repeat prescriptions.		solution (e.g. MHOL). 100% of practices offer care homes access to repeat prescription ordering service through a digital solution.  99% would therefore not hit the target.	
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V230



<b>Cyfarfod a dyddiad:</b> <b>Meeting and date:</b>	Health Board 20 January 2022					
<b>Cyhoeddus neu Breifat:</b> <b>Public or Private:</b>	Public					
<b>Teitl yr Adroddiad</b> <b>Report Title:</b>	Chief Executive's report					
<b>Cyfarwyddwr Cyfrifol:</b> <b>Responsible Director:</b>	Jo Whitehead, Chief Executive					
<b>Awdur yr Adroddiad</b> <b>Report Author:</b>	Louise Brereton, Board Secretary					
<b>Craffu blaenorol:</b> <b>Prior Scrutiny:</b>	Jo Whitehead, Chief Executive					
<b>Atodiadau</b> <b>Appendices:</b>	Appendix 1: The Emergency Ambulances Services Committee (EASC) Assurance report Appendix 2: The NHS Wales Shared Service Partnership Committee Assurance report Appendix 3: The Welsh Health Specialised Services Committee Assurance report.					
<b>Argymhelliad / Recommendation:</b>						
That the Health Board notes the report of the Chief Executive.						
Please tick as appropriate (note the Chair of the meeting will review and may determine the document should be viewed under a different category)						
<b>Ar gyfer penderfyniad /cymeradwyaeth For Decision/ Approval</b>		<b>Ar gyfer Trafodaeth For Discussion</b>		<b>Ar gyfer sicrwydd For Assurance</b>		<b>Er gwybodaeth For Information</b> ✓
<b>Y/N to indicate whether the Equality/SED duty is applicable</b>						<b>N</b>
<b>Sefyllfa / Situation:</b>						
The purpose of this report is to keep the Board up to date with key issues affecting the organisation and highlights topical areas of interest to the Board.						
A number of issues raised within this report feature more prominently within reports of the Executive Directors as part of the Board's public business.						
<b>Cefndir / Background:</b>						
This report seeks to update Board members on the key issues impacting on the organisation, some of the engagements and key meetings undertaken by the Chief Executive and an overview of local and national developments of interest.						
<b>Asesiad / Assessment &amp; Analysis</b>						

## **Update on increased patient demands within primary and secondary care and management of COVID- 19.**

Over recent days (as at w/c 4 Jan), we have seen record numbers of COVID-19 cases in the community with the Welsh case rate rising to over 2,000 cases per 100,000 people - the highest of the pandemic. More than half of those being tested in Wales are now positive for COVID-19 - by far the highest positivity rate we have seen and the pattern is pretty much the same right across the country.

Despite the worrying speed of the spread of Omicron, so far, the number of COVID-19 patients in hospital is nothing like we experienced last year. When we look back to the same point in the year of December 2020, across Wales, there were nearly four times as many people in hospital with confirmed COVID-19. There has also been a big change in the age profile of those with COVID-19 in December 2021, compared to the same month in 2020. Only 8.4 per cent of COVID-19 cases last month in Wales were in the over 60s, compared to 19.3 per cent in the very early days of the vaccine roll-out in December 2020. This time around, the virus is hitting younger, less vulnerable groups.

So, although we are in a better position than we were a year ago – largely thanks to the success of the vaccination programme and the ongoing and significant commitment by BCUHB staff and partners – we are seeing increases in the numbers of people being hospitalised with COVID-19. Caring for these patients is challenging when we are experiencing high levels of staff absence, much of which is related to COVID-19 illness and isolation. Addressing and managing gaps in our workforce, and the additional pressure this places on staff who are at work, is our priority at present and we are actively exploring all available options. Modelling suggests that we have yet to reach the peak of infections – that is expected later this month. Colleagues across the organisation are busy putting in place mitigations to help our services deal with demand over the coming weeks.

At the same time, attendances at our Emergency Departments continue to be high and we are keeping a very close watch over developments and similar to our English counterparts, we are looking at our surge capacity and how we might manage that going forward should this contingency be needed. This, in itself, is a challenge given the staff absences mentioned above and need to allow for more spacing between beds. Welsh Government modelling suggests we should be planning for around 100 more surge beds, so we are working with clinicians and partners and exploring the feasibility of re-opening one of our Enfys Hospitals.

The good news is that [Welsh Government have announced](#) that all eligible adults have been offered a booster COVID-19 vaccination in Wales. Health and Social Services Minister Eluned Morgan has conveyed a huge thank you to NHS Wales teams, partner organisations and all volunteers who have worked tirelessly through such a busy time to deliver this monumental task.

A further update to the Health Board is included on the January 2022 agenda. The Chair and I continue to extend our thanks to all BCUHB staff for their ongoing efforts and commitment.

### **Chief Executive's meetings and events**

The Chair and I continue to prioritise time to meet with colleagues within the Health Board and with those we work in partnership with externally. A couple of highlights included a visit to children's outpatients services in Ysbyty Gwynedd at the end of November and a lunch date with new senior Clinicians on the transition to senior clinical practice course in Venue Cymru. I was also welcomed to the North East Wales Cancer Patients Forum who are a voluntary group of people who have been affected by cancer as a patient, friend or relative and share an interest in improving the quality of local cancer care. While in Wrexham, I was also able to pop along to see Estates and Facilities colleagues based there just before Christmas to extend my thanks and best wishes for all their hard work and commitment. We also held a further 'Ask the Panel' session on 16 December which was well attended by a range of colleagues and I would encourage those interested in joining a session to do so. The next session is planned for 18 February.

December 2021 was also a month for helpful meetings with our external partners including Chief Executive colleagues from our local Housing Associations, the Chief Executives, Leaders and Social Services Directors from a number of our local authorities, the North Wales Police and Crime Commissioner and Chief Constable and Chair and Chief of North Wales Fire and Rescue Service.

### **Regional Treatment Centres**

The Health Board continues to progress the development of two regional diagnostic centres as part of approach to not only treat the large number of patients currently on waiting lists but to transform pathways and deliver a longer term, sustainable service. Having endorsed the operational approach, the Health Board has issued a capability assessment to test the market with a formal tender process commencing later in January 2022 with the identification of the preferred supplier identified by the beginning of April 2022. A Clinical Lead has also been appointed to provide leadership to the project and the Health Board continues to work closely with the Welsh Government to inform the development of this complex project.

### **Health Board performance - organ donation and transplantation**

Last year was the most challenging year the NHS has ever faced with all services affected, including organ donation and transplantation. Despite this, lifesaving transplants have continued to occur locally. Between April and September 2021, from 12 consented donors, Betsi Cadwaladr University Health Board facilitated 10 actual solid organ donors resulting in 29 patients receiving a transplant during the period. In the same period, the Health Board referred 84 patients to NHSBT's Organ Donation Services Team with 59 meeting the referral criteria and were included in the UK Potential Donor Audit. This is a significant achievement and important to recognise and celebrate particularly given the operating context. Thank you to all staff involved in this work for your vital ongoing support for donation and transplantation.

### **Transfer of Local Public Health Teams from Public Health Wales to Local Health Boards**

Following Ministerial support for the proposal for the transfer of Local Public Health Teams from Public Health Wales to Local Health Boards, processes to support the transfer of local public health teams to local Health Boards have commenced. Locally colleagues are being supported in preparation for the transfer by the Director of Public Health. The formal transfer is now expected later than originally planned, by the end of September 2022.

### **North Wales Medical School**

We continue to work in partnership with Bangor University to progress the development and achieve our joint ambition of developing an independent North Wales Medical School. We are also committed to ensuring that this is a regional programme giving students an excellent experience across the whole of North Wales. Work recently has focussed on the development of curriculum options and a baseline review of pathways into medicine. It is our intention, in partnership with Bangor University and other education partners, to create pathways with wider opportunities to reach all of those wishing to pursue a career in medicine. Positive discussions continue between Bangor and Cardiff Universities and initial discussions with the General Medical Council (GMC) were held in December. It is anticipated that the preliminary questionnaire will be submitted to the GMC during February.

### **North Wales Pharmacy School**

Bangor University is introducing a pharmacology programme which will provide a natural starting point for the development of a Pharmacy School in North Wales. A joint working group between Bangor University and BCUHB has been established to support this important development and, whilst at an early stage, these discussions are extremely positive. The development of a Pharmacy Programme would be distinct from the Medical Programme and would have a different timeline but should give rise to many synergies. In particular, the opportunities for interprofessional learning are seen as being of real benefit.

### **North Wales Strategic Partnership for Training, Education & Academic Activities**

A joint strategic partnership group for the Health Board and other Higher and Further Education providers across North Wales and GWe gogledd Cymru has recently been established. This group had its inaugural meeting on 7<sup>th</sup> December 2021 and will now meet every four months going forward. Priority areas were agreed as being:

- Mapping of current position with regard to placements, courses, HEIW commissioning processes and BCUHB's strategic workforce planning
- Development of mixed portfolios, be that a combination of study and employment or cross-profession pathways, that could be developed to tap into existing or new people who may enter health sector employment
- Strategic alignment to Welsh Government policy and direction so an assessment against current plans can be made to inform further plans and developments

### **Continuing NHS Healthcare (CHC) deferment**

The Welsh Government published a revised Continuing NHS Healthcare (CHC) Framework on 30 July 2021, following a public consultation in 2019 and further discussions with key stakeholder during 2020-2021. The revised framework provides greater clarity, an improved layout which mirrors the CHC process from start to finish, and updates to the retrospective claim process and the appeals process. It includes updated references to legislation and guidance, including the Social Services and Well-being (Wales) Act 2014, with a strong emphasis on person-centred care. The revised CHC Framework was scheduled to be operational from 30 November 2021. However, in light of strong representations from stakeholders, the need for further adjustments and in consideration of pressures, Welsh Government now intend to defer this to 1 April 2022.

### **All Wales Forums and Joint Committee reporting**



- The Emergency Ambulances Services Committee (EASC) met on 9<sup>th</sup> November 2021. The Assurance report is included at appendix 1
- The NHS Wales Shared Service Partnership Committee met on 18<sup>th</sup> November 2021. The assurance report is included at appendix 2
- The Welsh Health Specialised Services Committee met on 9<sup>th</sup> November 2021. The assurance report is included at appendix 3.

**Strategy Implications**

There are no specific strategy implications within this report.

**Options considered**

There are no further options for consideration.

**Financial Implications**

There are no specific financial implications within this report.

**Risk Analysis**

The risk implications referenced within this report are covered in greater depth by supporting reports on the Public Board agenda.

**Legal and Compliance**

There are no specific legal and compliance implications within this report.

**Impact Assessment**

An impact assessment is not required to support this report.

Reporting Committee	Emergency Ambulance Services Committee
Chaired by	Chris Turner
Lead Executive Directors	Health Board Chief Executives
Author and contact details.	<a href="mailto:Gwenan.roberts@wales.nhs.uk">Gwenan.roberts@wales.nhs.uk</a>
Date of last meeting	9 November 2021

### Summary of key matters including achievements and progress considered by the Committee and any related decisions made.

An electronic link to the papers considered by the EAS Joint Committee is provided via the following link: <https://easc.nhs.wales/the-committee/meetings-and-papers/>

Chris Turner (Chair), welcomed Members to the virtual meeting (using the Microsoft Teams platform) of the Emergency Ambulance Services Committee.

### MINUTES

The minutes of the EASC meetings which took place on 7 September 2021 were approved.

### PERFORMANCE REPORT

The EASC Performance Report was introduced and it was explained that this would become the first standing agenda item at each meeting of the EASC Joint Committee. The Committee noted:

- The clear deterioration in the 95th percentile call answering time but were re-assured around WAST recruitment to resolve this
- The volume of incidents resolved by 'hear and treat' is improving, noting that recent investment in both staff and technology should support further improvements in this as well as providing more granular data on the outcomes for patients and the impact on the wider system
- The increased response times for red and amber incidents, with particular concern around the Amber median and 95th percentile for both categories

The main focus of the discussion centred on the growing level of handover delays at hospital sites in Wales and it was recognised that over 18,000 hours were lost in October, which was an increase of 4,000 hours on September. Members had previously committed to delivering a maximum of a 150 hours lost a day, or circa 5,000 hours a month. The system has lost over 5,000 hours so far in November (at 9<sup>th</sup> November).

It is recognised that many of the solutions to the handover issue are not at the front door of the hospital and information was shared relating to patients medically fit for discharge. We also recognised that, as a committee charged with the provision of emergency ambulance services, we must draw a line at the level of handover hours we are prepared to tolerate.

We noted that a solution to mitigating the impact of handover delays could not be solely via WAST employing additional staff and delivering efficiencies that they have previously committed to.

As a joint committee we agreed to the following deliverables as the start point of our commitment to reducing handover delays:

- No ambulance handover will take more than 4 hours
- We will reduce the average lost time per arrival by 25% from the October 2021 level at each site (from 72 minute to 54 minutes at an all Wales level)

It was agreed that further work will need to be done locally with clinical teams to deliver this and also that there would need to be a consideration of the organisational implication for failure to achieve this requirement.

We recognised that the scale of this challenge would vary by site, and the EASC team agreed to work closely with Morriston, GUH and YGC, in particular, to support the improvements needed.

There was broad agreement that this requirement must be included in the wider system escalation plans that are in development and that we would have further discussions on this at the next NHS Leadership Board, as well as continuing discussions with COO's, Medical Directors and Directors of Nursing.

Members **RESOLVED** to: **NOTE** the report.

**Chair's NOTE:** A note of this item and the agreed deliverables, was circulated to members within 48 hours of the meeting and comments requested.

## **CHIEF AMBULANCE SERVICES COMMISSIONER'S (CASC) REPORT**

Stephen Harrhy presented an update on the following areas:

- **Non-Emergency Patient Transport Services (NEPTS)** – services at Cwm Taf Morgannwg University Health Board (CTMUHB) have now transferred to the Welsh Ambulance Services NHS Trust (WAST) in line with all other health boards in Wales. It was also noted that additional funding has also been secured from WG to support additional capacity within NEPTS for the remainder of this year.
- The **EASC Action Plan** details the key milestones as we work towards agreeing the vision of a modern high-performing emergency ambulance service, monthly performance meetings will now be held with Welsh Government officials.
- The new **Commissioning for Value Framework** was presented at the recent EASC Management Group meeting with the key principle of moving from a framework that reflects the an ambulance service where patients are predominantly conveyed to hospital to a framework that reflects the development of ambulance services in Wales and the extended offer already made including 'hear and treat' and 'see and treat' services. This framework will now be refined in line with the discussions held with stakeholders, working with WAST colleagues as we work to sign off via EASC ahead of 1 April 2022 implementation.
- An update was provided on the process of engagement undertaken during 2021 as part of the **commissioning intentions process**, including agreement of the commissioning cycle, a more timely and collaborative approach to development of next year's commissioning intentions including the receipt of feedback from organisations regarding the development of that these intentions. These commissioning intentions identify the strategic priorities as agreed by Health Boards and are not intended to include all work streams that will be undertaken by commissioned services during the period.

- The **Commissioner Ambulance Availability Taskforce** met in September and focussed on the future clinical workforce, the digital future of WAST and the revised commissioning for value framework that is being progressed.
- A proposed **system escalation process** has been developed for Health Boards to work alongside the WAST Clinical Safety Plan, enabling clinical and operational leaders within organisations to respond to areas of greatest clinical risk. This process involves an integrated approach that requires collaboration and response across health and social care and is supported by local operational delivery units. Engagement with relevant peer and stakeholder groups is currently being undertaken and the plan is being revised in response to these discussions.
- The **Adult Critical Care Transfer Service (ACCTS)** has now gone live in both North and South Wales. The team recently presented at the Welsh Government Critical Care Summit and Health Board critical care colleagues noted the significant impact already made.

## PROVIDER ISSUES

Jason Killens, Chief Executive at the Welsh Ambulance Services NHS Trust (WAST) gave an overview of key matters including:

- CoVID-19 and the impact of CoVID-19 is having a severe impact on WAST, in particular, very high EMS demand, high roster abstractions, high handover lost hours and social distancing on NEPTS transport
- WAST is at maximum escalation and expects to remain so for the foreseeable future and has stood up its' Pandemic Plan structures again
- There were 586 12 hour and over patient waits in Sep-21 (the third highest recorded), 48 patient safety incidents were referred to health boards under the Appendix B arrangements) over the last three months and 17 WAST SAIs were reported to Welsh Government
- The Red 8 minute 65% target has been missed for the last 14 months, with significant health board variation (almost 65% of Red incidents were responded to in 9 minutes)
- WAST remains concerned at the number of hours lost outside EDs, with 14,402 hours lost in Sep-21
- WAST continues to seek to efficiencies, in particular, the pan-Wales EMS Response roster review (temporarily paused) and modernising working practices (negotiations re-started with TU partners in Sep-21), in particular, PPLHs return to base meal breaks
- The ePCR programme is in delivery phase with initial go live in Nov-21.

## FOCUS ON – UPDATE ON DEMAND AND CAPACITY

The 'Focus On' session provided the context in terms of the demand and capacity reviews previously undertaken and how the wider system environment has changed. The key areas of improvement that have already been delivered and a number of updated assumptions that will be included within the updated modelling were noted. Members noted the next steps in WAST's transformation journey aligned to the key principles of additional capacity, improved efficiency and demand management and the progress made against each of these areas to date including:

- recruitment
- increased 'hear and treat' rate and
- the work that has commenced on realigning rosters with demand

Members noted:

- the significant uplift in the number and proportion of red calls
- an increase in sickness levels and abstractions
- increased handover hours lost
- deteriorating response times leading to significant patient harm
- short term actions that include additional capacity (St John Ambulance, military and fire and rescue support), demand management (additional clinicians and mental health staff to increase the clinical support desk) and increased efficiency (working with TU partners to look at modernisation in key areas)

The next steps were noted to include a strategic outcome case to be developed by early December to start to realise the strategic ambition for the transformation of services, this will include recruitment deliverability, fleet and estates, capital and revenue, benefits and risks.

### **DRAFT FINANCIAL PLAN**

Following the operational discussions regarding additionality held earlier in the meeting, a first draft financial plan was also presented to ensure early sight of the financial requirements for 2022-23. It was agreed that engagement would now be undertaken with appropriate peer groups including finance and planning to ensure inclusion in IMTPs and taken through the EASC Management Group. Members discussed the information within the report and noted that a final draft would be presented for ratification at the January meeting of the committee.

Members **RESOLVED** to: **NOTE** the draft financial plan.

### **FINANCE REPORT**

The EASC Finance Report was received. Members approved the current financial position and forecast year-end.

Members **RESOLVED** to: **APPROVE** and **NOTE** the report.

### **EASC SUB GROUPS**

The confirmed minutes were received and approved for the EASC Management Group – 26 August 2021, the NEPTS Delivery Assurance Group – 10 August 2021 and the EMRTS Delivery Assurance Group – 15 June 2021.

### **EASC GOVERNANCE INCLUDING THE RISK REGISTER**

The EASC Governance report was received. Members noted that the Risk Register had been reviewed by the EASC Team and two risks had been increased, namely the performance against the target for the Red and Amber categories.

Members **RESOLVED** to:

- **APPROVE** the risk register

### **Key risks and issues/matters of concern and any mitigating actions**

- CoVID-19 and the impact of CoVID-19 is having a severe impact on WAST, in particular, very high EMS demand, high roster abstractions, high handover lost hours and social distancing on NEPTS transport
- WAST is at maximum escalation and expects to remain so for the foreseeable future and has stood up its' Pandemic Plan structures again

- Handover delays continue to increase with the number of hours lost outside EDs standing at 14,402 hours lost in Sep-21
- The Red 8 minute 65% target has been missed for the last 14 months, with significant health board variation (almost 65% of Red incidents were responded to in 9 minutes)

#### **Matters requiring Board level consideration and/or approval**

- Standing Orders would be forwarded as soon as documentation finalised

#### **Forward Work Programme**

Considered and agreed by the Committee.

Committee minutes submitted	Yes	✓	No	
<b>Date of next meeting</b>	<b>18 January 2022</b>			

## ASSURANCE REPORT

### NHS WALES SHARED SERVICES PARTNERSHIP COMMITTEE

Reporting Committee	Shared Service Partnership Committee
<b>Chaired by</b>	Margaret Foster, Chair
<b>Lead Executive</b>	Neil Frow, Managing Director, NWSSP
<b>Author and contact details.</b>	Peter Stephenson, Head of Finance and Business Development
<b>Date of meeting</b>	18 November 2021

#### **Summary of key matters including achievements and progress considered by the Committee and any related decisions made.**

##### **Decarbonisation Agenda**

Chris Lewis, NWSSP, Specialist Estates, provided an update on the work being done within NWSSP, both internally and on behalf of NHS Wales, in terms of the decarbonisation agenda. The context is the global recognition of climate change, and the need to take action to minimise the extent of rising temperatures, as has been discussed recently by world leaders in the COP26 conference in Glasgow. The work that Chris and his team are doing is aligned to the Welsh Government agenda. There are a number of good examples where progress has been made in terms of improving the estate (e.g. through LED lighting and Solar Panels); reducing transport emissions through greater use of electric vehicles and the installation of charging points; and reducing waste, particularly in terms of single-use plastic. The Welsh Government target of 30% working from home should also contribute, although savings in commuting emissions might be partially offset by increased energy use in private homes. Procurement and the supply chain are also a big area of potential impact on NWSSP's carbon footprint, and one example of where a difference can be made is in changing the medical gases used by anaesthetists. How NHS Wales fits into the expected targets and associated timescales for Wales to be carbon-neutral were discussed by Committee Members.

The presentation generated informed discussion. Lisa Wise, who heads the Climate Change Team for Health and Social Care in Welsh Government stressed the need for the programme to include adaptation to a changing climate to ensure continued resilience. Others commented on whether the programme was sufficiently ambitious and on how NWSSP could support the rest of NHS Wales. It was also stressed that this is not just a responsibility that can be delegated to Estates, but one which needs to be picked up across whole organisations. The costs associated with addressing climate change are huge, and it was therefore important that organisations acted in a joined-up way, partnering with local authorities and other bodies where appropriate, to take advantage of UK wide

initiatives and to avoid any unnecessary duplication. Obtaining a number of electric HGVs for the NWSSP fleet is one example of where UK-wide funding has been successfully accessed to date.

### **Managing Director Update**

The Managing Director presented his report, which included the following updates on key issues:

- A graphical representation highlighting how volumes of transactions have increased in recent years for Accounts Payable, Recruitment and Payroll functions and in particular over the previous 6 months. In recent months, the need for Health Boards and Trusts to increase expenditure and recruit significant additional members of staff to respond to and recover from the pandemic is undoubtedly placing great strain on the NWSSP Recruitment and Payroll teams in particular. Pressures have been compounded through the need to further respond to one-off issues such as payment of the COVID bonus, overtime arrears for annual leave, and implementing the pay award. NWSSP staff have responded admirably to these challenges, but the level of current demand is difficult to sustain within existing resource and systems and additional resources are required. Internal measures are being implemented to increase staff available where possible but the issues arising from this level of unprecedented and unplanned demand have been added as a risk on the Corporate Risk Register.

Function	Activity	2012/13 Baseline	2021/22 Forecast	% Increase
Accounts Payable	Invoices Processed	1,368,590	2,024,935	48%
Recruitment	FTE's Advertised	7,720	39,462	411%
Payroll	Payslips Processed	1,311,130	1,670,006	27%

- Continued progress has been made on addressing the issues that have been raised following health and safety audits undertaken by NWSSP within the initial three laundries that transferred, and this has been regularly reported to the NWSSP Senior Leadership Group. Although not secured yet, and subject to planning and changes outside of NWSSP control, the following sites are the All-Wales Laundry “preferred sites” that will be subject to scrutiny and business case approval:
  - **South West Region:** Millstream Way – land at Millstream Way, Swansea Vale, Swansea; and
  - **North Wales:** Tir Llwyd Employment Parc - land at Tir Llwyd Employment Parc, Kinmel Bay, Rhyl



- The major Oracle upgrade was carried out following the completion of a substantial testing programme and the system went live on 19 October, with all milestones achieved. There have been some issues with system stability and performance causing disruption since go-live which is to be initially expected for major upgrades. These now have now been addressed and the system is operating at pre-upgrade levels.

## **Items Requiring SSPC Approval/Endorsement**

### **COVID-19 Inquiry Planning Update**

The Committee was advised of the arrangements currently in place to prepare for the UK (and potentially Wales) COVID Public Inquiry. A task group has been established comprising a number of directors and the terms of reference for the group were shared with the Committee. Action Plans have been documented and additional resource is being recruited to help collate relevant evidence. There was some discussion on the large number of groups across NHS Wales who are responding to the likely needs of the Inquiry and the resultant need to minimise the potential for duplication. The Committee **ENDORSED** the approach.

### **Matrix House Business Case**

An opportunity to purchase Matrix House in Swansea (NWSSP West Wales Regional Hub), which is currently occupied by NWSSP, PHW and WAST, as well as some private tenants, has arisen. All three NHS organisations have long leases remaining and are committed to utilising this building for the foreseeable future and in particular WAST have recently incurred significant capital expenditure to provide a comprehensive training centre at the site. The purchase of the property would generate revenue savings and is supported by both PHW and WAST. The Committee **APPROVED** the business case and endorsed NWSSP requesting capital funding from Welsh Government to facilitate the purchase of Matrix House.

### **SMTL Expansion**

The Committee were presented with options for the expansion of the Surgical and Medical Testing Laboratory (SMTL) within IP5. SMTL were at the forefront of ensuring the efficacy of PPE equipment during the pandemic and generate substantial levels of income from both health bodies across the UK and the private sector. Expansion of the service within IP5 would reduce the need for certain types of equipment having to be sent to the US and Europe for specific testing. There were two options suggested for this expansion, a smaller expansion providing 325 square metres of additional space or a larger expansion delivering an additional 750 square metres. Funding for the smaller expansion has been agreed with Welsh Government and it was confirmed that the selection of this option does not preclude the larger expansion being undertaken in future. The Committee **ENDORSED** development of the smaller expansion at a cost of £572,600 including VAT.

## Revisions to Standing Orders

The Committee **ENDORSED** some minor amendments to the Standing Orders. These included the removal of the temporary increase in expenditure limits and the increase in tenure for the Chair, both of which resulting from the need to respond to the pandemic.

## IMTP – Emerging Themes

The Committee were provided with the initial emerging themes from the NWSSP IMTP process. Individual meetings between each Committee member and the NWSSP Director of Planning, Performance and Informatics will be held over the coming weeks, with the IMTP being brought back to the Committee in January for formal approval. The Committee **ENDORSED** the approach.

## Finance, Workforce, Programme and Governance Updates

**Project Management Office Update** – The Committee reviewed and noted the programme and projects monthly summary report, which highlighted the team's current progress and position on the schemes being managed.

**Finance Report** – The Committee reviewed the finance report and noted the additional savings that had been generated during the year to date. £2m of non-recurrent re-investments have been agreed within NWSSP to accelerate benefits and efficiencies and an additional £1.25m distribution confirmed to NHS Wales and Welsh Government in 2021/22 as approved at the last SSPC. The financial position will be continually reviewed over the coming months to inform any further funding and/or distributions. £4.5m of capital funding has been confirmed against the £10.5m included in the IMTP. £1.02m has been spent to date with plans in place to fully utilise the funding within the financial year. The outcome is awaited of the additional capital funding request of £11.5m to Welsh Government. Welsh Risk Pool expenditure to M7 is £32.7m, compared to £56m at this point last year. The M7 DEL forecast is £125m compared to the IMTP forecast of £123.5m. Welsh Government have locked the £16.5m risk share in September with UHBs/Trusts so any movement from forecast will be managed with WG. The forecast remains within a range which can be managed to meet the total Welsh Government resource available by the end of the year and cases are continually reviewed to identify if additional expenditure can be incurred in 2021/22 to ease pressure on the risk share agreement in future years.

**Audit Wales** – Copies of the Audit Wales NWSSP Management Letter and the review of Hosted Systems were provided to the Committee for information. Both provide positive assurance over the systems operated by NWSSP on behalf of NHS Wales which account for approximately 95% of total NHS expenditure .

**People & OD Update** – In-month sickness levels remain very low at 2.51% with the cumulative figure for the last 12 months at 2.92%. Headcount continues to grow with 4408 staff in post, and 1165 new starters in the last 12 months. Most of these relate to the Single Lead Employer, but significant numbers have also been recruited or transferred relating to new services such as the Laundry,

Medical Examiner and TMU Services. Statutory and Mandatory training compliance has improved to 85.5%, but there is still room for improvement with completion of PADRs which are at 65%.

**Corporate Risk Register** – there are currently no red risks on the register, as good progress is being made with the replacement of the NHAIS system which has seen the risk down-graded to amber. A new risk has been added relating to the impact of the significant pressures from increased activity being experienced within Recruitment and Payroll services.

### Papers for Information

The following items were provided for information only:

- Wales Infected Blood Support Services Annual Report;
- Quality and Safety Assurance Report;
- Audit Committee Highlight Report;
- Audit Committee Annual Report;
- Counter Fraud Annual Report; and
- Finance Monitoring Returns (Months 6 & 7).

### AOB

The meeting was the last chaired by Margaret Foster, who retires as the NWSSP Chair at the end of November. Margaret has held the post for nine years and has overseen a substantial growth in the size, range, and complexity of the services provided by NWSSP. The Committee paid tribute to Margaret and provided her with a small gift to acknowledge her efforts and contribution. Professor Tracy Myhill commences as the new NWSSP Chair with effect from 1 December. Tracy was appointed following a very robust recruitment process that attracted some excellent candidates.

### Matters requiring Board/Committee level consideration and/or approval

- The Board is asked to **NOTE** the work of the SSPC and ensure where appropriate that Officers support the related work streams.

### Matters referred to other Committees

N/A

### Date of next meeting

20 January 2022

## **WELSH HEALTH SPECIALISED SERVICES COMMITTEE (WHSSC) JOINT COMMITTEE MEETING BRIEFING – NOVEMBER 2021**

The Welsh Health Specialised Services Committee held its latest public meeting on 9 November 2021. This briefing sets out the key areas of consideration and aims to ensure everyone is kept up to date with what is happening within 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 7 September 2021 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. Chair's Report**

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

- that no chairs actions had been taken since the last meeting,
- an update on discussions with Welsh Government and Cwm Taf Morgannwg University Health Board (CTMUHB) concerning WHSSC Independent Member Remuneration,
- the Integrated Governance Committee (IGC) held on the 12 October 2021,
- that the Chair had attended 1 to 1 meetings with Health Board (HB) CEO's,
- An update on plans to recruit a Chair to the Welsh Renal Clinical Network (WRCN),
- A request from Digital Health Care Wales (DHCW) to appoint IM's for a Digital IM network.

Members **noted** the report.

### **4. Managing Director's Report**

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

- The anticipated De-Escalation of SBUHB Cardiac Surgery under the WHSSC escalation process,
- The De-escalation of Swansea Bay UHB Trans-catheter Aortic Valve Intervention (TAVI) Service under the WHSSC escalation process,

- Health Board's approving requests received from the NHS Wales Collaborative (Collaborative) for WHSSC to commission:
  - Hepato-Pancreato-Biliary Services;
  - The Hepato-Cellular Carcinoma (HCC) MDT and; to
  - Develop a specialist orthopaedic paediatric service specification with a view to future commissioning of the service.
- An Organisational Development Session with Improvement Cymru,
- Progress on developing the WHSSC Specialised Services Strategy.

Members **noted** the report.

## **5. Integrated Commissioning Plan (ICP) 2022-2025**

Members received an informative presentation providing an update on progress to develop the Integrated Commissioning Plan (ICP) 2022-2025.

Members **noted** the update.

## **6. All Wales Positron Emission Tomography (PET) Programme Update**

Members received a report on the WHSSC Governance and Accountability Framework to support implementation of the All Wales Positron Emission Tomography (PET) Programme.

Members (1) **Noted** the mandate letter received from the Director General for Health and Social Services and the NHS Wales Chief Executive regarding the PET Programme; (2) **Supported** the business case requesting revenue funding from Welsh Government for a Programme Management Office based at WHSSC; (3) **Supported** the request to Welsh Government to formally appoint the Managing Director of WHSSC as the Programme Senior Responsible Officer (SRO), and (4) **Approved** the changes to the top-level governance and structure of the Programme.

## **7. Neonatal Transport – Update on the development of a Neonatal Transport Operational Delivery Network.**

Members received an update on progress to establish an operational delivery network (ODN) for neonatal transport, and noted that due to operational workforce pressures across the system, the SRO for the programme had requested that the Joint Committee supported an extension of the current interim 24 hour model until the end of June 2022.

Members (1) **Noted** the actions from the Neonatal Transport workshop, (2) **Noted** that a letter had been issued to Neonatal Transport Colleagues from the SRO explaining the delay to the programme, (3) **Approved** the extension of the current interim 24 hour model until the

end of June 2022, (4) **Supported** the next steps required to establish the programme of works.

## **8. Individual Patient Funding Request (IPFR) Panel Update**

Members received a report providing an update on updating the terms of reference (ToR) for the WHSSC All Wales Individual Patient Funding Request (IPFR) panel.

Members (1) **Noted** the report, (2) **Discussed** the issues affecting the WHSSC All Wales IPFR panel and considered the actions required to progress and resolve the issues.

## **9. Review of Neonatal Cot Capacity and Neonatal Tariff**

Members received a report providing an update on the number of neonatal intensive care and high dependency cots commissioned across the south Wales region, and the review of cot capacity in light of the high number of capacity transfers carried out by the transport and the neonatal tariff.

Members (1) **Supported** the proposed programme of works; (2) **Supported** the objectives of the review; (3) **Supported** the planned methodology for demand and capacity modelling; and (4) **Supported** the timelines for completion of the review.

## **10. Corporate Risk Assurance Framework (CRAF)**

Members received the updated Corporate Risk Assurance Framework (CRAF) which outlined the risks scoring 15 or above on the commissioning teams and directorate risk registers

Members (1) **Noted** the updated Corporate Risk Assurance Framework (CRAF), (2) **Noted** the amendments made to the CRAF following the risk management workshop held on the 16 September 2021 to review the existing risks and identify additional corporate and organisational risks, (3) **Approved** the updated Corporate Risk Assurance Framework (CRAF), and (4) **Noted** that a follow up risk management workshop will be held in January 2022 to review how the Risk management process was working, and to consider risk appetite and tolerance levels across the organisation.

## **11. Activity Report for Month 5 2021-2022 COVID-19 Period**

Members received a report that highlighted the scale of decrease in specialised services activity delivered for the Welsh population by providers in England, together with the two major supra-regional providers in South Wales.

Members **noted** the report.

## 12. Financial Performance Report – Month 6 2021-2022

Members received a report providing the final outturn for the financial year. The financial position reported at Month 6 for WHSSC was a year-end outturn forecast under spend of £9,308k.

Members **noted** the report.

## 13. Corporate Governance Matters

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

Members **noted** the report.

## 14. 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;
- Welsh Renal Clinical Network (WRCN).





<b>Cyfarfod a dyddiad: Meeting and date:</b>	<b>Board 20 January 2022</b>					
<b>Cyhoeddus neu Breifat: Public or Private:</b>	<i>Public</i>					
<b>Teitl yr Adroddiad Report Title:</b>	Targeted Intervention Improvement Framework - update					
<b>Cyfarwyddwr Cyfrifol: Responsible Director:</b>	Jo Whitehead, Chief Executive					
<b>Awdur yr Adroddiad Report Author:</b>	Simon Evans-Evans, Interim Director of Governance					
<b>Craffu blaenorol: Prior Scrutiny:</b>	Gill Harris Jo Whitehead					
<b>Atodiadau Appendices:</b>	<ul style="list-style-type: none"> <li>Ministerial Letter from Lynne Neagle AS/MS Y Dirprwy Weinidog Iechyd Meddwl a Llesiant Deputy Minister for Mental Health and Wellbeing 07/12/21</li> <li>Response from Mark Polin 14/12/21</li> </ul>					
<b>Argymhelliad / Recommendation:</b>						
The Board is requested to: 1) Note the progress in delivering Targeted Improvement.						
<b>Ticiwch fel bo'n briodol / Please tick as appropriate</b>						
<b>Ar gyfer penderfyniad /cymeradwyaeth For Decision/ Approval</b>		<b>Ar gyfer Trafodaeth For Discussion</b>		<b>Ar gyfer sicrwydd For Assurance</b>	<b>Er gwybodaeth For Information</b>	✓
<b>Y/N i ddangos a yw dyletswydd Cydraddoldeb/ SED yn berthnasol Y/N to indicate whether the Equality/SED duty is applicable</b>					<b>N</b>	
<b>Sefyllfa / Situation:</b>						
The Health Board continues to develop the approach to Targeted Improvement, which will enable the Board to monitor progress of the transformation programme and provide robust assurances against the commitments made to, and expectations of, the Minister for Health and Social Care as detailed within the Targeted Intervention Improvement Framework (TIIF). Every six months the Board is required to make a self-assessment of progress and to set a target for the following six months.						
<b>Cefndir / Background:</b>						
The Welsh Government de-escalated the Health Board from Special Measures into Targeted Intervention in March 2021. Whilst the Welsh Government provided the areas of concern (domains) and expected outcomes the Health Board has developed and owns the details within four matrices, which the Board agreed on 20 <sup>th</sup> May and has subsequently shared with colleagues in Welsh Government, Health Inspectorate Wales and the Welsh Audit Office "the Tripartite" and other						



stakeholders. The matrices have been published in Welsh and English on the Health Board's website ( [Ymyriad wedi'i Dargeddu - Bwrdd Iechyd Prifysgol Betsi Cadwaladr \(gig.cymru\)](http://Ymyriad.wedi'i.Dargeddu-Bwrdd.Iechyd.Prifysgol.Betsi.Cadwaladr.gig.cymru) )

The four matrices cover:

- Mental Health Service Management (adults and children).
- Strategy, Planning and Performance.
- Leadership (including Governance, Transformation, and Culture)
- Engagement.

### **Summary progress since the last Board report**

Operational teams have continued to provide evidence of actions taken to move through the Target Improvement matrices. The evidence was subjected to a level 1 and level 2 assurance process (check and challenge by the central TI team) in preparation to be presented to the next Evidence Group and Outcomes Group which are programmed (subject to services pressures) before the next Board, where an assured and fuller update with examples will be available.

The TI program is inextricably linked to the other significant change and development programmes currently underway, acting as both a requirement for the change (as detailed within the individual attributes of the matrices) and as providing evidence of action and progress. The weekly meeting continues to ensure appropriate connections are made between;

- Living Healthier Staying Well,
- Transformation,
- Mewn Undod mae Nerth / Stronger Together,
- Broader communications and
- Targeted Improvement

### **TI programme assurance**

At the meeting on 18<sup>th</sup> November 2021, the Board agreed the latest reference point of achievement and targets for May 2022, following that decision the Chairman received a letter from Lynne Neagle AS/MS Y Dirprwy Weinidog Iechyd Meddwl a Llesiant Deputy Minister for Mental Health and Wellbeing, seeking further assurance of the Board's oversight. A copy of the letter and the Chairman's response is attached for information.

Work with the Good Governance Institute to provide independent assurance of the Targeted Intervention Framework to support the next Outcomes Group meeting on 24 January 2022 continues.

### **Internal Audit**

An internal Audit report reviewing the compliance of BCUHB with the Welsh Government issued Targeted Intervention (TI) Improvement Framework has been drafted and is due to published in January 2022, with the management response by 11 January 2022.

. Key findings are

- Review Terms of Reference underpinning the TI governance arrangements and associated housekeeping arrangements.
- Ensure the financial framework is developed in line with recent Welsh Government correspondence.
- Ensure all evidence is subject to independent scrutiny

Report Classification	Reasonable
Summary against Assurance Objectives	
TIIF Steering Group Terms of Reference are complied with	Reasonable
Welsh Government Framework requirements have been met	Reasonable
Board self-assessment is supported by evidence	Substantial

### TI programme leadership

Following the appointment of Helen Stevens-Jones as SRO for the Engagement Domain current roles are as follows:

Domain	Senior Responsible Officer (SRO) <i>Link IM (&amp; Support IM to the Link IM)</i>	Sub domain leads
Mental Health (Adults and Children)	Teresa Owen <i>Cheryl Carlisle (Lucy Reid)</i>	Chris Stockport (Children)
Strategy, Planning & Performance	Chris Stockport <i>Nicky Callow (Lyn Meadows)</i>	Sue Hill (Finance & Performance)
Leadership (including governance, transformation and culture)	Sue Green <i>Linda Tomos (John Cunliffe)</i>	Simon Evans-Evans (Governance)
Engagement (patient, public, staff and partners)	Helen Stevens-Jones <i>Jackie Hughes</i>	Sue Green (staff)

Since the last Board Meeting update meetings have taken place with link Independent Members as follows:

Cheryl Carlisle	14 December 2021
Linda Tomos	10 December 2021
Nicky Callow	23 November 2021 & 10 December 2021
Jackie Hughes	23 November 2021

### Progress (agreed by the Board as at November 2022)

**Betsi Cadwaladr University Health Board:**
**Summary Progress**

**GIG  
CYMRU  
NHS  
WALES**

 Bwrdd Iechyd Prifysgol  
Betsi Cadwaladr  
University Health Board

Progress Levels	0 - No Progress	1 - Basic Level Principle accepted and commitment to action	2 - Early Progress Early progress in development	3 - Results Initial achievements	4 - Maturity Results consistently achieved	5 - Exemplar Others learning from our consistent achievements
<b>Key Elements</b>						
All Ages Mental Health						
Planning and Performance						
Leadership		 				
Engagement		 				

 Reference Point May 2021

 Reference Point November 2021

 Target May 2022



<b>Cyfarfod a dyddiad: Meeting and date:</b>	Health Board						
<b>Cyhoeddus neu Breifat: Public or Private:</b>	Public						
<b>Teitl yr Adroddiad Report Title:</b>	Maintaining Good Governance during Covid 19 and the response to the Omicron variant.						
<b>Cyfarwyddwr Cyfrifol: Responsible Director:</b>	Louise Brereton, Board Secretary						
<b>Awdur yr Adroddiad Report Author:</b>	Louise Brereton, Board Secretary						
<b>Craffu blaenorol: Prior Scrutiny:</b>	Jo Whitehead, Chief Executive						
<b>Atodiadau Appendices:</b>	None						
<b>Argymhelliad / Recommendation:</b>							
<p>The Health Board is recommended to endorse the decision of the Cabinet to invoke the Gold and Silver Resilience Command structures and the supporting Emergency Scheme of Reservation and Delegation.</p> <p>The Health Board is recommended to note and support this update outlining the governance arrangements now in place and those proposed for the immediate period.</p>							
Please tick one as appropriate (note the Chair of the meeting will review and may determine the document should be viewed under a different category)							
<b>Ar gyfer penderfyniad /cymeradwyaeth For Decision/ Approval</b>	<input checked="" type="checkbox"/>	<b>Ar gyfer Trafodaeth For Discussion</b>	<input type="checkbox"/>	<b>Ar gyfer sicrwydd For Assurance</b>	<input checked="" type="checkbox"/>	<b>Er gwybodaeth For Information</b>	<input type="checkbox"/>
<b>Y/N to indicate whether the Equality/SED duty is applicable</b>						<b>N</b>	
<b>Sefyllfa / Situation:</b>							
<p>This paper seeks to update the previous 'Maintaining Good Governance' papers that have been presented to the Cabinet, Audit Committee and Board since the start of the pandemic. These have set out the Health Board's approach to ensuring the appropriate level of Board oversight and scrutiny to discharge its responsibilities effectively, whilst recognising the reality of Executive focus and time constraints during the COVID-19 pandemic.</p> <p>Given the current and developing situation with Covid-19 Omicron variant and the Welsh Government directives regarding the vaccination booster programme, it is necessary to propose a range of variations to Board governance arrangements.</p>							

## **Cefndir / Background:**

The Board's fundamental role and purpose has not changed throughout the pandemic. It must require and receive assurance, not only on service preparedness and response but also on clinical leadership, engagement and ownership of developing plans; on the health and wellbeing of staff; on proactive, meaningful and effective communication with staff at all levels and on health and care system preparedness.

At the Cabinet meeting held 9<sup>th</sup> December, the Cabinet approved the implementation of a Gold and Silver command structure to respond to the developing situation with the Covid 19 Omicron variant and to deliver on the Welsh Government's directives to deliver the vaccination booster programme.

Alongside this, the Cabinet invoked the Emergency Scheme of Reservation and Delegation (SORD) to enable swift decision making within the Gold and Silver structure.

## **Asesiad / Assessment & Analysis**

### **Decision-making**

The Emergency Scheme of Reservation and Delegation is now in place to enable swift decision making within Gold and Silver structures only. This also incorporates use of Chair's Action for urgent or critical decisions that are subsequently recorded and ratified in the public domain. This process is now well established however though recent learning from the process has informed some practical amendments to the Chair's Action template.

For the ongoing functioning of the organisation, current arrangements remain in place for the Chief Executive, as Accountable Officer, to have delegated authority from the Board to make decisions with regard to the management of the Health Board; and Executive Directors to have certain responsibilities and decision making powers delegated through the Board's existing Scheme of Reservation and Delegation of Powers in addition to those bestowed through the Emergency Scheme of Reservation and Delegation.

Cabinet meetings were reinstated from October 2021 with the associated Chair's Assurance Report being provided to the public Health Board detailing its work and decision-making to ensure transparency. The revised Terms of Reference for the Cabinet were approved by Cabinet at their meeting on 8 December 2021 and these will be reported via the Cabinet Chair's Assurance Report to the January 2022 Board meeting in public session and to the Audit Committee.

The Gold and Silver Command structure took effect from 13 December 2021 formally with the previous Executive Incident Management Team (EIMT) holding its last meeting on Friday 10 December 2021. The Gold and Silver Command structures meet three times weekly. The frequency of meeting will be subject to ongoing review and may be varied if the situation requires. A supporting governance and decision-making guidance document details the framework that these structures operate within. This document has been presented to the Cabinet for review and subject to revisions, will be formally approved at the next meeting.

Cabinet meetings are planned fortnightly to receive information flow from the Gold structure and for ratification of decision-making.

## **Arrangements at Executive, Board and Committee level taking into account of the reprioritisation and releasing capacity exercise**

### **Executive Meetings**

The Executive Team continue to meet on a weekly basis receiving a full update from the Gold structure at each meeting.

Meetings of the Executive Management Group that includes the wider cohort of senior clinical personnel will continue meet on a monthly basis.

### **Board Meetings**

In accordance with Standing Orders, the Board will continue to meet bi-monthly in public. These meetings will continue to be held virtually to ensure compliance with current social distancing guidance, and be concise (maximum 3 hours), to enable the Board to ratify or make decisions in public that are required to respond to the pandemic and relating to 'normal' business.

To continue to facilitate as much transparency and openness as possible, the Health Board will continue to undertake to publish agendas in accordance with Standing Orders with the Office of the Board Secretary maintaining a register of any breaches of publication requirements which are reported to the Audit Committee. Any oral updates are captured in the meeting minutes as appropriate. A clear link to the Health Board's website pages and social media accounts signposting to further information is published. Stakeholders and partners are also proactively informed when public Board papers are published.

Informal Board briefing sessions will continue on a regular basis to ensure the wider Board is kept apprised of key developments in a timely way. At present these are planned for at least fortnightly but can be increased should the need arise.

Board workshop sessions (routinely meeting bi-monthly), with a focus on the Health Board's strategic priorities, planning arrangements and updating the Board on any pertinent issues has remained in place. The next Board workshop is set for 3 February 2022 and will focus on the development of the Integrated Medium Term Plan and Operating Model.

There are no Board Development sessions planned until 17 February 2022. Planning for this session continues but will be reviewed closer to the time and the approach will be predicated on the current situation with the pandemic response.

### **Committee Meetings/ Advisory Groups**

During this current wave of the pandemic, as agreed by the Cabinet, all Committee meetings will continue, however utilising streamlined agenda, with a focus on risk and essential business. This will ensure that work in support of significant priorities including the development of the IMTP and the Operating Model can continue in line with agreed timescales, alongside the pandemic response. The exception to this was the Charitable Funds Committee meeting which had been planned for Thursday 16 December but was postponed.

Similar to the approach to Committees, Advisory Group meetings will continue but with agendas focused on essential or urgent business.

As with arrangements for the Board, the agenda and supporting papers for Committee meetings will continue to be published via the website in accordance with Standing Order requirements and to ensure ongoing access and transparency in the absence of Committee meetings in person. All meetings will continue to be held virtually.

### **Review of these arrangements**

The arrangements described above have been kept under continuous review to ensure they were meeting the needs of the organisation during the current wave of the pandemic.

### **Strategy Implications**

Health Board Strategy is not directly impacted by the content of this paper.

### **Financial Implications**

Some investment may be required in the technology and software for virtual meetings, however any expenditure would be offset by savings made on travel costs associated with physical meeting attendance.

### **Risk Analysis**

The previous reports to Board set out in detail the proposed ways of working and governance principles.

Scrutiny and approval of revised governance arrangements by the Audit Committee will ensure that the Board does not breach regulations, and operates within a formally agreed framework

### **Legal and Compliance**

The Health Board's Standing Orders must be compliant with Model Standing Orders and associated regulations. Any breach to the organisations Standing Orders must be reported to the Audit Committee.

### **Impact Assessment**

The approach set out in this paper will remain under constant review by the Chair, Chief Executive and the Board Secretary. Any further variations to Standing Orders, whether as a result of further reflection or in response to direction from Welsh Government, will be brought to the Audit Committee or Board for approval or ratification as appropriate.



<b>Cyfarfod a dyddiad: Meeting and date:</b>	<b>Health Board 20.01.2022</b>					
<b>Cyhoeddus neu Breifat: Public or Private:</b>	Public					
<b>Teitl yr Adroddiad Report Title:</b>	Board Assurance Framework (BAF): Principal Risks					
<b>Cyfarwyddwr Cyfrifol: Responsible Director:</b>	Louise Brereton, Board Secretary					
<b>Awdur yr Adroddiad Report Author:</b>	Molly Marcu, Interim Deputy Board Secretary Corporate Governance					
<b>Craffu blaenorol: Prior Scrutiny:</b>	Audit Committee 14.12.2021					
<b>Atodiadau Appendices:</b>	Appendix 1 – BAF Report: Principal Risks					
<b>Argymhelliad / Recommendation:</b>						
The Board is asked to:						
(1) Note and receive the assurance update on the current BAF risks						
(2) Note and agree the proposed approach to carrying out the refresh of the Board Assurance Framework and risk appetite review.						
(3) Note and agree the proposed management of BAF risks during quarter 4 of the 2021/22 period						
<b>Ticiwch fel bo'n briodol / Please tick as appropriate</b>						
<b>Ar gyfer penderfyniad /cymeradwyaeth For Decision/ Approval</b>	<input checked="" type="checkbox"/>	<b>Ar gyfer Trafodaeth For Discussion</b>	<input type="checkbox"/>	<b>Ar gyfer sicrwydd For Assurance</b>	<input type="checkbox"/>	<b>Er gwybodaeth For Information</b>
<b>Y/N i ddangos a yw dyletswydd Cydraddoldeb/ SED yn berthnasol Y/N to indicate whether the Equality/SED duty is applicable</b>						<b>N</b>
<b>Sefyllfa / Situation:</b>						
The BAF seeks to bring together in one place all relevant information on the risks to the achievement of the Board's strategic priorities. A revised Risk Management Strategy and Policy was implemented on the 1st October 2020, and on the 21st January 2021, the Board approved the implementation of the revised BAF template reporting arrangements that reflected the work undertaken to support better management of strategic level risks.						
<b>Cefndir / Background:</b>						
The design of the new BAF and Corporate Risk Register (CRR) emphasises their distinctive roles in underpinning the effective management of both strategic and operational risks respectively, but also highlights their symbiotic relationship as both mechanisms inform and feed off one another. This includes the evaluation, monitoring and review of progress, accountability and oversight of the principal risks and also the high level operational risks which could affect the achievement of the Health Board's agreed priorities. These are being monitored by regular review with respective leads and oversight by the Risk Management Group and Executive Team.						
<b>Asesiad / Assessment &amp; Analysis</b>						



## Highest Scoring BAF risk update

This section of the BAF report provides the Board with an update on the current top risks within the BAF, which are risks rated 20 and above, as well as an overview of those risks and progress updates on key mitigations that are being implemented or underway.

Some actions on current BAF risks have not yet been updated to reflect deferment of mitigations due to COVID pressures or the transitional nature of certain risks in the lead up to the updating of the document. The work ahead to progress the new BAF 22/23 will take account of progress against actions which were either due for completion or where a review point was planned.

Whilst there are updates in relation to mitigations, it is worth noting that the current risk ratings remain unchanged due to the prevalence of residual risk, as the mitigations are not as yet in a position to reduce the current risk lower.

There are 8 risks on the BAF with a rating of 20 and above.

- **BAF 21-09 -Infection Prevention and Control: current risk rating: 20**

Significant progress has been made in relation to strengthening the infrastructure to support the prevention of infections. The mitigation pertaining to the introduction of appropriate ventilation and 3.6m bed spacing has been completed by the Estates Department as part of Safe Clean Care programme. Assurance for the rest of the mitigations continues to be monitored through the Quality and Safety Experience Committee on an ongoing basis as part of the cycle of business.

- **BAF 21-10- Listening and learning: current risk rating: 20**

Actions around training have been deferred recognising current pressures over the winter period and the directive to prioritise essential clinical services during the pandemic.

The revised training programme will commence as soon as possible, currently planned for February. In addition, Quality Grand Rounds are being held virtually every 2 months to promote organisation wide learning. Work continues in relation to embedding learning from incidents, claims, reviews and complaints, with assurance feeding into the Quality Safety and Experience Committee. In addition, the Committee continues to review learning reports routinely, as part of the Learning from the Past agenda item. This includes recent examples such as the Quality Governance self-assessment action plan, Quality Assurance review on Morfa ward in November 2021.

The revised Incident and Complaint procedures will be submitted to the Quality, Safety Experience Committee in March ahead of the launch of the new RLDatix system in April. The learning library is being developed alongside the new intranet service with a human factors programme being externally commissioned in January 2022 .

- **BAF 21-12 – Security Services and BAF 21-13- Health and Safety: Both current risk rating: 20**

Work continues at pace to put in place key mitigations to address these risks, with detailed assurance updates feeding into the Quality and Safety Experience Committee. At the time of writing, the Committee was due to consider a detailed Health and Safety Assurance update at the 11<sup>th</sup> of January 2022 meeting, which provided a progress update on policies (such as *The Management of Violence and Aggression*) as well as detailed measures to ensure the health and safety of lone workers.

In addition, plans are in place to incorporate the formal feedback from the planned inspection by the Health and Safety Executive between the 16<sup>th</sup> and 18<sup>th</sup> November 2021, into operational action plans.

The Health Board is working towards compliance with Protect legislation Martyn's Law by 31<sup>st</sup> March 2022 (when it is envisaged that this will have received Royal Assent) which will include a Security Policy with appropriate mitigations.

- **BAF 21-03 – Primary Care sustainable health service: current risk rating: 20**

Progress has been made in relation to some of the key mitigations aligned to this risk, with a specific focus on the roll out of Urgent Primary Care Centre pathfinders, with the business case being approved in November 2021. Work is underway to progress the implementation of the Dental Training unit in Bangor. This risk continues to be monitored by the Partnerships, People and Population Committee.

- **BAF 21-04 – Timely Access to Planned Care: current risk rating: 20**

Manual validation continues across the three sites, with a scheduled completion date of January 2022. Progress has been made in relation to the development of the risk stratification system. The target date for completion of this action is the 31<sup>st</sup> of March 2022.

- **BAF 21-16- Digital Estates and Assets**

The implementation of the Digital Strategy continues, following its launch in 2021, with detailed assurances being monitored by the Partnerships, People and Population Committee.

- **BAF 21-01- Emergency Care: Current rating: 20**

The Quality, Safety and Experience Committee approved the increase of the current rating for this risk from 16 to 20 in November 2021, due to increased pressures on unscheduled care. Implementation of the Unscheduled Care improvement plan continue including ward based improved work is ongoing with a specific focus on improving patient flow and timely discharges. Key mitigations against this risk continue to be monitored by the Quality Safety and Experience Committee with additional bi-monthly reports submitted to the Performance, Finance and Information Governance Committee for the purposes of providing assurance on unscheduled care strategic developments.

## **Board Assurance Framework Refresh Process**

In advance of the refresh of the 2022/23 BAF, it is proposed that the current BAF is reviewed in detail to ascertain the relevance of the content against the new strategic priorities that are set out in the Integrated Medium Term Plan (IMTP).

As part of the refresh process, all of the current BAF risks will be reviewed to determine whether these risks are:

- Clear, relevant and captured appropriately
- Deemed sufficiently significant against the current strategic priorities
- Corporate or strategic risks
- Aligned to the IMTP objectives

The output of this review will be presented to the Board in the form of a legacy BAF, with a clear audit trail of decisions taken in relation to each risk. The legacy BAF risks will be reviewed with risk owners between January and February, ahead of the April Board seminar session, where the new Board Assurance Framework risks will also be reviewed.

In refreshing the BAF, consideration will be given to aligning the format and content to conform to best practice guidance such as the Integrated Governance Handbook as well as the HM Treasury's Orange Book guidance, including the *Three lines of defence* best practice.

It is proposed that future BAF assurance reports to the Board will reflect:

- New risks added since the last meeting
- Changes in risk ratings
- Updates on delivery of action plans, at points in which they fall due
- Updates on external assurances
- Triangulation with any other items on the agenda, (e.g. performance reports)
- Recommendations for remedial actions that require detailed board review

Lastly, the BAF reports will flag risks that require escalation to the Board in a timely manner before they crystallise

### **Reviewing Risk Appetite**

It is good practice to agree the risk appetite for each of the strategic objectives as part of the annual review of the BAF, as this enables the determination of the risk tolerance, translating into the target risk ratings for each risk.

As part of the agreement of the Integrated Medium Term Plan and the subsequent development of the 2022/23 BAF, it is proposed that the Board reviews and agrees the total level of risk exposure or potential adverse impact that the BCUBH is willing to accept in pursuit of its strategy and objectives.

The Risk Appetite Statement will then feed into the work to confirm the scope of the BAF. It is proposed that a specific workshop session on risk appetite is held in advance of the BAF risks being reviewed by the Board through a workshop session.

As the target risk rating is the lowest level of risk acceptable or tolerable, it is therefore prudent that the tolerance levels of these risks are also determined by the Board, in order to ensure no decisions to operate outside these parameters are made outside the scope of the Board's authority.

This process will enable a collective decision making process amongst Board members, which will specifically incorporate Independent Member input.

### **Proposed Approach to Monitoring BAF risks**

During the transition period (of January to March 2022 ) whilst the new BAF risks are being developed, it is proposed that the Board Committees do not monitor the BAF in its current form, but rather the main sources of assurances aligned to the top risks on the BAF.

In addition, it is recommended that the respective committees (with oversight of BAF risks) receive updates and developments on the document as it evolves, well in advance of the April Board workshop, as part of the consultation process.

This process will enable a review of the cycle of business to address and fill any identified gaps as a result of any new risks that may be identified.

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

The implementation of the Board Assurance Framework and the revised Risk Management Strategy and Policy aligns with the Health Board's strategy to embed effective risk management. The aim is to foster a culture of safety and learning, to support continuous improvements and an enhanced patient experience.

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

Not applicable.

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

The effective mitigation and management of risks has the potential to deliver a positive financial dividend for the Health Board, through better integration of risk management with business planning and decision-making. It will also shape how care is delivered to patients, leading to better quality, less waste and a reduction in claims.

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

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

The individual risks at Appendix 1 include details of the related risk implications.

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

There are no legal and compliance issues associated with the delivery of the Board Assurance Framework.

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

No specific or separate Equality Impact Assessment has been carried out for this report, as a full one has been completed in relation to the new Risk Management Strategy and Policy, to which BAF reports are aligned. Due regard of any potential equality/quality and data governance issues has been factored into the writing of this report.

Board Assurance Framework 2021/22										
Strategic Priority 5: Improved Unscheduled Care Pathways										
Risk Reference: BAF21-01				Risk Rating		Impact	Likelihood		Score	Appetite
Safe and Effective Management of Unscheduled Care (formerly titled Emergency Care Review Recommendations)										
There is a 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.				Inherent Risk		5		5	25	Low 1 - 6
				Current Risk		4	↔	5	20	
				Target Risk		3		3	12	
Key Controls		Assurance level *	Key mitigations		Assurance level *	Gaps (actions to achieve target risk score)				Date
Revised Unscheduled Care Improvement Group in place to oversee the USC improvement programme of work and monitor performance which provides regular reports to the Finance & Performance.		2	1) All 3 localities Health Communities have an agreed USC Improvement plan which looks at the whole system with clear priorities set. 2) Improvement and programme management support in place to support delivery of the USC improvement programme objectives 3) 111 implemented across NW in June 2021 4) USC dashboard established which captures data and monitor performance against agreed USC measures 5) Established Tactical Control Centres in place. 6) Standardised SITREP / escalation reports submitted 3 x day. 7) Urgent Primary Care Centre (UPCC) established in East 8) Priority focus within each workstream of the USC Improvement Programme identified 9) Business case for additional workforce in EDs has been signed off by Executive team 10) The SDEC development proposal has been partially funded by the WG (£1.6m/£2.7m is funded)		2	1) Ward based improvement work to focus on improving inpatient flow through facilitating earlier / timely discharges and criteria led discharge. (Update 22.11.21 New outcome focused Board rounds have been in place in a number of wards in all 3 sites 2) accurate capturing of numbers on medically fit for discharge and clear management plan for patients to return to usual place of residence 3) In line with Welsh Government (WG) directive, implement 111 (Contact) First programme that will ensure patients are seen by the right person, in the right place, first time in line with 111 implementation is ongoing to link 111 and SICAT to divert patients to the right place and manage demand. This is included within the plans for the USC improvement programme 4) In line with the agreed standards implement a uniform model for patient access to and from EDs.It is part of the national EDQDF programme which BCUHB is working with WG to deliver. 4) Fully implement Same Day Emergency Care (SDEC) services across all three acute sites. Recruitment of the additional resource to ensure consistency of the service through operating hours 5) D2R&A (discharge to rehabilitate and assess) - Home First Bureaus established in each area to support discharge planning and step up / step down model of care in the community. 6) Proposals for UPCCs to be further developed in Centre and business case for implementation in the West are included within the USC improvement programme. 7) bespoke training to upskill MIU workforce has been agreed to ensure consistency of offer from all MIUs.				November 2021 December 2021 December 2021 December 2021 March 2022 December 2021 December 2021 December 2021
Annual Plan in place and agreed by the Board, with monthly monitoring and review through the Unscheduled Care (USC) Improvement Group.		2	1)Monthly USC Improvement Group meetings Chaired by the Senior Clinical Lead for the USC Programme 2) USC scoping review undertaken to develop strategic blueprint solution for unscheduled care		1	1) Implement recommendations of Kendal Bluck Emergency Department workforce review related to unscheduled care. recruitment campaign started 2) Executives have commissioned further work by Kendall Bluck to build in acute medical model on to the Emergency Department workforce plan, taking into account improved unscheduled care pathways currently being worked through the unscheduled care improvement plan. This will ensure that the Health Board funds and recruits to a robust and sustainable model for urgent care. This work is in progress as part of the SDEC development initially funded through additional fund from WG				March 2022 November 2021
Interim COO / Interim Director of USC overseeing the Annual plan in respect of USC and variance to the plan with regular reporting to the Finance and Performance Committee.		2	1) Bi-monthly report to Finance & Performance Committee to provide assurance on unscheduled care strategic developments.		2	Establish permanent substantive posts currently covered on an interim basis, providing continuity and sustained leadership for unscheduled care. (New senior clinical lead has been appointed, a programme director for the improvement programme has been appointed on interim basis, and there will be a new programme manager to support the work which is currently being advertised - will become a mitigation)				Completed
The current risk score has been increased to 20 (4x5), from 16 (4x4) in light of ongoing pressures. Work is ongoing on the agreed priority areas in each Health Economy. The deliverables for October - December 2021 have been identified in each health economy. New governance arrangements became operationalised in August. A workforce group is working on single recruitment campaign for Emergency Department and Same Day Emergency Care workforce recruitment. This will ensure that the Health Board funds and recruits to a robust and sustainable model for urgent care. Workshops have been set up in November and December to redesign the front door of our hospitals and develop and agree Internal Professional Standards.										
It has been agreed that there will be no separate winter plan this year and that the schemes are aligned to the USC improvement programme. Proposed winter schemes are being reviewed within the following criteria: 1. Do the proposals align directly with the ambition of the USC plan? 2. Has it been done before and what metric demonstrated that it was successful? 3. Is there a realistic chance to recruit the staff against the timeline?										
Executive Lead: Gill Harris, Deputy CEO / Executive Director of Nursing and Midwifery					Board / Committee: Quality, Safety and Experience Committee			Review Date: 22 November 2021		
Linked to Operational Corporate Risks:										

Board Assurance Framework 2021/22									
Strategic Priority 2: Strengthen our Wellbeing Focus									
Risk Reference: BAF21-02		Risk Rating		Impact	Likelihood	Score	Appetite		
Sustainable Key Health Services									
There is a risk that the Health Board may not be able to deliver sustainable key population health services to the wider population of North Wales due to demand exceeding capacity.		Inherent Risk		5	4	20	Low 1 - 8		
		Current Risk		5	3	15			
		Target Risk		5	2	10			
Key Controls	Assurance level *	Key mitigations	Assurance level *	Gaps (actions to achieve target risk score)			Date		
1. Health Improvement & Reducing Inequalities Group (HIRIG) provides strategic direction and monitors delivery of the Population Health Services. HIRIG reports to Executive Team.	2	Health Board commitment to establishing priority services including: Programme management and recruitment to posts.  Fully integrated Smoking Cessation Service	2	1) Implement a Tier 3 Children's Obesity service [In situ but some recruitment issues hindering full implementation.] 2) Implement a Healthy Weight pathway T1-3. 3) Implement and deliver the Immunisation Strategy. 4) Implement and deliver the Infant feeding strategy. 5) Implement and deliver a suite of Building a Healthier North Wales projects.			31 March 2022  31 March 2022 31 March 2023 31 March 2023 31 December 2022		
2. Strategy, Partnership and Population Health Committee have oversight via standard reports by exception on progress.	2	Contribution to national delivery programmes and the Public Health Outcomes Framework with monitoring of key indicators in place.	2	Embed BCUHB North Wales population health priorities within its operational and strategic plans.			1 April 2022		
3. Welsh Government has oversight of Smoking Cessation, Building a Healthier Wales, Infant Feeding, Healthy Weight Healthy Wales, Immunisation programmes and provide an element of funding.	3	HIRIG provide reports nationally regarding expenditure and performance.	3	Standardised reporting and meet submission requirements once national reporting requirements determined. [Mid year reports due in October]			30 November 2022		
4. The Executive Director of Public Health provides consistency to the regional strategic approach for North Wales in the form of expertise and prioritisation and through leadership of the Local Public Health Team.	2	Regional evidence based priorities are developed to meet the needs of the population in North Wales and deliver the greatest impact.  Recent appointments of Consultants in Public Health have increased expertise and support across the region [3, one part time]	3	1) Embed Public Health Outcomes approach into local planning through local partners and Health Board. 2) The Recovery Co-ordination Group (RCG) is focussing on Public Health actions as part of the recovery plan for North Wales. 3) Population Needs Assessment will provide local analysis for informing plans			31 March 2022  31 March 2022  31 May 2022		
<p><b>Review comments since last report:</b></p> <p>A number of the updates remain largely unchanged since the last iteration of this BAF.</p> <p>In respect of the first control, Tier 3 Children's Obesity service has recruited to all posts except the Psychologist post. This has been advertised twice and the service lead is reviewing further options. The service cannot be fully operational until the post is appointed to. In terms of the third control, clarification has been added to the gap column, to note that mid year reports are due in October, and the date column reflects this full 6 month effect, the national reporting format has not yet been received therefore the date has been changed to November 2022 to reflect delayed reporting. An additional mitigation has been added to the fourth control, to reflect the fact that recently appointed Consultants in Public Health have increased the expertise and support across the region. Given that its findings inform the strategic approach, completion of the next Population Needs Assessment has been added to the gap column, with a date of 31 May 2022.</p> <p>The Risk Lead notes that:</p> <ul style="list-style-type: none"> <li>the population health risk increased due to lockdown, as a result of delays in services, forecast and unknown effects of COVID-19, and resource limitations affecting areas such as smoking cessation and obesity monitoring (many of the operational staff for lifestyle services were redeployed to support the COVID-19 response and vaccination programme)</li> <li>population Health is dependent upon system-wide commitment and actions through the Health Board's joint working with a range of partners including local authorities, the Third Sector, Education, Housing - all of which have been impacted by the need to respond to COVID-19 thus it is documented that health inequalities have worsened due to the pandemic e.g. smoking cessation and obesity monitoring.</li> </ul> <p>These risks remain, therefore the risk scoring remains unchanged at the present time. Given the challenges of delivering sustainable key population health services to the wider population of North Wales within the context of increasing demand exceeding capacity, it is felt that achievement of the target risk score is a long term goal, potentially in 5-10 years. It is also acknowledged that this score is currently higher than the risk appetite.</p>									
<b>Executive Lead:</b> Teresa Owen, Executive Director of Public Health				<b>Board / Committee:</b> Partnerships, People and Population Health Committee			<b>24 November 2021</b>		
<b>Linked to Operational Corporate Risks:</b>									

Board Assurance Statement 2022/23									
Strategic Priority 3: Primary and Community Care									
Risk Reference: BAF21-03		Risk Rating		Impact		Likelihood		Score	
Primary Care Sustainable Health Services									
<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 a deterioration in the population health, impacting on other health &amp; care services and the wellbeing of the primary care workforce.</p>		Inherent Risk		5		5		25	Low
		Current Risk		5	↔	4	↔	20	1 - 8
		Target Risk		4		3		12	
Key Controls		Key mitigations		Gaps (actions to achieve target risk score)				Date	
1. Each Area Team reviews GP practice sustainability and provides bespoke support to individual practices.	1	Regular review of 5 domains matrix. Escalation tool implemented and monitored by the Primary Care Panel, chaired by the Executive Director of Primary and Community Care, with reports provided to Quality, Safety and Experience Committee.	2	Delivery of Quality Assurance Visiting Programme across all contractors, in-depth review/visits which will be supportive for practices where concerns are identified.				31 March 2023	
2. Delivery of All Wales Primary Care Model in place (including innovation and new ways of working), which is monitored by the Strategic Programme for Primary Care.	3	1) Review of current workforce profiles. 2) Delivery of milestones set by the national strategic programme. Contribution and leadership in the national priorities.	2	1) Primary Care Strategy for north Wales embedded in the clinical strategy of BCUHB. 2) Further development of primary care workforce plans, with a further consideration of the impact of the pandemic on assumed GP retirements (and refreshed age profiles) 3) Increase in the number of GP Trainees in north Wales (WG Statement in December 2020 stated that GP places would remain at current levels with the ability to over recruit if needed) - an increase in the number of GP trainees will not become a mitigation until actual recruitment takes place.				31 March 2022 31 December 2021  Date tbc	
3. Provision of alternative services to increase capacity in GP practices in place.	1	Development of Urgent Primary Care Centre (UPCCs) pathfinders. Delivery of digital solutions (accelerated in response to C-19) Commissioning of community pharmacy enhanced services. Primary Care Transformation Fund in place across the clusters to support local innovation in addressing planned care backlog in primary care	1	Full roll out of UPCCs, subject to national evaluation & pathways. A presentation was made to Welsh Government on 19 May 2021 with a view to securing ongoing funding for the pathfinders - Confirmation of funding from Welsh Government was received in early July for East and Centre, with a further business case being developed for the West Area. [Update 23.11.21 - the Business case was approved by the Executive Team on 17 November and features as part of Winter Plan.] Transformation Fund launched in August has funded 30 proposals at an estimated cost of just under £2.8m; these include schemes to improve access and address chronic care model backlog in primary care.				31 March 2022	
4. Primary & Community Care Academy (PACCA) in place with further development and roll out planned.	2	Academy work plan 2019/22 in place, monitored by the Strategic Leadership Group for the Academy and as part of the performance monitoring of the Health Board's Operational Plan which feeds through to the PPPH Committee.	2	1) Increase in Academy outputs to have a greater impact on primary care workforce modernisation & capacity. [Update 23.11.21 - Further business case presented to the Executive Team on 13 October with further discussions with Director of Workforce and OD held on 24 November; a revised case will be re-submitted to the Executive Team on 1 December and subject to approval to PFG on 23 December.] 2) Strengthen coordination and implementation of work placements for training, mentorship and formal internship.				31 December 2021  31 March 2022	
5. The Health Board has committed to work in partnership to develop proposal for a Medical School at the University of Bangor	1	Review progress in the development of a Medical School with Bangor University with the first commitment being delivery of medical degrees in partnership with Cardiff University (see below).	1	1) Ensure Primary Care Medical Workforce requirements are reflected in the final business case 2) Engage with Primary Care to ensure training capacity is considered in the business case [Update 23.11.21 - the primary care sub group continues to work to consider this detail. Also being discussed with area Medical Directors.] 3) A clinical director lead is required for medical education in primary care. [Update 23.11.21 Approach agreed between primary care academy and Director of Medical and Dental Education.]				31 December 2021 31 December 2021  31 March 2022	
6. Delivery of Medical Degrees at Bangor University in partnership with Cardiff University	1	Cardiff University in partnership with Bangor University have C21 programme supporting students undertaking their medical degree in north Wales. Students spend 12 months in Primary Care as part of their 4 year course.	1	1) Ensure sufficient capacity with Primary Care for medical students [Update 23.11.21 - C21 current year intake has increased from 20 to 25 students and in September 2022 up to 40. Capacity will be required in primary care for internships, alongside the medical school plans.]				31 December 2021	
7. The Health Board continues to work in partnership with local HE providers to secure funding for and delivery of courses and programmes of education to attract and retain the workforce in north Wales	1	The development of the North Wales Dental Academy in partnership with HEIW, WG and Bangor University will provide an essential resource and training environment for the dental practitioners include Dental Hygienists and Dentists.	1	1) Establish Dental Training Unit in Bangor [Update 23.11.21 - tender approved by the Board and awarded with plans to develop the training unit from April 2022.]				01 April 2022	
8. Cluster working/Health & Social care Localities in place with further development planned, with oversight by Area Teams, Regional Partnership Board Leadership Group and Integrated Care Boards (partnerships).	2	GP clusters have increased maturity throughout Covid-19 with practices working closely together with oversight by the Area Directors.	1	1) Development of broader cluster membership with the further integration with locality services. 2) Align the Health Board's development of clusters to Welsh Government's accelerated cluster development programme; Board development session planned for December; pan-cluster planning groups to be in place by next April.				01 March 2022 01 April 2022	
<p>Review comments since last report:</p> <p>Actions under key control 3 have been updated to note that the Business case was approved by the Executive Team on 17 November and features as part of Winter Plan. The Transformation Fund which was launched in August has funded 30 proposals at an estimated cost of just under £2.8m; these include schemes to improve access and address chronic care model backlog in primary care.</p> <p>In relation to the 4th key control - Primary and Community Care Academy, a further business case was presented to the Executive Team on 13 October with further discussions with the Director of Workforce and OD held on 24 November; a revised case will be re-submitted to the Executive Team on 1 December and subject to approval at the Performance, Finance and Information Governance Committee on 23 December. The target date for completion of this action has therefore been extended to 31 December 2021, from 31 October 2021.</p> <p>For actions 2 and 3 of key control 5, the primary care sub group continues to work to consider this detail, which is also being discussed with area Medical Directors. An approach has been agreed between primary care academy and Director of Medical and Dental Education.</p> <p>Target dates for completion of these actions have now been set at 31 December 2021 and 31 March 2022.</p> <p>Regarding key control 6, C21 current year intake has increased from 20 to 25 students and in September 2022 up to 40. Capacity will be required in primary care for internships, alongside the medical school plans.</p> <p>The tender to establish Dental Training Unit in Bangor has been approved by the Board and awarded with plans to develop the training unit from April 2022.</p> <p>It is anticipated that the Target Risk Score will be achieved by 31 March 2023.</p>									
Executive Lead: Chris Stockport, Executive Director of Primary and Community Services				Board / Committee: Partnerships, People and Population Health Committee				Review Date: 23 November 2021	
<p>Linked to Operational Corporate Risks:</p> <p>CRR20-05 Timely Access to Care Homes</p>									

Board Assurance Framework 2021/22												
Strategic Priority 2: Recovering access to timely planned care pathways												
Risk Reference: BAF21-04				Risk Rating		Impact	Likelihood	Score	Appetite			
Timely Access to Planned Care												
There is a risk that the Health Board may be unable to deliver timely access to Planned Care due to a mismatch between demand and capacity and Covid-19, which could result in a significant backlog and potential clinical deterioration in some patient conditions.				Inherent Risk		5		5	25	Low		
				Current Risk		4	↔	5	↔	20	↔	1 - 6
				Target Risk		4		3		12		
Key Controls		Assurance level *	Key mitigations		Assurance level *	Gaps (actions to achieve target risk score)		Date				
Manual validation being conducted across all three sites on a daily and end of month basis.		2	Revised Monthly meetings to focus solely on planned care performance chaired by the Interim Director of Performance, aligns to Performance, Finance and Information Governance Committee. Introduction of further validation staff in Q3/4 non recurring complete. Review of validation techniques and validation SOP completed; now ready for deployment and adoption.  Subject matter expert reviewing validation exercises for planned care. [Update: Introduction of patient contact validation commenced in July for stage 1 and stage 4. This is a 9 week programme until end of October.		2	1) Validation staff being recruited on a fixed term basis to continue with validation work. [Update: 22.11.21 - A review of the validation resource required is being undertaken, including the release of consultant time to complete a secondary and clinical exercise.]  2) newly appointed head of ambulatory care will review the validation function to address unwarranted variation and move towards a corporate function [Update 22.11 - new head of ambulatory care now in post.]		1) 31 December 2021  2) 5 January 2022				
Implemented risk stratification system and process for stage 4 patients providing clinical priority with regular monitoring by local Primary targeting list (PTL) and access group.		1	1) Ensure the waiting list size is continually validated and patients appropriately communicated with. 2) System introduced that allows patients to "opt in" for treatment, allowing a communication strategy to support the Q1/Q2 plan.		1	1) Introduce risk stratification for stages 1-3 (outpatients and diagnostics). Work currently ongoing with Welsh Government. [Update: 22.11.21 Internal risk stratification has been developed, subject to further advice from Welsh Government.] 2) Sites and areas have been completing backlog clearance plans to ensure the pre-Covid backlog is cleared by March 2022. However whilst the plan is in place slippage has been identified due to operational pressures and this is the subject of recovery plans. [Update: 22.11.21 Still on target to clear cohort 1 for March 2022 whilst recognising there are some pressure points.]		1) 31st December 2021  2) 31 March 2022				
Head of Planned Care overseeing the plan and variance to the plan with monthly reporting to the Director of Regional Delivery and bi-monthly reporting to the Performance, Finance and Information Governance Committee.		2	Bi-monthly report to Performance, Finance and Information Governance Committee to provide assurance on planned care strategic and tactical developments.		2	Introduce substantive post into the organisation, currently covered on an interim solution, thus providing continuity and sustained leadership for planned care. Currently, the post is being filled by a further interim position whilst re-advertising for a permanent position.		31 March 2022				
Once for North Wales approach introduced to standardise and ensure consistent delivery of general surgery, orthopaedics, Ophthalmology (Stage 4), Urology and Endoscopy to reduce health inequalities.		2	1) Weekly operational group with Divisional General Managers (DGMs) to ensure operational co-ordination of the Once for North Wales approach. 2) Scoping of new strategic model of care known as the diagnostic and treatment centre approach for planned care. Strategic outline case to be presented to Board and Welsh Government. 3) Insourcing for ophthalmology introduced in February but has now been paused. 4) Over 52 week recovery plan for the 2019/20 end of March cohort as first phase agreed. 5) Ophthalmology Business Case reviewed in light of Welsh Government Strategy re Cataract Centres. 6) Additional internal activity above core has been mobilised via recovery plan. 7) Outsourcing of orthopaedic activity contract awarded to Independent Sector to assist with clearing the backlog. 8) Strategy (6 point plan agreed for planned care over the next 3 years. This will improve the business process and reduce long waiting patients.		1	1) Introduction of outsourcing to undertake activity that supports P2-3 activity and over 52 week waiters, therefore reducing the overall waiting times. There are a number of strands to this work i.e. orthopaedics, ophthalmology, dental, dermatology all of which are at differing levels of procurement. [Update: 22.11.21 - Contracts in place for orthopaedics and ophthalmology and renegotiation for dental and dermatology.]  2) Business case for orthopaedic modular ward and theatre on each site has been paused but the organisation has an expression of interest for Regional Treatment Centres as an alternative. [Update: 22.11.21 - Indicative timescales for the RTC development should be known by 31 December, and at that stage decisions can be taken about the feasibility of modular ward, although the case are being worked on.)		1) 31 December 2021  2) 31 December 2021				
Review comments since last report: The first action under the first key control was marked as complete in the previous iteration of this BAF. However, a review of the validation resource required is being undertaken, including the release of consultant time to complete a secondary and clinical exercise. At the time of writing, this action had just been reviewed again by 31 December 2021. The new Head of Ambulatory Care is now in post. In relation to key control 2, action 1, internal risk stratification has been developed, subject to further advice from Welsh Government. This target date for completion of this action has been extended to 31 December 2021, from 31 October 2021. In regards to clearing backlog, still on target to clear cohort 1 for March 2022 whilst recognising there are some pressure points. For key control 4, action 1, contracts are now in place for orthopaedics and ophthalmology and renegotiation for dental and dermatology. The target date for completion of this action has been extended to 31 December 2021, from 1 December 2021. For action 3, indicative timescales for the RTC development should be known by 31 December, and at that stage decisions can be taken about the feasibility of modular ward, although the case are being worked on. The target date for completion of this action has been extended to 31 December 2021, from 31 October 2021. The Strategy (6 point plan) agreed for planned care over the next 3 years has become a mitigation.												
Executive Lead: Sue Hill, Executive Director of Finance				Board / Committee: Performance, Finance and Information Governance Committee and Quality, Safety and Experience Committee				Review Date: 22 November 2021				
Linked to Operational Corporate Risks:												



Board Assurance Framework 2021/22										
Strategic Priority 6: Integration and Improvement of Mental Health Services										
Risk Reference: BAF21-05		Risk Rating		Impact	Likelihood	Score	Appetite			
Effective Stakeholder Relationships										
There is a risk that our relationships (internal and external) are ineffective. This could be caused by a lack of engagement, poorer communication, a lack of a co-productive approach, lack of direction, shared purpose and culture or insufficient service and organisational development. This could lead to a lack of trust, poor morale, high staff turnover, reduced stakeholder credibility plus reduced staff and public confidence, and an impact on services.		Inherent Risk		3		4	12	Moderate 8 - 10		
		Current Risk		3	↔	3	↔			9
		Target Risk		2		2				4
Key Controls	Assurance level *	Key mitigations	Assurance level *	Gaps (actions to achieve target risk score)			Date			
1. Together for Mental Health (T4MH) Strategy implemented with key stakeholders which sets out the direction of travel for Mental Health and Learning Disabilities services.	2	T4MH Partnership Board (T4MHPB) which oversees implementation of the strategy and includes key partners.	2	1) Revised terms of reference for the T4MHPB were approved by the Partnership Board on 9 July 2021. The review of the Strategy is now in train and an outline plan of the refresh was approved on 28.10.21. It is proposed that a one year approach is taken to the strategy, to keep it 'live' and dynamic. A number of engagement workshops have been scheduled and procurement for facilitating these is underway. Further update will be provided at the next Partnership Board in January. 2) Population needs assessment to be undertaken across North Wales which will influence the MH Strategy. 3) Delivery of Targeted Intervention Framework outcomes for Mental Health.			31 January 2022  31 March 2022 [may need to be extended depending upon Local Authority timelines] 31 March 2022			
2. Deputy Director attendance at Regional Leadership group with regular feedback into the MHLD Division to ensure two-way communication and engagement.	2	Consistent and regular communication with senior Local Authority partners in relation to service redesign. Feedback to Senior Leadership Team on key issues	2							
3. Divisional CAG meetings whereby senior clinicians and managers discuss and agree service model across the division.	2	Recommendations from meetings presented to BCU Clinical Advisory Group and presented for sign off via Divisional Finance and Performance meeting.	2	To present update of service model to BCU CAG and then to Regional Leadership Group. [Update 24.11.21 - the development around the clinical model is progressing via the Clinical Strategy Group]			31 December 2021			
4. In line with Divisional Wellness, Work and Us Strategy, oversight of all vacancies and sickness overseen by Divisional Workforce Group to ensure any identified demand and capacity pressures.	1	The MHLD division has introduced a workforce group which oversees key actions and identifies and escalates risks to Divisional Directors.	1							
5. Regular and concise communication with all staff groups across the division.	1	Fortnightly divisional staff engagement newsletter which highlights significant issues/service changes and celebrates staff achievements which reduces the risk of breakdown in communication. This is now embedded practice within the Division.  Meeting with Staff Side to discuss key operational and strategic staffing issues. Partnership meeting now embedded.  Monthly meetings between CAMHS and MH Senior Leadership Teams continue, to ensure effective joint working and system planning being clinically and financially effective.	1							
6. Service users, carers and the public to have the opportunity to be involved in the development, planning, design and delivery of the services.	2	Divisional Patient and Carer Engagement Group re-introduced in order to listen better and use feedback from consultation and engagement to make mental health and learning disability services more relevant to service users and carers' needs. We are reviewing the CANIAD contract to ensure integrated working.  Potential gap in advocacy contract arrangements addressed.	2	1) To ensure the review of the CANIAD contract is discussed with the North Wales Leadership group for the joint review. Currently out to procurement for independent review of the CANIAD contract. [Update 24.11.21 - the CANIAD contract will come to its natural end in March 2022. The division has informed the area partnership board that it is intending to undertake a series of engagement events to understand future needs for the engagement with patients and carers for the division] .			31 March 2022			
7. Closer and regular working with North Wales CHC to ensure the population of North Wales have the opportunity to feedback on their experiences of local services and to contribute to the future design.	3	Safe space events started in December 2020 have been set up with CHC to engage with North Wales population to seek views/experiences of MHLD services. Deputy Director & Director of Nursing are attending the CHC AGM.	3	MHLD Division to agree process for sharing feedback from events with staff groups. An action plan is being developed following the Safe Space events facilitated by the CHC. [Update: 24.11.21 - Continuing to work closely with the CHC and engaged with the wider population].			31 March 2022			
Review comments since last report: The review of the T4MHPB Strategy is in train and an outline plan of the refresh was approved on 28 October 2021. It is proposed that a one year approach is taken to the strategy, to keep it 'live' and dynamic. A number of engagement workshops have been scheduled and procurement for facilitating these is underway. Further update will be provided at the next Partnership Board in January. The target date to complete this action has therefore been extended to 31 January 2022, from 28 October 2021. The development around the clinical model is progressing via the Clinical Strategy Group. The actions noted as complete in the last iteration of the BAF under key controls 5 and 6 have now become mitigations. The CANIAD contract will come to its natural end by March 2022. The division has informed the area partnership board that it is intending to undertake a series of engagement events to understand future needs for the engagement with patients and carers for the division. The target date for completion of this action has been extended to 31 March 2022, from 31 October 2021. Risk scores remain unchanged. The Risk Lead anticipates that the target risk date will be achieved by 31 March 2022.										
Executive Lead: Teresa Owen, Executive Director of Public Health				Board / Committee: Partnerships, People and Population Health Committee				Review Date: 24 November 2021		
Linked to Operational Corporate Risks:										

Review comments since last report:

It has been made explicit under the key mitigation for the third key control that the division has created 1 Director of Operational Delivery and 1 additional deputy director for strategy and partnerships. The title of the Targeted Intervention Framework has been changed to Targeted Improvement Framework to align with the new title. It is anticipated that the target risk score will be achieved by the end of September 2022.

Linked to Operational Corporate Risks:	
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Board Assurance Framework 2021/22						
Strategic Priority 6: Integration and Improvement of Mental Health Services						
Risk Reference: BAF21-07		Risk Rating	Impact	Likelihood	Score	Appetite
Mental Health Leadership Model						
<p>There is a risk that the leadership model is ineffective and unstable. This may be caused by temporary staffing, unattractive recruitment and high turnover of staff. This could lead to an unstable team structure, poor performance, a lack of assurance and governance, and ineffective service delivery.</p>		Inherent Risk	5	5	25	Low
		Current Risk	4	3	12	1 - 8
		Target Risk	4	2	8	
Key Controls	Assurance level *	Key mitigations	Assurance level *	Gaps (actions to achieve target risk score)	Date	
1.Substantive Senior Leaders in place and providing stable and sustainable senior management within the Division. [Interims currently in place alongside other key posts; Interim Director, Interim Director of Nursing, Interim Deputy Director and Interim Director of Operations. Each lead specific programmes and will further support and develop leadership, governance and management.]	1	Interim Leadership changes are regularly reviewed by the Executive Director to ensure the model is effective in discharging its roles and responsibilities.	2	Stabilise Senior Management with substantive posts. Sustainability needs to be reviewed as a matter of priority to ensure continuity [Update 15.11.21 - Interim Senior Management arrangements agreed for a fixed term period of 12 months, to support stabilising the Division to ensure continuity.]	31 March 2022	
2.Strategy approved and regular updates reported to Welsh Government via Targeted Improvement mechanisms.	2	All key actions will be further developed and underpin the required work to have a well developed, fully integrated, Integrated Medium Term Plan (IMTP), which will further strengthen and support an effective model. Oversight will be via the Clinical Advisory Group (CAG).	2	Review the Mental Health structure to ensure it is fit for purpose and reflects new clinical pathways. [Update: 15.11.21 Divisional Operational Plan agreed and updates provided to Welsh Government. The division has embraced the maturity matrix approach, and submitted evidence to show the improvement journey currently at level 1, with the aim of achieving level 2 within six months. Progress discussed and attainment level agreed at the monthly meetings with the BCU Targeted Intervention sub-group.]	31 March 2022	
		Engagement has been re-established through the Pathway Development Groups (e.g. Rehab / OPMH) with regular and consistent attendance with Regional Partners and stakeholders via North Wales leadership groups.	2	Implement the Mental Health Strategy in a consistent manner across the Health Board [Update 15.11.21 Pathway groups continue to progress, submitting minutes, action logs and agendas as evidence for the maturity matrix].	31 January 2022	
		Pathway groups are clinically led and partners working to deliver the strategy, patients groups are members of those groups. All pathway groups report via the Clinical Strategy Group (formerly Division Clinical Advisory Group).	2	Evaluate regional management and pathway structure approach to delivery of strategy via a pilot and report findings to the Executive Team.	31 January 2022	
		Business Case developed with additional funding from Welsh Government secured. Scrutiny of financial governance monitored by Head of Finance.	1	Business case to be completed. [Update 15.11.21 Business Case completed. Transformational funding is monitored by the Head of Finance, updates provided to the Divisional Senior Leadership Team.]	Completed	
3.Business Continuity Plan including essential service sustainability in place, with engagement from the Corporate Business Continuity Team.	2	Business Continuity Plans are updated within the Area with final scrutiny and approval at the Divisional monthly Finance and Performance Meeting.	1			
4.Divisional Quality, Safety and Experience Group meeting monthly, chaired by the Interim Director of Nursing to oversee Divisional governance arrangements and reporting, with oversight at the QSE Board Committee.	1	Division has actively worked to ensure that the Division's Governance Structure more accurately reflects and is coherent with BCUHB's overarching governance structure  Cycle of business in place to support effective reporting to the revised BCUHB governance structure.				
5. Stronger Together Engagement across the divisions.	2	Meetings held across the divisions during the Discovery stage. Standing up of divisional training and development group. Recruitment of a MH&LD Coach.	1	Appointment of MH&LD Coach	31 January 2022	
<p>Review comments since last report:</p> <p>For the first key control, Interim Senior Management arrangements agreed for a fixed term period of 12 months, to support stabilising the Division to ensure continuity. The target date for the completion of this action has been extended to 31 March 2022, given the extension of some of the interim senior posts.</p> <p>For key control 2, first action, a Divisional Operational Plan has been agreed and updates provided to Welsh Government. The division had embraced the maturity matrix approach and submitted evidence to show the improvement journey currently at level 1, with the aim of achieving level 2 within six months. Update on progress is provided at the monthly meetings with the BCU Targeted Intervention sub-group. The target date for the completion of this action has also been extended to 31 March 2022 from 31 December 2021. In relation to the second action, Pathway groups are progressing and submitting minutes, action logs and agendas as evidence for the maturity matrix. The target date for the completion of this action has also been extended to 31 January 2022 from 31 December 2021. For the third action, all pathway groups report via the Clinical Strategy Group (formerly Division Clinical Advisory Group). The target date for completion of this action has been extended to 31 January 2022 from 31 December 2021. The target date for completion of this action has been extended to 28 February 2022 from 31 December 2021 to ensure this is on target.</p> <p>A fifth key control has been added: Stronger Together Engagement across the divisions. The target date for completion of the action in relation to this (appointment of Divisional Coach) has been set at 31 March 2022.</p> <p>Given the progress made so far and the stability and continuity provided as a result of the extension to some senior interim posts, the current risk score has been reduced to 12 (4x3) from 15 (5x3).</p>						
Executive Lead: Teresa Owen, Executive Director of Public Health		Board / Committee: Partnerships, People and Population Health Committee			Review Date: 15 November 2021	
Linked to Operational Corporate Risks:						

Board Assurance Framework 2021/22						
Strategic Priority 6: Integration and Improvement of Mental Health Services						
Risk Reference: BAF21-06		Risk Rating		Impact	Likelihood	Score
Mental Health Service Delivery During Pandemic Management						Appetite
There is a risk to the safe and effective delivery of Mental Health & Learning Disability (MH&LD) services. This could be due to the consequences of the COVID-19 pandemic. This could lead to changing type and level of demand across the region, a lack of appropriate staff and resources, poorer outcomes for our population.		Inherent Risk	4	4	16	Low
		Current Risk	3	3	9	1 - 6
		Target Risk	3	2	6	
Key Controls	Assurance level *	Key mitigations	Assurance level *	Gaps (actions to achieve target risk score)	Date	
MH&LD Covid19 Lead has been identified, and reports into the Divisional Governance meetings, Covid19 Divisional meetings and Covid19 Corporate meetings. Weekly Establishment Control meetings. Monthly operational accountability meetings.	1	1) MH&LD Covid19 Winter Plan discussed and agreed in both the Divisional and Corporate Clinical Advisory Group (CAG). 2) MH&LD Operational Covid19 Winter Plan fully implemented. (All patient transfers now progressed back to localities, although direct admission to Bryn Heskeith are being worked through due to outstanding estates works)	2	Review of 2021/22 Covid-19 winter plan underway.	30 November 2021	
MH&LD Covid19 Winter Plan approved in both the Divisional Covid19 CAG meeting 3.11.20, and Corporate CAG meeting 6.11.20. Gaps in recruitment have been assessed and recruitment plan established as part of ESR.	1	MH&LD Engagement and Communication Plan in place to ensure effective and efficient communication across the MH&LD Division and also to all key stakeholders, both external and internal. This includes sharing the MH&LD Covid19 Winter plan. Monthly reporting against ESR and the divisional actions to scrutinise them through Senior Leadership Team (SLT).	2	Recruitment to vacancies identified as part of each area agreed establishment plan to be progressed.  (Update: 13.10.21 Divisional vacancy monthly activity report continues to be discussed, monitored and reviewed at the Divisional Operational Leadership Meeting and Divisional workforce meetings. Alternative options for recruitment are being considered and implemented to enhance recruitment; for example, virtual recruitment drive.)	31 March 2022	
Wellness, Work and Us Strategy launched in October 2020, to ensure staff are supported. Approved by the MH&LD Divisional Directors within the Divisional Business meeting September 2020.	1	1) Engagement sessions held across the MH&LD Division regarding the Wellness, Work and Us Strategies. Reviewed Year One priorities aligned to Covid19, ongoing implementation. 2) Approval by Corporate Business Continuity Lead for quality checking, and final sign off by the Divisional SLT at the appropriate Governance meeting of Business Continuity Plans and MH&LD Covid19 Action Cards. (East Business Continuity plan received Divisional sign off)	1	1) The year 1 priorities of the Wellness, Work and Us Strategies are being progressed.  2) A review of the covid19 action cards is underway	30 November 2021	
Business Impact Analysis, Business Continuity Plans and MH&LD Covid19 Action Cards implemented November 2020.	1	1) Support being delivered by Corporate Business Continuity Lead to quality check the MH&LD Business Continuity Plans. 2) Review and assess gaps in recruitment processes to support additional staff requirements. 3) Heddfan Establishment review undertaken and discussed in Gold Command meeting, 5.2.21	2	Having assessed the gaps in the recruitment processes it has been agreed that a full establishment review should be undertaken to clarify future needs and resource requirements.  (Update 13.10.21 - All documents have been submitted to BCU Business Continuity department. Divisional vacancy monthly activity report continues to be discussed, monitored and reviewed at the Divisional Operational Leadership Meeting and Divisional workforce meetings. Establishment review has commenced across all inpatient units.)	30 September 2021  31 March 2022	
MH&LD Divisional PPE Task and Finish Group in place, reporting into MH&LD Divisional daily SITREP call. MH&LD Covid19 Briefing meeting and Corporate PPE Task and Finish Group.	2	1) Monitoring and reviewing PPE availability, MH&LD Divisional plan developed and monitored to ensure all staff are appropriately FIT testing as part of key mitigation, feeds into Corporate PPE Task and Finish Group. Also reports to the Corporate FIT testing Steering Group. 2) Process to ensure continuous mapping of staff to enable redeployment decisions.	2	1) Monitoring and review continues with daily PPE stock levels and fit testing staff numbers included on the daily SITREP. Divisional representation continues to attend the Corporate PPE Task and Finish Group and Corporate FIT testing Steering Group continues.  2) MH&LD staff escalation policy reaffirmed across the Division.		
Clinical Patient Pathway, approved by Clinical Advisory Group, monitored and reviewed by the MH&LD Clinical Pathway Group and changes made aligned to the Covid19 Winter Plan.	1	MH&LD SITREPS completed daily, with oversight by Covid MH&LD Lead. MH&LD SITREPS sent daily to Executive Nurse Director. Staffing pressures reviewed in daily SITREPS and Divisional Safety Huddle, any issue escalated to Corporate Staff Redeployment meeting.	1	Review of 2021/22 Covid-19 winter plan underway, which incorporates the clinical patient pathway.		
Covid 19 Training in place with compliance monitored and reviewed through Workforce Work stream.	2	The MH&LD Operational Leadership meeting in place currently meets weekly, reports into the Divisional SLT business meeting and continues to feed into EIMT corporate meeting.	2			
MH&LD Divisional Workforce meeting, currently meeting monthly to review workforce plan, reports into the DSLT business meetings.	1	1) MH&LD Covid-19 Command Structure SOP developed 21st December 2020. 2) MH&LD Covid-19 Command Structure Standard Operating Procedure (SOP) operationalised.	1			
Attend Anywhere in operation across the MH&LD Division to provide a virtual consultation platform to allow the continuation of appropriate services, approved by the Divisional Clinical Advisory Group and is part of the MH&LD Winter Plan.	1	Divisional prioritisation of IT equipment requirements completed and forwarded to IT.	1	1) This project was initially progressed as a proof of concept which has been beneficial and is therefore support by the Division for wider roll out - this project is also aligned to Information Management and Technology (IM&T) implementation. (Update 13.10.21 - Monitoring and review of Attend Anywhere utilisation taking place across divisions.)	31 December 2021	
<b>Review comments since last report:</b> The controls, mitigations and timelines have been reviewed, and scores remain unchanged but some actions have been revised as follows: <b>Key Controls - MH&amp;LD Covid19 Lead has been identified &amp; MH&amp;LD Covid19 Winter Plan:</b> A review of the 2021/22 Covid-19 Winter Plan is underway, and the target date for completing the action set at 30 November 2021. Divisional vacancy monthly activity report continues to be discussed, monitored and reviewed at the Operational Leadership meeting and Divisional workforce meetings. Alternative options for recruitment are being considered and implemented to enhance recruitment, for example, virtual recruitment drive. The target date for actualising this action has been extended to 31 March 2022, from 31 August 2021. <b>Key Control - Wellness, Work and Us Strategy:</b> The year 1 priorities of the Wellness, Work and Us Strategies are being progressed and a review of the Covid-19 action cards is underway. The target date for completing these actions have been set at 30 November 2021. <b>Key Control - Business Impact Analysis:</b> All documents have been submitted to the BCU business continuity department. Divisional vacancy monthly activity report continues to be discussed, monitored and reviewed at the Operational Leadership meeting and Divisional workforce meetings. Establishment review has commenced across all inpatient units. The target date has been extended to 31 March 2022 from 30 September 2021, given the length of time the establishment review will take to complete. <b>Key Control - MH&amp;LD Divisional PPE Task and Finish Group:</b> Monitoring and review continues with daily PPE stock levels and fit testing staff numbers included on the daily SITREP. Divisional representation continues to attend the Corporate PPE Task and Finish Group and Corporate FIT testing Steering Group continues. MH&LD Staff escalation policy re-affirmed across the Division. <b>Key Control - Clinical Patient Pathway:</b> A review of 2021/22 Covid-19 winter plan underway, which incorporates the clinical patient pathway. <b>Key Control - Covid 19 Training:</b> The key mitigation has been revised to reflect that the MH&LD Operational Leadership meeting in place currently meets weekly, reports into the Divisional SLT business meeting and continues to feed into EIMT corporate meeting. <b>8th Key Control</b> has been revised to reflect that the MH&LD Divisional Workforce meeting, currently meeting monthly (previously fortnightly) to review workforce plan, reports into the DSLT business meetings (previously reporting into the MH&LD Covid19 briefing meeting and the Divisional Governance meetings). <b>Key Control: Attend Anywhere:</b> Monitoring and review of Attend Anywhere utilisation is taking place across divisions.						
<b>Executive Lead:</b> Teresa Owen, Executive Director of Public Health <b>Linked to Operational Corporate Risks:</b>			<b>Board / Committee:</b> Quality, Safety and Experience Committee		<b>Review Date:</b> 13 October 2021	



Board Assurance Framework 2021/22									
Strategic Priority 2: Strengthen our Wellbeing focus									
Risk Reference: BAF21-10		Risk Rating		Impact	Likelihood	Score	Appetite		
Listening and Learning									
There is a risk that adverse events occur, or re-occur, in the organisation due to: 1) Lack of a clear and easy mechanism for patients or staff to raise incidents or complaints, 2) lack of a clear, effective and transparent mechanism for reviewing, addressing, sharing learning and feedback from reviews/investigations, 3) lack of trust and confidence in the systems and process. These adverse events could result in avoidable harm to patients or staff, disruption to clinical and support services, avoidable costs and loss of public and stakeholder confidence.		Inherent Risk		5		5	25	Low 1 - 6	
		Current Risk		5	↔	4	↔		20
		Target Risk		5		2			10
Key Controls		Assurance level *	Key mitigations		Assurance level *	Gaps (actions to achieve target risk score)		Date	
Incident reporting and investigation procedure, systems and processes in place - includes lessons learned being shared and actions tracked with reporting to Patient Safety and Quality Group (PSQ) and Quality, Safety and Experience Committee (QSE).		2	Training programme implemented for staff involved in investigations and sharing of learning.		2	Implementation of new procedures and processes for incidents, complaints, claims, redress, safety alerts and inquests - new processes will focus on learning and improvement, with improved use of technology. This will address aspects 1, 2 and 3 of the risk.		Complete	
Complaint reporting and investigation procedure, systems and processes in place - includes lessons learned being shared and actions tracked and fed back to patients, families and carers with reporting to PSQ and QSE.		2	Use of the Datix concerns management system to track events, investigations and actions with reporting to PSQ and QSE.		2	Implementation of the new Datix IQ Cloud system for incidents, complaints, redress, claims and mortality reviews - new system will improve the quality of information (including across Wales) and the ability to triangulate information better. This will address aspects 1, 2 and 3 of the risk.		01 April 2022	
Safety alerts procedure, systems and processes (both national and local alerts) - includes actions being tracked and WG Compliance Returns completed with reporting to PSQ and QSE.		3	Reporting on patient safety and patient and carer experience to local, divisional and Health Board groups and committees.		2	Implementation of a new skills pathway and passport for those involved in investigations and sharing of learning. This will address aspects 2 and 3 of the risk.		Deferred from September 2021, to commence in February 2022	
Claims and redress investigation procedure, systems and processes - includes completion of Welsh Risk Pool (WRP) Learning from Events Reports evidencing learning which are reviewed by the WRP Committee with reporting to PSQ and QSE.		3	Dashboards and information available at local, divisional and Health Board level to provide oversight of quality and safety indicators.		2	Implementation of a new digital learning library to bring together the access, cascade, and sharing of lessons learned. This will address aspects 2 and 3 of the risk.		01 April 2022	
Learning from deaths procedure, systems and processes including mortality reviews, inquest coordination and interaction with Medical Examiners in place with reporting to CEG and QSE.		2	Implementation of an organisation-wide integrated Quality Dashboard.			Implementation of safety culture initiatives including development of a human factors community of practice, embedding of just culture principles into processes, embedding of Safety II considerations, learning from excellence reporting, annual safety culture survey, and safety culture promotion initiatives. This will address aspects 1, 2 and 3 of the risk.		31 March 2022	
Local and organisation-wide safety culture and quality improvement initiatives based on identified themes, trends and areas of concern with reporting to PSQ and QSE.		2				Implementation of a new Quality Strategy (developed with patients, partners and staff) containing organisational improvement priorities and enabling measures aligned to the organisational strategy. This will address aspects 2 and 3 of the risk.		31 March 2022	
			Implementation completed, of a new Speak out Safely process for staff to raise concerns . This addresses aspects 1, 2 and 3 of the overall risk.						
Review comments since last report: Target action dates have been reviewed and updated as appropriate, acknowledging the delay in roll out of the new Datix system and postponing the full implementation until the spring thus avoiding roll out during the height of winter pressures. The delay in the Lessons Learnt Library is to align with the launch of the new Intranet. The target risk score is aimed for 31 March 2023 reflecting that in addition to system and process improvements, culture improvement is a key component.									
Executive Lead: Gill Harris, Deputy CEO / Executive Director of Nursing and Midwifery					Board / Committee: Quality, Safety and Experience Committee			Review Date: 12 January 2022	
Linked to Operational Corporate Risks:									

