Bundle Health Board 18 November 2021

9.30am Via Zoom
Public Session V2.0

1   OPENING BUSINESS
1.1   09:30 - 21.206.1 Welcome and Apologies for Absence - Mark Polin
1.2   09:31 - 21.206.2 Declarations of Interest
1.3   09:32 - 21.207 Patient Story - Gill Haris

An audio version of the story will be played at the meeting

Recommendation:
The Board is asked to receive and reflect upon the patient story.

21.207 Patient Story_approved.docx

1.4   09:47 - 21.208 Draft Minutes of the Health Board Meeting held in public on 23rd September 2021 for accuracy

21.208a Minutes Board 23.9.21 Public V0.4.docx

1.4.1   09:49 - 21.209 Matters Arising and Summary Action Log

21.209 Summary Action Log Public_v228.doc

1.5   09:59 - 21.210 Report of the Chair - Mark Polin

To record the following Chair's Actions:
1\. Board Chair's Action to accept the BCUHB Construction Contractor Works Framework as detailed in the contract award recommendation and approved at the Finance & Performance Committee in August 2021\.
2\. Dual PFIG and Board Chair's Action to approve an extension to the Licence to Occupy Forge Road GP Managed Practice Premises
3\. Board Chair's Action to approve settlement of a high value claim in the specialty of ophthalmology

1.6   10:04 - 21.211 Report of the Chief Executive - Jo Whitehead

Recommendation:
That the Health Board notes the report of the Chief Executive.

21.211a CEO report_English approved.docx

21.211b CEO Report Appendix 1 Chair's EASC Summary from 7 Sept 2021.docx

21.211c CEO Report_Appendix 2 MWJC Update report Oct 2021 FINAL 211021.pdf

1.7   10:09 - 21.212 Targeted Intervention Improvement Framework - Gill Harris
1.7.1   21.212.1 Chair's Report from Meeting Held 6.9.21

21.212.1 Chair's Assurance Report TIIF Steering Group 6.9.21 v1.0_English_approved.docx

1.7.2   21.212.2 Chair's Report from Meeting Held 29.9.21

21.212.2 Chair's Assurance Report TIIF Steering Group 29.9.21 v1.0_English.docx

1.7.3   21.212.3 Self-assessment

Recommendation:
The Board is requested to:
1) Note the amended TIIF update paper from 23 September 2021
2) Note the progress in delivering Targeted Improvement.
3) Agree the self-assessment reference points against each matrix
a. All Ages Mental Health   1
b. Strategy, Planning and Performance 1
c. Leadership Governance and Culture 1
d. Engagement   1
4) Agree the target reference point for May 2022
a. All Ages Mental Health   High 2
b. Strategy, Planning and Performance High 2
c. Leadership Governance and Culture 2
d. Engagement   High 2

21.212.3a TIIF update and self assessment_approved.docx

21.212.3b TIIF update Appendix 1_updated Board paper September.docx

21.212.3c TIIF update Appendix 2 Mental Health.docx

21.212.3d TIIF update Appendix 3 Strategy Planning & Performance.docx

Verbal

4.2   21.229 Review of Risks Highlighted within the Meeting

Verbal

4.3   21.230 Review of Meeting Effectiveness

Members are invited to reflect on the meeting effectiveness

4.4   21.231 Summary of Private Board business to be reported in public

Recommendation:
The Board is asked to note the report

      21.231 Private session items reported in public_English.docx

4.5   21.232 Date of Next Meeting

20th January 2022 - to incorporate annual Trustees meeting

4.6   21.233 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."

4.7.1   13:18 - lunch break

Cyfarfod a dyddiad: Meeting and date:	Health Board 18 November 2021
Cyhoeddus neu Breifat: Public or Private:	Public
Teitl yr Adroddiad Report Title:	Patient Story: Elizabeth's Vascular Story
Cyfarwyddwr Cyfrifol: Responsible Director:	Gill Harris (Executive Director, Nursing and Midwifery/Deputy CEO)
Awdur yr Adroddiad Report Author:	Matthew Joyes (Acting Associate Director, Quality Assurance) Eleri Anderson (Deputy Lead, Patient and Carer Experience) Carolyn Owen (Acting Assistant Director, Patient Safety & Experience)
Craffu blaenorol: Prior Scrutiny:	Patient and Carer Experience Group Patient Safety and Quality Group Quality, Safety and Experience Committee Matthew Joyes (Acting Associate Director, Quality Assurance) Gill Harris (Executive Director, Nursing and Midwifery/Deputy CEO)
Atodiadau Appendices:	Patient Story

Argymhelliad / Recommendation:

The Board is asked to receive and reflect upon the patient story.

Ticiwch fel bo'n briodol / Please tick as appropriate							
Ar gyfer penderfyniad /cymeradwyaeth For Decision/ Approval		Ar gyfer Trafodaeth For Discussion		Ar gyfer sicrwydd For Assurance		Er gwybodaeth For Information	√
Y/N i ddangos a yw dyletswydd Cydraddoldeb/ SED yn berthnasol Y/N to indicate whether the Equality/SED duty is applicable						N	

Betsi Cadwaladr University Health Board
Patient Story

Elizabeth's Vascular Story

An audio recording of the story, told by Elizabeth,
will be played at the Health Board meeting

The Patient and Carer Experience Team were given the contact details of Elizabeth following her extensive vascular surgical procedure that was undertaken at Ysbyty Glan Clwyd in August 2021.

This story is a personal account of her experience in her own words, and describes how her stay in hospital was made as comfortable as possible during the third COVID-19 wave. Although Elizabeth has nothing but praise for the staff, it captures an honest account of how the staff delivered holistic and personalised care under difficult circumstances, which ensured that Elizabeth was constantly kept updated, how information and communication pathways were maintained, and how a positive outcome was delivered at the end of the process.

Elizabeth first saw her consultant, Mr Jeremy Jones, in October 2019, with a possible diagnosis of Cerratic Rheumatism in her right and left leg. This was becoming extremely painful for Elizabeth, making it extremely difficult for her to mobilize any distance, and limiting her wellbeing, mobility and day to day living. She already was suffering from Osteoarthritis in her neck, and initially the consultant, Mr Jones, thought that both her legs were going the same way. It was during this consultation that Mr Jones, whilst examining her feet, discovered that there was no pulse present in her left foot. This suggested further exploration was needed by the vascular team, which by now considered being an urgent case. This also explained the severity of her pain, the loss of ability to walk, and her calf seizing up when mobilizing, and her feet constantly being numb. Following this, unfortunately lockdown occurred, there were no appointments sent out, and although Elizabeth was an urgent case, they did not consider at this stage of her care for it to be in the serious category and life threatening.

When lockdown restrictions were partially lifted, and when appointments were eventually sent out, Elizabeth saw Mr Shake who conducted Doppler examinations of both feet. Following this, the actual depth of the damage was made apparent, in particular the right leg that was much more affected than the left.

Elizabeth was put on the list for a femoral bypass surgery, and although she was not seen immediately, she was aware that her case was being discussed as being a priority. Elizabeth understood that it was not an emergency, as she knew that she was not in any imminent danger, and that the situation was being reviewed regularly.

On Monday the 23 of August 2021, Elizabeth got a call from the hospital to go for a COVID-19 test that day. She was then to go to Ysbyty Gwynedd on the 25th of August for a scan of her heart, and then to present herself at Ysbyty Glan Clwyd on the 26th

of August at 7am for her actual surgery to take place, which she did. Elizabeth signed the consent form and then had the surgery on the 27th of August 2021.

Elizabeth was advised that the expected surgery time for her procedure would been 3-5 hours long, but it actually took 9 and half hours to undertake. Elizabeth woke up the next day and saw Mr Shake, who said that the damage was indeed a lot more extensive than at first thought. Elizabeth had a Popiteal bypass and two lots of stents inserted due to the veins in her leg being very blocked. If they would not have had done this surgery then Elizabeth would have lost her leg.

Elizabeth felt the recovery was long and drawn out, all the days merged into one. Although the time on the ward was difficult and long, Elizabeth felt all the staff made it much more bearable, they were so kind and thoughtful, always referring to her by her first name and attended to all of her needs. If anything that Elizabeth wanted was not available, they would try their upmost to help her. Elizabeth felt that the staff looked after her so well and during this time when visitors were not permitted.

'It was like they were your family, and made me feel special'.

"They would be there for you at all times, they washed you, brushed your hair and took care of you, and it was as if they were there, always on hand."

Elizabeth was in hospital for 4 weeks, and during this time made to feel so comfortable, with the standard of care excellent, which made such a difference. They took care of her mental health and wellbeing, and as she was in hospital for so long, this made such a difference. They were hard working staff who Elizabeth said cannot be praised enough.

"When you were feeling low, they were there just to hold your hand and just stroke your hair, and just said that everything was ok."

As the days went on, Elizabeth unfortunately acquired an infection in her groin wound; it needed intravenous antibiotics and regular pain relief, but the staff always ensured that these were regularly given without her being in too much pain. It came to the stage that the infection was so bad that Mr Shake decided to debride the wound on the ward to remove the tissue that was infected and necrosed. This was a very unpleasant experience for Elizabeth. Mr Shake advised Elizabeth that there was no room on his surgical lists to do this procedure; he decided to undertake it on the ward. Elizabeth understood why this had to be done, as Mr Shake informed her that to remove this tissue here, and at this time it was necessary to aid her recovery.

Elizabeth was given pain relief and the use of Entonox 'Gas and Air' to relieve the pain, and throughout the procedure, a student nurse called Jack held her hand and said it would be ok, *"bless him, he was only young but he was so caring."* This procedure, although not a nice experience, helped to take 12 months off her recovery, and Elizabeth was discharged home soon after, without a wound drain, which was amazing.

The physiotherapists were also a vial part of the team that helped Elizabeth's recovery. The made her exercise every day, even on those days which she felt unable to move,

they encouraged her to do just a little movement as it would eventually benefit her recovery.

There was one occasion that her family brought some property for her at the door and she was allowed to see them through the glass. This helped her mental health no end, just be able to speak with them and to say that she was ok.

The surgeons also came to her every day, they asked everyone if they were ok, and it was so good to see them. They went above and beyond to help, they were sometimes on the ward for hours on end.

The student nurses were also excellent; *"their enthusiasm really got to you and made you feel positive."* Elizabeth saw a few students qualifying whilst they were on this ward, and seeing them wearing their blue uniforms for the first time was lovely. *"Everyone got treated the same, all the staff were amazing."*

Elizabeth said:

'I shall be eternally grateful of the care that I was given, and the chance I have had on saving my leg. I am now home, and I have two legs! I am so thankful. Even the care by the Community Team has been good, everybody really busy, but nothing too much trouble. A good and humbling experience'.

Betsi Cadwaladr University Health Board (BCUHB)
Draft minutes of the Health Board meeting held in public on 23rd September 2021 via Zoom

Present:

Mark Polin	Chair
Louise Brereton	Board Secretary
Nicky Callow	Independent Member ~ University
Cheryl Carlisle	Independent Member
John Cunliffe	Independent Member
Morwena Edwards	Associate Member ~ Director of Social Services
Sue Green	Executive Director of Workforce & Organisational Development
Gill Harris	Executive Director of Nursing & Midwifery / Deputy CEO
Jackie Hughes	Independent Member
Medwyn Hughes	Independent Member
Nick Lyons	Executive Medical Director
Lyn Meadows	Independent Member
Teresa Owen	Executive Director of Public Health
Lucy Reid	Vice Chair
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

In Attendance:

Michelle Denwood	Associate Director of Safeguarding *(part meeting)*
Kate Dunn	Head of Corporate Affairs *(for minutes)*
Jody Evans	Corporate Governance Officer *(for live streaming support)*
Mason Fitzgerald	Good Governance Institute *(observing part meeting)*
Lowri Gwyn	Translator
Ian Howard	Assistant Director - Strategic & Business Analysis *(part meeting)*
Mandy Jones *(deputising)*	Vice Chair of Healthcare Professionals Forum
Matt Joyes	Acting Associate Director of Quality Assurance *(for item 21.157)*
Rob Nolan *(deputising)*	Finance Director – Commissioning and Strategic Financial Planning
Llinos Roberts	Executive Business Manager Chair's Office *(for live streaming support)*
Mike Smith	Interim Director of Nursing Mental Health *(part meeting)*
Chris Subbe	Senior Clinical Lead for Unscheduled Care *(part meeting)*
Rod Taylor	Director of Estates and Facilities *(part meeting)*
Joanna Watson	Good Governance Institute *(observing)*
Iain Wilkie	Interim Director Mental Health *(part meeting)*

Agenda Item Discussed	Action By
21.156 Welcome and Apologies for Absence	

21.156.1 The Chair welcomed everyone to the Health Board meeting which was again being live streamed to enable members of the public to observe the meeting in real time. He confirmed that members were welcome to contribute in the language of their choice as simultaneous Welsh to English translation was available.	
21.156.2 Apologies were received for Clare Budden, Gareth Evans and Sue Hill. Deputies and observers were welcomed to the meeting and the Chair introduced Dr Nick Lyons as the newly appointed Executive Medical Director.	
21.157 Patient Story **21.157.1** An audio version of the patient story was played for members, with a transcript having also been provided. The Executive Director of Therapies and Health Sciences reflected that many other patients had set out similar experiences relating to Long Covid and he wished to take the opportunity to thank those who had contributed to the development of the multidisciplinary team based pathway. He also referred to the relevant Expert Patient Programme which around a hundred patients had attended to date, with the next course planned for October. Finally he referred to the uncertainty nationally around the symptoms of Long Covid and the effect of the vaccination programme. **21.157.2** The Chair of the Quality, Safety & Experience (QSE) Committee welcomed the introduction of patient stories at Board and felt that there was a lack of understanding around Long Covid and that its impact was far broader than just relating to death rates. The Executive Director of Public Health added that longer term organisational plans must include the emerging social implications of Long Covid. The Chair asked that progress in response to Long Covid also be picked up in one of the Covid briefings that are prepared for Board members. He also asked that thanks be extended to the patient who had shared their story. **21.157.3** The Executive Director of Workforce & OD highlighted that the patient involved in the story was also a member of BCUHB staff and she wished to acknowledge the compassionate leadership that had obviously been demonstrated by the line manager concerned. In terms of support available to staff around Covid she anticipated that this would need to continue for some time and that with the current observation of fatigue across the organisation it would be more important than ever to recognise the psychological impact of the pandemic on the workforce and to provide a range of support to maintain health and well-being. **21.157.4 It was resolved that** the Health Board receive and reflect upon the patient story.	CS AT GH
21.158 Declarations of Interest **21.158.1** None declared.	
21.159 Draft Minutes of the Health Board Meeting held in public on 15th July 2021 for accuracy **21.159.1** The minutes were approved as an accurate record.	

21.160 Draft Minutes of the Annual General Meeting Held on 29th July 2021 for accuracy **21.160.1** The minutes were approved as an accurate record.	
21.161 Matters Arising and Summary Action Log **21.161.1** Updates were provided against the summary action log.	
21.162 Report of the Chair **21.162.1** The Chair report on the following Chair's Actions undertaken since the last Board meeting: 1. To approve the payment of the 2021/22 All Wales Microsoft Enterprise Agreement at a cost of £3.2m by approving a temporary increase in the Executive Director of Finance's revenue approval limit in Oracle to £3.2m. 2. To approve the re-establishment of Covid-19 Cabinet. **21.162.2** The Chair informed the Board: 1. Of the appointment of Ms Mandy Jones as Vice Chair to the Healthcare Professionals Forum 2. That interviews for 3 Independent Member roles had been held and recommendations were currently with the Minister for approval. 3. That a refreshed Board development programme facilitated by Kings Fund had commenced. 4. That he had attended a meeting of the Recovery Coordinating Group with partners at which escalation processes had been agreed through existing emergency preparedness infrastructures. 5. A tripartite meeting involving Welsh Government (WG), Audit Wales and Healthcare Inspectorate Wales (HIW) had taken place to review the challenges in adult and children's mental health and to consider what actions were planned or in train.	
21.163 Report of the Chief Executive **21.163.1 It was resolved that** the Health Board notes the report of the Chief Executive	
21.164 Targeted Intervention Improvement Framework (TIIF) **21.164.1** The Chief Executive suggested that the paper in its current format did not fully reflect the range of activities and actions that were ongoing or complete and she would arrange for an Executive Team review of the format. **21.164.2** The Chief Executive confirmed that the Good Governance Institute **is working with the Health Board** and for the TIIF, would provide independent oversight and assurance around supporting governance structures and the consistent application of evidence. **21.164.3 It was resolved that** the Board note the progress in delivering Targeted Improvement.	JW
21.165 Covid-19 Update	

21.165.1 The Executive Director of Nursing and Midwifery delivered a presentation which encompassed detail around:
• Increases in community levels.
• The impact of the removal of restrictions in Wales.
• The impact of staff members isolating.
• Latest information on in-patient activity and acuity.
• The closure of the outbreak in Ysbyty Gwynedd (YG) with reporting to continue for 28 days against the cumulative total of 35 patients with a probable or definite healthcare acquired infection (HCAI).
• Declaration of an outbreak at Ysbyty Glan Clwyd (YGC) on the 8.9.21 with 27 patients and 9 staff with a probable or definite HCAI. The incident was being managed through the Outbreak Control Team (OCT).
• Decisions taken by the Executive Incident Management Team (EIMT) including the restrictions on hospital visiting; approval of a Standard Operating Procedure (SOP) for the vaccination programme and ratification of planned care cancellations.
• An update on Test Trace Protect (TTP).
• An update on the vaccination programme and progress against each of the cohorts.
• Implementation of the booster programme.
 	
21.165.2 The commitment of staff in managing the pressures generally and developing the vaccination and TTP programmes was acknowledged. It was also reported that reporting levels had been stepped up and the EIMT was now meeting three times per week. In addition the Cabinet had been reconvened on a fortnightly basis to ratify EIMT decisions and the second meeting would be arranged for week commencing 27.9.21.
 	
21.165.3 It was resolved that the Board:
   1. Receive the report and supporting presentation provided to the Board meeting;
   2. Approve the proposed escalation of the management response and supporting structure;
   3. Endorse the decisions made by the Executive Incident Management Team (EIMT).
	GH

21.166 Maintaining Good Governance During Covid 19 **21.166.1** The Board Secretary presented the paper which sought to ensure that governance aspects were kept under review during the pandemic challenges. She reported that the Cabinet had been reinstated through Chair's action and a review of its terms of reference would be undertaken to ensure they remained fit for purpose. The SOP for Chair's actions had also been updated. The implementation of the Integrated Governance Framework arrangements including the transition to new cycles of business and terms of reference was progressing, and the organisation was minded to retain current Board and Committee meeting arrangements with the flexibility to review if operational and organisational pressures continued to rise. **21.166.2 It was resolved that the Board** note and support the update outlining the governance arrangements now in place	
21.167 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) **21.167.1 It was resolved that** the Health Board accept the report as assurance of compliance with legislative process and procedure.	
21.168 Welsh Health Specialised Services Committee : Commissioning Future New Services for Mid, South and West Wales **21.168.1 It was resolved that** the Board: 1. Note the decision of the Joint Committee on 7 September 2021 supporting the requests received from the NHS Wales Health Collaborative Executive Group (CEG) requesting that WHSSC commissions Hepato-Pancreato-Biliary Services, the Hepato Cellular Carcinoma (HCC) MDT and develops a service specification for specialised paediatric orthopaedic surgery; 2. Approve the delegation of the commissioning responsibility for HPB services and the HCC MDT services, with the required resource mapped to WHSSC; 3. Approve that WHSSC develop a service specification for specialised paediatric orthopaedic surgery; and 4. Approve the delegation of paediatric orthopaedic surgery commissioning, if considered appropriate by the Joint Committee, following development of the service specification, to WHSSC.	
21.169 Living Healthier, Staying Well Strategy Update **21.169.1** The Executive Director of Primary Care and Community Services presented the paper which had been prepared to update the Board on the current refresh of the LHSW Strategy which had originally been developed some three years ago. The refresh would also align the Strategy to the national strategy A Healthier Wales. **21.169.2** The Vice-Chair enquired how the LHSW Strategy would inform or be aligned to a clinical services strategy, and how it would be ensured that other strategies were complementary. The Executive Director of Primary Care and Community Services suggested that the question highlighted a live debate around how various pieces of work fitted together, and the need to ensure a common understanding as to what was a plan and what was a strategy. He reported that he would be looking to translate the LHSW Strategy into a narrative which set out how the organisation would deliver its clinical services. This would then require testing out with Board members as to whether this then became the clinical services strategy. The Chief Executive added that there was a planned Board Workshop session to commence this conversation ahead of developing implementation plans for each element. **21.169.3** An Independent Member suggested that the section on key themes should include population health and preventative work. The Executive Director of Primary Care and Community Services undertook to make this more explicit. He also confirmed that the third sector would be key partners in terms of engagement. **21.169.4** The Chair confirmed that when the new Independent Members were appointed, one of them would be asked to support this third sector related work as a priority. He also clarified that as part of the Board Workshop discussions he would be seeking a clear	CS

sense of direction to inform the Board's medium term plan for the next three years and in doing so shape the future of clinical services and the transformation agenda. The Executive Director of Primary Care and Community Services said he shared this ambition.

21.169.5 It was resolved that the Board receive the update on work underway to refresh the Health Board's long term strategy - Living Healthier, Staying Well

21.170 Unscheduled Care Update

21.170.1 The Executive Director of Nursing and Midwifery introduced this agenda item by reminding members of the significant pressures across health and social care which was caused partially by a lack of staff but also an increase in acuity levels of patients requiring care. There had also been an impact on the GP emergency access beds as a result. She assured the Board that actions were in train to ensure that these beds remained available for GPs and direct referrers which would also reduce the footfall in Emergency Departments (EDs). It was reported that weekly meetings took place with clinical leaders (including therapies and nursing) to consider how required improvements can be put in place and their impact monitored. The Executive Director of Nursing and Midwifery added that bed capacity had also been lost as a result of Covid infections and this impacted on unscheduled care performance. Work was continuing with Local Authority colleagues to ensure that medically fit for discharge patients could return to their homes or communities as quickly as possible.

21.170.2 The Executive Director of Public Health alluded to the importance of acknowledging how population health affected unscheduled care, and that a focus on preventative aspects should be maintained in order to keep people at home where appropriate. She also referred to stated Ministerial priorities around the preventative agenda. The Director of Social Services added that social services and the care sector generally was experiencing very challenging situations and that all partners were working hard to identify solutions. She acknowledged there was access to relevant grant funding but felt that this did not always provide a long term solution and that staff and capacity were key elements to securing improvement. The Chair acknowledged there was a strong sense of partnership to address the pressures across health and social care in North Wales. The Executive Director of Nursing and Midwifery wished to emphasise that the improvement plan was a whole system approach including working with partner agencies and addressing the prevention agenda. The Board was working closely with the Ambulance Service to explore joint opportunities and one area of collaborative focus would be in response to the high incidence of patient falls. In addition there would be work around respiratory pathways and chest pain linked to the short stay assessment areas. Work was also ongoing to realign the Minor Injury pathways, to ensure consistency. Finally the Executive Director of Nursing and Midwifery reiterated that this was a whole system piece of work and there was an increased intent to involve the public and patients in decision making.

21.170.3 The Vice Chair noted that the report stated that an increasing proportion of patients are admitted through the EDs, however, some clinicians have said that a proportion of these admissions are because there is no alternative pathway available for patients to be seen rapidly. She asked whether the analysis being undertaken included the reasons for patients presenting or being sent in against pathways. The Vice Chair also enquired how the improvement programme fitted in with previous improvement

initiatives, and whether officers were confident that improvements will be made in time to have a positive impact upon winter pressures. The Vice Chair added that she felt the report and work streams to be very primary care light and a whole systems approach needed to take into account that around 80% of patient contacts were in primary care.

Dr Chris Subbe joined the meeting and the Chair summarised the main thrust of the questions which Dr Subbe would address in his general presentation of the paper.

21.170.4 The Clinical Lead for Unscheduled Care reported that he had been in post since the beginning of July and the initial focus was on those key areas where it was thought timely progress could be made across four workstreams. The first workstream was around step up in the community and it was evident from data that there was movement of patients from Minor Injury Units (MIUs) into EDs. An identified intervention was the upskilling and standardisation of emergency nurse practitioners, with support in place from University partner educators to deliver this. There was a good level of buy in from EDs to adopt a more collaborative working approach. The second workstream related to the hospital front door and ED interface aspects, with pathways and capacity in emergency care having been identified as a key challenge for the Health Board. A business case had been submitted for changes in staffing patterns to enable the units to take significantly more patients. The third workstream was in-patient care and focused on ensuring more efficient and effective working across the ward teams and implementing board rounds as an identified intervention, with pilots in operation on all three sites. Wards involved in the pilots were receiving weekly data to enable them to see their progress and compare themselves to similar wards. The final workstream related to step down community support for patients - mostly those with a degree of frailty who require additional support with aspects of daily living. The Clinical Lead for Unscheduled Care acknowledged that the majority of care was delivered within a primary care setting. He confirmed that there was appropriate representation on the three relevant workstreams and the teams were working closely with primary care colleagues. He recognised there were capacity challenges across all parts of the system and that there would always be scope for delivering more primary care related projects, however, the workstreams had identified what it was felt could be delivered over the next few months to address the immediate pressures.

21.170.5 The Executive Director of Primary Care and Community Services agreed that on face value the paper appeared to be light on primary care content, however, he suggested that as a move was made towards becoming a more truly integrated organisation it wouldn't always be the case that primary and secondary care were explicitly drawn out in papers. He stated that teams were absolutely clear that the pathway work for unscheduled care would follow the methodology that has been agreed in terms of transformation towards a more community focused approach. He added that a number of applications had been received from primary care colleagues in terms of how they could contribute to the unscheduled care improvement work. He assured the Board that primary care was well engaged.

21.170.6 The Executive Director of Nursing and Midwifery reported that the principle around the business case was the rapid turnaround and support of patients back to their homes without the need for them to have gone through an ED, and working on the principle of signposting patient to the right care and the right clinician. The principle of

Same Day Emergency Care (SDEC) would see an estimated 30% of ED activity going straight through to the SDEC Centre which would ease congestion significantly. She also confirmed that the Executive Team had discussed the required increase in workforce capacity within EDs and some recruitment was already ongoing in order to deliver this. **21.170.7** An Independent Member referred to Workstream 4 around step down to community and asked how this new approach would be different to previous proposals around Care Closer To Home. The Executive Director of Primary Care and Community Services stated that whilst health care delivery was working in unusual times, the teams would of course do their very best to deliver although it must also be acknowledged how tired the workforce was in general. Personally he felt there was a need to focus on things that everybody could make a contribution to, but he was not confident there would be a major impact within a short time. The Chair noted that these remarks were obviously of interest and concern to the Board and he reaffirmed that members would wish to support the Executive and wider teams in any way they could. **21.170.8** The Chair sought clarity as to the position regarding the winter / seasonal plan and the Executive Director of Nursing and Midwifery confirmed that one was in preparation with partners against the same principles and that it would align with unscheduled care plans and be cognisant of workforce challenges. She undertook to confirm a timeframe for receipt of the winter plan outside of meeting. She also responded to a question around metrics in that there was an intention to work with the finance and performance teams to ensure metrics for unscheduled care were developed and were visible to the Board. **21.170.9 It was resolved that** the Board note the update provided on the development of the Urgent and Emergency Care Improvement Programme of work *[Dr Chris Subbe left the meeting]*	 GH
21.171 Sustainability and Decarbonisation : NHS Wales Decarbonisation Plan 2021-2030 *[Mr Rod Taylor joined the meeting]* **21.171.1** The Director of Estates and Facilities presented the paper and highlighted that there had already been significant supporting work to the decarbonisation agenda in terms of capital and estate matters, with this now being broadened out to in the context of a decarbonisation plan. He made reference to a Board Workshop session which had considered issues of prioritisation and leadership for the programme, governance links to other strategic plans and most importantly links in terms of staff engagement. It was reported that the Carbon Trust had been appointed to support the Board in this work and a number of programmes were in train. In addition work was ongoing with the Welsh Government Energy Services, Specialist Estates Services and the local Green Group to develop plans. **21.171.2** The Chair felt it was important to agree the Board and Committee governance routes for this programme of work. It was confirmed that the lead Executive Director was the Executive Director of Finance and the responsible committee would be the Partnerships, People & Population Health Committee. The Chair's offer of providing an Independent Member champion to the work was welcomed. In response to a question	

regarding delivery milestones, the Director of Estates and Facilities confirmed that by December there would be a costed plan with timelines for submission to WG.

21.171.3 The Executive Director of Public Health commented that she welcomed the update and acknowledged this was a priority area of work for public health colleagues and partners across North Wales. She referred to the Active Travel element and noted that work had already started in this regard.

21.171.4 The Chair enquired whether a decision had been reached regarding the additional organisational value "Protecting our Children's Future". The Director of Estates and Facilities noted that the Board Workshop had identified a gap in organisational values regarding the environment, and the Executive Director of Workforce and OD confirmed this matter would be taken forward via the co-design of the Stronger Together discovery phase.

21.171.5 It was resolved that the Board:
1. Note the publication of the NHS Wales Decarbonisation Strategic Delivery Plan by Welsh Government in April 2021 and the requirement for all Health Boards in Wales to develop five–year decarbonisation plans.
2. Note the appointment of the Carbon Trust to support the Health Board with developing a bespoke five-year decarbonisation plan in response to the Welsh Government targets for 2030.
3. Support the establishment of a sustainability and decarbonisation programme board led 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.

21.172 Residential Accommodation – proposal to move to a managed services model

21.172.1 The Director of Estates and Facilities highlighted the key point was that the Board was moving away from seeking a solution in terms of capital, to a managed service model, and that the rationale was set out in the paper. The challenge remained in terms of the ability of the organisation to offer affordable, suitable accommodation and it was noted that this was key to successful recruitment and retention.

21.172.2 The Chair of the Finance & Performance (F&P) Committee confirmed that the paper had been supported at a recent meeting and there had been long standing concern at the poor condition of the accommodation estate.

21.172.3 It was resolved that the Health Board:
1. Approve the procurement proposal for a residential accommodation managed service model as detailed within this report.
2. Note the continued opportunities to work collaboratively with local social housing providers in developing the service specification.

[Rod Taylor left the meeting]

21.173 Committee and Advisory Group Chair's Assurance Reports

Quality, Safety & Experience Committee 6.7.21 and 7.9.21

21.173.1 The Committee Chair reported that a workshop had also been held in August to explore matters pertaining to committee assurance and reporting. The Committee Chair highlighted continued concerns around lack of progress with regards to vascular services and that a new oversight group was to be Chaired by the newly appointed Executive Medical Director. It was also noted that the Committee had supported the commissioning of a Royal College review of urology services, and the Chair requested that the terms of reference be shared with Board members and a progress update be provided to the next Board meeting.

GH

21.173.2 The Committee Chair informed the Board that the Committee had also received a comprehensive exception report on progress against reducing ligature risks in healthcare settings across the Health Board. This update explained the difference to earlier work in terms of a previous focus on high level ligature points whereas the current programme also covered low ligature points.

Finance & Performance Committee 26.8.21

21.173.3 The Committee Chair presented the report and highlighted that the Board remained in a breakeven position with some remaining concerns around savings delivery. Capital spend remained on track and the Committee were aware of key financial risks around planned care, recruitment, robotic surgery delays and patient flow / discharge issues. The Executive Director of Nursing and Midwifery added that the contract award had now been made for robotic surgery so this would be progressed.

Remuneration & Terms of Service Committee 22.7.21 and 17.8.21

21.173.4 The Committee Chair presented the report, drawing members' attention to the key risks and any matters for escalation to the Board as appropriate.

Strategy, Partnerships & Population Health Committee 12.8.21

21.173.5 The Committee Chair presented the report and wished to highlight the breadth of the agenda. It was noted the Committee had been pleased to receive the Welsh Language Annual Report and a report on the development of the Medical and Health Sciences School. In terms of key risks the Committee noted these remained consistent in terms of themes around recruitment, planned care and a more strategic approach to primary care access.

Local Partnership Forum 26.7.21

21.173.6 The Executive Director of Workforce and OD presented the report, drawing members' attention to the key risks and any matters for escalation to the Board as appropriate. The Chair enquired whether the issue of recruitment delays had been

resolved and it was reported that following a collaborative review, improvements were now being seen.	
21.174 Quality & Performance Report **21.174.1** The Executive Director of Nursing and Midwifery introduced the report and noted that several of the areas of note had already been covered in preceding agenda items (eg; unscheduled care, infection prevention). The Executive Medical Director alluded to agency spend performance and suggested this needed to be considered as part of delivery of quality services not just from a financial perspective. He confirmed that weekly meetings on medical resourcing had just been established but warned that some level of reliance on agency would be unavoidable though. The Independent Member (University) suggested that training needs could be a potential area for exploration between the Health Board and Bangor University. **21.174.2** The Executive Director of Nursing and Midwifery went on to describe the range of work being undertaken to address the planned care challenges including the development of Regional Treatment Centres, commissioning of outsourcing work, maximising the use of Covid 'green' sites together with the prioritisation of planned care treatment on an individual patient basis. It was acknowledged how distressing this was for patients but also the impact on staff morale. **21.174.3** The F&P Committee Chair confirmed the report had been scrutinised by the Committee and wished to acknowledge that there were positive areas of note also – for example performance around vaccination rates and improvements in complaints response times. He referred to a significant reported increase in access to psychological therapies and asked whether this was as a result of waiting list initiatives (WLIs) or likely to be a more sustainable improvement. The Executive Director of Public Health confirmed this was primarily an outcome from WLIs however the teams continued to work hard to increase the figures longer term. An Independent Member expressed concern at the continued poor performance for children awaiting neurodevelopment assessment. **21.174.4 It was resolved that** the Health Board scrutinise the report.	
21.175 Operational Plan Monitoring Progress Report **21.175.1** The Finance Director – Commissioning and Strategic Financial Planning presented the report and highlighted the emerging themes in terms of non-delivery against the plan. These were staffing, general slippage on timescales and issues with business case development. **21.175.2** The F&P Committee Chair acknowledged the improvements that had been made to this report although some gaps in assurance and evidence remained. The QSE Committee Chair reiterated her concerns that the report in its current format did not enable the Board to measure progress against priority actions that underpinned delivery of the plan. The Finance Director – Commissioning and Strategic Financial Planning acknowledged this and assured members their concerns would be addressed. The Chair asked that he work with the respective 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.	RN

21.175.3 The Executive Director of Workforce and OD added that the reporting cycle had to be concluded therefore the report had been provided, however, the feedback had been noted. She also noted that planning processes would also be subject to feedback from the Stronger Together discovery phase so this would also provide an opportunity for improvement. She also wished to take the opportunity to highlight that the strategic organisational development work was progressing very well with a good level of continuous engagement.

21.175.34 It was resolved that the Health Board scrutinise the report.

21.176 Finance Report Month 4

21.176.1 It was resolved that the report is noted.

21.177 Finance Month 5 Report

21.177.1 The Finance Director – Commissioning and Strategic Financial Planning presented the report and highlighted that a revised financial plan had been submitted to WG which forecast a balanced position for 2021-22; this position was reflected in year to date performance so far. A continuing challenge was noted as savings delivery performance was currently £12.1m against a target of £17m. It was stated that savings plans needed to be aligned fully to the transformation programme as much of the current plans were non-recurrent. The Finance Director – Commissioning and Strategic Financial Planning reported that the planning assumptions around the strategic support to planned care recovery would be reviewed in Month 6 to ensure maximum value was achieved.

21.177.2 The F&P Committee Chair expressed concern at the non-recurrent savings element and suggested that the previous approach of identifying 'pipeline' savings be renewed to provide a longer term savings plan. The Chair added that the Board would not be able to agree an Integrated Medium Term Plan (IMTP) without having an agreed savings programme to achieve break even. The Finance Director – Commissioning and Strategic Financial Planning acknowledged these points but also that the ongoing impact of Covid meant it was extremely challenging for services to deliver savings at this time. The Chief Executive highlighted the need to work within the financial envelope, and she indicated that recent conversations with the Director General had set out the requirement on Health Boards to maintain a breakeven discipline whilst moving towards a longer term planning cycle, ensuring that a short-term financial focus did not prevent long term strategic investment. The Chair also stated that the Minister had indicated to Health Board Chairs they should consider having further schemes ready to go should funding become available later in the year. The F&P Committee Chair accepted that savings were linked to transformation but sought assurance that there was a robust process to ensure visibility and confidence in savings plans. The Chief Executive undertook to consider with colleagues how best to provide this assurance to Independent Members.

JW SH

21.177.3 It was resolved that the report is noted.

21.178 Vascular Steering Group Update

21.178.1 The Executive Medical Director presented the report. He wished to clarify there was no intention to change the service model that had previously been agreed. He acknowledged that the ongoing discussions were very important both in terms of the quality of the service and the patient experience, but also relating to the impact on staff. He confirmed that he had chosen not to share an action plan at this stage as he had requested further work to clarify the actions, ownership, and interim mitigating actions in order to maintain quality and safety in the short term. It was his intention to share a refreshed action plan with the QSE Committee in November. This action plan would incorporate actions previously agreed but also some new actions more recently raised by the service. The Executive Medical Director reported that the vascular steering group had adopted some changes in reporting including escalation processes for instances where the service model was not followed. The group would be reviewing the establishment in terms of medical and nursing workforce to ensure there was a clear understanding of the position in terms of recruitment and the ability to safely staff the hub and spoke sites. Finally he reported that a Vascular Oversight Group (VOG) had now been established on a fortnightly basis to ensure grip and pace in delivery of actions.

21.178.2 The Chair noted with concern the comment in the QSE Committee Chair's report that the action plan required considerable more work in order to provide assurance. He asked what had led to this conclusion, given that the Board had previously been assured that significant work had gone into its development. The Executive Medical Director suggested that many of the actions could be underway but he felt that the clarity of how they were expressed could be strengthened as could ownership and timeliness. The Chair also referred to the statement in the paper that "the Acute Director of the hub site will ensure that the hub and spoke arrangements are properly implemented in liaison with the other two Acute sites and Area teams where appropriate". He reminded the Board that this had not been resolved to date and presumably remained a challenge for those individuals to deliver. The Executive Medical Director responded that this issue had been a challenge for some time and he anticipated that the fortnightly meetings of the VOG would assist in rapidly understanding where the issues are and ensuring escalation and communication between both hub and spokes were effective. The Executive Director of Nursing and Midwifery assured members that where there were blockages in managing patients these were escalated from local site meetings to ensure oversight. She also agreed that there was a shared responsibility for this agenda, and this could not rest wholly with the hub. The Chief Executive added it was important to have 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. She suggested that the decision making process be reviewed in order to provide this assurance.

NL LB

21.178.3 The QSE Committee Chair expressed frustration that concerns had been evident around vascular services for quite some time and there was a perception that every time there was a change in leadership, some pace and progress were lost. She felt that members had to date been provided with reassurance rather than assurance and that evidence based assurance was essential if the Board was to be able to provide the public and patients with confidence in the service. The Executive Medical Director confirmed that an element of revisiting the action plan would be to ensure it was more evidence based. He accepted the point around pace and set out his intention to ensure more accountability.

21.178.4 It was resolved that the Board receive the update from the Vascular Steering Group and note the updated approach in responding to the first stage of the Royal College of Surgeon's report on the Vascular Surgery Service	
21.179 Ysbyty Gwynedd Covid-19 Outbreak Review Report **21.179.1** The Executive Director of Nursing and Midwifery presented the paper and confirmed that it had also been scrutinised at the last QSE Committee. She wished to highlight the work that continued to ensure all premises had robust and effective infection prevention control (IPC) arrangements in place whilst recognising that staff were fatigued and this would inevitably impact – for example in the completion of IPC audits. She stated that the Safe Clean Care (SCC) programme was being maintained and had resulted in IPC controls being better embedded and clinical representation being strengthened. The unscheduled care pressures continued to add a level of concern and were being assessed dynamically hour by hour. Gaps in domestic staff were being closed but recruitment challenges more generally continued. In terms of the external independent review report, the immediate responses to lessons learned had been included as an appendix and any gaps would be addressed through the SCC programme. **21.179.2** The Chair welcomed the paper which he felt was more fit for purpose than a previous iteration and did address the terms of reference for the review with clear recommendations. He did note there were no timelines against the recommendations but expected this to be picked up by the Executive Team. He noted that the Board must continue to seek to minimise the likelihood of further outbreaks through delivery of the SCC and the work of the Strategic Infection Prevention Sub Group. **21.179.3 It was resolved that** the Board receive the report, subsequent findings and recommendations. It is also requested to receive the progress reports against each of the actions and the update against the Safe Clean Care (SCC) improvement programme.	
21.180 Nurse Staffing Levels Tripartite Annual Report **21.180.1** The Executive Director of Nursing and Midwifery presented the report which had already been through the QSE Committee. She provided the Board with assurance around the work relating to the extension of the Act under Section 25b to include acute paediatric inpatient wards. She confirmed that all appropriate wards had been identified, escalation policies and business continuity plans had been reviewed and now included actions to maintain staffing levels in those wards. Systems were in place to record locally the reasons for any deviation from the planned roster and to record action taken. Processes were also in place to review and recalculate the nurse staffing levels every six months using a nationally agreed template which also provided a FAQ element for patients. The presentation of the Nurse staffing level will be made to the Board on an annual basis using the national reporting template aligned with the Inpatient Adult Nurse staffing report. The template on which the Paediatric Nurse Staffing Levels are to be displayed has been agreed nationally and will be in place on all paediatric wards from October 2021. Finally it was reported that student numbers had increased in preparation and taking into account additional recruitment it was anticipated that the requirements will be fulfilled by the autumn of 2022 but a delay was acknowledged. **21.180.2 It was resolved that** the Board:	

1. Note the updated report of the Triennial Nurse staffing report with updates from closed investigations for the 2020/21 reporting period.
2. Continue to support the ongoing recruitment and retention initiatives already in progress.
3. Note Paediatric requirements in line with the revisions to the Nurse Staffing levels (Wales) Act are subject to a separate report and business case once triangulated reviews are complete

21.181 Pharmaceutical Needs Assessment (PNA)

21.181.1 The Executive Director of Primary Care and Community Services presented the report, reminding members they would had seen a draft PNA previously. He confirmed that formal consultation had now taken place in line with regulations and responses had helped to identify some gaps in provision and potential future requirements. The Board was now required to formally publish the PNA for the next five year period.

21.181.2 The Chair enquired as to whether where the PNA identified potential gaps, these would form part of the Board's planning processes and it was confirmed this was the case and there was a process in place to ensure this happened.

21.181.23 It was resolved that the Board:
1. note the outcome of the statutory consultation on the draft PNA;
2. consider and approve the identified current and future gaps in provision;
3. approve for publication by the 1st October 2021 the updated PNA document.

21.182 Adult and Older Person's Mental Health Unit Glan Clwyd Hospital Outline Business Case
[Ian Howard, Mike Smith and Iain Wilkie joined the meeting]

21.182.1 The Executive Director of Public Health presented the paper which sought Board approval for the business case which aimed to improve the quality of patient care, and support service transformation, through the development of a new Adult and Older Person's Mental Health Unit at Glan Clwyd Hospital. The Unit would replace the existing Ablett Unit at Glan Clwyd Hospital, and the Older People's Mental Health inpatient facility at Bryn Hesketh, at a capital cost of £67.7 million. It was highlighted that the business case sought to take a holistic view of mental health and wellbeing and to deliver against key objectives including:

- To provide services which meet the Strategic Direction outlined within Together for Mental Health (T4MH) in North Wales and deliver the model of care developed through the quality and workforce groups.
- To create a quality clinical environment that is fit for purpose, safe and humane.
- To improve workforce recruitment and retention and absenteeism through providing an environment that supports staff to deliver safe, effective care to patients, carers and families.
- To improve the quality of the estate by reducing backlog maintenance, reducing running costs, and achieving environmental sustainability
- Flexibility: to deliver the flexibly to respond to future need – the solution should be designed to respond to future changes in service delivery.

21.182.2 The QSE Committee Chair indicated there was evidence to suggest that in-patient beds should be reduced in mental health and sought assurance that this aspect had been appropriately considered. The Executive Director of Public Health confirmed that bed modelling had been undertaken carefully and she was not aware that other Health Boards had reduced their numbers although this would obviously remain an opportunity in the longer term. The Interim Director of Nursing added that as the number of out of area placements was being reduced, bed numbers in North Wales needed to be able to cope with that demand. An Independent Member wished to support a reduction in out of area placements.

21.182.3 The QSE Committee Chair then referred to challenges with children and young people in terms of the transition to adult services, and the Executive Director of Public Health confirmed this had been taken into account in developing the business case. She added that the proposed new unit would be more holistic and community focused and it was intended to increase links with Child Adolescent Mental Health Services (CAMHS).

21.182.4 In response to a question around the scope for amendments at the various business case stages it was confirmed the concept stage was at the Strategic Outline Case point which was then firmed up into an Outline Business Case when the preferred option was decided upon and then the final stage of Full Business Case added the detailed design work and final costings. The Executive Director of Public Health confirmed that the evidence around bed modelling had been thoroughly checked and did support future proofing of the estate.

21.182.5 The Chief Executive added that Welsh Government were working towards the development of a community based Tier 4 service and that discussions had commenced around potential building solutions in Abergele for CAMHS and the ability to deliver a Tier 4 service.

21.182.6 The Chair enquired whether there were any relevant planning considerations on the site. The Assistant Director - Strategic & Business Analysis reported that an independent report had been provided in terms of the change of location and he had a high level of confidence that the planning application stage would on this occasion be successful.

21.182.7 It was resolved that the Board approve the Business Case for submission to Welsh Government.

[Ian Howard, Mike Smith and Iain Wilkie left the meeting]

21.183 Delivery of Primary Care Audiology Services

21.183.1 The Executive Director of Primary Care and Community Services presented the paper and highlighted this was a significantly positive piece of work in terms of the associated benefits of expanding audiology care within primary care including the building of an ear wax management service. It was confirmed that the paper had been through the F&P Committee and was a priority area aligned to strategic and financial plans.

21.183.2 The Executive Director of Therapies and Health Sciences added his support to the paper and acknowledged that the development of the service was very exciting and other parts of the UK and internationally were watching with interest. **21.183.3** The QSE Committee Chair enquired as to where the service would physically be located and it was confirmed that in most cases this would be within primary care premises but if this was not possible or appropriate then other community based facilities would be identified. The QSE Committee Chair went onto ask whether a commissioned service would be more sustainable in terms of recruitment. The Executive Director of Primary Care and Community Services responded that a High Street option had been considered however it was concluded that the proposed audiology programme offered greater resilience. **21.183.4** The Chair enquired about the responsibility for benefits realisation and it was confirmed that the operational teams were extremely engaged in ensuring the success of the programme and delivering improvements, and that they would be supported by the Programme Management Office. **21.183.5** An Independent Member raised the point of recruitment challenges in terms of bilingualism, noting that children and older people will be high users of the service. The Executive Director of Primary Care and Community Services accepted there would undoubtedly be challenges, particularly for the more specialist posts as was mirrored elsewhere in primary care. He undertook to explore this concern further with the relevant teams. **21.183.6 It was resolved that** the Board approve implementation of a Primary Care Audiology Service across North Wales, as described within the Health Board's annual plan for 2021/22.	CS
21.184 Safeguarding Annual Report *[Michelle Denwood joined the meeting]* **21.184.1** The Associate Director of Safeguarding presented the report highlighting that supporting detail was contained within the three key appendices. She noted there was an increased level of activity and complexity of cases since the onset of the pandemic, and that the organisation had worked quickly and effectively to ensure appropriate processes were in place to maintain a safe service. In addition multi-agency engagement remained at 100% across all activities which was commendable. The Associate Director of Safeguarding stated there had been earlier concerns around the reduction in reporting from all agencies however levels had been maintained, and in some areas increased, in North Wales. She suggested that the audit activity provided assurance and evidence of improvement particularly in relation to the domestic abuse and harm agenda whereby different practices had been utilised to target vulnerable groups. Finally it was highlighted that resource remained a key area of challenge for the Safeguarding Team and that the forthcoming changes to liberty safeguards had been reflected in the risk register. **21.184.2** In response to a question regarding the risk analysis section it was confirmed that the score was the inherent risk before any controls were taken into account. The Chair noted there had been a reduction in reporting regarding children at risk and asked if there was a concern that the lack of face to face opportunities had detrimentally affected	

safeguarding. The Associate Director of Safeguarding confirmed that there were concerns at the North Wales Child Safeguarding Board but that face to face consultations did still happen where required and where appropriate but there would be different priorities and interpretations across the six Local Authorities. The Director of Social Services reminded members that referrals were reduced over the past year as many came via the education system and schools were not open for long periods. Social work generated referrals would still have continued. The Chair noted the report made reference to concerns over the quality of child at risk reports and that some further sampling would be undertaken. The Associate Director of Safeguarding responded that there would be opportunities for higher scrutiny through the lead manager role prior to the reports being sent to Local Authority colleagues. Finally the Executive Director of Nursing and Midwifery confirmed that the safeguarding business case would be submitted to Executive Team for consideration as soon as some remaining advice had been received from the national group.

21.184.3 It was resolved that the Board receive the Annual Report for the period of 2020-2021 noting the progress, assurance and the innovative work led by the Corporate Safeguarding Team to implement learning throughout the organisation to help keep our patients, staff and the organisation safeguarded.

[Michelle Denwood left the meeting]

21.185 Welsh Language Services Annual Monitoring Report

21.185.1 The Executive Director of Public Health confirmed that the Board had a statutory duty to report on progress against delivering the Welsh Language Standards, and that the report had been scrutinised and supported at the SPPH Committee. She felt the report demonstrated the work and challenges that still lay ahead but also provided an opportunity to demonstrate areas of action and where progress had been made in terms of Welsh Language. She wished to draw out progress made against Standard 63 in terms of the provision of educational courses and also to note that further work on Standard 37 regarding the provision of more Board papers bilingually was being undertaken ahead of a further paper to the Board early in 2022.

21.185.2 An Independent Member wished to commend the Welsh Language Team for their hard work and the evident progress made but indicated she remained concerned over the capacity and resourcing of the Welsh Language Team. The Chair noted that this had been raised as a concern before and the Executive Director of Public Health confirmed that an assessment in terms of capacity to further meet Standard 37 was being carried out, alongside defining wider priorities for the service. The Chair also referred to 'More Than Just Words' and it was confirmed that this remained a focus for BCUHB and good progress was able to be evidenced. The Director of Social Services added that there was a very active forum in North Wales and she acknowledged the contribution from BCU officers which was much appreciated.

21.185.3 It was resolved that the Board approve the report.

21.186 Annual Consultations Summary

21.186.1 It was resolved that the Board note the external consultations responded to by the Health Board and the associated monitoring arrangements.	
21.187 Items to Refer to Committees **21.187.1** There were no items to refer to Committees.	
21.188 Review of Risks Highlighted within the Meeting **21.188.1** The Board Secretary indicated this new agenda item was to invite the Board to reflect on key areas of risk that had arisen as a cross-check that they were appropriately reflected on risk registers and were on the workplan for the Risk Management Group. It was felt that the discussions throughout the meeting did not indicate any actions that needed addressing in this regard.	
21.189 Review of Meeting Effectiveness **21.189.1** Members were invited to reflect on the meeting effectiveness. A comment was made by an Independent Member, and supported by others, that there was an element of 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. These comments would be followed up by the Chair and Board Secretary. **21.189.2** The Chief Executive noted her appreciation in the way that the meeting had been chaired which enabled all to make a valuable contribution, and that guests had been welcomed.	MP LB
21.190 Summary of Private Board business to be reported in public **21.190.1 It was resolved that** the Board note the report	
21.191 Date of Next Meetings **21.191.1** It was noted that the Board would next meet as follows: Board to Board with Community Health Council 21.10.21 Health Board 18.11.21 **21.191.2** The Executive Director of Therapies and Health Sciences took the opportunity to inform members of a memorial service arranged during Organ Donation Week, for which he would circulate the details. He encouraged everyone to ensure they and their loved ones had the important conversation with families around their wishes for organ donation, in order that as many live saving or life changing operations could be fulfilled.	AT
21.192 Exclusion of Press and Public	

21.192.1 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 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.	

HEALTH BOARD SUMMARY ACTION LOG – ARISING FROM MEETINGS HELD IN PUBLIC

Lead Executive / Member	Minute Reference and Action Agreed	Original Timescale Set	Update	Action to be closed
A Guha N Lyons	**21.121.5 Vascular** The Chair suggested that a lookback exercise would be helpful at some point in the future in terms of learning lessons from this service change, and he asked that the Acting Executive Medical Director pick this up with the Chief Executive and Executive Director of Nursing and Midwifery.	September	14.9.21 This meeting has not yet been arranged but will be included in the development of the Clinical Services Strategy to ensure that lessons are indeed learned. 23.9.21 LR felt that a look back exercise was different to what the update referred to. NL confirmed that a look back would need to inform future work in terms of reconfiguration and safety.	November Closed
M Wilkinson	**21.123.2 QPR** 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 strengthening 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	Closed

R Nolan (S Hill)			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 Q&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.	RN Closed
J Whitehead	**21.123.6 QPR** The Chair asked that the position re the DTC facility be reviewed earlier than September	August	15.9.21 The conversations have continued to be open with Welsh Government and the DTC (now renamed Regional Treatment Centre (RTC)). The Chair has been kept updated. 23.9.21 JW updated the Board on recent discussions with WG.	Closed
G Harris M Wilkinson	**21.142.5 Annual Plan** The Chair noted that under the proposed Integrated Governance Framework the POG would feed into the refreshed F&P Committee and he asked that a timetable for reporting be agreed with the Chair of that Committee.	September	A meeting has been arranged for Friday 17 September where a timetable will be agreed. 23.9.21 GH confirmed the meeting had taken place and mechanism for feedback to PFIG had been agreed.	Closed
T Owen	**21.143.2 Welsh Language Standards** consider how other Health Boards were doing in terms of compliance with Standard 37 and	March 2022	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	

	incorporate any good practice into the next 6 monthly report.		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.	
Actions from Health Board 23.9.21				
C Stockport	**21.157.2 Patient Story** The Executive Director of Public Health added that longer term organisational plans must include the emerging social implications of Long Covid.	November	22.10.21 - Long covid has been identified as a priority for incorporating into our 2022/25 IMTP. A refreshed needs assessment has been undertaken that identifies the emerging evidence and prevalence within our population including the significant social implications of long covid. Plans for 2022/25 are being informed by this needs assessment.	closed
A Thomas	**21.157.2 Patient Story** The Chair asked that progress in response to Long Covid also be picked up in one of the Covid briefings that are prepared for Board members.	November	11.11.21 Following the update at the last H Board a progress update is to be included in the Covid Briefing scheduled for 25th November 2021.	closed
G Harris	**21.157.2 Patient Story** The Chair asked that thanks be extended to the patient who had shared their story.	30.9.21	23.9.21 Completed	Closed
J Whitehead	**21.164.1 Targeted Intervention Improvement Framework (TIIF)** The Chief Executive suggested that the paper in its current format did not fully reflect the range of activities and actions that were ongoing or complete and she would arrange for an Executive Team review of the	October	6.10.21 The leadership section of the TI framework will be updated by S Green and S Evans-Evans ahead of presenting to next Board meeting	Closed

Summary Action Plan – Health Board – arising from meetings held in public

	format.				
G Harris	**21.165.2 TIIF** Arrange Cabinet meeting w/c 27.9.21	30.9.21	Meeting held on 30.9.21		Closed
C Stockport	**21.169.3 LHSW** An Independent Member suggested that the section on key themes should include population health and preventative work. The Executive Director of Primary Care and Community Services undertook to make this more explicit.	October	Early feedback through the engagement work is reinforcing the need to be more explicit about the need to have a population health focus in all that we do and this will be reflected in the refreshed strategy document. Similarly the importance of preventative work is clear and will be built upon from the excellent work already underway through the Health Improvement and Reducing Inequalities in Health programme, Building a Healthier Wales, and the essential work with partners through the Public Services Boards and other forums..		Closed
G Harris	**21.170.8 USC** Confirm a timeframe for receipt of the winter plan outside of meeting.	October	28.10.21 Winter preparedness status report was presented to PFIG Committee in public session agenda item PF21.18		Closed
G Harris	**21.173.1 QSE Chair's Report** Share ToR for Royal College review of urology services and provide a progress update to the next Board meeting.	November	21.10.21 Draft ToRs circulated. Update added to draft November Board agenda.		Closed
R Nolan (S Hill)	**21.175.2 Operational Plan Monitoring Progress Report** 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.		January

Summary Action Plan – Health Board – arising from meetings held in public

J Whitehead S Hill	**21.177.2 Finance M5** 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.	closed
N Lyons L Brereton	**21.178.2 Vascular** 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.	
C Stockport	**21.183.5 Audiology** Explore further the points raised regarding recruitment challenges in terms of bilingualism, noting that children and older people will be high users of the service.	October	6.10.21 explanatory note circulated to board members. Further IM comments made that whilst encouraged by the positive action taken by the Health Board and staff in providing opportunities to learn Welsh, concerns remained if there were no first language Welsh audiologists employed by the Health Board. It was suggested that seeking local trainees may represent the answer going forward and members would be keen to receive annual updates regarding our ability to provide first language Welsh provision. 18.10.21 Audiology team responded they would be more than happy to provide an annual update on Welsh speakers in Audiology and specifically in Audiology in Primary care. A meeting was also	Closed

Summary Action Plan – Health Board – arising from meetings held in public

			taking place with the Head of Welsh Language services regarding increasing access to the Welsh language within Audiology.	
L Brereton M Polin	**21.189.1 Review of Meeting Effectiveness** Reflect and follow up comments regarding duplication in some papers already having been through the Committee structure and being presented to Board in the same format when perhaps a summary would have sufficed. There were also comments made that information in some papers was out of date by the time it reached Board.	October	10.11.21 Work is ongoing to address information flow between Committees and Board following outputs from board development sessions.	
A Thomas	**21.191.2** Circulate details of Organ Donation memorial service	October	30.9.21 Information circulated	closed

V228

Summary Action Plan – Health Board – arising from meetings held in public

Cyfarfod a dyddiad: Meeting and date:	Health Board 18 November 2021
Cyhoeddus neu Breifat: Public or Private:	Public
Teitl yr Adroddiad Report Title:	Chief Executive's report
Cyfarwyddwr Cyfrifol: Responsible Director:	Jo Whitehead, Chief Executive
Awdur yr Adroddiad Report Author:	Louise Brereton, Board Secretary
Craffu blaenorol: Prior Scrutiny:	Jo Whitehead, Chief Executive
Atodiadau Appendices:	N/A

Argymhelliad / Recommendation:

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)

Ar gyfer penderfyniad /cymeradwyaeth For Decision/ Approval		Ar gyfer Trafodaeth For Discussion		Ar gyfer sicrwydd For Assurance		Er gwybodaeth For Information	✔

Y/N to indicate whether the Equality/SED duty is applicable	N

Sefyllfa / Situation:

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.

Cefndir / Background:

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.

Asesiad / Assessment & Analysis

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

There continues to be an unprecedented demand on health and social care services across North Wales, which is leading to significant delays in care provision and pressure on our emergency services. Our social care and health teams are doing everything possible and are using a number of services to support people who are well enough to leave hospital but continue to need ongoing care. We recognise there is a national shortage of care workers but it is particularly challenging in North Wales and despite doing everything we can to recruit, we need more people in these positions and quickly.

The difficulty in discharging medically fit patients from hospital is leading to significant bed shortages across our hospitals. This is having an impact on planned surgery being able to go ahead and lengthy ambulance waits outside our Emergency Departments, which means that paramedics are unable to respond to other emergency calls in our communities.

COVID-19 continues to pose a challenge and is continuing to put extra pressure on the health system. At the time of writing, we currently have over 100 patients with COVID-19 infection in our hospitals, with a small number of those receiving treatment in our Intensive Care Units. This is a timely reminder that we need to continue to follow the rules in place to protect our loved ones and ourselves and help to minimise the risk of spreading the infection in our communities.

Winter is always a challenging period and the demands on our health and social care system have never been greater than this pandemic period. We will continue to deliver essential services and are doing everything we can to ensure planned care continues through this busy period. Everyone can play their part too by getting their COVID, flu jabs, and thinking about the different options for getting the care they need. A further update on the Health Board's ongoing response to COVID 19 and resultant patient demands and the vaccination programme is included on the public Board agenda.

Regional Treatment Centres

The Health Board has been in dialogue with Welsh Government regarding delivery models to best support secondary care recovery and it has been agreed in principle that the development of two regional diagnostic centres is the most efficient 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. The Health Board and Shared Services will now review and progress options/models with a particularly focus on time to implement, cost and impact on patient care and experience.

Chief Executive's meetings and events

Over the last couple of months, Mark and I have been fortunate to meet with a number of colleagues across the Health Board and recently spent a day in each of the areas, West, East and Central meeting with colleagues across a number of services in both primary and secondary care and support services. A recent virtual 'Ask the Panel' session with Sue Hill and Chris Stockport provided a great opportunity for Q&A session with colleagues from a range of roles and I look forward to the next one in December.

Transfer of Local Public health Teams from Public Health Wales to Local Heath Boards

The proposal for the transfer of Local Public health Teams from Public Health Wales to Local Heath Boards has been supported by the Minister for Health and Social Services. A Memorandum of Understanding (MoU) will be developed between Public Health Wales and Health Boards setting out the areas of support and collaboration between the organisations beyond the transfer, providing Health Boards with clarity on the of ongoing specialist support across the domains of public health. We look forward to welcoming the Public Health Teams into the Health Board.

Nursing Times Awards 2021

Team Foelas, following their joint application with the Dialysis Team, were winners in the Nursing Times Awards Learning Disability category for their home haemodialysis service in a learning disability in-patient community hospital. We are delighted that this amazing service has been recognised and received such as prestigious award.

Transforming Staff Residential Accommodation

A project team has been established to take forward this work and the project is being clearly specified. Issues to work through include forecasting future demand, development site availability, and affordability including balance sheet treatment.   A managed service solution is being explored in line with the June board workshop discussions. Pro-active engagement is taking place with potential partners, and Welsh Government to ensure that the opportunities to support the foundation economy and create additional social value are realised. Welsh Government support will be required for any solution and so a business case will be prepared for this purpose and our own internal governance.

North Wales Medical and Health Sciences 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 & Health Sciences School. We are also committed to ensuring that this is a regional programme giving students an excellent experience across the whole of North Wales. Bangor University are progressing discussions with Cardiff University to ensure there is a mutually supportive arrangement in place that delivers the expansion of the current programme and an effective transition to the new curriculum.

Work to scope and develop placement capacity within the Health Board is underway with the initial baseline now established and work ongoing to develop options for expansion as the student intake increases. This work has interdependencies with the existing and developing curricula and there has been a focus to ensure these two areas are aligned. The Workforce workstream has recently reviewed its brief and this now includes the development of a Medical Workforce Strategy alongside planning for the practical steps required to implement the new school.

We continue to work closely with the Welsh Government in readiness for the next phase of development at a national level.

NICE Shared Learning database – maternity services

Colleagues from Obstetrics and Gynaecological services have recently had some 'shared learning' published by NICE on minimising risks of COVID-19 across maternity services. This project aims to share the challenges and learning in developing local strategies to minimise the risks of COVID-19 across Maternity Services in Betsi Cadwaladr University Health Board (BCUHB), North Wales. This is fantastic recognition of local research reaching a national and international audience.

All Wales Forums and Joint Committee reporting

- The Emergency Ambulances Services Committee (EASC) met on 7th September 2021. The Assurance report is included at appendix 1
- The Mid Wales Joint Committee for Health and Care (MWJC) met on 18th October 2021. The update report is included at appendix 2

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.	Gwenan.roberts@wales.nhs.uk
Date of last meeting	7 September 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.

The minutes of the EASC meetings which took place on 13 July 2021 and on 20 July with the Minister for Health and Social Services were approved.

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) would now be transferred to the Welsh Ambulance Services NHS Trust (WAST) on 1 October and would then be in line with all other health boards in Wales
- NEPTS Delivery Assurance Group had discussed the additional support required as part of the reset programme in view of the impact on NEPTS resources as a result of the Covid 19 pandemic. This included vehicles now used as single occupancy for patient safety reasons. One composite request for interim financial support had been made for NHS Wales to the Welsh Government and it was anticipated that this would secure the additionality required and could also include private provider provision.
- Following discussion at the EASC meeting with the Minister for Health and Social Services on 20 July 2021, an action plan had been developed and this had been further refined following the appraisal meeting in August with the Chair of EASC and the Chief Ambulance Services Commissioner (CASC) in relation to EASC priorities.
- The Ministerial Ambulance Availability Taskforce had been stepped down although the Members had agreed, at the request of the Minister, to be part of the ongoing Commissioner Ambulance Availability Taskforce aiming to advise on, and contribute to, defining what a modern ambulance service should and might look like.
- Handover delays had increased to an average of 490hours a day lost during August 2021; this had contributed to the need for WAST to raise their Demand Management Plan in response.
- WAST would consider over recruiting emergency medical technicians to provide additional capacity within the system, although the training requirements would need to be met and the actual costs identified in order to obtain EASC formal support.

PROVIDER ISSUES

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

- Rising Covid19 related activity; rising "abstractions" for the emergency medical services; increasing pressure on services
- The last month was the second worst month ever for patients waiting for ambulance response – over 500 waited 12 hours or more; this is a significant and worrying issue
- Post production lost hours – an important efficiency for WAST to deliver which would include rest breaks, standardisation of terms and conditions of employment and equalisation of development time for staff. A series of engagement meetings were taking place to discuss options with a view to finding a negotiated settlement
- NEPT service levels back to 70% of the pre pandemic levels but constraints on number of patients carried as multi-occupancy vehicles had been used for single patient use

FOCUS ON - PERFORMANCE AND IMPROVEMENT

An important and serious discussion took place on performance and improvement as the current position was unsustainable. Members noted that there was no single answer to the whole system problem. Issues discussed included:

- Needing to use the forecast position and match resources accordingly
- Refreshing the work of ORH in relation to emergency medical services demand and capacity review, noting the increased number of red calls from 5% to 10%
- Further specific work on utilisation
- High levels in the use of the Demand Management Plan
- Potential harm to patients
- Patients self-presenting at emergency departments not having received the right pre hospital care and timeliness of some specific treatments for their conditions
- Patient flow across the system and ensuring safe, effective and timely discharges
- The management of risk within the community and the identification and mitigation of clinical risks
- WAST had the only Demand Management Plan within the system and the need to identify key risks and impacts
- Need to develop a joined-up escalation plan approach to involve health board operational teams as well as the clinical executives to manage clinical risk within localities
- Need to ensure a system wide approach undertaken for the whole patient pathway
- Must use the opportunity to forecast and predict demand to match resources as best as possible
- Needing to provide different and specific services within communities for common issues like falls and mental health and wellbeing matters
- Important to have primary care information for whole system approach and for the 111 Service

Summary: 3 key areas

1. Capacity
2. Demand Management
3. Efficiency.

Following discussion the CASC undertook to develop an urgent action plan which would be agreed with EASC Members before recommendations were formalised and implemented. The action plan has subsequently been developed and sent out for comment.

FINANCE REPORT

The EASC Finance Report was received. Members noted the stable position, 100% balanced plan.

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

EASC SUB GROUPS

The confirmed minutes were received and approval for the EASC Management Group – 24 June 2021 and the NEPTS Delivery Assurance Group – 8 June 2021.

EASC GOVERNANCE INCLUDING THE RISK REGISTER

The EASC Governance report was received. Members approved the amended Model Standing Orders at the last meeting. In addition to the Standing Orders the following documents had also been updated to be include:
- Memorandum of Agreement and Hosting Agreement (with 7 LHBs); and the Memorandum of Understanding with the Welsh Government
- 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 agreed that the EASC Standing Orders, Memorandum of Agreement; Hosting Agreement and the Memorandum of Understanding with the Welsh Government would be completed and sent by the Committee Secretary to all health boards. This would take place as soon as the signatures had been received to complete the documentation.

Members **RESOLVED** to:
- The **APPROVE** the final sections of the Model Standing Orders for EASC: Memorandum of Agreement; Hosting Agreement and the Memorandum of Understanding with the Welsh Government
- **APPROVE** the risk register
- **NOTE** the governance arrangements for the EASC.

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

- Increasing handover delays
- Red performance not meeting the target - risk register amended to demonstrate deterioration in performance
- Decreasing Amber performance - risk register amended to demonstrate deterioration in performance
- WAST Demand Management plan is regularly in operation and concern regarding clinical risks for patients in localities

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	
Date of next meeting	**09 November 2021**				

MID WALES JOINT COMMITTEE FOR HEALTH AND CARE

UPDATE REPORT – OCTOBER 2021

1.   Introduction

The Mid Wales Joint Committee met virtually via Zoom on 18th October 2021 with members of the public offered the opportunity to join the 'live' meeting to observe and ask any questions / raise any concerns during the Listening to You session. The main focus of the Joint Committee's business was to discuss the on-going work undertaken on the priorities and delivery plan for 2021/22 and the organisational Annual / COVID-19 Recovery plans.

2.   Mid Wales Priorities and Delivery Plan 2021/22

The work of the Mid Wales Joint Committee is co-ordinated by the Mid Wales Planning & Delivery Executive Group which is led by the Chief Executive of Hywel Dda University Health Board in his role as Lead Chief Executive of the Mid Wales Joint Committee. The group has have met twice during this reporting period, 3rd August and 28th September 2021, with its next meeting planned for 6th December 2021. The main focus of the group's work is to oversee the development and implementation of the Mid Wales Priorities and Delivery Plan 2021/22 which is considered alongside individual organisational plans together with the consideration of any other emerging matters which require a collaborative discussion and regional approach.

The Mid Wales Joint Committee (MWJC) has an agreed Strategic Intent which supports a joined up approach to the planning and delivery of health and care services across Mid Wales. The Strategic Intent focuses on the delivery of five overarching aims to support partner organisations to work together to address the current health and care needs of the Mid Wales population as well as future challenges. Supporting these aims are a set of annually agreed Mid Wales specific priority areas which have been identified as areas which will provide added value in working on a Mid Wales footprint and which align to the Integrated Medium Term Plans (IMTP) / Annual / Regional Plans of the MWJC's partner organisations.

Enclosed at Appendix A is the latest update on the Mid Wales priorities and delivery plan for 2021/22.

3.   Mid Wales Clinical Advisory Group

The Mid Wales Clinical Advisory Group, whose role is to provide clinical advice and make clinically based recommendations, meets bi-monthly and for this reporting period has focused on the following areas of work:

- Bronglais General Hospital Strategy Implementation Plan;
- Mid Wales Upper GI pathway;
- North Powys Wellbeing programme;
- Value Based Healthcare and how to work collaboratively;
- Workforce including training and development and new roles /ways of working.

At the request of the Planning and Delivery Executive Group the Clinical Advisory Group have held initial discussions on the agreed top two / three priority clinical pathways. It was noted that there needed to be a focus on the primary and community element of the pathway as well as the secondary care element. Those

suggested priority pathways which members have been asked to consider for discussion and final agreement at its next meeting on 2nd November 2021 include:

- Urology
- Ophthalmology
- Neurology / Neurology specialities
- Dermatology
- Frailty
- Vascular
- Elective Care
- Rapid diagnostic centres
- Prehabilitation
- Prevention and screening
- Respiratory
- Mental Health
- Social care

4.   Recovery plans for Mid Wales

Health Boards submitted their final Covid-19 recovery plans to the Welsh Government at the end of June 2021 and are now working on the development of their long term response as part of the Integrated and Medium Term Plan (IMTP) planning process. Initial discussions have been held regarding the next steps for commissioning intentions and strategies for Mid Wales with the first meeting of lead planners and commissioners for the three Health Boards and the Mid Wales Joint Committee team due to take place on 15th November 2021. The Mid Wales Planning and Executive Delivery Group will consider the outputs from this meeting and the development of future plans to support the needs of the Mid Wales population at its meeting on 6th December 2021

5.   Value Based Healthcare in Mid Wales

Since December 2020, the three Mid Wales Health Boards together with Rural Health and Care Wales have been working jointly to explore their respective approaches to Value Based Healthcare as well as define what it means for rurality. They have also been exploring the opportunities and increased benefits of working together, from which a number of commitments had arisen as follows:

- Establishment of a Value Based Healthcare joint post for which an appointment had been made with the postholder due to commence in post in September 2021. One of the first pieces of work they will be taking forward is the running of a case based education programme for the three Health Boards around delivering and understanding Value Based Healthcare.
- Utilising academic collaborations including a professorship in Health Economics post at Aberystwyth University to deliver a body of research on what the unique challenges were for delivering Value Based Healthcare in a rural economy and how look beyond these challenges.
- Agreement to fund two PhD students at Bangor University to develop a framework for assessing the economic value of Value Based Healthcare.

6.   Support services in place for recovery from long COVID

A significant amount of work is being undertaken at both a national and level to support people with post-COVID syndrome which includes supporting health professionals to recognise the symptoms, signpost people to support and providing a clear pathway for people as they go through the healthcare system. One key support service developed nationally is the NHS Wales COVID-19 Recovery app, which is available in both English and Welsh. This is an online recovery programme to provide support to patients after COVID-19. The app, which has been developed by the NHS Wales Respiratory Group on behalf of the Welsh Government, is available to support individuals across Wales.

Locally all three Mid Wales Health Board have on their websites dedicated pages for supporting patients with their recovery from Long COVID which contain a suite of information sources for those support services available. Also, the three Health Boards either have services in place or nearing establishment for supporting people with recovery from Long-COVID.

7.   Welsh Ambulance Services NHS Trust plan for rural ambulance services

During 2019 the Welsh Ambulance Services NHS Trust undertook a demand and capacity review of the Emergency Medical Services 999 response, on behalf of the Emergency Ambulance Services Committee. The review, focused on improving patient safety, with a particular focus on Amber, where the bulk of serious adverse incidents occur. The review identified that the Trust had a gap between the number of full time equivalent staff budgeted to fill its response rosters and the full time equivalent staff required to fill the rosters. It also identified a range of efficiencies for the Trust, in particular, re-rostering ambulance resource around the daily demand pattern.

The Welsh Ambulance Services NHS Trust has recently "paused" the next stage of the roster review to take the opportunity to review more recent data on the unscheduled care system to inform next steps. They have also taken the opportunity to consider feedback from operational colleagues and Trade Union partners.

8.   Rural Health and Care Wales

The two-day Rural Health and Care Wales Conference 'When Challenges lead to Change – improvements and innovation in Rural Health and Care' which is due to be held on 9th and 10th November 2021 and centred around the following themes:
-    The impact and implications of Covid-19 on Rural Health and Care;
-    Novel ways of delivering Health and Care services in Rural areas;
-    Rural Population Health, Well-being and Care ;
-    The role of Rural Communities in Health and Care;
-    Telehealth / Telemedicine and the remote delivery of Health and Care services in Rural areas;
-    Social / Green Prescribing;
-    Recruitment, Retention and New Roles in Rural Areas;
-    Education, Training and Development in Rural Areas.

The Conference will be staged as a hybrid event, with a smaller in-person audience and live streaming for online access. m end of September.

Following the success of RHCW's first Webinar held on 20th July 2021, a second Webinar is now being planned for late January 2022. Work is in progress on the development of the programme for this session.

A review of Community Hospitals across Mid Wales is nearing completion, with some time having been taken to outline the background to Community Hospital development and provision, and the final report is due to be published shortly

9. Mid Wales Joint Scrutiny Working Group
The Mid Wales Joint Scrutiny Group, whose membership comprises members of the Scrutiny Committee for Ceredigion and Gwynedd Councils) met on the afternoon of 18th October 2021 following the Mid Wales Joint Committee meeting in the morning. Items to be discussed at the meeting are as follows:
i) Recovery Plan in response to the Covid-19 pandemic:
- Detailed look at the recovery plan and its priorities;
- Deliverability of the proposals contained within.
ii) Information on the steps being taken to support the workforce following the pressures of the pandemic.
iii) Update on the joint working between Betsi, Hywel Dda a Powys in the region.
iv) Mid Wales Joint Committee post Covid review.

10. Public and Patient Engagement and Involvement
During the COVID-19 pandemic the Joint Committee's social media sites have been used to continue to share key information with the public with feedback relayed back to relevant personnel and actioned, where necessary.

As the Mid Wales Public Service Boards are undertaking or due to undertake engagement exercises on their well-being needs it was agreed that the focus on the pilot project with Penglais School council members be changed to the local engagement being undertaken by Ceredigion Public Services Board on the Ceredigion Assessment of Local Well-being which closed on 8th October 2021.

The timescales for the public engagement exercises regarding the Assessment of Local Well-being for those areas within Mid Wales are as follows:
- Ceredigion Public Services Board: Engagement exercise closed on 08/10/21.
- Anglesey and Gwynedd Joint Gwynedd Public Services Board: Due to go out to engagement October/November 2021 with timescale to be confirmed.
- Powys Public Services Board: Due to go out to engagement 1st November to 16th December 2021.

11. Review of the Mid Wales Joint Committee
A review of the Mid Wales Joint Committee and how it currently operates is currently in progress. This includes a programme of meetings with members of the Mid Wales Joint Committee to seek their feedback to inform the outputs of the review. Following a request by the Voluntary Sector, meetings will now also be held with those Mid Wales Associations of Voluntary Organisations on their engagement and representation in the work of the Joint Committee. A draft report on the outputs of this review will be presented to meetings of the Mid Wales Planning and Delivery Executive Group on 6th December 2021 and to the Mid Wales Joint Committee on 24th January 2022.

Mid Wales Joint Committee Priorities and Delivery Plan 2021/22 – Summary Progress report as at October 2021

Priority	Objective(s) 2021/22	Update October 2021
Social and Green Solutions for Health	• Review the impacts and outputs of Social and Green Solutions across Mid Wales. • Review the focus and objectives of the Social and Green Solutions priority.	Work has continued on exploring the current provision of social and green solutions for health across Mid Wales, with ongoing work directed by the Welsh Government on the development of a national framework nearing completion. Whilst exploratory work is continuing, with more discussions required with Local Authorities across Mid Wales, it is prudent to await the outcome from the national research will be required before concluding the report as the recommendations will need to tie in with the national strategy.
Ophthalmology	• Review existing Ophthalmology service provision and waiting lists for Mid Wales in order to identify opportunities for a regional approach to recovery plans, ensuring consistent Primary Care support in the Ophthalmology pathway. • Recruit to the Mid Wales Ophthalmology leadership role in order to secure leadership for an MDT approach across Mid Wales. • Develop innovative solutions to address the continued gaps in Optometry service provision across the South Meirionnydd area.	Due to differences in Health Board datasets and available resources now not being available it has not been possible to develop a to consistent Mid Wales Ophthalmology dataset for demand and activity data. As such the Joint Clinical Lead for Eye Care services / Consultant Ophthalmologist for Mid Wales will be re-advertised as soon as possible as a joint post between Powys Teaching Health Board (PTHB) and Hywel Dda University Health Board (HDdUHB). Betsi Cadwaladr University Health Board (BCUHB) have advised that they are not able to commit to the joint post until a consistent dataset is develop and demand and capacity planning undertaken. The job description and advertisement are currently being reviewed to reflect the two-partner arrangement and a meeting has been arranged for 13th October 2021 to agree the required actions to progress with the recruitment of this post. A meeting of managerial and clinical leads for HDdUHB, PTHB and Shrewsbury and Telford NHS Trust to discuss the opportunities for Ophthalmology Service links between Bronglais General Hospital, Powys and Shrewsbury and Telford NHS Trust has been arranged for 10th November 2021.

Priority	Objective(s) 2021/22	Update October 2021
Community Dental Services	• Review existing community dental service provision and current waiting lists for Mid Wales and identify opportunities for a regional approach to recovery plans.	An initial assessment of the current status of community dental service provision across Powys and Ceredigion has been undertaken and opportunities for a regional approach have been identified, which cover 2021/22 and 2022/23, as follows:

a. Resume accepting oral surgery patients for extractions including GA for ASA 1 and 2 adults subject to an agreed tariff.
Due to the retirement of the Powys Teaching Health Board consultant oral surgeon and the cessation of the service at the Newtown clinic all Hywel Dda University Health Board (Ceredigion) patients now have to travel to Swansea for intermediate oral surgery service for complex extractions).
An appointment has been made to the Powys Teaching Health Board consultant oral surgeon vacancy and they are due to commence in post in October 2021.
b. Scope endodontic service for the feasibility of an integrated service for endodontic services. At the moment Powys THB has to catch up on the existing backlog of patients (currently 12 months for treatment). (June 2022)
c. Scope the feasibility of an integrated service for joint General Anaesthetic (GA) list (involving CDS staff) in Bronglais General Hospital using existing facilities not fully utilised. (Sept 2022)

HDdUHB are due to undertake a tender exercise for minor oral surgery services. The MWJC Programme Director has met with the HDdUHB Dental Lead and PTHB Dental Director to identify options for ensuring Ceredigion patients have access to this service closer to home.