Board Assurance Framework 2021/22									
Strategic Priority 2: Strengthen our Wellbeing Focus									
Risk Reference: BAF21-11		Risk Rating		Impact	Likelihood	Score		Appetite	
Culture - Staff Engagement									
There is a risk that the Health Board loses the engagement and empowerment of its workforce as a result of staff not feeling that it is safe and/or worthwhile highlighting concerns due to:  Lack of clear mechanisms for raising concerns at any and every level, lack of a clear, effective and transparent mechanism for listening, reviewing, addressing, sharing learning and feedback, lack of trust and confidence regarding the reception and impact of raising concerns, lack of support and guidance for all parties involved. This could lead to an impact on the organisation being able to learn from experience or improve services, which could result in poor staff morale, leading to poor outcomes impacting on the delivery of safe and sustainable services and the reputation of the Health Board.		Inherent Risk	4	5	20				
		Current Risk	4	4	16				
		Target Risk	4	3	12				
Key Controls		Key mitigations		Gaps (actions to achieve target risk score)		Date			
1. Raising Concerns Policy 2. Safelhaven Guidance		1. Revised new Speak Out Safety process agreed by Remuneration and Terms of Service Committee 1st February 2021. Key elements: 1. External platform for Work in Confidence now operational since July 2021 (replaced Safelhaven) - this enables staff to engage in, dependent on preference, anonymous and/or two way dialogue with Speak Out Safety Guardians and/or members of wider Multi-disciplinary Team. 2. Four Speak Out Safety Guardians commenced in post on 1st October, each undertaking this role for the equivalent of one day a week. One of these Guardians is Welsh speaker. Guardians report directly to CEO, with an independent board member to support and scrutinise Guardians' role and the new Multi-Disciplinary Team is established and meets fortnightly - the role is to review concerns raised, agree actions required, and monitor themes to identify learning. 3. Role outline for Speak Out Safety Champions has been finalised in collaboration with Trade Union partners and Champion network meetings commenced. 4. Speak Out Safety internet pages, as required by the Communication and Promotion Plan are in situ. 5. WIP4 policy (Raising Concerns) has been revised to reflect the transition to the new process. 6. Previous concerns raised through Safelhaven process have now been collaboratively managed between Safelhaven team and SOS MDT to ensure they were not 'lost' during transition phase. All cases either resolved or picked up by SOS MDT. Safelhaven has been closed down - summary report of final activity as part of closedown process has been provided and incorporated into review of SOS that went to R&TS Committee (Oct 2021)		1. Work in Confidence platform launched in early July now in operation (becomes a mitigation). 2. Four Speak Out Safety Guardians were appointed and commenced on 1st October, each undertaking this role for the equivalent of one day a week. One of these Guardians is Welsh speaker (will become a mitigation). 3. MDT now meeting fortnightly from end of June (now becomes a mitigation). 4. SOP (including a raising concerns process map) has been written and was discussed for sign off at SOS Task and Finish Group on 16/11/21, with one week given for any final comments. SOP includes agreed role outlines for Guardians, Speak out Safety Champions and independent member and terms of reference for MDT. The second iteration of the Raising Concerns Process Map has been completed following review by members of the SOS Task and Finish group and is now incorporated into the Standard Operating Procedure document for SOS (and will then become a mitigation). This includes all routes through which staff may raise concerns in addition to accessing the Work in Confidence platform. The process mapping has included concerns that may be raised through HR, Health and Safety, Patient Safety and Experience, the Office of the Board secretary (including anonymous concerns), Information Governance, Trade Union Partners and with Safeguarding the one area outstanding to be included. The process mapping ensures that the Speak out Safety process is inclusive of all routes to raise concerns and that a co-ordinated approach is taken to responding to and managing concerns. 5. Internet pages for Speak Out Safety have been developed and are live, as required by the Communications Plan (becomes a mitigation). 6. Evaluation metrics to monitor impact of new process under development (including use of data, and user impact surveys). 7. Ongoing concerns raised through Safelhaven process have been managed via liaison between SOS MDT and Safelhaven team to ensure they were not 'lost' during transition phase - all cases in Safelhaven now transferred and Safelhaven has now been closed down (becomes a mitigation). 8. The engagement with staff from across the Health Board through the Discovery phase of Mewn Undod Mae North-Stronger Together and the creation of an active on-going Stronger Together community will ensure on-going engagement with staff during the co-design and co-delivery phases of Stronger Together to support the creation of a learning culture in which staff feel more confident to and supported to raise concerns. 9. Discussion on Speak out Safety being held with the BCUH/Unit Ethnic Minority and Overseas staff network on 17.11.21		30 September 2021 (draft process mapping completed) 31st October 2021 (SOP amended to include process mapping)			
3. Dignity at Work Policy - Now Respect and Resolution Policy 4. Grievance Policy		2		1		30 September 2021			
Assessment of cases upon submission to determine most appropriate process undertaken.  Case management review takes place monthly.  Thematic review in place at operational level.		1		1. Respect and Resolution Policy is now live with FAQs to support. Additional mediators to support current mediators will be trained in the next cohort as part of the all Wales rollout. 2. Training package has been developed in BCUHB for managers and is being rolled out across the organisation in partnership, from September, with dates currently available until November 2021. An all Wales training package and resources will be developed and utilised once available. 3. Joint HR and TU training day held October including Respect and Resolution training session 4. Communication plan developed to ensure regular reminders to staff 5. Joint campaign under development to link Speak out Safety with Respect and Resolution so that staff understand the range of avenues to ensure concerns are resolved effectively		30 September 2021			
5. Performance & Development Review Policy		2		2		Draft People and Organisational Development Strategy December 2021. Co-design phase of Mewn Undod Mae North-Stronger Together October 2021 - March 2022			
Monthly analysis and reporting at operational level undertaken (as well as strategic level) to enable managers to identify areas with low compliance with PADR.  Staff Engagement, Organisational Development and HR Teams work with challenged areas to support and improve in terms of engagement/feedback/recognition/development.		2		2		1. Identify improvements to the process and documentation to support specific areas/themes. - Last changes made to the process in 2018 with extensive engagement across staff groups and roles. This resulted in simplified and lean process and paperwork along with further guidance on conducting group PADR's. Further changes to the PADR process will be part of the People and Organisational Development strategy and the co-design work for Mewn Undod Mae North-Stronger Together based on the thematic analysis of the engagement undertaken during the Discovery phase. This will ensure clear links between individual and organisational goals and alignment to individual and team goals and objectives. 2. Develop a programme for 'Dip testing' of quality of PADR against key metrics/feedback. An audit programme was implemented in 2018 but due to issues raised by staff regarding confidentiality, discussions with IG concluded that this was not the best approach to assess the quality of PADR's. Quality of PADR is emphasised in management and leadership development programmes e.g. A Sip into Management, LLM Ward Managers, Matrons development programme and any other ad hoc training. As part of on-going improvement, a peer audit tool will be developed to support assessment of the quality of PADR's which will also feature as part of the new People and Organisational Development strategy. 3. Utilise the survey function of the system implemented for Speak out safety to support identification of examples of outstanding/good and requires improvement - The Work in Confidence platform can be used to conduct pulse surveys if required in terms of assessing staff feedback on the PADR process 4. Build 'role contribution' into Strategic OD programme specification. The feedback from the discovery stage of Mewn Undod Mae North-Stronger Together will inform the People and Organisational Development strategy and co-design phase and will include improvements in the PADR process and documentation to ensure individual staff are fully aware of how their role contributes to team objectives and the wider organisational goals. 5. Review feedback from NHS Staff Survey and update divisional improvement plans. PADR and Staff Survey were standing agenda items on the Integrated Operational Workforce Groups (IOWG) which have been temporarily suspended. Divisions continue to be encouraged and supported to develop and implement local improvement plans of which PADR forms a pivotal part. The NHS Wales Staff survey platform (Clear Site) allows divisional managers to access the data relevant to their division. Discussions are underway nationally regarding the timing and content of the next national survey. The discovery phase on Mewn Undod Mae North-Stronger Together also included a review of over 80 pieces of evidence which included the results of the last national staff survey and this will also inform the new People and Organisational Development strategy and the way in which Divisional Improvement plans are taken forward and monitored for impact and progress.			
Review comments since last report on Speak out Safety: Significant progress has been made in respect of: the launch of the Work in Confidence platform; the appointment of Speak Out Safety Guardians, the Multi-disciplinary team being set up to review concerns raised, agree actions required; and, monitor themes to identify learning; the completion of the SOP inclusive of process mapping; Speak Out Safety internet pages now live; previous concerns raised through the Safelhaven process have been managed jointly by SOS MDT and Safelhaven team to ensure they were not 'lost' during transition phase; and, the engagement with staff during the Discovery phase of Mewn Undod Mae North-Stronger Together and creation of an on-going Stronger Together community to continue to engage in discussions with staff through the co-design and co-delivery stages of Stronger Together. This progress provides a number of key mitigations in terms of the culture/staff engagement risk, but the risk rating has not yet been lowered as there is evidence of potential impact and outcomes. The current risk and target risk will again be reviewed at the next update when consideration will also be given to when the target risk score will be achieved. Comments on PADR since last report: improvements to the PADR process and paperwork, ensuring individual staff objectives and personal development plans, will form part of the new People and Organisational Development Strategy and the co-design phase of Mewn Undod Mae North-Stronger Together to ensure alignment between the organisation's goals and purpose and the objectives and development plan for every member of staff and their teams. Training programme ongoing on the Respect and Resolution policy.									
Executive Lead: Sue Green, Executive Director of Workforce and Organisational Development		Board / Committee: PPPH Committee				Review Date: 16th November 2021			
Linked to Operational Corporate Risks:									

Board Assurance Framework 2021/22									
Strategic Priority 2: Strengthen our Wellbeing Focus									
Risk Reference: BAF21-12			Risk Rating		Impact	Likelihood	Score	Appetite	
Security Services									
There is a risk that the Health Board does not provide effective security services across the organisation. This is due to lack of formal arrangements in place to protect premises and people in relation to CCTV, violence and aggression, Security Contract issues (personnel), lone working, lock down systems, access control and training that provides assurance that Security is effectively managed. This could lead to a breach in the Health Board's statutory security duties.			Inherent Risk		5	4	20	Low	
			Current Risk		5	4	20	1 - 6	
			Target Risk		5	2	10		
Key Controls			Assurance level *	Key mitigations	Assurance level *	Gaps (actions to achieve target risk score)		Date	
1) There is Security provision at the three main hospital sites with 24/7 Security staff present. The Field Hospitals have adequate external security contract in place and reviewed to support the change of use of the sites until the end of March 2022 to ensure appropriate to needs of staff, landlord and patients. The external contractor is responsible for Patient Safety & Visitors and Estates Building Management. This has been increased to support Covid safe environments. 2) New Security Contractor appointed from 1.4.21 who will undertake enhanced DBS assessments of all security staff on the DGH sites.			1	Staff Training (which is V&A, module c and module d (breakaway and restrictive physical intervention) is in place Mental Health. Risk Assessments on some areas looking at physical security. V&A Case Manager to support staff when taking criminal action against assailant 44 current cases. Additional Bank staff employed to support Covid vaccination centre work and security review. Business case to identify minimum standard approach now approved for one year.	2	1) A review of Security was undertaken in August 2019 and identified a number of shortfalls in the systems management and staffing of the current security provision for BCUHB. Limited capacity within the H&S Team to implement safe system of work. Clarity on roles required to describe an effectively managed security contract and safe systems of work in areas such as lone working, restraint training, lockdown, bomb threat management and CCTV. Resources to facilitate and support V&A Security are looking at being secured, with recruitment of Bank/Agency staff until permanent post agreed. 2) Ligtature assessments require additional support to ensure safe systems of working are in place in all service areas in Mental Health and Community/Acute areas. [Update 23.11.21 A review by the HSE has identified shortfalls in ligitature risk assessments and observation that may result in a prosecution. Findings to be determined in early 2022 by the HSE.] 3) Security Contractor has been extended to 1.4.22 4) HSE currently investigating suicide in Mental Health which may result in a prosecution or improvement notice which will need to be addressed. 5) HSE planned inspection regarding the prevention of V&A on 16th-18th November. [Update 23.11.21 This inspection has identified a possible notice of contravention for violence and aggression training, policy and escalation of sanctions against violent patients to executives.] 6) A full review of the Security Services provision including, lone working, staffing, in house or external service etc. will be undertaken and findings provided to the Board by March 2022.		31 March 2022  31 March 2022  31 March 2022  31 March 2022  31 March 2022	
Specific restraint training is provided in specific areas such as mental health. General Violence and Aggression (V&A) training is provided by the Manual Handling Team.			1	Data capture and reporting systems for V&A. A 0.8 WTE V&A Case Manager is in post to support staff when criminal action is taken. The Obligatory Response to Crime has had a combined training event with North Wales Police. A plan is in place to review V&A training and with funding, can be implemented.	1	The lack of Policies staffing and structures poses a significant risk to staff, patients and visitors from V&A cases and security related activity. To control the risks a full review of Security services including, training particularly in restraint and restrictive practices is required. To ensure appropriate care, this particular aspect is delivered by competent staff. A full Security review was undertaken in September 2019 and previous reviews in 2017 by Professor Lepping and to date none of the recommendations have been implemented due to lack of appropriate resourcing. There is a lack of compliance with the NHS Wales Security Management Framework (NHS in Wales 2005) and Obligatory Response to Violence etc. Currently, V&A training is at 91% compliance with module B. However breakaway training required for the most high risk areas (module C) requires 768 staff to be trained and is 10% compliant. We are beginning to gather data on security incidents in Q2 this highlighted 841 incidents of which 154 where physical assaults on staff. 44 cases are currently going through the criminal justice system.		31 December 2021	
There are some up to date maintained CCTV systems in place. Staff in some areas have had training on use and licencing requirements. IG aware of issues in relation to data and management of CCTV.			1	There is a system for gathering data when an incident occurs if the equipment is working effectively. A task and finish group has been established to review the current systems with a view to working up a scheme to centralise the CCTV system and improve current compliance.	2	There is a lack of a structured approach to CCTV management and control. The systems are different in many service areas. A central Policy is being developed but requires significant investment to centrally control all systems. This is likely to result in a breach of the Data Protection Act if not appropriately managed. There is often limited maintenance on CCTV systems. A full review of all systems is required. Estates have committed to upgrade CCTV systems in a number of premises. A recent review identified that out of 69 CCTV cameras in place across BCUHB 23 where either wrongly placed or not working at all.		31 March 2022	
Review comments since last report: The risk title has been amended to include violence and aggression. The first action for the first key control has also been amended to include mention of bomb threat management. A review by the HSE has identified shortfalls in ligitature risk assessments and observation that may result in a prosecution. Findings to be determined in early 2022 by the HSE. A planned formal inspection on 16-18 November 2021 has identified a possible notice of contravention for violence and aggression training, policy and escalation of sanctions against violent patients to executives. In light of the findings of the HSE inspection and due to the ongoing security risk including a HSE investigation into a suicide and possible enforcement action, the current risk score has remained unchanged. Timelines for action have been extended and further information on plans to review the whole service by March 2022. Q2 identified 841 security related incidents with 154 being physical assaults on staff. The business case has identified a minimum standard approach now approved for one year. The Risk Lead considers the date by which it is anticipated that the target risk score will be achieved will be March 2022. It is acknowledged that the target risk score is higher than the risk appetite due to the complexity of services including Mental Health, Community Services and Emergency Department and Prison. The target score will remain under review as the structure for security continues to improve over the next year. Work is underway to put in place a security policy compliant with Martyn's law by March 2022.B3									
Executive Lead: Sue Green, Executive Director of Workforce and Organisational Development			Board / Committee: Quality, Safety and Experience Committee				Review Date: 23 November 2021		
Linked to Operational Corporate Risks:									



Board Assurance Framework 2021/22						
Strategic Priority 2: Strengthen our Wellbeing Focus						
Risk Reference: BAF21-13		Risk Rating	Impact	Likelihood	Score	Appetite
Health and Safety						
There is a risk that the Health Board fails in its statutory duty to provide safe systems of delivery and work in accordance with the Health and Safety at Work Act 1974 and associated legislation that could result in avoidable harm or loss.		Inherent Risk	5	4	20	Low
		Current Risk	5	4	20	1 - 6
		Target Risk	5	2	10	
Key Controls	Assurance level *	Key mitigations	Assurance level *	Gaps (actions to achieve target risk score)	Date	
Health and Safety short courses for managers and staff, and mandatory e-learning are in place, with regular monitoring reported to Strategic H&S group.	1	Competence in training in service areas has been reviewed. Plan in place through business case (subject to approval) to establish robust Safety Competence and leadership training programme. There is a three year strategy that requires implementing to support the Strategic Objectives of BCUHB.	2	1)The gap analysis of 31 pieces of legislation, 117 site specific inspections including Acute, Mental Health Community Services GP and Wrexham HMP identified significant areas of none compliance. The OHS team continues to have significant support from our trade union partners. Further evaluation of H&S systems has been led by Internal Audit. A clear plan and framework for action to firstly identify hazards and place suitable controls in place has been developed. Covid support has significantly effected the delivery of the action plan. 2) IOSH Managing Safety and Leading Safety Modules for Senior Leadership to be implemented following business case approval. 3) Estates Business Case requires approval to ensure that the structural elements of the gap analysis are effectively implemented. 4) Manual handling training compliance is not in line with the All Wales Passport. There are insufficient trainers and training rooms to be able to train all new staff (approximately 800) at this time. Business case approved but staffing and venues are still problematic.	31 December 2022   31 December 2021 31 December 2021 31 March 2022	
Policies and Sub groups have been established including Asbestos, Water Safety, Fire Electrical Safety etc. to monitor and report into the Strategic Occupational Health & Safety Group and escalate via Quarterly Reports to QSE.	1	Clearly identified objectives for the Annual plan to achieve and transfer of risk ownership for a number of high level risks to E/F as duty holder for asbestos, legionella, contractor management and control, Electricity and Fire.	1	1) Clearly identified issues escalated to Board via business cases have been reviewed but require approval for the Estates element. (H&S Business case has been approved). There remain gaps in Fire safety for a number of premises including YG -work is ongoing to obtain funding from Welsh Government 2) HSE are scrutinising work activity in many areas, planned Health Board inspection for Violence and Aggression and Manual Handling is likely to require additional actions. 3)Actions arising from the Legionella review to be implemented. 4) Improvement Notices served in respect of Adult In-patient falls - (Update: 23.22.21 - a large number of control measures have been implemented as a result. However, a formal inspection by the HSE identified limited assurance that is suitable and sufficient risk assessments can be evidenced. This is likely to result in a letter of contravention.	31 March 2022  31 March 2022 31 March 2022 31 March 2022	
Lessons Learnt analysis from COVID reported to Executive Team, through Covid Group and with action to progressed to appropriate Executives. Clear strategy from Board to deal with PPE and suitable control measures to minimise risk of transmission of Covid through risk assessment, safe distancing advice, FAQ's, ICT Audits, guidance and standard operating procedures.	2	RIDDOR reporting in place with robust timeline and tracking through outbreak groups of Datx 72 hour reviews in excess of 820 RIDDOR investigations have been undertaken since April 2020. PPE steering group has weekly meetings and a 'triple A' assurance report is provided to QSG and key issues escalated via QSE. Over 200+ site safety visits undertaken by the H&S Team to review Covid safe environments. Action cards in place to ensure movement of staff effectively managed during outbreak. Robust fit testing programme now in place and the business case for the fit testing co-ordination team has been approved for two years. There has been significant investment with fit testing equipment with an alternative respirator agreed by the Executive Team.	3	There will be a requirement to release fit testers and staff to comply with legal compliance required within all service areas. Agreed escalation process in relation to a lack of fit testers being released from their substantive roles to be reviewed again at Executive Level. Full time fit testing staff are required as the current arrangement is predicated on temporary staffing.	30 November 2022	
Executive Team understand the range and types of risks identified through Annual Report and Gap analysis. Gaps in safety including areas of inefficiency to be addressed. Internal Audit have reviewed structure of meetings and Governance procedures.	1	Strategic OHS Group established to monitor performance and workshop with OD support has looked at leadership styles and developing a positive culture with partners from finance, procurement, Estates and Facilities and Occupational Health.	2	Robust action plan with clear objectives for Team difficult to deal with all elements of legislative compliance with limited capacity. Action: Recommending specialist support to review key areas of risk and attendance at operational groups to further understand significant risks. Specific reports are now being produced but will require robust implementation via appropriate Groups.	31 December 2021	
Review comments since last report: The controls, mitigations and timelines have been reviewed, and scores remain unchanged but action timelines have been revised. The target dates for all actions relating to the 2nd key control have been extended to 31 March 2022. IOSH Managing Safety and Leading Safety Modules for Senior Leadership to be implemented following business case approval (early 2022). Estates Business Case requires approval to ensure that the structural elements of the gap analysis are effectively implemented. Manual handling training compliance is not in line with the All Wales Passport. There are insufficient trainers and training rooms to be able to train all new staff (approximately 800) at this time. Business case approved but staffing and venues are still problematic (premises to be available January 2022 and difficulty resourcing staff for manual handling training). There remain gaps in Fire safety for a number of premises including YG -work is ongoing to obtain funding from Welsh Government. HSE have identified gaps in falls, manual handling and violence and aggression likely to result in enforcement action or letters of contravention. It is anticipated that the Target Risk Score will be achieved by 31 December 2022.						
Executive Lead: Sue Green, Executive Director of Workforce and Organisational Development		Board / Committee: Quality, Safety and Experience Committee			Review Date: 23 November 2021	
<b>Linked to Operational Corporate Risks:</b> CRR20-01 - Asbestos Management and Control CRR20-02 - Contractor Management and Control CRR20-03 - Legionella Management and Control CRR20-04 - Non-Compliance of Fire Safety Systems						



Board Assurance Framework 2021/22												
Strategic Priority 5: Effective Use of Resources												
Risk Reference: BAF21-15			Risk Rating		Impact		Likelihood		Score		Appetite	
Value Based Improvement Programme												
There is a risk that the Health Board does not understand or use its resources effectively and efficiently due to a lack of implementing an appropriately resourced value based improvement programme. This could impact on the quality of outcomes for the services it delivers.			Inherent Risk		4		4		16		Moderate 8 - 10	
			Current Risk		4		3		12			
			Target Risk		4		2		8			
Key Controls		Assurance level +	Key mitigations		Assurance level +	Gaps (actions to achieve target risk score)				Date		
Performance, Finance & Information Governance (PFIG) Committee oversight via standard reporting of opportunities and savings delivered.		2	Contribution to national benchmarking programmes, providing detailed analysis of service areas and opportunities.		3	Staff recruitment to be aligned with Annual Plan and broader transformation programme approach. Integrated quality improvement and transformation structure under development, which will include the Value Based Healthcare (VBHC) team. Structure to be finalised, job descriptions signed off and banding and recruitment commenced.  (Update 12.10.21 - The structure and budget have now been signed off and refined to align with the overall transformation and improvement structure. Job descriptions have been drafted for banding. Recruitment process to be completed in quarter 3.)				31 December 2021		
PFIG Committee oversight of benchmarking data and follow up work e.g. Mental Health.		2	Drivers of the Deficit analysis and external benchmarking data used to inform Annual Plan and to identify priorities for tackling efficiency opportunities, linked to service transformation.		1	Planning and business case approach to be reviewed to capture VBHC principles. Work ongoing to finalise , adopting learning from other Health Board approaches. August Update - an approach to capturing VBHC principles has been developed and will now feed into the overall review of business case guidance which is ongoing.  (Update 12.10.21 - Further review of business case process to streamline decision making and align with improvement approach ongoing. This will consolidate VBHC principles.)				Complete		
Lessons Learnt analysis from COVID reported to Executive Team, with action to mainstream innovation and value opportunities. Reporting of progress to improvement opportunities to PFIG Committee.		2	National efficiency framework analysis to identify opportunities and cascade to Improvement Groups and Divisions.		1	Steering group to be established to drive the programme of work, supported by the VBHC structure. Progress reports to be provided to the Clinical Effectiveness Group. Initial group established; the approach to be aligned with the overall transformation approach as part of the Annual Plan refresh. Update - Arrangements to be re-set in line with overall transformation programme and focus on clinical pathways.				30 November 2021		
Clinical Effectiveness Group re-established with oversight of Value Based Healthcare within its brief.		1	1) Executive leadership changed to reflect alignment with the broader transformation approach; Director of Primary and Community Care to lead alongside the Director and Finance. 2) Initial priorities agreed and projects initiated.		2	Future system requirements to gather and report upon Patient Reported Outcomes under review as part of the national programme  (Update: 12.10.21 - No national plan has been developed. Local consideration of approaches required alignment with the digital strategy.)				31 December 2021		
Executive Team reviewing the opportunities analysis produced for Improvement Groups to identify potential areas of inefficiency to be addressed.		2	Finance Delivery Unit of Welsh Government have designed a maturity matrix for VBHC which will be used to guide and inform the programme of work.		2	Utilise the FDU maturity matrix approach to prioritise actions and subsequently undertake a formal assessment of progress.  (Update: 12.10.21 - An initial desk top assessment has been undertaken and findings will support prioritisation of future actions.)				30th November 2021		
			Direct support secured from the National VBHC Team to support the Health Board in developing and implementing the programme.		2							
			Resources have been secured from the strategic support allocation to resource the VBHC Team.		2							
			The June refresh of the Annual Plan provides clarification regarding the way in which the VBHC Improvement Programme supports the Health Board's transformational approach. VBHC is identified as a key principle within the Board's new quality improvement methodology.		2							

Board Assurance Framework 2021/22										
Aligned to Key enabler - Transformation for Improvement										
Risk Reference: BAF21-16		Risk Rating		Impact	Likelihood	Score	Appetite			
Digital Estate and Assets										
There is a risk that BCUHB cannot implement digital solutions due to available resource not keeping step with an organisational wish to become more digitally focused. This could impact on the safety of our patients, service efficiency and the reputation of the Health Board, the ability to recruit and retain staff or impact on compliance with legislation resulting in significant financial penalties.				Inherent Risk	4		5	20	Open 12 - 15	
				Current Risk	4	↔	5	20		↔
				Target Risk	4		3	12		
Key Controls		Assurance level +	Key mitigations		Assurance level +	Gaps (actions to achieve target risk score)		Date		
1.Monthly budget reviews take place with finance. Finance attendance at Informatics Senior Management Team (SMT) on a monthly basis as part of the Cycle of Business.		1	Contribution to national informatics programmes through representation both informatics and clinical i.e. Virtual Consultations, Digital Services for Patients and the Public Programme.  Development of a Digital Strategy approved by the Board on 20 May 2021.		3	1) Formal launch of Digital Strategy 2) Wider engagement to increase awareness of the Digital Strategy		Complete 31 March 2022		
2. Quarterly review of Operational Plan at SMT with Committee oversight of the delivery of the Informatics Operational Plan and budget on a quarterly basis.		2	Review of required business cases through the Business Case Review Group and to the Performance Finance and Information Governance Committee (PFIG) Committee for approval.		2	Implementation of the delivery plans of the Digital Strategy Year 1 to 2.		1 March 2022		
3. Capital and Revenue Programmes are in place and are reported at Committee level on a quarterly basis.		2	Resource risks are identified and go through the escalation process as documented in the Risk Management Strategy. This governance includes SMT, DIGC and Risk Management Group.		2	1) Established resource structure submitted, together with revenue and capital requirements for 2021/22 - decision taken by the Executive Team not to fund cost pressure for additional capacity. 2) Accordingly a review of the current projects is being undertaken which will be presented in due course to the Executive Team.		Closed  29 December 2021		
4. Quarterly review of the Digital Strategy.			Programmes and Projects are managed using agreed standard methodologies (Tailored Prince2 ) and have governance structures.		1	Development of an established resource structure and revenue and capital requirements for corporate planning in line with the strategy delivery from 2022/23. (Update: 15.11.21 - This relates to action 12379 from risk CRR20-07.)		23 December 2021		
			Regular meetings with Digital Health Care Wales in place to discuss local and national priorities and challenges.		3	Senior Leadership agreement of the Digital elements within the IMTP. (Update 15.11.21 - worked with planning and developed PDSAs and supported the development of the logic models.)		23 December 2021		
						Development of a Management of Portfolio approach so that all digital solution change initiatives are well governed, controlled and prioritised. (Update 15.11.21 - the draft is being developed.)		28 February 2022		
						Implementation Portfolio Management approach. (Update 15.11.21 - Target date extended to 30 June 2022 due to the need for alignment with the new transformation team.)		30 June 2022		
						Meeting with Digital Health Care Wales has taken place to discuss the BCUHB Priorities and Risks and plan currently in development to take account of the challenges.				
						Development of the Digital Workforce Planning Strategy		31 January 2022		
						Review of Governance arrangements (Update 15.11.21 - this relates to action 12380 of CRR20-07.)		31 January 2022		
Review comments since last report										
<p>The development of a Digital Strategy approved by the Board on 20 May 2021 has become a mitigation.</p> <p>A third action has been added for the first key control: Wider engagement to increase awareness of the Digital Strategy. The target date for completion of this action has been set at 31 March 2022.</p> <p>The Digital Strategy has been formally launched; this action is marked as complete. The findings of the review of the current projects will be taken to the December Executive Team meeting. The target date for completion of this action has therefore been extended to 29 December 2021.</p> <p>It has been made explicit that the first gap under key control, <i>Quarterly review of the Digital Strategy</i> relates to action 12379 from risk CRR20-07, for which the Executive Team had approved closure, as it duplicated this BAF risk. PDSAs have been developed with planning and the development of the logic models supported. The draft of the Management of Portfolio approach is in development. The target date for completion has been extended to 28 February 2022. The target date for the implementation of the portfolio management approach has been extended to 30 June 2022 due to the need for alignment with the new transformation team. The review of government arrangements relates to action 12380 of CRR20-07. The target and current risk scores are currently the same. Given that the current vacancy gaps are being reviewed with the informatics heads of service to identify other avenues of delivery and prioritising programme in line with available resources, the current risk score will be revised. The expected target risk score achievement date is 30 June 2022.</p>										
Note: Risk CRR20-07 has not been formally closed so will remain a linked operational corporate risk.										
Executive Lead: Chris Stockport, Executive Director of Primary Care and Community Services					Board / Committee: Partnerships, People and Population Health Committee			Review Date: 15 November 2021		
Linked to Operational Corporate Risks:										
CRR20-06 - Informatics - Patient Records pan BCUHB										
CRR20-07 - Informatics infrastructure capacity, resource and demand										
CRR21-11 - Cyber Security										
CRR21-12 - National Infrastructure and Products										

Board Assurance Framework 2021/22						
Aligned to Key enabler - Making effective and sustainable use of resources						
Risk Reference: BAF21-17		Risk Rating		Impact	Likelihood	Score
Estates and Assets Development						
<p>There is a risk that the Health Board does not systematically review and capitalise on the opportunity to develop its estates and assets due to changes in working practices (for example agile working) which could impact on recruitment, financial balance and the reputation of the Health Board.</p>		Inherent Risk	3	4	12	Moderate 8 - 10
		Current Risk	4	3	12	
		Target Risk	3	3	9	
Key Controls		Assurance level	Key mitigations	Assurance level	Gaps (actions to achieve target risk score)	
<p>Estates Strategy, monitored by Capital Investment Group with oversight at Performance, Finance and Information Governance, and Partnerships, People and Population Health Committees and Health Board.</p> <p>[Taken from the current Estates Strategy, the Health Board's risk adjusted backlog maintenance figure is £53.4m and it is estimated that circa £838m of capital investment is required to ensure current estate is fit for purpose and of a reasonable standard. These figures will be updated when the Estates Strategy is refreshed.]</p>		2	<p>1. Disposal or acquisition of assets are signed off by the Board and Welsh Government in line with the BCUHB Scheme of Reservation and Delegation (SoRD). 2. The Health Board undertakes annually an assessment of investment in infrastructure improvements and compliance - annually update backlog maintenance and capital investment requirements through the estates and facilities performance management system (EFPMS). This is a pan Wales return from all Health Boards, which defines the level of investment required within the estate. This information is used annually to update the Estates Strategy and inform both discretionary capital expenditure and all Wales major capital programmes.</p>	3	<p>Health Board, through the Workforce Strategy, to agree the standards for workforce accommodation and changes in agile working practices through modern ways of working - Stronger Together.</p>	
<p>Workforce Strategy monitored by the Health Board.</p>		2	<p>Business Case process in place with oversight by the Executive Team, Capital Investment Group, Performance, Finance and Information Governance Committee and onto Welsh Government.</p>	3	<p>Financial Planning to be agreed and secured to support the change in working practices and a digitally enabled workforce.</p>	
			<p>Collaboration on public sector assets/corporate hubs, and regional working across North Wales.</p>	3	<p>Additional Resources for Asset Management function have been identified through the Health and Safety Business Case to be approved by Performance, Finance and Information Governance Committee.</p>	
					<p>Health Board agreed Estate rationalisation programme over three years 2021 to 2023. 2021-22 overview through Performance, Finance and Information Governance Committee and oversight through the Capital Investment Group. [Disposal/rationalisation will be steered by recommendations coming out of the agile working programme, which also links to Digital]</p>	
					<p>Opportunities to progress corporate accommodation hubs in partnership with North Wales Regional Public Service Providers and Local Authorities.</p>	
					<p>Update Estates Strategy to reflect demands for flexible accommodation hubs and review current and future needs for Office accommodation. (Update 11.10.21 - The output of the Estates Strategy is expected to materialise in March 2022, which will influence the Health Board's plans for 2022 and beyond.)</p>	
					<p>The Health Board is progressing a Programme Business Case (PBC) to address fire safety and infrastructure compliance for Ysbyty Gwynedd (YG). This PBC will be submitted to the Health Board for approval and progression to the Welsh Government for funding approval. The scope of the PBC will address all risks for YG which are listed within the Corporate Risk Register. (Update 11.10.21 - feedback has been received from the Welsh Government on the submitted PBC. The next step is to complete the Welsh Government's Scrutiny Grid, which is in train.)</p>	
					<p>Development of enabling plans i.e. Finance, Workforce, Digital Strategy together with a refresh of Living Healthier, Staying Well [Digital Strategy now approved as a framework by the Health Board, however there is not currently funding identified for its implementation.] (Update: 11.10.21 - These plans are being refreshed for the 2022/23 planning).</p>	
<p>Review comments since last report: The current risk score has been increased to 12(4x3), from 9(3x3) due to significant non-compliance in backlog, and the lack of investing sufficient capital to mitigate the risks. This risk will be further updated following the deep dive at the Risk Management Group on 13 December, ahead of the Performance, Finance and Information Governance Committee meeting. The anticipated date that the target risk score will be achieved is 01 April 2022.</p>						
<p><b>Executive Lead:</b> Sue Hill, Executive Director of Finance</p>				<p><b>Board / Committee:</b> Performance, Finance and Information Governance Committee</p>		<p><b>Review Date:</b> 23 November 2021</p>
<p><b>Linked to Operational Corporate Risks:</b> CRR20-07 Informatics infrastructure capacity, resource and demand</p>						

Board Assurance Framework 2021/22									
Aligned to Key enabler - Effective alignment of our people									
Risk Reference: BAF21-18		Risk Rating		Impact	Likelihood	Score	Appetite		
Workforce Optimisation									
<p>There is a risk that the Health Board cannot attract or retain sufficient staff (core and flexible) to resource delivery of the strategic priorities due to a lack of integrated workforce planning, safe deployment systems and insufficient support for recruitment and on boarding. This could impact on the Board's ability to deliver safe and sustainable services.</p>		Inherent Risk		4		5		20	Moderate 9 - 12
		Current Risk		4	↔	4	↔	16	
		Target Risk		4		3		12	
Key Controls	Assurance level *	Key mitigations	Assurance level *	Gaps (actions to achieve target risk score)G=Gap; A=Action				Date	
<p>Establishment Control Policy and system in place.</p> <p>Pipeline reports produced monthly for review and action by managers across the organisation.</p> <p>Roster management Policy.</p> <p>Recruitment Policy.</p> <p>Safe Employment Policy.</p>	2	<p>1. Review of Vacancy control process underway to establish a system for proleptic/proactive recruitment against key staff groups/roles.</p> <p>2. Review of delivery group structure underway to ensure regional over view and leadership of planning, recruitment and retention.</p> <p>3. Workforce Service Review programme commissioned and commenced.</p>	2	<p>G. Workforce planning undertaken at a local/team level and requires a once for North Wales approach.</p> <p>G. Workforce planning skills, capacity and guidance insufficient for step change in approach and effectiveness.</p> <p>A. Development of a clear Wokforce Planning Process and Policy including vacancy control and active recruitment pipeline management in place. (Update 19.11.21 Vacancy control and activity pipeline management now in place across nursing and medical staff groups.)</p> <p>G. Previous structure for planning and recruitment dispersed across secondary care sites, area teams, MHLd. Once for North Wales approach required.</p> <p>A. Revised delivery group structure developed subject to further refinement and approval. (Update 19.11.21 delayed due to changes in the operating model across the organisation.)</p> <p>G.Use of technology requires review and improvement</p> <p>A.Scope for review of systems and usage to be drafted.</p>				<p>31 January 2022</p> <p>31 January 2022</p> <p>Completed</p>	
<p>Workforce plans for each of the core priority programmes:</p> <p>1. Existing USC delivery.</p> <p>2. Existing Planned Care Delivery.</p> <p>3. Existing TTP delivery.</p> <p>4. USC Surge Plan.</p> <p>5. Planned Care Recovery Plan.</p> <p>6. TTP resilience plan.</p> <p>7. COVID Vaccination Plan.</p>	1	<p>1. Review and development of a clear Workforce planning process.</p> <p>2. Workforce Service Review programme commissioned and commenced.</p>	1	<p>G. Workforce planning undertaken at a local/team level and requires a once for North Wales approach.</p> <p>G. Workforce planning skills, capacity and guidance insufficient for step change in approach and effectiveness.</p> <p>A. Development of a clear Wokforce Planning Process and Policy underway <i>and completed</i>.</p> <p>(Update 19.11.21 - delayed due to workforce organisational pressures and change in the operating model.)</p>				31 January 2022	
<p>Temporary Staffing Policy.</p> <p>Medical Bank Protocol.</p>	1	<p>1. Temporary Staffing Solutions Plan under development.</p> <p>2.Medical Bank established with contract with MEDACs in place for 2020/22.</p>	1	<p>G. Temporary bank primarily established to support Nursing and Health Care Support.</p> <p>A. Plan to establish BCU Temporary Staffing Solutions under development. Service to cover all staff groups and include "ready to work" pipeline. (Update 19.11.21 - the plan is being developed and should be in place by 31.12.21.)</p>				31 December 2021	
<p><b>Review comments since last report:</b></p> <p>Actions and timelines have been reviewed and updated accordingly. For the first key control, vacancy controls and activity pipeline management are now in place across nursing and medical staff groups. The target date for completion of this action has been extended to 31 January 2022. The delivery group structure has been developed subject to further refinement and approval. However, the target date for completion of this action has been extended to 31 January 2022, due to ongoing changes to the operating model across the organisation.</p> <p>For the second key control, the development of a clear Workforce Planning Process and Policy has been delayed due to organisational pressure and their impact on workforce teams and the ongoing changes to the operating model. The target date for completion of this action has been extended to 31 January 2022. For the final key control, the plan to establish BCU Temporary Staffing Solutions is under development and should be in place by 31 December 2021. The target date for completion of this action has therefore been extended to this date.</p> <p>There is an independent process review being carried out which is looking to streamline the existing recruitment process leading to efficiencies of the service and shortening the time to hire period across the Health Board. Alongside this, workforce and organisational development are carrying out a review of their operating model to support and align with the organisation's preferred operating model going forward.</p>									
<p><b>Executive Lead:</b></p> <p>Sue Green, Executive Director of Workforce and Organisational Development</p>				<p><b>Board / Committee:</b></p> <p>Partnerships, People and Population Health Committee</p>				<p><b>Review Date:</b></p> <p>19 November 2021</p>	
<p><b>Linked to Operational Corporate Risks:</b></p>									

**Strategic Priority 1: Covid 19 response**

	Assurance		Assurance						

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Linked to Operational Corporate Risks:

Board Assurance Framework 2021/22									
Aligned to Key enabler - Making effective and sustainable use of resources									
Risk Reference: BAF21-20			Risk Rating		Impact	Likelihood	Score	Appetite	
Development of Integrated Medium Term Plan 2022/25									
There is a risk the Health Board fails to deliver an approved plan incorporating service, workforce, financial balance and delivery of key performance targets to Welsh Government to ensure statutory duties are met.			Inherent Risk		4		4	16	Moderate 9 - 12
			Current Risk		3	↓	3	9	
			Target Risk		3		2	6	
Key Controls		Assurance level *	Key mitigations		Assurance level *	Gaps (actions to achieve target risk score)		Date	
Executive Team led planning process in place responsible for meeting the Welsh Government (WG) requirements for the development / implementation of an IMTP for 2022/25		2	1) Strong corporate, clinical, managerial and partnership engagement / collaboration with established and coordinated communication links including Welsh Government, Public Health Wales, and key internal and external stakeholders, e.g.: Executive Team, Planning Oversight Group, Stakeholder Reference Group, Regional Partnership Board. 2) Clear accountability across the organisation with health community led planning 3) agreed programmes with designated Executive lead, programme lead 4) Focus on consolidation of new schemes identified/introduced in 21/22 5) Alignment with the published NHS Wales Planning Framework		2	Development of a 2022-25 plan by December 2021 comprising - Prioritised Health Community Schemes - Financial Plan - Welsh Government allocation - Savings Plan - Workforce Plan - Capital and Estates - Digital - WG minimum dataset incorporating performance trajectories		31 January 2022	
Planning cycle established with outline BCUHB Planning schedule/overall approach for 2022/2025 - plan led by Assistant Director, Corporate Planning and reporting into the Executive Team and the Partnerships, People & Population Health Committee.		2	1) All new schemes for 2022/25 in place with the required Cluster Leads support. 2) Planning arrangements established to support development of a high level plan with identified support from Corporate Teams. 3) Development of commissioning intentions led by Programme Groups/ designated programme leads with input from Divisional Teams with direct reporting to the Executive Team. 3) Planning and Performance, workforce, financial and informatics functions supporting oversight of plan development.		2	Management capacity for substantive Senior Programme Leads (Update 11.11.21- Interim solution is now in place and the substantive solution will form part of the operating model review which will be completed by March 2022)		31 March 2022	
Planning cycle in place that responds to national NHS Wales planning timetable and requirements.		2	Welsh Government planning framework issued. Communications/Engagement Team support to the plan to improve the engagement.		2				



Aligned to Key enabler - Making effective and sustainable use of resources

Estates and Assets	
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Estates Strategy in place and approved by the	2	1. Development for business case for	1	Secure WG funding to support Business Cases (short	31 March 2022
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This risk will be reviewed within the context of the deep dive at the Risk Management Group meeting on 13 December.

Linked to Operational Corporate Risks:

CRR20-06 - Informatics - Patient Records pan BCU

CRR20-07 - Informatics infrastructure capacity, resource and demand

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<b>Cyfarfod a dyddiad:</b> <b>Meeting and date:</b>	Board 20 <sup>th</sup> January 2022					
<b>Cyhoeddus neu Breifat:</b> <b>Public or Private:</b>	Public					
<b>Teitl yr Adroddiad</b> <b>Report Title:</b>	Corporate Risk Register Report					
<b>Cyfarwyddwr Cyfrifol:</b> <b>Responsible Director:</b>	Nick Lyons, Executive Medical Director					
<b>Awdur yr Adroddiad</b> <b>Report Author:</b>	Justine Parry, Assistant Director: Information Governance and Risk					
<b>Craffu blaenorol:</b> <b>Prior Scrutiny:</b>	1) Quality, Safety and Experience Committee on the: <ul style="list-style-type: none"> <li>○ 7<sup>th</sup> September 2021;</li> <li>○ 2<sup>nd</sup> November 2021;</li> <li>○ 11<sup>th</sup> January 2022;</li> </ul> 2) People, Partnerships and Population Health Committee on the 14 <sup>th</sup> October 2021;         3) Audit Committee on the 14 <sup>th</sup> December 2021.					
<b>Atodiadau</b> <b>Appendices:</b>	Appendix 1 – Full Corporate Tier 1 Risk Report Appendix 2 – Full List of Corporate Risks Appendix 3 – Risk Key Field Guidance					
<b>Argymhelliad / Recommendation:</b>						
The Board is asked to:  1) Review and note the progress on the management of the Corporate Tier 1 Operational Risk Register.						
<b>Ticiwch fel bo'n briodol / Please tick as appropriate</b>						
<b>Ar gyfer penderfyniad /cymeradwyaeth</b> <b>For Decision/ Approval</b>		<b>Ar gyfer Trafodaeth</b> <b>For Discussion</b>	✓	<b>Ar gyfer sicrwydd</b> <b>For Assurance</b>	✓	<b>Er gwybodaeth</b> <b>For Information</b>
<b>Y/N i ddangos a yw dyletswydd Cydraddoldeb/ SED yn berthnasol</b> <b>Y/N to indicate whether the Equality/SED duty is applicable</b>						<b>N</b>
<b>Sefyllfa / Situation:</b>						
The Corporate Risk Register (CRR) demonstrates and provides assurance where the Health Board is mitigating and managing high-level risks to the achievement of its operational objectives.  The design of both the Board Assurance Framework (BAF) and CRR emphasises their distinctive roles in underpinning the effective management of both strategic and operational risks respectively, as well as underline their symbiotic relationship as both mechanisms have been designed to inform and feed-off each other, the BAF is now reported separately.						

Each Corporate Risk has been reviewed and updated and this report incorporates updates from the different Committees in relation to their risks.

## Summary

Of the 15 risks managed at Tier 1 of the Corporate Risk Register:

QSE recommends the inclusion of 4 new risks

- CRR21-14 - There is a risk that the increased level of DoLS activity may result in the unlawful detention of patients.
- CRR21-15 – There is a risk that patient and service users may be harmed due to non-compliance with the SSW (Wales) Act 2014.
- CRR21-16 – Non-compliant with manual handling training resulting in enforcement action and potential injury to staff and patients.
- CRR21-17 - The potential risk of delay in timely assessment, treatment and discharge of young people accessing CAMHS out-of-hours.

QSE has agreed the reduction in current risk rating of four premises related risks

- CRR20-01 - Asbestos Management and Control
- CRR20-02 - Contractor Management and Control
- CRR20-03 – Legionella Management and Control
- CRR20-04 - Non-Compliance of Fire Safety Systems

The five top risks with current risk ratings of 20 are:

- CRR20-05 – Timely access to Care Homes
- CRR20-08 – Insufficient clinical capacity to meet demand may result in permanent vision loss in some patients
- CRR21-11 – Cyber Security
- CRR21-12 – National Infrastructure and Products
- CRR21-14 - There is a risk that the increased level of DoLS activity may result in the unlawful detention of patients.

## Cefndir / Background:

The implementation of the Risk Management Strategy underlines the Health Board's commitment to placing effective risk management at the heart of everything it does while embedding a risk-based approach into its core business processes, objective setting, strategy design and better decision making. The CRR reflects the Health Board's continuous drive to foster a culture of constructive challenge, agile, dynamic and proactive management of risks while encouraging staff to regularly horizon scan for emerging risks, assess and appropriately manage them.

Teams reporting to the Lead Director (who is the Senior Responsible Officer for the risk) locally own and manage risks with support from the corporate risk team. The Risk Management Group has oversight of all risks and is scrutinised by the Executive Team who make the proposals for changes to the CRR to Board and Committees.

Following the inclusion of the 4 new risks onto the Corporate Risk Register in September 2021, a further risk is being developed in line with the QSE previous meeting recommendation and it is anticipated this will be presented during the next for escalation approval. This risk is in relation to the Health Board's resilience to uncertainty, unknowns and potential uncharted territory which could be caused by a

number of converging and novel factors. The risk will be assigned to the Executive Director of Integrated Services as it is linked to business continuity and emergency planning.

The Risk Management Group due to meet on 13 December 2021 was stood down due to the reprioritisation of meetings resulting from the Gold Command Structure being in place to response to Covid-19, matters for agreement at that meeting were undertaken via Chair's action and a follow up report to the Executive Leadership Team on 22 December 2021.

This report notes:

- 1) **The Quality, Safety and Experience Committee (QSE)** at its meeting of 7<sup>th</sup> September 2021 approved four risks for inclusion onto the CRR Tier 1:
  - a. CRR21-14: There is a risk that the increased level of Deprivation of Liberty Safeguards (DoLS) activity may result in the unlawful detention of patients;
  - b. CRR21-15: There is a risk that patient and service users may be harmed due to non-compliance with the SSW (Wales) Act 2014;
  - c. CRR21-16: Non-compliant with manual handling training resulting in enforcement action and potential injury to staff and patients and
  - d. CRR21-17: The potential risk of delay in timely assessment, treatment and discharge of young people accessing CAMHS out-of-hours.
- 2) **The QSE** also undertook the following actions during the meeting on the 7<sup>th</sup> September and 2<sup>nd</sup> November 2021 which were recommended by the RMG:
  - a. CRR20-02 - Contractor Management and Control – noted the completion of actions so that they can be archived and removed from the next reporting schedule and also the change in the Executive Director oversight for Estates and Facilities to the Executive Director of Finance. The Committee also approved the reduction in the current risk rating from 20 to 15.
  - b. CRR20-03 - Legionella Management and Control - noted the completion of actions so that they can be archived and removed from the next reporting schedule and also the change in the Executive Director oversight for Estates and Facilities to the Executive Director of Finance. The Committee also approved the reduction in the current risk rating from 20 to 15.
  - c. CRR20-04 - Non-Compliance of Fire Safety Systems - noted the completion of actions so that they can be archived and removed from the next reporting schedule and also the change in the Executive Director oversight for Estates and Facilities to the Executive Director of Finance. The Committee also approved the reduction in the current risk rating from 20 to 16.
  - d. CRR20-05 - Timely access to Care Homes - noted the completion of actions, so that they can be archived and removed from the next reporting schedule. The Committee also approved the extension to the target risk due date following the continued waves of the pandemic and the support required by the care sector.
  - e. CRR20-08 - Insufficient clinical capacity to meet demand may result in permanent vision loss in some patients - the progress in implementing actions including the insourcing work that has been done in ophthalmology and the completion of actions, so that they can be archived and removed from the next reporting schedule. The Committee approved the extension to the target risk due date following the continued waves of the pandemic and the support required by the care sector and also noted that this risk is linked to Board Assurance Framework risk on Planned Care.

- f. CRR20-13 - Nurse staffing (Continuity of service may be compromised due to a diminishing nurse workforce) - noted the completion of actions, so that they can be archived and removed from the next reporting schedule.
- 3) Due to the Board and QSE Committee date timings, it has not been possible to incorporate the feedback from QSE on the 11<sup>th</sup> January 2022 into this paper.
- 4) **The People, Partnerships and Population Health Committee** (PPPH) at its meeting held on the 14<sup>th</sup> October 2021 undertook the following actions which were recommended by the RMG:
- a. CRR20-06 - Informatics – Patient Records pan BCU – noted the work ongoing with clinical colleagues to provide the justification and evidence to quantify the risk scoring alongside clinical risks. The Committee also noted the completion of actions, so that they can be archived and removed from the next reporting schedule.
  - b. CRR20-07 - Informatics infrastructure capacity, resource and demand – noted the similarities between this risk and the Board Assurance Framework risk BAF21-16. Proposals presented to close this risk were discussed and concerns were expressed by the Committee members as it was felt the risk was not adequately reflected in the BAF. These concerns are being worked through and to ensure all outstanding actions have been mapped across into BAF21-16 for future management. It is anticipated that this position will be re-presented during the 10<sup>th</sup> February 2022 meeting for further consideration.
  - c. CRR21-11 – Cyber Security - Please note this risk is presented In-Committee to protect and maintain the security arrangements of the Health Board.
  - d. CRR21-12 - National Infrastructure and Products – noted the requirement to revise the current risk score as this is currently being reported as the same as the inherent. A proposal will be presented to the next Committee meeting in February 2022 on the outcome of this review.
- 5) Due to the revised committee structures and changes to meeting dates, it was not possible to present an approved Corporate Risk Report following scrutiny from the Risk Management Group on the 13<sup>th</sup> December 2021 to the PPPH meeting on the 9<sup>th</sup> December 2021. An updated report will be presented to the PPPH meeting on the 10<sup>th</sup> February 2022. A review of the timings for the Risk Management Group is underway to embed the revised committee reporting framework.

**Summary table of the full Corporate Tier 1 Risk Report:**

The current Tier 1 Corporate Risks are (full details of the risks and progress can be found in Appendix 1):

Risk Title	Inherent risk rating	Current risk rating	Target risk rating	*Movement
<b>CURRENT RISKS – appendix 1</b>				
CRR20-01 - Asbestos Management and Control	20	15	8	Decreased

CRR20-02 - Contractor Management and Control	20	15	8	Decreased
CRR20-03 – Legionella Management and Control	20	16	8	Decreased
CRR20-04 - Non-Compliance of Fire Safety Systems	20	16	8	Decreased
CRR20-05 – Timely access to Care Homes	25	20	6	Unchanged
CRR20-06 – Informatics – Patient Records pan BCU	16	16	12	Unchanged
CRR20-07 – Informatics infrastructure capacity, resource and demand	20	16	12	Unchanged
CRR20-08 – Insufficient clinical capacity to meet demand may result in permanent vision loss in some patients	25	20	6	Unchanged
CRR21-11 – Cyber Security	25	20	15	Unchanged
CRR21-12 – National Infrastructure and Products	20	20	12	Unchanged
CRR21-13 - Nurse staffing (Continuity of service may be compromised due to a diminishing nurse workforce)	20	16	6	Unchanged
CRR21-14 - There is a risk that the increased level of DoLS activity may result in the unlawful detention of patients.	25	20	6	New Risk, will be presented to the Board in January 2022
CRR21-15 – There is a risk that patient and service users may be harmed due to non-compliance with the SSW (Wales) Act 2014.	20	16	12	New Risk, will be presented to the Board in January 2022

CRR21-16 – Non-compliant with manual handling training resulting in enforcement action and potential injury to staff and patients.	20	16	4	New Risk, will be presented to the Board in January 2022
CRR21-17 - The potential risk of delay in timely assessment, treatment and discharge of young people accessing CAMHS out-of-hours.	20	16	8	New Risk, will be presented to the Board in January 2022

\*movement in the current risk score is measured from the last presentation to Board, and not necessarily reflective of the latest committee decisions.

Below is a heat map representation of the current corporate risk scores:

Current Risk Level		Impact				
		Very Low - 1	Low - 2	Moderate - 3	High - 4	Very high – 5
Likelihood	Very Likely - 5				CRR21-12 (PPPH) CRR21-14 (QSE)	
	Likely - 4				CRR20-03 (QSE) CRR20-04 (QSE) CRR20-06 (PPPH) CRR20-07 (PPPH) CRR21-13 (QSE) CRR21-15 (QSE) CRR21-16 (QSE) CRR21-17 (QSE)	CRR20-05 (QSE) CRR20-08 (QSE) CRR21-11 (PPPH)
	Possible - 3					CRR20-01 (QSE) CRR20-02 (QSE)
	Unlikely - 2					
	Rare - 1					

#### Asesu a Dadansoddi / Assessment & Analysis

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

The implementation of the revised Risk Management Strategy and Policy aligns with the Health Board's strategy to embed effective risk management in fostering its culture of safety, learning to prevent recurrence and continuous improvements in patient, quality and enhanced experience.

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

Continuing with the Corporate Risk Register.

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

The effective and efficient mitigation and management of risks has the potential to leverage a positive financial dividend for the Health Board through better integration of risk management into business planning, decision-making and in shaping how care is delivered to our patients thus leading to enhanced quality, less waste and no claims.

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

See the individual risks for details of the related risk implications.

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

There are no legal and compliance issues associated with the delivery of the Risk Management Strategy and Policy.

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

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

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



## Appendix 2 - Full list of all Corporate Risk Register including current risk scoring

Reference	Title	Executive Lead	Committee Oversight	Current Risk Score
CRR20-01	Asbestos Management and Control	Executive Director of Finance	QSE	15
CRR20-02	Contractor Management and Control	Executive Director of Finance	QSE	15
CRR20-03	Legionella Management and Control	Executive Director of Planning and Performance	QSE	16
CRR20-04	Non-Compliance of Fire Safety Systems	Executive Director of Planning and Performance	QSE	16
CRR20-05	Timely access to care homes	Executive Director of Primary and Community Care	QSE	20
CRR20-06	Informatics - Patient Records pan BCU	Executive Director of Primary and Community Care	PPPH	16
CRR20-07	Informatics infrastructure capacity, resource and demand	Executive Director of Primary and Community Care	PPPH	16
CRR20-08	Insufficient clinical capacity to meet demand may result in permanent vision loss in some patients	Executive Director of Nursing and Midwifery	QSE	20
CRR20-09	Potential harm to patients arising from delays in patient IVT Treatment - Not approved for escalation by QSE Committee, risk being managed at Tier 2			
CRR20-10	GP Out of Hours IT System - De-escalated by DIG Committee, risk being managed at Tier 2			
CRR21-11	Cyber Security	Executive Director of Primary and Community Care	PPPH	20
CRR21-12	National Infrastructure and Products	Executive Director of Primary and Community Care	PPPH	20
CRR21-13	Nurse staffing (Continuity of service may be compromised due to a diminishing nurse workforce)	Executive Director of Nursing and Midwifery	QSE	16
CRR21-14	There is a risk that the increased level of DoLS activity may result in the unlawful detention of patients	Executive Director of Nursing and Midwifery	QSE	20

CRR21-15	There is a risk that patient and service users may be harmed due to non-compliance with the SSW (Wales) Act 2014	Executive Director of Nursing and Midwifery	QSE	16
CRR21-16	Non-compliant with manual handling training resulting in enforcement action and potential injury to staff and patients	Executive Director of Workforce and Organisational Development	QSE	16
CRR21-17	The potential risk of delay in timely assessment, treatment and discharge of young people accessing CAMHS out-of-hours	Executive Director of Primary and Community Care	QSE	16

## Risk Key Field Guidance / Definitions of Assurance Levels

BAF / Risk Template Item	Please refer to the Risk Management Strategy and Policy for further detailed explanations	
<b>Risk Reference</b>	Definition	Reference number, allocated by the Board Secretary for the Board Assurance Framework (BAF) or the Corporate Risk Team for the Corporate Risk Register (CRR)
<b>Risk Description</b>	Definition	A summary of what may happen that could have an impact on the achievement of the Health Board's Priorities or an adverse high level effect on the operational activities of the Health Board. There are 3 main components to include when articulating the risk description (event, cause and effect):
		- There is a risk of / if ....
		- This may be caused by ....
		- Which could lead to an impact / effect on ....
<b>Risk Ratings</b>	Inherent	Without taking into consideration any controls that may be in place to manage this risk, what is the likelihood that this risk will happen, and if it did, what would be the consequence.
	Current	Having considered the key controls and key mitigation measures in place, indicate what the current risk grading is. Note – this should reduce as action is taken to address the risk.
	Target	This is the level of risk one would expect to reach once all controls and key mitigation measures are in place and actions have been completed. This would normally align to the risk appetite, however when new controls / mitigations will take longer than 12 months to achieve, an interim target may be used (see Target Risk Date).
<b>Risk Impact</b>	Definition	The consequence (or how bad it would be) if the risk were to happen; in line with the National Patient Safety Agency (NPSA) Grading Matrix, an impact of 1 is Negligible (very low), and 5 is Catastrophic (very high).
<b>Risk Likelihood</b>	Definition	The chance that the risk will happen. In line with the NPSA Grading Matrix a likelihood of 1 means it will never happen / recur, and a 5 means that it will undoubtedly happen or recur, possibly frequently.
<b>Risk Score</b>	Definition	Impact x Likelihood of the risk happening, using the 5 x 5 Risk Scoring Matrix.
<b>Target Risk Date</b>	Definition	This is the date by which the target score will be achieved. It may indicate a stepping stone to achieve the risk appetite. Where the target risk score is outside the risk appetite, this field should also include the date by which the risk appetite will be achieved.
<b>Risk Appetite</b>	Definition	The amount and level of risk that the Health Board is willing to tolerate or accept in order to achieve its priorities. This could vary depending on the type of risk. The Board will review the risk appetite on a regular basis, and have implemented a Risk Appetite Framework to allow for exceptional circumstances.
	Low	Cautious with a preference for safe delivery options.

## Risk Key Field Guidance / Definitions of Assurance Levels

	Moderate	Prepared to take on, pursue, or retain some risks for the Health Board to maximise opportunities to improve quality and safety of services.
	High	Open or willing to take on, pursue, or retain risks associated with innovation, research, and development, consistent with the Health Board's Priorities.
<b>Controls</b>	Definition	<p>These are measures/interventions implemented by the Health Board to reduce either the likelihood of a risk and/or the potential magnitude/severity of its impact were it to happen.</p> <p>A collection of strategies, policies, procedures and systems - to control the risks that would otherwise arise, and ensure care and services are delivered by competent staff who are aware of how to raise concerns [NHS WALES Governance e-manual - <a href="http://www.wales.nhs.uk/governance-emanual/risk-management">http://www.wales.nhs.uk/governance-emanual/risk-management</a>].</p> <p>A measure that maintains and/or modifies risk (ISO 31000:2018(en)).</p>
	Examples include, but are not limited to	<ul style="list-style-type: none"> <li>- People, for example, a person who may have a specific role in delivery of an objective</li> <li>- Strategy, policies, procedures, SOP, checklists in place and being implemented which ensure the delivery of an objective</li> <li>- Training in place, monitored, and reported for assurance</li> <li>- Compliance audits</li> <li>- Business Continuity Plans in place, up to date, tested, and effectively monitored</li> <li>- Contracts in place, up to date, managed and regularly and routinely monitored</li> </ul>
<b>Mitigation</b>	Definition	This refers to the process of reducing risk exposure and minimising its likelihood, and/or reducing the severity of impact were it to happen. Types of risk mitigations include the 5Ts (treat, tolerate, terminate, transfer, or take opportunity).
	Examples include, but are not limited to	<ul style="list-style-type: none"> <li>- A redesigned and implemented service or redesigned and implemented pathway</li> <li>- Business Case agreed and implemented</li> <li>- Using a different product or service</li> <li>- Insurance procured.</li> </ul>
<b>Assurance Levels</b>	1	The first level of assurance comes from the department that performs the day to day activity, for example the compliance data that is available
	2	The second level of assurance comes from other functions in the Health Board who have internally verified that data, for example quality, finance, and human resources assurance.
	3	The third level of assurance comes from outside the Health Board, for example the Welsh Government, Health Inspectorate Wales, Health and Safety Executive, and Internal/External Audit, etc.



<b>Cyfarfod a dyddiad:</b> <b>Meeting and date:</b>	Board Meeting 20 <sup>th</sup> January 2021					
<b>Cyhoeddus neu Breifat:</b> <b>Public or Private:</b>	Public					
<b>Teitl yr Adroddiad</b> <b>Report Title:</b>	Mental Health Act 1983 as amended by the Mental Health Act 2007. Mental Health Act 1983 Approved Clinician (Wales) Directions 2018. <b>Update of register of Section 12(2) Approved Doctors for Wales and Update of Register of Approved Clinicians (All Wales).</b>					
<b>Cyfarwyddwr Cyfrifol:</b> <b>Responsible Director:</b>	Dr Nick Lyons, Executive Medical Director.					
<b>Awdur yr Adroddiad</b> <b>Report Author:</b>	Meryl Roberts, All Wales Approvals Manager for Approved Clinicians and Section 12(2) Doctors.					
<b>Craffu blaenorol:</b> <b>Prior Scrutiny:</b>	Not applicable					
<b>Atodiadau</b> <b>Appendices:</b>	<b>Appendix 1:</b> Mental Health Act 1983 as amended by the Mental Health Act 2007 Mental Health Act 1983 Approved Clinician (Wales) Directions. - <u>Update of Register of Approved Clinicians for Wales.</u>  <b>Appendix 2:</b> Mental Health Act 1983 - <u>Update of Register of Section 12(2) Approved Doctors for Wales.</u>					
<b>Argymhelliad / Recommendation:</b>						
<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 Process and Criteria Document for S12 Approved Doctor approvals.</p>						
<b>Ticiwch fel bo'n briodol / Please tick as appropriate</b>						
<b>Ar gyfer penderfyniad /cymeradwyaeth</b> <b>For Decision/ Approval</b>		<b>Ar gyfer Trafodaeth</b> <b>For Discussion</b>		<b>Ar gyfer sicrwydd</b> <b>For Assurance</b>	✓	<b>Er gwybodaeth</b> <b>For Information</b>
<b>Y/N i ddangos a yw dyletswydd Cydraddoldeb/ SED yn berthnasol</b> <b>Y/N to indicate whether the Equality/SED duty is applicable</b>						<b>N</b>

**Sefyllfa / Situation:**

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.

**Cefndir / Background:**

The Approval Process is part of the legislative process relating to the Mental Health Act 1983 (as amended 2007).

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).

Applications are scrutinised by the approval team for completeness and compliance and then submitted to Panel members for their scrutiny, assessment and recommendation.

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.

Ratification is sought via a written Chair's Action letter and submitted to the Office of the Board Secretary for co-ordination and completion.

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.

The Clinician is then informed that they have received approval and this is confirmed in writing in a signed Chief Executive Officer approval letter.

The Health Board then formally ratifies decisions through this paper which is submitted on a bi-monthly basis

**Asesu a Dadansoddi / Assessment & Analysis**

The Board continues to exercise this function effectively and to work with Welsh Government to further develop the Directions that underpin this important function.

**Opsiynau a ystyriwyd / Options considered**

This is a factual report for assurance purposes.

**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 Approved Doctors across the workforce in the Principality.

Under The Mental Health (Mutual Recognition) Regulations 2008, a Section 12 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 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 Doctor approval. Welsh Government met with the Approvals Team on 20<sup>th</sup> 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 a further meeting between the Approvals Team and Welsh Government took place on 8<sup>th</sup> December 2021 to review and agree the contents. Meetings will continue to take place at regular intervals to ensure the draft Section 12 Directions are reviewed, agreed and then enacted by the Welsh Minister.

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

None.

<b>Update of Register of Approved Clinicians and Section 12 (2) Approved Doctors for Wales 27<sup>th</sup> October 2021 – 22<sup>nd</sup> December 2021</b>		
	<b>AC</b>	<b>S12 (2)</b>
<b>Approvals and Re-approvals</b>	14	4
<b>Removed – Expired</b>	2	1
<b>Approvals suspended</b>	0	0
<b>Approvals re-instated/ Reinstated and returned to work in Wales</b>	0	0
<b>Approval Ended</b>	0	0
<b>Retired</b>	0	
<b>Removed – AC approved</b>	n/a	4
<b>No longer registered &amp; retired</b>	0	3
<b>Transferred from AC register</b>	0	0
<b>No longer working in Wales</b>	5	1
<b>Registered without a licence to practice</b>	0	0
<b>RIP</b>	0	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

27<sup>th</sup> October 2021 – 22<sup>nd</sup> December 2021

### Approvals and Re-approvals: 14

Surname	First Name	Workplace	Date Approval Expires	Chair's Action
Williams	Sarah	BCUHB, Conwy CMHT, 10 Nant Y Glyn Road, Colwyn Bay, Conwy, LL29 7RB.	2 <sup>nd</sup> March 2022	Yes
Akenzua	Osaretin Anthony	Elysium Healthcare, Ty Grosvenor, Grosvenor Road, Wrexham, LL11 1BU.	27 <sup>th</sup> May 2025	Yes
D'Arch-Smith	Stuart	Cynon CMHT, Ysbyty Cwm Cynon New Road, Mountain Ash, CF45 4BZ	8 <sup>th</sup> September 2026	Yes
Talabani	Alan	Ty Gwyn Hall Hospital, Llantillio, Pertholey, Abergavenny NP7 6NY.	26 <sup>th</sup> October 2026	Yes
Van Diepen	Hendrikus Reinder	BCUHB, Hergest Unit, Ysbyty Gwynedd, Penrhosgarnedd, Bangor, Gwynedd LL57 2PW.	28 <sup>th</sup> October 2026	Yes
Siddiqui	Adeel Ahmed	Swansea Bay UHB, Central Clinic, 21 Orchard Street, Swansea SA1 5AT.	28 <sup>th</sup> October 2026	Yes
Ali	Imad Mohammed	Swansea Bay UHB, CMHT Area 2, Central Clinic, 21 Orchard Street, Swansea SA1 5AT.	14 <sup>th</sup> November 2026	Yes
Payyazhi	Girija	Aneurin Bevan UHB, Ty Bryn Adolescents Unit, St Cadoc's Hospital, Caerleon, Newport, NP18 3XQ.	27 <sup>th</sup> November 2026	Yes

Surname	First Name	Workplace	Date Approval Expires	Chair's Action
Choudhry	Naseer Ahmad	BCUHB, Home Treatment Team, Heddfan Psychiatric Unit, Wrexham Maelor Hospital, Croesnewydd Road, Wrexham LL13 7TD.	28 <sup>th</sup> November 2026	Yes
Mellor	Richard	Coed Du Hall Independent Hospital, Nantaly Road, Rhydymwyn, Mold, Flintshire CH7 5HA	28 <sup>th</sup> November 2026	Yes
Tuma	Touma Tuma Abdul Karem	BCUHB, Bryn Hesketh, Hesketh Road, Colwyn Bay, Conwy, LL29 8AT.	28 <sup>th</sup> November 2026	Yes
Clifford	John	BCUHB, Heddfan Psychiatric Unit, Wrexham Maelor Hospital, Croesnewydd Road, Wrexham LL13 7TD.	8 <sup>th</sup> December 2026	Yes
Khayyatt	Bann	Cardiff and Vale UHB, Gabalfa Clinic, CMHT, 213 North Road, Cardiff CF14 3AG.	14 <sup>th</sup> December 2026	Yes
Millington	Malcolm	Hywel Dda UHB, Sp-CAMHS, Ty Helyg, Bronglais Hospital, Caradoc Road, Aberystwyth, Ceredigion, SY23 1ER.	20 <sup>th</sup> December 2026	Yes

#### Approvals Suspended: 0

Surname	First Name	Workplace	Date Approval Expires

#### Approvals re-instated: 0

Surname	First Name	Workplace	Date Approval Expires

#### Approvals expired: 2

Surname	First Name	Workplace	Date Approval Expired
Prasad	Pravir	Cwm Taf Morgannwg UHB, Mental Health Wellbeing Centre, Zone R, Princess of Wales Hospital, Coity Road, Bridgend CF31 1RQ.	1 <sup>st</sup> November 2021
Dalrymple	Sheriffa	Swansea Bay UHB, Trehafod Child and Family Clinic, Waunarlwydd Road Swansea SA2 0GB.	7 <sup>th</sup> December 2021

**Retired: 0**

Surname	First Name	Workplace	Date Approval Expired

**No longer Registered & Retired: 0**

Surname	First Name	Workplace	Date Approval Expired

**Transferred from AC Register to S12 Register: 0**

Surname	First Name	Workplace	Date Approval Expires

**No longer working in Wales: 5**

Surname	First Name	Workplace	Date Approval Expires
Dean	Anthony	Mental Health Care UK, New Hall Independent Hospital, New Hall Road, Ruabon, Wrexham, LL14 6HB.	13 <sup>th</sup> February 2025
Henderson	William	Hywel Dda UHB,	10 <sup>th</sup> May 2025
Khan	Omair	Mental Health Care UK, New Hall Independent Hospital, New Hall Road, Ruabon, Wrexham, LL14 6HB.	18 <sup>th</sup> January 2022
Lingeswaran	Komaleswaran	Cwm Taf Morgannwg UHB	12 <sup>th</sup> March 2022
Karim	Bakir	Swansea Bay UHB	18 <sup>th</sup> January 2022

**Approvals Ended: 0**

Surname	First Name	Workplace	Date Approval Expired

**RIP: 0**

Surname	First Name	Workplace	Date Approval Expired

## APPENDIX 2

### Mental Health Act 1983

**Update of Register of Section 12(2) Approved Doctors for Wales**

**27<sup>th</sup> October 2021 – 22<sup>nd</sup> December 2021**

**Approvals and Re-approvals: 4**

<b>Surname</b>	<b>First Name</b>	<b>Workplace</b>	<b>Date Approval Expires</b>	<b>Chair's Action</b>
Alstead	Phillip	The Surgery, 40 St George's Crescent, Wrexham LL13 8DB.	26 <sup>th</sup> October 2026	Yes
Farha	Khalid Abou Mohamed Mohamed.	Cwm Taf Morgannwg UHB, Mental Health Service, General Adult Psychiatry, Ysbyty Cwm Cynon, New Rd, Mountain Ash, CF45 4BZ.	12 <sup>th</sup> December 2026	No (Due back 22.12.2021)
Mckeown	Christopher John	Betsi Cadwaladr University Health Board, Heddfan Psychiatric Unit, Croesnewydd Road, Wrexham, LL13 7TD.	14 <sup>th</sup> December 2026	No (Due back 22.12.2021)
Beechey	David	BCUHB, BCUHB, Glan Traeth Day Hospital, Royal Alexandra Hospital, Marine Drive, Rhyl, LL18 3AS.	20 <sup>th</sup> December 2026	Yes

**Expired: 1**

Surname	First Name	Workplace	Date Approval Expired
Jones	Austin Moelwyn	Powys Teaching University Health Board, Bronllys Hospital, Felindre, Brecon, Powys, LD3 0LY.	1 <sup>st</sup> December 2021

**Ended: 0**

Surname	First Name	Workplace	Date Approval Expired

**Became AC approved: 4**

Surname	First Name	Workplace	Date Approval Expires
Rhydderch	Danielle Claire	Swansea Bay UHB, Community Drug & Alcohol Team, Keir Hardie Health Park, Aberdare Road, Merthyr Tydfil, CF48 1BZ.	29 <sup>th</sup> August 2022
Thomas	Alec Ashton	Caswell Clinic, Glanrhyd Hospital, Tondur Road, Bridgend CF31 4LN.	19 <sup>th</sup> January 2022
Fitch	Sarah Catherine	Cardiff and Vale UHB, Global Link Offices, Dunleavy Drive Cardiff, CF11 0SN.	13 <sup>th</sup> August 2022
Payyazhi	Girija	Aneurin Bevan UHB, Ty Bryn, St Cadoc's Hospital, Caerleon, Newport, Gwent, NP18 3XQ	24 <sup>th</sup> January 2023

**No longer registered: 3**

Surname	First Name	Workplace	Date Approval Expires
Velusami	Othimalaigounder	GP Practice, Caer Medical Centre, 71 Gaer Road, Newport, NP20 3GX	16 <sup>th</sup> November 2021
Rule	Joan	Swansea Bay UHB, Cefn Coed Hospital, Swansea, SA2 0GH.	15 <sup>th</sup> November 2021
Palia	Satnam Singh	Royal Glamorgan Hospital, Ynysmaerdy, Pontyclun, CF72 8XR.	25 <sup>th</sup> November 2021

**Transferred from AC Register: 0**

Surname	First Name	Workplace	Date Approval Expires

**No longer working in Wales: 1**

Surname	First Name	Workplace	Date Approval Expires
Black	Lori	Cardiff and Vale UHB, Llandough Hospital, Penlan Road, Cardiff CF64 4XX.	18 <sup>th</sup> March 2026

**RIP: 0**

Surname	First Name	Workplace	Date Approval Expires

Retired: 0

Surname	First Name	Workplace	Date Approval Expires





<b>Cyfarfod a dyddiad: Meeting and date:</b>	Health Board 20 January 2022						
<b>Cyhoeddus neu Breifat: Public or Private:</b>	Public						
<b>Teitl yr Adroddiad Report Title:</b>	Documents signed under seal 1.6.21 – 31.12.21						
<b>Cyfarwyddwr Cyfrifol: Responsible Director:</b>	Louise Brereton, Board Secretary						
<b>Awdur yr Adroddiad Report Author:</b>	Liz Jones, Assistant Director, Corporate Governance						
<b>Craffu blaenorol: Prior Scrutiny:</b>	All the documents signed under seal listed have followed the appropriate approval route prior to sign-off.						
<b>Atodiadau Appendices:</b>	A list of documents signed under seal processed during the time period 1.6.21 – 31.12.21 is presented at appendix 1.						
<b>Argymhelliad / Recommendation:</b>							
The Board is asked to note the list of documents signed under seal.							
<b>Ticiwch fel bo'n briodol / Please tick as appropriate</b>							
<b>Ar gyfer penderfyniad /cymeradwyaeth For Decision/ Approval</b>		<b>Ar gyfer Trafodaeth For Discussion</b>		<b>Ar gyfer sicrwydd For Assurance</b>		<b>Er gwybodaeth For Information</b>	<b>x</b>
<b>Y/N i ddangos a yw dyletswydd Cydraddoldeb/ SED yn berthnasol Y/N to indicate whether the Equality/SED duty is applicable</b>						<b>No</b>	
Not applicable to an update of this type.							
<b>Sefyllfa / Situation:</b>							
The Board is presented with a list of documents signed under seal at least twice per year, to comply with Standing Order 9.1.1.							
<b>Cefndir / Background:</b>							
Legal documents such as contracts, leases, land transfers, remedial works, licenses and deeds are required to have the Health Board's seal applied at the time of signing. Standing Orders require the Board to be sighted on the relevant list of documents.							
<b>Asesu a Dadansoddi / Assessment &amp; Analysis</b>							
<b>Goblygiadau Strategol / Strategy Implications</b>							
Strategy implications would have been considered at the time that the business listed was originally approved via Board, Committees or Executive Team.							
<b>Opsiynau a ystyriwyd / Options considered</b>							
Not applicable to an update of this type.							

**Goblygiadau Ariannol / Financial Implications**

Financial implications would have been considered at the time that the business listed was originally approved via Board, Committees or Executive Team.

**Dadansoddiad Risk / Risk Analysis**

Risks would have been considered at the time that the business listed was originally approved via Board, Committees or Executive Team.

**Cyfreithiol a Chydymffurfiaeth / Legal and Compliance**

Legal and compliance issues would have been considered at the time that the business listed was originally approved via Board, Committees or Executive Team.

**Asesiad Effaith / Impact Assessment**

Impact assessments would have been considered at the time that the business listed was originally approved via Board, Committees or Executive Team.

## Appendix 1

<b>Document</b>	<b>Date of processing</b>
Dolgellau & Barmouth District Hospital	30/06/2021
Agreement under section 38 & 278 of the Highways Act 1980 - Ruthin Community Hospital	19/07/2021
Lease of former Llesty Hospital Infirmary Building, Old Chester Road, Holywell, CH8 7SG	19/07/2021
Lease - Sector House, Argyll Road, Llandudno, LL30 1FA	19/07/2021
Unit F7, Croesnewydd Hall, Wrexham Technology Park , Croesneydd Road, Wrexham, LL13 7YP	16/08/2021
Units 14 & 15 Gwenfro, Wrexham Technology Park, Croesnewydd Road, Wrexham LL13 7YP	16/08/2021
Harlech Primary Care Centre, Ffordd Morfa, Harlech	16/08/21
GMS Premises at Buckley Primary Care Resource Centre	20/09/2021
Licence to Occupy on short-term basis - CAMHS Methodist Church	20/09/2021
OpTIC Centre Innovation Centre License - Unit 20 OpTIC Centre, St Asaph Business Park	20/09/2021
CT Scanner Enabling Works, Ysbyty Glan Clwyd, Bodelwyddan x 2	20/10/2021
Ysbyty Enfys Brailsfor (YEB) Reinstatement, Llys Derwen, Llysfaen, Colwyn Bay, Conwy, LL29 8SS x 2	20/10/2021
Venue Cymru Reinstatement, Venue Cymru, Llandudno, Conwy, LL30 1BB x 2	20/10/2021
Wrexham Maelor Pharmacy Robot Replacement Enabling Works, Wrexham Maelor Hospital LL13 7TD x 2	20/10/2021
X-Ray Room 8, Ysbyty Gwynedd, Bangor, Gwynedd, LL57 2PW x 2	20/10/2021
Eryri Hospital X-Ray Upgrade Enabling Works, Eryri Hospital, Caernarfon x 2	20/10/2021
Wrexham Maelor Hospital - Business Continuity Programme - Supply Chain Partner Contract and <b>Parent Company Guarantee x 3</b>	20/10/2021
Wrexham Maelor Hospital - Business Continuity Programme - Supply Chain Partner <b>Contract</b> and Parent Company Guarantee x 2	20/10/2021
Pharmacy Robot Replacement Ysbyty Gwynedd, Bangor LL57 2PW x 2	20/10/2021

License to Occupy on short term basis - Llaingoch Community Hall, South Stack Road, Holyhead	21/10/2021
License to Occupy on short term basis - Forge Road Surgery, Southsea, Wrexham	28/10/2021
Lease - Block 5, Carlton Court, St Asaph Business Park, St Asaph, LL17 0JG.	04/11/2021
Conditions and Observations - Llys Y Derwen, Unit D2, Parc Menai Business Parc, Bangor	03/12/2021
Deed of covenant due to the purchase of Bron Ardd, Station Road, Llanfairfechan	03/12/2021
License to Occupy on Short Term Basis - Unit D2 Parc Menai, Bangor	03/12/2021
Tenancy at Will for RVS Mobile café & Storage Rooms - Ysbyty Gwynedd Hospital, Bangor, Gwynedd LL57 2PW	21/12/2021
Deed of covenant due to the purchase of Bron Ardd, Station Road, Llanfairfechan	22/12/2021
Lease of land at Cefni Hospital, Bridge Street, Llangefni, LL77 7PP	22/12/2021
Sub Lease of 1st Floor Accommodation - 14 Llys Castan, Chestnut Court, Parc Menai Business Park, Bangor, LL57 4FH	22/12/2021



<b>Cyfarfod a dyddiad:</b> <b>Meeting and date:</b>	Betsi Cadwaladr Health Board Meeting 20 <sup>th</sup> January 2022						
<b>Cyhoeddus neu Breifat:</b> <b>Public or Private:</b>	Public session						
<b>Teitl yr Adroddiad</b> <b>Report Title:</b>	Winter Resilience Plan 2021/2022						
<b>Cyfarwyddwr Cyfrifol:</b> <b>Responsible Director:</b>	Gill Harris, Executive Director of Nursing and Midwifery, Deputy CEO						
<b>Awdur yr Adroddiad</b> <b>Report Author:</b>	Phil Orwin, Interim Regional Delivery Director						
<b>Craffu blaenorol:</b> <b>Prior Scrutiny:</b>	Executive Team (recommendation for adoption, with further work to be undertaken as a result of the emergent understanding of the path of the pandemic and likely pressures and scenarios)						
<b>Atodiadau</b> <b>Appendices:</b>	Winter Resilience Plan 2021/2022						
<b>Argymhelliad / Recommendation:</b>							
<b>Ticiwch fel bo'n briodol / Please tick as appropriate</b>							
<b>Ar gyfer penderfyniad /cymeradwyaeth</b> <b>For Decision/ Approval</b>	<b>X</b>	<b>Ar gyfer Trafodaeth</b> <b>For Discussion</b>		<b>Ar gyfer sicrwydd</b> <b>For Assurance</b>	<b>X</b>	<b>Er gwybodaeth</b> <b>For Information</b>	
<b>Y/N i ddangos a yw dyletswydd Cydraddoldeb/ SED yn berthnasol</b> <b>Y/N to indicate whether the Equality/SED duty is applicable</b>						<b>N</b>	
N/A							
<b>Sefyllfa / Situation:</b>							
<p>This paper introduces the Winter Resilience Plan 2021/22. It signposts to the detail in the Winter Plan relating to the process for managing winter pressures (with reference to the pandemic). It also signposts and details current and potential surge capacity, the operational triggers and assessments of when that capacity may be required, and additional steps under consideration to enable our keeping capacity available and our patients safe.</p> <p>However, whilst 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 our 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. We have been experiencing health services challenges caused by the ongoing impact of Covid-19.</p> <p>As a result we have developed the Betsi Cadwaladr University Health Board (BCUHB) Resilience Plan (the Plan) built on work developed through the Urgent and Emergency Care improvement programme. The Plan is in line with the Unscheduled Care Improvement Plan and is aligned to the six goals for urgent and emergency care. It also responds to the eight priorities in the Welsh Government Health</p>							

and Social Care Winter Plan 2021-22, which has a clear focus on prevention against the five main areas of harm from Covid-19.

This plan, therefore, describes how BCUHB is and will respond to the current challenges of the Winter period and pandemic demand and issues, but also provides an approach moving forwards into strengthening BCUHBs overall operational resilience.

The plan also details the £2.213m WG funding awarded for our Plan and our associated assurance (appendix1), and other funding applied, noting also the scrutiny and positive feedback on this plan from subject matter experts in Welsh Government.

### **Cefndir / Background:**

The purpose of this paper and attached Winter Resilience Plan 20221/2022 document is to:

1. Introduce and secure sign-off for the Health Board's Winter Plan 2020/2021 (Revision 5), in light of changing circumstances
2. Outline the process envisaged and work underway to to manage pandemic and other winter pressures (*Full document*)
3. Detail the current and potential surge capacity to ensure delivery of as safer service as is possible
4. Details the operational triggers and associated reponse at health economy and acute unit level (*Section 13*)
5. Details additional ideas, approaches and actions which are being developed to assist the Health Board to manage demand and keep essential services running and safe during this period (*Section 14*)
6. Provide information and assurance on how the Health Board's Winter Resilience Plan 2020/2021 is being developed and implemented to ensure management of the current and future pandemic and winter pressures (*Full document*)

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

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

The Winter Plan 2021/2022 is consistent with the direction of the Welsh Government and NHS Wales in addressing the current and potential challenges facing the Health Board, whilst keeping patients safe, ensuring increased demand is met and protecting the continuation of other health services to the local populations we serve.

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

Options in relation to the provision of additional bed capacity are described in *Appendix 3*, the maximisation of these options will deliver an additional circa 527 beds (302 through surge and 225 through discharge/transfer of OMFD patients).

Further potential options in relation to approaches to better manage demand and protect services are described in *Section 14* of the Winter Plan 2021/2022

## Goblygiadau Ariannol / Financial Implications

The financial impact associated with the Winter Plan's 2021/2022 defined schemes is £2.8m, which is funded from our core allocation from Welsh Government. There may be emergent costs associated with further pandemic surge which will be quantified and reported appropriately as further actions are agreed and implemented.

The £2.8m proposals approved, or pending approval, can be categorised as follows:

Categories	Number of Proposals	Total Estimated Cost (non-recurring)
Access	8	£469,264
Digital Support	2	£106,183
Health Improvement	5	£198,874
Long Term Conditions	10	£1,281,860
Medicines Management	1	£23,940
Quality & Sustainability	1	£316,542
Unscheduled Care	3	£398,895
<b>TOTAL</b>	<b>30</b>	<b>£2,795,558</b>

In addition, Welsh Government has allocated a further £2m across all health boards to support the winter plan in relation to the ongoing development of a social model of care, with a stronger focus on wellbeing and prevention and understanding the opportunities that exist across health, social care and the third sector in order to really understand what matters to people and make every contact count.

## Dadansoddiad Risk / Risk Analysis

Risks inherent within the plan and the operating environments fall under the following categories:

- Increase in Covid-19 transmission, infection, and other seasonal illnesses.
- Workforce capacity and recruitment of additional resource required to deliver Substantive and additional schemes
- Environment - existing infrastructure and social distancing constraints
- Enhanced Bed spacing as a consequence of IPC guidance
- Unscheduled Care attendances
- Optimised Medically Fit for Discharge (OMFD) patients
- Planned Care – Essential and Elective Services
- The potential impact of urgent staff redeployment to support vaccination and other Covid-19 related activity on core service provision such as outpatients and elective inpatient care
- The risk of staff sickness caused by Covid-19 and associated self isolation as a result of rising case numbers

- The resilience of staff to face increasing demand and pressure after their experiences of the pandemic to date

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

There are no known legal or compliance issues as all actions are being taken in the context of Welsh Government and NHS Wales direction.

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

There has been no separate impact assessment done on the Winter Plan 2021/2022, as the assessments are held and have been developed in response to each of the schemes and approaches described within the plan. A risk register in relation to the pandemic has been developed and will be reviewed and managed through the command structure of silver and gold, and will be reported to the Health Board through the standard risk management processes.



# Betsi Cadwaladr University Health Board Resilience Plan 2021-22 Draft v 0.06

## **Reporting Arrangements**

21/12/21 & 12/01/22    *Executive Team*  
20/01/22                *BCUHB Health Board public meeting*

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## 1. Executive Summary

Whilst 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 our 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. We have been experiencing health services challenges caused by the ongoing impact of Covid-19.

We have developed the Betsi Cadwaladr University Health Board (BCUHB) Resilience Plan (the Plan) built on work developed through the Urgent and Emergency Care improvement programme. The Plan is in line with the Unscheduled Care Improvement Plan and is aligned to the six goals for urgent and emergency care. It also responds to the eight priorities in the Welsh Government Health and Social Care Winter Plan 2021-22, which 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.

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.

The plan confirms the allocation of resources provided by WG to BCUHB of £2.213m, and associated assurance. (Appendix 1)

The Plan includes critical operational triggers that will be reported through the daily Tactical Control Centre (TCC) to the System Lead or Silver On-Call, along with normal metrics such as SITREP levels, risk and SaPhte scores for the Health Board. The triggers will identify local system pressures and what local actions have been taken, and inform sister sites and services of additional surge / contingency plans that need to be considered to reduce harm and maintain operational effectiveness.

The triggers compliment local winter contingency plans developed by each service. They include delivery of SAFER and SORT actions (methodologies which 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.

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 rotas that will report to the Gold-Silver Command Operational Resilience structure. The TCC includes reports from acute, community, mental health, and women's services.



## 2. Introduction

Winter pressure is a well-recognised issue for the NHS and presents significant challenge for the health and social care system typically with an increase in unplanned presentations to primary care, Emergency Departments (EDs) and admissions to hospital, which subsequently affects system capacity and flow. There are significant pressures on the social care and independent sector also as needs increase and capacity to respond is challenged.

When flow across a hospital slows EDs become overcrowded, breaches occur with the potential for poorer patient outcomes and experience. Patients may not receive the most appropriate care resulting in longer lengths of stay, the need to open escalation beds and ambulance delays, which adversely affect response times to emergencies in our local communities.

We know that overcrowding in EDs is unsafe and affects quality of care and patient experience; it is a gauge of whole-system capacity and resilience and as such, whole-system planning and action is required to mitigate the impact. ED capacity has been further reduced with the implementation of Covid-19 safety measures including social distancing, screening, and cohorting of patients.

This Resilience Plan describes the arrangements to manage the anticipated increased demand across Health Board services. The Plan builds upon the Unscheduled Care Improvement Plan as well as further learning from the Covid-19 pandemic that will inform system changes to ensure resilience across the health and social care system over the winter months. This includes new ways of working within the Health Board and with partners to avoid admissions where possible and reduce the number of prolonged admissions. 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 during the winter period, with the proposals in the plan representing 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.

Throughout 2021/22, we have continued to work in partnership with Welsh Ambulance Service Trust (WAST), Local Authorities and third sector organisations, and our Plan should be read in conjunction with the winter plans developed by our partner organisations.

### 3. Principles and Priorities

In line with the WG Health and Social Care Winter Plan 2021/22, the intent of the Health Board Plan is to prevent harm, as set out in the five areas below:



#### **Harm from COVID itself:**

- Maintain infection prevention and control measures to keep you safe
- Protect the public through delivery of COVID booster, and Test Trace Protect

#### **Harm from an overwhelmed health and social care system:**

- Protect the public through flu vaccination
- Utilise hospital care only for those in need of hospital care
- Ensure urgent and emergency care services are there for those who need them
- Ensuring social care has the resources to support care delivery

#### **Harm from reduced non-COVID activity:**

- Maintain essential services across primary, community and secondary care
- Protect cancer services to maintain lifesaving diagnosis and treatment
- Maintain planned care where it is safe to do so
- Protect children's services maintaining them throughout winter

#### **Harm from wider societal actions/ lockdown:**

- Ensure mental health crisis services are available
- Maximise the available mental and emotional wellbeing support services
- Keep people informed through a Winter Communications Plan

#### **Harm from new or existing inequalities:**

- Ensure vulnerable groups are prioritised for COVID-19 and flu vaccination

The Plan also seeks to address the eight priorities in the WG Health and Social Care Winter Plan 2021/22:

1. Protecting us from COVID
2. Keeping people well
3. Maintaining safe health services
4. Maintaining our social care services
5. Supporting our health and social care workforce
6. Supporting unpaid carers
7. Keeping everyone informed
8. Working together across Wales

#### **4. Protecting us from COVID**

Together with our partners in the RPB, 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 currently are working formally through a Strategic Winter Pressures Group, which was established to share awareness of and respond to pressures in the whole system, particularly affecting health and social care. The Group is intended to provide a route for the RPB's leadership group to be able to seek swift senior action to presenting 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

A regular data pack updating on key metrics is presented including on system pressures in health, social care and independent sector.

The need to address the balance of harms 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 updated – for example, the revised Infection prevention and Control Guidance issued in November 2021.

#### 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.

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.

At the time of updating of this Plan (as at 04.01.22), following the identification of the Omicron variant our Business Intelligence Unit is working with the national planning and policy assumptions are being developed by the Technical Advisory Cell to identify the likely impact of a wave of Omicron on the Health Board in January 2022. It is likely our response will need to be further amended in response to the predicted wave.

#### 4.2 COVID-19 Vaccination Programme

Vaccination is a key mitigation for this winter in 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.

The Health Board was the first to commence the booster programme, and is continuing to deliver this alongside the third doses for immunosuppressed people and initial doses for young people. The parameters for the booster programme have been amended rapidly in response to the Omicron variant and the programme team have worked through the plan to ensure that the delivery of a booster vaccination to all



eligible adults is completed by the end of December 2021.

Monitoring of the current Covid-19 vaccination position is weekly through the Executive Team. As at 31<sup>st</sup> December 2021, all eligible adults have been offered a booster vaccine.

Complementary to the Covid-19 vaccination programme, influenza vaccination for staff has commenced and at day 68, 10,687 doses had been delivered against the target level of 14,907 (this target represents 80% of staff members).

#### 4.3 Test Trace and Protect (TTP)

The TTP programme is continuing, and plays an essential role in the management of Covid-19.

Testing will be provided at the Community Testing Units (CTUs), Regional Testing Sites (RTSs) and Local Testing Sites (LTSs.) Mobile Testing Units are also in use and are deployed to support identified need. MTUs were deployed in Pwllheli, Dolgellau, Caernarfon, Llanfairfechan, Denbigh, Holyhead and Mold. The Testing service has plans to test travellers returning to the UK from red list countries, in response to the emergence of the new Omicron variant as and when required. As community transmission spreads it is expected demand for testing will increase and the services will be seeking to identify surge capacity to respond.

Contact tracing is provided by the six Local Authority Contact Tracing Teams and the Regional Hub. Again, it is expected that demand will increase as community incidence grows. The Omicron variant has been classified as very high priority for the purposes of case management and it is expected case numbers for Omicron infection will rise over coming weeks.

The Protect programme has established six Community Support Hubs, one in each county across North Wales. The Hubs provide LFD kits for the public, but also offer support and advice in relation to money, housing, mental health and other areas of concern for the local community. The hubs are a partnership development with Local Authorities, third sector and other public services. Partnership work is continuing to develop additional hubs in Blaenau Ffestiniog and Pwllheli, and Local Authorities currently have the opportunity to seek additional funding from WG to establish new hubs. The Protect service has offered support for prompt mobilisation and linkages with the current BCU HB hub network.

#### 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 updated – for example, the revised Infection Prevention and Control Guidance issued in November 2021. 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 have been trained as Infection Prevention and Control champions, and positive action is being taken to prevent nosocomial infection. All visitors to inpatient wards are now required to provide a negative lateral flow test result before their appointment to visit, and to

undertake screening including temperature check. Inpatients are being tested on admission and twice a week to ensure effective management of any patients who are Covid-positive.

## 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 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 can signpost and support people to resources and services that will help them stay well and prevent deterioration.

### 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 has been running successfully.

A business case is in development 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 2021/22 flu vaccination programme 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.

A Flu Campaign Hub has been established for BCUHB staff to make information and resources available to promote the campaign. 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 NIV services for Covid-19 patients. A post-Covid clinic has been set up in the West which is consultant led and other two areas are seeing patients on an ad hoc basis. With regards to community respiratory services, there are some services for supported discharge and pulmonary rehab (which is just beginning to restart following Wave 3 of Covid).

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, patients can be supported by the Choose Pharmacy, common ailments scheme.

## 6. Maintaining safe health services

### 6.1 Health inequalities and vulnerable groups

It is well recognised that health inequalities have been exacerbated as a result 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 were 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.

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 response 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.
- 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, and Older Person's Crisis Care.

A mapping exercise is underway to define the functions of all elements in the current and proposed crisis response system, to identify any gaps or overlaps in service provision and document the possible impact across the system. This will help define and unify the direction of travel for the crisis care system and ensure that each service's roles and responsibilities align.

An options appraisal for the 111 Mental Health Practitioner service is in development.

### 6.3 Primary and community services

#### Primary Care

Primary care services are currently facing 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, e.g. accuRx, e-Consult
- 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
- Continue to develop and evaluate Urgent Primary Care Centres

Working with the GP practices, clusters and the Local Medical Committee (LMC), a number of further actions are being 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, 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.
- Relaunch of the escalation framework, encouraging all practices to record their levels to inform local intelligence and response, as well as the all Wales understanding of pressures.
- Completion of a 'deep dive' access survey by GP practices the week commencing 1st November to provide a better understanding of the current capacity and also with the aim of commissioning additional clinical sessions over and above those currently being provided via the GMS contract and regulations.
- Implementation of thirty primary and community transformation schemes, where clusters were invited to prepare proposals to test innovative ways of working. These schemes are supported from internal non-recurring funding as well as an additional allocation of £226K from Welsh Government to provide health checks for patients with chronic conditions. The total additional investment over the winter months will be between £2-2.8million. Further detail has been requested in relation to two of the schemes approved in principle which may increase the estimated spend.
- 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.

The proposals approved (or pending approval) can be categorised as follows:

<b>Categories</b>	<b>Number of Proposals</b>	<b>Total Estimated Cost (non-recurring)</b>
<b>Access</b>	8	£469,264
<b>Digital Support</b>	2	£106,183
<b>Health Improvement</b>	5	£198,874
<b>Long Term Conditions</b>	10	£1,281,860
<b>Medicines Management</b>	1	£23,940
<b>Quality &amp; Sustainability</b>	1	£316,542
<b>Unscheduled Care</b>	3	£398,895
<b>TOTAL</b>	<b>30</b>	<b>£2,795,558</b>

In addition, the WG has allocated a further £2m across all health boards to support the winter plan in relation to the ongoing development of a social model of care, with a stronger focus on wellbeing and prevention and understanding the opportunities that

exist across health, social care and the third sector in order to really understand what matters to people and make every contact count. This funding has been made available to clusters that can put in place and deliver this social model of care particularly working with the third sector. Whilst this funding is specific to clusters it is complementary to the wider package of support in relation to winter plans provided through Regional Partnership Boards, Health Boards, Local Authorities and the third sector. The allocation for north Wales clusters is £452K and cluster leads have been working with their Area teams to develop additional support.

#### 6.4 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/>

BCUHB secured £1.19million of Welsh Government Adferiad Funding 2021/22 and have used this funding to establish a Long-Covid Recovery Programme working with regional partners and expert patients by experience with the aim of providing the required levels of care and support for our patients and staff to address the longer-term effects of Covid-19. The first objective of the programme is to develop the patient pathways as required to support the local population manage the longer-term health conditions resulting from Long-Covid and improve their outcomes.

The Long-Covid Programme is using WG Adferiad Funding to prototype a MDT Long-Covid Service from Llangollen Health Centre in the East, and plans are in place to scale-up at pace across all BCUHB regions to ensure equity of service.

#### 6.5 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. We also participate in the task group for the care of critically ill children.

There is close collaboration with the North West paediatric network as well and information regarding SitReps is shared through this route.

#### 6.6 Essential services

BCUHB is maintaining essential and urgent services in line with local and national priorities. Urgent cancer and urgent elective P2 operating are continuing. The three acute sites will operate as a network to prioritise available capacity for patients as required, as was undertaken during previous waves. 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.

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

## 6.7 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.

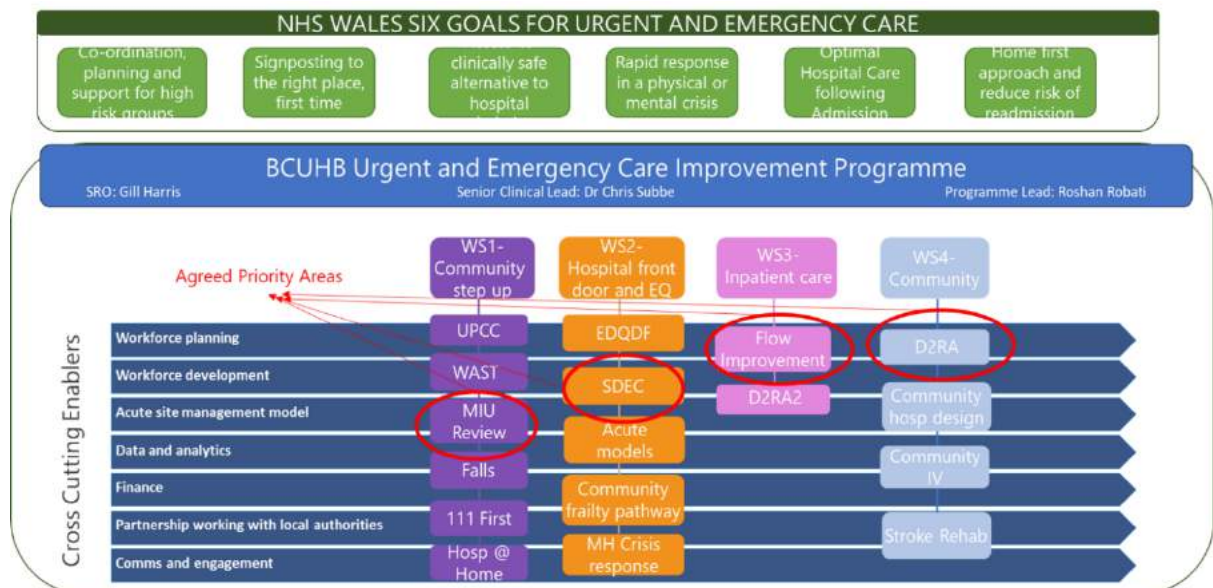
The Board has developing a six point Planned Care Recovery Plan to address the elective waiting list backlog, further work is ongoing to finalise the action plans, which will underpin the plan for the remainder of 2021/22, and 2022/23. The aspiration to achieve 80% of the 2019/20 i.e. pre-Covid activity levels is unlikely to be achieved this financial year and it is recognised that the recovery timetable will last for up to five years.

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 2021/22.

## 6.8 Urgent and emergency care

The Health Board has established the USC Improvement Programme, the structure for which is set out in the diagram below.





The programme has four current work streams, and management is through the Senior Responsible Officer (SRO) and the Executive Team.

Operational teams have developed proposals to mitigate the anticipated Winter Pressures, see section 12 – Schemes to support delivery over winter. 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 held a System Resilience and Contingency Planning Meeting with a team from WG on 8<sup>th</sup> October 2021. A challenge was set to the Board to undertake actions that would solve the issue of congestion and poor patient flow without relying on the interventions of external partners. Following this meeting, BCUHB produced a 10-point response comprising operational and transformational actions, which is available on request.

## Community Services

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.

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.
- 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
  - Develop SOP for pathway from MIU into x-ray and speciality
  - A robust and updated directory of services at Health board level.
- Expansion of UPPC in East and its development in West and Centre
- Falls response and management in community to achieve a safe reduction in conveyance of people who had a fall by ambulance to Emergency Departments.