At its September 2021 meeting, the Planning and Delivery Executive Group received a report providing a summary of the current position for NHS Dental Services across Mid Wales. It was agreed that the Mid Wales Dental group in place to take forward the Community Dental Service priority be asked to widen its scope to include general NHS Dental services in order to identify what improvements could be made to service provision across Mid Wales.

Priority	Objective(s) 2021/22	Update October 2021
Cancer and Chemotherapy Outreach services	• Review current baseline data for waiting times in order to: a) Develop solutions for current issues and identify opportunities for increasing provision across Mid Wales community sites together b) Develop a plan for a Mid Wales approach to chemotherapy services in the community.	Those areas previously agreed by Mid Wales Cancer group are those which will now be focused on in a staged way in the following order i) Upper Gastrointestinal (GI), ii) Chemotherapy in the Community and iii) Urology. The Mid Wales Clinical Advisory Group have agreed that the Mid Wales Upper GI pathway be progressed as a matter of a priority with the group to agree the recommended next steps at its meeting on 2nd November 2021. The HDdUHB Public Board agreed at its meeting on 29th July 2021 to the change of location of the Chemotherapy Day Unit (CDU) to the Leri Day Unit at Bronglais General Hospital and the development of a fundraising appeal for a new CDU. The timescale for the scheme is expected to be approximately 35 months (18 months planning and 17 months construction) with the planned 'go live' date of June 2024.
Digital (Includes WCCIS and Telemedicine)	• Development of a clinically agreed plan for future digital developments for implementation across Mid Wales. • Establishment of a regional Mid Wales strategic commissioning group.	A review has already been undertaken on the digital platforms introduced for those clinical pathways in Hywel Dda UHB since the start of the pandemic. Work is in progress to include those developments introduced at both Betsi Cadwaladr UHB and Powys THB. This review will be used to inform the development of a clinically agreed plan for future digital developments for Mid Wales. Ceredigion has been chosen as the pilot site for Digital for which the implementation plan for the Bronglais General Hospital Strategy includes the development of the Digital Strategy for the hospital. This will be used to support and inform the Digital Plan for Mid Wales.
Respiratory	• Development of the Mid Wales Respiratory Plan outlining the service model for the provision of Respiratory services across Mid Wales with a focus on delivering care closer to home and the creation of a networked pathway across secondary and tertiary services.	In 2020/21 this priority was led through the Powys THB led Breathe Well Programme. This priority has been assigned to a new lead who will co-ordinate a small group to establish links between the Powys THB Breathe Well programme and the Hywel Dda UHB and Betsi Cadwaladr UHB respiratory work and plans to inform the development of a Mid Wales Respiratory Plan.

Priority	Objective(s) 2021/22	Update October 2021
Rehabilitation	• Development of a Mid Wales Rehabilitation Service plan for inpatient, outpatient and community rehabilitation services and exploring the development of an MDT approach across Mid Wales.	The plan for the delivery of this priority for 2021/22 to focus on the following actions: • Mapping exercise of rehabilitation services across Mid Wales including service modelling, provision and workforce in order to identify potential opportunities for Mid Wales. • Clinical workshop to be held in Autumn 2021 to review the mapping exercise and identify the gaps and opportunities for rehabilitation provision across Mid Wales.
Urology	• Develop and agree a service model for Urology services at General Hospital with outreach services across Mid Wales. • Implement the Urology service model: a) Phase 1 - Reintroduction of urology services at Bronglais General Hospital. b) Phase 2 - Establishment of outreach services across the Care Hubs in Mid Wales.	Urology services for Day case (alternate weeks) and Outpatients have re-commenced at Bronglais General Hospital, Aberystwyth. This includes a Locum Consultant Urologist presence at the hospital site for 3 days a week with support provided by the General Surgery Management Group team. The Hywel Dda UHB Clinical Lead for Urology is working on Pathways for both elective and emergency care which will be shared with the wider medical teams. Initial discussions have also been held with the North Powys team on introducing trial without catheter to the area.

Priority	Objective(s) 2021/22	Update October 2021
Cross Border Workforce solutions (includes Integrated care hubs Workforce plan for Mid Wales)	• Develop solutions to establish cross border workforce arrangements across Mid Wales including joint induction and training programmes. • Provide continued support to the establishment of a nurse training centre in Aberystwyth which if successful with include placements in a range of rural community settings across Mid Wales.	The plan for the delivery of this priority's objectives for 2021/22 will focus on the following areas: • Workforce plan for health and social care; • Joint Training opportunities; • Joint Induction for health and social care; • Apprenticeship programme and available funding for rurality; • Support for Aberystwyth University School of Nursing and placements in rural settings to include both health and social care settings. Running alongside this, a joint cluster meeting of South Gwynedd, North Ceredigion and North Powys to start discussions within primary care on opportunities for GP portfolios and rotation has been arranged for 22nd November 2021. At the end of June 2021 confirmation was received that Health Education and Improvement Wales has awarded a contract to Aberystwyth University to provide education courses to both adult and mental health nurses. The first nursing students will arrive for their studies at Aberystwyth University in September 2022 and this will include placements with health and care providers across Mid Wales.

Priority	Objective(s) 2021/22	Update October 2021
Clinical Strategy for Hospital Based Care and Treatment (includes Colorectal Surgical Pathway)	• Develop the implementation plan to support the delivery of the Bronglais General Hospital strategy. • Implementation of the year 1 deliverables of the delivery plan for the implementation of the Bronglais General Hospital clinical strategy 'Bronglais General Hospital: Delivering Excellent Rural Acute Care' with the development of regional and cross border solutions	The draft Bronglais General Hospital Strategy Implementation plan for 2021-24 has been developed and covers the following service areas: • Scheduled Care services with a 4-Phased plan to return to the pre-2016 session template to support the post-Covid recovery and then to expand the service; • Therapy, Laboratory, Pharmacy, Paediatric and Radiology Services • Optimised use of Bronglais General Hospital Estates; • Acute Frailty Team; • Same Day Emergency Care; • Digital strategy for Bronglais with Ceredigion chosen as Hywel Dda University Health Board's pilot county for enhanced technology. The Bronglais General Hospital Strategy Implementation Steering Group which will lead on the development of and implementation of the strategy has been established and has now met twice. Representation on the Steering Group will be expanded to include Betsi Cadwaladr University Health Board and Powys Teaching Health Board. A Mid Wales Bronglais General Hospital Advisory Board made up of health expert members of the public, which will feed into the Strategy Implementation Steering Group, is in the process of being established. Discussions are in progress on the proposed establishment of a Subgroup to discuss commissioning intentions and strategies for Mid Wales. Progress on the implementation of the Strategy Implementation Plan is reported as a standing agenda item to the Mid Wales Clinical Advisory Group clinical feedback and input. A report providing the latest update on the Strategy Implementation Plan 2021-24 was provided to Mid Wales Planning and Delivery Executive Group meeting on 28/09/21 and to the Mid Wales Joint Committee meeting on 18/10/21.

Health Board 18th November 2021	 GIG CYMRU NHS WALES | Bwrdd Iechyd Prifysgol Betsi Cadwaladr University Health Board *To improve health and provide excellent care*

Chair's Report

Name of Committee:	Targeted Intervention Improvement Framework (TIIF) Steering Group
Meeting date:	6.9.21
Name of Chair:	Gill Harris, Deputy Chief Executive/ Executive Director of Nursing & Midwifery
Responsible Director:	Gill Harris, Deputy Chief Executive/ Executive Director of Nursing & Midwifery
Summary of business discussed:	• Feedback and reflections upon the recent Targeted Improvement (TI) Evidence Group: A significant amount of information had been submitted for the last Evidence Group meeting on 2.9.21, and as a result it had been agreed to revise the process to ensure that the scrutiny task was more streamlined. This will include using sub-groups to check and challenge the information prior to Evidence Group meetings. The revised process will be re-tested with all internal and external stakeholders. • A significant amount of activity is underway to meet the requirements of the Maturity Matrix; progress was noted in each of the TI Domains • The Timeline and target scores for the next Board TI self-assessment were noted.
Key assurances provided at this meeting:	• Governance arrangements are in place to monitor TI progress via Steering Group oversight • 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.
Key risks including mitigating actions and milestones	• 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.
TIIF Domain addressed	• All

Issues to be referred to another Committee	-
Matters requiring escalation to the Board:	-
Well-being of Future Generations Act Sustainable Development Principle	*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.* *1. Balancing short term need with long term planning for the future* – covered by the strategy, planning and performance domain. *2. Working together with other partners to deliver objectives* – covered by the engagement work *3. Involving those with an interest and seeking their views* – covered by the engagement work; *4.Putting resources into preventing problems occurring or getting worse* – via WG funding allocation; *5. Considering impact on all well-being goals together and on other bodies* – covered by engagement work.
Planned business for the next meeting:	• Sign-off the information to be submitted for the forthcoming Board Workshop, when the next TI self-assessment will be considered.
Date of next meeting:	29.9.21.

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Health Board 18th November 2021	GIG CYMRU NHS WALES	Bwrdd Iechyd Prifysgol Betsi Cadwaladr University Health Board
	To improve health and provide excellent care	

Chair's Report

Name of Committee:	Targeted Intervention Improvement Framework (TIIF) Steering Group
Meeting date:	29.9.21
Name of Chair:	Gill Harris, Deputy Chief Executive/ Executive Director of Nursing & Midwifery
Responsible Director:	Gill Harris, Deputy Chief Executive/ Executive Director of Nursing & Midwifery
Summary of business discussed:	- Terms of reference review – membership list to be refreshed in light of individuals' title and portfolio changes - Requests for additional resources to support work in the Targeted Improvement domains – a paper seeking additional posts was to be submitted for Executive Team consideration - Maturity Matrix self-assessment scoring – discussion took place on the scoring method used, taking the mode to indicate the overall level achieved. Feedback on use of the word 'low' to indicate progress assessed as being in the first half of a level, rather than the 'high' second half indicated that the language could demoralise colleagues who were working hard to progress through the levels. It was therefore agreed to dispense with the word 'low', so that eg level 1 progress would now be described as simply '1' or 'high 1' - Following self-assessment, maturity scores were agreed for each domain: Mental Health (1), Strategy, Planning & Performance (1), Leadership (1) and Engagement (1)
Key assurances provided at this meeting:	- Governance arrangements are in place to monitor TI progress via Steering Group oversight - Teams are working to deliver improvements, with target maturity scores being set for the next self-assessment milestone of May 2022
Key risks including mitigating actions and milestones	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.

TIIF Domain addressed	• All
Issues to be referred to another Committee	-
Matters requiring escalation to the Board:	-
Well-being of Future Generations Act Sustainable Development Principle	*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.* *1. Balancing short term need with long term planning for the future* – covered by the strategy, planning and performance domain. *2. Working together with other partners to deliver objectives* – covered by the engagement work *3. Involving those with an interest and seeking their views* – covered by the engagement work; *4.Putting resources into preventing problems occurring or getting worse* – via WG funding allocation; *5. Considering impact on all well-being goals together and on other bodies* – covered by engagement work.
Planned business for the next meeting:	• Updates on progress across the domains; planning for the next Evidence Group meeting.
Date of next meeting:	6.12.21.

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Cyfarfod a dyddiad: **Meeting and date:**	Health Board 18th November 2021
Cyhoeddus neu Breifat: **Public or Private:**	Public
Teitl yr Adroddiad **Report Title:**	Targeted Intervention Improvement Framework (TIIF) - self assessment update
Cyfarwyddwr Cyfrifol: **Responsible Director:**	Jo Whitehead, Chief Executive
Awdur yr Adroddiad **Report Author:**	Simon Evans-Evans, Interim Director of Governance
Craffu blaenorol: **Prior Scrutiny:**	Targeted Intervention Steering Group 01 November 2021
Atodiadau **Appendices:**	1. Amended TIIF update paper from 23 September 2021 2. Annotated matrice All Ages Mental Health 3. Annotated matrice Strategy Planning and Performance 4. Annotated matrice Leadership 5. Annotated matrice Engagement

Argymhelliad / Recommendation:

The Board is requested to:

1) Note the amended TIIF update paper from 23 September 2021
2) Note the progress in delivering Targeted Improvement.
3) Agree the self-assessment reference points against each matrix
    a. All Ages Mental Health   1
    b. Strategy, Planning and Performance   1
    c. Leadership Governance and Culture   1
    d. Engagement   1
4) Agree the target reference point for May 2022
    a. All Ages Mental Health   High 2
    b. Strategy, Planning and Performance   High 2
    c. Leadership Governance and Culture   2
    d. Engagement   High 2

Ticiwch fel bo'n briodol / Please tick as appropriate							
Ar gyfer penderfyniad /cymeradwyaeth **For Decision/ Approval**	✓	Ar gyfer Trafodaeth **For Discussion**		Ar gyfer sicrwydd **For Assurance**		Er gwybodaeth **For Information**	
Y/N i ddangos a yw dyletswydd Cydraddoldeb/ SED yn berthnasol Y/N to indicate whether the Equality/SED duty is applicable						N	

Sefyllfa / Situation:

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. Every six months the Board is required to make a self-assessment of progress and to set a target for the following six months.

Cefndir / Background:

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 20th 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 Dargedu - 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.

Paper update from 23 September 2021

The Board was presented with a regular update paper at its meeting on 23 September 2021, one of the tables in that paper had been erroneously duplicated, attached is the corrected report with the correct table inserted in the Leadership section.

Summary progress since the last Board report

Operational teams have provided evidence of actions taken to move through the Target Improvement matrices, the evidence was subjected to a level 2 assurance process (check and challenge by the central TI team) before being presented to the Evidence Group. The Evidence Group considered the evidence presented and recommends to the Board (via the TIIF Steering Group) that progress against each matrix is noted and accepted by the Board. Members of the Board were sighted on the evidence summary sheets at the Board Workshop on 7th October 2021. The matrices (attached) have been colour coded in green to show where actions have been taken and assured.

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. A weekly meeting is in place to ensure appropriate connections are made between;

- Living Healthier Staying Well (LHSW),
- Transformation,
- Mewn Undod mae Nerth / Stronger Together,

- Broader communications and
- Targeted Improvement

This meeting explores the interplay and learning from these work streams, from how we conduct the engagement conversations with our public and partners to developing the clinical strategy and how we manage ourselves as an organisation. The TI framework has the additional role of providing evidence in a coordinated and consistent way to provide assurance of both activity and impact.

TI programme assurance

We have the retained the support of the Good Governance Institute (GGI) to provide specialist, independent assurance to the development of the TI framework. The GGI is supporting processes and evidence gathering, including undertaking an independent assessment of the governance framework and developing a consistent decision making framework for the Outcomes Group. The GGI will provide BCUHB with independent assurance and access to a wide range of skills, expertise and experience. Transfer and development of knowledge and skills at BCUHB in what makes good governance in practice forms part of the partnership, which started in September 2021 (and will last a year).

GGI is a UK-based institute and consultancy, which has pioneered the use of maturity matrices in the public sector for providing a strong foundation for improvement in governance, performance and services over time, in ways that can be measured. As an institute, GGI has helped develop thinking at a national level and established the matrix approach as a well-grounded approach in health, care, higher education and the third sector over the last decade.

TI programme leadership

Following changes to the membership of the Integrated Board leadership roles have changed within the programme; current roles are as follows:

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

Examples of progress in each domain

Whilst each domain is reported separately, it should be noted that there is connectivity between the domains for instance effective engagement is fundamental in developing new strategies and improving mental health services, some of the examples below have been chosen to highlight this connectivity.

All ages Mental Health

Example 1
Child, Adolescent Mental Health Services (CAMHS) - Family Wellbeing Practitioner service supporting the delivery of a primary care based early intervention service for families of children and young people presenting with concerns about emotional wellbeing and behavioural issues. The service is:
- fully rolled out in Central,
- fully recruited to and engaging with GPs in West, and
- partially recruited to and engaging with GPs in East.

Example 2
The Transition policy describes the processes to be followed when a young person within Specialist Children's Mental Health Services requires continuing care from Adult Mental Health Services. Depending on individual circumstances the transition of care may be between S-CAMHS and AMHS or/and involve transfer to other specialisms within BCUHB (e.g. adult forensic services, specialist eating disorder services or substance misuse services).

Example 3 – also relevant to Domain 4 Partnership Engagement
AMH: Service Framework for the Treatment of People with a Co-occurring Mental Health and Substance Misuse Problems shows a closer relationship between the APB Executive Board and the Together for Mental Health Partnership (T4MHP) Board. Further work will be undertaken to strengthen cross membership between the boards, to continue to ensure that Service User Involvement is at the heart of the boards and this agenda.

Strategy, Planning and Performance

Example 1 – also relevant to Domain 4 Partnership Engagement
A North Wales Medical and Health Sciences School Task and Finish Group has been established. The role of the Group is to:
- Provide oversight of the BCUHB response to the Welsh Government North Wales Medical School Task and Finish Group recommendations
- Report on progress to the Board via the Partnerships, People & Population Health (PPPH) Committee
- Act as the liaison Group for engagement with stakeholders, e.g. Bangor University.

Example 2
Approach to Planning: The lessons learnt report developed by the pan-BCU planning leads for the 2021/22 planning process to steer processes from Board level and strategy through to programme and operational level.   It establishes recommendations for future planning, aligns strategy to the 2022/25 Integrated Medium Term Plan (IMTP), and improves engagement. This supports the development of a robust annual plan that builds assurance as a key step towards submission of an approvable IMTP.

Leadership, Governance and Culture

Example 1
The discovery phase of Mewn Undod mae Nerth/Stronger Together has been completed, and we have heard from over 1900 colleagues across the organisation. Feedback through our Stronger Together Community and co design of our future through our People & OD Strategy underway. Mewn Undod mae Nerth moving to the design phase with 5 key work streams identified
- Our way of working (values)

- Strategic Deployment (the Golden Thread)
- How we organise ourselves (Operating Model)
- The Best of our abilities (Skills and training)
- How we improve and transform

Design principles to improve '*How we organise ourselves*' agreed and engagement are well underway on a preferred structure/operating model for the organisation.

Example 2
The Board Development programme has been designed to align with the outputs from Discovery under Mewn Undod mae Nerth/Stronger Together, with both the Kings Fund and Good Governance Institute supporting bespoke work to enable the Board to achieve the agreed outcomes.

Full feedback from the discovery phase of Mewn Undod mae Nerth/Stronger Together has been worked through as a unitary/integrated board with reflection on our contribution to the current state and commitment to the future state. Reconnecting with the purpose of the organisation and how this aligns to national strategy and local needs.

Through this development the Board recognises the requirement to shift its focus both in time and activities in order for the organisation to be self-determining in its vision for the organisation, and the strategies required for achieving this vision and is actively working together to identify and deliver changes to its ways of working to create the environment for improvement.

The unitary Board recognises the importance of optimising the styles, experience and knowledge across the team rather than focussing solely upon function and has used evidence based assessment to better understand the skills/styles and preferences across the Board

Example 3
Implementation of the new governance framework commenced on 1 September 2021 with the aim of:
- balancing the focus on strategy, culture, and accountability
- improving structural line of accountability between underpinning groups, the executive team, committees, and the Board, and improve accountability and assurance flows in general from 'floor to Board'
- improving the focus on the people and transformation agendas

Engagement

Example 1
The Long Covid-19 group, that includes health professionals and patients, is a collaborative approach to develop a multi-pathway to access rehabilitation and treatment for Long Covid-19. The participants support and listen to each other, patients within the group are actively involved in external Long Covid-19 support groups and have been prime in sharing information on their behalf.

Example 2 – also relevant to Domain 1 All ages Mental Health
Parental Resilience and Mutual Support programme (PRAMS). Families can access support; one-to-one; Talking Therapy; actual or virtual groups. It provides a range of services along the maternity pathway beginning with '*You and Your Bump*' and '*You and Your Baby*' sessions continuing for families with children up to 16. As this partnership has been so successful in Flintshire, we are looking to extend the programme across North Wales.

Example 3 – also relevant to Domain 1 All ages Mental Health
Staff Engagement in AMH: The on call survey was carried out across the Division to ascertain feedback from staff regarding the current On Call arrangements in the Division. The feedback and themes have been used to develop an option appraisal for consultation by the staff. The On Call survey was presented at the Mental Health & Learning Disabilities (MH&LD) Divisional Workforce meeting and at the MH&LD Joint Partnership Group meeting with staff side representative.

Next steps - by domain

All Ages Mental Health

- Service improvement: include in CAMHS – Early Intervention, improved access to early help and emotional support for families to build and create resilience and reduce demand on CAMHS specialist services (e.g. No Wrong Door, Schools In reach & GP Family Wellbeing Service) & in AMH focus on the ward accreditation programme & an estate review to remove physical blockers for early intervention
- Preparatory work with staff, patients and partners for the refresh of the Together for Mental Health strategy linked to LHSW, CSS & OP.
- Appointing a dedicated CAMHS Information Account Manager to standardise reporting across the CAMHS teams, develop service dashboards, provide regular data and information that will help support the demand and capacity and business planning and lead on data collation for Crisis Services, Eating Disorder services and Psychological Therapies

Strategy Planning and Performance

- Clinical Senate being created to co-design and develop the clinical strategy – due to issue the headline plan (subject to winter pressures) in March 2022
- Piloting new logic models in unscheduled care / endoscopy / stroke to develop specific pathway assessed plans – a new approach to move from monitoring to actively managing pathways
- Develop a commissioning approach to planning starting with a needs assessment and leading to an outcomes based approach to planning

Leadership, Governance and Culture

- Mewn Undod mae Nerth moving to the design phase with 5 key work streams identified as part of the emerging People & OD Strategy
- Our way of working (values)
- Strategic Deployment (the Golden Thread)
- How we organise ourselves (Operating Model)
- The Best of our abilities (Skills and training)
- How we improve and transform
- Board Development programme to continue, including welcoming new members
- Phase 2 of the governance review (Community and Secondary Care)

Engagement

- Focused engagement planned with patients, carers and third sector to develop a standard framework for carers. A development group has been formed and has made links with the existing young carers support in the CAMHS service

- Building on the learning from recent engagement conversations to aim for continuous improvement in the development of the clinical services plan, Regional Treatment Centres (RTCs) etc.
- Piloting a 90 day action plan on patient communication on 3 wards in Ysbyty Gwynedd (YG) – linked to the ward accreditation programme, including real time feedback and rolling audit of effectiveness
- Developing the public engagement offer to operational teams with definitions, guidance and toolkits to support engagement that is more effective.

Finance

As part of the Targeted Intervention Improvement Framework Welsh Government has provided financial support which has been used to;
- support service delivery to improve performance,
- increase our capability and capacity,
- provide deficit cover, allocated as per the table below.

Some of the original schemes have not been progressed due to operational pressures; we have reviewed alternative schemes which are aligned with our 6 key objectives in order to maximise benefit of strategic support funding e.g. RTC programme - £17.5m assigned

Clinical service	£k
Audiology	461
CAMHS	207
Cancer	1,500
Care Homes	102
CHC	1,138
Elective Surgery	450
Mental Health	1,400
Ophthalmology	1,563
Out of Hospital	1,770
Outpatients	379
Primary Care	2,840
Stroke	1,059
Urology	929
Workforce	1,470
Performance Improvement	**15,268**

Clinical service	£k
Diagnostic	237
ENT	1,005
General Surgery	1,222
Max Facs	316
OPD	852
Ophthalmology	904
Oral	160
T&O	9,168
Urology	868
Planned Care	**14,732**

	£k
Performance	**30,000**

Domain	£k
Deficit Cover	**40,000**

Domain / Clinical Service	£k
Improvement	1,878
Engagement	1,800
Capacity	1,105
Public Affairs	516
MHLD	5,880
CAMHS	820
MHLD, Capability & Capacity	**12,000**

2021/22 Allocation	£k
Deficit Cover	**40,000**
Performance	**30,000**
MHLD, Capability & Capacity	**12,000**
Total Strategic Support	**82,000**

Agreeing the reference points for November 2021 and Target for May 2022

Colleagues at the Good Governance Institute have endorsed the governance arrangements in place and are currently developing a decision making framework to ensure consistency in making judgments on the effectiveness of completed actions as we move through the matrices. Reflecting the matrices themselves, this is being developed using a co-design approach with the operational leads in each domain, link IMs will also have the opportunity to contribute. The Outcomes Group and TIIF Steering Group will consider the framework before potential adoption.

The Board were sighted on the summary evidence at the Board workshop and are requested to accept the proposals for the self-assessment.

Proposed self-assessment reference point November 2021

All Ages Mental Health	1
Strategy, Planning and Performance	1
Leadership Governance and Culture	1
Engagement	1

Proposed target reference point for May 2022

All Ages Mental Health	High 2
Strategy, Planning and Performance	High 2
Leadership Governance and Culture	2
Engagement	High 2

NOTE: High 2 indicates that evidence of impact and sustainable change has been assured as well as evidence that actions have been taken.

Betsi Cadwaladr University Health Board:

Summary Progress

GIG CYMRU NHS WALES | Bwrdd Iechyd Prifysgol Betsi Cadwaladr University Health Board

| Progress Levels

Key Elements | 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 |
|---|---|---|---|---|---|---|
| All Ages Mental Health | 🔺 (orange) | 🔺 (green) | 🔺 (blue) | | | |
| Planning and Performance | 🔺 (orange) | 🔺 (green) | 🔺 (blue) | | | |
| Leadership | | 🔺🔺 (orange/green) | 🔺 (blue) | | | |
| Engagement | | 🔺🔺 (orange/green) | 🔺 (blue) | | | |

🔺 (orange) Reference Point May 2021

🔺 (green) Reference Point November 2021

🔺 (blue) Target May 2022

Cyfarfod a dyddiad: **Meeting and date:**	Health Board 18 November 2021 - Revised paper form 23 September 2021
Cyhoeddus neu Breifat: **Public or Private:**	Public
Teitl yr Adroddiad **Report Title:**	Targeted Intervention Improvement Framework - update
Cyfarwyddwr Cyfrifol: **Responsible Director:**	Jo Whitehead, Chief Executive
Awdur yr Adroddiad **Report Author:**	Simon Evans-Evans, Interim Director of Governance
Craffu blaenorol: **Prior Scrutiny:**	*None*
Atodiadau **Appendices:**	**None**
Argymhelliad / Recommendation:	
The Board is requested to: 1) Note the progress in delivering Targeted Improvement.	

Ticiwch fel bo'n briodol / Please tick as appropriate						
Ar gyfer penderfyniad /cymeradwyaeth **For Decision/ Approval**		**Ar gyfer Trafodaeth** **For Discussion**		**Ar gyfer sicrwydd** **For Assurance**	**Er gwybodaeth** **For Information**	✔
Y/N i ddangos a yw dyletswydd Cydraddoldeb/ SED yn berthnasol **Y/N to indicate whether the Equality/SED duty is applicable**					**N**	

Sefyllfa / Situation:

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).

Cefndir / Background:

The Welsh Government placed the Health Board into Target Intervention from Special Measures in March 2021. Whilst the Welsh Government provided the areas of concern (domains) and expected outcomes the Health Board has developed and own the details within four matrices, which the Board agreed on 20th 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 Dargedu - 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

Teams within the Health Board continue to deliver against the attributes within the four matrices, as part of business as usual, focussing on the following areas (please note references in the "WE SAID : WE DID : WE WILL tables relate to individual attributes within each matrix):

All ages Mental Health

Identified Actions Q1 21/22	Progress		Priority Actions Q2 21/22
WE SAID	WE DID		WE WILL
Engage and communicate internally within the divisions, and with partners and stakeholders on the Maturity Matrix approach (CAMHs and Adult MH).	• Divisional Approach aligned to Maturity Matrix developed and shared with Divisional Senior Leadership Team [C2] • Maturity Matrix Evidence Bank template developed and shared widely [C2]		Further develop reporting arrangements between CAMH's and Adult MH.
Progress the joint working between CAMHs and Adult MH, with a focus on financial allocations and the transition pathway. (CAMHS and Adult MH).	• Monthly Mental Health and CAMHS Meetings in place since May [C25-26] • Additional Leadership capacity in place for CAHMS to support transformation work [C25-26] • Specific elements of Mewn Undod mae Nerth / Stronger Together targeted culture and joint working in the Mental Health teams [C4-9] [M 5-9]		Build on positive partnership relationship development with providers and agreement to a new service model including the potential to deliver tier 4
Establish the improvement and development group to support the CAMHs program delivery (CAMHS).	• Transition Policy Working Group formed and meeting [C25-26] • Summary of CAMHS Projects and Investment provided and shared widely for 'check and challenge'. [C14-24]		Progress with additional divisional capacity identified via MH Transformation Slippage funding.
Review the MHLD leadership structure, with leads identified to support	• Mental Health & Learning Disabilities Division – Substantive Management Structure Updated [M14]		Progress with Service Transformation actions aligned to additional funding.

the key delivery areas (Adult MH).	• Service Transformation discussions being led by Divisional Senior Leadership Team [M10-13]	
Progress the crisis concordat activity to support our clinical pathway focus (Adult MH).	• Attendance at National Crisis Concordat Group continues with update on NW work • NW Crisis Concordat Group to be set up IN Q2 to oversee progression of national action plan [M7]	

Strategy, Planning and Performance

Identified Actions Q1 21/22	Progress	Priority Actions Q2 21/22
WE SAID	WE DID	WE WILL

Starting the refresh of Living Healthier Staying Well	• Underway actions include (but not limited to) [S1-S8]
	  • Early engagement with CHC Services Planning Committee
	  • Board workshop session held to test approach. Linked presentations on transformation and clinical services plan.
	  • SPPH agreed approach and timescales
	  • Engagement with Stakeholder Reference Group presentation to SRG
		On-board the new transformation team to ensure appropriate support and expertise is in place to facilitate consistent development and implementation of all transformation programs e.g. All Age Crisis Care, DTC.

Using the refresh as the basis for our Clinical Services Strategy implementation plan.	• Board workshop agreed process including linking the clinical services plan to transformation agenda and Living Healthier Staying Well [S1-S8]	Complete prioritisation process for plan 2022-25
Develop a revised planning process to allow for a draft approvable IMTP to be agreed for 2022-25.	• Workshop to review lessons learnt and to strengthen existing planning arrangements including key considerations for future planning. [S10-11] • SPPH Committee endorsed the planning principles and outline timetable for 2022/25. This included a commitment to ensure	Refresh of evidence base alongside population needs assessment to inform prioritisation of clinical services

	our plan is approved and submitted by December 2021. [S10-11]		
Implement and embed the Performance and Accountability Framework including regular reviews, appropriate escalation, and revised performance reporting.	• First meeting of Performance and Oversight Group (POG). ToR agreed. [S10-13] • Executive Divisional Accountability Meetings held in May with quarterly meetings arranged in of 2021/22. [S13] • Started the redesign of the Integrated Quality and Performance Report (IQPR) engaging with staff, ED's and IMs to be finalised by the end of July. [S10-13]		Review use and effectiveness of Performance and Accountability Framework – with findings and recommendations to POG in September.

Leadership and Governance

Identified Actions Q1 21/22	Progress		Priority Actions Q2 21/22
WE SAID	WE DID		WE WILL
Ensuring executive, senior leadership and partner ownership and engagement in the delivery of Discovery phase of Mewn Undod mae Nerth/Stronger Together.	• Stronger Together Governance Structure in place with Strategic and Tactical Groups meeting. • Stronger Together focus groups and 1;1 discussions being progressed across the Health Board. [L1-16]		Completion of, and capturing thematic outputs from the Discovery Phase of Mewn Undod mae Nerth / Stronger Together.
Aligning the Board Development program with Mewn Undod mae Nerth delivered by the King's Fund with additional support from the Good Governance institute.	• Board Development Program commissioned and commenced [L1-6]		Implementation of the new Governance Framework (approved by Board in July)
Reviewing clinical leadership support structures and resources to improve multi professional clinical engagement.	• Additional funding application to WG for All Age Psychological Therapy capacity [L8]		Linked to Mewn Undod mae Nerth / Stronger Together – development of the new operating Model

Mobilising additional capacity and capability to support transformation, organisational and system development, engagement and governance	• Additional divisional capacity identified via MH Transformation Slippage funding [L9] • Divisional Prioritisation tool to support investment decisions against additional WG funding 2021/22 [L9]	

Engagement

Identified Actions Q1 21/22	Progress	Priority Actions Q2 21/22
WE SAID	WE DID	WE WILL
Undertaking a stakeholder mapping exercise and develop a relationship management approach to relevant stakeholders in the domains of patient, partners, staff and public.	• Key stakeholder map developed to support the Living Healthier Staying Well Consultation, developing the use of 'Padlet' as a key tool, work continues to develop the CRM approach [EM2] • Commenced detailed Stakeholder Relationship Survey to understand partners perceptions to inform CRM development [ESt 1 & ESt 7] • Welsh and English version of MH&LD Divisional Staff Briefing circulated across the Division on a regular basis. [ES3]	Agree and lay out the expectations for good Patient and Carer experience in the Quality Strategy
Consolidate a team for engagement across the four engagement domains, drawing from best practice.	• Interim Director of Partnership, Communications and Engagement in post from 19 July 2021 [EPu 4-7] • MH&LD Divisional Workforce meeting stood up from April. Held monthly. [EPu 6] • MH&LD Divisional Patient and Carer Experience Group Meetings [EPu 6] [Epa 4] • Mental Health Service Accessibility to Deaf Service Users Proposal [EPu 6] [Epa 4]	Develop Network of Champions to align and their work and provide consistent messaging to staff
Use the development of key strategies (i.e. Living Healthier, Staying Well and Clinical Service Strategy) as a PDSA exercise to improve	• Currently engaging over, and capturing learning from Living Healthier Staying Well, Stronger Together and Speak Out Safely [EM1]	Develop real partnership working by supporting the development of the needs assessment with the Regional Partnership Board

engagement process and outcomes.	• MH&LD Divisional learning from CHC Safe Space Event [ES2] [ES4] • Learning Service Framework for the Treatment of People with a Co-occurring Mental Health and Substance Misuse Issues. [EPa3]	
Develop an engagement process to encourage openness, transparency and trust with our citizens.	• Developed a new patient feedback and response system due for roll out in Q2 [Epa 3-6] • Developed use of 'Padlet' as an engagement and feedback tool for the public within the Living Healthier Staying Well engagement program [EPu4-6} • Commenced pathway engagement programs e.g. Palliative Care [EPu 7] • CHC site visits planned for each area across the mental Health Division [ESt 1-2} • MH&LD Communications and Engagement plan reviewed and updated.	Build on the Perception Surveys to develop Partner / Stakeholder Relationship Managment systems and processes

Governance

The Governance framework for Targeted Improvement is being implemented.

Evidence Group: The Executive Director of Therapies and Health Science, Adrian Thomas chaired an Evidence Group on 2 September to assess actions that have been taken to date and were presented with over 2700 pages of evidence. Whilst this is a positive affirmation of the work underway, it was impossible to provide a required level of assurance, and alternative challenge processes have been put in prior to the Evidence Group reconvening.

Outcomes Group: The Executive Medical Director, Nick Lyons will take over the chair of the Outcomes Group when it meets

Both of these groups draw membership from within and without the Health Board.

Targeted Improvement Steering Group: The Group is chaired by the Executive Director of Nursing and Midwifery / Deputy Chief Executive., Gill Harris and meets monthly to act as a program board for Targeted Improvement.

Following changes to the Executive Leadership Team, the senior responsible officer for the Strategy, Planning and Performance domain is currently being allocated.

Self-Assessment

The Board is required to undertake the six-monthly self-assessment of progress at the November meeting. To help the Board prepare senior responsible officers for each domain will liaise with their Board Link Buddies and a summary of the evidence of progress will be made to the Board workshop in October to allow the Board the opportunity for a full discussion on progress. The Board is also required to set a target for progress through the matrices for the next six-month period.

Welsh Government

The Triumvirate met in July and have confirmed that the Health Board's escalation status remains at Targeted Intervention and acknowledged the Health Board's recent strategic success and improvements including the response to the pandemic, improving relationships with stakeholders and the development of a 'once for North Wales' approach to reducing planned care waits.

Betsi Cadwaladr University Health Board:

Domain 1   Mental Health Maturity Matrix

SRO: Teresa Owen, Executive Director of Public Health

Link IM: Cheryl Carlisle

Progress Levels ➡ Key Elements ⬇	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
CHILDREN'S SERVICES						
1 STRATEGY AND SUSTAINABILITY 1.2 **Service Improvement & Transformation** **See also service user engagement section 5** Linked to TIIF – 1, 2,3,4,5		**C1** Terms of Reference for the Regional CAMHS Performance Improvement Group reviewed and refreshed to co-ordinate and oversee all strategic improvement actions across CAMHS in North Wales **C2** Performance Improvement Group meeting dates set. Group to be the conduit for assurance to BCUs Corporate Targeted Intervention (TI) Programme for the Children's Mental Health Domain. **C3** Reporting Structure To Executive Leads for TI established	**C27** CAMHS Strategic Improvement Plan developed with clear programme of priorities. **C28** Specific Improvement Work streams identified. **C29** Targeted Improvement Children's Mental Health Matrix agreed and maintained. **C30** Organisational development approach established to enable delivery of plans. **C31** Plans, pace of transformation and	**C69** Regional processes and strategies are in place to understand and manage clinical demand and resources. **C70** Culture of collaboration and partnership embedded, focused around the impact on those that use services. **C71** Staff are involved in service transformation and improvement.	**C107** Regionally agreed strategy and vision for CAMHS that this is aligned to the principles: shared language, needs led, shared decision making, proactive prevention and promotion, partnership working, outcomes informed, reducing stigma and accessibility **C108** Jointly- owned with external partner agencies and areas of integration with AMH within BCUHB. **C109** Organisational development approach embedded to enable the service to effectively deliver service transformation,	**C149** Seamless, service wide collaboration is represented in a joined up vision and clear, sustainable investment across the three areas of CAMHS, BCUHB **C150** Regular re-evaluation of structure, model and service development plans.

Progress Levels → Key Elements ↓	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
			delivery data are clearly outlined and monitored through the Performance Improvement Group and discussed Regionally at Area Director and Executive Level within BCUHB **C32** Agreed communication plan ensure staff and clinical leaders are engaged and communicated with around the CAMHS strategy and vision		improved quality and outcomes.	
1.3 **Leadership & Governance** Linked to TIIF – 2,3,4,5,7,10		**C4** Strengthen Leadership Structures. Nominated Service Improvement & Transformation Clinical Lead with Regional responsibilities **C5** Regional governance structures aligned to established local /area governance structures in place. **C6** CAMHS Governance structure reviewed and agreed. Roles and responsibilities agreed to ensure there is systematic joint regional working within BCUHB and with all partner agencies, **C7** Examples of better working practices are being adopted. Routine review of governance mechanisms is agreed. Personal development plans are agreed for key staff	**C33** Leadership and governance structures are clear and aligned to the Service Priorities within the Childrens Service Group, Clinical Advisory Group (CAG) Performance Improvement Group, which include membership from clinical leads and partners. **C34** Performance dashboard in place to track operational performance, quality and the impact of improvement activities on agreed key outcomes. **C35** Regular reporting mechanisms are established across all Childrens Areas, Executive Team, Board	**C72** Developed clinical leadership roles in place with support to ensure that structures are in place to facilitate discussion and service development Regionally. **C73** Commitment at Leadership level to work collaboratively across the Region with shared communication plan to ensure all staff and clinical leaders are engaged and communicated with around the CAMHS service models and developed clinical pathways **C74** Clear escalation with developed SITREP reporting at Area and Executive Director Level	**C110** Robust Regional and Area Governance and Leadership structure embedded **C111** Governance Structure shared Regionally across all areas. There is a positive risk taking approach in place, underpinned by strong leadership and clinical supervision, particularly around complex cases. **C112** Enhanced staff engagement and communication mechanisms in place. Regional evidence-based pathways are in place and available to all CAMHS staff and other healthcare professionals and are easy to find.	**C151** Collective leadership with everyone taking responsibility for the success of service improvement and Transformation as a whole. **C152** CAMHS Leaders at every level communicate an inspiring, forward-looking and ambitious vision focused on offering high-quality, compassionate care to the communities they serve. **C153** The BCU board is confident it can respond in timely fashion to crises, should the need arise. The board is confident that it has intelligent analysis and assurance across the health economy **C154** The service benchmarks in the upper decile for chosen elements of management effectiveness.

Progress Levels → Key Elements ↓	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
		C8 We have a process prospectively to evaluate risk, such as a risk committee with this remit. The Regional Assurance Framework is organised to promote focused discussion on key business issues. **C9** We have agreed how outcomes measures will be used as part of performance reports, including how benchmark data will be incorporated.	and board sub groups, Welsh Government and Partnership Forums. **C36** BCU Wide CAMHS Risk Register developed. **C37** Our regional risk appetite has been discussed, agreed and aligned to the Health Board's risk appetite. This has been built into our plans. The Regional Assurance Framework covers activity, cost and quality. Information and assurance are aligned to targets, standards and local priorities. **C38** Staff and clinical leader development planning is the norm. The annual cycle of business and the assurance framework are systematically used for the board/governing body to check that it adds tangible value **C39** Outcome data is routinely used. The organisation has no-surprises around outcome data when inspected or otherwise challenged	to enable high level oversight of challenges and risks to service delivery. **C75** We systematically evaluate SIRs across Childrens and other health board service areas. A high degree of risk sensitivity can be demonstrated throughout across the organisation. This is reviewed by the BCU Board **C76** Business continuity plans are in place and regularly reviewed. The Regional & Area Leadership Teams have developed a joint understanding of risk and opportunities. **C77** Control mechanisms are in place for all elements of the CAMHS Regional Assurance Framework. Internal and clinical audit provides dynamic assurance. There are many examples of how the Regional and Area Leadership Teams have led improvements to the effective running of the Regional CAMH service and the impact it achieves.	**C113** We can demonstrate that we respond in a timely fashion to the unexpected. There is an annual audit process of follow-up to Serious Incident Reviews in place, Overview of other incidents and complaints come to the Board via Area & Regional Q&S Reporting. The BCU board assures itself that the assurance framework is balanced and reflects priority issues. Internal stakeholders are confident of regional effectiveness. External reviews of governance / organisational effectiveness are commissioned and findings considered and implemented. **C114** The Regional and Area Senior Leadership Team, have confidence in using outcomes and have found them a useful way of working through constrictive challenge around healthcare services **C115** National Benchmarking data is routinely utilised within the service to provide challenge and inform service development	

Progress Levels → Key Elements ↓	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
				C78 We participate in national CAMHS Benchmarking process including submission of annual data and attendance and engagement in National Wales and UK events.		
2. WORKFORCE **2.1 Develop 3 Year Workforce Strategy and Plan** *Key Implementation Phases:* • *Diagnostic and Discovery* • *Design* • *Delivery of Change* Linked to TIIF – 1, 2, 10		**C10** Develop a workforce and strategy, linked into wider BCUHB Workforce and Organisational Development Strategy – Stronger Together, to support the development of a skilled and sustainable workforce at local levels that ensures clinical pathways are mapped and gaps identified. Identify elements required taking into account local and national policies, the current and future demand, the local demographic situation, and the impact on other services **C11** Established links with BCU Integrated Workforce Groups. Set out timeframes for 3 phases of implementation with WoD.	Diagnostic & Discovery - Phase 1 **C40** Regional Workforce Group established with dedicated WoD support to report to CAMHS Performance Improvement Group. Representation from all stakeholders. **C41** Analysis of baseline staffing data, trends and budget undertaken supported by workforce intelligence reports **C42** Ensure processes and strategies to understand and manage clinical demand and resource are in place **C43** Define the plan and map the service change required. **C44 Analysis of Current Vision, Workforce Configuration. Key workforce**	Design – Phase 2 **C79** Development of Workforce Strategy and Plan in place in line with demand and capacity modelling **C80** Workforce Requirements defined and configured to meet service need. Supporting the development of alternative staffing models/roles based on competencies rather than historical professional and role boundaries. **Job functions identified rather than roles.** **C81** Understand workforce availability, plan for delivery with recommendations for workforce development.	Delivery of Change – Phase 3 **C116** Workforce 3 Year Plan Implementation, Monitoring and Evaluation. **C117** Plan in place to make the workforce change in line with demand and capacity modelling. Flexible and affordable workforce plan developed which underpins new CAMHS service models and service change **C118** Commenced implementation of workforce plan and the development of new roles, attraction strategy to develop the workforce of the future. **C119** Emphasis on the development of staff growth of the development posts that we have in post. Robust links with the education commissioning and the development of the North Wales Medical school.	**C155** CAMHS workforce has sufficient expertise and capacity to deliver clinical pathways and plans for sustainability are in place. **C156** Workforce plan is regularly reviewed and refreshed **C157** Robust workforce intelligence is available to inform performance, planning and decision making to support and drive future workforce changes required

Progress Levels ➡️ Key Elements ⬇️	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
			issues/opportunities identified.			
2.2 Training, Recruitment and Retention Linked to TIIF – 1, 2, 10		**C12** Regional collaboration to develop training strategy, recruitment and retention to support the development of the workforce plan. **C13** Review of traditional training routes undertaken and other opportunities identified	**C45** Training Needs analysis undertaken within current workforce. **C46** Develop targeted plans to address the current recruitment challenges faced by CAMHS Nationally **C47** High-turnover areas identified to gain an understanding of your workforce demographics to develop a sustainable retention plans. **C48** Undertake audit of current processes to better understand retention challenges, for example: Induction – staff are welcomed and supported. Exit Interviews – why staff leave	**C82** Targeted recruitment strategies identified with consideration given to possibilities of overseas recruitment. Development posts/opportunities in place across all disciplines to 'grow your own' in line with a competency based Framework. Plans in place to appropriately address recruitment and retention challenges. **C83** Revamped recruitment strategy in place with consideration given to reward packages to retain and develop staff.	**C120** Sustainability and succession workforce planning. Modernisation of the workforce. **C121** There is an embedded culture of valuing staff wellbeing as a core feature to delivering an effective service.	**C158** Culture of valuing, supporting, developing and investing in our people. **C159** Be seen as the aspirational target for other health boards in Wales in relation to turnover and vacancies. **C160** Staff feel valued and supported evidenced through regular staff surveys
3. Care Pathways for Crisis, Eating Disorders and Prevention and Early Intervention **Priorities for Service Specifications Standard Operating Procedures for models of care:** Linked to TIIF – 1, 2, 4, 6, 8, 10 **3.1 Crisis** • **Enhanced Access**		**C14** There is an understanding and agreement for clinical pathways for community and inpatients to be in place in line with the All Wales CAMHS Service Improvement Framework. **C15** Baseline data/performance is available.	**C49** Clinical pathways in place and delivered in accordance with recommended evidence base/NICE guidance and WG Targets in each locality. **C50** Model of care is supported by a Service Specification and	**C84** Clinical pathways in place and developed with evidence of joint working with Primary Care/ Social Care/Education partners and focus on improving outcomes. **C85** Engagement of stakeholders including Children and young	**C122** Integrated care pathways in place. **C123** Multi – agency outcomes agreed and monitored with active involvement from C&YP and parents/carers. **C124** There is sufficient workforce in place to support	**C161** Service Specifications in place with supporting SOPs to deliver an integrated approach supportive of whole systems approach. **C162** A coherent and sustainable model of care is in place for: CAMHS Unscheduled/Crisis care and C&YP with Eating Disorders

Progress Levels → / Key Elements ↓	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
• Advice Liaison & Assessment			Standard Operating Procedures (SOP) with monitoring in place.	people in pathway design and delivery.	the demands of the clinical pathway.	**C163** The care model includes a focus on prevention, earlier identification and intervention. .The care model incorporates clear transition pathways with adult mental health. The care model is co-produced, evidence based, effective and supports the whole system approach.
3.2 Eating Disorder • Early detection and Intervention in Primary Care • Trained clinical staff and management of co-morbidity				**C86** There is sufficient workforce and clinical leadership in place to support the demands of the clinical pathway. **C87** Clinical staff trained in the clinical pathway relevant to their role and the evidence base. **C88** Workforce development/ planning and training requirements are detailed and support sustainability.	**C125** Agile and flexible working arrangements in place incorporating the use of digital technology. **C126** Multi-agency training workforce plans developed and implemented.	**C164** Quality Improvement networks established
3.3 Early Intervention and Prevention • Whole School Approach • CAMHS GP Cluster posts • Early Years		**C16** Early Intervention and prevention is considered important and discussions with partner agencies take place to consider how needs can be met	**C51** Some functions of Early Intervention and Prevention in place in each area. **C52** Development of an Early Intervention and Prevention plan that aligns with offers/priorities from partner agencies **C53** Shared plans are rooted in child development and informed by Adverse Childhood Experiences (ACEs).	**C89** Workforce needs have been identified and analysed in relation to EI&P. **C90** Training and support delivered to meet the needs of the workforce in a range of partner agencies **C91** A range of evidence based "programmes" are delivered to meet local needs	**C127** Multi agency EI&P principles/strategy agreed with clear local delivery plans in place. **C128** Common language used and understood between partners. **C129** EI&P Activity and outcomes collated and shared amongst relevant partners to inform current progress and future developments. **C130** Clear engagement with C&YP with EI&P developments. **C131** Multi-agency staff and settings are trained and	**C165** Co-produced Whole Systems partnership plan in place for EI&P relevant to the local area. **C166** Easy access to advice, consultation and effective support for front line professionals is in place. **C167** A range of evidence-based programmes is available /implemented with full fidelity to model as part of a multi-agency offer to local communities. **C168** Co-ordinated network and/or multi agency teams.

Progress Levels → / Key Elements ↓	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
					supported in evidence based psychological models for universal and targeted populations.	**C169** Outcomes are measured and demonstrate consistent improvement.
4. ACCESS Linked to TIIF – 2, 4, 6, 8 <u>Scheduled Care</u> **4.1 Delivery of Mental Health Measure (MHM) targets.** **4.2 Delivery of equitable access service for non MHM demand** **4.3 Use of IT systems and intelligence to support MHM reporting and service planning** **4.4 Choice and Partnership Approach (CAPA) model embedded within teams** <u>Unscheduled Care</u>		**C17** Understanding of the targets set in relation to the MHM and our delivery against them. **C18** Acknowledgement and basic understanding of non MHM demand levels and sources **C19** Multiple IT systems utilised to report MHM targets supported by manual reporting **C20** Basic understanding of CAPA model by management and clinical staff	**C54** Clear understanding of our trajectories against delivery of the MHM targets and plans in place to achieve **C55** Access times achieved in line with MHM **C56** Recruitment of dedicated IT support within the service to develop robust IT reporting including real time reporting **C57** Staff trained in use of CAPA model in all teams	**C92** MHM Part 1a, Part 1b and Part 2 fully achieved across the teams **C93** Access times achieved in line with MHM **C94** Rollout of single IT system for reporting purposes with no manual reporting requirements Development of IT reporting structures and strategies to support business planning. Full understanding and confidence of IT data **C95** CAPA model launched in all teams to support demand and capacity modelling. CAPA	**C132** MHM Part 1a, Part 1b and Part 2 consistently achieved across the teams with full understanding of demand trends and able to respond to them to meet targets **C133** Access times achieved in line with MHM with full understanding of demand trends from non MHM referral sources with demand management strategies in place **C134** Fully embedded single IT system for reporting purposes with no manual reporting requirements **C135** IT support fully embedded and engaged in key service meetings with IT intelligence supporting key service decisions **C136** CAPA model and principles in place within teams with all 11 key components understood and in use	**C170** MHM Part 1a, Part 1b and Part 2 is reliably and consistently above target with critical control on demand and capacity. **C171** Access times achieved in line with MHM with full critical control on demand and capacity **C172** Fully embedded single IT system for reporting purposes with no manual reporting requirements **C173** Intelligence from IT is readily available and drives decision making within the service **C174** CAPA model fully embedded within service with all 11 key components in place and full benefits and engagement

Progress Levels → Key Elements ↓	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
4.5 Access to Inpatient beds – • **North Wales Adolescent Service (NWAS)** • **Out of Area – PICU, Low Secure, Medium Secure** • **Paediatric Ward** • **Age appropriate bed in adult services** • **Mental Health Act**		**C21** Understanding of demand for inpatient bed in each setting. Processes in place to arrange/procure beds **C22** All relevant staff are aware of the Mental Health Act and understand their role and responsibilities in relation to C&YP.	**C58** Clarity of strategy required to procure inpatient bed complement at all levels of care **C59** There is a training programme in place to support the staff in fulfilling their role and responsibilities.	language utilised within teams **C96** Strategy developed with Commissioners and partners for provision of bed complement at all levels **C97** There is a monitoring and audit process in place for C&YP detained under the MHA which reports through to the Health Board Mental Health Act Committee. **C98** There is a clear process for escalation of needs/issues within the organisation	**C137** Progression of strategy to commission and provide full bed complement with processes in place, cognisant of demand with regular review **C138** Learning from audits/monitoring processes are in place, shared with staff and used to support a positive experience for C&YP.	realised. Learning from the model shared with other services. **C175** Strategy and processes fully embedded to meet demand for beds at all levels of care with children placed in most appropriate bed setting at all times **C176** There is a" partnership" in place in local areas that implements actions from the learning identified through audit and monitoring that incorporates partners from relevant agencies.
5. Involvement and Participation Linked to TIIF – 6 5.1 **Service User Involvement** 5.2 **Children's Rights Based Approach**		**C23** Service User participation recognised and valued within teams, minimum capacity to engage service users and families meaningfully	**C60** Recruitment of regional Service User Participation Lead. **C61** Establishment of Service User Participation leads within teams with dedicated time	**C99** Patient Experience reporting is embedded within Performance Management structures within the service **C100** Some evidence that Service User feedback has been utilised meaningfully to inform service change **C101** Self-assessment against Children's rights based approach	**C139** Development of Children's right based approach following findings from self-assessment **C140** Service User feedback is utilised meaningfully to inform, co-design and co-produce service change	**C177** Children's rights based approach fully embedded across the teams **C178** Service User feedback is routinely sought and utilised meaningfully to drive, co-design and co-produce for all service changes

Progress Levels → Key Elements ↓	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
6. Improve appropriate access to psychology therapies within reasonable waiting times. Linked to TIIF – 9 **6.1 Psychologically minded whole service and system approach** **6.2 Psychological interventions** **6.3 Practitioner skills and competence** **6.4 Training and supervision**		**C24** There is understanding and agreement that a range of evidence-based and informed psychological interventions for children and young people is required.	**C62** A plan is in place outlining the key priorities for development. **C63** Psychological therapies that are most likely to be effective are prioritised and this is agreed by the Senior Leadership Team. **C64** Workforce planning reflects the need for clinicians to be trained in accredited therapeutic models, with access to appropriately skilled clinical supervision and leadership at a local level	**C102** All CAMHS teams offer accredited training to multi-disciplinary staff in core cognitive behavioural assessment and therapy skills (CBT). **C103** Clinicians from multi-disciplinary backgrounds are trained in specific psychological approaches. **C104** Teams routinely offer a range of psychological interventions including: • CBT • Dialectical Behaviour Therapy (DBT) • Systemic Family Psychotherapy • Eye Movement Desensitisation and Reprocessing (EMDR) • Child and Adolescent Psychodynamic Psychotherapy (CAPPT) • Interpersonal Psychotherapy for Adolescents (IPT-A)	**C141** Routine activity and outcome data is collected and analysed. **C142** All teams establish accredited CBT skills in order to sustainably deliver high quality psychological therapy and in-house supervision. **C143** All teams routinely offer a range of evidence based psychological approaches **C144** Workforce planning reflects staff turnover and increase in demand. **C145** Multi-agency staff and settings are trained and supported in evidence based psychological models for universal and targeted populations. **C146** Psychological interventions for families are supported and delivered through posts embedded in multi-agency services especially where trauma is a key component.	**C179** A sustainable approach to training in effective psychological therapies is in place, in partnership with Bangor University. Accredited training in supervision is included. **C180** Clinicians employed to work within a university based partnership are accredited in one or more psychological therapies. All area teams have access to accredited therapy, consultation and leadership and supervision skills in CBT, DBT, Family Therapy, EMDR, CAPPT, IPT-A **C181** Pathways are clear in distinguishing when to offer specific therapies e.g. trauma focused CBT or EMDR; CBT or IPT-A. **C182** Capacity to provide Rapid access to psychological therapies for those in need.

Progress Levels → Key Elements ↓	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
TRANSITION						
Transition to Adult services from Young people's service Linked to TIIF – 2, 6, 7, 8, 10		**C25** Adult and Children's MH services are aware of the transition issues, are in dialogue and major domains are discussed and acknowledged by both services. **C26** Interface meetings between AMH and CAMHS established and meeting regularly.	**C65** Adult and Children's MH services have developed a transition policy that is mutually agreed and shared, has been ratified and is subscribed to by both divisions. **C66** Patient and stakeholder experience to validate is sought **C67** Reporting structure detailing transition cases and cases requiring additional support for smoother transition **C68** Plans, pace of transformation and delivery data are clearly outlined and monitored through the Performance Framework and discussed Directorate, Regional and Executive Level within BCUHB	**C105** Transition policy clearly updated, clinical contribution assured and adherence to policy is robust. Patient and stakeholder experience to validate is sought **C106** Patient and stakeholder experience to validate is incorporated into service delivery approaches	**C147** Reviewed Policy refers to principles of working rather than age barriers and exclusions. Policy is more person centred, Services are more culturally coherent and person centred **C148** Regular audit of transition pathway reviewed between AMH and Childrens Services.	**C183** Culture shock avoided/not an issue in most cases. Transition approach is person centred and need based not age dependent, young adults transitioning to adult services are positive about the process conformed by independent evaluation. Approach is one that adapts to the person not one that moulds the person to the system.

Progress Levels → Key Elements ↓	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
			ADULTS			
Mental Health Divisional Management Relates to:- TI Targeted intervention 1-9 KP= key priority 1-4 **KP-2 Stronger and more aligned management and governance** **TI 7 -Good governance arrangements embedded within the Division**		**M1** Organisational governance structure developed and agreed. Shared with all staff in division. Roles and responsibilities agreed **M2** Attendees for meetings defined and informed. Quorum defined **M3** Standard format for meeting recording discussed and agreed. This includes adoption of BCU templates. **M4** Standard agenda agreed, to include adoption of BCU templates, and first meeting held. Dates organised and advertised for coming three months	**M25** Our governance Structure shared across all BCU divisions, and structure of other divisions and specialties reviewed and discussed to identify any useful learning points. Terms of reference agreed for all standing and regular meetings. **M26** No surprise non-attendees from core members at last three meetings. Apologies with reason for no show always given. Substitutes usually attend for planned no shows **M27** Meeting notes and action plans for last three meetings reviewed at following meeting, with actions initiated against majority of action points. Commitment to minimise carried over items.	**M50** Annual review of meeting's work confirms positive benefit. Structure refined. Task and finish groups set up for one-off projects of work **M51** At least 75% of core membership have attended last three meetings. Examples of staff initiated issues being picked up at meetings. Membership reviewed and if needs be developed. **M52** Action plans are reviewed and examples of tangible improvements have been identified. Meeting records are routinely reported to the next tier up. Meeting recording is characterised as timely and lean by those attending meetings	**M74** Structure, with amendments and improvements, has been working for 24 months. Evaluation of structure as remaining fit for purpose two years running. **M75** Attendance at meetings reviewed for past year and 75% attendance maintained. Refinement to membership based on cycle of business. External parties recognise engagement by divisional staff as a mark of good practice. **M76** Action plans are systematically being met, with evidence of tangible improvements to practice, compliance or meeting targets. The recording of meetings provides reliable evidence of activity for third parties e.g. HIW, WG.	**M99** Structure externally recognised as adding value. Other organisations have reviewed the structure as a possible model for their own structure **M100** The working methods of the Division has been used by other organisations to help develop their own approach. The engagement of staff in the governance process has been promoted in a peer review forum as national best practice. **M101** Meeting and action plan recording is recognised as being best practice by external parties e.g. commendations from auditors. Examples of how activity is recorded are used to influence other organisations **M102** Other organisations are using the work of the Division to provide example templates for their own governance meetings. External parties such as internal audit, HIW, commend the cycle of business etc.

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KP-1 Review of capacity and capability **TI 3- Strengthening leadership capacity within the mental health divisions for adults** **TI 4 -Increased pace of service transformation in line with the Board's strategy, reflecting upon learning from the pandemic and current practice with partners.** **&** **TI 1- Embedding an organisational development approach to enable the service to effectively deliver service transformation, improved quality and outcomes.**		**M5** Our established Senior Leadership team (SLT) roles are filled with some variance **M6** An organisational development (OD) approach to enable Service transformation delivery is being discussed in the SLT with the executive lead **M7** Pace of transformation is discussed in division and Service transformation is discussed in the SLT	**M28** Annual cycle of business agreed with Executive Director / ELT finalised and published. **M29** Our established SLT roles are filled or mitigated Inc. interim appointments **M30** OD in the context of the whole of BCUHB is being prepared and planned collaboratively with key achievable and outcomes from this Organisational development in development	**M53** Annual cycle of business reviewed and updated each meeting. Contributions to cycle of business from work of other specialties and/or divisions, as well as tier above. **M54** All of our SLT roles filled with long term commitment of 6 months or more **M55** The OD programme has been scoped and a strategic path has been described for its delivery with key internal and health board partners subscribed. Procurement of external support or capacity is completed.	**M77** The BAF relies on the work of meetings to migrate assurance to board level. The content of meetings matches the external compliances the organisation needs to evidence. **M78** Our SLT roles have been reviewed and the structures fitness for purpose considered, draft structure amendments have been discussed in context with BCUHB executive and our strategic partners. **M79** The OD programme is in delivery and is influencing the customer experience, partner experience and the delivery of transformation which can be evidenced	**M103** Our SLT structure reviewed, consulted and approved, all roles filled with substantive appointments and is fit for the future. **M104** The division has completed its current programme of OD and this has resulted in an adaptive and rapidly reacting/transforming organisation delivering continuous improvement and a robust Quality improvement approach and an integrated performance management approach.

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Effective internal relationship management including staff **Relates to :-** **KP-3 Engage with staff users and partners** **TI-2 Enhanced staff engagement and communication mechanisms with feedback being used to inform service change.**		**M8** Rudimentary communications materials have been developed and circulated e.g. structure charts, round robin email, posters and notes of meetings. **M9** Staff and other internal stakeholder strategies are developed and these include feedback mechanisms	**M31** Cascading system /Key Information Templates (KIT) successfully used for last three meetings. There are examples of KITs being populated by examples identified at meetings. **M32** The Executive Director / ELT receives reports about the management of internal stakeholder engagement, and this includes actual feedback as well as descriptions of what has been done. Informal feedback from new staff and leavers confirms we are good at internal engagement. Managers naturally want to share problems with staff to solve them.	**M56** Issues identified at meetings routinely populate KITs. Staff feedback about the usefulness of communications is influencing the development of future communications approaches. **M57** The Divisional Leadership Team, Executive Leadership Team and Independent Members attend events put on for them and there are examples of them being effective ambassadors for the Division.	**M80** Feedback from staff is starting to shape elements of the focus of meetings. Leadership of the division is confident that they are routinely informed about the work of colleague divisions and specialties **M81** Feedback from third parties (e.g. CHC stakeholder events) confirms that internal engagement is working well within the organisation. Reputational auditing finds that internal engagement is an asset.	**M105** Communication methods are shared with other organisations or identified through best practice awards. Feedback from other organisations shows that others have found the communications approaches have influenced their own local development **M106** We can demonstrate that we are an employer of choice and seen as a magnet employer
Effective external relationships **Relates to :-**		**M10** Our engagement and consultation policies are in place and are consistent with the WG expectations. We recognise service users, staff and the public as resource to	**M33** We have a systematic system of accountability to the local community in place We have effective clinical engagement in place, and	**M58** There is effective partnership working and governance with other BCU Divisions and with partner organisations is in place and can be	**M82** Independent reviews and feedback show both current and past service users and the wider public trust us.	**M107** Our work on engagement has led to tangible operational and strategic benefits, and we have been sharing how we achieved these with other organisations.

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KP4- Safe effective services in partnership. **TI 5- Continued evidence of an effective strategic partnership for Mental Health overseeing the realisation of benefits from service transformation. Strategic direction for the service developed and refreshed in line with patients and staff through co-production and engagement.**		help focus, design and deliver service improvement. **M11** We are aware of our external stakeholders and have a resource and roles in our SLT to participate and consult. Co-production as a core value of the division is re stated. **M12** We as a division are aware of the whole system approach needed to deliver T4MHNW **M13** We have a patient and carer experience group that reflects BCUHB governance see TI-7 KP2	evidence this by our clinicians regularly surfacing improvement initiatives that are put into operation **M34** Our SLT has created a map of existing and necessary partners and functions. Co-production and engagement are key drivers for partnership **M35** We have created a map of existing and needed partners to deliver T4MHNW. **M36** We collect customer experiences in a governed way reflecting BCUHB PCE and reports the learning through its governance structure	evidenced through improved outcomes **M59** Formal communications and commitments with partners from a simple MOU to a contractual relationship are drafted and shared to enable coproduction and engagement to be delivered in a meaningful way **M60** Formal communications and commitments with partners from a simple MOU to a contractual relationship are drafted and shared to enable T4MHNW to be delivered **M61** We collect customer experience and can demonstrate that it uses this for a purpose either to adapt and improve quality and/or to influence planning and OD	**M83** We have a partnership strategy that identifies partnership relationships from the statutory to the strategic alliances required to deliver with expectations of and commitments to partners known and shared **M84** There is some evidence of innovation in coproduction and engagement e.g. specific community network roles in areas or champions with protected time for coproduction and engagement **M85** We can demonstrate customer experience both individually and collectively is heard and leads to actions and organisational learning	**M108** There is an established, evidenced and governed , mutual partnership approach to the strategic planning of delivery of MH services with identified key stakeholders **M109** The strategy for MH is a whole person, whole life, whole system approach that is widely known and collaboration and alliances including resource commitments from partners is explicit and networked through T4MHP Board **M110** We can demonstrate how customer experience influences strategic direction and priorities

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Risk, compliance and outcomes **Relates to :-** **KP 2-Stronger and more aligned management and governance**		**M14** We have a process prospectively to evaluate risk, such as a risk committee with this remit. The Divisional Assurance Framework is organised to promote focused discussion on key business issues. **M15** Examples of better working practices are being adopted. Routine review of governance mechanisms is agreed. Personal development plans are agreed for key staff and governing body members **M16** We have agreed how outcomes measures will be used as part of performance reports, including how benchmark data will be incorporated.	**M37** Our divisional risk appetite has been discussed, agreed and aligned to the Health Board's risk appetite. This has been built into our plans. The Divisional Assurance Framework covers activity, cost and quality. Information and assurance are aligned to targets, standards and local priorities. **M38** We have reviewed our own work practices and made improvements to our work. Staff and clinical leader development planning is the norm The annual cycle of business and the assurance framework are systematically used for the board/governing body to check that it adds tangible value **M39** Outcomes data is routinely used and reports have managed to drop other structure or process data from standard reporting The organisation has no-surprises around outcome data when inspected or otherwise challenged	**M62** We systematically evaluate serious service failures elsewhere, and the board is engaged in scenario tests or discussions. A high degree of risk sensitivity can be demonstrated throughout across the organisation. This is reviewed by the board **M63** Continuity plans are regularly tested. The Divisional Leadership Team uses scenario or similar exercises to develop joint understanding of risk and opportunities. Control mechanisms are in place for all elements of the Divisional Assurance Framework. Internal and clinical audit provides dynamic assurance. There are many examples of how the Divisional Leadership Team has led improvements to the effective running of the Division and the impact it achieves. **M64** We have been able to see how management has used outcome data to identify or anticipate issues and to address these	**M86** We can demonstrate that we respond in timely fashion to the unexpected. An annual audit of follow-up to Serious Incidents, other incidents and complaints come to the board. The board assures itself that the assurance framework is balanced and reflects priority issues **M87** Internal stakeholders are confident of divisional effectiveness. External reviews of governance / organisational effectiveness are commissioned and findings considered and implemented. **M88** The Divisional Senior Leadership Team, have confidence in using outcomes and have found them a useful way of working through constrictive challenge around healthcare services.	**M111** The board is confident it can respond in timely fashion to crises, should the need arise. The board is confident that it has intelligent analysis and assurance across the health economy **M112** The Division benchmarks in the upper decile for chosen elements of management effectiveness. **M113** We are starting to provide benchmark data to others, and have contributed to the outcome movement in how outcome data is used

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Organisational learning and adaptation, based on past organisational experience and incidents becoming a "learning organisation" **KP 2-Stronger and more aligned management and governance**		**M17** The organisational leadership recognises that it needs to clearly and evidently become a learning organisation, where it understands themes from the data it receives , creates organisational learning which informs its strategy development and/or its workforce plan to clearly show adaptation informed by learning	**M40** The organisation has an organisational learning plan that identifies learning opportunities from past and current events and collects data and creates the intelligence it needs to learn and become mindful and aware of its need to learn	**M65** The organisation has a repository of learning from events that it uses to create themes of learning. These themes are organised to provide direction Bi annually to workforce and organisational planning to inform the IMTP development and workforce plan. Partners and stakeholders are evident contributors to the feedback and learning.	**M89** The organisation knows its information needs , from learning opportunities at all levels , solicits intelligence collection and can evidence rapid adaptation of the whole or part of the organisation where needed. The organisations planning processes are clearly informed by experience and sustainable long-term adaptation and change is demonstrable based on this learning. Partners and stakeholders describe the division as learning and adaptive.	**M114** The MHLD division is perceived by its stakeholders and highlighted nationally in Wales, as a an adaptive, rapidly learning organisation that both develops and amends its strategy and planning based on evidence from past events, feedback from partners and anticipates/informs national planning and strategy .
Customer relationship and QI **(TI Domains)** **TI-6 Strengthening quality metrics and feedback from service users demonstrating the positive impact of service changes.** **TI-8 Performance consistently meeting the standards set out in the Mental Health Act and Mental Health (Wales) Measure, for adult a services.** **TI-9 Improve appropriate access to psychological therapies within reasonable waiting times**		**M18** We consider the range and processes of quality data and how it can be used to create metrics and proxy metrics to inform an intelligence approach to quality **M19** We understand our performance data against the measure and its context in North Wales **M20** We have an approach to developing the organisation to be more psychologically minded.	**M41** Quality metrics above but including national outcomes are stated and collected. These metrics are reported through our care governance and quality processes **M42** We achieve target on parts 1A, 1b, 2 and 3 of the measure +/- 5% **M43** The foundations of implementation of the	**M66** When we plan service change the impact on quality is considered at the early stages and evaluation of impact is a component of project management of change **M67** We achieve target on parts 1A, 1b, 2 and 3 of the measure	**M90** Quality improvement processes can be demonstrated which inform planning for service change. Service **M91** Quality metric performance is on target. We understand the variable factors that influence delivery, anticipate them and mitigate. We are developing Quality and quality improvement targets for performance beyond the measure	**M115** We are an Intelligence driven organisation , collecting Intelligence around quality impact, listening and able to evidence change as a result of service user feedback **M116** Quality metric performance is reliably and consistently above target. This includes but exceeds performance against the measure. We have critical control on the variable factors that influence delivery, anticipate them and mitigate **M117** We are a psychologically minded organisation with rapid access to psychological therapies

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			approach are in place with key leadership roles in post and the key deliverables agreed in our SLT	**M68** We know the resource implications of being psychologically minded, the training and supervision requirements and a development plan with timescales to achieve this	**M92** We are delivering our plan to become more psychologically minded and to increase access to psychological therapies including enabling the human, physical and technical resources to achieve this.	for those in need with high capacity for variation and system stress/ business continuity post Covid with newer and blended ways of working with individuals and groups and with known and measured outcomes for performance and quality.
Assuring learning and adaptation from prior and current reports **TI 10 This is the divisional contribution to this area of targeted intervention. The Health Board to demonstrate that it is responding to the recommendations from external reviews and implementing new ways of working in response to these recommendations.**		**M21** We have organisational basic capacity to deal with high level actions arising from and an awareness of all past reports and legacy actions that are named tracked and linked to historical report (s)	**M44** We have a high level tracker for all past unspent or continuous actions and learning from key reports	**M69** Our tracker clearly identifies the origins and status of all actions and its owner	**M93** We regularly update the tracker with evidence collected and deposited for status. The evidence clearly demonstrates the organisations learning from and adaptation to the learning from past reports and events.	**M118** We are able to robustly evidence and track all prior high level actions from internal and external reports both past and current are complete, in process or superseded/closed and evidence the organisational learning and change as a result of them.
Financial Planning – Integration with strategic and corporate plan **TI 1, TI 4, TI 5, TI 6, TI7, TI 10**		**M22** The strategic, corporate and financial planning processes are not co-ordinated. **M23** Plans are prepared just in time for this process and are not used subsequently; meaning that there is no review of performance against what was intended. **M24** Within the plans, there is no involvement of or consideration given to other stakeholders who may work with the Division.	**M45** There is a basic level of alignment between the strategic, corporate and financial planning processes. **M46** Significant manual work is required by staff to align the plans at a high level due the use of separate systems that are not integrated. **M47** The plans cover the next financial year and often need to be updated mid-year due to changes in resource requirements rendering the plan out of date.	**M70** There is some integration of planning systems for the most sensitive areas of the business. **M71** A strategic plan is in place supported by a basic financial model that is capable of being automatically updated for key changes during the year. **M72** The plans are produced for the next two to three years. There is involvement of operational managers in producing both the	**M94** Senior management is clear about the strategic direction of the organisation over the next three years. **M95** Financial and operational plans are aligned with the strategic direction. **M96** The plans are produced for the next three years, and occasionally longer for some aspects of the business where there are longer-term plans. **M97** Financial planning produces timely information so that budgets and forecasts are readily updated in response to changes and used	**M119** Senior management is clear about the strategic direction of the organisation in the short, medium and longer term (where appropriate). **M120** Financial and operational plans are fully aligned to the strategy at all levels. **M121** The Board ensures that it is able to focus on the longer term strategic imperatives. **M122** Plans include forecasts over 3 to 5 years so that longer-term changes in the environment can be factored into plans.

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			M48 The systems do not have the capability automatically to upload new information into the plans. As a consequence, the Board are unable to assess whether money is being spent as intended and whether desired outcomes are achieved. **M49** The plans include an attempt to reflect relationships with other stakeholders, but there is little management information available on which to base projections.	strategic and financial plans for the most sensitive areas of the business. **M73** The views of external stakeholders are considered, and internal information on the working arrangements is used to inform plans. There is no active consultation to seek partners' views.	to help manage the organisation. **M98** There is some consultation with external stakeholders in the development of the plans.	Financial planning produces timely information so that budgets and forecasts are routinely updated and highlight emerging changes so that remedial action can be taken. **M123** Planning processes include active co-ordination with external stakeholders such as partnership members, in order to co-ordinate effort, remove duplication and deliver economies.

Mental Health (Adult and Children) – TIIF expected outcomes

1. Embedding an organisational development approach to enable the service to effectively deliver service transformation, improved quality and outcomes.
2. Enhanced staff engagement and communication mechanisms with feedback being used to inform service change.
3. Strengthening leadership capacity within the mental health divisions for children and adults, Executive Team and Board to enhance stability and resilience.

4. Increased pace of service transformation in line with the Board's strategy, reflecting upon learning from the pandemic and current practice with partners.
5. Continued evidence of an effective strategic partnership for Mental Health overseeing the realisation of benefits from service transformation. Strategic direction for the service developed and refreshed in line with patients and staff through co-production and engagement.
6. Strengthening quality metrics and feedback from service users demonstrating the positive impact of service changes.
7. Good governance arrangements embedded within the Division.
8. Performance consistently meeting the standards set out in the Mental Health Act and Mental Health (Wales) Measure, for adult and children's services.
9. Improve appropriate access to psychology therapies within reasonable waiting times.
10. The Health Board to demonstrate that it is responding to the recommendations from external reviews and implementing new ways off working in response to these recommendations.

Betsi Cadwaladr University Health Board:

Domain 2   Strategy, Planning and Performance Maturity Matrix

SRO: Chris Stockport, Executive Director of Primary and Community Care

Link IM: Prof. Nicky Callow

Progress Levels ➡ Key Elements ⬇	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
Strategy development: Responds to national, local and partnership priorities, and the wider determinants of health. Translates national policies into local strategy, planning, and delivery.	No vision or evidence of a clear understanding of national, local and partnership priorities, or the wider determinants of health.	**S1** Agreed vision, scope and methodology with clear leadership at a Board and strategy programme level. An understanding of all Wales, local and partnership priorities. **S2** Establishment of a governance structure to provide oversight and direction. **S3** Demonstrable willingness to develop a proposal for a medical and health sciences school across North Wales, with appropriate governance established in support.	**S17** Development of a co-designed long term integrated clinical services strategy with evidence of strong clinical, stakeholder and public engagement and involvement throughout. A patient led approach is evident. **S18** Identified clinical leads that own and drive strategic developments. **S19** The Well Being of Future Generations Act's five ways of working, along with the Health Board's well-being objectives and the principles of A Healthier Wales are apparent and embedded. **S20** The strategy is embedded into organisational plans and is informed by population	**S37** The strategy reflects national and local health and partnership priorities, is informed by population and health needs assessments and incorporates the wider determinants of health. **S38** Board approved patient centred clinical services strategy that delivers sustainable health and well-being outcomes for the local population. **S39** Evolution of the medical and health sciences school delivers sustainable workforce improvements benefiting the local population.	**S57** Local plans and national policy are aligned showing contribution to the wider North Wales economy, impact on health and well-being and effectiveness. **S58** Key enablers such as quality, safety, workforce and finance are fully aligned. **S59** A performance and accountability framework is in place that delivers the strategy and is linked to population health outcomes.	**S76** The strategy is responsive to national / local and partnership priorities with clear links to the North Wales Research, Innovation & Improvement Co-ordination Hub, Regional Partnership Board and Public Service Boards. **S77** At the forefront of new skills and techniques. Strategic achievements and learning for improvement is shared elsewhere via conferences and publications. **S78** Capacity to support strategic planning is evident and is not perceived as separate to core business. Demonstrable working across public and third sector with clearly described outcomes and benefits to the North Wales population, those with protected characteristic and socio-economically disadvantaged groups.

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			health needs, locality needs assessments and patient / carer experience. **S21** Board support of a co-designed ambitious proposal for the development of a school which is fully aligned to our other strategies and plans.			
Strategy alignment and development of a 3 year Integrated Medium Term Plan (IMTP): Evidence of alignment of strategy with components of the plan.	No alignment is visible between the IMTP and national and / or Health Board strategies.	**S4** Alignment is visible between the IMTP and strategy. The organisation plans on a continuous annual cycle. **S5** Linked to the business case planning process and informed by local and national evidence base. **S6** The Board sets out commissioning intentions.	**S22** Evidence of triangulation between services, workforce and finance. The IMTP is tested for cost impact and able to support schemes that require longer term funding models. Robust and profiled projections of demand and capacity. **S23** Directly linked to performance and accountability and informed by detailed and future facing modelling.	**S40** The business case planning process informs the development of an IMTP. **S41** Prioritisation framework agreed and implemented. **S42** Agreed governance and accountability framework to underpin development of the IMTP at a Programme level. **S43** Robust gateway review process and prioritisation framework in place. The IMTP is tailored to deliver clear service transformation. Impact of commissioned or supporting organisations taken into consideration.	**S60** Coherent aligned plans, including a commissioning plan, are performance managed, with staff owning, acting on and learning from variation.	**S79** Plan is achieving the quadruple aim (cost, outcomes, clinical and patient experience). Elements of our IMTP are shared and adopted elsewhere across Wales and the UK.