## 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 EDs.
- Clinical criteria for managing patients waiting in an ambulance
- 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.
- Outcome focused Board Rounds with senior decision makers involved with patient discharge from day of admission
- Adoption and expansion of Criteria Led Discharge to all wards.
- Creation of medically optimized wards.

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 an additional 19 beds into operation at Aberconwy ward, Llandudno Hospital (LLGH) in Centre area as an alternative to the use of Enfys Deeside hospital. The model of care for these beds is to support the needs of our medically fit for discharge patients with a focus on nurse led discharge and therapy support. East and West areas have developed plans to use Residential Home capacity for patients who can "step-down" from hospital care.

The option to commission a Temporary Hospital facility in the previous location of the Enfys Deeside hospital is also being developed.

- **Surge Capacity**

All acute and community hospital sites have reviewed possible 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 detailed in Appendix 3.

- **Escalation plans**

Escalation plans are in place for RSV (children's services), adult Critical Care (under review, due to anticipated requirement for high dependency care) and general acute capacity in community and acute hospitals.

- **Military support and critical friend**

Building on the success of the "check-and-challenge" process undertaken during the early pandemic period; the HB is actively engaging with the military (commissioned by WG to support WAST) to test the developing Winter plans. This assistance is on an All Wales basis, and there is the opportunity to share good practice through this process.

## 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.

With regards to winter planning, several 'combined' health and social schemes were submitted from the Health Board to the Regional Partnership Board on 16<sup>th</sup> September 2021 for review and consideration prior to national WG guidance and funding clarification. A letter dated 26<sup>th</sup> October 2021 confirmed funding allocation of £2.216m for North Wales Regional Partnership Board to assist in delivery of winter planning at a regional level which set out that this was required to be led by the Partnership. The Health Board supported the monies be allocated to Local Authorities with the expectation that this would also eliminate placement delays.

A WG letter dated 3<sup>rd</sup> November 2021 from Albert Heaney, Chief Social Care Officer and Alex Slade, Interim Director of Primary Care confirmed BCUHB funding allocation of £452,000 from an all Wales allocation of £2m to support the social model of care component of the Primary Care Model for Wales. This funding is therefore available to use with immediate effect between now and 31<sup>st</sup> March 2022.

## 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 continue throughout the autumn / winter 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. The communications team is supporting the Gold and Silver command structure and proactive messaging is being developed to inform our population of current issues. The website is updating details of booster vaccination availability daily.

The option to commission a Temporary Hospital facility in the previous location of the Enfy's Deeside Hospital is also being developed.

- **Surge Capacity**

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## 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 which considered the wider partnership working necessary to support longer-term transformation and address system pressures.

The North Wales RPB Winter Plan for 2021/22 is included as Appendix 1. The plan details the new and existing actions of each statutory partner and provides a whole system overview of the North Wales regional health and social care response to winter pressures.

## 11. Schemes to support delivery over winter

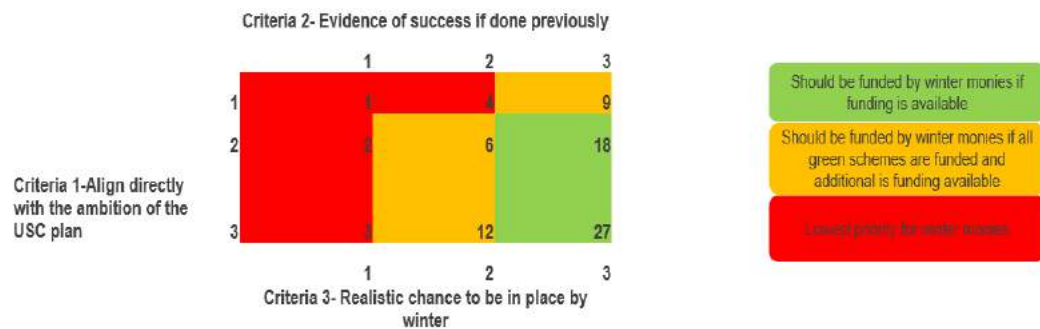
Schemes were developed in line with guidance from WG, which confirmed the importance of working in partnership with WAST, primary care, local authorities and third sector and housing partners and specified the requirement for 'winter schemes' to align to the HB's USC improvement programme.

Potential schemes were reviewed using the following criteria and as per matrix below:

1. Do the proposals align directly with the ambition of the USC plan?

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.

In addition to the winter schemes, the following immediate actions are agreed:

- Clinical criteria for managing patients waiting in an ambulance.
- Development and instigation of Hospital Full Protocol.
- Expand SDEC to convert urgent and emergency-bedded care to same day ambulatory care at every opportunity.
- Outcome focused Board Rounds with senior decision makers involved with patient discharge from day of admission, with the view to move to 7 days a week.
- Adoption and expansion of Criteria Led Discharge to all wards.
- Creation of medically optimized wards.
- A single integrated clinical assessment and triage.
- Additional nursing home beds staffed by NHS staff.
- Expansion of D2RA.

The following table provides details of the schemes that have been identified by each local health community to support increased demand over winter and are aligned to the 6 goals for urgent and emergency care.

### Schemes to support delivery over Winter

	Goals	Outcome	Projects	Proposed Key Deliverables 2021-22	Relevant Winter Scheme Ref No:	Quantify Impact
1.	Co-ordination, planning and support for high risk groups	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"> <li>• Multi Agency Discharge Event (MADE)</li> <li>• Falls prevention and management in community</li> <li>• Advanced Care Planning</li> </ul>	<ul style="list-style-type: none"> <li>• SBAR for Enhanced Falls response service utilising an Occupational Therapist with WAST to manage patient falls in situ completed and OT secondment</li> <li>• Increasing falls team capacity develop phase 1 of the Hospital at Home model</li> <li>• East pilot to inform wider rollout to other areas</li> <li>• All &gt;65s with 2 or more long term health conditions will have an ACP</li> </ul>	13. 26. 30. 32.	<ul style="list-style-type: none"> <li>• Reduce the number of patients requiring treatment in ED following a fall</li> <li>• Increased number of patients being treated closer to home or at scene following a fall</li> <li>• Avoiding unnecessary hospital admissions</li> </ul>
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"> <li>• 111 First / SICAT / healthcare professionals' line – clinical assessment to signpost patients</li> </ul>	<ul style="list-style-type: none"> <li>• Extend service to care homes following initial pilot of top 10 homes</li> <li>• Collocate Mental health support in</li> </ul>	5. 11. 21. 22. 23. 44.	<ul style="list-style-type: none"> <li>• Reduced ED attendances through signposting to alternative services</li> </ul>

	Goals	Outcome	Projects	Proposed Key Deliverables 2021-22	Relevant Winter Scheme Ref No:	Quantify Impact
			<p>to most appropriate pathway of care</p> <ul style="list-style-type: none"> <li>• MIU Review to ensure maximum utilisation of MIUs to address the shift in flow to EDs and challenges in capability and capacity</li> </ul>	<p>SICAT (initial pilot over weekends)</p> <ul style="list-style-type: none"> <li>• Discuss options for reviewing 111 calls with ED or 999 disposition for alternative reassigning where possible</li> <li>• Develop ENP training programme</li> <li>• Review and update Directory of Services to accurately reflect MIU service provision</li> </ul>	17.	<ul style="list-style-type: none"> <li>• Better patient experience and shorter patient journey</li> </ul>
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"> <li>• Development of UPCCs in each health community</li> <li>• Enhanced care at home (Hospital at Home)</li> <li>• WAST pathways</li> <li>• Further develop SDEC models on each acute site</li> <li>• Community frailty pathway</li> </ul>	<ul style="list-style-type: none"> <li>• Expand existing UPCC models (Centre &amp; East) – develop West model</li> <li>• Develop detailed business case for NW H@H model</li> <li>• Review WAST APP to support UPCC</li> <li>• Review proposal for direct paramedic referrals to SDEC</li> <li>• Recruit to additional SDEC workforce</li> </ul>	19. 20. 24. 29. 30. 33. 36. 46. 47. 54.	<ul style="list-style-type: none"> <li>• Support for acute admission avoidance, rapid response in the community and discharge pull.</li> <li>• Increased proportion of patients who can be treated in their own home / community</li> </ul>

	Goals	Outcome	Projects	Proposed Key Deliverables 2021-22	Relevant Winter Scheme Ref No:	Quantify Impact
				<ul style="list-style-type: none"> <li>Develop and implement process driven SDEC model</li> </ul>		
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"> <li>Develop an all age community-based 24/7 mental health crisis care pathway directly accessible to all professionals, service users and carers.</li> </ul>		
5.	Optimal Hospital Care following admission	Optimal hospital-based care for people who need short term, or ongoing, assessment/treatment for as long as it adds benefit	<ul style="list-style-type: none"> <li>EDQDF / WAM</li> <li>Flow programme</li> <li>Acute medical and surgical specialty models including in reach to EQ D2RA home first hub to link flow work with LA / 3<sup>rd</sup> sector relationships</li> </ul>	<ul style="list-style-type: none"> <li>Agreed care standards, a uniform approach to measuring activity and a nationally agreed model of care for EDs.</li> <li>In line with WAM, maximise SICAT service for healthcare professionals to 'book' appointments for care (ED / MIU / UPCC / SDEC) where possible and appropriate for</li> </ul>	7. 8. 9. 10. 16. 28. 34. 37. 38. 39. 40. 41. 42. 43. 45. 48. 49.	<ul style="list-style-type: none"> <li>Efficient internal hospital processes</li> <li>Improved journey of patients from admission to discharge</li> <li>Optimal Hospital Care following admission</li> <li>Timely discharges where patient returns home when MfD and avoiding unnecessary stay in hospital</li> <li>Reduced waits for treatment / diagnostics</li> </ul>



	Goals	Outcome	Projects	Proposed Key Deliverables 2021-22	Relevant Winter Scheme Ref No:	Quantify Impact
				urgent but non-life-threatening care • Implement effective board rounds across acute and comm hosp wards as well • Implement Criteria Led Discharge • Develop Internal Professional Standards • New acute site management model Review and revise D2RA documentation	50. 51. 53.	
6.	Home First approach and reduce risk of readmission	A home from hospital when ready approach, with proactive support to reduce chance of readmission	• Community hospital design to realign capacity to required demand • D2RA 3&4 and joint working with LA and 3 <sup>rd</sup> Sector. • Deliver effective Community IV therapy services at / as close to home as possible • Community Frailty	• 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	18.  4. 12. 14. 15. 25. 27. 31. 35.	• 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

	Goals	Outcome	Projects	Proposed Key Deliverables 2021-22	Relevant Winter Scheme Ref No:	Quantify Impact
				treated in most appropriate place		<ul style="list-style-type: none"> <li>• Avoid unnecessary stay in hospital</li> </ul>

## 12. Triggers to Determine Mitigation and Surge Plans

The critical service areas have had surge plans in place throughout the Covid-19 pandemic 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 and are attached as Appendix 2. The plans 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.

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.

The acute and community surge inpatient capacity will also be strengthened by a Temporary Field Hospital in Deeside. This has the potential to deliver up to 80 additional beds and will be used for step down care.

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 Women's, 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':

### Current - Green

- Daily Covid admissions < 4
- Wards Covid Patients <15

- Covid in ITU/HDU <5, total <13
- Paeds Covid and Non Covid < 10
- Covid CPAP < 3
- NIV <5
- Total bed gap <25
- Front line staffing gaps <10%
- Outbreak level 0

#### Trigger 1 - Amber

- Daily Covid admissions > 4
- Ward Covid Patients > 15
- Covid in ITU/HDU >5, total <16
- Paeds Covid and Non Covid > 10
- Covid CPAP > 3
- NIV > 5
- Total bed gap >25
- Front line staffing gaps <15%
- Outbreak level 1

#### Trigger 2 – Red

- Daily Covid admissions > 6
- Ward Covid patients >30
- Overall ITU/HDU > 16 <24
- Paeds Covid and Non Covid > 10
- Covid CPAP > 6 <8
- NIV >10
- Total bed gap >35
- Front line staffing gaps <20%
- Outbreak level 2

#### Trigger 3 – Black

- Daily Covid admissions > 10
- 2 Covid wards full plus all side rooms deployed.
- Overall ITU/HDU > 24
- Paeds Covid and Non Covid > 10
- Covid CPAP > 8
- NIV >12
- Total bed gap >50
- Front line staffing gaps >20%
- Outbreak level 3

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 19/20

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 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 as a result of the escalation states as defined above. See Appendices.

The impact of winter pressures and Covid-19 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 Senior Manager of the Day (SMOD) Command and Control framework has been implemented with effect from 08:00hrs on Tuesday 4<sup>th</sup> January 2022. This operates 12 hours per day, seven days per week and will provide the operational decision making to enact local plans within acute hospitals and community hospitals and act as the communication and decision making framework to enable Area Health Community decision that support patient flow, decompression of services and integrated planning of resources to enable plans to be delivered.

### 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 2021/2022, any which are taken forward will be evaluated and/or included in the Health Board's Resilience Plan 2022/2023:

1. 24 hour discharge where it is safe to do so and patients can be provided with a volunteer house sitter, or similar
2. Separate facility to take all minor injuries/illness from ED, established permanently or separately in an ED department
3. All routine checks stopped in primary care to free up capacity, where appropriate
4. 24/7 in-house transport to complete transfers and discharges
5. 24/7 Medicine Registrar based in EDs
6. General introduction of annualised contracts to provide workforce flexibility and attract those who may not otherwise work for the Health Board
7. Access for senior member of ED staff to book patients to direct access diagnostics/virtual caseload in community or into outpatient slot
8. Relocation of ED Paeds units to ward areas to free up staffing and space for ED
9. Everyone waiting a test where clinically appropriate to be discharged but with monitoring (volunteer or access to the ward via phone)

10. Boosting admin staff into all clinical areas remaining open to free up clinical staff from non-clinical tasks
11. All day emergency list operating (replacing elective) and to clear emergency surgical patients quickly and reduce pressure on beds
12. Zero tolerance of OMFFD and reduction to 10% of current level
13. Bringing community staff in to review patients known to them in ED and take them out
14. All psyche patients without a physical health need to be transferred immediately
15. Inter hospital transfer to use the bed base community/acute/women's and children's/mental health as one pool
16. One single bed management/capacity function as part of escalation
17. Consultant only admission from ED 24/7
18. Ambulance handover area and zero tolerance of waits
19. Closure of beds as patients are discharged to prepare for surge
20. Right of admission only as a last resort, not as a standard option, consultant admission should assist with this
21. Taxi transport attached to ED/discharge facility
22. Discharge facility to be used 24/7
23. Runners/porters/volunteers in ED and wards to expedite test and patient movement
24. Two ward rounds a day, attended by a senior manager as well as clinical team members to ensure non clinical issues are unblocked
25. Senior presence director level/senior manager supporting ED/ESDEC/AMU/SAU 24/7
26. Rotation of ward staff through ED to increase understanding of issues
27. AHP clinics in primary care seeing those patients specific to them eg back pain/physio, bowel patients/nurse specialists
28. Nurse specialist and all other clinical staff returned to wards where appropriate, including all staff with registration who work in non-clinical facing roles
29. All community staff being trained in administering vaccine to cover all patients they come into contact with, with a focus on nursing home patients
30. Discharge packs, food, PJs etc to mitigate some social reasons as for why patients may not be able to go home

## 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

Covid-19 continues to be a factor, albeit at a lower level than Waves 1 and 2. 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.

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.

There has already been an impact on clinical and non-clinical areas due to a combination of environmental constraints and the associated requirement for social distancing, this has and will continue to impact upon our ability to meet inpatient, day case and outpatient demand.

Although ED and MIU attendances remain below pre Covid levels, 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. 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 October 2021 the Health Board's acute and community hospitals were hosting around 300 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.

## 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
LTU	Local Testing Units (LTUs)
MTC	Mass Testing Centres
MTU	Mobile Testing Units
NIV	Non-Invasive Ventilation
NWCTC	Welsh Critical Care and Trauma Network
PPE	Personal Protective Equipment
RWC(S)	Reasonable Worst-Case Scenario
SiCAT	Single Integrated Clinical Assessment and Triage
TTP	Test, Trace, Protect
WAST	Welsh Ambulance Services Trust
WG	Welsh Government





CYDWEITHREDFA GWELLA GWASANAETHAU  
GOFAL A LLESANT **GOGLEDD CYMRU**  
**NORTH WALES SOCIAL CARE AND WELL-BEING**  
SERVICES IMPROVEMENT COLLABORATIVE

### North Wales RPB Winter Plan 2021/22

#### Statement of Assurance

This Statement of Assurance sets out how the £2.213m funding will assist North Wales RPB in the delivery of the Health and Social Care Winter Plan at a regional level. It outlines how the funding will be utilised to support 8 regional schemes to meet the national priorities. It describes the risks and challenges to delivering these schemes and how the RPB will mitigate against these. The full plan including costings and expected outcomes can be seen in Appendix A.

In addition, there has been considerable additional funding that has been made available and given directly to third sector organisations for Winter Pressures. The detail of the third sector schemes are still being determined and so are not included in the NWRPB winter plan document, however the additional resources will be utilised to support initiatives in both county and regional plans.

The North Wales regional winter plan schemes are:

#### **NWAL 01      Provision of Additional Care Home and Domiciliary Care Capacity**

The provision of additional short-term workforce capacity (agency and casual staff), bed places and equipment in residential and domiciliary care for older people to maintain and optimise capacity and manage pressures in the domiciliary sector.

#### **NWAL 02      Keeping People Well at Home**

Increase in Social Worker and Occupational Therapy resource for timely assessments to support independent living to keep people safe and well at home. To support Step Up / Step Down requirements and ensure timely provision of equipment. To support unpaid carers, reduce pressure on health and social care and support the workforce.

Increase in support for vulnerable individuals at home during times where they would usually attend day opportunities to avoid admission to care home / hospital

#### **NWAL 03      Admission Prevention**

Initiatives to prevent unnecessary hospital admission and facilitate timely discharge including Night Owl service. This broad and flexible scheme is intended to enable us to pursue all available initiatives to prevent unnecessary hospital admission and facilitate timely discharge. This includes, but is not limited to, deploying volunteers, recruiting additional in-house domiciliary care capacity, using residential provision where care packages can't be sourced and supporting providers with staff recruitment and retention.

**NWAL 04      Discharge Support**

Increasing capacity to meet the increased demand to support flow from hospital, contributing to CRTs 7 day working and provide additionality, increase OT resources and increased SUSD capacity. Provision of additional Income and Welfare Support to aid discharge and assist people to maintain their independence.

**NWAL 05      Unpaid Carer Support**

Work with voluntary care services to support the system to provide increased support / relief for carers including respite beds.

**NWAL 06      Community Learning Disability Resource**

Increase Community Social Worker and OT resources within the LD services enabling individuals' needs to be assessed on a regular basis ensuring their own and their carer's wellbeing is maintained.

**NWAL 07      Community Mental Health Resource**

Additional resources available to Adult Services working with individuals in their own homes including additional intervention workers, AMHP and Social Worker hours. A significant rise in demand for mental health support, necessitates an increase in resources to ensure we are able to support those with deteriorating mental health problems. Additional AMHP will ensure that assessments needing to be undertaken under the Mental Health Act can be executed timely, Social work and intervention workers will ensure people are supported to manage their mental health problems avoiding escalation to hospital admission.

**NWAL 08      Community Children with Complex Needs Resource**

Additional short-term workforce capacity to support vulnerable children with complex needs and provision of additional emergency CCN accommodation

**Assurance of meeting the National Priorities**

In line with the national priorities, these schemes will help to keep people well, maintain safe health services, maintain our social care services, support our health and social care workforce and support unpaid carers.

In line with the priorities identified by the North Wales Recovery Co-ordination Group, these schemes will support unpaid carers, enable flexible utilisation of grant funding to creatively respond to the current crisis and contribute to the enhanced recruitment campaign.






## Identified risks, challenges and mitigation

Risks and Challenges	Mitigation
Demand for services rising higher than pre-Covid levels and reduced capacity arising from staff shortages	<p>Flexible use of funding to respond to the highest priority needs will allow partners to pursue a range of initiatives so if one proves undeliverable or ineffective another can be deployed</p> <p>Close monitoring and regular reviews of priority needs</p>
<p>Challenges in recruitment and retention</p> <p>Dependency on temporarily increased support hours.</p> <p>High demand for agency staff due to national pressures.</p>	<p>Rolling recruitment programmes and employment events</p> <p>Employment of students with work experience in the services and newly retired staff to support for 6 months.</p> <p>Use of approved agencies with previous good relationships</p> <p>Tapping into University contacts to access and offer recently qualified Social Workers</p>
Seasonal high demand for care places that support short term and long-term residential care, including step up and step down.	Utilising volunteers and others by short-term residential care.
<p>Increased dependency and inability to return home due to moving citizens to a community setting for a period of rehabilitation prior to returning home whilst packages of care are commissioned</p> <p>Increased pressure on unpaid carers due to covid-19</p> <p>Resilience of the care home and domiciliary care sector.</p> <p>Unknown challenges if Covid-19 cases increase significantly.</p>	<p>Risk assessment to ensure minimal dependency</p> <p>Voluntary and multi-agency alternative support options.</p>

**APPENDIX A to assurance statement.** (Open below Link:)

[Appendix A.xlsx](#)

## APPENDIX 2: Current Surge Plans

<b>SUMMARY OF INPATIENT ACUTE AND COMMUNITY SURGE PLANS</b>	 Summary inpatient bed surge plans acu
<b>EAST HEALTH COMMUNITY</b>	 east report.docx
<b>CENTRAL HEALTH COMMUNITY</b>	 Central Area summary surge plan
<b>WEST HEALTH COMMUNITY</b>	 Copy of West Surge Plans (15.12.21).xlsx
<b>WOMENS SERVICE</b>	 Womens Directorate Winter
<b>PAEDIATRICS</b>	
<b>MENTAL HEALTH</b>	

## APPENDIX 3 Surge Capacity

(Open below Link:)

[Appendix 3.xlsx](#)



<b>Cyfarfod a dyddiad: Meeting and date:</b>	Health Board Meeting 20 <sup>th</sup> January 2022						
<b>Cyhoeddus neu Breifat: Public or Private:</b>	Public						
<b>Teitl yr Adroddiad Report Title:</b>	Integrated Medium term Plan (IMTP) 2022/25 –update and Timeline						
<b>Cyfarwyddwr Cyfrifol: Responsible Director:</b>	Dr Chris Stockport, Executive Director for Primary Care and Community Services Mrs Sue Hill, Executive Director of Finance Mrs Sue Green, Executive Director of WOD						
<b>Awdur yr Adroddiad Report Author:</b>	Mr John Darlington, Assistant Director - Corporate Planning Mr Rob Nolan, Finance Director – Commissioning and Strategic Financial Planning Nick Graham - Associate Director Workforce Planning & Performance, Workforce & Organisational Development						
<b>Craffu blaenorol: Prior Scrutiny:</b>	The plan has been discussed by Executive Team, Stakeholder Reference Group (SRG), Local Partnership Forum (LPF), Healthcare Professionals Forum (HPF) and Partnerships, People and Population Health Committee (PPPH)						
<b>Atodiadau Appendices:</b>	None						
<b>Argymhelliad / Recommendation:</b>							
It is recommended that the Board:							
<ol style="list-style-type: none"> <li>1. Receive this report outlining the progress towards developing the draft 2022/25 IMTP and the revised timeline for submission to WG by 31<sup>st</sup> March 2022.</li> <li>2. Receive a further verbal update of progress at the Health Board meeting on 20<sup>th</sup> January following a review of the draft plan at PPPH workshop on 13<sup>th</sup> January.</li> </ol>							
<b>Ticiwch fel bo'n briodol / Please tick as appropriate</b>							
<b>Ar gyfer penderfyniad /cymeradwyaeth For Decision/ Approval</b>		<b>Ar gyfer Trafodaeth For Discussion</b>	√	<b>Ar gyfer sicrwydd For Assurance</b>	√	<b>Er gwybodaeth For Information</b>	√
<b>Y/N i ddangos a yw dyletswydd Cydraddoldeb/ SED yn berthnasol Y/N to indicate whether the Equality/SED duty is applicable</b>						<b>Y</b>	
The plan is presented subject to Equality Impact (EqIA) and socio-economic duty (SED) impact assessments being completed.							
<b>Sefyllfa / Situation:</b>							
The purpose of this report is to present an update of progress and timeline in developing our Integrated Medium term Plan (IMTP) 2022/25.							
<b>Cefndir / Background:</b>							

Integrated Medium Term Plan (IMTP) planning arrangements have been re-established across NHS Wales for 2022/25 following a pause due to the pandemic. Subsequently, the NHS Wales Planning Framework was received on 9<sup>th</sup> November 2021 and re-affirms Ministerial priorities outlined in July 2021

- A Healthier Wales - as the overarching policy context
- Population health
- Covid - response
- NHS recovery
- Mental Health and emotional wellbeing
- Supporting the health and care workforce
- NHS Finance and managing within resources
- Working alongside Social Care

The planning framework emphasises the importance of the Primary Care Model for Wales which sets out how primary care will work within the whole system to deliver a place based approach (primary care is defined as primary and community health care services).

Cluster working is at the core of this as it brings together local health and care services to ensure care is better co-ordinated to promote the wellbeing of individuals and communities.

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

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

We have re-cast our planning timeline as follows in light of current system pressures and following correspondence received from WG on 21<sup>st</sup> December confirming the national deadline for the submission of plans, extended as a result until 31st March 2022.

- 3rd February - Board workshop
- 10th February - PPPH Committee
- 24th February – PFIG Committee
- 10th March - Health Board Meeting

Our planning work is on track and a significant amount of work already undertaken. Priority schemes have been triangulated with WG guidance and ministerial priorities.

The revised timetable will allow us to maintain the quality and clinical engagement and to quality assure underpinning schemes including financial and workforce considerations.

Cluster Plans feature more heavily and we are working with clusters to ensure priorities are embedded into our IMTP and to support alignment of plans at a community level. In addition, our plan includes roll out of the accelerated cluster development programme and the increasing role of clusters in our planning going forwards.

Alongside the delivery of our immediate recovery priorities, our transformation and innovation work aims to deliver improved trajectory of outcomes, patient experience and financial performance year on year.

We are developing our strategic 'Plan on a Page' which will underpin the format of the document (and the proposed approach to strategic planning going forwards).

A number of key schemes/main priorities for 2022/23 have been tested and refined following our prioritisation work in December and to ensure service, financial and workforce plans are realistic and robust. This remains a 'long-list' as we fully work through the implications of our financial allocation which was received in December to ensure our plan is financially balanced.

More detailed outcomes, and SMART outputs, will feature within the appendices of our plan.

On relationships and existing partnership structures, we will be fully engaging and involving the public, staff, trade unions and partners in the transformation and reshaping of services.

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

Our plan is underpinned by robust business cases and priority schemes are identified which in turn consider potential options for delivery.

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

The plan integrates service, activity, financial and workforce implications within resources available (noting the work outlined above around financial allocation received in December 2021)

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

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

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

The development of an approvable Integrated Medium Term Plan is a critical organisational aim going forwards as this forms a key component of our targeted improvement work and a statutory requirement under the NHS Finance Act. Further improvements are being introduced against targeted intervention areas, using a maturity matrix approach to assess progress and leading to de-escalation.

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

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

Health Board 20 <sup>th</sup> January 2022	 <p>Bwrdd Iechyd Prifysgol Betsi Cadwaladr University Health Board</p> <p><i>To improve health and provide excellent care</i></p>
<b>Committee Chair's Report</b>	

<b>Name of Committee:</b>	Covid 19 Cabinet
<b>Meeting dates:</b>	9 <sup>th</sup> December 2021 16 <sup>th</sup> December 2021 23 <sup>rd</sup> December 2021 6 <sup>th</sup> January 2022
<b>Name of Chair:</b>	Mark Polin
<b>Responsible Director:</b>	Jo Whitehead, Chief Executive
<b>Summary of business discussed:</b>	<ul style="list-style-type: none"> <li>• Update on the Health Board's response to Covid-19</li> <li>• Decisions of the Executive Incident Management Team (EIMT) decisions for ratification</li> <li>• Maintaining good governance during Covid-19 and an update on the revisions to the decision-making guidance support Gold and Silver Resilience structures.</li> </ul>
<b>Key assurances provided during the meetings:</b>	<p><b>9<sup>th</sup> December 2021:</b></p> <p>Cabinet endorsed the decisions of EIMT:</p> <ul style="list-style-type: none"> <li>• The extension of enhanced overtime payments to 31 January 2022 for part-time staff in prioritised areas, in line with WG advisory notice</li> <li>• Extension to permanent contracts for fixed term Covid vaccination programme staff</li> </ul> <p>Revised Covid-19 Cabinet Terms of Reference were approved.</p> <p><b>16<sup>th</sup> December 2021</b></p> <p>Cabinet endorsed the decisions of EIMT:</p> <p>Given the current and developing situation with Covid-19 Omicron variant, and the Welsh Government directives regarding the vaccination booster programme, the proposal to temporarily streamline Committee agendas to focus on risk and essential business, was approved. The exception to this was the Charitable Funds Committee meeting planned for 16 December which would be stood down. Decisions on Advisory Groups would be made on a case-by-case basis.</p>



### 23<sup>rd</sup> December 2021

Cabinet endorsed the decisions of EIMT:

- That the Health Board pause all non–essential / non-urgent activity to redeploy staff into the vaccination programme. Outsourced activity would continue however insourced activity would be paused where this releases staff. This would include administrative, inpatient and outpatient activity. This decision would be reviewed on 4<sup>th</sup> January 2022 and a recommendation brought to Gold.
- A rapid implementation plan was being developed to consider the deployment of a field hospital and utilise surge capacity with “days before opening” plans.
  - The field hospital plans to be brought to Gold but the detailed to work to locate resources should not await a Gold decision.
  - The surge capacity plans should be developed and implemented through Silver with the capacity available from 26<sup>th</sup> December 2021 being identified by 24<sup>th</sup> December 2021.

### 6<sup>th</sup> January 2022

Cabinet endorsed the following decisions of EIMT:

- **Planned care** delivery was no longer paused to release staff to vaccination hubs but managed by local teams on the basis of clinical urgency, recognising local decision making in response to current demands would mean that planned care would continue to be impacted. This decision would be reviewed by Gold on a fortnightly basis.
- **Reduction in in-patient isolation period:** The recommendation regarding the reduction of isolation period from 14 days to 10 days for in-patients was discussed. It was noted that a decision to reduce from 14 to 10 days where bed pressures necessitated, would be made by Gold Command, with support and advice from the Associate Director for IPC (or deputy), and on an individual ward risk-assessed basis.

Discussions were on-going on a national basis, and formal advice was being sought from WG on a set of criteria against which each Health Board could consistently assess direction so that we could ensure that we were consistent with the rest of Wales, and protected in terms of future Inquiry(ies).

<b>Key risks including mitigating actions and milestones</b>	Surge planning would remain under review to include proposals to open additional beds if required. Work was also on-going with regard to supporting the discharge of medically fit patients to community environments.
<b>Issues to be referred to another Committee</b>	None
<b>Matters requiring escalation to the Board:</b>	None
<b>Well-being of Future Generations Act Sustainable Development Principle</b>	The items considered by Cabinet gave consideration to the sustainable development principles indicated below 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
<b>Planned business for the next meeting:</b>	Any decisions or operational issues from EIMT requiring endorsement. Updates as necessary
<b>Date of next meeting:</b>	To be confirmed

Health Board 20 January 2022	 <p>Bwrdd Iechyd Prifysgol Betsi Cadwaladr University Health Board</p> <p><i>To improve health and provide excellent care</i></p>
<b>Committee Chair's Report</b>	

<b>Name of Committee:</b>	Audit Committee
<b>Meeting date:</b>	20.01.22
<b>Name of Chair:</b>	Richard Medwyn Hughes, Independent Member
<b>Responsible Director:</b>	Louise Brereton, Board Secretary
<b>Summary of business discussed:</b>	<p>At the December meeting, the Committee discharged its duties as set out in the terms of reference through a review of the following standing items:</p> <p><u>Board Assurance Framework</u></p> <p>The Committee received an update on the BAF Refresh process and agreed transitional reporting arrangements which are outlined in the BAF paper.</p> <p>Corporate Risk Register The content of the corporate risk register was challenged and scrutinised at the meeting.</p> <p><u>Schedule of Financial Claims</u></p> <p>Assurance was given around the systems and processes supporting the claims management process, including the learning from the best practice as part of the process</p> <p><u>Internal Audit</u> The internal Audit progress report incorporated three reviews with a reasonable assurance rating:</p> <ul style="list-style-type: none"> <li>• Upholding professional standards in Wales</li> <li>• Maternity Cross Board Arrangements</li> <li>• Procurement</li> </ul> <p>Two reports were issued with an Assurance Not Applicable rating:</p> <ul style="list-style-type: none"> <li>• HASCAS &amp; Ockenden review</li> <li>• Secondary Care Division</li> </ul> <p>The Committee approved the deferment of the following reviews :</p> <ul style="list-style-type: none"> <li>• Digital strategy</li> <li>• Unscheduled Care</li> <li>• Digital Transformation of services preparedness</li> <li>• Climate change decarbonisation</li> </ul>

	<ul style="list-style-type: none"> <li>• Value based health care</li> </ul> <p>The Committee received a progress update report from Audit Wales together with reports on:</p> <ul style="list-style-type: none"> <li>• Structured Assessment</li> <li>• Eye Care review</li> <li>• Taking Care of the Carers review</li> <li>• A Picture of Healthcare</li> </ul>
<b>Key assurances provided at this meeting:</b>	<p>The Audit Committee:</p> <ul style="list-style-type: none"> <li>• Received a Chair's Assurance Report from the Risk Management Group.</li> <li>• Audit Wales Structured Assessment report</li> <li>• Received and noted the progress update from Audit Wales together with other reports as detailed above.</li> <li>• Reviewed the Local Counter Fraud Service (LCFS) Report.</li> <li>• Progress updates were received in relation to the Audit Recommendation Tracker</li> </ul>
<b>Key risks including mitigating actions and milestones</b>	The Committee carried out detailed review and scrutiny of the limited assurance report on Leavers' Management, and associated action plans, which are due to be completed in March 2022.
<b>Issues to be referred to another Committee</b>	The Committee requested the review of the mitigations aligned to the nursing workforce risks by the Quality, Safety Experience Committee
<b>Matters requiring escalation to the Board:</b>	<ul style="list-style-type: none"> <li>• The findings pertaining to the longstanding governance issues relating to YGC, as identified by Internal Audit Wales.</li> <li>• During the meeting the committee endorsed the revised Remuneration and Terms of Service Committee terms of reference for Board approval</li> </ul>
<b>Well-being of Future Generations Act Sustainable Development Principle</b>	The purpose of the Audit Committee is to advise and assure the Board and the Accountable Officer on whether effective arrangements are in place – through the design and operation of the Health Board's system of assurance. As such, the Committee gives consideration to the sustainable development principles in their widest sense but in particular, the focus on progress of internal and external audit reports supports the principle of putting resources into preventing problems occurring or getting worse.
<b>Planned business for the next meeting:</b>	<p>Range of regular reports plus:-</p> <ul style="list-style-type: none"> <li>• Board Assurance Framework refresh update</li> <li>• Corporate Risk Register</li> <li>• Update on Leavers' management internal audit action plan</li> </ul>
<b>Date of next meeting:</b>	15.03.2022

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## Committee Chair's Report

<b>Name of Committee:</b>	<b>Performance, Finance and Information Governance Committee</b>
<b>Meeting date:</b>	23.12.21
<b>Name of Chair:</b>	John Cunliffe Independent Member
<b>Responsible Director:</b>	Sue Hill Executive Director of Finance
<b>Summary of business discussed:</b>	<p>The Committee <i>noted</i></p> <ul style="list-style-type: none"> <li>• Finance reports Months 7 &amp; 8</li> <li>• Quality and Performance (QaP) report</li> <li>• WG Monitoring reports Months 5 &amp; 6</li> </ul> <p><i>reviewed</i></p> <ul style="list-style-type: none"> <li>• Draft Integrated Medium Term Plan – financial focus presentation</li> </ul> <p><i>agreed further detail required prior to submission to the January Board meeting of</i></p> <ul style="list-style-type: none"> <li>• Primary Care Academy business case</li> </ul> <p>It was reported that joint PFIG Committee and Board Chair's Action had been undertaken to <i>approve</i></p> <ul style="list-style-type: none"> <li>• extension of a licence at Forge Road managed practice until 31.1.22</li> <li>• approved imaging equipment replacement Business Justification Case so that the Health Board could immediately proceed with placing and order and enable delivery and expenditure prior to 31.03.22 for <ul style="list-style-type: none"> <li>○ Fluoroscopy Room, Radiology department, Ysbyty Glan Clwyd.</li> <li>○ MR scanner, Radiology department, Wrexham Maelor</li> </ul> </li> </ul> <p>The Committee considered the following in private session</p> <ul style="list-style-type: none"> <li>• Novation of a GMS contract</li> <li>• Lease agreement at Parc Menai, Bangor</li> </ul>

	<ul style="list-style-type: none"> <li>• Tender for private provision of CAMHS Assessments and Therapy</li> </ul>
<b>Key assurances provided at this meeting:</b>	<ul style="list-style-type: none"> <li>• Assurance was provided that an Accountable Officer letter had been sent to Welsh Government at the end of November, returning £10.2 million of COVID funding which had been included in the Finance report.</li> <li>• In regard to imaging and radiotherapy, it was reported that WG had confirmed funding of an additional £12.3 million over the next two years, which, in light of the capital situation was very welcome.</li> <li>• Welsh Government strategic support of £297million multi year package investment was to be provided to allow BCU to transform and improve services and part of the plan around reducing the underlying deficit, which was a significant step.</li> <li>• The WG allocation of £1.753 billion had increased from £1.697 billion the previous year. The allocation in the following 2 years would decrease however, BCU had the benefit of being sighted on the reduction in plans going forward</li> <li>• Assurance was provided that a new Strategic Asset Management Plan was being developed which would encompass an estate strategy</li> <li>• On a positive note stroke services were second best in Wales this month and suspected cancer pathway performance was currently the best in Wales.</li> <li>• The forecast to deliver a balanced position remained positive despite the ramp up in costs which had been anticipated in the latter part of the year.</li> </ul>
<b>Key risks including mitigating actions and milestones</b>	<ul style="list-style-type: none"> <li>• The Board Chairman raised concern with governance processes of chair's actions and sought greater robustness.</li> <li>• It was reported that Audit Wales and Internal Audit had advised that high level strategic workforce planning needed to be an integral part of the Integrated Medium Term Plan (IMTP) in order for approval to be agreed</li> <li>• Concern was raised regarding the potential Acute bias of the IMTP</li> <li>• The Committee and the Board Chairman raised concerns regarding business cases being presented. Issues included: <ul style="list-style-type: none"> <li>○ a lack of transparent prior scrutiny outlined,</li> <li>○ lack of financial consequences and benefits realisation</li> <li>○ hidden or undocumented consequential costs.</li> <li>○ business cases presented without sources of funding being clearly identified</li> <li>○ that risks used to justify the business case follow the risk management policy</li> <li>○ The introduction of a revised business case template was sought to ensure these areas were addressed at pace.</li> </ul> </li> <li>• Concern was raised that there was inadequate opportunity to provide meaningful scrutiny and challenge for the IMTP and a</li> </ul>

	<p>complicated budget for next year within the timetable outlined. It was noted that this year additional meetings had been introduced to the timetable in order to provide opportunities to consider and review feedback both from the Committee and Board workshops to ensure that the plan was understood and agreed.</p> <ul style="list-style-type: none"> <li>• The capital programme budget had potential to be severely restricted and could impact the 22/23 capital schemes, particularly BCU's discretionary income allocation for the next year, however assurance was provided that this was currently being worked through.</li> <li>• Concerns were raised on the lack of workforce strategy planning provided to either PFIG or PPPH Committees to date which was impacting on Board members confidence regarding appropriate planning.</li> <li>• Concern was raised on the delivery of savings plans, due to BCU's previous track record, which could affect the successful delivery of the IMTP.</li> <li>• Concern was raised regarding to the worsening trajectory of nearly all performance measures.</li> <li>• Ambulance handover delays were continuing on an increased trajectory and not being impacted by various improvement methodologies, this was a priority area which required continued attention. The outpatient backlog was also highlighted as requiring systemic attention given the number of patients currently waiting and effect of the pandemic on appointments.</li> </ul>
<b>Targeted Intervention Improvement Framework Domain addressed</b>	<ul style="list-style-type: none"> <li>• Strategy, planning and performance</li> <li>• Leadership (including governance, transformation and culture)</li> </ul>
<b>Issues to be referred to another Committee</b>	Workforce strategic planning was required to be submitted to the next PPPH Committee workshop alongside the draft IMTP.
<b>Matters requiring escalation to the Board:</b>	None
<b>Well-being of Future Generations Act Sustainable Development Principle</b>	<p>The Committee gave due regard to the sustainable development principles of:</p> <ul style="list-style-type: none"> <li>▪ Balancing short term need with long term planning for the future;</li> <li>▪ Working together with other partners to deliver objectives;</li> <li>▪ Involving those with an interest and seeking their views;</li> <li>▪ Putting resources into preventing problems occurring or getting worse;</li> </ul>

<b>Planned business for the next meeting:</b>	The meeting will be restricted to discussion of the IMTP and financial section
<b>Date of next meeting:</b>	23.1.22

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## Committee Chair's Report

<b>Name of Committee:</b>	Mental Health Capacity and Compliance Committee
<b>Meeting date:</b>	17.12.21
<b>Name of Chair:</b>	Lucy Reid, Health Board Vice Chair
<b>Responsible Director:</b>	Teresa Owen Executive Director of Public Health
<b>Summary of business discussed:</b>	<p>The meeting noted :</p> <ul style="list-style-type: none"> <li>• Patient Story – Mental Health Services</li> <li>• Liberty Protection Safeguards (LPS) Update</li> <li>• Approval for All Wales Approved Clinicians and Section 12(2) Doctors) report</li> <li>• Deprivation of Liberty Safeguards (DoLS) Quarterly Report September 2021</li> <li>• Associate Hospital Managers Update Report (May 2021 – July 2021)</li> <li>• Healthcare Inspectorate Wales (HIW) Monitoring reports</li> <li>• Compliance with the Mental Health Act quarterly audit report</li> <li>• Chairs Assurance report : Power of Discharge Group</li> <li>• Mental Health Act performance reports</li> <li>• Criminal Justice Liaison report</li> <li>• Mental Health Services – Management of crisis and S136 detentions of children and young people presenting in a hospital setting.</li> </ul> <p>Agreed</p> <ul style="list-style-type: none"> <li>• Terms of Reference</li> </ul> <p>The following areas are of particular note:</p> <ul style="list-style-type: none"> <li>• Patient Story - describes Z 's experience as she went through gender reassignment surgery, and also describes a difficult upbringing with an extensive history as a service user of mental health services over a decade, including some periods of detention under the Mental Health Act. In addition, difficulty in accessing some services and the raising of a complaint which is currently under investigation was highlighted. The Quality Team was grateful for the sharing of this experience in order that</li> </ul>

	<p>future training, planning around equality and signposting for staff and patients could be improved going forward.</p> <ul style="list-style-type: none"> <li>The Committee and Lead Executive took the opportunity to thank the Associate Hospital Manager Mr Frank Brown, for his commitment and dedication over many years as a valued colleague, as this was to be his last meeting.</li> </ul> <p>Committee papers can be downloaded via the link below:  <a href="#">Mental Health and Capacity Compliance Committee - Betsi Cadwaladr University Health Board (nhs.wales)</a></p>
<b>Key assurances provided at this meeting:</b>	<ul style="list-style-type: none"> <li>It was noted that a Welsh Government briefing the previous day had advised that a proposed date for availability of the new Code of Practice relating to LPS was not currently known. It was understood that, when it became available, a 3 month consultation period would be undertaken and significant challenge was expected.</li> </ul>
<b>Key risks including mitigating actions and milestones</b>	<ul style="list-style-type: none"> <li>The clinical audit report was received and the Committee noted the levels of compliance against completion of paperwork across some areas, particularly in terms of care and treatment plans. The Committee sought assurance that this was being addressed systematically.</li> </ul>
<b>Targeted Intervention Improvement Framework Domain addressed</b>	<ul style="list-style-type: none"> <li>Mental Health (adult and children)</li> <li>Strategy, planning and performance</li> <li>Leadership (including governance, transformation and culture)</li> </ul>
<b>Issues to be referred to another Committee</b>	Amended Terms of Reference (Appendix 1) to be submitted to next Audit Committee
<b>Matters requiring escalation to the Board:</b>	To note the amended Terms of Reference
<b>Well-being of Future Generations Act Sustainable Development Principle</b>	<p>The Committee gave due regard to the sustainable development principles of:</p> <ol style="list-style-type: none"> <li>1. Balancing short term need with long term planning for the future;</li> <li>3. Involving those with an interest and seeking their views;</li> <li>4. Putting resources into preventing problems occurring or getting worse;</li> <li>5. Considering impact on all well-being goals together and on other bodies)</li> </ol>
<b>Planned business for the next meeting:</b>	<p>Standard reports</p> <ul style="list-style-type: none"> <li>Update on local progress with S12 doctors</li> </ul>

<b>Date of next meeting:</b>	25.3.22
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# Mental Health and Capacity Compliance Committee



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## Terms of Reference and Operating Arrangements

### 1. INTRODUCTION

- 1.1. The Board shall establish a committee to be known as Mental Health & Capacity Compliance Committee (MHCC). The detailed terms of reference and operating arrangements in respect of this Committee are set out below.

### 2. PURPOSE

- 2.1. The purpose of the Committee is to consider and monitor the use of the Mental Health Act 1983 (MHA) and the Mental Capacity Act 2005 (which includes the Deprivation of Liberty Safeguards (DoLS) (MCA) and give assurance to the Board that:
- Hospital Managers' duties under the Mental Health Act 1983;
  - The functions and processes of discharge under section 23 of the Act; and the provisions set out in the Mental Capacity Act 2005. are all exercised in accordance with statute and that there is compliance with:
  - the Mental Health Act 1983 Code of Practice for Wales
  - the Mental Capacity Act 2005 Code of Practice
  - the Mental Capacity Act 2005 Deprivation of Liberty Safeguards Code of Practice

### 3. DELEGATED POWERS

- 3.1. The Mental Health & Capacity Compliance Committee is required by the Board, within the remit of the Committee to:
- 3.1.1. Provide evidenced based assurance that there is compliance with The Equalities Act 2010.
- In discharging its duty the Committee will have 'due regard' to the Public Sector Equality Duty, to eliminate discrimination, to advance equality of opportunities and foster good relations when carrying out all functions and day-to-day activities.

- In discharging its duty the Committee will have ‘due regard’ to the Socio-economic Duty, to consider how strategic decisions might help reduce the inequalities associated with socio-economic disadvantage.
  - 3.1.2. Provide evidenced based assurance that BCUHB Policies are compliant with relevant legislation.
  - 3.1.3. Provide evidence based and timely advice to the Board on developing strategies.
  - 3.1.4. Provide evidence based and timely advice to the Board on the delivery of strategies including those relating to Mental Health Act compliance.
  - 3.1.5. Oversee and provide evidence based and timely advice to the Board on relevant risks and concerns.
  - 3.1.6. Receive the results of relevant audits (clinical and non-clinical) and any other relevant investigations and provide the Board with evidence based impact assessment of the implementation of the recommendations.
- 3.2. The Mental Health & Capacity Compliance Committee is authorised by the Board to:
- 3.2.1. Ensure that those acting on behalf of the Board in relation to the provisions of Mental Health and Capacity legislation, including the Measure, have the requisite skills and competencies to discharge the Board’s responsibilities.
  - 3.2.2. Identify matters of risk relating to Mental Health and Capacity legislation and seek assurance that such risks are being mitigated.
  - 3.2.3. Monitor the use of the legislation and consider local trends and benchmarks.
  - 3.2.4. Consider matters arising from the Hospital Managers’ Power of Discharge Group (POD).
  - 3.2.5. Ensure that all other relevant associated legislation is considered in relation to Mental Health and Capacity legislation.
  - 3.2.6. Consider matters arising from visits undertaken by Healthcare Inspectorate Wales (HIW) Review Service for Mental Health in particular, issues relating to Mental Health Act 1983 and monitor action plans that inform responses to HIW reports [NOTE: HIW report recommendations are the remit of Quality Safety and Experience Committee (QSE), however, any specific recommendations relating to Mental Health or the Mental Capacity Act will be the remit of this Committee who will respond as appropriate ensuring the Board and QSE are appraised accordingly.

- 3.2.7. Consider any reports made by the Public Services Ombudsman for Wales regarding complaints about Mental Health and Capacity legislation.
- 3.2.8. Receive and review reports on the approval for all Wales Approved Clinicians and Section 12(2) Doctors;
- 3.2.9. Consider and approve on behalf of the Board any policy which relates to the implementation of mental health and capacity legislation as well as any other information, reports etc. that the Committee deems appropriate.
- 3.2.10. Receive and review Deprivation of Liberty reports regarding authorisations and associated reasons;
- 3.2.11. Receive the results of clinical audits and any other reviews relating to the use of the Mental Health Act and oversee the implementation of recommendations.
- 3.2.12. Consider any other information, reports, etc. that the Committee deems appropriate.
- 3.2.13. Approve the appointment of Associate Hospital Managers

#### **4. AUTHORITY**

- 4.1. The Committee may investigate or have investigated any activity (clinical and non-clinical) within its terms of reference. It may seek relevant information from any:
  - 4.1.1. Employee - and all employees are directed to cooperate with any legitimate request made by the Committee; and,
  - 4.1.2. Other committee, sub-committee or group set up by the Board to assist it in the delivery of its functions.
- 4.2. It may also obtain outside legal or other independent professional advice and to secure the attendance of outsiders with relevant experience and expertise if it considers it necessary, in accordance with the Board's procurement, budgetary and other requirements;

- 4.3. It may consider and where appropriate, approve on behalf of the Board any policy within the remit of the Committee's business concerning workforce, Partnerships and Population Health matters.
- 4.4. It will review risks from the Board Assurance Framework and Corporate Risk Register that are assigned to the Committee by the Board and advise the Board on the appropriateness of the scoring and mitigating actions in place.

## **5. SUB-COMMITTEES**

- 5.1. The Committee may, subject to the approval of the Health Board, establish sub-committees or task and finish groups to carry out on its behalf specific aspects of Committee Business.
- 5.2. The Committee will receive regular reports from:
  - 5.2.1. Discharge Panel (s) - Three members drawn from the pool of designated Associate Hospital Managers will constitute a panel to consider the possible discharge or continued detention under the MHA of unrestricted patients and those subject to Supervised Community Treatment Order (SCT).
- 5.3. The Board retains final responsibility for the performance of the Hospital Managers' duties delegated to particular people on the staff of Betsi Cadwaladr University Local Health Board, as well as the Power of Discharge Group.

## **6. MEMBERSHIP**

### **6.1. Members**

- 6.1.1. A minimum of three Independent Members of the Board

### **6.2. In attendance**

- Executive Director of Public Health (Lead)
- Executive Director of Nursing and Midwifery
- Executive Director of Primary Care and Community Services
- Medical Director for Mental Health
- Nursing Director for Mental Health
- Mental Health & Learning Disabilities Director
- Mental Health Act Manager
- Head of Governance and Compliance MHLD

- Clinical Director CAMHS
- Area Director with Regional responsibility for CAMHS
- Interim Assistant Director for CAMHS Regional
- CAMHS Regional Clinical Lead
  
- Service User representative
- Social Services representative
- North Wales Police representative
- Welsh Ambulance Services representative
- Director Safeguarding & Public Protection (director lead for MCA team)
- Associate Director of Quality Assurance (director lead for MHA team)
- One Associate Hospital Manager (as nominated by the Power of Discharge Group) appointed for a period of four years with re-appointment not to exceed a maximum of eight years in total.

### **6.3. Right of Attendance**

6.3.1. Upon giving notice to the Committee Chair the following have the right to attend any meeting as an observer:

- Chair of the Board.
- Chair of the Audit Committee.
- Board Secretary.

### **6.4. By Invitation**

- A patient / Carer representative
- A staff representative
- IMCA Advocacy provider Representative
- IMHA Advocacy provider Representative

6.4.1. Other Directors/Officers will attend as required by the Committee Chair, as well as any others from within or outside the organisation who the Committee considers should attend, taking into account the matters under consideration at each meeting.

6.4.2. Trade Union Partners are welcome to attend the public session of the Committee

### **6.5. Member Appointments**

6.5.1. The membership of the Committee shall be determined by the Chair of the Board taking account of the balance of skills and expertise necessary to deliver the Committee's remit and subject to any specific requirements or directions made by the Welsh Government. This includes the appointment of the Chair and Vice-Chair of the Committee who shall be Independent Members.

6.5.2. Appointed Independent Members shall hold office on the Committee for a period of up to 4 years. Tenure of appointments will be staggered to ensure business continuity. A member may resign or be removed by the Chair of the Board. Independent Members may be reappointed up to a maximum period of 8 years.



## **6.6. Secretariat**

- 6.6.1. The Secretariat will be determined by the Board Secretary.

## **6.7. Support to Group Members**

- 6.7.1. The Board Secretary, on behalf of the Committee Chair, shall arrange the provision of advice and support to Committee members on any aspect related to the conduct of their role and ensure the provision of a programme of development for Committee members as part of the overall Board Development programme.

# **7. COMMITTEE MEETINGS**

## **7.1. Quorum**

- 7.1.1. At least two Independent Members must be present to ensure the quorum of the Committee, one of whom should be the Committee Chair or Vice-Chair. In the interests of effective governance, it is expected that a minimum of two Executive Directors will also attend.

## **7.2. Frequency of Meetings**

- 7.2.1. Meetings shall normally be held quarterly, but may be convened at short notice if requested by the Chair.

## **7.3. Withdrawal of individuals in attendance**

- 7.3.1. The Committee may ask any or all non-board members who would normally attend but who are not members to withdraw to facilitate open and frank discussion of particular matters.

## **7.4. Conduct of Meetings**

- 7.4.1. Meetings may be held in person where it is safe to do so or by video-conferencing and similar technology.

# **8. RELATIONSHIP & ACCOUNTABILITIES WITH THE BOARD AND ITS COMMITTEES/GROUPS**

- 8.1. Although the Board has delegated authority to the Committee for the exercise of certain functions as set out within these terms of reference, it retains overall responsibility and accountability for ensuring the quality and

safety of healthcare for its citizens through the effective governance of the organisation.

- 8.2. The Committee is directly accountable to the Board for its performance in exercising the functions set out in these Terms of Reference,
- 8.3. The Committee, through its Chair and members, shall work closely with the Board's other Committees including joint committees/Advisory Groups to provide advice and assurance to the Board through the:

- 8.3.1.1. Joint planning and co-ordination of Board and Committee business; and

- 8.3.1.2. Sharing of information

In doing so, contributing to the integration of good governance across the organisation, ensuring that all sources of assurance are incorporated into the Board's overall risk and assurance arrangements.

- 8.4. The Committee shall embed the corporate goals and priorities through the conduct of its business, and in doing and transacting its business shall seek assurance that adequate consideration has been given to the sustainable development principle and in meeting the requirements of the Well-Being of Future Generations Act.

## **9. REPORTING AND ASSURANCE ARRANGEMENTS**

9.1. The Committee Chair shall:

- 9.1.1. Report formally, regularly and on a timely basis to the Board on the Committee's activities via the Chair's assurance report and an annual report.
- 9.1.2. Ensure appropriate escalation arrangements are in place to alert the Health Board Chair, Chief Executive or Chairs of other relevant committees of any urgent/critical matters that may affect the operation and/or reputation of the Health Board.
- 9.1.3. The Board Secretary, on behalf of the Board, shall oversee a process of regular and rigorous self-assessment and evaluation of the Committee's performance and operation.

## **10. APPLICABILITY OF STANDING ORDERS TO COMMITTEE BUSINESS**

- 10.1. The requirements for the conduct of business as set out in the Standing Orders are equally applicable to the operation of the Committee, except in the following areas:
  - Quorum

## 11. REVIEW

11.1. These terms of reference and operating arrangements shall be reviewed annually by the Committee and any changes recommended to the Board for approval.

<b>Version number 1.06</b>	
<b>Committee</b>	<b>Date of approval</b>
<b>MHCC</b>	1.07 17.12.21
<b>Audit Committee</b>	<b>1.0 10.6.21</b>
<b>Health Board</b>	

### Annex 1

#### BACKGROUND INFORMATION REGARDING THE ASSOCIATED LEGISLATION

Mental Health Act 1983 (as amended by the Mental Health Act 2007)

The Mental Health Act 1983 covers the legal framework to allow the care and treatment of mentally disordered persons to be detained if deemed to be a risk to themselves or others. It also provides the legislation by which people suffering from a mental disorder can be detained in hospital to have their disorder assessed or treated against their wishes.

The MHA introduced the concept of “Hospital Managers” which for hospitals managed by a Local Health Board are the Board Members. The term “Hospital Managers” does not occur in any other legislation. Hospital Managers have a central role in operating the provisions of the MHA, specifically they have the authority to detain patients admitted and transferred under the MHA.

For those patients who become subject to Supervised Community Treatment (SCT), the Hospital Managers are those of the hospital where the patient was detained immediately before going on to SCT - i.e. the responsible hospital or the hospital to which responsibility has subsequently been assigned.

Hospital Managers must ensure that patients are detained only as the MHA allows, that their treatment and care is fully compliant with the MHA and that patients are fully informed of and supported in exercising their statutory rights. Hospital Managers must also ensure that a patient’s case is dealt with in line with associated legislation. With the exception of the power of discharge, arrangements for authorising day to day decisions made on behalf of Hospital Managers have been set out in the Health Board’s Scheme of Delegation.

## Mental Capacity Act

The MCA came into force mainly in October 2007. It was amended by the Mental Health Act 2007 to include the Deprivation of Liberty Safeguards (DoLS). DoLS came in to force in April 2009.

The MCA covers three main issues:

- The process to be followed where there is doubt about a person's decision-making abilities and decisions therefore where 'Best Interest' may need to be made on their behalf (e.g. about treatment and care)
- How people can make plans and/or appoint other people to make decisions for them at a time in the future when they can't take their own decisions
- The legal framework for caring for adult, mentally disordered, incapacitated people in situations where they are deprived of their liberty in hospitals or care homes (DoLS) and/or where Court of Protection judgements are required.

Thus the scope of MCA extends beyond those patients who have a mental disorder.

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20.1.22



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## Committee Chair's Report

<b>Name of Committee:</b>	Mental Health Capacity and Compliance Committee
<b>Meeting date:</b>	24.9.21
<b>Name of Chair:</b>	Lucy Reid, Health Board Vice Chair
<b>Responsible Director:</b>	Teresa Owen, Executive Director of Public Health
<b>Summary of business discussed:</b>	<p>The inaugural meeting noted :</p> <ul style="list-style-type: none"> <li>• Children and Adolescent Mental Health Service (CAMHS) – Patient Experience Update and Patient Story</li> <li>• Reforming the Mental Health Act White Paper Update</li> <li>• Liberty Protection Safeguards (LPS) Update</li> <li>• Approval for All Wales Approved Clinicians and Section 12(2) Doctors)</li> <li>• Deprivation of Liberty Safeguards (DoLS) Quarterly Report September 2021</li> <li>• Associate Hospital Managers Update Report (May 2021 – July 2021)</li> <li>• Healthcare Inspectorate Wales (HIW) Monitoring Report</li> <li>• Compliance with the Mental Health Act in the Forensic, Rehab and Older Persons Units Audit</li> </ul> <p>Discussed</p> <ul style="list-style-type: none"> <li>• Terms of Reference and agreed further work to be undertaken in consideration of appropriate membership and scope</li> <li>• Committee mapping</li> <li>• Early development of a MHCCC risk register which included submissions related to <ul style="list-style-type: none"> <li>○ Children and Adolescent Mental Health Service</li> <li>○ Age appropriate support when children are admitted to an acute adult mental health facility</li> <li>○ Recruitment and retention of senior doctors, including 12(2) doctors</li> </ul> </li> </ul> <p>Agreed</p> <ul style="list-style-type: none"> <li>• Cycle of business</li> </ul>

	<ul style="list-style-type: none"> <li>• Further development of <ul style="list-style-type: none"> <li>○ Committee mapping</li> <li>○ The initial submissions of a MHCCC risk register which included <ul style="list-style-type: none"> <li>▪ CAMHS</li> <li>▪ Age appropriate support when children are admitted to an acute adult mental health facility</li> <li>▪ Recruitment and retention of senior doctors, including 12(2) doctors</li> <li>▪ and required further entries regarding safeguarding, ligatures and</li> </ul> </li> </ul> </li> <li>• The Mental Health Act performance report would be considered at the next meeting</li> </ul> <p>Committee papers can be downloaded via the link below:  <a href="#">Mental Health and Capacity Compliance Committee - Betsi Cadwaladr University Health Board (nhs.wales)</a></p>
<b>Key assurances provided at this meeting:</b>	<ul style="list-style-type: none"> <li>• The Committee requested clarity on the process being followed on the Transfer of Children and Young People (CYP) from S136, in order to provide assurance to the Board that future CYP patients would not be required to wait excessive time in unsuitable environments.</li> <li>• Key legislative changes to LPS and MHA were outlined in the paper along with actions being taken in readiness. However, it was noted that some areas of guidance were awaited and that there were potential staffing resource implications.</li> <li>• Patient Story - a brave young person's story of her experiences through the pandemic, the effects of the experience on her family of the varied locations across the UK where treatment had been available. The Committee discussed potential learning to take forward in the care of other young patients and commended the patient's resolve in coming forward and was pleased to hear of her career plans for the future</li> </ul>
<b>Key risks including mitigating actions and milestones</b>	<ul style="list-style-type: none"> <li>• The Committee noted the ongoing risks regarding the recruitment of Section 12(2) doctors. A further update will be provided to the Committee</li> <li>• The risk register was discussed and ligature risks was highlighted as an area to be addressed along with the risk of age appropriate support when children are admitted to an acute adult mental health facility within the Adult risk register</li> </ul>
<b>Targeted Intervention Improvement Framework Domain addressed</b>	<ul style="list-style-type: none"> <li>• Mental Health (adult and children)</li> <li>• Strategy, planning and performance</li> <li>• Leadership (including governance, transformation and culture)</li> </ul>

<b>Issues to be referred to another Committee</b>	None
<b>Matters requiring escalation to the Board:</b>	None
<b>Well-being of Future Generations Act Sustainable Development Principle</b>	<p>The Committee gave due regard to the sustainable development principles of:</p> <ul style="list-style-type: none"> <li>1. Balancing short term need with long term planning for the future;</li> <li>3. Involving those with an interest and seeking their views;</li> <li>4. Putting resources into preventing problems occurring or getting worse;</li> <li>5. Considering impact on all well-being goals together and on other bodies)</li> </ul>
<b>Planned business for the next meeting:</b>	<p>Standard reports</p> <p>Further development of the risk register</p> <p>Receive Chair's assurance report from newly established Power of Discharge Group</p>
<b>Date of next meeting:</b>	17.12.21

<b>Health Board</b>	 <p>Bwrdd Iechyd Prifysgol Betsi Cadwaladr University Health Board</p> <p><i>To improve health and provide excellent care</i></p>
<b>Committee Chair's Report</b>	

<b>Name of Committee:</b>	Remuneration & Terms of Service (R&TS) Committee
<b>Meeting dates:</b>	21.10.21 and 2.12.21
<b>Name of Chair:</b>	Mark Polin
<b>Responsible Director:</b>	Sue Green, Executive Director of Workforce & OD
<b>Summary of business discussed:</b>	<p>The Committee considered the following issues:</p> <ul style="list-style-type: none"> <li>• Matters considered in private at the last meeting – these were noted in public session</li> <li>• Speak Out Safely report – the Committee noted progress made, and the positive response from staff</li> <li>• Health Care Professions Council (HCPC) and General Pharmaceutical Council Wales (GPhC) Professional Registration Report 2020-2021 – the Committee noted the report and the actions taken to provide assurance in respect of registration</li> </ul> <p>Items considered in private:</p> <ul style="list-style-type: none"> <li>• Upholding Professional Standards in Wales (UPSW) Report</li> <li>• NHS (Performers Lists) (Wales) Regulations 2004 Report</li> <li>• Professional Standards Case management Update Report – long-standing case numbers</li> <li>• Employment Tribunal and High Profile Disciplinary Cases Report</li> <li>• Pay Protection Report</li> <li>• Senior Agency Interim Manager Update</li> <li>• Uplift of Pay For Employees and Workers on Ad Hoc Pay Rates</li> <li>• Executive Director Portfolios</li> </ul> <p>2.12.21:</p> <ul style="list-style-type: none"> <li>• Revised committee terms of reference</li> <li>• Executive Director Portfolios.</li> </ul>
<b>Key assurances provided at this meeting:</b>	<ul style="list-style-type: none"> <li>• Appropriate governance processes are being followed and improved where necessary</li> </ul>



<b>Key risks including mitigating actions and milestones</b>	<ul style="list-style-type: none"> <li>Potential risks and mitigations formed part of the discussions in private.</li> </ul>
<b>Issues to be referred to another Committee</b>	None
<b>Matters requiring escalation to the Board:</b>	None.
<b>Well-being of Future Generations Act Sustainable Development Principle</b>	<p><i>1. Balancing short term need with long term planning for the future – consideration of future processes</i></p> <p><i>2. Working together with other partners to deliver objectives –working with trade union partners</i></p> <p><i>3. Involving those with an interest and seeking their views – via consultation with trade union partners and engagement with colleagues</i></p> <p><i>4. Putting resources into preventing problems occurring or getting worse – plans for management process improvements</i></p> <p><i>5. Considering impact on all well-being goals together and on other bodies – noted.</i></p>
<b>Planned business for the next meeting:</b>	A range of standing items plus Executive objectives/appraisal update.
<b>Date of next meeting:</b>	18.1.22.

<b>Health Board</b>	 <p>Bwrdd Iechyd Prifysgol Betsi Cadwaladr University Health Board</p> <p><i>To improve health and provide excellent care</i></p>
<b>Committee Chair's Report</b>	

<b>Name of Committee:</b>	Remuneration & Terms of Service (R&TS) Committee
<b>Meeting dates:</b>	21.10.21
<b>Name of Chair:</b>	Mark Polin
<b>Responsible Director:</b>	Sue Green, Executive Director of Workforce & OD
<b>Summary of business discussed:</b>	<p>The Committee considered the following issues:</p> <ul style="list-style-type: none"> <li>• Matters considered in private at the last meeting – these were noted in public session</li> <li>• Speak Out Safely report – the Committee noted progress made, and the positive response from staff</li> <li>• Health Care Professions Council (HCPC) and General Pharmaceutical Council Wales (GPhC) Professional Registration Report 2020-2021 – the Committee noted the report and the actions taken to provide assurance in respect of registration</li> </ul> <p>Items considered in private:</p> <ul style="list-style-type: none"> <li>• Upholding Professional Standards in Wales (UPSW) Report</li> <li>• NHS (Performers Lists) (Wales) Regulations 2004 Report</li> <li>• Professional Standards Case management Update Report – long-standing case numbers</li> <li>• Employment Tribunal and High Profile Disciplinary Cases Report</li> <li>• Pay Protection Report</li> <li>• Senior Agency Interim Manager Update</li> <li>• Uplift of Pay For Employees and Workers on Ad Hoc Pay Rates</li> <li>• Executive Director Portfolios</li> </ul>
<b>Key assurances provided at this meeting:</b>	<ul style="list-style-type: none"> <li>• Appropriate governance processes are being followed and improved where necessary</li> </ul>
<b>Key risks including mitigating actions and milestones</b>	<ul style="list-style-type: none"> <li>• Potential risks and mitigations formed part of the discussions in private.</li> </ul>

<b>Issues to be referred to another Committee</b>	None
<b>Matters requiring escalation to the Board:</b>	None.
<b>Well-being of Future Generations Act Sustainable Development Principle</b>	<p><i>1. Balancing short term need with long term planning for the future – consideration of future processes</i></p> <p><i>2. Working together with other partners to deliver objectives –working with trade union partners</i></p> <p><i>3. Involving those with an interest and seeking their views – via consultation with trade union partners and engagement with colleagues</i></p> <p><i>4. Putting resources into preventing problems occurring or getting worse – plans for management process improvements</i></p> <p><i>5. Considering impact on all well-being goals together and on other bodies – noted.</i></p>
<b>Planned business for the next meeting:</b>	A range of standing items plus Executive objectives/appraisal update.
<b>Date of next meeting:</b>	18.1.22.

Health Board  
20.1.22



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Betsi Cadwaladr  
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## Committee Chair's Report

<b>Name of Committee:</b>	<b>Partnerships, People and Population Health Committee</b>
<b>Meeting date:</b>	9.12.21
<b>Name of Chair:</b>	Linda Tomos Independent Member
<b>Responsible Director:</b>	Chris Stockport Executive Director Primary Care and Community services
<b>Summary of business discussed:</b>	<p>The meeting noted the following reports:</p> <ul style="list-style-type: none"> <li>• Living Healthier, Staying Well (LHSW) Strategy progress update</li> <li>• Progress on developing the draft 2022/25 Integrated Medium Term Plan</li> <li>• Progress on developing the draft People &amp; Organisational Development Strategy (P&amp;OD)</li> <li>• Presentation provided by the Director of Digital Healthcare Wales encompassing an update on Special Health Authority, strategic objectives and key priorities</li> <li>• Progress on BCUHB's response to NHS Wales Decarbonisation Plan 2021-2030. Noting the establishment of a decarbonisation programme board lead by the Executive Director Finance to progress the agenda and programme as set out in the Strategic Delivery Plan and to coordinate a wider and inclusive organisational response to achieving Welsh Government's sustainability and decarbonisation targets by 2030. The work being undertaken by the Carbon Trust to support the Health Board with developing a bespoke five-year decarbonisation plan and Sustainability Policy in response to Welsh Government targets for 2030.</li> <li>• Developments on BCUHB's University designation criteria</li> <li>• Progress update on Staff Wellbeing Support Service as requested by the Performance, Finance and Information Governance Committee to be undertaken</li> <li>• Emergency Planning Resilience and Response (EPRR) position statement and Training and Exercise progress report</li> <li>• Regional Partnership Board</li> <li>• Test, Trace, Protect report</li> <li>• Research and Development report reviewed</li> </ul>

	<ul style="list-style-type: none"> <li>the principal risks assigned to the Committee within the Board Assurance Framework and Corporate Risk Register agreed</li> <li>amendments to the Terms of Reference as provided in Appendix 1</li> <li>Committee Annual Workplan, acknowledging it to be a live document</li> </ul> <p>Papers for the meeting can be accessed via the link below:  <a href="#">Partnerships, People and Population Health Committee - Betsi Cadwaladr University Health Board (nhs.wales)</a></p>
<b>Key assurances provided at this meeting:</b>	<ul style="list-style-type: none"> <li>In regard to the refresh of BCU's Living Healthier, Staying Well Strategy, it was acknowledged that there had been light touch engagement work undertaken as the consultation was not regarding significant service change and there was ongoing further work with groups</li> <li>Assurance was provided that the volunteering strategy would be drawn out within the draft People and OD strategy being developed. The version to be provided at the January workshop would also incorporate the Committee's comments.</li> <li>The Committee was assured that the Staff Wellbeing Service would form part of the IMTP and that continual evaluation was taking place.</li> </ul>
<b>Key risks including mitigating actions and milestones</b>	<ul style="list-style-type: none"> <li>Approval of the reduction of the current risk score for BAF21-07: Mental Health Leadership Model to 12 (4x3) from 15 (5x3);</li> <li>The Committee was disappointed that it had not received the draft Estates strategy however it was understood that the Asset Management Strategy would be brought to the next meeting</li> <li>The Committee was concerned that pace should be maintained in moving forward the IMTP. Assurance was provided that the team were aiming to provide a detailed draft plan in January and would ensure opportunities for the Committee's involvement.</li> <li>The DHCW Director advised that the WCCIS programme was currently the subject of a strategic review which would be reported on at a future meeting given BCU's concerns with fitness for purpose.</li> <li>In discussion of the BAF, concerns were raised on the IMTP timelines (BAF21-20). It was agreed this would be addressed at the next meeting, following the workshop session in January.</li> <li>Risk sharing in regard to the Medical and Healthcare School development was to be further explored.</li> <li>The Committee raised a number of concerns regarding the EPRR report and requested these be further addressed at the February meeting.</li> </ul>
<b>Targeted Intervention Improvement Framework Domain addressed</b>	<ul style="list-style-type: none"> <li>Mental Health (adult and children)</li> <li>Strategy, planning and performance</li> <li>Leadership (including governance, transformation and culture)</li> <li>Engagement (patients, public, staff and partners)</li> </ul>

<b>Issues to be referred to another Committee</b>	<ul style="list-style-type: none"> <li>• Approved revised Terms of Reference to be provided to the next Audit Committee.</li> <li>• Performance, Finance and Information Governance Committee to note that a paper had been well received on Staff Wellbeing support services</li> </ul>
<b>Matters requiring escalation to the Board:</b>	<ul style="list-style-type: none"> <li>• the Committee had revised Terms of Reference which would be provided to the next Audit Committee (Appendix 1)</li> <li>• following a recommendation by the PFIG Committee to ensure the Board and PPPH Committee were well sighted on the important area of Staff Wellbeing support services, a paper was discussed and was well received.</li> </ul>
<b>Well-being of Future Generations Act Sustainable Development Principle</b>	<p>The Committee gave due regard to the sustainable development principles of:</p> <ol style="list-style-type: none"> <li>1.Balancing short term need with long term planning for the future;</li> <li>2.Working together with other partners to deliver objectives;</li> <li>3. Involving those with an interest and seeking their views;</li> <li>4.Putting resources into preventing problems occurring or getting worse;</li> <li>5.Considering impact on all well-being goals together and on other bodies)</li> </ol>
<b>Planned business for the next meeting:</b>	Workshop to be held on 13.1.21 for members to discuss the draft Integrated Medium Term Plan prior to submission to the Health Board on 20.1.22.
<b>Date of next meeting:</b>	10.2.22

# Partnerships, People and Population Health Committee



## Terms of Reference and Operating Arrangements

### 1. INTRODUCTION

- 1.1. The Board shall establish a committee to be known as Partnerships, People and Population Health Committee (PPPH). The detailed terms of reference and operating arrangements in respect of this Committee are set out below.

### 2. PURPOSE

- 2.1. The purpose of the Committee is to provide advice and assurance to the Board with regard to the development and oversight of the Health Board's enabling strategies. The Committee will do this by ensuring that the workforce strategies are aligned and that strategic collaboration and effective partnership arrangements are in place to improve population health and reduce health inequalities.

### 3. DELEGATED POWERS

- 3.1. The Partnerships, People and Population Health Committee is required by the Board, within the remit of the Committee to:
- 3.1.1. Provide evidenced based assurance that there is compliance with The Equalities Act 2010.
    - In discharging its duty the Committee will have 'due regard' to the Public Sector Equality Duty, to eliminate discrimination, to advance equality of opportunities and foster good relations when carrying out all functions and day-to-day activities.
    - In discharging its duty the Committee will have 'due regard' to the Socio-economic Duty, to consider how strategic decisions might help reduce the inequalities associated with socio-economic disadvantage.
  - 3.1.2. Provide evidenced based assurance that BCUHB Policies are compliant with relevant legislation.
  - 3.1.3. Provide evidence based and timely advice to the Board on developing strategies.
  - 3.1.4. Provide evidence based and timely advice to the Board on the delivery of strategies including those relating to digital, people and transformation.

- 3.1.5. Oversee and provide evidence based and timely advice to the Board on relevant risks and concerns.
- 3.1.6. Provide relevant evidence based and timely advice to the Board on:
- People & Organisational Development strategy, plans and performance
  - Population health outcomes and prevention strategies.
  - Transformation capacity delivery and planning.
  - Delivery of the Corporate Strategy (improving outcomes for citizens), including in services delivered in partnership.
  - Digital Strategy Plans and Development
- 3.1.7. Receive the results of relevant audits (clinical and non-clinical) and any other relevant investigations and provide the Board with evidence based impact assessment of the implementation of the recommendations.
- 3.2. The Partnerships, People and Population Health Committee is authorised by the Board to:
- 3.2.1. Ensure that current and emerging service strategies adhere to national policy and legislation, the priorities of the Health Board and are underpinned by robust population health needs assessment, people, resourcing and financial plans and provide for sustainable futures.
- 3.2.2. Receive regular assurance reports on health and care clusters and primary care development, recognising the central role played by primary care in the delivery of health and care.
- 3.2.3. Advise and assure the Board in discharging its responsibilities with regard to the development of the Health Board's medium and long term plans, together with the Annual Operating Plan;
- 3.2.4. Ensure the Health Board's response to new and revised legislative requirements in relation to service planning and delivery, providing assurance that statutory duties will be appropriately discharged, ensuring strategic alignment between partnership plans developed with Local Authorities, Universities, third sector and other public sector organisations;
- 3.2.5. Receive regular performance and assurance reports from the Public Service Boards and Regional Partnership Board, Mental Health Partnership Board, Digital Health Care Wales (DHCW) and other key partnerships as agreed by the Board.
- 3.2.6. Ensure that the Health Board meets its duties in relation to Welsh language, civil contingencies legislation and emergency preparedness.
- 3.2.7. Ensure the alignment of supporting strategies such as People & Organisational Development, and Digital in the development of the strategic delivery plans;



- 3.2.8. Ensure that the partnership governance arrangements reflect the principles of good governance with the appropriate level of delegated authority and support to discharge their responsibilities; and monitor sources of assurances in respect of partnership matters ensuring these are sufficiently detailed to allow for specific evaluations of effectiveness including but not limited to Digital Health Care Wales.
- 3.2.9. Ensure appropriate arrangements for continuous engagement are in place; and review assurances on Consultation feedback
- 3.2.10. Monitor performance against key people indicators as part of the Quality Report;
- 3.2.11. Receive assurance reports in relation to People & Organisational Development across all staff groups including but not limited to -planning, commissioning, optimisation, education and learning, engagement & wellbeing.

#### **4. AUTHORITY**

- 4.1. The Committee may investigate or have investigated any activity (clinical and non-clinical) within its terms of reference. It may seek relevant information from any:
- Employee - and all employees are directed to cooperate with any legitimate request made by the Committee; and,
  - Other committee, sub-committee or group set up by the Board to assist it in the delivery of its functions.
- 4.2. It may also obtain outside legal or other independent professional advice and to secure the attendance of outsiders with relevant experience and expertise if it considers it necessary, in accordance with the Board's procurement, budgetary and other requirements;
- 4.3. It may consider and where appropriate, approve on behalf of the Board any policy within the remit of the Committee's business concerning , Partnerships, People and Population Health matters.
- 4.4. It will review risks from the Board Assurance Framework and Corporate Risk Register that are assigned to the Committee by the Board and advise the Board on the appropriateness of the scoring and mitigating actions in place.

#### **5. SUB-COMMITTEES**

- 5.1. The Committee may, subject to the approval of the Health Board, establish sub-committees or task and finish groups to carry out on its behalf specific aspects of Committee Business.

## **6. MEMBERSHIP**

### **6.1. Members**

6.1.1. A minimum of three Independent Members of the Board.

### **6.2. In attendance**

- Executive Director Primary Care and Community Services (Lead Director)
- Executive Director of Workforce and Organisational Development.
- Executive Director of Public Health
- Executive Director of Therapies and Health Sciences.
- Executive Medical Director
- Executive Director of Nursing and Midwifery
- Finance Director – Strategy and Commissioning
- Director of Digital
- Director of Partnerships, Engagement and Communication

### **6.3. Right of Attendance**

6.3.1. Upon giving notice to the Committee Chair the following have the right to attend any meeting as an observer:

- Chair of the Board.
- Chair of the Audit Committee.
- Board Secretary.

### **6.4. By Invitation**

- A patient representative.
- Chair of Stakeholder Reference Group.
- A staff representative.

6.4.2. Other Directors/Officers will attend as required by the Committee Chair, as well as any others from within or outside the organisation who the Committee considers should attend, taking into account the matters under consideration at each meeting.

6.4.3. Trade Union Partners are welcome to attend the public session of the Committee

### **6.5. Member Appointments**

6.5.1. The membership of the Committee shall be determined by the Chair of the Board taking account of the balance of skills and expertise necessary to deliver the Committee's remit and subject to any specific requirements or directions made by the Welsh Government. This includes the appointment of the Chair and Vice-Chair of the Committee who shall be Independent Members.

- 6.5.2. Appointed Independent Members shall hold office on the Committee for a period of up to 4 years. Tenure of appointments will be staggered to ensure business continuity. A member may resign or be removed by the Chair of the Board. Independent Members may be reappointed up to a maximum period of 8 years.

## **6.6. Secretariat**

- 6.6.1. The Secretariat will be determined by the Board Secretary.

## **6.7. Support to Group Members**

- 6.7.1. The Board Secretary, on behalf of the Committee Chair, shall arrange the provision of advice and support to Committee members on any aspect related to the conduct of their role and ensure the provision of a programme of development for Committee members as part of the overall Board Development programme.

# **7. COMMITTEE MEETINGS**

## **7.1. Quorum**

- 7.1.1. At least two Independent Members must be present to ensure the quorum of the Committee, one of whom should be the Committee Chair or Vice-Chair. In the interests of effective governance, it is expected that a minimum of two Executive Directors will also be in attendance.

## **7.2. Frequency of Meetings**

- 7.2.1. Meetings shall normally be held bi-monthly, but may be convened at short notice if requested by the Chair.

## **7.3. Withdrawal of individuals in attendance**

- 7.3.1. The Committee may ask any or all non-board members who would normally attend but who are not members to withdraw to facilitate open and frank discussion of particular matters.

## **7.4. Conduct of Meetings**

- 7.4.1. Meetings may be held in person where it is safe to do so or by video-conferencing and similar technology.

# **8. RELATIONSHIP & ACCOUNTABILITIES WITH THE BOARD AND ITS COMMITTEES/GROUPS**

- 8.1. Although the Board has delegated authority to the Committee for the exercise of certain functions as set out within these terms of reference, it retains overall responsibility and accountability for ensuring the quality and

safety of healthcare for its citizens through the effective governance of the organisation.

- 8.2. The Committee is directly accountable to the Board for its performance in exercising the functions set out in these Terms of Reference,
- 8.3. The Committee, through its Chair and members, shall work closely with the Board's other Committees including joint committees/Advisory Groups to provide advice and assurance to the Board through the:
  - Joint planning and co-ordination of Board and Committee business; and
  - Sharing of information

In doing so, contributing to the integration of good governance across the organisation, ensuring that all sources of assurance are incorporated into the Board's overall risk and assurance arrangements.

- 8.4. The Committee shall embed the corporate goals and priorities through the conduct of its business, and in doing and transacting its business shall seek assurance that adequate consideration has been given to the sustainable development principle and in meeting the requirements of the Well-Being of Future Generations Act.
- 8.5. Receive assurance and exception reports from
  - Executive Delivery Group People and Culture
  - Executive Delivery Group Transformation and Finance.
  - Population Health Group.
  - Strategic Equalities Forum
  - Risk management Group

## **9. REPORTING AND ASSURANCE ARRANGEMENTS**

9.1. The Committee Chair shall:

- 9.1.1. Report formally, regularly and on a timely basis to the Board on the Committee's activities via the Chair's assurance report and an annual report.
- 9.1.2. Ensure appropriate escalation arrangements are in place to alert the Health Board Chair, Chief Executive or Chairs of other relevant committees of any urgent/critical matters that may affect the operation and/or reputation of the Health Board.
- 9.1.3. The Board Secretary, on behalf of the Board, shall oversee a process of regular and rigorous self-assessment and evaluation of the Committee's performance and operation.

## **10. APPLICABILITY OF STANDING ORDERS TO COMMITTEE BUSINESS**

- 10.1. The requirements for the conduct of business as set out in the Standing Orders are equally applicable to the operation of the Committee, except in the following areas:

- Quorum

## **11. REVIEW**

- 11.1. These terms of reference and operating arrangements shall be reviewed annually by the Committee and any changes recommended to the Board for approval.

V1.04 (PPPHC 9.12.21 approved for submission to Audit Committee 15.3.22)

<b>Health Board</b>	 <p>Bwrdd Iechyd Prifysgol Betsi Cadwaladr University Health Board</p> <p><i>To improve health and provide excellent care</i></p>
<b>Advisory Group Chair's Report</b>	

<b>Name of Advisory Group:</b>	<b>Stakeholder Reference Group</b>
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<b>Meeting date:</b>	<b>06.12.21</b>
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<b>Name of Chair:</b>	<b>Clare Budden, Chair of Stakeholder Reference Group</b> (Chair's report agreed with Lead Executive)
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<b>Responsible Director:</b>	<b>Clive Caseley, Interim Director of Partnerships, Communications &amp; Engagement</b>
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<b>Summary of key items discussed:</b>	<ul style="list-style-type: none"> <li>• Clinical Strategy</li> <li>• Planning for 2022/25</li> <li>• Primary Care</li> <li>• Targeted Improvement</li> <li>• Socio-Economic Duty</li> </ul>
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<b>Key advice / feedback for the Board:</b>	<p>In respect of the Clinical Strategy there will be a focus on the way services are reviewed and transformed to improve quality and deliver outcomes to ensure patients receive a good experience. Engagement with stakeholders and the public will be key to the development of the strategy and the presentation welcomed feedback on the strategy.</p> <p>The SRG:</p> <ul style="list-style-type: none"> <li>• Supported the principles and direction of travel for the clinical services strategy.</li> <li>• Requested that any consultation and engagement is meaningful and suggested the representatives from the group are utilised to gain broader engagement across North Wales.</li> <li>• Suggested the teams talk to people about their experiences and what could have been improved to build in to the clinical services strategy going forward.</li> </ul> <p>In respect of the Planning for 2022/25 the aim is to have a clear and concise plan which will focus on the needs of the population in North Wales. There is a need to address population health and</p>
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	<p>health inequalities within our communities and balance the requirements of covid against high level demand for other health conditions. The plan will need to respond to key challenges which may include demands on primary care and community services and also workforce issues.</p> <p>The SRG:</p> <ul style="list-style-type: none"> <li>• Supported the graphical “plan on a page” which highlighted the Health Board priorities.</li> <li>• Agreed with the proposal to gain feedback in terms of whole system thinking and the plan to engage with partners to support the delivery of outcomes.</li> <li>• Requested to see evidence of impact and outcomes of where we are on a yearly basis as we move through the three year plan.</li> <li>• Supported the proposal of further measures to provide care closer to home or care in the right place.</li> </ul> <p>The SRG also received presentations on Primary Care, Targeted Improvement and Socio-Economic Duty.</p>
<b>Targeted Intervention Improvement Framework Domain addressed</b>	<ul style="list-style-type: none"> <li>• Strategy, Planning and Performance</li> <li>• Mental Health &amp; CAMHS</li> <li>• Engagement (patients, public, staff and partners)</li> <li>• Leadership</li> </ul>
<b>Planned business for the next meeting:</b>	<ul style="list-style-type: none"> <li>• Committee Annual Report (inc annual review of ToR &amp;CoB)</li> <li>• Planning for 2022/25</li> <li>• Digital Engagement Update</li> <li>• WAST Update</li> </ul> <p>The particular agenda items will be selected closer to the next meeting.</p>
<b>Date of next meeting:</b>	Monday 7 <sup>th</sup> March 2022

*Disclosure:*

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20 January 2022



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## Advisory Group Chair's Report

<b>Name of Advisory Group:</b>	Healthcare Professionals Forum (HPF)
<b>Meeting date:</b>	3 December 2021
<b>Name of Chair:</b>	Gareth Evans, Therapy Services Representative
<b>Responsible Director:</b>	Adrian Thomas, Executive Director of Therapies & Health Science
<b>Summary of key items discussed:</b>	<p><b>H21/37 Annual CEO Update – Jo Whitehead, CEO</b></p> <p>The Chair welcomed Jo Whitehead (JWh) for the first time since being in post to the HPF, and expressed gratitude for joining the Forum to present the Annual CEO update.</p> <p>JWh acknowledged the enormous effort by all who have continued to provide services to the people of North Wales during the past 18 months of pandemic to continue to save lives and reduce the impact of Covid with flexibility, commitment and dedication.</p> <p>The CEO's Annual report noted the achievements for 2020/21, and went on to outline the current priorities which highlighted the emphasis on the following:</p> <ul style="list-style-type: none"> <li>• Priorities and services priorities for 2021/22</li> <li>• Mental Health and CAMHS</li> <li>• Urgent "unscheduled" care</li> <li>• BCUHB Care Pathways</li> <li>• Targeted Intervention</li> <li>• Transformation for improvement</li> <li>• Living Healthier Staying Well</li> <li>• Clinical Services Strategy</li> <li>• Clinical Strategy Principles</li> <li>• Involvement and Engagement</li> </ul> <p>The Chair thanked the CEO very much for her time and presentation. Due to previous diary commitments, there was limited time for questions; however, the Chair offered to forward any further questions the Forum members had to the CEO, or to offer a</p>



follow up invitation to the next HPF meeting.

**H21/41 Transformation and Improvement** – Neil Windsor, Deputy Director Transformation and Improvement.

The Chair welcomed Neil Windsor (NW), and the members of the Forum in attendance introduced themselves.

NW shared presentation slides outlining the values, vision and functions of the Transformation and Improvement programmes; highlighting progress to date, key accountabilities, the main chapters of BCUHB's transformational journey, and a summary of feedback and next steps. A question and answer session followed the presentation.

The Chair thanked NW very much for joining the Forum and for the informative presentation, which is of particular interest to all the Forum members as clinicians; and the Forum will look forward to hearing about the progress of the programme.

**H21/42 Targeted Improvement (TI) Evidence and Outcomes Groups – Update** – Simon Evans-Evans, Interim Director of Governance.

The Chair welcomed Simon Evans-Evans (SEE) to present an update on Targeted Improvement. The bilingual presentation slides shared with the Forum members prior to the meeting, highlighted the following:

- Reflection on the first six months: learning, impact, connectivity, Board involvement and allocation of funding
- Progress against each domain: Strategy Planning and Performance examples; Engagement examples; All Ages Mental Health examples; Leadership examples and next steps for each domain
- Self-assessment: summary
- Risks to delivery

A question and answer session ensued.

The Chair thanked SEE very much for his time at the meeting and for the informative presentation. The Chair confirmed that the HPF cycle of business has been amended to receive twice-yearly updates in addition to the HPF member representation at the TI Evidence and TI Outcomes Groups who will also feedback into the HPF meetings.

	<p><b>H21/43 Chair's and members written updates</b></p> <p>H21/43.1 HPF Member Summary Report - Chair and Therapy Services</p> <p>H21/43.2 HPF Member Summary Report – Dentistry</p> <p>H21/43.3 HPF Member Summary Report - Healthcare Science (HCS)</p> <p>H21/43.4 HPF Member Summary Report – Nursing</p> <p>H21/43.5 HPF Member Summary Report – Optometry</p> <p>H21/43.6 HPF Member Summary Report - Pharmacy and Medicines Management</p> <p>H21/43.7 HPF Member Summary Report - Midwifery and Women's Services</p> <p>H21/43.8 HPF Member Summary Report – Primary and Community Care</p> <p><b>H21/45 Annual Review of Terms of Reference and Cycle of Business for HPF</b></p> <p>The Terms of Reference is determined by Welsh Government, and therefore cannot be changed; however, for accuracy, the Board need to be informed that on page 2, under the Membership Section, the National Group - Welsh Therapies Advisory Committee is now named the Welsh Allied Health Professionals Committee.</p> <p>The Cycle of Business has been updated to reflect the current priorities, key strategies and planning, however the Chair emphasised that it is a dynamic and fluid document that has scope and flexibility for a more specific approach, should the Forum members request a particular issue to be discussed.</p> <p><b>H21/46 Process for the Election of new HPF Chair</b></p> <p>The Chair noted that his term of office as Chair ends in April 2022, therefore the March HPF meeting will be the last meeting as Chair. The process to elect a new Chair will commence in the New Year following the return to office of the Exec Lead.</p>
<p><b>Key advice / feedback for the Board:</b></p>	<ul style="list-style-type: none"> <li>• The Forum received an annual update from the CEO and supports the priorities highlighted for the coming year. The HPF committed to continue to provide its advice to the Board on many of the core priorities such as the clinical strategy, the targeted improvement framework and the transformation programme during its latest cycle of business.</li> <li>• The Forum welcomed the vision for the organisational approach to Transformation and Improvement (T&amp;I) and supports the plan to unify a single view of T&amp;I across the Health Board. The Forum noted that, whilst the work is still at an early stage, it</li> </ul>

	<p>advises that greater activity is undertaken now to ensure the clinical workforce is embedded in the foundations of the transformation journey. It is suggested that a communication and engagement plan is created to address this.</p> <ul style="list-style-type: none"> <li>• The Forum is in agreement with the opinion presented that effective prioritisation of T&amp;I efforts is essential in order to do fewer things better. It advised that the prioritisation framework should be validated to ensure reliability and inclusivity to avoid bias in a decision making process.</li> </ul>
<b>Targeted Intervention Improvement Framework Domain addressed</b>	<ul style="list-style-type: none"> <li>• Strategy, planning and performance</li> <li>• Leadership (including governance, transformation and culture)</li> <li>• Engagement (patients, public, staff and partners)</li> </ul>
<b>Planned business for the next meeting:</b>	<p>Range of standing items plus:</p> <ul style="list-style-type: none"> <li>• Director of Mental Health and Learning Disabilities - Mental Health Strategy</li> <li>• Director Quality Assurance – Draft Annual Quality Statement/Quality Strategy</li> </ul>
<b>Date of next meeting:</b>	Friday, 4 <sup>th</sup> March 2022

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<b>Health Board</b>  <b>20<sup>th</sup> January 2022</b>	 <p>Bwrdd Iechyd Prifysgol Betsi Cadwaladr University Health Board</p> <p><i>To improve health and provide excellent care</i></p>
<b>Advisory Group Chair's Report</b>	

<b>Name of Advisory Group:</b>	Local Partnership Forum
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<b>Meeting date:</b>	12 <sup>th</sup> October 2021
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<b>Name of Chair:</b>	Ms Jan Tomlinson
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<b>Responsible Director:</b>	Mrs Sue Green, Executive Director of Workforce & Organisational Development
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<b>Summary of key items discussed:</b>	<ul style="list-style-type: none"> <li> <b>Targeted Intervention.</b> Simon Evans-Evans delivered a verbal update on the Health Board's progress since the Health Board was taken out of Special Measures in March 2021. Mr Evans-Evans advised the members that in November, as is scheduled to take place every six months, the Board will formally assess and present its findings publicly. The Board will look at both evidence of action and evidence of outcome. In September, The Board concluded that the first 6 months showed that a level 1 had been reached across all four domains – an improvement from the original levels 0. The target for the next six months is to reach a 2 or high 2 across all four domains, with clear evidence that improvements brought about by the changes are taking effect.         </li> <li> <b>Corporate Planning Update.</b> Chris Stockport presented his update, which showed the work currently taking place on the 2021-22 plan, along with its key deliverables.         </li> <li> <b>Workshop Session: Safe Working.</b> Discussions took place around the pros and cons of agile working that had taken place during the pandemic. Members were asked – (1) What good things have come about from working from home and Members would not wish to see go/change?, (2) If resources and culture were no object, how would perfect agile working look?, (3) What tips members would wish to pass on in relation to agile working?            Some positive themes that emerged were - personal flexibility, less time wasted commuting to and from meetings providing a better work/life balance, and reduced travelling proving less tiring and better for the environment. Some negative themes that arose were – not all staff have access to the required technology; not enough human connection for some people;         </li> </ul>
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	<p>without a formal structure, some people were working without time to rest or refresh between meetings; when multiple members of a family work from home sometimes there can be little or inappropriate space available to work.</p> <ul style="list-style-type: none"> <li>• <b>Workforce Report.</b> Lesley Hall provided an update highlighting the work being done with regards to respect and resolution training, organisational changes, job evaluation and policy development. The Agenda for Change Team was praised for their continued hard work, however it was noted that delays were being experienced surrounding the time taken to translate job descriptions. Sue Green confirmed that the situation was currently being addressed.</li> <li>• <b>Health and Wellbeing Update.</b> Ellen Greer presented her update which highlighted the emotional and psychological support being offered to staff; the 170 wellbeing champions currently across BCU; the internal coaching network improvements currently in hand and the support being offered to staff by the recently appointed clinical lead psychologist. It was also noted that the assessor responsible for checking corporate health standards reported during their status check that they were pleased with the progress and the Health Board will proceed with revalidation for gold and platinum standards next year.</li> <li>• <b>Mewn Undod mae Nerth – Stronger Together.</b> Ellen Green presented her verbal update, which highlighted the progress which has taken place. It was noted that the range of methods being used to engage with staff were proving effective. Sue Green confirmed that improving the technological knowledge of the workforce enables staff to access better healthcare. Sue Green also encouraged her trade union partners to ‘check and challenge’ the Board to ensure they are listening, responding and improving.</li> <li>• <b>Issues for discussion raised by Trade Union colleagues.</b> It was agreed that a patient’s story should be made available at every meeting henceforth. A discussion took place around fast tracking staff recruitment to fill positions in order to alleviate the ‘battle fatigue’ currently being experienced by staff. Sue Green confirmed that there had been a concerted effort by all teams to ensure staff are oved through the system as quickly and as safely as possible. When asked about the Health Board’s approach to staff with long-covid, Lesley Hall and Jan Tomlinson confirmed that there is to be an All Wales approach to this concern.</li> </ul>
<p><b>Key advice / feedback for the Board:</b></p>	<ul style="list-style-type: none"> <li>• The hard work currently taking place in relation to the targeted intervention, is starting to show benefits.</li> <li>• For much of the workforce, agile working has proved successful, however there is much work to be done to ensure that the best way forward is found.</li> <li>• Work is currently in hand to ensure that the recruitment processes are as quick and safe as possible.</li> </ul>

	<ul style="list-style-type: none"> <li>• A patient's story to be included at each meeting.</li> <li>• There is to be an All Wales approach to dealing with staff with long-covid</li> </ul>
<b>Planned business for the next meeting:</b>	<p>Range of standard reports plus:</p> <ul style="list-style-type: none"> <li>• Verbal update on Targeted Intervention by Jo Whitehead.</li> <li>• Covid-19. A long journey. Presentation by Cemlyn Roberts.</li> <li>• Staff Lottery. Presentation by Sue Hill</li> <li>• Update from the Trade Unions Partners' Secretariat.</li> <li>• Ombudsman Annual Report</li> </ul>
<b>Date of next meeting:</b>	Tuesday, 25/01/22, 1-4 pm. Virtual via Teams.

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Health Board	 <p>Bwrdd Iechyd Prifysgol Betsi Cadwaladr University Health Board</p> <p><i>To improve health and provide excellent care</i></p>
<b>Chair's Report</b>	

<b>Name of Committee:</b>	Targeted Intervention Improvement Framework (TIIF) Steering Group
<b>Meeting date:</b>	1.11.21
<b>Name of Chair:</b>	Gill Harris, Deputy Chief Executive/ Executive Director of Nursing & Midwifery
<b>Responsible Director:</b>	Gill Harris, Deputy Chief Executive/ Executive Director of Nursing & Midwifery
<b>Summary of business discussed:</b>	<ul style="list-style-type: none"> <li>• A piece of work to scope engagement which is taking place across the TI programme will be undertaken along with a definition of the term engagement within the context of TI to allow a benchmark to be set against where we are in terms of engagement.</li> <li>• The engagement work will be tested with some of the partners, the scope of the work will be agreed by the Group.</li> <li>• Additional resource has been approved by the Executive Team and the Group which will be utilised across the programme and will focus on mapping pieces of work. The value added by these roles will be monitored and updates on the objectives will be received via the Group.</li> <li>• The draft TI Board papers and WG Oversight Meeting papers were shared with the Group for comment.</li> </ul>
<b>Key assurances provided at this meeting:</b>	<ul style="list-style-type: none"> <li>• Governance arrangements are in place to monitor TI progress via Steering Group oversight</li> <li>• Teams are working to deliver improvements, to augment maturity levels ahead of the next self-assessment to be brought before the Board in public at its November meeting.</li> </ul>
<b>Key risks including mitigating actions and milestones</b>	<ul style="list-style-type: none"> <li>• There is a risk of insufficient progress on the improvement journey; the oversight of the Steering Group and added scrutiny from IM Link buddies will mitigate this.</li> </ul>
<b>TIIF Domain addressed</b>	<ul style="list-style-type: none"> <li>• All</li> </ul>

<b>Issues to be referred to another Committee</b>	<ul style="list-style-type: none"> <li>• None</li> </ul>
<b>Matters requiring escalation to the Board:</b>	<ul style="list-style-type: none"> <li>• None</li> </ul>
<b>Well-being of Future Generations Act Sustainable Development Principle</b>	<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>
<b>Planned business for the next meeting:</b>	<ul style="list-style-type: none"> <li>• Monitoring progress against the framework and identification of any issues</li> </ul>
<b>Date of next meeting:</b>	6.12.21





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## Chair's Report

<b>Name of Committee:</b>	Targeted Intervention Improvement Framework (TIIF) Steering Group
<b>Meeting date:</b>	6.12.21
<b>Name of Chair:</b>	Gill Harris, Deputy Chief Executive/ Executive Director of Nursing & Midwifery
<b>Responsible Director:</b>	Gill Harris, Deputy Chief Executive/ Executive Director of Nursing & Midwifery
<b>Summary of business discussed:</b>	<ul style="list-style-type: none"><li>• Revised terms of reference were agreed for onward submission to the Audit Committee for approval and to the Board for ratification (attached)</li><li>• It was suggested that the newly appointed substantive Director of Partnerships, Communications and Engagement should become SRO for the Engagement domain instead of Deputy Chief Executive/ Executive Director of Nursing &amp; Midwifery, thus separating this responsibility from the role of Programme Sponsor</li><li>• As part of the TI Programme update, it was noted that the Board and Welsh Government had agreed the November self-assessment reference points as well as the May 2022 target reference points on the maturity matrix</li><li>• Delivery concerns and risks for each domain were discussed (see below)</li><li>• Progress of the Outcome Based Decision Making Framework – one session, facilitated by the Good Governance Institute, had taken place and a second was scheduled, after which a report would be shared.</li></ul>
<b>Key assurances provided at this meeting:</b>	<ul style="list-style-type: none"><li>• Governance arrangements are in place to monitor TI progress via Steering Group oversight</li><li>• Teams are working to deliver improvements, to augment maturity levels ahead of the next self-assessment in May 2022</li></ul>
<b>Key risks including mitigating actions and milestones</b>	<ul style="list-style-type: none"><li>• There is a risk of insufficient progress on the improvement journey; the oversight of the Steering Group and added scrutiny from IM Links will mitigate this</li></ul>

	<ul style="list-style-type: none"> <li>• In terms of delivery concerns and risks for each domain, the following was logged:  <b>Leadership and Programme-wide:</b> <ul style="list-style-type: none"> <li>➤ capacity of key individuals to manage the TI process</li> <li>➤ the wider risk of the impact on plans for the next few months in respect of winter pressures, planned care, unscheduled care, Covid-19 and the vaccination programme – there will be a need to demonstrate pragmatism and flexibility</li> </ul> <b>Engagement:</b> <ul style="list-style-type: none"> <li>➤ in order to progress along the maturity matrix, there is a need to be acting in a more systematic way and this will be challenging – this is partly about capacity but also about systematically developing outcomes and feeding back to individuals who have contributed through engagement</li> </ul> <b>Strategy, Planning and Performance:</b> <ul style="list-style-type: none"> <li>➤ demonstrating the impact of TI against a backdrop of deteriorating NHS performance will be challenging. Consideration is being given to the use of benchmarking data and the reinvigoration of the Performance Oversight Group</li> <li>➤ in respect of the development of the clinical services strategy, the key risk is around the ability to continue with the desired level of clinical engagement, given the service pressures</li> <li>➤ development of the medical school will need careful alignment with Welsh Government timescales</li> <li>➤ transformation and improvement – the team is in the process of being established, therefore early maturity in their programmes may not be at the level the Board requires</li> </ul> <b>Mental Health:</b> <ul style="list-style-type: none"> <li>• capacity is a concern, linked to ongoing significant demand within the system</li> <li>• engaging staff, linked to reputational risks, potentially affecting the whole organisation's ability to maintain the momentum of improvement</li> <li>• expectation management risks linked to CAMHS recruitment issues – despite additional funding, current vacancies and significant service demands are concerning.</li> </ul> </li> </ul>
<b>TlIF Domain addressed</b>	<ul style="list-style-type: none"> <li>• All</li> </ul>
<b>Issues to be referred to another Committee</b>	<ul style="list-style-type: none"> <li>• None</li> </ul>
<b>Matters requiring escalation to the Board:</b>	<ul style="list-style-type: none"> <li>• None</li> </ul>

<b>Well-being of Future Generations Act Sustainable Development Principle</b>	<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>
<b>Planned business for the next meeting:</b>	<ul style="list-style-type: none"> <li>• Monitoring progress against the framework and identification of any issues</li> </ul>
<b>Date of next meeting:</b>	21.1.21



<b>Cyfarfod a dyddiad:</b> <b>Meeting and date:</b>	Health Board 20 <sup>th</sup> January 2021						
<b>Cyhoeddus neu Breifat:</b> <b>Public or Private:</b>	Public						
<b>Teitl yr Adroddiad</b> <b>Report Title:</b>	<b>Quality &amp; Performance Report to 30<sup>th</sup> November 2021</b>						
<b>Cyfarwyddwr Cyfrifol:</b> <b>Responsible Director:</b>	Sue Hill Executive Director of Finance						
<b>Awdur yr Adroddiad</b> <b>Report Author:</b>	Mr Edward Williams Head of Performance Assurance						
<b>Craffu blaenorol:</b> <b>Prior Scrutiny:</b>	The data and information in this report has been scrutinised by the Performance, Finance & Information Governance Committee on 23 <sup>rd</sup> December 2021  The QaP report has not been considered by the QSE Committee						
<b>Atodiadau</b> <b>Appendices:</b>	1. Quality & Performance (QAP) Report						
<b>Argymhelliad / Recommendation:</b>							
Members of the Health Board are requested to scrutinise the report.							
<b>Ticiwch fel bo'n briodol / Please tick as appropriate</b>							
<b>Ar gyfer penderfyniad /cymeradwyaeth</b> <b>For Decision/ Approval</b>		<b>Ar gyfer Trafodaeth</b> <b>For Discussion</b>	<input checked="" type="checkbox"/>	<b>Ar gyfer sicrwydd</b> <b>For Assurance</b>	<input checked="" type="checkbox"/>	<b>Er gwybodaeth</b> <b>For Information</b>	<input checked="" type="checkbox"/>
<b>Y/N i ddangos a yw dyletswydd Cydraddoldeb/ SED yn berthnasol</b> <b>Y/N to indicate whether the Equality/SED duty is applicable</b>						<b>N</b>	
<b>Sefyllfa / Situation:</b>							
This report includes indicators from the NHS Wales Delivery Framework 2021-22. The Executive Summary is included within the Report.							
<b>Cefndir / Background:</b>							
Our report outlines the key performance and quality issues which fall under the delegated powers of the Performance, Finance & Information Governance Committee. The summary of the report is now included within the Executive Summary pages of the QAP and demonstrates the work related to the key measures contained within the 2021-22 National Delivery Framework. This framework has been revised to provide performance measures under the Quadruple Aims set out in A Healthier Wales.							
<b>Asesu a Dadansoddi / Assessment &amp; Analysis</b>							
<b>Goblygiadau Strategol / Strategy Implications</b>							
The performance measures included in this report are from the NHS Wales Delivery Framework 2021-22.							
<b>Opsiynau a ystyriwyd / Options considered</b>							

Not Applicable
<b>Goblygiadau Ariannol / Financial Implications</b> The delivery of the performance indicators contained within our annual plan will have direct and indirect impact on the financial recovery plan of the Board.
<b>Dadansoddiad Risk / Risk Analysis</b> The pandemic has produced a number of risks to the delivery of care across the healthcare system.
<b>Cyfreithiol a Chydymffurfiaeth / Legal and Compliance</b> This report will be available to the public once published for the Health Board
<b>Asesiad Effaith / Impact Assessment</b> The Report has not been Equality Impact Assessed



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# Quality and Performance Report

# Health Board

Performance to 30<sup>th</sup> November 2021

Presented on 20<sup>th</sup> January 2022



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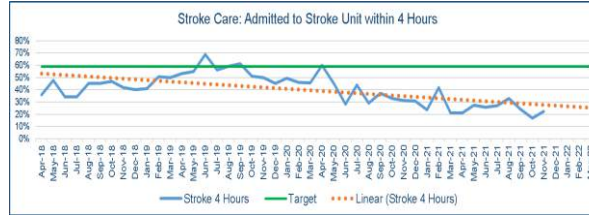
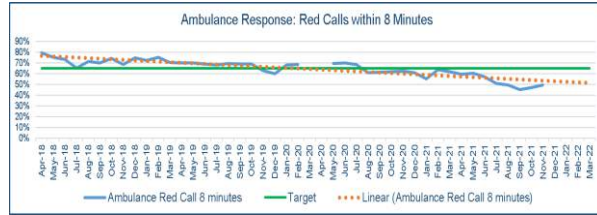
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# Overall Summary Dashboard 1

## Unscheduled Care Measures

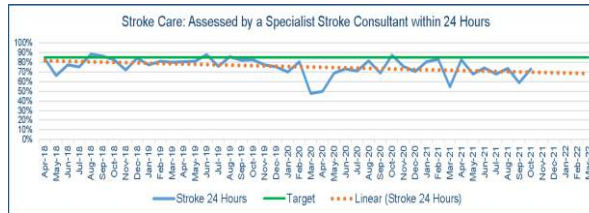
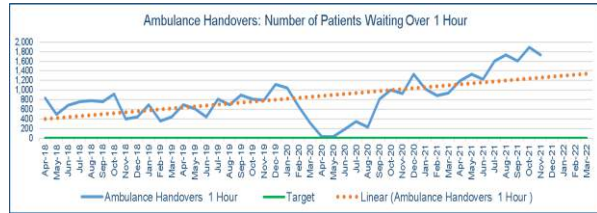
Ambulance Red Calls 8 Minutes: **49.7%**

Stroke Admission 4 Hours: **22.4%**

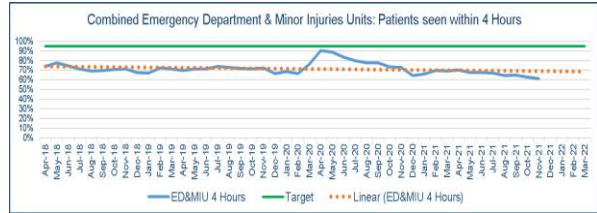


Ambulance Handovers Over 1 Hour: **1,735**

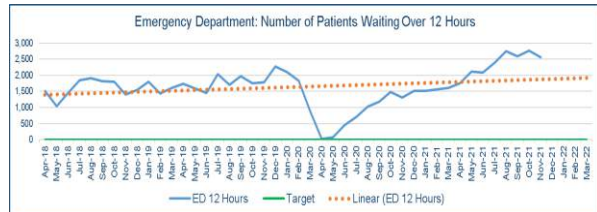
Stroke Consultant 24 Hours: **73.2%**



Combined ED&MIU 4 Hours: **61.13%**



ED 12 Hours: **2,561**



## Sickness Absence

Sickness Absence Rate: **5.82%**

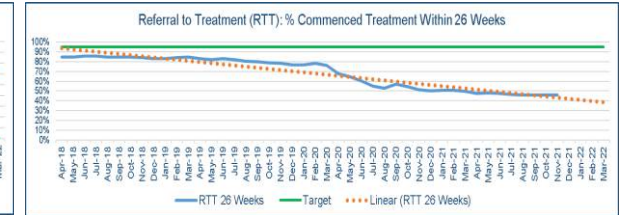
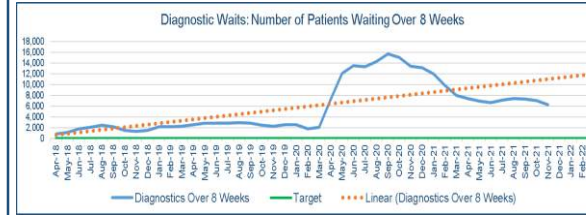


*All Data presented is up to date to 30<sup>th</sup> November 2021 except for Suspected Cancer Pathway data which is reported a month in arrears.*

## Planned Care Measures

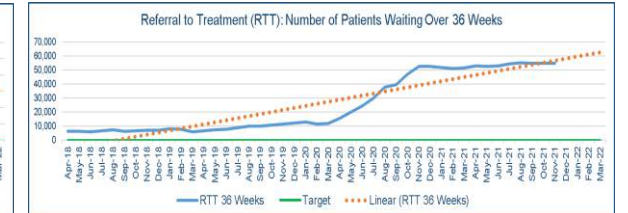
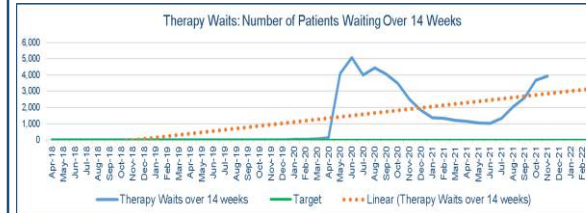
Diagnostic Waits 8 Weeks: **6,288**

RTT within 26 Weeks: **46%**



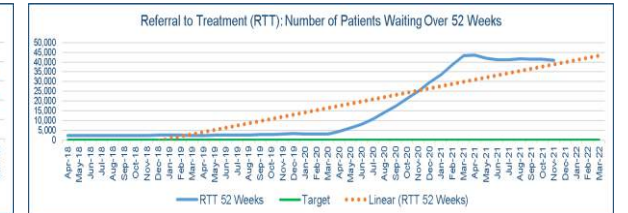
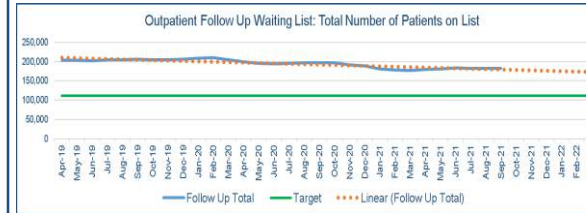
Therapy Waits 14 Weeks: **3,937**

RTT Over 36 Weeks: **54,883**



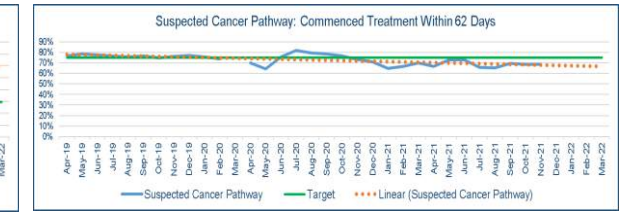
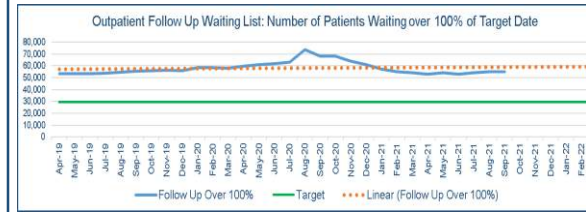
Total Follow Up Backlog: **180,188**

RTT Over 52 Weeks: **40,897**



Follow Up Over 100%: **53,834**

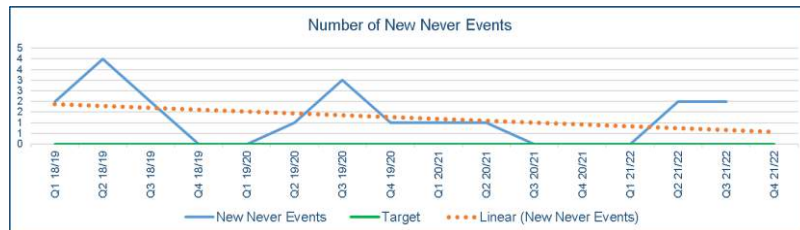
Suspected Cancer Pathway: **68%**



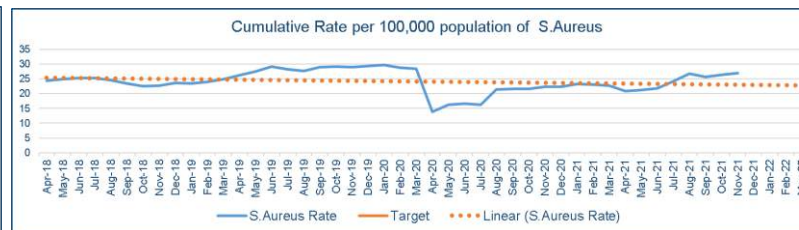


# Overall Summary Dashboard 2

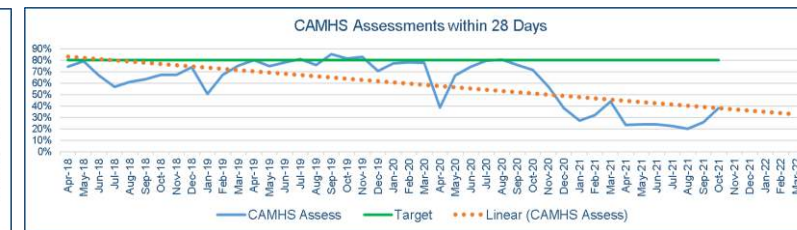
Number of New Never Events\*: **2**



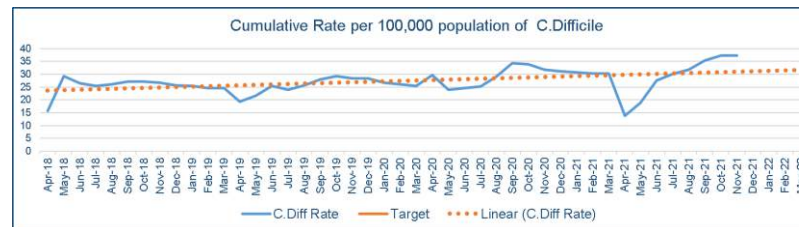
Cumulative Rate per 100,000 S.Aureus: **27.10**



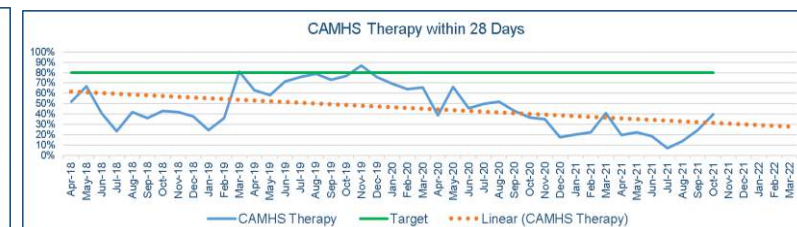
\*\*CAMHS – Assessed within 28 Days: **38.18%**



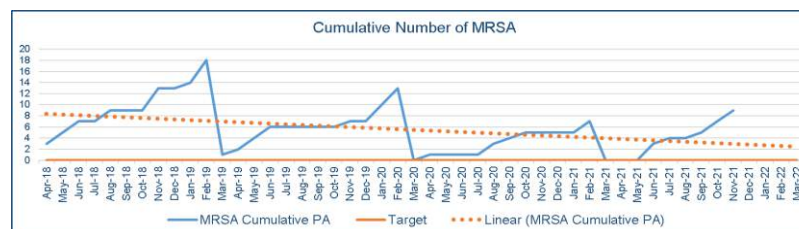
Cumulative Rate per 100,000 C.Difficile: **37.22**



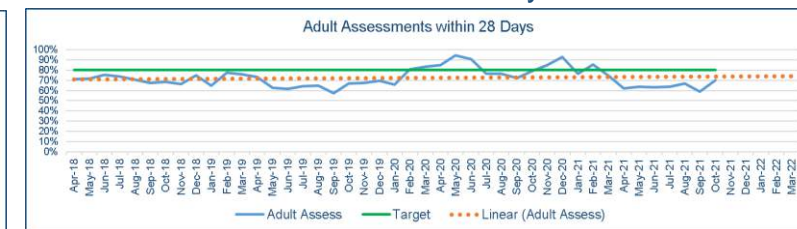
\*\*CAMHS – Therapy within 28 Days: **40.0%**



Cumulative Number of MRSA: **9**



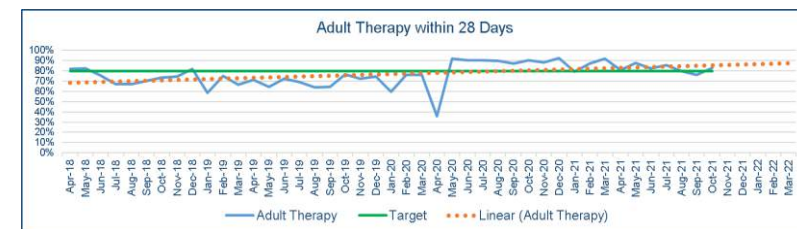
\*\*Adult MH Assessed within 28 Days: **70.16%**



Cumulative rate resets on the 1<sup>st</sup> of April each year

\*\*Mental Health Measures reported 1 month in arrears

\*\*Adult MH Therapy within 28 Days: **83.16%**



**Welsh Government has advised Health Boards to continue to monitor performance in line with the measures included in the 2020-21 NHS Wales Delivery Framework until such time as the NHS Wales Delivery Framework for 2021-22 is formally published. The NHS Wales Delivery Framework for 2021-22 was formally published on the 1<sup>st</sup> October 2021.**

## Report Structure

The format of the report reflects the published National Delivery Framework for 2020-21. This aligns to the Quadruple aims contained within the statutory framework of A Healthier Wales.

The 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.

This report contains data showing the impact of the pandemic on referrals, planned care activity and waiting lists.

## Performance Monitoring

Performance is measured via the trend over the previous 6 months and not against the previous month in isolation. The trend is represented by arrows as shown below.



Performance has improved over the last 6 months



Performance has got worse over the last 6 months



Performance remains the same

## Ongoing development of the Report

The Quality & Performance Report for the Health Board and its scrutinising Committees, Performance, Finance & Information Governance (PFIG) Committee, Quality, Safety & Experience (QSE) Committee is in the process of being redesigned.

An Overall Summary Dashboard has been included on pages 2 and 4 of this report to enable quick and easy view of overall performance.

The Integrated Quality & Performance Report will take a proactive approach towards providing assurance. It is supported by a set of frameworks and methodologies that will provide objective and replicable levels of assurance on content.

**The Committee is asked to note the following:**

## **Quadruple Aim 1: Prevention**

The 2021-22 flu vaccination campaign started in October 2021. The campaign continues alongside the increased focus upon the COVID-19 booster vaccination campaign. Despite the immense pressure upon our resources, both campaigns are delivering to expected trajectories.

## **Quadruple Aim 2: Infection Prevention**

Over the past 12 months, the cumulative rate of laboratory confirmed bacteraemia cases per 100,000 population has increased at an all Wales level. This is in contrast to the position in BCUHB, which has seen improvement in E.coli, Aureus bacteraemia and C Difficile rates per 100,000 population over the same period.

The infection prevention and control teams continue to work on reducing the number of infections alongside their work on COVID-19.

## **Quadruple Aim 2: Unscheduled Care**

Pressures on the unscheduled care system continues to increase and performance remains below the 95% target of patients seen within 4 hours, 61.13% in November, compared to 64.92% in September. The number of patients waiting over 12 Hours in our Emergency Departments has fallen slightly again for the 3<sup>rd</sup> successive month at, 2,561 in November compared to 2,565 in September. The number of patients waiting over 24 hours rose has also fallen in November to 866 compared to 905 reported in September. However, the number of patients experiencing ambulance handover delays of an hour or more rose to 1,735 in November compared to 1,610 in September.

Performance against the stroke care measure continues to be poor, however performance improved to 22.4% of patients admitted to a Stroke Assessment Unit within 4 Hours compared to 17% in October. (against a target of 59%). The rate of patients reviewed by a Stroke Consultant within 24 hours improved at 73.2% in November (against a target of 85%) compared to 59% in October.

Delayed Transfers of Care (DToC) has been replaced by the Discharge to Recover & Assess (D2RA). Since the starting of reporting D2RA, there has been an increase in the number of patients being delayed whilst awaiting transferring to care homes.

## **Quadruple Aim 2: Planned Care**

As in the rest of the UK, the disruption caused by COVID-19 continues to severely impact upon our capacity to deliver planned care services at the pre-COVID-19 rates result in increased waiting times.

Despite these challenges, in September, the number of people waiting over 36 weeks remains fairly static at 54,883 compared to 54,805 in September. The number of patients waiting over 52 weeks continues to fall at 40,897 in November, compared to 41,578 in September.

The number of patients waiting over 8 weeks for diagnostic tests continues to fall at 6,288 in November compared to 7,352 in September. Endoscopy remains the specialty with the highest number with 3,025 patients waiting over 8 weeks.

The number of patients waiting over 14 weeks for therapy has increased to 2,610 in September compared to 2,036 in August 2021.

Whilst performance against the Suspected Cancer pathway target of 75% of patients starting treatment within 62 days of suspicion remains below target at 68% it is improved from the 65.7% reported in August, BCU remains the second best performing Health Board in Wales in terms of the Suspected Cancer Pathway.

At 180,188 in November, the total number of patients waiting on the 'Follow Up' waiting list continues to fall compared to 182,526 in September 2021. The number of those patients that are more than 100% overdue their follow up date also continues to fall at 53,834 at the end of September 2021 from 55,247 in September.

Performance against the eye care measure improved to 46% in November 2021, compared to 43.1% in September. This is the biggest improvement in performance against this measure since its introduction in 2020.



## Quadruple Aim 2: Neurodevelopment

Although improved, Performance against the 26 Week target or children awaiting neurodevelopment assessment remains poor at 31.90%, compared to 32.79% reported previously. It is expected that plans recently approved will enable us to increase capacity to see 120 children per month and this will translate to a much improved performance through Quarter 4.

## Quadruple Aim 2: Child & Adolescent Mental Health Services (CAMHS)

For Children's & Young Adults Mental Health Services (CAMHS) performance remains poor against the targets for the rate of children assessed within 28 days of referral. However, this month's position at 38.18%, and for those starting therapy within 28 days of assessment at 40% there has been a significant improvement compared to the previous report of 26.80% and 18.50% respectively.

## Quadruple Aim 2: Adult Mental Health

For adult mental health services performance has improved as predicted, compared to the previous report, with

percentage adults assessed within 28 days of referral at 70.61% compared to 63% reported previously. The number of patients starting therapy within 28 days of assessment remains above the 80% target at 83.16%.

There has been a consistent and significant improvement in the percentage rate of adults waiting less than 26 weeks to start psychological therapy and at 91% continues to consistently exceed the 80% target rate.

The number of patients experiencing delayed transfer of care (DToC) within our mental health has decreased from 16 reported in July 2021, to 11 in November 2021. The number of bed days lost to delayed transfers have also decreased to 625. whilst the service continues working to resolve issues that lead to DToC and it is expected that the number and length of DToC's will fall over the coming months, there will always be an element of delays to discharge due to the nature and complexities of the service.

## Quadruple Aim 3: Quality & Safety

Two new Never Events were reported in the period from 1<sup>st</sup> of October 2021 to 30<sup>th</sup> November 2021.

## Quadruple Aim 3: Workforce

The trend for staff sickness rate over the last 5 months (June to November) has been one of increase with September at 5.82%. COVID-19 related sickness remains static at to 0.6% (from 0.6% in October and 0.8% in September 2021).

PADR Rates has remained largely static over the last 3 months at 67.9% completed by end of November 2021. Mandatory Training rates have also remained largely static over the last 3 months at between 84.2% and 84.1% and remains just less than 1% below the 85% target rate.

## Quadruple Aim 4: Agency /Locum Spend

In November the combined Agency and Locum cost remains fairly static at 7.6%.

## Quadruple Aim 4: Mortality and Timely Interventions

Crude Mortality (under 75 years old) has decreased to 0.94%. The mortality rate for BCU is lower than the Wales average of 1.13%. As BCU has not been an outlier for mortality for at least 24 months, it is suggested that there is no longer a need to provide an exception report on this.



Concern remains with regards the recording and monitoring of provision of Sepsis Six bundles both for our Inpatients and within our Emergency Departments. The Office of the Medical Director is currently reviewing this. Reporting of Emergency Department data and reporting recommenced in July 2021, however form completion remains significantly lower than levels prior to the COVID-19 pandemic.

## Quadruple Aim 1: People in Wales have improved health and well-being and better prevention and self management



People will take more responsibility, not only for their own health and well-being but also for their family and for the people they care for, perhaps even for their friends and neighbours. There will be a whole system approach to health and social care, in which services are only one element of supporting people to have better health and well-being throughout their whole lives. It will be a 'wellness' system, which aims to support and anticipate health needs, to prevent illness, and to reduce the impact of poor health.

## Quadruple Aim 1: Measures

Committee	Period	Measure	Target	Actual	Trend
QSE	Q1 2021/22	Percentage of children who received 3 doses of the hexavalent '6 in 1' vaccine by age 1*	>= 95%	94.90%	
QSE	Q1 2021/22	Percentage of children who received 2 doses of the MMR vaccine by age 5*	>= 95%	94.10%	
Committee	Period	Measure	Target	Actual	
QSE	Nov 21	Cumulative uptake of the influenza vaccination among 65 and Over this season	75.00%	74.70%	
QSE	Nov 21	Cumulative uptake of the influenza vaccination among Under 65 this season	55.00%	42.20%	
QSE	2021/22	Uptake of the influenza vaccination among Pregnancy*	75.00%	****	
QSE	Nov 21	Cumulative uptake of the influenza vaccination among Staff this season	60.00%	56.62%	

\*\*\*\* Reported after the end of the Flu season - April 2022

## Quadruple Aim 2: People in Wales have better quality and more accessible health and social care services, enabled by digital and supported by engagement.



There will be an equitable system, which achieves equal health outcomes for everyone in Wales. It will improve the physical and mental well-being of all throughout their lives, from birth to a dignified end. Services will be seamless and delivered as close to home as possible. Hospital services will be designed to reduce the time spent in hospital, and to speed up recovery. The shift in resources to the community will mean that when hospital based care is needed, it can be accessed more quickly.

# Quadruple Aim 2: Infection Prevention Measures

Committee	Period	Measure	Target	Actual
QSE	Nov 21	Cumulative numberof MRSA cases	0	9
QSE	Nov 21	Cumulative number of C.difficile cases	0	175

Cumulative from April 2021



# Quadruple Aim 2 : Infection Prevention

## Issues Affecting Performance

Inappropriate use of Antibiotics and high levels of resistant organisms; BCU C. diff rate is 36.6 cases per 100K (down from 37.1 last month) but goal is 25.

Insufficient single rooms with appropriate ensuite facilities to meet requirements for patient isolation; needed both for patients with infections and those who are vulnerable.

### COVID-19:

- COVID-19 infection rates remained high particularly in the West and there were outbreaks in YG and YGC. All swiftly managed to minimise numbers involved and there were no patient deaths related to the outbreaks. It was difficult to identify a source for the outbreaks; possibly due to asymptomatic visitors in at least one case.
- National guidance on Infection Prevention was updated in November.
- Significant number of staff have been isolating, particularly in the West, due to being household contacts of people with COVID-19.

Lack of inpatient decant facilities to enable high level cleaning with Hydrogen Peroxide Vapour (HPV), which is being further impacted by pressures in patient flow.

Infection Prevention Team: Significant vacancies and sickness in the Infection Prevention Nursing Team.

## Actions and Outcomes

Antimicrobial improvement plan in progress. Also World Antibiotic Awareness week held in November with activities in GP practices, community pharmacies and hospitals. Compliance with Start Smart the Focus (SSTF) Ward Antimicrobial Prescribing Audits presented at Infection Prevention Steering Group.

Infection Prevention have provided clinical staff with a Single Room Risk Assessment to highlight priorities for siderooms and support decision making.

### COVID-19:

- Inpatient testing regimes have been enhanced to help identify asymptomatic carriers early; all patients continue to be tested on admission but those who are negative are retested on day 2 and then twice weekly.
- The Safe Clean Care pilot to introduce lateral flow testing for visitors (alongside screening) has been successful and is to be rolled out across BCU in December.
- The new national guidance has been reviewed by the Infection Prevention team and key changes highlighted to clinical staff.
- The BCU policy regarding staff who are household contacts is being reviewed in light of changes to national and Welsh guidance.

Acute sites have been asked to review and update their HPV cleaning programmes.

Successful appointment of a new Director of Infection Prevention and Decontamination in November.

## Risks and Mitigations








COVID-19: A risk assessment is being drawn up to look at allowing staff who are household contacts to return to work if certain strict criteria are fulfilled.

An alternative product to HPV is being piloted that is significantly safer and less time consuming than HPV, yet appears to be as effective.

A risk assessment relating to staff vacancies in the Infection Prevention Team to be drawn up. Meanwhile, work is being prioritised, clinical teams informed and vacancies are being recruited to looking at national and international.

The two Infection Prevention risks on the Board Assurance Framework (one on COVID and one on hospital acquired infection) have been reviewed and remain in place, scoring 15 and 16 respectively.

# Quadruple Aim 2 : Unscheduled Care Measures

Committee	Period	Measure	Target	Actual	Trend
PFIG	Nov 21	Percentage of emergency responses to red calls arriving within (up to and including) 8 minutes	>= 65%	49.70%	
PFIG	Nov 21	Number of Ambulance Handovers over 1 Hour	0	1,735	
PFIG	Nov 21	Percentage of patients who spend less than 4 hours in all major and minor emergency care (i.e. A&E) facilities from arrival until admission, transfer or discharge	>95%	61.13%	
PFIG	Nov 21	Number of patients who spend 12 hours or more in all hospital major and minor care facilities from arrival until admission, transfer or discharge	0	2,561	
PFIG	Nov 21	Number of patients who spend 24 hours or more in all hospital major and minor care facilities from arrival until admission, transfer or discharge	0	866	
PFIG	Nov 21	Percentage of patients who are diagnosed with a stroke who have a direct admission to a stroke unit within 4 hours of the patient's clock start time.	>= 59%	22.40%	
PFIG	Nov 21	Percentage of patients who are assessed by a stroke specialist consultant physician within 24 hours of the patient's clock start time	>= 85%	73.20%	

# Quadruple Aim 2: Emergency Departments & Minor Injuries Units 1

## What are the key issues/ drivers for why performance is where it is?

COVID-19 challenges remain across primary care, community and acute hospitals for all 3 health communities which compounds the challenges across the already pressured unscheduled care system to deliver timely, quality care for patients at our hospital front-doors have never been more intense. This affects focus on initiating change that is necessary to allow us to deliver safe care this winter. We recognise the need for strengthening corporate communications across the programme and we will work with the communications and informatics teams to provide better opportunities for sharing learning and offering input for teams throughout the health board. The acuity of patients presenting at Emergency Departments (EDs) remains high and flow out of the department and throughout the inpatient wards continues to be challenging, due to continued extreme pressures at the back door and particularly ongoing pressures for domiciliary care provision which continues to delay patients waiting for care packages.

Collaborations with partner agencies have taken place with a facilitated Health & Social Care summit in the West Area from which priority projects were identified including to simplify referral pathways and standardise documentations, as well as reviewing workforce. A Multi-Agency Discharge Event (MADE) took place in Wrexham beginning of December the evaluation of which will be shared.

## What actions are being taken to improve performance and by who?

The fifth month of the Unscheduled Care (USC) programme saw the implementation of first interventions out of the development stage:

### Work stream 1 update:

- Following a training needs analysis, an educational programme for Emergency Nurse Practitioners (ENPs) has now commenced to support standardisation and consistency in the scope of minor injuries service provision across all Minor Injuries Units (MIUs) going forward, supported by educators from Bangor and Glyndwr Universities with a view to maximising MIU utilisation and support appropriate flow to MIUs from EDs.
- The 111 First service continues to support healthcare professionals including nursing homes.
- Access to Welsh Ambulance NHS Trust (WAST) C3 system and clinical training has enabled clinicians within Single Integrated Clinical Assessment and Triage (SICAT) to pull appropriate calls from the WAST stack to triage, assess and stream / signpost to alternative services and avoiding unnecessary conveyances to ED.
- Work is underway for the development of Urgent Primary Care Centres within Central and West Areas.

### Work stream 1 Next Steps:

- Planning a communication campaign to rebrand and relaunch MIUs for the general public once the training has provided foundations for a predictable level of service provision across all units.
- Work is ongoing to further develop the Directory of Services ensuring inclusion of all MIUs.

## Quadruple Aim 2: Emergency Departments & Minor Injuries Units 2

### Work stream 2 update:

- Adverts for Emergency Department (ED) and acute medical posts are live as part of the progression of the BCUHB-wide joint recruitment campaign which is overseeing the workforce requirements for Same Day emergency Care (SDEC) and ED business case models
- Standard Operating Procedures (SOP) being developed to identify suitable patients for SDEC. A process driven model aligned to NEWs and Frailty scores is being adopted to inform patients selection criteria into SDEC
- All incidences of SDEC being bedded down are reported via Datix for scrutiny and review, communications underway to emphasise the importance of SDEC units not being used as an escalation area.

### Work stream 2 Next Steps:

- Ongoing recruitment of the additional required workforce
- Plans to use AMB and Frailty risk assessment tools within ED and with GPs, following sign off by clinicians and prior to roll out in acute sites.
- The group will include focus on improving ambulance handovers

### Work stream 3 update:

- Whilst significant effort and progress has been made on the roll out of Board Rounds, metrics identified for inpatient care are not yet showing measurable improvements. A review of data reporting is being undertaken as well as a review of metrics to ensure the right data is measured to demonstrate impact.
- The roll out of Criteria Led Discharge has commenced as a key enabler to increasing discharges particularly over weekends.
- Weekly ward dashboards continue to be circulated for wards to review live data at a BCU and ward level.

### Work stream 3 next steps:

- Work has commenced to develop Internal Professional Standards (IPS) building on existing documentation and work to date, to develop an agreed BCUHB wide IPS
- Extend the use of STREAM ward data boards at Wrexham and outstanding Ysbyty Glan Clwyd (YGC) wards.
- The impact of Board Rounds implemented to date is being reviewed and lessons learned from pilot wards to inform improvements.

### Work stream 4 update:

- Additional capacity for patients who are judged to be medically fit for discharge but have not got the required support in the community is being set up across the three sites.
- Trusted Assessments being to be reinstated in some areas where available.

### Work stream 4 next steps:

- Expansion of Discharge to Recover and Assess (D2RA) using the winter funding and increase of step down capacity.
- Data on the numbers of packages of care processed by Trusted Assessors to be reviewed including reassessments.

## Quadruple Aim 2: Emergency Departments & Minor Injuries Units 3

### When performance is going to improve by and by how much?

Taking account of the site pressures and challenges across the whole unscheduled care system but also in recognition of the work that has commenced within priority projects and deliverables set out within the Unscheduled Care (USC) programme plan, it is expected that the realisation of impact against the priority projects will materialise by Q4 of 2021-22. A programme tracker is established demonstrating progress against the initial deliverables which indicates the overall progress of the status for all work streams for each health community as well as against risks and issues is reviewed and monitored at the monthly USC Improvement Group.

### What are the risks to this timeline?

1. Lack of clinical engagement will inhibit necessary progress of projects aimed to deliver improvements across the USC system
2. Operational pressures across the whole system impacting on capacity to progress identified actions to deliver improvements
3. Existence of / access to Same Day emergency Care (SDEC) pathways inconsistent across the sites with patients who could be managed on an ambulatory basis still likely to be admitted
4. Bedding down of SDEC overnight impacts on SDEC service following morning.
5. Inability to discharge Medically Fit for Discharge (MFfD) patients due to lack of capacity in the community impacting on the flow improvement once any acute interventions / delays are resolved.
6. Inability to recruit to various and competing workforce requirements will impact on ability to progress

### What are the mitigations in place for those risks?

1. Clinical Leads are confirmed for each of the 4 work streams and discussions are ongoing with the USC Senior Clinical Lead and Medical Directors / directorates leads
2. Priority programmes have been identified within the programme plan in recognition of capacity and competing priorities across acute and area team. Escalation process for issues and requests for support are embedded within the USC programme reporting and governance structure.
3. Pathways into SDEC have been reviewed and are being updated to adopt a process driven model aligned to severity of illness to ensure the right patients are directed to SDEC.
4. Sites are reviewing options to ring-fence SDEC capacity including relocating the unit on sites where this is a consistent issue and communications ongoing to emphasise the importance of using SDEC units as escalation areas.
5. Bridging services have been established in some community hospitals to support patients who are MFfD but whom require a package of care, to enable them to be stepped down as a transitional space between treatment and discharge, which will support patients to be in the right place and ease bed pressures.
6. BCUHB recruitment campaign ED, SDEC and acute medicine has been successful and recruitment process has started.



**Key Drivers of performance:** Reduce time to presentation at acute site; Timeliness of referral to Computed Tomography (CT) scan; Access to Acute Stroke Beds; Improve out of hours performance; Access to Stroke Co-ordinators; Attainment of Delivery Unit Bundles key indicators; Lack of access to timely thrombolysis; Challenge in recruitment and retention of trained nurse workforce.

## **Ysbyty Glan Clwyd (YGC):**

- Link with Welsh ambulance Service NHS Trust (WAST) via the Emergency Quadrant (EQ) weekly meeting – reduce delay from onset to arrival at acute site (Face, Arm, Speech, Time (FAST) principles).
- Weekly Acute Stroke Improvement cell attended by Medicine Lead Manager, Emergency Department (ED) Operational Manager, ED Matron and Lead Stroke Specialist Nurse assessing areas identified for improvement. Currently a Stroke Awareness and Formal Swallow training package is being delivered to ED nursing staff with a date in the new year to extend to ED medical team.
- On-going increased demand on Acute Stroke and General medical team – Medicine attend the ED huddle and site huddle to support with any escalations including if no ASU bed for next admission.
- Medicine Manager of the Day rota available to Site Management to escalate stroke delays (Mon-Fri).
- Highlight any stroke patients of concerns in incorrect medical areas due to unavailability of capacity in ASU.
- Stroke Bed availability reported at all situation reports (SITREP) meetings and actions identified if capacity isn't available, i.e. next patient to slept out.
- Actions distributed following success of funding for the Stroke Business Case. Nursing consultation document complete pending approval.
- Recruitment of additional Clinical Nurse Specialist (CNS) to increase access hrs across 7 days.
- Well attended Monthly Acute Stroke Business and Clinical Governance continues to drive the stroke agenda forward.

## **Ysbyty Wrecsam Maelor (YWM):**

- Breach analysis report sent to Stroke multi-disciplinary team for actions and ensure lessons learnt shared.
- Access to Symphony system for the Stroke Team to understand timelines on Emergency Department (ED) Stroke Pathway to enable Sentinel Stroke National Audit Programme (SSNAP) reporting.
- Working with site management team to ensure two beds are ring-fenced on Acute Stroke Unit (ASU). Sisters on ASU identifying patients each day for discharge and step down.
- Local Stroke delivery meeting monthly
- Referral pathways work ongoing along with audit in ED on use of the Stroke Proforma, time to CT scan, time to ASU & swallow screen.
- Additional porter hours in ED.

## **Ysbyty Gwynedd (YG):**

- Weekly multidisciplinary deep dive meeting to review performance and compliance of patient pathway
- New processes instigated to improve pre-alert from ED to Stroke team.
- Enhanced focus on prompt COVID-19 swabbing from admission.
- Training video to be shared with ED staff to support triage of stroke patients.

# Quadruple Aim 2: Stroke Care

## • When performance is going to improve by and by how much?

### YGC:

- Site developments to support predicted Winter Pressures should support available stroke capacity in ASU by February 2022
- Additional beds x 59 agreed for 2022: ward 10,6 and 14 (post SRU relocation)
- Central Area Discharge Improvement group to support MFD Exit Block and support patient flow
- Improve documentation of swallow screen within ED following recent training and awareness sessions following completion in January 2022.

### WMH:

Additional porter hours over the next couple of months should see time to CT improve to 58-60% and the recruitment of Stroke Co-ordinators and extended hours service to be in place by March 22; this should see time to ASU improve to 30%.

### YG:

- The Directorate has committed to maintaining minimum delivery of 30% during Q4
- Once ring fenced beds have been secured, we envisage performance improving to 45% by the end of Q4.
- The Directorates stretch target is to deliver 55% by the end of Q1 for 2022/23

## What are the risks to this timeline?

### YGC:

- COVID-19 demand
- Delay with Winter plans
- Limited attendance at training due to workload of medical teams
- Further increased demand on site.

### WMH:

- Pressures in Emergency department and winter site Pressures
- Lack of Stroke Co-ordinator hours, impacted by sickness/or being allocated to ward numbers

### YG:

- Site bed pressures and outbreak challenges
- Workforce challenges, particularly for nurse staffing
- Gaps in patient pathway created by Covid related pressures

## What are the mitigations in place for those risks?

### YGC:

- Additional training sessions available to accommodate teams OOH
- Continue to link with site team to support gaining stroke capacity and reducing LOS
- RESTART programme: CLD, SORT etc..







### WMH:

- Stroke business plan, in particular recruitment plan
- Explore straight to CT model
- Process in place to improve availability of acute stroke beds

### YG:

- Site bed escalation policy will be reviewed to highlight introduction of ring-fenced capacity
- Matrons will continue to recruit to vacancies and provide on going support to retain qualified staff
- Continue with weekly deep dive meeting and identify gaps within the patient pathway

## Quadruple Aim 2 : Planned Care Measures

Committee	Period	Measure	Target	Actual	Trend
PFIG	Oct 21	Percentage of patients starting first definitive cancer treatment within 62 days from point of suspicion	75%	68.00%	
PFIG	Nov 21	Number of patients waiting more than 8 weeks for a specified diagnostic	0	6,288	
PFIG	Nov 21	Number of patients waiting more than 14 weeks for a specified therapy	0	3,937	
PFIG	Nov 21	Percentage of ophthalmology R1 patients who are waiting within their clinical target date or within 25% in excess of their clinical target date for their care or treatments	>= 95%	45.60%	
PFIG	Nov 21	Number of patients waiting more than 36 weeks for treatment	0	54,883	
PFIG	Nov 21	Number of patients waiting for a follow-up outpatient appointment who are delayed by over 100%	24,038*	53,834	

\* Target set by WG and is applicable from Apr-21 to Mar-22. HBs to achieve less than or equal to the target value



## What are the key issues/ drivers for why performance is where it is?

- In October 2021, 271 out of 401 (67.6%) of patients were treated in target. Main reasons for patients not being treated in target were:
  - Complex diagnostic pathways (20%) and patient related reasons e.g. patient unavailability for next stage of pathway (13%)
  - Delay to first outpatient appointment (17%) – primarily breast, skin and gynaecology
  - Delay to surgery (17%) – primarily urology and skin
  - Delay to endoscopy (4%) and delays to other diagnostics, primarily on urology pathway (4%)
  - Delay to follow-up appointments (4%)

## What actions are being taken to improve performance and by who?

- Surgical, women's and radiology services have worked together to establish additional weekly breast and gynaecology cancer clinics
- Area managers are working with dermatology teams to increase dermatology capacity across the Health Board
- All services are prioritising suspected cancer patients
- Business case developed by endoscopy team to increase endoscopy capacity

## When performance is going to improve by and by how much?

- The Health Board aims to achieve the 75% target by end of 2021/22

## What are the risks to this timeline?

- Suspected cancer referrals are currently 140% of pre-COVID-19 levels which is placing pressure on all parts of the cancer pathways
- Additional funding has been received for cancer recovery but the funding is non-recurrent and relies upon successful recruitment

## What are the mitigations in place for those risks?

- Additional capacity created where possible and recruitment for further capacity underway

## What are the key issues/ drivers for why performance is where it is?

- Impact of COVID-19 has resulted in reduced capacity to allow for social distancing and Infection Prevention & Control (IPC) measures has impacted on waiting times for patients being longer than the 8 week target.
- National recruitment challenges.
- Department growth has resulted in restrictive footprints creating infrastructure and estates difficulties.
- Potential capacity challenge for the service regardless of COVID-19 impact which will need to be addressed

## What actions are being taken to improve performance and by who?

- There is additional activity being undertaken in various guises across North Wales, primarily to support echo waiting lists, these include; Central providing additional capacity to the West to support the echocardiography waiting list.
- Recruitment of the Health Education & Improvement Wales (HEIW) training posts is now complete. Funding has now been identified from the performance monies linked to COVID-19 recovery for the PTP posts, and also for 2 additional trainer posts to support the PTPs.
- An innovation bid submission by the Community Cardiology Team to the Heart Conditions Implementation Group has been successful in achieving funding for a year up to £191,500 to provide improved community cardiology diagnostics during 2021-22.
- A waiver for the second round of outsourcing of heart monitors has been approved by Finance for across BCU.
- An SBAR for long-term outsourcing of heart monitors is currently being devised.
- A demand and capacity exercise is still on going, as this work has not previously been completed for cardiac diagnostics and is more complex than originally thought.
- A business case to fund additional radiology diagnostic tests for cardiology patients in YG, YGC and YWM is being completed, with ongoing work with Public Health Wales (PHW) to address cardiology healthcare inequalities, which will increase capacity for CMRI, CTCA, CT FFR and amyloid.

## When performance is going to improve by and by how much?

- Demand and Capacity exercise – original completion planned for end of Quarter 2 of 2021/22 however this has been revised to end of Quarter 4 21/22
- Additional activity on-going – no end dates currently
- Business Case for Radiology Diagnostic Tests to be submitted Quarter 4 of 2021/22.

## What are the risks to this timeline?

- Workforce restrictions – to include succession planning, sickness and expansion
- Finance delays in processing the waiver for the outsourcing of heart monitors have now been resolved
- Demand & Capacity – complexity proving difficult and a risk of the data not being as meaningful as first thought
- Continuing Pandemic implications

## What are the mitigations in place for those risks?

- An additional CT session has been incorporated in job planning to increase capacity for CT in YGC.
- A new Cardiac Strategic Lead has been appointed and due to start 4th January 2022. New post holder will take forward Demand and Capacity exercise
- Plans for regional diagnostic and treatment centres for BCU will include some elements of cardiac diagnostics

# Quadruple Aim 2: Diagnostic Endoscopy

## What are the key issues/ drivers for why performance is where it is?

- Maximising the use of existing estate across the 3 units
- Risk stratification of patients to ensure those most at risk are prioritised
- Use of insourcing and Waiting List Initiatives (WLIs)

## What actions are being taken to improve performance?

- Opening of 3<sup>rd</sup> procedure room in Wrexham in February 2022
- Insourcing of staff to allow 7 day working on all sites, continual monitoring, weekly challenge meetings with providers
- Increasing of insourcing at Ysbyty Gwynedd (YG).
- Recruitment of nursing staff to increase room utilisation in.
- Procurement of Modular Units on YG & YGC sites, plan to have on site with lead times by September/October 2022 – Network Manager/ Senior Responsible Officer (SRO) / Procurement (expression of interest completed with NHS Supply Framework.
- Aligning capacity and demand with proposals for Regional treatment centres – Network Manager / SRO.
- Increase cross site working SRO / Clinical leads/Network Manager / Unit Managers.
- Recruitment of substantive staff.

## When performance is going to improve by and by how much?

- Proposals ensure that all demand and backlogs would be cleared at Ysbyty Glan Clwyd (YGC) and East by February 2023.
- Plans for Ysbyty Gwynedd (YG) include further insourcing and outsourcing options to meet current demand, backlog under review.

## What are the risks to this timeline?

- Possible delays with procurement timelines.
- Insourcing utilisation.
- Project support to ensure timely recruitment, project meetings, activity monitoring and procurement.
- Fragility of decontamination facilities.
- Aging equipment.

## What are the mitigations for those risks?

- Project and Clinical posts with finance for approval.
- Continuation of challenge meetings with Insourcing providers.
- Decontamination task and finish group in progress to centralising decontamination on each site.
- Endoscopy equipment requirements included in Capital programme.

# Quadruple Aim 2: Radiology and Neurophysiology Diagnostics

**What are the key issues/ drivers for why performance is where it is?**

**Radiology:**

The number of patients waiting over 8 weeks for radiology diagnostics is currently 2062, a decrease of 506 on the end of October position. Further reductions in Computed Tomography (CT) (32 breaches) and slight increase Magnetic Resonance Imaging (MRI) breaches (135 breaches) together with a decrease of 455 patients waiting over 8 weeks for an Ultrasound Scan (USS) with 1,840 patients waiting over 8 weeks. The fundamental issue within the ultrasound service remains staffing, with vacancies within the service, and difficulty securing agency staff, especially at Ysbyty Gwynedd (YG), but affecting all sites. Radiology senior management team is meeting weekly to develop and implement plans to continue to steady improvement that has been achieved over the last 9 months. A major recruitment campaign is planned and further insourcing options are currently being explored. Work is also ongoing to improve further though additional validation of waiting lists to try to reduce Did Not Attend (DNA) rates.

**Neurophysiology:**

The number of patients waiting over 8 weeks is 246, a decrease of 203 from end October 2021 position. There are 165 electromyography (EMG) (consultant-led) breaches and 81 Nerve Conduction Studies (NCS) (physiologist-led) breaches. A temporary clinical space in Ysbyty Wrecsam Maelor (YWM) has been secured, with the locum physiologist providing regular 3 days per week mainly NCS sessions for East area patients, where most breaches exist. The expectation is that the NCS breaches will continue to reduce over the coming months. EMG insourcing from the existing contract was undertaken at the end of September, although overall waits increased slightly due to annual leave. The vacant consultant and physiologist posts will be advertised in December 2021, as will a new tender for insourcing.

**What actions are being taken to improve performance and by who?**

Project groups for both services, led by Divisional General Manager (DGM) in place. Range of actions being followed up to deliver sustainable service models.

**When performance is going to improve by and by how much?**

Continuing to forecast no 8 weeks breaches at end March 2022.

**What are the risks to this timeline?**

Ultrasound staffing levels, recruitment to vacant and new posts, ability to secure sufficient insourcing across all sites.

**What are the mitigations in place for those risks?**

Team focussed on all elements of plans i.e. contracting, recruitment, insourcing etc. to collectively manage risks.

## What are the key issues/for why performance is where it is?

- Capacity loss due to COVID-19 social distancing mitigation (circa-2 patients capacity per clinic versus Pre-COVID-19 capacity).
- Administration constraints/capacity to recruit to non-recurring funding: limiting flow to Primary care partnership pathways & Data Quality redress action delivery.
- Historic Data Quality & Completeness impacting on accurate representation of data/performance reporting & monitoring/site confidence in data.
- Conflicting priorities impacting on consistent Clinician and Operational Management engagement.
- National Delay in delivery of Digital programme (Key enabler of Eye Care Measure sustainable/efficient pathways).
- Cataract Outpatient and theatre utility: Estate limitation / COVID-19 capacity impacting on waiting list/backlog / Referral to Treatment (RTT) v Eye Care Measure (ECM) relative priorities / Maxillo Facial theatre usage in west.

## What actions are being taken to improve performance and by who? (RAG report shared/escalated to DGMs via ECCG group)

- Exploring 3-day sessions to mitigate COVID-19 capacity limitations: Pan BCU Clinical lead- outstanding) & utilisation of Primary care estates (Operational Management)
- Option appraisal/action plans to mitigate admin capacity (Operational Management- Partial achievement 1:3 sites)
- Waiting List (WL) Data Quality (DQ) / completeness multi-pronged actions: Standard Operating Procedure (SOP) (Achieved) / "all condition" Patient Treatment List (PTL) PowerBI dashboards (On Track) (Operational Management & Informatics)
- Consistent Eye Care Measure (ECM) Pathway local delivery groups\* with quorate Terms of Reference membership and ECM action logs. Ops. Managers (Partial achievement East & Central. West achieved)
- Deliver Coronavirus Cataract pathway : Regional Treatment Centre plan developed. Outsourcing & Pan BCU Patient Treatment List (Delivery phase)
- Welsh Government Recovery Business case utilising integrated Primary/Secondary care transformative Pathways (Submitted to Welsh Government/Confirmed Funding)

## When performance is going to improve by and by how much?

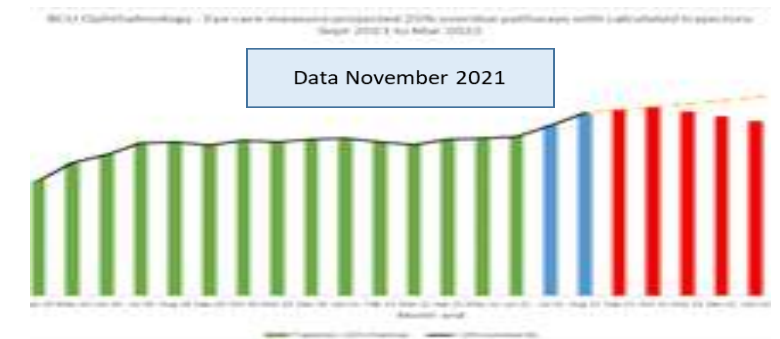
- Recovery Bid Transformation proposals: Best-Likely\* Case Scenario redress of 5000 >3000 patients waiting >25% target date. (\*3000 January 22 commencement)
- Cataract: Outsourcing tender for 400 Cataracts / month.
- Clinical Lead redress: Operational Management to confirm / finalise.
- Operational Management Engagement: Eye Groups: West 100% Central > 80% East: On track to recommence.

## What are the risks to this timeline

Clinical / Operational / Informatics conflicting priorities and staff resource capacity / recruitment constraints

## What are the mitigations in place for those risks?

Senior management support of untangling conflicting clinical priorities and consideration of administration resource





# Quadruple Aim 2: Referral to Treatment and Risk Stratification

## What are the key issues/ drivers for why performance is where it is?

- Stage 1 tranche validation exercise was handed over to the Head of Ambulatory Care during transition period into post. As at 02/12/21, of the 20,112 patients validated 63% remain to action; > 6,000 patients that asked to 'remain' on the Waiting List (WL) and included a deterioration statement. All require clinical validation. Corporate Risk of patient harm being raised following escalation to Executive Medical Director, due to there not being the clinical capacity to review these patients and decide if they should be expedited up the S1 WL. A plan is in place for all remaining activity after discussion with operational leads on each site to safely close down the activity.
- Stage 4 tranche validation exercise is completed in East and a plan in place to close down in Central and West by end of this month at the latest.
- New targets set by Welsh Government (WG): No patients prioritised as 'urgent' waiting over 52 weeks (Jan 22); No patients waiting over 104 weeks for a first outpatient appointment (Feb 22); All those waiting over 52 weeks for a first outpatient to have received communications from the health board and validation to have been completed (Jan 22); No patients waiting over 52 weeks for a first outpatient appointment (Mar 22)

## What actions are being taken to improve performance and by who?

- S1 - Temporary call centre staff trained on WCP to take all call backs to patients, increased analysis of spreadsheets to support Departments and guide progress, purge of those now removed from the WL, funding secured for Departments to support admin process, automation of outbound ROTT letters to patients who are being removed (ready to launch next week).
- S1 - Planned Care Program Lead engaging with Medical Directors on each site to identify and prioritise clinical support where activity is not taking place to support the clinical review and evaluation against deteriorating statement.
- S4 & S1 - Plans to close down are being monitored and reviewed regularly. Lessons learnt activity being planned for January 2022 to inform improved ways of working. Plans being explored to digitise and automate the patient validation process, to move away from tranche validation into business as usual (BAU).
- New targets set by WG – data has been baselined and shared with all site operational leads. Engagement pan-Wales with WG re: challenges in the target dates and to explore interventions. Monitoring established and plans/targets being prepared in the sites that will be captured to support progress monitoring (*see also as contributing actions under slide 24 – Follow Up Outpatient Waiting List: Social Distancing Limits, Hospital Initiated Cancellations (HICs), increase in outsourcing and insourcing, Trauma & Orthopaedic (T&O) modular options ahead of Regional Treatment Centres (RTCs)*)

## When performance is going to improve by and by how much

- S1 review and evaluation against deteriorating statement – dependent on risk (see below)
- New targets set by WG – initial engagement with sites anticipates interventions that are and will be planned will start to take affect from January 2022 onwards.
- **What are the risks to this timeline?**
- S1 - Competing priorities for the additional clinical support to review and evaluate the > 6000 patients on S1 with deteriorating statement.
- New targets set by WG – anything that prevents full utilisation of clinic appointments e.g. HICs, nursing staff being drawn away into inpatient activity, social distancing, repurposing of outpatient areas.

## What are the mitigations in place for those risks?

- S1 - Planned Care Program Lead engaging with Exec Medical Director to seek support for prioritisation of clinical support
- New targets set by WG – (see slide 7 actions)

# Quadruple Aim 2: Follow Up Outpatient Waiting List (1)

## What are the key issues/ drivers for why performance is where it is?

Specialities are still holding significant backlogs due to the Covid pandemic, in some cases building on the historical backlog. This is exacerbated by the social distancing in clinics at 2m restricting face to face appointment capacity and the re-purposing of the estate to non-outpatient activity. T&O remain the biggest waiters, exacerbated by the lack of facilities in the East.

## What actions are being taken to improve performance and by who?

- Social Distancing Limits – national consensus is being sought to agree a pan-Wales Infection Prevention & Control (IP&C) / Health & Safety (H&S) agreement to reducing the social distancing to 1m to increase capacity, supported by local risk assessments being undertaken in YGC and presented to the EIMT for approval that will set an approach for other sites.
- See on Symptoms (SoS) & Patient Initiated Follow Up (PIFU) – National project is being established to support HBs to scale up the take up of these pathways. Local resource has been defined to develop a team within the new Ambulatory Care Department to set the work locally within a formal project approach with clear metrics. Current month rate is 3.1% of all New & FU waiters.
- Hospital Initiated Cancellations (HICs) – baseline has been agreed nationally as March 2019; comparison against BCUs March 2021 data shows only a 8% overall reduction in HICs since March 2019. A 'drill down to reason' report is being developed to support sites/specialities to address non-compliance against standards. Exploring the British Medical Association's (BMA's) 8 weeks notice of clinical leave.
- Renewed drive planned over the next 3 months to review local metrics to support a longer term aim to establish Key Performance Indicators (KPIs) to align with national targets and inform local planning
- Seeking increase in outsourcing and insourcing to tackle the immediate Trauma & Orthopaedic (T&O) backlogs (alongside all specialities)
- East engaging with organisation on modular options ahead of Regional Treatment Centres (RTCs).

# Quadruple Aim 2: Follow Up Outpatient Waiting List (2)

## When performance is going to improve by and by how much?

Head of Ambulatory Care commenced in post end November; focus on undertaking a review of activity and performance to deliver against national targets – expecting to see improvements from Q1 2022/23:

Key National Targets (both FUWL and NEWs unless stated otherwise)	Mar 19 Baseline	Mar 20	Mar 21	Latest Month Available (Oct)	Current Trend
95% of all patients on a FUWL to have a clinical review date	Pending	Pending	Pending	Pending	
The FUWL (total waiting in secondary care) reduced by 20% by Mar 21 and a further 20% by Mar 22	202,745	204,367 (+0.8%)	179,592 (-13%)	184,712 (+3%)	↓
Reduce the number of patients delayed >100% by at least 20% by Mar 21, a further 20% by Mar 22 and eradicated by Mar 23	53,417	58,254 (+9%)	53,077 (-9%)	54,826 (+3%)	↓
Number of HICs within 6 weeks to reduce by 50%, by Apr 23 (from baseline Mar 19)	8593*	20688 (+141%)	8291 (-4%)	7920 (-8%)	↑
DNAs across all specialities to be no more than 5%, by Mar 23 – FUWL	6.61%	8.43%	5.69%	7.28%	↓
- NEWs	6.12%	8.38%	5.59%	6.75%	↓
A min of 20% of patients seen to have an outcome of SoS and PIFU, by Dec 21	-	-	2.4%	3.1%	↑

\* % decrease/increase against baseline Mar 2019 rather than rolling progress





## What are the risks to this timeline?

See on Symptoms (SoS) & Patient Initiated Follow Up (PIFU) – not all specialities are suitable for SoS / PIFU, but are included in the data

**What are the mitigations in place for those risks?** See on Symptoms (SoS) & Patient Initiated Follow Up (PIFU) – explore local agreement to move ‘routine’ patients currently on FUWL un-booked over x-years onto SoS / PIFU pathways; initial target agreed nationally as Ear Nose & Throat (ENT) – re-engage.



## Quadruple Aim 2: Neurodevelopment and Child & Adolescent Mental Health Measures

Committee	Period	Measure	Target	Actual	Trend
QSE	Nov 21	Percentage of children and young people waiting less than 26 weeks for neurodevelopment assessment	<b>&gt;= 80%</b>	<b>31.90%</b>	
QSE	Oct 21	Percentage of mental health (CAMHS) assessments undertaken within 28 days of referral*	<b>&gt;= 80%</b>	<b>38.18%</b>	
QSE	Oct 21	Percentage of therapeutic interventions (CAMHS) within 28 days of assessment*	<b>&gt;= 80%</b>	<b>40.00%</b>	
QSE	Oct 21	Percentage of health board residents in receipt of secondary mental health services who have a valid Care and Treatment Plan (aged under 18 years)*	<b>&gt;= 90%</b>	<b>97.10%</b>	

\* Reported a month in arrears

# Quadruple Aim 2: Neurodevelopment 26 Week Waits

## What are the key issues/ drivers for why performance is where it is?

- Our core capacity to start new routine assessments is affected by a variety of factors related to the pandemic such as social distancing requirements, staff availability from isolating and changes in practice using IT.
- We have also identified a backlog of assessments that were started during the pandemic and remain incomplete. Plans are in place to address and monitor this work
- Core capacity continues to require the development and implementation of a service workforce improvement and development plan which has been commenced

## What actions are being taken to improve performance and by who?

- A Regional ND Performance and Improvement Group will be established from January 2022, to ensure the development and monitoring of a service improvement plan.
- A Performance Management Framework for ND is being developed and will be implemented with increased clarity of KPIs, responsibilities and accountability. It is based on a similar model within CAMHS TI Service and will be adapted for the ND service
- Recruitment is underway for additional management support – in the form of a project manager regionally for ND Services, who will support and co-ordinate the Performance and Improvement Group and its subgroups
- Work is underway in each service with regards to the pandemic backlogs identified. Performance against this will be monitored.
- External Provider capacity has been increased from December through to end March 2022 to assist us with assessing the longest waiters this will be extended until June 2022, providing a further 500 assessments
- A full tender exercise will be undertaken for additional external capacity from July 2022 onwards, to enable us to sustain improvement while also undertaking work to understand what a sustainable service would look like

## When performance is going to improve by and by how much?

- On the current performance and use of the external provider during 2021-22, the % waiting under 26weeks is predicted to improve from 23% in April 2021 to 42% in March 2022. This is an improved position towards the 80% WG target. Currently the target achievement in Nov 2021 is 36%

## What are the risks to this timeline?

- Admin capacity/staff shortages, causing possible failure to upload the number of referrals required to be sent to the external provider
- Performance and Improvement Group does not convene in January 2021 – this will delay improvement plans
- Failure to appoint a Project Manager to support the service improvements/developments
- Failure to scope out the requirements of the new tender in a timely manner

## What are the mitigations in place for those risks?

- Plans to recruit agency/bank staff to upload the external supplier referrals, weekly area monitoring of referrals.
- Explore using agency/bank staff initially to commence the project manager post and improvement planning
- Work commenced with teams to develop an agreed service approach using Vanguard methodology - 4 of 6 workshop sessions completed so far
- Regular escalation to Children Services Group, Area Leadership Teams and Children's Community Clinical Advisory Group

# Quadruple Aim 2: Child & Adolescent Mental Health Services (CAMHS)

## What are the key issues/ drivers for why performance is where it is?

- Increased Demand - there has been an increase by 5% in total referrals since April 21, compared to 2019/20 pre-pandemic levels.
- Deterioration in core capacity for routine assessments and therapy available is multifaceted, in part related to pandemic social distancing requirements and changes in practice associated with the pandemic. Some capacity has been diverted to provide greater crisis capacity noting the increased crisis demand nationally.
- Complexity of referrals has also increased and affected new to review ratios by 30% when compared to 2019/20.

## What actions are being taken to improve performance?

- A full tender exercise has been completed for additional external capacity, recommendations from tender being presented to PFIG in December 2021 prior to approval at Board and then by WG prior to award. It is anticipated the contract will be available during Q4 this will support the ongoing improvement.
- A regional CAMHS performance group has been established under Targeted Intervention (TI) arrangements to address performance against the trajectory and to ensure that each team is delivering on expected outputs and recovery planning implemented at an early stage where applicable.
- Local capacity planning is being improved with supplemented training being provided to new colleagues in senior roles. A Training Programme for all staff groups is under development in conjunction with HEIW.
- A Performance Management Framework is being developed and with increased clarity of KPIs, responsibilities and accountability.
- Use of the Choice and Partnership Approach (CAPA) framework continues to be a priority, with the arrangement of further CAPA workshops across all Teams.
- Call for innovation with partners to utilise slippage on investment received into the service with a focus on prevention, early intervention and access.

## When performance is going to improve by and by how much?

- Improvement seen ahead of forecast trajectories during October and November 2021. Additional capacity continues through an agreed external provider to support improved position. Based on current capacity from external provider it is anticipated that improvement in line with target of 80% of patients having waited under 28 days will be seen by end of Q1 2022/23. This is based upon trajectories that assume that the demand continues at expected levels, which will be continually reviewed.

## What are the risks to this timeline?

- Should current vacancies and additional posts not be recruited this will impact on the core capacity within teams against planned trajectories
- Should demand for services, acuity and complexity of cases increase further this will impact on throughput of cases reducing core capacity for initiation of assessment and therapy
- Reduced uptake of private provider capacity







## What are the mitigations in place for those risks?

Development of a workforce plan and recruitment strategy in progress with support from a recruitment agency

Performance management framework under development with escalation through TI Access Work Stream and CAMHS Strategic Improvement and Development Group

Weekly capacity and demand meetings in place and held across each team to monitor and manage flow.

# Quadruple Aim 2: Adult Mental Health Measures

Committee	Period	Measure	Target	Actual	Trend
QSE	Oct 21	Percentage of mental health (Adult) assessments undertaken within 28 days of referral*	<b>&gt;= 80%</b>	<b>70.61%</b>	
QSE	Oct 21	Percentage of therapeutic interventions (Adult) within 28 days of assessment*	<b>&gt;= 80%</b>	<b>83.16%</b>	
QSE	Oct 21	Percentage of patients (Adult) waiting less than 26 weeks to start a psychological therapy	<b>&gt;= 80%</b>	<b>91.03%</b>	
QSE	Oct 21	Percentage of health board residents in receipt of secondary mental health services who have a valid Care and Treatment Plan (aged 18 years & over)*	<b>&gt;= 90%</b>	<b>87.20%</b>	
QSE	Nov 21	Total Number of mental health delayed transfer of care (DToC) patients	<b>Reduction</b>	<b>11</b>	
QSE	Nov 21	Total Number of mental health delayed transfer of care (DToC) bed days	<b>Reduction</b>	<b>625</b>	

\* Reported a month in arrears

# Quadruple Aim 2: Adult Psychology

## Secondary Care Adult Mental Health Specialist Psychological Therapy: % patients seen referral to treatment in 26 weeks

### Issues Affecting Performance

Capacity/demand, Sickness, vacancies, retention and COVID-19 restrictions

### Key Issues/Drivers

- Implementation of Matrics Cymru 2017/2021 and the National Plan 2018.
- Capacity/Demand mismatch and challenges to stepped care approach increased W/Lists

### Actions

- Successful Welsh Government (WG) funding bids from 2016 onwards supported recruitment of small increase in Adult Mental Health (AMH) secondary care psychology specialist resource which we targeted at waiting times/demand hotspots.
- AMH Psychology took over management of list in hotspot Wrexham
- Sustained Multidisciplinary Team (MDT) stepped care pathway work over last 3 years supported by the set up of the new AMH Psychology Stepped Care Initiative has increased psychological therapies provision from the MDT workforce across multiple services. Facilitated through a rolling supervision & training programme and increased direct provision of evidence based psychological therapy group interventions across Primary Care Mental Health (PCMH) and Community Mental Health Teams (CMHT) pan BCUHB.
- During COVID-19 this initiative developed and increased availability of digital resources and adaptations, making these accessible to mental health MDT clinicians pan BCUHB MH&LD services to support increased access and delivery of Cognitive Behavioural Therapy (CBT), Dialect Behavioural Therapy (DBT), and Coping Skills via group and individual input.
- Two rounds of external support have been organised to address the Wrexham legacy waiting list, now cleared.

### Improvements

- Outcome is AMH secondary care specialist Psychological Therapies (PTs) compliance has steadily and consistently improved over the last 3 years from very low rates of compliance in Wrexham to now near compliance or full compliance across the region in the last 6 months.
- The West has dipped slightly this month. The overall workforce numbers are low, and we have had 1 retirement and 1 person leave their post In South Gwynedd affecting West's compliance.

### Risks and Mitigation

- We are actively trying to recruit, and are using staff from elsewhere to manage clinical risks.
- Long-term sustainability supported by increased psychological therapies competences and skills in the wider MDT workforce across services as per the stepped care model (Matrics Cymru) via the AMH Psychology Stepped Care Initiative.
- Recruitment/retention plans for psychology staff resource in Stepped Care including PCMH, CMHTs, Inpatient Services, Perinatal, & Early Intervention Psychosis (EIP) Services. Recruitment of EIP and TSW Consultant Psychologists successful.

## Quadruple Aim 2: Adult Mental Health Delayed Transfers of Care (DToC)

### What are the key issues/ drivers for why performance is where it is?

- Since February 2021 the Mental Health & Learning Disabilities (MH&LD) Delayed Transfers of Care (DToC) performance has improved significantly
- The reasons for delays are commissioning gaps which are being progressed.

### What actions are being taken to improve performance and by who?

- Policy and process reviewed to ensure accuracy and consistency across BCUHB Mental Health & Learning Disabilities (MH&LD) Division.
- Divisional scrutiny panel weekly data considered, barriers identified and support and guidance offered by panel members.
- Delayed Transfer of Care Review Report presented to MH&LD Senior Leadership Team (SLT) weekly with escalations if required.

### When performance is going to improve by and by how much?

- Weekly scrutiny and escalation to SLT in place
- Current DToC figures for August 2021 is 15 patients and 770 days (a reduction from 3,000 bed days per month prior to February 2021)
- Action Plan developed aligned to recommendations of the DToC review, updates provided monthly at Operational Leadership meeting and assurance report presented monthly at Divisional Senior Leadership Team (DSLTL).
- Commissioning gaps being considered in future plans and division participating in All Wales Stranded Patients work programme.

### What are the risks to this timeline and mitigations in place for those risks?

- All risks managed through weekly scrutiny panel review and reported to divisional leads, with mitigation plans. Timelines, and Estimated Discharge Dates.
- All significant barriers identified and escalated to SLT, where additional senior support is identified as a need to ensure timely resolution



## Quadruple Aim 3: The health and social care workforce in Wales is motivated and sustainable



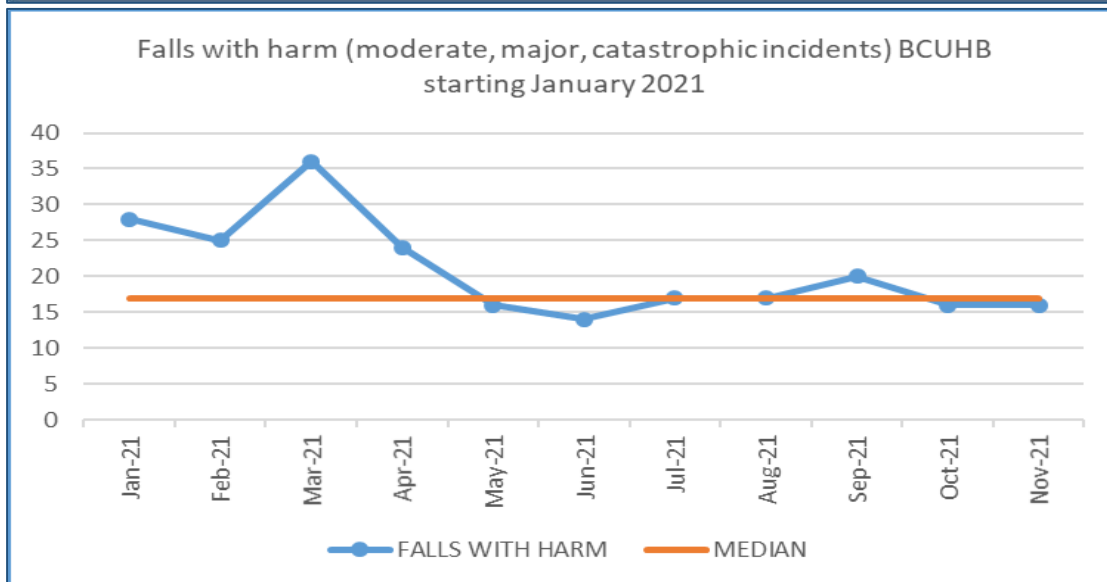
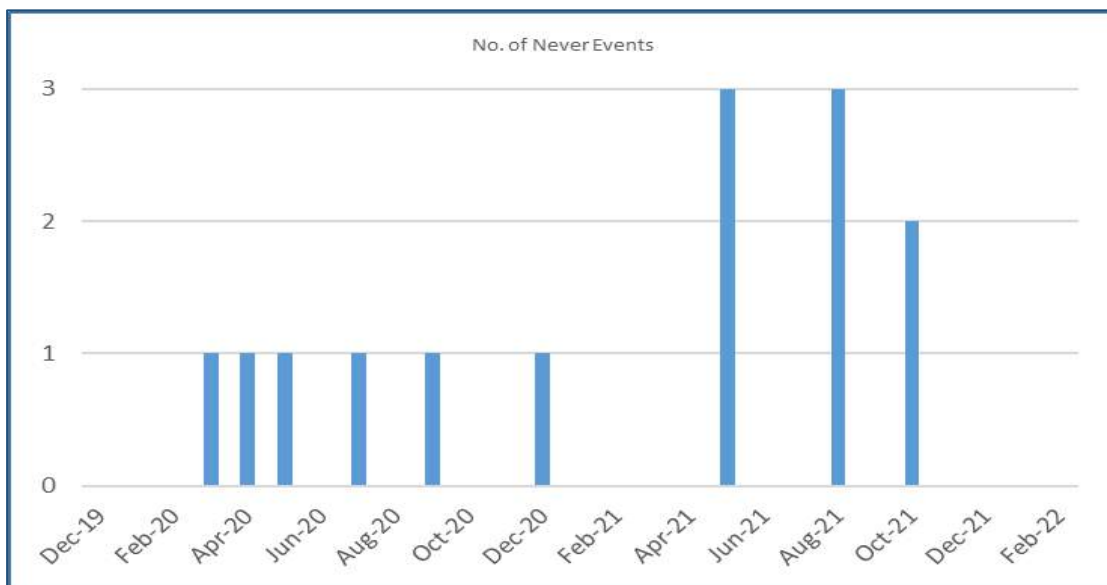
New models of care will involve a broad multi-disciplinary team approach where well-trained people work effectively together to meet the needs and preferences of individuals.

Joint workforce planning will be in place with an emphasis on staff expanding generalist skills and working across professional boundaries. Strategic partnerships will support this with education providers and learning academies focussed on professional capability and leadership.

### Measures

Committee	Period	Measure	Target	Actual	Trend
QSE	Q3 21/22	Number New Never Events	0	2	↓
PFIG	Nov 21	Percentage of sickness absence rate of staff	< 5%	5.82%	↓
PFIG	Nov 21	Personal Appraisal and Development Review (PADR)	>= 85%	67.89%	↓
PFIG	Nov 21	Percentage compliance for all completed level 1 competencies of the Core Skills and Training	>= 85%	84.16%	↑

# Quadruple Aim 3: New Never Events



- 2 never events occurred in Oct-Nov 2021 (compared to 1 in the same period of 2020)
    - Retained object following surgery.
    - Retained swab following birth
  - There are work streams under development to address the increase in Never Events to include work around WHO checklist. An All Wales Never Event: Invasive Procedures and Human Factors Symposium was held recently with attendees and representation from Health Board. Learning from this event will be shared.
  - Further detail is included in the Patient Safety Report.
- \*please note an additional never event was **reported** to the Delivery Unit in this period following confirmation that an incident from August 2021 could be classed as a never event.*
- The number of falls reported with harm (categorised as moderate, major and catastrophic within the incident reporting system) has remained stable. There are a number of interventions taking place including a strategic falls group looking at training, reviewed policy and measurement.



# Quadruple Aim 3: Sickness Absence

## What are the key issues/ drivers for why performance is where it is?

- COVID-19 related sickness absence has remained as 0.6% (0.8% in September, 0.6% in October). This reflects a decrease in staff testing positive from 369 in September to 284 in November.
- Non COVID-19 related sickness absence increased by 0.3% to 6.2% (October and November) which are the highest rates in the last 12 months.
- Stress related absence remains the biggest cause of absence with approximately 4 times more days lost than the 2<sup>nd</sup> largest cause (infectious diseases). It remains the biggest cause of absence by a considerable margin for all areas. The highest levels of sickness absence remain in Additional Clinical Services, Estates & Ancillary and Nursing & Midwifery. Additional Clinical Services sickness rates are high across the organisation, however, there has been a very slight decrease from October at 9.69% to November at 9.66%. Estates and Ancillary staff have increased their sickness levels from 8.96% in Oct to 9.91% in November. Nursing levels have reduced by 0.5% from 7.24% in October to 6.73% in November.

## What actions are being taken to improve performance and by who?

- Regular meetings between Well-being, Human Resources (HR) and Occupational Health colleagues to look at hotspot areas and support options.
- Training for specific staff groups on sickness management e.g. medical staff
- Multidisciplinary Team (MDT) case management meetings have been reintroduced to provide support for staff with more complex needs and include staff, managers, occupational health, Health & Safety (H&S) and well-being colleagues as needed.
- All staff who have not previously taken up the offer of vaccination (flu and COVID-19) are being encouraged by line manager to get vaccinated in order to protect themselves, patients / service users and the wider community.
- Increased provision of staff wellbeing and support services including counselling, psychological therapies
- Increased recruitment activity to improve staffing numbers and reduce the burden on existing colleagues

## When performance is going to improve by and by how much?:

- Given the evidence across the UK including Wales, it is unlikely that a significant improvement in attendance will be achieved through the winter months.

## What are the risks to this timeline?

- Increase in staff overtime may lead to higher sickness levels
- Further increase in stress related absence
- Further increase in COVID-19 / flu / respiratory sickness absence
- Recent All Wales decision to extend COVID-19 sickness pay until end March 2022 or for a period of 12 months for more recent diagnoses of long COVID-19.

## What are the mitigations in place for those risks?

- Regular reviews to make sure staff are not working excessive hours for prolonged periods.
- Increased communications to further promote access to the Wellbeing Services available for staff
- Increased communications to further promote take up of COVID-19 Booster across all staff groups

# Quadruple Aim 3: Personal Appraisal & Development Review (PADR)

## What are the key issues/ drivers for why performance is where it is?

- Personal Appraisal & Development Reviews (PADR) compliance for November 2021 is 67.9%, similar to reported compliance of 67.8% for September but an increase to the October compliance of 67.05%. The PADR completion rate for November 2020 was 70.5%.
- Out of the 10 largest divisions, 8 saw an increase in compliance from October 2021 to November 2021.
- The highest increase was 3.6% in the Women's Division.
- The 2 that saw a decrease in compliance from October to November were Area West (0.8% decrease) and North Wales Clinical Services (1.6% decrease).

## What actions are being taken to improve performance and by who?

- League tables are shared with senior managers across the organisation highlighting PADR compliance across all divisions. This work is undertaken by the Organisational Development Team.
- Tailored local support is provided by Human Resource (HR) teams to support managers to understand any barriers that may exist to completing PADR's and how to overcome these barriers.
- Staff feedback collated on individual experiences of the PADR process and shared as part of the communication to senior managers across the organisation

## When performance is going to improve by and by how much?

- The original aim of reaching 75% organisational PADR compliance by the end of March would mean a 2% increase month on month for January-March. Given the significant operational pressures across the organisation, an 0.5% incremental improvement month by month in organisational compliance would give an end of March position of circa 70% and may be a more realistic aim for sustainable improvement into 22/23.

## What are the risks to this timeline?

- COVID-19 related activity increasing as well as winter pressures may reduce managerial and staff capacity to improve the rate at which PADRs are completed.

## What are the mitigations in place for those risks?

- Work with divisions in a supportive manner to achieve sustainable increase and issue supportive communications across the organisation as a gentle reminder of the importance of conducting PADRs.

# Quadruple Aim 3: Mandatory Training

## What are the key issues/ drivers for why performance is where it is?

- Mandatory Training compliance at level 1 has increased by 0.1 % on the October compliance and is currently at 84.12%, therefore just less than 1% below the national target of 85%.
- The Health Board remains one of the highest in Wales for compliance with mandatory training and remains the highest in the UK in relation to E-learning completions.
- Corrections to Violence & Aggression refresher periods within Electronic Staff Record (ESR) has reported an increase in completion rates of 19% related to level 2 Violence & Aggression figures.

## What actions are being taken to improve performance and by who?

- Continued work to identify suitable accommodation for COVID-19 safe provision of face to face training e.g. manual handling.
- An agreed Memorandum of Understanding (MOU) between the Welsh Union Learning fund (WULF) and the Estates & Facilities Division has commenced, this is a Digital Skills training program as part of a 'going paperless' digital transformation initiative.

## When performance is going to improve by and by how much?

- The MOU between BCUHB and WULF is anticipated to assist up to 1,300 staff who are working across multiple sites in a variety of non-clinical roles and will include the introduction of handheld, touch screen connected devices and associated digital processes to augment and/or replace existing working practices.

## What are the risks to this timeline?

- COVID-19 and winter pressures on operational teams may impact upon training delivery and attendance.
- Social distancing restrictions affects the ability to deliver training within existing training facilities reducing the numbers who can safely attend 'face to face' classroom sessions for specific courses.

## What are the mitigations in place for those risks?

- Blended training approaches are utilised wherever possible.
- Practical sessions are risk assessed with occupancy of rooms reduced to allow safe delivery.

# Quadruple Aim 4: Wales has a higher value health and social care system that has demonstrated rapid improvement and innovation enabled by data and focussed on outcomes.



Delivering higher value in health and social care focuses on outcomes that matter to the individual and making our services safe, effective, people centred, timely, efficient and equitable. This brings individuals to the fore and considers the relative value of different care and treatment options. Research, innovation and improvement activity will be brought together across regions and public sector bodies. Alignment of funding streams and integrated performance management and accountability across the whole system will be in place to accelerate transformation through a combination of national support, incentives, regulation, benchmarking and transparency.

## Measures

Committee	Period	Measure	Target	Actual	Trend
PFIG	Nov 21	Agency spend as a percentage of total pay bill	Reduce	7.60%	↓
QSE	Sep 21	Crude hospital mortality rate (74 years of age or less)* Percentage of patients who presented to the Emergency Department with a positive sepsis screening who have received all elements of the 'Sepsis Six' first hour care bundle within one hour of positive screening**	Reduction	0.94%	↑
QSE	Nov 21		Improve	15.38%	↓

The 12 month rolling crude mortality rate for ages 75 years and under is below the peer group (0.94% v 1.06% (Other Welsh HBs ex Powys) to September 2021). This is similar to the previous months; COVID-19 infections have lessened (8% less than last year). However, the highest number of deaths was in those patients admitted with COVID-19 (130↑), Sepsis (102↑) and pneumonia (84↑ – lobar and unspecified).

## Key Drivers of performance (for year to Sep 2021 against other Welsh health boards excluding Powys reported by CHKS)

- Crude mortality- overall (2.07% v 2.36%) this is similar to previous year.
- Mortality- sepsis (18.42% v 20.34%) remains below the peer; variation seen over the past year is common cause with mortality “as expected” overall.
- Mortality- cerebrovascular disease incl. stroke (12.06% v 12.67%) variation seen over the past year is common cause with mortality “as expected” overall.

## Actions being taken

- Work is in progress to clear the backlog of stage 2 reports; with more than half being able to be closed without further mortality review as they relate to complaints/ Coroners referrals or are within the PTR system and so have already been investigated in an alternative way. This is being progressed by lead consultant.
- A process has been developed to introduce the new mortality review framework; this will require additional administrative support currently being sought. The plan is to pilot this within YG during January to test the system. It will require the new Datix mortality module to be available to support the process.
- The Medical Examiner Service has started on the Wrexham Maelor site and aims to be fully in place by the end of January (subject to ME capacity). There is a new mortality lead on this site (Dr Sam Sandow)
- The Business Case for the Clinical Effectiveness Department was agreed with the services at a workshop earlier this month; it is included in the IMTP and is ready to for discussion with the Executives.

## Timelines

- Learning from Deaths Policy and process – this will be updated by March 2022 when the framework is in place.

## Risk

- Lack of agreed mortality review process across all acute sites may result on the three areas working differently. Mitigation - all sites are using the same tools. Working towards delivering the national framework by March 2022 across all sites
- Failure to complete mortality reviews in a timely way, means learning is not identified or shared and this could lead to patient harm and loss of organisational reputation. Site-based reporting has been put in place to ensure all sites are aware of the pending stage 2 reviews. Mitigation - Sites all have processes in place to complete reviews. Those reported through the Putting Things Right system or to the Coroner have a robust governance system to monitor action plans and share learning. A quarterly report is in place that highlights the concerns raised by the Medical Examiners Service to enable thematic review.



## Issues Affecting Performance

- Data collection has been addressed within the Emergency Department (ED) at YG, but not on the other sites. Inpatient data is very poorly captured across all sites.
- The sepsis tool is being updated. The replacement tool is from the Sepsis Trust and the Welsh version that excludes the updated NEWS tool (used in England) is awaited. There are new sepsis books required on each site to support the implementation. There have been clinical engagement within YGC.
- Long ambulance waits, delays in Emergency Dept. doctor reviews and sometimes lack of nurses contribute to delays in diagnosis and treatment in YG. This particularly affects the ability to provide antibiotics within an hour of diagnosis.
- The Symphony system in ED requires real time data entry; staff have been made aware of this.

## Actions and Outcomes

- All sites are aware of this issue and it has been escalated through the governance systems.
- YG: data are being monitored through the accountability process; AMD (QS&E) new chair of Stop Harm Intervene Early Limit Deterioration (SHIELD) group in the New Year; on going education and awareness raising for new staff.
- YGC - piloting the new tool in ED continues. Recruiting sepsis champions – however, staff do not feel able to take on additional roles at the current time due to the staff shortages on the wards and relatively high number of locum staff..
- YWM has identified sepsis champions for all clinical areas that will start to support a programme led by Acute Intervention Team; sepsis bundle included in local teaching with additional targeted education focussing on new starters.
- Sepsis bundle to be included in the electronic nurse documentation (national development)
- Adoption of the new tool has been delayed as there are co-dependencies required including amendment to the current TPR chart and the need for project management support. Karen Mottart is supporting Craig Beaton to progress this.

## Timeline for delivery of improvement

- Action plan to the Interim Deputy Medical Director by Jan 2022
- Widespread adoption of a new sepsis tool will be dependent on additional resources and is currently being explored

## Risks and Mitigations

The risk is the organisation is not sighted on Sepsis 6 bundle compliance because of poor data capture. Where data is reported compliance is low (circa 30% total bundle compliance); these are time critical interventions and delays within ED impede delivery. Delays in treatment are associated with additional morbidity and mortality. The data are also reported externally to Welsh Government and failure to report may cause reputational damage. At the current time mortality from sepsis is within expected limits and below the Welsh average peer group in the Comparative Healthcare Knowledge System (CHKS). There has been a run of above average monthly crude rates in YGC from Jan - August 2021.

Mitigation: There is education and awareness raising in all ED departments; triage processes are in place that will identify the deteriorating patient regardless of cause and should support early escalation for treatment.

**YG = Ysbyty Gwynedd YGC = Ysbyty Glan Clwyd YWM = Ysbyty Wreccsam Maelor**

# Quadruple Aim 4: Agency and Locum Spend

## What are the key issues/ drivers for why performance is where it is?

- Non-core agency, bank and overtime pay spend saw a slight increase in September from £9,317,000 in August to £9,558,000 in September.
- Agency spend is down by £3.6k at £3,773,196 (5.1% of total pay); Locum spend is down by £310k at £1,795,964 (2.4% of total pay); WLI spend is up by £117k at £352,494; Bank spend is up by £244k at £2,295,461 (3.1% of total pay). There is a balanced trend across non-core pay with Agency and Locum spend decreasing but with Bank & WLIs increasing. This can be linked to the ongoing increase in activity across Planned Care as the additional clinical sessions to support recovery programme move forward.
- Medical Agency spend is down from £1.65m to £1.54m month on month (August-September) with a corresponding increase in Waiting List Initiative (WLI) spend of £115k month on month (August-September). The increase in WLI spend is linked to the increased activity across Planned Care as the recovery programme is ongoing.
- Nursing Agency spend is up from £1.39m to £1.41m (£18k), bank spend has seen a slight increase of £40k at £438k and overtime increased by £79k. The increase in spend across all elements can be linked to the increase in unscheduled care activity and activity across Planned Care as the recovery programme is ongoing.

## What actions are being taken to improve performance and by who?

- Targeted recruitment campaigns for Medical and Dental consultants are ongoing. The work to secure more Physicians Associates and ST 1 doctors is being taken forward. This work is being undertaken by Office of the Medical Director (OMD)/Workforce & Organisational Development (WOD) collaboratively.
- The focus on Nursing recruitment is increasing with phase 2 of the overseas nurse programme now underway. A major recruitment campaign has been launched targeting band 5 nurses with a view that this will lead to increased nursing capacity across the nursing workforce. This work is being undertaken by Nursing with support from WOD.

## When performance is going to improve by and by how much?

- The expected impact for medical recruitment activity should be seen towards the end of Quarter 3 beginning of Quarter 4.
- The expected impact for nursing recruitment activity should be seen towards the end of Quarter 3 beginning of Quarter 4.

## What are the risks to this timeline?

- The service delivery model and replication of predominantly bed-based services will continue to result in challenges in respect of rotas.
- 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.
- Quarantine rules for overseas travel may reduce the run rate of overseas nurses and medics commencing employment.
- The lack of shielding staff being able to return to clinical posts and the effects Long COVID-19 on staff could result in being unavailable to work for longer periods of time.

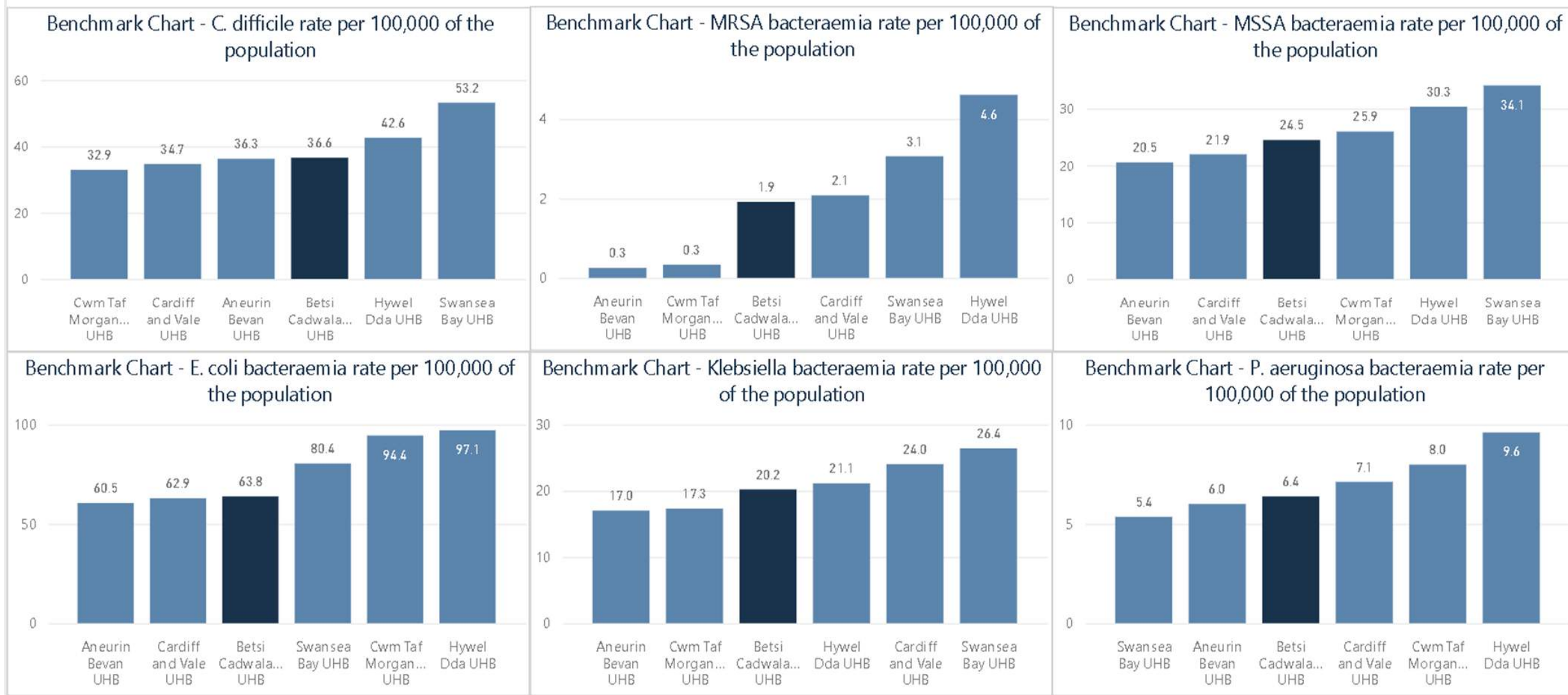
## What are the mitigations in place for those risks?

- The Clinical Workforce Service reviews alongside new recruitment initiatives ensure wherever possible pathways are aligned and aware of existing and future workforce challenges.
- Targeted support for overseas clinicians is in place to focus on ensuring a fast track settlement period to mitigate any impact prolonged delay due to COVID-19 restrictions.
- Increased recruitment to identified hotspots with the implementation of the recruitment pipeline report and nursing workforce dashboard.