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Dynamic and engaged planning: Reflecting a dynamic, engaged and ongoing approach to planning. Process is positively influencing outcomes.	No evidence that the Clinical Services Strategy (CSS) / IMTP is owned across the organisation and within the community.	**S7** Staff and partners are aware of, and engaged in CSS / IMTP development. **S8** Organisational staff respond to corporate requirements but may not 'own' the process.	**S24** Stakeholders are engaged in and co-design priority setting using the 'engagement cycle' model and a patient led approach. **S25** Engagement at individual, team and organisational level is improving. **S26** Strengthened partnership working arrangements. **S27** NHS Wales Planning guidance is embedded in the planning process.	**S44** Joint development and communication of CSS / IMTP with key partners including other health boards, local authorities, third sector, patients, carers and members of the public. **S45** Organisational engagement is evident in practice and reflected in the CSS / IMTP. **S46** Broad engagement to inform Equality Impact Assessments and Socio-Economic Duty Assessments.	**S61** The CSS / IMTP benefits patients, carers, the public, partners and health communities. **S62** Planning is co-ordinated throughout the organisation. Feedback from engagement activities influences and challenges the plan. **S63** Track record of continuous engagement with stakeholders	**S80** Feedback and learning from continuous engagement activities including protected characteristic groups and socio economic disadvantaged groups informs local priority setting and the development of the Clinical Services Strategy / IMTP.
Best Practice approach to improvement: Ambition to deliver best practice levels of efficiency, effectiveness, quality and safety.	No evidence of ambition to achieve best practice. No evidence of benchmarking.	**S9** Published commitment to best practice with training, improvement and innovation strategy in place. Commitment to and engagement with national programmes.	**S28** Utilises a value based healthcare approach to planning. Benchmarking within NHS delivers improvements.	**S47** Demonstrable improvements that can be evidenced and delivered.	**S64** Maintain the value based healthcare approach. Plans are future proofed and based on changes in technology and healthcare innovation reflecting clinical excellence and patient experience.	**S81** Centres of excellence for clinical and / or teaching services. High performing across non-clinical measures e.g. staff survey, corporate standards.
Realistic and deliverable: Sensitivity analyses, risk assessment of deliverability, reference to track record of delivery. Sustainable and affordable.	One year Annual Plan developed but limited evidence that it is credible and deliverable.	**S10** Development of a robust annual plan that builds assurance as a key step towards submission of an approvable IMTP and includes a finance and delivery framework.	**S29** Development of an approvable outcomes focused IMTP that reflects the CSS priorities and includes a robust 3-year financial plan. IMTP to reflect return on investment, evidence of impact and key success factors. Key risks (quality,	**S48** Track record and current performance illustrates achievement on a wide range of issues and themes. Evidence of plans for delivery and implementation.	**S65** Forward look risk assessments anticipate problems to assure resilience.	**S82** Ability to modify plans and actions to keep on track is recognised by others via conferences and publications.

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			service, access, workforce, finance) identified with evidence of controls.			
Systems and processes for performance, accountability, and improvement. Rigorous systems for individual, team, and organisation wide accountability. Agreed Escalation processes are operational. Culture of ownership and striving for improvement permeates the organisation.	No alignment of performance outcomes and key metrics to national strategies to drive the priorities on an all Wales or local basis. Accountability and escalation arrangements are not clear or operational. Lack of understanding and willingness to use performance management tools and engage in performance management at an individual, team or organisation wide level.	**S11** Clear metrics and reporting against all Wales and evidence based local priorities as per Health Board Annual Plan / Integrated Medium Term Plan. **S12** Top down performance management demonstrated in reporting and early feedback with alignment to service transformation support. **S13** Accountability for delivery is demonstrated but is not consistently in place across the organisation.	**S30** Performance processes in place with regular reporting on finance, performance, quality and workforce. Trends identified and clear corrective actions with associated timescales reported to Board. **S31** Early identification of sub-optimal performance, managed using techniques such as Impact Improvement Plans. **S32** Performance and Accountability Framework in place. Regular service reviews by the Executive, and key performance messages acted on by Divisions. **S33** Alignment of the transformation programme and performance priorities has commenced.	**S49** Performance processes connect to agreed strategic priorities including those of other key partners and reflect an integrated approach to performance and accountability. **S50** Processes, supporting metrics and outcome assessments are considered in advance with Board contribution and approval. **S51** Performance and accountability processes reflect objectives and work is in place to embed at the appropriate organisational level. **S52** Transparent lines of accountability. Escalation and ownership of performance issues is considered normal business. **S53** Matrix management / delivery to support service integration has commenced.	**S66** Integrated approach to performance and accountability at all levels of the organisation and demonstrated with reporting at Board, associated Sub Committee's, and Divisions. **S67** All Health Board strategies have prioritised outcomes that are reflected in Board and local reporting. **S68** Feedback and learning is embedded in organisational processes and benchmark reporting takes place. **S69** Management of team and individual performance both operationally and in relation to strategic delivery. **S70** Full alignment to the Health Board's Board Assurance Framework, corporate risk and service risk registers. **S71** Resources required to deliver outcomes have been quantified and funding source identified i.e. additional or re-allocation of existing resources.	**S83** Improvement, performance and accountability is fully integrated throughout the Health Board. **S84** The Health Board can provide clear transparency in terms of resource utilisation and performance achievements to a wide range of internal and external stakeholders. **S85** Positive performance culture where accountability for service and programmes is fully understood and demonstrably achieves significant improvements in delivery and quality of partnership working with local communities. **S86** All services are clear on the key organisational performance priorities over the next 5 years. **S87** Performance focussed assessment by Board and services on developments and improvements. **S88** Peer review, transformation support benchmarking align and feed into the strategic planning cycle.

Progress Levels → Key Elements ↓	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
					S72 Alignment between Personal and Development Reviews (PADRs), service outcomes, and the Health Board's strategic outcome measures.	
Measurable and improving performance: Improved access to appropriate, timely healthcare, and planned care in line with national requirements and locally agreed priorities, delivered by robust application of a pathway approach. Sustained improvement in performance, quality and patient experience in unscheduled care delivered by robust application of a pathway approach.	Plans that support delivery do not have clear agreed whole system outcome measures. Processes for measuring performance are under-developed and not consistently applied across pathways. Key elements of service delivery are not quantified and timescales are not defined.	**S14** Operational plans are in place and contain an appropriate level of detail to support service delivery. **S15** Pathway plans clearly set out month on month performance trajectories.	**S34** Tangible action being taken and measurable performance improvement demonstrated across patient pathways. **S35** Operational plans are regularly reviewed and remedial action undertaken. Service delivery is not in line with performance trajectories.	**S54** Targets achieved in key priority pathway areas. **S55** Evidence of improved timely access to end-to-end healthcare services and sustained improvement in performance, quality and patient experience.	**S73** The majority of national and local priority performance measures are achieved and performance is sustained across the entire patient pathway. **S74** Individuals, Teams and the organisation use performance reports to build on service improvement with the aim of optimising the use of the resources available to the Health Board to maximise performance.	**S89** Health Board performance is on par with other top performing healthcare organisations across the UK.
Assurance: Clarity on monitoring, assurance and delivery mechanisms.	Insufficient evidence of local monitoring, assurance and delivery mechanisms.	**S16** Board and organisation clear on roles and accountabilities.	**S36** Board demonstrates how it will ensure effective leadership and governance accountability with adequate capacity, processes and engagement in place to deliver strategic priorities and the IMTP.	**S56** Board has track record of dealing successfully with difficult issues. Delivery, monitoring and evaluation mechanisms in place.	**S75** Resilience assured through accountability, succession planning and external independent assurance. Core processes manage plan objectives.	**S90** Board members are recognised advocates of good governance. Clear and robust arrangements for tracking delivery in place.

Strategy, planning and performance – TIIF expected outcomes

1. Development of a long term integrated clinical services strategy, with evidence of strong clinical, stakeholder and public involvement engagement throughout its development
2. Delivering transformation and new models of primary and community services in partnership with Local Authorities and other partners
3. Development of a robust annual plan (for 2021/22), which builds assurance as a key step towards submission of an approvable Integrated Medium Term Plan (2022 onwards).
4. Approvable Integrated Medium Term Plan, reflecting the clinical services strategy priorities and providing a significant step forward from the current annual planning focus. Including the development of a robust 3-year financial plan to meet its financial duties, as part of the IMTP.
5. Improved access to planned care with reduced waiting times in line with national requirements
6. Sustained improvement in performance, quality and patient experience in unscheduled care
7. Delivery against the financial plan in year, including managing in year pressures

Betsi Cadwaladr University Health Board:

Domain 3   Leadership (Governance, Transformation & Culture) Maturity Matrix

SRO: Sue Green, Executive Director of Workforce & OD

Lead IM: Linda Tomas

Progress Levels ➡️ Key Elements ⬇️	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
Board Leadership **Inc.** **Effective Integrated Board setting a clear Direction for the organisation.** **Consolidation of executive leadership supported by a development programme for the Executive Team.** **Collective Responsibility for patient & Patient safety across the executive team & clearly defined roles for professional leads**	Whilst recognising its role, the Board's focus is predominantly reactive to external and internal pressures. The benefits of the collective are not realised due to a focus on individual accountability, creating a risk of silo working and reducing the opportunities for shared	**L1** The Board recognises its role collectively and individually in demonstrating its commitment to creating the environment for transformation and continuous learning. **L2** The Board is clear on the purpose of the organisation aligned to national strategy and local needs. **L3** The Board recognises the requirement to shift its focus both in time and activities in order for the organisation to be self-determining in it vision for the organisation, and the strategies required achieving this vision. **L4** The Executive Team has clear, owned and shared priorities as	**L17** The Board can demonstrate prioritisation of collective and "self" development to improve its effectiveness. **L18** Board/Committee meetings, workshops, sessions are designed to support focus upon its core role of setting the strategy, setting the tone (culture). **L19** The Board has invested in effective mechanisms to: • scan the horizon for evidence, listen and engage with internal & external stakeholders.	**L31** Improved feedback from internal and external stakeholders reflects the Boards investment in collective and "self" learning and as a result, the tone this sets for the organisation. **L32** The operating model for Board/Committee meetings (e.g. agenda/minutes/actions etc.) evidence a shift in focus. **L33** As a result of the investment in engagement for learning and improvement action, evidence of improved trust and confidence is demonstrated both internally and externally.	**L49** The Board is seen by internal and external stakeholders and the wider Health and social care community as demonstrating consistent and authentic leadership in creating the environment for sustainable high performance. **L50** The operating model for the Board/Committees is mirrored through the organisation providing a "golden thread" from Board to patient/citizen contact. i.e. Clarity of role/purpose, valuing contribution, respecting expertise and focussing on what matters. **L51** The Board is perceived as an effective partner,	**L68** The Board has a reputation for strong, inclusive, compassionate and system leadership. **L69** The Health Board is viewed as an organisation committed to continuous learning and one that does not shy away from change in the interests of the people of North Wales. **L70** The Board openly recognises where it needs to improve and encourages learning from mistakes/failure at all levels. **L71** The Health Board is viewed as a leader in development and delivery of citizen/patient centred services across organisational boundaries.

Progress Levels → / Key Elements ↓	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
	learning and improvement. There is a lack of stability and continuity impacting upon clarity and consistency of purpose and priorities	Board members, corporate directors and functional directors. **L5** The Executive Team recognises the importance of optimising the styles, experience and knowledge across the team rather than focussing solely upon function. **L6** Executive Directors are clear on their individual and collective (as Board members and Executive team members) responsibility for quality and patient safety. Professional leads are clear on their roles, however their remains a level of ambiguity and overlap between operational and clinical responsibilities	• Utilise internal performance feedback mechanisms and to generate and test new ways of working (innovate) across Clinical, Operational and Corporate domains are critical components (capabilities) to create the conditions for improving or transforming the delivery of high-quality care. **L20** The roles and responsibilities across the Executive team have been reviewed and are clearly defined. Professional leads are clear on parameters and synergies of their roles and with other roles.	**L34** The Board can demonstrate that it is "measuring" the things it needs to in relation to delivery of the strategy, rather than those it can. **L35** There is evidence of the Board "staying the course" or "holding the line" in the face of challenge to achieving the strategy. **L36** There is clear evidence and feedback to demonstrate that there is clarity and ownership of team and individual responsibilities and how each contributes to delivery of high quality, safe care and services across the executive team.	collaborating across organisational boundaries in support of effective services for its population. **L52** The clarity and ownership of team and individual responsibilities and how each contributes to delivery of high quality, safe care and services across the executive team has created the environment for and empowered leaders through the organisation to develop and deliver through multi professional collaboration.	**L72** The Board can demonstrate its ability to attract and retain high calibre members from within and externally. **L73** The Executive Team is perceived as a high performing team focussed upon continuous learning and improvement
Clarity of Purpose, Vision, Strategy and Delivery Inc. Develop & Embed a compelling vision which is understood, recognised & accepted throughout the organisation.	No vision or evidence of a clear understanding of national, local and	**L7** The Health Board recognises that a clear purpose is a critical component in creating the right conditions for the delivery of high-quality care at the right time in the right place at the right cost.	**L21** The Health Board has engaged inclusively with its people, partners and population in resetting to its core purpose.	**L37** The Vision reflects the role of the Health Board in delivery of national and local health and partnership priorities.	**L53** The Health Board can articulate and evidence the connectivity between its Vision, the strategies in place to achieve this vision and the infrastructure	**L74** The deployment of the purpose and future state service strategy is consistent and continuous.

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A revised accountability and performance framework, underpinned by a robust governance structure. **Visibility and oversight of clinical audit and improvement across divisions, groups/directorates and at corporate level.** **Demonstrate visible clinical leadership engaging patients, partners and staff.**	partnership priorities, or the wider determinants of health.	**L8** The Health Board recognises that effective mechanisms to discover, design & deliver large scale inter organisational & multi-professional clinical and non-clinical change are critical for the organisation to consistently deliver high quality care at the right time in the right place at the right cost. **L9** The Health Board recognises that to achieve its goals - it must structure, design, and synchronise work activities to optimise process/pathway delivery. **L10** The Health Board recognises that to achieve its goals - then its decision-making architectures (operational/large scale change - governance) should support the principle of subsidiarity; issues/risks/decisions should be dealt with at the most immediate and appropriate level that is consistent with their resolution and recognise the statutory governance and boundaries of the organisation. **L11** The Health Board recognise that the ability to escalate issues and insight on deteriorating quality (outcomes - incl. unsafe	**L22** It has taken this learning and developed its vision for the organisation as a provider, partner and employer. **L23** It has committed a collaborative system of improvement to support achievement of the vision. **L24** The organisations unified and enhanced large-scale change mechanisms is being implemented. **L25** Clinical, operational, and corporate teams are actively participating in evidence-based discovery and co-design of large-scale care pathway and service change. All service changes (significant and non-significant) are co-produced with patients and members of the public, with ongoing involvement and engagement embedded throughout the Health Board. **L26** The Health Board is clear that good job design requires the explicit specification of content, methods and the relationships needed to	**L38** There is a clear co designed strategy for delivery of the vision, informed by population and health needs assessments which incorporate the wider determinants of health and is responsive to the diversity of its population. **L39** The Health Board has aligned its operating model to support the transformation required for sustainable delivery **L40** Pathway improvement and transformations blueprints are in continuous development as are service development plans for corporate services. **L41** Delivery is clinically/operational led but supported by a collaborative and agile change function incorporating specialist professionals from across the science of improvement. **L42** Leveraging the benefits of a standardised approach to the discovery,	in place to deliver these strategies. **L54** The organisation's purpose and future state service strategy is actively communicated to all staff via multiple channels. Individual and team-based goals and supporting actions are clearly aligned back to the purpose and long-term service strategy. System, team & personal performance contribution mechanism have been rolled-out - designed to link purpose to action. **L55** Measures have been integrated into the internal Operating framework and form part of the integrated performance reporting mechanism. **L56** The organisations transformation & improvement function is recognised as the pre-eminent clinical and service change entity across the NHS Wales & beyond. Working in Partnership with Bangor University and other specialist research and change delivery organisations. **L57** Clinical and Operational teams actively seek the support of the function to understand what and how to	**L75** Individual members of the workforce can describe clearly and simply the purpose of the organisation and explain three key descriptions of how services will look different in the future. Individuals can explain how their contribution is linked to that purpose and the role they play in terms of the actions they execute in supporting the organisation to achieve the future service designs. **L76** The deployment of the goals and associated outcome and process measures is consistent and continuous. Individuals and teams can describe at least one goal and how they contribute to that goal through the role they play in terms of the actions they execute. The organisation is consistent (within an agreed margin of error) in the delivery of its strategic goals year on year. Evidenced by the outcome and process performance measurement framework. **L77** Clarity of role (autonomy, scope, connectedness, and competency) within the organisations structure is clear for all. Pathway/process delivery is optimised as job design has aligned activities to the organisations purpose and goals. Leaders actively consider and promote effective job design within their teams and across the organisation as the

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		clinical care); performance, productivity or inappropriate workforce behaviour is critical if a system of care needs to take course corrective actions through evidence-based interventions. **L12** That structures, processes, and behaviours (e.g., clinical audit, complaints, and serious incident reporting, etc.) need to support the rapid flow of information bottom up and top down, creating an active performance feedback loop - a key component of a learning organisation. Supported by a risk management system to mitigate potential course deviation away from organisations goals. All contributing factors to creating a culture where the workforce feel supported in reporting safety issues and poor performance.	satisfy organisational requirements as well as the social and personal requirements of the jobholder or the employee. **L27** It is also clear in its understanding that the nature of a person's role and its position in the organisations structure affects their attitudes and behaviour at work, particularly relating to characteristics such as competency, autonomy, and connectedness.	design, sustainable delivery, and management of change. An internal hub and spoke model is in development. **L43** The core team is supplemented by a growing contingent of accredited associate change practitioners from across the organisation. Accreditation comes from participation in experiential training in change and transformation methods.	improve/transform clinical and corporate services to improve quality, performance and productivity driven by population need (the citizen is at the heart of future design work). Collaborative working between front line teams and the Change teams is locked in. **L58** The core function is supplemented by a growing number of associate change practitioners from across BCUHB and beyond creating a Change Collaboration Network (CCN). **L59** Clinical and Organisational change proposals are now evidence based and co-designed, with delivery plans using the latest knowledge, insight tools from the science of change. Ongoing transformation and innovation have led to improved trajectory of outcomes, patient experience and financial performance year on year. Outcomes for different changes across BCUHB are now fully aligned and is clear how it is going to bridge the gap between the current and future states. **L60** The Health Board is seen as an exemplar in its approach to making decisions putting quality and patient safety at the forefront.	benefits associated with this activity are visible through key organisational performance metrics; including staff surveys; - a picture emerges of a workforce, which is inclusive, motivated and connected. Staff understand who does what, why across the organisation's leadership functions, with clarity of accountability and responsibility at all levels. **L78** The board is recognised within the organisation and by partners for joined up decision making and having clarity on purpose and goals. The acts of service design (standards setting), operational delivery and assurance are transparent - with separation of responsibility set within the framework of collective ownership. **L79** Staff understand who does what, why across the organisation's leadership functions, with clarity of accountability and responsibility at all levels. Issues/risks/decisions are dealt with at the most immediate and appropriate level that is consistent with their resolution, role, statutory governance, and boundaries. **L80** Clinical and non-clinical leaders can clearly evidence joint responsibility in developing the actions to address challenges in relation to quality and sustainability. Employee

Progress Levels → Key Elements ↓	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
					L61 Performance feedback, risk management, clinical audit systems, complaints, serious incident reporting & management systems are integrated into the design of the organisations future model of operating. The mechanisms both manual and digital support local escalation protocols and service level agreements linked to quality, performance and productivity measures, job role design and decision-making architecture, all components of the organisation's performance operating framework.	involvement especially in large-scale change is locked into discovery, design, and delivery mechanism. **L81** The escalation of issues and insight on deteriorating quality (outcomes - incl. unsafe clinical care), performance, productivity or inappropriate workforce behaviour is now common practice across the organisation, visible by rapid evidenced based course corrections. Feedback loops provide information & insight feeds into pathway and service design development activities, strategy development and business planning cycles. Complaints, risk's identification, mitigation development and risk management are now a critical aspect of the decision-making mechanisms through the organisation from board to ward. Issue and risk log management is driven digitally. **L82** The organisation has a transparent culture and can demonstrate its ability to learn. All Serious Incidents are identified, reported, and investigated. Learning and improvement from patient safety incidents embedded across the Health Board. **L83** The Board proactively learn from their risk management approach and risk appetite through

Progress Levels ➡️ Key Elements ⬇️	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
						regular reviews of their decisions around risk.
Cultural Development Inc. A strong approach to organisational learning supported by a culture of high quality Care. An open and transparent culture and willingness to learn.	The culture of the organisation is driven by its experiences i.e. from its establishment; its performance regime, its perceived reputation rather than by its purpose and its people. The way we do things remains influenced by respective former organisations.	**L13** The Health Board recognises that a clear purpose is a critical component in creating the right conditions for the delivery of high-quality care at the right time in the right place at the right cost. **L14** The Health Board recognises that it needs to invest in the co design and development of the organisations vision for the culture is aspires to. It recognises the need to align its operating model, its focus, and its behaviours to support this. **L15** The Health Board recognises that effective leadership behaviour and management capability (Board to the ward) is a critical component in creating the right conditions for the delivery of high-quality care at the right time in the right place at the right cost. **L16** The Health Board recognises that the culture (way we do things here(when no one is looking) is driven by behaviours and experience and as such, understands that changes will be	**L28** The Health Board can demonstrate prioritisation of collaborative improvement & development to improve its effectiveness. **L29** The leadership behaviours framework has been improved as a result of discovery and co design and is being integrated into key policies/processes and through the governance and delivery structure. **L30** The governance and delivery structures through the organisation promote and empower improvement and innovative thinking by: - recognising and rewarding demonstration of learning (even when this is as a result of "failure") - Focussing upon contribution and outcomes as well as	**L44** Improved feedback from internal and external stakeholders reflects the Health Boards commitment to collaborative improvement. **L45** The leadership behaviours framework can be evidenced through the governance and delivery structures of the organisation, enabling a climate of fairness, inclusion, compassion and equality. **L46** As a result of the investment in engagement for learning and improvement action, evidence of improved trust and confidence is demonstrated both internally and externally. **L47** The Health Board can demonstrate that it is "measuring" the things it needs to in relation to delivery of the strategy, rather than those it can.	**L62** The Health Board is seen by internal and external stakeholders and the wider Health and social care community as demonstrating consistent and authentic leadership in creating the environment for sustainable high performance. **L63** The leadership behaviours and operating model is mirrored through the organisation providing a "golden thread" from Board to patient/citizen contact. i.e. Clarity of role/purpose, valuing contribution, respecting expertise and focussing on what matters. **L64** The Health Board is perceived as an effective partner, collaborating across organisational boundaries in support of effective services for its population. **L65** The Health Board is seen as an employer of choice for roles at all levels of the organisation.	**L84** The Health Board has a reputation for strong, inclusive, compassionate and system leadership and delivery. **L85** The Health Board is viewed as an organisation committed to continuous learning and one that embraces change in the interests of the people of North Wales. **L86** The Health Board is viewed as an exemplar in delivering bilingual services. **L87** The Health Board demonstrates the key characteristics of a high performing organisation: - Continuously learning – well informed, and insightful. - "Change-forward" - with clear purpose and measurable goals. - Agile and adaptable - pursue strategy and find value through staying agile and adaptable. - Actionable information-oriented - translate data into data analytics, into information, into transparent, actionable-information and

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		required to address the feedback from staff, patients, partners.	performance interventions • Promoting two way accountability (recognising that we promote what we permit) • Valuing and celebrating the contribution of all elements of the system • Encouraging system and thought leadership at all levels.	**L48** Throughout the organisation the focus is upon continuous learning including focus upon: • improvement in outcomes for patients, experience of patients, citizens. • Empowerment of staff to focus on what matters and enabling staff to develop knowledge and skills to be the best they can be • Creating the environment for staff to flag issues, raise concerns, and report mistakes/failures knowing that it is worthwhile and important.	**L66** It is seen as progressive and a key leader in promoting lifelong learning, development and education for its staff and the wider community. **L67** It is involved in work to improve the aspirations of its population and in facilitating mechanisms for achievement of these aspirations.	ultimately, into "predictive analytics." • Financially disciplined - recognise that increased expenditure does not equate to higher quality and know that; cost reduction is a legitimate quality goal. • Respectful & optimised staffing • Accountable & execution-focused • Patient-centric & operationally proficient - focused on standardising care processes, embracing clinical protocols, and effecting seamless, patient access. • Creative collaborators - partnerships and joint ventures with other partners, providers and key stakeholders. • Realise the value of system integration.

Betsi Cadwaladr University Health Board:

Domain 4   **Engagement Maturity Matrix**

SRO: **Gill Harris, Executive Director of Nursing and Midwifery, Deputy Chief Executive**

Link IM: **Jacqui Hughes**

Progress Levels ➡ Key Elements ⬇	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
Engagement Management [outcome 1] [outcome 2] [outcome 4]		**EM1** Engagement activities with patients, the public, staff and stakeholders may exist, but is sporadic and not co-ordinated.	**EM2** Engagement Activities are regularly used to inform impact assessments including EQIA.	**EM3** Engagement Activities are co-ordinated to enable consistency and wider learning and feedback to partner organisations in significant service charge or strategy development such as the Clinical Services Strategy or IMTP.	**EM4** Mechanisms re in place to ensure that engagement is consistent across all protected characteristics (including SED). **EM5** The results of engagement are centrally collated to allow for the wider learning and the continuous engagement and feedback is evidenced with all strategy development, major service change and annual plans.	**EM6** Continuous engagement actives are a driver for change and learning; engagement is embedded within all change papers. **EM7** Engagement activity is monitored for continuous learning and encompasses all protected characteristics (including SED), partners and third sector organisations across the entire geographical spread taking account enabling BCUHB to influence national policy and priorities.
Patient Engagement and Involvement [outcome 1]		**EPa1** Patient involvement is limited. **EPa2** Limited opportunity for two way communication and feedback with patients.	**EPa3** There is some understanding of the benefit patient involvement brings. **EPa4** Collaborative (information giving, listening, involving, engaging) behaviour is developing but isn't yet commonplace. **EPa5** Use of some tools to engage patients public	**EPa7** The benefit of patient involvement is understood across the Health Board. **EPa8** Collaborative behaviour commonly takes place. **EPa9** A number of tools regularly used to engage with and listen to patients.	**EPa13** The benefit of patient involvement, co-production and co-design of service change is understood and embedded across the Health Board. **EPa14** Collaborative behaviour is embedded within the Health Board. **EPa15** A range of tools commonly used engage with, listen to, and feedback regularly, and involve patients.	**EPa19** The benefit of patient involvement, co-production and co-design of service change is well understood and embedded consistently across the Health Board. **EPa20** Collaborative behaviour is embedded within the Health Board. **EPa21** A wide range of tools are used as an embedded way to engage with, listen to, feedback regularly and involve patients in co-production and co-design of

Progress Levels → / Key Elements ↓	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
			(e.g. social media and digital). **EPa6** Ongoing engagement takes place for significant service change, leading to public consultation where required.	**EPa10** Ongoing patient engagement takes place for all significant service changes. **EPa11** Patient involvement activity is becoming commonplace for most areas. **EPa12** BCUHB can partly evidence the outcome of involvement and engagement with patients	**EPa16** Ongoing patient engagement takes place for all significant service changes (and many non-significant service changes), co-producing outcomes. **EPa17** Patient involvement is ongoing and embedded into how the health board operates. **EPa18** BCUHB can evidence the outcome of involvement and engagement with patients in formal processes.	services as well as to listen to patient views on current services. **EPa22** All service changes (significant and non-significant) are co-produced with patients, with ongoing involvement and engagement embedded throughout the Health Board. **EPa23** Ongoing patient involvement is tacitly built into how the health board operates. **EPa24** Engagement and involvement consistently cover all geographical areas, cultural and linguistic needs and ensures the involvement of children and young people and each of the protected characteristics. **EPa25** BCUHB can evidence the outcome of involvement and engagement with patients in at all levels of the organisation and all leaders can site positive outcomes from engagement with patients.
Public Engagement and Involvement [outcome 1] [outcome 3]		**EPu1** Public involvement is limited and sporadic. **EPu2** Limited opportunity for two way communication and feedback with citizens. **EPu3** Formal public consultation takes place for significant service change, where required.	**EPu4** There is an acknowledgement of the benefit public involvement brings. **EPu5** Collaborative (information giving, listening, involving, engaging) behaviour is developing is not yet commonplace.	**EPu8** The benefit of public involvement is well understood across the Health Board. **EPu9** Collaborative behaviour is commonplace across services. **EPu10** A suite of tools is used to engage with and, listen to the public.	**EPu14** The benefit of continuous public involvement is well understood and embedded across the Health Board. **EPu15** The benefit of co-production and co-design of service change is recognised and there is some evidence of co-production / design in service change.	**EPu21** The benefit of continuous public engagement is well understood and embedded across the Health Board leading to consistent co-production and co-design of service change. **EPu22** Collaborative behaviour is embedded within the Health Board. **EPu23** A wide range of tools are an embedded way to engage with,

Progress Levels → / Key Elements ↓	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
			EPu6 Limited mechanisms in place to engage with the public.

EPu7 Ongoing engagement takes place for significant service change, leading to public consultation where required. | **EPu11** Ongoing public engagement takes place for all significant service changes.

EPu12 Ongoing public engagement takes place to get feedback on current services and priorities.

EPu13 Public and patient involvement activity is becoming commonplace for most areas. | **EPu16** Collaborative behaviour is embedded within the Health Board.

EPu17 A suite of tools is commonly used to engage with, listen to, and feedback regularly with the public.

EPu18 Ongoing public engagement takes place for all significant service changes. co-producing outcomes.

EPu19 Ongoing public engagement takes place to get feedback on current services and priorities, co-producing outcomes.

EPu20 Public involvement activity is commonplace for all areas in BCUHB. | listen to, and feedback regularly to the public to enable consistent co-production and co-design of service change.

EPu24 All service changes (significant and non-significant) are co-produced with members of the public, with ongoing involvement and engagement embedded throughout the Health Board.

EPu25 Ongoing public involvement is built into how the health board operates.

EPu26 Engagement and involvement consistently cover all geographical areas, cultural and linguistic needs and ensures the involvement of children and young people and each of the protected characteristics. |
| **Staff Engagement and Involvement**

[outcome 5]
[outcome 6 ????] | | **ES1** Involvement with staff on organisational improvement is limited.

ES2 Limited mechanisms in place for formal and informal feedback for staff. | **ES3** There is some under-standing of the value staff involvement brings.

ES4 Mechanisms in place for formal and informal feedback for staff.

ES5 Involvement, engagement and listening behaviour with staff is developing isn't yet commonplace.

ES6 Messages from the CEO and the Health Board | **ES7** A number of staff involvement mechanisms are in place – both formal and informal.

ES8 Mechanisms in place for formal and informal feedback for staff.

ES9 Many decisions are made with staff input. Shared outcomes are start-ing to be developed.

ES9 Messages from the CEO and the Health Board leadership team takes | **ES10** A number of staff involvement mechanisms are in place – both formal and informal.

ES11 Mechanisms in place for formal and informal feedback for staff, with trends and themes captured and acted upon.

ES12 Many decisions are made with staff input. Shared outcomes are starting to be developed.

ES13 Regular messaging from the CEO and the Health Board | **ES15** A number of staff involvement mechanisms are in place – both formal and informal.

ES16 Mechanisms in place for formal and informal feedback for staff.

ES17 All decisions are made with staff input. Shared outcomes are in place.

ES18 The Health Board compro-mises for the greater good balancing staff and other stakeholder views. |

Progress Levels → / Key Elements ↓	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
			leadership team takes place.	place and influences the Health Board's culture and behaviour.	leadership team takes place; influencing and shaping the Health Board's culture and behaviour. **ES14** Staff feel empowered and able to influence Health Board's decision making.	**ES19** Regular and consistent messaging from the CEO and the Health Board leadership team takes place; influencing and shaping the Health Board's culture and behaviour. **ES20** Staff are empowered and influence Health Board's decision-making.
Partnership Engagement and Involvement [outcome 3] [outcome 4]		**ESt1** Collaboration with partners and stakeholders across boundaries is limited.	**ESt7** There is some understanding of stakeholders. Collaborative behaviour isn't yet commonplace. **ESt8** There is an understanding that partners should influence Health Board decision making. **ESt9** Collaborative (information giving, listening, involving, engaging) behaviour is developing is not yet commonplace. **ESt10** Protocols exist for managing urgent / substantial change as appropriate for discussion with the CHC in order to reach a consensus view on whether proposals constitute the need for further engagement or more formal public consultation'.	**ESt19** There is an understanding of stakeholders and their views. **ESt20** Collaborative behaviour is becoming established. **ESt21** Many decisions are made across boundaries. Shared outcomes are start-ing to be developed. **ESt22** Protocols are consistently used for managing urgent / substantial change as appropriate for discussion with the CHC in order to reach a consensus view on whether proposals constitute the need for further engagement or more formal public consultation'.	**ESt32** There is an understanding of stakeholders and their views. **ESt33** Collaborative behaviour is commonplace. **ESt34** All relevant decisions are made across boundaries. Shared outcomes are commonplace. **ESt35** Roles, responsibilities and incentives reflect the need to collaborate, leading to new ways of working. **ESt36** A partnership approach is adopted between BCUHB and CHC for managing urgent / substantial change as appropriate in order to reach a consensus view on whether proposals constitute the need for further engagement or more formal public consultation'.	**ESt46** The Health Board compromises for the greater good and leads the way in transformation of communities. **ESt47** Collaborative behaviour is commonplace. **ESt48** Partners and stakeholders are involved in health board business and decision-making. **ESt49** All relevant decisions are made across boundaries. Shared outcomes are embedded. **ESt50** Roles, responsibilities and incentives reflect the need to collaborate, leading to new ways of working. **ESt51** BCUHB and CHC have a positive symbiotic relationship to ensure that for continuous engagement and consultations all local interests are addressed, and that responsibilities with regard to equality and diversity and the Welsh Language are met.

Progress Levels → Key Elements ↓	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
Partnership and stakeholder relationship management [outcome 2] [outcome 3] [outcome 4] [outcome 5]		**ESt2** Formal and statutory partnerships are acknowledged and serviced by the Health Board.	**ESt11** Some individuals have knowledge of Partner and Stakeholder Relationship Management. **ESt12** There is some use of tools and processes to manage relationships. **ESt13** The internal focus is on the benefits (or otherwise) of transactional activities.	**ESt23** There is a general understanding of the benefits and importance of Partner and Stakeholder Relationship Management. **ESt24** Central support ensures that there is consistent use of tools and process to manage relationships and the benefits of partnership working. **ESt25** Proactive relationship management is in place fro some stakeholders and partner organisation including a named relationship manager. **ESt26** There is an external focus on the mutual benefits of partnership activities for all organisations.	**ESt37** There is a commitment to continuous improvement in partnership working, recognising that individual stakeholders may be involved with multiple partners and transfer their experiences. **ESt38** The Board and directorates have completed stakeholder mapping exercises to give a whole view of the relative influences of all stakeholders and partners. **ESt39** Tools and processes are used to integrate information and gain insight into partnership activities and shared vision. **ESt40** There is an external focus on the mutual benefits of partnership activities for a win-win position.	**ESt52** There is a leadership focus on lessons learning through Stakeholders and partnership working which is used to regularly check the effectiveness of a# individual partnership #s and stakeholder relationships to inform a predictive risk assessment. **ESt53** Working beyond individual projects there is a genuine commitment to Partner and Stakeholder Relationship Management, which is embedded as an operationalised organisational principle.
Promoting the Work of the Organisation [outcome 4]		**ESt3** A limited number of balanced view news stories are proactively promoted. **ESt4** Limited proactive management of relationships with key stakeholders and influencers. **ESt5** Health Board leaders and clinical leads have limited media training.	**ESt14** The need to promote balanced view news stories is recognised. **ESt15** A steady number of balanced view news stories are proactively promoted. **ESt16** The need for proactive management of relationships with key stakeholders is recognised	**ESt27** Balanced view news stories are proactively managed. **ESt28** Balanced view news stories are promoted frequently. **ESt29** The need for proactive management of relationships with key stakeholders is established within the Health Board.	**ESt41** Balanced view news stories are proactively managed. **ESt42** Balanced view news stories are promoted frequently and via numerous channels. **ESt43** The need for proactive management of relationships with key stakeholders is embedded within the Health Board.	**ESt54** Balanced view news stories are proactively managed. **ESt55** Balanced view news stories are an embedded part of Health Board working, using numerous channels of communication. **ESt56** The need for proactive management of relationships with key stakeholders is embedded within the Health Board, with

Progress Levels → Key Elements ↓	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
		ESt6 There is limited use of social media to promote the work of service areas and of the leadership team.	and starting to be implemented. **ESt17** Health Board leaders and clinical leads have had variable media training. **ESt18** There is some use of social media to promote the work of service areas and of the leadership team.	**ESt30** Health Board leaders and clinical leads have had media training to a consistent and high level. **ESt31** There is a clear social media plan, to ensure use of social media to promote the work of service areas and of the leadership team.	**ESt44** Health Board leaders and clinical leads have had media training to a consistent and high level, and are confident to work with the media to promote the work of the Health Board. **ESt45** The use of social media to promote the work of service areas and of the leadership teams is embedded within the Health Board.	formal and informal information sharing. **ESt57** Health Board leaders and clinical leads have had media training to a consistent and high level, and are confident to work with the media to promote the work of the Health Board. **ESt58** Leaders and clinical leads will proactively use the media in their day to day work, where and when appropriate. **ESt59** The use of social media to promote the work of service areas and of the leadership teams is embedded within the Health Board and supports over communication mechanisms.

Reference to "guidance for Engagement and Consultation on changes to Health Services" kindly provided by CHC

Engagement TIIF expected outcomes

1. There is sufficient focus and resources given to gathering, analysing, monitoring and learning from user/patient experience across the organisation. This must include use of real-time user/ patient feedback.
2. A vision and strategy developed with the active engagement of staff, partners and organisations and service users.
3. Effective public involvement and engagement, measured through CHC and partner surveys
4. External stakeholders describe relationships with the health board as positive and there is evidence of improved joint working and ownership across the whole system including the Regional Partnership Board and Public Services Boards.
5. Evidence of improved engagement with staff measured through surveys and feedback from trades unions.
6. Develop and implement a Values and Behaviours Framework that has been developed with staff, is regularly reviewed, and has a clear engagement programme for its implementation.

Cyfarfod a dyddiad: Meeting and date:	Health Board 18th November 2021
Cyhoeddus neu Breifat: Public or Private:	Public
Teitl yr Adroddiad Report Title:	Mental Health Act 1983 as amended by the Mental Health Act 2007. Mental Health Act 1983 Approved Clinician (Wales) Directions 2018. Update of register of Section 12(2) Approved Doctors for Wales and Update of Register of Approved Clinicians (All Wales).
Cyfarwyddwr Cyfrifol: Responsible Director:	Dr Nick Lyons, Executive Medical Director
Awdur yr Adroddiad Report Author:	Meryl Roberts, All Wales Approvals Manager for Approved Clinicians and Section 12(2) Doctors.
Craffu blaenorol: Prior Scrutiny:	Not applicable
Atodiadau Appendices:	**Appendix 1:** Mental Health Act 1983 as amended by the Mental Health Act 2007 Mental Health Act 1983 Approved Clinician (Wales) Directions. - Update of Register of Approved Clinicians for Wales. **Appendix 2:** Mental Health Act 1983 - Update of Register of Section 12(2) Approved Doctors for Wales.

Argymhelliad / Recommendation:

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.

Ticiwch fel bo'n briodol / Please tick as appropriate							
Ar gyfer penderfyniad /cymeradwyaeth For Decision/ Approval	✓	**Ar gyfer Trafodaeth For Discussion**		**Ar gyfer sicrwydd For Assurance**	✓	**Er gwybodaeth For Information**	
Y/N i ddangos a yw dyletswydd Cydraddoldeb/ SED yn berthnasol Y/N to indicate whether the Equality/SED duty is applicable					N		

Sefyllfa / Situation:

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.

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.

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.

The Board is requested to note that one Section 12 approval was granted to a Doctor in a signed approval letter dated 9th August 2021. The approval was queried then suspended following further review on 26th August 2021.

Following a comprehensive investigation which, was completed on 4th October 2021, the Section 12 approval was not reinstated and was formally ended on 5th October 2021. The investigation will inform development of Directions and to inform robust panel decision making.

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 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 have Section 12 Directions for the approval, re-approval and ending of Section 12 Doctor approval. Welsh Government met with the Approvals Team on 20th October 2021 and it was agreed that Section 12 Directions will be made.

Asesiad Effaith / Impact Assessment

None.

Update of Register of Approved Clinicians and Section 12 (2) Approved Doctors for Wales
25th August 2021 - 26th October 2021

	AC	S12 (2)
Approvals and Re-approvals	15	9
Removed – Expired	3	2
Approvals suspended	0	0
Approvals re-instated/ Reinstated and returned to work in Wales	1	0
Approval Ended	2	2
Retired	0	0
Removed – AC approved	n/a	1
No longer registered & retired	1	0
Transferred from AC register	1	1
Approval Ended as no longer working in Wales	2	0
Registered without a licence to practice	0	0
RIP	0	0

![GIG CYMRU NHS WALES — Bwrdd Iechyd Prifysgol Betsi Cadwaladr University Health Board]

APPENDIX 1

<div align="center">

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

Mental Health Act 1983 Approved Clinician (Wales) Directions

Update of Register of Approved Clinicians for Wales

25th August 2021 – 26th October 2021

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Approvals and Re-approvals: 15

Surname	First Name	Workplace	Date Approval Expires	Chair's Action
Zafar	Mohammad	BCUHB, Hergest Unit, Ysbyty Gwynedd, Penrhosgarnedd, Bangor, Gwynedd, LL57 2PW.	13th May 2025	Yes
Jahan	Ali Md	Cygnet Healthcare, Delfryn House Independent Hospital, Mold, Flintshire.	2nd September 2025	Yes
Hussain	Mohammad Aqib	Priory Group, Ty Catrin Independent Hospital, Dyfrig Road, Cardiff, CF5 5AD.	9th August 2026	Yes
Ohonba	Isaac	Cardiff & Vale UHB, Mental Health Services for Older People Llandough Hospital, Penlan Road, Penarth, CF64 2XX.	22nd August 2026	Yes
Olowofela	Afolabi	BCUHB, Nant y Glyn CMHT, 10 Nant y Glyn Road, Conwy, LL29 7PU.	4th October 2026	Yes
Thomas	Alec	Elysium Healthcare, Aberbeeg Hospital, Pendarren Road, Abertillery, NP13 2DA.	7th October 2026	Yes
Swarnkar	Anvita	Aneurin Bevan UHB, 6 Gold Tops, Newport East CMHT, Newport NP20 4PG	16th September 2026	Yes
Chick	Gregory	BCUHB, CAMHS, Wrexham Maelor Children's Centre, Croesnewydd Road, Wrexham LL13 7ZA.	19th September 2026	Yes

Surname	First Name	Workplace	Date Approval Expires	Chair's Action
Rodriguez-Medieta	Javier	BCUHB, Deeside CMHT, Aston House, Deeside Community Hospital, Plough Lane, Deeside CH5 1XS.	26th September 2026	Yes
Rudrappa	Shiva	Hywel Dda UHB, Community Team for Learning Disabilities, 1 Penlan Road, Carmarthen SA31 1DN	5th October 2026	Yes
Lewis	Julia Claire	Aneurin Bevan UHB, Gwent Substance Misuse Service, 139 Lower Dock Street, Newport NP20 1EE	5th October 2026	Yes
Peter	Lionel	Aneurin Bevan UHB, St Cadoc's Hospital, Lodge Road, Caerleon, Newport NP18 3XQ	7th October 2026	Yes
Kyaw	Myo Than	Aneurin Bevan UHB, Nevill Hall Hospital, Older Persons Team, Brecon Road, Abergavenny, NP7 7EG.	7th October 2026	Yes
Self	Mary	Cwm Taf Morgannwg UHB, Cefn yr Afon, 71 Quarella Road, Bridgend CF31 1JS	10th October 2026	Yes
Gindeel	Haytham	Powys Teaching HB, Erwood, Bronllys Hospital, Bronllys, Brecon LD3 0LU	18th October 2026	Yes

Approvals Suspended: 0

Surname	First Name	Workplace	Date Approval Expires

Approvals re-instated: 1

Surname	First Name	Workplace	Date Approval Expires
Chugh	Sanjay Kumar	Home address	18th September 2022

Approvals expired: 3

Surname	First Name	Workplace	Date Approval Expired
Gupta	Seema	Delfryn Lodge, Argoed Hall Lane, Mold, Flintshire CH7 6FQ.	21st September 2021
Adewale	Akilo	The Hazels, Temple Street, Llandrindod Wells, Powys LD1 5HF	13th October 2021
Davies	Jeffrey	Blaenau Gwent County Borough Council, Cwm Coch, Ysbyty Aneurin Bevan, Lime Avenue, Ebbw Vale, Blaenau Gwent, NP23 8DN.	31st August 2021

Retired: 0

Surname	First Name	Workplace	Date Approval Expired

No longer Registered & Retired: 1

Surname	First Name	Workplace	Date Approval Expired
Nicholls	Kevin	Mental Health Care UK, New Hall Independent Hospital, Ruabon, LL14 6HB.	2nd September 2021

Transferred from AC Register to S12 Register: 1

Surname	First Name	Workplace	Date Approval Expires
Basavaraj	Chandrashekar	Private address	7th October 2026

No longer working in Wales: 2

Surname	First Name	Workplace	Date Approval Expires
Sanikop	Ajat	Priory Group, Llanarth Court Hospital, Llanarth, Raglan, Usk, Monmouthshire, NP15 2YD.	26th September 2024
Dean	Anthony	Mental Health Care UK, New Hall Independent Hospital, Ruabon, LL14 6HB.	13th February 2025

Approvals Ended: *2

Surname	First Name	Workplace	Date Approval Expired
Heke	Sian *pending appeal to the GMC.	Swansea Bay UHB, Cefn Coed Hospital, Waunarlwydd Road, Cockett, Swansea, SA2 0LB.	10th September 2021
Colter	Robert	Aneurin Bevan UHB, St Cadoc's Hospital, Lodge Road, Caerleon, NP18 3XQ.	26th October 2021

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

25th August 2021 – 26th October 2021

Approvals and Re-approvals: 9

Surname	First Name	Workplace	Date Approval Expires	Chair's Action
Thorn	Laura	Cwm Taf Morgannwg UHB, Princess of Wales Hospital, Coity Road, Bridgend, CF31 1RQ.	12th August 2026	Yes
Emmett	Paul	Craig y Don Medical Practice, Clarence Road, Llandudno, Conwy LL30 1TA.	23rd August 2026	Yes
Patel	Neil	Formerly Powys Teaching HB, Older Adults Mental Health, Felindre Unit, Bronllys Hospital, Powys, LD3 0LU.	22nd August 2026	Yes
Pane	Olwen	BCUHB, CAMHS Talarfon, Holyhead Road, Bangor, LL57 2EE.	9th July 2024	No
Yule	Graeme	St Julians Medical Centre, 13a Stafford Road, Newport NP19 7DQ.	24th September 2026	Yes
Honeybun	Jeremy	Gwrych Medical Centre, Cae Eithin, Abergele, Conwy LL22 8LJ.	27th September 2026	Yes
Ng	Christopher Chen-Wei	Cardiff & Vale UHB, University Hospital Llandough, Penlan Road, Llandough, Penarth, CF64 2XX	24th August 2026	Yes

Surname	First Name	Workplace	Date Approval Expires	Chair's Action
Gupta	Bibek	Private Address	6th October 2026	Yes
Thompson	John	BCUHB, GP Out of Hours Service, c/o Private Address.	17th October 2026	Yes

Expired: 2

Surname	First Name	Workplace	Date Approval Expired
Clarke-Walker	Alistair	Cardiff Consulting Rooms, 277 Cyn Coed Road, Cardiff, CF23 6PA.	4th October 2021
Shine	Laura	Formerly Neath Port Talbot Child & Family Clinic, The Children's Centre, Neath Port Talbot Hospital, Baglan Way, SA12 7BX.	16th October 2021

Ended: 2

Surname	First Name	Workplace	Date Approval Expired
Clark	Peter Barry	Private home address	12th September 2021
Mehmood	Taiyyab	Formerly Cwm Taf Morgannwg UHB, Royal Glamorgan Hospital, Mental Health Unit, Ynysmaerdy, Llantrisant, Pontyclun, CF72 8XR.	5th October 2021

Became AC approved: 1

Surname	First Name	Workplace	Date Approval Expires
Thomas	Alec Ashton	Elysium Healthcare, Aberbeeg Hospital, Pendarren Road, Abertillery, NP13 2DA.	7th October 2026

No longer registered: 0

Surname	First Name	Workplace	Date Approval Expires

Transferred from AC Register: 1

Surname	First Name	Workplace	Date Approval Expires
Basavaraj	Chandrashekar	Mental Health and Wellbeing Services, SY2 6LG.	7th October 2026

No longer working in Wales: 0

Surname	First Name	Workplace	Date Approval Expires

RIP: 0

Surname	First Name	Workplace	Date Approval Expires

Retired: 0

Surname	First Name	Workplace	Date Approval Expires

Cyfarfod a dyddiad: Meeting and date:	Health Board 18th November 2021
Cyhoeddus neu Breifat: Public or Private:	Public
Teitl yr Adroddiad Report Title:	Emergency Scheme of Reservation and Delegation (SoRD)
Cyfarwyddwr Cyfrifol: Responsible Director:	Louise Brereton, Board Secretary
Awdur yr Adroddiad Report Author:	Assistant Director – Deputy Board Secretary
Craffu blaenorol: Prior Scrutiny, approvals received:	Board Secretary Audit Committee: 28 September 2021 – recommended to Board for approval.
Atodiadau/Appendices:	1. Appendix 1: Draft Emergency Scheme of Reservation and Delegation 2. Appendix 2: Abbreviated Business Case

Argymhelliad / Recommendation:
The Board is asked to approve the Emergency Scheme of Reservation and Delegation (SORD).

Ticiwch fel bo'n briodol / Please tick as appropriate							
Ar gyfer penderfyniad /cymeradwyaeth For Decision/Approval	✔	Ar gyfer Trafodaeth For Discussion		Ar gyfer sicrwydd For Assurance		Er gwybodaeth For Information	
Y/N i ddangos a yw dyletswydd Cydraddoldeb/ SED yn berthnasol Y/N to indicate whether the Equality/SED duty is applicable						N	

Sefyllfa / Situation:
The Audit Committee, at its meeting on 28 September 2021, discussed and recommended the Emergency SORD to the Board for approval. Prior to this, earlier discussions had taken place at the Audit Committee meeting on 10 June 2021.

Cefndir / Background:
Following a review by Internal and External Audit of the initial governance arrangements in response to the first wave of the pandemic, it was suggested that an Emergency SORD should be drafted. The attached draft Emergency SORD would be deployed in the event of the standing up of the Gold Command structure and Cabinet. When an incident is declared, such that it is necessary to stand up the Gold Command structure and Cabinet (both of which would need to be signed off via Chair's Action), the Chief Executive, in consultation with the Chairman and Executive Director of Finance will then enact the Emergency SORD. Given emergency investment tends to require accelerated timescales, it is not possible to comply with the full requirements of the Procedure Manual for Managing Capital Projects. In the event of this Emergency SORD being enacted, the Manual is suspended but provides the principles of good practice that should considered within the constraints of the accelerated timescales.

Asesiad / Assessment & Analysis
Goblygiadau Strategol / Strategy Implications   There are no associated strategic implications.
Goblygiadau Ariannol / Financial Implications   There are no associated financial implications.
Dadansoddiad Risk / Risk Analysis   There are no associated risks.
Cyfreithiol a Chydymffurfiaeth / Legal and Compliance   Compliance with Internal and External Audit recommendations.
Asesiad Effaith / Impact Assessment   This report is purely administrative; there is no associated impact or specific assessments required.

Emergency Scheme of Reservation and Delegation (SORD)

To be deployed in the event of the standing up of the Gold Command structure and Cabinet

N.B When an incident is declared, such that it is necessary to stand up the Gold Command structure and Cabinet (both of which would need to be signed off via Chair's Action), the Chief Executive, in consultation with the Chairman and Executive Director of Finance will then enact the Emergency SORD.

Given emergency investment tends to require accelerated timescales it is not possible to comply with the full requirements of the Procedure Manual for Managing Capital Projects. In the event of this Emergency SORD being enacted, the Manual is suspended but provides the principles of good practice that should considered within the constraints of the accelerated timescales.

NON FINANCIAL DECISIONS (i.e. clinical/workforce etc.)		CAPITAL £ DECISIONS	REVENUE £ DECISIONS
Impact beyond BCUHB boundary and/or Outside Policy and/or RED Quality Impact Assessment (NB Urgent approval of Red QIA delegated to Medical Director and Nurse Director to be noted at Gold)	**GOLD**	£250k ≤£500k £500k to 999,999 Cabinet ensuring WG compliance with required retrospective notification to Minister and Ministerial approval over £1m (prospective) Short justification (including high level impact and risk assessment – see proforma attached as Appendix 2) with capital team support Gold meeting approval required (HB Chair's action also needed if over £1m)	☐ £250k to £500k Revenue business justification (to include high level impact and risk assessment – see proforma attached as Appendix 2) with finance business partner support. Approval by → Executive Director of Finance & 2 x Executives (normally Silver and Gold Executive Leads) £500k and over Gold & Executive Director of Finance with formal reporting to Executive Team/Cabinet
Impact across BCUHB within policy and/or AMBER Quality Impact Assessment	**SILVER**	≤£100k Service Group Manager level decision (to include high level impact and risk assessment – see proforma attached as Appendix 2). Rapid email clearance by Head of Capital & Executive Director of Finance	≤ £100k ILG Director or Director of Clinical Services Operations & cc £ Business Partner £100k ≤£250k Short justification (to include high level impact and risk assessment – see proforma attached as

			Appendix 2) with finance business partner support. Approval by → Executive Director of Finance & 2 x Executives (normally Silver and Gold Executive Leads)
		£100k ≤£250k Short justification (including high level impact and risk assessment – see proforma attached as Appendix 2) with capital team support. Approval by → Executive Director of Finance & 2 x Executives (normally Silver and Gold Executive Leads)	
Impact in Locality within policy and/or GREEN & YELLOW Quality Impact Assessment	**BRONZE**		

GIG CYMRU NHS WALES | Bwrdd Iechyd Prifysgol Betsi Cadwaladr University Health Board

Emergency Capital Business Case

(for items over £5,000)

Project Lead	
Department :	
Hospital/Site :	
Project Sponsor: eg lead clinician, dept head or capital programme lead	
Scheme Title : ie. Name of equipment or description works to be undertaken	

Description of scheme and case of need ie. function of equipment in lay terms or nature of works

Options Analysis

Options Considered	
	Option 1-No change
	Option 2-Other
	Option 3-Preferred

Option 1 (No change)

Finance Option 1 (no change)

CAPITAL COST	No. of items	Unit cost	Total (inc VAT)
Equipment Cost			
Building / Engineering Cost			
IT Cost			
Total Capital Cost			0

	Estimated Life of asset in yrs	
Capital Charges		

CURRENT REVENUE COSTS per annum	
Maintenance	
Consumables	
Staffing	
Facilities	
Property Rates	
Training	
Other	
Total Cash Revenue Cost	0
	#DIV/0!
Total Revenue Impact	#DIV/0!

Option 2 (Other)

Finance Option 2 (Other)

CAPITAL COST	No. of items	Unit cost	Total (inc VAT)	REVENUE COST include increase/decrease per annum		
					Set up costs	Ongoing
Equipment Cost						
Building / Engineering Cost				Maintenance		
IT Cost				Consumables		
Total Capital Cost			0	Staffing		
				Facilities		
				Property Rates		
				Training		
				Other		
				Total Cash Revenue Cost	0	0
Capital Charges	Estimated Life of asset in yrs				#DIV/0!	#DIV/0!
				Total Revenue Impact	#DIV/0!	#DIV/0!

Option 3 (preferred option)

Outline the benefits of the preferred option

What are the risks if the preferred option is not implemented?

Provide details of the procurement strategy (eg competitive tender, single tender waiver, etc)

Outline the key programme dates

Finance Option 3 (Preferred Option)

CAPITAL COST	No. of items	Unit cost	Total (inc VAT)	REVENUE COST include increase/(decrease) per annum		
					Set up costs	Ongoing
Equipment Cost						
Building / Engineering Cost				Maintenance		
IT Cost				Consumables		
Total Capital Cost			0	Staffing		
				Facilities		
				Property Rates		
				Training		
				Other		
				Total Cash Revenue Cost	0	0
					#DIV/0!	#DIV/0!
				Total Revenue Impact	#DIV/0!	#DIV/0!

FUNDING SOURCE

Discretionary Capital:	
Other Capital: (e.g. All-Wales, SaFF, SIFT, etc.)	
Charitable Fund no.	Agreed with fund manager (name)
Voluntary Organisation (League of Friends etc.) (name) :	

Is preferred option a new development, upgrade or a replacement for an existing capital asset?

REPLACEMENT / UPGRADE / NEW DEVELOPMENT (delete as appropriate)

CHECKLIST
Review the following list to ensure that all support issues have been considered.

- All associated building/engineering/facililties issues and costs	YES / NO/ NA
- All associated IT issues and costs - eg: installation, business continuity, security, support, training,	YES / NO/ NA
- End Users have signed off design?	YES / NO
- Infection Prevention issues considered?	YES / NO/ NA
- Medical Engineering have been contacted regarding G111compatibilty, decommissioning, PPQ completion, acceptance testing, etc.?	YES / NO/ NA
- Medical Physics have been contacted regarding radiation protection?	YES / NO/ NA

Prepared name/title by :		Date	
Date:			

Countersigned by Lead Director			
Name		Date	

Revenue consequences of preferred option approved by Management Accountant			
Name		Date	

Cyfarfod a dyddiad: Meeting and date:	Health Board 18th November 2021
Cyhoeddus neu Breifat: Public or Private:	Public
Teitl yr Adroddiad Report Title:	Transformation update
Cyfarwyddwr Cyfrifol: Responsible Director:	Dr Chris Stockport, Executive Director of Primary Care and Community Services
Awdur yr Adroddiad Report Author:	Paolo Tardivel, Director of Transformation and Improvement
Craffu blaenorol: Prior Scrutiny:	Reviewed by Executive Director of Primary Care and Community Services
Atodiadau Appendices:	Appendix 1: Transformation Update for Board members

Argymhelliad / Recommendation:
The Board is asked to endorse the Transformation and Improvement strategy and approach outlined in this paper

| Ticiwch fel bo'n briodol / Please tick as appropriate |

Ar gyfer penderfyniad /cymeradwyaeth For Decision/ Approval	X	Ar gyfer Trafodaeth For Discussion	X	Ar gyfer sicrwydd For Assurance		Er gwybodaeth For Information	

Y/N i ddangos a yw dyletswydd Cydraddoldeb/ SED yn berthnasol Y/N to indicate whether the Equality/SED duty is applicable	N

Sefyllfa / Situation:
The Transformation and Improvement team is in the process of establishing itself and building a strong team and foundations to deliver an ambitious Transformation and Improvement agenda. This paper sets out the Transformation and Improvement strategy and approach, for feedback and discussion.

Cefndir / Background:
See appendix

Asesu a Dadansoddi / Assessment & Analysis
See appendix

Opsiynau a ystyriwyd / Options considered N/A

Goblygiadau Ariannol / Financial Implications N/A

Dadansoddiad Risk / Risk Analysis N/A

Cyfreithiol a Chydymffurfiaeth / Legal and Compliance N/A

Asesiad Effaith / Impact Assessment N/A

Appendix 1: Transformation Update for Board Members

Transformation Update

Paolo Tardivel

November 2021

This paper provides a brief update for the Board on progress in establishing and mobilising our new Transformation and Improvement function. There has been good progress made to date and by the time the unit is at full capacity, every aspect of team's responsibilities will be in place and have started to mature.

Strategy and Vision

Vision

The Transformation and Improvement (T&I) function is being set up and structured to underpin the Health Board's key strategic ambitions. The team's co-created vision is:

> To relentlessly pursue the **perfect experience** for those using our services, through a combination of world leading **innovation** and the power of our **18,000 strong team**. We will constantly push the boundaries of **clinically lead** improvement

Principles

The main principles the formation of the T&I function are aiming to deliver are:

1. Single point of coordination for all Transformation and Improvement work across the Health Board
2. Create a professional, consistent and effective programme, project and improvement centre of excellence
3. Enable and support a self improving organisation that prioritises interventions that make most difference to people

Transformational Value

Value

In order to successfully embed and deliver transformation and improvement within an organisation, it is vital that everyone is clear and aligned on how to describe "value". This has to be first and foremost focussed on how to deliver better outcomes for the population, person or patient, across experience, quality and safety. Given the history of improvement in recent years has necessarily been focussed on cost savings, it is important that the creation and launch of the T&I team in the organisation is very clearly focussed using this 'better outcome' language, in order to bring our colleagues across the organisation on the journey with us. However internally the team will be equally as focussed on financial savings as well as

delivering a wider return on investment. We know that by removing waste and rework we will become more efficient, which will help achieve both outcomes. This aligns well to Value Based Care ambitions of achieving world leading health outcomes in a financially sustainable way, supporting our positive engagement with the National Value Based Care Programme.

Transformation vs Improvement

Everyone across the organisation needs to have a common understanding of the difference between Transformation and Improvement. This may seem obvious to some, but it is important to differentiate in order to employ an effective strategy and approach to both.

> **Transformation** = **fundamental** change, best focussed on a **small** number of **very big** changes **orchestrated centrally**

> **Improvement** = **incremental** change, across a **larger** number of **smaller** changes, managed **locally** but **supported** centrally

Regardless of the difference between transformation and improvement, both are most effective when clinically led.

Transformation and Improvement structure

This section describes the key functions within the T&I team, the benefits they seek to bring and progress to date.

Function	Benefits	Progress
Transformation and Improvement Office: Provide a single BCUHB wide view of T&I work, the value it delivers and prioritisation mechanisms	1. A single view of T&I work – the outcomes and value it brings and timescales associated 2. Enabling the development of a change heat map to highlight areas of change consumption contention 3. Effective prioritisation of our T&I efforts to facilitate doing "fewer things better" 4. Consistency in programme reporting and value tracking	• Core team in place and final recruitment in progress • Pulling together a view of all the T&I intitatives on-going aross the Health Board • Proposal being formed on both experiential and financial currencies to form an overarching view of forecast "value" • Prioritisation methodology proposal being formed
Programme and Project Management (P&PM) Centre of Excellence: A P&PM professional community housing 1) A flexible resource pool of project	1. Introduces consistent project and programme management rigour 2. Assures appropriate programme scope and alignment and a single point of coordination	• Agreement with Executive Team that central programme orchestration is required • Forming programmes function – discussions commenced on inclusion of existing and established de-centralised programmes

managers and 2) Key programmes including BCU Pathways	3. Professional development and best practice sharing 4. A single view of scale of investment in Programme and Project Management resource (currently spread across the organisation) 5. Enables permanent recruitment of higher quality candidates 6. Talent development opportunities for individuals outside of T&I to rotate in, pick up the skills and mindset, returning to and enriching their substantive area of work	• Head of P&PM in place, further recruitment underway • Flexible resource pool agreed with Exec Team and new business cases with project management requirements will be met through recruitment into this function
Continuous Improvement: 1) Roll out and embed CI methodologies / infrastructure and 2) A flexible resource pool of improvement specialists that directly support larger initiatives across the organisation	1. Accelerating coverage of support for the Health Board to become a self improving organisation 2. Improving ease of access, time commitment and engagement with improvement knowledge, tools and coaching 3. Flexible resource pool benefits as described in the project management section above	• Assessment underway in current approach to continuous improvement and how can broaden coverage and accelerate • Completed initial approach sharing exercise with first of "lean industry partners" – Airbus • Core team in place, re-prioritisation of their existing work near completion to better balance resource across continuous improvement and strategic programme priorities
Pipeline and analytics: Responsible for creating a pipeline of opportunities through 1) Working with Informatics on different ways of associating our data, 2) Horizon scanning the work on-going across other Health Boards and third party organisations	1. Creating a continuous pipeline of future opportunities that can be "picked off the shelf" as operational and funding circumstances change 2. Investing in how we use data to inform T&I in a person centred way 3. Harnessing innovation and proven solutions from around the world	• Agreement to transfer budget and build transformation analytics capability within Informatics, whilst being directed from T&I • Engagement with both Lightfoot and GIRFT (Get it Right First Time) data streams of work • Recruitment in progress to fill the small team that will remain in T&I
Value Based Care: Value Based Care champions supporting the whole organisation	1. Supporting the organisation to mature in how it defines and utilises "value" 2. Supporting effective and consistent prioritisation of	• Recruitment in progress to fill the small team that will sit in T&I • See T&I Office point on "value" proposal

and main interface into national team	investment in services in most need	

Transformation and Improvement journey

It should be noted that a significant amount of recruitment is underway to establish these functions (c.50% of team). As it can take time to find the right candidates with the right skills, we are seeking short term support from agency to fill key roles and enable us to mobilise more quickly.
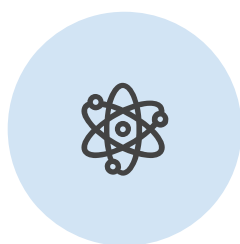
As mentioned above, work is underway to identify the key transformation and improvement initiatives on-going across the Health Board. The initial findings indicate that a number of the initiatives labelled as transformation are closer to improvement in nature. Once we have an established and prioritised view of work that is on-going, the value that it will deliver and any contention in individual teams' change consumption capacity, we'll be in a better position to recommend a course of action to address this.

Given the above, we see the Transformation and Improvement journey as:

CHAPTER 1: STRONG FOUNDATIONS	CHAPTER 2: EVOLUTION	CHAPTER 3: WORLD CLASS SERVICE
Creating a consolidated Transformation and Improvement function built on establishing the fundamentals	Building upon strong foundations, evolving our transformational capability to support next level of cutting edge change	Become world renowned for our transformation approach, innovations and achievements, leading the way into healthcare's future transformation

Summary

Key points, items for feedback and next steps:

1. The Transformation and Improvement team is focussed on delivering outcomes that will make the biggest difference for the people of North Wales, in a financially sustainable way

2. The team is on a journey, but will be a single point of orchestration, prioritisation and centre of excellence for all transformation and improvement work across the Health Board

3. A key ambition is to create a self improving organisation and that all transformation and improvement work is always clinically led

4. Specific project and programme reporting will be handled through the Transformation Group into Executive Delivery Group, with highlight reporting going into the Performance Finance Information Governance Comittee

5. Further progress and discussion on this topic will be brought to the Board Workshop on 2nd December 2021

Cyfarfod a dyddiad: Meeting and date:	Health Board 18th November 2021
Cyhoeddus neu Breifat: Public or Private:	Public
Teitl yr Adroddiad Report Title:	Strategy Development Update
Cyfarwyddwr Cyfrifol: Responsible Director:	Chris Stockport Executive Director – Primary Care and Community Services
Awdur yr Adroddiad Report Author:	Sally Baxter Assistant Director – Health Strategy
Craffu blaenorol: Prior Scrutiny:	Executive Director – Primary Care and Community Services
Atodiadau Appendices:	1. Powerpoint narrative paper

Argymhelliad / Recommendation:

The Board are asked to receive the update on work underway to develop and align the Health Board's key strategies.

Ticiwch fel bo'n briodol / Please tick as appropriate

Ar gyfer penderfyniad /cymeradwyaeth For Decision/ Approval		Ar gyfer Trafodaeth For Discussion		Ar gyfer sicrwydd For Assurance		Er gwybodaeth For Information	X
Y/N i ddangos a yw dyletswydd Cydraddoldeb/ SED yn berthnasol Y/N to indicate whether the Equality/SED duty is applicable						**N**	

The original Living Healthier, Staying Well strategy (produced in 2018) was supported by a full Equality Impact Assessment. An updated Equality Impact Assessment and a Socio-Economic Duty Impact Assessment will be undertaken for the refreshed strategy when produced, building on the feedback gained during engagement.

Impact assessment of the supporting strategies will be undertaken as required at the appropriate point in development.

Sefyllfa / Situation:

The Health Board is required to ensure there is a clear organisational strategy and a supporting clinical services strategy in accordance with the NHS planning framework. These are also requirements under the Targeted Improvement framework.

To address these requirements the Board is working towards finalising a refresh of the previously approved long-term strategy, Living Healthier, Staying Well (LHSW). The refresh of the strategy will

inform the development of an integrated three year plan and will provide the framework for the development of the Health Board's clinical services plan.

The alignment of the LHSW refresh (which sets out the goal of the Health Board) with the clinical services plan and Stronger Together, as the key strategies of the Health Board, is essential in order to ensure clarity and consistency in all that we do. The aim is to develop a clear, simple plan on a page that succinctly articulates the organisational vision.

This report provides a brief update on the following areas of strategy development:
Living Healthier, Staying Well strategy refresh
Clinical Services Plan
Stronger Together - Our People & Organisational Development strategy
Engagement

The Quality Improvement Strategy is also currently being updated and will be reported through the Quality, Safety and Experience Committee.

Cefndir / Background:

Strategic alignment

The Targeted Improvement Framework is clear that in the domain of Strategy, Planning and Performance, Strategy Alignment is a major factor in achieving the organisational improvement that is needed to deliver better outcomes and experience for the people of North Wales.

The executive and officer leads for the key programmes are working closely to ensure that there is alignment and consistency between the major strategy development and that this feeds in to the enabling strategies and the Board's Integrated Medium Term Plan. Engagement work has been underway in support of this and the programme leads are also working to avoid duplication of any engagement approach and also to share feedback across the programmes to gain maximum value from the contribution of time and views from staff, members of the public, patients, carers, partner organisations. A brief update on engagement has been included within the supporting information.

Asesu a Dadansoddi / Assessment & Analysis

Goblygiadau Strategol / Strategy Implications

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

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

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

There will be close links also with partnership priorities, including those of the Regional Partnership Board and the Public Services Boards, as these are refreshed and confirmed over the forthcoming months..

Opsiynau a ystyriwyd / Options considered

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

Goblygiadau Ariannol / Financial Implications

Financial implications of the LHSW refresh process will be minimal, linked to preparation of materials, staff time for engagement, and any associated costs. Financial implications of the strategic prpogrammes will be assessed and appropriate governance followed for approval.

Dadansoddiad Risk / Risk Analysis

There is a risk that the strategy refresh process could conflict with other engagement activities within the Health Board or those of partner agencies. The refresh process is collaborating internally with Stronger Together and externally with partnerships, in particular the Population Needs Assessment, to align activities and minimise duplication or overlap. Feedback gained through the different programes will be shared to add value.

Cyfreithiol a Chydymffurfiaeth / Legal and Compliance

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

Asesiad Effaith / Impact Assessment

Impact assessments will be undertaken as the refreshed strategy is developed. There was a strong focus on equality and human rights considerations in the development of the initial strategy and initial assessment of feedback from the engagement survey suggests strong support for maintaining this focus and continuing to strengthen this, in view of the implementation of the socio-economic duty, the impact of Covid-19 on existing and new inequalities, and the proposed Welsh Government Race Equality Action Plan (currently subject to consultation.)

Strategies

The *Living Healthier, Staying Well* refresh, and the recent Discovery phase of our *Stronger Together* programme have both identified that whilst there is broad support for the strategic principles we have discussed, there is an opportunity to communicate our plans more simply and succinctly.

This slide-pack provides an update of the work we are doing in this area.

Key BCUHB Strategies / Plans

- Living Healthier, Staying Well

- Clinical Services Strategy

- Quality Strategy

- Engagement Strategy

- Stronger Together: Our People & Organisation Development Strategy

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Living Healthier, Staying Well

- Engagement survey ended three weeks ago, and the full report will be shared once completed.

- Of note, the overwhelming majority of respondents strongly agreed or agreed that the strategic goals within the original LHSW strategy are still relevant.

- Many people felt there should be a greater emphasis on health inequality

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Living Healthier, Staying Well – other key themes

- Clarify and simplify the aims of the Health Board and connect throughout the organisation

- Need to reconfirm our commitment to improving outcomes and experience for the people of north Wales

- Strengthen the commitment to partnership working, ensuring this is core to the Health Board's functions

- A focus upon experience and outcomes

- Support for care closer to home; and three acute hospitals each having a 24/7 emergency department and supporting services

- Refresh to be completed by December 2021

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Clinical Services Strategy

Clinical Services Strategy

The themes arising from Living Healthier, Staying Well, will now inform our Clinical Services strategy.

- Led by the Executive Medical Director, but a strategy for all clinical support and services and not just 'medicine'

- It will confirm commitment to 3 main acute hospitals amongst the design principles but it is to cover the whole scope of an integrated Health Board, not just secondary care services

- As such it reaches into population health and beyond, and must also reflect our partnership commitments

- It must be written in discussion with our staff, partners, patients, carers and the public: **co-design**

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Clinical Services Strategy

- A 'Clinical Senate' to support the strategy development is currently being established

- Discussions progressing to agree the best way to secure broader engagement from the outset, identifying people from different groups and different perspectives who are willing to help shape the strategy

- A series of workshop style events commencing, in order to test and confirm the principles for the strategy and develop the framework for delivery

- The strategy will be completed by March 2022

Quality Improvement Strategy

Quality Strategy

- Refresh of the Quality strategy is currently underway

- This will be reviewed and discussed through the Quality, Safety and Experience committee

- Focus on the Quadruple Aim and the recent Health and Social Care (Quality and Engagement) (Wales) Act 2020

- The Quality Strategy will be aligned with the Clinical Services Strategy and the People and Organisation Development Strategy

- Further engagement is taking place over the next months

- The new strategy for 2022/25 will be completed by end of financial year

Engagement

Engagement Strategy

- Extensive engagement has continued throughout recent months, significantly in support of the refresh of Living Healthier, Staying Well, but also other areas such as the Digital Strategy, Pharmaceutical Needs Assessment and Palliative Care

- The engagement team has provided support to the Covid-19 vaccination programme in connecting with community groups and networks

- Whilst continuous engagement is ongoing, we recognise that a review of our strategy is now overdue

- Bringing partnerships, communication and engagement together into a single directorate, with the new Director commencing imminently creates the right environment in which to now do this. This work will begin in December 2021

Stronger Together

Our People & Organisation Development Strategy

Stronger Together - People & OD Strategy - current position

- A huge amount of work has been undertaken in the discovery phase within the organisation, having had conversations with around 2,000 colleagues. These conversations continue.

- Thematic analysis currently underway to support effective improvement and management of change.

- Key communication, reflection and feedback sessions held and underway throughout the organisation.

- Commitment to co-design our future together, driving the development of our People & OD Strategy 2022-2025+. A framework for how to develop this will go to PPPH committee next month.

Mewn Undod mae Nerth | Stronger Together

Opportunity to

Purpose & Goals
Reset & connect

Behaviours
Develop our shared standards

Engagement & Communication
Learn from Discovery

Role & Responsibility
Establish clarity

Multi Divisional Team working
Create conditions to encourage & enable

Decision making
Establish clear framework to empower

Leadership Development
Develop framework & increase opportunity

Structure
Aligned to our purpose

Change
Develop skills and capacity

Personal Contribution
Clear & recognised

GIG CYMRU NHS WALES | Bwrdd Iechyd Prifysgol Betsi Cadwaladr University Health Board

Bringing this together

Bringing this together

- At every level of the work above, we have heard feedback advocating for simplicity and a succinct approach to articulating a vision everyone can understand and support.

- The above strategy work has been essential in clarifying this and reaffirming that our underlying strategic principles are sound.

- The alignment of a reinvigorated approach to Transformation, alongside our strategic planning team, provides further opportunity and impetus to simplify our strategies and plans.

- Learning nationally, and internationally, from the highest performing Healthcare Organisations shows that this was a consistent step in each individual journey, with the distillation of their complex collections of plans and strategies into a simple 'plan on a page'.

- We are now close to finalising a BCU 'plan on a page' - early feedback is already demonstrating the value of this.

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Cyfarfod a dyddiad: Meeting and date:	Health Board 18th November 2021
Cyhoeddus neu Breifat: Public or Private:	Public
Teitl yr Adroddiad Report Title:	Strategic Outline Case: Llandudno Junction/Conwy Primary Care Development
Cyfarwyddwr Cyfrifol: Responsible Director:	Dr Chris Stockport, Executive Director of Primary Care & Community Services
Awdur yr Adroddiad Report Author:	Steph O'Donnell, Central Area
Craffu blaenorol: Prior Scrutiny, approvals received:	Area Director: Bethan Jones Project Director: Alison Kemp Primary & Community Care Senior Management Team: 5 Oct 2021 Executive Team: 13 October 2021 - approved Capital Investment Group: 14 October 2021 - approved Performance Finance Information Governance: 28 October 2021 - approved
Atodiadau/Appendices:	1. Strategic Outline Case (SOC) 2. EQIA screening 3. Socio Economic Duty Impact Assessment Other appendices listed within documentation are available on request

Argymhelliad / Recommendation:

The Board is asked to approve the Strategic Outline Case for Conwy / Llandudno Junction for onward Welsh Government (WG) approval decision and funding.

Ticiwch fel bo'n briodol / Please tick as appropriate

Ar gyfer penderfyniad /cymeradwyaeth For Decision/Approval	✔	Ar gyfer Trafodaeth For Discussion		Ar gyfer sicrwydd For Assurance		Er gwybodaeth For Information	

| Y/N i ddangos a yw dyletswydd Cydraddoldeb/ SED yn berthnasol
Y/N to indicate whether the Equality/SED duty is applicable | | | | | | Y | |

Screening has been undertaken alongside engagement at SOC stage.

Sefyllfa / Situation:

The Strategic Outline Case (SOC) seeks Welsh Government approval to proceed to Outline Business Case (OBC) and to draw down fees for design and OBC development. The SOC is submitted to BCUHB Board, seeking endorsement of the case for Welsh Government (WG) approval.

Discussions have started with Community Health Council (CHC) and this will continue. Conwy County Borough Council (CCBC) is working with us and supportive of the case and the project has engaged with the Conwy West Forum of elected members. BCUHB recognises the need for co-production with local population and stakeholders and this is expected during the next stage of reviewing the options.

Cefndir / Background:

This SOC seeks approval to proceed to OBC and take forward the design of primary and community care facilities in the Conwy West Cluster, specifically in Conwy and Llandudno Junction, a population of c. 21,000 people on the coastal strip of the Conwy West locality. The SOC addresses challenges with the existing estate and the need for to deliver more integrated health and care services in a modern, fit-for purpose environment. The SOC is developed in partnership with Conwy County Borough Council (CCBC), the GP Cluster and the Third sector.

Currently, services are delivered from multiple settings in the local area and with varying degrees of collaboration and cohesive working between teams. The proposal is influenced by a broad range of factors, including the poor condition of the existing estate and the need to overcome limitations such as access, space and parking. Without investment and considered change, services and parts of the estate will be unsustainable, especially when considering modern demands, evolving standards, our learning from COVID 19, best practice, and the needs of a growing and ageing population.

The Local Authority has identified Llandudno Junction as a "distinctive community and a key economic hub at the heart of North Wales". Significant housing development has taken place or is planned in the locality[1]: between 2016 – 2019, an estimated 740 housing units were completed in Llandudno Junction and, in Conwy, c. 200 units were completed[2]. The development of new health and well-being facilities in the area will meet growing demand and offer socio-economic benefits, including employment during the construction, ongoing career and training opportunities in Health and Care and general investment in the health and well-being for the area.

Practices in scope are: Bodreinallt surgery (independent Contractor), Llys Meddyg and Gyffin Surgeries (two practices recently merged to form one, which is Health Board managed), and the Maes Derw clinic (BCUHB owned building) in Llandudno Junction. Lonfa Surgery, in Llandudno Junction, is also in this locality. Practice boundaries are illustrated below:
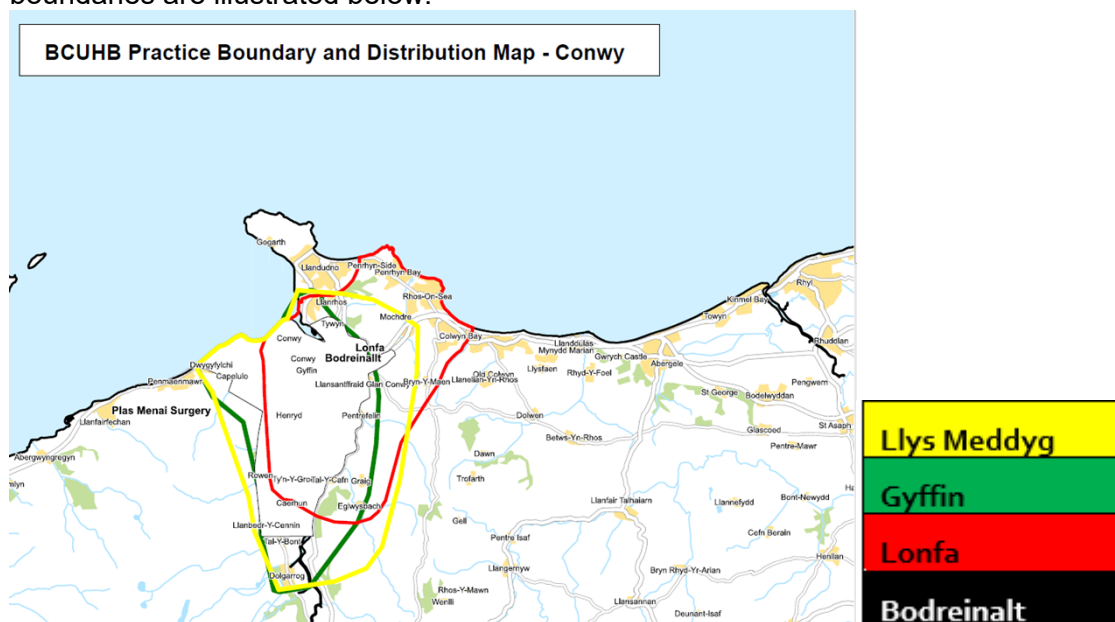
Asesiad / Assessment & Analysis

Executive Team approval confirmed 13/10/21, Capital Investment Group approval confirmed 14/10/21, Performance, Finance and Information Governance (PFIG) Committee approval confirmed 28/10/21.