# Additional Information



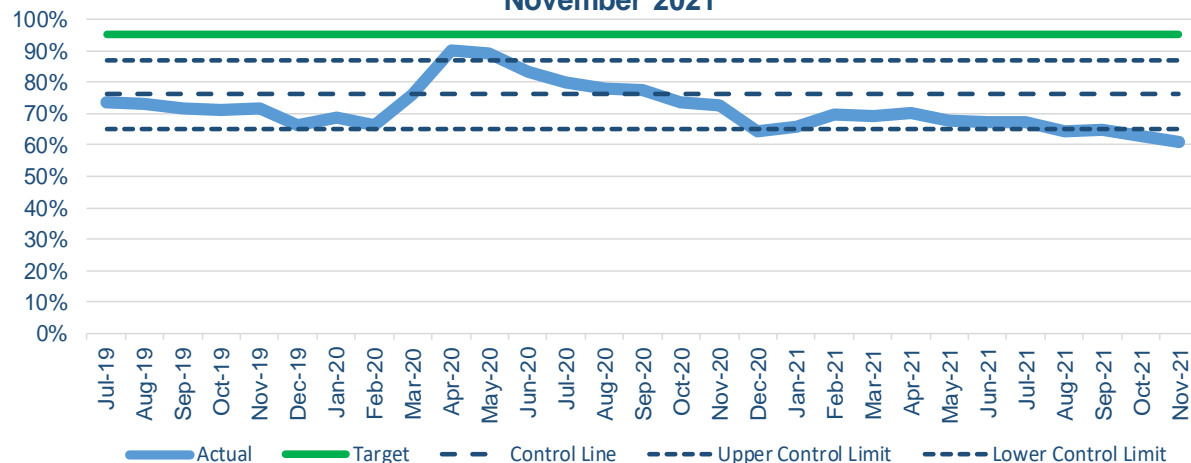
# Quadruple Aim 2: Charts Infection Prevention



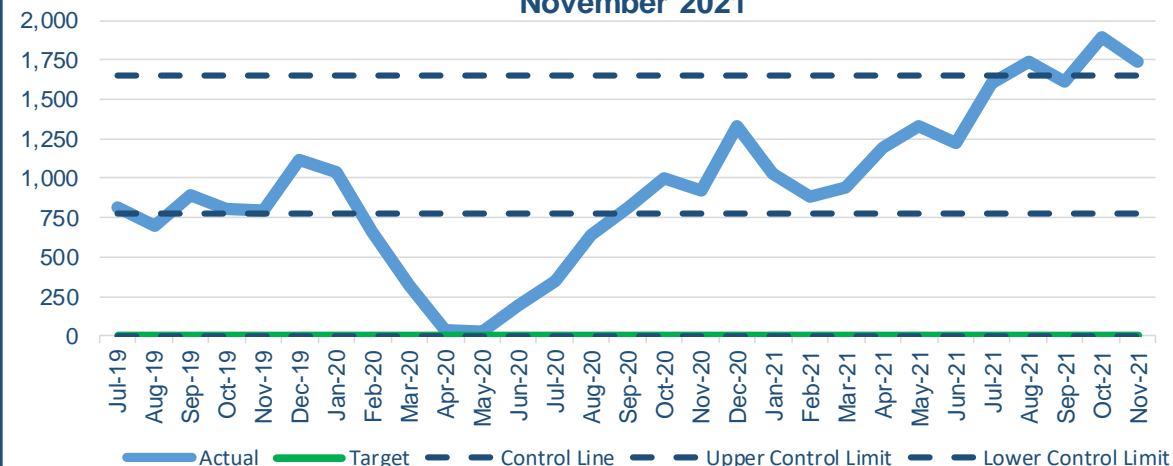
Cumulative period from 1<sup>st</sup> April 2021 to current reporting period (30<sup>th</sup> November 2021)

# Quadruple Aim 2: Charts Unscheduled Care

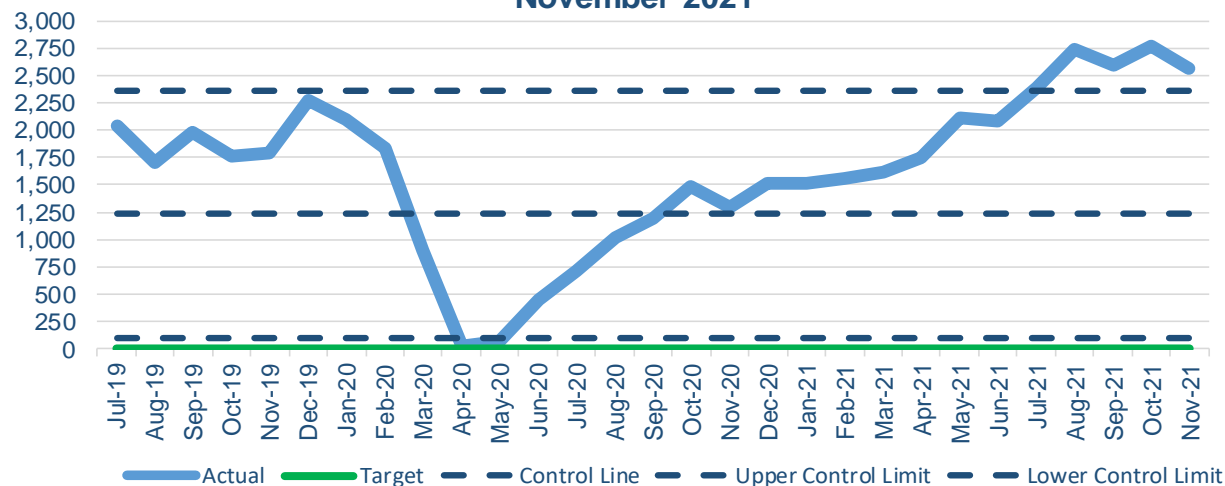
**BCU Level - Emergency Department (inc MIU) 4 Hour Waits:**  
**November 2021**



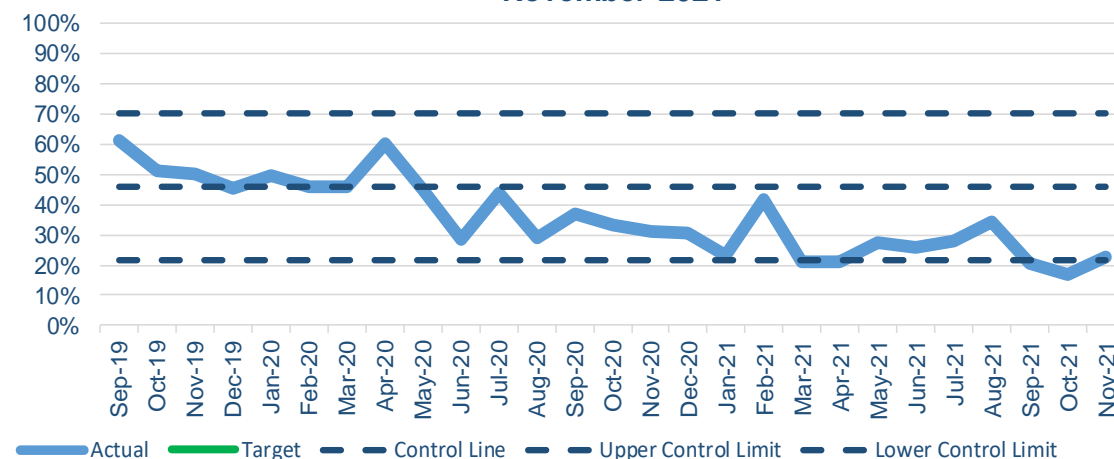
**BCU Level - Ambulance Handovers over 1 Hour:**  
**November 2021**



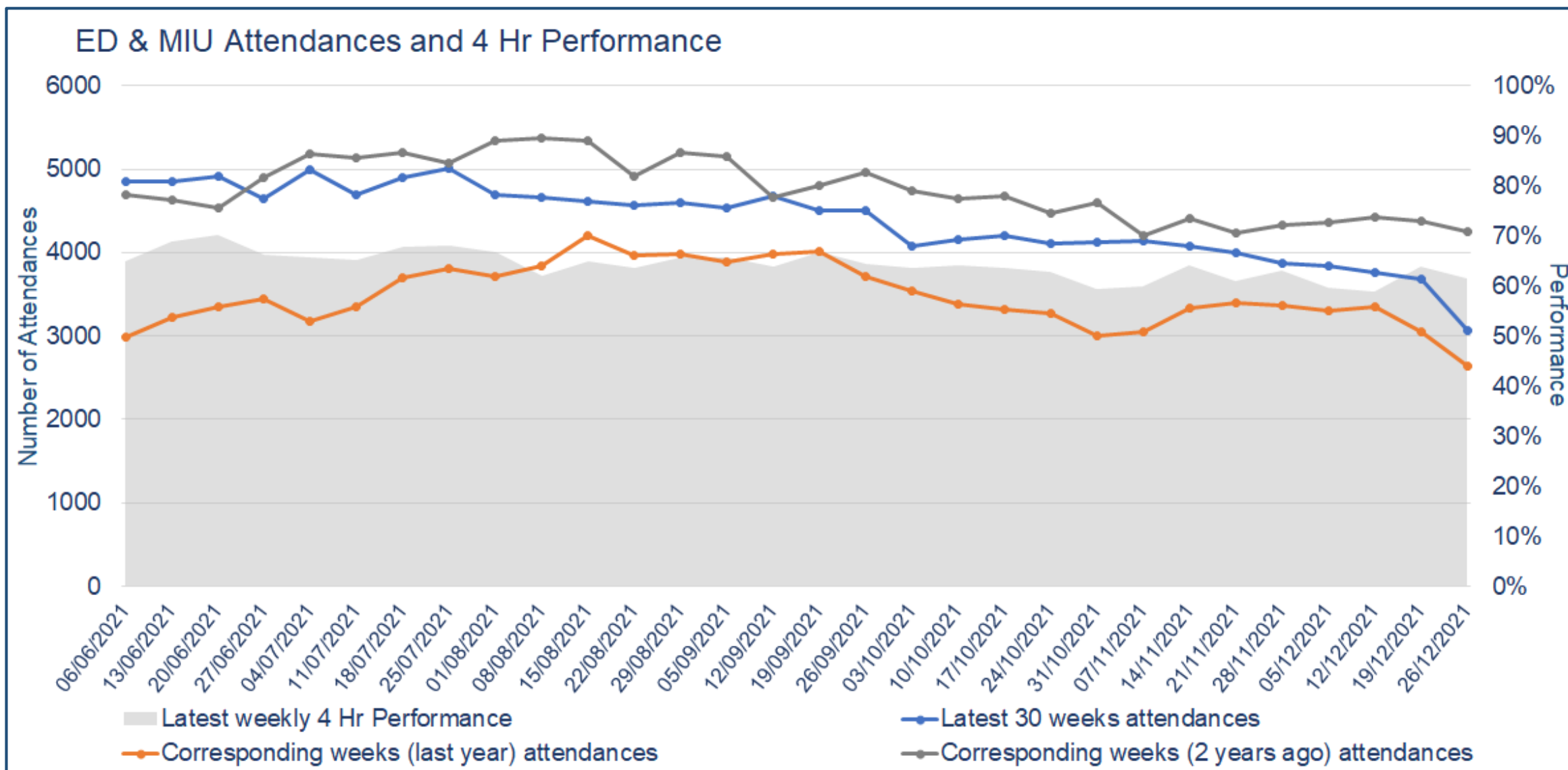
**BCU Level - Emergency Department 12 Hour Waits:**  
**November 2021**



**BCU Level - Stroke Care - Admissions within 4 Hours:**  
**November 2021**

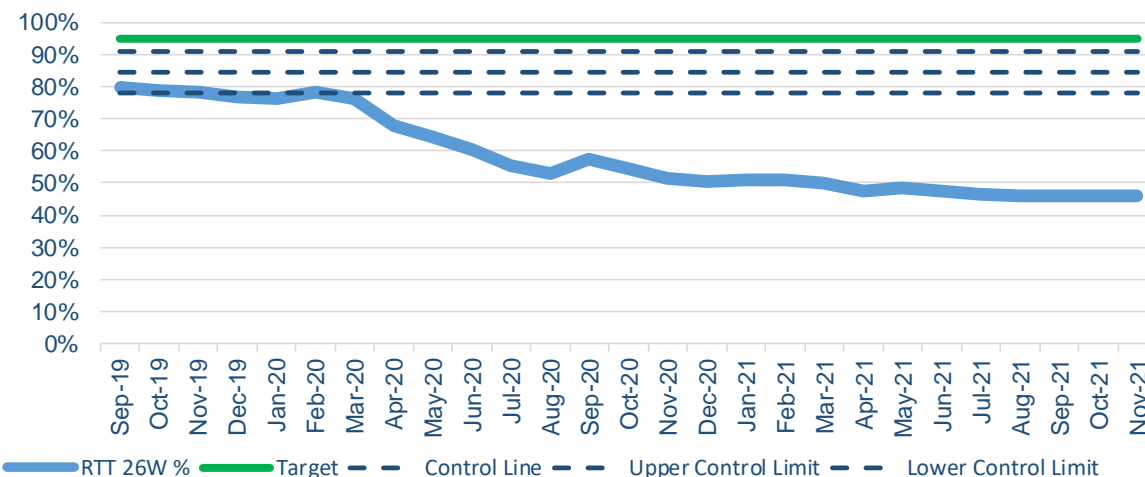


# Quadruple Aim 2: Unscheduled Care: Attendances

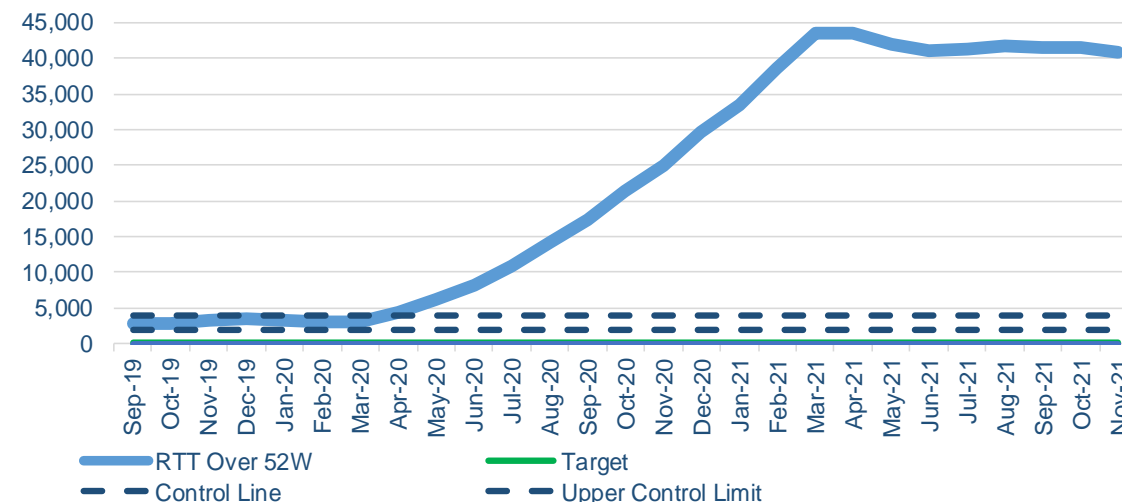


# Quadruple Aim 2: Charts Planned Care (1)

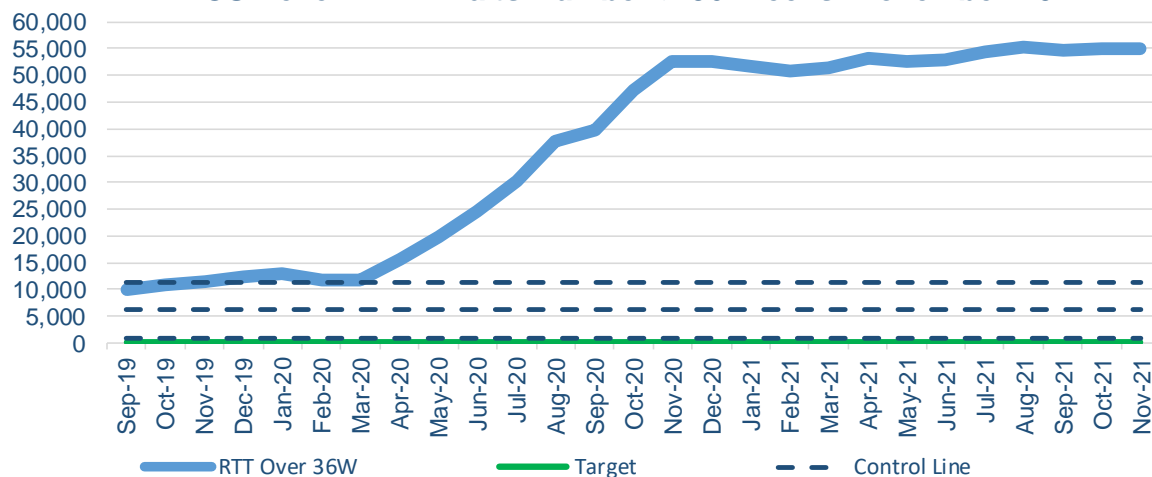
BCU Level - RTT Waits % <= 26 Weeks: November 2021



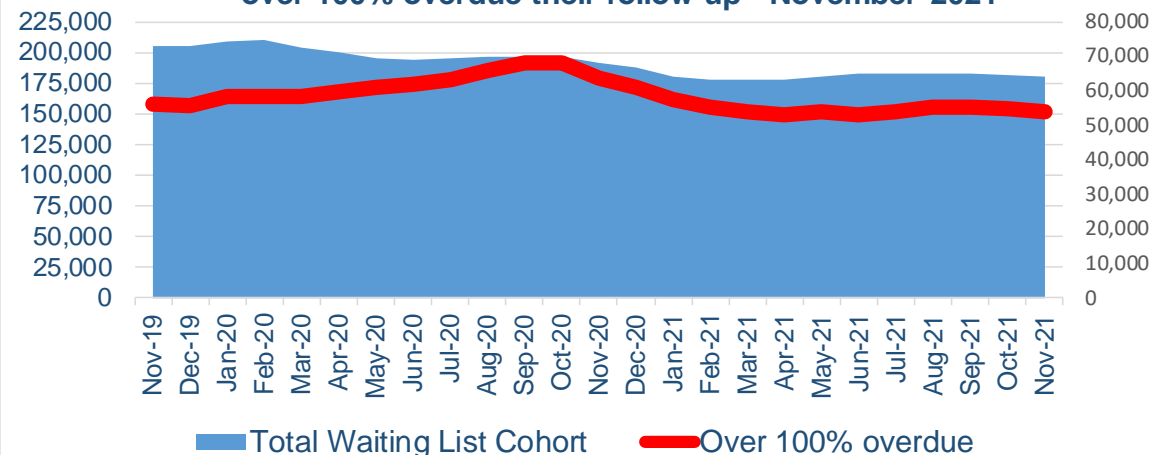
BCU Level - RTT Waits Number > 52 Weeks: November 2021



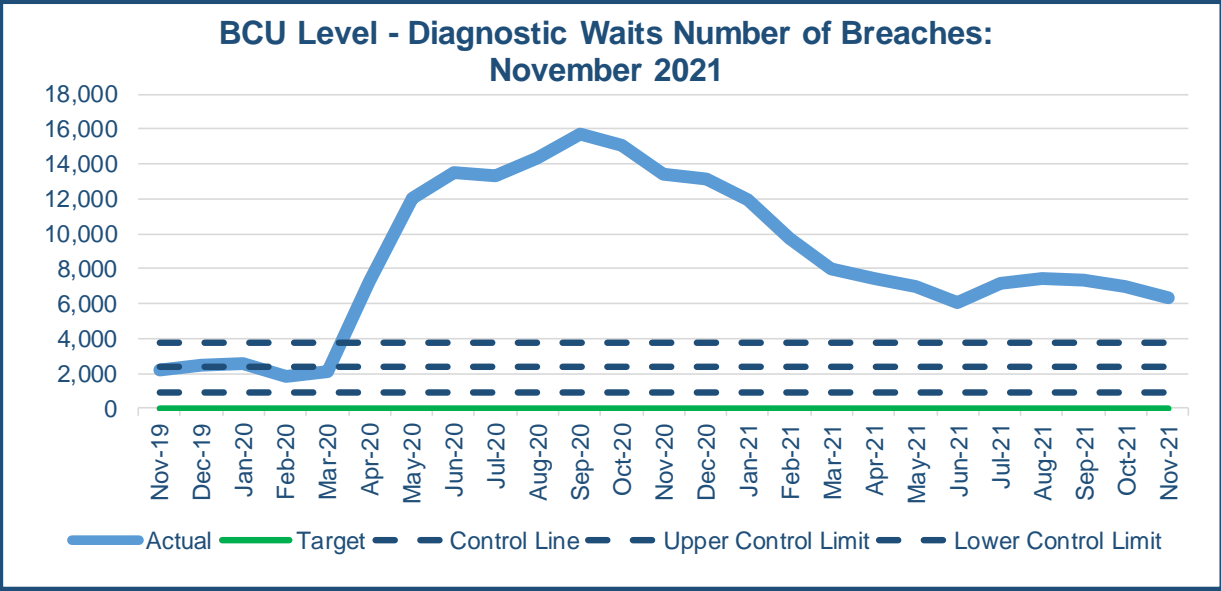
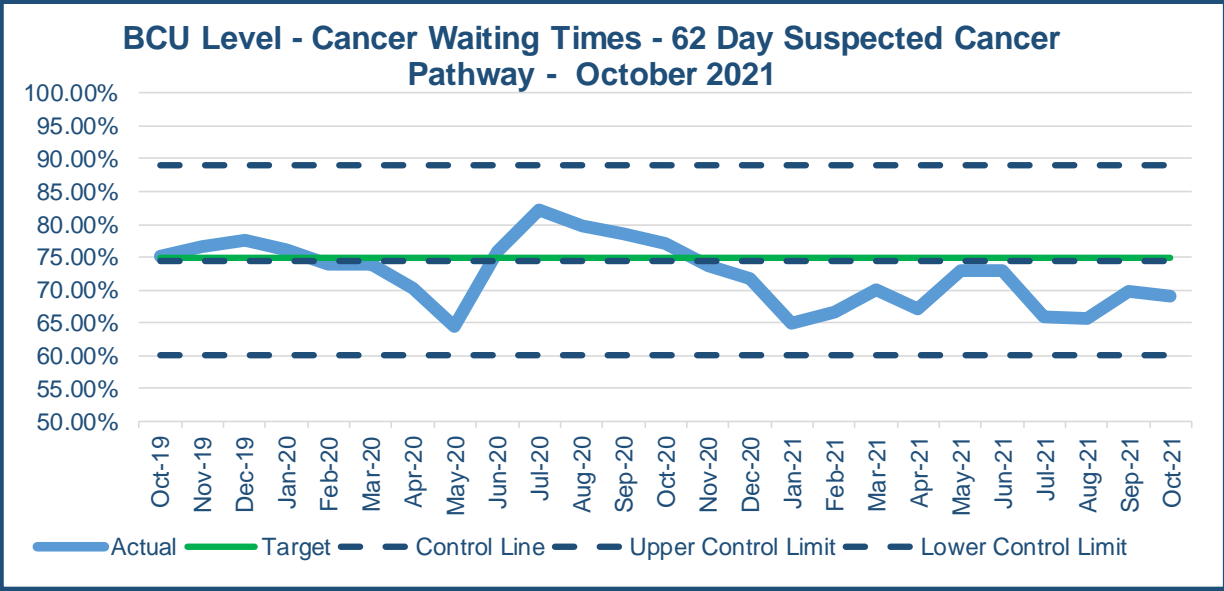
BCU Level - RTT Waits Number > 36 Weeks: November 2021



BCU Level - Total Waiting List cohort with Number of patients over 100% overdue their follow up - November 2021



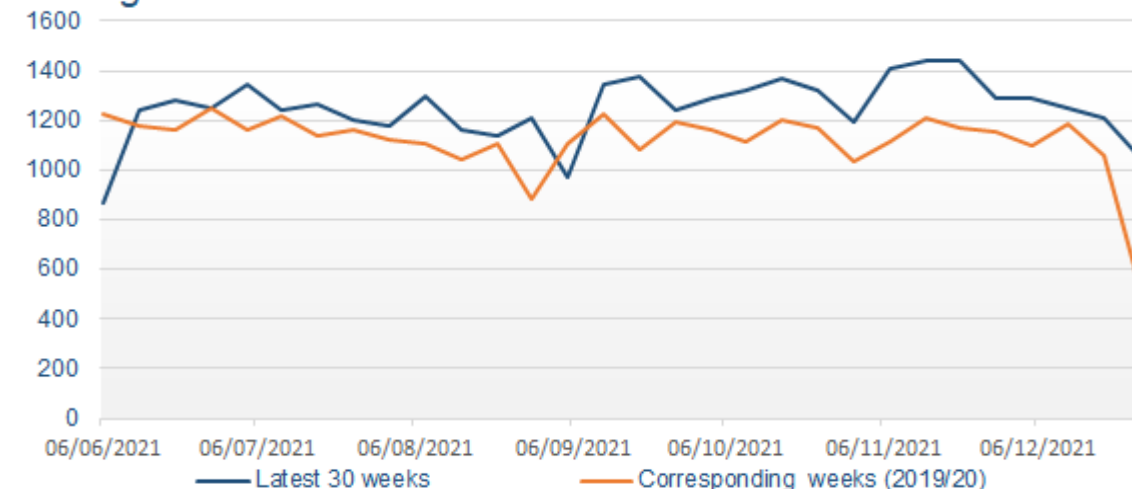
# Quadruple Aim 2: Charts Planned Care (2)



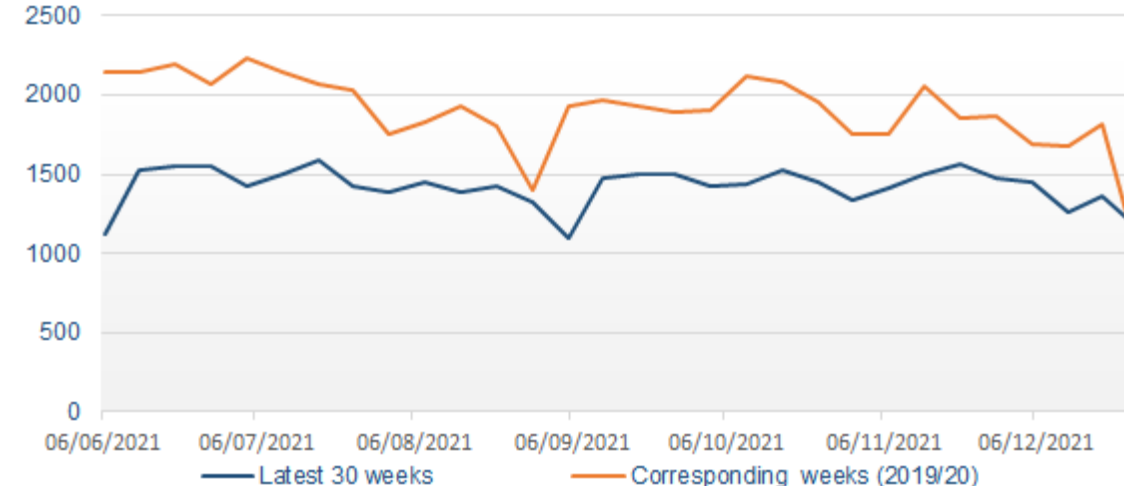
Note: Cancer Data is reported 1 month in arrears

# Planned Care Referrals and Out Patient Activity

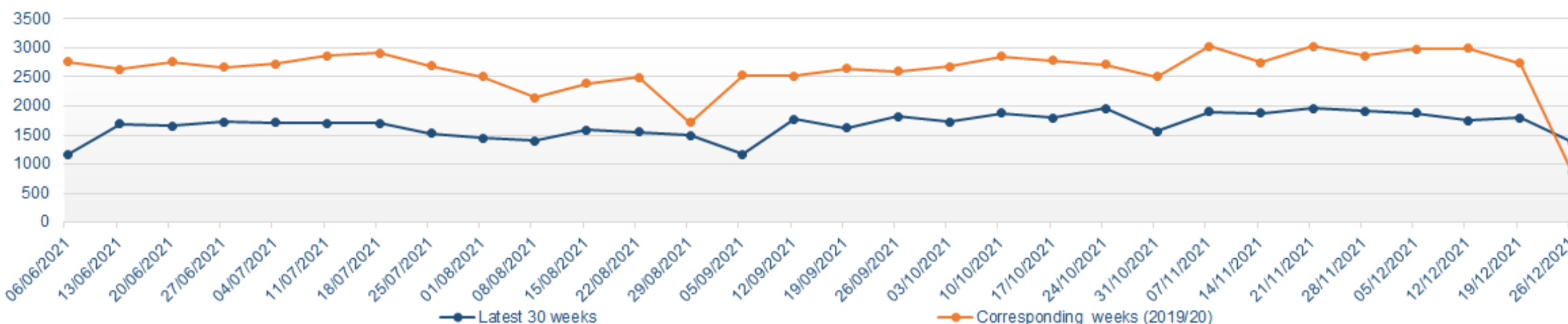
## GP Urgent



## GP Routine

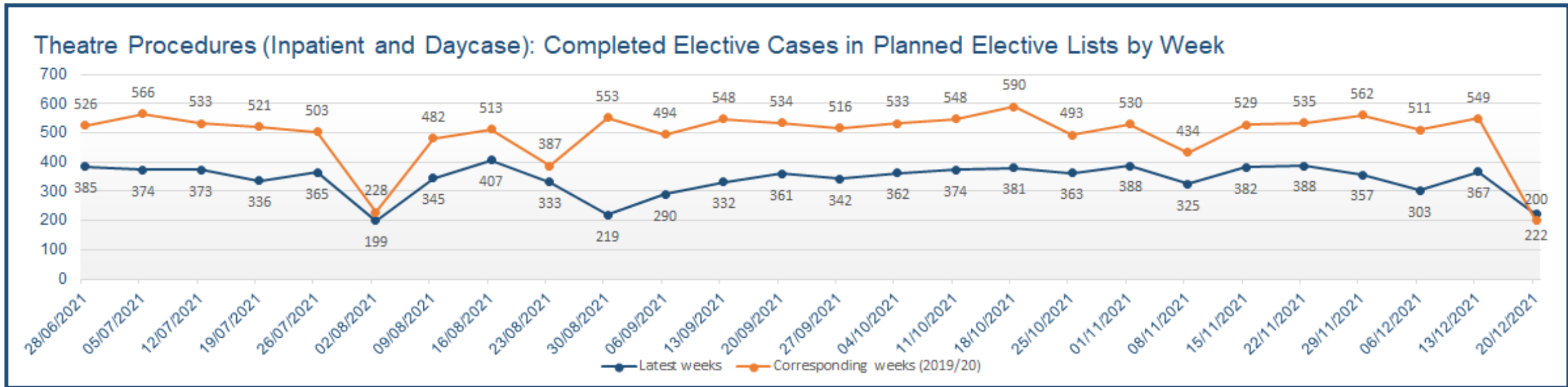


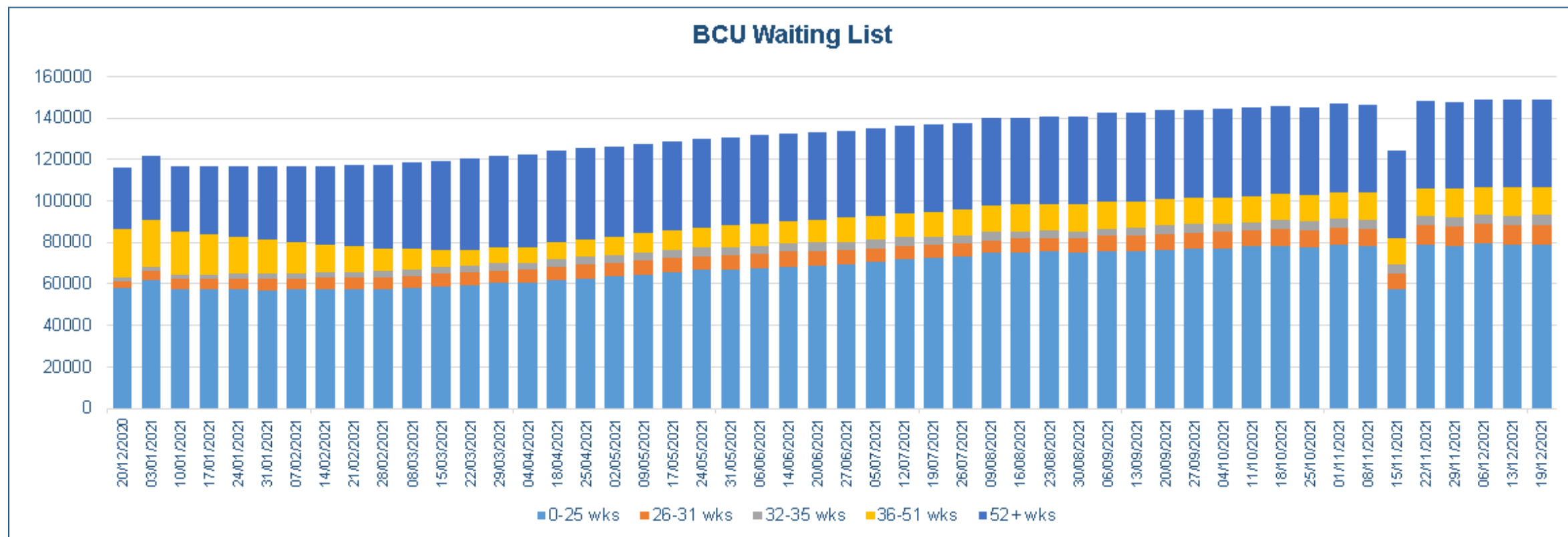
## RTT High Level Report – Core Outpatient Activity (New, RTT, Face to Face attended appointments)





# Planned Care Theatre Sessions



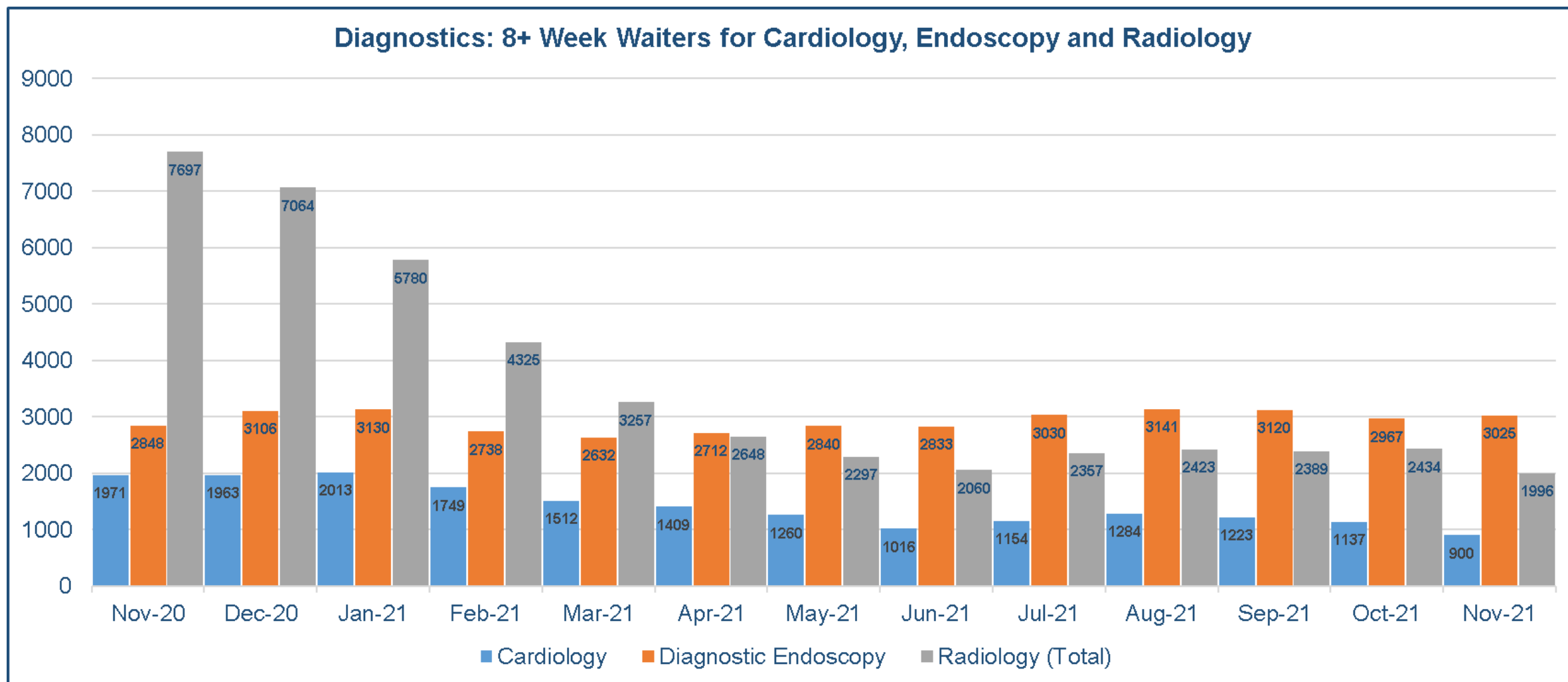


BCUHB	Weeks Waiting					Total Waiting List
	0-25	26-31	32-35	36-51	52+	
	78,289	9,717	5,532	14,066	41,810	

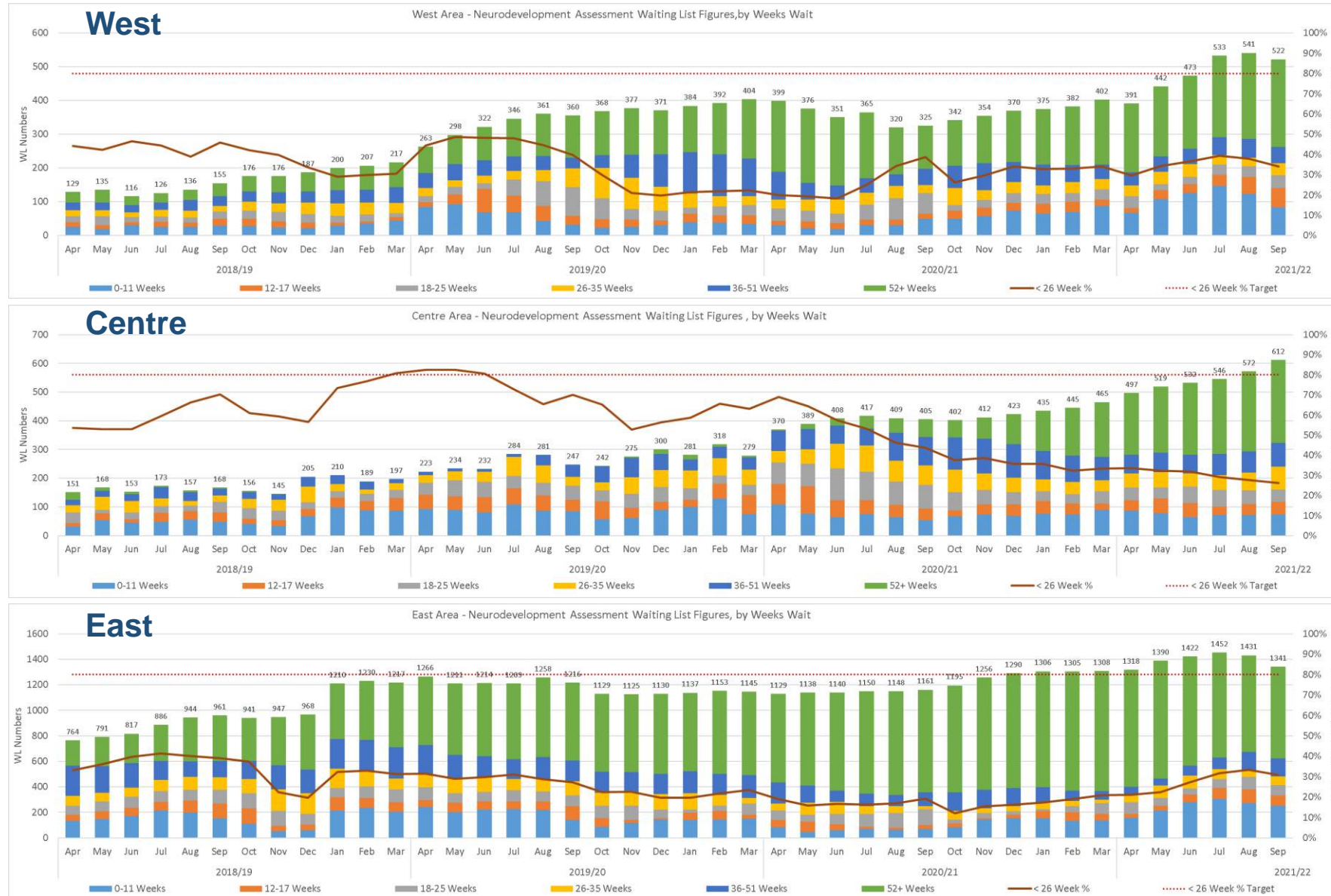
The data presented here is a weekly position as at 29<sup>th</sup> December 2021



# Diagnostic Waits (3 major wait categories)



# Quadruple Aim 2: Child & Adolescent Mental Health Services - Graphs



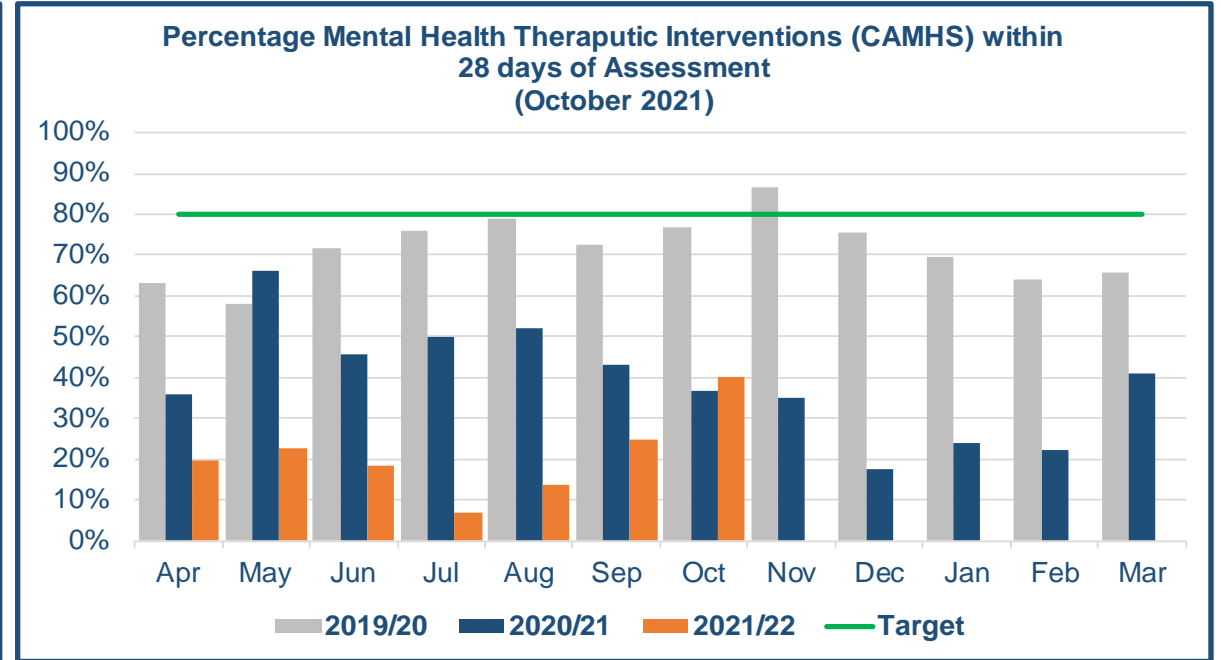
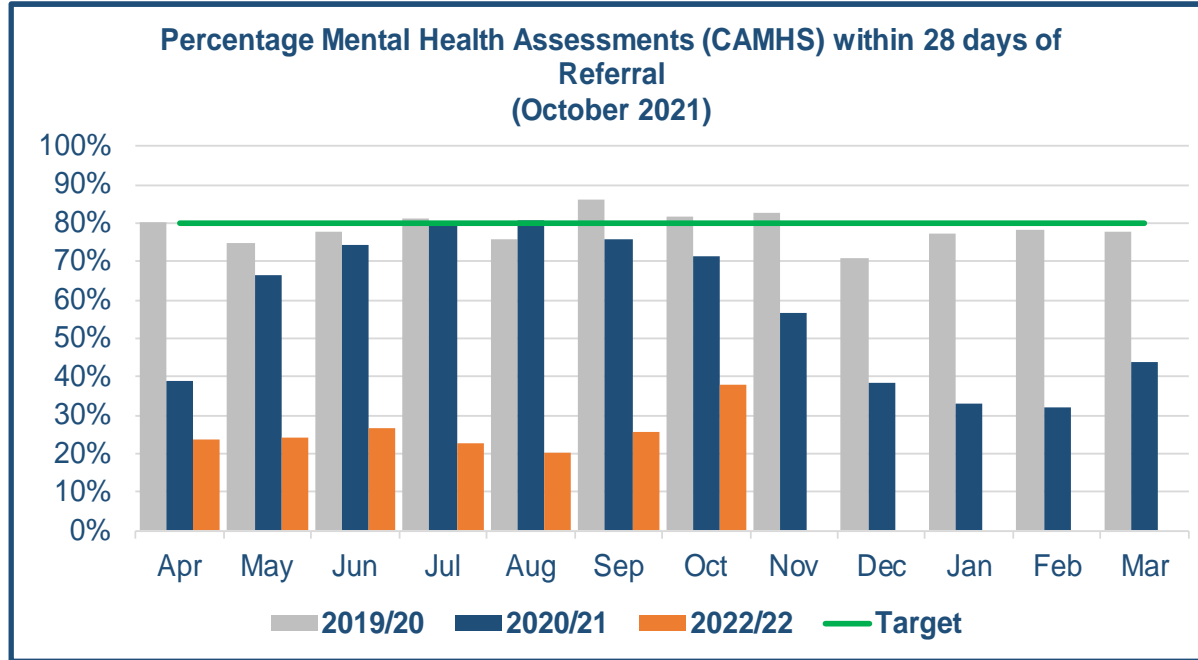
Note: Significant increase in number of patients waiting over 52 Weeks in all areas.

West and East have always had significant cohort of patients waiting over 52 weeks. However, in the Central Area, the increase in the number of patients waiting over 52 weeks coincides with the outbreak of the COVID-19 Pandemic.

As can be seen in the graphs, East area has more patients waiting than West and Centre combined, and has always had a significantly higher number of patients waiting over 52 weeks.

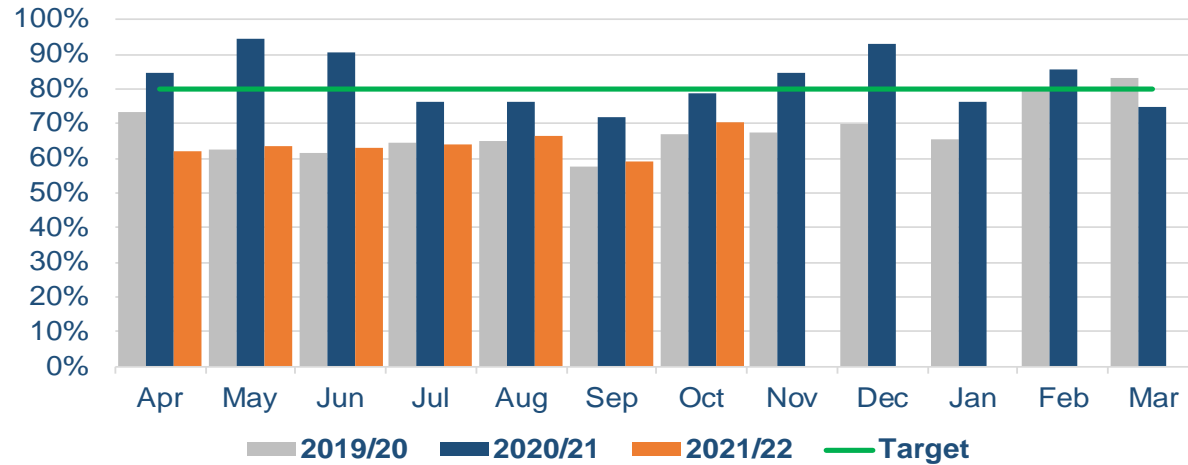
In the East, between December 2018 and January 2019 there was a significant increase (almost double) in the number of patients waiting for a neurodevelopment assessment. The level of patients waiting has remained high ever since.

## Quadruple Aim 2: Child & Adolescent Mental Health Services - Graphs

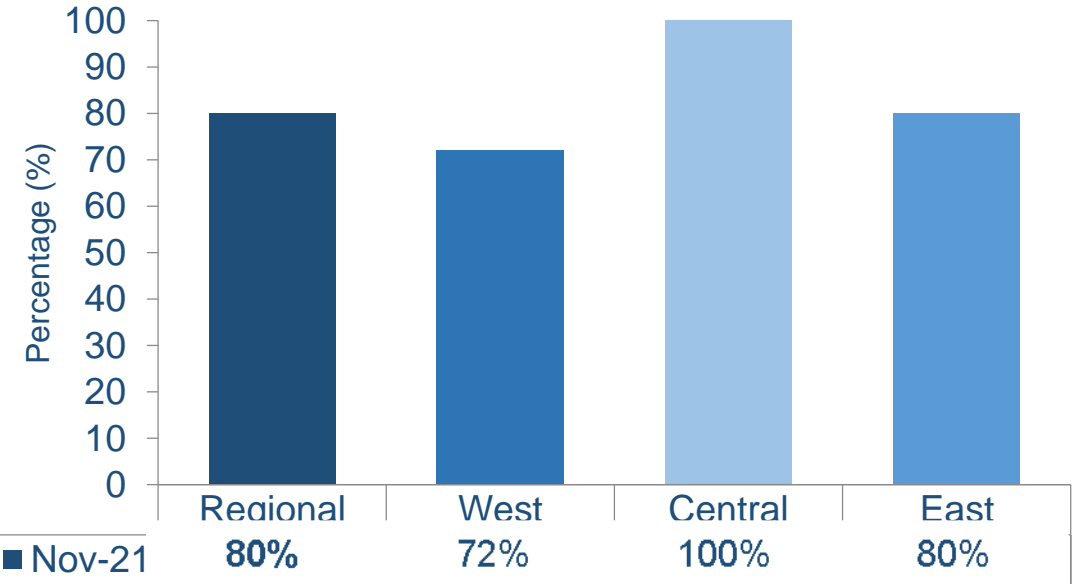


# Quadruple Aim 2: Adult Mental Health

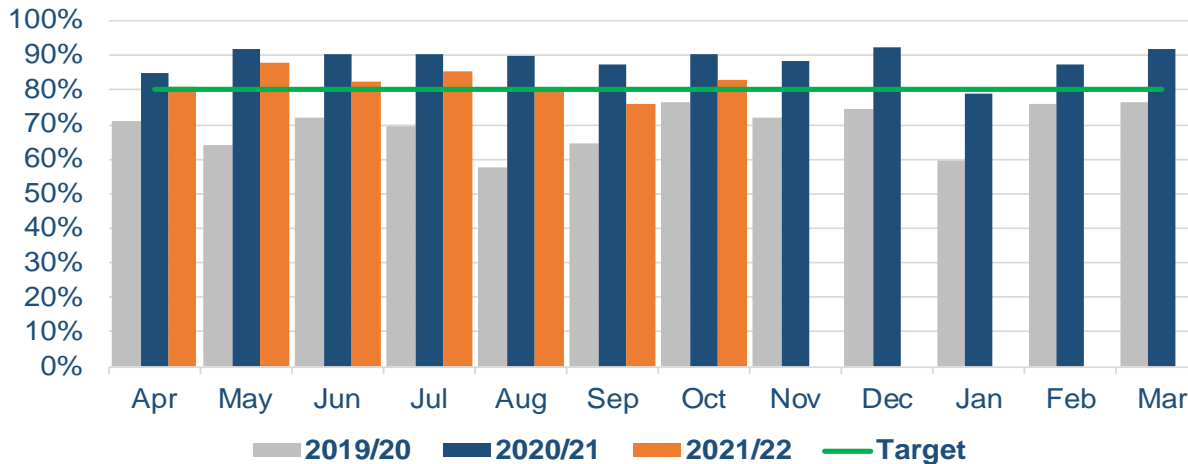
**Percentage Mental Health Assessments (Adult) within 28 days of Referral (October 2021)**



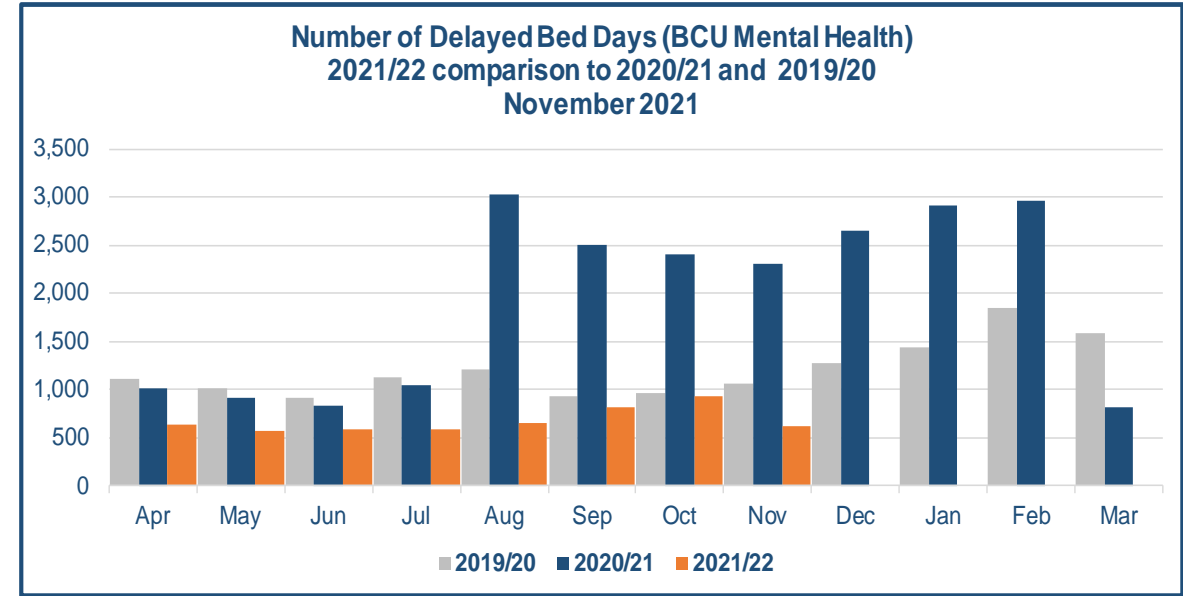
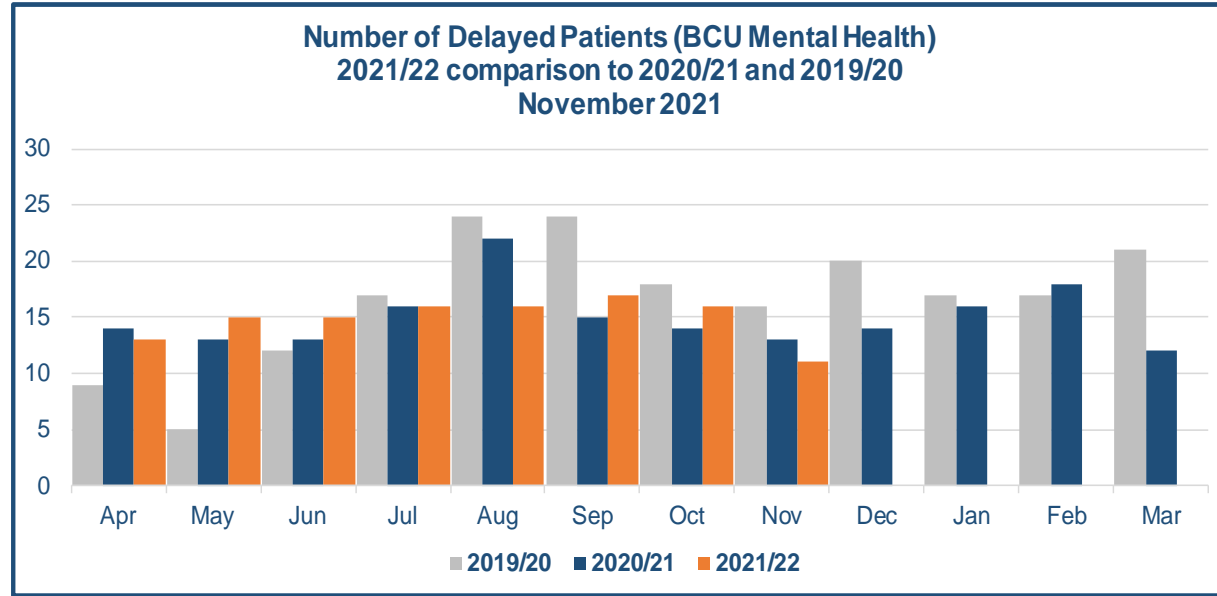
**Figure 1. November 2021 Target Compliance BCUHB**



**Percentage Mental Health Therapeutic Interventions (Adult) within 28 days of Assessment (October 2021)**



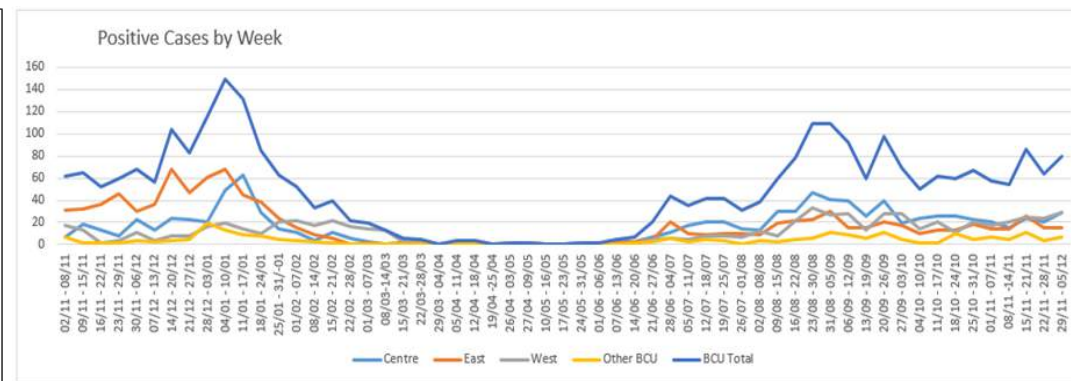
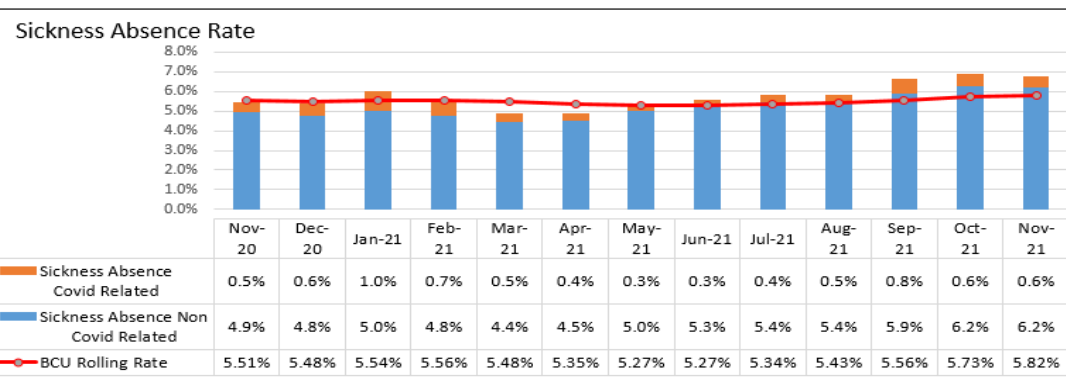
# Quadruple Aim 2: Adult Mental Health Delayed Transfers of Care (DToC)



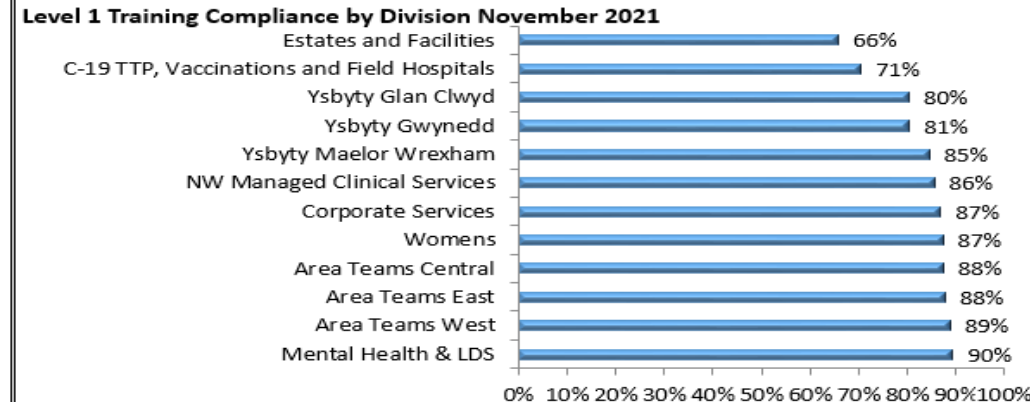
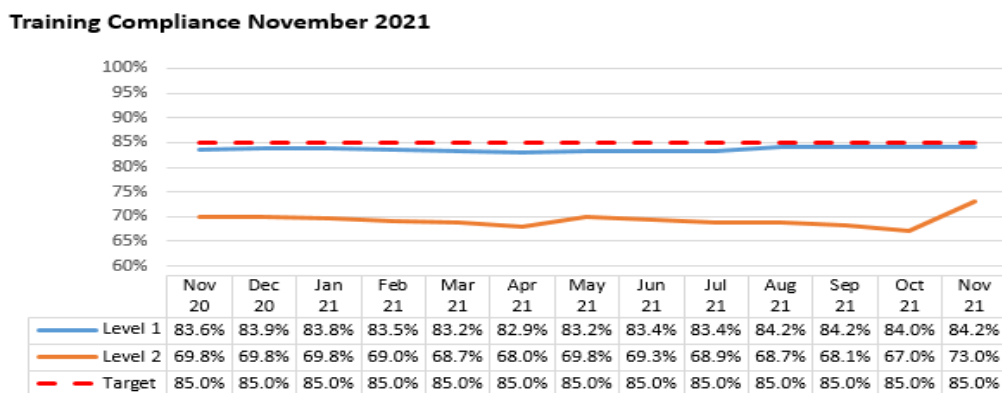


# Quadruple Aim 3: Workforce

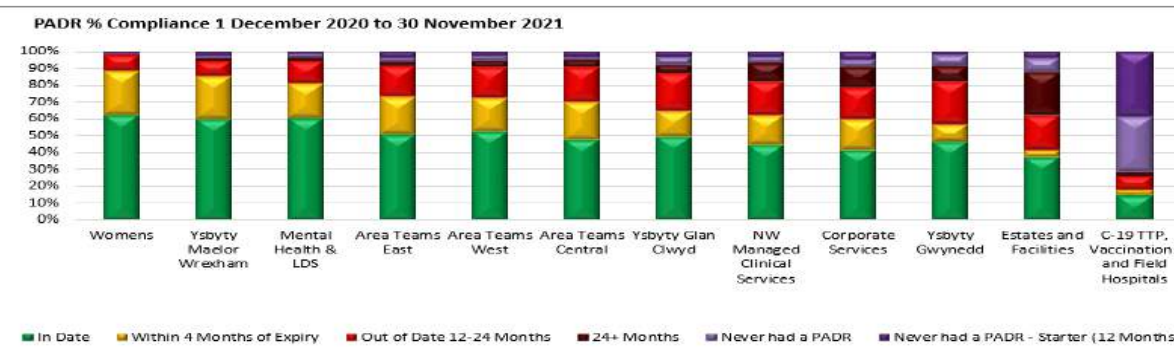
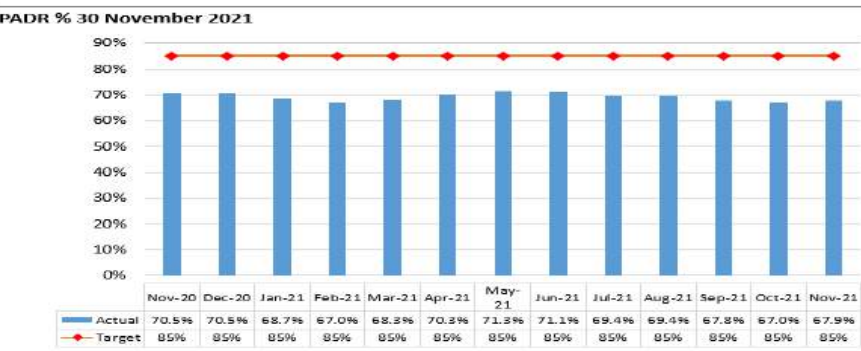
## Sickness Absence Rates



## Core Mandatory Training Rate

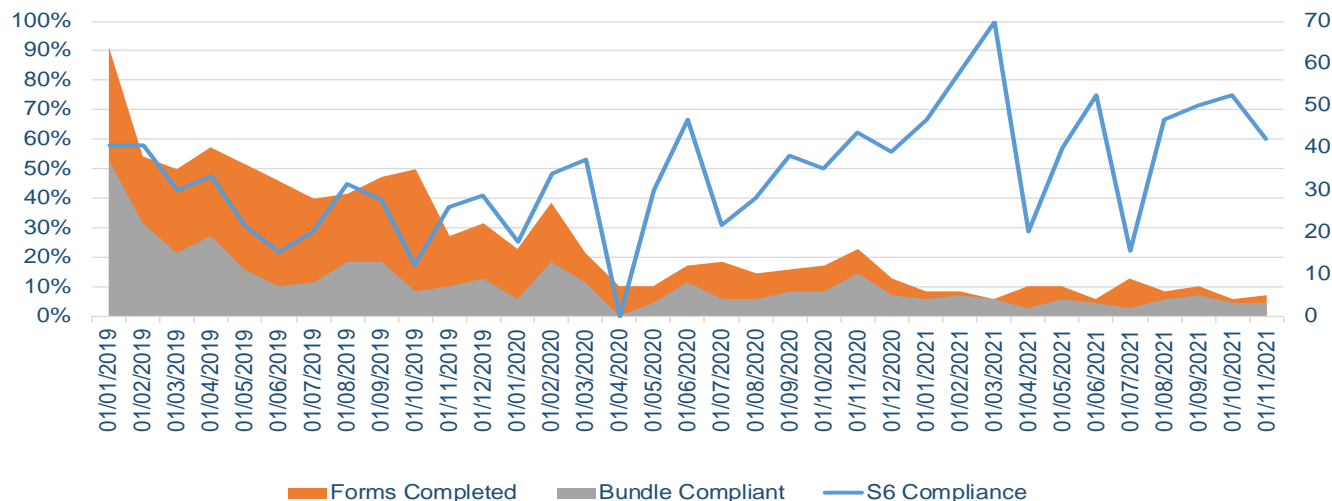


## PADR



# Quadruple Aim 4: Timely Interventions - Sepsis

**Inpatients - 1 Hour Compliance Sepsis Six Bundles**



## Important Note:

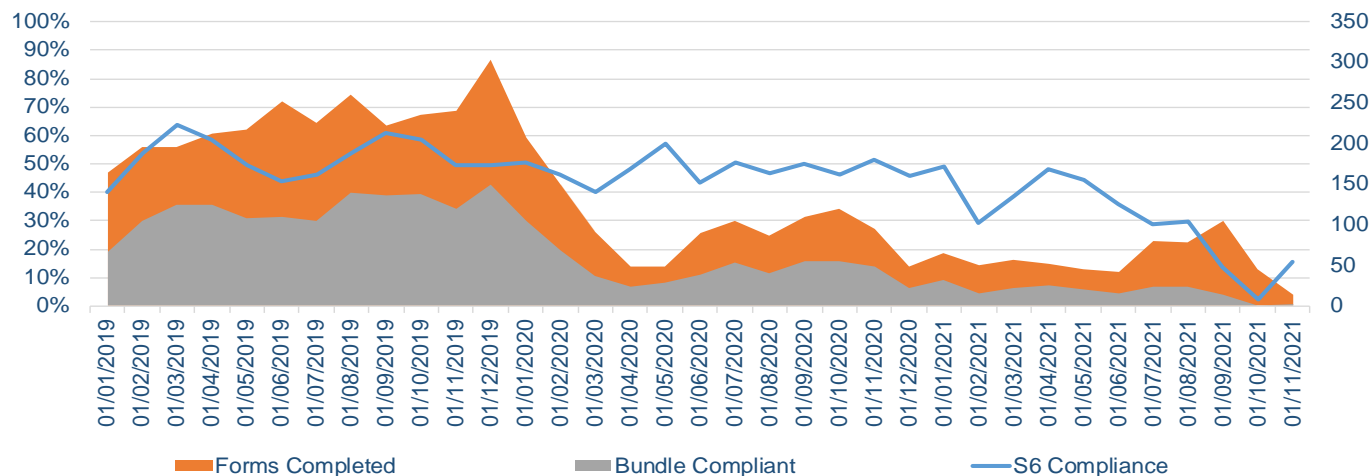
The blue line in these two graphs represent the % compliance with Sepsis Six Bundle provision within 1 Hour of suspicion of a sepsis infection.

The orange 'area' represents the total number of Sepsis Six Forms that were completed.

The Grey 'area' represents the total number of forms completed where they were compliant with the Sepsis Six Bundle measure.

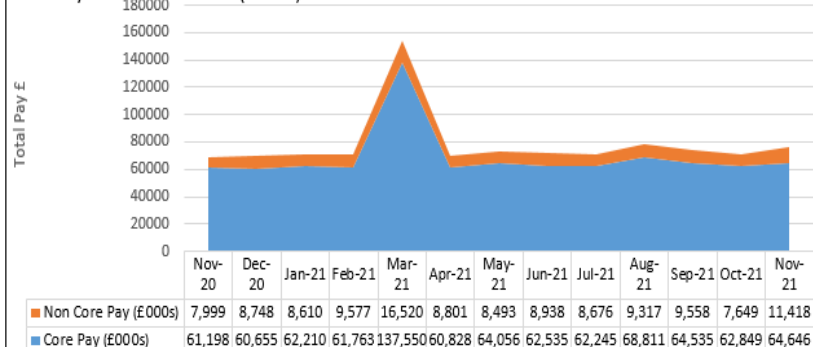
The graphs show a significant reduction in the numbers of forms being completed in both Emergency Department and Inpatient settings across all 3 sites. This reduction in recording of data occurred at the same time as the beginning of the COVID-19 Pandemic and has not yet recovered.

**Emergency Departments - 1 Hour Compliance Sepsis Six Bundles**

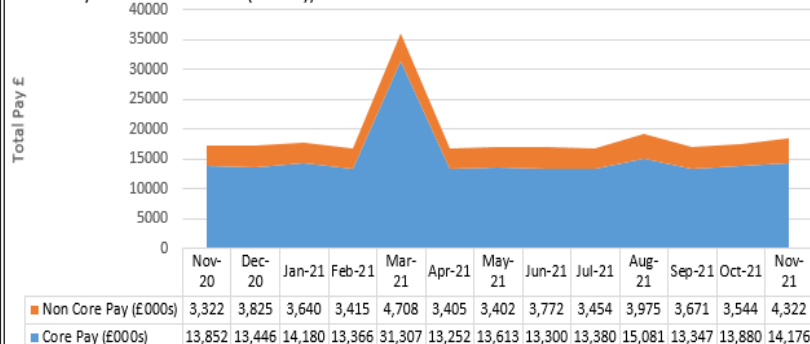


# Quadruple Aim 4: Agency & Locum Spend

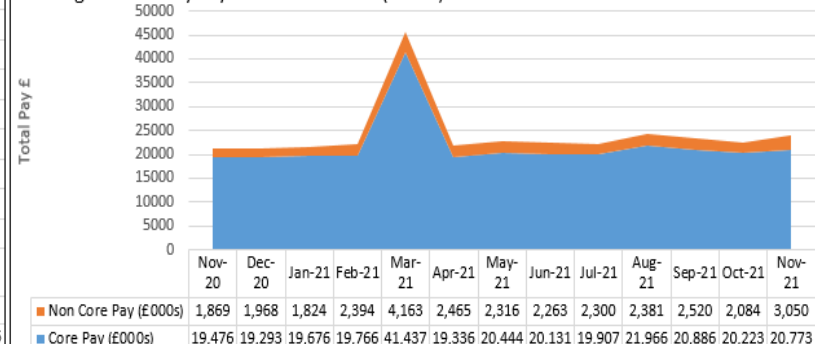
BCU Pay Core vs Non Core (£000s)



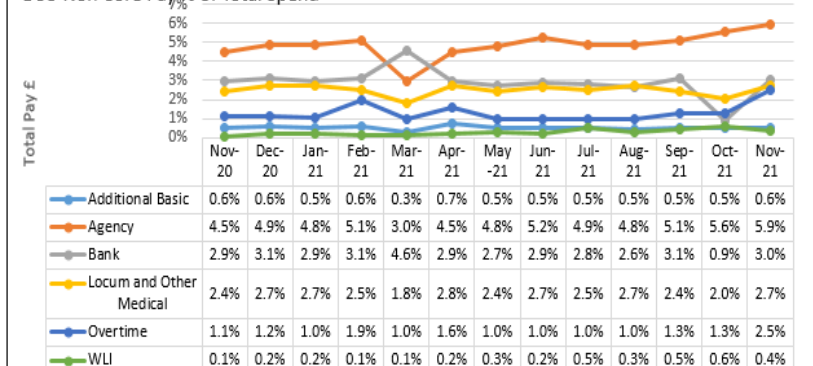
M&D Pay Core vs Non Core (£000s)



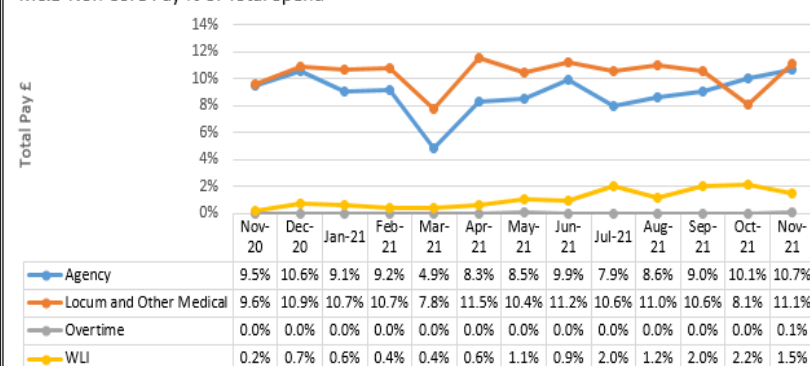
Nursing & Midwifery Pay Core vs Non Core (£000s)



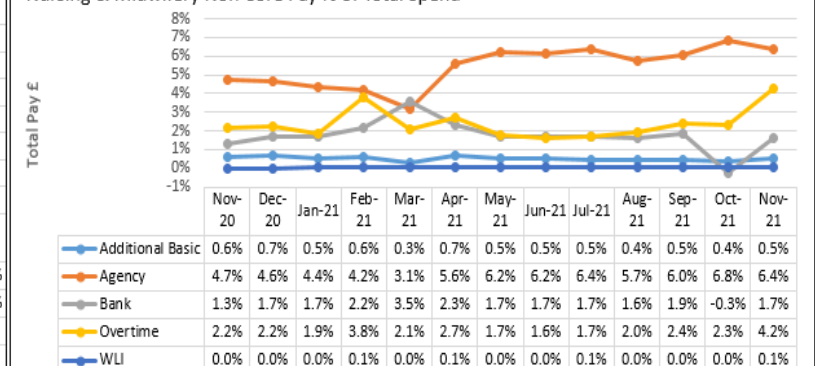
BCU Non Core Pay % of Total Spend



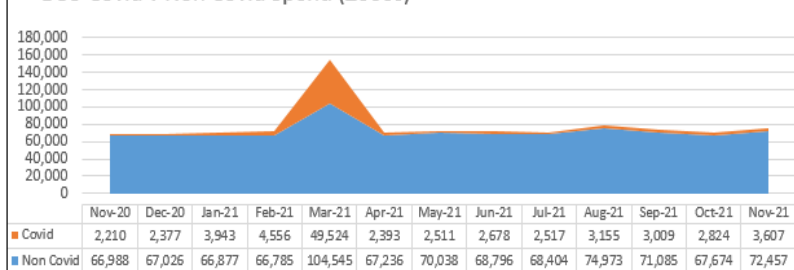
M&D Non Core Pay % of Total Spend



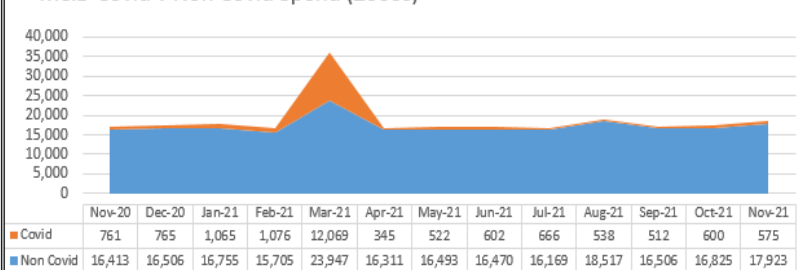
Nursing & Midwifery Non Core Pay % of Total Spend



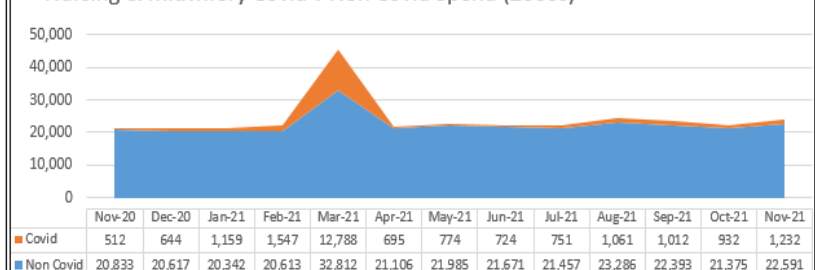
BCU Covid v Non Covid Spend (£000s)



M&D Covid v Non Covid Spend (£000s)



Nursing & Midwifery Covid v Non Covid Spend (£000s)





# Quality & Performance Report

## Betsi Cadwaladr University Health Board

Further information is available from the office of the Director of Performance which includes:

- tolerances for red, amber and green

Further information on our performance can be found online at:

- Our website [www.bcu.wales.nhs.uk](http://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 @bcuwb

<http://www.facebook.com/bcuhealthboard>



**GIG**  
CYMRU  
**NHS**  
WALES

Bwrdd Iechyd Prifysgol  
Betsi Cadwaladr  
University Health Board

<b>Cyfarfod a dyddiad:</b> <b>Meeting and date:</b>	Health Board						
<b>Cyhoeddus neu Breifat:</b> <b>Public or Private:</b>	Public						
<b>Teitl yr Adroddiad</b> <b>Report Title:</b>	Finance Report Month 8 2021/22						
<b>Cyfarwyddwr Cyfrifol:</b> <b>Responsible Director:</b>	Sue Hill, Executive Director of Finance						
<b>Awdur yr Adroddiad</b> <b>Report Author:</b>	Tim Woodhead, Operational Finance Director						
<b>Craffu blaenorol:</b> <b>Prior Scrutiny:</b>	Performance, Finance and Information Governance Committee						
<b>Atodiadau</b> <b>Appendices:</b>	Appendix 1						
<b>Argymhelliad / Recommendation:</b>							
It is asked that the report is noted, as the report is provided for assurance.							
<b>Ticiwch fel bo'n briodol / Please tick as appropriate</b>							
<b>Ar gyfer</b> <b>penderfyniad/cymeradwyaeth</b> <b>For Decision/</b> <b>Approval</b>		<b>Ar gyfer</b> <b>Trafodaeth</b> <b>For</b> <b>Discussion</b>		<b>Ar gyfer</b> <b>sicrwydd</b> <b>For</b> <b>Assurance</b>	✓	<b>Er</b> <b>gwybodaeth</b> <b>For</b> <b>Information</b>	
<b>Y/N i ddangos a yw dyletswydd Cydraddoldeb/ SED yn berthnasol</b> <b>Y/N to indicate whether the Equality/SED duty is applicable</b>						<b>N</b>	
Equality Impact (EqIA) and a socio-economic (SED) impact assessments not applicable.							
<b>Sefyllfa / Situation:</b>							
The purpose of this report is to provide a briefing on the draft unaudited financial performance of the Health Board as at November (Month 8) 2021.							
<b>Cefndir / Background:</b>							
<p>In line with all NHS organisations in Wales, the draft plan was revised in Quarter 1 to refine and develop the triangulation of activity, workforce and financial plans, while maintaining the focus on the six key objectives described in the draft plan. The revised financial plan submitted to Welsh Government in June anticipates ensuring the Health Board achieves a balanced position at the year end.</p> <p>The Health Board's plans for 2021/22 include the £82.0m strategic support funding notified by Welsh Government last year (£40.0m to cover the deficit and £42.0m strategic support) and the £19.9m COVID-19 Recovery Plan funding. Together, these will be used to improve performance, reduce waiting lists and drive a programme of transformation linked to a sustainable clinical model for North Wales.</p> <p>We have tested our assumptions in the original plans and refreshed our forecasts accordingly with the divisional teams and will continue to do so as the operational position develops. As part of this refresh of forecasts, the Health Board identified that £10.2m resources would not be utilised due to delays in recruitment and the cancellation of some services due to the on-going COVID-19 pandemic. These resources have therefore been returned to Welsh Government.</p>							
<b>Asesiad / Assessment:</b>							
<b>Goblygiadau Strategol / Strategy Implications</b>							
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.							
<b>Opsiynau a ystyriwyd / Options considered</b>							
Not applicable – report is for assurance only							

## Goblygiadau Ariannol / Financial Implications

### Financial Position

	Month 8 £m	YTD £m	Forecast £m
Actual Position	0.0	0.0	0.0
Planned Position	0.0	0.0	0.0
Variance	0.0	0.0	0.0

The in-month position is break even, which also brings the cumulative position to break even. This reflects the additional funding announced in the touchpoint meeting with Welsh Government, as well as the £10.2m agreed to be returned in month 8.

The total impact of COVID-19 in November is £9.2m (£77.7m for the year to date). Welsh Government income has been anticipated to fully cover these costs, giving a nil impact on the financial position.

The forecast total impact of COVID-19 is currently is £110.8m. This is based on the assumption that COVID-19 will continue to have an impact for the whole of the current financial year. Welsh Government income has been anticipated to fully cover this cost, so there is no impact on the overall Health Board position.

As additional modelling data for COVID-19 is received, and in line with the refresh of the financial plan, this forecast will be revised and updated. There will however remain a degree of uncertainty around forecasts as situations develop, particularly regarding the impact of the omicron variant on hospitalisations.

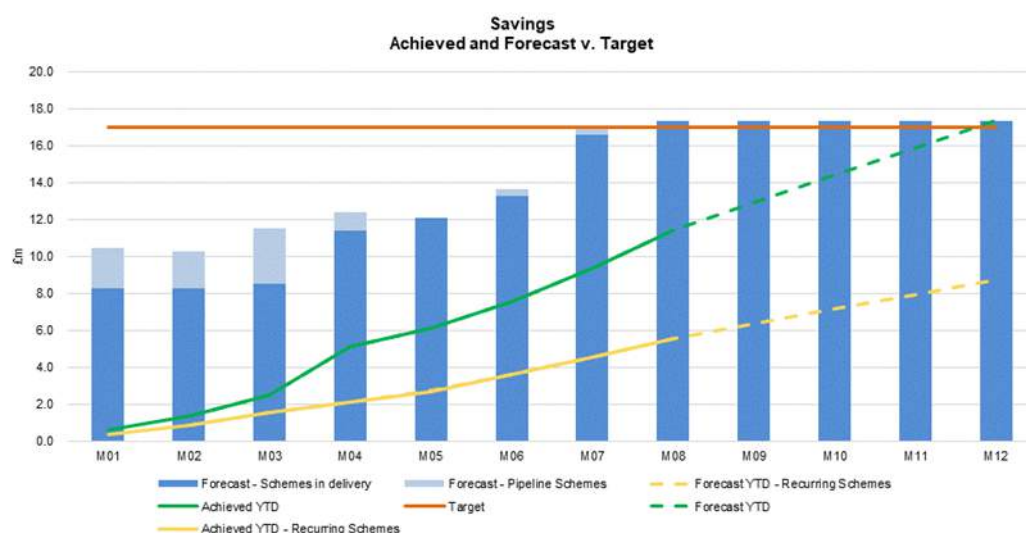
	Actual M01 £m	Actual M02 £m	Actual M03 £m	Actual M04 £m	Actual M05 £m	Actual M06 £m	Actual M07 £m	Actual M08 £m	Actual YTD £m	Forecast 2021/22 £m
Testing	0.1	0.2	0.2	0.3	0.4	0.4	0.4	0.3	2.3	3.9
Tracing	1.1	1.0	1.0	0.9	1.1	1.1	1.0	1.0	8.2	13.2
Mass COVID-19 Vaccinations	1.7	1.5	2.0	0.8	1.0	0.9	1.0	1.7	10.6	16.5
Extended Flu Vaccinations	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.2	0.2	2.1
Field Hospital/Surge	0.3	0.7	0.2	0.5	(0.3)	0.0	0.3	(2.2)	(0.5)	(0.5)
Cleaning Standards	0.0	0.0	0.0	0.0	0.5	0.1	0.1	0.1	0.8	1.2
Other Costs	4.5	3.6	4.5	6.3	4.0	4.6	1.4	5.4	34.3	62.5
<b>Total COVID-19 expenditure</b>	<b>7.7</b>	<b>7.0</b>	<b>7.9</b>	<b>8.8</b>	<b>6.7</b>	<b>7.1</b>	<b>4.2</b>	<b>6.5</b>	<b>55.9</b>	<b>98.9</b>
Welsh Government COVID-19 income to cover expenditure	(7.7)	(7.0)	(7.9)	(8.8)	(6.7)	(7.1)	(4.2)	(6.5)	(55.9)	(98.9)
<b>Other COVID-19 Support:</b>										
Operational expenditure reductions	(0.2)	(0.7)	(0.8)	0.1	(0.6)	(0.1)	(0.7)	(0.2)	(3.2)	(3.2)
Funding for non delivery of savings in 20/21	(0.6)	(4.9)	(2.7)	(2.7)	(2.7)	(2.7)	(2.7)	(2.7)	(21.7)	(32.7)
<b>Impact of COVID-19 on Position</b>	<b>(0.8)</b>	<b>(5.6)</b>	<b>(3.5)</b>	<b>(2.6)</b>	<b>(3.3)</b>	<b>(2.8)</b>	<b>(3.4)</b>	<b>(2.9)</b>	<b>(24.9)</b>	<b>(35.9)</b>

### Forecast

The forecast position has been updated to recognise current expenditure trends and the £10.2m worth of resources returned to Welsh Government. The forecast to year end has been reviewed in light of the increase in cases relating to the Omicron variant but this does not constitute a risk to the year end forecast.

Expenditure related to the £30.0m funding for the Performance Fund, the £12.0m Strategic Support and the £19.9m COVID-19 Recovery Plan are included in the forecast, based on the phasing of costs in submitted business cases. These indicate a stepped increase in spend over the remaining months of the year and includes alternative plans to invest in the key Health Board objectives where original plans have been delayed. This cost profile is dependent on operational teams implementing approved plans at pace.

The savings target for the year is £17m and as at Month 8, we have delivered £11.4m and the full year forecast is now £17.3m, an increase of £0.7m since Month 7.



## Dadansoddiad Risk / Risk Analysis

The risks to the full year financial position, are in relation to the recruitment of staff; pay awards not being fully funded and increased energy prices. It is currently anticipated that these risks can be mitigated and do not represent a risk to the break even position.

BCU risks are reported separately via the Risk Register.

There are two opportunities, one in relation to potential future one off accountancy gains and another in relation to a risk of not being to utilise additional funding provided by Welsh Government.

## Cyfreithiol a Chydymffurfiaeth / Legal and Compliance

Not applicable.

## Asesiad Effaith / Impact Assessment

Not applicable.

# **Finance Report**

## **November 2021: M08-22**

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**Sue Hill**

**Executive Director of Finance**

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# 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

- ✓ Current month break even and cumulative break even position reported.
- ✓ Balanced position forecast for the year.
- ✓ Key financial targets for cash, capital and PSPP all being met.

## Issues & Actions

- The updated forecast identified that £10.2m of resources available to the Health Board was unlikely to be spent due to delays in recruitment and the restriction of services due to the continuing COVID-19 pandemic.
- The Health Board has informed WG that it will return this funding and this has been accepted. This report takes into account the return this resource.

## Key Messages

- ❖ The cumulative financial position and forecast outturn position for 2021/22 remain balanced.
- ❖ The Health Board has received additional funding totalling £32.7m to cover the impact of the undelivered savings from 2020/21, which covers the financial risk for the year that was identified in the draft financial plan.
- ❖ Expenditure related to the £42.0m funding for the Performance Fund and Strategic Support, plus the £19.9m COVID-19 Recovery Plan funding is included in forecasts based on submitted plans. The full utilisation of this funding to improve performance, reduce waiting lists and drive a programme of transformation is dependent on operational teams implementing approved plans at pace.

# Summary of Key Numbers

<div>Month 08 Position</div> <div>Break even position in month. <b>Balanced</b></div> <div>Cumulative position is break even. <b>Balanced</b></div>	<div>Forecast</div> <div>Reflects Accountable Officer letter returning £10.2m to Welsh Government</div> <div><b>Balanced</b></div>	<div>Divisional Performance Mth 08</div> <table><tr><td>Area Teams</td><td>£1.6m favourable</td></tr><tr><td>Secondary Care</td><td>£0.7m adverse</td></tr><tr><td>Mental Health</td><td>£0.5m favourable</td></tr><tr><td>Corporate</td><td>£0.8m adverse</td></tr><tr><td>Other</td><td>£0.6m adverse</td></tr></table>	Area Teams	£1.6m favourable	Secondary Care	£0.7m adverse	Mental Health	£0.5m favourable	Corporate	£0.8m adverse	Other	£0.6m adverse
Area Teams	£1.6m favourable											
Secondary Care	£0.7m adverse											
Mental Health	£0.5m favourable											
Corporate	£0.8m adverse											
Other	£0.6m adverse											
<div>Savings</div> <div>In-month: £2.1m against plan of £1.4m <b>£0.7m favourable</b></div> <div>YTD: £11.4m against plan of £11.3m <b>£0.1m favourable</b></div>	<div>Savings Forecast</div> <div>£17.3m against plan of £17.0m</div> <div>This is an increase of £0.7m compared to month 7</div> <div><b>£0.3m favourable</b></div>	<div>COVID-19 Impact</div> <div>£77.7m cost YTD £131.8m forecast cost Funded by Welsh Government</div> <div><b>£nil impact</b></div>										
<div>Income</div> <div>£96.0m against budget of £98.7m</div> <div><b>£2.7m adverse</b></div>	<div>Pay</div> <div>£567.7m against budget of £572.5m</div> <div><b>£4.8m favourable</b></div>	<div>Non-Pay</div> <div>£706.6m against budget of £699.1m</div> <div><b>£7.5m adverse</b></div>										

# Revenue Position

- The in-month and cumulative position is breakeven. This is after the return of £10.2m or resources that the Health Board identified that it would not be able to utilise.
- The total expenditure for both pay and non-pay continues to increase as the Health Board implements plans for recovery and performance improvement.

	Actual								Cumulative				Forecast
	M01	M02	M03	M04	M05	M06	M07	M08	Budget	Actual	Variance	Variance	Actual
	£m	£m	£m	£m	£m	£m	£m	£m	£m	£m	£m	%	£m
Revenue Resource Limit	(136.7)	(147.2)	(147.1)	(148.3)	(151.4)	(148.0)	(145.8)	(151.1)	(1,175.6)	(1,175.6)	0.0	0.0%	(1,822.0)
Miscellaneous Income	(12.1)	(11.6)	(11.7)	(10.6)	(12.2)	(12.4)	(15.4)	(12.7)	(96.0)	(98.7)	2.7	(2.8)%	(143.7)
Health Board Pay Expenditure	68.2	70.2	69.7	69.0	76.1	71.9	68.6	74.0	572.5	567.7	4.8	0.8%	865.4
Non-Pay Expenditure	82.8	86.3	89.1	90.0	87.5	88.5	92.6	89.8	699.1	706.6	(7.5)	(1.1)%	1,100.3
<b>Total</b>	<b>2.2</b>	<b>(2.3)</b>	<b>0.0</b>	<b>0.1</b>	<b>0.0</b>	<b>0.0</b>	<b>0.0</b>	<b>0.0</b>	<b>0.0</b>	<b>0.0</b>	<b>0.0</b>		<b>0.0</b>



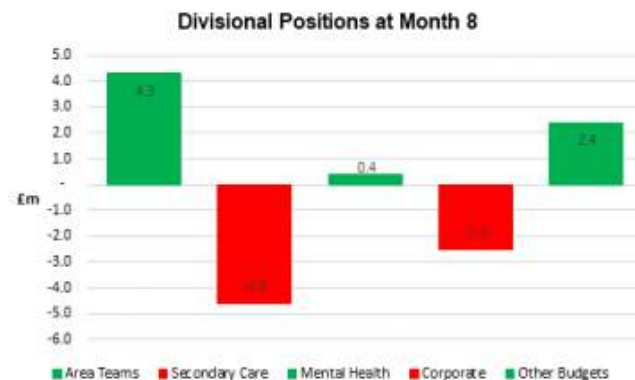
- The Health Board's plans for 2021/22 include the £82.0m strategic support funding notified by Welsh Government last year (£40.0m to cover the deficit and £42.0m strategic support) and the £19.9m COVID-19 Recovery Plan funding. Together, these will be used to improve performance, reduce waiting lists and drive a programme of transformation linked to a sustainable clinical model for North Wales.
- In line with all NHS organisations in Wales, the plan was revised during Quarter 1 to refine and develop the triangulation of activity, workforce and financial plans, while maintaining the focus on the six key objectives described in the draft plan. We continue to refresh our forecasts as the operational position develops, although these plans will need to adapt for further waves of COVID-19 pandemic.



# Divisional Positions

	In Month			Cumulative		
	Budget £000	Actual £000	Variance to Plan £000	Budget £000	Actual £000	Variance to Plan £000
<b>WG RESOURCE ALLOCATION</b>	(151,121)	(151,121)	0	(1,175,694)	(1,175,694)	0
<b>AREA TEAMS</b>						
West Area	14,685	14,621	64	112,546	112,359	187
Central Area	19,072	19,237	(165)	149,531	147,905	1,626
East Area	22,710	22,536	174	171,285	168,972	2,313
Other North Wales	4,035	3,334	702	29,980	29,820	160
Field Hospitals	(2,187)	(2,187)	0	(469)	(469)	0
Track, Trace, Protect & Vaccination	2,668	2,668	0	17,116	17,116	0
Commissioner Contracts	20,108	19,669	439	150,164	150,531	(367)
Provider Income	(1,624)	(1,968)	344	(14,562)	(14,949)	387
<b>Total Area Teams</b>	<b>79,467</b>	<b>77,910</b>	<b>1,557</b>	<b>615,592</b>	<b>611,285</b>	<b>4,307</b>
<b>SECONDARY CARE</b>						
Ysbyty Gwynedd	9,126	9,631	(505)	72,119	73,708	(1,589)
Ysbyty Glan Clwyd	11,713	11,433	280	90,685	90,713	(28)
Ysbyty Maelor Wrexham	9,915	10,170	(254)	76,737	79,269	(2,532)
North Wales Hospital Services	10,192	10,400	(208)	77,875	79,071	(1,197)
Womens	3,568	3,550	18	28,381	27,601	779
<b>Total Secondary Care</b>	<b>44,514</b>	<b>45,183</b>	<b>(669)</b>	<b>345,796</b>	<b>350,362</b>	<b>(4,566)</b>
<b>Total Mental Health &amp; LDS</b>	<b>11,870</b>	<b>11,340</b>	<b>530</b>	<b>91,929</b>	<b>91,577</b>	<b>352</b>
<b>Total Corporate</b>	<b>13,074</b>	<b>13,873</b>	<b>(799)</b>	<b>99,255</b>	<b>101,771</b>	<b>(2,516)</b>
<b>Total Other Budgets incl. Reserves</b>	<b>2,196</b>	<b>2,815</b>	<b>(619)</b>	<b>23,122</b>	<b>20,699</b>	<b>2,423</b>
<b>TOTAL</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>

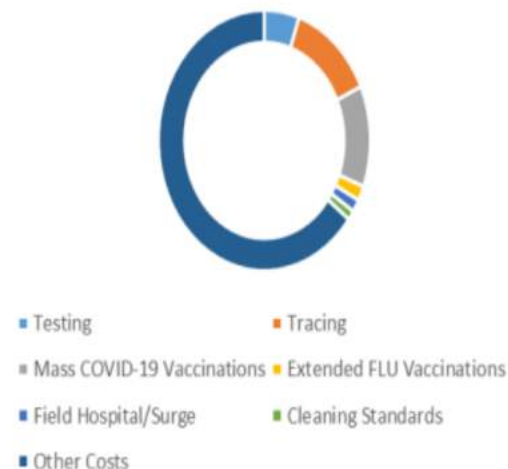
- Divisional forecasts continue to be refreshed as the operational position develops.
- Further detail relating to pay, non pay and key areas of expenditure are shown in slide 9 to 11.



# Impact of COVID-19

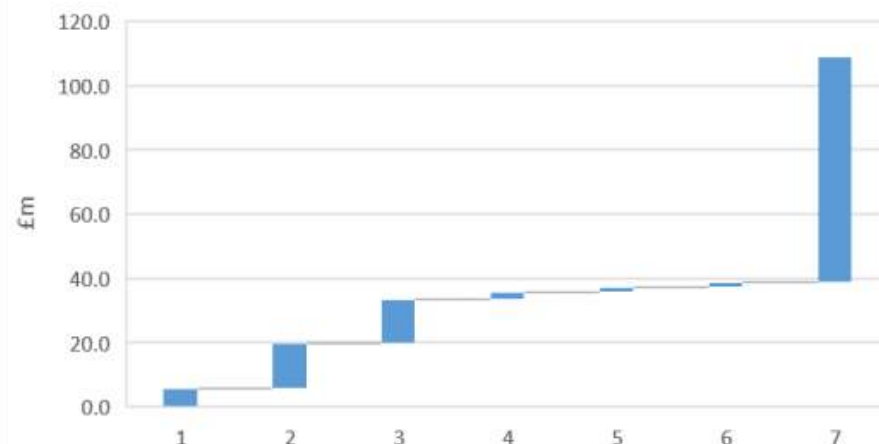
	Actual M01 £m	Actual M02 £m	Actual M03 £m	Actual M04 £m	Actual M05 £m	Actual M06 £m	Actual M07 £m	Actual M08 £m	Actual YTD £m	Forecast 2021/22 £m
Testing	0.1	0.2	0.2	0.3	0.4	0.4	0.4	0.3	2.3	3.9
Tracing	1.1	1.0	1.0	0.9	1.1	1.1	1.0	1.0	8.2	13.2
Mass COVID-19 Vaccinations	1.7	1.5	2.0	0.8	1.0	0.9	1.0	1.7	10.6	16.5
Extended Flu Vaccinations	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.2	0.2	2.1
Field Hospital/Surge	0.3	0.7	0.2	0.5	(0.3)	0.0	0.3	(2.2)	(0.5)	(0.5)
Cleaning Standards	0.0	0.0	0.0	0.0	0.5	0.1	0.1	0.1	0.8	1.2
Other Costs	4.5	3.6	4.5	6.3	4.0	4.6	1.4	5.4	34.3	62.5
<b>Total COVID-19 expenditure</b>	<b>7.7</b>	<b>7.0</b>	<b>7.9</b>	<b>8.8</b>	<b>6.7</b>	<b>7.1</b>	<b>4.2</b>	<b>6.5</b>	<b>55.9</b>	<b>98.9</b>
Welsh Government COVID-19 income to cover expenditure	(7.7)	(7.0)	(7.9)	(8.8)	(6.7)	(7.1)	(4.2)	(6.5)	(55.9)	(98.9)
<b>Other COVID-19 Support:</b>										
Operational expenditure reductions	(0.2)	(0.7)	(0.8)	0.1	(0.6)	(0.1)	(0.7)	(0.2)	(3.2)	(3.2)
Funding for non delivery of savings in 20/21	(0.6)	(4.9)	(2.7)	(2.7)	(2.7)	(2.7)	(2.7)	(2.7)	(21.7)	(32.7)
<b>Impact of COVID-19 on Position</b>	<b>(0.8)</b>	<b>(5.6)</b>	<b>(3.5)</b>	<b>(2.6)</b>	<b>(3.3)</b>	<b>(2.8)</b>	<b>(3.4)</b>	<b>(2.9)</b>	<b>(24.9)</b>	<b>(35.9)</b>

Forecast COVID-19 Cost Distribution



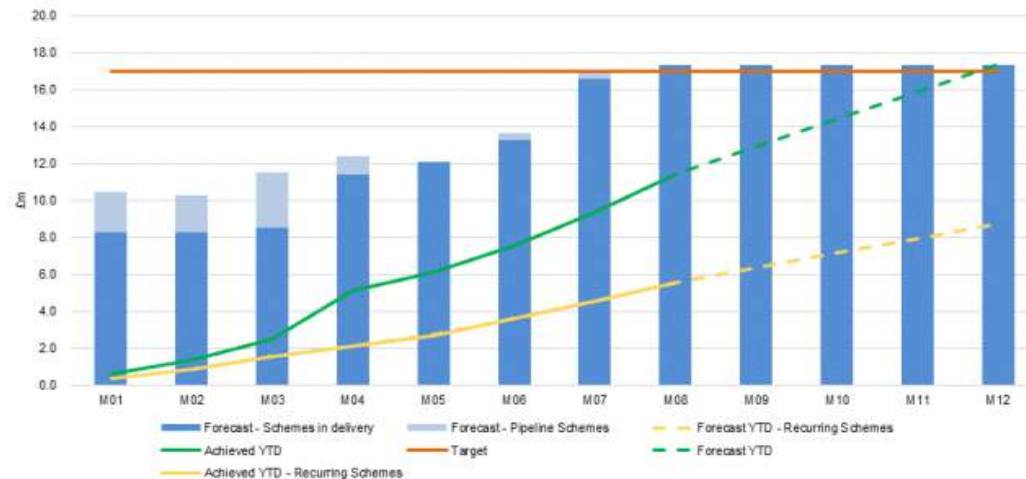
- The forecast total cost of COVID-19 is currently £131.8m. Welsh Government income has been anticipated to fully cover this cost, so there is no impact on the overall Health Board position.
- The COVID-19 funding is in the main fixed at current levels, and the HB will need to live within the funding provided. There will however remain a degree of uncertainty around forecasts as situations develop, particularly regarding the impact of variants of concern on hospital activity.

Forecast COVID-19 Costs



# Savings

Savings  
Achieved and Forecast v. Target



- The savings target for Month 8 was £1.4m, and delivery in November was £2.1m.
- The savings delivered up to Month 8 was £5.5m recurring, and £5.9m non-recurring, against the target of £17m leaving £5.6m to be delivered over the remainder of the year.

		SCHEMES IN DELIVERY									TOTAL PROGRAMME	
	Savings Target £000	Year to Date				Forecast					Total Forecast £000	Variance £000
		Savings Target £000	Recurring Savings Delivered £000	Variance in Recurring Savings £000	Non-Recurring Savings Delivered £000	Recurring Forecast £000	Variance £000	Non-Recurring Forecast £000	Total Forecast £000	Forecast FYE £000		
Ysbyty Gwynedd	1,833	1,222	263	(959)	26	357	(1,476)	46	403	470	403	(1,430)
Ysbyty Glan Clwyd	2,155	1,437	71	(1,366)	230	114	(2,041)	258	372	237	372	(1,783)
Ysbyty Wrexham Maelor	1,922	1,281	162	(1,119)	452	253	(1,669)	659	913	367	913	(1,009)
Total of hospitals	5,910	3,940	496	(3,444)	708	724	(5,186)	963	1,688	1,074	1,688	(4,222)
North Wales Managed Services	1,399	933	512	(421)	409	895	(504)	429	1,325	1,077	1,325	(74)
Womens Services	584	352	181	(172)	295	295	(289)	319	614	495	614	30
Secondary Care	7,893	5,225	1,188	(4,037)	1,412	1,915	(5,978)	1,711	3,626	2,646	3,626	(4,267)
Area - West	1,387	925	710	(214)	522	1,193	(194)	1,077	2,271	1,264	2,271	884
Area - Centre	1,900	1,267	1,262	(5)	590	2,131	231	1,696	3,827	2,459	3,827	1,927
Area - East	1,861	1,241	1,035	(205)	1,745	1,479	(382)	2,359	3,838	1,535	3,838	1,977
Area - Other	234	156	69	(87)	141	138	(96)	235	373	138	373	139
Contracts	980	653	0	(653)	0	0	(980)	0	0	0	0	(980)
Area Teams	6,362	4,241	3,076	(1,165)	2,999	4,942	(1,420)	5,367	10,309	5,395	10,309	3,947
MHLD	840	560	1,115	555	66	1,582	742	102	1,684	1,606	1,684	844
Corporate	1,910	1,273	163	(1,110)	1,407	310	(1,600)	1,415	1,725	364	1,725	(185)
Divisional Total	17,005	11,300	5,542	(5,757)	5,883	8,749	(8,256)	8,595	17,344	10,012	17,344	339
											0	0
											0	0
											0	0
											0	0
Improvement Group Total											0	0
Total Programme	17,005	11,300	5,542	(5,757)	5,883	8,749	(8,256)	8,595	17,344	10,012	17,344	339

# Income

Description	£m
Allocations Received	1798.5
<b>Total Allocations Received</b>	<b>1,798.5</b>

Description	£m
<b>Allocations anticipated</b>	
Capital	4.8
Removal of Donated Assets / Government Grant Receipts	-0.5
Total COVID-19 (see below analysis)	9.9
Substance Misuse	5.8
IM&T Refresh Programme (in line with 11-12)	1.9
Flower Case - overtime on annual leave (M1-6)	0.8
CHC Retrospective AME Impairment	-0.5
Other	1.4
<b>Total Allocations Anticipated</b>	<b>23.5</b>

	£m
Total Allocations Received	1,798.5
Total Allocations Anticipated	23.5
<b>Total Welsh Government Income</b>	<b>1,822.0</b>

COVID -19 Funding	£m
Total COVID-19 costs in 2021/22	99.1
Impact of non delivery of savings in 2020/21	32.7
<b>Total Covid -19 funding</b>	<b>131.8</b>

Received	122.0
Anticipated	9.9

- The Health Board is funded in the main from the Welsh Government allocation via the Revenue Resource Limit (RRL). The RRL is currently £1,822.0m for the year. £1175.7m of the RRL has been profiled into the position cumulatively, which is £39.0m less than eight equal twelfths (£1214.7m), primarily due to the profile of COVID-19 and performance funding.
- The RRL includes confirmed allocations to date of £1,798.5m, with further anticipated allocations in year of £23.5m.
- Miscellaneous income totals £12.7m in Month 8, £99.8m cumulatively, which is a favourable variance of £1.0m against the budget.



# Expenditure

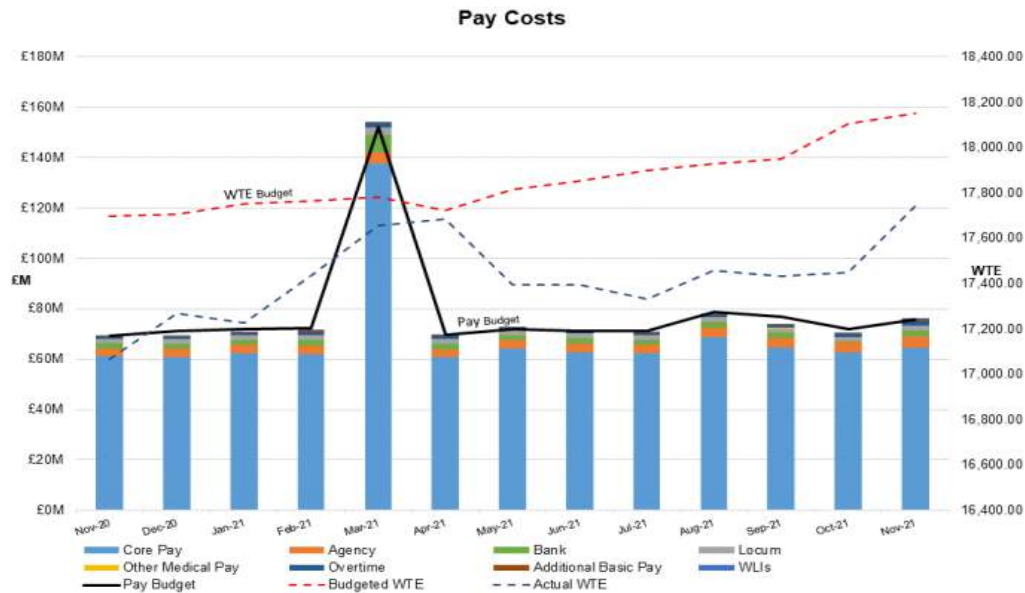
Pay Costs	Actual								Forecast				Cumulative			Full Year Forecast
	M01	M02	M03	M04	M05	M06	M07	M08	M09	M10	M11	M12	YTD Budget	YTD Actual	YTD Variance	
	£m	£m	£m	£m	£m	£m	£m	£m	£m	£m	£m	£m	£m	£m	£m	£m
Administrative & Clinical	9.5	9.7	9.5	9.5	10.6	9.9	9.5	10.4	10.3	10.5	10.5	10.6	82.5	78.6	3.9	120.5
Medical & Dental	15.9	16.3	16.3	16.1	18.1	16.1	16.6	17.6	17.5	17.8	17.9	18.0	129.5	133.0	(3.5)	204.2
Nursing & Midwifery	21.5	22.2	22.0	21.8	24.0	23.0	22.0	23.4	23.0	23.3	23.4	23.6	187.3	179.9	7.4	273.2
Additional Clinical Staff	9.7	10.3	10.1	10.0	10.8	10.3	8.9	10.3	10.2	10.3	10.3	10.4	73.9	80.4	(6.5)	121.6
Add Prof Scientific	3.1	3.1	3.1	3.1	3.4	3.2	3.2	3.3	3.3	3.4	3.4	3.4	27.6	25.5	2.1	39.0
Allied Health Professions	4.0	4.0	4.0	4.0	4.2	4.4	4.0	4.2	4.2	4.2	4.3	4.3	33.6	32.8	0.8	49.8
Healthcare Scientists	1.2	1.2	1.2	1.2	1.3	1.3	1.3	1.3	1.3	1.3	1.3	1.3	10.0	10.0	0.0	15.2
Estates & Ancillary	3.3	3.4	3.4	3.2	3.6	3.6	3.1	3.4	3.5	3.5	3.5	3.6	27.6	27.0	0.6	41.1
Students	0.0	0.0	0.0	0.0	0.1	0.1	0.1	0.1	0.1	0.1	0.1	0.1	0.5	0.4	0.1	0.8
<b>Health Board Total</b>	<b>68.2</b>	<b>70.2</b>	<b>69.6</b>	<b>68.9</b>	<b>76.1</b>	<b>71.9</b>	<b>68.7</b>	<b>74.0</b>	<b>73.4</b>	<b>74.4</b>	<b>74.7</b>	<b>75.3</b>	<b>572.5</b>	<b>567.6</b>	<b>4.9</b>	<b>865.4</b>
Primary care	1.4	2.3	1.8	1.9	2.0	2.1	2.0	2.1	2.0	2.0	2.0	1.9	14.2	15.6	(1.4)	23.5
<b>Total Pay</b>	<b>69.6</b>	<b>72.5</b>	<b>71.4</b>	<b>70.8</b>	<b>78.1</b>	<b>74.0</b>	<b>70.7</b>	<b>76.1</b>	<b>75.4</b>	<b>76.4</b>	<b>76.7</b>	<b>77.2</b>	<b>586.7</b>	<b>583.2</b>	<b>3.5</b>	<b>888.9</b>

Variable Pay	M01	M02	M03	M04	M05	M06	M07	M08	Total
	£m	£m	£m	£m	£m	£m	£m	£m	
Agency	3.1	3.5	3.7	3.5	3.8	3.8	3.9	4.5	29.8
Overtime	1.1	0.7	0.7	0.7	0.8	1.0	0.9	1.9	7.8
Locum	1.9	1.8	1.8	1.7	2.0	1.7	1.3	2.0	14.2
WLLs	0.1	0.2	0.2	0.4	0.2	0.4	0.4	0.3	2.2
Bank	2.0	2.0	2.1	2.0	2.0	2.3	0.6	2.3	15.3
Other Non Core	0.1	(0.1)	0.1	0.1	0.1	0.0	0.1	0.1	0.4
Additional Hours	0.5	0.4	0.4	0.4	0.4	0.4	0.4	0.4	3.2
<b>Total</b>	<b>8.8</b>	<b>8.5</b>	<b>8.9</b>	<b>8.7</b>	<b>9.3</b>	<b>9.6</b>	<b>7.6</b>	<b>11.4</b>	<b>72.9</b>

- Health Board pay costs total £74.0m in Month 8 which is an increase £2.3m. Variable pay costs are £11.4m. Non-pay costs total £89.8m in Month 8. Further analysis of both pay and non pay costs are shown in subsequent slides.
- Forecast expenditure related to the £30m funding for the Performance Fund, £12m Strategic Support and £19.9m COVID-19 Recovery Plan is based on the phasing of costs in submitted business cases. The amount of spend in the first eight months has been less than expected, however further plans have been developed to ensure the resources in this area are fully utilised.

Non-Pay Costs	Actual								Forecast				Cumulative			Full Year Forecast
	M01	M02	M03	M04	M05	M06	M07	M08	M09	M10	M11	M12	YTD Budget	YTD Actual	YTD Variance	
	£m	£m	£m	£m	£m	£m	£m	£m	£m	£m	£m	£m	£m	£m	£m	£m
Primary Care	18.3	18.9	19.1	19.7	18.2	18.1	18.9	18.9	18.6	18.6	18.0	18.5	150.5	150.1	0.4	223.8
Primary Care Drugs	9.2	7.9	9.3	10.4	9.3	9.8	8.8	9.1	10.5	9.2	8.7	9.8	72.4	73.8	(1.4)	112.0
Secondary Care Drugs	5.6	6.0	6.8	6.9	7.1	7.5	7.5	7.2	7.3	7.3	7.2	7.1	49.0	54.6	(5.6)	83.5
Healthcare Services Provided by Other	22.8	22.8	23.4	24.4	23.3	23.7	23.5	24.5	23.4	23.8	23.9	23.9	188.9	188.4	0.5	283.4
Continuing Care and Funded Nursing Care	8.2	9.2	8.5	10.2	8.6	9.0	7.4	7.1	8.9	8.9	8.4	8.8	67.4	68.2	(0.8)	103.2
Other Non-Pay (incl. General & Clinical)	16.4	19.1	17.4	15.3	17.9	17.3	23.4	19.7	27.4	28.7	29.0	29.6	145.8	146.5	(0.7)	261.2
<b>Non-pay costs</b>	<b>80.5</b>	<b>83.9</b>	<b>84.5</b>	<b>86.9</b>	<b>84.4</b>	<b>85.4</b>	<b>89.5</b>	<b>86.5</b>	<b>96.1</b>	<b>96.5</b>	<b>95.2</b>	<b>97.7</b>	<b>674.0</b>	<b>681.6</b>	<b>(7.6)</b>	<b>1,067.1</b>
Cost of Capital	2.4	2.4	4.6	3.1	3.1	3.1	3.1	3.3	3.1	3.1	3.1	(1.3)	25.1	25.1	0.0	33.1
<b>Total non-pay</b>	<b>82.9</b>	<b>86.3</b>	<b>89.1</b>	<b>90.0</b>	<b>87.5</b>	<b>88.5</b>	<b>92.6</b>	<b>89.8</b>	<b>99.2</b>	<b>99.6</b>	<b>98.3</b>	<b>96.4</b>	<b>699.1</b>	<b>706.7</b>	<b>(7.6)</b>	<b>1,100.2</b>

# Pay Costs

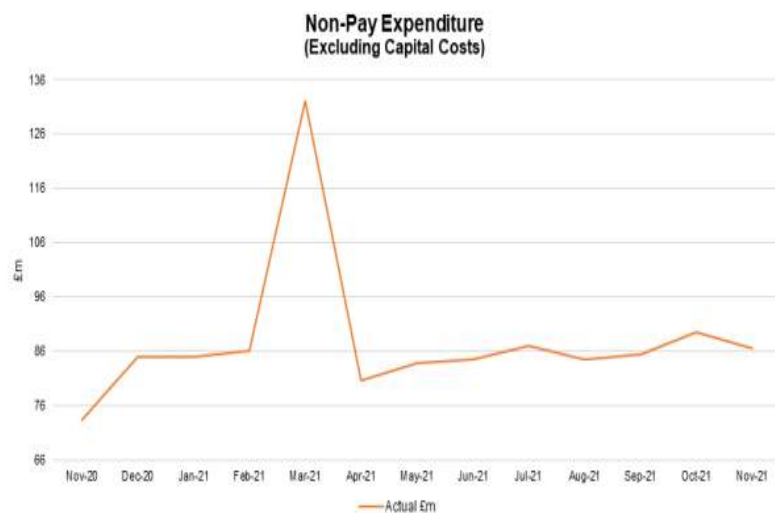


- **Total pay costs** in November are £74.0m. This includes £0.9m which relates to overtime on annual leave. There is also an additional £2.0m relating to an increase in staffing numbers across medical and nursing bring the actual establishment closer to the plan.
- COVID-19 pay costs account for £3.6m, which is £0.7m higher than in October.