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[1] BP21 Site Deliverability Assessment (conwy.gov.uk)
[2] www.conwy.gov.uk/jhlas

Goblygiadau Strategol / Strategy Implications

The Health Board approved a pipeline of Primary Care development schemes in 2017, reviewed in 2021. BCUHB has consistently prioritised the need for investment in primary care facilities in this locality. The Conwy/Llandudno Junction scheme remains relevant and aligned with national and local strategic direction including: the "Well-being of Future Generations (Wales) Act, 2015" and "A Healthier Wales: Our Plan for Health and Social Care" and the Health Board's strategy "Living Healthier Staying Well" and the Estates Strategy. The SOC is also taking into account Cluster development plans and public engagement undertaken in 2021.

The investment objectives for this development are:
1. To facilitate the provision of primary and community care services in line with population needs, in modern, fit-for-purpose premises.

2. To support the sustainability of Primary and Community Care in Conwy, Llandudno Junction and the surrounding area, through a more integrated health and care service model, and through enabling training and development of health and care staff, including medical students.

3. To provide a safe, modern working environment for Health Board staff and partners by having fit for purpose buildings.

4. To facilitate integration of services across primary, community, social and third sectors via co-location.

Opsiynau a ystyriwyd / Options considered
In accordance with BCUHB's Capital Investment Manual and HM Treasury's Green Book, a long list of options was generated using the options framework, which systematically works through the available choices for what (scope), how (service solutions), who (service delivery), when (implementation), and funding. This process results in option as a preferred choice.

The SOC proposes that various options to deliver the objectives are now explored in depth at OBC. The preferred way forward is the maximum scope option, incorporating co-located primary care services, clinical and office space for the Community Resource Team comprising District Nurses, Therapists and Social Care professionals, Community Dental, Well-being and Education facilities. The scope options take into consideration: national and local strategic context, including emerging findings from the all-Wales review of Primary care; analysis of the existing estate; the views and needs of local professionals; and population health needs.
In terms of the physical building solution, two options will need further evaluation at OBC:
- An appropriately sized new build health and well-being campus within this locality in Conwy or Llandudno Junction, and
- One larger and one smaller branch health facility in Conwy or Llandudno Junction, ensuring there is accessible provision in both towns.
Capital estimates of £15-£19 million include 10% contingency and, in addition to this, an optimism bias of 24% is indicated in line with HM Treasury *Green Book* guidance.

Goblygiadau Ariannol / Financial Implications
At this early stage the best estimate of the capital cost is between £15-£19 million based on PubSec Index 250. The scheme is likely to be revenue neutral assuming capital funding availability. There is potential for Capital return if an existing site can be disposed of. Further evaluation of funding options including third party development will be undertaken at OBC.

Dadansoddiad Risk / Risk Analysis

Description	Mitigation
Capital may not be available for the development	Funding options including third party development to be evaluated at OBC stage
Limited availability of suitable buildings/sites	Ongoing dialogue with CCBC and NHS Wales Shared Services Partnership (NWSSP)
Risk that sites may not be available in time	Ongoing dialogue with CCBC
GP practices may not commit to the SOC	Project Director engagement with Cluster

Cyfreithiol a Chydymffurfiaeth / Legal and Compliance
The SOC is compliant with the requirements of HM Treasury's Green Book (A Guide to Investment Appraisal in the Public Sector). The development will comply with relevant building regulations including more recent regulatory changes for Infection Prevention and Control.

Asesiad Effaith / Impact Assessment
An Equality Impact Assessment screening has been undertaken. This will be developed along with a Socio-Economic Impact Assessment as part of the engagement at OBC stage.

Llandudno Junction/Conwy Primary Care Development

Strategic Outline Case (SOC) - SRO Final

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B   Social Determinants of Health model – Dahlgren & Whitehead (1991)

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D   BCUHB Local Engagement (May 2021)

E   Lambert Smith Hampton Estates Review (October 2016)

F   Scope of services

G   Capital cost range estimated – (17 September 2021)

H   Equality Impact Assessment Screening Form
I   Socio Economic Impact Assessment Draft

1.   Executive Summary

This Strategic Outline Case (SOC) seeks approval to proceed to Outline Business Case (OBC) and take forward the design of primary and community care facilities in the Conwy West Cluster, specifically in Conwy and Llandudno Junction, a population of c. 21,000 people. The SOC addresses challenges with the existing estate and the need for more integrated health and care services to be delivered in a modern, fit-for purpose environment. The SOC is developed in partnership with Conwy County Borough Council (CCBC), the GP Cluster and the Third sector.

The Health Board approved a pipeline of Primary Care development schemes in 2017 and this has been reviewed in 2021. BCUHB has consistently prioritised the need for investment in primary care facilities in this locality. The scheme remains relevant and aligned with the Health Board's strategy, *Living Healthier Staying Well* (LHSW) and our supporting Estates strategy.

Currently, services are delivered from multiple settings in the local area and with varying degrees of collaborative and cohesive working between teams. The proposal is influenced by a broad range of factors, including the poor condition of the existing estate and the need to overcome limitations such as access, space and parking. Accessible premises, with sufficient space for now and future, in well-located accommodation, carefully designed to meet the health and care needs of local people, will benefit all partners and the communities served, and enhance the locality's community assets.

The Local Authority with its partners has identified Llandudno Junction as a "distinctive community and a key economic hub at the heart of North Wales". Significant housing development has taken place and is planned in the locality[1]: specifically, between 2016 – 2019, 74 large sites were completed in Llandudno Junction comprising at least 10 houses per site and, in Conwy, 20 large sites were completed during 2016-2019. The development of new facilities in the area will meet growing demand and offer socio-economic benefits, including employment during the construction, ongoing career and training opportunities in Health and Care and general investment in the health and well-being for the area.

Without investment and considered change, services and parts of the estate will be unsustainable, especially when considering modern demands, evolving standards, our learning from COVID-19, best practice, and the needs of a growing and ageing population.

The investment objectives for this development are:

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[1]BP21 Site Deliverability Assessment (conwy.gov.uk)
[2] www.conwy.gov.uk/jhlas

1. To facilitate the provision of primary and community care services in line with population needs, in modern, fit-for-purpose premises.

2. To support the sustainability of Primary and Community Care in Conwy, Llandudno Junction and the surrounding area, through a more integrated health and care service model, and through enabling training and development of health and care staff, including medical students.

3. To provide a safe, modern working environment for Health Board staff and partners by having fit for purpose buildings.

4. To facilitate integration of services across primary, community, social and third sectors through co-location.

The SOC proposes that various options to deliver these objectives are now explored in depth. The preferred way forward is the maximum scope option, incorporating co-located primary care services, clinical and office space for the Community Resource Team comprising District Nurses, Therapists and Social Care professionals, Community Dental, Well-being and Education facilities. The scope options take into consideration: national and local strategic context, including emerging findings from the all-Wales review of Primary care; analysis of the existing estate; the views and needs of local professionals; and population health needs.

In terms of the physical building solution, two options will need further evaluation at OBC:

- An appropriately sized new build health and well-being campus within this locality in Conwy or Llandudno Junction, and
- One larger and one smaller branch health facility in Conwy or Llandudno Junction, ensuring there is accessible provision in both towns.

At this early stage in the project, the best estimate of the capital cost is between £15 million to £19 million, based on PUBSEC index 250. The scheme is likely to be revenue-neutral, assuming capital funding is accessible, and there is potential for capital return if an existing site can be disposed of. Further evaluation of funding options, including third party development, will be undertaken at OBC.

2.   Structure and Contents of the Document

There are three key stages in the development of this priority business case for the Conwy / Llandudno development in North Wales.

The Strategic Outline Case (SOC); the Outline Business Case (OBC); and the Full Business Case (FBC).

With the above in mind, this SOC:

- Establishes the strategic context;
- Makes a robust case for change; and
- Provides a suggested way forward, rather than a definitive preferred option.

The OBC: will identify the option which optimises value for money; prepares the scheme for procurement; and puts in place the necessary funding and management arrangements for the successful delivery of the scheme.

The FBC: will set out the negotiated commercial and contractual arrangements for the deal; demonstrates that it is 'unequivocally' affordable; and puts in place the detailed management arrangements for the successful delivery of the scheme.

This SOC has been prepared using the agreed standards and format for business cases, as set out in the NHS Wales Infrastructure Investment Guidance. This approved format is the *Five Case Model,* and comprises the following:

- The **Strategic Case** - this sets out the strategic fit and case for change, together with the supporting investment objectives for the scheme;

- The **Economic Case** - this explores the suggested way forward – or how best to deliver the objectives of the scheme;

- The **Commercial Case** - this assesses the ability of the market place to deliver the required goods and services, and summarises the organisation's commercial strategy;

- The **Financial Case** - this gives outline estimates of the capital and revenue implications of the scheme, and a view of affordability.

- The **Management Case** - this demonstrates that the scheme is achievable and can be delivered successfully in accordance with accepted best practice

3. The Strategic Case

3.0 Introduction

The Strategic Case sets out the Strategic Context in Part A, below. The Case for Change and supporting Investment Objectives for the scheme are outlined in Part B.

Part A: Strategic Context

3.1 Organisational Overview – the Health Board

BCUHB was established on 1st October 2009 and is the largest health organisation in Wales. It provides primary, community, acute and mental health services for a population of approximately 700,000. BCUHB is responsible for the operation of over 90 health centres, clinics, community health team bases and mental health units, 19 community hospitals and three Acute Hospitals. BCUHB employs approximately 16,500 staff and has an annual revenue budget of approximately £1.6 billion.

The Health Board has close links with both Bangor and Glyndwr Universities, providing education and training for the clinical workforce in the region, and the development of a Medical School at Bangor University will provide opportunities to train the Doctors of the future in North Wales.

The Health Board's vision is summarised as[3]:

➢ Improve the health of the population, with particular focus upon the most vulnerable in our society

➢ Develop an integrated health service which provides excellent care delivered in partnership with the public and other statutory and third sector organisations

➢ Develop our workforce so that it has the right skills and operates in a research-rich learning culture.

The Health Board is organised into three Areas: West, Central and East, which are coterminous with the Local Authority boundaries. The Central Area is responsible for providing services and improving health and well-being to a resident population of around 212,000 people across Conwy and Denbighshire.

Primary Care services, including General Practitioners (GPs), community pharmacy and optometrists and dental services are mainly contracted to independent providers. However, a number of GP services are now directly provided and managed by the Health Board, including a GP practice which is within the scope of this Strategic Outline Case (SOC).

The Health Board is organised into 14 Combined Health & Social Care Localities (or 'Clusters'). A locality is described as[4] *"bringing together all local services involved in health and care across a geographical area, typically serving a population between*

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[3] Our Values - Betsi Cadwaladr University Health Board (nhs.wales).
[4] Strategic Programme - Primary Care One (nhs.wales).

25,000 and 100,000. Working as a locality ensures care is better co-ordinated to promote the well-being of individuals and communities."
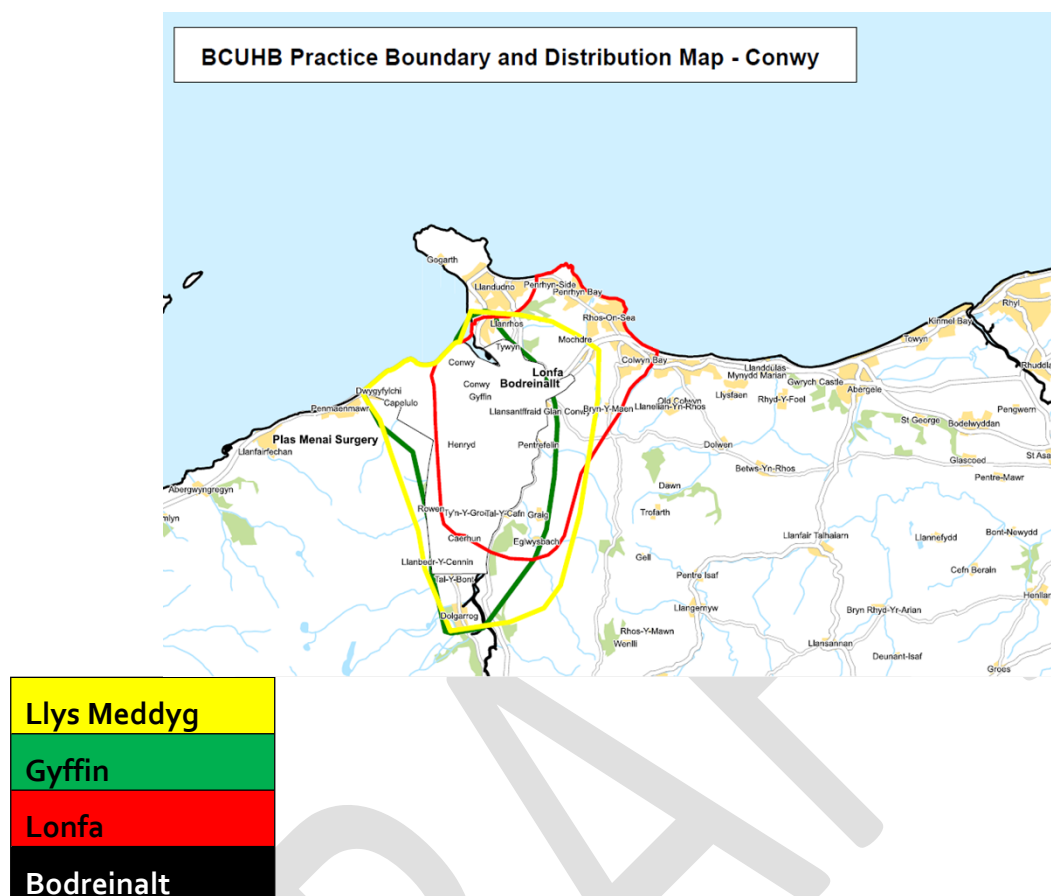
The SOC focuses on the coastal strip of the Conwy West locality, around Conwy and Llandudno Junction, as shown in Figure 1 below. The Conwy West Locality is one of the largest in Wales, consisting of 11 GP practices with a total population of around 64,000 registered with a GP within the locality (See Figures 1 and 2 below).

Figure 1 - Map of BCUHB Localities:

Presently practices in scope are: Bodreinallt surgery (independent Contractor), Llys Meddyg and Gyffin Surgeries (two practices recently merged to form one, which is Health Board managed), and the Maes Derw clinic (BCUHB owned building) in Llandudno Junction. Lonfa Surgery, in Llandudno Junction, is also in this locality. Their practice population will use the community facilities within this development. The use of the building by the GMS contractor is not currently part of the scope of the proposal. Figure 2 below illustrates practice boundaries.

Figure 2 – Practice Boundaries

BCUHB Practice Boundary and Distribution Map - Conwy

Llys Meddyg	(yellow)
Gyffin	(green)
Lonfa	(red)
Bodreinalt	(black)

3.2 Demographic Profile

3.2.1 Demographic Profile highlights

This section describes key facts and trends influencing this case. Further demographics are included in Appendix A.

Conwy County Borough Council (CCBC)[5] forecasts that the total population across the County will increase by 5,550 to 122,750, or 4.7% by 2039.
Particular growth is forecast in the older population with a decline in the number of people of working age and the population aged under 16.

Key Messages: Demographic Factors

> ➢ Significant increase in the numbers of older adults, particularly those aged 85 years and over with 1 in 4 affected by frailty by 2030 [6]
> ➢ Decline in numbers of younger adults.

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[5] CCBC Ward Data, as at December 2020.
[6] Public Health Wales Sub Regional Profiles Report, 2014.

3.2.2 Wider Determinants of Health

A range of internal and external factors influence people's health and well-being, reflected in the Dahlgren and Whitehead model (1991)[7] illustrated in Appendix B. This proposed healthcare development in the locality for Conwy/Llandudno Junction and surrounding areas, is contributing positively towards several of these wider social determinants through enabling health, in sustainable environments and with increasing focus on prevention.

Key Messages: Social Determinants

> ➢ Conwy has some of the most deprived communities in Wales.
> ➢ Deprivation impacts on health and well-being throughout the life-course.
> ➢ Alcohol consumption is higher than average in the area.
> ➢ Vaccination rates are lower than average.
> ➢ 16% of people, (18,100), are in the most deprived fifth of deprivation.
> ➢ 19% of people, (22,230), are in the next most deprived fifth of deprivation.

3.2.3 Long term conditions

Long term mental and physical health conditions impact on an individual's health and well-being and their need for services from health and social care services, and frequently the third sector and informal community support.

> **Key Messages for the Locality:**
> ➢ Hypertension is higher than average.
> ➢ Dementia will increase due to ageing population.
> ➢ Most prevalent health issues on GP registers are: Hypertension; smoking; obesity.
> ➢ Mental Health conditions are increasing aligned with All Wales trends.
> ➢ Dementia is expected to almost double by 2030 and the population of older people in this locality is higher than average.

3.2.4 Housing and regeneration

CCBC's Replacement Local Development Plan (RLDP)[8] estimates the provision of 4033 new homes, including 1800 affordable homes, by 2033, throughout the county. 90% of growth is expected within the Coastal Development Strategy Area in which Llandudno Junction/Conwy is included.

Specifically between 2016 – 2019, 74 large sites were completed [1] in Llandudno Junction comprising at least 740 houses and this is supplemented by some smaller site completions of less than 10 houses per site. In Conwy, 20 large sites were completed during 2016-2019.

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[7] Dahlgren, G. and Whitehead, M., 1991. Policies and Strategies to Promote Social Equity in Health. Stockholm Sweden: Institute for Future Studies.
[8] Replacement Local Development Plan Strategy (RLDP)
[9] Welsh Government Wales Spatial Plans (WSP)
[1]BP21 Site Deliverability Assessment (conwy.gov.uk)

The Local Authority with its partners has been working since 2009 to develop Llandudno Junction as a "distinctive community and a key economic hub at the heart of North Wales". The development of new facilities in the areas will offer socio-economic benefits, including expected employment during the construction, ongoing career and training opportunities in Health and Care and general investment in the health and well-being of the area.

3.3   National Strategies

Welsh Government policy remains consistent in its direction towards co-ordinated services across sectors. A number of strategic and policy documents are referenced below, which have a significant impact and influence on the current and future direction and design of health care services in Wales and for this development including:

- The Well-being of Future Generations (Wales) Act, 2015[10]
- A Healthier Wales: Our Plan for Health and Social Care [11]
- Strategic Programme for Primary Care, 2018[12]
- Principles of Primary and Community Care Transformational Model (2018)[13]
- "Case of Change: The Future for Primary Care Premises in Wales"[14]

Primary Care stability and integrated health and care models are at the heart of "A Healthier Wales" and the primary care transformation model. The strategic direction is for a more proactive and preventative approach, with healthcare professionals in general practice being able to refer to a greater range of community services.

This SOC enables delivery of change aligned with these strategic contextual drivers and seeks to develop a *Level 4* large Health and Well-being Hub, supplemented with a smaller *Level 2* facility in the Cluster, as defined in the *Archus* report[14].

3.4   Health Board Strategies

3.4.1 Living Healthier, Staying Well (LHSW)[15]

The Health Board's strategy, Living Healthier, Staying Well (LHSW), was endorsed after public engagement in 2017/18 and the principles of LHSW remain relevant and inform the development of the SOC.

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[10]The Well-being of Future Generations Act, 2015| GOV.WALES
[11] A Healthier Wales our plan for health and social care (gov.wales)
[12] Strategic Programme - Primary Care One (nhs.wales)
[13] https://primarycareone.nhs.wales/files/cluster-governance-a-guide-to-good-practice/resource-pack-3-maturity-matrix-for-clusters-pdf/
[14] "Case for Change: Future for Primary Care Premises in Wales" (*Archus* for Welsh Government, September 2021
[15] BCUHB Living Healthier Staying Well, 2018.

The priority delivery areas within this LHSW are:

- ➢ Improving health and well-being
- ➢ Care Closer to Home – is particularly relevant for this proposal
- ➢ Mental Health
- ➢ Excellent Hospital Care

Within the LHSW strategy, Care Closer to Home (CCtH) sets out BCUHB's plan to deliver "A Healthier Wales", in partnership with Social Care, independent and third sectors. This SOC aims to enable delivery of the new model of care in the community, focussing on the development of Health and Well-being centres/hubs and investment in:

- ▪ Community Resource Teams (CRT's)
- ▪ Integration between community and primary care teams
- ▪ Co-location of teams and services

The scope aligns with the description set out in the CCtH strategy.

3.4.2 Estates Strategy

In March 2019, the Health Board approved its Estates Strategy. The strategy supports the design and delivery of services, as influenced by the following factors: national strategic direction; demographic change; digital enablement of services; community transformation and integration; workforce and cultural priorities.

The following estates factors are significant to this proposal:

- ▪ Poor quality of the estate
- ▪ Lack of expansion space
- ▪ Opportunities for shared accommodation across services and organisations
- ▪ Direction for CCtH and *Archus* Review for Health and Well-being Hubs
- ▪ Environmentally friendly and sustainable buildings
- ▪ Backlog maintenance
- ▪ Disposal of estate that is surplus to requirement or high maintenance costs/backlog maintenance

3.4.3 COVID-19

COVID-19 and emerging requirements continue to shape standards and approaches and these will further inform plans and practices. With recent engagement from BCUHB and NWSSP, this project has developed a preliminary schedule of accommodation (Appendix C) in line with current all Wales guidance, COVID good practice, latest learnings and BCUHB policy including on infection prevention and ventilation.

3.4.4 Local drivers, organisational strategies including cluster (locality) plans[16]

The Conwy West Integrated Medium Term Plan (IMTP) for 2020 – 2023 supports seamless working in partnership with the Local Authority, Conwy County Borough Council (CCBC), and the Third Sector. The Locality is leading a Pace-Setter initiative, funded through Transformation grant, to explore governance and legal arrangements for an Integrated Health and Social Care Management leadership model as a single organisational unit, with autonomy, accountability and responsibility for:

- Resources & Budgets
- Planning & Commissioning
- Performance & Governance

The current direction, overseen by the Regional Transformation Board, aligns strongly with the findings emerging from the national (Wales) review of clusters by Alan Lawrie and proposals for 'Accelerated Cluster (locality) Development'[16].

3.5 Local Engagement

In March 2021, the Health Board undertook engagement with local residents and services in Conwy /Llandudno Junction, including a short survey on "Your Community, Your Health, Your Views"[17]. Full detail of the findings from this phase of engagement are included in Appendix D.

Views from people living and working locally were invited to inform the future development of primary care in the area, with a plan for additional and ongoing engagement. 169 local residents and 30 people working or volunteering in health and social care participated and the priorities below are identified as the most important:

1. Buildings with space for a variety of health and wellness services
2. A range of health and wellness services
3. Parking available close by
4. Improved technology to access appointments and services
5. Staff who help me access the most appropriate service/s
6. Up to date buildings
7. Public transport nearby

Whilst services do exist in the community, not everyone is aware of them, and there is more work to build on communication and awareness, alongside understanding the barriers to accessing digital services in particular.

Engagement is ongoing, which will provide further opportunities for key groups to express their views on the priorities.

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[16] Cluster Gov Guide v16 1610182.pdf (wales.nhs.uk)
Microsoft PowerPoint - Alan and Sue - Workshop (vwv.co.uk)
[17] Conwy and Llandudno Junction Primary Care Health & Wellness Engagement Report BCUHB, 10 May 2021

Part B: Case for Change

The SOC seeks to deliver high quality, safe Primary and Community Care from a fit-for-purpose Estate. The Case for Change consists of two key elements: the challenges and physical limitations of the existing estate; and the impact on sustainable services to meet the current and future needs of the population. In addressing the challenges, limitations and restrictions of the current estate serving this population, access, equality and sustainability will be significantly improved for this population.

3.6   Investment Objectives

Investment Objectives	
Investment Objective 1	To facilitate the provision of primary and community care services in line with population needs, in a modern, fit-for-purpose premises.
Investment Objective 2	To support the sustainability of Primary and Community Care in Conwy, Llandudno Junction and the surrounding area, through a more integrated health and care service model, and through enabling training and development of health and care staff, including medical students.
Investment Objective 3	To provide a safe, modern working environment for Health Board staff and partners by having fit for purpose buildings.
Investment Objective 4	To facilitate integration of services across primary, community, social and third sectors through co-location.

A set of specific measures that evidence these objectives, including baselines, will be developed at OBC.

3.7   Existing Arrangements

3.7.1 Current Primary Care Estate

The Health Board's Estates Strategy recognises that the primary care facilities within

the Conwy/Llandudno Junction area are in need of urgent attention.

Within the scope of this proposal are several Primary Care Practices. Bodreinallt practice is an independent GMS contractor. Llys Meddyg / Gyffin is managed by BCUHB. Neither of the practices are dispensing or training practices currently.

Llys Meddyg and Bodreinallt are located in Georgian Town Houses in Conwy Town Centre, with no space for expansion, and fail to meet equality and accessibility requirements. Although both practices are located in Conwy town centre, this brings a number of challenges for patients. There is no car parking on either site, and town centre public car parks are full to capacity, especially during summer months, resulting in patients having to walk some distance.

Bodreinallt branch surgery is located in Llandudno Junction on a high street site, with no parking on site.

Gyffin surgery is located in a converted Chapel outside the main Conwy town centre. Although there is more space within Gyffin Surgery, car parking is limited. The Practice is managed by the Health Board and the building is leased.

Lonfa is an independent GMS practice, with a surgery in Llandudno Junction and a branch in Glan Conwy providing primary care services to this population.

The Lambert, Smith & Hampson (LSH) review of Primary Care Estate (2016), commissioned by NHS Wales Shared Services for BCUHB[18] (See Appendix E), identified that a number of sites are not fit for purpose, in need of physical repair, and/or with improvements required for access and compliance including for equality and disability. The situation has deteriorated in the 5 years since the survey was undertaken. The 2016 review does not take account of the changing decarbonisation and infection prevention and control guidelines post COVID-19. In Conwy, the premises were overall not considered suitable for development, with only Gyffin with potential for some development. Specifically:

> *"In Conwy itself, significant issues were evident in relation to accessibility of properties, overcrowding and poor functional fit."*

Non-compliance with equality and accessibility issues and particularly lack of space was found to be of greater concern, followed by the physical condition of the primary care premises. The LSH review also identified that there is no space for practices to grow and this limits opportunities for innovating service delivery within existing buildings, and no space to facilitate training student placements – a core requirement and planned additionality for the future.

These factors have a negative impact on long-term sustainability of primary care and an adverse environmental impact. Based on the LSH report, the Health Board has consequently placed a high priority on Conwy/Llandudno Junction premises in its

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[18] Condition Appraisal For Primary Care Facilities on behalf of Betsi Cadwaladr University Health Board (BCUHB), October 2016.

pipeline of Primary Care estates development.

3.7.2 Health Board Estate: Maes Derw Clinic

Maes Derw Clinic is located on a housing estate in Llandudno Junction, and is owned by BCUHB. There is no space for expansion, limited car parking, and overcrowded accommodation, which cannot easily be adapted to provide safe clean care post Covid-19. The building is timber framed and single-glazed and the Maes Derw site is substantially smaller than is required for the integrated premises and services options in the scope of this SOC.

In 2018 the cost to resolve the issues at Maes Derw were estimated at £600k. Quotes for other works in 2021 indicate that costs have increased by c.10-20%.

Community services currently located at Maes Derw are in the scope of this SOC. The clinic and office spaces are in need of expansion and modernisation, in line with COVID-19 good practice. The Community Dental Service has identified this site as no longer fit for purpose outside this project scope and their strategy is going through discussion and approval. Any impacts resulting for community dental services for future and associated space requirements, will be considered further in the OBC stage.

The Table below provides a summary of the current condition of the buildings.

In scope practices	Condition	Equality/ Access	Space	Function	Parking
Llys Meddyg – Conwy BCUHB managed currently			Already Fully Used		Very restricted parking
Gyffin Surgery, Conwy Leased building & BCUHB managed currently			Almost fully used *except for 1 storage & 1st floor meeting room		Limited on-site. Small public car park nearby
Bodreinallt Conwy (main) Independent			Already Fully Used		Very restricted parking
Bodreinallt (branch Conwy Road) Llandudno Junction Independent	New central heating system & backlog maintenance flagged Ventilation concerns	No accessible WC for patients inc wheelchair users	Already fully used & over crowded 2 room only main use clinic		No parking

3.7.3 Limitations of the Estate

The layout and condition of the current estate continues to impact on BCUHB's ability to provide a safe, accessible, fit for purpose and modern environment with sufficient physical space to enable a sustainable range of health and well-being services.

Buildings do not comply with legislation and are too small and outdated.

Car parking is restricted on most sites, in particular Llys Meddyg and Bodreinallt in Conwy Town Centre. Patients have to park in public car parks, which are under increasing pressure during peak tourist season. However one of the advantages of town centre sites, is good public transport links, with bus stops in close proximity to the surgeries.

The experience of COVID-19 continues to influence the design of health buildings, in particular new guidance with regard to social distancing for staff and patients, enhanced ventilation and de-contamination facilities. It is not possible to be fully compliant with any new or emerging technical standards within the current buildings.

Key Messages: Current Estate
- ➤ The Primary Care Estate is not fit for purpose.
- ➤ The Health Board's Estate at Maes Derw is not fit for purpose.
- ➤ Unable to meet new and emerging standards resulting from COVID-19 and the decarbonisation agenda.
- ➤ Inadequate space to accommodate the training of future professionals.

3.7.4 Design Principles

- Facilities will be designed to balance sustainable and efficient space.
- The design will be future proofed to support sustainable delivery.
- Sufficient space will be provided, including space for clinical training roles and to facilitate wider community education.
- Open, digitally enabled office spaces, enabling collaboration between teams.
- Fewer desks will be needed for non-clinical workers, due to agile working.
- Learning acted on from Covid-19 and for meeting new building regulations.
- Buildings will enable environmental sustainability.
- Construction will enable environmental sustainability: e.g. urban drainage system; renewable energy sources.
- Services will be accommodated as close to home as is practical.
- Accessible premises with parking and near public transport routes.

3.8 The Service Model – Case for Change

This section describes the current services, and the impact of challenges associated with the estate on current and future service needs.

Primary care

Several GP Practices serve the area and local population operating from multiple sites. A brief summary of the practices is provided below. This SOC is for primary and community services, which meet the needs of the whole community. It would be advantageous to include all practices in the development and the project. At OBC the engagement will be maintained with stakeholders, including the GP surgeries (Lonfa is currently out of scope for this development from early engagement findings and decisions they have communicated to date).

GP Practices serving Conwy & Llandudno Junction population			
Practices	Practices	Practices	**Patient list size / practice population**
Llys Meddyg /Gyffin	Llys Meddyg /Gyffin	Llys Meddyg /Gyffin	7292 combined list size as at August 2021 Recently merged (2021)
Bodreinallt – main	Bodreinallt – main	Bodreinallt – main	7010 Bodreinallt list size combined for main practice & branch as at August 2021
Bodreinallt – Branch	Bodreinallt – Branch	Bodreinallt – Branch	As above
Lonfa	Lonfa	Lonfa	2,269 Main Surgery in Llandudno Junction. Practice accommodation not currently in scope

- None of the Practices dispense.
- None of the Practices currently provide training placements for Medical Students or GP Registrars.
- Llys Meddyg and Gyffin Surgeries are both Health Board managed and have

recently merged with each other (March 2021).
- Llys Meddyg/Gyffin is currently out to tender for a new GMS contractor

The premises these practices are operating from currently, restrict access and the current and future range and scope of services provided. In addition, the Conwy West Cluster has been innovative and has funded new roles, that require clinical space to see patients and appropriate office space.

Community Resource Teams (CRT)

A CRT consists of community nurses, therapists, support staff and social care practitioners working together in partnership in a designated geographical area. Five CRTs operate in the county of Conwy, all of which have shared accommodation, except the "Coastal" CRT which serves the coastal area between Llanfairfechan and Llandudno Junction. District Nurses and Social Care staff occupy two rooms in a GP Practice in Llanfairfechan and the District Nursing team's main base is in the Maes Derw building in Llandudno Junction. The creation of a base where nursing, therapy and social care staff can work together will bring the Coastal CRT in line with the other four CRTs in Conwy with established bases. The bases support increased integrated working and the flexible deployment of staff and resources to meet the needs of the CRT population.

Community Services

The Maes Derw clinic provides clinical accommodation for the District Nurses, Health Visitors, Podiatry service and a community dental surgery. It also serves as an office space for these teams and supporting accommodation, including staff meeting and rest rooms, equipment and consumables storage. As described earlier, the accommodation is in a poor state and it no longer meets the needs of the service, impacting upon service delivery and development, particularly in respect of community dental services. Significant investment would be required to upgrade ventilation systems in line with recent guidance.

The minimum scope option in this development reflects a single community dental clinic, with the intermediate and maximum scope options including the potential of uplifted dental provision to two surgeries and associated accommodation. CDS requirements will be aligned with decisions pending.

An improved environment will be provided for all community services currently based at Maes Derw Clinic as part of this SOC.

Mental Health Services

Together for Mental Health[19], Welsh Government's Strategy for Mental Health and Well-being, describes the strategic context for adult MH services, with Local Primary Mental Health Services delivered from primary care and community settings. Pre-

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[19] The Mental Health and Well-being Strategy for Wales - Mental Health Wales.

Covid-19, the service was mainly delivered face-to-face from GP surgeries. Elderly Mental Health Services (EMH), including dementia services, memory clinics and carer support are usually delivered within the community. The Health Board has recently invested in a well-being support service, known as ICAN[20], which provides support at foundation or Tier 0 within the community.

The lack of appropriate space in the area inhibits the provision of services within the community, and the opportunity for integrated working with GPs and other professionals.

Third sector services for patients and carers are remotely located, and isolated from other primary and community services, which impedes the opportunity for signposting or collaboration to prevent the need for more formal intervention.

Local Authority – Flying Start Conwy[21]

The Flying Start team is managed by the Local Authority. The scheme aims to provide intensive support for children aged under 4 years old and their families. The team comprises health, social care and well-being officers. There is a growing need for this service for young families in Llandudno Junction in particular, where there has been a growth of new housing and young families. The service's main base is at the Council offices, Bodlondeb, Conwy – outreach is offered in each of the five West locality areas by way of:

- ➢ Drop-ins
- ➢ Walk and talk, parenting,
- ➢ Baby massage, play, baby club, cuppa and a chat
- ➢ Visiting families at home to assess support needs

The number of service users supported by the Family Centre team is increasing. Approximately 100 service users per area of the West are envisaged over a 12 month period, though not all using the service at any one time. In the West Team, approximately 400 families are referred each year, which is almost 30% of the current 1400 referral demand from across the 5 centres in a year.

Other Community Services

The following services, within the wider locality, are strategically aligned with this development and there may be opportunities to consider including some or all of these services within the scope of this proposal:

- ▪ The Podiatry clinic at Llys Dyfrig in Llandudno. Although adjacent to an Extra Care Housing development, this location is not easily accessible by the wider community. The service could be more efficient if consolidated with other community clinics.

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[20] I CAN - Betsi Cadwaladr University Health Board (nhs.wales).
[21] Flying Start Conwy - Conwy County Borough Council.

- The Primary Care Treatment Centre at Llandudno General Hospital provides services to the local population, predominantly: wound care, phlebotomy, leg ulcer clinics, ear syringing and, as it develops, zoladex and Vit B12 injections and other treatments.
Its purpose is to meet the needs of patients who would otherwise visit their own GP or District Nursing service for this case, to release capacity in those services for other, more complex patients. This model is efficient and has demonstrated how it supports primary care provision. However, due to competing pressures on accommodation in the area and the impact of Covid-19, the service has been relocated three times in the past four years and is more closely aligned strategically with a Health and Well-being hub, than a general hospital.

Staff related facilities

In general, all primary and community services are accommodated in a range of buildings with poor facilities for staff, with limited or no access to:
- Equipment and consumables storage
- Clinical Records storage
- Staff welfare, lockers, changing and break areas
- Accessible toilet facilities and changing rooms
- Meeting rooms (one to one and larger groups)
- Hot desks for visiting professionals

This SOC affords the opportunity to consolidate the support areas and to share accommodation, including making space available for Third Sector groups.

Prevention and well-being

Care Closer to Home mandates a more holistic package of support across the main areas of prevention and early intervention. Co-locating a greater range of primary and community teams will provide opportunities for better integration, navigation and co-ordination of a wider range of services. This proposal will enable self-help, reducing the demand on services and resources by reducing clinical demand, and by developing a well-being vision for the population. This will be reinforced through signposting to activities such as volunteering, arts, groups, and social activities (e.g. gardening, befriending, cookery, healthy eating). Space will be available for programmes that can become the trigger to changing perceptions and behaviours, such as weight management and smoking cessation.

Key Messages: Services
➢ A range of primary and community services are available – however the current estate inhibits –
- o Integration
- o Collaboration
- o Expansion
- o Sustainability

3.8.1 Summary Business Requirements

- To provide an accessible, safe, physical environment to agreed core standards in support of our commitment to consistently high-quality services.

- To provide capacity for co-locating services, whilst balancing this with the need to provide care closer to home.

- To ensure there are flexible, hot-desking arrangements across more than one site and agile working is encouraged and digitally enabled.

- To deliver an environment that enables and supports training, career development and future skills, including medical students.

- To offer a welcoming and energising environment for benefiting day-to-day experiences, health and well-being for the community and the workforce.

- To enable continued development of multi-agency working across professional boundaries and a leadership model across health and care.

- To ensure accessibility and ease of working from a number of sites.

- To provide access to flexible spaces that can be booked and used by clinical and non-clinical teams, for meetings and groups and activities.

- To offer accommodation which supports the shift towards a more preventative agenda, enabling sign-posting and promotion of health awareness ongoing.

- To provide capacity for Advanced Practitioners in Therapies or Nursing to consult with and prescribe for people seeking support.

- To enable the opportunity for shared facilities/services, e.g. management of and access to medical records, shared waiting areas and reception facilities.

- To achieve sustainable environmental standards and targets.

- To reduce maintenance backlog and significant repairs costs and risks.

There are further opportunities for closer working between GMS and Health Board managed Primary Care services, which could include elements of shared services for the locality e.g. administrative and "back room" functions, or shared access to clinical and enhanced services. The Primary Care Academy[22] is supporting this transformation and funding workforce innovations, such as Advanced Paramedic Practitioner posts and the Physician's Assistant role, which, combined with a stronger focus on prevention and social prescribing, help release GP time for more complex patients.

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[22] Primary and Community Care Academy – Betsi Cadwaladr University Health Board (primarycare-online.co.uk)

3.9 Benefits Criteria

The Benefits Criteria are aligned with the Investment Objectives, shown below.

Investment Objectives	Main Benefits Criteria
Investment Objective 1 To facilitate provision of primary and community care services in line with population needs, in a modern, fit-for-purpose premises.	▪ Premises with adequate space, a level of future proofing and considered layout for agreed scope. To be measured through public and staff engagement ▪ Accommodation which meets standards, including for DDA access, ventilation, infection prevention and control, low carbon footprint ▪ Local access for patients to primary and community health facilities for diagnosis, care and treatment ▪ Multi-agency working across multiple sites enabled – MDTs and use of buildings ▪ Hot desks and agile work reduce overall desk numbers post pandemic ▪ Socio-economic benefits during construction through creation of jobs, apprenticeships, opportunities for people with protected characteristics and education links ▪ Socio-economic benefits long term in training and career development opportunities at the new development and the wider regeneration of the locality as an economic "hub"
Investment Objective 2. To support sustainability of Primary and Community Care in Conwy, Llandudno Junction and surrounding area, through a more integrated health and care service model, and through enabling training and development of health and care staff, including medical students.	▪ Adequate accommodation for Cluster funded posts to be based and from which to deliver new services ▪ Modern buildings towards accommodating recruitment and retention of staff ▪ Provision of space for placements for health and care students, medical students, ensuring role development and succession planning ▪ Flexibility and Accessibility of rooms – use and booking process ▪ Increased number of staff able to deliver services in Mental Health, well-being services, CRT and Therapies
Investment Objective 3. To provide a safe, modern working environment for Health Board staff and partners by having a building fit for purpose	▪ Patient and workforce responses measured ▪ Achieves Estates KPIs ▪ Buildings meet agreed required standards BREEAM (Very Good). ▪ Estates KPIs achieved ▪ Compliance achieved for IPC, Security, Fire, Health and Safety including Covid measures

	▪ Parking at agreed levels ▪ Compliance issues removed/reduced and associated risk reduction ▪ Reduced backlog maintenance/repairs costs
Investment Objective 4. To facilitate integration of services across primary, community, social and Third sectors through co-location.	▪ Co-location and use of buildings – staff engagement and monitor use ▪ Increased productive partnership working ▪ Evidence of collaboration and ability to implement the Pace Setter plan ▪ Evidence of shift from medical to other interventions ▪ Evidence of prevention and signposting ▪ Improved outcomes for people with chronic conditions

3.10   Risks - summary

Main Risks	
Risk 1	▪ Capital may not be available for the development.
Risk 2	▪ Limited availability of suitable buildings/sites in the locality.
Risk 3	▪ Risk that potential sites may not still be available, pending business case development and approval timeline.
Risk 4	▪ GP Practices may not commit to the proposal.

3.11   Constraints

Constraints	
Constraint 1 - Funding	Availability of capital funding. The preferred route for funding this priority business case, will require All Wales capital funding. However, the Economic case does explore alternative funding options.
Constraint 2 - Sites	Availability of appropriate sites. Options have been identified with Conwy County Borough Council (CCBC) and NHS Wales Shared Services (NWSSP). Each site option has related considerations, possibilities and constraints for this development.

3.12 Dependencies

Dependencies	
National Strategic Context	WG expectation of a pan-North Wales primary care strategy.
BCUHB Estates and Primary Care Strategies	BCUHB Capital Investment Group expectation of pan-North Wales primary care estates strategy and Health Community strategy, along same timeline as this SOC.
Stakeholder Expectations (GP Partners)	Continued support from GP practices in the locality to relocate, adapt to new ways of working and potentially, federate some services.

3.13 Interfaces

Interfaces	
Service Improvements	Development, bedding in and roll out of service improvements from two key Pacesetter schemes, including the Conwy West Leadership and Governance framework.
Strategic Changes	Alignment of local and national health and social care strategy and policy, changes to operational, leadership or workforce models could influence the requirements and timing of the proposal.

3.13 Enabling Factors

Enabling Factors	
IT and Technology	IT and technology providing opportunities for joint working. across professional and organisational boundaries. Enabling clinicians to communicate with patients remotely.
Clinical Strategies and Pathway design	Clinical strategies and patient pathway development, streamlining and phasing.
Locality and Cluster priorities	Transformation work and cluster (locality) work. Cluster (locality) plans & priorities.
Ongoing Revenue Commitment	It is envisaged that this proposal will be revenue neutral.
New Ways of Working	Enabling service change and efficiency through co-location and further opportunity for integrated ways of working. Focus on health and well-being as a core foundation. Performance and people focus, inclusive and forward acting. Enabling and encouraging ownership from everyone.

4. The Economic Case

4.1 Introduction

In accordance with the Capital Investment Manual and requirements of HM Treasury's Green Book (A Guide to Investment Appraisal in the Public Sector), this section of the SOC documents the wide range of options that have been considered in response to the potential scope identified within the strategic case.

4.2 Critical success factors – Llandudno Junction / Conwy

The critical success factors for the project aligned with those outlined in the Scope document October 20 are as follows:

CSF1: Strategic fit - how well the option provides holistic fit and synergy with other key elements of national, regional and local strategies.

CSF 2: Benefits Optimisation - how well the option optimises the potential return on investment: enabling health and well-being outcomes and opportunities for people; delivering organisational benefits; enabling socio-economic benefits.

CSF3: potential achievability - the organisation's ability to innovate, adapt, introduce, support and manage the required level of change, including the management of associated risks. The organisation's ability to further develop progressive and collaborative working within and across organisational boundaries

CSF4: supply side capacity and capability - the ability of the market place and potential suppliers to deliver the required services and deliverables.

CSF5: potential affordability - the organisation's ability to fund the required level of expenditure – namely, the revenue consequences associated with the proposed investment and service delivery model.

4.3 The long list of options

The long list of options was generated using the options framework, which systematically works through the available choices for what (scope), how (service solutions), who (service delivery), when (implementation), and funding. This process results in options either being discounted, carried forward for further consideration in the short list or identified as a preferred choice. Site options are being explored and illustrated in Section 4.3.2.

Options	Finding
1. Scope	
1.1 'Business as usual' – i.e. continue with current arrangements for service provision, with incremental investment to prevent further deterioration of the estate	**Discounted and listed for comparison** – it will not address the service and estates issues outlined in the strategic case. Retained as a comparator to assess value for money

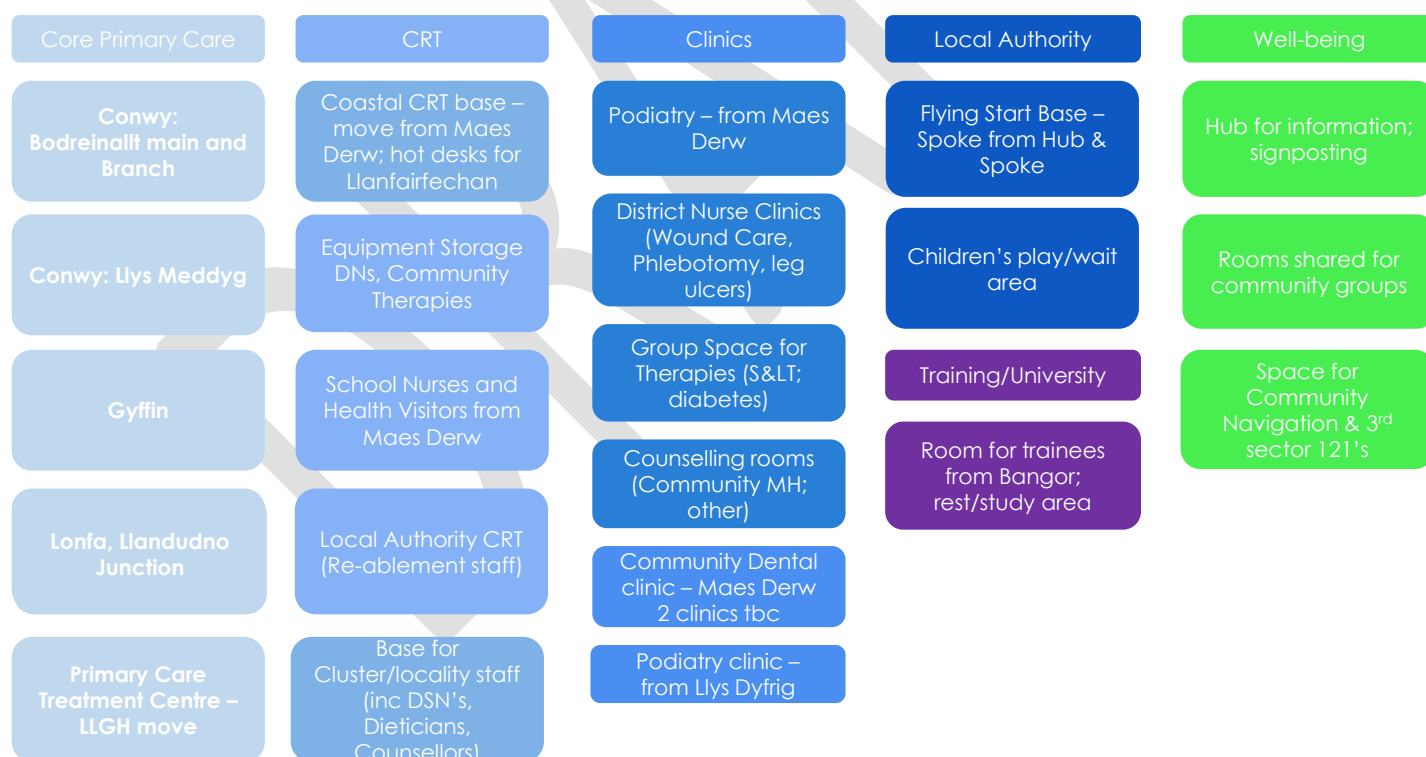| Options	Finding
1.2 New and/or upgraded premises in fit-for-purpose environment for GP services.	**Discounted** – could increase sustainability of the practices but will not address the service opportunities for collaboration, integrated working and social prescribing as defined in the Strategic Case.
1.3 New and/or upgraded premises in fit-for-purpose environment for GP services. Expanded space for medical trainees. Integrated with CRT office base and clinics, including Podiatry, currently located at Maes Derw, and the single community dental surgery at Maes Derw.	**Possible** – will increase sustainability of the GP practices and deliver some opportunities for collaboration and integrated working defined in the Strategic case.
1.4 As 1.3 plus incorporate space for therapies group work and expansion space for one-to-one Therapies and integrate space for mental health counselling, Memory Clinics and other one-to-one services. Expand community dental facility to 2 surgeries to support local population needs and incorporate Children's Services (school nurses and Health Visitors) and Family Centre. Incremental to Option 1.3.	**Possible** – increases sustainability and expands opportunities for collaborative working and integration of CRT and GP services. Supports integration of community mental health and enables expansion of services. Integrates Children's services with Health and Care, responding to some of the demographic pressures arising from increased housing stock and young families in the area, explained in Strategic case.
GP services, CRT, Therapies, Community Mental Health, Expanded Community Dental Service, Children's services, integrated Flying Start team and increased space for Well-being activities, including digital access. Expanded space for training and career development for a range of professions Incremental to Option 1.4.	**Possible**. Increases sustainability and opportunities for integration as Options 1.4 and 1.5. Enables move towards a preventative model and integrates 3rd. sector services within the Health and Care setting. Supports the needs of the community outlined in the Strategic Case.
1.6 GP services, CRT, Therapies, Community Mental Health Children's services, integrated Flying Start team, increased space for Well-being activities, expanded training spaces, and integrated services from other sites: • Primary care Treatment Centre to relocate from Llandudno General Hospital; • Podiatry clinic to relocate from Llys Dyfrig, Llandudno; and • Accommodation for Cluster staff (DSNs, Dieticians, Counsellors) Incremental to Option 1.5.	**Preferred**. Increases sustainability and opportunities for integration as Options 1.5 and 1.6. Enables move towards a preventative model and integrates 3rd. sector services within the Health and Care setting. Enables wider development of centre of excellence for Primary care incorporating the Treatment Centre into a local community hub setting and expanding on Therapy services in place. Supports the needs of the community outlined in the Strategic Case.

Options	Finding
1.7 As Option 1.6 with addition of relocated office base, equipment and medical records storage for Children's Services staff from 204 – 206 Abergele Road in Colwyn Bay. Incremental to Option 1.6.	**Discounted** Staff based in Colwyn Bay are serving that cluster and an alternative to 204/206 Abergele Road should be found in that local area, in line with Care Closer to Home
2.0 Service solutions	
2.1 Maintain separate accommodation for teams, as currently	**Discounted.** Will not encourage the collaborative working or potential expansion of social prescribing and well-being opportunities as described in Strategic case
2.3 Maintain and refurbish some or all of the existing premises. Incremental to Option 2.1	**Discounted.** Will not enable service model as defined under the Strategic case. Limited room for expansion of most existing premises. Constrains potential value from investment.
2.2 Accommodate services and multiple agencies in larger premises, possibly incorporating refurbishment of an existing building in the other large town (either Conwy or Llandudno Junction)	**Preferred** as co-location has had demonstrable benefits to collaborative working in other settings. However, there is a perceived need for more than one health and well-being centre in this locality to maintain access for the population of c. 20,000.
2.3 Accommodate all services and multiple agencies in a single building	**Possible.** Not preferred as this would entail moving some services away from one of the towns within the community.
3.0 Service delivery	
3.1 In-house	**Discounted** – Strategic case requires alignment of health and care delivery models and with preventative and well-being services delivered through other sectors.
3.2 Outsource	**Discounted** – not in line with Welsh Government policy
3.3 Strategic partnership	**Preferred** – The service delivery model will be integrated partnership arrangement, building on the development of Leadership and Governance models outside the project.
4.0 Implementation	
4.2 "Big bang" or single phase implementation	**Possible** – the service and estates issues are interlinked and it would be advantageous to be resolved as a single project. However, should multiple new as well as existing sites be involved, the logistics are challenging.
4.3 Phased	**Preferred** – Should the phasing entail decant from more than one site and multiple new and/or refurbished sites.

Options	Finding
5.0 Funding – of development	
5.1 Third Party development	**Possible** Not tried and tested route for funding the clinic and other healthcare accommodation. However, significant experience in relation to GP premises.
5.2 All Wales capital funding	**Preferred** Long term sustainability of running the site(s) if capital funding available. Challenge in level of funding available in medium term.
5.3 Potential mixture, depending on level of site development and number of sites.	**Possible.** Depending on preferred way forward for site(s).

4.3.1 Scope

The Project Board has agreed the scope of the proposal. The preferred way forward is maximum scope, Option 1.6, illustrated below – other minimum, intermediate and maximum scope options are included in Appendix F for completeness. The status quo and an intermediate scope option, 1.4, will be considered in the economic analysis at OBC for comparative purposes.

Core Primary Care	CRT	Clinics	Local Authority	Well-being
Conwy: Bodreinallt main and Branch	Coastal CRT base – move from Maes Derw; hot desks for Llanfairfechan	Podiatry – from Maes Derw	Flying Start Base – Spoke from Hub & Spoke	Hub for information; signposting
Conwy: Llys Meddyg	Equipment Storage DNs, Community Therapies	District Nurse Clinics (Wound Care, Phlebotomy, leg ulcers)	Children's play/wait area	Rooms shared for community groups
Gyffin	School Nurses and Health Visitors from Maes Derw	Group Space for Therapies (S< diabetes)	Training/University	Space for Community Navigation & 3rd sector 121's
Lonfa, Llandudno Junction	Local Authority CRT (Re-ablement staff)	Counselling rooms (Community MH; other)	Room for trainees from Bangor; rest/study area	
Primary Care Treatment Centre – LLGH move	Base for Cluster/locality staff (inc DSN's, Dieticians, Counsellors)	Community Dental clinic – Maes Derw 2 clinics tbc		
		Podiatry clinic – from Llys Dyfrig		

4.3.2 Site Options

A number of sites have been investigated in the area and NHS Wales Shared Services (NWSSP) has provided intelligence about sites available of appropriate size including for Intermediate and Maximum scope. The table below illustrates different site options with particular focus exploring:

- Bodlondeb – greenfield site at the location of one of the Council Offices in Conwy town centre
- Nant Y Coed School – former school which was relocated 3 years ago. Currently derelict site in residential area close to the town in Llandudno Junction
- Conwy Road Site Youth Centre and Labour Club (combined possibility) – Llandudno Junction. Currently occupied. Extremely large town centre premises.
- Maes Derw - BCUHB owned building in very poor condition with no option to extend the land. However, could be useful for development as a branch site, should the main Hub be in Conwy town.

Appraisal of Site Options

The table below lists site options evaluated against the CSFs and for ability to develop site and its accessibility. Further evaluation and shortlisting to be completed at OBC.

Site	Fit with CSFs	Access-ibility	Ease to develop	Findings at SOC
Bodlondeb, Conwy	High	High	High	Preferred – ease of new build at site and location central. Would need Branch practice in Llandudno Junction to meet population needs.
Nant y Coed School, Llandudno Junction	High	Med	Med	Possible – some constraints requiring significant development of highways and procurement of residential units to divert traffic. Good size site and location.
Conway Rad Youth Centre and Labour Club site	High	High	Med	Possible – some challenges to relocate Labour club or site not big enough.
Black Cat Roundabout, Glan Conwy	Med	Med	High	Discounted – location not in town centre or easily accessible from Conwy by regular public transport.
Gyffin Education Centre Gyffin	Med	Med	Low	Discounted by Local Authority.
Conwy Business centre at Llandudno Junction	High	Med	Low	Discounted by Local Authority.
Gyffin Surgery, Gyffin	Med	Med	Med	Possible – could be developed as branch practice if large site in Llandudno Junction. This is leased property however.
Bodreinallt, Cony	Low	Low	Low	Discounted – site too small and challenging to develop.
Bodreinallt Branch, Llandudno Junction	Low	Low	Low	Discounted – too small and challenging to develop.

Site	Fit with CSFs	Access-ibility	Ease to develop	Findings at SOC
Llys Meddyg, Conwy	Low	Low	Low	Discounted - Leased listed building, very poor access.
Maes Derw Clinic, Llandudno Junction	Low	Med	High	Possible – Could redevelop site as a branch practice for GP and CRT – only fits CSFs if the main hub is in Conwy.

4.4 Short-listed options

The 'preferred' and 'possible' options identified in the table above have been carried forward into the short list for further appraisal and evaluation.

All the options that were discounted as impracticable have been excluded at this stage. ALL Options entail Phased implementation.

Different funding models may necessitate additional OBC. These options assume an all-Wales capital solution.

Based on this analysis, the recommended short list for further appraisal within the OBC is as follows:

▪ **Option 1** – business as usual: i.e. continue with current arrangements for service provision, with incremental investment to prevent further deterioration of the estate. This is included as a baseline to compare the value for money of other options.

▪ **Option 2** – Minimum scope of integrated GP services in one or more settings Could be funded through All Wales capital or third Party development.

▪ **Option 3** – Intermediate scope of GP services and medical trainees, CRT office base and clinics, Therapies clinics, refurbished or relocated dental clinic, Community Mental Health services, Children's services, integrated Flying Start team and increased space for Well-being activities and teams in one or more settings, including one new build and one refurbished general practice building. Funded through All Wales capital or Third Party Development.

▪ **Option 4** – Maximum scope of GP services and medical trainees, CRT office base and clinics, Therapies clinics, expanded community dental service, Community Mental Health services, integrated Flying Start team and increased space for Well-being activities and teams, incorporating relocation of other services:
  o Primary care Treatment Centre from Llandudno General Hospital;
  o Podiatry clinic from Llys Dyfrig, Llandudno
  o Accommodation for Cluster staff (DSNs, Dieticians, Counsellors).
To be delivered from one or more settings, including one new build and one refurbished general practice building. Funding to be determined at OBC.

5 The Commercial Case

5.3 Introduction

This section of the SOC outlines the proposed deal in relation to the preferred way forward outlined in the economic case. It gives a very high level, preliminary view. Detailed analysis will take place at OBC/FBC stage.

5.4 Required services

Given the estimated levels of capital expenditure, the scheme is likely to be procured under the All Wales Framework.

5.5 Potential for risk transfer

This section provides an initial assessment of how the associated risks might be apportioned between the Health Board and the contractor. The general principle is to ensure that risks should be passed to 'the party best able to manage them', subject to value for money (VFM). The table below outlines the potential allocation of risk, which is the standard distribution at this stage in the development of a scheme.

Risk Category	Potential allocation		
	Public	Private	Shared
1. Design risk			✓
2. Construction and development risk			✓
3. Transition and implementation risk			✓
4. Availability and performance risk			✓
5. Operating risk	✓		
6. Variability of revenue risks	✓		
7. Termination risks	✓		
8. Technology and obsolescence risks			✓
9. Control risks	✓		
10. Residual value risks	✓		
11. Financing risks	✓		
12. Legislative risks	✓		
13. Other project risks	✓		

5.6 Personnel implications (including TUPE)

It is anticipated that the TUPE– (Transfer of Undertakings Protection of Employment) Regulations 1981 – will not apply to this investment.

5.7 Procurement strategy and implementation timescales

It is anticipated that the project is procured via Welsh Government's All Wales Capital Programme. The OBC will incorporate a full evaluation of funding options, including third party development.

In term of timelines for delivery, work is required to model a number of possible scenarios. The starting point for this analysis assumes a scenario where current guidelines and processes are followed in full (i.e., a 3-stage business case process SOC-OBC-FBC), with appointment of contractors from the approved framework.

In this instance, the estimated times for the production of business cases and construction are based on previous experience in the Health Board and elsewhere in Welsh Government. The total estimated time to completion under this scenario is estimated to be 18 -24 months from approval of SOC.

Subject to agreement of the SOC, and Welsh government approval with an approved realistic timeline committed, the implementation milestones will be as follows:

Milestones	Indicative Date
Internal BCUHB approval of SOC	November 2021
WG Review of SOC and approval to proceed	January 2022
Completion of OBC – incl. internal approval	December 2022
WG Review of OBC and approval to proceed	February 2023
Completion of FBC – incl. internal approval	July 2023
WG Review of FBC and approval to proceed	October 2023
Completion and Handover	June 2025

6 The Financial Case

6.3 Introduction

The purpose of this section is to set out the indicative financial implications of the preferred option (as set out in the economic case section) and the proposed deal (as described in the commercial case section). The detailed analysis of the financial case, including affordability, is part of the development of the OBC/FBC.

6.4 Capital Costs

As outlined in the Economic Case, the capital costs of the scheme will depend on the final decision of the scope of services and the physical solution/s, which will be determined as part of the OBC stage.

Indicative capital costs have been calculated on the options outlined in the Economic Case at £16-£19 million at Pub Sec 250. This estimated capital range excludes optimum bias currently at 24% which is to be applied, as recommended in HM Treasury guidance and also excludes inflation.

There are assumed to be no incremental staffing costs as a result of this plan. The revenue drivers will be around lifecycle costs for the estate, accounting for any property disposals we may make. There is no expectation that non-pay revenue costs will increase. There may be efficiencies through sustainable efficient buildings and removal of ongoing maintenance. This will be evaluated at OBC.

The ethos and approach to service delivery may change. However, the staffing model costs will not; hence, staffing costs are not included.

The estimated capital costs for the short-listed options ranges between £15.57million – £18.76million.

6.5 Impact on the organisation's income and expenditure account

Costs are based on the following assumptions:

- Staffing and staff-related (non-pay) costs of the services are assumed at the same level - as we are working to current staffing model continuing.

- The centralisation or co-location of services provides the opportunity for best practice and innovation to foster at a greater pace within and across multi-disciplinary teams.

- It is recognised there is a cost associated with the running costs of the Health and well-being premises, but some of this will be offset by current running costs and where possible, reducing or removing backlog maintenance costs or releasing existing buildings aligned with the agreed services and estates plan.

- The assumption is made that Maes Derw BCUHB owned building in Llandudno Junction will be disposed of unless it is used as a site for a branch surgery / satellite health facility if the main site is in the town of Conwy.

7   The Management Case

7.3   Introduction

This section of the SOC addresses the achievability of the scheme. Its purpose is to set out the actions that will be required to ensure the successful delivery of the scheme.

7.4   Project management arrangements

The project management arrangements for capital projects are outlined in the Procedure Manual for Managing Capital Projects, which was adopted by the Health Board in May 2015.

The project will be managed in accordance with PRINCE 2 project management methodology to enable a well-planned and smooth transition to the new service models. There will be a strong focus on the delivery of the objectives and benefits.

The SRO for the project is Dr. Chris Stockport, Executive Director of Primary and Community Care.

In view of the scale and complexity of the project, a dedicated project team will be identified to develop the OBC, and co-ordinate the commissioning and input of specialist analysis. The project team will include the following components:

- Services, Central Area Project Director - Alison Kemp, Assistant Area Director of Primary and Community Care

- Clinical Lead –Nichola Hughes, Interim Head Of Community & Primary Care Nursing;

- Medical Lead - Dr. Nicky Davies, Assistant Medical Director, Central Area;

- Cluster Lead – Geraint Davies

- Partner Leads from Social Care and Third Sector – Hannah Fleck, CCBC; Geraint Davies, CVSC

- Engagement Lead – Megan Vickery, Snr Project Officer, Central

- Project Manager – Rachel Worrall, Project Manager, Central Area

- Financial Lead – Nigel McCann, Chief Finance Officer, Central

- Planning Lead, Capital – Neil Bradshaw

It is anticipated that the strategic direction on Workforce models and Leadership and Governance framework will come from the Pacesetter schemes referenced in the Strategic Case. The workforce expertise will support the implementation of the model for the new environment. Engagement with staff and stakeholders will be crucial.

7.5   Target Milestones

The target milestones for the project are currently outlined in the table below. These will be reviewed to ensure alignment with other organisational changes, developments and dependencies:

Milestones	Target Date

Internal BCUHB approval of SOC	November 2021
WG Review of SOC and approval to proceed	January 2022
Completion of OBC – incl. internal approval	December 2022
WG Review of OBC and approval to proceed	February 2023
Completion of FBC – incl. internal approval	July 2023
WG Review of FBC and approval to proceed	October 2023
Completion and Handover	June 2025

8   Conclusion and Recommendation

This Strategic Outline Business Case is recommended for approval.

List of Appendices – available to members on request

Appendix A	Demographics
Appendix B	Social determinants of health model
Appendix C	Preliminary draft schedule of accommodation
Appendix D	Local engagement
Appendix E	Lambert Smith Hampton Estates Review
Appendix F	Scope of services
Appendix G	Capital cost range estimate
Appendix H	Equality Impact Assessment Screening Form
	Socio Economic Duty

PARTS A (Screening – Forms 1-4) and

B (Key Findings and Actions – Form 5)

For:	*Llandudno Junction / Conwy Primary Care Development*
Date form completed:	*1 March 2021 and Investment Objectives updated 29 September 2021*

FINDINGS AND ACTIONS

Introduction:

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

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

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

Assessing Impact

As part of the preparation for your assessment of impact, consideration should be given to the questions below.

You should also be prepared to consider whether there are possible impacts for subsections of different protected characteristic groups. For example, when considering disability, a visually impaired person will have a completely different experience than a person with a mental health issue.

It is increasingly recognised that discrimination can occur on the basis of more than one ground. People have multiple identities; we all have an age, a gender, a sexual orientation, a belief system and an ethnicity; many people have a religion and / or an impairment as well. The experience of black women, and the barriers they face, will be different to those a white woman faces. The elements of identity cannot be separated because they are not lived or experienced as separate. Think about:-

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

Part A   Form 1: Preparation

Please answer all questions

1.	What are you assessing i.e. what is the title of the document you are writing or the service review you are undertaking?	Development of Primary and Community Care Facilities in Conwy/Llandudno Junction The ambition is to provide safe, sustainable and high quality services from an environment that is fit for purpose. This will contribute to the sustainability of Primary Care.
2.	Provide a brief description, including the aims and objectives of what you are assessing.	**Investment Objectives** The Investment Objectives were reviewed and agreed by the Project Board in September 2021 below: 1. To facilitate the provision of primary and community care services in line with population needs, in modern, fit-for-purpose premises. 2. To support the sustainability of Primary and Community Care in Conwy, Llandudno Junction and the surrounding area, through a more integrated health and care service model, and through enabling training and development of health and care staff, including medical students. 3. To provide a safe, modern working environment for Health Board staff and partners by having fit for purpose buildings. 4. To facilitate integration of services across primary, community, social and third sectors through co-location.

Part A   Form 1: Preparation

Please answer all questions

3.	Who is responsible for whatever you are assessing – i.e. who has the authority to agree or approve any changes you identify are necessary?	Project Director

Senior Responsible Officer
Executive Sponsor | Alison Kemp, Assistant Area Director, Primary Care & Community Services

Bethan Jones, Area Director Central
Chris Stockport, Executive Director, Primary and Community Care |
| 4. | Is the Policy/Project related to, or influenced by, other Policies or areas of work? | The new Service Model would meet the aspirations of the Health Board's Strategy "*Living Healthier: Staying Well.*" This strategy focuses on four main delivery areas:

- Improving health and wellbeing
- Care Closer to Home
- Mental Health
- Hospital Care

The re-design of services in the Llandudno Junction/Conwy area will contribute to delivering the first three areas above, in particular focussing on delivering **"Care Closer to Home."**

BCUHB's **Care Closer to Home** strategy outlines the proposals to establish a range of "Health and Wellbeing Centres" across Central Area. These centres are where a range of services are available with co-location of other service providers, inclusive of GP practice services and enhanced care, and could include minor injuries and illness services or step up step down beds.

The development of primary and community care facilities in Conwy and Llandudno Junction responds to a number of BCUHB and national strategic drivers, notably:

- BCUHB Estates Strategy | |

Part A   Form 1: Preparation

		• BCUHB Annual Plan • BCUHB Digital Strategy • BCUHB emerging Clinical Strategy (ongoing development) • Transformation Strategy (Regional Partnership Board) • Population Needs Assessment (Regional Partnership Board) • Well-being Assessment (Public Services Board – Conwy and Denbighshire) • "Future Approach to Planning Primary care Services in Wales" (*Archus* for Welsh Government, September 2021) • Principals of Prudent Health Care
5.	Who are the key Stakeholders i.e. who will be affected by your document or proposals? Has a plan for engagement been agreed?	• Community of Conwy, Llandudno Junction and surrounding areas (see scoping document) • GP practice population of potentially effected • Service users of potentially in-scope services, • Community users of community wellbeing services, • Mental Health service users • Workforce in relevant services • Community pharmacy • Local businesses • Community Health Council • Third Sector including Voluntary and Community Support Conwy • Local Authority

Part A   Form 1: Preparation

Please answer all questions

6.	What might help or hinder the success of whatever you are doing, for example communication, training etc.?	• Lack of suitable premises in the area • Lack of funding • Competing priorities for BCUHB and partners • Lack of appetite and / or capacity for services / premises development • Insufficient or untimely engagement • If scope is not aligned to needs aspirations and engagement outcomes • Potential workforce issues
7.	Think about and capture the positive aspects of your policy that help to promote and advance equality by reducing inequality or disadvantage.	Potential for: • Improved access to health and wellness services • Improved opportunity for integration of services • Efficiency and improvements • Improved accommodation / facilities • Reduced legacy backlog of accommodation repairs/risks • Increase preventative health and wellness approaches • Towards improved experiences of health and wellness services • More consistently safer, patient centred services • Towards instilling a culture of continuous improvement, collaboration & engagement • Increasing awareness in the community of health and wellness services • Strengthening community assets

Part A   Form 2: Record of potential Impacts - protected characteristics and other groups

Please answer all questions

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

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

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

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

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

Part A

Form 2: Record of potential Impacts - protected characteristics and other groups

Protected characteristic or group	Will people in each of these protected characteristic groups be impacted by what is being proposed? If so is it positive or negative? (tick appropriate below) *for further direction on how to complete this section please click here training vid p13-18)*	Reasons for your decision (including evidence that has led you to decide this) A good starting point is the EHRC publication: **"Is Wales Fairer (2018)?"** **You can also visit their website here**	How will you reduce or remove any negative Impacts that you have identified?
	Guidance for Completion *In the columns to the left – and for each characteristic and each section here and below – make an assessment of how you believe people in this protected group may be affected by your policy or proposal, using information available to you and the views and expertise of those taking part in the assessment. This is your judgement based upon information available to you, including relevance and proportionality. If you answered 'Yes', you need to indicate if the potential impact will be positive or negative.* ***Please note it can be both e.g. a service moving to virtual clinics: disability (in the section below) re mobility issues could be positive, but for sensory issues a potential negative impact. Both would need to be considered and recorded.*** *The information that helps to inform the assessment should be listed in this column.* ***Please provide evidence for all answers.*** **Hint/tip: do not say: "not applicable", "no impact" or "regardless of…". If you have identified 'no impact' please explain clearly how you came to this decision.**		

Part A

Form 2: Record of potential Impacts - protected characteristics and other groups

		NB: For all protected characteristics please ensure you consider issues around confidentiality, dignity and respect. For the definitions of each characteristic please click here				
	Yes	No	(+ve)	(-ve)		
Age	✔			✔	Higher proportion of older people in the population. This population group may have transport barriers dependent on project development – i.e. this group of people may be reliant on public transport and this needs to be developed at next stage and included in the engagement. Appendix A of the SOC summarises demography for the locality. Key points are outlined below.

The size of the resident population in Conwy County Borough at 30 June 2019 was estimated to be 117,200 people between mid-2018 [2] and mid-2019. Key findings:

- Conwy has a higher than average proportion of patients aged 60–90+.
- Thirty-three percent of the population in Conwy are aged 60 years or over compared to 29% in BCUHB and 26% in Wales.
- Conwy has a lower than average proportion of patients aged 20-44.
- Twenty-four percent of patients in Conwy are aged between 20-44. | Within the engagement, we are asking questions to help us understand the potential significance and this will be factored into decisions about the site at OBC stage. |

Part A

Form 2: Record of potential Impacts - protected characteristics and other groups

Please answer all questions

					• Conwy has an increasing ageing population. The population aged 65 to 84 years is projected to increase by 7200 from 2011 to 2036 (29.8% increase). • The greatest projected population increase in Conwy is within the 85 years and over category and is projected to increase from 4300 in 2011 to 9500 in 2036.	
Disability	✓		✓		The project is anticipated to improve access to facilities for all and in particular overcome current access and inclusivity issues potentially linked to outdated estate. Building standards will comply with welsh Government legislation in relation to the Equality Act (UK) 2010. You may also wish to consider the <u>UN Convention on the rights of people with disabilities.</u>	The engagement seeks to understand any access and or opportunities for service development. The project will involve disabled people in planning finishes and access for new buildings.
Gender Reassignment	✓		✓		No specific issues anticipated at this time. We already know that people's attitudes can lead to discrimination so the project can seek opportunities to reinforce policy through training for staff in relation to understanding and responding to the needs of this group.	Engagement may identify areas for consideration. The project will share this awareness with the operational teams.
Pregnancy and maternity	✓		✓		None anticipated at this time. New build design should enable ease of access.	Engagement may identify areas for consideration.
Race	✓		✓		None anticipated at this time. The engagement exercise in Spring 2021 did seek to understand the ethnic diversity of the local area; however, limited information was returned.	The engagement aims to increase understanding of any barriers for these population groups locally.

Part A

Form 2: Record of potential Impacts - protected characteristics and other groups

						The project will seek to understand specific needs at the next stage.
Religion, belief and non-belief			✓		This group does include documented health inequalities.	The engagement aims to increase understanding of any barriers for these population groups locally.
Sex gender	✓		✓		None anticipated at this time	Engagement may identify areas for consideration.
Sexual orientation	✓		✓		No issues anticipated at this time	Engagement may identify areas for consideration.
Marriage and civil Partnership (Marital status)	✓		✓		None anticipated at this time	Engagement may identify areas for consideration.
Socio Economic Disadvantage	✓			✓	Potentially across the whole population and all the protected characteristics, if the project identifies services could be delivered from different sites, there would be increased travel for some and the impact would be greater for those economically disadvantaged. People in lower income brackets and in some job roles may have barriers to access health care due to the nature of	Should engagement throughout the development of the project identify this as a significant issue, mitigating measures will be considered. A SED Impact Assessment Screening form

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Form 2: Record of potential Impacts - protected characteristics and other groups

Please answer all questions

					their employment. The project team will also consider the travelling community and homeless.	has been completed to complement this EQIA for submission of the SOC to committee approval.

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

Please answer all questions
Human Rights:

Do you think that this policy will have a positive or negative impact on people's human rights? For more information on Human Rights, see our intranet pages at: http://howis.wales.nhs.uk/sitesplus/861/page/42166 and for additional information the Equality and Human Rights Commission (EHRC) Human Rights Treaty Tracker https://humanrightstracker.com.

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

- *Article 2   Right to life*
- *Article 3   Prohibition of inhuman or degrading treatment*
- *Article 5   Right to liberty and security*
- *Article 8   Right to respect for family & private life*
- *Article 9   Freedom of thought, conscience & religion*

Please also consider these United Nations Conventions:

UN Convention on the Rights of the Child

UN Convention on the rights of people with disabilities.

UN Convention on the Elimination of All Forms of Discrimination against Women

Will people's Human Rights be impacted by what is being proposed? If so is it positive or	Which Human Rights do you think are potentially affected	Reasons for your decision (including evidence that has led you to decide this)	How will you reduce or remove any negative Impacts that you have identified?

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

Please answer all questions

negative? (tick as appropriate below)						
Yes	No	(+ve)	(-ve)			
✓		✓		*All*	Improved access opportunities and facilities that the project aims to achieve, will have positive impacts across the range of Human Rights.	*N/A*

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

Please answer all questions
Welsh Language:

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

Welsh Language	Will people be impacted by what is being proposed? If so is it positive or negative? (tick appropriate below)				Reasons for your decision (including evidence that has led you to decide this)	How will you reduce or remove any negative Impacts that you have identified?
	Yes	No	(+ve)	(-ve)		
Opportunities for persons to use the Welsh language		✓			The commitment to Welsh language remains and is expected to continue.	
Treating the Welsh language no less favourably than the English language		✓			The commitment to Welsh language remains and is expected to continue – monitored through Health Board's adherence to Welsh language measure and corporate policy.	

Part A Form 4: Record of Engagement and Consultation

Please answer all questions

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

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

What steps have you taken to engage and consult with people who share protected characteristics and how have you done this? Consider engagement and participatory methods. *for further direction on how to complete this section please click here training vid p13-18)*	Engagement with the public was undertaken through an online survey and online groups, This is detailed in the Engagement Report accompanying the SOC (Appendix D to the SOC) and has informed initial planning. Further engagement to be undertaken at OBC.
Have any themes emerged? Describe them here.	In March 2021, the Health Board undertook engagement with local residents and services in Conwy and Llandudno Junction, including a short survey on "Your Community, Your Health, Your Views"[1]. Full detail of the findings from this phase of engagement are included in Appendix D to the SOC. Views were invited from people living and working locally to inform the future development of primary care in the area, with a plan for additional and ongoing engagement. 169 local residents and 30 people working or volunteering in health and social care participated and the priorities below are identified as the most important: 1. Buildings with space for a variety of health and wellness services 2. A range of health and wellness services 3. Parking available close by 4. Improved technology to access appointments and services

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[1] Conwy and Llandudno Junction Primary Care Health & Wellness Engagement Report BCUHB, 10 May 2021

Part A Form 4: Record of Engagement and Consultation

Please answer all questions

<table>
<tr>
<td></td>
<td>5. Staff who help me access the most appropriate service/s
6. Up to date buildings
7. Public transport nearby

Whilst services do exist in the community, not everyone is aware of them, and there is more work to build on communication and awareness, alongside understanding the barriers to accessing digital services in particular.
Engagement is ongoing, which will provide further opportunities for key groups to express their views on the priorities</td>
</tr>
<tr>
<td>If yes to above, how have their views influenced your work/guided your policy/proposal, or changed your recommendations?</td>
<td>The engagement has influenced the evaluation of scope options and the preferred way forward, providing maximum scope closer to home in the community. The site options will need to take into account the key findings about transport and available parking at OBC.

At this stage some options have already been discounted because they were not close to a town centre nor well served by public transport.</td>
</tr>
</table>

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

Part B Form 5: Summary of Key Findings and Actions

Please answer all questions

1. What has been assessed? (Copy from Form 1) *for further direction on how to complete this* *section please click here training vid p13-18)*	The development has a positive impact on the communities served; however, there is potential for negative impact, particularly on older people, if services are located too far from home or the site is not easily accessible. There could be increased travel for some and the impact would be greater for those economically disadvantaged. People in lower income brackets and in some job roles may have barriers to access health care due to the nature of their employment. The impact on the travelling community and homeless people will also be considered at OBC stage.

2. Brief Aims and Objectives: (Copy from Form 1)	Agreed objectives confirmed in September 2021 are below: • To facilitate the provision of primary and community care services in line with population needs, in modern, fit-for-purpose premises. • To support the sustainability of Primary and Community Care in Conwy, Llandudno Junction and the surrounding area, through a more integrated health and care service model, and through enabling training and development of health and care staff, including medical students. • To provide a safe, modern working environment for Health Board staff and partners by having fit for purpose buildings. • To facilitate integration of services across primary, community, social and third sectors through co-location

Part B   Form 5: Summary of Key Findings and Actions

Please answer all questions

From your assessment findings (Forms 2 and 3):

3a. Could any of the protected groups be negatively affected by your policy or proposal? **Guidance: This is as indicated on form 2 and 3**	Yes	X	No	
3b. Could the impact of your policy or proposal be discriminatory under equality legislation? **Guidance: If you have completed this form correctly and reduced or mitigated any obstacles, you should be able to answer 'No' to this question.**	Yes		No	X
3c. Is your policy or proposal of high significance? **For example, does it mean changes across the whole population or Health Board, or only small numbers in one particular area?** High significance may mean: - The policy requires approval by the Health Board or subcommittee of - The policy involves using additional resources or removing resources. - Is it about a new service or closing of a service? - Are jobs potentially affected? - Does the decision cover the whole of North Wales - Decisions of a strategic nature: In general, strategic decisions will be those which effect how the relevant public body fulfils its intended statutory purpose (its functions in regards to the set of powers and duties that it uses to perform its remit) over a significant period of time and will not include routine 'day to day' decisions.	Yes	X	No	

Part B Form 5: Summary of Key Findings and Actions

Please answer all questions

GUIDANCE: If you have identified that your policy is of high significance and you have not fully removed all identified negative impacts, you may wish to consider sending your EqIA to the Equality Impact Assessment Scrutiny Group via the Equalities Team/		
4. Did your assessment findings on Forms 2 & 3, coupled with your answers to the 3 questions above indicate that you need to proceed to a Full Impact Assessment?	Yes [X] No [ ]	
	Decision to be taken on sites at OBC and the location of these sites needs full engagement with a range of stakeholders and evaluation in terms of impact on those with protected characteristics and socio-economic impact.	
5. If you answered 'no' above, are there any issues to be addressed e.g. reducing any identified minor negative impact?	Yes [ ] [ ]	
	Unknown impact until decision on sites made – this needs to be undertaken with full engagement	
6. Are monitoring	Yes [ ] No [ ]	

Part B Form 5: Summary of Key Findings and Actions

arrangements in place so that you can measure what actually happens after you implement your policy or proposal?	How is it being monitored?	Monitoring will be initially through the plan for the next stage of engagement at OBC, which has to indicate engagement with stakeholders over site selection. The OBC will include a benefits realisation plan, including socio-economic benefits, which will be measured as part of the implementation if the case is successful.
	Who is responsible?	The project board will be responsible for this work
	What information is being used?	Benefits realisation planning Engagement plan and findings at OBC stage
	When will the EqIA be reviewed?	Start of OBC – subject to internal approvals and Welsh Government approval to proceed, this will be in Quarter 1 of 2022

7. Where will your policy or proposal be forwarded for approval?	1. Capital Investment Group 2. Executive Team 3. Performance, Finance and Information Governance Group 4. BCUHB main board

Part B   Form 5: Summary of Key Findings and Actions

Please answer all questions

8. Names of all parties involved in undertaking this Equality Impact Assessment – **please note EqIA should be undertaken as a group activity** Senior sign off prior to committee approval:	Name	Title/Role
	Rachel Worrall	Assistant Project Manager, Central Area
	Megan Vickery	Senior Project Support Officer, Central Area
	Steph O'Donnell	Snr. Programme Manager, Central Area
Please Note: The Action Plan below forms an integral part of this Outcome Report		

Action Plan

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

Part B Form 5: Summary of Key Findings and Actions

Please answer all questions

	Proposed Actions **Please document all actions to be taken as a result of this impact assessment here. Be specific and use SMART actions. Please ensure these are built in to the policy, strategy, project or service change.**	Who is responsible for this action?	When will this be done by?
1. If the assessment indicates significant potential negative impact such that you cannot proceed, please give reasons and any alternative action(s) agreed:	Progress to the next stage is agreed on the assumption that further engagement must be undertaken on site selection and transport needs at OBC Stage.	Assigned engagement project resource. Ensured via Assistant Project Manager, Rachel Worrall	Subject to SOC approval – Q1 of 2022/23
2. What changes are you proposing to make to your policy or proposal as a result of the EqIA?	Discounted site at "Black Cat" roundabout as this was not easily accessible to all groups by public transport.	Complete – in SOC	
3a. Where negative impacts on certain groups have been identified, what actions are you taking or are proposed to reduce these impacts? Are these already in place?	Negative impact could be on older people reliant on public transport and groups who are socio-economically disadvantaged. Action as above to engage over site selection and include transport providers in this work.	Assigned engagement project resource. Ensured via Assistant Project Manager, Rachel Worrall	Subject to SOC approval – Q1 of 2022

Part B Form 5: Summary of Key Findings and Actions

Please answer all questions

	Proposed Actions **Please document all actions to be taken as a result of this impact assessment here. Be specific and use SMART actions. Please ensure these are built in to the policy, strategy, project or service change.**	Who is responsible for this action?	When will this be done by?
3b. Where negative impacts on certain groups have been identified, and you are proceeding without reducing them, describe here why you believe this is justified.	N/A		
4. Provide details of any actions taken or planned to advance equality of opportunity as a result of this assessment.	The original thinking included consideration of one site only in the locality. Given a better understanding of demography and the location, the preferred way forward is likely to be for one large site and a branch in the neighbouring town. This enables accessible services for all local people.		

SOCIO ECONOMIC DUTY IMPACT ASSESSMENT SCREENING – Draft in development v2

For a comprehensive guide to the Socio Economic Duty in Wales and supporting resource please see https://gov.wales/more-equal-wales-socio-economic-duty

Public health data is available here North Wales Population Health Directory. If you require support with interpreting public health data please contact the Betsi Cadwaladr Public Health Team.

Further support in applying this process is available from Strategy and Planning colleagues, the Equality Team and your Equality Delivery Group representative. An intranet resource page to guide you through the process has been set up here Betsi Cadwaladr University Health Board | Socio-economic Duty (wales.nhs.uk)

This SEIA procedure should be commenced at the outset and inform the development of both new strategic decisions and when reviewing previous strategic decisions. It provides a clear audit trail for all decisions made under the 2010 Act.

Policy / Strategy / Proposal/Procedure Title	Conwy/Llandudno Junction Primary Care Estate Project.
	This Socio Economic Duty Impact Assessment supports the Strategic Outline Case (SOC) for investment in the primary care estate in Conwy and Llandudno Junction. At this stage, a desktop assessment has been compiled. This assessment was informed by stakeholder engagement in March/April 2021, and will be further developed at Outline Business Case (OBC) stage. The SOC evaluates a long list of scope, service model and site options and identifies a preferred way forward. This Impact Assessment considers how the preferred scope might affect the socio-economic disadvantage and inequalities of outcome. At OBC, the site options will be further considered and there will be engagement with a wide range of stakeholders on the scope and preferred site. The engagement at OBC will also encompass the associated health, equality and socio-economic implications. Revised Impact Assessments will be appended to the OBC and, subsequently, to the Full Business case (FBC).
Lead Manager	**Project Director**: Alison Kemp, Assistant Area Director, Primary Care & Community Services **SRO**: Bethan Jones, Area Director, Central

Approval Committee (SED Impact Assessment appended)	BCUHB Capital Investment Group Meeting 14 October 2021 Executive Team: 13 October 2021 - approved Performance Finance Information Governance: 28 October 2021 – approved BCUHB Board – SOC submitted with SED and Equality Impact assessments to the meeting of 18th. November 2021
Date form submitted	5th. November 2021
What are the aims and objectives of the business case for Conwy / Llandudno Junction	The Strategic Outline Case (SOC) seeks approval to proceed to Outline Business Case (OBC) and take forward the design of primary and community care facilities in the Conwy West Cluster, specifically in Conwy and Llandudno Junction, a population of c. 21,000 people. The SOC addresses challenges with the existing estate and the need for more integrated health and care services to be delivered in a modern, fit-for purpose environment. The SOC is developed in partnership with Conwy County Borough Council (CCBC), the GP Cluster and the Third sector. Currently, services are delivered from multiple settings in the local area and with varying degrees of collaborative and cohesive working between teams. The proposal is influenced by a broad range of factors, including the poor condition of the existing estate and the need to overcome limitations such as access, space and parking. Without investment and considered change, services and parts of the estate will be unsustainable, especially when considering modern demands, evolving standards, our learning from COVID-19, best practice, and the needs of a growing and ageing population.

STAGE 1: PLANNING

| Is the decision a strategic decision? See definition | YES / No | Please provide a brief explanation for your answer | This healthcare development, enabling short and long-term Health service delivery in the Conwy West locality and will underpin building resilience at a population and personal level. The development of an integrated, health and well-being campus in this locality is aligned to the strategic direction for Wales, specifically in "A Healthier Wales: Our Plan for Health and Social Care"[1] and Welsh Government's publication "Future Approach to Planning Primary Care Premises in Wales" (September 2021, *Archus*). The provision of integrated services enables better collaboration and co-operation across organisational boundaries and enables a "one stop shop" for local people for all health and well-being needs. The focus on well-being, prevention of health issues and social prescribing is in line with all-Wales and BCUHB's strategic direction.

In terms of the physical building solution, two short-listed options will need further evaluation at OBC:

- One appropriately sized new build health and well-being campus within this locality in Conwy or Llandudno Junction,

- One larger and one smaller branch health facility in Conwy or Llandudno Junction, ensuring there is accessible provision in both towns.

The preferred way forward will be determined, in co-production with stakeholders, at OBC. |

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[1] A Healthier Wales (gov.wales)

The business case development and the associated SED will continue to reflect strategic direction, emerging requirements or priorities, which may influence BCUHB and partner service delivery and site options. The OBC will take account of the latest and projected population needs. Assessment of options at OBC will be undertaken in co-production with stakeholders.

Subject to agreement of the SOC, and Welsh government approval with an approved realistic timeline committed, the implementation milestones will be as follows (as reflected in SOC):

Milestones	Indicative Date
Internal BCUHB approval of SOC	November 2021
WG Review of SOC and approval to proceed	January 2022
Completion of OBC – incl. internal approval	December 2022
WG Review of OBC and approval to proceed	February 2023
Completion of FBC – incl. internal approval	July 2023
WG Review of FBC and approval to proceed	October 2023
Completion and Handover	June 2025

Have you identified key stakeholders groups?	Yes / No	**Can you identify relevant communities of interest?**	Yes / No	**Can you identify relevant communities of place?**	Yes / No

• Services
• Pharmacies
• Dental
• BCUHB Workforce
• Local Authority CCBC
• Planning & Highways, Estates
• Shared Services
• Community Health Council CHC
• General public (contacted via social media, engagement networks and also targeted through
  ➤ Family Centres
  ➤ Conwy Wellbeing Team
  ➤ Cartrefi Conwy
  ➤ PCSO Teams
  ➤ Conwy Involvement Group
  ➤ Conwy CVS
  ➤ GPs in locality
  ➤ Community Resource teams
  ➤ Dental Practices
  ➤ Elected members
  ➤ Local Town and Community Councillors
	Communities of interest
	• Young people
	• Conwy Council
	• Minority Communities
	• Llandudno Junction Mosque
	• Economic disadvantage
	• Families First & Cartrefi Conwy
	• Learning Disabilities
	• Conwy Connect
	• Homelessness
	• Conwy Council
		• Conwy West forum of elected members
		
		For future, may include residents' groups

STAGE 2: EVIDENCE

What evidence have you considered about socio-economic disadvantage and inequalities of outcome in relation to this proposal decision?	In the development of the SOC, the project team has considered demographic trends, Stats Wales data and the Welsh Index of Multiple Deprivation (WIMD) 2019[2]. The index defines deprivation as the "lack of access to opportunities and resources which we might expect in our society", and is based on eight factors including within this income, health, education and access to green space. In North Wales, 12% of the population live in the most deprived communities in Wales compared to 19% across Wales; however, this masks pockets of deprivation across the region. Lower Super Output Areas (LSOAs) most affected by this SOC are: Conwy [1], Conwy[2], Conwy[3], Capelulo, Marl[1], Marl[2], and Pensarn. In most domains, these LSOAs are considered to be between 30%-50% most deprived, with Capelulo being between 10%-20% deprived in relation to access. The SOC recognizes specific pockets of deprivation within this locality.
	Notable data linked to the population: (for further details see Appendix A to the SOC)
	- Deprivation impacts on health and well-being throughout the life-course - Alcohol consumption is higher than average in the area. - Vaccination rates are lower than average. 16% of people, (18,100), are in the most deprived fifth of deprivation. 19% of people, (22,230), are in the next most deprived fifth of deprivation. - Conwy has a higher than average proportion of patients aged 60–90+. 33% of the population in Conwy are aged 60 years or over compared to 26% in Wales. - Conwy has a lower than average proportion of patients aged 20-44. - Conwy has an increasing ageing population. The population aged 65 to 84 years is projected to increase by 7200 from 2011 to 2036 (29.8% increase). - The greatest projected population increase in Conwy is within the 85 years and over category and is projected to increase from 4300 in 2011 to 9500 in 2036.
	The following population groups were under-represented in the results of the initial BCUHB engagement March 21. The table below outlines the groups for ongoing and future mitigating engagement activity that will need to be focused on alongside any Health Impact Assessment findings (planned for OBC stage)

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[2] WIMD is the Welsh Government's official measure of "relative" deprivation for small areas - it does not measure the level of deprivation in that area, but whether it is more or less deprived than others: Welsh Index of Multiple Deprivation | GOV.WALES

	Young people		Survey re issued specifically for young people, via Conwy Youth Services.
	Ethnic and seldom heard minorities, including gypsy traveller communities	The Imam at the mosque in Llandudno Junction and a local councillor share surveys with their contacts. No engagement results	Suggest 'street' engagement outside mosque with Imams agreement. Next action needed: Contact Health Visiting to seek opportunity for engagement with Gypsy Traveller Community.
	Local dental surgeries (identified by BCHB dental colleagues)	Created a specific survey for local dental practices and made contact as advised by Dental Colleagues.	

Key considerations for considering linked to site selection:
 ➢ In recent local BCUHB engagement[3], the number of people walking to local services suggests that most have a choice to walk or drive.
 ➢ However, those without access to their own transport should be considered as they may include those at greatest disadvantage.
 ➢ There is limited parking for the Conwy practices, so those who live within walking distance have easier access to services.

It is recognised there is a lead time before the new development healthcare premises are progressed, aligned with the business case approvals timeline, funding confirmation and development time. There is time for further assessment of scenarios, risks and opportunities including for socio economic

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[3] Conwy and Llandudno Junction Primary Care Health & Wellness Engagement Report BCUHB, 10 May 2021

impact - to inform decisions and associated practical action planning including for Conwy/Llandudno Junction development.

Benefits for Conwy / Llandudno Junction linked to the agreed Investment Objectives are below:

Investment Objectives	Main Benefits Criteria
Investment Objective 1 To facilitate provision of primary and community care services in line with population needs, in a modern, fit-for-purpose premises.	▪ Premises with adequate space, a level of future proofing and considered layout for agreed scope. To be measured through public and staff engagement. ▪ Accommodation which meets standards, including for equality disability access, ventilation, infection prevention and control, low carbon footprint ▪ Local access for patients to primary and community health facilities for diagnosis, care and treatment ▪ Multi-agency working across multiple sites enabled – MDTs and use of buildings ▪ Hot desks and agile work reduce overall desk numbers post pandemic ▪ Socio-economic benefits during construction through creation of jobs apprenticeships, opportunities for people with protected characteristics and education links ▪ Socio-economic benefits long term in training and career development opportunities at the new development and the wider regeneration of the locality as an economic "hub"
Investment Objective 2. To support sustainability of Primary and Community Care in Conwy, Llandudno	▪ Adequate accommodation for Cluster funded posts to be based and from which to deliver new services. ▪ Modern buildings towards accommodating recruitment and retention of staff

		Junction and surrounding area, through a more integrated health and care service model, and through enabling training and development of health and care staff, including medical students.	• Provision of space for placements for health and care students, medical students, ensuring role development and succession planning. • Flexibility and Accessibility of rooms – use and booking process. • Increased number of staff able to deliver services in Mental Health, well-being services, CRT and Therapies.
		Investment Objective 3. To provide a safe, modern working environment for Health Board staff and partners by having a building fit for purpose	• Patient and workforce responses measured • Achieves Estates KPIs • Buildings meet agreed required standards BREEAM (Very Good). • Estates KPIs achieved • Compliance achieved for IPC, Security, Fire, Health and Safety including Covid measures • Parking at agreed levels • Compliance issues removed/reduced, risk reduction • Reduced backlog maintenance/repairs costs
		Investment Objective 4. To facilitate integration of services across primary, community, social and Third sectors through co-location.	• Co-location and use of buildings – staff engagement and monitor use • Increased productive partnership working • Evidence of collaboration and ability to implement the Pace Setter plan • Evidence of shift from medical to other interventions • Evidence of prevention and signposting • Improved outcomes for people with chronic conditions
	The EQIA Screening identifies a range of potential positives intended for all in the community and workforce through the development enabled by fit for purpose, accessible premises including:		

	Potential for: ➤ Improved access to health and wellness services ➤ Improved opportunity for integration of services ➤ Improved accommodation / facilities with a level of flexibility for future ➤ Reduced legacy backlog of accommodation repairs/risks ➤ Strengthening community assets ➤ Towards improved experiences of health and wellness services ➤ Increase preventative health and wellness approaches ➤ More consistently safer, patient centred services ➤ Towards enabling a culture of continuous improvement, productive collaboration & engagement ➤ Increasing awareness in the community of health and wellness services This proposal acknowledges a range of essential enablers for sustainable quality service delivery and service developments will be key to realizing some of these benefits for ongoing, beyond the buildings themselves.
Have you engaged with those affected by the Policy Strategy Proposal / Policy?	Initial engagement has taken place in March/April 2021. The Health Board undertook engagement with local residents and services in Conwy and Llandudno Junction, including a short survey on "Your Community, Your Health, Your Views". Full detail of the findings from this phase of engagement are included in Appendix. Views from people living and working locally were invited to inform the future development of primary care in the area, with a plan for additional and ongoing engagement. 169 local residents and 30 people working or volunteering in health and social care participated and the priorities below are identified as the most important[4]: 1. Buildings with space for a variety of health and wellness services 2. A range of health and wellness services 3. Parking available close by 4. Improved technology to access appointments and services

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[4] Conwy and Llandudno Junction Primary Care Health & Wellness Engagement Report BCUHB, 10 May 2021

5. Staff who help me access the most appropriate service/s
6. Up to date buildings
7. Public transport nearby

Whilst services do exist in the community, not everyone is aware of them, and there is more work to build on communication and awareness, alongside understanding the barriers to accessing digital services in particular.

Engagement is ongoing, which will provide further opportunities including for key groups to express their views on the priorities (minority ethnic groups, travellers and encouraging further workforce views)

- A Health Impact Assessment will take place also. This will include finding ways to encourage participation from identified minority ethnic groups, homeless people, opportunities for further workforce engagement.

- A range of stakeholders is currently identified related to this project and this may evolve over time.

- The project scope is indicating existing services as continuing in the locality in Conwy West, with 3 site options being considered in Conwy and Llandudno Junction.

Site options remaining in current consideration after most recent options reviewing September 21:

- Bodlondeb – Conwy
- Nant Y Coed School Site – Llandudno Junction
- Youth Centre / Labour Club Site

What engagement with people living with socio economic disadvantage will be / has been undertaken?	The BCUHB engagement March 21 was open to all local residents and used largely on-line and some local network approaches to create opportunities to reach as many people as possible. Due to the impact of Covid-19 during the engagement phase, it was not possible to host in person meetings or talk to people in public spaces and methods beyond questionnaires will be explored. Total LSOA's in Conwy town[5]: = 3 Total LSOA's in Marl ward (includes Llandudno Junction) = 2 (index of multiple deprivation) Total LSOA's in Pensarn ward (includes Llandudno Junction) = 2
How has / will this influence your work/guided your policy/ proposal, or changed your recommendations?	- The review of options took account of the local demographics and engagement, and retained an option to include one larger and one smaller branch health facility in Conwy or Llandudno Junction, ensuring there is accessible provision in both towns. - Some less accessible sites were discounted out of town, e.g. Black Cat roundabout, which is not easily accessible by public transport routes from all parts of the area. - The engagement undertaken in 2021, indicated a need for raising awareness of existing healthcare services and for continuing to ensure that relevant services are offered aligned with demand over time. This will be factored into economic options appraisal at OBC stage. - At OBC stage, the impact of broader challenges and opportunities will be on different people and groups, including but not limited to climate change, corona virus, environmental, economic changes. - Vulnerable groups may be disproportionately affected by these challenges including: people on low incomes; older people; critical workers; migrants and their families; minority ethnic groups.

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[5] CCBC Ward data, December 2020 for Conwy,
 CCBC Ward data Pensarn and Marl wards (Llandudno Junction is within these)

Stage 3: ASSESSMENT AND IMPROVEMENT

What are the main socio economic impacts of the proposal?
Consider evidence from both research and any engagement already carried out.
Who is being affected? Refer to the <u>North Wales Population Health Directory</u>
Are some communities of interest or communities of place more affected by disadvantage than others?

The Equality and Human Rights Commission monitor progress on equality and human rights across a range of areas of life in Great Britain including:

1. Education
2. Work
3. Living standards
4. Health
5. Justice and personal security
6. Participation

1.Education	
There has been significant housing development in Llanduno Junction in particular (740 units) which attracts younger families, who will benefit from accessing Flying Start and other family services. Children and adolescents' health behaviours are linked to their well-being in a variety of ways. Public Health Wales has undertaken research and published a study into children;s and ypung people;s mental well-being during the pandemic[6]. The	**In practice** Flying Start is in scope for this development and are represented on the project team. The development incorporates space for Flying Start base. There will also be hot desks and clinic space for Health Visitors and clinic areas which can be used by CA<s. Think about how careers support at BCUHB and with partners, including apprenticeships and volunteer work placements can

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[6] https://phw.nhs.wales/publications/publications1/children-and-young-peoples-mental-well-being-during-the-covid-19-pandemic-report/

studies reviewed indicate mixed findings on the impact of the pandemic on health behaviours and recommend ways of improving support for this group. Links with Bangor university and opportunities for medical students will need to be available This is a major construction project and the framework agreement will mandate links with local education providers.	be promoted to support young people furthest from the job market. Space is provided for Mental Health clinics, to include CAMHs, since demand for services is significant. There will be a well-being hub in the foyer of the larger premises, where third sector and community groups can promote activity and offer information and advice, including signposting to opportunities for children and young people. The construction stage will offer apprenticeships and STEM sessions, as part of the Design For Life Framework, with local schools. The development will enable links with Bangor University and clinic space is sized to accommodate medical students
2.Work	
Socio-economic benefits during construction through creation of jobs, apprenticeships, opportunities for people including those with protected characteristics and education links. Socio-economic benefits long term in training and career development opportunities at the new development and supporting the wider regeneration of the locality as an economic "hub". When considering all children in Wales, the likelihood of being in relative income poverty is much greater, and the gap is increasing for those living in a workless household compared to living in a working household (where at least one of the adults was in work).	**In practice** The D4L framework agreement mandates jobs where possible be made available to people in Wales. When appointed, the Supply Chain Partner will work with the Project Team to identify a range of community benefits including forecast numbers of jobs and these will be built into the benefits realisation plan at OBC. There will be a positive impact on local businesses, both during construction and once developments are commissioned. There has been significant housing development in Llandudno Junction in particular, attracting first time buyers and young families. A major construction project in this locality will have all round positive impact on job opportunities and business growth.

3.Living standards	
No direct impact	**In practice** The healthcare development and facilities are working towards strengthening community and individual resilience and towards empowering and enabling people to take control of their own health and wellness across their life. In turn, this aims to influence quality of living, years lived in good health, reducing premature deaths, making best use of resources and budget for sustainable services in the locality.
4.Health	
Topical health conditions in the locality include: • Hypertension is higher than average • Dementia will increase due to ageing population • Most prevalent health issues on GP registers are: Hypertension, smoking, obesity • Mental Health conditions are increasing aligned with All Wales trends • Dementia is expected to almost double by 2030 and the population of older people in this locality is higher than average. **Physical activity** is one of the key risk factors for premature death and disability in the UK. Physical activity links to mental health, quality of life and wellbeing and maintaining independent living in older age. With a locality of increasingly older and significantly older people, keeping more people active across all ages is a health	**In practice** • Relevant ways to increase access to healthcare for those who experience socio-economic disadvantage will be considered at OBC and defined in the community benefits realisation plan. • Costs of transport and travel are key factors to be considered for any potential changes to location of premises for services, opening hours or ways of offering the services. The Project Team will engage with local people and with public transport providers and the local authority at OBC and FBC stages, to ensure access routes meet the needs of the population and do not disadvantage any groups. • The design of the built environment is being considered and will be intentional - to enable the physical and mental health of patients, staff and visitors. For example,

and wellness priority that if acted on, could prevent many instances of the leading causes of ill health in society such as coronary heart disease, cancer, type 2 diabetes[7].

Other health priorities may include:

- Increasing children's dental health
- Increasing low birth weights – this has strong links to poorer health outcomes and is associated with material deprivation in later life.
- Focus on children Age 5 keeping a healthy weight and adults.
- Preventative actions and education – including to reduce hip fractures among older people and to address loneliness.
- Minimising avoidable ill health across the full range of peoples lives.
- Identifying and sharing the strengths that support and promote health and wellbeing.

dementia-friendly design rules and consideration of the needs of sensory impaired people will be considered.

- A range of opportunities for collaboration exist including with local third sector organisations and partners. This could include signposting and support for financial wellbeing, social, healthy eating, fitness, opportunities for keeping active, ability for clubs and groups to book and use rooms for well-being activities – e.g. weight management, diabetes control.

5.Justice and personal security	
No direct impact.	**In practice** Through working to enable people to take responsibility for improving their own health, the services, partners and third sector with the community and individuals, may shift behaviours over time that can positively influence a reduction in crime and anti-social behavior.

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[7] Measuring he health and wellbeing of a nation Public Health Outcomes Framework for Wales, March 2016

6.Participation	
This development and further collaborative working with partners and third sector, is an intentional approach to continue to focus on the broader solutions to health and wellness, considering wider determinants of health and well-being. The new facilities will enable collaborative working between agencies and a focus beyond medical response alone.	**In practice** This proposal is aiming to continue to offer accessible services for all, including those who experience socio-economic disadvantage. This proposal will consider digital exclusion and digital poverty, people living in rural areas and those unable to access services and facilities.

ACTION PLANNING – To be discussed and agreed in the project and to take account of Health Impact Assessment and additional engagement findings – HIA planned to follow at next stage

What actions will you undertake to minimise any adverse impacts identified during this Socio Economic Duty Impact Assessment?

Potential impacts Identified	Mitigating Action to be Taken	Action Owner	Monitoring Arrangements
Health impact including wider determinants of well-being.	Working with local authority colleagues to reduce ICT as a barrier to inter-service collaboration and delivery and potentially sign posting and re-communicating existing digital resources for community access	Project Director	To be added to the project plan at OBC and engagement to incorporate this
Health impact. The preferred way forward include a new, large health and well-being centre and a smaller branch. It is not viable to host a large health and well-being centre in every town, so some people living in this locality will be farther from the main centre than others.	At OBC a full consideration, in co-production with stakeholders, needs to determine the priority services for each location and setting and be clear of potential unintended consequences or adverse impacts. Further mitigating actions to be determined for the delivery plan.	Project Manager	To be added to the project plan at OBC and into the engagement framework

How to reach groups or individuals who are not registered with GPs.	Seek this participation in engagement at OBC – define all hard to reach groups and a social and other media strategy to reach them and ensure there is chance to hear their inputs. The further development of impact assessments will need to include young people and specific needs in relation to dental services, as these groups did not participate in the engagement in March/April 2021.	Project Manager	Include in engagement framework and plan at OBC stage
Health impact and accessibility of services for some groups , e.g. working people with young families who may not be able to attend during normal hours	Consider access / opening hours window for health services and also consideration of the ways of accessing the services (face to face, virtual, self-service, enabled) to be considered.	Project Director	Include in the plan at OBC stage
Accessibility of a health and well-being centre may disadvantage some groups, particularly those who do not have a car.	Travelling time, walking time, parking opportunities and proximity to the premises for community and workforce to be considered in the site selection at OBC.	Project Manager	Include in engagement framework and plan at OBC stage Ensure analysis of groups is undertaken and refined at

| | Consideration of any additional inconvenience (real or perceived), costs of travel or additional time to get to some health services e.g if services are proposed to be offered less close to home than they are currently provided, or if ways of accessing the services should change. | | the next stage of business case development and design |

STAGE 4: STRATEGIC DECISION MAKERS

| **Who signed-off this SED Impact Assessment** | **Signatory**
As per the Health Board's Standing Orders, the Board may agree the delegation of any of their functions, except for those set out within the 'Schedule of Matters Reserved for the Board', to Committees and others. These functions may be carried out by a prescribed Committee, sub-Committee or officer of the Health Board as per the Standing Orders Schedule 1, in accordance with their delegated limits. Strategic decisions <u>must</u> have appropriate sign off. If you are in any doubt as to the correct approving body for a strategic decision, please contact the Office of the Board Secretary. | |
| | **Board or Sub Committee: Executive Team** | 13th. October, 2021 |

	PFIG Committee	28th. October, 2021
Approval and Review – Main Board	**Approval Date:**	
	Review Date:	

Appendix 3

Type of Decision Includes but is not limited to:	Equality Impact Assessment Required	Socio Economic Duty Impact Assessment Required
Strategic policy development.Strategic directive and intent, including those developed at Regional Partnership Boards and Public Service Boards which impact on a public bodies functions	x	x
Health Board Wide Plans.Medium to long term plans (for example, corporate plans, development plans, service delivery and improvement plans)	x	x
Business Case/Capital Involvement/Options Appraisal required	x	x
Setting objectives (for example, well-being objectives, equality objectives, Welsh language strategy)	x	x
Changes to and development of public services Closure of Services	x	x
Decisions affecting service users, employees or the wider community including (de)commissioning or revised services	x	x
Efficiency or saving proposals, e.g., resulting in a change in community facilities, activities, support or employment opportunities	x	x
Directorate Financial Planning	x	x
Divisional policies and procedures affecting staff	x	
New policies, procedures or practices that affect service delivery	x	
Large Scale Public Events	x	
Major procurement and commissioning decisions	x	x
Local implementation of National Strategy/Plans/Legislation (e.g. vaccination programme)	x	x

Cyfarfod a dyddiad: Meeting and date:	Health Board 18 November 2021
Cyhoeddus neu Breifat: Public or Private:	Public
Teitl yr Adroddiad Report Title:	Integrated Governance Framework - Update
Cyfarwyddwr Cyfrifol: Responsible Director:	Gill Harris Executive Director of Nursing and Midwifery, Deputy Chief Executive
Awdur yr Adroddiad Report Author:	Simon Evans-Evans Interim Director of Governance
Craffu blaenorol: Prior Scrutiny:	Executive Director of Nursing and Midwifery, Deputy Chief Executive
Atodiadau Appendices:	None

Argymhelliad / Recommendation:
The Board is asked to note the update

Please tick as appropriate						
Ar gyfer penderfyniad /cymeradwyaeth **For Decision/ Approval**		**Ar gyfer Trafodaeth** **For Discussion**		**Ar gyfer sicrwydd** **For Assurance**	**Er gwybodaeth** **For Information**	✓

Y/N i ddangos a yw dyletswydd Cydraddoldeb/ SED yn berthnasol Y/N to indicate whether the Equality/SED duty is applicable	N

Sefyllfa / Situation:

The Health Board (HB) and Welsh Government has identified governance as an area that needs improvement. Following a review, The Health Board approved the new Integrated Governance Framework on 15 July 2021. The framework intends to

- Ensure that the governance, performance management and risk structures are effective, efficient and robust.
- Ensure clear accountability at all levels and that the HB creates an environment for learning and safety.
- Ensure that governance standards are consistent through the organisation.

Cefndir / Background:

The Integrated Governance Framework covers a range of structural and behavioural matters and has been developed in partnership with the Executive Directors, Committee Chairs and Independent Members and the wider BCUHB team.

The framework sets out the objectives and was designed to:

- Support the Board balance its responsibilities in relation to strategy, setting the culture and holding the organisation to account for the service it provides
- Improve the focus, co-ordination and relevance of Board and Committee papers with built in assurance levels
- Develop greater oversight of the People and Transformation agendas
- Give the Board assurance of delivery structures and lines of accountability
- Improve information flow, no orphan groups - improve the line of sight from Floor to Board through increased governance discipline.

The Board set objective for the framework as follows:

Objective 1: Ensure that the work of the Board and Committees are pitched at the right level and balance their responsibilities in strategy, culture and accountability.

From 1 September Board and Committee agendas have been revised into a format that structures agenda items around the 'future', the 'present' and the 'past'. Some teething issues translating the previous cycles of business into the new style were experienced, but generally the feedback has been positive. By having the first part of the business that the Board or Committee is considering set as the 'future', these agendas support the Board in balancing the strategy vs day-to-day business matters. At the Board Development session in Abergele the Board further agreed to model new ways of working through the Partnerships, People and Population Health Committee, to support the Board set the Culture of BCUHB.

Objective 2: Develop a greater focus on strategy in committee – delivering for the future.

As referenced above, the Board and Committee cycles of business now include oversight of the development of new strategies, as well as monitoring the implementation of existing strategies. Through workshops and formal Committee meetings, Board members will be able to contribute to the refresh of BCUHB overarching strategy, Living Healthier Staying Well as well as the key enabling strategies including but not limited to, the Clinical Services Plan, the People and Organisational Development Strategy and the Quality Strategy.

In addition, the Terms of Reference for Committees now include a requirement to meet the Public Sector Equality Duty (PSED) and Socio Economic Duty (SED) as well as a focus on developing and monitoring strategy.

Objective 3: Improve the focus, co-ordination and relevance of Board and Committee papers with built in assurance levels.

The effect of consistent use of the Chairs Assurance Reports, together with the strategic, tactical, operational delivery structure and no orphaned groups rule should improve accountability (linked to the Performance and Accountability Framework). Ultimately assurance against challenges, celebrations, concerns and commendations that have not been escalated will be easier to trace back, understand why and learn.

The Good Governance Institute have been engaged by the Health Board to provide additional governance support with a focus on the improvement in the quality of Board papers being a specific

outcome from the their work. New templates are also being developed for cover sheets that incorporate the three lines of assurance and highlight the relevance of papers to the Corporate objectives or targeted improvement. These templates will be launched following the conclusion of the organisational branding work.

The effective use of Cycles of Business and Committee agendas will also allow for a balance of committee business, both within individual meetings and across the year to support Independent Members to get a deeper understanding of the challenges, celebrations, concerns and commendations within the operational teams.

Objective 4: Give the Board a clear line of sight over business as usual and strategic delivery structures, including lines of accountability to provide better assurance and reduce duplication.

The structure aims to give a clear line of accountability for performance through the Executive, supported by the Performance and Accountability Framework and the Performance Oversight Group. The three Executive Delivery Groups have now been created and have had or are about to have their inaugural meetings, draft Terms of Reference have been agreed (subject to final amendments at the inaugural meetings) and the key groups reporting into the Executive Delivery Groups have been mapped and recorded within the Terms of Reference. A review of these terms of reference and the reporting structures into these groups is underway.

Patient / staff stories have been introduced to key Board and Committee meetings.

Objective 5: Develop greater oversight of the People / Transformation agenda.

These areas now have a much greater focus within the Terms of Reference for the Partnerships, People and Population Health Committee.

Objective 6: Improve information flow: no orphan groups - improve the line of sight from Floor to Board through increased governance discipline.

This will be resolved through having clear reporting lines for groups and committees, linked to consistent use of the Chairs Assurance Reports, which will highlight areas of challenges, celebrations, concerns and commendations. Committees and Board will also have the opportunity to hear first-hand from the front line during the programmed directorate reviews within the cycles of business.

As referenced above this is an ongoing piece of work. A review of the internal governance of each Acute site is concluding and revised structures, following the agreement of the new operating model, will be proposed in Quarter 3 2021/22.

A recent Board development session resulted in agreement of some practical actions to continue to improve the work of the Health Board and Committees. This included focused work to ensure Board papers, discussion and decisions more transparently focus on outcomes going forwards and to better utilise time at agenda setting meetings to reduce unnecessary volume. This is aligned to the work already committed to, supported by the Good Governance Institute.

Cyfarfod a dyddiad: Meeting and date:	Health Board 18th November 2021
Cyhoeddus neu Breifat: Public or Private:	Public
Teitl yr Adroddiad Report Title:	Review of Urology services and patient experience
Cyfarwyddwr Cyfrifol: Responsible Director:	Gill Harris Executive Director of Nursing and Midwifery & Dep CEO
Awdur yr Adroddiad Report Author:	Clive Walsh – Interim Director of Regional Delivery Matthew Joyes - Acting Associate Director of Quality Assurance
Craffu blaenorol: Prior Scrutiny:	Quality Safety & Experience Committee 7.9.21 and 2.11.21 Executive Team - Sept 2021
Atodiadau Appendices:	1. Royal College of Surgeons review – draft terms of reference 2. Urology Improvement Steering Group – draft terms of reference

Argymhelliad / Recommendation:

The Board is asked to 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.

Ticiwch fel bo'n briodol / Please tick as appropriate

Ar gyfer penderfyniad /cymeradwyaeth For Decision/ Approval		Ar gyfer Trafodaeth For Discussion		Ar gyfer sicrwydd For Assurance		Er gwybodaeth For Information	
		X			X		

Y/N i ddangos a yw dyletswydd Cydraddoldeb/ SED yn berthnasol Y/N to indicate whether the Equality/SED duty is applicable	N

Sefyllfa / Situation:

This paper updates the Health Board on proposals to improve Urology services which have been approved by the Quality, Safety & Experience (QSE) Committee   It sets out the background, current mitigations, and planned further actions in tackling the complex issues confronting urology services across North Wales. The report to QSE on 7.9.21 included an overview of a number of serious incidents and reports into deficiencies in the services provided.

Cefndir / Background:

Urology is a multi-disciplinary service which is delivered across the three acute sites and has placed sub-specialties in different locations, with robotics to be located at Ysbyty Gwynedd (YG), laparoscopic surgery at Ysbyty Glan Clwyd (YGC) and stone surgery at Wrexham Maelor Hospital (WMH), in order to provide economies of scale, and optimal utilisation of equipment.

The All Wales procurement of robotic surgery was expected to conclude in September 2021, however, there remain issues to be resolved at the Wales level. Once this process is completed, the implementation at YG will commence.

The volumes of activity for urology across the three acute sites in 19/20 was:

	West	Central	East
OP	5994	10848	13657
IP el em & DS	5154	3898	2253
WL @ 31 Mar	1473	2295	2387

Between March 2020 and September 2021 the numbers of patients waiting to be seen has grown by 8,000 - from 6,000 people to 14,000 people, with more than 9,000 patients waiting over 36 weeks. The Covid-19 pandemic exacerbating an existing mismatch between demand and capacity in North Wales.

This mismatch in demand and capacity has continued to be managed by commissioning additional activity from the NHS in England, the independent sector and by the use of waiting list initiatives. Whilst BCUHB's cancer performance is generally one of the best in Wales, waiting times for the management of some urological cancers is now a challenge. This is the second most common cancer in terms of numbers of patients treated in North Wales (after skin). The latest reported waits (% achieving standard) are:

	West	Central	East	N Wales
June	82	58	27	50
July	48	48	47	48

This compares to the 75% standard for the treatment of patients within 62 days. For all cancers the BCUHB value in June is 73% and All Wales is 68%. The BCUHB value has fallen from this point, but remains among the best in Wales. The figures reveal a degree of inconsistency over time and between different areas of North Wales. The Board has implemented some general changes, which will also benefit urology patients. These include:

- The process for reviewing cancer performance has changed, and harm reviews are undertaken for any referral to treatment times over 104 days.
- In future, overall cancer performance will be assured through the North Wales Cancer Partnership Group. This is modelled on the Manchester Cancer Board experience, which has led to sustained improvements in cancer outcomes. The Manchester team will offer support as we develop the group and provide a 'critical friend' role. This will enhance oversight of improvements to the effectiveness of the urology multidisciplinary team, in managing the care of locallly treated patients and those referred to other providers.

There are a number of positive developments within urology, such as:
- Development of new roles – recruitment of physicians assistant
- Commencing cystectomy surgery locally at YG (this is part of a general plan to repatriate more complex treatments to local hospitals to improve patients' access to healthcare)
- We have agreed with Welsh Government the early adoption of PSA patient self management, ahead of the intended All Wales scheme
- Completion of priority stratification for patients waiting for treatment in line with the P1 – P4 categorisation.

A serious Never Event was reported in 2019. At the time of the incident an external review of the incident was requested, but undertaken locally. The review was completed by a senior clinician employed by BCUHB but from outside the urology service. A follow-up action plan was developed. An external review of the investigation was commissioned to provide further assurance that all matters had been fully identified and subsequently mitigated. However this gave limited assurance. Further concerns remain that the learning identified within this review has not been embedded in the routine operation of the service. In the light of this and other concerns a revised process for the investigation of serious incidents has been put in place, with Executive Director oversight of the initial investigation including allocation of investigating officer and any recommendations.

The Public Services Ombudsman for Wales (PSOW) has conducted an "own initiative" investigation into 16 patients placed on the prostatic cancer pathway. This was issued as a public interest report on 9.9.21. The investigation was in response to a complaint received by the Ombudsman in 2019 whereby a patient paid for private treatment as a result of excessive waiting times (this report was also issued as a public interest report). The PSOW identified that a number of patients who had been placed on the prostatic cancer pathway had been referred to healthcare providers in England and had breached the cancer pathway target, with the breaches not reported or subject to harm reviews being shared with the Health Board (although at the time of referral this was not a requirement in Wales). The Board has since reviewed the contractual relationship with hospital providers to ensure that referred patients are tracked and the pathway stages reported.

The Ombudsman commented that he remains concerned that urology services had not improved despite previous recommendations by him, and further to a Healthcare Inspectorate Wales Urological Cancer Peer Review in February 2014. The Ombudsman commented on several specific concerns:
- A lack of clinically or managerially led consensus for the delivery model or urological cancer services in North Wales.
- The Multi-Disciplinary Team stated that patients had been lost or delayed in follow-up and have deteriorated while waiting for an appointment.
- A lack of succession planning for the service "compounded by the lack of strategic direction from management on the delivery of urological services for the population."

One of the recommendations for the Board is to undertake a capacity and succession planning review. The QSE Committee received a proposal to respond to these issues by developing a specialty Improvement Plan; and appointing a clinical lead and additional clinical staff. There was a further recommendation to the QSE Committee to support an external review of the service.

The Ombudsman has other open investigations underway regarding urology, related to individual patient concerns. The publication dates for these reports are not yet known.

The current Clinical Director for urology has announced his intention to step down from the role, and this post has been advertised (along with a robotic surgeon). The definitive solution for robotic surgery will need to be in place for this recruitment to take place. Further recruitment is underway. The proposals to improve urology services were discussed with the Community Health Council (CHC) during the Board to Board meeting on 21.10.21.

Asesu a Dadansoddi / Assessment & Analysis

Goblygiadau Strategol / Strategy Implications

The Health Board has previously agreed to a plan to locate discrete sub-specialised services at each of the three acute hospitals. As part of this plan, BCU has determined that robotic surgery will be located at YG (this is part of an All Wales procurement programme). One BCU robotic surgeon has resigned citing delays in developing the robotic service, in addition to the lack of a cohesive clinical leadership for the service.

Implementing the strategic vision will promote the service's attempts to recruit and retain sufficient numbers of trained staff to sustain a viable service across North Wales (certain disease groups are already being referred outside BCUHB through lack of availability of suitably trained clinical staff).

The Urology service is an important element of the Board's major strategic ambition for the development of Regional Treatment Centres, and the Board has approval to develop detailed proposals for the novel service pathways and facilities. To make effective use of this capacity an expanded consultant workforce will be required and the Executive Team has agreed to proceed with this expansion on the basis of the initial demand and capacity analysis. In the interim, the Board is seeking additional capacity through contracts with the independent sector.

Implementing the strategic vision will ensure patients are treated as close to their home in a timely and equitable fashion, and this is consistent with the Board's direction of repatriating patient treatments, rather than relying upon out-sourcing of activity. A full complement of clinical staff will also ensure sustainability of unscheduled care services in urology and this would be in line with the Health Board's commitment to 24/7 emergency services on three acute hospital services.

Opsiynau a ystyriwyd / Options considered

Despite implementing the findings from the previous internal and external reviews, there is insufficient evidence-based assurance of the quality of urology services, and several concerns from stakeholders such as the Ombudsman exist. Therefore, it was recommended to the QSE Committee on 7.9.21 that the Health Board considers commissioning a Royal College of Surgeons (RCS) review of the services. Such an exercise would form the sound basis of future improvement work. In discussion with the RCS, it seems that the lead time for such a review is likely to be 6 months, and the Board will need to take more urgent steps to mitigate the existing concerns and gaps in assurance through a local improvement plan. The draft terms of reference (Appendix 1) were received by the QSE Committee on 2.11.21.

A separate Getting it Right First Time (GIRFT) assessment is being scheduled for Autumn 2021, and the results will be used to improve the service in the interim.

A local review has been considered but due to the ongoing nature of the concerns, it is considered that an expert independent multidisciplinary review by a Royal College provides the most reliable and robust solution. Equally, consideration has been given to reopening the previous serious incident but given the passage of time, and the fact that underlying factors are likely to be systemic, it is believed that an independent review would equally identify fundamental issues needing improvement.

It is therefore recommended that the Board commission a Royal College review as approved by the QSEC. The results of this review will be managed through the Board's standing governance arrangements.

There are significant issues in relation to the underlying capacity of the service to deliver the required demand, and this has been exacerbated by the rise in the waiting list due to the pandemic. An increase in consultant manpower is recommended, and this is linked to the Board's strategic aim of developing Regional Treatment Centres (RTCs). The method of delivery is under discussion with the Welsh Government at present, and the options for expanding capacity in urology need to reflect the settled route for RTCs.

It is recommended a pan-North Wales improvement plan for urology would be put in place ahead of the College review, in part as a response to the PSOW public interest report, but fundamentally to enhance the quality of the service, and this approach was supported by the QSE Committee. The inaugural meeting of the steering group is scheduled for 23.11.21, and the draft terms of reference are included as Appendix 2. The group will be enhanced by patient representatives, recruited through the auspices of the CHC. A meeting was held with consultant urologists on 9 November 21 to share information about the Board's intentions, and to seek representatives for the steering group.

A number of actions are already in place or underway:

- An action plan was prepared in relation to the PSOW report from 2020.
- An initial action plan has been drafted in response to the wider PSOW review which was published in Sept 2021.
- A revised process for the investigation of serious incidents, with direct Executive Director oversight
- The recruitment process is underway for the clinical lead in urology and a replacement consultant with an interest in robotic surgery.
- The Executive Team has agreed to proceed at risk with additional consultant appointments if suitable candidates are found during this recruitment process.
- The service will appoint a network manager to support the improvement programme and co-ordinate services across North Wales.
- It has been agreed that urology service will be an early participator in a Getting It Right First Time (GIRFT) review in Autumn 2021.

Goblygiadau Ariannol / Financial Implications

The service will be asked to produce a business case covering the regional area (a business case for the service in the East area is already in draft form). This will need to be developed in parallel with any RTC initiative. This will need to interlock with the plans for RTCs, as part of the manpower cost is likely to overlap with this programme.

A number of urology patients are currently treated outside Wales, through outsourcing of activity to the independent sector and through local waiting list initiative activity.

An initial calculation suggests that to recover the backlog on the waiting list, it will be necessary to double the number of urology consultants in the system (12), with a potential cost of £1.5m - £2m. It is likely that some of this cost will sit with the RTC programme and within current spend for additional activity. The Executive Team has agreed to proceed with the recruitment of additional consultant staff.

A single service, with equality of access, would be promoted by the integration of the Patient Administration System (PAS) across the three acute hospitals, which is underway, with completion expected in 2023/24, and this is within current capital and revenue plans

Dadansoddiad Risk / Risk Analysis

In Sept 2021, the QSE Committee considered the risks for patients and the service under the following headings:
- Sustainability of services
- Financial
- Reputation
- Opportunities foregone
- Clear clinical leadership
- Patient Experience – A thematic review of complaints.
- Patient Safety – an overview of 450 incidents. One incident was categorised as catastrophic and 9 as major.
- Litigation
- Never Event

The four relevant risks on the Risk Register were also reviewed

Cyfreithiol a Chydymffurfiaeth / Legal and Compliance

There is evidence that the service is not meeting agreed Welsh Government standards. While magnified by the COVID pandemic, many of the issues and underlying factors existed prior to the pandemic.

The ongoing concerns indicate the service may not be meeting the Health and Care Standards for Wales, and an assessment of this would form part of any consideration for the terms of reference for an external review. In the immediate future, the pan North Wales improvement plan will need to address the current risks and mitigation, with regular updates provided to the QSE Committee for assurance.

Asesiad Effaith / Impact Assessment

An impact assessment is not required for this paper.

Invited review of urology services in North Wales

DRAFT Terms of Reference v0.4

In conducting the review, the review team will consider the standard, safety and quality of care provided by the urological surgery service.

Specific reference should be made to:

1. **Clinical Pathways**

Both established and developing clinical pathways in providing optimal clinical care, including consideration of:
.
(i) The effectiveness of the management of the urology Suspected Cancer Pathways (SCPs) in-line with national standards, particularly prostate
(ii) The effectiveness of referral pathways in enabling timely access for patients to effective interventions
(iii) Clinical decision making.
(iv) Access and waiting times for cancer and non-cancer pathways
(v) Frequency and adequacy of follow-up arrangements for patients on these pathways

2. **Multi-disciplinary Teams**

The effectiveness of the multidisciplinary teams (MDTs) in ensuring continuous, consistent and optimal patient-care.

3. **Clinical Governance**

Clinical governance, including the effectiveness of:

(i) Mortality and Morbidity (M&M) in discussing cases as part of learning and taking forward actions.
(ii) The processes in place for concerns and incidents to be reported and addressed.
(iii) The robustness of recommendations made following Serious Incident Reviews.
(iv) The reliability of follow-up of outcomes from Serious Incident Reviews and external reviews
(v) The appropriate communication of outcomes following reported concerns and incidents
(vi) The response to concerns raised in reports of the Public Services Ombudsman for Wales

4. **Clinical Outcomes**

Clinical outcomes, complications and mortality for both the service and individual surgeons in the context of accepted national and international standards/norms.

Identify areas of good and exceptional practice

Identify areas of practice which have utilised innovative and/or transformational methodologies

Identify areas of practice which could benefit from innovation and or transformation

5. **Staffing**

The adequacy of the medical and non-medical staffing and clinical facilities for the volume and type of clinical activity undertaken.

6. **Infrastructure Support**

The adequacy of the infrastructure supporting delivery of clinical services, which should include, but not be exclusive to Information Technology and Informatics.

7. **Behaviours**

Behaviours, communication and team working, including specific reference to:

(i) The team of consultant urology surgeons.
(ii) The wider urology service.
(iii) The multi-disciplinary team (MDT).
(iv) Engagement and communication between the urological surgery service and other hospital services, primary care services, and tertiary referral services.

8. **Communications**

Communication with patients and other health professionals, with specific reference to:

(i) The effectiveness of providing information to patients in supporting and enabling shared decision-making.
(ii) The adequacy and timeliness of the provision of patient clinical information to the appropriate primary and community health care teams.
(iii) The interaction between primary and secondary care and the views of the primary care clusters

9. **Leadership**

Leadership within the urology service, in particular:

(i)   leading a coordinated urology service across all three sites and primary care
(ii)   encouraging the use of data to improve services
(iii)   managing waiting times
(iv)   strategic workforce and succession planning
(v)   governance processes
(vi)   promoting appropriate professional behaviours and culture
(vii)   robust accountability

Reporting

The review team will report to the SRO, Gill Harris, Deputy Chief Executive / Executive Director of Nursing and Midwifery.
After review for factual accuracy, the report will be placed in the public domain.

BCUHB

Urology Improvement Programme Steering Group

Membership (draft note – quoracy, delegated decision making)

Executive DoN / Dep CEO – Chair Executive MD – Vice Chair Representative from Community Health Council 2x Patient Representatives 3x Site Medical Directors or deputies Cancer Services – Performance Lead Urology CD Diagnostic Radiology (as required) Clinical Lead for Robotic Implementation tbc Representative from Corporate Quality Representative from Corporate Transformation and Improvement Network Manager

Scope of activities

Consider and implement the recommendations of the RCS review and Ombudsman reports Identify and act upon reported patient feedback Develop a workforce plan including recruitment, retention, training & development, medical education & new roles Maximise the opportunity available through RTC and new pathways Inc. unscheduled care, cancer surgery and Ambulatory Care Identify opportunities for Research & Development Identify requirements for data and information systems Provide assurance for the implementation of robotic surgery Develop a speciality clinical strategy, interlinked with the North Wales strategy Recommend future governance arrangements

GIG CYMRU NHS WALES | Bwrdd Iechyd Prifysgol Betsi Cadwaladr University Health Board

Cyfarfod a dyddiad: Meeting and date:	Health Board 18th November 2021
Cyhoeddus neu Breifat: Public or Private:	Public
Teitl yr Adroddiad Report Title:	Vascular Steering Group Update
Cyfarwyddwr Cyfrifol: Responsible Director:	Dr Nick Lyons, Executive Medical Director
Awdur yr Adroddiad Report Author:	Sally Morris, Vascular Network Manager Dr Nick Lyons Executive Medical Director
Craffu blaenorol: Prior Scrutiny:	None
Atodiadau Appendices:	1. Current vascular network service model

Argymhelliad / Recommendation:

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.

Ticiwch fel bo'n briodol / Please tick as appropriate

Ar gyfer penderfyniad /cymeradwyaeth For Decision/ Approval		Ar gyfer Trafodaeth For Discussion		Ar gyfer sicrwydd For Assurance		Er gwybodaeth For Information	X
Y/N i ddangos a yw dyletswydd Cydraddoldeb/ SED yn berthnasol Y/N to indicate whether the Equality/SED duty is applicable						N	

Sefyllfa / Situation:

This report provides

1. An update on the Vascular Improvement Programme overseen by the Vascular Steering Group following the Royal College of Surgeons (RCS) review of the Vascular Surgery Service (received by the Health Board in March 2021)
2. An update on the reporting of quality, safety and patient experience within the current vascular service model
3. A high-level summary chronology of Health Board decisions concerning Vascular Services.

The Vascular Steering Group (VSG) meets monthly and provides a report to the Quality, Safety and Experience (QSE) Committee. The Vascular Steering Group replaced the former Vascular Task and Finish Group.

QSE received a paper on 2nd November 2021 that noted the development of a revised action plan and the implementation of enhanced oversight of the programme. QSE also approved Terms of Reference for the VSG at that meeting.

Quality, safety and patient experience considerations were central to the RCS review in 2021. The review report found no immediate concerns and made 22 recommendations for service improvement which now inform, and are monitored through, the action plan overseen by the VSG and will be and reported bi-monthly to QSE.

The Heath Board received correspondence dated 13 October 2021 from a legal firm acting on behalf of a number of campaigners in respect of Vascular Services in BCUHB.

The letter is not a pre-action protocol letter threatening the commencement of litigation. This letter included a request for an extraordinary Board meeting to review the Health Board's decision of March 2019 related to vascular services, in the light of further evidence and to consider what steps can be made to safeguard public safety.

The Health Board responded that it would include a chronology of decisions made on vascular services to illustrate the process associated with its decision-making at the next Board meeting on 18th November 2021. This will be supplemented by a lessons learned review of the decision making process which will be used to inform future decision making processes. BCUHB will be supported in this task by the Good Governance Institute.

The Health Board agreed that the update on vascular services would include present considerations as to the implementation of the new service model with a focus on quality, safety and patient experience.

Cefndir / Background:

A public consultation in 2012 *"Healthcare in North Wales is Changing"* considered a proposal that "complicated arterial surgery is provided in one acute hospital in North Wales" and [that] "routine vascular services and care before and after operations would continue to be provided in all three acute hospitals". The proposal did not include detail on how the services should otherwise be configured.

Following this consultation, on 18 January 2013, the Board approved a recommendation to "consolidate arterial surgical services into a single specialist centre" with the preferred location being Ysbyty Glan Clwyd (YGC) and also approved a recommendation "this move to be facilitated through an interim operational contingency move to 2 arterial centres in (Ysbyty Gwynedd and Wrexham Maelor Hospitals) during 2013".

Implementation of this was delayed "due to renovation of the YGC site and concerns raised by some clinicians and external stakeholders" (RCS, 2021).

An Invited Service Review by the Royal College of Surgeons in November 2015 recommended "that a single hub model [for the vascular services] should be implemented as soon as possible in North Wales" and that the it was "the opinion of the review team that Glan Clwyd (Central) site was probably the most appropriate choice for the arterial site at this time".

The Board subsequently considered vascular services, receiving regular updates. These included a quarterly Progress Report on implementation of the North Wales Vascular Service. These Progress Reports focused on the service configurations for management of complex vascular cases in a hub and spoke model in line with the 2013 decision.

The Board also considered and supported proposals to develop additional bed capacity in YGC and the development of a hybrid theatre at YGC as well as appropriate capacity for vascular patients in the spoke sites.

In November 2018 the Board noted "that a North Wales Vascular Network had been established to support the development of a specialist vascular service at YGC".

The Board further noted a report in March 2019 that the "organisation had the capacity and capability to establish the new facility [at YGC] which would go live on 10th April 2019" and the vascular hub duly opened in April 2019.

The Board has continued to monitor the implementation of the network in Board workshops, Board briefings and public Board meetings since that time, including receipt of a report from the Community Health Council (CHC) in May 2020, which highlighted adverse patient experiences in the Vascular Service.

On 23rd July 2020, the Board noted the Vascular Task and Finish Group had invited a further review from the RCS at the request of Independent Members. This was in response to the recognised need, and subsequent request from within the Health Board for further external scrutiny of the service to build on, and validate, an internal review of the vascular service.

The first stage of this RCS review resulted in a report that was issued on 15th March 2021. This report included the 22 recommendations previously noted in this report.

The North Wales Vascular Network which is currently in place remains in keeping with the Board's decision for centralisation and adoption of a hub and spoke model with appropriate capacity for patients at all 3 acute sites. Whilst from time to time, there have been resource challenges which have inhibited full implementation, the model of care is currently operational as intended.

No external review has proposed that the Board's approval of the "consolidated service" in 2013 be reconsidered and this model was supported in the recent RCS review. The network model is in line with those present in other parts of the United Kingdom.

The second stage of the RCS review, based on the analysis of 50 case notes, began in July 2021. This review is expected to give further insight into both patient safety and patient experience within the service and is now expected to report in January 2022. This will further inform the Vascular Improvement Programme actions

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 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.

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 Hospital (WMH) - and Area teams.

The service model (summarised also at Appendix 1) shows a hub that provides an outreach service to the spoke sites whilst retaining all on-call and complex vascular activity at the hub site. Vascular 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 WMH and 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 22 recommendations from the first stage of the RCS review, and any additional improvements needed, are monitored through the action plan. This plan, which will be finalised by the end of December 2021, includes clear mitigations where an action has not been completed. Completion is

linked to outcomes that can be monitored in the future and will inform a vascular quality and performance dashboard.

This action plan will come to QSE for approval in January 2022, although will be further updated on an ongoing basis thereafter.

Outcomes, including the National Vascular Registry (NVR) audit, are considered in speciality audit meetings and a reporting schedule for these has now been agreed with the VSG.

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. This analysis will supplement the existing data sets and will add additional assurance particularly where data gaps have emerged. It is expected that this analysis, which will include use of independent informatics expertise, will be completed in January 2022.

Work is ongoing with the Welsh Ambulance Service (WAST) to ensure that patients presenting via 999 and requiring the hub services are transported directly to YGC to minimise any delays in treatment.

Implementation of the North Wales Vascular Network

It was agreed in QSE in September 2021 to carry out a review of decision-making processes leading to the implementation of the current networked vascular service. This learning review, when completed, will inform the Board and any operational teams, in implementation of any other future service developments. This review will commence shortly and will be supported by the Good Governance Institute who are already working with the Health Board in governance partnership.

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 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 VSG meeting.

Cyfreithiol a Chydymffurfiaeth / Legal and Compliance

There are no regulatory 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.

Vascular Surgery Service Model

Centralisation of the vascular services to create a Hub at Ysbyty Glan Clwyd for all major arterial and emergency work, and spoke sites at Bangor and Wrexham who continue with daycase activity and vascular oversight for the sites

Bangor	Ysbyty Glan Clwyd	Wrexham
Minor amputations	Major amputations	Minor amputations
Varicose veins	AAA repairs	Varicose veins
Daycase angioplasty	Endovascular procedures	Daycase angioplasty
Simple renal access	Carotid endartectomy	Simple renal access
Spoke site cover planned 5 days per week	Arterial bypass surgery	Spoke site cover planned 5 days per week
Vascular nurse outreach (wounds)	Outpatients and local MDT	1 Vascular specialist Nurse
Non-vascular diabetic foot surgery / management	Aneurysm screening	Non-vascular diabetic foot surgery / management
Vascular outpatients and MDT	North Wales Vascular MDT	Vascular outpatients and MDT
Joint clinics / renal / podiatry (diabetic foot)	Vascular Consultant of the week (VCOW for BCU)	Joint clinics / renal / podiatry (diabetic foot)
	Surgeon of the Day	
	Overnight on call (BCU)	
	1 Vascular CNS (Wounds)	
	Clnical governance meetings	

Cyfarfod a dyddiad: **Meeting and date:**	Health Board 18th November 2021
Cyhoeddus neu Breifat: **Public or Private:**	Public
Teitl yr Adroddiad **Report Title:**	Quality & Performance (QAP) Report to 30.09.2021
Cyfarwyddwr Cyfrifol: **Responsible Director:**	Sue Hill, Executive Director of Finance
Awdur yr Adroddiad **Report Author:**	Edward Williams, Head of Performance Assurance
Craffu blaenorol: **Prior Scrutiny:**	The data and information in this report has been scrutinised by the Performance, Finance & Information Governance Committee on 28th October 2021 and the Quality, Safety & Experience Committee on the 2nd November 2021
Atodiadau **Appendices:**	1. Quality & Performance (QAP) Report

Argymhelliad / Recommendation:
Members of the Health Board are requested to scrutinise the report.

Ticiwch fel bo'n briodol / Please tick as appropriate							
Ar gyfer penderfyniad /cymeradwyaeth **For Decision/** **Approval**		**Ar gyfer Trafodaeth** **For** **Discussion**		**Ar gyfer sicrwydd** **For** **Assurance**	⚑	**Er gwybodaeth** **For** **Information**	

Y/N i ddangos a yw dyletswydd Cydraddoldeb/ SED yn berthnasol **Y/N to indicate whether the Equality/SED duty is applicable**	N

Sefyllfa / Situation:

The seasonal flu vaccination campaign for 2021-22 was launched on the 4th October 2021. The progress of the campaign will be included in the next report.

Over the past 12 months, the cumulative rate of laboratory confirmed bacteraemia cases per 100,000 population, including E.Coli and C.Difficile has increased at an all Wales level. The infection prevention and control teams continue to work on reducing the number of infections alongside their work on COVID-19.

Pressures on the unscheduled care system continues. Although performance remains below the 95% target of patients seen within 4 hours, 64.92% in September, this is a slight improvement compared to 64.52% in August. The number of patients waiting over 12 Hours in our Emergency Departments fell for the first time in 9 months at, 2,595 compared to 2,786 in August. However, the number of patients waiting over 24 hours rose to 905 (from 685 in August and 411 in July). The number of patients experiencing ambulance handover delays of an hour or more also fell, from 1,735 in August compared to 1,610 in September.

Performance against the stroke care measure continues to be poor and performance fell to 23.9% of patients admitted to a Stroke Assessment Unit within 4 Hours compared to 33% in August (against a

target of 59%). The rate of patients reviewed by a Stroke Consultant within 24 hours improved slightly at 73.9% in September (against a target of 85%) compared to 68% in August.

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.

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.

In September, the number of people waiting over 36 weeks fell for the first time in 3 months at 54,805 compared to 55,295 in August. The number of patients waiting over 52 weeks also fell at 41,578 in September, compared to 41,616 in August.

The number of patients waiting over 8 weeks for diagnostic tests at 7,352, fell for the first time in several months in September compared to 7,389 in August.

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 65.7% in August, BCU remains the second best performing Health Board in Wales in terms of the Suspected Cancer Pathway.

At 182,526, the total number of patients waiting on the 'Follow Up' waiting list, fell in September 2021. The number of those patients that are more than 100% overdue their follow up date also fell slightly at 55,247 at the end of September 2021 from 55,286 in August.

Performance against the eye care measure improved to 43.1% in September 2021, compared to 42.43% in August.

Although improved, Performance against the 26 Week target or children awaiting neurodevelopment assessment remains poor at 30.34%, compared to 32.79% reported previously. September performance figures are starting to show the impact of increased referrals to our external supplier; increased capacity from July with a 6-week lead in time to assessment. We expect the waiting list to start to reduce month on month by the end of October with the trend set to continue to end March 2022.

For Children's & Adolescent Mental Health Services (CAMHS) performance remains poor against the targets for the rate of children assessed within 28 days of referral, at 23.60%, and starting therapy within 28 days of assessment at 16.40%.

For adult mental health services, performance remains on an improvement trajectory in August, with percentage adults assessed within 28 days of referral at 66.6%. Although it has fallen slightly, the number of patients starting therapy within 28 days of assessment remains above the 80% target at 80.10%.

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 87.1% in October 2021 continues to exceed

the 80% target rate. This is a significant and sustained improvement from a low of 20.1% in September 2020.

The number of patients experiencing delayed transfer of care (DToC) within our mental health has increased slightly at 17 in September 2021 (compared to 16 reported previously), the length of stays has also increased to 817 (compared to 580 reported previously). The service is working to resolve issues that lead to DToC and it is expected that the number and length of DToCs will fall over the coming months.

Two new Never Events were reported in Quarter 2 of 2021/22 (both occurred in August 2021), compared to three Never Events reported in Quarter 1 of 2021/22.

The trend for staff sickness rate over the last 3 months (June to September) has been one of increase with September at 5.56%. COVID-19 related sickness also increased to 0.8% (from 0.5% in August 2021).

PADR Rates have continued to fall in the last four months to 67.8% completed by end of September 2021, whilst Mandatory Training rates have improved at 84.2% for September 2021 and is now less than 1% below the 85% target rate.

In September the combined Agency and Locum cost remains fairly static at 7.5%.

Crude Mortality (under 75 years old) has decreased to 0.96%. The mortality rate for BCU is lower than the Wales average of 1.13%. As the health board has not been an outlier for mortality for at least 24 months. It is therefore, 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. Emergency Department data has recommenced as of September 2021 although figures should be viewed with caution at this time.

Cefndir / Background:

The Executive Summary pages of the QAP Report sets out performance against the key measures contained within the 2020/21 Welsh Government National Delivery Framework. 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 1st October 2021. Key measures will be included in the Quality & Performance Reports from January 2022.

The National Delivery Measures are derived from the Framework and are aligned to the Quadruple Aims set out in 'A Healthier Wales', Welsh Government's long term plan for health and social care.

Asesu a Dadansoddi / Assessment & Analysis
Goblygiadau Strategol / Strategy Implications The National Delivery Measures align to the National Delivery Framework , which support 'A Healthier Wales' and the Health Board's Annual Plan.
Opsiynau a ystyriwyd / Options considered After a number of constructive workshops and meetings with Board members, the suite of performance reports presented to the Board and Committees is being revised to include more comprehensive metrics, as well as pertinent benchmarking data. The production of the reports is also being reviewed and we are implementing an automated process which will support a Helath Board performance dashboard with functionality to drill down into the more granular data to support evidence based decision making. The quarterly accountability reviews are ongoing and any changes agreed as part of the operating model discussions will be reflected in both the future accountability reviews and the revised performance reports.
Goblygiadau Ariannol / Financial Implications The delivery of the measures contained within the Health Board's Annual Plan will have direct and indirect impact on the financial position of the Board.
Dadansoddiad Risk / Risk Analysis The COVID-19 pandemic has produced a number of direct and indirect risks to the delivery of care across the healthcare system.
Cyfreithiol a Chydymffurfiaeth / Legal and Compliance This report will be available to the public once published for the Health Board
Asesiad Effaith / Impact Assessment The Report has not been Equality Impact Assessed

Quality and Performance Report

Health Board

Performance to 30th September 2021
Presented on 18th November 2021

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 1st October 2021. Key measures will be included in the Quality & Performance Reports from January 2022.

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 it's scrutinising Committees, Performance, Finance & Information Governance (PFIG) Committee, Quality, Safety & Experience (QSE) Committee is in the process of being redesigned.

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.

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The Committee is asked to note the following:

Quadruple Aim 1:Prevention
The seasonal flu vaccination campaign for 2021-22 was launched on the 4th October 2021. The progress of the campaign will be included in the next report.

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.

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. Although performance remains below the 95% target of patients seen within 4 hours, 64.92% in September, this is a slight improvement compared to 64.52% in August. The number of patients waiting over 12 Hours in our Emergency Departments fell for the first time in 9 months at, 2,595 compared to 2,786 in August. However the number of patients waiting over 24 hours rose to 905 (from 685 in August and 411 in July). The number of patients experiencing ambulance handover delays of an hour or more also fell, from 1,735 in August compared to 1,610 in September.

Performance against the stroke care measure continues to be poor and performance fell to 23.9% of patients admitted to a Stroke Assessment Unit within 4 Hours compared to 33% in August. (against a target of 59%). The rate of patients reviewed by a Stroke Consultant within 24 hours improved slightly at 73.9% in September (against a target of 85%) compared to 68% in August.

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 as can be seen on the graphs on Page 54.

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.

In September, the number of people waiting over 36 weeks fell for the first time in 3 months at 54,805 compared to 55,295 in August. The number of patients waiting over 52 weeks also fell at 41,578 in September, compared to 41,616 in August.

The number of patients waiting over 8 weeks for diagnostic tests at 7,352, fell for the first time in several months in September compared to 7,389 in August.

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 65.7% in August, BCU remains the second best performing Health Board in Wales in terms of the Suspected Cancer Pathway.

At 182,526, the total number of patients waiting on the 'Follow Up' waiting list, fell in September 2021. The number of those patients that are more than 100% overdue their follow up date also fell slightly at 55,247 at the end of September 2021 from 55,286 in August.

Performance against the eye care measure improved to 43.1% in September 2021, compared to 42.43% in August.

Quadruple Aim 2: Neurodevelopment
Although improved, Performance against the 26 Week target or children awaiting neurodevelopment assessment remains poor at 30.34%, compared to 32.79% reported previously. September performance figures are starting to show the impact of increased referrals to our external supplier; increased capacity from July with a 6 week lead in time to assessment. We expect the waiting list to start to reduce month on month by the end of October with the trend set to continue to end March 2022.

Quadruple Aim 2: Child & Adolescent Mental Health Services (CAMHS)
For Children's & Adolescent Mental Health Services (CAMHS) performance remains poor against the targets for the rate of children assessed within 28 days of referral, at 23.60%, and starting therapy within 28 days of assessment at 16.40%.

Quadruple Aim 2: Adult Mental Health
For adult mental health services, performance remains on an improvement trajectory in August, with percentage adults assessed within 28 days of referral at 66.6%. Although it has fallen slightly, the number of patients starting therapy within 28 days of assessment remains above the 80% target at 80.10%.

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 87.1% in October 2021 continues to exceed the 80% target rate. This is a significant and sustained improvement from a low of 20.1% in September 2020.

The number of patients experiencing delayed transfer of care (DToC) within our mental health has increased slightly at 17 in September 2021 (compared to 16 reported previously), the length of stays has also increased to 817 (compared to 580 reported previously). The service is working to resolve issues that lead to DToC and it is expected that the number and length of DToCs will fall over the coming months.

Quadruple Aim 3: Quality & Safety
Two new Never Events were reported in Quarter 2 of 2021/22 (both occurred in August 2021), compared to three Never Events reported in Quarter 1 of 2021/22.

Quadruple Aim 3: Workforce
The trend for staff sickness rate over the last 3 months (June to September) has been one of increase with September at 5.56%. COVID-19 related sickness also increased to 0.8% (from 0.5% in August 2021).

PADR Rates have continued to fall in the last four months to 67.8% completed by end of September 2021, whilst Mandatory Training rates have improved at 84.2% for September 2021 and is now less than 1% below the 85% target rate.

Quadruple Aim 4: Agency /Locum Spend
In September the combined Agency and Locum cost remains fairly static at 7.5%.

Quadruple Aim 4: Mortality and Timely Interventions
Crude Mortality (under 75 years old) has decreased to 0.96%. The mortality rate for BCU is lower than the Wales average of 1.13%. As the health board 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 both Inpatient and Emergency Department data has recommenced as of September 2021 although figures should be viewed with caution at this time.

Quadruple Aim 1:
People in Wales have improved health and well-being and better prevention and self management

Measures

Committee	Period	Measure	Target	Actual	Trend
QSE	Q1 21/22	Percentage of children who received 3 doses of the hexavalent '6 in 1' vaccine by age 1*	>= 95%	94.90%	⬆
QSE	Q1 21/22	Percentage of children who received 2 doses of the MMR vaccine by age 5*	>= 95%	94.10%	⬇

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 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.

Top 5 Measures (based on movement up or down)

Committee	Period	Measure	Target	Actual	Trend
QSE	Aug 21	Percentage of therapeutic interventions (CAMHS) within 28 days of assessment*	>= 80%	16.40%	⬇
PFIG	Sep 21	Number of patients waiting more than 14 weeks for a specified therapy	0	2,610	⬇
PFIG	Sep 21	Percentage of emergency responses to red calls arriving within (up to and including) 8 minutes	>= 65%	45.20%	⬇
PFIG	Sep 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	2,595	⬇
PFIG	Sep 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%	23.9%	⬇

Quadruple Aim 2: Infection Prevention Measures

Committee	Period	Measure	Target	Actual
QSE	Sep 21	Cumulative numberof MRSA cases	0	4
QSE	Sep 21	Cumulative number of C.difficile cases	0	125

Cumulative from April 2021

What are the key issues/ drivers for why performance is where it is?
- In comparison with other Welsh Health Boards we are not an outlier for any of the 6 Healthcare Acquired Infections (HCAIs). As the biggest health board our position is either 3rd or 4th when looking at the data for April to September 2021.
- We are improving and transforming what we do to reduce the risk of infections so we should see ourselves move over to the left more in these charts (previous page) over the coming months as the improvements lead to even more harm free behavioural change.

What actions are being taken to improve performance and by who?
- Strengthened leadership and assurance in Infection Prevention & Control (IPC) particularly nursing and management.
- Safe Clean Care Harm Free transformation/improvement programme beginning to change behaviour in the organisation.
    - Visitors lateral flow pilots a success develop to roll out across health board.
    - COVID-19/Flu testing in Emergency Departments (EDs) now rolling to paediatrics.
    - Leadership walk-around restarted and making an impact.
    - Walking with purpose Bevan Exemplar.
- International IPC week this week programme of education, awareness and fun to embed learning and skills.
- IPC big conversation recorded and available to watch on SCC-HF intranet page to support staff.
- Quarter 3 Safe, Clean Care - Harm Free (SCC-HF) self assessments submitted and going through table top confirm and support meetings highlighting good progress towards a zero tolerance approach to Healthcare Acquired Infection (HCAIs).

When performance is going to improve by and by how much?
Performance will improve over the coming months as the changes and improvements we have put in place lead to more harm free behavioural change.

What are the risks/ mitigations to delivery?
We need the following to reduce the risk of not continuing to deliver improved performance
- increased patient flow through the health board to decrease the risk of low infection transmission.
- prudent antimicrobial prescribing and learning from Post Infection Reviews (PIRs) to change behaviour.
- estate that is fit for present and future clinical care provision.
- skilled staff in substantive posts with the space to recruit/train rapidly.

Quadruple Aim 2 : Unscheduled Care Measures

Committee	Period	Measure	Target	Actual	Trend
PFIG	Sep 21	Percentage of emergency responses to red calls arriving within (up to and including) 8 minutes	>= 65%	45.20%	↓
PFIG	Sep 21	Number of Ambulance Handovers over 1 Hour	0	1,610	↓
PFIG	Sep 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%	64.92%	↓
PFIG	Sep 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	2,595	↓
PFIG	Sep 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	905	↓
PFIG	Sep 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%	23.90%	↓
PFIG	Sep 21	Percentage of patients who are assessed by a stroke specialist consultant physician within 24 hours of the patient's clock start time	>= 85%	73.90%	↓

What are the key issues/ drivers for why performance is where it is?

Following the second wave of COVID-19 pandemic, challenges remain across primary care, community and acute hospitals across all three health communities with a continued rise in activity within Emergency Departments (EDs) and whilst the number of attendances presenting at the front door is not significantly different from 2 years ago, there is consistently higher acuity in those attendances, which is also reflected in an increase in the number of Welsh Ambulance Service NHS Trust (WAST) Red and Amber 1 calls. Post COVID-19 self- presentations to ED have increased while ambulance conveyances have reduced and with the higher acuity of patients presenting to ED our EDs are seeing more acute patients compared to pre-COVID-19. Post COVID-19 there has been a reduction in emergency admissions EDs and this is also true for over 60 year olds. This reduction in admissions is not matched by an equivalent reduction in occupancy and occupancy remains at similar levels to pre-COVID-19. Flow out of EDs and throughout the inpatient wards is very slow, due to extreme pressures at the back door, with limited discharges from both acute and community hospitals, which is further exacerbated by lost bed capacity due to social distancing and the creation of additional segregation on assessment units. Challenges including workforce recruitment and loss of capacity due to COVID-19 have further exacerbated issues within the Health Board, and Local Authority pressures on domiciliary care provision has resulted in patients waiting for longer than usual in hospitals awaiting care packages.

What actions are being taken to improve performance and by who?

The third month of the programme focused on progressing interventions that address key strategic challenges in the 4 work-streams that were operationalised during August, supported by weekly workshops established over an initial 9 week period and led by the Senior Clinical Lead.

Workstream 1 update:
* A detailed focus on the review of Minor injuries Units (MIUs) and overview of minor injuries provision includes development of a curriculum for skills training of Emergency Nurse Practitioners (ENPs).
* MIU training needs analysis is being undertaken across each health community with the aim of increasing the scope from minor injuries provision to include defined minor illnesses and ED and GP minor injuries enhanced services.
* A registry of all Emergency Nurse Practitioners from BCUHB has been collated. The curriculum for skills training of Emergency Nurse Practitioners is being developed and a faculty has been identified with support from educators from Bangor and Glyndwr Universities.
* The 111 First service continues to develop with the healthcare professional line building on the existing Single Integrated Clinical Assessment Triage (SICAT) service and has recently expanded to provide support to care homes. SICAT has now access to WAST stack that will enable them to pull cases where their intervention would be beneficial.

Workstream 1 Next Steps:
* Longer term work to ensure the offer within MIUs is consistent to allow ambulances to convey appropriately and that this is supporting by rebranding and relaunching within communities.
* Work is also continuing for the ongoing development of Urgent Primary Care Centres.

Workstream 2 update:
- Confirmation of Welsh Government (WG) funding of £1.6m to further develop Same Day Emergency Care (SDEC). A BCUHB wide recruitment campaign started to recruit additional resource with weekly meetings established to support the workforce requirements for both SDEC and Emergency Department (ED) business case models.
- A register of pathways for surgical, medical and orthopaedic patients has been collated.
- Potential SDEC activity is being mapped, which shows the impact that SDEC can have on ED flow and emergency admissions.

Workstream 2 Next Steps:
- Recruitment of the additional required workforce.
- Dedicated workshops will be hosted to focus on opportunities for streaming to specialties at the front door.
- Development of discreet event simulation for all Unscheduled Care (USC) pathways including SDEC with consideration of attendance times, Length of Stays (LoS), and the clinician time required to deliver gold standard care.

Workstream 3 update:
- Pilot work has commenced with a focus on earlier in the day discharges and Criteria Led Discharge (CLD) supported by a suite of educational tools as *aide memoirs* to help structure the board round discussions which are expected to be live before the end of October.
- A BCUHB wide CLD Standard Operating Procedure (SOP) has recently been approved for implementation across all sites as a key enabler to increasing discharges, particularly over the weekends.
- Buddy ward system implemented on 2 of the acute sites and being rolled out to the third, moving from a safari ward approach.
- Example job plans shared demonstrating alignment of the work-flow of wards and work-life balance of senior clinicians, consideration of consultants rotating between outpatient and inpatient weeks.
- Weekly ward dashboards are now live for all acute and community hospital wards.

Workstream 3 next steps:
- Extend the pilot to more acute and community wards.
- To develop and agree internal professional standards.

Workstream 4 update:
- priority focus on addressing the care home shortage.
- working with Local Authority (LA) partners to develop integrated plans for compensating the reduction in domiciliary and home care.
- Additional focus has also been agreed to review the 'trusted assessor' processes as a method of rapidly identifying the next step for Medically Fit for Discharge (MfD) patients or prior to MfD.
- Proposals for dedicated pathways and/or wards for patients judged to be medically fit for discharged are being discussed on all three sites but are in exploratory stages.