**Agency costs** for Month 8 are £4.5m, representing 5.6% of total pay, which is higher than Month 7 and £0.8m above the monthly average expenditure in 2021-22. Agency nursing spend is £1.5m which is the same as October with medical agency showing an increase of £0.2m on last month.

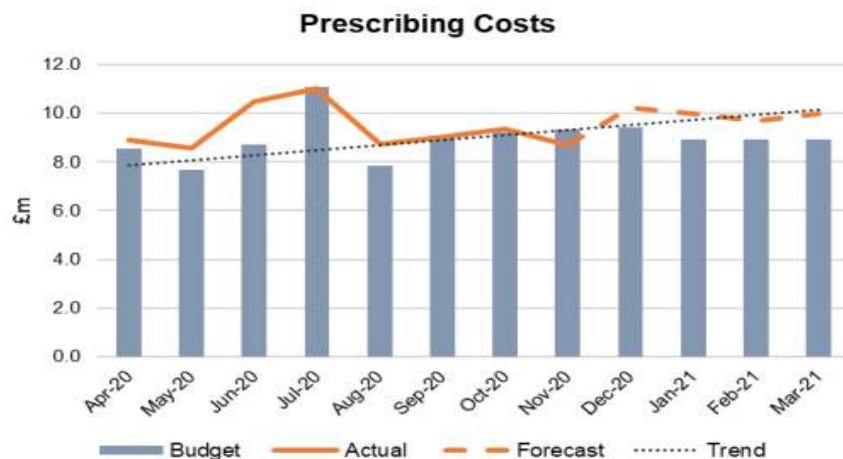


# Non-Pay Costs



**Non-Pay Expenditure:** Spend for November is £86.6m, excluding capital charges. This is £2.9m lower than October. October spend was inflated by £5.3m due to retrospective Integrated Care Fund (ICF) costs. ICF expenditure in November was £1.9m. Outsourcing costs have increased by £1.0m due to Neurodevelopment activity.

The prescribing costs encompass both the Primary Care Drugs and the Dispensing Practices drugs and overall the expenditure is £0.4m (4%) higher than in Month 7. Although the in month expenditure per prescribing days was marginally lower in November the expenditure in this area remains volatile.



The forecast outturn prescribing expenditure based on the September data, suggests a range between £123.5m and £124.5m, with the latest position being in the middle of this range at £124.0m. The reduction in CAT-M Drug prices is now showing through the data, with an overall reduction in the forecast outturn compared to last month.

# Balance Sheet

	Opening Balance Beginning of Apr 21 £'m	Closing Balance End of October £'m	Forecast Closing Balance Mar 22 £'m
<b>Non-Current Assets</b>			
Property, plant and equipment	588.1	571.4	608.4
Intangible assets	0.9	0.7	0.8
Trade and other receivables	33.1	33.0	32.9
Non-Current Assets sub total	622	605.05	642.02
<b>Current Assets</b>			
Inventories	18.4	17.6	18.4
Trade and other receivables	77.3	136.1	115.8
Cash and cash equivalents	3.2	5.1	3.2
Non-current assets classified as held for sale	0.2	0.2	0.0
Current Assets sub total	99.05	158.99	137.42
<b>TOTAL ASSETS</b>	721.05	764.04	779.44
<b>Current Liabilities</b>			
Trade and other payables	222.9	207.5	222.0
Provisions	41.7	85.2	78.1
Current Liabilities sub total	264.65	292.66	300.09
<b>NET ASSETS LESS CURRENT LIABILITIES</b>	456.4	471.38	479.35
Non-Current Liabilities			
Trade and other payables	0.9	0.9	0.9
Provisions	34.3	34.3	34.3
Non-Current Liabilities sub total	35.17	35.17	35.17
<b>TOTAL ASSETS EMPLOYED</b>	421.23	436.21	444.18
<b>FINANCED BY:</b>			
Taxpayers' Equity			
General Fund	288.6	303.6	295.3
Revaluation Reserve	132.6	132.6	148.9
<b>Total Taxpayers' Equity</b>	421.21	436.21	444.18



# Risks and Opportunities (not included in position)

	£m	Level	Explanation
<b>Risks</b>			
Recruitment of staff	TBC		There is a risk that due to the delays in recruiting staff, higher agency costs are required.
Risk of increased energy prices	TBC		Global increases in the wholesale price of gas fuel creates a risk that energy prices incurred by the Health Board will be significantly higher in the future. For the full year, an impact of circa £2.2m has been included in the forecast, but there is a risk that prices will increase further leading to additional costs above this.
Pay awards	TBC		Risk around ongoing pay discussions, with the agreed settlement being higher than the funded 3%. There is also potential disruption to services if unions agree to strike.

	£m	Level	Explanation
<b>Opportunity</b>			
Accountancy gains	TBC		As part of our due diligence around year-end, we will review our policy around accruals, once the Welsh Government Manual for Accounts has been published. This may lead to the potential for future one off accountancy gains. We would only amend national accruals following discussion with Welsh Government.
Additional funding – Risk of not being to utilise additional funding provided by WG	TBC		There is a risk that the Health Board will not be able to utilise all of the additional funding provided by Welsh Government, due to operational pressures around unscheduled care and/or further COVID-19 pressures in light of the prevalence of Omicron.



<b>Cyfarfod a dyddiad: Meeting and date:</b>	Health Board 20 January 2021						
<b>Cyhoeddus neu Breifat: Public or Private:</b>	Public						
<b>Teitl yr Adroddiad Report Title:</b>	Vascular Steering Group Update						
<b>Cyfarwyddwr Cyfrifol: Responsible Director:</b>	Dr Nick Lyons, Executive Medical Director						
<b>Awdur yr Adroddiad Report Author:</b>	Dr Nick Lyons, Executive Medical Director						
<b>Craffu blaenorol: Prior Scrutiny:</b>	None						
<b>Atodiadau Appendices:</b>	None						
<b>Argymhelliad / Recommendation:</b>							
The Board is asked to note the update from the Vascular Steering Group, to note the focus on quality, safety and patient experience and to note the decision-making timeline.							
<b>Ticiwch fel bo'n briodol / Please tick as appropriate</b>							
<b>Ar gyfer penderfyniad /cymeradwyaeth For Decision/ Approval</b>		<b>Ar gyfer Trafodaeth For Discussion</b>		<b>Ar gyfer sicrwydd For Assurance</b>	X	<b>Er gwybodaeth For Information</b>	X
<b>Y/N i ddangos a yw dyletswydd Cydraddoldeb/ SED yn berthnasol Y/N to indicate whether the Equality/SED duty is applicable</b>						N	
<b>Sefyllfa / Situation:</b>							
<p>The Vascular Steering Group (VSG) meets monthly and provided a report to the Quality, Safety and Experience (QSE) Committee (11 January 2022) on progress with the vascular improvement action plan.</p> <p>This plan is produced in a response to the first report from the Royal College of Surgeons (RCS) review of vascular services, received in 2021, as well as to other improvement areas as and when they are identified. The plan is therefore “live” and evolving. The second stage report from the RCS review has been delayed is expected by the end of February 2022.</p> <p>Quality, safety and patient experience considerations were central to the independent RCS review in 2021 which was commissioned by the Health Board. The review report made 22 recommendations that now inform, and are monitored through, the action plan overseen by the VSG and reported to QSE.</p> <p>The National Vascular Registry report was published at the end of November which identified BCUHB as having an above average (UK) mortality rates for major amputation. Multi-disciplinary team reviews for the mortality cases have occurred and are discussed in the following section.</p>							
<b>Cefndir / Background:</b>							
<b>NVR Report</b>							
The report was published at the end of November and highlighted issues around patients undergoing major amputation. The post amputation mortality although reduced from 15.9% (2019) to 10.6%, in							

2020, remains the highest in the UK (average 6.1%) over the previous 3 year rolling average. Historical data quality issues have been an issue, increased scrutiny by clinical audit will provide additional assurance on data quality together with enhanced sign off of returns. The actual annual mortality rate for 2020 was 3.3% of the 91 major amputations completed. A multi-disciplinary (MDT) review of the mortalities post receipt of the National Vascular Registry (NVR) annual report confirmed the following actions which form part of the RCS actions and are referenced accordingly:

- a) All major amputations are discussed in the twice weekly vascular MDT in YGC. Where there is a need to contemplate urgent amputations that cannot be discussed in the vascular MDT because they are time critical, the agreement of 2 consultant vascular surgeons will be required to proceed with amputation. It is anticipated that out of hours amputations are an exceptional event. All amputation decisions (including decisions not to treat) taken outside of MDT forum due to the time critical nature of surgery to be formally documented at the next MDT (RCS action reference 17)
- b) All amputations are discussed with the MDT which includes a vascular anaesthetist, physician (intensivist and acute medical consultant as required). Out of hours assessment (where proceeding with time critical amputation) will include the on call anaesthetist, intensivist, consultant physician and the vascular surgeon (RCS action reference 17)
- c) Non-vascular amputations should be performed by the orthopaedic team, with or without vascular surgeon assistance. The lead surgeon would be recorded as the Orthopaedic Surgeon, and as such not attributed to a Vascular Surgeon within NVR, which is consistent with NVR guidance (RCS action reference 17)
- d) Patients with significant comorbidities should be considered carefully by the full MDT for either conservative management or a definitive procedure as above knee amputation (AKA) rather than a below knee amputation (BKA.) The latter carries a higher risk of conversion and further interventions (RCS action reference 17)
- e) Data management arrangements are being reviewed to ensure that case ascertainment on to NVR is accurate and timely, with processes in place for individual surgeons to confirm their data in line with NVR deadlines (RCS action reference 13)
- f) Ongoing review of major amputation rates for the BCU population compared to rates seen in other Welsh Health Boards and the UK generally. (RCS action reference 12)

Performance and learning outcomes have been communicated to all consultants, and reiteration of the importance of data entry and the validation of data when requested from the NVR. Prospectively, we are requesting a data entry clerk to support the timely input of data (included in the vascular improvement scheme). The above actions are all reflected on the overall vascular improvement action plan.

BCUHB are also seeking independent assurance from the CHKS review planned to be completed by the end of January 2022 which will be discussed at the VSG and presented to QSE following receipt.

Assurance was provided to the Quality, Safety and Experience Committee on 11 January that the key actions within the RCS review (and referenced above) address the improvement requirements identified within the NVR report.

## Asesiad / Assessment & Analysis

### Strategy Implications:

#### Vascular improvement programme and operational delivery

The establishment of a Vascular Oversight Group in September 2021 with senior operational and clinical membership meets fortnightly, and with the appointment of an experienced interim network manager in September 2021 there is an increased pace and clarity in progressing actions against the Vascular Improvement Programme.

Hub and spoke site operational and clinical teams meet fortnightly to ensure all aspects of the service are discussed and any breaches in pathway are identified to inform improvements in the service. The Vascular Network Manager works closely with hub and spoke site operational and nursing teams to ensure that there are clear plans to address waiting list backlogs, renal access patient management and to support management of rotas when needed. Fortnightly meetings continue with all stakeholders.

Operational responsibility for the implementation of network arrangements remains with the Acute Care Director in Ysbyty Glan Clwyd (YGC), the hub site working closely with the network spoke sites (Ysbyty Gwynedd (YG) and Wrexham Maelor (WM) and Area teams.

Consultant of the Week (VCOW) and on call arrangements support appropriate escalation of emergency presentations at any site, and there are now referral pathways in use across the Health Board for vascular patients, although further work is needed to ensure consistent use of these pathways.

The vascular services provided at Wrexham Maelor Hospital (WMH) and Ysbyty Gwynedd (YG) as the “spoke” sites comprise outpatient clinics, day case surgery and provision of reviews by vascular consultants for patients referred via the Emergency Department or from inpatient settings

Day case activity at spoke sites includes simple renal access, angioplasty, debridement and varicose vein procedures ensuring procedures take place as close to home as possible for patients, with only more complex procedures taking place at the hub site.

The diabetic and podiatry teams in all acute sites and in community and primary care are key to successful delivery of pathways, and crucial in preventing vascular disease.

#### Quality, safety and patient experience

A quality report is now on the agenda at VSG in order to focus action on key areas, including DATIX incidents, medication incidents and complaints.

Current quality issues, addressed in the action plan, include waiting times for surgery, cancellations of surgical procedures on the day due to lack of bed availability, staffing issues and timely access to outpatients. There is also a wider focus on management of vascular presentations on unscheduled care pathways. No new risks, not already identified in the RCS report, have been identified to date.

The focus on patient quality and experience has resulted in a monthly patient story at VSG which in turn informs the improvement plan. The Deputy Executive Medical Director now attends vascular clinical governance meetings and communicates this to the vascular team, and ensures the safety and quality themes are considered in all morbidity and mortality discussions. Clinical Incidents are reviewed and triangulated with existing actions associated with the vascular improvement action

plan to ensure opportunities for improvement are being implemented. This process of increased rigour and facilitation of reflection was introduced in December 2021 and will be ongoing to ensure that where issues link to the action plan, it will be reflected within the clinical governance minutes.

The 22 recommendations from the first stage of the RCS review, and any additional improvements needed, are monitored through the action plan. This plan includes clear mitigations where an action has not been completed. This action plan was reviewed at QSE in January 2022, although will be further updated on an ongoing basis thereafter.

An approach was agreed in October 2021 for the analysis and presentation of both clinical vascular activity and outcomes (including amputation) over the last 7 years. It is expected that the analysis of the last 3 years, which will include use of independent informatics expertise, will be completed in January 2022. Further historic data will then be sent through to them for independent analysis using the same methodology.

### **Develop the non-arterial diabetic foot pathway**

Through the local diabetic foot meetings, the majority of specialties have calculated the resource required to implement the diabetic foot pathway. The funding schemes have been submitted containing estimates as the work is still being scoped. Fortnightly meetings continue in order to plan and review the soft launch of aspects of the pathway, namely the joint clinics and multi-disciplinary team reviews. As a result of a wide consultation, the final documents are being circulated for review.

### **Diagnostic waiting times**

Radiology are now meeting the BCUHB time frames identified for urgent (2 weeks) and routine (8 weeks) vascular diagnostics for CT and MRI. They are currently unable to meet the same time frames for sonography without investment and recruitment and as such, have been included in the vascular improvement scheme.

### **Recruitment**

A new vascular Consultant is due to start on 17<sup>th</sup> January and will reduce the reliance upon locum staff to provide adequate spoke cover pending approval of the vascular improvement scheme to provide rotational middle grade cover for all sites.

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

The Board is asked to note that the second stage of the RCS review may provide further information, with the potential for additional or revised actions in the Vascular Improvement Programme.

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

A detailed proposal of additional workforce requirements to ensure sustainability of the vascular service and the diabetic foot services across the Health Board is currently being developed, and will be considered in the VSG before detailed financial implications are developed for the Integrated Medium Term Plan (IMTP).

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

The risk register is now a standing item on each Steering Group meeting.

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

There are no legal implications associated with this report.

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

Impact assessments will be completed as part of the final development and approval process for clinical pathways following standard Health Board governance processes.

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



<b>Cyfarfod a dyddiad:</b> <b>Meeting and date:</b>	<b>BCUHB Board Meeting</b> <b>20 January 2022</b>						
<b>Cyhoeddus neu Breifat:</b> <b>Public or Private:</b>	<i>Public</i>						
<b>Teitl yr Adroddiad</b> <b>Report Title:</b>	Infection Prevention Update						
<b>Cyfarwyddwr Cyfrifol:</b> <b>Responsible Director:</b>	Gill Harris						
<b>Awdur yr Adroddiad</b> <b>Report Author:</b>	Rebecca Gerrard, Director of Nursing Infection Prevention and Decontamination						
<b>Craffu blaenorol:</b> <b>Prior Scrutiny:</b>	<i>(State which Group or Body has previously considered the matter – please include their recommendations in the assessment section of the report).</i>						
<b>Atodiadau</b> <b>Appendices:</b>	1- <i>Associated PowerPoint Presentation: Infection Prevention Update</i>						
<b>Argymhelliad / Recommendation:</b>							
<i>The Board are asked to receive the Infection Prevention Update presentation for assurance.</i>							
<b>Ticiwch fel bo'n briodol / Please tick as appropriate</b>							
<b>Ar gyfer</b> <b>penderfyniad /cymeradwyaeth</b> <b>For Decision/</b> <b>Approval</b>		<b>Ar gyfer</b> <b>Trafodaeth</b> <b>For</b> <b>Discussion</b>		<b>Ar gyfer</b> <b>sicrwydd</b> <b>For</b> <b>Assurance</b>	<b>X</b>	<b>Er</b> <b>gwybodaeth</b> <b>For</b> <b>Information</b>	
<b>Y/N i ddangos a yw dyletswydd Cydraddoldeb/ SED yn berthnasol</b> <b>Y/N to indicate whether the Equality/SED duty is applicable</b>						<b>N</b>	
<b>Sefyllfa / Situation:</b>							
<p>The Infection Prevention Update is presented as part of the Board timetable. The Infection Prevention and Control Annual Report for 2020-21 was presented to the Board in May 2021. Since then, albeit with a reduction in cases and outbreaks over the summer months, the COVID-19 pandemic has continued to provide significant challenges for the Health Board and has dominated the work of the Infection Prevention team.</p> <p>There have still been outbreaks of COVID-19 at level 1, 2 and 3 but they have been fewer in number compared to the previous year and, following the external peer review of the level 3 outbreak in Ysbyty Gwynedd in September 2021, a number of additional actions were completed following production of the report. A level 3 outbreak is defined as 'an outbreak affecting multiple sites across the Health Board, or which presents a significant risk to a large number of patients, staff or visitors, and/or requires significant control measures such as the closure of large numbers of wards or facilities and services, and/or threatens Health Board ability to meet its emergency or elective commitments'.</p>							

Several initiatives identified in the external peer report on the level 3 outbreak have been driven forwards via the Safe Clean Care - Harm Free programme. The key aim of this programme is to achieve sustainable changes in staff behaviour in order to create a harm free zero tolerance attitude to nosocomial transmission within our Health Care settings. This approach equally fully reflects the 'Safe Clean Care' principles previously adopted within the Health Board back in 2018, however, due to Covid-19 and related factors the original philosophy was updated and strengthened to include new priorities. The programme has been structured to fully reflect standard project management principles through a number of front line delivery and enabling workstreams, these have been identified as,

- Safe Place (Environment)
- Safe Space (Process / Digital)
- Safe Action (People / Culture)

and supported by;

- Communications & Staff Engagement
- Informatics
- Patient Safety & Experience

There has been one just one level 3 COVID-19 outbreak since September in Ysbyty Gwynedd in December 2021. The ward primarily affected was a care of the elderly ward where there were a number of wandering patients with supporting visitors. Prompt action was taken and the outbreak was brought under control and stepped down to a level 2 after just 10 days; there were no associated patient deaths and the ward was reopened before Christmas.

Decontamination of medical devices involved in patient care is also important in preventing cross infection. The Health Board must ensure systems used are in compliance with guidance and good practice. A Decontamination Advisor and Sister also sit within the Infection Prevention team and report via the Infection Prevention Steering Group on key alerts, assurances and achievements. Their work is supported by the Decontamination Committee, risks are recorded in Datix and a Decontamination strategy and planned programme of improvements is in development.

A full Infection Prevention Annual Report for 2021-2022 will be provided at the end of the year.

### **Cefndir / Background:**

Performance with Infection Prevention is a mandated requirement for the Health Board. The Infection Prevention Annual Report for 2020-21 presented in May 2021 explained the quality improvement approach being used to drive better performance through sustainable transformation with the aim of a zero tolerance to any healthcare associated infection. This work has continued and significant progress has been made but there is still more to achieve.

This year, trajectories for reducing healthcare associated infections for 2021/22 were issued in September 2021 via a Welsh Health Circular titled 'Antimicrobial Resistance (AMR) and Healthcare Associated Infection Improvement Goals for 2021-22'. It set out nine improvement goals for Health Boards designed to optimise the use of antimicrobials and lower the burden of infection. This presentation attached provides an overview of the current situation, the key achievements to date for 2021-22 and the direction of travel for infection prevention in BCUHB.

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

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

This report underpins the Board strategic direction around delivery of services.

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



n/a
<b>Goblygiadau Ariannol / Financial Implications</b> n/a
<b>Dadansoddiad Risk / Risk Analysis</b> n/a
<b>Cyfreithiol a Chydymffurfiaeth / Legal and Compliance</b> n/a
<b>Asesiad Effaith / Impact Assessment</b> n/a

**Rebecca Gerrard**  
**Cyfarwyddwr Nyrsio Atal Heintiau a Dadlygru**  
**Director of Infection Prevention and Decontamination**

**20 Jan 2022**

**Diweddariad Atal Heintiau**  
**Infection Prevention Update**



**GIG**  
**CYMRU**  
**NHS**  
**WALES**

Bwrdd Iechyd Prifysgol  
Betsi Cadwaladr  
University Health Board

# Diweddariad Atal Heintiau

- Tîm Atal Heintiau
- Risgiau Atal Heintiau
- Gwyliadwriaeth Orfodol o Heintiau sy'n Gysylltiedig â Gofal Iechyd
- Cylchlythyr Iechyd Newydd Cymru a gyhoeddwyd ym mis Medi 21
- COVID-19
- Rhaglenni Gofal Diogel Glân a Gofal Heb Niwed
- Dadhalogi
- Defnydd Priodol o Wrthfotigau
- Atal Heintiau wrth symud ymlaen

# Infection Prevention Update

- Infection Prevention Team
- Infection Prevention Risks
- Mandatory Surveillance of Health Care Associated Infections
- New Welsh Health Circular issued Sept 21
- COVID-19
- Safe Clean Care Harm Free programme
- Decontamination
- Appropriate use of Antibiotics
- Infection Prevention Moving Forwards

## Tîm Atal Heintiau

- Mae'r tîm yn darparu gwasanaeth 8:30–5 o ddydd Llun i ddydd Gwener.
- Gwasanaeth ar-alwad dros y ffôn 9-5 dydd Sadwrn, dydd Sul, gwyliau banc. Y tu allan i oriau, mae Microbiolegydd ar alwad yn rhoi cyngor.
- Mae diffygion ar hyn o bryd yn y tîm oherwydd swyddi gwag a salwch.
- Cyflwynwyd asesiad risg (gyda sgôr o 15), gwaith yn cael ei flaenoriaethu a'i rannu ar draws Betsi Cadwaladr; mae'r timau clinigol yn cael yr wybodaeth ddiweddaraf.
- Ymunodd y Cyfarwyddwr Atal Heintiau a Dadhalogi â'r tîm ym mis Tachwedd.
- Rydym yn recriwtio i swyddi gwag ond mae prinder nyrsys Atal Heintiau (IP) cymwys.
- Ddiwedd mis Rhagfyr 2021, symudodd y tîm Hyfywedd Meinweoedd er mwyn galluogi'r tîm IP i ganolbwyntio ar IP.
- Mae achos busnes yn cael ei ddrafftio i ehangu'r gwasanaeth; tîm bach mewn perthynas â maint y Bwrdd Iechyd.

## Infection Prevention Team

- The team provide service 8:30–5 on Monday-Friday. Telephone on-call service 9-5 Saturday, Sunday, bank holidays. Out of hours, advice provided by oncall Microbiologist.
- There are current shortfalls within the team due to vacancies and sickness.
- Risk assessment submitted (scoring 15), work being prioritised and shared across BCU; clinical teams kept informed.
- Director of Infection Prevention and Decontamination joined the team in November. Vacancies being recruited to but qualified IP nurses rare.
- End December 2021, Tissue Viability team moved to enable IP team to focus on IP.
- Business case being drafted to expand the service; small team in relation to the size of the HB.

## Risgiau Atal Heintiau

Nid yw cyfarfodydd Gofal Glân Diogel yn cael eu cynnal ar hyn o bryd ond mae ffrydiau gwaith unigol yn parhau

Mae'r ddwy risg Atal Heintiau ar Fframwaith Sicrwydd y Bwrdd yn parhau:

- un ar COVID – ymgorfforwyd canllawiau cenedlaethol newydd ac ychwanegwyd manylion ychwanegol o dan bob un o'r penawdau 'rheoli allweddol'. Adolygwyd y mesurau lliniaru a'r amserlenni, mae'r sgôr o 15 yn aros yr un fath.
- un achos o haint a gafwyd yn yr ysbyty – wedi cael ei adolygu a'i ddiweddarau hefyd. Mae'r sgôr yn aros yr un fath ar 16.
- O'i gymharu â Byrddau Iechyd eraill yng Nghymru, nid ydym yn eithriad ar gyfer unrhyw un o'r chwe organeb; rydym naill ai yn y 3ydd neu'r 4ydd safle wrth edrych ar y data rhwng mis Ebrill a mis Tachwedd 2021 – gweler y sleid nesaf.

## Infection Prevention Risks

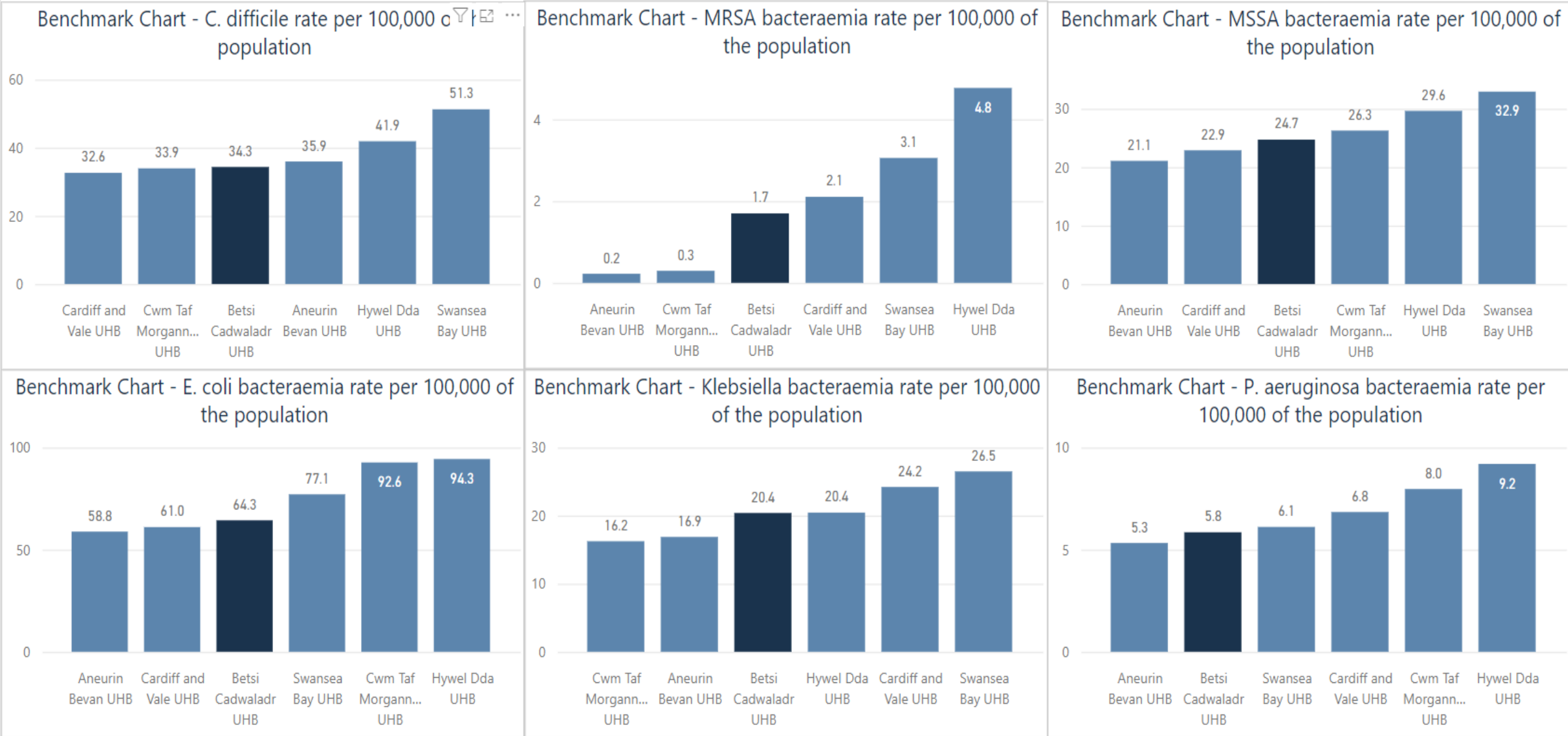
Currently stood down Safe Clean Care meetings but individual workstreams are continuing

The two Infection Prevention risks on the Board Assurance Framework are ongoing:

- one on COVID - new national guidance has been incorporated and additional detail added under each of the 'key control' headings. Mitigations and timelines reviewed, score remains unchanged at 15.
- one on hospital acquired infection – also reviewed and updated. Score remains unchanged at 16.
- In comparison with other Welsh Health Boards we are not an outlier for any of the six organisms; our position is either 3<sup>rd</sup> or 4<sup>th</sup> when looking at the data from April – November 2021 – see next slide.

# Gwiliadwriaeth Orfodol o Heintiau sy'n Gysylltiedig â Gofal Iechyd (HCAI): Chwe Dangosydd Perfformiad Allweddol

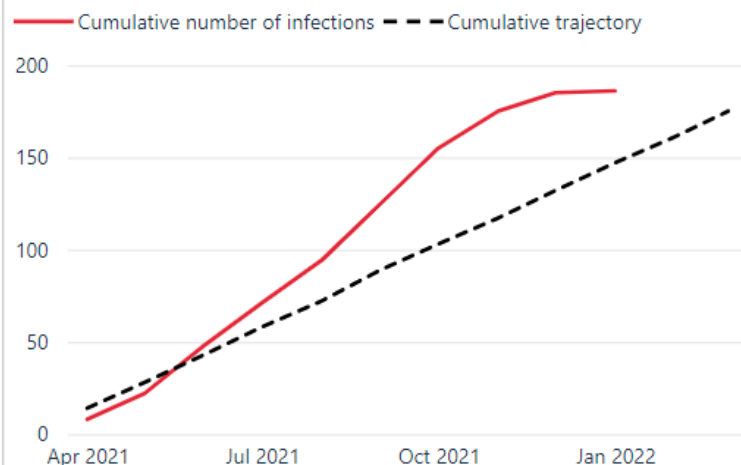
## Mandatory Surveillance of Health Care Associated Infections (HCAI): Six Key Performance Indicators



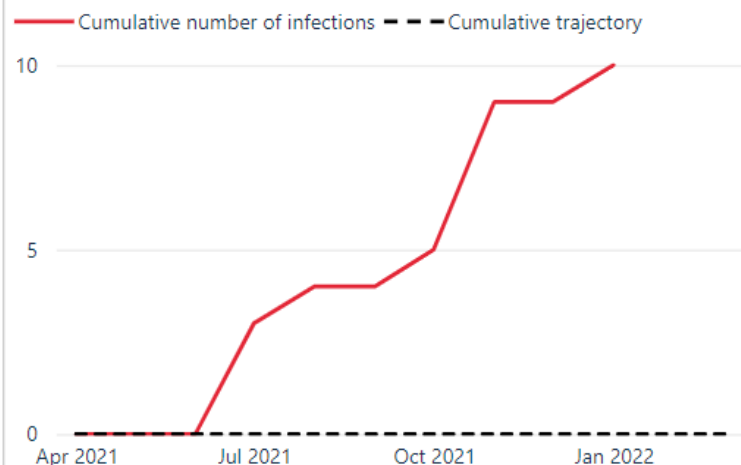
# Trywyddion BIPBC yn erbyn Nifer Gwirioneddol yr Heintiau

# BCUHB Trajectories versus Actual numbers of Infections

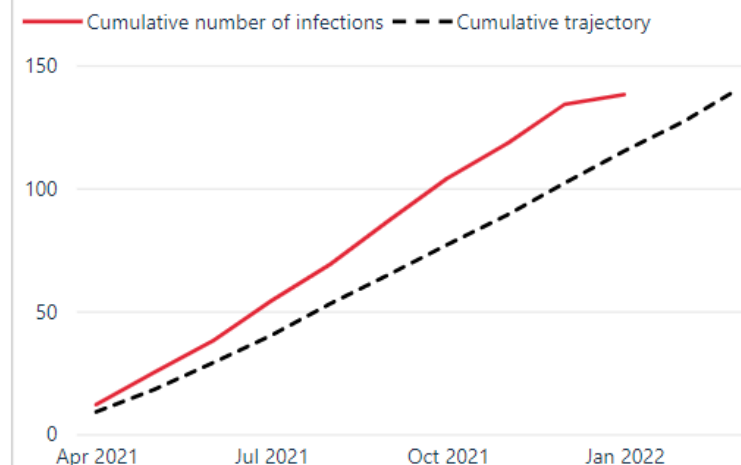
BCUHB - Cumulative number of C. difficile infections vs target



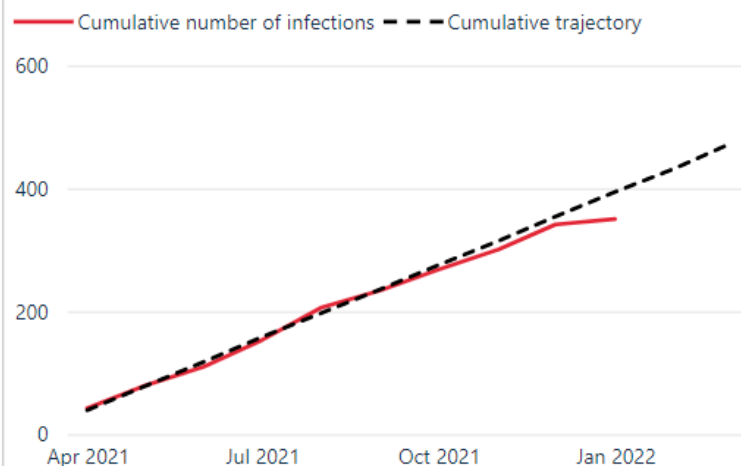
BCUHB - Cumulative number of MRSA infections vs target



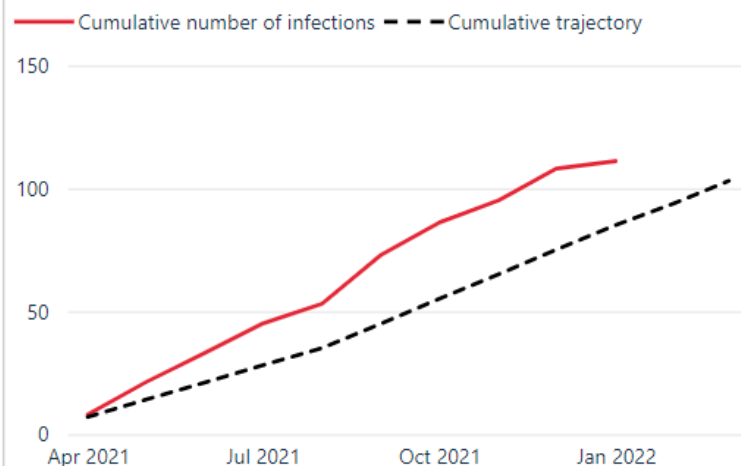
BCUHB - Cumulative number of MSSA infections vs target



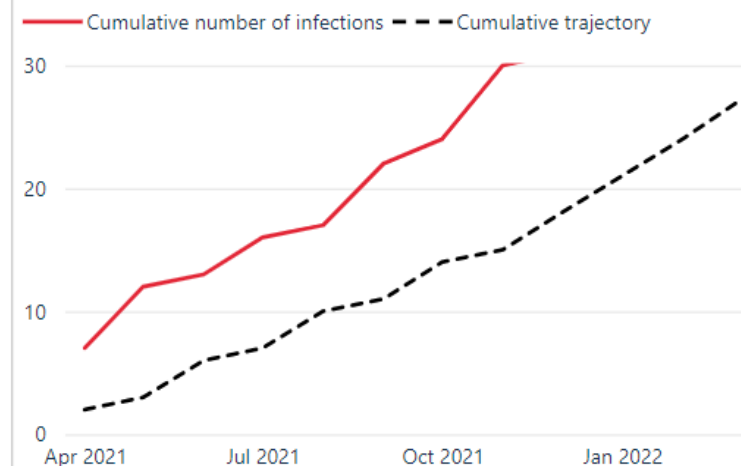
BCUHB - Cumulative number of E. coli infections vs target



BCUHB - Cumulative number of Klebsiella sp. infections vs target



BCUHB - Cumulative no of P. aeruginosa infections vs target



## Cylchlythyr Iechyd Newydd Cymru a gyhoeddwyd ym mis Medi 21: Targedau Gwella AMR a HCAI ar gyfer 2021-22

- Mae'n rhestru naw nod gwella sy'n ymwneud â lleihau baich heintiau.
- Mae Betsi Cadwaladr yn cyrraedd y targed ar gyfer rhai nodau e.e. sicrhau gostyngiad o ddim llai na 25% yn y defnydd o gyffuriau gwrthficrobaidd o linell sylfaen 2013/14 – mae gostyngiad o 38.6% yn BIPBC ar hyn o bryd. Hefyd i leihau nifer yr achosion o facteremia E.coli i <67 o achosion/100,000 – 63.8 yn BIPBC ar hyn o bryd
- Mae eraill yn fwy heriol e.e. lleihau nifer yr achosion blynyddol o glefyd C.difficile i 25 achos/100,000. Cyfradd BIPBC yw 36.6 ar hyn o bryd
- Mae cydymffurfriad yn cael ei fonitro gan y Grŵp Stiwardiaeth Wrthficrobaidd a'r Grŵp Llywio Atal Heintiau.
- Cafodd Adolygiadau o Ddigwyddiadau Cleifion eu cwblhau ar yr holl heintiau sy'n gysylltiedig â Gofal Iechyd er mwyn canfod llithriadau a dysgu; 6/mis wedi'u huwchgyfeirio ar gyfer cyfarfod adolygu'r Tîm Gweithredol.

## New Welsh Health Circular issued Sept 21: AMR and HCAI Improvement Goals for 2021-22

- Lists nine improvement goals related to lowering the burden of infection.
- BCU are on target for some goals e.g. achieving a minimum 25% reduction in antimicrobial usage from the 2013/14 baseline' – BCU currently 38.6% reduction. Also to reduce the incidence of E.coli bacteraemia to <67 cases/100,000 – BCU currently 63.8
- Others are more challenging e.g. to reduce the annual incidence of C.difficile disease to 25 cases/100,000. BCU rate currently 36.6
- Compliance monitored by Antimicrobial Stewardship Group and Infection Prevention Steering Group.
- Patient Incident Reviews completed on all Healthcare associated infections to identify lapses and learning; 6/month escalated for the Executive review meeting.



# COVID-19

- Cafodd canllawiau Cenedlaethol a chanllawiau Cymru eu diweddarau sawl gwaith yn Tach/Rhag: tynnwyd llwybrau sy'n benodol i COVID a chanolbwyntio mwy ar reoli cleifion sydd â symptomau heintiau anadlol tymhorol, nid COVID yn unig. Y prif newidiadau a amlygwyd i staff clinigol.
- Ar hyn o bryd, mae nifer sylweddol o staff sydd naill ai â COVID neu'n hunanyysu oherwydd eu bod yn byw gyda phobl sydd â COVID.
- Mae heriau wrth ynysu cleifion COVID positif newydd mewn modd amserol cyn iddynt heintio eraill – nid oes symptomau gan y rhan fwyaf o gleifion sydd ag Omicron ac wedi cael eu brechu. Mae nifer y cleifion COVID yn cynyddu.
- Mae trefniadau profi cleifion mewnol wedi cael eu gwella i helpu i ganfod y rhai sy'n cario'r bacteria heb unrhyw symptomau.
- Mae Atal Heintiau'n rhoi arweiniad clir i staff clinigol e.e. i dynnu sylw at flaenoriaethau ar gyfer ystafelloedd ochr a chefnogi'r broses o wneud penderfyniadau ar gyfer trosglwyddo cleifion.

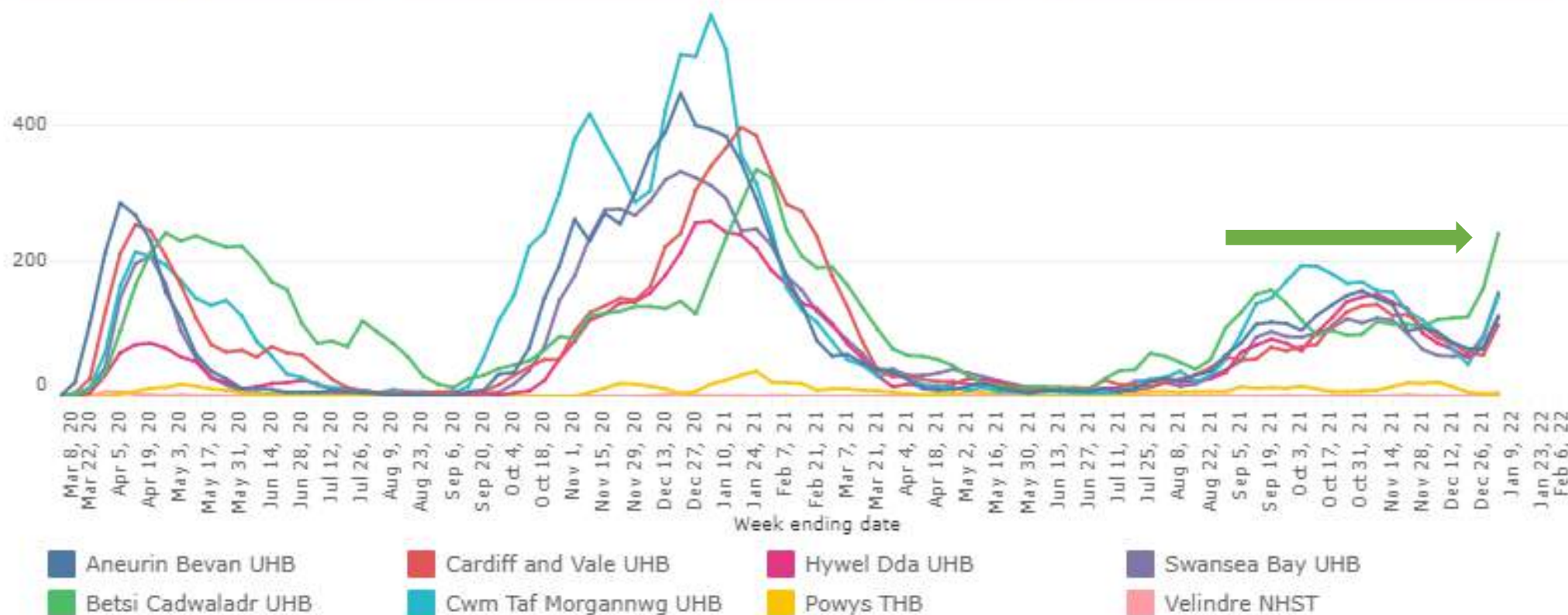
# COVID-19

- National and Welsh guidance updated several times Nov/Dec: removal of COVID-specific pathways and focus more on management of patients with symptoms of seasonal respiratory infections, not just COVID. Key changes highlighted to clinical staff.
- Currently have significant number of staff either with COVID or isolating due to being household contacts.
- Challenges isolating new COVID positive patients in timely manner before they have infected others – majority of vaccinated patients with Omicron are asymptomatic. COVID patient numbers increasing.
- Inpatient testing regimes have been enhanced to help identify asymptomatic carriers early.
- IP providing clinical staff with clear guidance e.g. to highlight priorities for siderooms and support decision making for patient transfers.

## Nifer wythnosol y cleifion mewnol sydd â COVID-19 wedi'i gadarnhau gan y Bwrdd Iechyd

## Weekly number of inpatients with confirmed COVID-19 by Health Board

Weekly number of inpatient confirmed cases in all hospital wards, by health board of admission



GIG  
CYMRU  
NHS  
WALES

Bwrdd Iechyd Prifysgol  
Betsi Cadwaladr  
University Health Board

## Achosion o COVID-19

- Lefel sylweddol 3 yn Ysbyty Gwynedd/Gorllewin Chwefror-Mai 21:
  - Effeithiwyd ar 11 ward yn YG, ac mae 1 ward yn Ysbyty Alltwn ac 1 ward yn Ysbyty Eryri hefyd
  - Mae 128 yn sicr neu'n debygol o fod â COVID a 37 o heintiau amhenodol ymysg cleifion a 61 o staff sy'n gysylltiedig â'r achos
  - Comisiynwyd adolygiad allanol gan y Bwrdd a rhoddwyd sylw i'r holl ddysgu drwy gynllun gweithredu cynhwysfawr
- Bu achosion llai eraill ers hynny, a gadwyd dan reolaeth yn gyflymach ar y cyfan nes i amrywiolyn mwy heintus Omicron ddod i'r amlwg ym mis Rhagfyr 2021.
- Ionawr 22: Mae achosion o COVID yn effeithio ar bob un o'r 3 safle/ardal

## COVID-19 Outbreaks

- Significant level 3 in Ysbyty Gwynedd/West Feb-May 21:
  - Affected 11 wards at YG, also 1 ward at Ysbyty Alltwn and 1 ward at Ysbyty Eryri
  - 128 definite or probable COVID infection and 37 indeterminate infections amongst patients and 61 staff linked to the outbreak
  - An external review was commissioned by the Board and all learning addressed through a comprehensive action plan
- Other smaller outbreaks since then, generally contained more quickly until emergence of more infectious Omicron variant in December 2021
- January 22: All 3 sites/areas affected have COVID outbreaks

## COVID-19: Gwersi allweddol

- Ar gyfer pob achos o COVID sy'n gysylltiedig â gofal iechyd, bydd adolygiad manwl o ddigwyddiadau cleifion yn cael ei gwblhau a bydd panel dan arweiniad y Cyfarwyddwr Nyrsio yn craffu arno.
- Dyma rai o'r themâu allweddol a nodwyd: Symudiadau staff, Staff Crwydrol, Symud Cleifion, Gofalu am gleifion sy'n crwydro, Ymddygiad staff mewn ardaloedd cymunedol, Adroddiadau ac ymchwilio anghyson, Systemau data heb eu cydgysylltu bob amser, Cyfathrebu anghyson.
- Dyma rai o'r camau allweddol i atal ailadrodd hyn: diwygio polisiau a gweithdrefnau, lleihau symudiadau staff a chleifion, staff ychwanegol i gefnogi cleifion sy'n crwydro, mesurau cadw pellter cymdeithasol gwell mewn ardaloedd cymunedol, gweithdrefnau manwl ar gyfer COVID-19, swabio cleifion yn amlach, cynyddu nifer yr ystafelloedd ochr i ynysu cleifion, gwella systemau data a gwella'r defnydd o ddata mewn cyfarfodydd, a chynlluniau eraill y rhaglenni Gofal Diogel Glân a Gofal Heb Niwed.

## COVID-19: Key learning

- For each case of healthcare associated COVID a detailed patient incident review completed and scrutinised by a panel led by the Director of Nursing.
- Key themes identified include; Staff movements, Roving staff, Patient Movement, Caring for wandering patients, Staff behaviours in communal areas, Inconsistent reporting and investigating, Data systems not always joined up, Inconsistent communications.
- Key actions to prevent reoccurrence include: revised policies and procedures, minimising staff and patient movements, additional staff to support wandering patients, enhanced social distancing measures in communal areas, detailed COVID outbreak procedures, increase in the frequency of swabbing patients, increase in the number of siderooms to isolate patients, improvements in data systems and the use of data at meetings, and other Safe Clean Care Harm Free programme initiatives.

## Lle Diogel - Amgylchedd

- Yn cynnwys: Wardiau Ysbyty Glân, Bylchau Diogel rhwng Gwlâu/Cleifion, Mynediad Diogel, Egwyl Diogel, a Newid Diogel
- Enghraifft o lwyddiant: Erbyn diwedd y flwyddyn bydd gan yr holl staff clinigol gyfleusterau i newid i mewn ac allan o'u dillad gwaith er mwyn lleihau'r risg o drosglwyddo haint iddynt hwy eu hunain ac i eraill – daw'r lluniau isod o YG cyn ac ar ôl hynny.



## Safe Place - Environment

Includes: Clean Ward Hospital, Safe Bed/Patient Spacing, Safe Entry, Safe Break, and Safe Change

Example of success: By the end of the year all clinical staff will have facilities to change into and out of their working clothes to minimise the risk of infection transmission to themselves and others – pictures below are from YG before and after





## Gwelliannau Amgylcheddol

- Drysau i bob bae mewn wardiau yn Ysbyty Gwynedd (isod)
- Drysau i bob bae yn Ysbyty Cyffredinol Llandudno
- Basnau golchi dwylo clinigol ychwanegol yn Ysbyty Maelor
- Llawr ym Mae Colwyn
- Gwaith yn Adran Frys YGC



## Environmental Improvements

- Bay doors in wards at Ysbyty Gwynedd (below)
- Bay doors at Llandudno General Hospital
- Additional clinical hand wash basins at YM
- Flooring at Colwyn Bay
- Works at ED in YGC

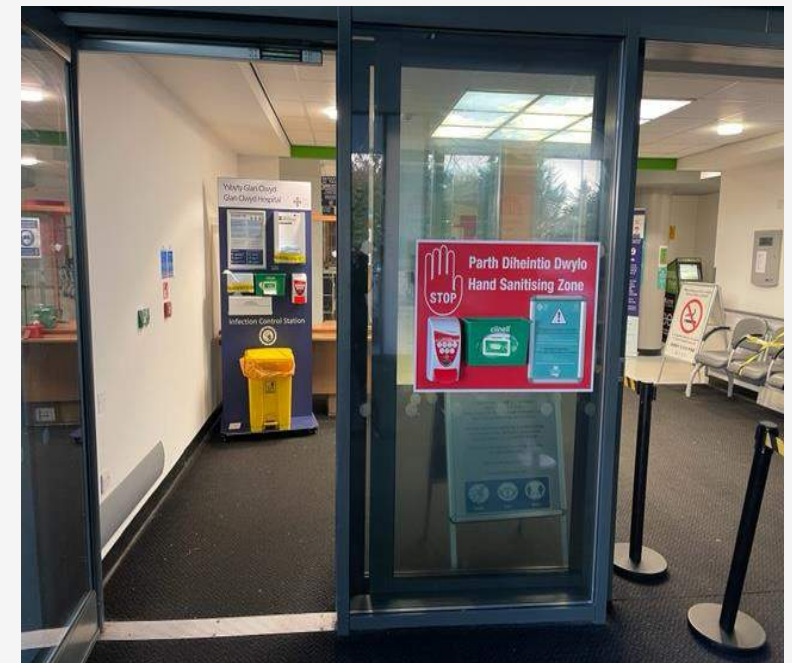
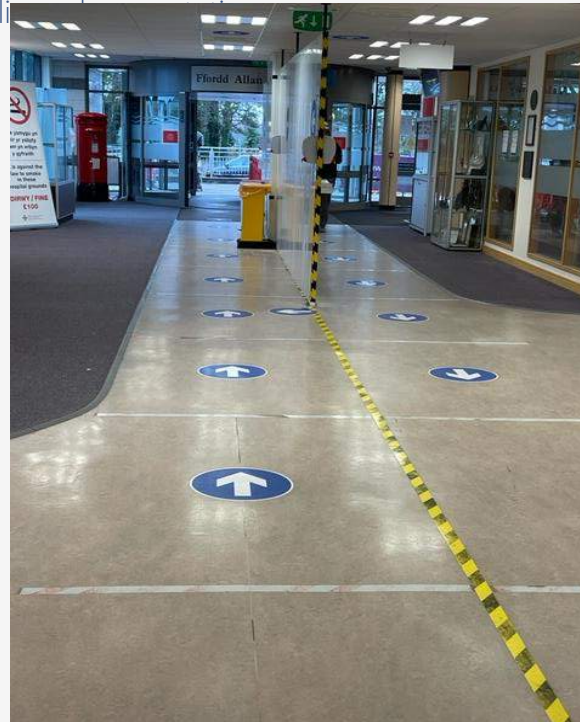


Cwblhawyd adolygiad o fynedfeydd/  
allanfeydd mewn safleoedd aciwt yn  
ddiweddar

Recent review of entrance / egress  
completed at acute sites



nat if it's a bill



## Ystadau a Chyfleusterau: datblygiadau

- Cwblhawyd adolygiadau awyru ar gyfer safleoedd aciwt a chymunedol – a rannwyd â Phenaethiaid Nyrsio ac IP i helpu i gefnogi penderfyniadau ynghylch dyrannu wardiau coch a meysydd gofal clinigol gwell. Yn gyffredinol, mae awyru'n wael ac yn dibynnu ar ffynonellau naturiol.
- Yr Adendwm COVID diweddaraf i'r Fframwaith Glanhau yn cael ei roi ar waith – mae angen staff glanhau ychwanegol
- Atgyfnerthu Credydau ar gyfer Archwilio Glanhau (C4C) (Profion ATP a Tortsh CiFi)
- Sefydlu Grŵp Gorchwyl a Gorffen i gytuno ar lefelau medrusrwydd ar gyfer Tîm Glanhau Gollyngiadau



## Estates and Facilities: developments

- Ventilation reviews completed for acute and community sites - shared with Heads of Nursing and IP to help support decisions re red ward allocation and enhanced clinical care areas. Ventilation generally poor and reliant on natural sources.
- Updated COVID Addendum to the Cleaning Framework being implemented – requires additional cleaning staff
- Reinforcement of Credits for Cleaning (C4C) Auditing (ATP Testing and CiFi Torch)
- Establishing Task and Finish Group to agree proficiencies for a Discharge Cleaning Team





## Glanhau Trylwyr

- Mae safleoedd aciwt yn adolygu ac yn diweddarau eu rhaglenni glanhau ag Anwedd Hydrogen Peroxid.
- Fodd bynnag, mae'r pwysau ar lif cleifion wedi effeithio ymhellach ar y diffyg cyfleusterau adleoli cleifion mewnol presennol i alluogi'r glanhau lefel uchel hwn.
- Arloesi newydd: Cafodd cynnyrch arall ei dreialu – mae'n fwy diogel ac yn cymryd llai o amser na HPV, ond eto mae'n ymddangos ei fod yr un mor effeithiol. Sefydlu grŵp Gorchwyl a Gorffen i arwain ar y camau nesaf.



## Enhanced Cleaning

- Acute sites reviewing and updating Hydrogen Peroxide Vapour cleaning programmes.
- However, current lack of inpatient decant facilities to enable this high level cleaning has been further impacted by pressures in patient flow.
- New innovation: An alternative product been piloted - safer and less time consuming than HPV, yet appears to be as effective. To establish Task and Finish group to lead on next steps.



## Lle Diogel (Proses / Digidol)

Yn cynnwys: Drysau Blaen Mwy Diogel, Wardiau Diogel, Mynediad Mwy Diogel a Throsglwyddo Mwy Diogel

Enghraifft o lwyddiant dan y Man Diogel: Pecynnau profion pwynt gofal LIAT yn cael eu cyflwyno ym mhob un o'r tair Adran Achosion Brys ym mis Gorffennaf/Awst – darparu canlyniadau profion COVID a/neu'r Ffliw o fewn 20 munud – ond nifer cyfyngedig o becynnau sydd ar gael bob dydd ar hyn o bryd.

## Safe Space (Process / Digital)

Includes: Safer Front Doors, Safe Wards, Safer Access and Safer Transfer

Example of success under Safe Space: LIAT point of care testing kits being rolled out in all three Emergency Departments in July/August - provide COVID and/or Flu test results within 20 minutes - but there are a limited number of kits available each day at present.



## Gweithredu Diogel (Pobl / Diwylliant)

Yn cynnwys: Arweinyddiaeth Amlwg, Cerdded gyda phwrpas, Hyrwyddwyr Atal Heintiau, Polisiâu Atal Heintiau, Gwisgo a Thynnu PPE, Rhyddhau a Throsglwyddo Cleifion yn Ddiogel, Heintiau Anadlu'r Colon Wrinol a Gafwyd drwy Gathetr (CAUTI), Profion a Chanllawiau i Ymwelwyr â Chleifion Mewnol. Dyma rai enghreifftiau o lwyddiant:

- Mae 132 o Hyrwyddwyr Atal Heintiau wedi'u hyfforddi bellach ar draws BIPBC.
- Grŵp Prosiect CAUTI – gwella gofal cathetr wrinol ar draws BIPBC gyda nifer o fesurau gan gynnwys lansio pasbort cathetr.
- Hyfforddiant gwisgo a thynnu PPE gorfodol i staff.
- Cyflwynwyd cynllun peilot i gyflwyno profion llif unffordd ar gyfer ymwelwyr (ochr yn ochr â sgrinio) ar draws Betsi Cadwaladr ym mis Rhagfyr.

## Safe Action (People / Culture)

Includes: Visibility of Leadership, Walking with purpose, IP Champions, IP Policies, Donning & Doffing, Safe Patient Discharge and Transfer, Catheter Acquired Urinary Tract Infections (CAUTI), Inpatient Visitor Testing and Guidance. Examples of success include:

- 132 Infection Prevention Champions now trained across BCU.
- CAUTI Project Group – improving urinary catheter care across BCU with number of measures including launch of a catheter passport.
- Compulsory donning and doffing training for staff.
- Pilot to introduce lateral flow testing for visitors (alongside screening) rolled out across BCU in December.

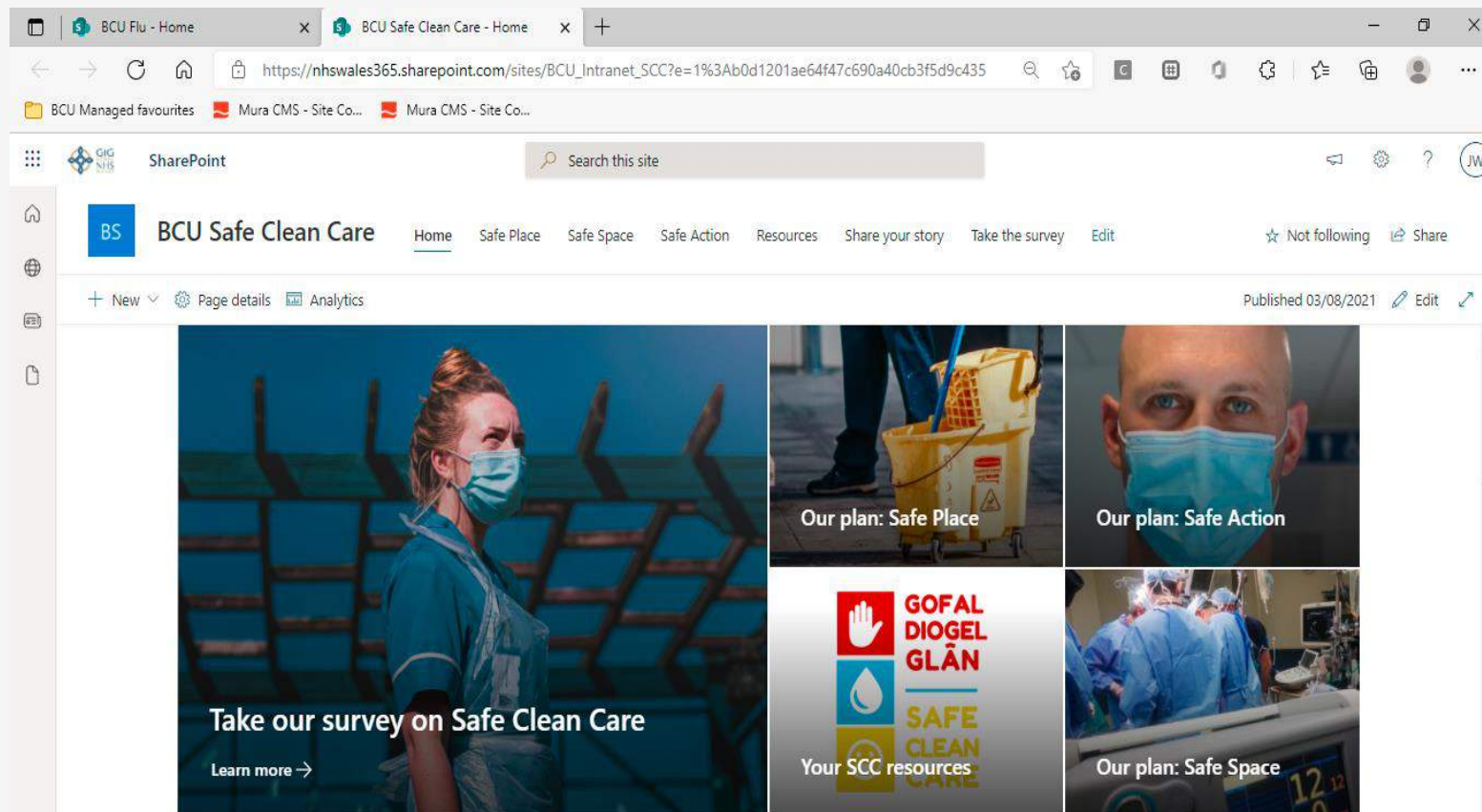


# Gofal Diogel Glân ar y Fewnrwyd

Hefyd, mae'r holl Bolisiau a gweithdrefnau Atal Heintiau diweddaraf nawr ar gael i staff eu defnyddio, ynghyd â'r "Pecyn Cymorth COVID" diweddaraf

# Safe Clean Care on the Intranet

Also all updated Infection Prevention Policies and procedures now available for staff to access along with an up to date "COVID Toolkit".



## Dadhalogi - Rhybuddion

- Mae canran uchel o offer sterileiddio wedi cyrraedd diwedd eu cyfnod gwasanaeth disgwyledig ac mae angen eu newid. Mae cyflenwr presennol systemau profi ac olrhain ar gyfer y 3 adran ddi-haint ar ddiwedd eu hoes ac ni fydd y cwmni'n parhau i'w cynnal.
- Mae angen uwchraddio/newid unedau trin aer adran gwasanaeth Sterileiddio ar gyfer pob un o'r 3 adran gwasanaeth Sterileiddio.
- Mae angen cyfleusterau dadhalogi newydd ar gyfer y Gwasanaethau Deintyddol Cymunedol ar safle YG.
- Mae cyfleusterau endosgopi ar gyfer YGC a YWM ar ddiwedd eu hoes. Angen golchwr ychwanegol yn Endosgopi YG er mwyn gallu canoli ac ailbroseu cwmpasau mewn uned sy'n cydymffurfio'n llwyr. Nid yw'r drefn profi ac olrhain gyfrifiadurol yn ei lle eto.
- Ceisio sicrwydd ynghylch defnyddio stilwyr uwchsain a gel y tu allan i radioleg
- Adolygu'r gofrestr risg i sicrhau bod yr holl risgiau wedi'u cynnwys.

## Decontamination - Alerts

- A high percentage of sterilising equipment has reached end of anticipated service life and requires replacement. Current supplier off track and trace systems for all 3 sterile departments at end of life and will no longer be supported by the company.
- Sterile service department air handling units for all 3 Sterile service departments require upgrade/replacement.
- Community Dental Services on YG site require new facilities for decontamination.
- Endoscopy facilities for YGC and WMH are at end of life. Additional washer required in Endoscopy YG to enable scopes be centralised and reprocessed in a fully compliant unit. Computerised track and trace not yet in place.
- Seeking assurance re use of ultrasound probes and gel outside of radiology
- Reviewing risk register to check all risks are included.

## Dadhalogi: Sicrwydd a Chyflawniadau

- Mae'r Pwyllgor Dadheintio'n cwrdd yn rheolaidd ac mae'n gweithredu'n rhagweithiol wrth sicrhau proses o wella'n barhaus gyda dyfeisiau meddygol yn cael eu diheintio.
- Mae rhaglen Gyfalaf ddisodli newydd yn ei lle i fynd i'r afael â hen offer sterileiddio.
- Cynyddwyd archwiliadau dadhalogi i ddwywaith y flwyddyn.
- Cyflwynwyd adroddiadau AAA ar gyfer pob safle aciwt a chymunedol sy'n gwneud gwaith dadhalogi.
- Dechreuwyd cyfarfodydd i osod systemau profi ac olrhain electronig mewn adrannau gwasanaethau sterileiddio.
- Cafodd yr uned endosgopi yn YG ei dylunio i fodloni safonau'r Grŵp Cyngori ar y Cyd; cafwyd ymweliad cyn-JAG yn Ch4 gyda'r bwriad o'i hachredu'n llawn yn 2022.

## Decontamination: Assurances and Achievements

- Decontamination Committee meets on a regular basis and is proactive ensuring a process of continual improvement with decontamination of medical devices.
- A Capital replacement programme in place to address aged sterilising equipment.
- Decontamination audits increased to twice yearly.
- AAA reports submitted for all acute and community sites carrying out decontamination.
- Meetings begun to install electronic track and trace systems in sterile services departments.
- Endoscopy unit at YG designed to meet Joint Advisor Group standards; pre-JAG visit secured in Q4 with a view to be fully accredited in 2022.



## Defnydd Priodol o Wrthfotigau

- Yn dal i weld rhywfaint o ddefnydd amhriodol o Wrthfotigau a lefelau uchel o organebau sydd ag ymwrthedd e.e. mewn E.coli.
- Mae pob safle aciwt wedi cyrraedd nod gwella Llywodraeth Cymru o ddod â'r defnydd o wrthfotigau o fewn categori Mynediad Sefydliad Iechyd y Byd (WHO) hyd at  $\geq 55\%$  o'r holl wrthfotigau sy'n cael eu defnyddio.
- Mae pob ysbyty'n defnyddio adnodd archwilio Start Smart then Focus Iechyd Cyhoeddus Cymru i archwilio'r defnydd o wrthfotigau ar lefel wardiau; mae bellach yn archwiliad haen 2.
- Mae'r cynllun gwella gwrthficrobaidd yn gwneud cynnydd da.
- Mae Microganllaw wedi'i ddiweddarau'n rheolaidd ar gael i staff.
- Cynhaliwyd Wythnos Ymwybyddiaeth o Wrthfotigau'r Byd ym mis Tachwedd gyda gweithgareddau mewn meddygfeydd, fferyllfeydd ac ysbytai cymunedol

## Appropriate Use of Antibiotics

- Still seeing some inappropriate use of Antibiotics and high levels of resistant organisms e.g. in E.coli.
- All acute sites have reached the WG improvement goal of antibiotic usage within the WHO Access category to  $\geq 55\%$  of total antibiotic consumption.
- All hospital using the PHW Start Smart then Focus audit tool to audit antibiotic use at ward level; it is now a tier 2 audit.
- Antimicrobial improvement plan making good progress.
- Regularly updated Microguide available to staff.
- World Antibiotic Awareness week held in November with activities in GP practices, community pharmacies and hospitals.

### Safe Prescribing

- I will know why my patient is on antibiotics
- I am following the start, smart then focus principle
- I will make sure my patient has got a review and a stop date for their antibiotics
- I am following the microguide



Bwrdd Iechyd Prifysgol  
Betsi Cadwaladr  
University Health Board

# Atal Heintiau wrth symud ymlaen

- Dim goddefgarwch tuag at Heintiau sy'n Gysylltiedig â Gofal Iechyd
- Dysgu o'r pandemig i greu Tîm Atal Heintiau ar gyfer y dyfodol
- Cynyddu'r ymgysylltiad meddygol
- Gwelliannau pellach i'r Stad sy'n heneiddio
- Datblygu systemau a chymorth TG i ryddhau amser i ofalu a darparu data ar gyfer sicrwydd, dysgu a gweithredu
- Datblygu Strategaeth Dadhalogi a rhaglen welliannau wedi'i chynllunio
- Hyrwyddo'r Rhaglen Stiwardiaeth Wrthfotigaidd
- Gweithio gyda phrifysgolion i ddatblygu rhaglenni Atal Heintiau
- Gweithio gyda'n partneriaid e.e. cartrefi nyrsio i'w cefnogi gyda rhaglenni addysg Atal Heintiau

# Infection Prevention moving forwards

- Zero tolerance to Healthcare Associated Infections
- Learning from the pandemic to build an Infection Prevention Team for the future
- Increase medical engagement
- Further improvements to the aged Estate
- Develop IT support and systems to release time to care and provide data for assurance, learning and action
- Develop Decontamination Strategy and planned programme of improvements
- Promote Antibiotic Stewardship Programme
- Work with universities to develop IP programmes
- Work with our partners e.g. nursing homes to support them with IP education programmes



**Diolch**  
Thank you



GIG  
CYMRU  
NHS  
WALES

Bwrdd Iechyd Prifysgol  
Betsi Cadwaladr  
University Health Board



<b>Cyfarfod a dyddiad: Meeting and date:</b>	<b>Health Board Meeting 20<sup>th</sup> January 2022</b>				
<b>Cyhoeddus neu Breifat: Public or Private:</b>	Public				
<b>Teitl yr Adroddiad Report Title:</b>	<b>Progressing the Primary and Community Care Academy</b>				
<b>Cyfarwyddwr Cyfrifol: Responsible Director:</b>	Chris Stockport, Executive Director Primary Care & Community Services Sue Green, Executive Director Workforce & OD				
<b>Awdur yr Adroddiad Report Author:</b>	Gemma Nosworthy, Academy Manager Clare Darlington, Acting Associate Director Primary Care (Strategy)				
<b>Craffu blaenorol: Prior Scrutiny:</b>	Health Board Review Team Executive Team August 2021 / October 2021 / December 2021 Performance, Finance and Information Governance Committee (PFIG) - 23 <sup>rd</sup> December 2021				
<b>Atodiadau Appendices:</b>	Appendix 1: Business Case - Progressing the Primary and Community Care Academy  Appendix 2: Addendum to the Business Case at the request of the PFIG Committee				
<b>Argymhelliad / Recommendation:</b>					
The Board is asked to approve the business case for <i>Progressing the Primary and Community Care Academy</i> .					
<b>Ticiwch fel bo'n briodol / Please tick as appropriate</b>					
<b>Ar gyfer penderfyniad /cymeradwyaeth For Decision/ Approval</b>	<input checked="" type="checkbox"/>	<b>Ar gyfer Trafodaeth For Discussion</b>	<input type="checkbox"/>	<b>Ar gyfer sicrwydd For Assurance</b>	<input type="checkbox"/>
<b>Y/N i ddangos a yw dyletswydd Cydraddoldeb/ SED yn berthnasol Y/N to indicate whether the Equality/SED duty is applicable</b>					N
An equality impact assessment has been undertaken.					
<b>Sefyllfa / Situation:</b>					
The development of the Primary and Community Care Academy was highlighted in the Health Board's Integrated Medium Term Plan (IMTP) 2021/22 and listed as a priority to be supported subject to business base approval.					
The Business Case to further develop the Academy received strong support from the Executive Team in December 2021.					
Given the level of investment required, the case was presented to the Performance, Finance and Information Governance (PFIG) Committee for consideration on 23 <sup>rd</sup> December 2021. The Committee requested additional assurances as an Addendum to the Business Case to provide:					
<ul style="list-style-type: none"> <li>• Clarity of methodology for quantifying benefits realisation and return on investment</li> <li>• Confirmation of risk status and reporting aligned to the risk management governance structure</li> </ul>					

- Clarity of required funding and confirmation of the previous agreement for the use of the Welsh Government Strategic Support Performance Funding and the Primary Care Innovation Fund.
- A clearer financial analysis including costs and funding sources and link to the IMTP for 2022-2025

This has been provided to the Performance, Finance and Information Governance Committee prior to the Board meeting. Embedded documents in the Business Case have also been removed and either referenced in the main text or added as appendices.

### **Cefndir / Background:**

There is a clear direction set by Welsh Government detailing the national Model for Primary Care (April 2019). This 'Primary Care Model for Wales' provides the national strategic direction for primary care and is entirely consistent with our local innovation in recent years, with a focus on a multi-professional workforce so patients can be seen by the right person to best meet their needs.

Indeed, BCUHB is able to demonstrate a number of exemplar projects that have significantly contributed to setting the pace and breadth of thinking within the Primary Care Model for Wales. In particular, the work achieved in developing a range of innovative primary care advanced practitioner roles within nursing, physiotherapy, pharmacy, audiology, paramedics, occupational therapy, and more recently physicians associates, all which have informed the Primary Care Model as it has evolved.

However, there continues to be challenges across Primary Care; our ability to meet patient expectations and increasing demands on services, coupled with a strategic priority to shift care out of hospitals, alongside a reduction in the number of newly qualifying doctors entering primary care and an increasing number of GPs retiring.

A detailed workforce analysis for General Practice in north Wales has been undertaken, with the conclusion that we need to continue to drive forward the multi-professional workforce model, alongside the training and recruitment of more doctors for primary care.

The sustainability of primary care services, specifically GP Practices, is identified as a key corporate risk and is included in the Board Assurance Framework. The risk is described below:

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

*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 a deterioration in the population health, impacting on other health & care services and the wellbeing of the primary care workforce.*

The further development of the Primary and Community Care Academy is seen as a key mitigating action to address this risk, as well as support the delivery of the national model.

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

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

The Academy supports the Health Board to meet the ambition of *A Healthier Wales* (2018) to ***Make Wales a great place to work in Health and Social Care.***

It is also a key enabler to evidence the Health Board's response to several key strategic documents including those published by WG and Health Education & Improvement Wales (HEIW), as well as the delivery of its own internal plans to include:

- ✓ A Healthier Wales (2018)
- ✓ Health Education and Improvement Wales (January 2019 & October 2020)
- ✓ Primary Care Model for Wales (April 2019)
- ✓ Strategic Programme for Primary Care (November 2018)
- ✓ Multi professional roles within the Transforming Primary Care Model in Wales (2018)
- ✓ Prudent Healthcare
- ✓ BCUHB Three Year Outlook and the IMTP 2021/22

The Academy's **objectives and action plans** have been developed to ensure that they respond to the needs of the north Wales Primary and Community services and that they are aligned to the overall Strategic Direction for the development of these services.

The Academy is focusing on the achievement of the following objectives:

- Implementation of a recruitment and retention strategy for primary care in north Wales
- Increasing the workforce capacity with Primary and Community care settings to meet the needs of the population
- Increasing the number of Education and Training programs designed to meet the needs of our workforce in Primary and Community Service
- Development, testing and evaluation of new ways of working to ensure the sustainability of Primary and Community services and bring care closer to home
- Increasing the number of Research and Development studies within Primary and Community Services

Furthermore the Academy is already strongly aligned to other local and national developments as detailed below:

### ***Stronger Together***

The Stronger Together programme has identified a number of key themes that are already inherent in the way in which the Academy has designed its schemes and in the way in which we treat each other and our partners.

### ***Health Education & Improvement Wales (HEIW)***

The development of HEIW's Multi Professional School for Primary Care is moving forward with pace and recently shared proposals for priorities for the school include areas that our own Academy has already developed and have shared with HEIW.

### ***North Wales Medical and Health Sciences School (NWMHSS)***

The Academy is well placed to support the development and delivery of the NWMHSS.

The Training Hubs, Professional Leadership and proposed programme of education and training to upskill the current workforce is crucial in ensuring that there are suitably trained competent practitioners, mentors, clinical supervisors and educators to develop the level of capacity to deliver the ambition of the School.

It is essential that we focus our efforts to developing capacity in Primary Care now to ensure the success of the School.

### ***North Wales Dental Academy***

The business case recognises the relationship with the North Wales Dental Academy, and is fully engaged with its development via the recently approved procurement process.

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

**Do Nothing** - All schemes would cease and core Academy Team members would need to be re-deployed. Primary Care Investment Funds would be released to test new ways of working and could be expanded to other contractor professions.

**Do No More Than is Currently Being Done or the Do 'Something' Option** - Continue to fund a number of the proposed schemes using the current funding source this will add a small number of practitioners to the workforce over time but not at the pace required, to have the impact and outcomes required.

**Do 'All of It' Option** - The Do All of It Option will allow for the development of the practitioners within primary and community services with pace without undermining the other training places required i.e. GP Registrar training, C21 Medical Students etc.

**The Do 'All of It' Option is the preferred option presented in the business case.**

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

In summary this Business Case seeks approval from the Health Board to provide a budget of £2,864,539, for 2022/23 which will be partially funded by the Primary Care Investment Fund (PCIF) recurring allocation of £970,087, with this increasing to an annual budget (again including the PCIF allocation) of £3,605,547 for 2023/24.

Therefore the:

Additional funding requested from the WG Performance Fund in 2022/2023 is £1,894,452.

Additional funding requested from the WG Performance Fund in 2023/2024 is a further £741,008.

The Health Board will evaluate the benefit from the investment ahead of the development of the IMTP for 2024-2027 and will conduct a funding review ahead of and as part of the IMTP planning process.

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

Primary Care Sustainable Health Services' is identified as a key risk on the Health Board's corporate risk register, featuring in the Board Assurance Framework (risk reference BAF20-04, current score 20), with the provision of a scaled up Academy and implementation of the all Wales Model of Primary Care, as two of the overarching mitigating actions.

In addition, within the risk registers of each Area team there are entries relating to primary care capacity and sustainability.


A benefits realisation plan has been developed which will provide evidence of the outcomes of the new investment, and therefore the impact on addressing the sustainability risk and return on investment, should this business case be approved.

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

This Business Case will form the basis of the Academy Annual Report, monitoring of the benefits realisation outputs, outcomes and impact measures will be reported via the Governance structure described in detail in the business case.

**Asesiad Effaith / Impact Assessment**

An EQIA has been completed and is available on request.

Division / Area / Department	Exec Director Primary Care & Community Services corporate department
Development or Scheme Title	<p>Progressing the Primary and Community Care Academy</p> 
Author/s	<p>Gemma Nosworthy, Academy Manager Robyn Watson, Primary Care Development Manager Clare Darlington, Acting Associate Director Primary Care (Strategy)</p>
Executive Sponsor	Chris Stockport, Executive Director Primary Care & Community Services
Version	14
Date	1 <sup>st</sup> December 2021

1.	<b>Executive Summary</b>
	<p>The Primary &amp; Community Care Academy, (hereafter to be referred to as the ‘Academy’), was established in 2019 with the appointment to, two key roles, the Academy Manager and Development Manager. However, the ambition for an Academy was first set out as part of the development of the model that was adopted in Healthy Prestatyn lach (HPI) in 2016, when the Health Board became directly responsible for the delivery of GMS services for the largest GP practice in north Wales.</p> <p>This Business Case seeks support for additional recurring funding to sustain, expand and further develop the Academy.</p> <p>The Academy supports the Health Board to meet the ambition of <i>A Healthier Wales</i> (2018) to <b><i>Make Wales a great place to work in Health and Social Care.</i></b></p> <p>It is also a key enabler to evidence the Health Board’s response to several key strategic documents published by WG and HEIW, as well as the delivery of it’s own internal plans.</p>

The Academy's **objectives and action plans** have been developed to ensure that they respond to the needs of the north Wales Primary and Community services and that they are aligned to the overall Strategic Direction for the development of these services.

The Academy is focusing on the achievement of the following objectives:

- Implementation of a recruitment and retention strategy for primary care in north Wales
- Increasing the workforce capacity with Primary and Community care settings to meet the needs of the population
- Increasing the number of Education and Training programs designed to meet the needs of our workforce in Primary and Community Service
- Development, testing and evaluation of new ways of working to ensure the sustainability of Primary and Community services and bring care closer to home
- Increasing the number of Research and Development studies within Primary and Community Services

As such, since September 2019 the Academy has achieved the following:

- Development and roll out of the Physician Associates in Primary Care Internship (5 PAs currently working in Primary Care)
- Establishment of a Training Hub with Clinical Practice Development Lead GP and Trainee Posts (1x GP & 3 Trainees)
- Implementation of the WAST/BCU Collaborative Developing Rotational Models in Primary Care with WAST Advanced Practice Paramedics (16 x APPs on rotation)
- Delivery of a new to primary care education framework to provide new to Primary Care practitioners education sessions to complement the clinical skills and knowledge gained in primary care (20 practitioners completing this programme)
- Placement of 4 x WAST Trainee APPs in Primary Care
- Supported over 10 Trainee/ACP qualified practitioners in Primary Care to return to practice or gain new skills in Primary Care

In addition, the Academy has had a number of abstracts and posters accepted at national conferences including:

- Royal College of General Practitioners (RCGP) 2021
- EMS 999 (Emergency Medical Services)
- International Round Table of Paramedicine
- Health Care Research Wales

Most recently the Physician Associates that were participating in the Internship were awarded Best Poster in the Service Design category at the RCGP Conference 2021.

### **Learning from Others**

The Academy looks to the other nations to learn and adopt new ways of working and thinking. Links have been established with NHS England to share the learning from the BCUHB/WAST Collaborative Project: Developing a Rotational Model in Primary Care for



Advanced Paramedic Practitioners and the Academy recently presented at the Health Research Conference 2021 to share the findings of this project.

The Academy has looked to NHS Scotland to learn more about their approach to recruiting GPs in rural Scotland and will be recommending through the GP recruitment strategy the adoption of a number of similar programmes, they will of course be tailored to Wales.

The Academy continues to contribute in Wales, working closely with Health Education Improvement Wales (HEIW) and the National Strategic Programme for Wales, having contributed to the (soon to be published) report on the development of Allied Health Professionals in Primary Care in Wales.

### **Model for Primary Care**

There is a clear direction set by Welsh Government detailing the national Model for Primary Care (April 2019). This 'Primary Care Model for Wales' provides the national strategic direction for primary care and is entirely consistent with our local innovation in recent years.

Indeed, BCUHB is able to demonstrate a number of exemplar projects that have significantly contributed to setting the pace and breadth of thinking within the model for Wales. In particular, the work achieved in the managed practices in Prestatyn, in Blaenau Ffestiniog, and across a range of innovative primary care advance practitioner roles within nursing, physiotherapy, pharmacy & occupational therapy; all have informed the Primary Care Model as it has evolved.

Along with the development of the Academy, our workforce modelling, cluster development, and promotion of the social model of care philosophy are key pieces of work contributing to our rollout of the model.

This builds upon a multi-disciplinary approach that strives to ensure that GPs deliver primary and community based interventions that only they have the skills to deliver, also promoting the de-medicalisation of care. There is therefore a requirement to develop a multi-disciplinary workforce to meet the needs of the patient population on a 24/7 basis.

### **Sustainability of Primary Care**

Primary Care services, specifically General Practice, continue to face sustainability issues; patients presenting with multi co-morbidities, patient expectations and increasing demand on services (along with a shift of care out of hospitals), coupled with a reduction in the number of newly qualifying doctors entering primary care and the increasing number of GPs retiring.

This is not just an issue for General Practice; this is an issue for all independent Primary Care Contractor services (Community Pharmacy, Dental and Optometry).

A detailed workforce analysis for General Practice has been undertaken and workforce projections for General Practice in north Wales over the next decade are forecasting a deficit of between 150 to 240 whole time equivalent GPs and assumes a non-transformed primary care model. This analysis will be regularly refreshed and updated.

The sustainability of primary care services, specifically GMS is therefore identified as a significant risk and is included in the Board Assurance Framework, with the further development of the Academy as one of the mitigating actions. The risk is described as below:

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

*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 a deterioration in the population health, impacting on other health & care services and the wellbeing of the primary care workforce.*

In order to be able to meet the statutory requirements placed on the Health Board to ensure Primary Care services are available for the population of north Wales, we need to work with our independent contractors to ensure the short and long-term sustainability of all Primary Care Contractor services.

### **Stronger Together**

The Stronger Together programme has identified a number of key themes described below. The principle or themes are ones that are already inherent in the way in which the Academy has designed its schemes and in the way in which we treat each other and our partners.

### **Our Ways of Working**

We have listened and continue to listen to our trainees, partners and stakeholder and shape our programme to address improve patient outcomes, examples include the qualitative evaluation of our Advanced Clinical Practice (ACP) Programme, the ACPs shared their experienced with us and we have restructured the programme to reflect these experiences

### **Strategic Deployment**

All schemes in the Academy are developed based on the purpose and goals of the Health Board, its partners and stakeholders, we ensure there is a clear strategic drive behind each scheme. These can be found in further detail in this document.

### **How we organise ourselves**

We endeavour to organise the Academy in the most effective and efficient manner avoiding duplication and maximising opportunities to work collaboratively and collectively.

### **The best of our abilities**

Developing of workforce to meet the needs of our population and ensure the best possible care is at the heart of the Academy and drives the schemes we offers.

In order to do so we must look within the current workforce and ensure that our colleagues are supported and developed to the best of their and our ability in a safe and supported environement..

We also recognise that not all skills required to deliver our services are within the current workforce, and we must work in partnership with our partners to ensure that we do not de-stabilise other services and compromise patient care. Examples of this include the collaborative with WAST.

We must also grow our own and consider how we can support our practitioners from the outset of their careers to ensure a safe and supported learning / nurturing environment and our Physician Associates in Primary Care Internship programme does that.

### **How we improve & transform**

Innovation and transformation are a key enabler in the delivery of the schemes proposed in this business case. Each of the schemes have been developed locally taking learning

from other areas in some cases because we do not need to re-invent the wheel, but in the main our schemes are ones that have developed locally. We currently deliver 2, first in Wales programmes, one of which is a first in the UK.

### **Developing the Workforce**

It is evident that there is a need for new professionals and more practitioners to not only meet the projected workforce deficit but also to deliver the national Model for Primary Care.

This business case focuses predominately on the development of practitioners in General Practice and but also includes Community Pharmacy; the development of a North Wales Dental Academy is subject to a separate business case but will be hosted under the scope of the Academy.

The delivery of the national Primary Care model, alongside the delivery of more care within community settings will require a significant increase in advanced clinical practitioners and new professions working within Primary and Community care settings.

There is a shortage of suitable advanced clinical practitioners as well as GPs, but there is not a shortage of ambitious and capable potential applicants for training placements. Our work in recent years has clearly shown that advanced clinical practice professionals working within Primary Care need to train within Primary Care environments and that if done in a supportive environment they can flourish.

The Academy provides the ability to oversee this and provide mentorship, primary care experience and coordination, but to train sufficient individual practitioners we will need to think more creatively in order to fund their training placements. The nature of Primary Care means that training will require periods of time when the trainee is supernumerary, and the nature of independent contractors is such that practices will not shoulder the risk of salary costs to train a practitioner who can then move to another independent practice before they have seen a return on their investment. The Health Board has a critical role in unlocking these challenges.

### **North Wales Medical School (NWMS)**

The Academy is well placed to support the development and delivery of the NWMS.

The Training Hubs, Professional Leadership and proposed programme of education and training to upskill the current workforce is crucial in ensuring that there are suitably trained competent practitioners, mentors, clinical supervisors and educators to develop the level of capacity to deliver the ambition of the NWMS.

It is essential that we focus our efforts to developing capacity in Primary Care now to ensure the success of the School.

### **Academy Funding Model**

The Academy has therefore been established to support the sustainability of Primary Care and Community services through Education and Training, Innovation and Improvement, and Research and Evaluation, as well as lead targeted recruitment campaigns.

The Academy budget is currently sourced from the recurring Primary Care Investment Funds (PCIF) grant and Welsh Government Pacesetter Programme, with no core funding from the Health Board. This PCIF grant funding is awarded on a recurrent basis to the

Health Board to test new ways of working within Primary Care with the aim of permanently implementing successful schemes supported by core funding.

The PCIF allocation awarded internally to the Academy in 2021/2022 and funds a number of the schemes, which are detailed in the table below and described further within this business case.

- GP Recruitment Strategy
- PC Sustainability and Innovation
- Physician Associate Internship Programme
- Academy Infrastructure
- Training Hub

In addition, the Welsh Government Pacesetter Funding of £840,000 is awarded to Health Boards for the purpose of testing new ways of working; it is recurrent but with the proviso that new initiatives are tested each year. It is currently being utilised to test the rotational model of working with WAST Advanced Practice Paramedics and to pilot a training model for practitioners at Level 7 moving into Primary Care.

This funding will cease with effect from April 2022 and a request for recurrent funding for this rotational training model for Advanced Clinical Professionals is included in this Business Case. The rotational model is one that can be applied across a number of professional groups and settings including but not limited to:

- District Nursing
- Community Pharmacy
- Ambulance Service

Additional funding is sought to increase the number of practitioners on the schemes and broaden the offer across the professional groups working within the wider Primary and Community Care MDT. In addition, funding is also required to expand the Academy Team, to further the development of the faculty and embedded evaluation, audit and research into the schemes, and to develop the professions to Consultant practice level.

This Business Case seeks approval from the Health Board to provide a recurring budget of **£2,864,539**, from **April 2022** which includes the PCIF Grant allocation of **£970,087**, with this increasing to a recurrent budget including PCIF Grant of **£3,605,547** from **April 2023**

Subject to approval recruitment to key roles will be undertaken during the financial year 2021/2022 utilising slippage from the current schemes

The roles key for the delivery of this business case are:

- Clinical Medical Lead
- Clinical Development Lead GP(s)
- Clinical Director for Medical Education
- Professional Leads for Nursing, Pharmacy & Meds Management and the Allied Health Professional workforce
- Non-Registered Workforce and Nurse Development Lead
- Non-Clinical Workforce Lead (this includes all contractors)
- Lead Research / Evaluation Officer
- Senior Admin Officer

The Academy also recognises that as it matures and develops, the Primary Care (GMS) landscape will also be changing. The schemes described within this business case are designed to flex to meet the needs of emerging models and changes in national and local policy and strategy. However, in order to enable the Academy to respond effectively and efficiently funding is sought to appoint to a number of posts on a permanent basis in 2021, noting that all other schemes will be subject to regular review and evaluation to ensure that they continue to meet the strategic and operational objectives of the Health Board.

Through the development of the evaluation framework for the current programmes, we have been able to refine our areas of focus for evaluation and will further develop our approach to evaluation and demonstrating the benefits of the Academy model. The Academy has developed the following 7P Impact Evaluation Model for its programmes. The Academy through its evaluation of the programmes will seek to demonstrate an impact on

1. **P**atients
2. **P**rofession
3. **P**ractice
4. **P**eers
5. **P**artners
6. **P**erformance
7. **P**ublication Strategy

### **Implementation**

If approved, a phased approach to the implementation of the full business case and schemes will be adopted. However, a number of schemes have already been established and will be up scaled.

First stage will include the appointment to the key roles noted above and the identification of the preferred site for the second and third training hub and its establishment, with already established schemes continuing to run alongside.

Recruitment to training roles will be prioritised to ensure that post holders are in post prior to commencing the MSc in Advanced Clinical Practice in Sept 2022.

### **SUMMARY**

In summary there are 5 distinct elements to this business case:

#### **1. Academy Management and Infrastructure**

Additional investment required to fully implement the Academy Business Case and to provide a robust professional and management structure to support all of the programmes described in the Business Case. The Team will work closely with HEIW and the development of the Multi Professional School for Primary Care, the Universities and the North Wales Medical School Programme Group and in bridging the gap between Primary and Secondary Care and the gap between Primary Care Contractors.

#### **2. Academy Training Hubs & Spoke Programme**

This programme focuses on fixed term supernumerary training roles and dedicated trainers in larger multi professional Health Board training practices focused on training and developing the next generation of clinical practitioners. Training Hubs will accommodate a range of trainees including undergraduate and postgraduate students alongside Trainee

Posts following MSc modules. This programme will include Physician Associates, Nurses, Pharmacist, Paramedics, Medical Students and GP Trainees

### 3. Developing Advanced Clinical and Consultant Practice Programme

This programme incorporates the Community Pharmacy scheme, Developing Advanced Practice through a Rotational Model scheme and the range of peer to peer programmes. This programme will be linked to the Hub and Spoke Programme specifically in developing the Spoke sites. This programme incorporates development of Nurses, Pharmacists (Practice and Community), Paramedics and Physiotherapy. Further details can be found within the embedded document – Delivery Plan 2021/2022 below.



Delivery Plan 2021 -  
2022

### 4. Skills and Training Programme

This programme area focuses on the development of practical skills and training for the Practice Nurse, Health Care Assistant and the non-clinical administrative and management staff in Primary Care

### 5. Primary Care Sustainability and Quality Improvement

This scheme includes the GP / PC Recruitment & Retention Plan, Improving Quality with the Royal College of General Practice and Improving Access.

Primary and Community Care Academy Business Case						
Scheme	Proposed Budget FYE (2023/2024)	PCIF Funds	Additional Funding Requested 2022/2023	Additional Funding Requested 2023/2024	Fixed Costs	Flexible Costs
Academy Management and Infrastructure	530,132	136,747	393,385	393,385	530,132	-
Training Hub & Spoke Schemes	1,737,937	380,165	928,932	1,357,772	640,809	1,097,128
Developing Advanced Clinical Practitioners Programme (Level 7)	719,335	-	407,167	719,335	-	719,335
Developing Practice Nurse	349,246	184,278	164,968	164,968	64,968	284,278

	and HCA Workforce						
	Improving Access, Quality and Recruitment & Retention	268,897	268,897	-	-	123,897	145,000
	<b>TOTAL</b>	<b>3,605,547</b>	<b>970,087</b>	<b>1,894,452</b>	<b>2,635,459</b>	<b>1,359,806</b>	<b>2,245,741</b>
2.	<b>The Strategic Case</b>						
2.1	<p><b>Strategic Fit</b></p> <p>Welsh Government published the “<b>Model for Primary Care</b>” (The Model) in April 2019, with an expectation that this is adopted and implemented at a local level. The Model focuses on a number of principles to ensure that the right care is available at the right time, at the right place - at home or nearby. In order to be able to meet the principles of the Model and implement these at a local level, there is need to develop increased capacity and a workforce skilled in the Primary Care setting to be able to ensure <b>seamless, integrated working and effective care on 24/7 basis</b>.</p> <p>There is therefore a need to focus on developing value based care by ensuring that the workforce fits the needs and circumstances of patients and avoids wasteful care and in accordance with the <b>principals of prudent healthcare</b></p> <p>Any service or individual providing a service should:</p> <ul style="list-style-type: none"> <li>• Achieve health and wellbeing with the public, patients and professionals as equal partners through co-production</li> <li>• Care for those with the greatest health need first, making the most effective use of all skills and resources</li> <li>• Do only what is needed, no more, no less; and do no harm</li> <li>• Reduce inappropriate variation using evidence-based practices consistently and transparently.”</li> </ul> <p><b>Value Based Healthcare</b> is Healthcare that fits the needs and circumstances of patients and avoids wasteful care, the schemes proposed in this business case are designed to ensure that practitioner are able to benefit the whole system in which they work, are multi setting practitioners and who are able to play an active role in a multi-disciplinary team with the aim of providing care closer to home, avoiding unnecessary admissions to secondary care services and improving patient outcomes.</p> <p><b>The Workforce Challenge in Primary Care</b></p> <p>A recent report profiling the current and projected workforce for primary care in north Wales over the coming decade suggests that between 150 and 240 more GPs are required than are forecast to be available in the current system. Based on this projected GP deficit alternative roles are required to maintain and sustain Primary Care services, along with the ongoing delivery of medical education.</p>						

Many GP practices continue to raise concerns about longer terms sustainability, particularly relating to availability of the clinical workforce and growing demand.

Further detail is provided in **Section 2.3 – The Case for Change**

The ability for primary care providers to support the **Transformation of Clinical Pathways**, and the delivery of more care out of hospital settings, as well as support the prevention of ill health requires the stabilizing, development and growth of the clinical workforce.

A variety of professionals are keen to work within the Primary Care setting but the transition from one specialty to another can be difficult, as can the introduction of a completely new workforce e.g. the Physician Associate. There are few trainee posts available at any level within Primary Care and Community Services in north Wales, other than those are designed as part of the formal route to qualification (e.g. GP Trainees).

In addition, it is becoming increasingly difficult to identify mentors and clinical supervisors to undertake these roles for practitioners that are not directly employed by them or are part of the GP Training scheme.

Another challenge for GP practices in providing training opportunities is space within the practice to offer a practitioner. The majority of the current Primary Care Estate is not fit for purpose nor does it have the capacity to expand or suitable premises to modernise.

The development of Training Hubs is one that is now being actively pursued by Health Education Improvement Wales (HEIW), however, this may require significant investment in premises in the future and in the early exploration/development stage.

The first Primary Care Training Hub has been established as part of a Pacesetter Project at Healthy Prestatyn lach with the creation of 4 Training Posts (2 x newly qualified Physician Associate posts) and 2 x Trainee Extended Practitioner posts).

A small number of more resilient Health Board Managed Practices (HBMPs) are well placed to become Training Hubs addressing the capacity to offer training placements and the issue of space as there is often the issue of staffing these sites and the rotating locum workforce.

With the introduction of a Clinical Practice Development GP and a small cohort of trainees this approach can quickly bring an increase in capacity and regularity and consistency of practitioner to the practice. This has already been demonstrated in HPI and in Criccieth & Porthmadog with both sites supporting a number and range of trainee practitioners.

We have found through the Pacesetter Project and Physician Associate in Primary Care Internship that when placements are funded there is less resistance to engagement and when as with these 2 examples practitioners are not in practice on a full time basis it is easier to facilitate placements.

The Rotational Model requires practitioners to be in the practice for just 2 days per week and the Physician Associate programme for practitioners to be in for 4 days per week with the a day for observational learning and CPD.

A less traditional approach is now required to supporting placement in Primary Care as more and more undergraduate & postgraduate degrees and postgraduate modules such as non-medical independent prescribing require practitioners to spend a prolonged period of time in a Primary Care setting.

Over recent years a small number of training schemes which have been developed on an adhoc/short term basis with the intention of creating opportunities that are both attractive to



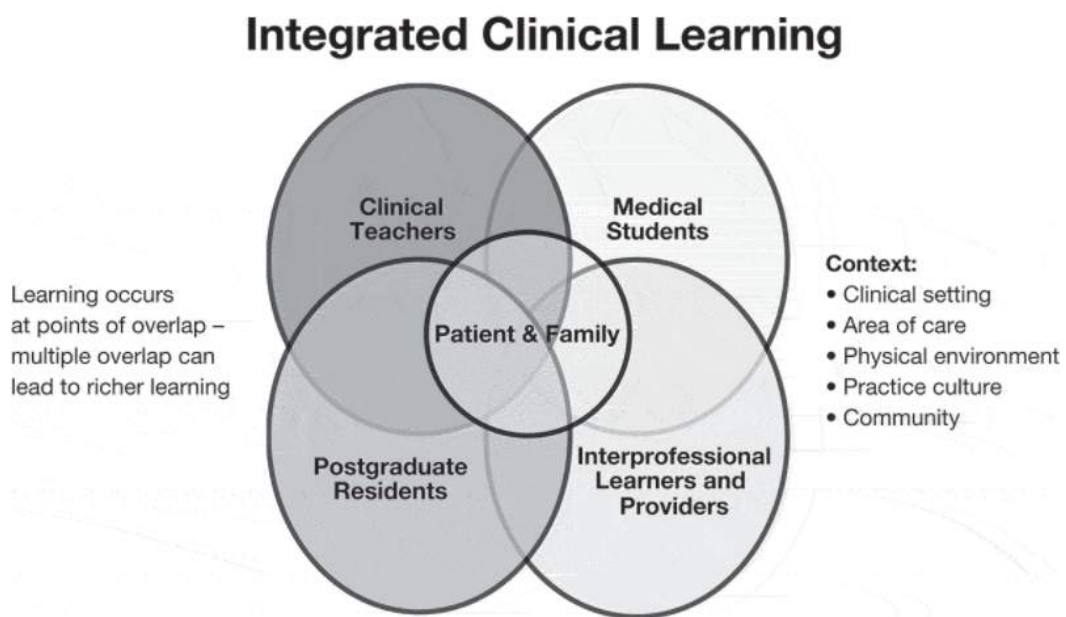
new qualified practitioners who are at the start of their careers, and for those that are looking to further develop their career in an alternative specialty.

These schemes are often short term due to the funding source but have produced great outcomes, an example of which is the Trainee Practice Nurse scheme, however this have not been adopted on a permanent basis and remain at risk year on year and is dependent on transformation funding which is not always guaranteed.

This scheme offered a fully funded post in a GP practice for Trainee Practice Nurse. Whilst a substantive post was not guaranteed at the end of the scheme, the trainees all secured posts in Primary Care.

### **Inter Professional Learning**

The Business Case sets out a plan to develop a range of professionals to work in a Primary Care setting. The development of Training Hubs supports the emerging practice of Inter Clinical Learning using a Team of Clinical Professionals to train and educate a team of learners from a range of professionals at different stages of their educational development. The paper *Integrated clinical learning: team teaching and team learning in primary care* Strasser and Berry (2021)



## 2.2

**Strategic Context**

The Academy is a key enabler by which the Health Board will meet requirements of the following key strategic documents:

- ✓ A Healthier Wales (2018)
- ✓ Health Education and Improvement Wales (January 2019 & October 2020)
- ✓ Primary Care Model for Wales (April 2019)
- ✓ Strategic Programme for Primary Care (November 2018)
- ✓ Multi professional roles within the Transforming Primary Care Model in Wales (2018)
- ✓ Prudent Healthcare
- ✓ BCUHB Three Year Outlook and 2021/22 Plans

The Academy aligns to the Health Board's Three Year Outlook Plan and is identified as an enabler to achieve the Health Board vision for a Healthy North Wales. It has been established to deliver the functions described in this document and is one mechanism by which the Health Board can deliver the *A Healthier Wales* (2018) aim to 'Make Wales a great place to work in Health and Social Care'

Established to support the sustainability of GP practices and the introduction of the Model for Primary Care, the BCUHB Outlook Plan states:

*To achieve this we will create an **Integrated Primary and Community Care Academy (PACCA)** learning environment that will support and provide training opportunities to a greater number of people interested in working within clusters. This approach will welcome those from partner organisations as we recognise the benefit from learning together.*

Using this approach, we will provide increased training support for practitioners from a wide range of backgrounds who would like to develop advanced skills within Primary Care. These advanced practitioners, for example in nursing, therapy, pharmacy and mental health, will work alongside GPs to ensure that they have more time to concentrate upon providing care for individuals with needs that can only be met by a GP. This will contribute to our ability to recruit and retain a workforce able to meet the growing demands of our population

The Academy's **objectives and action plan** have been developed to ensure that they meet the needs of the north Wales Primary and Community services and that they are aligned to the overall Strategic Direction (further detailed below) for the development of Primary and Community services.

The Academy is focusing on the achievement of the following objectives:

- Implementation of a recruitment and retention strategy for primary care in north Wales
- Increasing the workforce capacity with Primary and Community care settings to meet the needs of the population
- Increasing the number of Education and Training programs designed to meet the needs of our workforce in Primary and Community Service
- Development, testing and evaluation of new ways of working to ensure the sustainability of Primary and Community services and bring care closer to home
- Increasing the number of Research and Development studies within Primary and Community Services

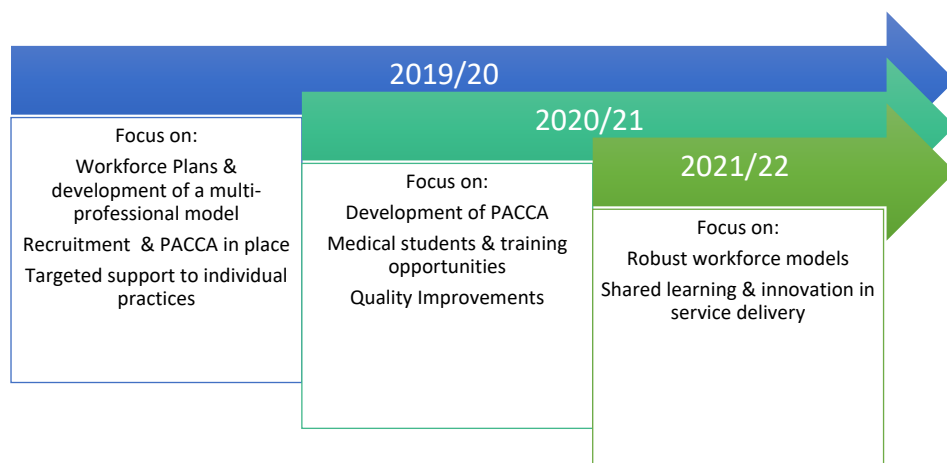
The Academy's current Delivery Plan 2019 – 2022 is embedded below

## PaCCA Delivery Plan 2019 – 2022



PaCCA Delivery Plan  
2019 - 2022

As noted in the BCUHB Outlook Plan, these are the actions attributed to the Academy:



The agreed actions have been completed and this Business Case sets out the next stage in the implementation of the Academy. It is anticipated that in future years additional cases will be brought forward based on the impact of this initial business case.