Workstream 4 next steps:
- Development of a BCU wide SOP to be including escalation process to LA partners.

In addition to the focused priority work being progressed within the work-streams, the following actions have also been identified to improve the unscheduled care position;

1. **Demand Management –** i) Review of surge and escalation process across the health board to support demand analysis, agree warning and trigger responses; ii) Review of Operational Delivery Unit structure to encompass health board staffing for global overview and iii) Development of rapid communication process to support demand.

2. **Joint work with Welsh Ambulance Service NHS Trust (WAST)** – i) agreed priority areas for the 2 organisations to focus on; ii) development and delivery of ambulance offload plans; iii) clinical criteria for patients waiting in ambulance; iv) development of alternative pathways i.e. falls.

3. **Emergency Quadrant (EQ)** – i) Extensive recruitment within EQ for medical, nursing and non-registered workforce; ii) review and update Internal Professional Standards to reflect expectation of all internal services in line with Emergency Department Quality Delivery Framework (EDQDF); iv) specialty in-reach to ED, Frailty / Care of the Elderly (COTE) / Acute Physicians at the front door.

4. **Capacity management** – i) development and instigation of Hospital Full protocol; ii) Options to staff and open Enfys Deeside; iii) Review of existing acute and community ward capacity; iv) improve deep cleaning process to get areas back into operation more quickly; v) Consider the need to expand the discharge lounge footprint and the hours of discharge lounge to open 7 days.

5. **Joint work with Local Authorities** – i) Better utilisation of step down capacity; ii) develop joint solutions for additional capacity e.g. NHS funded care home / step down;
   iii) To progress an integrated workforce to ensure sustainable care workforce; iv) Work together to develop more supply.

6. **Using data and information** – i) weekly Unscheduled Care Dashboard shared with stakeholders to see the impact of actions taken; ii) working towards a system dashboard which includes whole Unscheduled Care (USC) system (enabler).

Furthermore, Chief Executives and Directors have met to agree a collaborative plan, building on existing work, focusing on short, medium and longer term actions:
- Review pathways for the top 3 reasons for conveyance (falls, chest pain and breathing difficulties) and work up alternatives within existing resources.
- Review of Minor injuries Units (MIUs), confirming criteria and scope of each unit, increasing levels of consistency and maximising ability for paramedics and 111 to access.
- Jointly review the Directory of Services, increasing services available to paramedics and 111 teams to direct patients to the most appropriate service.
- Review opportunities for the WAST workforce to more widely support the urgent and emergency care system across North Wales.

When performance is going to improve by and by how much?
A dashboard demonstrating progress against the initial deliverables indicates the overall progress of the status for all work-streams for each health community as well as against risks and issues. The next iteration of deliverables for the forthcoming 90 days, October to December are being finalised to support delivery of the projects across each of the three health communities. The programme plan developed sets out a number of projects and deliverables which have been prioritised and the operationalisation of the improvement programme has intentionally commenced with an initial focus on short term, high impact interventions to build capability and capacity as well as inspire cultural change to support engagement. It is expected that the realisation of impact against the priority projects will materialise by Quarter 4. Initial measures for success have been identified which are being reviewed and will inform trajectories to demonstrate impact and progress.

What are the risks to this timeline?
1. Sustainable site location for Urgent Primary Care Centre (UPCC) in Wrexham Maelor, which is not currently viable long term
2. Challenges in staffing of Minor Injuries Units (MIUs) impacting on sustainability
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 (MfD) patients due to lack of capacity in the community impacting on the flow improvement once any acute interventions / delays are resolved.
6. Proposal to improve work between health care and providers in the community has been rejected providers
7. Non-recurrent funding of Home First service will impact on sustainability of service.

What are the mitigations in place for those risks?
1. Options are being considered for alternative UPCC location in Wrexham Maelor that is close to MIU to aid collaboration and integration of services
2. A register of pathways has been collated to be rolled out for a standardised approach across all sites, discussions are ongoing to consider what needs to be done for referral route into SDEC
3. Sites are reviewing options to ring-fence SDEC capacity including relocating the unit on sites where this is a consistent issue.
4. Discussions are ongoing with health community regards step down beds and development of a Standard Operating Procedure (SOP).
5. Urgent meeting arranged with providers to review the proposal to utilise care home beds.
6. Business case to secure funding for permanent recruitment for ED and SDEC has been successful and recruitment process has started.

Key Drivers of performance
- Access to Stroke Co-ordinators; Timeliness of referrals for Computed Tomography (CT) scan dependent upon having Stroke Co-ordinators; Availability of beds on Acute Stroke Unit (ASU)

Actions being taken
- Weekly meetings are held to look at the stroke performance within the acute setting. A deep dive into the previous week's stroke cases is completed and actions taken where improvements are identified. There is usually secondary care, therapy and area representation at the meetings. Acute are focusing efforts on Emergency Department (ED) triage and quicker identification of patients. Therapies continue to work on the improvement plan compiled after the last quarterly report. Training sessions are being given training video being compiled to support ED nurse triage, to help identify stroke cases at the point of triage. Training sessions have also been delivered to the medical trainees covering clerking and dealing with stroke patients in ED. Another session will be delivered to the ED trainees before the end of the year.
- In East the locum consultant returned from a period of leave in the summer and is now supporting Stroke as before, enabling us to provide stroke cover throughout the required period.

When performance is going to improve by and by how much?
- Performance should improve when the Improvement Plan is implemented – the Rehabilitation Unit will be Operational in Quarter 4 2021/22, which means that the acute setting can then ring-fence the stroke beds as identified in the plan.

Risks
- Reduction of acute stroke beds in Ysbyty Gwynedd (YG) to 7 total. There is an expectation that funding will be moved to Area Team. Discussion have commenced with regards to possible relocation of the Acute Stroke Unit from Prysor ward.
- Poor compliance with target of patient arriving in ASU within 4 hours. Ongoing weekly 'deep-dive' meeting being held to evaluate reasons for delays and develop plans/actions to address these
- Identified some potential issues in central with the ongoing delivery of the stroke thrombectomy rota in terms of job planned time availability of consultants
- Site pressures and lack of flow in acute (resulting in need for outliers)
- Only one registrar on call overnight in acute (resulting in delays out of hours in the medic attending ED to review the patient). Mitigation - options around putting an additional registrar on overnight to support are being considered
- In East we are advertising for 2 stroke consultant posts to develop a substantive, sustainable service offer however are aware that stroke consultants are a rare commodity

Quadruple Aim 2: Discharge to Recover & Assess (D2RA)

What are the key issues/ drivers for why performance is where it is?

The Health Board are consistently seeing in excess of 300 patients who are Medically Fit for Discharge (MfD) across acute and community hospitals and sometimes as high as 420, of which approximately more than half are awaiting for capacity to be available in the social care system for a variety of reasons, including awaiting placement, awaiting funding decisions, packages of care. This is resulting in people not being cared for in the most appropriate place, longer lengths of stay, potential for negative impact on both the individuals and families health and mental wellbeing, whilst also having a critical impact on the Health Board's ability to manage and deliver both unscheduled and planned care. The pressures that adult social care are experiencing are well recognised, not least the significant reduction in domiciliary care leading to delayed discharges whilst medically fit patients (in community and hospital settings) await packages of care. This is also exacerbated by Care Home closures and staff shortages.

In addition, the inability to progress sufficient number of discharges out of the hospital early in the day and particularly on Fridays and weekends is attributable to the lack of flow through the hospital and alongside the patient flow coming to emergency Departments (EDs), this increases ED overcrowding. We have seen an increase in the number of patients waiting for care home placement despite a reduction in the number of care homes closed due to COVID-19, but we are aware that many homes are experiencing extreme staffing shortages. Care homes have expressed concerns in receiving discharges from hospital and have become more risk averse for a variety of reasons including inaccurate / incomplete patient assessments, lack of support following discharge, COVID-19 restrictions particularly regarding isolation requirements, insufficient staffing.

What actions are being taken to improve performance and by who?

Through our existing partnership arrangements, discussions are ongoing routinely for MfD patients who are delayed for social care reasons. Involving providers of care companies in these discussions to try and reduce the number of visits to work more flexibly. A joint workshop was held with Las to consider good practice and what can be done differently as well as share learning across the region. More specifically, joint working between the Health Board and North Wales Local Authorities is ongoing to:

- Ensure better utilisation of step down capacity including development of a step down Standard Operating Procedure (SOP) for agreement across health and social care settings.
- Develop joint solutions for additional capacity e.g. NHS funded care home / step down including block booking resident and nursing placements reviewing homes with staffed bed availability
- Progress an integrated workforce involving providers of care companies to ensure sustainable care workforce.
- Capture and manage MfDs and an enhanced D2RA service with the option of a 6 week placement in a care home funded by BCU and develop preferred provider list.
- Trusted Assessment process.

Continued overleaf

Continued from overleaf

The Health Board has also established and adapted systems for both monitoring and escalating delays in patients who are Medically Fit for Discharge (MfD) as well as categorisation of delays. The Hospital and Community services are putting in systems to manage longer delays, linking into daily ward Board Rounds focusing on earlier in the day discharges. The data on delays will be collated weekly at a local and an All Wales level. New interim guidance from Public Health Wales was received in August and following which there was an immediate reduction of red homes, however whilst it was anticipated that the new interim guidance would improve patient flow, this does not appear to have had a positive impact on the number of MfDs. The D2RA process is a priority piece of work within the Unscheduled Care (USC) improvement programme to ensure individuals have a proportionate assessment to be discharged safely and then followed up by a more detailed and comprehensive assessment.

When performance is going to improve by and by how much?
A dashboard demonstrating progress against the initial deliverables indicates the overall progress of the status for all work-streams for each health community as well as against risks and issues. The next iteration of deliverables for the forthcoming 90 days, October to December are being finalised to support delivery of the projects across each of the three health communities. The programme plan developed sets out a number of projects and deliverables which have been prioritised and the operationalisation of the improvement programme has intentionally commenced with an initial focus on short term, high impact interventions to build capability and capacity as well as inspire cultural change to support engagement. It is expected that the realisation of impact against the priority projects will materialise by Quarter 4. Initial measures for success have been identified which are being reviewed and will inform trajectories to demonstrate impact and progress

What are the risks to this timeline?
1. Continued shortage of domiciliary care packages across North Wales
2. Workforce shortages across whole system
3. Impact of COVID-19 on care home / ward closures, including delays in ability of 'red' care homes to accept own patients safely back from secondary care

What are the mitigations in place for those risks?
In addition to the aforementioned actions the following mitigations are noted;
1. Review of use of step down beds in care homes by Local Authorities (Las). Development of Standard Operating Procedure (SOP) for MfD patients including escalation process for MfD delays
2. Home First Business case submitted for approval to support recruitment and sustainability of Home First Bureaus
3. Risk assessment form for the management of transfers from hospitals to 'red' care settings / normal place of residence to facilitate safe transfer of appropriate patients

Quadruple Aim 2 : Planned Care Measures

Committee	Period	Measure	Target	Actual	Trend
PFIG	Aug 21	Percentage of patients starting first definitive cancer treatment within 62 days from point of suspicion	75%	65.70%	↓
PFIG	Sep 21	Number of patients waiting more than 8 weeks for a specified diagnostic	0	7,352	↑
PFIG	Sep 21	Number of patients waiting more than 14 weeks for a specified therapy	0	2,610	↓
PFIG	Sep 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%	43.10%	↓
PFIG	Sep 21	Number of patients waiting more than 36 weeks for treatment	0	54,805	↓
PFIG	Sep 21	Number of patients waiting for a follow-up outpatient appointment who are delayed by over 100%	24,038*	55,247	↓

* 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 August 2021, 239 out of 364 (65.7%) of patients were treated in target. Main reasons for patients not being treated in target were:
    - Complex diagnostic pathways (10%) and patient related reasons e.g. patient unavailability for next stage of pathway (8%).
    - Delay to first outpatient appointment (8%).
    - Delay to endoscopy (8%) and delays to other diagnostics, primarily on urology pathway (12%).
    - Delay to follow-up appointments (8%).
    - Delay to surgery (15%).

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.
- All services are prioritising suspected cancer patients.
- Business case developed by endoscopy team to increase endoscopy capacity.
- Cancer services and Medicine have recruited additional tracking staff and have increased oncology provision through non-recurrent recovery funding.

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 120% 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 that 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 nearly complete. There are 2 Practitioner Training Posts (PTP) recruited to, and 3 of the 4 Scientist Training Posts (STP) are now recruited to. 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 second round of outsourcing of heart monitors has been approved by Finance for across BCU, and devices will be ordered once the waiver has been approved. 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 acute sites is being completed, 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.
- Recruitment of STP posts end of April and in place Quarter 3 of 2021/22.
- 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.
- 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 Ysbyty Glan Clwyd (YGC).
- A new Cardiac Strategic Lead has been appointed and due to start in 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?
- Historical backlog of patients pre COVID-19.
- Reduced capacity during COVID-19.
- Estate challenges restricting the availability of procedure rooms.
- Lack of data and information.
- Staffing shortages and recruitment difficulties.
- Lack of project support for operational and clinical teams.

What actions are being taken to improve performance and by who?
- 3rd procedure room at Wrexham to deliver an extra 10 lists per week – Operational Teams/Estates/Project Estates and Infrastructure.
- Insourcing teams across 3 sites provide extra 14 lists per week – Operational Managers.
- Specification for Modular 2 Procedure rooms completed, out to NHS Supply Chain for market testing.
- Surveillance Audits underway to validate patients on the waiting lists – Site Endoscopy Clinical Leads.
- Joint Advisory Group on GI Endoscopy (JAG) accreditation underway to refine pathways and processes, Ysbyty Gwynedd (YG) plans for accreditation, submission Quarter 3.
- Recruitment of Bowel Screening Wales (BSW) Nursing support in progress – Project Workforce Subgroup.
- Maximising current capacity – Operational Teams.
- JAG Accreditation in progress to streamline pathways – Operational teams/Project Subgroups.
- Procurement of 2 Modular procedure rooms on Ysbyty Glan Clwyd (YGC) site – Project Estates and Infrastructure Group/Contracts/Procurement.

When performance is going to improve by and by how much?
Planned performance Quarter 1 on BC target, awaiting Quarter 2 activity, plan to meet target, Quarter 3 and Quarter 4 planned increases significantly higher with increased procedure rooms.

Risks	What are the mitigations in place for those risks
Failure to meet timelines	Recruitment to business case posts to support operational and clinical teams
Lack of IT infrastructure	Procurement of comprehensive endoscopy management system
Out of Hours Service	Transfer patients between sites or out of area. Options appraisal undertaken.
Differential waiting times	Patients offered to other sites
ERCP cover at Wrexham	Transfer of procedure to other sites
	Recruitment of trained workforce and agency cover
Lack of capacity to meet demand	Maximising use of current estate, maximising insourcing opportunities and procurement of outsourcing

ERCP = Endoscopic Retrograde Cholangiopancreatography

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 2,568, an increase of 95 on the end of July position. Further reductions in Computed Tomography (CT) and Magnetic Resonance Imaging (MRI) breaches (80/124 breaches respectively) are offset by an increase of 284 patients waiting over 8 weeks for an ultrasound scan with 2,295 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.

Neurophysiology:
The number of patients waiting over 8 weeks is (449) 502, a decrease of 53 from end July 2021 position. There are (140) 100 Electromyography (EMG) (consultant-led) breaches and (309) 402 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, and a reduction of 93 breaches has been achieved to date. 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 October, 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 Directorate 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 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) – no plans to change nationally or locally.
- Admin challenges when recruiting to non-recurring funding: impacts on flow to Primary care and reduction of >25% wait time for R1 patients and irreversible sight loss.
- 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 (incl. COVID-19).
- National Delay in delivery of National Digital programme (Key enabler of Eye Care Measure sustainable/efficient pathways) – local recruitment progressing.
- Cataract pathway productivity: Estate limitation/Covid19 capacity reducing productivity and Max fax still reliant on Ophthalmology theatre usage.
- Pan BCU and Optometry Advisor recruitment initiated, both roles currently vacant – informal support to continue until in place.

What actions are being taken to improve performance and by who? (RAG report shared/escalated to divisional General Managers (DGMs) via Eye Care Collaborative Group (ECCG))
- Progression of Business Case funding to support recruitment to increase Intravitreal Injection (IVT) capacity.
- Exploring 3-day sessions to mitigate COVID-19 capacity and historical infrastructure limitations.
- Admin capacity being reviewed via Planned Care discussions.
- Data Quality completeness: Standard Operating Procedure (SOP) refresh, refocus on BCU-wide Patient Treatment List (PTL), PowerBI dashboards under development, Monthly RAG report shared across all Teams.
- ECCG Terms of Reference (TOR) to be reviewed in light of opportunities via Getting It Right First Time High Volume Low Complexity (GIRFT HVLC) and Regional Treatment Centres (RTC) work along with Local Eye Groups.
- Progression of Welsh Government Business case opportunities to utilise primary care to support Pathway transformation (recent additional recovery funding highlighted).

When performance is going to improve by and by how much?
- Recovery plans and forecasts being reviewed by sites – DR/Glaucoma to Optometric Diagnostic & Treatment Centres (ODTCs), Cataract Outsourcing outcome requires completion of approval and mobilisation (potential 400 per month), IVT to be reviewed as recruitment progresses.

What are the risks to this timeline
- Historical data and coding challenges, successful recruitment, Outsourcing mobilisation and take up, ongoing COVID-19 impact.

What are the mitigations in place for those risks?
Senior management support of untangling conflicting clinical priorities and consideration of administrative resourcing, clinical and operational support to progress outsourcing.

What are the key issues/ drivers for why performance is where it is?
- COVID-19 effect remains, together with loss of capacity over the summer months due to staff shortages - annual leave, sickness, etc.- and other emergency pressures.
- Slower than anticipated uptake on the outsourcing option in Orthopaedics, and In-sourcing option not progressed.

What actions are being taken to improve performance and by who?
- Capacity modelling focus now on Urology, directed by the Planned Care Group.
- Q3-4 capacity plan reviewed with Planning and Performance team to confirm potential year-end forecast and any further capacity required over coming months. Winter planning consultation with stakeholders taking place, including the relationship with unscheduled care encompassing bed modelling to ensure the sustainability of planned care in the coming winter months. Theatre dashboard in final draft.
- Appointment of insourcing/outsourcing lead progressing to short-listing, with aim to interview by 15/10/21. Each acute site given further administration support to ensure that each list will be filled with the right patient once mobilisation has occurred. Implementation of 'Getting It Right First Time' (GIRFT), with service reviews of orthopaedics, ophthalmology, and urology remain on target to commence in November, and the high volume low complex value based pathway work with the national team commencing in a similar timeframe. Backlog clearance continues with high risk stratified patients being treated in order of priority focused on reducing the Priority 3 The Planned Care Group is monitoring progress.

When performance is going to improve by and by how much
- The initial plans for Q3/4 have been revised based on a review of Q1/2, and indications are that progress will be limited in 2021/22. The priority will be to clear Cohort 1.

What are the risks to this timeline?
- Winter pressures and a COVID-19 surge, leading to a loss of beds for elective work.

What are the mitigations in place for those risks?
- Delivery of the outsourcing contracts in Orthopaedics and Ophthalmology, and active pursuance of the in-sourcing option.
- Work to improve productivity, partly linked to GIRFT, and partly back to basics – e.g. theatre utilisation.
- Work on a range of initiatives to support sustainable recovery– virtual clinics, Patient Initiated Follow Up (PIFU), non-surgical treatments.
- The creation of extra bed capacity via the Regional Treatment Centres (RTC) initiative and/or modular wards are likely to have only very limited (if any) impact in the current financial year.

Quadruple Aim 2: Follow Up Outpatient Waiting List

What are the key issues/ drivers for why performance is where it is?
The key issues are consultant engagement in undertaking the See on Symptoms (SOS) and Patient Initiated Follow Up (PIFU) programme, which would reduce follow up appointments and the lack of agreed pathways that would standardise the number of follow ups required. There is also restrictions in out-capacity capacity when face to face follow ups are required.

What actions are being taken to improve performance and by who?
Pathway design - The Canterbury tool forms part of the Transformation and Efficiency programmes leading to supporting a reduction in acute care demand.
Meetings and discussions with Trauma & Orthopaedics (T&O) consultants and the use of SOS/PIFU pathways continues to be progressed.
Postal surveys of outpatients awaiting treatment - 17,000 questionnaires sent, with 6% response rate so far.
Removals are 16% of 6%, therefore 1% so far.
Stage 1 Validation – Work continues here, as a major plank in the Planned Care Recovery Programme, and the mitigation of clinical risk, 20,111 letters sent with 65% of responses received; for the 7,071 'non-responses', 29% did not understand the reason for referral and will receive manual follow-up calls, the remainder will receive reminder letters send in tranches with a text nudge reminder scheduled two weeks.
Efficiency Programme - Benefits have been calculated for East and Centre just bolting on the calculation tool to West Outpatient (OP) Efficiency dashboard; Validation standardisation is complete and ready for the Head of Access; Head of Ambulatory Care post has been appointed to and commences in November.

When performance is going to improve by and by how much?
Trajectories have been set with each site and area and will be monitored through the weekly Access Meetings; the performance improvement is currently being established through the planning of Q3/Q4.

What are the risks to this timeline?
Vacancy of Head of Ambulatory Care until November.
Winter disruption.

What are the mitigations in place for those risks?
Head of Ambulatory Care is assisting during transition period; sites/areas are driving SOS and PIFU with clinicians – prioritisation matrix being developed; Strategy for Outpatient's being developed.

Quadruple Aim 2: Neurodevelopment and Child & Adolescent Mental Health Measures

Committee	Period	Measure	Target	Actual	Trend
QSE	Sep 21	Percentage of children and young people waiting less than 26 weeks for neurodevelopment assessment	>= 80%	30.34%	↑
QSE	Aug 21	Percentage of mental health (CAMHS) assessments undertaken within 28 days of referral*	>= 80%	23.60%	↓
QSE	Aug 21	Percentage of therapeutic interventions (CAMHS) within 28 days of assessment*	>= 80%	16.40%	↓
QSE	Aug 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)***	>= 90%	97.30%	↑

** 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?

- Current waiting list is 2544; an increase of 4.4% (107 children) since the last report and 15.3% (338 children) since April 21. Longest wait is at 208 weeks; this case is booked for September, after previously declining external provider offers.
- Currently there are 1292 children who have waited over 1 year, and 1703 who have waited longer than 26 weeks. In August 21 BCUHB was shown at 26.8% compliance with Welsh Government (WG) target compared to an all Wales compliance of 32.6%. The Waiting List (WL) validation exercise continues and results should be reflected in the October data.
- Internal activity remains below planned trajectory, which is a theme consistent with other health boards due to change in practices due to COVID-19. Internal trajectories are currently being reviewed in light of this. Dedicated management time is being considered to review the Neurodevelopment (ND) service requirements going forward.
- Accepted referrals remain in line with pre pandemic levels (100-120 per month)

What actions are being taken to improve performance and by who?

- Our planned activity from our external provider increased in July to 100 cases per month. This higher level of activity will begin to be shown in WL numbers from September onwards (the contract gives 6 weeks to begin assessment from receipt).
- Confirmation received from finance regarding allocation of the recovery funding and slippage to support external supplier contracts.
- Agreement to establish dedicated managerial and operational capacity to complete outstanding work on activity, waiting list validation and establish links with other Health Boards whose internal activity has recovered. Led by the Regional Neurodevelopment Steering Group.
- Identify at Local authority team level ways to work together to support families.
- Continue contributing to the Welsh Government ND work streams, (ND Clinical Work stream, Interventions and Digital platform) which are due to report mid to late 2022.

When performance is going to improve by and by how much?

- Historical Waiting list will start to fall from September and continue to fall until March 2022, due to increased external provider activity of approximately 100 per month.
- Establish dedicated management operational time by end of October.
- Regional Waiting list validation exercise continues to be scoped/agreed, in the meantime some local validation of waiting lists is taking place.
- Production of initial business case to establish a sustainable service able to meet all elements of neurodevelopment service, prevention, assessment and intervention by December.

What are the risks to this timeline?

- Current service lacks the capacity and size to meet all elements of Neurodevelopment/Neurodiversity Service: Prevention, assessment and intervention.
- Capacity within current teams to support the historical waiting list recovery whilst addressing current demand within service
- Lack of progress in identification of dedicated management time to support service development
- Mixed engagement from local authorities and other Health Board.

What are the mitigations in place for those risks?

- Overview and reporting of Regional Neurodevelopment Steering Group (RNDSG) and successor group to report directly to Area Directors/ Executive Director.

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 9% 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. We have also diverted some capacity 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 and by who?
- A full tender exercise is underway for additional external capacity, which is expected to be completed by December 2021.
- 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 al early stage where applicable.
- Local capacity planning is being improved with supplemented training being provided to new colleagues in senior roles. Training Programme for all staff groups under development in conjunction with Health Education & Improvement Wales (HEIW)
- A Performance Management Framework is being implemented and adopted with increased clarity of KPIs, responsibilities and accountability.
- There are some concerns regarding data quality of waiting lists, particularly with East area data, resulting in a waiting list validation exercise being undertaken.
- Use of the Choice and Partnership Approach (CAPA) framework continues to be a priority, with engagement in a further CAPA workshop arranged by the CAPA founder in October
- Given observations that some health boards are reporting better performance against Mental Health Measure (MHM) targets across Wales, service leads are meeting with colleagues in Aneurin Bevan, Cwm Taf Morgannwg, and Swansea Bay Health Boards to share best practice.

When performance is going to improve by and by how much?
- During Q3 and Q4 it is anticipated that there will be an improvement during 21/22, with a view to further improvement in line with target of 80% of patients having waited under 28 days during 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

What are the mitigations in place for those risks?
- Workforce plan and development of recruitment strategy with support from Just-R recruitment agency
- Performance management framework and escalation through TI Access Work Stream and CAMHS Strategic Improvement and Development Group
- Weekly capacity and demand meetings held across each team to monitor and manage flow

Quadruple Aim 2: Adult Mental Health Measures

Committee	Period	Measure	Target	Actual	Trend
QSE	Aug 21	Percentage of mental health (Adult) assessments undertaken within 28 days of referral*	>= 80%	66.60%	⬆
QSE	Aug 21	Percentage of therapeutic interventions (Adult) within 28 days of assessment*	>= 80%	80.10%	⬆
QSE	Aug 21	Percentage of patients (Adult) waiting less than 26 weeks to start a psychological therapy	>= 80%	87.10%	⬆
QSE	Aug 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)***	>= 90%	90.80%	⬆
QSE	Sep 21	Total Number of mental health delayed transfer of care (DToC) patients	Reduction	17	⬇
QSE	Sep 21	Total Number of mental health delayed transfer of care (DToC) bed days	Reduction	817	⬇

** Reported a month in arrears

Secondary Care Adult Mental Health Specialist Psychological Therapy: % patients seen referral to treatment in 26 weeks

Issues Affecting Performance

• Capacity/demand.

• Sickness, vacancies, retention.

• COVID-19 restrictions.

Actions

• Welsh Government (WG) funding and recruitment of small increase in Adult Mental Health (AMH) secondary care psychology specialist resource was targeted at waiting times/demand hotspots.

• Sustained stepped care pathway work over last 3 years resulted in incremental improvements re: target compliance.

• The set up and roll out of the AMH Psychology Stepped Care Initiative increased psychological therapies provision from the Multidisciplinary Team (MDT) workforce across multiple services (as per Matrics Cymru) through a rolling supervision & training programme.

• This initiative also developed and delivered 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 the COVID-19 pandemic this initiative developed and increased availability of digital resources and adaptations, making these accessible to mental health MDT clinicians pan BCUHB Mental Health & Learning Disabilities (MH&LD) services to support increased access and delivery of Cognitive Behavioural therapy (CBT), Dialectical 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.

• Recruitment and retention support for psychology staff resource in Community Mental Health Teams (CMHTs), Inpatient Services, Perinatal Services.

• North Wales Traumatic Stress Initiative Consultant Lead Psychologist recruited, due in post December.

• Funding for dedicated psychology resource embedded in Primary Care Mental Health (PCMH) achieved to further develop PTs in PCMH and outreach across stepped care mental health services, recruitment underway.

• Early Intervention Psychosis (EIP) Strategic and Clinical Lead Psychologist recruitment recruited, due in post December to support Psychological Therapists (PTs) development in EIP services pan BCUHB, alongside other EIP service aims.

• West (Arfon/ South Gwynedd) CMHT Band 7 recruitment successful, due in post October, will support West compliance.

Outcomes

• AMH secondary care specialist PTs compliance August 2021 is the highest since target was introduced.

• Long-term sustainability supported by increased psychological therapies competences and skills in the wider MDT workforce as per the stepped care model (Matrics Cymru) enabling wider service user access.

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 (DSLT).
- 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

Measures

Committee	Period	Measure	Target	Actual	Trend
QSE	Q2 21/22	Number New Never Events	0	2	⬆️
PFIG	Sep 21	Percentage of sickness absence rate of staff	< 5%	5.56%	⬇️
PFIG	Sep 21	Personal Appraisal and Development Review (PADR)	>= 85%	67.80%	⬇️
PFIG	Sep 21	Percentage compliance for all completed level 1 competencies of the Core Skills and Training	>= 85%	84.20%	⬆️

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.

Number of Never Events*

Days between Never Events

There have been 5 new never events since April 2021. (3 in May and 2 in August)

- Incorrectly prescription Methotrexate
- Chest drain- wrong side
- Ascetic drain inserted- wrong patient
- Nerve block- wrong side
- Retained object following surgery.

- The reduction in the days between Never Events may be indicative of the impact of the pandemic and associated human factors. There are work streams under development to address Never Events to include work around WHO checklist. Further detail on the Never Events is contained in the Quality Highlight Report to QSE.
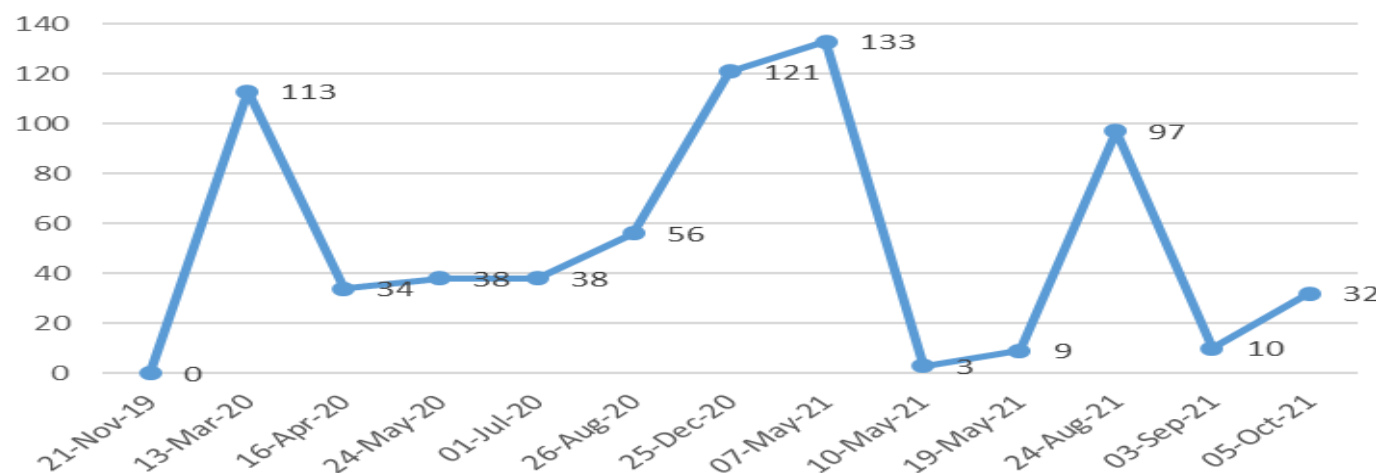
- The Number of falls with harm (categorised as moderate, major and catastrophic within the incident reporting system) has fallen although the last few months has shown a slight increase. There are a number of interventions taking place including a strategic falls group looking at training, reviewed policy and measurement.

- Since June 21, falls are only nationally reportable if death or severe harm has been caused by any action or inaction in the course of their care.

Never Events in the Month they occurred as opposed to the month they were reported. The Days between Never Events graph shows the dates the never event was reported, not the day on which it occurred.

Quadruple Aim 3: Sickness Absence

What are the key issues/ drivers for why performance is where it is?
- COVID-19 related sickness absence has increased slightly to 0.8% (0.5% in August). This reflects a significant increase in staff testing positive to 369. This was 169 in July, increasing to 307 in August).
- Non COVID-19 related sickness absence increased by 0.4% to 5.9% (which is the highest in the last 12 months).
- Stress related absence remains the biggest cause of absence with approximately 4 times more days lost than the 2nd largest cause (infectious diseases). It remains the biggest cause of absence by a considerable margin for all areas. As previously stated, the incidence of colds / flu has been much lower this year to date, due to social distancing but has the potential to increase through the next few months.
- The highest levels of sickness absence are in Additional Clinical Services, Estates and Ancillary and Nursing and Midwifery. Additional Clinical Services sickness rates are very high across the organisation from 7.67% in Central Area to 13.22 in Ysbyty Glan Clwyd. Nursing sickness levels are high on all 3 secondary care sites and Mental Health & Learning Disabilities (MH&LD – 6.2% to 8.04%.

What actions are being taken to improve performance and by who?
- Work continues to strengthen control measures to reduce transmission, including booking systems for areas where social distancing is otherwise not possible and reinforcing messages on remote working. The messages have not changed following relaxation of some restrictions.
- Psychological / Emotional Health and Wellbeing support to staff has been strengthened, and continues to be developed further.
- Workforce and Organisational Development (W&OD) continue to support hotspot areas, recognising that there are challenges across the Health Board. Multidisciplinary Team (MDT) Case management meetings have been reintroduced to provide support for staff with more complex needs.
- Staff in priority groups 1 – 4 who have not previously taken up the offer of vaccination are being encouraged by line manager to get vaccinated in order to protect themselves, patients / service users and the wider community.

When performance is going to improve by and by how much?:
- Further conversations with staff re taking up vaccination and promotion of the booster dose are taking place over the next period to ensure greater take up.
- 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?
- Further increase in stress related absence.
- Further increase in COVID-19/flu/respiratory sickness absence.

What are the mitigations in place for those risks?
- 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 and Development Reviews (PADR) compliance has seen a decrease this month down to 67.8%. In comparison PADR compliance was at 68.63% in September 2020. This dip in compliance is likely to be due to the impact of staff taking annual leave over the summer months, combined with significant operational service pressures, leading to PADRs not being conducted and/or recorded.

What actions are being taken to improve performance and by who?

- Further tailored sessions with new managers and team leaders in Estates & Facilities west – Organisational Development Team

- Tailored sessions with Occupational Therapy staff in central - Organisational Development Team

- League tables shared with senior managers across the organisation highlighting PADR compliance positioning across all divisions - Organisational Development Team

- All Divisions to be sent their tailored report which provides detailed information on which areas need targeting to take corrective action for an increase in compliance, with follow up support also offered - Organisational Development Team and HR Teams,

- Undertake a concurrent communications exercise across the health board to support increased completion of PADRs - Organisational Development Team

When performance is going to improve by and by how much?

- Support to line mangers for an incremental improvement month by month in organisational compliance would lead to sustainable change, with the aim of reaching at least 75% compliance by end of March 2022, taking into account the service pressures likely to be experienced over the winter period.

What are the risks to this timeline?
- COVID-19 related activity increasing as well as winter pressures may take the focus away from conducting PADRs

What are the mitigations in place for those risks?
- Work with divisions in a supportive manner to achieve sustainable increase

- Concurrent communications exercise across the health board 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 0.63% and currently is 84.02%, therefore just less than 1% below the national target of 85%.

- BCUHB remains as one of the highest in Wales for compliance with mandatory training.

- The Health Board also remains the highest in the UK in relation to E-learning completions.

- Significant risks have been identified in relation to (Manual) People Handling practical training linked to availability of space and trainers.

What actions are being taken to improve performance and by who?

- A proposal to move towards utilising the 'Auto Enrol' function within electronic Staff Record (ESR) is in development which would offer the health board options to consider utilising the ESR E-Learning system more efficiently through the auto-enrolment functionality which is already available in ESR. Known as click and play, this would provide a more user-friendly experience for learners when accessing E-Learning, reducing the number of steps to access ESR E-Learning from 9 steps to 3 steps.

- Remedial plan in place to mitigate risks linked to (Manual) People Handling training.

When performance is going to improve by and by how much?

- Switching to using the Auto enrolment function will lead to an improvement in accessing E-Learning resulting in an increase in Mandatory compliance as soon as an agreement to switch has been implemented.

What are the risks to this timeline?

- COVID-19/operational service pressures impacts upon training delivery and attendance.

- Social distancing restrictions affects delivery of training within existing training facilities which affects safe 'face to face' classroom occupancy 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.

Measures

Committee	Period	Measure	Target	Actual	Trend
PFIG	Sep 21	Agency spend as a percentage of total pay bill	Reduce	7.50%	→
QSE	Aug 21	Crude hospital mortality rate (74 years of age or less)*	Reduction	0.93%	↑
QSE	Aug21	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**	Improve	29.49%	↓

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.

The 12 month rolling crude mortality rate for ages 75 years and under is below the peer group (0.93% v 1.10% (Other Welsh HBs ex Powys) to August 2021). This has reduced during further as COVID infections have lessened and is similar to the previous year. The highest number of deaths was in those patients admitted with COVID-19 (113) , Sepsis (79) and pneumonia (72 – lobar and unspecified). The HB has the lowest mortality rate compared to the peer group.

Key Drivers of performance (for year to Aug 2021 against other Welsh health boards excluding Powys reported by CHKS)
- Crude mortality- overall (2.06% v 2.42%) this is similar to previous year.
- Mortality- sepsis (18.01% v 21.68%) remains below the peer; variation seen over the past year is common cause with mortality "as expected" overall.
- Mortality- cerebrovascular disease incl. stroke (12.34% v 17.7%) variation seen over the past year is common cause with mortality "as expected" overall.

Actions being taken
- A Clinical Mortality Lead (Dr Damian McKeon) has been appointed. He will lead the implementation of the Once for Wales National Mortality Framework and clearing the backlog of stage 2 reviews.
- The new DATIX module will be accessible form this month; however, training is required from the national team. The framework to be in place to maximise its use; however the early release does not have the ability to generate reports and so additional administrative support is needed. This is include in the business case for the clinical effectiveness department currently with the Exec Medical Director.

Timelines
- Clinical Mortality Lead - commences in post October 2021.
- The business case will need to be discussed with the Executive Team, once the Medical Director ahs agreed the content. (by end October 2021).
- Learning from Deaths Policy and process – this should be updated by March 2022 when the framework is in place.
- Option appraisal to clear the backlog will be developed by the end of November 2021.

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 Mar 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.   Actions: an option appraisal to clear the backlog will be delivered by the end of November 2021.

Issues Affecting Performance

- Data collection remains a challenge on all sites as reported previously, Approximately, half the coded admissions are being reported, more from YG than other areas; inpatient data is very poorly captured .
- The current sepsis tool is not fit for purpose and has not been updated in line with changes elsewhere in the UK. This over diagnoses sepsis and results in the overprescribing of antibiotics which is under close investigation. Therefore sepsis is being diagnosed clinically, depending on the assessing team. .
- Long ambulance waits, delays in Emergency Dept. doctor reviews and sometimes lack of nurses contribute to delays in diagnosis and treatment in YG.
- The Symphony system in ED requires real time data entry; this is hampering time sensitive interventions as data tends to be entered retrospectively.

Actions and Outcomes
- All sites are aware of this issue and it has been escalated to Secondary Care division and corporate Clinical Effectiveness Group (CEG).
- Karen Mottart is working to co-ordinate a response between the sites and an update of the sepsis tool in line with current NICE guidance.
- YG ongoing unscheduled care improvement work stream will address some process delays. They are trying to identify additional staff to support data entry.
- YGC are is trialling an updated tool with good response in ED, to address data collection forms will be used until at transition to an electronic record. In the next month we will begin getting the next complete data set from ED. And will aim to roll out the tool to other wards.
- 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.

Timeline for delivery of improvement
- New tool to be adopted by the end of the calendar year.

Risks and Mitigations
The risk is the organisation is not sighted on Sepsis 6 bundle compliance because of poor data capture. This has been escalated within sites, to Secondary Care Medical Director and CEG and corporate CEG. There is no mitigation in place, although clinical staff are aware of the requirement for this care to be delivered; training is in place in all EDs. 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).

YG = Ysbyty Gwynedd YGC = Ysbyty Glan Clwyd YWM = Ysbyty Wrecsam Maelor

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 seem 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
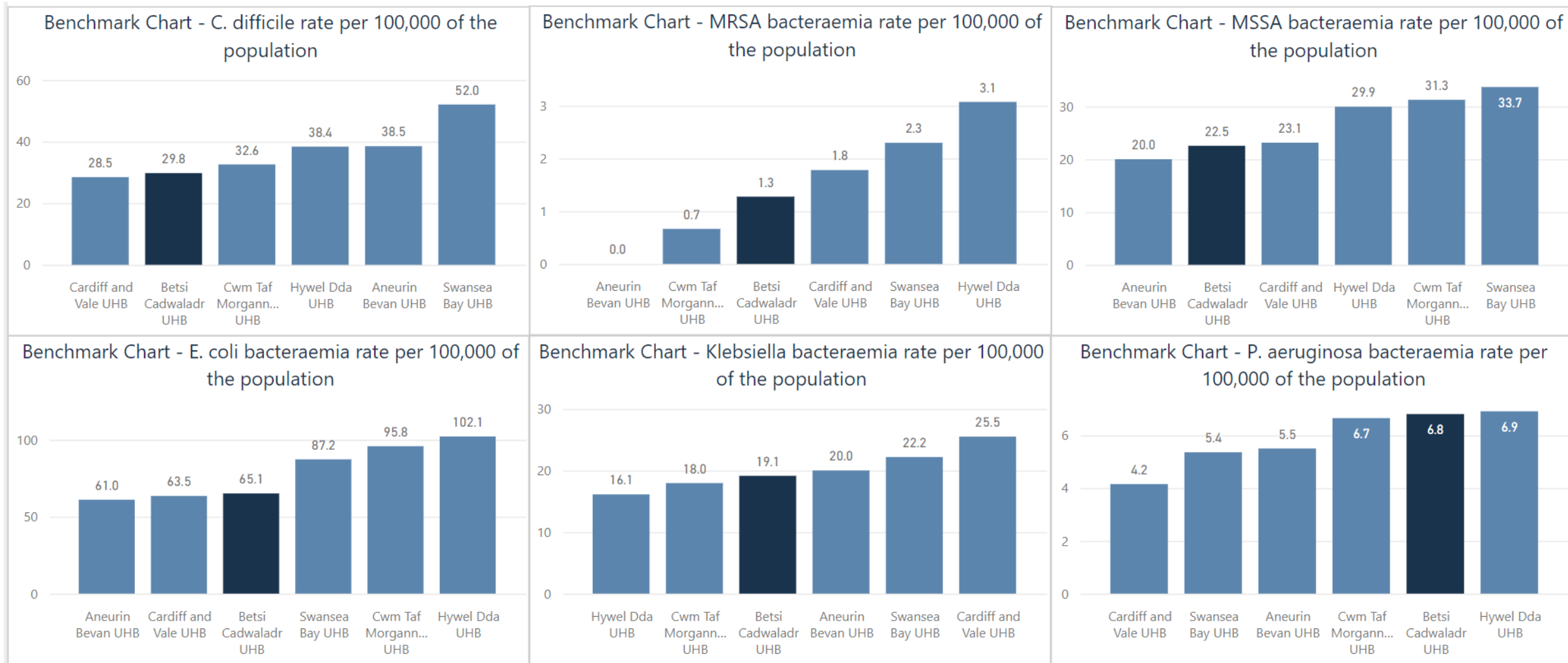
Quadruple Aim 2: Charts Unscheduled Care
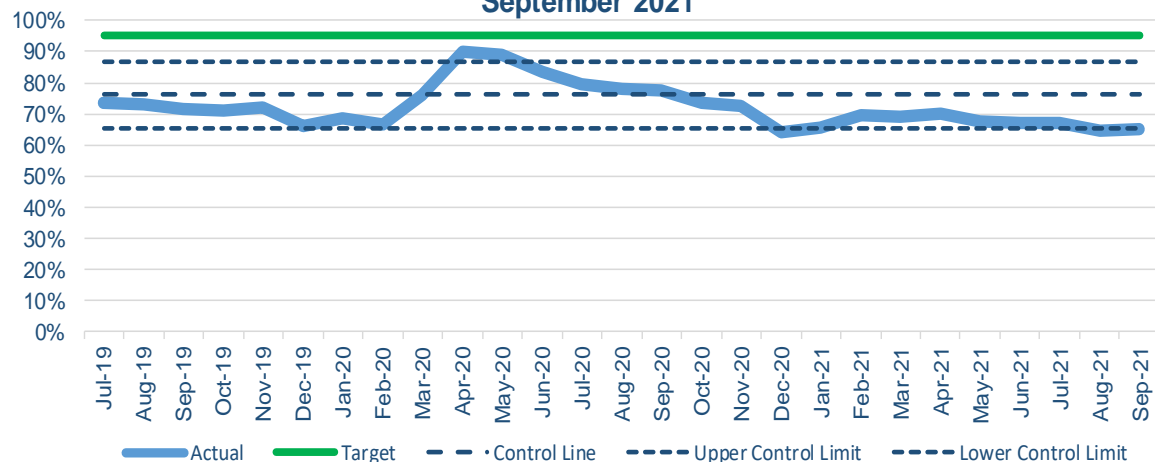
ED & MIU Attendances and 4 Hr Performance
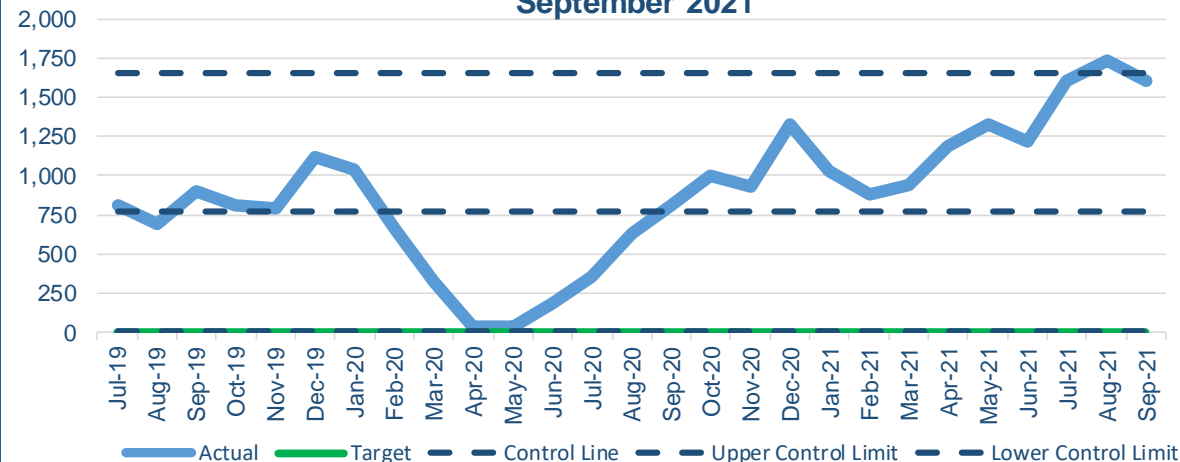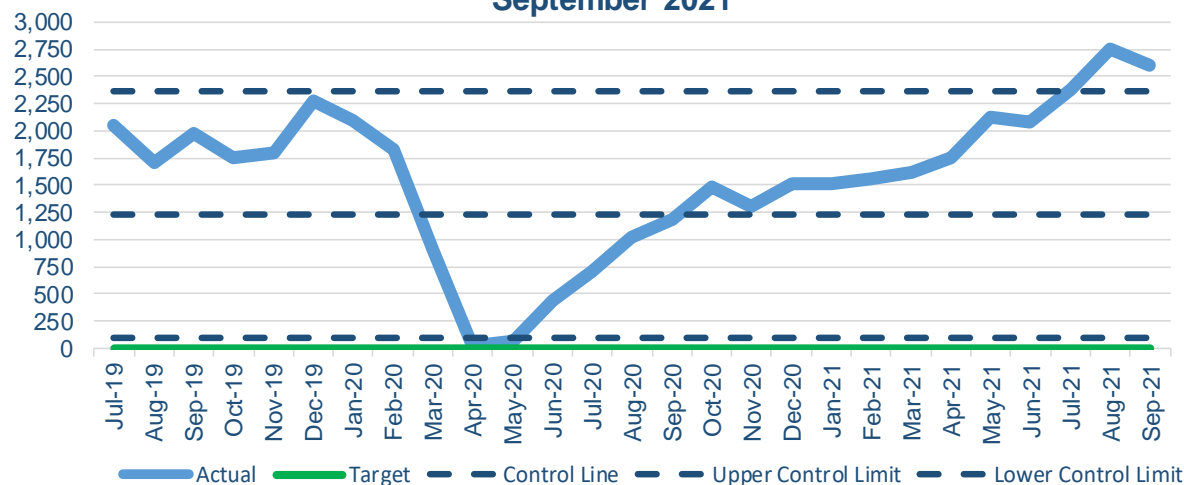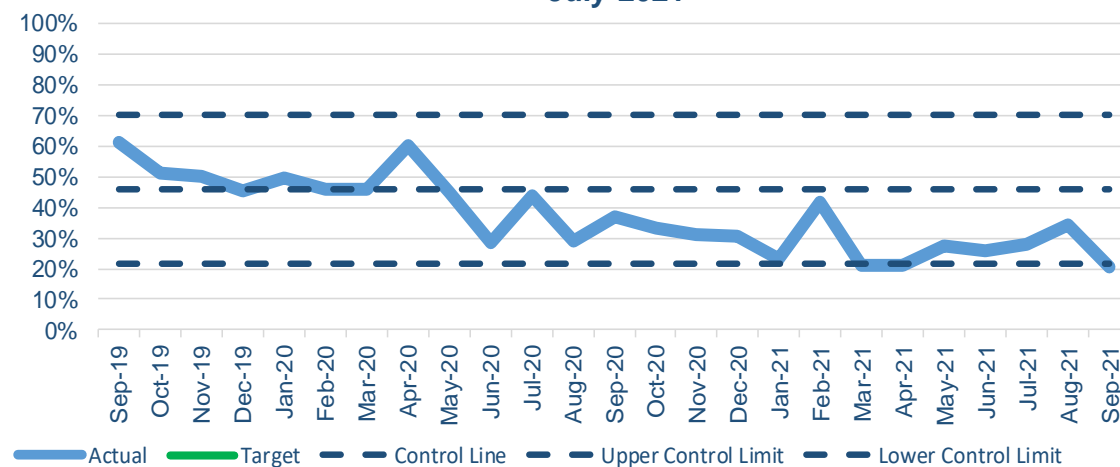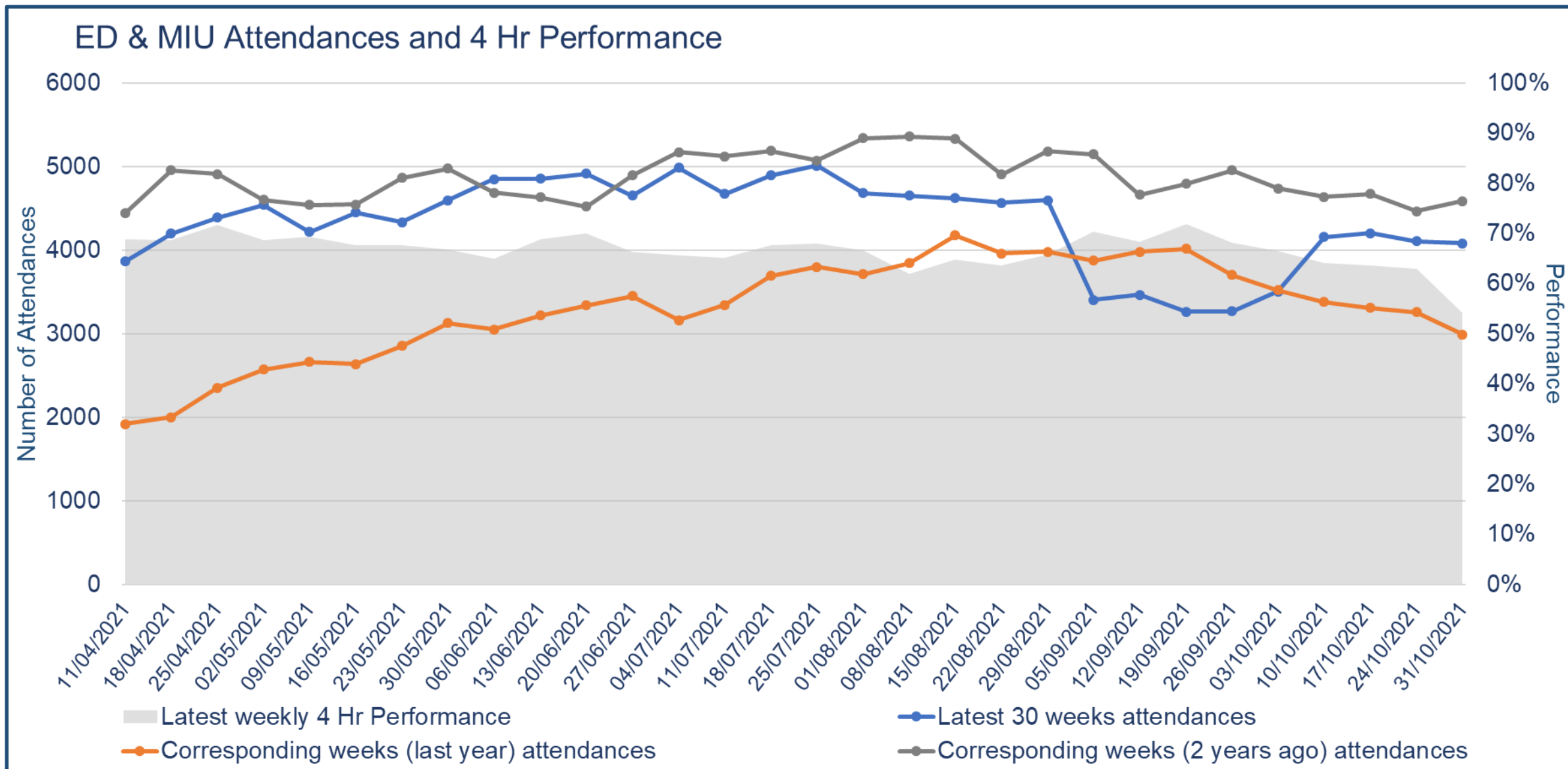
Quadruple Aim 2: Charts Planned Care (1)

BCU Level - RTT Waits % <= 26 Weeks: September 2021
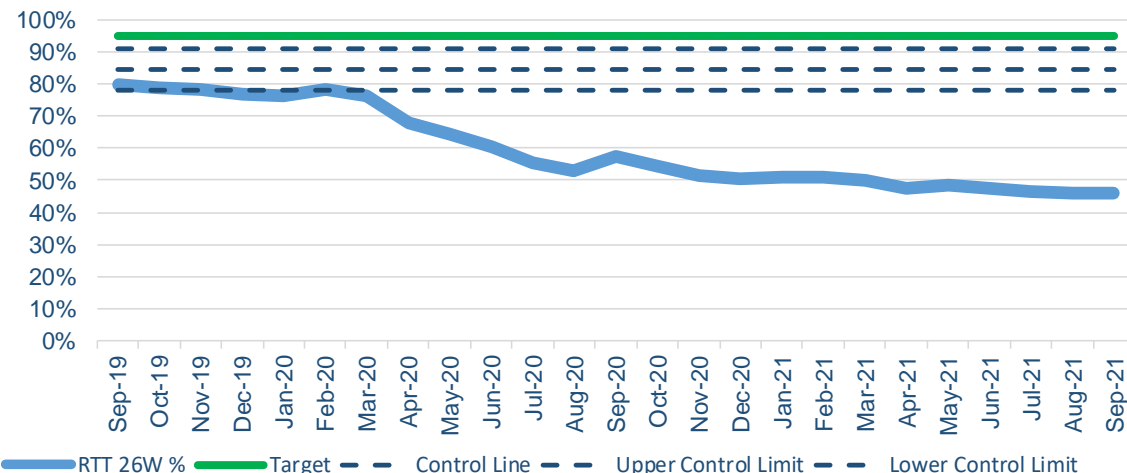
BCU Level - RTT Waits Number > 52 Weeks: September 2021
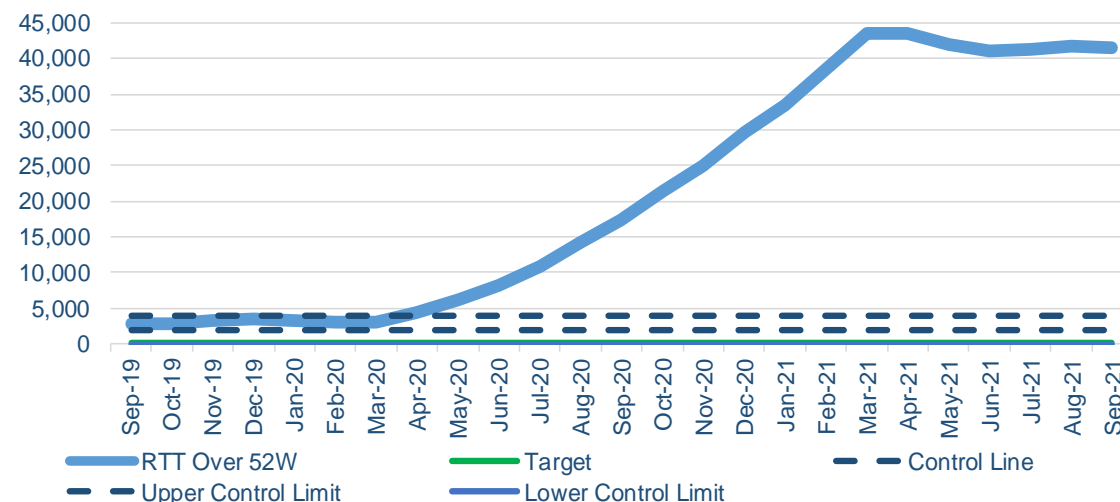
BCU Level - RTT Waits Number > 36 Weeks: September 2021
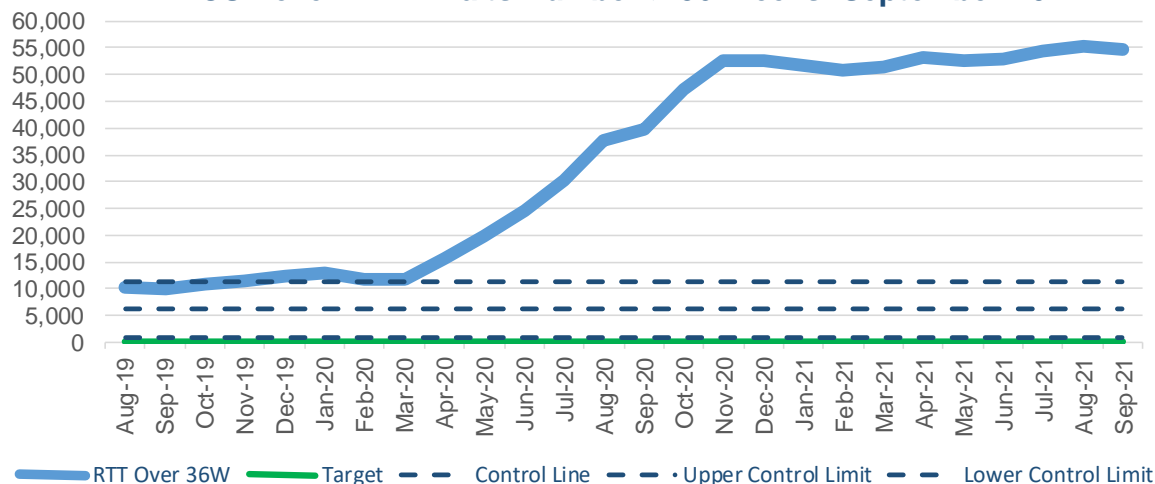
BCU Level - Total Waiting List cohort with Number of patients over 100% overdue their follow up - September 2021

BCU Level - Cancer Waiting Times - 62 Day Suspected Cancer Pathway - August 2021

Legend: Actual — Target — Control Line — Upper Control Limit — Lower Control Limit

BCU Level - Diagnostic Waits Number of Breaches: September 2021

Legend: Actual — Target — Control Line — Upper Control Limit — Lower Control Limit

Note: Cancer Data is reported 1 month in arrears
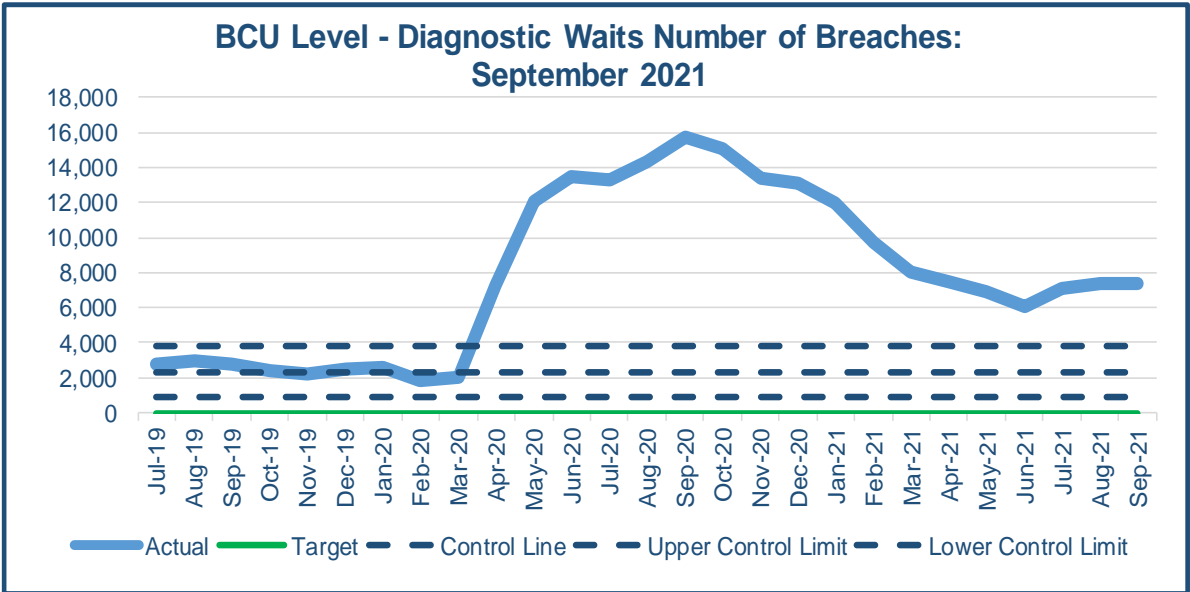
Planned Care Referrals and Out Patient Activity
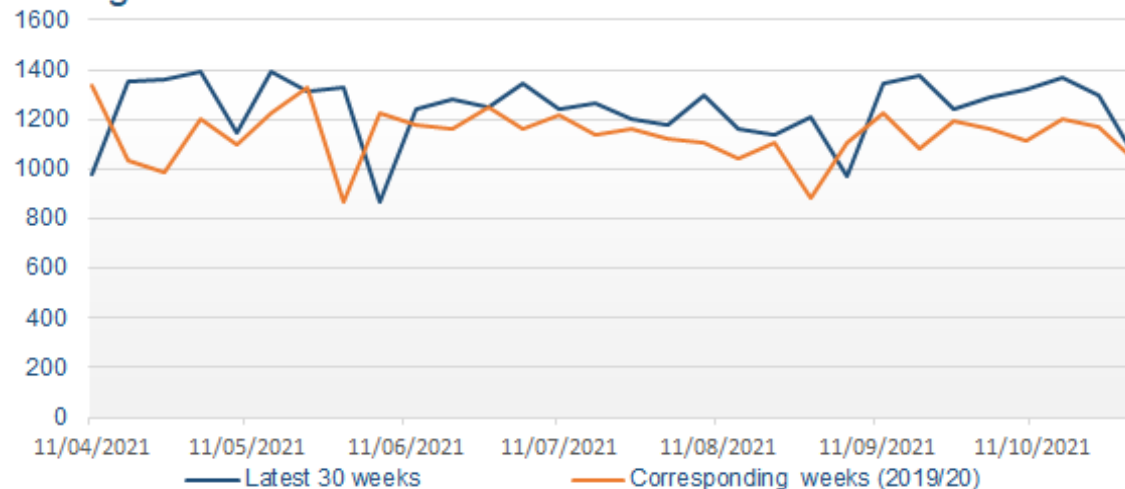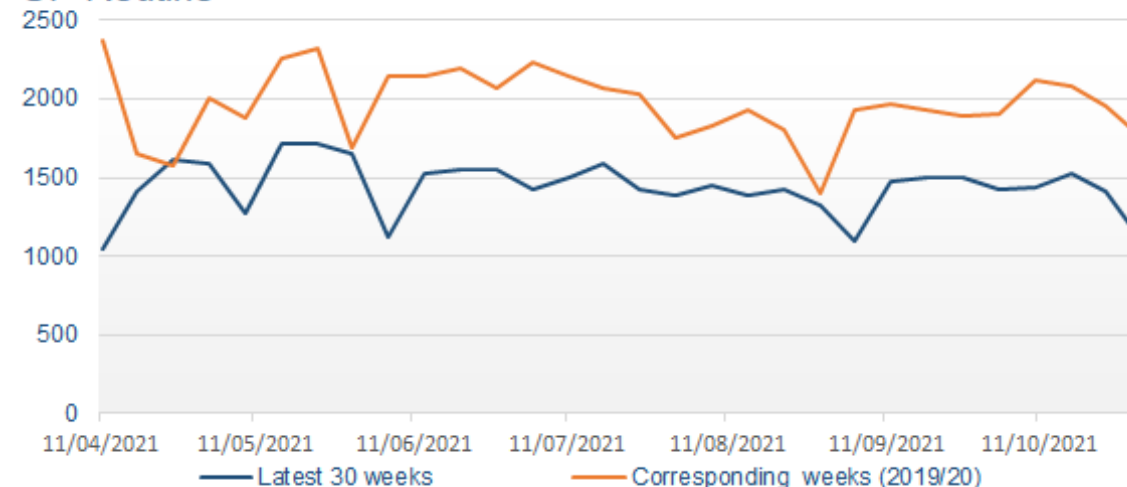
Theatre Procedures (Inpatient and Daycase): Completed Elective Cases in Planned Elective Lists by Week

Latest weeks — Corresponding weeks (2019/20)

BCU Waiting List

Legend: 0-25 wks, 26-31 wks, 32-35 wks, 36-51 wks, 52+ wks
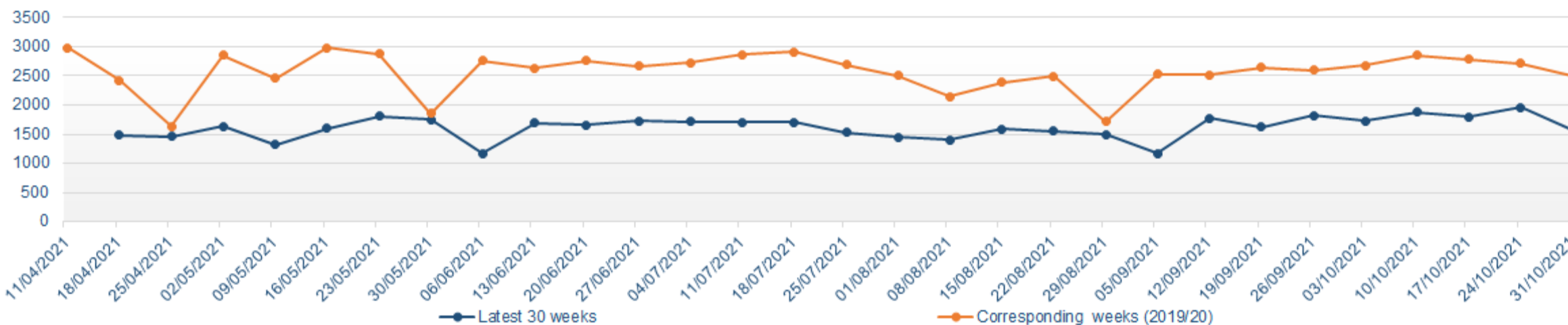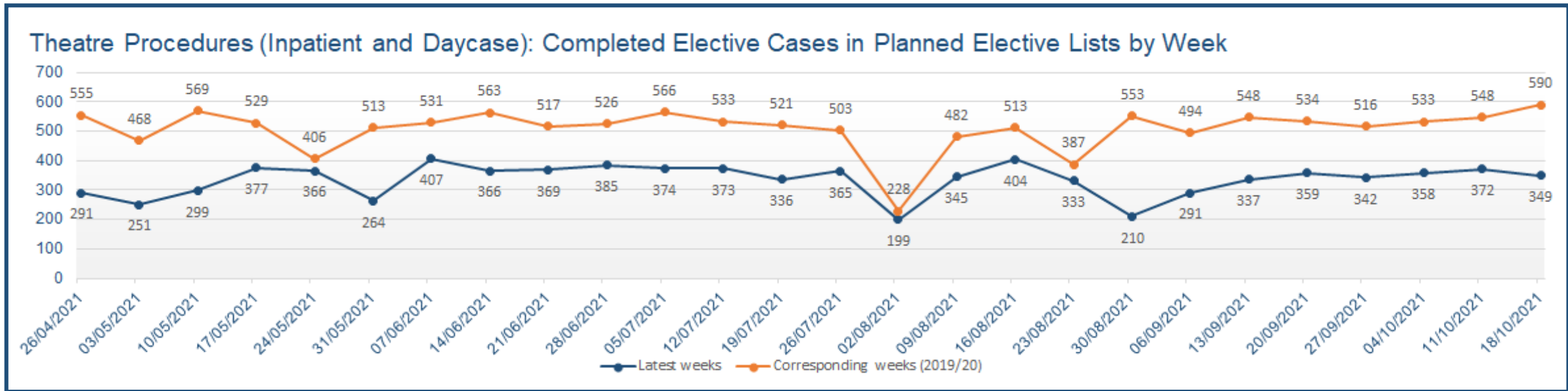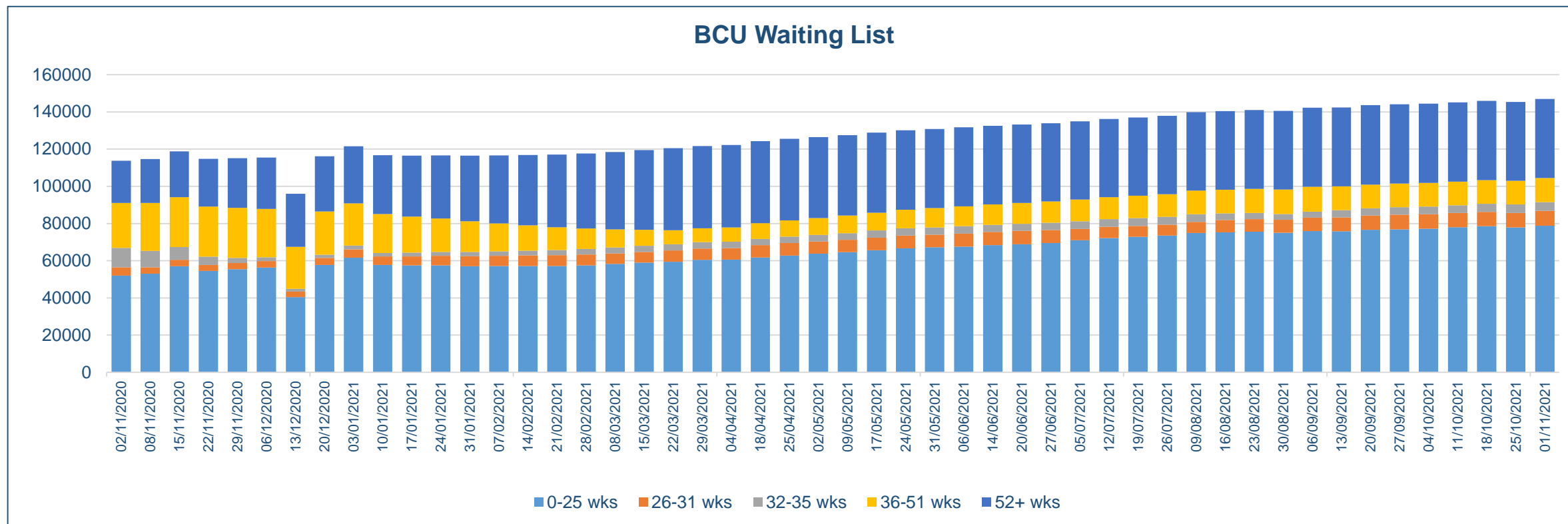
	Weeks Waiting					
	0-25	26-31	32-35	36-51	52+	Total Waiting List
BCUHB	78,803	8,044	4,702	12,898	42,487	146,934

The data presented here is a weekly position as at 1st November 2021

Diagnostic Waits (3 major wait categories)

Diagnostics: 8+ Week Waiters for Cardiology, Endoscopy and Radiology
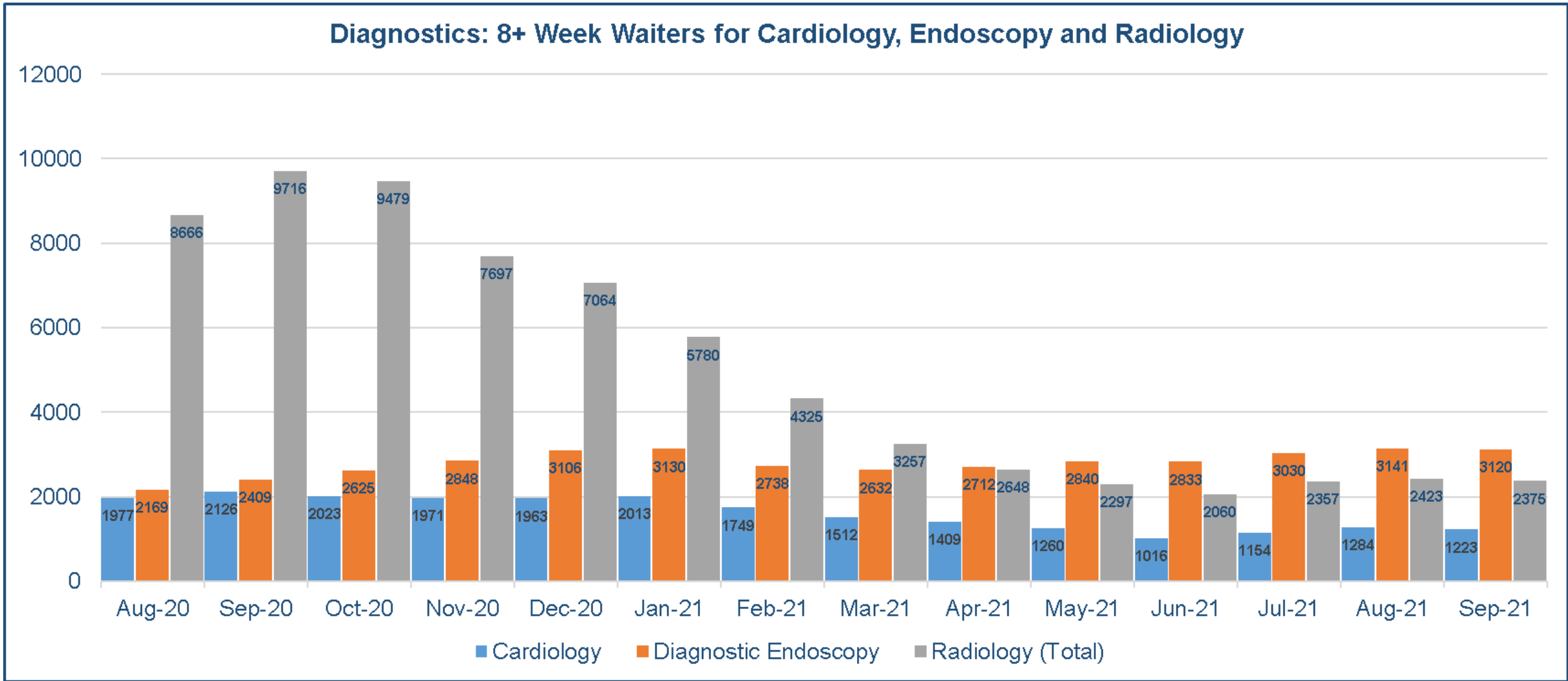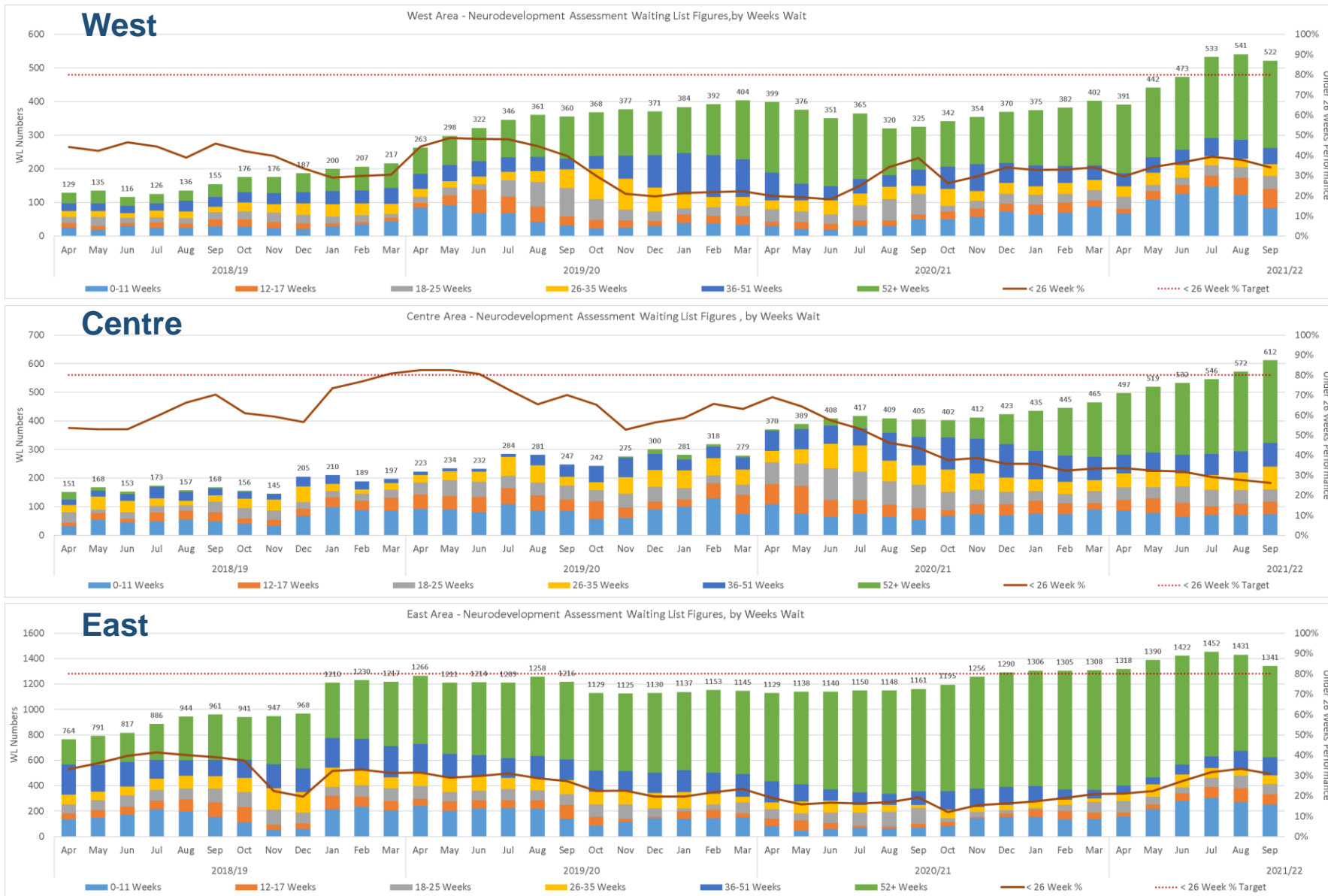
Note: Significant increase in number of patients waiting over 52 Weeks in all areas.

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 bee 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.
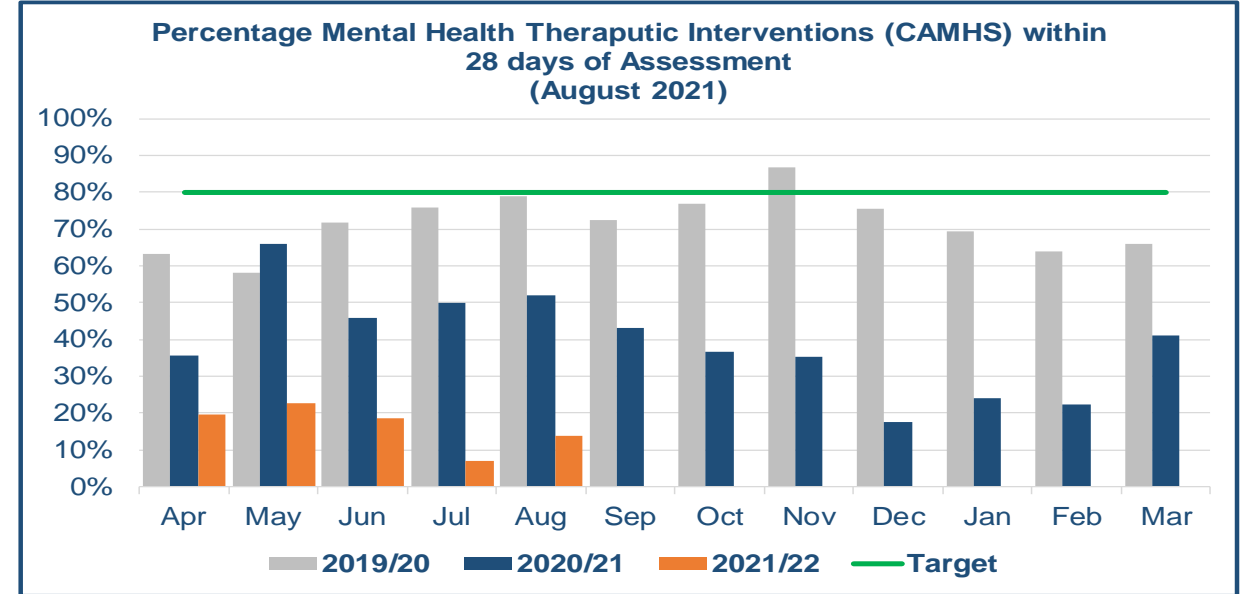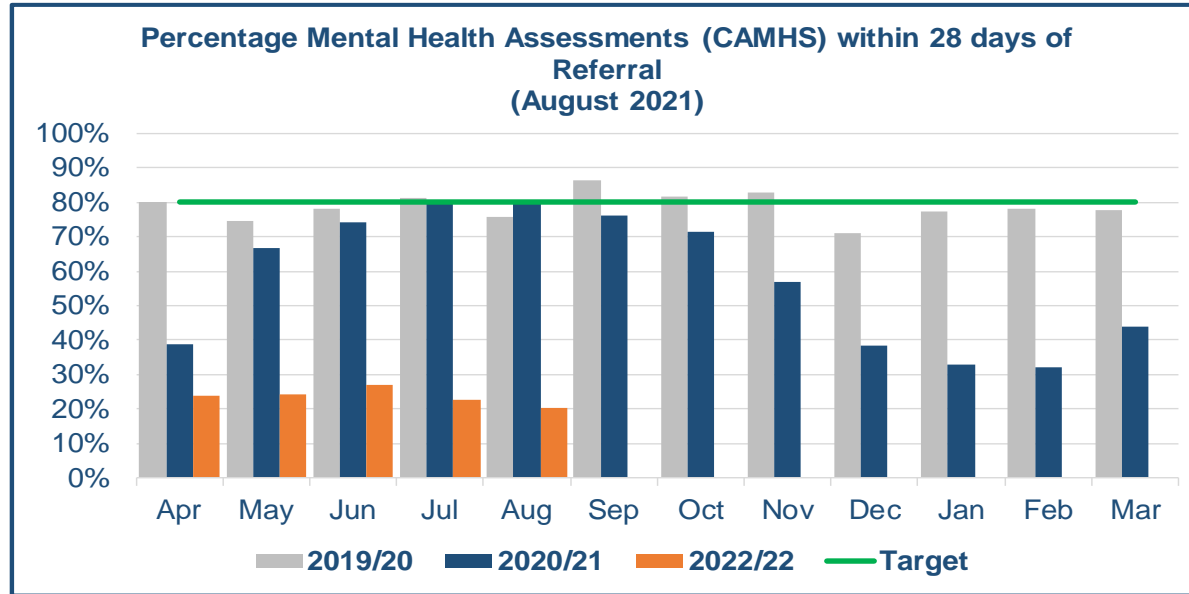
Percentage Mental Health Assessments (CAMHS) within 28 days of Referral (August 2021)

Percentage Mental Health Theraputic Interventions (CAMHS) within 28 days of Assessment (August 2021)

Data is reported 1 month in arrears

Neurodevelopment - % Waited less than 26 Weeks July 2021

Quadruple Aim 2: Adult Mental Health

Percentage Mental Health Assessments (Adult) within 28 days of Referral
(August 2021)

Percentage Mental Health Theraputic Interventions (Adult) within 28 days of Assessment
(August 2021)
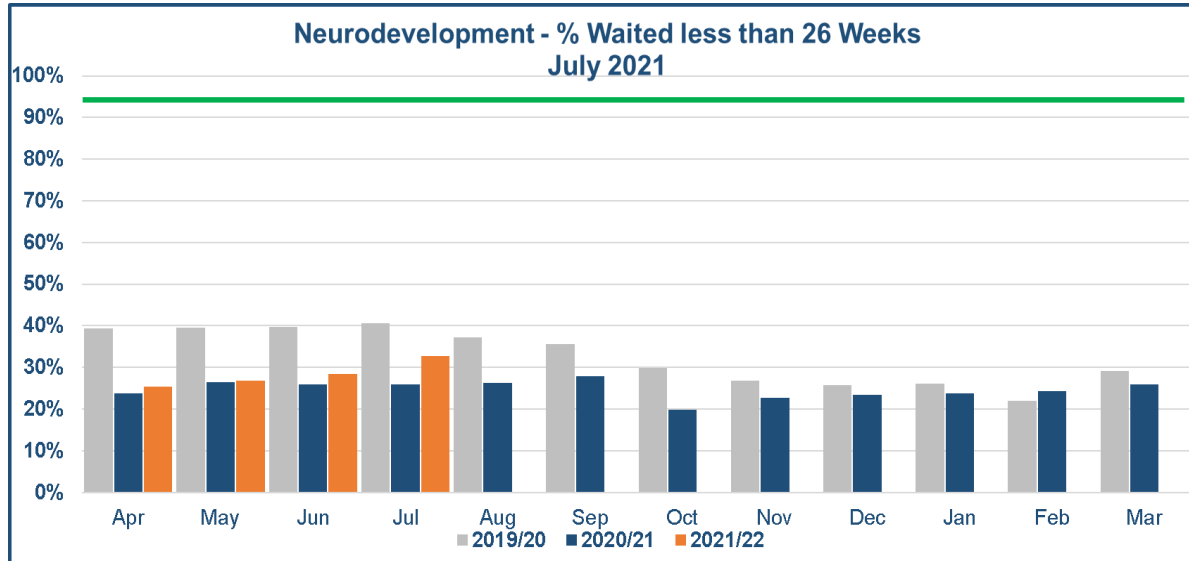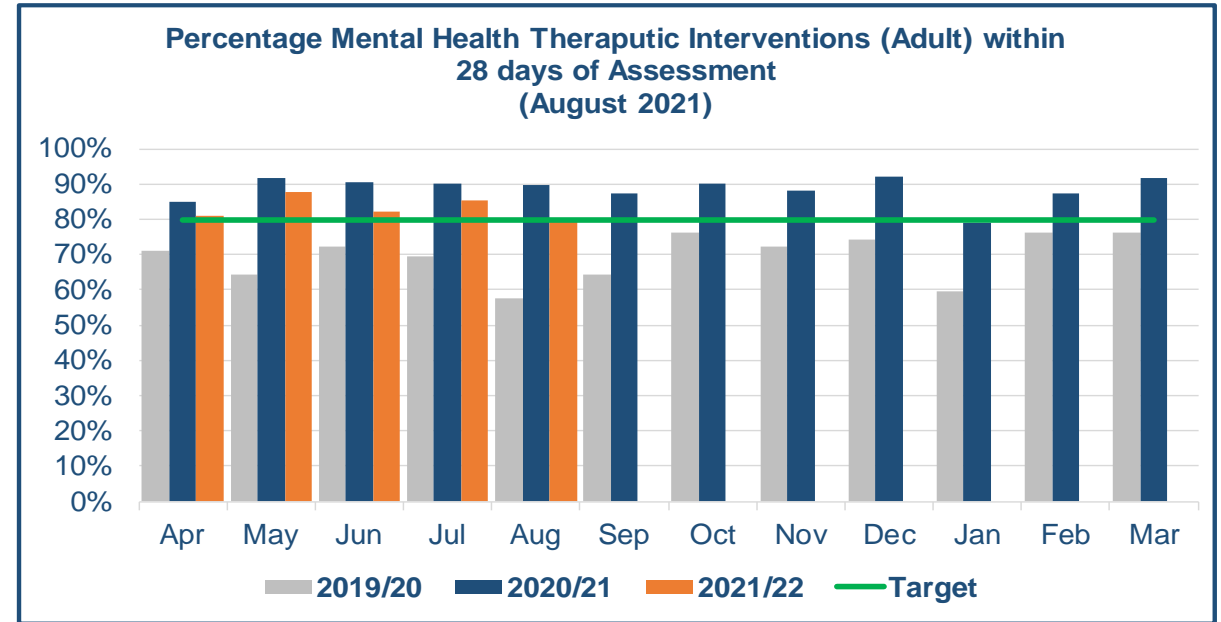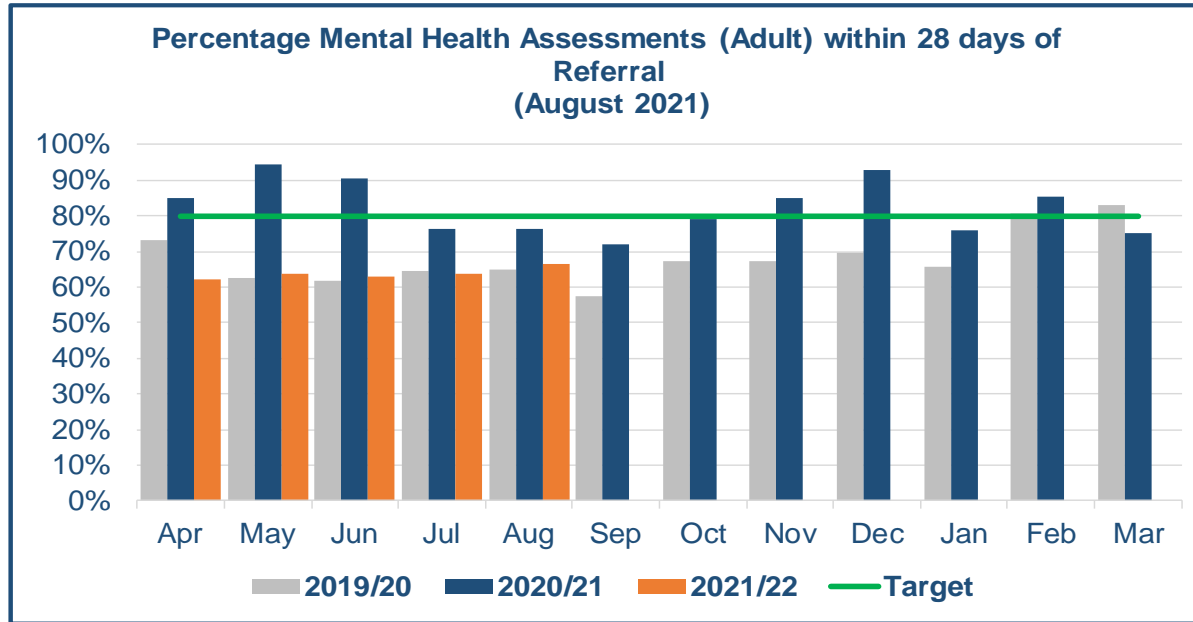
Quadruple Aim 2: Adult Mental Health Delayed Transfers of Care (DToC)

Number of Delayed Patients (BCU Mental Health)
2021/22 comparison to 2020/21 and 2019/20
September 2021
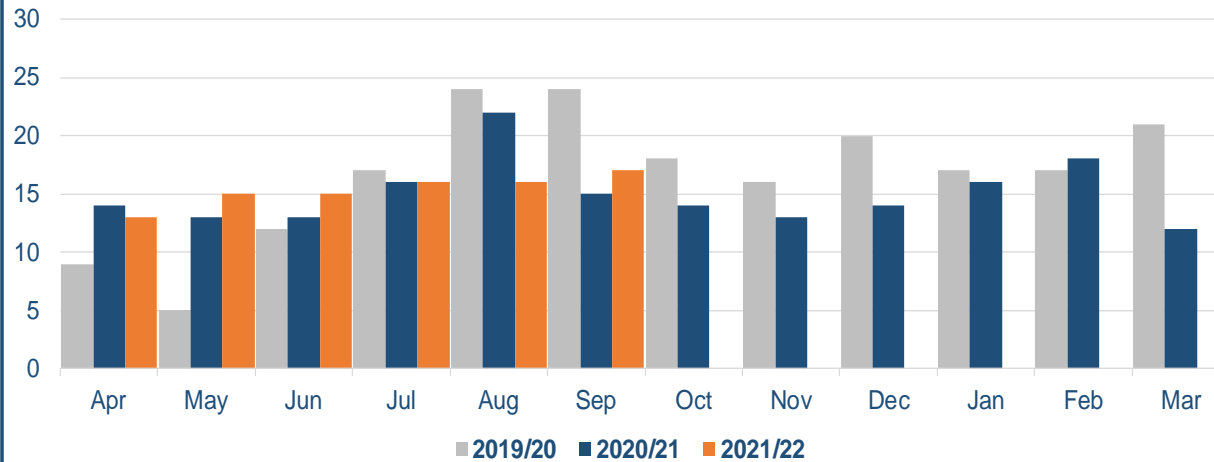
Number of Delayed Bed Days (BCU Mental Health)
2021/22 comparison to 2020/21 and 2019/20
September 2021
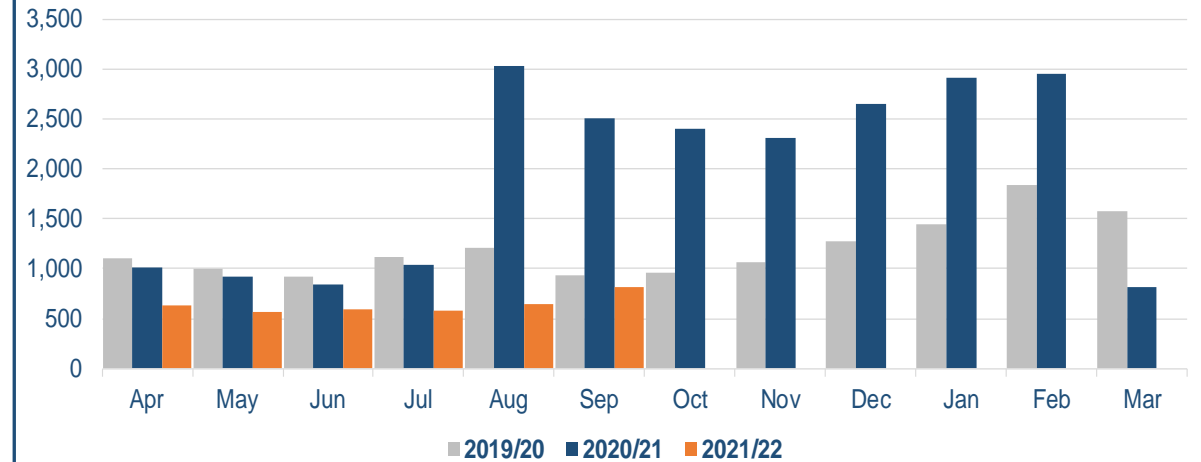
Sickness Absence Rates

Sickness Absence Rate

	Sep-20	Oct-20	Nov-20	Dec-20	Jan-21	Feb-21	Mar-21	Apr-21	May-21	Jun-21	Jul-21	Aug-21	Sep-21
Sickness Absence Covid Related	0.3%	0.4%	0.5%	0.6%	1.0%	0.7%	0.5%	0.4%	0.3%	0.3%	0.4%	0.5%	0.8%
Sickness Absence Non Covid Related	4.6%	4.8%	4.9%	4.8%	5.0%	4.8%	4.4%	4.5%	5.0%	5.3%	5.4%	5.4%	5.9%
BCU Rolling Rate	5.56%	5.53%	5.51%	5.48%	5.54%	5.56%	5.48%	5.35%	5.27%	5.27%	5.34%	5.43%	5.56%
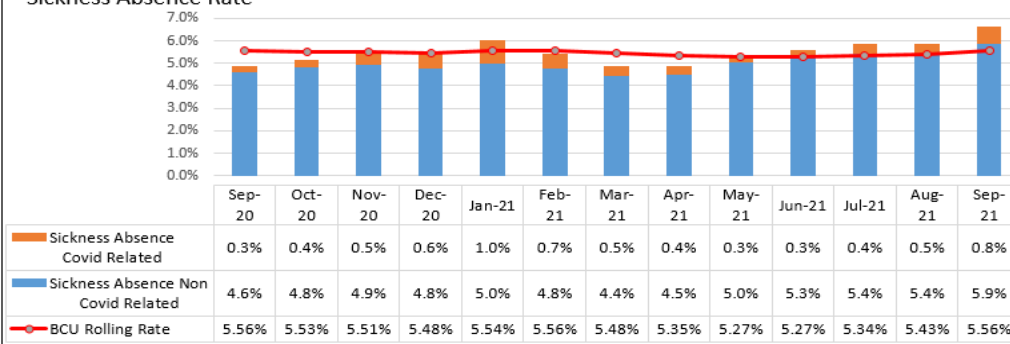
Positive Cases by Week
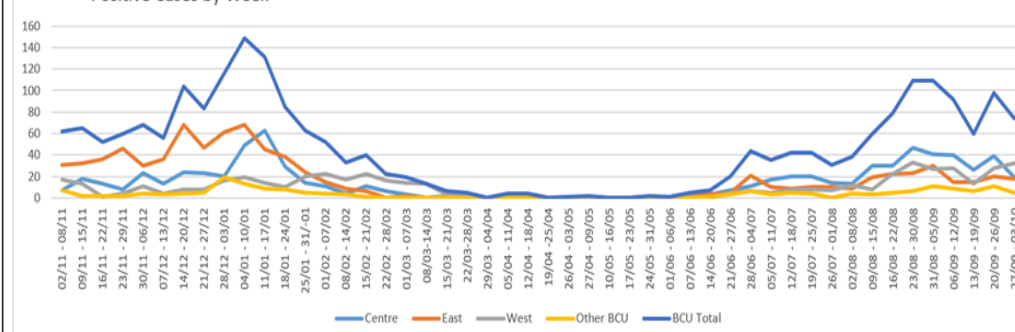
Core Mandatory Training Rate

Training Compliance September 2021

	Sep 20	Oct 20	Nov 20	Dec 20	Jan 21	Feb 21	Mar 21	Apr 21	May 21	Jun 21	Jul 21	Aug 21	Sep 21
Level 1	83.0%	83.0%	83.6%	83.9%	83.8%	83.5%	83.2%	82.9%	83.2%	83.4%	83.4%	84.2%	84.2%
Level 2	70.3%	69.8%	69.8%	69.8%	69.8%	69.0%	68.7%	68.0%	69.8%	69.3%	68.9%	68.7%	68.1%
Target	85.0%	85.0%	85.0%	85.0%	85.0%	85.0%	85.0%	85.0%	85.0%	85.0%	85.0%	85.0%	85.0%
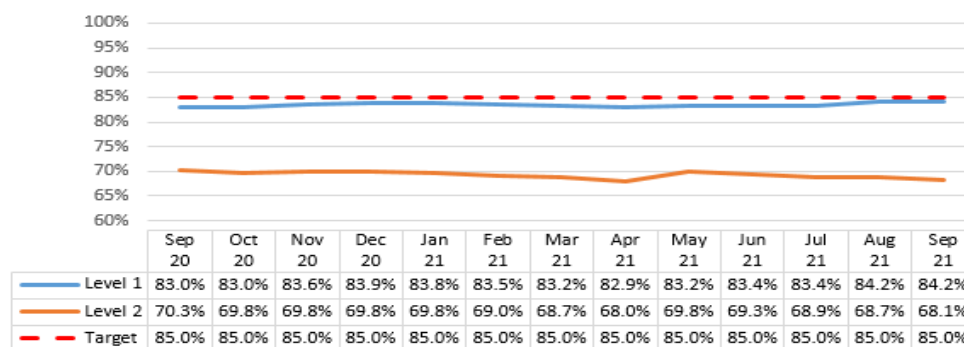
Level 1 Training Compliance by Division September 2021

Division	%
Estates and Facilities	62%
C-19 TTP, Vaccinations and Field Hospitals	79%
Ysbyty Glan Clwyd	80%
Ysbyty Gwynedd	81%
Ysbyty Maelor Wrexham	85%
NW Managed Clinical Services	86%
Corporate Services	87%
Womens	87%
Area Teams Central	88%
Area Teams East	88%
Area Teams West	89%
Mental Health & LDS	90%
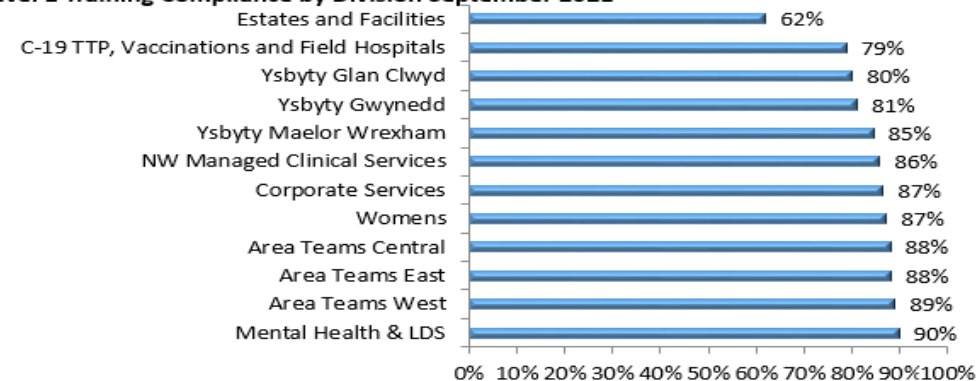
PADR

PADR % 30 September 2021

	Sep-20	Oct-20	Nov-20	Dec-20	Jan-21	Feb-21	Mar-21	Apr-21	May-21	Jun-21	Jul-21	Aug-21	Sep-21
Actual	68.6%	70.8%	70.5%	70.5%	68.7%	67.0%	68.3%	70.3%	71.3%	71.1%	69.4%	69.4%	67.8%
Target	85%	85%	85%	85%	85%	85%	85%	85%	85%	85%	85%	85%	85%
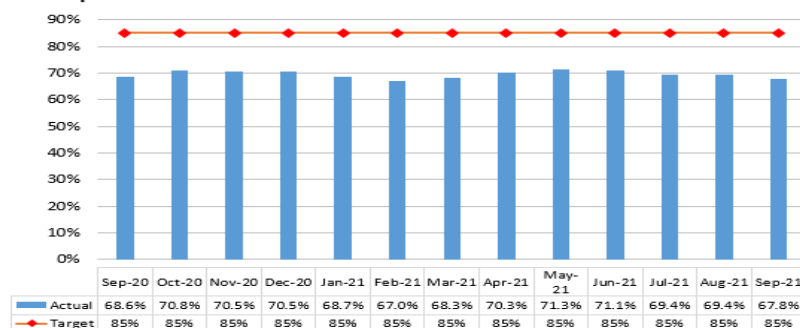
PADR % Compliance 1 October 2020 to 30 September 2021

Legend: In Date | Within 4 Months of Expiry | Out of Date 12-24 Months | 24+ Months | Never had a PADR | Never had a PADR - Starter (12 Months)
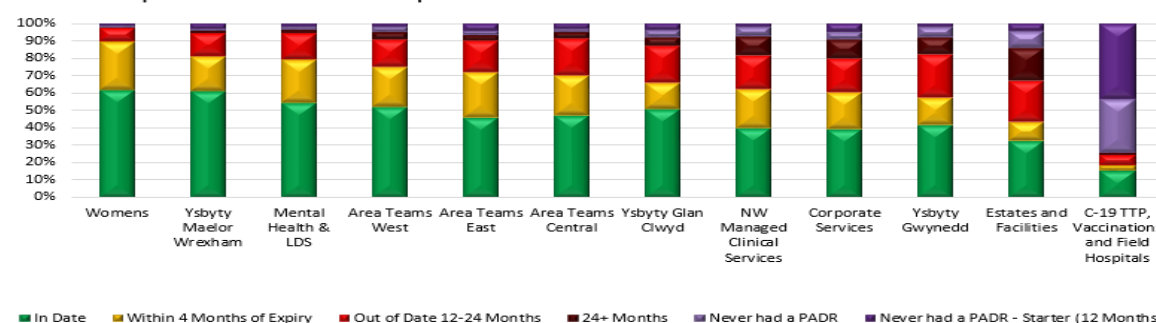
Quadruple Aim 4: Timely Interventions - Sepsis

Emergency Departments - 1 Hour Compliance Sepsis Six Bundles
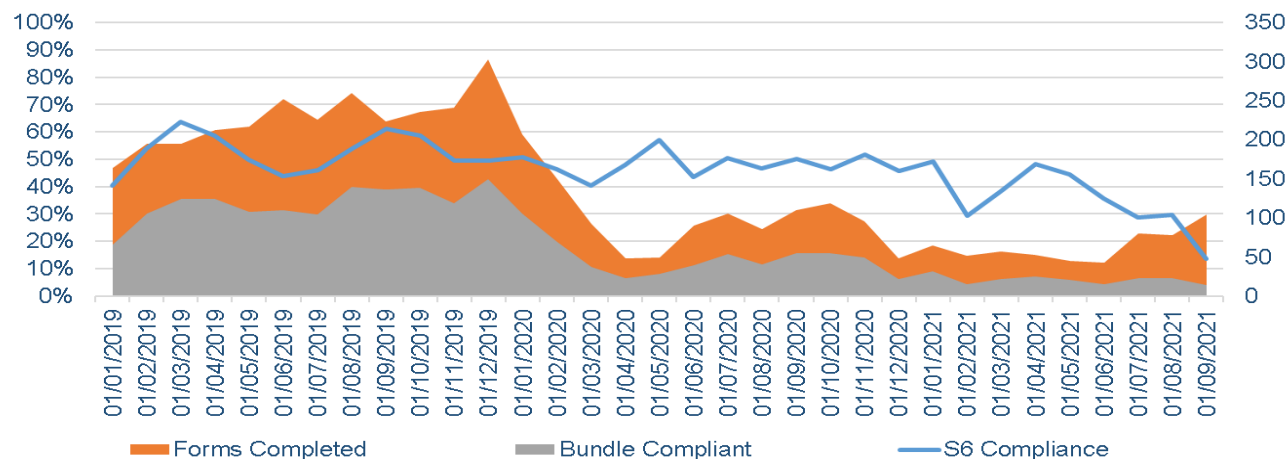
Note: Significant decline in the number of forms being completed coinciding with the start of the COVID-19 Pandemic early in 2020. Hence, the percentage data presented should be viewed with caution.

Inpatients - 1 Hour Compliance Sepsis Six Bundles
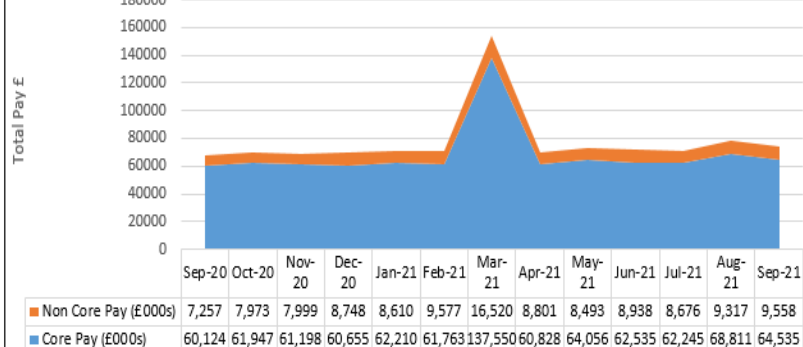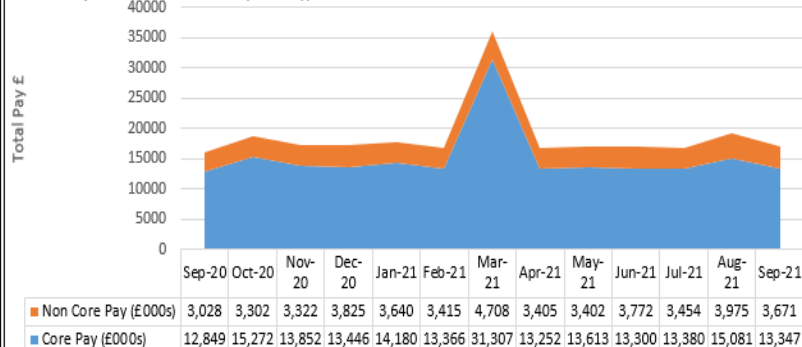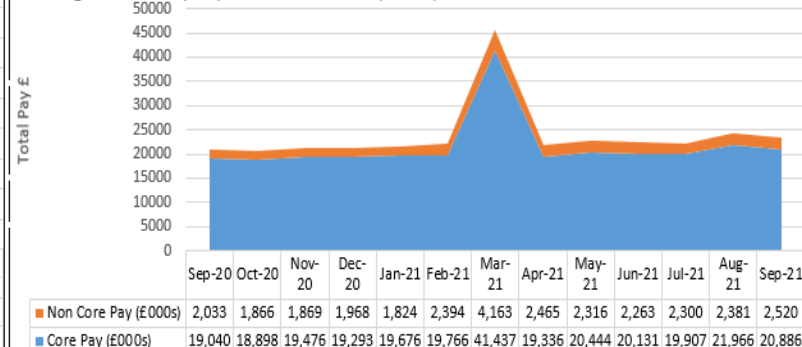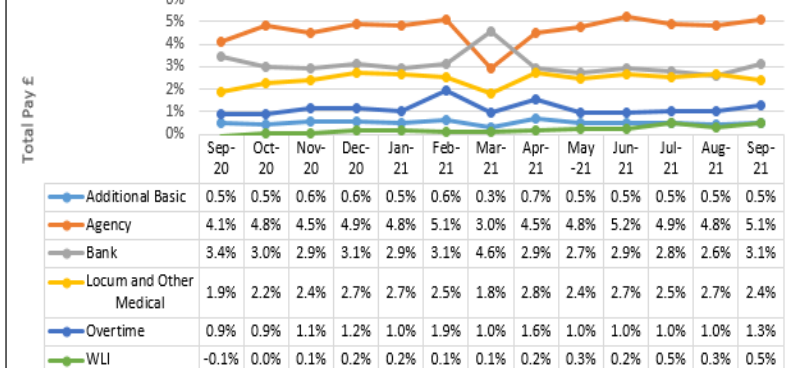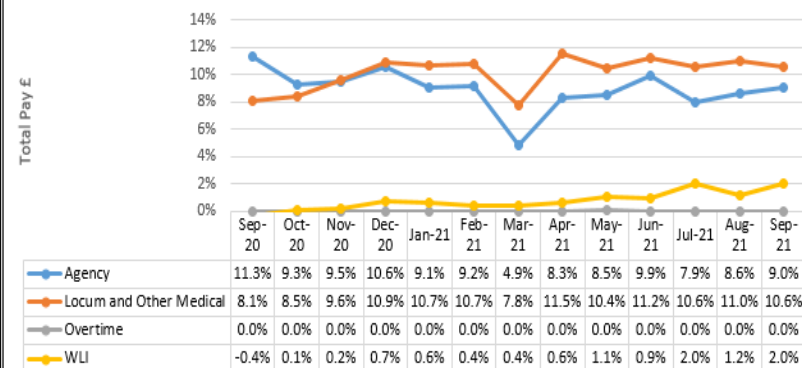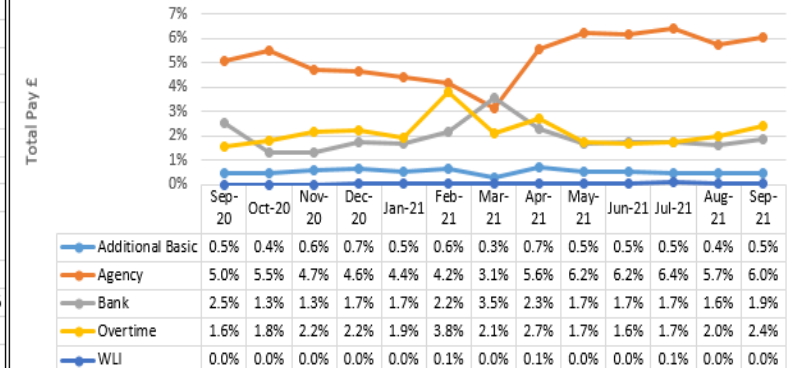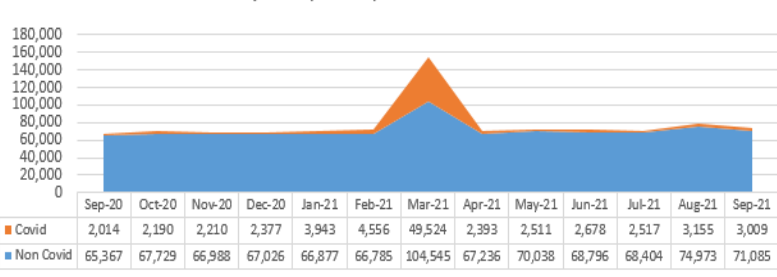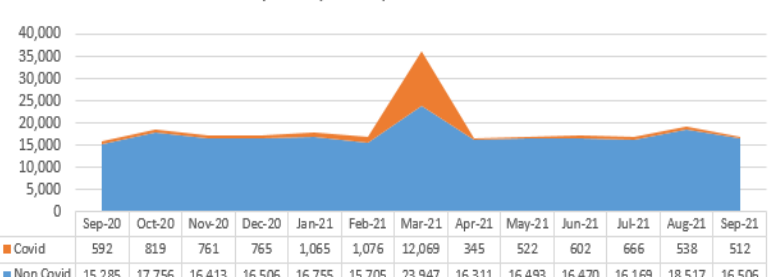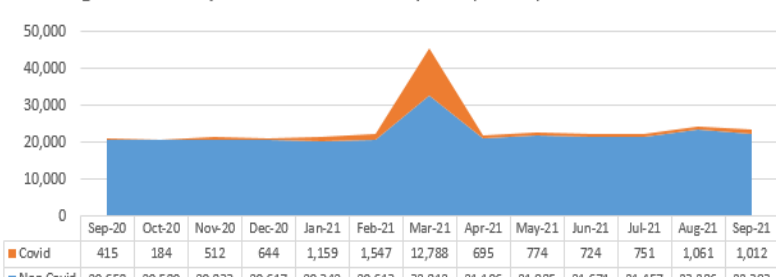
Quality & Performance Report
Betsi Cadwaladr University Health Board

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

- Stats Wales   https://statswales.gov.wales/Catalogue/Health-and-Social-Care

We also post regular updates on what we are doing to improve healthcare services for patients on social media: follow @bcuhb

http://www.facebook.com/bcuhealthboard

Cyfarfod a dyddiad: Meeting and date:	Health Board 18th November 2021
Cyhoeddus neu Breifat: Public or Private:	Public
Teitl yr Adroddiad Report Title:	Operational Plan Monitoring Report 2021-22 Position as at 30th September 2021
Cyfarwyddwr Cyfrifol: Responsible Director:	Sue Hill Executive Director of Finance
Awdur yr Adroddiad Report Author:	Ed Williams – Head of Performance Assurance
Craffu blaenorol: Prior Scrutiny:	The Partnerships, People and Population Health (PPPH) Committee received an earlier version of the report on the 14th October, and the Performance, Finance & Information Governance (PFIG) Committee on the 28th October 2021. This report has been updated as further information has become available. Changes made to the report are detailed in the version control page of the Report.
Atodiadau Appendices:	1. Annual Plan programme action plan

Argymhelliad / Recommendation:
The Health Board is asked to scrutinise the report.

Ticiwch fel bo'n briodol / Please tick as appropriate							
Ar gyfer penderfyniad /cymeradwyaeth For Decision/ Approval		Ar gyfer Trafodaeth For Discussion		Ar gyfer sicrwydd For Assurance	x	Er gwybodaeth For Information	x
Y/N i ddangos a yw dyletswydd Cydraddoldeb/ SED yn berthnasol Y/N to indicate whether the Equality/SED duty is applicable						N	

Sefyllfa / Situation:
This report provides a self-assessment by the Executive Leads of the progress being made in delivering the key priority actions contained in the 2021/22 Operational Plan, see appendix 1, as at 30th September 2021. The Performance Team are working with Independent Members, Executive Directors and the Planning Team in reviewing and strengthening the monitoring process and intend to have a new iteration of the Operational Plan Monitoring Report when we present the Quarter 3 position early in 2022. We are also reviewing the Accountability Review Meetings and processes with the intention of strengthening oversight, scrutiny and support. These will continue post implementation of the desired operating model in 2022.

Cefndir / Background:
Executive Leads review their assigned actions and RAG-rate progress at the end of each quarter. Where an action has been completed this is RAG rated purple. Amber and red ratings apply to actions where there are risks to delivery or where delivery was not achieved, a short narrative is

provided for each red and amber rated action and where actions have changed from a red to purple rating between Q1 and Q2.

RAG	End of Quarter	By expected delivery date	Requirements depending on RAG rating given
Red	Off track, serious risk of, or will not be achieved	Not achieved	Where RAG given is Red: A concise narrative explaining what the issues are, what is being done to resolve them and the level of risk to successful delivery of the Programme within the agreed timescale is provided.
Amber	Some risks being managed	Not Applicable	Where RAG given is Amber: A concise narrative explaining what the issues are, what is being done to resolve them and the level of risk to successful delivery of the Programme within the agreed timescale is provided.
Green	On track, no real concerns	Not Applicable	Where RAG is Green: No additional information required
Purple	Achieved	Achieved	Where RAG is Purple: No additional information required
Navy Blue	N/A	Actions that weren't reported in Q1 but are included from Q2 onwards following a review of the 2021/22 priority actions'	
N/A	Where the Programme or Action is not due to commence in the current reporting period.		
TBC	Where the RAG rating for the Programme or Action has not been signed off in time for publication of the report.		

Asesu a Dadansoddi / Assessment & Analysis

Goblygiadau Strategol / Strategy Implications

The operational plan actions underpin delivery of the 2021/22 Health Board Annual Plan, which has been developed in line with agreed local and national strategies – 'Living Healthier Staying Well' and 'A Healthier Wales'.

Opsiynau a ystyriwyd / Options considered

Not applicable

Goblygiadau Ariannol / Financial Implications

The Health Board has agreed a budget for delivery of the Annual Plan, performance against the budget is reported to Board and Committees via the Finance Report.

Dadansoddiad Risk / Risk Analysis

The RAG-rating reflects the risk to delivery of key actions.

Cyfreithiol a Chydymffurfiaeth / Legal and Compliance

This version of the report will be available to the public once published for the Health Board.

Asesiad Effaith / Impact Assessment

The Annual Plan has been subject to an Equality Impact and Socio Economic Duty Assessment.

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

About this Report

- The 2021-22 Annual Plan was approved by the Health Board on the 15th July 2021, this report details progress against the Programme level priority actions that underpin delivery of the Plan.

- The Annual Plan details our response to the priorities we have identified for the year ahead, specifically:
COVID19 response
Strengthen our well being focus
Recovering access to timely planned care pathways
Improved unscheduled care pathways
Integration and improvement of mental health services

- For each Programme the responsible Executive Director has provided a RAG (Red, Amber, Green) rated assessment of progress in delivering the actions as at 30th September 2021. Supporting narrative has been included for red and amber rated actions and where actions have changed from red to purple between Q1 and Q2.

RAG	End of Quarter	By expected delivery date	Requirements depending on RAG rating given
Red	Off track, serious risk of, or will not be achieved	Not achieved	Where RAG given is Red: A concise narrative explaining what the issues are, what is being done to resolve them and the level of risk to successful delivery of the Programme within the agreed timescale is provided.
Amber	Some risks being managed	Not Applicable	Where RAG given is Amber: A concise narrative explaining what the issues are, what is being done to resolve them and the level of risk to successful delivery of the Programme within the agreed timescale is provided.
Green	On track, no real concerns	Not Applicable	Where RAG is Green: No additional information required
Purple	Achieved	Achieved	Where RAG is Purple: No additional information required
Navy Blue	N/A	Actions that weren't reported in Q1 but are included from Q2 onwards following a review of the 2021/22 priority actions'	
N/A	Where the Programme or Action is not due to commence in the current reporting period.		
TBC	Where the RAG rating for the Programme or Action has not been signed off in time for publication of the report.		

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Version Control

- The first version of the Operational Plan Monitoring Report for Quarter 2 Position (as at 30th September 2021) was presented at People, Partnerships & Population health (PPPH) Committee on 14th October 2021.

- The second version was presented at the Performance, Finance & Information Governance (PFIG) Committee on 28th October 2021.

- This is the final version for Quarter 2 and is being presented at the Health Board on 18th November 2021.

- Below is a list of the updates that have been made between presentation at Performance, Finance & Information Governance (PFIG) Committee on 28th October 2021 and this presentation at Health Board on 18th November 2021.
    - Page 15 – E1.5 RAG changed from Green to Purple as the business case was developed within the agreed timeframe.
    - Page 17 – C1RAG changed from Green to Purple as completed with agreed timeframe.
    - Page 19 – C1.5 RAG changed from Green to Purple as completed with agreed timeframe.
    - Page 22 - R1.4 RAG changed to from Amber to Red as not achieved within agreed timeframe.
    - Page 28 – R2.8 RAG changed from Amber to Red and 1 changed from Green to Red as not achieved within agreed timeframe.
    - Page 28/29 – R3.7 Suspected Cancer Pathway - RAG changed from Amber to Red as Trajectory of 69% not achieved in Quarter 2. Narrative on Page 29 updated as figures available.
    - Page 30/31 – R3.7 Action 6 RAG changed from Amber to Green as on track. Narratives on Page 31 updated.
    - Page 32 - R4 and R4.1 RAG changed to Red from Amber as delivery due before 30th September 2021.
    - Page 40/41 – I1.2 RAG Changed from Amber to Red as not achieved within agreed timeframe and narrative on page 41 changed to reflect RAG change.
    - Page 45 - I2.2 RAG 1 changed from Amber to Red as not achieved within agreed timeframe and 2 changed to Purple from an Amber and a Green as have been achieved.
    - Page 47 – I2.7 Stroke care RAG for 3 actions changed from Amber to Red as delivery due before 30th September 2021.
    - Page 50 – S1 Smoking Cessation – 1st sub action RAG changed from Amber to Red as not achieved within agreed timeframe. 2nd sub action RAG changed from Amber
            to Purple as was achieved within agreed timeframe.
    - Page 56 – S1.9 RAG for first 2 actions changed from Green to Purple as all milestones were completed within agreed timeframe.
    - Page 58 – S2.2 RAG for first 2 actions changed from Amber to Red as not achieved within agreed timeframe.
    - Page 60 - M1.7 Dementia: RAG changed from Green to Purple as all milestones were completed by 30th September 2021.
    - Page 62 – M10.3 RAG rating for first two actions changed from Amber to Purple as have been achieved.

- The Summary Graphic on page 5 has been added as requested by the People, Partnerships & Population Health (PPPH) Committee on 14th October 2021.

- Changes from the Quarter 1 version of the report include:-
    - Addition of Actions S1 to S2.2 under the Strengthen Population Health Chapter.
    - Addition of the Actions under R3.7: Suspected Cancer Pathway, to improve visibility of progress against the actions that support delivery of the Suspected Cancer Pathway trajectory.
    - Splitting out of Action R4.5: Increase in number of specialist therapy staff for cancer patients, to improve visibility of progress against the Action.
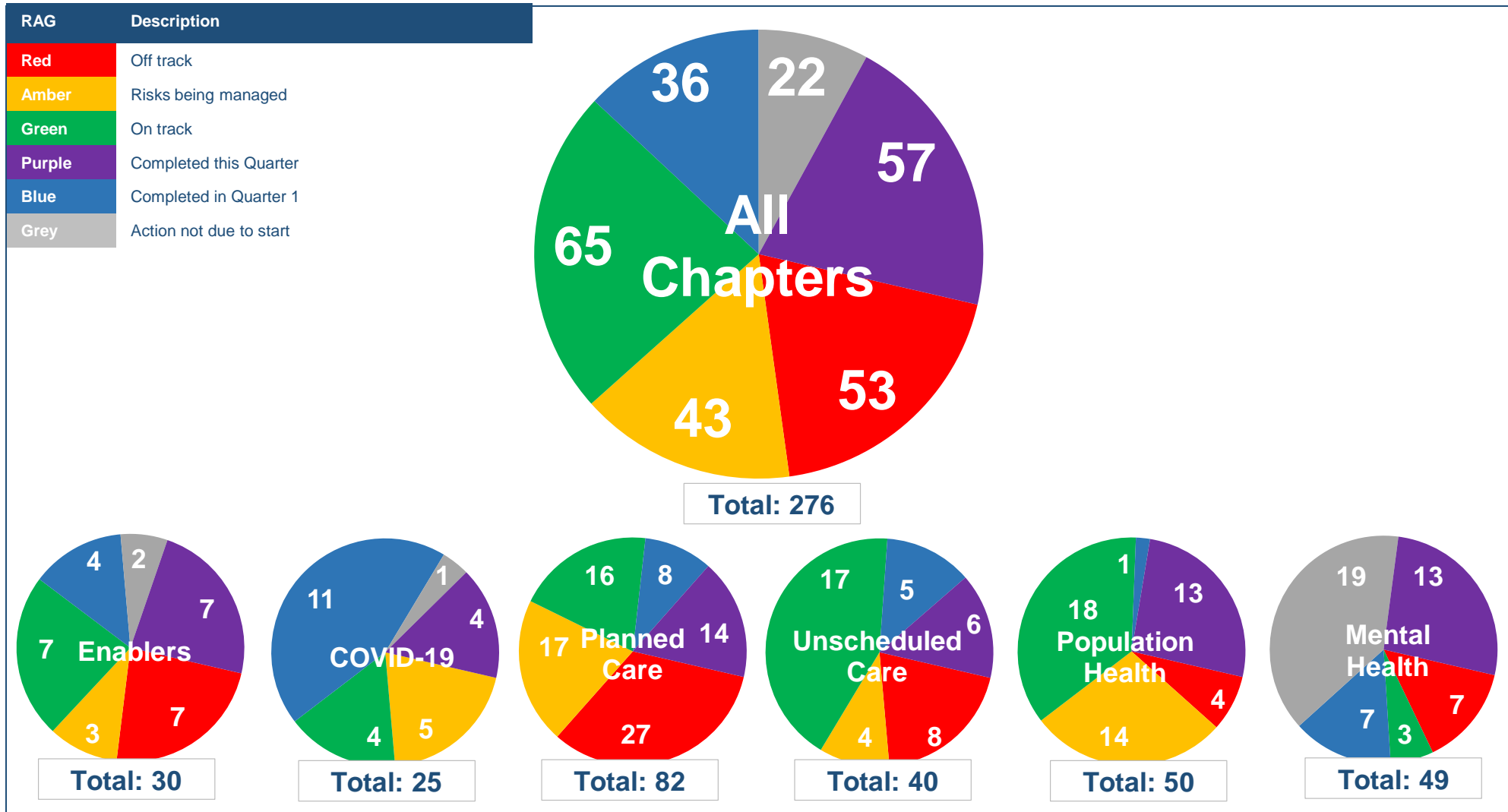
Enabler - Page 1 of 4

Plan Ref	Programme	Lead Director	Target Date	Jun-21	Sep-21	Dec-21	Mar-22
E1.1	Pan BCU Support Programmes - Targeted Intervention: The de-escalation for Betsi Cadwaladr University Health Board from Special Measures to Targeted Intervention (TI) outlining areas for further improvement Current piorities identified for improvement: mental health, engagement, leadership, strategy and planning, planned care and performance.	Director of Governance	Milestone actions for delivery by 30th September are identified. These will be reviewed and refreshed on a quarterly basis.	G	G		
E1.2	Pan BCU Support Programmes - Stronger Together	Executive Director of Workforce & Organisational Development	30th June -30th September Discovery phase;	A	P		
			31st December-31st March Design phase	N/A	P		
E.3	Organisational and Leadership Development Strategy 2022-2025	Executive Director of Workforce & Organisational Development	31st December-31st March	N/A	N/A		
E3.1	Develop and deploy a programme of work, as per the Strategic Equality Plan, to support the organisation in meeting its Socio-Economic Duty	Executive Director of Workforce & Organisational Development	30th June-31st March	A	P		
E3.3	Implement Year 2 of the Health & Safety Improvement Plan to ensure staff are proactively protected, supported and safe. This includes providing specific guidance, training and support on legislative compliance. Identifying and supporting staff at greater risk of contracting Covid and providing specific risk assessment advice. Provide adequate manual handling training and support to staff. Investigate incidents and provide, fit test training, risk assessment advice and support staff ensuring environmental and social impacts are monitored and complied with.	Executive Director of Workforce & Organisational Development	30th September	R	R		

E3.3: Implement Year 2 of the Health & Safety Improvement Plan to ensure staff are proactively protected, supported and safe.

Red due to improvement notices current compliance and Health & Safety Executive (HSE) investigations. The HSE will be inspecting BCU HB on Violence and Aggression and Manual Handling on the 16th -18th November 2021. This will provide evidence of the current status in these specific service areas. There has been a comprehensive review of the Occupational Health and Safety service objectives, with considerable investment being implemented through 4 business cases approving funding for posts in a number of key areas over the next 24 months. This will improve compliance with legislation, training and competence of key staff. A plan is being implemented that will see improvement over the next 6 months as staff are recruited.

Enabler - Page 2 of 4

Plan Ref	Programme	Lead Director	Target Date	Jun-21	Sep-21	Dec-21	Mar-22
E3.4	Security, V&A Improvement Plan	Executive Director of Workforce & Organisational Development	31st March	R	R		
E3.5	Occupational Health action plan and Safe, Effective Quality Occupational Health services (SEQOSH) accreditation	Executive Director of Workforce & Organisational Development	31st December	A	A		
E3.6	Delivery of workforce optimisation programme encouraging reduction in temporary premium cost spend and workforce efficiency addressing the following issues: High levels of vacancies, High number of leavers, Aging workforce, High agency spend, Low levels of bank provision	Executive Director of Workforce & Organisational Development	30th September - 31st December	N/A	N/A		
E1.3	Pan BCU Support Programmes - Safe Clean Care (SCC) Harm Free	Shared responsibility for sections of SCC Strategy: Executive Medical Director - Executive Director Nursing & Midwifery Executive Director Workforce & Organisational Development	30th June - Divisions to identify Business case to address SCC Strategy.	R	R		
			30th September - Approve/engage/research business case and strategy	R	R		
			31st December - 31st March - Implement new ways of working	R	R		

E3.4: Security, V&A Improvement Plan
Red due to improvement notices current compliance and Health 7 Safety Executive (HSE) investigations. The HSE will be inspecting BCUHB on Violence and Aggression and Manual Handling on the 16th -18th November 2021. This will provide evidence of the current status in these specific service areas. There has been a comprehensive review of the Occupational Health and Safety service objectives, with considerable investment being implemented through 4 business cases approving funding for posts over the next 24 months. This will improve compliance with legislation, training and competence of key staff. A plan is being implemented that will see improvement over the next 6 months.

E3.5: Occupational Health action plan and Safe, Effective Quality Occupational Health services (SEQOSH) accreditation
There has been a comprehensive review of the Occupational Health and Safety service objectives, with considerable investment being implemented through 4 business cases approving funding for posts over the next 24 months. A programme of Health Surveillance will target high risk areas over the next 12 months.

E1.3: Safe Clean Care
Risks
• There is a risk that if our patients are not discharge in a timely manner when they are medically optimised. Every extra day a patient remains they could be exposed to infectious diseases through vector and fomite transmission.
• There is a risk that if patients are admitted to our acute care facilities when they could have their care elsewhere, that they themselves are at risk and/or they put other patients at risk from infection.
• There is a risk that operational flow decisions impacts adversely upon delivering safe clean care for our patients.
• There is a risk that the way we manage patient care impacts adversely upon infection prevention and control, putting our staff and our patients at risk of infections..
• There is a risk that the behaviour of our staff means that they are unable to fully comply with Infection Prevention and Control controls putting themselves, other staff members and patients at risk of infections.
• Note: all above risks will be mitigated through the corporate and accountable areas management decisions and improvement projects, Safe Clean Care Harm Free Programme and Unscheduled Care Transformation Programme
• There is a risk that our staff spend significant amounts of their time doing tasks that with the use of better IT software they would release more time to care, and to be involved with more things that add direct value to the patient.
• Note: this risk will be mitigated over the longer term through developing and implementing the digital strategy, and short to medium term through informatics developments and improvement to support the transformation programme

...continued overleaf...

E1.3: Safe Clean Care continued

Escalations with the Senior Responsible Officer (SRO): Lack of staff in particular project management/Quality Improvement staff to support the accountable areas to make the improvements and sustain the gains. Four staff members have left/are leaving, and they have not been replaced, even though it was the SROs expectation that other staff members were to be identified to support the programme, but because of portfolio re alignments this has unfortunately not happened due to people not being in post, interim support is taking a long time to identify to support delivery.   Lack of information support to measure the success of the projects that underpin the programme. The is a lack of IT solutions to support releasing our staffs time to care, the IT systems are not user friendly for what we need to operationally and clinically use them for. We are developing a dashboard with the help of informatics so operational staff has one place to go for the information they need around Infection Prevention & Control (IPC). Because everyone is so busy engaging with staff is not easy to support them prevent infections through their behaviour. All staff are working on the programme are doing so in addition to their already full day jobs, there are no staff solely working on the programme, this is causing delays, a lack of focus, pace and grip. Having sustainable SROs has and is an issue due to the high turnover of senior staff through the health Board. We still have not been able to do this consistently across the work-streams which is difficult to provide stable leadership and direction for the projects. Not having a full time dedicated programme manager means the pulling together of all the projects and work-streams can be problematic.

Safe Clean Care – Harm Free (SCC-HF) in integral to every change/transformation programme we make and everything we do, being able to influence across the health board is difficult without a full time dedicated team working solely on the programme.

27 projects under the three work-streams are live, with ten still on hold whilst we identify corporate leads. We run a nine week assurance programme to fully reflect on the improvements being delivered across the health board in relation to SCC-HF. We are behind where we expected to be six months into the programme.

Enabler - Page 3 of 4

Plan Ref	Programme	Lead Director	Target Date	Jun-21	Sep-21	Dec-21	Mar-22
E.1.6	Creation of a Digital Strategy	Executive Director of Primary & Community Care	31st May	P			
			30th September	G	P		
E1.7	Deliver Phase 3 of Welsh Patient Administration System implementation	Executive Director of Primary & Community Care	30th June – Re-start the project.	R	P		
			30th September – System build and data migration.	R	R		
			31st December – User acceptance testing and training (UAT).	A	G		
			31st March – Lead to up to implementation in May 2022	A	G		
E1.8	Deliver Symphony - Phase 1 2020/2021	Executive Director of Primary & Community Care	30th June – Complete implementations in MIUs	P			
E1.9	Deliver Symphony - phase 2 2021/2022	Executive Director of Primary & Community Care	30th June – Data migration testing	P			
E2			30th September – End user training, Go Live period (July), Phase closure	A	P		
E2.1	Deliver Symphony - Phase 3 2021/2022	Executive Director of Primary & Community Care	30th September – Phase 3 planning	G	R		
			31st December - to be determined from 30th September planning	G	A		
			31st March- to be determined from 30th September planning	G	G		

E1.7: Deliver Phase 3 of Welsh Patient Administration System implementation - 30th September – System build and data migration.

System build is complete. Data migration is re-starting in October on a cycle right up to 'go live' in May 2022

E2.1:Deliver Symphony - Phase 3 2021/2022

The planning phase has started and will be completed by early November.

Milestones for phase 3 have been delayed due to delay in phase 2 relating to a late delivery of hardware; however the planned 'go live' of phase 3 is still March 2022.

Plan Ref	Programme	Lead Director	Target Date	Jun-21	Sep-21	Dec-21	Mar-22
Enabler - Page 4 of 4							
E2.3	Development of the acute digital health record (Cito DHR) pan-BCU	Executive Director of Primary & Community Care	31st December – * Minimum Viable Product (MVP) & two Early Adopters * New scanning contract in place	G	G		
			31st March – Phase Roll out programme established and underway	G	G		
E2.9	Strengthen cyber security	Executive Director of Primary & Community Care	30th June-31st March – (Funding to be confirmed)	R	A		
E1.4	Pan BCU Support Programmes - Living Healthier & Staying Well (LHSW) & Clinical strategy review	Executive Director of Primary & Community Care	30th June Review of current strategy plan developed	P			
			30th September Aproval of refresh plan approve - Engagement plan developed	G	P		
			31st December/31st March - Engagement process initiated	A	G		

E2.9: Strengthen Cyber Security

Cyber Security Tier 1 Risk has been raised with the Risk Management Group as part of the process to highlight a Corporate Risk.

The NIS-D assurance process is underway with the National Cyber Resilience Unit (CRU) who work on behalf of Welsh Government (WG) to provide regulatory assurance and compliance. This process will take 12 to 24 months.

Funding has been agreed during Quarter 2 and recruitment of the Cyber Security Team is underway.

The Cyber Security & Compliance Manager post has been recruited and the post-holder has started on 6th September 2021. Three other posts are in the process of being recruited to support the Cyber Security function.

COVID-19 Response - Page 1 of 3

Plan Ref	Programme	Lead Director	Target Date	Jun-21	Sep-21	Dec-21	Mar-22
E1.5	Enhanced recovery from critical illness The provision of robust and consistent staffing within traditional 'medical' critical care rotas to ensure patient safety	Executive Medical Director	30th June - 30th September Development of Business Case	G	P		
			31st December Business Case submitted for internal sign-off and approval	A	A		
			31st December / 31st March Development of a programme plan, recruitment ready for implementation 2022	A	A		
C1	Ensure adequate testing capacity is available across North Wales in line with the revised Welsh Government Testing Strategy. * Lab Turnaround Times for swabs is a Public Health Wales (PHW) responsibility * Contracts for Regional, Local and Mobile testing units and Welsh Ambulance Service NHS Trust (WAST) are Welsh Government managed contracts) Testing capability located across the region to ensure the volume of testing slots are adequate and able to provide a test within 24 hours and easily accessible preferably no more than 30 minute drive. Lateral Flow Devices (LFD) issued in accordance with Welsh Government policy; currently manage the distribution across the Health Board and LFD collect points via the existing testing infrastructure for the population who are not able to work from home (all other distribution managed by Welsh Government)	Executive Director of Public Health	Measure through capacity and Turnaround Times. Immediate and to be continued through to 31st March – capacity to be reviewed on receipt of regional modelling from the national team and not expected to be reduced before 31/3/22.	G	G		

E1.5: Enhanced Recovery from Critical Illness
The Critical Care business case "Critical Illness and Recovery: The Multi-disciplinary Critical Care Team" was approved at BCUHB Critical Care Service Improvement Group this month.

Our intention has been to forward next to Executive Director of Nursing & Midwifery, who we're very pleased has offered to take on a new role as Executive Chair of the Critical Care Planning and Delivery Group.

COVID-19 Response - Page 2 of 3							
Plan Ref	**Programme**	**Lead Director**	**Target Date**	**Jun-21**	**Sep-21**	**Dec-21**	**Mar-22**
C1	Ensure adequate testing capacity is available across North Wales in line with the revised Welsh Government Testing Strategy. * Lab Turnaround Times for swabs is a PHW responsibility * Contracts for Regional, Local and Mobile testing units and WAST are Welsh Government managed contracts) Testing capability located across the region to ensure the volume of testing slots are adequate and able to provide a test within 24 hours and easily accessible preferably no more than 30 minute drive. Lateral Flow Devices (LFD) issued in accordance with Welsh Government policy; currently manage the distribution across the Health Board and LFD collect points via the existing testing infrastructure for the population who are not able to work from home (all other distribution managed by Welsh Government)	Executive Director of Public Health	30th September – capacity plans are in the progress of being built now with the planned care services. The target is to ensure there is adequate capacity to provide the required PCR testing within a 72 hour pre treatment period.	G	P		
			30th September evaluate 31st December devices implemented subject to effectiveness of evaluation	A	P		
			Lateral flow testing devices deployed to BCU frontline staff c.17,000; managed through Shared Services for distribution and line managers for registration and replenishment. 31st May	P			
			30th June – in place by the end of 30th June and on-going until WG policy determines otherwise	G	G		
C1.1	Deploy effective tracing service with partners across North Wales to minimise transmission of virus and adapt the service provision as Welsh Government policy evolves.	Executive Director of Public Health	By 30th June and on-going through 2021-22	G	A		
				A	A		
C1.2	Continue North Wales liaison on protect agenda coordinating multi-agency response	Executive Director of Public Health	30th September and ongoing	A	G		

C1: COVID-19 Response

Although numbers have been increasing dramatically, testing capacity remains at a level to absorb demand. Working with NHS Wales corporately and Welsh Government, additional testing capacity can be made available. The biggest risk relates to recruitment to the BCU-run COVID-19 Testing Units (CTUs). especially as demand for pre-op testing and key worker testing increases. Currently demand is being managed and innovative recruitment policies are being put in place. Laboratory turnaround times remain good for North Wales.

Previous modelling proved to be inaccurate, with current rates running at 90% above the reasonable worst case scenario. Revised modelling is anticipated. Staffing levels should be normalised through contractual permanency. However if current demand continues to grow, additional demand on CTUs ability to meet that demand will depend on recruitment and retention.

Plans to increase capacity to absorb greater demand from secondary care have been agreed. Additional "lanes" will be opened in 3 of the CTUs to accommodate the additional throughput, and revised staffing models have been agreed to accommodate this. Agreement has been reached to make B5 nurses permanent in CTUs. At some point they will transfer from Test, Trace, Protect (TTP) to substantive posts. this should aid staff retention and recruitment. Work ongoing to complete the evaluation.

C1.1: Deploy effective tracing service with partners across North Wales to minimise transmission of virus and adapt the service provision as Welsh Government policy evolves

Very effective working arrangements and close collaboration has been established between the Health Board and local authority partners. Formal meeting structures and governance arrangements in place. However, recruitment to ensure the smooth operation of the contact tracing services has been problematic and despite a number of co-ordinated recruitment attempts, staffing levels remain at a level where they are unable to meet demand. A prioritisation framework has been agreed withe WG which may alleviate pressures.

COVID-19 Response - Page 3 of 3

Plan Ref	Programme	Lead Director	Target Date	Jun-21	Sep-21	Dec-21	Mar-22
C1.3	Implement and deliver the BCUHB mass vaccination programme.	Executive Director Nursing & Midwifery as Senior Responsible Officer (SRO) – Mass Vaccination Programme	Development of a sustainable delivery model as we move into an annual vaccination and booster programme, in line with evolving national clinical guidance and Welsh Government Strategy. This will ensure we have a strategy for future proofing the programme, transforming it into a 'business as usual' model.	P			
			Demonstrable equal access to the vaccination programme for all groups with special characteristics or other underserved groups as defined within the North Wales Vaccination Implementation Plan.	P			
			Ensure the mechanisms in place continue with the interpretation of clinical guidance, development of clinical pathways and maintain and review them as required.	P			
			Development of a workforce model which will deliver the programme, flexible enough to adapt to the evolving plans from one phase to the next.	P			
			Development of an estates plan which will provide the capacity to deliver the programme, flexible enough to adapt to the evolving plans from one phase to the next.	P			
			Develop an efficient contact process and self-service booking system under Welsh Government Guidance. Future milestones based on the next phase including the booster programme are expected in Quarter 2 via the Welsh Government (WG). This will also include guidance and criteria. By 31st December	G	G		
C1.5	COVID recovery - all Children's Services	Executive Director Primary & Community Care	30th June – Baseline assessment.	P			
			30th September - Service Level plans to deliver agreed.	A	P		
			31st December-31st March - Ongoing performance monitoring via Regional Childrens Services Group.	N/A	N/A		

Recovering access to timely planned care pathways - Page 1 of 9

Plan Ref	Programme	Lead Director	Target Date	Jun-21	Sep-21	Dec-21	Mar-22
R1	Continuation of accuRx communication platform, to provide IT infrastructure to enable GPs and other health professionals working in primary care to undertake remote consultations, share information with patients and to update the patients' clinical records with the consultation event.	Executive Director Primary & Community Care - Acting Executive Medical Director	Commission a fixed term contract on behalf of GP practices whilst awaiting an all Wales decision to support long term provision. 30th June	P			
			Interim contract in place for accuRx use by North Wales practices. 30th June	P			
			Work with DHCW to agree long term contract requirements 30th September	G	R		
			All Wales contract in place for accuRx 31st December	G	A		
R1.1	Review the uptake, requirements and patient satisfaction in relation to alternative/new technologies supporting patient access to GMS	Executive Director Primary & Community Care	Extend eConsult provision to participating practices. 30th June	P			
			Monitor eConsult activity including patient satisfaction 30th June	P			
			Monitor patient/clinical satisfaction in relation to video and telephone consultations 31st December	A	G		
			Review access to virtual consultation training 30th September	G	G		
			Review ongoing use and satisfaction with accuRx (and feed information into future contract requirements – see specific action above) 31st December	G	G		
			Feed local learning into the national Strategic Programme to inform future strategies 31st March	G	G		

R1: Continuation of accuRx communication platform, to provide IT infrastructure to enable GPs and other health professionals working in primary care to undertake remote consultations, share information with patients and to update the patients' clinical records with the consultation event.

There have been some initial discussions regarding the on-going requirements of practices and patients in relation to IT platforms and on line requests. A local evaluation of the platforms currently being used is being undertaken in quarter 3. Further discussions are required to understand next steps on a national basis.

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Plan Ref	Programme	Lead Director	Target Date	Jun-21	Sep-21	Dec-21	Mar-22
R1.2	Delivery of all Wales access standards through GMS Contract (detailed in non-mandated Quality Assurance and Improvement Framework (QAIF)	Executive Director Primary & Community Care	Review 2020/21 performance against standards (validated data released June 21) 30th June	P			
			Support provided to practice managers in interpreting and implementing the requirements of the standards by Primary Care Contract team 31st March Rolling contractual programme	P			
			Work undertaken with clusters/practices to identify and disseminate good practice via Access Standards forum 30th June-30th September	P			
			Performance reports provided at Board level in line with Access standards guidance requirements. 30th June-31st March	G	G		
R1.4	Working with planned care programme leaders to ensure a whole system response to patient demand pressure areas (also refer to planned care section)	Executive Director Nursing & Midwifery	Development of timely and accurate information for current and new patients, and primary care clinicians, regarding care pathways and waiting times 30th June	R	G		
			Ensure robust communication with primary care clinicians regarding waiting times and clinical review processes 30th June	R	P		
			Development of proposals to manage the backlog of planned care in the primary care sector 30th June	R	R		
			Link to the transformation of prioritised system wide care pathways, ensuring primary care involvement. 31st March	G	A		

R1.4: Working with planned care programme leaders to ensure a whole system response to patient demand pressure areas (also refer to planned care section)
Development of proposals to manage the backlog of planned care in the primary care sector 30th June 2021.
Scripts and briefings prepared for primary care clinicians. Limited capacity due to general community demand and contribution to the vaccination programme
1.4d

Link to the transformation of prioritised system wide care pathways, ensuring primary care involvement. 31st March 2022
Built into Regional Treatment Centre (RTC) development programme (separate governance structure in place) including primary care. Will lead to significant change in patient pathways. Timeline 40 weeks+

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Plan Ref	Programme	Lead Director	Target Date	Jun-21	Sep-21	Dec-21	Mar-22
R1.6	Further development of the Primary and Community Care Academy	Executive Director Primary & Community Care	PACCA Business Case finalised 30th June	R	R		
			Planning for all programmes, with the completion of the delivery plan 2021/22 (subject to funding), to include: 30th June	R	R		
			Training Hub established and posts advertised 30th September	N/A	R		
			Level 7 Vocational Education Programme in place 30th September	N/A	R		
			Community Pharmacy training Programme - 30th September and 31st December due to timing of taught modules at University 31st December	N/A	P		
			Evaluation Lead and Research Development appointed 30th September	N/A	R		
			Trainees in post and commencing education programmes / ongoing evaluation of training hub 31st December	N/A	P		
			New Cohort of Practitioners to join Vocational training Programme 31st December	N/A	P		
			Further development and testing of competency framework 31st December	N/A	G		
			End of year report 31st March (published 22/23)	N/A	G		

R1.6: Further development of the Primary and Community Care Academy
The Business case was submitted for executive approval in August, and will also need to be presented to Performance, Finance & Information Governance (PFIG) Committee in due course.
Whilst the achievements of the Academy to date were commended and the business case for further development welcomed, further input from Workforce & Organisational Development (WOD) colleagues was requested and clearer presentation of the finance section. A resubmission to the executive team should be made in October 2021.

Planning for all programmes cannot be completed until the additional investment is agreed via the business case process.

The additional training hub cannot be developed until the additional investment is agreed via the business case process. However the training hub in Healthy Prestatyn Iâch is in place with supernumerary advanced practitioners going through this programme of training.

The evaluation lead and researcher cannot be appointed permanently until the business case is approved. However temporary staff are in place to ensure robust evaluation of the schemes already in place.

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Plan Ref	Programme	Lead Director	Target Date	Jun-21	Sep-21	Dec-21	Mar-22
R1.7	Development of a North Wales Dental Academy, to include a training unit, General Dental Services (GDS) and Community Dental Services (CDS) provision	Executive Director Primary & Community Care	Robust programme governance arrangements were established in 2020/21 30th June	P			
			Advertise the contract 30th June	P			
			Award to preferred provider 30th September	G	R		
			Seek Board & WG approval to award preferred bidder 30th September	N/A	R		
			Commission facility 31st March	N/A	G		
R1.8	Implementation of the dental contract reform (as directed by Chief Dental Officer/Welsh Government)	Executive Director Primary & Community Care	31st March	G	G		
R1.9	Commission additional general dental provision	Executive Director Primary & Community Care	31st December	G	P		
R2	Relaunch of a community pharmacy care home enhanced service to form part of our recovery plan.	Executive Director Primary & Community Care	31st March	G	A		
R2.3	Delivery of advanced practice audiology in primary care and provision of Ear Wax Management Services (subject to business case approval / additional funding)	Executive Director of Primary & Community Care	31st March	A	G		
R2.7	Delivery of agreed planned care recovery schemes (including additional programme management capacity), to include diagnostics, e.g. endoscopy, laminar flow theatres and inpatient T&O bed provision (including relocation of outpatient therapy provision in Wrexham)	Executive Director Nursing & Midwifery	30th June-Develop and agree a plan	G	R		
			31st March- delivery of cohort 1 with exception of orthopaedics	G	R		

R1.7: Development of a North Wales Dental Academy, to include a training unit, General Dental Service (GDS) and Community Dental Service (CDS) provision
The preferred provider will be awarded the contract subject to Welsh Government (WG) approval. Paper outlining preferred bidder was presented to the board on 23rd September 2021 and the tender award has subsequently been approved. The request for approval by WG has been submitted on 29th September and a response is expected imminently.

R2: Relaunch of a community pharmacy care home enhanced service to form part of our recovery plan.
Care home enhanced service is live, but limited uptake due to staff capacity. The medicines management audit tool is being reviewed with a plan to further implement the service in Q4, once updated tool is available. The data from 2019 to end August 2021 – demonstrates a step change with an increase since 2019 month to month (approx. 185% in comparison to equivalent months in 2019).

R2.7: Provide recovery plans for each site for Cohort 1 & 2 by mid-May. This will include extra capacity, insourcing requirement and outsourcing and workforce requirements
All 3 schemes are now included within the wider Regional Treatment Centre (RTC) Programme. Progress meeting with Welsh Government on 20/09/2021

R2.8 RAG is on Page 27.

R2.8: Build additional capacity to deliver COVID19 safe services, improve patient experience and waiting times.
Super green pathways have been introduced, and have been maintained for day surgery, but been unable to maintain for elective in-patient surgery due to unscheduled care pressures. Through the continual review of capacity, a contract for orthopaedics has been established. Further expressions of interests have gone to market for mixed surgical specialties, ophthalmology, dental and dermatology.

Plan Ref	Programme	Lead Director	Target Date	Jun-21	Sep-21	Dec-21	Mar-22
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R2.8	Build additional capacity to deliver COVID19 safe services, improve patient experience and waiting times.	Executive Director Nursing & Midwifery	P1-and P2 risk stratified patients are treated in order, followed by re-introduction of P3-4 activity. Insourcing and weekend capacity plan. 31st December	A	A		
			Continually review capacity of external providers to deliver more activity, to support more efficient services 30th September	A	R		
			Introduce super green pathways to protect elective capacity 30th September	A	R		
R2.9	Support orthopaedic patients facing extended waiting times as a result of COVID19 constraints, by delivering a non-surgical treatment programme such as escape from pain, digital apps	Executive Director Nursing & Midwifery	31st December	A	A		
R3.2	Insourcing to support provision of service for cohort 1&2 Outsourcing specification for Orthopaedics	Executive Director Nursing & Midwifery	30th June	R	R		
R3.4	Develop the Outpatient transformation programme Including 'Once for North Wales', workforce modernisation and digital enablement of staff and service users with attend anywhere and consultant connect.	Executive Director Nursing & Midwifery	Phased delivery over 12 months from point of recruitment, anticipated delivery by 31st March if recruitment and implementation successful	A	R		
R3.5	To explore external capacity to support access to treatment	Executive Director Nursing & Midwifery	30th June out to tender, insourcing early July- If these time frames work then outsourcing could be August insourcing September.	A	R		
R3.6	Development of sustainable endoscopy services across North Wales	Executive Director Nursing & Midwifery	31st March	A	A		
R3.7	Deliver suspected cancer pathway	Executive Director Nursing & Midwifery	30th June 69% 30th September 69% 30th December 71% 31st March 75%	A	R		

R2.9:Support orthopaedic patients facing extended waiting times as a result of COVID19 constraints, by delivering a non-surgical treatment programme such as escape from pain, digital apps
Therapy and Exercise Professional leads trained in Escape Pain programme. Business case for Digital App agreed at Planned Care Transformation Group 17/09, procurement-led Developers Day in development to inform final specification. Orthopaedic Prehab Business Care complete, scheduled for review/ratification at Planned Care Transformation Group 15/10

R3.2: Insourcing to support provision of service for cohort 1&2 and Outsourcing specification for Orthopaedics
Not achieved by deadline of 30/06/2021, but outsourcing for orthopaedics now in place. In relation to insourcing, this is not yet in place. Expressions of interest sought from other independent sector providers, and responses received.

R3.4: Develop the Outpatient transformation programme. Including 'Once for North Wales', workforce modernisation and digital enablement of staff and service users with attend anywhere and consultant connect.
Interim Head of Ambulatory Care has been in place, and now recruited permanent Head of Ambulatory Care, who will start in October 2021. Currently recruiting a North Wales Insourcing and Outsourcing Manager (3 year fixed term). Planned Care Programme Lead starting in post 4th October 2021.   Project Plan in place, scoping feasibility ahead of common Patient Administration System (PAS) solution for 3 main hospitals.

R3.5: To explore external capacity to support access to treatment
In relation to outsourcing, invited expressions of interest, with responses received. A policy decision is required in relation to insourcing.

R3.6: Development of sustainable endoscopy services across North Wales
Business case for building a sustainable Endoscopy workforce in approval process, staffing levels agreed and phased over 3 years. Interim support for meeting demand includes insourcing and a modular build providing increased estate and staffing. Insourcing now in place across 3 sites, and supporting baseline capacity. Modular build specification now agreed, and with Contracts and Procurement for market testing. Activity at 75% of plan, with further increases planned across the year to meet planned demand and backlogs. The EMS (Endoscopy Management System) specification completed, with all units and final discussions with Contracts and Procurement for fast-track procurement process, planned to be in place and operational by March 2022. Joint Advisory Group on GI Endoscopy (JAG) accreditation in process, planned accreditation in YG early 2022, a quality system for Endoscopy across BCUHB incorporates standardised policies and procedures in a continual audit process cycle. This process is in line with other Welsh Health Boards, and with the support of the National Endoscopy Programme Wales is on track.

R3.7 Improve cancer outcomes reduce mortality ensuring rapid assessment of patients with suspected cancer – Narrative on P.30

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Plan Ref	Programme	Lead Director	Target Date	Jun-21	Sep-21	Dec-21	Mar-22
R3.7	Deliver suspected cancer pathway	Executive Director Nursing & Midwifery	1. Increased rapid access breast cancer clinic capacity across the Health Board – business case approved by Executive Team June 2021; these clinics have been provided on an ad hoc basis since November 2020 and can now be established as part of core activity once new posts are recruited to.		A		
			2. Continuation of the early diagnosis lung cancer pathway which ensures patients with a suspicious chest X ray are directed straight to CT – funded in 2021/22 with a business case for ongoing funding being developed		A		
			3. Development of one stop neck lump clinics – project team established and pathway agreed; business case to be submitted this month		A		
			4. One stop rapid diagnosis clinic for patients with vague but concerning symptoms – project manager in post, project team established and pathway agreed; business case to be submitted this month		A		
			5. Increase in Clinical Nurse Specialist and support roles to support patients with their diagnosis and provide direct clinical care as appropriate – business case submitted and to be considered by Health Board business case review team in July		A		
			6. Patient navigators to track pathways and escalate delays – funded in 2021/22 with a business case for ongoing funding submitted and awaiting approval.		A		
			7. Pathway improvement posts to work with clinical teams to introduce the National Optimal Pathways for cancer ensuring pathways are as streamlined, efficient and effective as possible – business case submitted, awaiting approval (NB one post already funded by Wales Cancer Network and going through recruitment process)		A		

R3.7: Improve cancer outcomes reduce mortality ensuring rapid assessment of patients with suspected cancer.
Data for suspected Cancer Pathway is reported 1 month in arrears. At 65.8% for July, 65.7% for August and 64.6% in September, we have not achieved the 69% trajectory for Quarter 2. However, performance remains better than the Wales national average.

Actions

1.   Increased rapid access breast cancer clinic capacity across the Health Board – business case approved June 2021; all clinics now in place in East and West with one additional clinic still to be set up in Central when new breast radiologist commences in post in early 2022; Waiting List Initiatives (WLI) activity in place in the meantime.

2.   Continuation of the early diagnosis lung cancer pathway which ensures patients with a suspicious chest X-ray are directed straight to CT – business case approved in July 2021; staff in post on all 3 sites to facilitate pathway.

3.   Development of one stop neck lump clinics – successful pilot clinic held August 2021 with business case to be presented to Executives in November 2021

4.   One stop rapid diagnosis clinics for patients with vague but concerning symptoms – business case approved in August 2021; recruitment ongoing on all 3 sites with start date of early 2022 planned.

5.   Increase in CNS and support roles to support patients with their diagnosis and provide direct clinical care as appropriate – business case approved in August 2021; recruitment underway.

6.   Patient navigators to track pathways and escalate delays – business case approved in July 2021; staff in post on all 3 sites.

7.   Pathway improvement posts – business case approved in August 2021; recruitment underway as part of HB wide pathways team.