The following table highlights how the Academy meets the objectives of key strategic publications:

Strategy	Objective	How the Academy meets this Objective
A Healthier Wales (2018)	<p>The Health and Social Care Workforce</p> <p>“This new strategy will address the Parliamentary Review’s call for joint regional workforce planning with an emphasis on expanding generalist skills and enabling staff to work at the top of their skill set and across professional boundaries, in line with the philosophy of prudent health care”</p>	<p>Through the delivery of new training post which are based in multi-disciplinary team practices.</p> <p>With the development and implementation of the Primary Care Competency Framework for Enhanced/Advanced and Consultant level practice with HEIW</p> <p>With the testing of the MDT Training Hub, bringing together professionals across boundaries to share learning</p> <p>Through the development of rotational models.</p>

<p>Primary Care Model for Wales (April 2019)</p>	<p>Seamless Working Integrated Care for People with Multiple Care Needs Quality Out of Hours care</p>	<p>Development of multi-disciplinary teams through the education and training of professionalism working across the system in and out of hours</p>
<p><u>Strategic Programme for Primary Care (November 2018)</u></p>	<p>Development and improvement of the education and training available to health professionals and healthcare staff (e.g. pharmacists) in primary care.</p> <p>Framework to expand education and training in primary and community settings.</p>	<p>Through the development and delivery of the training posts, education and training is built into all training post</p> <p>Schemes already in place include:</p> <ul style="list-style-type: none"> <li>• New to Primary Care APP Rotational Model</li> <li>• Physician Associate Internship</li> </ul>
<p><u>Multi professional roles within the Transforming Primary Care Model in Wales (2018)</u></p>	<p>The necessity to develop supervision and mentorship should be recognised and addressed. Study leave and CDP requirements should be included in all MDT professional contracts.</p> <p>High quality mentoring and supervision for all MDT professionals are key to the development of the MDT and need to be developed further as the transformational model progresses. It is important to recognise that these responsibilities add to the workload pressure of those providing supervision and mentoring for extended MDT roles.</p> <p>A focus on developing career pathways, with standardised education and training within primary and</p>	<p>Introduction of Professional Development Leads (PDL) for MDT workforce to build the skills necessary in the Primary and Community care workforce to meet the needs to The Model for Primary Care. PDLs to advocate for and influence job planning and workforce modelling where appropriate.</p> <p>Hub and Spoke site supports the “Train Where you Work” model ensuring that local knowledge is applied to maximise the learning opportunity and to embed practitioners in the wider system building knowledge, contacts and skills that are transferrable across the system.</p> <p>A funding structure to enable access to quality mentorship and supervision and provision of these opportunities through the Health Board Managed practices and Training Hubs.</p>

		<p>community settings, is required.</p> <p>Clear and consistent career progression frameworks should be established for the full range of MDT professional groups, improving motivation and retention of the cluster workforce through a greater range of career opportunities for all disciplines in primary and community care.</p>	<p>Rotational Models which offer practitioners opportunities to work in other areas of the system to enhanced personal and professional learning and work across the Cluster system supported by a programme of education.</p> <p>Developing opportunities for all professionals to work and train in Primary and Community settings and to advocate and influence the development of career progression frameworks for the full range of MDT professionals.</p>
	The Quadruple Aim	<p>Improved population health and wellbeing</p> <p>Better quality and more accessible health and social care services</p> <p>Higher value health and social care services</p> <p>A motivated and sustainable health and social care workforce</p>	<p>Introduction of the Training Hubs and Spokes to ensure high quality education and training to improve patient's outcomes. The multi-disciplinary approach will ensure multi sector/disciplinary shared learning</p> <p>Supernumerary training posts and dedicated Practice Development GPs will ensure that practitioners are supported throughout their training post contract.</p> <p>Professional Development Leads to ensure quality of practice and ceilings of competency are achieved</p> <p>MDT focused placements and shared learning opportunities</p> <p>Schemes designed for Primary and Community settings</p>
2.3	<p><b>Organisational Overview</b></p> <p><b>Operational Delivery</b></p> <p>The Academy has been established to support the sustainability of Primary and Community services, with an initial focus on General Practice and the development of Advance Practice, and the introduction and implementation of new roles across the breadth of the professions including:</p> <ul style="list-style-type: none"> <li>• Advanced Paramedic Practitioners</li> <li>• Physician Associates</li> </ul>		

The Academy recognises that it has a role in supporting the totality of the education and training pathway from undergraduate to postgraduate and has established links with colleagues with responsibility for education commissioning and course content. Further work is ongoing to gather more detailed information on the education/observational placement requirements for the range of course delivered by our Education Partners. However, this case and the Academy has been directed to focus on the MSc Level practitioners with aim of bridging gap between our GP workforce modelled deficit.

The Academy will provide the following functions:

### ***Education and Training***

- Provision of relevant training modules
- Develop, deliver and commission education and training frameworks that focus on the social and medical model of health
- Coordination of advance practice training opportunities
- Arranging mentorship and clinical supervision for developing advance practice skills

### ***Improvement and Sustainability***

- Provision of a library of best practice and innovation exemplars
- Packages of coordinated support and advice to practices
- Individual career development advice
- Develop and implement a north Wales Primary Care Recruitment Strategy

### ***Research and Innovation***

- Develop, test and evaluate pilot projects including Welsh Government Pacesetter Projects
- Extend the knowledge base in prudent primary and community healthcare, and the multidisciplinary social model of care
- Support for practitioners interested in research and innovation

### ***Governance Structure***

#### ***Inter Professional Education Improvement Group***

Governance has been strengthened through the inclusion of the Academy as a member of the Inter professional Education Improvement Group chaired by the Executive Director for Workforce, which in turn reports directly to an Executive Delivery Group and through to People, Professionals and Population Health Committee.. In addition, the appointment as noted above to the Professional Leads for P& MM, Nursing and Therapies will embed Primary Care into the Professional Governance structures already established in the Health Board

#### ***Strategic Leadership Group***

The Academy has been overseen by the Strategic Leadership Group (SLG) and has been established to provide strategic direction, scrutiny and oversight to ensure the successful delivery of the Academy, the SLG will:

- Be a decision maker
- Provide clarity & guidance
- Agree Academy priorities
- Manage risks, resolve issues and remove barrier
- Monitor performance

The Interim Associate Director Primary Care and Community Services chairs the SLG.

### ***Operational Delivery Group***

The Operational Delivery Group membership has representatives from across the professions to ensure that this voice is included in the Academy Action Plan, this does not replace the SLG but is anticipated that this group will form the basis of the Academy Faculty Committee.

### ***Academy Faculty Committee / Professional Development***

It is proposed that the Academy Faculty Committee will support the SLG and Academy Management Team; membership will be drawn from across the clinical and administrative professions to support the development and the delivery of the Academy and its programmes.

The appointment of Professional Leads and the Clinical / Medical Lead will provide the professional leadership for their respective professions in Primary Care. Professional Leads will be required to actively engage and integrate with the structures already established within the Health Board bringing the professional development needs of the workforce working in primary care.

### ***Academy Management Team***

Supported by the SLG and Academy Faculty Committee, the Academy Management Team currently consists of an Academy Manager (reporting to the Assistant Director Primary Care & Community Services), Academy Development Manager, and Clinical Practice Development GP. The Academy also hosts the Pacesetter Lead Research Officer post. The appointment to the Clinical/Medical Lead will complement the management team.

The Clinical/Medical Lead will have line management responsibility of the Professional Leads and the Senior Admin Officer will provide administrative support.

### ***BCUHB Infrastructure to support the Team***

It is noted that this business cases seeks funding for roles that may be considered are already in place within the Health Board such as those within Education and Training, Research and Development. However, through the early establishment of relationships with key individuals in these areas it has become apparent that is a gap in the provision for Primary Care services, both in capacity and expertise, as this is often seen as the independent contractor responsibility. As the Health Board has a statutory responsibility to ensure the public have access to all primary care services, it is the commissioner of these services, as well as a significant provider through the delivery of GP Out of Hours services, urgent primary care, and Health Board Managed GP Practices, this is a gap that requires addressing.

### ***Partnership Working***

#### ***Strategic Programme for Primary Care***

Close working links have been established with the national Strategic Programme for Primary Care sharing the learning from the Welsh Government funded Pacesetter Project. The Phase I Evaluation Report, published abstracts and articles and approach to evaluation focused on value based healthcare and a whole system approach has been welcomed by the Programme.

#### ***Health Education & Improvement Wales (HEIW)***

Again, the Academy Team has worked hard to establish links within HEIW, specifically in a number of areas including the National Implementation Group for Physician Associates, the Non-Clinical HCA Development Group, the Extended, Advanced and Consultant Framework working group and most recently the development of Academies and Training Hubs. The Team maintain an active dialogue with HEIW colleagues testing new ideas and sharing learning as we progress with locally developed schemes.

### ***Regional Partnership Board***

Whilst established by the Health Board, the focus of the Academy is broader than its own workforce and contracted services. The sustainability of all Health and Social Care services are dependent on their staff and ability to training, re-train, recruit and retain.

Links with the Regional Partnership Board have been established at a strategic and operational level ensuring that the outcome of the investment in the development of Health and Social Care Localities feed into the evolving work plan for the Academy. The recently commissioned workforce skills analysis work will feature heavily in the development of future schemes to ensure that they meet the needs of our population. As will the learning from COVID-19 and the Research, Innovation and Improvement Hub led collation of lessons learnt, innovation and most significant change work.

### ***Health and Social Care Localities Development***

Whilst initially focused on the development of Advance Practice in General Practice, the Academy has invited all contractor functions to complete an online questionnaire to shape the focus of the Academy.

### ***Clusters***

From the outset the Academy has worked with the Clusters via the Cluster Leads group and the Area Cluster Teams. Identifying opportunities to introduce new roles, establish stronger links and collaborative working. Working with the Clusters to introduce new roles through fully funded posts and practice attachment fees which recognises the need to facilitate and fund time specifically for education and training at a practice level. Clusters have been instrumental in developing the schemes to meet their local needs.

### ***Welsh Ambulance Service Trust***

The Academy leads the Project Management function for the Pacesetter collaborative with Welsh Ambulance Service Trust. In addition to the Pacesetter project, the Academy has been instrumental in finding and providing clinical placements for Trainee Advance Practice Paramedics across north Wales and specifically at Healthy Prestatyn lach where the Trainee APPs have been working alongside the Multi-Disciplinary Team with a dedicated GP mentor, and in our Health Board Managed practices in Anglesey, where two Trainee APPs were based and mentored for 8 months.

### ***Independent and Managed Practices***

The Academy has established strong links across a number of independent and health board managed practices through the establishment of the Pacesetter Project and Internship scheme and has established the Primary Care Training Hub at Healthy Prestatyn lach. The Training Hub with a dedicated Clinical Practice Development lead GP funded by the Academy to support a cohort of Trainees and in the delivery of a bespoke programme of education supporting the ongoing development of an Advanced Clinical Practitioner in Primary Care competency and education framework.



	<p><b>Developing Partnerships</b></p> <p>Moving forward the Academy will establish and develop links with:</p> <ul style="list-style-type: none"> <li>• the Local Medical Council,</li> <li>• Local Dental Council</li> <li>• Community Pharmacy Wales</li> </ul> <p>This will be achieved in part through the implementation of the plans described in this business case and through local level engagement.</p>
2.4	<p><b>Relevant National and Local Strategies</b></p> <p>As detailed above, these include:</p> <ul style="list-style-type: none"> <li>✓ A Healthier Wales (2018)</li> <li>✓ Health Education and Improvement Wales (January 2019)</li> <li>✓ Primary Care Model for Wales (April 2019)</li> <li>✓ Strategic Programme for Primary Care (November 2018)</li> <li>✓ Multi professional roles within the Transforming Primary Care Model in Wales (2018)</li> <li>✓ Prudent Healthcare</li> <li>✓ BCUHB Three Year Outlook and 2021/2022 Annual Plan</li> <li>✓ Primary Care Questionnaire Feedback</li> </ul>
2.5	<p><b>The Case for Change</b></p> <p><b><u>Delivering the new model for primary care:</u></b></p> <p>Public Health Wales, Welsh Government and NHS Wales have worked collaboratively to develop the “<u>New Model for Primary Care</u>” which calls for the development of a number of areas across Primary Care including the following where the Academy can be instrumental in delivering:</p> <p><b><i>Seamless Working can be described as:</i></b></p> <p><i>Staff working together across different departments; it increases efficiency and ensures the local community can access clinical, social and managerial expertise. Coordinated teams include professionals like pharmacists, community nurses, physiotherapists, social workers, paramedics, physicians’ associates, occupational therapists, mental health counsellors, dieticians, third sector workers and other local authority staff, who manage the everyday needs of the local population.</i></p> <p><i>Coordinated teams break down barriers within local health and social care systems to promote integration of services and cultural change, to benefit the local community.</i></p> <p><i>Additionally, there are joint contracts, shared working spaces and learning sessions, and opportunities for professionals to rotate between different sectors. There are many models that promote more seamless or collaborative working, such as federations and social enterprise.</i></p> <p><b><i>Integrated care for People with Multiple Care Needs</i></b></p> <p><i>Integrated working supported GPs and advanced practitioners to have more time to care for people with multiple needs, who are often elderly with more than one illness. As a result, significantly longer consultation times are needed to assess, plan and coordinate anticipatory care.</i></p>

*People with both health and social care needs can be supported by uninterrupted care from community resource teams and other integrated local health and care teams.*

*Welfare, housing and employment problems can be better managed through a whole system, multi-professional approach. Coordinated teams are also well placed to care for acutely ill people who can be treated at home and at community centres. These community teams can also facilitate a faster discharge from hospital.*

*This seamless model offers a more proactive and preventative approach to care, and when people are treated earlier, they respond better to advice and support for self-care, which results in better outcomes and experiences for people and carers.*

*The model can potentially offer a wider range of planned care for the community, including outpatient appointments and treatments, and diagnostic tests. It could also reduce referrals and unplanned appointments, allowing hospital staff to focus resources on those who require hospital care and on planned specialist care.*

*The proposed for the continued sustainability of primary care, this multi-professional workforce are required to meet the health needs of the population. These alternative professionals do not replace the GP however they are a viable substitute and complementary to the medical workforce to best meet the needs of the population.*

#### **Workforce Sustainability:**

In order to address the recognised shortfall of GPs entering the workforce in the coming decade and coupled with expected number of GPs retiring from and/or leaving the workforce, the increasing complexity of the health needs and longevity of the population alternative service models are now required.

The Primary Care and Care Closer to Home Update Report (November 2019) details the current and projected workforce for primary care over the coming decade, this workforce analysis suggests that between 150 and 240 more GPs are required than are forecast in the current system.

Based on the projected GP deficit, alternative roles are required to maintain and sustain GP Primary Care services.

For the purpose of demonstrating the workforce skill mix replacement the following ratio has been developed:

1 x GP	0.5 WTE B7
	0.7 WTE B8A
	0.4 WTE B8B
	0.3 WTE B8C

Therefore based on the projections of between 150 and 240 GP deficit in the system by 2029 the following number of practitioners is required.

Band	150 GP Deficit	240 GP Deficit
Band 7	75	120
Band 8A	105	168
Band 8B	60	96
Band 8C	45	72
Total	285	456

The scenarios above suggest a “steady state” and a workforce already in place from which to work from.


### **Findings from the Primary Care Stakeholder Questionnaire:**

94 individuals completed a questionnaire (93 English, 1 Welsh), with the majority working in Primary Care North Wales.

Primary Care contractors were advised that the survey could be completed by individuals or as a Practice, it is assumed that the majority of the Practice Managers completed on behalf of the clinical and administrative teams in the practice.

Profession	Total number of responses
Practice Management	29
Nursing	28
Medicines Management/Pharmacy	27
GP	5
Physiotherapy	2
Informatics	1

Responses were received from all Cluster and the full report can be found below

Primary Care Questionnaire Findings V4	 PC Questionnaire Findings V4
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Of particular note are the following:

When asked “What Can the Academy do to support you and your practice?”

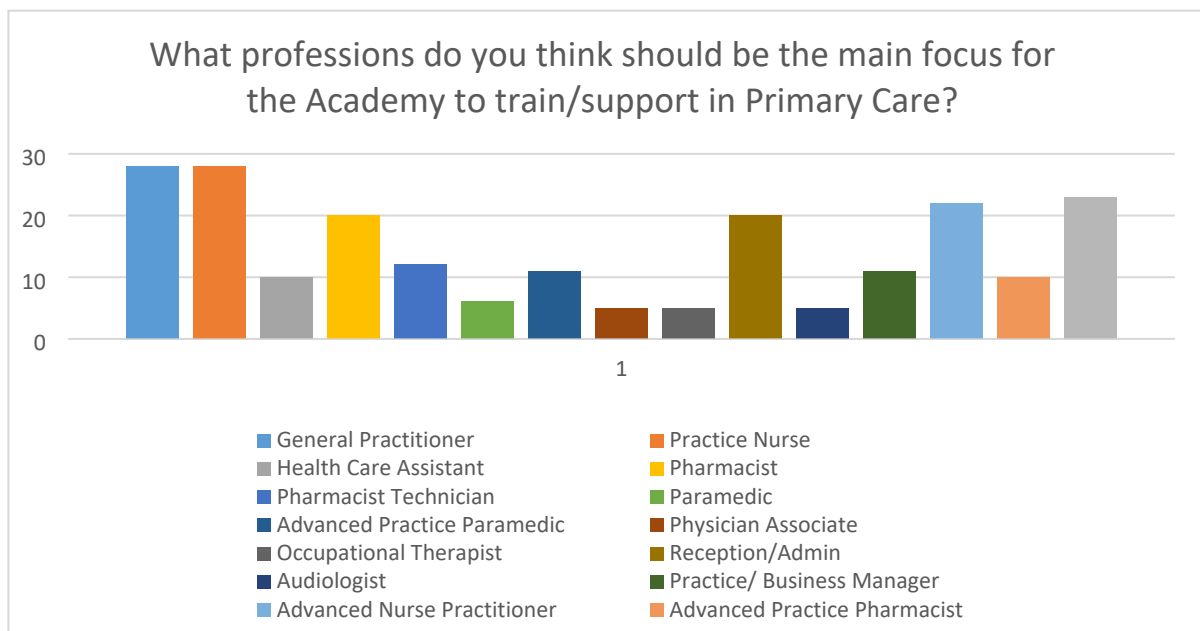
Top 6 highest scoring responses from a pick list where:

1. Provision of relevant training modules
2. Coordination of Advance Practice Training Opportunities

3. Arranging mentorship and clinical supervision for developing advance practice practitioners
4. Packages of coordinated support and advice for practices
5. Extending the knowledge base in prudent primary and community health service
6. Support for practitioners interested in research and innovation

We asked colleagues what professionals we should focus on in Primary Care, the top 6 (scoring 20 or more) are detailed below were GP, Practice Nurse, ANP & NP

GP	28
Advanced Nurse Practitioner /Nurse Practitioner	45
Advanced Pharmacist Practitioner/Pharmacist	31
Reception and Admin & Business Management	31
Practice Nurse	28
Advanced Paramedic Practitioner / Paramedic	17



In

addition, we asked colleagues:

**What do you think would be the most suitable way of expanding training capacity in Primary Care?**

**Training hubs**, development of training hubs within a small number of practices, providing dedicated support & training to professionals. Development of clear training plans for a standardised approach to placements and training, dependent on profession.

**Practice based training**; HEIW and the Academy team will support students to find placements in North Wales, and provide standardised training plans for each profession.

**Stay the same**; Practice based training, with no input from the Academy team.

The highest scoring option (62 votes) was Training hubs; development of training hubs within a small number of practices, providing dedicated support & training to professionals. Development of clear training plans for a standardised approach to placements and training, dependent on profession.

Second option had 46 votes, Practice based training; HEIW and the Academy team will support students to find placements in North Wales, and provide standardised training plans for each profession. Both options will be developed, with a view that they could both work alongside each other, dependent on the needs of the Area or Cluster.

Over 70% of practices would like to offer more training in practice, the reasons they are unable to do so are mostly down space/ Premises, Capacity and Time.

The majority of practices 75% would be interested in being involved in a LES for training and education.

Rotational roles were viewed positively, as it was felt it would 'give greater understanding of the different areas of work and encourage cross working'.

Other positive comments advised it would encourage networking, confident independent working, support skill acquisition and succession planning. It was noted that the rotations would have to be long term to be fully established in the role and team. Concerns raised around continuing to train staff who would then go back to work in another department who will use their new skills, and Primary Care may not benefit.

Many professionals have asked for further clarity on how this would work in practice, so would need to be visited on a case by case basis.

**Benefits of an Academy Model:**

Introducing supernumerary fixed term trainee and internship posts, and funded fixed term Rotational Models ('try before you buy' approach) within Primary & Community settings provides the opportunity to meet the educational and training needs of practitioners either new to primary care or progressing their career to extended or advance practice safely and in an enriched environment focused on learning.

This approach recognises and values the input of the practitioner and mentor to allow for time and space to bring forward practitioners who will be well prepared and experienced to work as autonomous and independent practitioners in the high paced Primary and Community care environment.

The Academy model seeks to meet the needs of the workforce identified by HEIW stakeholder workshops held in 2019.

**Valuing and retaining workforce**: Creating a stable workforce that feels valued, reflected by reward and recognition including opportunities for development

**Workforce Shape:** Ensuring a flexible and sustainable workforce in sufficient numbers to meet needs

**Seamless Working:** Multi professional and multi-agency working to deliver excellent services to support new person centered models

**Education and Learning:** Ensuring a competent, capable and confident workforce who are supported to meet current and future service needs, and advance their careers

Additional benefits include:

- Increase number of extended and advance practice clinicians working within primary care;
- Practitioners working to the ceiling of their competencies within primary care due to increased confidence to practice by gaining support from and providing support to their Primary Care and Professional colleagues;
- Increase number of professionals both clinical and non-clinical who have received education and training in their relevant fields based on a skills gap analysis;
- Attracting practitioners to train, work and live in north Wales;
- Practitioners who feel valued and are valued;
- Equal pay for equal roles;
- Improved patient outcomes;
- Reduced waiting times;
- Increased capacity within primary care health settings;
- Improved communication between primary, community and secondary care and partner agencies;;
- Multi-disciplinary team working
- Multi skills practitioners able to work in multiple settings;
- Alternative careers options within the NHS family;
- Continuity of service and terms & conditions whilst training and working in Primary Care;
- Security of role with flexibility of care setting ;
- Integrated workforce;
- Whole system approach to patient care

The following table outlines a SMART analysis of the proposal:

Specific	Measurable	Attainable	Relevant	Timely
Increase the number of clinical and non-clinical professionals in primary care through a programme of training and education opportunities developed to meet the needs of the professionals at different times	<p>The success of this proposal will be measured as follows:</p> <ul style="list-style-type: none"> <li>• Number of professionals choosing to follow a career in Primary Care</li> <li>• Retention of staff post training</li> <li>• Retention of staff post retirement age</li> </ul>	<p>Subject to approval this plan is attainable</p> <p>Schemes have already been established on a small scale and can be expanded further subject to additional funding</p>	<ul style="list-style-type: none"> <li>• A Healthier Wales (2018)</li> <li>• Health Education and Improvement Wales (January 2019)</li> <li>• Primary Care Model for Wales (April 2019)</li> <li>• Strategic Programme for Primary Care (November 2018)</li> </ul>	<p>This business case has been developed to be delivered over a 3-5 year period. With a requirement for regular review against agreed milestones and KPI</p>

<p>during their career to support the sustainability of Primary Care services.</p> <p>To provide an evidence based approach to developing roles in primary care</p> <p>To contribute to the wider learning through a programme of research and evaluation based</p>	<ul style="list-style-type: none"> <li>• Increase in number of MDT professionals in Primary Care</li> <li>• Recruitment of suitably qualified / experience staff to vacancies in Primary Care</li> <li>• Increased capacity to meet patient demand in Primary Care</li> </ul>		<ul style="list-style-type: none"> <li>• Multi professional roles within the Transforming Primary Care Model in Wales (2018)</li> <li>• Prudent Healthcare</li> <li>• BCUHB Three Year Outlook and 2019/2020 Annual Plan</li> </ul>	
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Each Scheme can support a maximum number of professional per training period; this is dependent on the programme.

It is important to note that the Academy will not generate any additional capacity other than is currently already commissioned via the annual education commissioning cycle, it will however, upskill the workforce and upskill more of the workforce than previously planned for through the additional investment.





It creates supernumerary posts and associated funding for education and training for these posts.

It creates more trainee specific roles in supportive training environments and through the Health Board Training Hubs, these roles will be within multidisciplinary teams ensuring that practitioners are exposed to and learn about the role of other professionals in caring for the health and wellbeing of the population of north Wales.

This approach demonstrates the Health Boards commitment to the recruitment, retention and development of its workforce.

It demonstrates the Health Boards commitment to the sustainability of Primary Care through additional investment in training posts for the benefit not only of Health Board Managed Practices and the Out of Hours service but for the benefit of the Independent Practices and in the case of the rotational model other areas of the Health Service and System.

<b>Scheme</b>	<b>Number of benefitting Practitioners</b>	<b>Basis</b>
Physician Associate	4	Annually

	Advanced Clinical Practitioners	8 (16 in the programme over a 2 year period – 8 “graduating on an annual basis)	Annually (following first year)
	Community Pharmacists	15	Annually
	Rotational Working Training Model	10	18 months
	<b>Total in Training</b>	<b>43 (49)</b>	-
	New to Primary Care Education Programme	12	Annually
	Supporting Advanced Clinical Practice	16	Annually
	<b>Total Supported through Group Learning</b>	<b>28</b>	-
	Practice Nurse and HCA Training and Education Programme	TBC – dependent on level of funding secured	Annually
	Non-Clinical Workforce	TBC – dependent on level of funding secured	Annually
2.6	<b>Existing Arrangements and Future Plans</b> <p>A dedicated website has been developed for the Academy which provides a good overview of the successes to date, along with twitter and Facebook social media presence. Quarterly newsletters are also disseminated both locally and nationally.</p> <div style="text-align: center;">  <a href="http://www.paccacademy.co.uk">www.paccacademy.co.uk</a>   Academy North Wales   @nwacademy1  #APPSinPrimaryCare   bcu.Academy@wales.nhs.uk </div>		



# QUARTERLY UPDATE

The latest news and updates from the Primary & Community Care Academy



## IN THIS ISSUE

### Primary Care Advanced Clinical Practitioners Forum

#### Pacesetter - Advanced Paramedic Practitioners (APPs)

#### Physician Associates Internships

#### eConsult

#### Training for Admin/ Reception Staff

#### Academy Training Hub at HPI

### Primary Care Advanced Clinical Practitioners Forum

Advanced Clinical Practitioners working in Primary & Community Care are invited to attend an informal forum focused on Primary Care presentations, Case Studies and Networking. These forums can be used towards your CPD hours.

Following on from feedback from attendees, we have made a few changes that we hope will improve the forum going forward.

Firstly, the sessions will be focused on 5 key items about a topic, and will be held at 5pm...or as we have called it 5 @ 5!

These sessions will be focused on 'bite size' learning for Primary Care Advanced Clinical Practitioners, breaking down complex subjects into more manageable chunks with five take home learning outcomes that can easily be put in practice.

Dates for your Diary! 5pm - 6pm via Microsoft Teams;  
2nd March - Top 5 Tips for Managing ENT problems in Primary Care  
6th April - Top 5 Tips for Management of Menorrhagia in Primary Care  
4th May - Top 5 Tips for Management of Heart Failure in Primary Care

To book a place, please email [BCUAcademy@wales.nhs.uk](mailto:BCUAcademy@wales.nhs.uk)

The funding source for the Academy is the Primary Care Investment Fund Grant, it funds the following posts on permanent basis:

- Academy Manager (8A) x 1 wte
- Academy Development Manager (B6) x 1wte
- GP Clinical Practice Development Lead GP x0.8wte
- Consultant Nurse Primary Care (8C) x 0.25wte

Training schemes have been designed to ensure that training/internship posts are supernumerary and include funding for education and training, with designated clinical programme leadership input included.

It is evident from on the ground experience that staff need time and support to develop into better practitioners; it doesn't happen overnight and it doesn't happen quickly if staff are required to do the day job too.

In order to develop and train good quality practitioners at scale and with pace there must be sufficient investment in training roles across the professions working in primary and

community services and in securing mentors and clinical supervisors to support the practitioner.

### **1. ACADEMY MANAGEMENT AND INFRASTRUCTURE**

Additional investment required to fully implement the Academy Business Case and to provide a robust professional and management structure to support all of the programmes described in the Business Case. The Team will work closely with HEIW and the development of the Multi Professional School for Primary Care, the Universities and the North Wales Medical School Programme Group and in breaching the gap between Primary and Secondary Care and the gap between Primary Care Contractors.

Additional funding is sought for:

1. Lead Research Officer to meet the Academy's function of:
  - Develop, test and evaluate pilot projects including Welsh Government Pacesetter Projects
  - Extending the knowledge base in prudent primary and community healthcare, and the multidisciplinary social model of care
  - Support for practitioners interested in research and innovation
2. Non – Registered and Practice / Community Nurse Development Lead to support the development of this workforce including (but not limited to):
  - HCA
  - Practice Nurses
  - Treatment Room Nurse
3. Skills & Training Manager to support the development of the non – clinical workforce to include (but not limited to):
  - Navigators
  - Administrators
  - Practice Managers
  - Receptionists

This role will support all Primary Care contractor services
4. Clinical Medical Lead, this post will ensure clinical governance and oversight linking with Area Medical Directors, Clinical Leads and Clinical Directors for Medical Education in the development of the Academy and in the development of the North Wales Medical School
5. Professional leads for the development of the Extended/Advanced and Consultant workforce in Primary and Community:
  - i. Nursing – 0.4wte
  - ii. Pharmacy and Medicines Management – 0.4wte
  - iii. AHP – 0.4wte

These posts will provide strategic leadership and development of the workforce in line with the emerging framework for Extended/Advanced/Consultant practice. They will act as Mentors and Advocates for the MDT in Primary Care.

6. The appointment of Senior Admin Officer post to support the Core Academy Team and the Academy schemes

### **Office Space and Training Rooms**

Office space and training rooms are at a premium within the Health Board sites and within those of our Partners. With the proposed growth of the team and schemes included in this Business Case the investment in securing offices off site with access to training rooms, shared workspace and that are easily accessible for north Wales are now required.

Suitable multiuse space has been identified in the Optic Centre, St Asaph Business Park, Denbighshire. An SBAR paper has been drafted to seek ET approval for the short term leasing of office/multi space; however this will be further reviewed in relation to possible options available as a result of changes in premises use as a result of the pandemic.

Discussions are now ongoing with colleagues leading the development of the Dinerth Road development to secure long-term office / training space.

SBAR – lease for temporary accommodation



20201022 SBAR for the approval to secu

## **2. ACADEMY TRAINING HUBS AND SPOKES**

This programme focus on fixed term supernumerary training roles and dedicated trainers in larger multi professional Health Board training practices focused on training and developing the next generation of clinical practitioners. Training Hubs will accommodate a range of trainees including undergraduate and postgraduate students alongside Trainee Posts following MSc modules.

### **Inter Clinical Learning**

The establishment of Training Hubs will facilitate the development Inter Clinical Learning with the make up of students and trainees based at the Hubs from a range of different professional backgrounds and at different stages of the career development / education pathway. With an In House faculty of multi professional trainers/mentors the Hubs offer the perfect training and learning environment for a range of learners

The recently published paper Strasser and Berry shares the learning from Ontario and the model of Inter Clinical Learning – a team of trainers delivering learning to team of learners. The professional mix of both learner and trainer will further enforce and embed the model for primary care now and in the future of a multi professional workforce.

### **Healthy Prestatyn lach Training Hub**

The current Academy Training Hub is located at the Health Board Managed Practice – Healthy Prestatyn lach; the flag ship GP practice for the Health Board based in the Central Area, promoting the new model of primary care, with a registered population of approximately 20,000 patients across a broad demographic.

This is where the multi-disciplinary team model was first established in Wales and this has since been adopted as the preferred model for “The Model for Primary Care”.

The approach in place provides training, education and practical exposure to a broad range of patient at a large practice with a MDT and a focus on the de-medicalisation of health with a shift to the social model of health is best placed to nurture the next generation of practitioners and experience all elements of primary care practice with a broad range of practitioners.

This business case seeks to provide **three additional Training Hub in north Wales**, as this is the preferred model as evidenced through the Primary Care Stakeholder questionnaire and further reinforced at a HEIW Conference held in October 2020.

In addition to the Training Hub in HPI, two Training Hubs will be established in the West with the fourth site yet to be agreed.

Core funding is therefore sought to establish 3 further (4 in total) Training Hubs in north Wales:

1. 16 x Supernumerary 2 year fixed term training posts (8 x posts in year 1 and a further 8 in year two, to have a rolling intake of practitioners)
2. 6.0 WTE permanent Clinical Practice Development Leads (GP/Non-Medical), to be based at the Academy Training Hub sites (1.5wte in each site)
3. The appointment of a Training Hub Manager to ensure that the implementation, learning, administrative function including recruitment etc. is managed locally (Band 7).

Training Hubs will also support a variety of other professionals requiring observational / learning placements including offering a multi professional / inter professional learning environment supporting the next generation of clinical professionals.

Training Hubs will host C21 Medical Students, Trainee Pharmacists and Physician Associates (both Trainee and Internship posts).

### **(Training Hub) and Spoke Schemes**

Training/Internship Schemes based at sites in addition to the training hubs are essential to meet the workforce needs of the future. It is therefore intended that in addition to the Training Hubs that there are Academy Spokes throughout the region.

Funding is sought to deliver the following schemes at the Spoke sites:

1. Physician Associates in Primary Care Internship Scheme

### **Physician Associates**

Physician Associates are fairly new roles in Wales. This is a profession that developed quickly in England and has been introduced in Wales via a HEIW commissioned MSc course at Bangor University. The first cohort of student graduated in November 2018 and the course is now in its 5<sup>th</sup> year with the 3<sup>rd</sup> year graduating in November 2020.

Planning is ongoing with the development of a Business Case, lead by Workforce and OD for the employment and deployment of the Physician Associate workforce, it is expected that this business case will be completed in 2021/2022 for 2022/2023 funding.

The Bangor University graduating Physician Associates have all received a bursary from HEIW to train and subsequently work in Wales. To date, the Physician Associates that

have secured employment via the Health Board are employed on a short / fixed term basis. All PAs are expected to be employed for a minimum of 18 months in Wales and is a requirement of their bursary.

The Faculty of Physician Associates (FPA) recommend a 6-18 month Internship for all newly qualified Physician Associates (PAs).

Currently, there are three newly qualified PAs following a 12 month Internship in Primary Care. These posts were offered on a fixed term basis and substantive posts within Primary Care are yet to be identified. Feedback to date has been positive but due to the nature of the role and its newness in Primary Care in North Wales it is unlikely that newly qualified PAs posts will be advertised by Independent Practices in the immediate future or on a frequent basis until through Internships like these we have been able to evidence the value of the role.

In addition to Bangor University, the course is also offered at Chester University which would serve Primary and Community Services in the East Area.

These practitioners are graduating year on year, by the nature of their education and the role designed to be a generalist, they are very well placed to work in both In and Out of Hours Primary Care. PAs are employed routinely in Urgent Care Centers in England.

Through the development of this Internship Programme and by placing the PAs in individual practices it is envisaged that this will be an attractive option for Independent Practices to test the role in their own practice with little financial risk and a potential gain.

The Scheme requires a Clinical / Educational Lead and investment in developing the role and embedding it within Primary and Community Services through the appointment of a part time Physician Associate Ambassador. This role has been widely adopted within England to support the pastoral and professional development of the role as it becomes embedded within the Health Service.

Work is ongoing with colleagues in Secondary Care, Medical Education and WOD to develop an Integrated Internship model for Physician Associates in the Health Board and a Business Case to support.

### **3. DEVELOPING ADVANCED CLINICAL AND CONSULTANT PRACTICE**

#### **Community Pharmacists**

The role of the Community Pharmacist is becoming more important and is a central component in the sustainability of Primary Care services. Increasingly Community Pharmacy is becoming the first point of contact for Patients and more so during the recent pandemic. With this development comes the need to develop the skills and knowledge of the Pharmacists and the team to support the increased flow of patients / customers.

#### **Non - Medical Independent Prescribers**

Non-Medical Independent Prescribing is one element that is becoming increasingly important, funding for backfill for the Pharmacist and course fees is available via HEIW however securing a Designated Prescribing Practitioner (DPP) and providing financial compensation for supervision is not.

Therefore, the Academy will support up to 15 Non Medical Independent Prescribers from Community Pharmacies to support them to secure a DSMP through a £2,500 Practice

Attachment fee. Recognising that the Community Pharmacist will require a minimum of 90 hours supervised practice

In addition, a further £500 will be made available to the DSMP to conduct up to 5 (£100 per meeting) post qualification review meetings to support the Pharmacist consolidate their learning.

#### Prescribing in Practice

In some circumstances, and more so recently in light of Covid-19, there will be a cohort of Community Pharmacists that are qualified Prescribers but for a number of reasons will not have deployed this skill, and will require the support of a supervisor to return to previous levels of confidence. The Academy will make up to £500 per returning practitioner available to facilitate time in practice with a GP or Senior Pharmacist.

#### Acute Illness and Contraceptive Services

The Acute Illness and Contraceptive Services have been commissioned from Community Pharmacies. These services will become “Advanced” Services that will be made available throughout Community Pharmacies in Wales from 2022.

However, until such time these are commissioned at a local level. There is a cohort of Pharmacists in the north Wales region that will require Contraceptive Training in 2021/2022. The Academy will make £500 available to each eligible Pharmacist in 2021/2022 to upskill in order to deliver this service in their Community Pharmacy.

#### **Developing Rotational Roles at Advanced Practice Level**

The current success of the Pacesetter Project: Developing the Advanced Paramedic Practitioner through a Rotational Model has been envied from the sidelines of a number of professions. The model is proving to be successful in relation to the development of the Practitioner at Advanced Practice level and the experience that is gained during their rotation into Primary Care is being applied when they are also in their substantive WAST role. The benefits identified to date which are considered transferrable (Although this is yet to be tested) is that Practitioners are reporting that they are more Patient Focused in their decision making and not process driven, they are making more informed decisions as a result of their exposure to patients in the Primary Care setting. They are able to improve their cycle times when deployed in WAST. In addition improved communication between WAST and Primary Care has been reported. The role has brought an increased understand of WAST to Primary Care.

This model has been tested with other professional groups including Nursing, Pharmacy and Medicines Management and Out of Hours it is felt that this would provide significant benefit to these professionals practicing in the Primary and Community Care setting.

This scheme has been designed to be delivered in partnership with the professional leads / groups identifying suitable applicants for the scheme. The Academy will fund the rotational element of the post for the term of the placement (18months).

This would add value to roles in areas such as:

- District Nursing
- CRT Practitioners
- WAST

- Community Therapists
- Mental Health Services
- Pharmacy and Medicines Management Services

The Model for Primary Care is based on the development of the Multi-Disciplinary Workforce this model will enable this

The Academy already offers a range of programmes including:

- **5 @ 5 Advanced Clinical Practice Forum**

The ACP Forum, established by one of our Consultant Nurses in partnership with a GP meets on a monthly basis.

Advanced Clinical Practitioners working in Primary & Community Care are invited to attend an informal forum focused on Primary Care presentations, Case Studies and Networking and the forums can be used towards CPD hours.

We have recently changed its format to encourage attendance and have extended its membership across the region, the forum is open to all practitioners in Primary Care and is extended to our WAST partners enabling multi professional learning opportunities.

- **ACP Making Reflective Practice Real (facilitated by Nurse Consultant & CPDL GP)**

This programme has been designed to meet the ongoing development needs of the ACP workforce. Recognising that there is significant clinical supervision / mentorship investment in practitioners when following the formal MSc route or as described above as they step into Primary Care but that there are few if any opportunities for AC Practitioners post qualification.

This programme will run for 1 year on a monthly basis and will consist of a small cohort of 8 practitioners. It will be facilitated by the Academy's Clinical Practice Development Lead GP and Nurse Consultant and offers a "safe" space to bring and discuss cases, share learning and a network of peers.

- **Primary Care Advanced Practice Competency Framework**

There is a range of practitioners in Primary Care and it is important to recognise that not all practitioners are at the same point of development when they enter the Primary Care Speciality nor do they all need to be competent to the same level – competency should be role specific.

This framework will describe the competencies required across Primary Care and map them to roles and the professionals that can undertake the role in Primary Care.

This framework will provide a comprehensive range of skills and knowledge underpinned with the detail of the competency to be achieved. A tool that can be used by professional and managerial leads to identify development opportunities/needs and personal development plans.

The aim of the framework is to be multifunctional and to be used in a number of different ways including:

- One off assessment tool to identify development needs

- Assessment and monitoring tool to support ongoing development needs as part of a training role
- Assess, Monitor and evidence competency through each identified domain via the completion of the evident portfolio

The Framework has been developed by a small task and finish group brought together for developing the content and trialling the framework across professional groups within Primary Care.

The Framework recognises the range of professionals working in Primary Care, the Model for Primary Care, the Multi-Disciplinary Team and the Multi Setting Practitioner

#### **4. SKILLS AND TRAINING**

##### **Developing the Practice Nurse and HCA Workforce**

This scheme offers a funded Band 5 Trainee Practice Nurse post, the scheme has been in place for a number of years and has 100% success rate. The funding for this scheme is via the Primary Care Investment Funds. Core Funding is now sought to develop 3 x 0.5wte Practice Nurse Development roles to deliver training and skills assessment at a practice level in addition to a discretionary funding pot for the development and delivery of a range of course to support the ongoing training needs of the Practice Nurse workforce in north Wales

##### **Developing the Non-Clinical Workforce**

The non-medical workforce is one that is often overlooked, increasingly with the advent of the 20+ GMS Contract resignations it is increasingly apparent there are not just training education needs for the clinical workforce. The Model for Primary Care also calls for the navigation of patients to the right source of information/care/services which can be undertaken with training by this workforce. It is therefore imperative that funding and leadership is provided within the Academy for this large workforce. In addition, to a strategic lead, discretionary funding is also sought to design, deliver or procure the education and training to support the development of this key workforce.

#### **5. PRIMARY CARE SUSTAINABILITY AND QUALITY IMPROVEMENT**

Whilst bringing new practitioners to Primary Care is essential for the sustainability of Primary Care service. It is also essential to support GP practices in other areas of issue including Recruitment and Quality in Practice. Therefore the following schemes are proposed:

1. Primary Care Recruitment and Retention Plan – through the recruitment of a dedicated GP and WOD support to develop bespoke packages of employment for GPs and other Primary Care practitioners, this will look to other programmes across the UK that have been successful in recruiting in hard to recruit areas; specifically NHS Scotland and Project Joy..
2. Improving quality in Primary Care in partnership with the RCGP – an in depth assessment of a practice with a detailed plan of action to improve. This has proven to be successful in England and is a service commissioned directly by the Clinical Commissioning Groups for Practices that are struggling with areas of quality



improvement or practice that have been subject to CQC inspections that have found areas of concern.

3. Improving Access – an opportunity to test news of improving patient access. Currently supporting the eConsult

**In summary there are 5 distinct elements to this business case:**

### **1. Academy Management and Infrastructure**

Additional investment required to fully implement the Academy Business Case and to provide a robust professional and management structure to support all of the programmes described in the Business Case. The Team will work closely with HEIW and the development of the Multi Professional School for Primary Care, the Universities and the North Wales Medical School Programme Group and in breaching the gap between Primary and Secondary Care and the gap between Primary Care Contractors.

### **2. Academy Training Hubs & Spoke Programme**

This programme focus on fixed term supernumerary training roles and dedicated trainers in larger multi professional Health Board training practices focused on training and developing the next generation of clinical practitioners. Training Hubs will accommodate a range of trainees including undergraduate and postgraduate students alongside Trainee Posts following MSc modules.

These Training Hubs will create additional training capacity to support the increase in C21 North Medical Student and the proposed North Wales Medical School.

### **3. Developing Advanced Practice Programme**

This programme incorporates the Community Pharmacy scheme, Developing Advanced Practice through a Rotational Model scheme and the range of peer to peer programmes. This programme will be linked to the Hub and Spoke Programme specifically in developing the Spoke sites.

### **4. Skills and Training Programme**

This programme area focuses on the development of practical skills and training for the Practice Nurse, Health Care Assistant and the non-clinical administrative and management staff in Primary Care

### **5. Primary Care Sustainability and Quality Improvement**

This scheme includes the GP / PC workforce Strategy, Improving Quality with the Royal College of General Practice and Improving Digital Access.

The Academy Delivery Plan 2021/2022 describes the work of the Academy in 21/22 and includes further detail regarding the work the Academy set out to achieve in this financial year. Annual report will be available in early May 2022.

The Table below sets out the financial plan required to deliver this business case in its totality. Funding increases in Year 2 of the Business Case (2023/2024) as the number of practitioners entering programmes increase. The costs have been broken down into fixed

and flexible costs – fixed costs are those associated with the Academy Team and Infrastructure and the flexible costs are those associated with training roles that will change as practitioners step on and off the schemes.

Primary and Community Care Academy Business Case						
Scheme	Proposed Budget FYE (2023/2024)	PCIF Funds	Additional Funding Requested 2022/2023	Additional Funding Requested 2023/2024	Fixed Costs	Flexible Costs
Academy Management and Infrastructure	530,132	136,747	393,385	393,385	530,132	-
Training Hub & Spoke Schemes	1,737,937	380,165	928,932	1,357,772	640,809	1,097,128
Developing Advanced Clinical Practitioners Programme (Level 7)	719,335	-	407,167	719,335	-	719,335
Developing Practice Nurse and HCA Workforce	349,246	184,278	164,968	164,968	64,968	284,278
Improving Access, Quality and Recruitment & Retention	268,897	268,897	-	-	123,897	145,000
<b>TOTAL</b>	<b>3,605,547</b>	<b>970,087</b>	<b>1,894,452</b>	<b>2,635,459</b>	<b>1,359,806</b>	<b>2,245,741</b>

2.7

## Issues and Risks with the Existing Arrangements – What is Wrong with the Status Quo

### Primary Care Sustainability

‘Primary Care Sustainable Health Services’ is identified as a key risk on the Health Board’s corporate risk register, featuring in the Board Assurance Framework (risk reference

BAF20-04), with the provision of a scaled up Academy and implementation of the all Wales Model of Primary Care, as two of the overarching mitigating actions.

### **The Model for Primary Care**

Delivering the Model calls for a multi-disciplinary workforce accessible 24/7, this will not be achievable without the investment in Training, Education and Recruitment.

### **Workforce Planning**

The Workforce analysis projections for Primary Care in north Wales over the next decade are forecasting a deficit of between 150 to 240 whole time equivalent GPs. It is therefore evident that new professionals and a more varied pool of practitioners are required to meet this workforce deficit.

Figures quoted assume a non – transformed primary care service, however, we have a very clear direction set by Welsh Government with the new model for Primary Care which is built upon a multi-disciplinary model that strives to ensure that GPs deliver primary and community based interventions that only they have the skills to deliver. With the requirement to develop a multi-disciplinary workforce to meet the needs of the patient population.

### **Capacity to support a shift in care from secondary to primary care services**

In order to deliver the strategic ambition of Care Closer to Home and a shift in care from secondary to primary and community care setting there is a need to develop the skills, knowledge and capacity within the setting. This shift will not be immediate and will require a competent, confident and experienced workforce. The current Pacesetter Project in collaboration with the Welsh Ambulance Service Trust (WAST) aims to develop Advanced Paramedic Practitioners (APP) in multiple settings. The current cohort of practitioners are rotating between the WAST Clinical Call Centre, the APP Response vehicle and Primary Care. The clinical skills and knowledge gained in Primary Care are proving beneficial to the APPs in the WAST elements of the rotation as is the knowledge gained in the development of local level relationship in the primary and community care setting.

### **Inability to deliver the ‘right care, at the right time, in the right place’**

Without the a sustainable primary care model that can meet the demands of the population, patients who cannot access the services they need will impact on secondary care services such as EDs.

Furthermore the primary care model very much supports self care and the de-medicalisation of care; patients need access to services to help them gain confidence and experience in managing their healthcare needs.

### **Health Board Managed Practices**

As at June 2021 there are 12 Health Board Managed Practices (serving around 90K patients). There are around 20 GP vacancies within this group of practices; some practices do not have salaried GPs which contributes to increased clinical risks, the Health Boards reputation, and surrounding practice and cluster sustainability.

### **Supernumerary Training Posts**

It is widely acknowledged that Education and Training is a key element in recruitment and retention of the workforce, there are very few supernumerary training posts within the

	<p>Health Board, this is limiting in terms of attracting professionals to new posts and in offering development opportunities.</p> <p><b>Developing New Professionals</b></p> <p>In September 2017, Bangor University commenced a MSc level of course for Physician Associates, to date, the Health Board does not have workforce plan for the recruitment and deployment of these professionals. Three cohorts have graduated to date with a further cohort due to graduate in November 2021, noting that an internship programme for primary care placements has been established by the Academy in 2019. This is a MSc educated and trained generalist healthcare professional.</p>
2.8	<p><b>Scope of the Case</b></p> <p>The development of the Academy is in response to a number of national and local priorities as detailed above.</p> <p>This Business Case has been developed to:</p> <ul style="list-style-type: none"> <li>• support the education and training of a broad range of professionals to within Primary and Community settings at Enhanced, Advanced and Consultant level</li> <li>• support the sustainability of services in Primary Care through quality improvement and recruit and retention of the workforce; develop, test and evaluate pilot projects and extend the knowledge base in prudent primary and community healthcare, and the multidisciplinary social model of care</li> </ul> <p><b>Drivers for Change</b></p> <p>There are a number of drivers for change detailed throughout this document including:</p> <p>✓ <b>Retiring Workforce</b></p> <p>There is an increasing number of GPs retiring from the Primary Care workforce earlier than predicted</p> <p>✓ <b>GPs in Alternative Roles</b></p> <p>In many cases GPs do not work 10 sessions and often have other roles working in other roles throughout Health and Education, there are a number of Clinical Director posts within the Health Board that are held by GPs, and in Higher Education such as Clinical Programme Directors.</p> <p>✓ <b>Mentorship and Supervision for non-medical Clinicians</b></p> <p>Many members of the Primary Care workforce within Managed Practices have identified training/learning needs with a requirement for ongoing clinical mentorship and this is reinforced by the stakeholder engagement undertaken by HEIW (see below).</p> <p>There is currently no programme of formal ongoing support for practitioners post MSc and whilst practitioners are able to develop this Advance Practice skills through the ACP programme when entering a field other than which they had trained in there is an increasing need to support them as you would a trainee for a period of time and thereafter.</p> <p>✓ <b>Recruitment and Retention</b></p> <p>Education and Training is a key element in the recruitment and retention of the workforce, and in increasing and developing the current and future workforce.</p>

Detailed below are ways in which each of these schemes are focused on the recruitment and retention of staff in primary care

### ***Health Board Managed Practices***

There has been a rapid increase in the number of Independent Practices resigning their contract over the last 4 years, often when this happens the preferred option is for the Health Board to manage the practice, whilst alternative options are explored. Often, no other alternative is available and the practices remain Health Board Managed indefinitely.

Over 20 practices have resigned their contracts for numerous reasons over the last 5 years (since April 2015) including, failure to recruitment partners, retirement and poor business management.

The Health Board now manages:

<b>Area</b>	<b>No. of Practices</b>
East	6
Central	3
West	3
<b>Total</b>	<b>12</b>

The Health Board Managed Practices offer the Academy, an opportunity to test new models and roles; however, this requires significant level of investment in supernumerary and supervisory roles. This approach has been tested in Healthy Prestatyn lach where a GP supervisors up to 11 practitioners all at varying degrees of their training. Whilst, the majority of these practitioners are substantive post holders within HPI, moving forward as we further develop the model and subject to funding, we will envisage this model attracting trainees that also attract an income e.g. Medical Students.

Investment in the Training Hub at HPI can also offer the delivery of a bespoke programme of tutorials to meet the education and training needs of the broader Health Economy workforce.

### ***North Wales Medical School***

The announcement in September 2021 that there will be an increase in the number of C21 North Medical Students from 20 to 25 from September, with this increasing from 25 to 40 students from September 2022 requires investment in the development of additional capacity in Primary Care to ensure that the successful Longitudinal Integrated Clerkship (LIC) in Primary Care can continue.

The LIC offers Year 3 Medical Students the opportunity to spend 1 academic year in a Primary Care GP Practice. To date placements have been found for the 20 students however the number set to double in 2 years with the Sept 2022 intake requiring placements from 2023.

The recent work of the Clinical and Placement Workstream of the North Wales Medical School Programme has tasked a sub group to scope the current capacity and demand for primary care placements for all undergraduate and postgraduate placements and this sub

	<p>group will report in early November. The Sub Group has identified a number of ideas to address capacity issues, which will require investment and these solution include Training Hubs, previously identified as a preferred solution through a 2019 Primary Care questionnaire.</p>
2.9	<p><b>Objectives and Benefits</b></p> <p>The Academy will focus on achieving the following objectives:</p> <ul style="list-style-type: none"> <li>• Increase the workforce capacity with Primary and Community care settings to meet the needs of the population</li> <li>• Increase the number of Education and Training programs designed to meet the needs of our workforce in Primary and Community Service</li> <li>• Develop, test and evaluate new ways of working/roles to ensure the sustainability of Primary and Community services and bring care closer to home</li> <li>• Increase the number of Research and Development studies within Primary and Community Services</li> </ul> <p>Benefits have been detailed in previous sections but include:</p> <ul style="list-style-type: none"> <li>• Improved sustainability across primary care and support to deliver the strategic principle to shift services out of secondary care</li> <li>• Increase number of extended and advance practice clinicians working within primary &amp; community services</li> <li>• Practitioners working to the ceiling of their competencies within primary care due to increased confidence to practice by gaining support from and providing support to their Primary Care and Professional colleagues</li> <li>• Increase number of professionals both clinical and non-clinical who have received education and training in their relevant fields based on a skills gap analysis</li> <li>• Practitioners who feel valued and are valued</li> <li>• Equal pay for equal roles</li> <li>• Improved patient outcomes</li> <li>• Reduced waiting times and improved access</li> <li>• Increased capacity within primary and community care health settings</li> <li>• Improved communication between primary, community and secondary care and partner agencies</li> <li>• Multi-disciplinary team working</li> <li>• Multi skills practitioners able to work in multiple settings</li> <li>• Alternative careers options within the NHS family</li> <li>• Continuity of service and terms &amp; conditions whilst training and working in Primary Care</li> <li>• Security of role with flexibility of care setting</li> <li>• Integrated workforce</li> <li>• Whole system approach to patient care</li> <li>• Recruitment and retention of the current and future workforce</li> </ul>
2.10	<p><b>Constraints</b></p>

	<p>There are a number of constraints that will impact the ability to deliver this ambitious programme of development to support the long term sustainability of Primary Care Services and these include:</p> <ul style="list-style-type: none"><li>• Funding</li><li>• Capacity (no of trainers/mentors) within Primary Care to support training placements</li><li>• Suitably qualified professionals to provide training</li><li>• Sufficient space within practice to offer training placements</li><li>• Level of investment in training posts</li><li>• Confidence that there will be permanent posts at the end of training contracts</li></ul>
2.11	<p><b>Dependencies</b></p> <p><b>Funding</b></p> <ul style="list-style-type: none"><li>• Health Board commitment to invest in Practice Development GP Mentor posts</li><li>• Health Board commitment to invest in supernumerary training posts</li><li>• Health Board commitment and recognition that Practices offering to undertake training should be financially compensated and that they are consistent and comparable practice attachment fees</li><li>• Ability to secure training placements in Independent and Health Board Managed practices</li><li>• Equal access to HEIW funding for course for Primary and Community Practitioners</li></ul> <p><b>Capacity / Space</b></p> <ul style="list-style-type: none"><li>• Ability to secure training places in practices due to space issues</li><li>• Primary Care Estates developments to include Training Rooms</li><li>• Requirement for accommodation for the Academy Management Team and delivery of training, education, supervision and mentorship.</li></ul> <p><b>Workforce Planning</b></p> <ul style="list-style-type: none"><li>• Ability to secure suitable posts for qualifying trainees following completion of training</li><li>• Ability to recruit Practice Development GP trainers</li><li>• Sufficient and timely input into workforce planning and IMTP development</li></ul>
3.	<b>Option Appraisal &amp; Preferred Option</b>
3.1	<p><b>Criteria for Option Appraisal</b></p> <p>In developing this business case, we have considered the following factors.</p> <div>Does it work?</div>

Factor	Comments	Considerations
Clinical Effectiveness	Is there evidence of clinical effectiveness	<p>There is considerable evidence to support the multi-disciplinary approach in Primary care.</p> <p>This approach is the basis for the New Model for Primary Care in Wales and has been developed to be delivered in both Health Board and Independent Practices within Primary Care.</p> <p>It is anticipated that this model will impact positively on the Secondary Care services as more services are delivered closer to home and this has been evidenced through the Advanced Practice Physiotherapists reducing demand on secondary care services.</p> <p>A focus on the Social Model of Care is key in the de-medicalisation of health through the multi disciplinary team approach.</p>
Health Gain	Is there evidence of a health gain? Life expectancy, quality of life and risk factor	<p>There is evidence of Patient Satisfaction and Patient Acceptance of the roles of advance practice practitioners from across the spectrum of professions in Primary Care.</p> <p>In terms of health gain, improved access to the right clinician will contribute to the Health Gains including quality of life, and risk factors</p>
<b>Does it add value?</b>		
Strategic Fit	Does it reflect the Health Board Strategic Goals or is it a national priority	As detailed in previous sections the development of the Academy has been in response to the national and local strategic context
Public and Political	<p>What is the public and political impact</p> <p>Need to reflect proportionality: a balance between the needs of a group of patients and that of the wider community</p>	Extended and Advance practice practitioners are becoming more publically and politically acceptable and this is evidenced through the adoption national “new model for Primary Care”.



			Primary Care sustainability and access continues to be raised by patients and local politicians.
Health Inequalities	Does it reduce or widen health inequalities?		Potential to reduce health inequalities as the number of clinicians enter the primary care workforce is increased.
<b>Is it the best way of delivering the service?</b>			
Impact on services elsewhere	<p>Is there an impact for other HB service areas or for other interventions?</p> <p>Is there an impact for non-HB services?</p> <p>Is it to be provided by the HB or be externally commissioned?</p>		<p>It is anticipated that the delivery of this business case will have a positive impact on other HB services areas including unscheduled care.</p> <p>The increase in Advance Clinical Practitioners in Primary Care settings, increasing capacity and navigating patients to the most appropriate services should reduce the number of inappropriate presentations at ED and Out of Hours.</p> <p>It has already been proven that the utilization of Advanced Paramedic Practitioners reduces conveyance rates, with a rotation in Primary Care it is anticipated that this further improve conveyance rates.</p> <p>The development of the Community Pharmacists will offer an alternative provider of services for certain conditions and as such redirect patients from GP practices.</p> <p>The introduction of the role of the Physician Associate has great potential to support the elderly and frail. With the move to the regulation of this profession and the introduction of prescribing rates in the coming years, this professional is key to the long term sustainability of services in the Primary and Community setting.</p>
Workforce implications	Will it increase, decrease or change human resources and skill mix?		<p>This will increase the human resource within the NHS in the North Wales Health and Social Care economy</p> <p>The role of the Extended Scope and ACP and PA is not to replace the role of the</p>

			<p>GP but to build resilience and capacity to ensure its sustainability.</p> <p>It will provide a firm and stable workforce on which to build on and will provide continuity of care for patients.</p>	
	Geography	Does it address the needs of our rural population?	<p>There are a number of schemes within this business case which will increase the number of clinicians throughout north Wales including rural areas.</p> <p>Schemes will developed to meet the needs of the local services, workforce planning and cluster needs analysis.</p> <p>One of the Training Hub Spokes is based in rural Gwynedd.</p>	
	<b>Is it a reasonable cost to the public?</b>			
	Affordability	<p>Does it release resources for alternative uses?</p> <p>What are the opportunity costs for other services or interventions (including those of partners?)</p> <p>Is it affordable?</p>	<p>This does not release resources for alternative users however, it is envisaged that the development and delivery of the schemes within the Academy and subsequent recruitment of trained practitioners to the Primary Care workforce will contribute to the sustainability of Independent and Health Board Managed practices; it should reduce the reliance on locum and agency staff.</p> <p>Increased costs associated with the Health Board Management of GP surgeries means that this model is not sustainable or an option to deliver at scale unless we are able to train sufficient numbers of practitioners to meet the needs of our population and to ensure that patients see the right professional at the right time.</p> <p>The opportunity lost in not supporting this business case is the loss of these professionals in Primary and Community services, the investment made by Welsh Government, Bangor University and the graduating Physician Associates being a part of the NHS workforce in north Wales.</p> <p>Ultimately timely, effective and compassionate care for our patients.</p>	

	Cost effectiveness	<p>What is the funding source?</p> <ol style="list-style-type: none"> <li>1. Existing Resources</li> <li>2. Disinvestment</li> <li>3. New Resource allocation</li> <li>4. Existing Pathway redesign</li> </ol>	A <b>new resource allocation</b> is required for the delivery of this Business Case.	
3.2	<p><b>Longlist of Options</b></p> <ol style="list-style-type: none"> <li>1. Do Nothing</li> <li>2. Do 'Something' – a scaled down option</li> <li>3. Do 'All Of It' – an option with a wide range of schemes</li> </ol>			
3.3	<p><b>Appraisal of Longlist and Creation of Shortlist of Options</b></p> <p><b>Do Nothing Option</b></p> <p>The Do Nothing option affords the Health Board the opportunity to stop the Academy programmes and re-deployment of the current team and for schemes currently managed by the Academy to cease. The majority of these will come to a natural end in March 2022 with the Trainee Programme concluding in February 2023.</p> <p><b>Do No More Than is Currently Being Done or the Do 'Something' Option</b></p> <p>The Do Something will maintain the status quo utilising the Primary Care Investment Funds to maintain a small number of schemes including:</p> <ul style="list-style-type: none"> <li>• Trainee Practice Nurses</li> <li>• Physician Associates in Primary Care Internship</li> <li>• Clinical Lead GP to provide mentorship to Trainees seeking places in Primary Care funded via alternative routes.</li> <li>• Project Flex focused on GP recruitment</li> <li>• Quality Improvement initiatives</li> </ul> <p>The impact would be significantly less with approximately 8 practitioners trained per year in Primary Care. The option would not facilitate the development of the Advanced Clinical Practice workforce or the ongoing development needs of the current workforce.</p> <p><b>Do 'All of It' Option</b></p> <p>The Do All of It Option will allow for the development of the practitioners within primary and community services with pace and within the capacity available within Primary Care, without undermining the other training places required i.e. GP Registrar training, C21 Medical Students etc.</p> <p>A successful Academy, fulfilling its wider functions, would also attract a new workforce to come to north Wales for employment.</p>			

	<p>The roll out of the programmes would be in a phased approach, with the increase in capacity in the schemes being increased during 2022/2023 and the establishment of the Training Hubs and appointment to key Academy Management roles as soon as possible.</p> <p><i>All 3 longlisted options are included in the shortlisting exercise in section 3.4.</i></p>
3.4	<p><b>Appraisal of Shortlisted Options</b></p> <p><b>Do Nothing</b></p> <p>All schemes currently funded via the Primary Care Investment funds would continue.</p> <p><b>Do No More Than is Currently Being Done or the Do ‘Something’ Option</b></p> <p>This option is better than the Do Nothing option, if we continue to fund a number of the proposed schemes using the current funding source this will add a small number of practitioners to the workforce over time but not at the pace required, to have the impact and outcomes required.</p> <p><b>Do ‘All of It’ Option</b></p> <p>The Do All of It Option will allow for the development of the practitioners within primary and community services with pace and within the capacity available within Primary Care, without undermining the other training places required i.e. GP Registrar training, C21 Medical Students etc.</p> <p>A successful Academy, fulfilling its wider functions, would also attract a new workforce to come to north Wales for employment.</p> <p>The roll out of the programmes would be in a phased approach, with the increase in capacity in the schemes being increased during 2022/2023 and the establishment of the Training Hubs and appointment to key Academy Management roles as soon as possible.</p>
3.4.1	<p><b>Appraisal against Non-Financial Criteria</b></p> <p>The following non – financial criteria have been developed for appraisal against the 3 options:</p> <ul style="list-style-type: none"> <li>• Do nothing</li> <li>• Do ‘no more than is currently being done’ or Do ‘something’</li> <li>• Do ‘all of it’</li> </ul> <p><b>The Criteria are:</b></p> <ol style="list-style-type: none"> <li>1. Is the model deliverable</li> <li>2. Will this impact the workforce numbers</li> <li>3. Will this increase recruit to posts in Primary &amp; Community settings</li> <li>4. Will this contribute to the delivery of the new model of care</li> <li>5. Will this support the shift of care</li> </ol> <p><b>Scoring Criteria</b></p> <p>Yes – 3</p> <p>Somewhat / Limited impact – 1</p> <p>No impact - 0</p>

Option		Appraisal	Score
<b>Do Nothing</b>	Cease all investment in the Academy	Assuming this options is to cease all schemes currently funded by Primary Care Investment Funds	1. 3 2. 0 3. 0 4. 0 5. 0 <b>Total:3</b>
<b>Do No More Than is Currently Being Done or the Do Something option</b>	A Do Something option is better than the Do Nothing option, if we continue to fund a number of the proposed schemes using the current funding source this will add a small number of practitioners to the workforce over time but not at the pace required, to have the impact and outcomes required	This model is currently in place and will enable a small number of practitioners to be introduced to the workforce approximately 9 per annum, this won't impact significantly to the recruitment of practitioners to P&C, attract new practitioners or develop those that are already in post and this option will not support a further shift of care	1. 3 2. 1 3. 3 4. 1 5. 1 <b>Total:9</b>
<b>Do All of It</b>	<p>The Do All of It Option will allow for the development of the practitioners within primary and community services with pace and within the capacity available within Primary Care without undermining the other training places required i.e. GP Registrar training, C21 Medical Students etc.</p> <p>A successful Academy, fulfilling its wider functions, would also attract a new workforce to come to north Wales for employment.</p>	<p>This option is deliverable with the aim of having a positive impact on the workforce, will increase recruitment to posts in primary care by developing summary numeracy training posts that ensure that new practitioners are supported through clinical supervision and education, dedicated leads and support to the practice.</p> <p>Access to funding for primary and community care specific training and education materials and courses.</p> <p>The schemes detailed in the business case bring forward practitioners from other settings to shift the care from the secondary care setting by providing opportunities for other system practitioners to</p>	1. 3 2. 3 3. 3 4. 3 5. 1 <b>Total:13</b>

		<p>This option would also release the funding currently used for these schemes to be invested in the development of new schemes and could be considered for developing the other areas of Primary Care including, Optometry, Dental and Community Pharmacy.</p>	<p>gain new skills, knowledge and experience in the P&amp;C setting.</p>	
3.4.2	<p><b>Comparative Costs</b></p> <p>This Business Case includes a number of schemes all of which can be supported by a Cost Comparison if required however one example to illustrate the Advanced Clinical Practitioner trainee scheme is detailed below.</p> <p>It is acknowledged that an Advance Clinical Practitioner cannot fulfill the same role as a GP however, it is acknowledged that they can fulfill elements of the role a GP has traditionally undertaken.</p> <p>We now need to move to a prudent healthcare model where we organise the workforce around the “only do what only you can do” prudent healthcare principle.</p> <p><b>Cost Comparison</b></p> <p><b>Example 1</b></p> <p>A Locum GP in a Health Board Managed practice is paid at £600 per day or <b>£75 per hour</b>, for the purpose of this business case the hourly rate has been used. On costs including Tax, National Insurance and pension contributions <b>are not included in this hourly rate</b>.</p> <p>An ACP at the top of the Band 8A scale will receive an annual salary of £63,977 which equates to <b>£32.80</b> per hour and <b>includes all on costs</b>.</p> <p><b>Example 2</b></p> <p>A salaried GP in a Health Board Managed practice is paid between £70,000 and £98,000 per annum (wte) dependent on length of service, experience and role played within the Practice e.g. Clinical Lead.</p> <p>This example compares the salary of a salaried GP with that of a GP Locum employed on the same WTE basis.</p> <p>The annual hours for a locum GP have been reduced by 300 (30 x 7.5hrs annual leave and 10 x 7.5hrs bank holiday allocation) resulting in 1,650hrs per annum at a rate of £75 per hour this equates to a salary before on costs of £123,750 with on costs this increases to £157,575 compared to a salary of £118, 602 which includes on costs for a salaried GP at the top of the DDRB.</p> <p><b>Non-Medical Practitioners</b></p>			

It is noted earlier in the document the forecast deficit of GPs in the coming years and workforce modelling proposes alternative workforce 1.9wte per GP made up of the following Bands:

Band 8C	0.3 wte
Band 8B	0.4 wte
Band 8A	0.7 wte
Band 7	0.5 wte

The cost comparison for this model is as follows:

Band 8C	0.3 wte	£24,151
Band 8B	0.4 wte	£26,775
Band 8A	0.7 wte	£40,203
Band 7	0.5 wte	£25,603
		£116,732 including on costs

Salaried GP 1 wte (top of DDRB Scale)	£118, 602
Alternative workforce model (1.9 wte)	£116,732
Locum (including on costs assuming 1650 hrs per annum)	£157,575

3.4.3

### **Risk Appraisal**

‘Primary Care Sustainable Health Services’ is identified as a key risk on the Health Board’s corporate risk register, featuring in the Board Assurance Framework (risk reference BAF20-04), with the provision of a scaled up Academy and implementation of the all Wales Model of Primary Care, as two of the overarching mitigating actions.

As discussed throughout the document there is very little option to do nothing as Wales, and the UK face an increasing shortage of GPs and the decreasing numbers of GPs within the current and projected workforce.

The availability of quality Primary Care services to meet the needs of the whole population, is a statutory responsibility of the Health Board and it is therefore key that we invest in developing the workforce to meet the emerging and increasing complex health and wellbeing needs of our population.

In addition, as an employer, we need to offer a vast array of roles that will attract and retain staff within services.

The following are a number of key risk all of which score highly which could be mitigated with the investment in the further development of the Primary and Community Care Academy and the proposed schemes.

<b>Risk</b>	<b>Score</b>
Increased number of Health Board Managed Practices	<b>Likelihood:</b> Almost Certain <b>Consequence:</b> Major
Inability to recruit / retain practitioners in Health Board managed practices	<b>Likelihood:</b> Almost Certain <b>Consequence:</b> Major
Dispersal of Patients as a result of resignation of contract or ability to deliver alternative option	<b>Likelihood:</b> Likely <b>Consequence:</b> Major
Inability to attract qualifying GPs to the region to ensure continued sustainability of Independent practice	<b>Likelihood:</b> Almost Certain <b>Consequence:</b> Major
Inability to retain staff retiring from General Practice	<b>Likelihood:</b> Almost Certain <b>Consequence:</b> Major
Inability to attract all professions to Primary Care	<b>Likelihood:</b> Almost Certain <b>Consequence:</b> Major
Inability to ensure other non medical practitioners are being supported to Advance Practice level in a safe environment	<b>Likelihood:</b> Likely <b>Consequence:</b> Catastrophic
Inability to modernize the workforce through new professionals e.g Physician Associates	<b>Likelihood:</b> Likely <b>Consequence:</b> Major

Through this business case we envisage that this risk assessment can be mitigated significantly

<b>Risk</b>	<b>Score</b>	<b>Mitigating Action</b>	<b>Score</b>
Increased number of Health Board Managed Practices	<b>Likelihood:</b> Almost Certain <b>Consequence:</b> Major	Development of the PA role to address workforce gaps	<b>Likelihood:</b> Possible <b>Consequence:</b> Major



			Offer fixed term training posts to address the workforce gaps in other services including Managed and Independent practices	
	Inability to recruit / retain practitioners in Health Board managed practices	Likelihood: Almost Certain Consequence: Major	Development of training / internship posts will attract candidates  Project Joy North Wales will have dedicated recruitment lead for GPs	Likelihood: Unlikely Consequence: Major
	Inability to attract qualifying GP to the Area to ensure continued sustainability of Independent practice	Likelihood: Almost Certain Consequence: Major	Project Joy North Wales will have dedicated recruitment lead for GPs  It is anticipated that the Implementation of the new model for Primary Care with sufficient workforce will be an attractive option for GPs, in addition, if GP Training practices participate as a Spoke	Likelihood: Possible Consequence: Major

			Practice, the trainee GPs will already be aware of the potential of the new model and the workforce skill set.	
	Inability to retain GPs retiring from General Practice	Likelihood: Almost Certain Consequence: Major	Being able to offer roles such as the Practice Development GP role or one that is designed through Project Joy north Wales to ensure that retiring GPs maintain clinical contact	Likelihood: Likely Consequence: Major
	Inability to attract all professions to Primary Care	Likelihood: Almost Certain Consequence: Major	Training roles are very attractive to professionals wanting to work in Primary Care as are bespoke roles for GP.  Development of the rotational model will attract new professionals to primary care and those from other specialities	Likelihood: Possible  Consequence: Major
	Inability to ensure other non medical practitioners are being supported to Advance	Likelihood: Likely Consequence: Major	Through the training programmes	Likelihood: Rare

	Practice level in a safe environment		and the appointment of Practice Development GPs practitioners will be supported throughout their training post	Consequence: Major
	Inability to modernize the workforce through new professionals e.g Physician Associates	Likelihood: Likely Consequence: Major	There is currently no plan within the Health Board to appoint Physician Associates other than through adhoc opportunities	Likelihood: Rare Consequence: Major
3.4.4	<b>Conclusion – Preferred Option</b> <p>The <b>‘Do All of It’ Option</b> is the preferred option, this will allow for the development of the practitioners within primary and community services with pace and within the capacity available within Primary Care without undermining the other training places required i.e. GP Registrar training, C21 Medical Students etc.</p> <p>It will have a greater impact on the sustainability of primary care services in north Wales, supporting improved recruitment and retention, education, training and research, promoting the region as a preferred place to work in primary care.</p>			
3.5	<b>Preferred Option Detailed Analysis</b>			
3.5.1	<b>Full Description of the Preferred Option</b> <p>The preferred option will include the establishment and ongoing development of:</p> <ul style="list-style-type: none"> <li>• 4 x Training Hubs in north Wales, each with a Clinical Practice Development GP Mentor providing oversight of the practitioners throughout the Training Scheme</li> <li>• 16 x Training Post for Advanced Clinical Practitioners on a fixed Term Contract that will complete the MSc Advanced Clinical Practice on a full time basis</li> <li>• Consultant Lead posts for Nursing, Pharmacy and AHP on a part time basis to lead the development of Enhanced/Advanced and Consultant Level Practice in Primary and Community Care.</li> <li>• A GP Clinical Lead providing clinical governance and oversight for the Academy</li> <li>• A lead Research Officer role to ensure that all Schemes delivered through the Academy are evaluated and learning is shared. The Lead Research Officer will be</li> </ul>			

	<p>responsible for working with the Trainee ACPs to develop their Dissertation proposal to ensure that it adds value to the learning.</p> <ul style="list-style-type: none"> <li>• an Internship Programme Physician Associates based at “Spoke” sites that have experience of developing the PA role in Primary Care and the establishment of a Physician Associate Ambassador Role to further embedded and develop the role of the PA in north Wales across Primary and Secondary care, supporting the development of the Society of Physician Associates in Wales (SoPAW), act as advocate for the PAs in north Wales and provide pastoral support where necessary.</li> <li>• The Developing Community Pharmacist scheme which will provide for the funding of Mentorship for Community Pharmacists who have been commissioned to provide Enhanced Services e.g. Minor Ailments. This scheme will not fund the University Placement, this will fund the mentorship element and time in GP.</li> <li>• The Rotational Advanced Clinical Practitioner programme, this scheme builds on the Pacesetter Project: Developing Advanced Paramedic Practitioners. This scheme will work with other Specialties/Professions e.g. Out of Hours to offer a rotational placement in Primary Care. The practitioner will rotate into Primary Care for 2 days per week and follow a programme of education and mentored placement. This will be a fixed term placement of 18 months. Applicants will be required to demonstrate Level 7 qualification prior to commencing this scheme. This approach is one that can also be adopted for New to Primary Care Practitioners.</li> <li>• A quality Improvement programme in partnership with the Royal College of General Practitioners (RCGP) to support practices who are experiencing sustainability issues or those seeking to improve Quality Outcomes at a Practice Level. And will link in with Improvement Cymru</li> <li>• GP Workforce Recruitment Strategy, a GP recruitment lead working with a dedicated WOD lead to develop bespoke packages of employment based on the preferences of the GP candidate (subject to organisational need). To work to develop alternative contract arrangement including block booking on/off arrangements, providing accommodation, rotational working, Mentorship, the scheme would work across Independent and managed practices.</li> </ul> <p>It should also be noted that this case assumes the recurrent allocation of Primary Care Investment Funds and seeks additional funding to extend the current programmes and Academy Team.</p> <p>The complexity of the offer of schemes will require a team well versed in Primary Care hence the requirement to have a number of part time clinical lead roles complimented by a management and administrative team. The addition of the Lead Evaluation Officer will ensure a robust approach to the collation, evaluation and dissemination of the learning from the programmes. In addition, the fixed term nature of the training posts and training budget will enable the flexibility required to meet the emerging and changing needs of the Primary Care workforce.</p> <p>Overall Management of the Academy Programme will be the responsibility of the Academy Manager in partnership with the Clinical and Consultant Leads for the individual schemes.</p>
3.5.2	<p><b>Impact on Activity and Performance</b></p> <p>A maximum 40 practitioners experienced in Primary &amp; Community care every 18 months will have a significant impact on the provision of services, with increased capacity to provide enhanced services in Community Pharmacies, to support the continued focus on delivering Care Closer to Home, on Choose Well and Choose Pharmacy.</p>

	<p>Furthermore the provision of education bespoke to Primary Care will address the needs of the 'new to primary care' practitioner</p> <p>The establishment of leads for the non-clinical workforce will support succession planning within Primary Care as the administrative workforce is also an "ageing population". The need to train new non-clinical leaders is essential to the sustainability of the services</p> <p>Clinical leadership will be key to ensuring all practitioners are working to the ceiling of their competencies within a clear and appropriate governance framework noting that testing/pushing boundaries are required but good governance must be maintained at all time</p> <p>The focus on quality improvement and recruitment is key to ensuring the workforce of the future and in achieving the best possible patient outcomes.</p> <p>Introducing new professions to Primary Care ensures a rich flow of practitioners and career development opportunities.</p> <p>The benefits listed in section 2.3.4 demonstrate that, by having a sustainable and innovative primary care workforce would provide consequential improvements in a range of performance measure and QI indicators across the health system.</p>
3.5.3	<p><b>Other Areas affected by the Proposal / Interdependencies / Assumptions</b></p> <p>Areas affected by this Proposal include:</p> <ul style="list-style-type: none"> <li>• Primary Care as a whole</li> <li>• Community Services</li> <li>• Community Pharmacy</li> <li>• Dental Services</li> <li>• GMS</li> <li>• Welsh Ambulance Service Trust</li> <li>• Area Teams</li> <li>• Secondary Care</li> </ul> <p><b>Assumptions:</b></p> <p>The following assumptions have been made. That the Health Board recognises and supports:</p> <ul style="list-style-type: none"> <li>• the implementation of the all Wales 'Model for Primary Care'</li> <li>• the need for investment in supernumerary training roles to ensure the sustainability of primary and community services</li> <li>• the value of rotational models in staff satisfaction and ultimately recruitment and retention</li> <li>• the investment Welsh Government, HEIW and University of Bangor have made in the development and delivery of the Physician Associate role</li> <li>• that the role of the Physician Associate is a role that can contribute to the delivery of Healthcare services in north Wales</li> <li>• the value of the commitment of practitioners to undertake training</li> <li>• the value of training and education in the recruitment and retention of staff</li> <li>• its responsibility to develop new roles in Primary and Community settings</li> </ul>

- and values the contribution GPs and Senior clinicians have in developing, training and educating other professionals
- the risk of not investing in training, education and mentorship

#### **Interdependencies:**

The following interdependencies have been identified

- Ability to identify Training Hub & Spoke sites
- Informed workforce plans to ensure that capacity does not exceed demand
- Ability to recruit and retain Clinical Practice Development Mentorship
- Adequate funding to secure mentorship
- Suitably qualified MSc Practitioners
- Opportunities to work with other services to develop rotational models
- Substantive posts within the system for practitioners to apply for

#### **HEIW**

The Academy recognises HEIW's key role in the development of the workforce and the work undertaken to develop its strategic plan. The Academy has established links with HEIW to ensure that where possible there is no duplication of work, that the information gathered as part of the 2019 HEIW roadshows influences is reflective in the outcomes of the schemes delivered through the Academy development and to maximise opportunities that are available via HEIW.

HEIW has recently held a Stakeholder Workshop (October 2020) to explore the development of Academies and Training Hubs. The workshop focused on developing the thinking, on influencing the future delivery of education and training in Primary Care to ensure the training and skilled workforce of today and tomorrow, and to shape the development of All Wales support and assistance to accelerate progress of local Primary Care Academies or Training Hubs to the deliver the Primary Care Model.

The Academy team continue to develop and strengthen joint working with colleagues in HEIW, sharing learning and innovative practice.

The proposed HEIW development of Locality Training Hubs is currently at the "Visioning" stage with a visioning paper published for comments in January 2021. The Academy was invited to share with the Executive Team leading on the planning for Locality Hubs in March 2021 and a draft version of this Business Case has been shared for information only with the Chief Executive of HEIW at the instruction of the Executive Director Primary and Community Care.

Members of the Operational Delivery Group and the Academy are embedded within the working groups and work streams of HEIW and the Academy is well placed to be further integrated with and test the Locality Training Hub model once progressed. In deed this may offer an additional or alternative income stream in the near future releasing funding.

#### **3.5.4 EqIA of the Preferred Option - embedded**



Equality Impact  
Assessment Screenir

4.

The Financial Case

4.1

Total Revenue Cost

The following table details all the planned investment requested through this business case.

In summary this Business Case seeks approval from the Health Board to provide a recurring budget of £2,864,539, from April 2022 which includes the PCIF Grant allocation of £970,087, with this increasing to a recurrent budget including PCIF Grant of £3,605,547 from April 2023

Additional Funding Requested in 2022/2023 is £1,894,452

Additional Funding Requested in 2023/2024 increasing to £2,635,459

Primary and Community Care Academy Business Case						
Scheme	Proposed Budget FYE (2023/2024)	PCIF Funds	Additional Funding Requested 2022/2023	Additional Funding Requested 2023/2024	Fixed Costs	Flexible Costs
Academy Management and Infrastructure	530,132	136,747	393,385	393,385	530,132	-
Training Hub & Spoke Schemes	1,737,937	380,165	928,932	1,357,772	640,809	1,097,128
Developing Advanced Clinical Practitioners Programme (Level 7)	719,335	-	407,167	719,335	-	719,335
Developing Practice Nurse and HCA Workforce	349,246	184,278	164,968	164,968	64,968	284,278
Improving Access, Quality and Recruitment & Retention	268,897	268,897	-	-	123,897	145,000
TOTAL	3,605,547	970,087	1,894,452	2,635,459	1,359,806	2,245,741

A detailed breakdown is shown in the embedded excel document



BC V14 Proposed  
Budget Breakdown

*A cost comparison exercise in terms of workforce roles in primary care is provided in section 3.4.2.*

**4.2 Capital Cost (If Any)**

Capital costs identified include IT equipment for new members of Academy Team if required and are included in non-pay for each of the schemes.

**4.3 Affordability and Source of Funding**

The case is seeking a commitment for Health Board recurring funding to ensure the sustainability and development of the Academy.



5.	<b>Governance and Project Management</b>
5.1	<p>Approval Route</p> <ol style="list-style-type: none"> <li>1. Chief Finance Officer</li> <li>2. Business Case Review Group</li> <li>3. Executive Directors/Team</li> <li>4. F&amp;P Committee</li> <li>5. Board</li> </ol>
5.2	<p><b>Project Management</b></p> <p>The responsibility for the delivery of this Business Case will sit under the Executive Director of Primary and Community Services, specifically with the Academy Strategic Leadership Group and the Operational Delivery Group, with operational deployment of this Business Case will be the responsibility of the Academy Manager overseen by the Assistant Director Primary and Community Services (Corporate).</p> <p>As noted throughout the document a number of these schemes are already well established and the business cases seeks to secure “core funding” to replace the Primary Care Investment Funds grant in 2022/2023. The details of the new investment requested in 2021/2022 is detailed in the embedded document in the Executive Summary.</p> <p>Noting that this is an ambitious programme to deliver the recruitment to key posts will be instrumental in its delivery, however, a number of schemes are well established and this business case will provide the infrastructure to bring this work under one umbrella with the aim of benefitting all.</p> <p>A Stakeholder Workshop is planned for early 2022 (subject to approval of this business case). The aim of which is to ensure that the Academy is aligning new roles and professions in Primary Care with the existing professional and operational governance of the Health Board and to ensure that there is an integrated approach to the development of the current workforce and to inform future workforce planning and education commissioning requirements.</p> <p>The appointment to the Professional Development Leads will be a key enabler to this integration and in providing assurances to the Health Board concerning professional governance.</p> <p><b>Governance Structure</b></p> <p><b><i>Strategic Leadership Group</i></b></p> <p>The Academy is overseen by the Strategic Leadership Group (SLG) and has been established to provide strategic direction, scrutiny and oversight to ensure the successful delivery of the Academy, the SLG will:</p> <ul style="list-style-type: none"> <li>• Be a decision maker</li> <li>• Provide clarity &amp; guidance</li> <li>• Agree Academy priorities</li> <li>• Manage risks, resolve issues and remove barrier</li> </ul>

	<ul style="list-style-type: none"> <li>• Monitor performance</li> </ul> <p>The SLG is chaired by the Executive Director of Primary Care and Community Services or nominated Deputy.</p> <p><b>Operational Delivery Group</b></p> <p>The Operational Delivery Group membership has representatives from across the professions to ensure that this voice is included in the Academy Action Plan, this does not replace the SLG but is anticipated that this group will form the basis of the Academy Faculty Committee.</p> <p><b>Academy Faculty Committee / Professional Development</b></p> <p>It is proposed that the Academy Faculty Committee will support the SLG and Academy Management Team; membership will be drawn from across the clinical and administrative professions to support the development and the delivery of the Academy and its programmes.</p> <p>The appointment of Professional Leads and the Clinical / Medical Lead will provide the professional leadership for their respective professions in Primary Care. Professional Leads will be required to actively engage and integrate with the structures already established within the Health Board bringing the professional development needs of the workforce working in primary care.</p> <p><b>Academy Management Team</b></p> <p>Supported by the SLG and Academy Faculty Committee, the Academy Management Team currently consists of an Academy Manager (reporting to the Assistant Director Primary Care &amp; Community Services), Academy Development Manager, and Clinical Practice Development GP. The Academy also hosts the Pacesetter Lead Research Officer post. The appointment to the Clinical/Medical Lead will complement the management team.</p> <p>The Clinical/Medical Lead will have line management responsibility of the Professional Leads and the Senior Admin Officer will provide administrative support.</p> <p><b>BCUHB Infrastructure to support the Team</b></p> <p>It is noted that this business cases seeks funding for roles that may be considered are already in place within the Health Board such as those within Education and Training, Research and Development. However, through the early establishment of relationships with key individuals in these areas it has become apparent that is a gap in the provision for Primary Care services, both in capacity and expertise, as this is often seen as the independent contractor responsibility. As the Health Board has a statutory responsibility to ensure the public have access to all primary care services, it is the commissioner of these services, as well as a significant provider through the delivery of GP Out of Hours services, urgent primary care, and Health Board Managed GP Practices, this is a gap that requires addressing.</p>
5.3	<p><b>Project Plan – Implementation Timeline</b></p> <p>Subject to approval of this Business Case the planning for the implementation of the Training Hubs will commence in Qtr 4 of this financial year. In the main all</p>

	<p>programmes are well established with a clear timeline for the appointment of Physician Associates, Supernumerary Training Role and those undertaking rotational roles with recruitment commencing in Qtr 2 2022.</p> <p>The appointment to the Academy Management team will commence immediately to ensure appointees are in place as soon as possible and the schemes wholly funded via the PCIF Grants are already in process of appointment or role out.</p> <p>A detailed programme timetable will be developed upon approval to progress in order to ensure that proposed timescales and time line are in achievable and current.</p> <p>Key dates for the establishment of the Training Hubs is Qtr 2 2022 with the appointment to the posts ahead of the start of the academic year.</p>
5.4	<p><b>Post Implementation Review</b></p> <p>This Business Case will form the basis of the Academy Annual Report, performance measure will be developed and approved via the Governance structure described in detail in this paper.</p>
6.	<p><b>Conclusions and Recommendations</b></p> <p>In conclusion, it is recommended that the preferred option within this Business Case is approved and fully funded on a recurrent basis. This would provide a commitment from the Heath Board for the long term support of the Academy and it's further progression to best respond to the Primary Care sustainability and workforce risks, as well as deliver strategic ambition in new models of care.</p>
7.	<p><b>Declarations</b></p> <p><input type="checkbox"/> The above information has been reviewed to ensure it is accurate and represents a true and fair view of the service to be provided, the benefits and the costs</p> <p><input type="checkbox"/> Where third parties have provided information this is in writing/e-mail format and they have confirmed it is correct to the best of their knowledge</p> <p><input type="checkbox"/> Where the business case has an impact on another Area/Division/Department the impact has been agreed with that Area/Division/Department in writing and the relevant Mangers have signed below to confirm</p> <p><b>Signed by:</b></p> <p>.....</p> <p><b>Chief Finance Officer      Executive Director      Asst. Director</b></p>

## **ADDENDUM to the Business Case: Progressing the Primary and Community Care Academy**

### **At the request of the Performance, Finance & Information Governance (PFIG) Committee**

The following additional information has been provided at the request of the PFIG Committee who reviewed the Business Case at the meeting held on 23<sup>rd</sup> December 2021.

#### **Benefits Realisation**

The Business Case describes a range of schemes focussed on the recruitment and retention of the medical, clinical and non-clinical workforce within primary care in particular. The overarching aim is to make north Wales the region of choice for primary care practitioners to train and work; to improve the stability and sustainability of services through targeted recruitment campaigns, development of a range of training and education programmes, and increased numbers of training practices and training roles; developing a pipeline of practitioners ready to fill vacancies, reducing the need to employ locums and agency staff. The appointment of permanent staff to vacancies provides services and patients with continuity of care, improving patient outcomes, staff satisfaction and improved morale, as well as providing the opportunity to innovate and deliver more care closer to home.

A Benefits Realisation Framework has been developed using the logic model approach. Each scheme in the Business Case has been reviewed to demonstrate Outputs, Outcomes, Short, Medium and Long Term Impacts, High Level Impacts and alignment to the IMTP Ambitions.

The benefits or return on investment of the Academy schemes within the Business Case include:

- Reduced locum and agency spend (comparative costs are detailed at 3.4.2 in the business case)
- Increased vacancy fill rate
- Improvement in recruitment and retention rates
- Improvement in staff satisfaction in the workforce
- Reduction in sickness rates
- Stable and sustainable primary care services
- Timely access to planned and urgent primary care
- Pipeline of highly competent, qualified and primary care ready workforce
- Development of structured career pathways in a primary care setting
- North Wales as a student and career destination of choice
- Improved population health
- Reduced health inequalities

An example from the Framework is shown in Appendix 1.

#### **Welsh Language**

The Academy supports the development of bi-lingual practitioners to meet the needs of the population of north Wales. The preference of our patients and professionals to communicate

through the medium of Welsh is embedded in the development and deployment of the Academy programmes.

The Academy has had many successes to date in recruiting Welsh speaking practitioners across north Wales, including Botwnnog, Criccieth, Porthmadog, Holyhead and Blaenau Ffestiniog.

Three bilingual Physician Associates have undertaken or are currently undertaking their Internships in practices and communities where they have the greatest opportunity to work through the medium of the Welsh and English languages. In addition the Welsh Ambulance Service Trust Advanced Paramedic Practitioners rotational programme has attracted a number of bilingual practitioners, one of which participated in the S4C Programme 'Helo Syrjeri'.

Within the Academy, we have a Welsh Language Champion who is working closely with the Health Board's Welsh Language Team and will be attending the Nant Gwytheyrn (virtual) Residential course in February 2022 to further develop her own bilingual skills in a business environment.

### **Review of risk assessment**

The sustainability of primary care services, specifically GP Practices, is identified as a corporate risk and is included in the Board Assurance Framework (BAF). The risk is described below:

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

*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 a deterioration in the population health, impacting on other health & care services and the wellbeing of the primary care workforce.*

The further development of the Primary and Community Care Academy is seen as a key mitigating action to address this risk, as well as support the delivery of the national primary care model.

It is recognised nationally that there is a shortage of GPs to meet the needs of the patient population. Data analysed to inform the Business Case and prepared to inform the Business Case for the Health and Medical Sciences School, demonstrated the need to focus on the recruitment and retention of the GP workforce for north Wales.

The key points are as follows:

- There are 745 GPs listed as active on the Welsh Medical Performers List (WMPL)
- 55% are actively working in General Practice as GP Partners or Salaried GPs
- 30.5% are working as locums
- 15% fall into the category of "other" (Registrar, Retainer/Returner/Other)
- An average of 28 GPs join the register on annual basis
- There is a steady rise in the number of GPs joining the WMPL as salaried GPs or Locums (rather than GP Partners)
- Based on the average age of retirement, (58 for female GPs and 60 for male GPs), **188** GPs may retire from General Practice in North Wales in the next five years. This equates

to **29.5%** of the total number of GPs registered on the WMPL as GP Partners, salaried GPs and locums (n=638)

This BAF risk is assigned to the People, Partnerships and Population Health Committee and is reviewed at each Committee meeting (bi-monthly). This is in addition to the regular review undertaken by the Executive lead, as well as being part of the full BAF review at the bi monthly Risk Management Group meetings.

In addition each of the Area risk registers for primary care services identify specific risks relating to workforce capacity, access and sustainability.

As requested, the detailed risk assessment included in the Business Case has been reviewed and refreshed (see Appendix 2). The identification and assessment of these risks was undertaken in partnership with Academy Clinicians all of whom are front line practitioners in Primary Care.

### **Clarity of recurrent funding required and the 2022/25 financial plan**

The Primary & Community Care Academy currently has a budget of £970,087 which is funded from a proportion of a ring fenced allocation from Welsh Government to the Health Board; the Primary Care Innovation Fund. This allocation is recurring and has supported the key achievements of the Academy to date.

The further development of the Primary & Community Care Academy was approved in principle last year as part of the Annual Plan 2021/22, which committed additional funding of £940k for 2020/21 and £3.2m 2021/22, subject to the approval of a business case.

This was one of a number of priorities earmarked against the additional strategic financial support provided by Welsh Government through the £30m performance fund for the next 3 years.

The development of the business case has taken several months and a final draft was presented to the Executive Team in early December, with a staged approach from 2022/23 proposed and supported. As such no additional funding above the current budget is required for 2021/22.

Furthermore, as the detail of the business case has developed, including a refreshed workforce plan and closer working with the project team of the proposed Medical & Health Sciences School, the funding required has been revised. Whilst the revised total allocation in 2023/24 is £3.6m, this now includes retaining the current ringfenced allocation from the Primary Care Investment Fund (£970K), which reduces the call on the WG Strategic Support/performance fund to £1.9m in 2022/23 and £2.6m in 2023/24.

It should be noted that of the total £3.6m budget required for the Academy (of which £907K is already funded), £1.4m is for fixed costs such as the Academy management team and lead clinicians, as well as infrastructure costs such as premises, with remaining £2.2m identified as flexible costs which relate to aspects such as training numbers, course fees, conference costs and fixed term supernumerary training posts. Whilst these elements are flexible, without the full allocation the aspirations of the workforce plan and associated delivery milestones would not be met.

The financial benefits or return on investment are challenging to quantify. However, as primary care workforce capacity and retention improves, quality of care, staff well-being and work/life balance also improve; which all contribute to a more efficient service across the whole system.

The reliance on locum support will also decrease. The cost pressure across the Health Board managed practices for 2021/22 is £2.7m against the forecast end of year position. This is predominantly due to the need for locums and agency staff, to cover the GP and advanced practitioner vacancies and sickness.

In addition there is a reliance on locums for other service developments such as the urgent primary care centres.

The Academy team will therefore work closely with the operational teams responsible for managed practices and other services, to support the delivery of cost savings.

The Business Case provides cost comparison detail and in summary notes the following annual cost differences:

Salaried GP 1 wte (top of DDRB Scale)	£118, 602
Alternative advanced practice workforce model (1.9 wte)	£116,732
Locum (including on costs assuming 1650 hrs per annum)	£157,575

It should be noted that sessional rates for locums are expected to rise due to increased demand.

A sustainable GP workforce will also impact on the cost of reimbursement to GP practices for locum cover for long term sickness. Furthermore, additional GPs employed with the option to expand their portfolio and have a mixed job plan supporting areas of special interest, such as mental health, emergency medicine, rheumatology and dermatology will also reduce locum costs in secondary care.

As the development of training and education across primary care is a national priority, it is envisaged that there will be opportunities to attract income to offset the cost of the Academy in future years, such as funding for medical student placements and GP trainees.

This is therefore a recurrent cost pressure of £2.6m from 2024/25 (of which £0.4m is fixed cost) should we not receive any additional transformational funding from Welsh Government.

The business case is supported by the Executive team and was included in the approved Annual Plan for 2021/22. The Executive Director of Finance has also allocated funding out of the WG Strategic Support in the years 2021/22 – 2023/24.

If by 2023/24 the locum spend in managed practices has not reduced by at least 40% (approx. £1.2m based on the number of practices at 2021) as a result of the implementation of the various schemes within the Business Case, then the effectiveness of the interventions will be challenged. With a proportion of the costs being flexible this will also allow a review of budgets if necessary.

The longer term impact should see a further reduction, particularly with the introduction of the Medical & Health Sciences School.

The Academy will work closely with the Managed Practice management team to review the impact of the schemes on workforce capacity and sustainability, alongside locum costs. The schemes will also support independent practices, in turn reducing reliance on locums and longer term sustainability.

The Health Board will need to review the quantitative and qualitative value the Academy is generating during 2023/24 and make a decision whether to continue to fund, which would require the identification of recurrent budget from within existing resources.

### **Financial summary of costs and funding sources**

The table below summarises the total cost of the Academy between 2021/22 to full year effect at 2023/24, along with the funding sources.

Academy Scheme*	Costs		Funding Source		
	Total Cost (2022/2023)	Total Cost (2023/2024)	PCIF Funds (already allocated 2021/22)	Additional Funding Requested 2022/2023 (performance fund)	Further Funding Requested 2023/2024 (performance fund)
Academy Management and Infrastructure	530,132	530,132	136,747	393,385	-
Training Hub & Spoke Schemes	1,309,097	1,737,937	380,165	928,932	428,840
Developing Advanced Clinical Practitioners Programme	407,167	719,335	-	407,167	312,168
Developing Practice Nurse and HCA Workforce	349,246	349,246	184,278	164,968	-
Improving Access, Quality and Recruitment & Retention	268,897	268,897	268,897	-	-
<b>TOTAL</b>	<b>2,864,539</b>	<b>3,605,547</b>	<b>970,087</b>	<b>1,894,452</b>	<b>741,008</b>

\* description of each scheme is in the main business case

In summary this Business Case seeks approval from the Health Board to provide a recurring budget of £2,864,539, from April 2022 which includes the Primary Care Investment Fund (PCIF) recurring allocation of £970,087 already being utilised, with this increasing to a recurrent budget (again including the PCIF allocation) of £3,605,547 from April 2023.

Therefore the:

Additional funding requested from the WG Performance Fund in 2022/2023 is £1,894,452.



Additional funding requested from the WG Performance Fund in 2023/2024 is a further £741,008.

### **The Academy as part of the Health Board Structure**

The Executive Director of Primary Care and Community Services is currently the lead Director for the Primary & Community Care Academy, with the Academy Manager and associated team within this corporate department.

However, during 2021/22 the Academy team has been working closely with the Executive Director for Workforce & OD, ensuring that a more integrated approach is developed with the wider organisation and associated functions of training, education, recruitment, retention and research.

### **Documents embedded in the Business Case reviewed by PFIG**

The business case reviewed by the PFIG Committee included a number of embedded documents. These documents have been removed, with summary detail added where required as well as two appendices.

BENEFITS REALISATION FRAMEWORK - Demonstrating the value of the investment in the Academy Work Programme				Impact				Alignment to IMTP Ambitions
Input / Scheme	Output	Outcomes	Measure	Short Term (1-2 years)	Medium Tier (3-5 years)	Long Term (5+ Years)	High Level Impact	
GP Recruitment and Retention Plan for Lifelong Careers	<p>Increase the number of GPs working in salaried and partner roles in General Practice</p> <p>Develop a range of roles that describe the roles and responsibilities of a salaried workforce in Primary Care with a salary scales consummate with the role.</p> <p>Develop a structure career route for senior clinician or management roles to support succession planning.</p>	<p>Improved sustainability of GMS Primary Care services</p> <p>Delivery of Care Closer to Home</p> <p>Improved patient access to Primary Care services</p> <p>Opportunities for career development and progression</p>	<p>Increase in the number of GPs registered on the WMPL in north Wales as a Partner, Salaried GP and Locum</p>	<p>Reduction in the number of unfilled vacancies</p> <p>Development of portfolio roles for newly qualified GPs to salaried positions in the Health Board</p> <p>Improvement in sustainability matrix practice scores</p>	<p>Improved availability of locum workforce</p> <p>Greater level of choice of applicants for GP vacancies</p> <p>Attraction of GPs to work in north Wales in General Practice and other roles</p> <p>Sustained improvement in the sustainability matrix scoring</p> <p>Increase in services being delivered Closer to Home through Primary Care settings</p> <p>Cessation of contract resignations</p> <p>Reduction in the number of unfilled vacancies</p> <p>Positive Student experience</p>	<p>Improved recruitment and retention of GP workforce in north Wales</p> <p>Improvement in non-medical staff recruitment and retention</p> <p>Improvement in staff morale and well being</p> <p>Improvement in the continuity of patient care</p>	<p>Improved Population Health</p> <p>Reduced Health Inequalities</p> <p>Stable and Sustainable Primary Care Services</p> <p>Provision of lifelong careers in Primary Care</p> <p>Resilient and Valued Workforce</p> <p>North Wales as a career destination of choice</p> <p>Timely access to care</p> <p>Rebalance funding and workforce to primary care</p> <p>Deliver Care Closer to Home</p> <p>Recovery of Planned Care</p>	<p>Excellent Care</p> <p>Right Place</p> <p>Employer of Choice</p> <p>Fair</p>
			<p>Reduction in the number of vacancies in Independent Practices and Health Board Services for GPs</p>					
			<p>Increase in the number of GPs becoming GP Trainers</p>					
			<p>Number of GPs developing a Specialist Interest through an Academy Scheme</p>					
			<p>Increase in the number of GPs joining the WMPL as GP Partners, Salaried GPs or Locums from outside of Wales</p>					
			<p>Number of GPs retiring and remaining on the WMPL post retirement and by status</p>					
			<p>Increase in the number of retired GPs moving to north Wales recruited as Salaried GPs, Locums, Mentors and Clinical Supervisors</p>					
			<p>Number of GPs remaining on the WMPL after the average age of retirement</p>					
			<p>Improvement in sustainability matrix practice scores</p>					
			<p>Number of GPs undertaking alternative roles to GP within the Health Economy</p>					

## Appendix 2: Revised Risk Assessment

Risk	Current Score	Mitigating Action	Subsequent Score
The risk of an increase in the number of GMS contract resignations	Likelihood: Almost Certain Consequence: Major	<p>Development and implementation of new models in primary and community care services and development of new roles and professionals to address workforce gaps</p> <p>Investment in supernumerary training posts to develop the workforce in parallel to meet projected workforce needs</p> <p>Work in partnership with Clusters to build resilience through the development of shared roles and training across services and setting to meet emerging workforce needs</p> <p>Creation of Training hubs to provide Inter professional and Inter clinical learning environments to facilitate the integration of the current and future workforce creating a culture of right professional, right time, right place and shared responsibility.</p> <p>Primary Care Recruitment and Retention Plan will span the career lifespan of the Primary Care practitioner from Student to pre/post retirement</p>	Likelihood: Possible Consequence: Major
Inability to recruit / retain experienced Primary Care practitioners	Likelihood: Almost Certain Consequence: Major	<p>Investment in supernumerary training posts to develop the workforce in parallel to meet projected workforce needs</p> <p>Creation of Training hubs to provide Inter professional and Inter clinical learning environments to facilitate the integration of the current and future workforce creating a culture of right professional, right time, right place and shared responsibility</p> <p>Development of portfolio roles, utilising the flexibility of terms and conditions and job planning to support the retention of the workforce in order to retain the skills, knowledge, experience necessary to support the development of the next generation of practitioners and delivery of services.</p>	Likelihood: Unlikely Consequence: Major

<p>Inability to attract qualifying GPs to North Wales to ensure continued sustainability of Primary Care</p>	<p>Likelihood: Almost Certain Consequence: Major</p>	<p>The appointment to the a dedication recruitment lead for GPs with a lived experience of Primary Care and complexity and challenges of managing a patient facing role and the personal and professional development aspirations</p> <p>Development and implementation of new models in primary and community care services and development of new roles and professionals to address workforce gaps</p> <p>Development of Training Hubs that provide GP Training places creating additional capacity in north Wales to offer more training places, support other practices to maintain their Training status and provide resilience in the system</p> <p>GP Training places in a MDT Training Hub that provides Inter professional education and Inter clinical learning opportunities to facilitate the integration of the current and future workforce creating a culture of right professional, right time, right place and shared responsibility</p> <p>Creation of training capacity through the development of the Training Hubs and Spokes to meet the training placements in primary care requirements of Bangor University Medical and Health Sciences School to support the retention of qualifying students locally within North Wales</p>	<p>Likelihood: Possible Consequence: Major</p>
<p>Inability to retain GP and Non-Medical Clinical workforce retiring from Primary Care</p>	<p>Likelihood: Almost Certain Consequence: Major</p>	<p>Primary Care Recruitment and Retention Plan will span the career lifespan of the Primary Care practitioner from Student to pre/post retirement to offer alternative roles and identify emerging themes regarding lifelong career aspirations.</p>	<p>Likelihood: Possible Consequence: Major</p>

Inability to attract all professions to Primary Care	Likelihood: Almost Certain Consequence: Major	<p>Training roles are very attractive to professionals wanting to work in Primary Care as are bespoke roles for GP</p> <p>Development of the rotational model will attract new professionals to primary care and those from other specialties</p> <p>Primary Care Recruitment and Retention Plan will span the career lifespan of the Primary Care practitioner from Student to pre/post retirement to offer alternative roles and identify emerging themes regarding lifelong career aspirations</p> <p>Training hubs to create Inter professional and Inter clinical learning environments</p> <p>Investment in Developing Training Hubs, our current workforce and training opportunities demonstrates the Health Boards commitment to staff development, well-being and personal and professional resilience</p>	Likelihood: Possible Consequence: Major
Inability to ensure non-medical practitioners are safely being supported in training to deliver an excellent quality of care	Likelihood: Likely Consequence: Major	<p>Through the delivery of a range of Skills, Education and Training Programmes across the range of professions including the non-clinical workforce</p> <p>The development of facilitated peer group sessions focused on well-being, resilience, excellence in practice and confidence to practice and challenge traditional boundaries of practice</p> <p>Training Hubs focused on the provision of excellent supervision in the clinical setting, and dedicated clinical supervisors from across the professions to ensure a rounded and informed experience and practitioner</p> <p>Developing structured career pathways for all professions within primary care</p> <p>Through the training programmes and the appointment of Practice Development GPs practitioners will be supported throughout their training post</p>	Likelihood: Rare Consequence: Major
Inability to modernise the workforce through a diverse range of professions to ensure the sustainability of primary care	Likelihood: Likely Consequence: Major	<p>Development of structured programmes to develop the unique profession specific skills and knowledge to deliver excellent care</p> <p>Training</p>	Likelihood: Rare Consequence: Major



<b>Cyfarfod a dyddiad: Meeting and date:</b>	Health Board 21st January 2021					
<b>Cyhoeddus neu Breifat: Public or Private:</b>	Public					
<b>Teitl yr Adroddiad Report Title:</b>	Audit Wales Structured Assessment and Annual Audit Reports					
<b>Cyfarwyddwr Cyfrifol: Responsible Director:</b>	Louise Brereton, Board Secretary					
<b>Awdur yr Adroddiad Report Author:</b>	Andrew Doughton Audit Wales					
<b>Craffu blaenorol: Prior Scrutiny:</b>	Executive Team, Audit Committee and for the Structured Assessment a December Board Workshop					
<b>Atodiadau Appendices:</b>	1. Audit Wales Annual Audit Report 2. Audit Wales Structured Assessment 2021					
<b>Argymhelliad / Recommendation:</b>						
That the Board formally receives the Audit Wales Annual Audit Report and Structured Assessment 2021.						
Please tick one as appropriate (note the Chair of the meeting will review and may determine the document should be viewed under a different category)						
<b>Ar gyfer penderfyniad /cymeradwyaeth For Decision/ Approval</b>	<input checked="" type="checkbox"/>	<b>Ar gyfer Trafodaeth For Discussion</b>	<input checked="" type="checkbox"/>	<b>Ar gyfer sicrwydd For Assurance</b>	<input type="checkbox"/>	<b>Er gwybodaeth For Information</b>
<b>Sefyllfa / Situation:</b>						
This report presents to the Board the Annual Audit Report and the 2021 Structured Assessment as undertaken by Audit Wales. The Structured Assessment has been formally presented to the Audit Committee at its meeting held on 14 December 2020 and a discussion held with the Board on its contents at the Board Workshop on 2 December 2021.						
Recommendations will be monitored via the Team Central tracker and reported to the Audit Committee.						
<b>Cefndir / Background:</b>						
The Annual Audit Report summarises the findings from the Auditor General's 2021 audit work at the Health Board, undertaken to fulfil his responsibilities under the Public Audit (Wales) Act 2004. The Act requires the Auditor General to:						
<ul style="list-style-type: none"> <li>• examine and certify the accounts submitted to him by the Health Board, and to lay them before the Senedd.</li> <li>• satisfy himself that expenditure and income have been applied to the purposes intended and are in accordance with authorities; and</li> </ul>						

- satisfy himself that the Health Board has made proper arrangements for securing economy, efficiency and effectiveness in its use of resources.

The Structured Assessment report sets out the findings from the Auditor General's 2021 structured assessment work at the Health Board. The work has been undertaken to help discharge the Auditor General's statutory requirement, under section 61 of the Public Audit (Wales) Act 2014, to be satisfied that NHS bodies have made proper arrangements to secure economy, efficiency and effectiveness in their use of resources. This report reports on progress against the recommendations of previous assessments and makes one further formal recommendation around ensuring an improved focus on financial efficiency of services within finance reports. This recommendation is set out in full on page 23 of the Structured Assessment document.

## **Asesiad / Assessment & Analysis**

### **Financial Implications**

The Structured Assessment provides a high-level commentary on financial arrangements at the time of that review.

### **Risk Analysis**

Any risks identified as part of a specific review should be used to inform the Health Board's risk management arrangements.

### **Legal and Compliance**

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### **Impact Assessment**

Not applicable for the nature of this report.

# Annual Audit Report 2021 – Betsi Cadwaladr University Health Board

Audit year: 2020-21

Date issued: January 2022

Document reference: 2794A2022-23



This document has been prepared for the internal use of Betsi Cadwaladr University Health Board as part of work performed in accordance with statutory functions.

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We welcome correspondence and telephone calls in Welsh and English. Corresponding in Welsh will not lead to delay. Rydym yn croesawu gohebiaeth a galwadau ffôn yn Gymraeg a Saesneg. Ni fydd gohebu yn Gymraeg yn arwain at oedi.

Mae'r ddogfen hon hefyd ar gael yn Gymraeg. This document is also available in Welsh.

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# Summary report

## About this report

- 1 This report summarises the findings from my 2021 audit work at Betsi Cadwaladr University Health Board (the Health Board) undertaken to fulfil my responsibilities under the Public Audit (Wales) Act 2004. That Act requires me to:
  - examine and certify the accounts submitted to me by the Health Board and to lay them before the Senedd;
  - satisfy myself that expenditure and income have been applied to the purposes intended and are in accordance with authorities; and
  - satisfy myself that the Health Board has made proper arrangements for securing economy, efficiency and effectiveness in its use of resources.
- 2 I report my overall findings under the following headings:
  - Audit of accounts
  - Arrangements for securing economy, efficiency and effectiveness in the use of resources
- 3 This year's audit work took place at a time when public bodies continued responding to the unprecedented challenges presented by the COVID-19 pandemic, whilst at the same time recovering services. My work programme was designed to best assure the people of Wales that public funds are well managed. I have considered the impact of the current crisis on both resilience and the future shape of public services. I aimed to ensure my work did not hamper public bodies in tackling the crisis, whilst ensuring it continued to support both scrutiny and learning. On-site audit work continues to be restricted, and we continued to work and engage remotely where possible through the use of technology. This inevitably had an impact on how we deliver audit work but has also helped to embed positive changes in our ways of working.
- 4 As was the case in 2020, the delivery of my audit of accounts work was not without its challenges, not only in how and where we undertook the work, but also in taking account of considerations for financial statements arising directly from the pandemic. The success in delivering it reflects a great collective effort by both my staff and the Health Board's officers to embrace and enable new ways of working and remain flexible to and considerate of the many issues arising.
- 5 I have adjusted the focus and approach of my performance audit work to ensure its relevance in the context of the crisis and to enable remote working. My programme of work has provided focus on themes, lessons and opportunities relating to NHS governance and NHS staff wellbeing. I have reviewed the Test, Trace, Protect programme and the rollout of the COVID-19 vaccine. My local audit teams have commented on how governance arrangements have adapted to respond to the pandemic, and the impact the crisis has had on service delivery. I have also reviewed the governance arrangements of the Welsh Health Specialised Services Committee.

- 6 This report is a summary of the issues presented in more detailed reports to the Health Board this year (see **Appendix 1**). I also include a summary of the status of planned work currently being re-scoped.
- 7 **Appendix 2** presents the latest estimate of the audit fee that I will need to charge to cover the costs of undertaking my work, compared to the original fee set out in the 2021 Audit Plan.
- 8 **Appendix 3** sets out the financial audit risks set out in my 2021 Audit Plan and how they were addressed through the audit.
- 9 The Chief Executive and the Director of Finance have agreed the factual accuracy of this report. We are presenting it formally to the full Board at its meeting on 20 January 2022 and ensuring that the Audit Committee have the opportunity to discuss and comment on the report when it next meets on 15 March 2022. We strongly encourage the Health Board to arrange its wider publication. We will make the report available to the public on the [Audit Wales website](#) after the Board have considered it.
- 10 I would like to thank the Health Board's staff and members for their help and co-operation throughout my audit.

## Key messages

### Audit of accounts

- 11 I concluded that the Health Board's accounts were properly prepared and materially accurate and issued an unqualified audit opinion on them. My work did not identify any material weaknesses in the Health Board's internal controls (as relevant to my audit). However, I placed an Emphasis of Matter paragraph in my report to draw attention to disclosures in the accounts in note 21 relating to the impact of a Ministerial Direction, issued on 18 December 2019 to the Permanent Secretary of the Welsh Government, to fund NHS clinicians' pension tax liabilities in respect of the 2020-21 financial year.
- 12 The Health Board's material financial transactions were in accordance with authorities and used for the purposes intended. However, it did not achieve financial balance for the three-year period ending 31 March 2021, so I have issued a qualified opinion on the regularity of the financial transactions within the Health Board's 2020-21 accounts.
- 13 Alongside my audit opinion, I placed a substantive report on the Health Board's financial statements to highlight the failure to achieve financial balance, to have an approved three-year plan in place and to set out further detail on the Emphasis of Matter paragraph that I included in my audit opinion.

## Arrangements for securing efficiency, effectiveness and economy in the use of resources

14 My programme of Performance Audit work has led me to draw the following conclusions:

- the Test, Trace, Protect programme is making an important contribution to the management of COVID-19 in Wales. Whilst the programme struggled to cope with earlier peaks in virus transmission, it has demonstrated an ability to rapidly learn and evolve in response to the challenges it has faced.
- in relation to the Welsh Health Specialised Services Committee Governance Arrangements: since the previous reviews in 2015, governance, management and planning arrangements have improved, but the impact of COVID-19 will now require a clear strategy to recover services and there would still be benefits in reviewing the wider governance arrangements for specialised services in line with the commitments within 'A Healthier Wales'.
- the COVID-19 vaccination programme in Wales has been delivered at significant pace with local, national and UK partners working together to vaccinate a significant proportion of the Welsh population. A clear plan is now needed for the challenges which lie ahead.
- we are assured that the Health Board has set out broadly clear plans for how it will spend the strategic financial support funding it is receiving from the Welsh Government. Plans appropriately consider the resources that will be needed to deliver them, but workforce capacity, any associated estate investment, and procurement timeframe constraints are likely to present ongoing risks.
- all NHS bodies have maintained a clear focus on staff wellbeing throughout the pandemic and implemented a wide range of measures to support the physical health and mental wellbeing of their staff during the crisis. It is vital that these activities are built upon, and that staff wellbeing remains a central priority for NHS bodies as they deal with the combined challenges of recovering services, continuing to respond to the COVID-19 pandemic, and also managing seasonal pressures.
- the Health Board had improving short-term planning arrangements and is refreshing its strategy to help drive improvement, service recovery and sustainability.
- the Health Board has made a promising start and is demonstrating strong ownership of the targeted intervention process. Governance and risk management arrangements are improving as is the approach for supporting service change and improvement. However, considerable service pressures and waiting list backlogs are likely to present ongoing challenges.
- additional income alongside improving financial planning is strengthening the Health Board's financial outlook, but there is a risk that limited capital

funding could inhibit longer-term sustainable models of care built and resourced in North Wales.

- there has been a substantial deterioration in eye care service performance because of the pandemic. The Health Board is keen to improve and is adopting what is understandably a reactive response to waiting list growth caused by the pandemic alongside building on its more proactive plans that it had started to develop in 2018.
- my cross-sector regional review of care home commissioning identified that whilst partners are working individually and collectively to provide care home placements for vulnerable service users, this is made more difficult by complex national processes, resulting in a significant focus on costs, which causes division amongst partners and has the potential to impact adversely on service users and their families.

15 These findings are considered further in the following sections.

# Detailed report

## Audit of accounts

- 16 This section of the report summarises the findings from my audit of the Health Board's financial statements for 2020-21. These statements are how the organisation shows its financial performance and sets out its net assets, net operating costs, recognised gains and losses, and cash flows. Preparing the statements is an essential element in demonstrating the appropriate stewardship of public money.
- 17 My 2021 Audit Plan set out the financial audit risks for the audit of the Health Board's 2020-21 financial statements. **Exhibit 4** in **Appendix 3** lists these risks and sets out how they were addressed as part of the audit.
- 18 My responsibilities in auditing the Health Board's financial statements are described in my [Statement of Responsibilities](#) publications, which are available on the [Audit Wales website](#).

## Accuracy and preparation of the 2020-21 financial statements

- 19 I concluded that the Health Board's accounts were properly prepared and materially accurate and issued an unqualified audit opinion on them. My work did not identify any material weaknesses in the Health Board's internal controls (as relevant to my audit). However, I placed an Emphasis of Matter paragraph in my report to draw attention to disclosures in the accounts relating to a Ministerial Direction to fund NHS clinicians' pension tax liabilities in respect of the 2019-20 financial year.
- 20 We acknowledge the significant achievement of the Finance team in preparing the financial statements to a good standard, in the face of the challenges posed by the pandemic.
- 21 I must report issues arising from my work to those charged with governance before I issue my audit opinion on the accounts. My Financial Audit Engagement Lead reported these issues to the Health Board's Audit Committee on 10 June 2021. **Exhibit 1** summarises the key issues set out in that report.

## Exhibit 1: issues identified in the Audit of Financial Statements Report

Issue	Auditors' comments
Uncorrected misstatements	There were no uncorrected misstatements.
Corrected misstatements	There were several corrected misstatements which corrected classification errors or provided additional narrative disclosure.
Other significant issues	<p>An issue was noted where a number of declarations of interest relevant to the financial statements had not been made.</p> <p>We also raised that, in order to best facilitate the audit of the Remuneration Report, an Officer of sufficient seniority and suitable access to relevant information prepare that report.</p>

- 22 I also undertook a review of the Whole of Government Accounts return. I concluded that the counterparty consolidation information was consistent with the Health Board's financial position as at 31 March 2021 and the return was prepared in accordance with the Treasury's instructions.
- 23 My separate audit of the Charitable Funds financial statements is currently ongoing, and I anticipate that the accounts will be approved by the Charitable Funds Committee on 20 January 2021, following consideration of my report on the financial statements, and the audit opinion will be issued shortly afterwards.

## Regularity of financial transactions

- 24 The Health Board's material financial transactions were in accordance with authorities and used for the purposes intended. However, it did not achieve financial balance for the three-year period ending 31 March 2021, so I have issued a qualified opinion on the regularity of the financial transactions within the Health Board's 2020-21 accounts.
- 25 The Health Board's financial transactions must be in accordance with authorities that govern them. The Health Board must have the powers to receive the income and incur the expenditure. Our work reviews these powers and tests that there are



no material elements of income or expenditure which the Health Board does not have the powers to receive or incur.

- 26 Where a Health Board does not achieve financial balance, its expenditure exceeds its powers to spend and so I must qualify my regularity opinion. For the three-year period ending 31 March 2021, the Health Board exceeded its cumulative revenue resource limit of £4,922 million by £79.485 million and therefore did not meet its financial duty.
- 27 I have the power to place a substantive report on the Health Board's accounts alongside my opinions where I want to highlight issues. Due to the Health Board's failure to meet its financial duties I issued a substantive report setting out the factual details: it failed its duty to achieve financial balance (as set out above) and it does not have an approved three-year plan in place and is operating under annual planning arrangements. The report also sets out more detail on the Emphasis of Matter paragraph in my audit opinion.

## Arrangements for securing efficiency, effectiveness and economy in the use of resources

- 28 I have a statutory requirement to satisfy myself that the Health Board has proper arrangements in place to secure efficiency, effectiveness and economy in the use of resources. I have undertaken a range of performance audit work at the Health Board over the last 12 months to help me discharge that responsibility. This work has involved:
- examining how NHS bodies have responded to the challenges of delivering the Test, Trace, Protect programme;
  - reviewing the governance arrangements of the Welsh Health Specialised Services Committee;
  - reviewing how well the rollout of the COVID-19 vaccination programme was progressing;
  - considering how the Health Board plans to use and monitor the additional Welsh Government allocation;
  - reviewing how NHS bodies supported staff wellbeing during the COVID-19 pandemic;
  - undertaking a phased structured assessment of the Health Board's corporate arrangements for ensuring that resources are used efficiently, effectively and economically;
  - reviewing eye care services; and
  - completing a regional cross-sector review of the commissioning of older people's care home placements.

29 My conclusions based on this work are set out below.

## **Test, Trace, Protect programme**

- 30 My work examined how public services responded to the challenges of delivering the Welsh Government's Test, Trace, Protect Programme (TTP). As well as commenting on the delivery of TTP up to and including December 2020, my report set out some key challenges and opportunities that will present themselves as part of the ongoing battle to control COVID-19.
- 31 I found that the different parts of the Welsh public and third sector had worked well together to rapidly build the TTP programme. The configuration of the system blended national oversight and technical expertise with local and regional ownership of the programme, and the ability to use local intelligence and knowledge to shape responses.
- 32 Arrangements for testing and contact tracing have evolved as the pandemic has progressed. But maintaining the required performance in these arrangements proved challenging in the face of increasing demand.
- 33 Despite increased testing and tracing activity, the virus continued to spread, and as in other parts of the UK and internationally, testing and tracing have needed to be supplemented with local and national lockdown restrictions in an attempt to reduce transmission rates.
- 34 While a range of support mechanisms exist, it remains difficult to know how well the 'protect' element of TTP has been working in supporting people to self-isolate.

## **Welsh Health Specialised Services Committee governance arrangements**

- 35 In May 2021, I published my review on the governance arrangements of the Welsh Health Specialised Services Committee (WHSSC). WHSSC is a joint committee made up of, and funded by, the seven local health boards in Wales. On a day-to-day basis, the Joint Committee delegates operational responsibility for commissioning to Welsh Health Specialised Services officers, through the management team. WHSSC, which is hosted by Cwm Taf Morgannwg University Health Board, has an annual budget of £680 million and makes collective decisions on the review, planning, procurement, and performance monitoring of specialised services for the population of Wales on behalf of health boards.
- 36 In 2015, two separate reviews highlighted issues with WHSSC's governance arrangements. Considering the time passed since the two reviews, together with increasing service and financial pressures and the changing landscape of collaborative commissioning, I felt it was timely to review WHSSC's governance arrangements.

- 37 My review found a number of improvements have been made to the overall governance arrangements in WHSCC since 2015. Good progress has been made to strengthen arrangements for quality assurance of specialised services, although scope still exists to increase the attention given to finance, performance, and quality reporting at Joint Committee. There is also a need to review the arrangements for recruiting and remunerating independent members that sit on the Joint Committee given some of the challenges in filling these roles. Current Joint Committee members have a healthy working relationship and operate well together. However, the current model creates potential conflicts of interest due to the fact some Joint Committee members are also the Chief Officers of the health bodies commissioned to provide specialised services.
- 38 My review found that arrangements for planning commissioned services are generally good and there is an improving focus on value. However, some key new services such as new service models for major trauma and thoracic surgery have taken a long time to agree and implement. My review also found that the COVID-19 pandemic has significantly affected the delivery of specialised services, and that the development of a plan for the recovery of specialised services should now be a priority. The Welsh Government's long-term plan for health and social care, A Healthier Wales, signals the intention to review a number of hosted national functions, including WHSSC, with the aim of 'consolidating national activity and clarifying governance and accountability'.
- 39 Whilst the governance arrangements for WHSSC have continued to improve, my report shows that there are still a number of facets of the WHSSC model that merit further attention.

## Vaccination programme

- 40 My audit focused on the rollout of the COVID-19 programme in Wales up to June 2021, the factors that affected the rollout and future challenges and opportunities.
- 41 The vaccine programme has delivered at significant pace. At the time of reporting, vaccination rates in Wales were the highest of the four UK nations, and some of the highest in the world. The milestones in the Welsh Government's vaccination strategy provided a strong impetus to drive the programme and up to the time of reporting, the key milestones had been met.
- 42 The UK's Joint Committee on Vaccination and Immunisation guidance on priority groups was adopted but the process of identifying people within some of those groups has been challenging.
- 43 The organisations involved in the rollout have worked well to set up a range of vaccination models which make the best use of the vaccines available, while also providing opportunities to deliver vaccines close to the communities they serve.

- 44 Overall vaccine uptake to the time of reporting was high, but there was a lower uptake for some ethnic groups and in the most deprived communities. At the time of the audit, vaccine wastage was minimal, but concerns were emerging about non-attendance at booked appointments.
- 45 The international supply chain is the most significant factor affecting the rollout, with limited vaccine stock held in Wales. However, increasing awareness of future supply levels was allowing health boards to manage the vaccine rollout effectively.
- 46 As the programme moved into the second half of 2021, challenges presented themselves around encouraging take-up amongst some groups, vaccine workforce resilience and venue availability. A longer-term plan is needed to address these and other elements of the ongoing vaccination programme.

## **Use of the additional Welsh Government allocation**

- 47 I undertook a high-level review of the Health Board's plans to utilise the additional strategic financial allocation from the Welsh Government that was announced in November 2020 for a three-and-a-half-year period and is expected to total some £297 million.
- 48 Of the £297 million, £51 million was allocated for 2020-21. £40 million of this supported the financial deficit position with the remaining £11 million being used for planned care, unscheduled care and mental health service improvements.
- 49 For the current 2021-22 financial year, the Health Board's Annual Plan clearly apportions the annual £82 million strategic support allocation over a number of schemes in line with the broad conditions set by the Welsh Government. Of the £82 million, £40 million is allocated to improve the financial position, with the remainder allocated on 18 planned areas for investment across a range of service improvement areas. The annual plan shows the expected impact and return from these investments. I also found improving formal arrangements for the management of the additional allocation through adoption of business cases, although at the time of the work some were slow to be developed.
- 50 The Health Board is putting in place appropriate arrangements to monitor and oversee the use of strategic support funding. It has adopted a revenue business case tracker and strengthening officer level governance and oversight through its new Executive Delivery Groups. My work found evolving arrangements in place for ongoing monitoring of plans but also a need to ensure that monitoring arrangements focus on whether the funding is achieving its intended benefits.

## **How NHS bodies supported staff wellbeing during the COVID-19 pandemic**

- 51 My review considered how NHS bodies have supported the wellbeing of their staff during the pandemic, with a particular focus on their arrangements for safeguarding staff at higher risk from COVID-19.

- 52 NHS staff have shown tremendous resilience and dedication throughout the pandemic, despite facing huge strains to their mental and physical health.
- 53 The NHS in Wales was already facing a number of challenges relating to staff wellbeing prior to the pandemic, and the crisis has highlighted the importance of supporting the mental and physical health of the NHS workforce. Through my Structured Assessment work, I found that NHS bodies moved quickly at the beginning of the pandemic to enhance wellbeing initiatives to support staff through unprecedented times. As the pandemic unfolded, I found that NHS bodies in Wales implemented a range of measures to improve staff wellbeing, such as creating dedicated rest spaces, increasing mental health and psychological wellbeing provision, enhancing infection and prevention control measures, and enabling remote working.
- 54 My work also looked at how NHS bodies in Wales protected staff at higher risk from COVID-19. Amongst other safeguarding initiatives, I found that all bodies rolled out the All-Wales COVID-19 Workforce Risk Assessment Tool which identifies those at a higher risk and encourages a conversation about additional measures to be put in place to ensure staff are adequately protected. Although NHS bodies promoted and encouraged staff to complete the assessment tool, completion rates varied between NHS bodies.
- 55 While the crisis has undoubtedly had a considerable impact on the wellbeing of staff in the short term, the longer-term impacts cannot be underestimated.
- 56 With a more emotionally and physically exhausted workforce than ever, NHS bodies in Wales must maintain a focus on staff wellbeing and staff engagement to navigate through the longer-term impacts of the crisis. My report, therefore, is accompanied by a checklist which sets out some of the questions NHS Board members should be asking to ensure their health bodies have good arrangements in place to support staff wellbeing.

## Structured assessment

- 57 My structured assessment work was designed in the context of the ongoing response to the pandemic. I ensured a suitably pragmatic and relevant approach to help me discharge my statutory responsibilities, whilst minimising the impact on NHS bodies as they continue to respond to the pandemic. My team undertook the work into two phases this year:
- phase 1 considered the planning arrangements underpinning the development and delivery of the operational plan for quarters three and four of 2020-21.
  - phase 2 considered how corporate governance and financial management arrangements adapted over the year. Auditors also paid attention to progress made to address previous recommendations.

## **Operational planning arrangements**

- 58 My work considered the Health Board's operational planning arrangements underpinning the operational plan for quarters three and four of 2020-21. The planning framework covered the maintenance of effective and efficient operational planning arrangements in health bodies to guide their response to the pandemic as well as responding to winter pressures and laying the foundations for the effective recovery of services.
- 59 My work found that the Health Board had improving short-term planning arrangements and is refreshing its strategy to help drive improvement, service recovery and sustainability.
- 60 The Health Board's Quarter 3-4 plan broadly met the Welsh Government's guidance requirements focussing on the four COVID harms and including 2020 winter pressures modelling. The Quarter 3-4 plan provided a good link between previous plans, carrying over actions and projects not fully completed, and longer-term challenges such as restarting and recovering services.
- 61 The Health Board set out an ambitious but challenging approach for developing its Annual Plan 2021-22 requiring top-down design and bottom-up engagement. However, because pandemic pressures on service delivery limited the capacity of key service management to engage. Plans are scrutinised prior to approval and there is reporting and challenge of progress against plan delivery, but there needs to be a stronger focus on the outcomes that are achieved through the delivery of the plan.
- 62 The Health Board has now committed to refreshing its corporate strategy, developing an integrated medium-term plan, and commencing the development of a clinical strategy. There are significant pressures facing the Health Board currently, but it is promising that it is not only seeking to address those immediate challenges, but also to undertaking work to shape the organisation so that it is fit and sustainable in the future.

## **Governance arrangements**

- 63 My work considered the Health Board's ability to maintain sound governance arrangements while having to respond to the unprecedented challenges presented by the pandemic. The key focus of the work has been the corporate arrangements for ensuring that resources are used efficiently, effectively, and economically. I also considered how business deferred in 2020 was reinstated and how learning from the pandemic is shaping future arrangements for ensuring continued good governance and recovery.
- 64 My work found that the Health Board has made a promising start and is demonstrating strong ownership to make improvements to address the issues within the targeted intervention framework. Governance and risk management arrangements are improving as is the approach for supporting service change and improvement. However, considerable service pressures and waiting list backlogs

will present ongoing challenges. The Health Board has undertaken a balanced but critical self-assessment against the maturity framework as a basis to drive improvements. The Health Board is adapting its governance arrangements as the nature of the pandemic and wider service pressures evolve both in terms of emergency preparedness as well as reviewing its wider corporate governance arrangements.

- 65 The extent of the recovery challenge, although not unique to the Health Board, is substantial. The pandemic, alongside significant unscheduled care pressures, continues to affect the available service capacity and productivity of wider services. Sustainable recovery, both for planned and unscheduled care, will require stronger approaches for integration of services across acute sites, and integration of services between acute and community services. The Health Board has initiated a 'Stronger Together' programme focussed on improving quality, performance, productivity, and this should help to shape organisational development requirements and design. The Health Board is taking steps to further strengthen its arrangements for overseeing the quality and safety of services. This is particularly important because the continued strain on primary, community and acute care services may introduce additional quality and safety risks.

## **Managing financial resources**

- 66 I considered the Health Board's financial performance, financial controls and arrangements for monitoring and reporting financial performance. I found that additional income alongside improving financial planning is strengthening the Health Board's financial outlook, but there is a risk that limited capital funding could inhibit longer-term sustainable models of care built and resourced in North Wales.
- 67 The Health Board has not been able to achieve a balanced financial revenue position for several years. But in 2020-21, the annual financial revenue funding, together with additional Welsh Government financial allocations enabled the Health Board to balance its expenditure within its revenue resource limit. Because legislation requires financial balance over three years as well as a financially sustainable medium-term plan, this has meant that the Health Board currently continues not to meet its two main statutory financial duties.
- 68 Financial planning is improving, and while the Health Board understands its financial risks, limited financial capital allocation may affect the longer-term sustainability and efficiency of services. The Health Board is continuing to focus on improving its financial controls in relation to COVID-19 spending. The Health Board has implemented improvements identified by its 'financial governance cell' on the Health Board's COVID-19 financial governance arrangements. Both COVID-19 spending, and wider finances are appropriately reported and scrutinised in (the previous) Finance and Performance Committee.



## Review of eye-care services

- 69 As part of my local audit programme, I have reported on the Health Board's eye care services and arrangements in place to support, improve and modernise services.
- 70 Overall, my review found that there has been a substantial deterioration in eye care service performance because of the pandemic. Referral demand is now increasing at a higher rate than service capacity is recovering, leading to waiting list growth. My report clearly identifies the need to improve service efficiency, which was below average before the pandemic and has deteriorated since. The Health Board is keen to improve and is adopting what is understandably a reactive response to waiting list growth caused by the pandemic, alongside building on its more proactive plans that it had started to develop in 2018.
- 71 The Health Board is strengthening its approach for eye care service change through its eye care business case. It has built stronger relationships with primary care services, expanding community services, and is exploring further ways to provide care closer to home. The Health Board is also seeking to develop regional treatment centres which are likely to include eye care services. That additional local capacity will take time to develop, and the Health Board has taken a logical approach by agreeing a major new contract with an external provider to provide additional outsourced services.
- 72 Longer-term models for acute care will require a strong workforce and an estate that supports efficient and good quality care. However:
- workforce risks within the service are significant, and the Health Board needs to ensure it has good workforce plans which are fit for the future. Vacancies in the clinical leadership structure need to be filled, and there is an opportunity to consider how Ophthalmology and Optometry clinical leadership come together in a more integrated structure.
  - the Health Board also needs to better consider the changes it needs to make to its estate to build capacity that is both fit for the future and supports improvements in efficiency.

## Commissioning Older People's Care Home Placements

- 73 During 2020-21, we examined whether North Wales councils and Betsi Cadwaladr University Health Board as partners in the Regional Partnership Board were collaborating effectively in the strategic commissioning of older people's care home placements. We concluded that partners are working individually and collectively to provide care home placements for vulnerable service users, however, this is made more difficult by complex national processes, resulting in a significant focus on costs, which causes division amongst partners and has the potential to impact adversely on service users and their families. Strengthening accountability and developing a regional strategy and delivery plan have the potential to drive positive



change and better partnership working, especially in relation to complex and more specialist care.

- 74 In concluding this work, we recognised that responsibility for the current challenges in the commissioning arrangements was widespread. The Welsh Government sets the national framework which is complex, and local partners have responsibility for the way that national policy and guidance are implemented. I have therefore reported locally to councils and the Health Board, and nationally to the Welsh Government, recommending actions that these bodies should take.

# Appendix 1

## Reports issued since my last annual audit report

### Exhibit 2: reports issued since my last annual audit report

The following table lists the reports issued to the Health Board in 2021.

Report	Date
<b>Financial audit reports</b>	
Audit of Financial Statements Report	June 2021
Opinion on the Financial Statements	June 2021
<b>Performance audit reports</b>	
Doing it Differently, Doing it Right? (Structured Assessment 2020 All-Wales themes, lessons and opportunities relating to NHS governance during COVID-19)	January 2021
Test, Trace, Protect in Wales: An Overview of Progress to Date	March 2021
Welsh Health Specialised Services Committee Governance Arrangements	May 2021
Structured Assessment 2021: Phase 1 Operational Planning Arrangements	May 2021
Rollout of the COVID-19 vaccination programme in Wales	June 2021
Use of the additional Welsh Government allocation	August 2021

Report	Date
Taking care of the carers? (Structured Assessment 2020 All-Wales themes, lessons and opportunities relating to NHS staff wellbeing during COVID-19)	October 2021
Structured Assessment 2021: Phase 2 Corporate Governance and Financial Management Arrangements	November 2021
Review of eye-care services	December 2021
Commissioning Older People's Care Home Placements	December 2021
<b>Other</b>	
2021 Audit Plan	March 2021

My wider programme of national value for money studies in 2021 included reviews that focused on the NHS and pan-public-sector topics. These studies are typically funded through the Welsh Consolidated Fund and are presented to the Public Accounts Committee to support its scrutiny of public expenditure. Reports are available on the [Audit Wales website](#).

### Exhibit 3: audit work still underway

There are a number of audits that are still underway at the Health Board. These are shown in the following table, with the estimated dates for completion of the work.

Report	Estimated completion date
Unscheduled care	Phase 1 – January 2022 Timing of further work included as part of the 2022 plan still to be confirmed.
Orthopaedics	February 2022
Quality Governance	January 2022
Audit of the Charitable Funds Financial Statements Report	January 2022
Opinion on the Charitable Funds Financial Statements	January 2022
Follow-up Outpatients	April 2022

# Appendix 2

## Audit fee

The 2021 Audit Plan set out the proposed audit fee of £407,921 (excluding VAT). My latest estimate of the actual fee, on the basis that some work remains in progress, is in keeping with the fee set out in the outline.

# Appendix 3

## Financial audit risks

### Exhibit 4: financial audit risks

My 2021 Audit Plan set out the financial audit risks for the audit of the Health Board's 2020-21 financial statements. The table below lists these risks and sets out how they were addressed as part of the audit.

Audit risk	Proposed audit response	Work done and outcome
The risk of management override of controls is present in all entities. Due to the unpredictable way in which such override could occur, it is viewed as a significant risk [ISA 240.31-33].	My audit team will: <ul style="list-style-type: none"><li>• test the appropriateness of journal entries and other adjustments made in preparing the financial statements;</li><li>• review accounting estimates for biases; and</li><li>• evaluate the rationale for any significant transactions outside the normal course of business.</li></ul>	On a sample basis we tested both journal entries and accounting estimates and found no evidence of the management override of controls. We were satisfied that the accounts were free from material error.
There is a risk of material misstatement due to fraud in revenue recognition and as such is treated as a significant risk [ISA 240.26-27].	My audit team will consider the completeness of miscellaneous income.	As part of our audit testing, we carried out work to provide assurance over the completeness of miscellaneous income, including third party verification. We were satisfied that it was free from material error.

Audit risk	Proposed audit response	Work done and outcome
<p>Although the Board is currently forecasting to break even in 2020-21, it will once again fail to meet its first financial duty to break even over a three-year period.</p> <p>Where you fail this financial duty, we will place a substantive report on the financial statements highlighting the failure and qualify your regularity opinion.</p> <p>The financial pressures on the Board increase the risk that management judgements and estimates could be biased to ensure the forecast position is met.</p>	<p>My audit team will focus its testing on areas of the financial statements which could potentially contain reporting bias.</p>	<p>We undertook a range of audit work to provide assurance over the risk of bias to ensure that the actual deficit position did not worsen from the forecasted position. This included:</p> <ul style="list-style-type: none"> <li>• detailed sample testing of transactions either side of the year-end to ensure that they were recorded in the correct accounting period. This was focussed on the areas of greatest risk.</li> <li>• ensuring that accounting estimates were prepared on a reasonable basis and were supported by appropriate accounting judgements.</li> </ul> <p>We were satisfied that the accounts were free from material error. However, I qualified the regularity audit opinion.</p>

Audit risk	Proposed audit response	Work done and outcome
<p>The COVID-19 national emergency continues and the pressures on staff resources and of remote working may impact on the preparation and audit of accounts. There is a risk that the quality of the accounts and supporting working papers may be compromised leading to an increased incidence of errors. Quality monitoring arrangements may be compromised due to timing issues and/or resource availability.</p>	<p>We will discuss your closedown process and quality monitoring arrangements with the accounts preparation team and monitor the accounts preparation process. We will help to identify areas where there may be gaps in arrangements.</p>	<p>We maintained constant contact with the Finance Team to understand the accounts preparation process, and any changes made to this process due to the COVID-19 pandemic. We satisfied ourselves that the Finance Team had made good arrangements in order to provide an accurate and high-quality set of financial statements.</p>
<p>The increased funding streams and expenditure in 2020-21 to deal with the COVID-19 pandemic will have a significant impact on the risks of material misstatement and the shape and approach to our audit. Examples of issues include accounting for field hospitals and their associated costs; fraud, error and regularity risks of additional spending; valuation of year-end inventory including PPE; and estimation of annual leave balances.</p>	<p>We will identify the key issues and associated risks and plan our work to obtain the assurance needed for our audit.</p>	<p>We carried out a range of audit work to identify all additional funding and expenditure streams expected within the accounts through liaison with the Finance Team and the Welsh Government. Central guidance was provided to assist in the audit of this complex area. We satisfied ourselves that the additional income and expenditure were free from material error and correctly classified in the accounts.</p>



Audit risk	Proposed audit response	Work done and outcome
<p>The implementation of the 'scheme pays' initiative in respect of the NHS pension tax arrangements for clinical staff is ongoing. Last year we included an Emphasis of Matter paragraph in the audit opinion drawing attention to your disclosure of the contingent liability. However, if any expenditure is made in year, we would consider it to be irregular, as it contravenes the requirements of Managing Public Monies.</p>	<p>We will review the evidence one year on, around the take-up of the scheme and the need for a provision, and the consequential impact on the regularity opinion.</p>	<p>We satisfied ourselves that the contingent liability disclosure made in the accounts was appropriate. An Emphasis of Matter in respect of this matter was contained in the audit report.</p>
<p>Introduction of IFRS 16 Leases has been deferred until 1 April 2022 and may pose implementation risks. There is considerable work required to identify leases, and the COVID-19 national emergency may pose implementation risks.</p>	<p>The audit team will undertake some early work to review preparedness for the introduction of IFRS 16 Leases.</p>	<p>As a result of the COVID-19 pandemic, the implementation of IFRS 16 was delayed into 2021-22. We will undertake this work next year. We did, however, carry out preliminary discussions on the progress of IFRS16 preparedness.</p>





Audit Wales  
24 Cathedral Road  
Cardiff CF11 9LJ

Tel: 029 2032 0500  
Fax: 029 2032 0600  
Textphone: 029 2032 0660

E-mail: [info@audit.wales](mailto:info@audit.wales)

Website: [www.audit.wales](http://www.audit.wales)

We welcome correspondence and  
telephone calls in Welsh and English.  
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galwadau ffôn yn Gymraeg a Saesneg.

# Structured Assessment 2021 (Phase Two) – Corporate Governance and Financial Management Arrangements: Betsi Cadwaladr University Health Board

Audit year: 2021

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# Summary report

## About this report

- 1 This report sets out the findings from phase two of the Auditor General's 2021 structured assessment work at Betsi Cadwaladr University Health Board (the Health Board). Our structured assessment work is designed to help discharge the Auditor General's statutory requirement to be satisfied that NHS bodies have made proper arrangements to secure economy, efficiency, and effectiveness in their use of resources under section 61 of the Public Audit (Wales) Act 2004. Our 2021 structured assessment phase one report considered the Health Board's operational planning arrangements and how these are helping to lay the foundations for effective recovery.
- 2 The COVID-19 pandemic required NHS bodies to quickly adapt their corporate governance and decision-making arrangements to ensure timely action was taken to respond to the surge in emergency COVID-19 demand and to ensure the safety of staff and patients. Our 2020 structured assessment report considered these interim arrangements and was published in October 2020.
- 3 NHS bodies have continued to respond to the ongoing challenges presented by COVID-19, whilst also starting to take forward plans for resetting and recovering services affected by the pandemic. Our 2021 structured assessment work, therefore, was designed in the context of the ongoing response to the pandemic ensuring a suitably pragmatic approach to help the Auditor General discharge his statutory responsibilities whilst minimising the impact on NHS bodies as they continued to respond to COVID-19.
- 4 Phase two of our 2021 structured assessment has considered how corporate governance and financial management arrangements have adapted over the last 12 months. In particular, we have provided an overview of the Health Board's de-escalation to targeted intervention and the approach that it is now taking.
- 5 The key focus of the work has been on the corporate arrangements for ensuring that resources are used efficiently, effectively, and economically. We have also considered how business deferred in 2020 has been reinstated and how learning from the pandemic is shaping future arrangements for ensuring good governance and delivering value for money. We have also sought to gain an overview of the Board's scrutiny of the development and delivery of the Health Board's 2021-22 Annual Plan.
- 6 We have provided updates on progress against any areas for improvement and recommendations identified in previous structured assessment reports.

## Key messages

- 7 Overall, we found that **in the context of dealing with significant service pressures the Health Board has continued to evolve its governance arrangements, service planning and financial monitoring. The initial**

**response to the Welsh Government's Targeted Intervention framework has been positive and it will be important that this is used to demonstrate progress against a number of long-standing challenges. The immediate focus for the Board is to effectively manage the service pressures across all divisions and to ensure its wider strategic and recovery plans both align to those pressing recovery challenges and shape the organisation for the future.**

- 8 Following the de-escalation from special measures, the Health Board is demonstrating strong ownership of its response to targeted intervention, adopting what it is calling a targeted improvement approach. It has undertaken a balanced but critical self-assessment against the maturity framework as a basis to drive improvements. There is good alignment between the Health Board's approach to targeted intervention and its wider planning and strategy development, which should help secure the desired improvements.
- 9 The Board and its committees are using self-review effectively to support governance, risk management and assurance changes. The new arrangements include revised committee and executive delivery structures, evolving risk management approaches and Board Assurance Framework improvements. These will take time to embed and will also need to be managed alongside some specific risks such as independent member turnover. The Board and its Committees are, in general, sufficiently informed and this helps them discharge their duties. There is a good focus on acute services, and improving attention given to primary care services. Once organisational and clinical strategies are approved, there will be a need to reflect progress against priorities and objectives within assurance reporting, whether performance reports or monitoring of plans. The Health Board is taking steps to further strengthen its arrangements for overseeing the quality and safety of services. This is particularly important because of the continued strain on primary, community and acute care services may introduce additional quality and safety risks.
- 10 The Health Board is planning for service recovery, but the continued impact of COVID-19, wider unscheduled care pressures, and internal and external capacity constraints may result in service recovery which is drawn-out. The Health Board is planning for additional regional treatment centres, which if progressed and well implemented should help support some 'ring fencing' of planned care services and provide extra service capacity.
- 11 The Health Board did not meet its two main financial duties in terms of having an approvable medium-term plan and financial balance over three years. However, for 2020-21 it ensured expenditure was within its allocation, albeit with additional financial support. Over the last 12 months, there has been a good focus on learning from COVID-19 financial governance arrangements and implementing improvements. Financial planning is improving and there is a better link between actions set out in the Annual Plan and resources required to deliver them. The Health Board needs to secure additional capacity and to drive efficiency improvements within existing services. In some areas this will require additional



financial capital, but at present the level of capital funding may affect service recovery and efficiency.

## Recommendations

- 12 We have made one recommendation arising from this audit in **Exhibit 1**. The Health Board's management response to this is summarised in **Appendix 1**. As highlighted in the detail of this report, there remain recommendations from previous years' structured assessment reports that are still being progressed. We will continue to follow progress against these as part of an ongoing programme of work at the Health Board.

### Exhibit 1: 2021 recommendations

#### Recommendations

##### Financial reporting

- R1 To support recovery, the Health Board will need to maximise the use of its own resources. While assurance reports provide good information on costs, savings and forecasts, there is little information to indicate the financial efficiency of services. **Ensure improved focus on financial efficiency of services within finance reports.** This could be achieved through periodic or thematic deep dives on financial efficiency, reporting on value-based healthcare progress, or as part of routine financial reporting.

# Detailed report

## Governance arrangements

- 13 Our structured assessment work considered the Health Board's governance arrangements while continuing to respond to the challenges presented by the pandemic.
- 14 We found that **the Health Board has made a promising start and is demonstrating strong ownership to make improvements to address targeted intervention. Governance and risk management arrangements are improving as is the approach for supporting service change and improvement. Considerable ongoing service pressures and waiting list backlogs are likely to present challenges for many years.**

## Conducting business effectively

### Response to targeted intervention framework

- 15 We found that **while at an early stage, the Health Board is demonstrating strong ownership of the targeted intervention framework and the associated improvements it is seeking to drive.**
- 16 In November 2020, the (then) Minister for Health and Social Services announced that the Health Board would be de-escalated to targeted intervention and supported with additional financial resource totalling £297 million for a three-and-a-half-year period ending March 2024. In March 2021, the Welsh Government set out its expectation for improvement<sup>1</sup> in four key domains:
  - Mental Health (adult and children)
  - Strategy, planning, and performance
  - Leadership (including governance, transformation, and culture)
  - Engagement (patients, public, staff and partners)
- 17 In May 2021, the Board set out an initial approach for responding to targeted intervention requirements and engaged with internal and external partners as part of this process. The targeted intervention 'improvement' approach, agreed with the Welsh Government, is based on an assessment of maturity, and supported by underpinning improvement plans. The Health Board's self-assessment to date has been an honest and critical evaluation of its current position and as such provides a good platform from which to move forward. As an example, the self-assessment in respect of mental health services highlights the challenges and concerns that persist within those services.

<sup>1</sup> Welsh Government, [Targeted Intervention Framework for Betsi Cadwaladr University Health Board – Welsh Government Publication](#), March 2021

- 18 The Health Board has introduced a good structure to drive improvement. This is coordinated by a Targeted Improvement Steering Group underpinned by an Evidence Group and Outcomes Group, which are in turn supported by four sub-groups. The membership of each sub-group includes the senior responsible executive officer with oversight from an independent board member. The Health Board is collating evidence to help demonstrate progress and has brought in the Good Governance Institute to help provide additional independent support. The Board receives regular assurance reports on Targeted Intervention progress at every Board meeting.
- 19 Overall, there is a better alignment between targeted intervention improvement plans and the wider organisational Annual Plan than we found when the Health Board was in special measures. There was a general sense from those we interviewed that the Health Board properly owns the improvement process albeit with a recognition that necessary improvements would take time to effectively deliver.

## Board and committee governance arrangements

- 20 We found that **the Board and its committees are operating appropriately, using an objective review of arrangements to drive governance improvements. The proposed changes both to committee structures and wider governance processes should strengthen arrangements but are likely to take time to embed.**
- 21 As identified in our 2020 structured assessment, governance arrangements returned from the temporary emergency command and control and Cabinet arrangements to pre-COVID arrangements in May 2020, albeit continuing to utilise videoconferencing. In November 2020, the Board invoked Cabinet<sup>2</sup> in response to significant demand to the second wave of the pandemic until April 2021. The COVID-19 Cabinet was once again reinstated in September 2021 at the request of the Executive team. These changes were approved through 'Chair's actions' and appropriately communicated to the following Board meeting on 23 September 2021. The Health Board is adapting its governance arrangements as the nature of the pandemic and wider service pressures evolve. An example of this includes the current review of the terms of reference for the COVID-19 Cabinet to ensure that it remains fit for purpose for the challenges ahead.
- 22 The Health Board has committed to learn lessons from the pandemic and has reviewed its serious incident planning and response, interim COVID-19 governance 'command and control' arrangements and financial 'COVID-19' governance arrangements (See **Exhibit 2, Recommendation 1, 2020**). Lessons

<sup>2</sup> The purpose of the Cabinet is to be responsible for oversight of key high-level strategic matters relating to the Health Board's response to the health emergency presented by the COVID-19 pandemic. Membership of the Cabinet includes the Health Board Chair, Vice-Chair, Audit Committee Chair and the Chief Executive. Other officers are in attendance.

identified include infection prevention measures, supporting staff to enable flexible redeployment if needed, adapting to virtual outpatients and supporting research and development. The Health Board has also commissioned an additional external evaluation of Emergency Planning, Resilience and Recovery arrangements, which is ongoing at the time of writing.

- 23 Our observations of various Board and Committee meetings in 2021 indicate that they are well chaired, follow expected procedures and are supported by appropriate management information in general to inform decision making. The use of technology and the etiquette around virtual meetings is well embedded.
- 24 Board meeting agendas are well planned, proportionate and focus on key risk and improvement areas. Independent Member contribution is balanced, supportive and where necessary challenging. The Health Board ensures the Board and committee agendas, minutes and papers are available in advance, and reports a breach to audit committee if papers are published late.
- 25 Performance information on acute services and some wider services in the Board's integrated quality and performance report is enabling scrutiny and provides assurance on actions to support improvement. The recent report to the Board in October on primary care services provides a useful update on the actions being taken to address service risks. There may however be a need for a more routine focus on Primary, community and population health performance. We also recommended last year that the Health Board strengthens its arrangements for reporting the outcomes from its plans and investments. Work in this area is still ongoing (See **Exhibit 2, Recommendation 3, 2020**).
- 26 While there remain challenges around public accessibility of committees, the nature of virtual meetings is starting to create opportunities. For example, senior operational managers and leads based at hospital and community sites who would not previously have been able to physically attend a meeting can join virtually. This is giving board and committee members greater insight and depth of understanding from the services where needed.
- 27 Over the last 12 to 18 months, we have seen some committees' agendas grow and some unnecessary overlap of agenda, particularly between the Strategy, Partnerships and Population Health and Finance and Performance Committees. The Health Board has undertaken a review of its committee governance arrangements with the aim of:
  - balancing the focus on strategy, culture, and accountability;
  - improving the structural line of accountability between underpinning groups, the executive team, committees, and the Board, and improving accountability and assurance flows in general from 'floor to Board'; and
  - improving the focus on the people and transformation agenda.

- 28 The review identified some specific challenges and proposed some changes to the committee structure<sup>3</sup> which were approved by the Board in July 2021, and at the time of writing, are being introduced. The structural changes to the committees appear logical and should help to reduce the risk of duplication of agenda across committees. However, it is too early to determine the effectiveness of the revised arrangements, which will take time to embed.
- 29 The Health Board is currently seeking to recruit three new Independent Members, and there could potentially be another two or three Independent Members leaving at the end of 2021-22 depending on the re-appointment process. This turnover will create risks that will need to be managed in respect of the experience and knowledge of the independent membership and the continuity of committee chairmanship. At the same time the Health Board is continuing with its Board development group sessions. Board development activity will need to take into consideration the changes to independent membership.

**Exhibit 2: progress made on the previous year recommendations relating to this report section**

Recommendation	Description of progress
<p><b>R1 (2020)</b></p> <p>Undertake a rapid learning exercise on COVID-19 governance to inform and adapt resilience and emergency response plans, so they can be implemented should they be required over the coming months. This should include consideration:</p> <ul style="list-style-type: none"> <li>• of any need to temporarily adapt the Scheme of Reservation and Delegation to ensure financial and decision-making authority is aligned; and</li> <li>• of the risk management approach adopted as part of command and control and workstream arrangements.</li> </ul>	<p><b>Complete</b></p> <p>An internal review of the Command and Control Framework has been completed by the Emergency Planning, Resilience and Recovery lead and taken through the Civil Contingency Forum. An additional external review is ongoing.</p> <p>The current governance structure for the COVID-19 response has been approved by the Board.</p> <p>The Partnership Prevention and Response Plan was reviewed and refreshed in June 2021 as required by the Welsh Government. The ongoing implementation of the plan is overseen by the Chairs of the six local authority Prevention and Surveillance Groups and reported to the Regional Coordination Group.</p>

<sup>3</sup> Changes include removal of the Digital Information and Governance Committee, refresh of the terms of reference of committees and creation of Executive Delivery Groups and underpinning group structures.

Recommendation	Description of progress
	<p>A refresh of the Risk Management Strategy was approved in July 2021 enhancing the focus on the Board's risk appetite during exceptional circumstances. These changes built upon a more substantial review of the risk management strategy in October 2020.</p> <p>An Emergency Scheme of Reservation and Delegation has been developed and was to be presented to the September 2021 Audit Committee, prior to Board approval.</p>
<p><b>R3 (2020)</b></p> <p>Ensure that impacts and outcomes achieved as a result of delivery of actions are appropriately articulated within quarterly plan and annual plan monitoring reports. This may require strengthening of underpinning business benefits analysis processes.</p>	<p><b>Action in progress</b></p> <p>The 2021-22 Annual Plan seeks to ensure that all actions are appropriately articulated in line with SMART principles. The Health Board has introduced more detailed guidance and a planning template that sets out the required supporting information for each action agreed and includes a requirement to consider both outcomes and return on investment.</p>

## Planning for recovery<sup>4</sup>

- 30 We found that **the Health Board is developing a logical 'six-point' approach for planned care service recovery and is strengthening its organisational development focus through its extensive 'Stronger Together' programme. However, risks and issues including the continued impact of COVID-19, unscheduled care pressures, and capacity constraints may result in the service recovery effort being drawn-out over several years.**
- 31 The extent of the recovery challenge, although not unique to the Health Board, is substantial. The pandemic, alongside significant unscheduled care pressures, continues to affect the available service capacity and productivity of wider services.

<sup>4</sup> NHS bodies are required to submit a three-year Integrated Medium Term Plan (IMTP) to the Welsh Government on an annual basis. The IMTP process for 2020-2023 was paused by the Welsh Government in March 2020, to allow NHS bodies to focus on responding to the COVID-19 pandemic. Instead, health bodies were required to submit quarterly plans during 2020-21 as well as prepare an annual plan for 2021-22 by 31 March 2021.

- 32 For planned care, over 50,000 patients are now waiting over 36 weeks<sup>5</sup>. The Health Board has prepared a 'six-point' recovery plan for planned care including the development of a diagnostic and treatment centre model. The six-point approach is logical, although we expect that recovery will be highly challenging. The Welsh Government has provided considerable additional revenue to support recovery, but we understand there is limited available capital funding. Consequently, the Health Board is exploring all possible options for revenue-based solutions. The nature of the revenue funding and the need to accelerate recovery efforts may lead the Health Board towards greater reliance on providers from outside of Wales to provide insourced, outsourced and fully managed services<sup>6</sup>.
- 33 While additional contracting will assist recovery, core service and workforce productivity is essential, but may be challenging to improve. There is a clear recognition in the Health Board of the impact of the pandemic on staff and the pressures ahead. The Health Board has initiated a 'Stronger Together' programme. This is a major organisation development programme focussed on improving quality, performance, productivity, engagement, and culture and engaging more than 1,800 staff directly.
- 34 Sustainable recovery, both for planned and unscheduled care, will require stronger approaches for integration of services across acute sites, and integration of services between acute and community services. The Health Board has attempted for several years to drive forward such service integration, but with mixed success. For several years, we have identified concerns about the capacity available to support change and transformation. As part of the recent review of governance arrangements, the Health Board will be implementing stronger programme and transformation structures. There are three new Executive Delivery Groups which will support strategy development and drive the transformation agenda and a cross-cutting planning and strategy group. Underpinning these strategic groups, the Health Board is introducing tactical delivery groups designed to deliver transformation and improvement. This is a positive step forward.
- 35 The Health Board is also strengthening capacity to support change. It has recently appointed a Director of Transformation and Improvement and is strengthening its capacity for programme coordination, analytical modelling, and programme and project management support (See **Exhibit 3, Recommendation 3, 2019**). The Health Board is also seeking to formally incorporate 'value-based healthcare'<sup>7</sup> and 'getting it right first time'<sup>8</sup> and data modelling approaches within its change

<sup>5</sup> As of July 2021 – data sourced from Stats Wales.

<sup>6</sup> Fully managed services relate to a complete package where an external provider may develop new temporary facilities within the Health Board area but fully providing additional theatre capacity and the necessary workforce to deliver services.

<sup>7</sup> Value based care is aimed on maximising the value of healthcare and reducing unwarranted variation.

<sup>8</sup> Getting it right first time is a national programme designed to improve the treatment of care of patients through analysis, benchmarking to support service change.



structure as part of the portfolio of the Executive Director of Primary Care and Community Services (See **Exhibit 3, Recommendation 4, 2019**). If delivered effectively, these approaches create the potential to improve the outcomes for patients and release capacity to better support patients waiting for treatment.

- 36 The Health Board continues to rely on interim management in some important areas including mental health, secondary care, and planned care improvement. While there may be value for money considerations relating to interim appointments, the potentially greater issue is the effect of turnover or 'churn' of interim staff, often filling key posts. This could affect the continuity of important change programmes and continuity of leadership for acute services (See **Exhibit 3, Recommendations 5 and 6, 2019**).
- 37 While the Health Board is building additional capacity to support improvement, a range of factors and risks could affect planned care waiting list recovery. These include:
- exacerbation of levels of COVID-19 in the community, unscheduled care demand and winter pressures, as well as increased complexity of conditions.
  - the extent that the workforce is able to work above and beyond to support additional internal capacity.
  - ability to improve service efficiency.
  - insufficient capital investment resulting in lack of physical capacity to expand services or to remedy existing estate to improve patient flow.
  - revenue funding which needs to be spent within the financial year. This may potentially inhibit multi-year recovery options and could limit the extent that the funding can be effectively utilised.
  - competition with the wider NHS for:
    - insourced and outsourced service providers;
    - modular theatres and/or demountable care facilities; and
    - medical and nursing staff, potentially limiting locum and agency staff availability, and impacting the ability to recruit.
- 38 The Annual Plan appropriately incorporates a strong focus on service recovery actions, and it is responding to the risks above, but some of those risks will present a longer-term strategic challenge. Recovery actions will not only need to bring back service performance but also help to shape services so that they are fit for the future. The Board is currently refreshing its organisational strategy, developing a clinical services plan, and preparing a three-year IMTP 2022-2025. It is currently undertaking wider engagement to support these developments (See **Exhibit 3, Recommendations 1 and 2, 2019 and Recommendation 2, 2020**).



**Exhibit 3: progress made on the previous year recommendations relating to this report section**

Recommendation (year)	Description of progress
<p><b>R1 (2019)</b> Ensure that work to develop a clinical services strategy is delivered to planned timescales and includes a fundamental review of the shape and location of clinical services across all three main hospital sites. (Further detail on this recommendation is available at the report link above).</p>	<p><b>Action in progress</b> The Clinical Strategy development has undergone review since the appointment of the new Chief Executive. This approach has been approved by the Board and will lead to new thinking for a clinical services strategy which will underpin the refreshed Living Healthier, Staying Well strategy. The Health Board has set out next steps including establishment of a clinical senate, using feedback from strategy engagement and findings from the ongoing Stronger Together work. The Health Board is aiming to complete this work by the end of March 2022.</p>
<p><b>R2 (2019)</b> Ensure clinical engagement and leadership are integral elements as part of the development of clinical strategy and associated change programmes.</p>	<p><b>Action in progress</b> This will be considered within the refresh of the 'Living Healthier Staying Well' strategy, and clinical services plan.</p>
<p><b>R3 (2019)</b> To support effective delivery of clinical strategy, introduce clear programme management structure, change programmes, and programme management methodology. This should incorporate both required central and corporate structure as well as resources to enhance division-level change management capacity.</p>	<p><b>Action in progress</b> A new approach to improvement and transformation has been agreed following recognition of the need to increase investment, focus, and alignment of existing improvement approaches. This is now being led by the Executive Director of Primary Care and Community Services. A Director of Transformation has been appointed and they will lead the Transformation Support Office approach utilising a central resource through a business partner model. A Quality Improvement toolkit is in development to drive coordination and dissemination of learning which will incorporate learning from COVID-19. Some appointments within the change structure are completed and the arrangements will continue to develop through the remainder of this financial year.</p>

Recommendation (year)	Description of progress
<p><b>R4 (2019)</b></p> <p>The Health Board should review the form and function of the executive team to:</p> <ul style="list-style-type: none"> <li>• ensure that there is clear responsibility for acute care services at an Executive level;</li> <li>• ensure that programme leadership for service transformation has clear executive director level responsibility or responsibilities; and</li> <li>• increase focus on strategy, organisational design and the capacity and capability within the organisation to deliver the necessary change.</li> </ul>	<p><b>Action in progress</b></p> <p>The new Chief Executive of the Health Board took up position in January 2021. Since this time, a review of Executive portfolios is enabling improvements in portfolio balance and the improved alignment of some key corporate functions.</p> <p>The organisation is currently enhancing its leadership as part of the Targeted Improvement programme. It is undertaking a 'listening' exercise known as the Discovery Phase of Stronger Together. Early indications from that exercise and feedback suggest more extensive work is required to optimise the organisation's operating model. This could include a review of operational management structures. This work will conclude in Quarter 3 of 2021-22.</p>
<p><b>R5 (2019)</b></p> <p>As part of the Health Board's wider approach to workforce planning, aim to reduce reliance on external interim management by building the required senior manager capacity and capability within the organisation, especially in relation to service transformation and change.</p>	<p><b>Action in progress</b></p> <p>The refreshed Workforce Strategy will draw on themes from the Stronger Together organisation development work. Key senior leadership roles in the Executive Team and Senior Leadership Team have been substantively appointed to. However, use of interim management remains an ongoing challenge for the health Board. A Service/Workforce Review model and programme has been approved by Executive Team. This is being used, for example, to review Emergency Departments as a basis for informing a new staff model. The output of the reviews will inform the refreshed workforce strategy and plan for 2022-2025.</p>

Recommendation (year)	Description of progress
<b>R6 (2019)</b> Finalise and agree the management structure for acute services.	<b>Action in progress</b> The acute management structure has been subject to some further changes, but with a number of recent key appointments. The Health Board is considering how its operating model aligns with business need as part of the Stronger Together programme. The Health Board is aiming to develop a delivery plan by the end of the calendar year.
<b>R2 (2020)</b> Ensure there is effective stakeholder engagement in the development of clinical strategy and any plans for significant service change.	<b>Action in progress</b> The Living Healthier, Staying Well strategy refresh includes public, staff and stakeholder engagement. The Health Board will share and discuss emerging findings with partners, stakeholders and those who contributed in November 2021.

## Systems of assurance

- 39 We found that **the Health Board is undertaking work to embed its risk management arrangements, but because of the consistent exceptional services pressures, it will need to ensure that its quality assurance arrangements are effective from floor to Board.**

### Managing risk

- 40 We found that **the Health Board is taking appropriate action to embed its risk management approach and board assurance framework.**
- 41 As identified in our structured assessment in 2020, the Health Board's approach to risk management has changed with the introduction of a three-tier model<sup>9</sup>. The aim was to implement the strategy and new supporting risk management arrangements in October 2020, but the impact of the pandemic resulted in some delay. The Board reviewed and agreed some further revisions to the risk management strategy in July 2021 including strengthening the focus on risk appetite, new staff

<sup>9</sup> Three-tier risk management reflects responsibility to manage at either tier 1 (director level), tier 2 (divisional level), tier 3 (service or project level), depending on the severity of the risk.

training and arrangements for ensuring risk intelligence is shared across services and divisions. We have seen good challenge from Independent Members on the risk management arrangements, reporting and the effectiveness of actions in place to mitigate the risks.

- 42 Risks relating to the pandemic are reviewed and included in the risk register. Given the dynamic COVID-19 situation, there are regular formal and informal briefings for Board members on those risks. Overall, the risks on the board assurance framework and risk management framework reflect our understanding of the Health Board's key issues and the actions that it is taking to resolve them.
- 43 The board assurance framework is progressing well although not yet fully mature. The Health Board is seeking to use the opportunity of strategy refresh to develop clearer corporate objectives. This should provide a platform for further strengthening the assurance framework. The framework is actively and consistently used by the board and committees, which is helping to focus on the key strategic risks that prevent delivery of objectives. The Health Board has continued to maintain its legislation assurance framework, reflecting changes to legislation and basic monitoring. However, capacity constraints over the last 18 months have proved a limitation and a more manageable risk-based approach may be required in future.
- 44 In relation to wider internal assurance, our work indicates:
- a comprehensive programme of internal audit delivered during the year. This was sufficient to enable a 'Reasonable' head of internal audit opinion as part of the annual report;
  - clinical audit is progressing, although significant service pressures may affect delivery of the plan in full; and
  - the Counter Fraud programme is progressing well, although we understand that there are lower levels of fraud reporting in the last year than prior to the pandemic.

## Quality and safety assurance<sup>10</sup>

- 45 We found that **the Health Board is taking steps to secure further improvements to its quality governance arrangements.**
- 46 The Board receives appropriate assurance on a wide range of quality and safety matters that it is responsible for. The Health Board uses the four quadrants of harm model and understands the direct and indirect quality concerns resulting from the pandemic. These are reflected in the Quality and Performance report, risk registers

<sup>10</sup> We have limited the work we have undertaken on quality governance arrangements as part of our 2021 structured assessment, as we are undertaking a separate review of quality governance arrangements at the Health Board. The quality governance review will consider whether the organisation's governance arrangements support delivery of high quality, safe and effective services. We will report our findings later in 2021.

and the board assurance framework. The agenda of the Quality, Safety and Experience Committee is comprehensive and there is good scrutiny of it. As well as receiving routine quality reports, specific areas are focussed on by the committee. Examples include Vascular, Mental Health and Ophthalmology services and the lessons learnt from COVID-19 outbreaks.

- 47 As part of the Health Board's governance review (**paragraph 28**), there are changes to the corporate quality structure which will be introduced over the autumn of 2021. This includes the introduction of:
- an Executive delivery group for quality improvement;
  - a strategic Health and Safety Group; and
  - underpinning Patient Safety, Patient Experience, Clinical Effectiveness and Infection Prevention and Control groups.
- 48 The new structure may take time to embed but it should help to enable specific focus in key quality areas and improve floor to board visibility. It will be essential across all divisions to maintain a strong focus on operational quality given the extent that services are currently stretched.

## Tracking progress against audit and review recommendations

- 49 We found that **the Health Board has continued with its approach to track, review, and challenge the response to recommendations**. During the pandemic, the Audit Committee has continued to receive tracking reports on progress against key recommendations and challenge areas where progress has been limited. Whilst a number of recommendations from previous years' Structured Assessments are still to be implemented, action in these areas is ongoing, with timescales for implementation having been affected by the emergency response to the pandemic. The update is included in **Exhibits 2 and 3** of this report.

## Managing financial resources

- 50 Our work considered the Health Board's financial performance, plans, controls, and arrangements for monitoring and reporting financial performance. We found that **additional income alongside improving financial planning is strengthening the Health Board's financial outlook, but there is a risk that limited capital funding could inhibit longer-term sustainable models of care built and resourced in North Wales**.

## Achieving key financial objectives

- 51 We found that **while the Health Board did not meet its two main statutory financial duties, strategic financial assistance from the Welsh Government has helped achieve financial balance for 2020-21**.

- 52 The Health Board has not been able to achieve a balanced financial revenue position for several years. In 2020-21, the annual financial revenue funding, together with additional Welsh Government financial allocations, enabled the Health Board to balance its expenditure within its revenue resource limit. It achieved a £0.4 million surplus on net operating costs of just over £1.8 billion. The two most significant streams of additional Welsh Government revenue allocation included funding to cover the costs of COVID-19, and additional strategic financial assistance. On the latter, the (then) Minister for Health and Social Care announced his decision to de-escalate the Health Board from special measures to targeted intervention in November 2020. This announcement included a financial assistance package of £297 million over a 3½ year period of which £40 million per year is specifically for financial recovery.
- 53 The Health Board's COVID-19 costs for 2020-21 totalled £171.7 million (**Exhibit 4**) and were covered by the Welsh Government. This included cover for direct COVID-19 costs but also recognised the wider financial consequences of the pandemic, which included:
- under-delivery of savings plans – the Health Board achieved £18.4 million of savings against a £45 million target leaving a £26.6 million financial pressure; and
  - an underspend of £20.4 million for elective services where the Health Board was expecting to fund services which were not able to be delivered.

#### **Exhibit 4: financial impact of COVID-19 in 2020-21**

<b>Cost area</b>	<b>£ million</b>
Direct cost of COVID-19 (including Field Hospitals, PPE, Vaccination, Test, Trace and Protect, Staff costs)	159.1
Lost income	10.5
Non-delivery of savings	26.6
Elective underspend (cost saving against original budget)	(20.4)
Other underspend against the budget	(4.1)
<b>Total COVID-19-related costs</b>	<b>171.7</b>

Source: Month 12 finance report to Board in May 2021

## Financial plans

- 54 We found that **financial planning is improving and the Health Board understands its financial risks, but limited financial capital allocation may affect the longer-term sustainability and efficiency of services.**
- 55 The Health Board is improving in financial planning, which both gives a good indication of budgetary spend and a stronger link between additional service investment and the intended improvements than in previous years. The Health Board is also planning to develop a longer-term financial strategy. This will need to set out how finances will support service recovery, and how financially sustainable services can be achieved in the longer term. This is particularly important when the significant additional Welsh Government allocations for COVID-19, the targeted intervention strategic assistance, and performance recovery funding reduce.
- 56 The Health Board's Annual Plan outlines the basic revenue allocation for 2021-22 at £1,697 million. At the time of the approval in July 2021, the plan also anticipated additional allocations for performance improvement which when combined with this year's element of the £297 million strategic assistance totals £91.5 million. The plan sufficiently identifies at a high level how this additional Welsh Government funding is to be spent during the year. This may help to inform assessment of value from the investment. We have undertaken some specific work during the year on the additional £297 million 3½ year strategic financial assistance. This work identified:
- broadly clear plans for how it will spend the strategic financial support funding it is receiving from the Welsh Government;
  - that plans appropriately consider required resources, but there is a need to prepare business cases earlier in the year as well as challenges around workforce capacity, estate, and procurement; and
  - evolving arrangements in place for ongoing monitoring of plans but also a need to ensure that the funding is achieving its intended benefits.
- 57 As at month 5, the Health Board is forecasting a balance between expenditure and its resource allocation for 2021-22. The Health Board is anticipating COVID-19 costs of £112.8 million, and that the Welsh Government will fully cover the cost. The Health Board has a good understanding of its financial risks for the current year. These include the impact of a potential third wave of COVID-19, possible under-delivery of savings, ability to manage cost and demand growth and its ability to secure efficiencies through clinical strategy and pathway redesign.
- 58 Capital funding may also present a risk for the Health Board. The continued impact of COVID-19 is increasing waiting lists considerably. The Health Board is developing a recovery plan which includes options to increase its capacity using regional treatment centres. Typically, additional estate capacity would be funded through capital, but availability of capital financing across Wales is extremely pressured. The Health Board is exploring approaches for commissioning additional managed services using revenue funding. This revenue approach could help to



expand service capacity quickly, but revenue funding approaches could also introduce additional strategic risks including:

- increasing the reliance on externally contracted care may not necessarily provide the health board with service capacity which can be sustained in the longer term once contracts are concluded.
- any substantial new external contracts for additional capacity may require long-term funding. The income to support this may not be guaranteed if funded from additional annual Welsh Government allocations rather than core budgets.

59 While the availability of capital may affect the development of new service capacity, we have also heard that limited capital funding may impede the ability to adapt the existing estate to help improve patient flow and efficiency. This may also be a factor affecting sustainable and efficient recovery within existing sites. The Health Board is acutely aware of these risks and is exploring options that may help to mitigate the impact of limited capital funding.

## Financial controls and wider internal controls

60 We found that **the Health Board is continuing to focus on improving its financial controls in relation to COVID-19 spend.**

61 In our 2020 structured assessment report, we identified that key financial controls have operated throughout the pandemic, and that the Health Board was undertaking further work to provide assurance on the controls. We highlighted clear processes agreed by the Board in April 2020 which set out decision-making arrangements, and delegated authority limits continued to be enforced alongside tracking and analysis of COVID-19 spend. Since last year's assessment, the health board has formed a 'financial governance cell' and undertook a review of its COVID-19 governance arrangements. The review found several strengths including COVID-19 financial controls built around existing financial systems, creation of COVID-19 cost centres and scrutiny of COVID-19 spend. Of the improvements needed, work on Business Continuity planning and the Emergency Scheme of Reservation and Delegation remains in progress. The latter was presented as a draft to the Audit Committee in September 2021 with a view of formally approving this at the next full Board meeting.

62 The pandemic has impacted on some routine internal controls and the Health Board is now strengthening arrangements:

- **policy management** – the Health Board is exploring options to secure extra capacity to strengthen its overall policy management approach, policy controls, and is reviewing out of date policies.
- **single tender waiver** use increased from 33 waivers in 2019-20 to 99 in 2020-21. Forty-three out of those 99 waivers related to COVID-19 spend. The Health Board has set up a single tender waiver group which is taking action to reduce the single tender waiver use going forward.



- **declarations of interest** – for 2020-21, 58% of the circa 1,100 declarations of interest were completed last year. The Health Board is working to improve further this year.

63 As we highlighted last year, use of Chair's actions<sup>11</sup> is formally recorded in the public Board meetings. Emergency pressures and the need to make rapid decisions to support recovery may necessitate this approval route in future. For assurance purposes, the Health Board could consider including further detail on the Chair's actions within the Audit Committee finance conformance report. It is positive though that the Health Board has decided to arrange an extra-ordinary Board meeting for a potentially significant contract which it is currently progressing for eye-care services.

## Monitoring and reporting

64 We found that **financial reporting arrangements provide a sufficient overview on the financial position, risks, and forecasted outlook.**

65 Finance reports provide sufficient and timely information on financial position, financial performance, cost savings and progress against the capital programme. Additional deep dives into specific areas of expenditure are periodically used to support understanding and scrutiny. Where there are new or amended contracts and agreements that have a financial implication to the Health Board, the Finance and Performance Committee is appropriately informed and provides appropriate challenge.

66 As highlighted throughout this report, service recovery will be challenging. Improving the focus on the financial efficiency of existing services should help to ensure that core capacity is used to best effect. The Health Board has a track record of focussing on cost control and cost avoidance. While this has provided assurance on financial position, it has not particularly helped to create financially efficient care pathways. Over the last six months, we are seeing increasing emphasis on value, return of investment and efficiency at senior levels within the organisation. This is becoming more visible at Finance and Performance Committee, particularly within emerging business cases and is a welcome development. The Health Board should also consider how it can bring a greater focus on financial efficiency and value within its formal financial monitoring and reporting (**Recommendation 1, 2021**).

<sup>11</sup> Chair's actions are normally used for urgent decisions taken outside of a formal Board meeting.

# Appendix 1

## Management response to the audit recommendation

Exhibit 6: management response to the 2021 structured assessment

Recommendation	Management response	Completion date	Responsible officer
<b>Financial reporting</b> <b>R1 Ensure improved focus on financial efficiency of services within finance reports.</b> This could be achieved through periodic or thematic deep dives on financial efficiency, reporting on value-based healthcare progress, or as part of routine financial reporting.	<p>The Health Board already produces comprehensive benchmarking data on clinical services, and this is used to help identify savings opportunities as well as initiatives to improve patient experience.</p> <p>We also now provide regular transformation updates (which incorporate value-based healthcare (VBHC) and service improvement projects) to the Performance, Finance and Information Governance (PFIG) Committee</p> <p>We have included 2 deep dives / meeting into divisional performance onto the cycle of business for the PFIG Committee.</p>	<p>December 2021 [first reports being presented to the Committee]</p> <p>December 2021</p> <p>December 2021</p>	<p>Executive Director of Finance</p> <p>Executive Director of Finance</p> <p>Executive Director of Finance</p>

Recommendation	Management response	Completion date	Responsible officer
	<p>The business case process is being updated and simplified and will include an assessment of:</p> <ul style="list-style-type: none"> <li>the relative efficiency of the specific service;</li> <li>what action has been considered to improve that efficiency ahead of the business case.</li> </ul>	January 2022	Executive Director of Primary and Community Care
	<p>The programme around clinical pathways and service reviews will include an assessment of relative financial and operational efficiency and what benefits can be expected from the implementation of the new pathway.</p>	February 2022	Executive Director of Primary and Community Care





Audit Wales

24 Cathedral Road

Cardiff CF11 9LJ

Tel: 029 2032 0500

Fax: 029 2032 0600

Textphone: 029 2032 0660

E-mail: [info@audit.wales](mailto:info@audit.wales)

Website: [www.audit.wales](http://www.audit.wales)

We welcome correspondence and telephone calls in Welsh and English.  
Rydym yn croesawu gohebiaeth a galwadau ffôn yn Gymraeg a Saesneg.

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



<b>Cyfarfod a dyddiad:</b> <b>Meeting and date:</b>	<b>Health Board meeting</b> <b>20 January 2022</b>						
<b>Cyhoeddus neu Breifat:</b> <b>Public or Private:</b>	Public						
<b>Teitl yr Adroddiad</b> <b>Report Title:</b>	Research and Development Report November 2021						
<b>Cyfarwyddwr Cyfrifol:</b> <b>Responsible Director:</b>	Dr Nick Lyons						
<b>Awdur yr Adroddiad</b> <b>Report Author:</b>	Lynne Grundy						
<b>Craffu blaenorol:</b> <b>Prior Scrutiny:</b>	Executive approval People, Partnerships and Population Health Committee						
<b>Atodiadau</b> <b>Appendices:</b>	1 – full report 14 pages						
<b>Argymhelliad / Recommendation:</b>							
The Board is requested to note this report.							
<b>Ticiwch fel bo'n briodol / Please tick as appropriate</b>							
<b>Ar gyfer</b> <b>penderfyniad /cymeradwyaeth</b> <b>For Decision/</b> <b>Approval</b>	<input type="checkbox"/>	<b>Ar gyfer</b> <b>Trafodaeth</b> <b>For</b> <b>Discussion</b>	<input type="checkbox"/>	<b>Ar gyfer</b> <b>sicrwydd</b> <b>For</b> <b>Assurance</b>	<input type="checkbox"/>	<b>Er</b> <b>gwybodaeth</b> <b>For</b> <b>Information</b>	<input checked="" type="checkbox"/>
<b>Y/N i ddangos a yw dyletswydd Cydraddoldeb/ SED yn berthnasol</b> <b>Y/N to indicate whether the Equality/SED duty is applicable</b>						<b>NO</b>	
<b>Sefyllfa / Situation:</b>							
The Research and Development (R&D) Report (Appendix 1) outlines our research activity, successes, collaborations and future ambitions, covering the period April 2020 to October 2021.							
<b>Cefndir / Background:</b>							
Since March 2020, research activity has predominantly focussed on COVID-19 research, as part of a global effort to identify new treatments, diagnoses and tests. Betsi Cadwaladr University Health Board (BCUHB) Research and Development (R&D) Department has played an important role in this effort.							

Alongside this, we have contributed to the University Health Board status review, and re-started many non-COVID-19 studies, as well as developing a business case for a North Wales Clinical Research Facility (CRF).

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

BCUHB R&D has been involved in 21 urgent public health COVID-19 research studies, recruiting 3596 patients and volunteers to October 2021. As we now know, these studies have provided a critical route out of the pandemic.

In March 2021, we took part in an expert panel presentation and discussion to present our research evidence for the triennial review of University Health Board (UHB) status. The expert panel welcomed the strategic focus on a 'plan on a page' and alignment to activity. In the future, UHB status evidence will be an integral part of our Integrated Medium Term Plans (IMTP).

The R&D Department hosted their first virtual *Excellence in Research and Innovation Symposium* on 20 January 2021. The Symposium provided a unique opportunity for BCUHB colleagues, from different services and professional groups, to share their research and innovation projects with over 100 attendees.

In August 2021 we held a virtual *Research and Development Excellence Awards* event to celebrate the achievements and successes of our researchers and innovators. 30 applications were shortlisted and reviewed by an independent panel of judges, who represented senior members of the research and innovation community across Wales.

We are currently collaborating on numerous research studies, and are working with many groups and organisations. These include the Wales Cancer Research Centre, the National Centre for Mental Health, Moondance, AgorIP, The Centre for Mental Health and Society, PRIME Centre Wales, the Research Innovation and Improvement Coordination Hub, North Wales Organisation for Randomised Trials in Health, the Bevan Commission, and the Lifesciences Hub Wales.

We have developed a business case for a new Clinical Research Facility (CRF) to be based at Wrexham Maelor Hospital. Our vision is to deliver an expanded experimental medicines CRF for early phase clinical trials. This will complement the later phase trials that we currently have in the BCUHB portfolio.

The CRF will help to attract and retain health care professionals into the area, and offer educational and research opportunities for staff. Further, it will support the North Wales Medical and Health Sciences endeavour, and generate revenue to re-invest in research development.

We continue to work closely with Bangor University to ensure that the research contribution to the North Wales Medical and Health Sciences School is fully realised.

We will continue to support our researchers to increase capacity and capability in the region, offering increased opportunities for our population to take part in research.

Key priorities in 2022 are:

- Work closely with Bangor University to develop a research rich Medical School proposal, aligning relevant aspects of the two organisations research strategies.
- Appoint a North Wales Clinical Research Facility (CRF) and develop the CRF within the current accommodation whilst managing the Business Case for development of a bespoke CRF.
- Focus on workforce as a means of developing a strong research infrastructure and as a means of addressing recruitment and retention challenges.
- Work with Clinical Research Organisations and industry partners to increase commercial research activity and generate revenue to reinvest to increase research capacity and capability.

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

The UK wide the clinical research strategy '*Saving and Improving lives: The Future of UK Clinical Research Delivery*' was launched in 2021, with all four devolved nations developing an implementation plan. The strategy aims to encourage the NHS to '*put delivery of research at the heart of everything they do, making it an essential and rewarding part of effective patient care*'.

Each of the devolved nations are developing an implementation plan/strategy, with many actions being addressed at UK level. In addition to the UK wide work, the draft implementation plan for Wales includes an action to develop a networked all Wales CRF based on existing/new CRFs, to coordinate Wales trials. NHS Wales R&D Departments are expected to support the implementation of the plan.

Welsh Government R&D Division have also developed two workstreams to:

- Review and propose recommendations to support the development of 'structured' career pathways for NHS staff.
- Develop guidance to support NHS organisations implement creating 'time for research'.

We are working to align our research strategy with Bangor University Medical and Health Sciences School to further develop our collaborations.

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

*n/a - report*



**Goblygiadau Ariannol / Financial Implications**

*n/a - Report*

*A Business Case has been presented to the Capital Investment Group to develop the North Wales Clinical Research Centre.*

**Dadansoddiad Risk / Risk Analysis**

*n/a - Report*

**Cyfreithiol a Chydymffurfiaeth / Legal and Compliance**

*n/a - Report*

**Asesiad Effaith / Impact Assessment**

*n/a - Report*

# Research and Development Report

November 2021



## Executive Summary

On 28 February 2020, it was confirmed that the first person in Wales had tested positive for coronavirus. Just a few weeks later, the first urgent public health COVID-19 study opened in BCUHB.

Since this time, research activity has predominantly focussed on COVID-19 research, with a global effort to identify new treatments, diagnoses and tests. Betsi Cadwaladr University Health Board (BCUHB) Research and Development (R&D) Department has played an important role in this effort.

Since March 2020, 3956 patients and volunteers have been recruited into COVID-19 research studies across BCUHB. During the pandemic, most non-COVID-19 clinical research was suspended, with the exception of treating and following up a small proportion of patients where the study provides their ongoing essential treatment or care. As clinical services have started to resume, the non-COVID studies have also re-started, and we are currently recruiting to a range of non-COVID-19 research studies.

In March 2021, we presented the research component for our University Health Board (UHB) status review to an expert panel. The expert panel welcomed the strategic focus on a 'plan on a page' and our alignment to activity. UHB status will be embedded within our Health Board plans in the future, as part of the regular planning and performance management cycle.

Looking forward, we have developed a business case to deliver a new Clinical Research Facility (CRF) based at Wrexham Maelor Hospital. Our vision is to deliver an expanded experimental medicines CRF for early phase clinical trials. This will complement the later phase trials that we currently have in the BCUHB portfolio. Many of these trials will generate revenue that we can re-invest into research capacity and capability.

We continue to work closely with colleagues from Bangor University, contributing to the research element of the North Wales Medical and Health Science School business case.

We will continue to increase our collaborations and research activity. This will support the offer from BCUHB, contributing to the recruitment and retention of high calibre staff, and ensure our local population has increased opportunities to take part in clinical research, both in secondary and primary care settings.

## Research Activity

Over the last 18 months, our research activity has predominantly focussed on COVID-19 research, contributing in the global effort to identify new treatments, diagnoses and tests.

On 28 February 2020, it was confirmed that the first person in Wales had tested positive for coronavirus. Just a few weeks later, the first urgent public health COVID-19 study opened in Betsi Cadwaladr University Health Board (BCUHB).

Since then, the BCUHB research community and our patients have played a key role in supporting the development of vaccines, and identifying new treatments, diagnoses and tests related to COVID-19. This research effort has brought together the NHS, academia, research staff, volunteers, patients and their families.

BCUHB has been involved in 21 urgent public health COVID-19 research studies, recruiting 3596 patients and volunteers. As we now know, these studies have provided a critical route out of the pandemic.

During the course of 2020 and continuing in 2021, COVID-19 research has made a huge difference to all of our lives. RECOVERY trial has shown a low-cost steroid (dexamethasone) reduces death by up to one third in those with severe respiratory complications and an arthritis drug, tocilizumab, could save 1 in 25 people who are severely ill with coronavirus.

One of our clinicians recently identified the positive benefits of participating in COVID-19 research.

*“As a result of our participation in the RECOVERY trial, we were quick to notice that steroids had a positive impact on patient outcomes and as a team we were routinely giving all of our Covid patients steroids in one form or another, just before the official results on Dexamethasone came out. The results however unified the doses and duration we then started to implement.”*

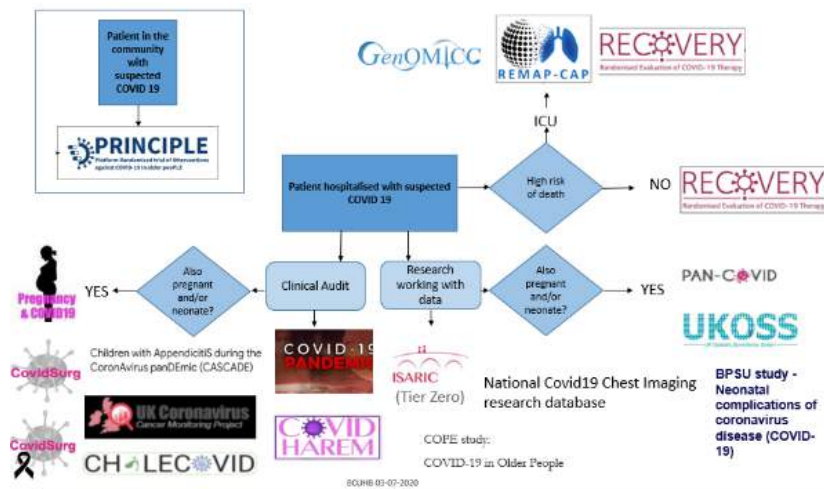
REMAP-CAP trial aims to identify treatments that may be beneficial for people who are severely ill with COVID-19 and require intensive care. The trial has shown two rheumatoid arthritis drugs reduce risk of death by nearly 10%.

In the community setting, the PRINCIPLE study is aiming to find treatments for people who have milder COVID-19 infection and do not need to go to hospital. Most recently, it was found that two commonly prescribed antibiotics, azithromycin and doxycycline, provide no benefit to patients who are more than 50 years old, being treated for COVID-19 at home. Evidence of no benefit is just as important as giving clinicians positive evidence to inform their treatment of patients with COVID.

BCUHB research teams have also made a valuable contribution to the national vaccine trials effort, and we have recruited over 600 participants into two trials. Table 1 shows the recruitment into COVID-19 trials and studies.

Table 1 Recruitment to COVID-19 research studies to October 2021

Study short title	Number recruited
CLARITY – Impact of biologic therapy on sars cov 2 infection and immunity	45
Clinical characterisation protocol for severe emerging infection	1801
COPE – COVID 19 in older people	57
COPE HCP - COVID 19 and physical and emotional wellbeing of HCP	93
COVIP - COVID 19 in very old intensive care patients	41
FLU-CATS - Evaluation and refinement of pandemic influenza community assessment tools	
GenOMMIC - Genetics of susceptibility and mortality in critical care	143
PHOSP-COVID - Post hospital COVID 19 study	137
Pregnancy and neonatal outcomes in COVID-19	54
PRINCIPLE – Platform randomised trial of interventions against COVID 19 in older people	6
RECOVERY - Randomised evaluation of COVID 19 therapy	229
RECOVERY Respiratory support –CPAP, high flow and standard care	2
REMAP-CAP - Platform trial for community acquired pneumonia	118
HEAL COVID - Helping Alleviate the Longer-term consequences of COVID-19: a national platform trial	16
FALCON - Facilitating Accelerated Clinical evaluation Of Novel diagnostic tests for COVID-19	52
Prospect - Prospective data collection on clinical, radiological and patient reported outcomes after pleural intervention	2
Multi-Centre EuRopean study of MAJOR Infectious Disease Syndromes (MERMAIDS): Acute Respiratory Infections in Adults	7
SIREN - SARS-COV2 immunity and reinfection evaluation; The impact of detectable anti SARS-COV2 antibody on the incidence of COVID-19 in healthcare workers	138
COV Boost – Covid-19 booster trial	148
Novavax – Phase 111 Covid-19 vaccine trial	490
Spike-1 Phase 11/111 study in community settings using camostat to reduce clinical progression of COVID-19	17
<b>TOTAL</b>	<b>3596</b>



This research has enabled existing drugs to be repurposed and other new treatment options for patients with COVID-19 to be developed, as well as collecting and analysing important clinical data. These clinical trials are an

essential part of front-line treatments in the patient pathway and vital to both the development of evidence and knowledge about COVID-19 infection and in providing treatment options for patients.

During the pandemic, most non-COVID-19 clinical research was suspended with the exception of treating and following up a small proportion of patients where the study provides their ongoing essential treatment or care.

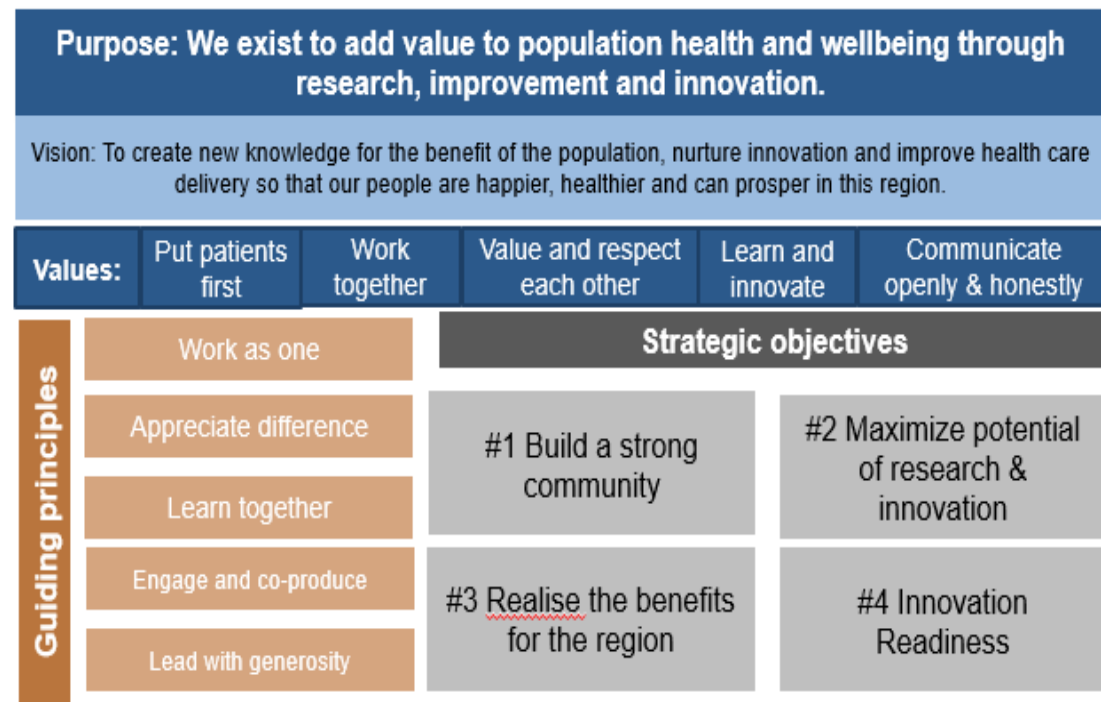
As services started to re-open, the non-COVID studies have also resumed. We are currently recruiting into a number of studies in areas such as trauma and orthopaedics, anaesthetics, reproductive medicine, primary care, children, dementia, cancer, respiratory, cardiovascular, renal, ophthalmology, ENT and health services delivery.

### Key strategic activity - University Health Board Status Review

We provided the research report within our BCUHB UHB Status triennial review report, and presented the research component to an expert panel in March 2021. We outlined our strategy, and achievements, as well as future plans.



## Our Strategy on a page



At the expert panel presentation, we outlined how we had strengthened our research governance and our collaborations, summarised below.

<p><b>Research governance</b></p> <p>Regular updates on progress at Health Board and board committees Launch of RD&amp;I strategy with a governance structure in place Board to Board with University partners</p>
<p><b>Collaborations</b></p> <p>Community of Scholars/ Living Laboratory approach to socialise research Networking and linking clinicians and academics Research training resources BCUHB Journal club Facilitation of research collaborations across North Wales Development of grantsmanship skills in applied health research Development of research leadership Development of capability and capacity in applied health research</p>



The expert panel welcomed the strategic focus on a 'plan on a page' and alignment to activity.

UHB status will be embedded within our Health Board plans in the future, as part of the regular planning and performance management cycle.

The UK wide clinical research strategy '*Saving and Improving lives: The Future of UK Clinical Research Delivery*' was launched in 2021, with all four devolved nations developing an implementation plan. The strategy aims to encourage the NHS to '*put delivery of research at the heart of everything they do, making it an essential and rewarding part of effective patient care*'.

BCUHB R&D Department, along with our colleagues in health boards and trusts across Wales, will be expected to support the implementation of this strategy in Wales. Key workstreams in Wales include:

- Review and propose recommendations to support the development of 'structured' career pathways for NHS staff.
- Develop guidance to support NHS organisations implement creating 'time for research'.

## **Celebrating Success**

The R&D Department hosted their first virtual *Excellence in Research and Innovation Symposium* on the 20 January 2021.

The Symposium provided a unique opportunity for BCUHB colleagues, from different services and professional groups, to share their research and innovation projects. In addition there were presentations from Dr Rupa Chilvers of the Bevan Commission and Pryderi ap Rhisiart of the Menai Science Park.

The event provided BCUHB colleagues with a platform to showcase their work to an online research and innovation community of over 100 attendees, who also took part in an interactive Q&A session.

Projects that were presented at the Symposium included:

- The Virtual Hub Scoping project, presented by Dr Rupa Chilvers
- The Huma Pilot Project, presented by Vikki Jenkins
- Digitalising Oncology Support, presented by Dr Nic Wreglesworth
- PPE Communication Device, presented by Dr Simon Burnell
- The Clear Mask Project, presented by Dr Sarah Bant



- The Recovery Trial, presented by Hannah Williams
- The Novavax Vaccine Trial, presented by Dr Orod Osanlou

In August 2021 we held a virtual *Research and Development Excellence Awards* event to celebrate the achievements and successes of our researchers and innovators. The awards showcased the very best examples of how staff across BCUHB are having a positive impact on peoples' everyday lives.

BCUHB staff were invited to nominate projects across five categories:

1. Patient impact: Research
2. Patient impact: Innovation.
3. Novice researcher.
4. Novice innovator.
5. Commitment to research.

30 applications were shortlisted and reviewed by an independent panel of judges who are senior members of the research and innovation community across Wales. The event was a resounding success, with support locally and nationally, including press and social media coverage, with eight winners and four runners-up, some of whom are presented below.

Dr Chris Subbe received the Patient Impact Award. Ysbyty Gwynedd's Research and Development Team nominated Dr Subbe for the major part he played in his willingness to undertake the role of Principal Investigator for the RECOVERY trial.



The high profile international research trial opened during the height of the first wave of the pandemic and aims to identify treatments that may be beneficial for people hospitalised with suspected or confirmed COVID-19.

The teams involved in the trial were research nurses, ward nurses, pharmacists, phlebotomists, junior doctors and consultants.



Dr Osanlou, who is based at Wrexham Maelor Hospital, was recognised for his tireless efforts in setting up the biggest vaccine trial in Wales, NOVAVAX that recruited 480 patients in two weeks of opening.

Research Team Manager at Wrexham Maelor Hospital, Jane Stockport, said: “Orod is extremely motivated and driven.

“He is setting up the North Wales Clinical Research Facility and plans to expand in the future to run phase 1 and 2 drug trials, supporting the Research Team with day to day support and manage the national portfolio trials in Wrexham.

Dr Heartin, who is based at Glan Clwyd Hospital, was praised for his dedication to Haematology research at the hospital.

Research & Development Manager, Lona Tudor Jones, who nominated Dr Heartin for the award, said: “During the last 12 months, many oncology trials were closed to recruitment and follow up. Dr Heartin made every effort to successfully keep the Haematology Research at Glan Clwyd Hospital at the forefront of patient care”.

Research Team Manager, Alice Thomas at Ysbyty Gwynedd nominated the group of Consultants at Ysbyty Gwynedd for their commitment to research. She said: “The Oncology Consultants are always striving to provide patients in the West of the Health Board with opportunities to participate in clinical trials.



Dr Catherine Bale, Consultant Medical Oncologist at Ysbyty Gwynedd said

“Clinical research has always been at the heart of our working ethos as it benefits our patients and ensures that we continue to deliver high quality of care.

Reduced resources and then the COVID-19 pandemic have made trial recruitment challenging but working closely with our experienced research nurses we are rebuilding an active trial portfolio and are looking forward to seeing our patients benefit into the future.”

Iola Thomas, Gastroenterology Clinical Specialist Nurse was recognised for her outstanding leadership skills with a special award. She received the Novice Researcher Award at the Excellence Awards.



Iola was praised for her involvement in the recent Clarity Study. This study is looking at the impact of two biologic medicines on COVID-19 infection, vaccination and immune response in people with Inflammatory Bowel Disease (IBD).



Consultant Urological Surgeon, Mr Mohamed Yehia Abdallah was joint winner in the Patient Impact Innovation Category at this year's Betsi Cadwaladr University Health Board's Research & Innovation Excellence Awards.

Mr Yehia was praised by the judges for introducing MINIPERC Technology at Wrexham Maelor Hospital for kidney stone patients.

The MINIPERC technique uses smaller cameras and specialised tools to create a smaller incision in the skin to carry out minimally invasive keyhole surgery. The new technique provides a much safer procedure and allows the patient to recover quicker with shorter post-operative hospital stay.

Mr Yehia said: "This service is one of a kind in North Wales and only available at Wrexham Maelor Hospital and in very few centres across the UK due to the training required to perform such minimally invasive surgery.

### **Increasing capacity and capability**

Key to developing a positive research culture in BCUHB is recognising the need to increase research capacity and capability.

We continue to develop collaborations with academic partners, building on recent successful work with both local and national partners, for example:

### Supporting researcher development

The development of the *Community of Scholars* (CoS), in partnership with the North Wales Organisation for Randomised Trials in Health and Social Care (NORTH), Bangor University will support novice and new researchers and will provide a virtual network for researchers across the region. The CoS has received pump priming funding by Welsh Government R&D Division, and the expectation is that this will be a regional network, including all partners. The CoS was launched in February 2021.

*The Community of Scholars*, an initiative funded by Welsh Government Research and Development Division, is a collaboration between BCUHB and Bangor University, as well as working with other partners in North Wales.

BCUHB R&D Department is keen to support the increase in joint appointments with our academic partners. This aligns with our Performance Review with Welsh Government R&D Division in September 2020. Welsh Government are keen to see, in light of the proposed North Wales Medical and Health Sciences School, further developing of joint plans and processes with Bangor University, and establishing a shared approach to the academic/research workforce, career development and career pathways.

The R&D Department is currently working with Bangor University to develop a joint Research Development post, and there is a recognition and willingness to develop further joint research posts.

### Collaborations



BCUHB staff and patients across North Wales are supporting a new trial to help evaluate a new multi-cancer detection test.

The Health Board has joined Health and Care Research Wales in supporting GRAIL and the University of Oxford, to evaluate the use of a new multi-cancer early detection (MCED) test which can detect over 50 types of cancers.

Health and Care Research Wales teams across NHS Wales are taking part in the SYMPLIFY study, which will investigate a multi-cancer early detection test developed by GRAIL, known as Galleri, for patients with non-specific symptoms that may be a result of cancer.

### Global commercial research partnership

We are continuing to collaborate with research groups from Philips Healthcare in Eindhoven (NL), Böblingen (G) and Boston (USA) with a focus on co-designing studies exploring new solutions to monitor patients at risk of catastrophic deterioration in hospital and at home. This work has included the development of the 'Patient Stability Index' to advise doctors on the safe transfer of patients from acute hospitals using state-of-the-art machine learning. Chris Subbe has recently joined the Global Medical Advisory Board.

### Impact of Frailty in Critical Illness

Richard Pugh, Chris Thorpe and Chris Subbe have developed a programme around the reliable assessment of frailty and its impact on outcomes in Intensive Care. The latest study is a collaboration with the SAIL database at Swansea University and has just been accepted for publication: Despite the improved treatments for people with advanced age the number of elderly patients admitted to Welsh Intensive Care Units has decreased over the last 10 years.

(Publications: <https://pubmed.ncbi.nlm.nih.gov/?term=subbe+%5Bau%5D+AND+thorpe+%5Bau%5D&sort=date&size=200>)

We are currently collaborating with many groups and organisations, including the Wales Cancer Research Centre, the National Centre for Mental Health, Moondance, AgorIP, The Centre for Mental Health and Society, PRIME Centre Wales, the Research Innovation and Improvement Coordination Hub, North Wales Organisation for Randomised Trials in Health, the Bevan Commission, and Lifesciences Hub Wales.

During 2021, we supported 14 successful BCUHB applications for the Bevan exemplar programme, with staff from a wide range of staff groups being recognised and supported with their projects, which are aimed at making a difference to patient care.





**GIG**  
CYMRU  
**NHS**  
WALES

Bwrdd Iechyd Prifysgol  
Betsi Cadwaladr  
University Health Board

## Summary

<b>3596</b>	<b>Recruited to Covid-19 studies</b>
<b>21</b>	<b>Covid-19 research studies</b>
<b>340</b>	<b>Open research studies</b>
<b>£220,00</b>	<b>External project funding awarded</b>
<b>155</b>	<b>Chief and Principal Investigators</b>
<b>167</b>	<b>Publications</b>
<b>4</b>	<b>Moondance Awards</b>
<b>14</b>	<b>Bevan Exemplars</b>

## Looking Forward

We have developed a business case to deliver a new Clinical Research Facility (CRF) to be based at Wrexham Maelor Hospital. Our vision is to deliver an expanded experimental medicines CRF for early phase clinical trials. This will complement the later phase trials that we currently have in the BCUHB portfolio.

In a stepped phase approach, in the immediate future we are proposing the development of an initial outpatient facility, which is capable of delivering a combination of both COVID-19 and non-COVID-19 trials. During the COVID-19 pandemic, the balance is towards urgent public health studies. However, over time, this will shift towards more traditional non-COVID-19 trials.

The CRF will help to attract and retain health care professionals into the area, and offer educational and research opportunities for staff. Further, it will support the North Wales Medical and Health Sciences endeavour, and generate revenue to re-invest in research development.

We will continue to work closely with Bangor University to ensure that the research contribution to the North Wales Medical and Health Sciences School is fully realised.

We will continue to support our researchers to increase capacity and capability in the region, offering increased opportunities for our population to take part in research.

<b>Cyfarfod a dyddiad: Meeting and date:</b>	Health Board 20 <sup>th</sup> January 2022					
<b>Cyhoeddus neu Breifat: Public or Private:</b>	Public					
<b>Teitl yr Adroddiad Report Title:</b>	Summary of business considered in private session to be reported in public					
<b>Cyfarwyddwr Cyfrifol: Responsible Director:</b>	Louise Brereton, Board Secretary					
<b>Awdur yr Adroddiad Report Author:</b>	Mrs Kate Dunn, Head of Corporate Affairs					
<b>Craffu blaenorol: Prior Scrutiny:</b>	None					
<b>Atodiadau Appendices:</b>	None					
<b>Y/N to indicate whether the Equality/SED duty is applicable</b>						
<b>N</b>						
<b>Argymhelliad / Recommendation:</b>						
The Board is asked to note the report						
<b>Ar gyfer penderfyniad /cymeradwyaeth For Decision/ Approval</b>		<b>Ar gyfer Trafodaeth For Discussion</b>		<b>Ar gyfer sicrwydd For Assurance</b>		<b>Er gwybodaeth For Information</b>
						✓
<b>Sefyllfa / Situation:</b>						
To report in public session on matters previously considered in private session						
<b>Cefndir / Background:</b>						
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.						
<b>Asesiad / Assessment</b>						
The Health Board considered the following matters in private session:						
<u>18<sup>th</sup> November 2021</u>						
<ul style="list-style-type: none"> <li>• Update on the development of the Health Board Operating Model</li> <li>• Update on Regional Treatment Centres and Planned Care Recovery</li> <li>• Radiology Informatics Procurement Programme business case</li> <li>• GP Practice Contract Award - Llys Meddyg &amp; Gyffin Surgery, Conwy</li> </ul>						



- Contract Award for Automated Blood Sciences Managed Service Contract
- Update on all Wales Robotic Procurement