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Plan Ref	Programme	Lead Director	Target Date	Jun-21	Sep-21	Dec-21	Mar-22
R4	Implementation of short term insourcing solutions for computerized tomography, magnetic resonance imaging and ultrasound to significantly reduce the backlog of routine referrals	Executive Director Nursing & Midwifery	Insourcing contract in place with external provider.Additional mobile scanners / staffing in place 30th September	A	R		
R4.1	Implementation of insourcing solutions for neurophysiology to significantly reduce the backlog of routine referrals	Executive Director Nursing & Midwifery	Insourcing contract in place with external provider. Additional clinic space / staffing in place 30th September	A	R		
R4.2	Development and commencement of implementation of long term plans for sustainable diagnostic services (radiology and neurophysiology)	Executive Director Nursing & Midwifery	Recruitment to medical, scientific / allied health professional, supporting and administrative posts and Identification of estates and equipment priorities 31st March	A	A		
R4.5	Increase specialist cancer therapy staff to meet All Wales benchmark: Produce a business case to appoint specialist allied health professional (dietitians/speech and language therapist)	Executive Director Nursing & Midwifery	Development of referral pathways particularly for upper gastrointestinal and hepatobiliary and pancreatic cancer which are Wales cancer network priorities and the Health Boards strategic priority for pelvic cancer services 30th September	G	R		
			Development of self-management information 30th September	G	R		
			Implement timely interventions at all stages of the cancer journey for communication, eating and drinking, leading to faster progression to oral diet and fluids, reduction in the need to rely on radiologically inserted gastrostomy / percutaneous endoscopic gastrostomy enteral feeding, reduction in the costs of enteral feed and dietary supplements 30th September	G	R		
			Use patient recorded outcome measures / holistic needs assessment and treatment summaries in line with person centred care philosophy across Wales 30th September	G	R		
			Development of programmes of education to upskill generalist therapy staff, and multi professional teams supporting self-management; efficient use of resources and supporting increased numbers of patients and carers. 30th September	G	R		
			Development of education programmes to upskill generalist therapy staff is required thus supporting increased numbers of patients and carers. 30th September	G	R		

R4:Implementation of short term insourcing solutions for computerized tomography, magnetic resonance imaging and ultrasound to significantly reduce the backlog of routine referrals
Main risk relates to ultrasound due to challenges securing staffing for insourcing. Exploring external contracting opportunities.

R4.1: Implementation of insourcing solutions for neurophysiology to significantly reduce the backlog of routine referrals
Locum physiologist secured September 2021-March 2022 in first instance. Vacant consultant Job Description to be finalised with college approval end September, advertise October 2021. Potential applicant identified. Existing contract expires 30.09.2021 and has been fully utilised in Q2. Tender exercise to be completed in October 2021 for new 12 month contract for both Electromyography (EMG) and Nerve Conduction Studies (NCS) tests. Temporary space in Wrexham Maelor secured September 2021-March 2022 in first instance. Still need to identify permanent base at East and also improve West accommodation. Service included in Regional Treatment Centres (RTCs) project as long term solution.

R4.2: Development and commencement of implementation of long term plans for sustainable diagnostic services (radiology and neurophysiology)
Teams progressing allocation of sustainable finding for 2021-22. non-recurrent performance funding directed towards backlog clearance, main risk ultrasound as above. Temporary space identified for neurophysiology. both service linked in to RTC project as preferred solution for long term service sustainable solution.

R4.5: Increase specialist cancer therapy staff to meet All Wales benchmark: Produce a business case to appoint specialist allied health professional (dietitians/speech and language therapist)
The delivery of these actions is dependant upon the approval of the business case. The case is in its final draft stage moving through internal assurance before being submitted to the Health Board Review team for consideration. Following this it will be submitted to the relevant Executive Director for approval. It is expected that the case should reach the Executive approval level by early December 2021.

Plan Ref	Programme	Lead Director	Target Date	Jun-21	Sep-21	Dec-21	Mar-22
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R4.6	Eye Care Services: transform eye care pathway: Enable work to progress on strategic service developments eye care	Executive Director Nursing & Midwifery	Already initiated with pump priming last year, continuation secured through previous funding whilst BC approval expected June 2021 enables re-tendering exercise by end 30th September	G	R		
R4.7	Enable work to progress on strategic service developments urology	Executive Director Nursing & Midwifery	Procurement by 30th June Delivery Robotic Assisted Surgery (RAS) 30th September Urology redesign and implementation along with RAS training 31st December/31st March 0 tbc by Urology review group July 2021	A	R		
R4.8	Implementation of the glaucoma pathway	Executive Director Nursing & Midwifery	31st March	A	A		
R4.9	Implementation of the diabetic and age-related macular degeneration pathways	Executive Director Nursing & Midwifery	31st March	R	A		
R10.2	Ensure Safe and Effective Care	Executive Director of Public Health	1. Implement the recommendations of the HIW National Review of Maternity Services (November, 2020)Action 1: 31st December	A	G		
			2. Implement the National MiS solution for Wales (HIW, November 2020).Action 2: WG Initiative	R	A		
			3. Implement the new outcomes measures and KPIs for the revised WG 5-Year Strategy.Action 3: informed by WG timetable	A	A		
			4. Benchmarking exercise against NICE Quality Standards Action 4: 30th September	A	P		
			5. Demonstrate progress in using the Maternity Voice Group in co-producing the service model, Action 5: 30th June	P			
			6. Ongoing monitoring of safety equipment checks. Action 6: 30th June	P			

R4.6: Eye Care Services: transform eye care pathway: Enable work to progress on strategic service developments eye care
Eye Care collaborative Group (ECCG): Monthly meetings occurring consistently,. with action log/tracker in place. Pan BCU engagement events held to agree "new" bid proposals. Business Case (Eye Care Measures Sustainability V1.7) : Approval confirmed close of June 21. Further non-recurring bid (Outpatient sustainability bid, submitted to Welsh government (WG) September 2021. (Includes Expansion of Primary Optometric Diagnostic & Treatment Centres (ODTCs) pathway proposals Tender: Optometric Contractual reform is in progression with WG/ signed off for potential Wales implementation January 2022- potentially removing requirement for tender process (as raised by WG in Ophthalmology recovery meting 22nd September 2021. Awaiting imminent confirmation from WG.

R4.7: Enable work to progress on strategic service developments urology
Awaiting completion of all-Wales tender process.

R4.8: Implementation of the glaucoma pathway
Central Site delivering Glaucoma flow to primary care ODTCS. East & West citing admin capacity challenges impacting on consistent flow of patients to Primary care. Sites to provide redress plan (reviewed monthly in ECCG)

R4.9: Implementation of the diabetic and age-related macular degeneration pathways
Central & East delivering D. Retinopathy flow to Primary Care. West have commenced, with performance trajectory in place/reviewed in monthly ECCG meetings

R10.2: Ensure Safe and Effective Care
1. Implement the recommendations of the Health Inspectorate Wales (HIW) National Review of Maternity Services (November, 2020)
87% compliant
2. Implement the National MiS solution for Wales (HIW, November 2020).
WG have produced the project initiation document and are looking to appoint a National Project Lead, further updates awaited from WG.
3. Implement the new outcomes measures and KPIs for the revised WG 5-Year Strategy.
KPIs yet to be released by WG
7. Reflect workforce plans with national standards for maternity services.
Compliant with midwifery standards, further work with consultant job planning.

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Plan Ref	Programme	Lead Director	Target Date	Jun-21	Sep-21	Dec-21	Mar-22
R10.2	Ensure Safe and Effective Care	Executive Director of Public Health	7. Reflect workforce plans with national standards for maternity services.Action 7: 30th September	A	P		
			8. Implement 'Mothers and Babies Reducing Risk through Audits and Confidential Enquiries' (MBRRACE) recommended Local and National improvement initiatives to reduce stillbirth Action 8: 31st March	A	P		
			9. Implementation of the GAP/GROW I + II Action 9: 31st March	A	G		
			10. Mortality and Morbidity multi-professional reviewed carried out to conform to MBBRACE and perinatal mortality review tool (PMRT) requirements.Action 10: 30th September	A	P		
			11. Promoting normality in first pregnancy, latent phase project in community.Action 11: 31st December	G	G		
			12. Ensure compliance with the C-Section Tool Kit to maintain Elective C-Section rates under 10% by increasing external cephalic version (ECV) and maximising vaginal birth after ceesarean (VBAC) Opportunities.Action 12: 31st December	G	P		
			13. Implement the MBRRACE and Each Baby Counts (EBC) Recommendations.Action 13: 30th September	A	P		
R10.4	Implement Sustainable Quality Care	Executive Director of Public Health	1. Ensure staffing levels are birth rate plus and RCOG compliant Action 1: 30th June	P			
			2. Reduction of activity in contract agreement with CoCH services,Action 2: 31st December	A	G		
			3. Implement the 21/22 Revenue Business Development Plans.Action 3: 31st March	G	P		
			4. Develop stronger governance systems, for performance and accountability. Action 4: 31st December	G	P		
			5. National CfSM Peer Review by WG and Clinical Supervision Resource Mapping.Action 5: 30th September	G	P		

R10.4: Implement Sustainable Quality Care
2. Reduction of activity in contract agreement with Countess of Chester services.
Actual activity reduced but no changes made to contract during COVID-19 Pandemic. The contract will be reviewed in April 2022.

Improved unscheduled care pathways - Page 1 of 6

Plan Ref	Programme	Lead Director	Target Date	Jun-21	Sep-21	Dec-21	Mar-22
R1.3	Development of urgent primary care centres as pathfinders, feeding into the national programme of work for primary care.	Executive Director Primary & Community Care	Presentation to WG of pathfinder proposals for 2021/22 to secure additional funding for current pathfinders (East & Central Areas).Further development of UPCC pathfinder in East Area covering 6 clusters. Commence UPCC pathfinder in North Denbighshire in partnership with mental health third sector. Development of proposals/business case for a UPCC pathfinder(s) in West Area 30th June	P			
			Implementation of UPCC(s) in West Area (subject to approval/funding) 31st December	G	A		
			Participation in national evaluation of all pathfinder UPCCs, with recommendations for a future model of care. 31st March	G	P		
			Local review of UPCC pathfinders, including cost benefit analysis to determine future requirement for north Wales 31st March	G	A		
I1.1	Implementation of Single Care Home Action Plan	Executive Director Primary & Community Care	30th June. Secure Funding for additional Quality Posts. Questionnaire to partners. Hold two workshops to agree components of the Quality Assurance Framework (QAF). Draft QAF by end of 30th June. Recruit to Quality Posts.	G	P		
			30th September Conclude recruitment and undertake engagement with providers and key stakeholders.	G	P		
			31st December Refine QAF and commence Implementation.	G	G		
			31st March Full implementation	G	G		

R1.3:Development of Urgent Primary Care Centres (UPCCs) as pathfinders, feeding into the national programme of work for primary care.
For the North Denbighshire UPCC, the mental health support is in place, provided via a contract with MIND. The service is hosted in Healthy Prestatyn Iâch (HPI) managed practices for the whole cluster. An Operational Policy has been agreed and IT systems to support the service are in place. Three staff have been offered roles in the UPCC and start dates are being confirmed. The full service will commence in Q3.

The Business Case for UPCCs in the West Area is currently being reviewed for approval to be presented to Executive Team in October 2021; plans are being developed to open the UPCCs in West Area in December 2021.

The Area teams are actively supporting and participating in the all Wales programme for UPCCs, including key roles in the all Wales

Regional UPCC forum in place to share learning, developments and performance metrics, and develop a local evaluation process.

Improved unscheduled care pathways - Page 2 of 6

Plan Ref	Programme	Lead Director	Target Date	Jun-21	Sep-21	Dec-21	Mar-22
I1.2	Transformation of Community Services - Home First Bureau	Executive Director Primary & Community Care	30th June – Baseline data being collected	P			
			30th June – Review of Home First Bureaus	P			
			30th September – Review of baseline data	G	R		
			30th September – Home First Business Case approved and all posts recruited to.	G	R		
			30th June – Training and education across system.	G	R		
			30th September – Gap analysis and recruitment	G	R		
			31st March – Ongoing monitoring	A	A		

I1.2: Transformation of Community Services - Home First Bureau (HFB) Consolidation and mapping all of our resources to support discharges including CHC, HFB, Frailty, Discharge to Recover & Assess (D2RA), therapies and Community Resource Teams (CRTs). Fully implement Discharge to Assess capacity within the community.

A regional HFB Business Case has been written and is currently going through BCU approvals process to secure recurrent funding. Although this has been rated as Red, each Area has already established HFBs and is currently operating those services with temporary redeployed or bank staffing and at a cost pressure within current services.   Approval of the business case is required to enable HFBs to recruit substantively to the staffing model outlined in the business case and will secure recurrent funding for those services. Work is already underway to consolidate and map our resources to support discharges including CHC, HFB, Frailty, D2RA, therapies and CRT, and ultimately fully implement Discharge to Assess capacity within the community.

Presented the Situation, Background, Analysis, Recommendation (SBAR) paper to Wrexham Maelor Hospital team regarding Elderly Mentally Infirm (EMI) pathways and awaiting confirmation of support to progress pathway development.

Working with Pharmacy to develop an integrated CRT that includes pharmacy resource.

Improved unscheduled care pathways - Page 3 of 6

Plan Ref	Programme	Lead Director	Target Date	Jun-21	Sep-21	Dec-21	Mar-22
I1.3	Transformation of Community Services - Development of Frailty Pathways to deliver on the vison of Welsh Government for sustainable and integrated Community Health & Social Care.	Executive Director Primary & Community Care	COTE linked to CRTs and MDTs at pre crisis point (West only). Ongoing	A	G		
			Develop innovative workforce models to reduce risk of COTE consultant vacancies – eg nurse consultants; therapy consultants (East) 30th June – workforce review. 30th September/ 31st December – extend Multidisciplinary Team (MDT) model from South Wrexham to Central Wrexham and North West Wales	G	G		
			YG & YGC Frailty units established and staff recruited Centre –30th June – design 30th September – Recruit 31st December – Implement 31st March – monitor	A	A		
			Frailty model embedded into community services and intermediate care approach to utilise step-up beds from primary care more consistently. Partnership working with LAs for Marleyfield step down beds (East). East 30th June Marleyfield	A	A		
			Inclusion of pharmacy requirements for frailty units /services, ED and SDEC (and all other clinical developments) in all three acute sites as part of the MDT team.West - Ysbyty Gwynedd (YG) Frailty unit – on hold, funding not confirmed. Led by acute. West Frailty model in place West - MDTs established in Ynys Mon and Arfon – roll out to remaining areas by 31st December	A	R		

I1.3: Transformation of Community Services - Development of Frailty Pathways to deliver on the vison of Welsh Government for sustainable and integrated Community Health & Social Care. Ysbyty Gwynedd (YG) & Ysbyty Glan Clwyd (YGC) Frailty units established and staff recruited.
Rated amber on the basis that a Frailty Business case is currently in development. Whilst frailty units have not yet been established, work is ongoing between Area and Acute teams to provide additional resource to support the frailty unit model and are working with our local authority colleagues. Approval of the business case is required to enable us to recruit substantively. In the meantime we are working with partners to develop the Winter Planning response pending approval of the business case.

East Area: routine meetings have taken place with Wrexham Maelor Hospital colleagues to support a more consistent approach to communication regarding step down beds with patients and families.

Ongoing review of referral criteria with therapies and social care.

Inclusion of pharmacy requirements for frailty units /services, Emergency Departments (EDs) and Sane Day Emergency Care (SDEC) (and all other clinical developments) in all three acute sites as part of the MDT team.
No funding yet agreed due to business case approval requirements.

Improved unscheduled care pathways - Page 4 of 6

Plan Ref	Programme	Lead Director	Target Date	Jun-21	Sep-21	Dec-21	Mar-22
I1.5	Community Services Transformation Programme: Continued implementation of regional and area-level transformation plans, aimed at developing place-based, integrated models of care and support increasing skills and capacity within primary care, community health and social care, to deliver care and support in people own homes and communities.	Executive Director Primary & Community Care	30th June-31st March– ongoing implementation of regional and area-level programmes of work	G	G		
			31st March – Sustainability planning for post programme continuation	G	G		
I1.7	Increased capacity within Community Resource Teams (CRTs) to support patients to be cared for in their own homes.	Executive Director Primary & Community Care	30th June: Staff recruited with Winter Planning monies to continue in post, linked to Community Resource Teams (CRTs). Data collection 30th September: Evaluation of service and business case to secure ongoing funding and contingency planning for exit strategy 31st December: subject to funding, recruit and deploy additional Healthcare Assistants (HCAs) to support care delivery outside hospital 31st March Secure permanent funding, subject to further evaluation	G	G		
I1.7	Transformation of Child and Adolescent Mental Health Services (CAMHS) - Targeted Intervention Performance and Improvement Programme.	Executive Director Primary & Community Care	30th June – Baseline assessment	P			
			30th September - Developed Improvement Framework and structure	G	P		
			31st December -31st March & Ongoing Performance improvement monitored monthly at Strategic CAMHS Improvement Group. Ongoing Self-Assessment in line with reporting to Board Meetings.	N/A	G		

Improved unscheduled care pathways - Page 5 of 6

Plan Ref	Programme	Lead Director	Target Date	Jun-21	Sep-21	Dec-21	Mar-22
I2.1	Emergency Department access and patient flow (Welsh Access Model / Emergency Department Quality and Delivery Framework / Frailty and Acute Medical Model)	Executive Director Nursing & Midwifery	31st March implementation Welsh Access Model (WAM) – 31st March KPIs – Complete, although will be periodically published throughout 2021/22 – 30th June, 30th September, 31st December, 31st March	G	G		
			NESIs PE – Ongoing through to 31st March SE – Ongoing through to 31st March	G	G		
			PIPs: All to be in place by 31st March	G	G		
I2.2	Full year effect of 2020/21 Winter Plan and development of Winter Plan 2021/22	Executive Director Nursing & Midwifery	Established acute and community surge plans 30th September	G	P		
			Specific winter schemes implemented to meet increased demand during Winter as well as COVID-19 demand 30th September	G	R		
			Review of 2021-22 winter schemes including impact and spend to effectively inform winter plan 2021-22 30th September	A	P		
I2.3	Same Day Emergency Care (SDEC)	Executive Director Nursing & Midwifery	Further develop and establish SDEC models across the 3 acute sites to better manage urgent care demand into a more scheduled way 30th September	A	R		
I2.4	Developing the unscheduled care hub, 111 service	Executive Director Nursing & Midwifery	Implementation of 111 in north Wales to integrate call handling and nurse assessment functions of GPOOH and NHSD into a single service. 111 will provide public facing access to urgent health information, advice and signposting for onward care. 30th June - Phase 1	P			

I2.2: Full year effect of 2020/21 Winter Plan and development of Winter Plan 2021/22. Specific winter schemes implemented to meet increased demand during Winter as well as COVID-19 demand.

Scored red against current target date of 30th September, however, existing narrative indicates winter schemes to be implemented by September - however, whilst these have been identified, funding has only just been confirmed and recruitment process to be undertaken to implement the schemes therefore implementation date would be more appropriate as end November 2021 or the wording amended to 'developed' rather than 'implemented'.

I2.3: Further develop and establish Same Day Emergency Care (SDEC) models across the 3 acute sites to better manage urgent care demand into a more scheduled way.

Recruitment for SDEC will be part of the whole front door of the hospital recruitment campaign including Emergency Department (ED) & SDEC.

Scored red against current target date of 30th September 2021, however, existing narrative indicates developed models further developed by 30th September. however, Welsh Government funding has just been confirmed in recent days and recruitment campaign underway to appoint required workforce to meet additional capacity of extended models. Delivery date would therefore be within Quarter 4 of 2021/22.

Improved unscheduled care pathways - Page 6 of 6

Plan Ref	Programme	Lead Director	Target Date	Jun-21	Sep-21	Dec-21	Mar-22
I2.6	Implement Discharge to Recover & Assess (D2RA) pathways through further development of Home First Bureaus in each area	Executive Director Nursing & Midwifery	31st December	A	G		
I2.7	Stroke Services: Enable work to progress on strategic service development - confirm and agree the stroke service model	Executive Director Nursing & Midwifery	Development of business case to improve stroke services across a whole system approach that will provide a "Once for North Wales" network approach to ensure consistency of clinical outcomes for Early Supported Discharge and Specialist Integrated Community In-patient Rehabilitation services. Phase 1 service proposal focuses on: Prevention including improved AF detection Stroke Prevention – 30th September	G	A		
			Strengthening of acute services across 3 DGH sites; including improved OOH pathway for diagnosis; treatment and recovery Acute services – 30th September	G	A		
			Development of Early supported discharge (ESD) across the 3 areas ESD – 30th September 20% / 31st December 70% / 31st March 100%	G	A		
			Specialist community inpatient rehabilitation beds across the 3 areas Specialist Community inpatient beds – 30th September	G	A		
			A consistent approach to Stroke Rehabilitation across all sites in proportion of confirmed stroke patients receiving specialist rehabilitation and length of stay Consistent approach to rehabilitation – 31st March	G	G		

I2.7: Stroke Services: Enable work to progress on strategic service development - confirm and agree the stroke service model

Posts for 3 Stroke Screening Nurses went out to advert September 2021. Expected start dates end of December 2021. The success of the Preventative Screening service is dependent on the GP practices to embrace the new service. The very real pressures on GPs and practices currently is a risk to the implementation of the service. To mitigate the risk, 3 cluster leads have joined the Preventative Project work-stream and a plan to pilot the new service in a few practices first, is being implemented, in order to identify the impact of the pressures in the GP practices and also to use the outcomes of the pilot to share with GPs to encourage them to take part in the implementation of the preventative programme. This pilot approach will lead to some slippage on the original timetable.

The timetable to recruit additional Specialist Acute Stroke nurses and 3 Sentinel Stroke National Audit Programme (SSNAP) data inputter has slipped due to the planned extension in the current Specialist Acute Stroke service working hours which has triggered Organisational Change Process (OCP). The staff consultation in liaison with the Trade Unions is underway, but thus delaying the recruitment of staff. It is anticipated that the staff will be in place in the last quarter of 2021/22.

The Early Supported Discharge (ESD) posts have now been advertised with shortlisting taking place in October 2021. This is a slippage on the original timetable of 20% of staff being in post by September 2021. However it is anticipated that at least 70% of the staff will be in post by December 2021 and the rest in the last quarter of 2021/22.

The West Rehabilitation Service will be live by January 2022 and the Rehabilitation Refurbishment will also be completed in the last fourth quarter of 2021/22. The service in the West will still be able to commence whilst the refurbishment work is completed. The Rehabilitation Services for the East and Centre are not due to go live until 2022/23. However the planning work has commenced including a location option appraisal which is then followed by staff, Community Health Council (CHC), Trade Union and senior management team engagement. If a new location for the Rehabilitation Centre is eventually decided for both the East and the Centre, it will trigger the OCP and a staff consultation will need to take place.

Strengthen our population health focus - Page 1 of 6							
Plan Ref	Programme	Lead Director	Target Date	Jun-21	Sep-21	Dec-21	Mar-22
R2.6	Neurodevelopment (ND)- improve access to services to meet WG 26 weeks assessment targets and further develop early intervention post diagnostic services.	Executive Director Primary & Community Care	30th June – Baseline assessment.	P			
			30th September - Improvement Plan and structure to deliver agreed.	A	P		
			31st December/4 - Ongoing performance monitoring via ND Regional Steering Group.	A	G		

Plan Ref	Programme	Lead Director	Target Date	Jun-21	Sep-21	Dec-21	Mar-22
S1	Building a Healthier North Wales: Implement smoke free sites with consideration to the implementation of Mental health smoke free action plan.	Executive Director of Public Health	Regulation of smoke free premises, working in conjunction with local authorities or delegate responsibilities established and operating consistently across all sites to be compliant with new legislation which comes into effect 31st March 30th - September 2021.		R		
			Smoking cessation support and access to nicotine replacement therapy for patients and staff available and in place. 30th June 2021.		P		
			Mental health action plan agreed in response to cessation of exemption to smoke free regulations 31st December		A		
S1.1	Implement integrated smoking cessation service	Executive Director of Public Health	Cross cover and accessibility for evening and weekend, coverage is increased through: - alignment of job descriptions - shadowing - staff development. - job evaluation process complete for job roles 31st December		G		
			Provision of support for advisors and bank staff working out of hours is in place 31st March		G		
			Single service plan is developed with: - simplified referral system - Improved management and supervision processes implemented 31st December		A		
			One system for maintenance and replacement of equipment (CO Monitoring) implemented 31st March		P		
			Dashboard is resumed to strengthen performance monitoring and data availability 30th September		P		
			Review Ottawa model in preparation for 2022/23 planning Identify primary care partners for targeted community engagement sessions 22/27 31st March		A		

S1: Building a Healthier North Wales: Implement smoke free sites with consideration to the implementation of Mental health smoke free action plan.
Implementation of plan delayed owing to staff sickness. Reviewing all areas with nominated leads to ascertain delivery status against current plan. Action plan is being refreshed and Smoke Free Sites Group re-established. Some activity on enforcement with further discussions planned with LA's. across North Wales. Risks - not conforming with statutory legislation. Awaiting sign off of Smoke Free Policy which has delayed communication to staff and patients, this is now being followed up.

Smoking cessation support and access to nicotine replacement therapy for patients and staff available and in place.
Under current review as part of the smoke free premises work above.

Mental health action plan agreed in response to cessation of exemption to smoke free regulations
Initial discussions with mental health lead regards mental health representatives from acute and community to meet and develop an action plan next month. Completion end of March 2022.

S1.1: Implement integrated smoking cessation service
Job Evaluation complete. Advisor bandings consistent. Shadowing has not yet happened due to COVID-19 restrictions and work patterns. Band 6 recruitment has taken place - start November, will provide enhanced support for advisors. No bank staff yet but recruitment plans are in place. Provision of support for advisors and bank staff working out of hours is in place. Initial discussion with maternity and secondary care to develop single service plan. Referral systems in place and simplified. Management supervision improved and implemented. One system for maintenance and replacement of equipment (CO Monitoring) implemented. Dashboard is resumed to strengthen performance monitoring and data availability. Initial discussions have taken place with Local Public Health Team (LPHT) colleagues with further meetings scheduled in. Some concerns around access to sites/venues with current COVID-19 restrictions.

Strengthen our population health focus - Page 3 of 6

Plan Ref	Programme	Lead Director	Target Date	Jun-21	Sep-21	Dec-21	Mar-22
S1.2	Reducing food poverty initiatives are established	Executive Director of Public Health	Deliver community education programmes to: - Llangefni - Plas Madoc 31st March		P		
			Finalise programme agreement with one further identified area. 31st December		G		
			Develop Food Distribution plan 30th June		P		
			Post-COVID-19 revised strategy to be produced in Plas Madoc 30th September		A		
			Increase number of partners and scheme members through engagement events/ membership scheme in Llangefni 30th September		P		
			Develop food poverty initiative proposals, in partnership with Bangor University, local authority and 3rd sector. 31st December		P		
			Scope and develop proposal for a food poverty/ food waste initiative in Denbighshire 31st December		A		
S1.3	Homelessness initiatives are implemented	Executive Director of Public Health	Co- Contribute to development of regional Lottery bid to address homelessness (in partnership with housing associations, third sector and local authorities). 31st December		P		
			Refresh with partners the Wrexham programme and Health Board contribution. 31st December		R		
			Extended scope for Bangor and links to the food poverty/ training café. 31st December		G		
			Post-COVID-19 Rhyl development and Health Board contribution. refreshed with partners 31st March		G		

S1.2: Reducing food poverty initiatives are established

Initial programmes completed, with very encouraging evaluation. Additional funding secured to enhance the Llangefni programme. Plas Madoc currently engaging with the local community regarding the next steps. Bwyd Da Bangor established. To become fully operational in October 2021. Discussion with Denbigh and Shotton. Agreement with Fareshare and Ellesmere Port as part of Food distribution plan. Community consultation ongoing. delayed due to COVID. face to face engagement sessions planned for November 2021. Additional funding received to create up to 4 outreach projects from the Llangefni hub. Currently engaging with residents. Linking with a broader community hub development including 3rd sector regarding location/ access / frequency. Site identified in Denbighshire for a food poverty/ food waste initiative in Denbighshire. Currently scoping the programme content to develop proposal.

S1.3: Homelessness initiatives are implemented- Refresh with partners the Wrexham programme and Health Board contribution

Alternative programme needs to be considered for the East Area.

Plan Ref	Programme	Lead Director	Target Date	Jun-21	Sep-21	Dec-21	Mar-22
Strengthen our population health focus - Page 4 of 6							
S1.4	Implementation of the Infant feeding project (Wrexham)	Executive Director of Public Health	To support the Infant feeding (IF) strategy, the training sub group will deliver pre-registration standards of infant feeding training to allied services. eg health visiting, paediatrics. The group will progress the WHO baby friendly initiative through focus on IF training. 30th June-31st March -		G		
			Targeted support following birth to increase numbers of women breastfeeding on discharge from hospital and at 10 days. The newly appointed IF support workers will give additional support one to one and telephone support up to day 10. 30th September-31st March		G		
			Once Quality improvement project complete, evaluate programme, and report for review by Health Improvement and Reducing Inequalities Group 31st March-		G		
			Issue Women/Mothers experience survey – questions specific to breastfeeding and experience during COVID to provide lessons learnt and valuable feedback to shape future service delivery 31st December -		G		
S1.5	Infant feeding strategy	Executive Director of Public Health	31st December - Appoint Strategic Breastfeeding Lead (awaiting National JD)		A		
			30th June Response due from National team JD forthcoming:		A		
			30th June JD developed		A		
			30th September Post advertised or seconded		A		
S1.6	Establish Children's Tier 3 obesity service	Executive Director of Public Health	Posts appointed Referral mechanisms established 30th September		A		

S1.5: Infant feeding strategy - Posts appointed and Referral mechanisms established

Job Description (JD) drafted locally as no response regarding national JD received. Local job evaluation anticipated during Quarter 3. Advertisement and recruitment of post anticipated Quarter 4. As this is a senior post, realistically the post holder is likely to require a 3 month notice period, therefore is unlikely to be in post before March 2022. Mitigation regarding some of the 2021/22 Building a Healthier Wales (BaHW) slippage funding has been put in place; draft proposals have been submitted to the North Wales Strategic Infant Feeding Group for agreement.

S1.6: Establish Children's Tier 3 obesity service

Service lead and Consultant Paediatrician appointed. Physio recruitment underway. Psychologist not yet recruited. Multidisciplinary Team (MDT) fully operational by Q4

Strengthen our population health focus - Page 5 of 6

Plan Ref	Programme	Lead Director	Target Date	Jun-21	Sep-21	Dec-21	Mar-22
S1.7	Establish Children's Tier 3 obesity service - Implement Service Plan	Executive Director of Public Health	Implement Service plan: Appoint service Lead for the Level 3 paediatric weight management service Engage with the relevant services (Paediatrics, Psychology, Physiotherapy) about the recruitment of the staff for the service and agree with the relevant services where the service will be hosted Source a base for the service Complete procurement process of purchasing necessary equipment Implement service towards end of the summer, ensuring promoted widely as possible, using partners. 30th September-31st March		A		
S1.8	Physical Literacy North Wales programme is established	Executive Director of Public Health	Identified partners and relevant workforce trained 31st December		G		
			A range of examples of physical literacy informed practice shared with partners across the region 31st December		G		
			Resources and tools developed 31st December		G		
			Online training resource developed 31st March		G		
S1.9	Elemental software is utilised by local authorities	Executive Director of Public Health	Agreed activities at each local authority 30th June		P		
			Progress reporting structure established 30th September		P		
			Evaluation of annual usage shared with Health Improvement and Reducing Inequalities Group 31st March		G		
S2	Inverse Care Law Commissioned report received	Executive Director of Public Health	Programme manager appointed 30th September		P		
			Commissioning complete 30th September		P		
			Report from comissioning programme and recommendations received to inform scope of project 31st March		G		
			Plan developed 31st March		G		

S1.7: Establish Children's Tier 3 obesity service - Implement Service plan

Recruitment for the service is ongoing. Interviews for the Physio and Technical Instructors have taken place in September, Medical Secretary has been appointed and admin is due to be re-advertised. Key issue is recruitment of Psychologist, service currently reviewing banding as a potential option to attract candidates. Referral criteria and service capacity have been agreed and an informatics system for the service is under development. Premises for the service have been successfully identified. The service is on-course for commencing delivery in January 2022.

Strengthen our population health focus - Page 6 of 6

Plan Ref	Programme	Lead Director	Target Date	Jun-21	Sep-21	Dec-21	Mar-22
S2.1	Implementation of Alcohol Insights Commissioned report	Executive Director of Public Health	Findings shared with Allied Planning Board Action plan developed and implemented 31st December		G		
S2.2	Increase level 1 activity particularly in target groups	Executive Director of Public Health	Early years dieticians and support workers appointed 30th June		R		
			Appoint (and provide relevant training on induction for) early years dietitians and support workers (1 each per BCU area) 30th September		R		
			Come and cook with your child' programme commences in primary schools 31st December		A		
			Boliau Bach/Tiny Tums programme expands to include food and drink provision for 0-1 years in early child care settings - Training Needs Analysis (TNA) planned and completed 31st December		A		
			Provision of accredited nutrition and practical cooking skills NS4L courses commences with families - focusing on supporting Flying Start - Meetings held with each Flying Start team in first 6 months to explore opportunities for greater integration and to establish FS priorities for delivery of parenting programmes/ family contacts etc. - Proposal(s) to extend and integrate our provision with FS teams is outlined in a document e.g .PiD and this is discussed and agreed with all parties within the first 9 months31st December		A		
			Through meeting and establishing groups with childminders and play groups – access to digital and/or face to face training and participation Boliau Bach/Tiny Tums is increased. - Digital training resources completed and tested 31st December		A		

S2.2: Increase level 1 activity particularly in target groups
Early years dieticians and support workers appointed
Appointments are in progress

Appoint (and provide relevant training on induction for) early years dietitians and support workers (1 each per BCU area)
unable to appoint Band 6 for West (0.6 whole time equivalent (WTE)). reviewing team mix, possible Band 5 PH nutritionist

Come and cook with your child' programme commences in primary schools
The main focus has been recruiting staff. Now that the majority of these staff are in post the next step will be setting up the timetable of activity with schools

Boliau Bach/Tiny Tums programme expands to include food and drink provision for 0-1 years in early child care settings - Training Needs Analysis (TNA) planned and completed
The main focus has been recruiting staff. Now that the majority of these staff are in post the next step will be setting up the timetable of activity with schools

Provision of accredited nutrition and practical cooking skills NS4L courses commences with families - focusing on supporting Flying Start (FS). Meetings held with each Flying Start team in first 6 months to explore opportunities for greater integration and to establish FS priorities for delivery of parenting programmes/ family contacts etc. Proposal(s) to extend and integrate our provision with FS teams is outlined in a document e.g. .Project Initiation Document (PiD) and this is discussed and agreed with all parties within the first 9 months
FS coordinator contacts for each Local Authority (LA) obtained/. Local area meetings set up

Through meeting and establishing groups with childminders and play groups – access to digital and/or face to face training and participation Boliau Bach/Tiny Tums is increased. Digital training resources completed and tested
under development

Integration and improvement of mental health services - Page 1 of 3

Plan Ref	Programme	Lead Director	Target Date	Jun-21	Sep-21	Dec-21	Mar-22
M1.1	Quality Improvement & Governance: Implementation of ward accreditation to improve fundamentals of care and leadership.	Interim Executive Director of Mental Health & Learning Disabilities	30th June, scope programme of work	R	P		
			30th September, agree plan for roll-out	N/A	P		
			31st December/31st March implement	N/A	N/A		
M1.2	Workforce Wellness & Organisational Development: We will enhance leadership within the Division and seek to actively support staff in their workplaces to maintain optimum wellbeing.	Interim Executive Director of Mental Health & Learning Disabilities	30th June agree scheme plan	P			
			30th September/31st December/31st March implementation	N/A	P		
M1.3	Ablett / YGC MH Inpatient Redesign: We will continue to work with Corporate Planning colleagues to design on the YGC site for the provision of Adult and Older People's Mental Health inpatient services in the Central Area.	Interim Executive Director of Mental Health & Learning Disabilities	To provide services which meet the strategic direction outlined within Together for Mental Health in North Wales and deliver the model of care developed through the Quality & Workforce groups;30th June	P			
			31st March, dependent on planning permissions outcome	G	G		
M1.5	CAMHS: We will develop an appropriate interface with child and adolescent mental health services to ensure the most effective transition for young people with mental health conditions into adult services.	Interim Executive Director of Mental Health & Learning Disabilities	30th June, develop improvement plan	R	P		
			30th September, agree plan	N/A	P		
			31st December-31st March begin to implement improvements	N/A	N/A		
M1.6	Safe & Timely Discharge: We will introduce a programme of work across the division to review long length of stay and delayed transfer of care.	Interim Executive Director of Mental Health & Learning Disabilities	30th June, review work to date	P			
			30th September, agree plan and begin roll-out	N/A	P		
			31st December-31st March, on-going work with adjustments as required	N/A	N/A		
M1.7	Dementia Care: Delivery of clinically led, safe and effective services will be further developed aligned with the dementia strategy.	Interim Executive Director of Mental Health & Learning Disabilities	30th June-30th September develop master scheme	A	P		
			31st December-31st March begin implementation	N/A	N/A		

M1.5: Develop effective and timely transition arrangements that support young people into adult services.
We have completed a business case for 0.8milllion additional transformation funds. This work will support a set of agreed clear objectives to develop transition arrangements. It has now been agreed this programme of work will be led by the Central Area Teams and progress in general is on track

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Integration and improvement of mental health services - Page 2 of 3

Plan Ref	Programme	Lead Director	Target Date	Jun-21	Sep-21	Dec-21	Mar-22
M1.8	Older Persons (OPMH): Development of Crisis care support for older adults (over 70) with an acute mental illness over the age of 70 and people of any age living with dementia.	Interim Executive Director of Mental Health & Learning Disabilities	30th June-30th September develop master scheme with supporting SOPs	R	R		
			31st December-31st March begin implementation	N/A	N/A		
M1.9	Early Intervention Psychosis: Enhancing the current Multi-disciplinary Team with trained and developed multi-disciplinary staff to provide best quality services for patients and families.	Interim Executive Director of Mental Health & Learning Disabilities	30th June, agree master scheme	P			
			30th September, begin recruitment	N/A	R		
			31st December, integrate in to local teams	N/A	N/A		
			31st March, evaluate	N/A	N/A		
M10	Forensic Services: Development of a model for forensic and low secure provision for both mental health and learning disabilities services in North Wales.	Interim Executive Director of Mental Health & Learning Disabilities	30th June – 30th September develop system pathway with supporting workforce plan	R	R		
			31st December Develop options appraisal	N/A	N/A		
M10.1	Learning Disabilities: We will implement the strategy for learning disabilities services in partnership with people with lived experience, their families, health and social care organisations across North Wales and the voluntary sector.	Interim Executive Director of Mental Health & Learning Disabilities	30th June – 30th September develop system pathway with supporting workforce plan	A	R		
			31st December Develop future options appraisal	N/A	N/A		
			31st March Evaluate work programme to date	N/A	N/A		
M10.2	Maternal Care & Perinatal Services: To enhance delivery of clinically led, safe and effective services for mother and babies that require perinatal mental health services.	Interim Executive Director of Mental Health & Learning Disabilities	30th June, agree master scheme	P			
			30th September, begin recruitment	N/A	R		
			31st December, integrate in to local teams	N/A	N/A		
			31st March, evaluate	N/A	N/A		
M10.3	Primary Care & ICAN: To build on actions from within the Winter Plan and further develop the demand and capacity modelling to continue to review and improve patient flow between primary and secondary care. To work with Primary Care Services together with ICAN to offer direct and rapid access to wider ranging support supported by trauma informed approaches at cluster level.	Interim Executive Director of Mental Health & Learning Disabilities	30th June Engagement with primary care clusters	R	P		
			30th June Recruitment of OTs for model across North Wales	R	P		
			30th September Internal and external promotion of ICAN primary care model with GP Clusters and partner agencies	N/A	P		
			31st December-31st March evaluate impact	N/A	N/A		

M1.8: Older Persons (OPMH): Development of Crisis care support for older adults (over 70) with an acute mental illness over the age of 70 and people of any age living with dementia.

Welsh Government additional funding sought – Business Case has now been finalised in partnership with OPMH colleagues, and submitted to the Corporate Planning Team outlining the additional resource needed to support service change in this area of work. Final approval to progress with this work was given by the Execs in August 2021, this has led to some minor slippage in terms of progressing with recruitment. Progress in general is on track, with recruitment completing in Q3, and staff in post by Q4.

Crisis Care Programme Steering group and project resource set up. First meeting held in September and further monthly meetings arranged. In conjunction with the Steering group, we will now begin to derive Project Groups for each distinct elements of the project.

M1.9: Early Intervention Psychosis: Enhancing the current Multi-disciplinary Team with trained and developed multi-disciplinary staff to provide best quality services for patients and families

Welsh Government additional funding sought – Business Case has now been finalised in partnership with EIP colleagues, and submitted to the Corporate Planning Team outlining the additional resource needed to support service change in this area of work. Final approval to progress with this work was given by the Execs in August 2021, this has led to some minor slippage in terms of progressing with recruitment. Progress in general is on track, with recruitment completing in Q3, and staff in post by Q4.

M10: Forensic Services: Development of a model for forensic and low secure provision for both mental health and learning disabilities services in North Wales.

Working Group established and mapping of current pathways completed. Low Secure Unit Business Case and Options Appraisal not yet complete. This work will be undertaken alongside the Bryn Y Neuadd review to consider what support/resource the division will require to develop such a large capital and operational bid.

M10.1: Learning Disabilities: We will implement the strategy for learning disabilities services in partnership with people with lived experience, their families, health and social care organisations across North Wales and the voluntary sector.

Learning Disabilities Partnership Board continues to oversee the implementation of the LDS Strategy and associated plans in development. Workforce planning remains in development and work to define the new model for assessment and treatment. Pooled Budget Agreement is now with BCUHB Finance for signing. With regards to the review of commissioning arrangements, an Initial right sizing review has been completed. Identified that there are a number of services that no longer require the intensive support provided by an ECRS model. Steering group to be established with Flintshire LA to develop revised service spec for the houses in question. This may lead to retendering of element of the houses and development of hub and spoke model services for individuals with higher complexity of needs, thus moving the ECRS service away from some projects and incorporating to form part a hub and spoke model. The RAG status of the Transformational work is currently Red due to some milestones for Q2 still in development, however is on track to deliver in year.

M10.2: Maternal Care & Perinatal Services: To enhance delivery of clinically led, safe and effective services for mother and babies that require perinatal mental health services.

Welsh Government additional funding sought – Business Case has now been finalised in partnership with Perinatal colleagues, and submitted to the Corporate Planning Team outlining the additional resource needed to support service change in this area of work.

Final approval to progress with this work was given by the Executives in August 2021, this has led to some minor slippage in terms of progressing with recruitment.

Progress in general is on track, with recruitment completing in Quarter 3, and staff in post by Quarter 4.

M10.3: Primary Care & ICAN:

To build on actions from within the Winter Plan and further develop the demand and capacity modelling to continue to review and improve patient flow between primary and secondary care. To work with Primary Care Services together with ICAN to offer direct and rapid access to wider ranging support supported by trauma informed approaches at cluster level.

Recruitment process for 11 out of 14 key staff in all Areas commencing in October with staff in post by end December. Remaining 3 posts located in 3 East cluster areas recruiting Nov/Dec following discussions with East cluster leads.

West Pilot underway since March 2021 with regional roll out planned for October in Central, West and parts of East areas. Remainder of posts in East recruited by December 2021. Training Plan completed – roll out from October 2021. Evaluation framework finalised and signed off. Mapping of provision for all Area GP surgeries underway. Stakeholder Group(s) will feed into the learning / evaluation process – members to be identified and first meetings to be arranged across all areas by end November. Data sets established. Communication Plan signed off. Draft Terms of Reference (ToR) to be agreed, membership of Area Strategic Stakeholder group in West identified. Membership of Central and East Area Strategic Stakeholder group to be identified. Membership of Area Operational Strategic Stakeholder groups in all areas to be identified and create draft ToR. Project evaluation ongoing.

Integration and improvement of mental health services - Page 3 of 3

Plan Ref	Programme	Lead Director	Target Date	Jun-21	Sep-21	Dec-21	Mar-22
M10.4	Psychological Therapies: To increase access to psychological therapies across both mental and physical health services.	Interim Executive Director of Mental Health & Learning Disabilities	31st March	A	G		
M10.5	Rehabilitation Services: To agree a long term model for rehab services and support whole system patient flow pathways.	Interim Executive Director of Mental Health & Learning Disabilities	30th June-30th September review and agree plan	A	P		
			31st December, seek Divisional approval and consider funding requirements	N/A	N/A		
			31st March finalise plan	N/A	N/A		
M10.7	Unscheduled Care & Crisis Response: We will further develop an all age crisis response pathway.	Interim Executive Director of Mental Health & Learning Disabilities	31st December	G	P		
M10.8	Eating Disorders: To address the significant deficits in service provision for early intervention and treatment and to improve the clinical needs and challenges of current Eating Disorder (ED) service provision in North Wales and North Powys.	Interim Executive Director of Mental Health & Learning Disabilities	30th June, agree master scheme	P			
			30th September, begin recruitment	N/A	R		
			31st December, integrate in to local teams	N/A	N/A		
			31st March, evaluate	N/A	N/A		
M11	Liaison: To provide an appropriate and consistent psychiatric liaison response across North Wales.	Interim Executive Director of Mental Health & Learning Disabilities	30th June, scope requirements	R	P		
			30th September, develop and agree a plan	N/A	R		
			31st December, agree proposals	N/A	N/A		
			31st March, implement	N/A	N/A		
M11.1	Partnership & Engagement: To deliver clinically led, safe and effective services in partnership with patients, their families, social care and third sector colleagues.	Interim Executive Director of Mental Health & Learning Disabilities	31st December	G	G		

M10.8: Eating Disorders: To address the significant deficits in service provision for early intervention and treatment and to improve the clinical needs and challenges of current Eating Disorder (ED) service provision in North Wales and North Powys.
Welsh Government additional funding sought – Business Case has now been finalised in partnership with Therapy colleagues, and submitted to the Corporate Planning Team outlining the additional resource needed to support service change in this area of work.
Final approval to progress with this work was given by the Execs in August 2021, this has led to some minor slippage in terms of progressing with recruitment. Progress in general is on track, with recruitment completing in Q3, and staff in post by Q4. Concerns raised regarding accommodation to facilitate additional workforce and escalated through the Divisions Estates & Capital Group. However, a resolution as not yet been reached.

Ongoing work with Community Mental Health Teams (CMHTs) to consistently capture data on ED Patients within Tier 1 & 2 is progressing and a dedicated member of staff has been appointed to routinely evaluate and research outcomes within BCUHB against National benchmark.

M11: Liaison: To provide an appropriate and consistent psychiatric liaison response across North Wales.
Resource allocation approved by Execs in August 2021, work is now progressing on the demand and capacity modelling in order to further enhance the psychiatric liaison offer across North Wales. This work is now being completed collaboratively within the Crisis Response Programme.

There has been some minor slippage in terms of progressing with recruitment. However, progress in general is on track, with recruitment completing in Q3, and staff in post by Q4.

2021-22 Operational Plan Monitoring 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
- Stats Wales   https://statswales.gov.wales/Catalogue/Health-and-Social-Care

We also post regular updates on what we are doing to improve healthcare services for patients on social media:

follow @bcuhb

http://www.facebook.com/bcuhealthboard

Cyfarfod a dyddiad: Meeting and date:	Health Board 18th November 2021
Cyhoeddus neu Breifat: Public or Private:	Public
Teitl yr Adroddiad Report Title:	Finance Report Month 6 2021/22
Cyfarwyddwr Cyfrifol: Responsible Director:	Sue Hill, Executive Director of Finance
Awdur yr Adroddiad Report Author:	Tim Woodhead, Operational Finance Director
Craffu blaenorol: Prior Scrutiny:	Executive Director of Finance
Atodiadau Appendices:	None

Argymhelliad / Recommendation:

It is asked that the report is noted.

Ticiwch fel bo'n briodol / Please tick as appropriate

Ar gyfer penderfyniad/cymeradwyaeth For Decision/ Approval		Ar gyfer Trafodaeth For Discussion		Ar gyfer sicrwydd For Assurance	✓	Er gwybodaeth For Information	

Y/N i ddangos a yw dyletswydd Cydraddoldeb/ SED yn berthnasol Y/N to indicate whether the Equality/SED duty is applicable	N

Sefyllfa / Situation:

The purpose of this report is to provide a briefing on the draft unaudited financial performance of the Health Board as at September (Month 6) 2021/22.

Cefndir / Background:

In line with Welsh Government guidance, 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 would deliver a balanced position at the year end.

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. This may include the use of additional outsourcing, or expenditure on interim resource or consultancy, to progress some of the larger schemes.

The Health Board's plans for 2021/22 include the £82m strategic support funding notified by Welsh Government last year (£40m to cover the deficit and £42m 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.

Asesiad / Assessment:

Goblygiadau Strategol / Strategy Implications

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.

Opsiynau a ystyriwyd / Options considered

Not applicable – report is for assurance only

Goblygiadau Ariannol / Financial Implications

Financial Position

	Month 6 £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 recent touchpoint meeting with Welsh Government, which offsets the impact of the undelivered savings from 2020/21 and supports the delivery of a balanced position for the full year.

The total impact of COVID-19 in September is £7.0m (£42.9m for the year to date). Welsh Government income has been anticipated to fully cover these costs, giving a nil impact on the financial position.

	Actual M01 £m	Actual M02 £m	Actual M03 £m	Actual M04 £m	Actual M05 £m	Actual M06 £m	Actual YTD £m	Forecast 2021/22 £m
Testing	0.1	0.2	0.2	0.3	0.4	0.4	1.6	4.1
Tracing	1.1	1.0	1.0	0.9	1.1	1.1	6.2	14.4
Mass COVID-19 Vaccinations	1.7	1.5	2.0	0.8	1.0	0.9	7.9	13.7
Extended FLU Vaccinations	0.0	0.0	0.0	0.0	0.0	0.0	0.0	2.2
Field Hospital/Surge	0.3	0.7	0.2	0.5	(0.3)	0.0	1.4	1.4
Cleaning Standards	0.0	0.0	0.0	0.0	0.5	0.1	0.6	1.8
Other Costs	4.5	3.6	4.5	6.3	4.0	4.6	27.5	73.2
Total COVID-19 costs	**7.7**	**7.0**	**7.9**	**8.8**	**6.7**	**7.1**	**45.2**	**110.8**
Non Delivery of Savings	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0
Expenditure Reductions	(0.2)	(0.7)	(0.8)	0.1	(0.6)	(0.1)	(2.3)	(3.1)
Slippage on Planned Investments	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0
Total Impact of COVID-19	**7.5**	**6.3**	**7.1**	**8.9**	**6.1**	**7.0**	**42.9**	**107.7**
Welsh Government Funding	(8.3)	(11.9)	(10.6)	(11.5)	(9.4)	(9.8)	(61.5)	(143.5)
Impact of COVID-19 on Position	**(0.8)**	**(5.6)**	**(3.5)**	**(2.6)**	**(3.3)**	**(2.8)**	**(18.6)**	**(35.8)**

The forecast full year impact of COVID-19 is currently £110.8m and an equivalent value of income has been anticipated from Welsh Government to fully cover the 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 variants of concern on hospitalisations.

Forecast

The forecast position has been updated to recognise the additional funding to cover the impact of the undelivered savings from 2020/21 and this means that the Health Board is forecasting a balanced position for the year.

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. This cost profile is dependent on operational teams implementing approved

plans at pace. Actual performance against submitted businesses cases will be monitored on a monthly basis and used to inform future forecasts.

Dadansoddiad Risk / Risk Analysis

There are four risks to the financial position, one valued at £0.4m and three where the value is yet to be determined. These risks are in relation to recruitment of staff; anticipated income not being fully funded; and increased energy prices.

There are two opportunities to improve the financial position, relating to potential one off accountancy gains and not being able to fully utilise all of the additional funding provided by Welsh Government.

Cyfreithiol a Chydymffurfiaeth / Legal and Compliance
Not applicable.

Asesiad Effaith / Impact Assessment
Not applicable.

Cyfarfod a dyddiad: **Meeting and date:**	Health Board 18th November 2021
Cyhoeddus neu Breifat: **Public or Private:**	Public
Teitl yr Adroddiad **Report Title:**	Primary Care Update
Cyfarwyddwr Cyfrifol: **Responsible Director:**	Dr Chris Stockport Executive Director Primary Care & Community Services
Awdur yr Adroddiad **Report Author:**	Clare Darlington Acting Associate Director Primary Care (Strategy)
Craffu blaenorol: **Prior Scrutiny:**	A presentation on primary care services was given to the Healthcare Professionals Forum on the 6th June 2021. The Quality, Safety & Experience (QSE) Committee received a paper on the 6th July 2021: Primary & Community Care Quality Assurance Report. A presentation on primary care services was given to the Board of the Community Health Council on the 23rd August 2021. Representatives from Area management teams have provided detail to support the report.
Atodiadau **Appendices:**	n/a

Argymhelliad / Recommendation:
The Board is asked to note: 1. the growing demand for primary care services; 2. the actions being taken together with primary care contractors and clusters, to manage this demand and best meet the needs of patients.

Ticiwch fel bo'n briodol / Please tick as appropriate							
Ar gyfer penderfyniad /cymeradwyaeth **For Decision/ Approval**		**Ar gyfer Trafodaeth** **For Discussion**	√	**Ar gyfer sicrwydd** **For Assurance**		**Er gwybodaeth** **For Information**	√
Y/N i ddangos a yw dyletswydd Cydraddoldeb/ SED yn berthnasol **Y/N to indicate whether the Equality/SED duty is applicable**						N	

Sefyllfa / Situation:
The Board received a paper on 20th May 2021 outlining the provision of primary care services across the four contractor professions during the pandemic and in particular highlighting the growth in demand for GP practice services. The following paper provides a further update, noting the continued effort, response and dedication that all contractors are making to provide services to best meet the needs of the population of north

Wales, during this particularly challenging period of significant demand across the whole health and care system.

Cefndir / Background:

Throughout the Covid-19 pandemic, primary care services have continued to be delivered across the four contractor services (General Medical Services (GMS)/GP Practices, Community Pharmacies, General Dental Services (GDS) and Optometrists).

With the introduction of new ways of accessing services, and more patients now contacting their GP practice, high levels of demand and activity are being reported. The additional contact activity provided using on-line platforms, email, telephone and video consultations was noted with an indicative study suggesting that activity in GP practices has increased as much as 20%, and this pattern has continued.

The paper to Board (May 2021) outlined the growing demand across all primary care services, alongside the ongoing delivery of the covid vaccination programme, and specifically highlighted the need to address the backlog in planned care for those patients with one or more chronic conditions, dental and optometry services.

Asesiad / Assessment & Analysis

GP Practices

GP Practices have played a key role in the delivery of the COVID-19 vaccination programme, and despite the huge logistical challenge and the additional workload that comes with it, they have remained open and continue to be available for those who need support; this includes face to face appointments, which have been available throughout the pandemic where deemed clinically necessary.

The current pressures on GP practices is of concern and the causes are multifactorial, including :
- responding to a wide range of access routes to services;
- the ongoing need to comply with Infection Prevention & Control (IP&C) guidelines, including social distancing, which has an impact on the physical space to see patients and therefore face to face capacity;
- more patients contacting practices who have been deferring their health concerns during the pandemic;
- backlog of planned care for patients with chronic conditions;
- ongoing care and support for patients whilst they wait for their secondary care treatments;
- delivery of the covid and flu vaccination programmes.

This also impacts on patients, who have concerns in relation to their health and timely access to services. Again the causes are multifactorial, such as:
- understanding and having confidence in the new ways of contacting GP practices and receiving virtual consultations;
- being familiar with other service options, such as enhanced services provided by community pharmacies and the 111 website symptom checker;
- being confident in the IP&C measures put in place and reassured when attending practices with health concerns and worries;
- supporting patients with more complex, chronic health care needs, ensuring proactive care is provided;
- providing care and reassurance to patients, as well as up to date information, whilst they wait for secondary care treatments.

The GMS contract changes for 2019/20, which came into force in September 2019, set new access requirements on GP practices under the Quality Assurance and Improvement Framework (QAIF), as well as placing additional responsibilities on Health Boards for monitoring and reporting on accessibility to GP practices. The standards were measured against achievement at 31st March 2020 and 31st March 2021, with the intention that 100% achievement is reached across Wales by March 2022.

Significant temporary changes were applied for 2020/21 as a consequence of the pandemic and this impacted on the Access Standards practice reporting requirements for last year. Therefore the reports for 2020/21 did not provide a true platform to show how the current standards have improved access. It was agreed that a further year of the current standards would be maintained to 31 March 2022 to allow the measures to embed and a true measurement to be taken of how effective the standards have been in improving access for all. Contractors are expected to achieve standards 1 to 7 by 31 March 2022 and are required to report their achievement progress at the end of each quarter.

For Quarter 1 2021/22, 96 out of the 97 GP practices across North Wales provided progress against the standards with 1 practice in the East Area confirming that they are not currently aspiring to achieve the standards. The tables below provide achievement against each of the standards.

GROUP 1		Year-end Achievement 2020/21	Quarter 1 Achievement 2021/22
Standard	No of Practices Submitted	97	96
	Achievement as at:	31/03/21	30/06/21
1	Appropriate telephony and call handling systems are in place	82.5%	83.6%
2	People receive a prompt response to their contact with a practice via telephone.	68.0%	58.8%
3	All practices have a recorded bilingual introductory message in place.	91.8%	92.8%

4	Practices appropriate and accessible alternative methods of contact, including digital solutions	95.9%	99.0%
5	People are able to request a non-urgent consultation via email	90.7%	93.8%

GROUP 2		Year End Achievement 2020/21	Quarter 1 Achievement 2021/22
Standard	No of Practices Submitted	97	96
	Achievement as at:	31/03/21	30/06/21
6	Practices will display information relating to these standards.	94.9%	94.9%
7	People receive a timely, co-ordinated and clinically appropriate response to their needs.	96.9%	99%
8	All practices have a clear understanding of patient needs and demands within their practice and how these can be met.	Standard Removed for 2020/21	Standard Removed for Quarter 1

Achievement for all the standards has improved, apart from Standard 2 which has reduced and Standard 6 which has remained the same.

Achievement for Standard 2 for 2020/21 (at March 2021) was recorded as the same as at March 2020, with practices retaining the ability to provide further evidence if they had not achieved the standard in the previous year. On this basis, in 2020/21, 68% of practices achieved Standard 2. Unsurprisingly, this achievement has fallen by 10% in Quarter 1. This is due to a combination of factors including the fact that practices who achieved in 2019/20 did not have to submit evidence in 2020/21 and the increased use of triage and telephone consultations, as well as a general growth in demand.

Many practices have invested in new telephony systems and alternative ways of access have opened up as described above. However, the results do suggest that there is still progress to be made in ensuring all patients can promptly contact their practice. New or upgraded telephone systems are being commissioned across eight health board practices, starting in the week commencing 8th November. Similarly the practice websites are being redesigned, with clear core content and local information to help patients contact their practice.

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.

The 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
TOTAL	30	£2,795,558

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. 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, working with their Area teams, have been asked to develop their proposals by 22nd November 2021.

Community Optometrist Practices
Community Optometrist Practices have continued to offer EHEW (Eye Health Examination Wales) Services for Urgent/ Emergency care throughout the Covid-19 pandemic in line with WG requirements and guidance.

Routine eye examinations were able to be resumed at the end of June 2020, but urgent patients have had to be prioritised. Due to the guidance on patient distancing and cleaning equipment between patients, service capacity has reduced in all practices and there is a high demand for routine eye examinations and extended eye care examinations.

Six Ophthalmic Diagnostic Treatment Centres (ODTCs) are in place across north Wales. However the impact of the pandemic continues to reduce the number of patients that can be seen and impacted on the progression of this development.

The graph below shows the activity from April 2021 at the ODTCs, against the original planned trajectories for combined Glaucoma and Diabetic retinopathy trials. Whilst the numbers of patients seen continues to fall short of the original pre-covid plans, the monthly activity is higher than earlier in 2020/21.

Combined Performance Against Agreed Patient Flow Trajectory to Primary ODTC
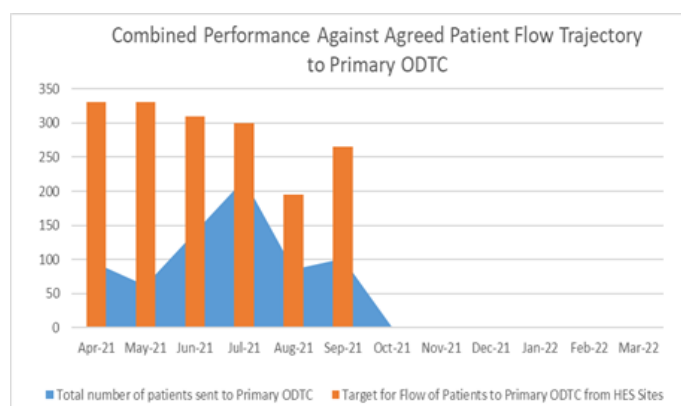
Expansion of Primary ODTC services to support the delivery of recovery is being progressed, increasing care closer to home opportunities. Primary Care Optometrist and Associate Nurse Practitioner partnerships, Independent Prescribing and Diabetic referral refinement clinics have also been proposed, initially in hospital settings which will then inform future care closer to home developments.

Dental Services
Covid-19 continues to have a significant impact on dental services provision. The requirements within the Standard Operating Procedures (SOPs) around ventilation and fallow times remain a limiting factor on the number of appointments available. Welsh Government guidance and Health Board priorities mean that focus is still on urgent appointments over and above the delivery of routine check-ups.

New ways of working clinically and administratively were developed in the pandemic and these continue to be utilised. Attend Anywhere remote video consultation has been actively provided by some dental practitioners.

Call volumes to 111 and the BCUHB Dental Helpline remain high, and the urgent and emergency dental services (EDS) remain under pressure, with high demand for access to these services.

General Dental Services (GDS)
All of the 81 GDS practices are open and are delivering Aerosol Generating Procedures (AGPs), albeit with reduced capacity in order to meet the necessary IP&C standards, supported by a GDS ventilation grant programme in February 2021.

Between April and September 2021, 85,227 patients have received treatments in GDS. This is 42.5% of the number of patients seen in the same period in 2019 (pre-covid) and is the same figure as for the whole of Wales during the period. The types of treatment are detailed in the table below:

Treatment Band	Treatment Type	Number of Treatments	% treatments	% Treatments Pre Covid
Band 1	Preventative	41,332	45%	62%
Band 2	Restorative	27,510	30%	26%
Band 3	Appliance	4,169	5%	5%
Urgent	Urgent	16,882	18%	7%
Other	E.g. charge exempt activity	1,683	2%	1%

This highlights that, compared with pre-covid activity, preventative treatments are lower and urgent treatments higher as a proportion of overall treatments delivered. This is consistent with the request that contractors currently treat patients on the basis of clinical need and re-start routine examinations only when they have the capacity.

The dental contracting team is monitoring a cohort of Key Performance Indicators (KPIs) and are commissioning more services on a sessional basis during this period. Plans for the future developments with regards to the EDS model are progressing and contract reform will continue to play a significant part of GDS service delivery going forward.

Community Dental Service (CDS)
CDS sites and services are open and are working to the same premises requirements as the GDS providers.

Social distancing requirements also continue to impact on patient throughput but recovery of provision continues to be a priority and activity data shows an increase in AGP provision as sites were reopened.

Appointment type / Contact types per week from 02.11.2020 to 05.09.2021
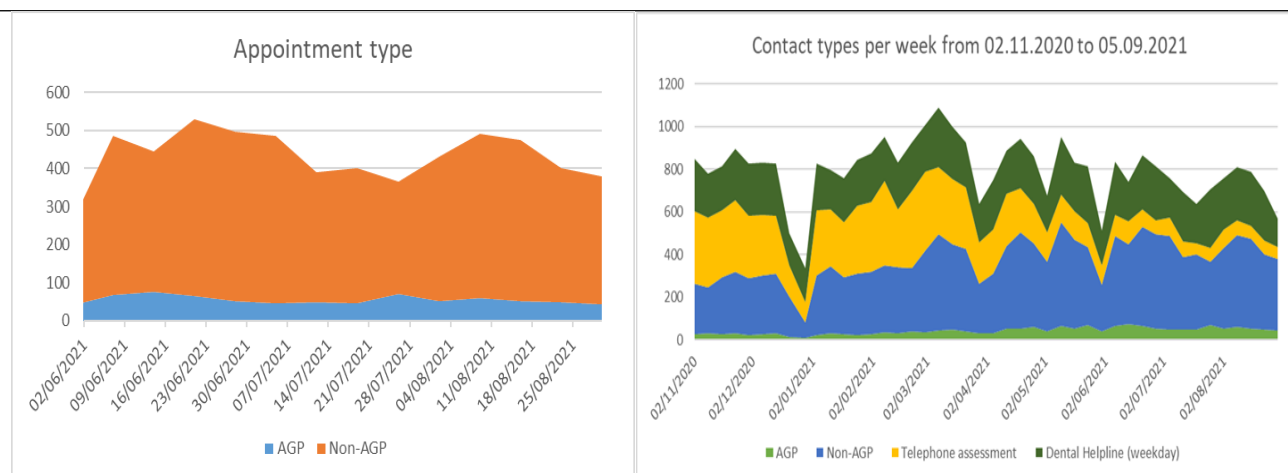
Activity levels are consistent, patients are being prioritised and waiting lists monitored to ensure patients with highest needs continue to access the care they require. As a new SOP came into effect there has been a reduction in 'temporary' treatments such as prescriptions, dressings, and an increase in definitive care such as extractions, restorations, intra-oral and extra-oral radiographs for treatment planning purposes.

Levels of access to the services particularly in the West Area, continue to be of concern and is a priority to ensure improvements are made. Additional activity will be commissioned to ensure access remains at recent levels whilst longer term initiatives are developed. The procurement of the Dental Academy in Bangor, including a GDS practice is being progressed, to upskill all dental practice staff and offer opportunities for training and Quality Improvement. It will also link closely with and offer access to lecture and study space to the health board's Primary & Community Care Academy. The two academies will work together to provide training to non-clinical staff and investigate the opportunities for utilising apprenticeships.
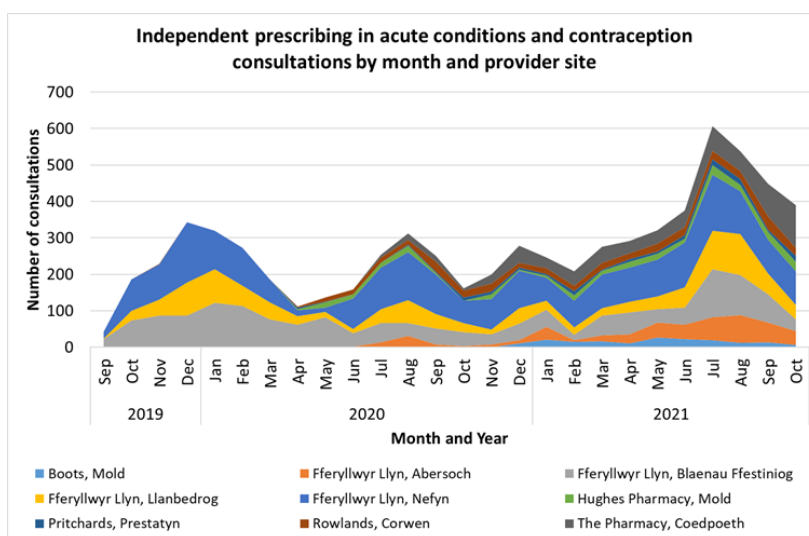

Community Pharmacies
The 152 community pharmacies across north Wales are continuing to provide services with demand for enhanced services returning to pre-COVID levels.

Enhanced services currently include the following:

- Common Ailments Scheme;
- Sore Throat Test and Treat service;
- Independent Prescribing in Acute Conditions;
- Emergency contraception;
- Emergency Medicines Service;
- Smoking Cessation service and Help Me Quit @ Pharmacy;
- Supervised Administration of oral substitution therapy;
- End of Life Care Medicines Hubs;
- Needle and syringe programmes.

In addition to the above, an inhaler review service is also to be commissioned from all pharmacies who wish to provide the service, as well as a proof of concept pilot to support access to, and effective use of, respiratory rescue packs. Both of these are intended to support patients to manage their respiratory conditions and reduce the demand for other services. In addition a palliative care service is to be commissioned from a community pharmacy in Colwyn Bay to support St David's Hospice in Llandudno.

Enhanced service provision was initially lower across the early phase of the pandemic, but for many services, particularly the Common Ailments Scheme, the Independent Prescribing in Acute Conditions Service, and the Discharge Medicines Service there has been significant growth over recent months and the level of provision is now higher than pre-Covid levels.
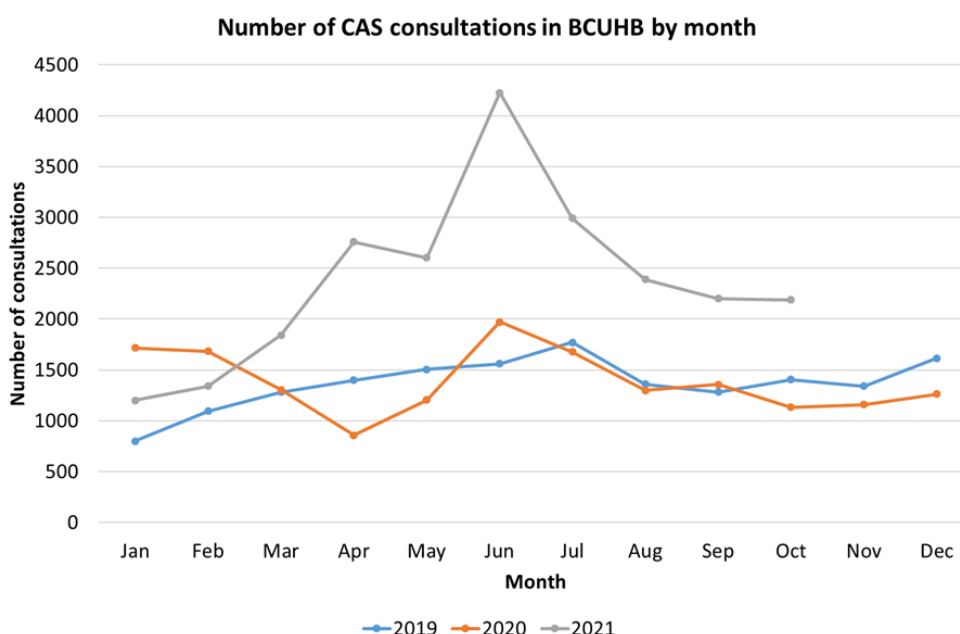
The public are signposted to visit community pharmacies via social media, and there is a strong emphasis on using a pharmacy as the first point of access in the Health Board's communications programme for the winter.

Although pharmacies have been provided with access to Attend Anywhere, provision of remote consultation is very limited in community pharmacy owing to culture of both pharmacy teams and patients, but also as a result of the available capacity within the pharmacy to offer this. However, where patients are self-isolating, pharmacies do offer remote consultations for many services to support access for this group.

The eleven End of Life Care Medicines Hubs developed at the beginning of the pandemic are well established and now provide assurance around availability of key end of life medicines, and those for treatment of *C. Difficile*, for the majority of the population of the health board within a 30 minute drive.

Community Pharmacies have continued to support the roll out of vaccination programmes and to 31st October 2021 have delivered 23,181 influenza vaccinations in the current season (this compares to 14,292 flu vaccinations by the same point in 2020/21). There are currently have 4 pharmacies actively providing COVID-19 vaccinations and this is being expanded significantly over November 2021.

On behalf of the clusters, the pharmacy & medicines management teams have recently been awarded transformational monies to provide medication reviews, as part of a wider multidisciplinary review, for patients in care homes. This will be commissioned from around 6 pharmacies in the new year as a proof of concept pilot.

There is, however, a shortage of pharmacists, pharmacy technicians, and other pharmacy staff across all sectors and this is particularly the case in community pharmacy. Further to this, some areas are also reporting increased demand from primary care teams in GP practices and there is a need to ensure there is no delay in prescriptions being issued and that increased referral of patients to community pharmacy clinical services are appropriate and can be supported.

All pharmacies are regularly updating the escalation framework, with reported levels monitored by the Health Board's area pharmacy and medicines management teams, providing business continuity guidance and support where possible. The risks associated with workforce capacity are being escalated through the area teams and, with the support of Workforce and Organisational Development, a major recruitment programme for pharmacy staff across the Health Board area.

The Pharmaceutical Needs Assessment has been completed and was published on 1st October 2021, in line with requirements. This will inform market entry through to 2026. Temporary suspensions of pharmaceutical services (pharmacy closures) are monitored, with new powers to issue breach notices and withhold remuneration where such suspensions occur without good cause.

Conclusion
All primary care services are experiencing unprecedented levels of demand and providers continue to strive to meet this challenge as best they can.

Primary Care has been preparing for growing pressures over the winter months ahead and as such it is key that the public is kept well informed of the situation, where and how to access the right services and encouraged to attend for flu and covid vaccinations.

As part of the Welsh Government's Help Us, Help You campaign people are being urged to access the most appropriate health care services to meet their needs. A comprehensive local communications plan has been developed, including use of social media with regular, targeted

activity sharing information on how people can access services, including self-care, as well as who is eligible for booster and flu vaccines, and how they will be invited for them. This complements the national communications plan.

Goblygiadau Strategol / Strategy Implications
The Strategic Programme for Primary Care provides a robust direction to inform priorities for both strategic and operational plans across all primary care and community services within the Health Board; ultimately supporting the delivery of *'A Healthier Wales'.*

It provides a platform for the Health Board to engage and support all Wales strategy and related development and representatives across the health board continue to support and participate in the various national primary care programmes.

The Executive Director Primary Care & Community Services and Assistant Primary Care/Community Services directors will continue to engage with the work of the Strategic Programme, both to represent the Health Board nationally and also to ensure implementation of related recommendations and engagement at a regional, area and cluster level.

The transformation of services during the pandemic, new ways of working and innovative solutions to be able to provide services, all contribute to the ongoing plans for primary care and clusters, as well as linking with the strategic and operational plans of the whole health and care system.

Opsiynau a ystyriwyd / Options considered
Not applicable to this update report

Goblygiadau Ariannol / Financial Implications
This report provides no additional requests for finances outside those referred to in the Health Board's annual plan 2021/22 and recovery, transformation and winter plan funding, already agreed as non-recurring investment. Primary care services, in the main are supported by a ring fenced allocation from Welsh Government (WG), along with separate grants for specific areas of work.

Dadansoddiad Risk / Risk Analysis
The sustainability of primary care services is a corporate risk for the Health Board and reviewed via the Business Assurance Framework processes.

High demand for contractor services is being reported and area teams will continue to work with clusters and practices to support them where possible.

Cyfreithiol a Chydymffurfiaeth / Legal and Compliance
All independent primary care contractors are commissioned to provide services under the WG regulations.

Asesiad Effaith / Impact Assessment
As an update report this does not require impact assessments to be undertaken.

Cyfarfod a dyddiad: Meeting and date:	Health Board 18th November 2021
Cyhoeddus neu Breifat: Public or Private:	Public
Teitl yr Adroddiad Report Title:	Annual Presentation of Nurse Staffing Levels
Cyfarwyddwr Cyfrifol: Responsible Director:	Mrs Gill Harris, Executive Director of Nursing & Midwifery& Deputy Chief Executive
Awdur yr Adroddiad Report Author:	Mrs Debra Hickman (former Secondary Care Director of Nursing) Mrs Alison Griffiths, Associate Director of Nursing Workforce
Craffu blaenorol: Prior Scrutiny:	Executive Director of Nursing & Midwifery & Deputy Chief Executive Quality, Safety and Experience Committee (2nd November 2021)
Atodiadau Appendices:	1. Annual Presentation of Nurse Staffing Levels to the Board 2. Summary of Nurse Staffing Levels for wards where Section 25B applies

Argymhelliad / Recommendation:

The Health Board is asked to receive this 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.

Please tick one as appropriate (note the Chair of the meeting will review and may determine the document should be viewed under a different category)					
Ar gyfer penderfyniad /cymeradwyaeth For Decision/ Approval		Ar gyfer Trafodaeth For Discussion	Ar gyfer sicrwydd For Assurance	✓	Er gwybodaeth For Information

Sefyllfa / Situation:

The statutory guidance issued in support of the Nurse Staffing Levels (Wales) Act 2016 requires that there is an annual presentation to the Board of the nurse staffing levels for all wards that fall under Section 25B of the Act. The Quality, Safety and Experience Committee has delegated authority via the Board to receive this report in line with the organisation's governance framework. The Quality, Safety and Experience Committee received the report on Tuesday 2nd November 2021.

This report and the templates within the appendices aims to assure the Health Board that the legislative requirements associated with the 'duty to calculate' nurse staffing levels within all wards pertaining to Section 25B of the Act are being maintained.

The reporting period is October 2020 to September 2021.

Cefndir / Background:

There are two key reporting requirements that the statutory guidance states should be undertaken within a Health Board:
1. There should be a formal annual presentation to the Board by the designated person[1] of the calculated nurse staffing levels for each individual ward to which sections 25B of the Act pertains – to take place in November of each year.
2. There should be an annual assurance report received by the Board which is structured in a way to provide the basis of the statutory nurse staffing levels triennial report required by Welsh Government[2] - to be received by the Board in May of each year.

Asesiad / Assessment & Analysis

In line with the requirements of the Nurse Staffing Levels (Wales) Act 2016, the triangulated methodology for calculating the nurse staffing levels for all areas pertaining to section 25B has been fully and rigorously applied.

The narrative detailed within the Annual Presentation and the Summary of Nurse Staffing Levels (Appendix 2) has attempted to demonstrate the rationale/driver for any proposed changes to the nurse staffing levels. This is with the aim of identifying a distinction between those adjustments to nurse staffing levels that are anticipated to be temporary and COVID-19 related; and those considered to be permanently required adjustments which have been driven by changes to care quality outcomes, or sustained change in the pattern of patient acuity and ward activity.

Key points to note:
- The biannual review of nurse staffing levels for wards pertaining to Section 25B wards has been extremely challenging for operational teams, and their commitment to undertaking the process diligently, despite having other pressures at this time, is to be commended.
- Several wards will be supported in taking forward improvement action plans relating to care quality outcomes over the coming months, whilst other teams will be supported with training and development in particular relating to the care of frail elderly patients
- The variation in the requirements of Health Care Support Workers (HCSW) across Paediatrics requires a review to ensure the roles and potential contributions of that workforce supports a model of prudent healthcare and progressive career development.
- Budgeted Nursing & Midwifery 5830.7 WTE; vacant 636.4 WTE (11%) / Budgeted Additional Clinical Support (HCSW) 3651.3 WTE; vacant 188.6 WTE (5%)
- Triangulated methodology was applied across all wards to ensure consistency.

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[1] The designated person must act within the HB's governance framework authorising that person to undertake this calculation on behalf of the Chief Executive Officer. The designated person should be registered with the Nursing and Midwifery Council and have an understanding of the complexities of setting a nurse staffing level in the clinical environment, such as the Executive Director of Nursing.

[2] BCUHB Nurse Staffing Levels Triennial report was submitted to Welsh Government September 2021

- 3 paediatric inpatient wards, 22 adult medical inpatients wards, and 15 adult surgical inpatient wards met the requirements pertaining to Section 25B of the Act[3] during this reporting period

Paediatric Inpatient Nurse Staffing Levels
The first triangulated calculation of Nurse staffing levels for paediatric inpatient wards was completed in August 2021, utilising the approach consistent to that of the Adult inpatient areas. It is anticipated that this will mature over time, as greater validity is gained with data collated over time to aid comparative analysis. It was apparent from the exercise that data collection points did not provide a true reflection of service of activity in relation to occupancy, with periods of high footfall not necessarily recognised. There was a variation noted across the Health Board with the numbers of Health Care Support Workers (HCSW) in post. The outputs of the calculations identify a shortfall of both Registered Paediatric Nurses and support staff. Further Paediatric Student Nurse placements have been commissioned for North Wales, with the first outturn in Autumn 2022.

Adult Inpatient Nurse Staffing Levels - Ysbyty Wrexham Maelor (YWM)
Greater level 3 & 4 levels of care have been noted within YWM in recent acuity audits. From the triangulation of the data and professional the judgment majority of the wards do not require a change to establishments with the exception of Bonney, Fleming and Pantomime. Bonney, due to the harms profile has received the addition of further HCSW and Fleming and Pantomime have received increases in both Registered Nurse (RN) and HCSW to support escalated bed numbers to support capacity demands. Arrivals and Erddig pathways have been reconfigured to support elective pathways and aid the recommencement of elective activity.

Adult Inpatient Nurse Staffing Levels - Ysbyty Glan Clywd (YGC)
Due to the increasing dependency, vulnerability and patient harms noted supported by acuity data and intelligence from outbreak management a number of wards have seen the need for increases in both HCSWs and Registered Nurses (RNs). Wards 1, 2, 3, 5, 9 and 14 have seen an impact, with Ward 3 seeing an increase in bed capacity utilisation.

Adult Inpatient Nurse Staffing Levels - Ysbyty Gwynedd (YG)
Due to the increasing dependency, acuity, vulnerability and patient harms noted, supported by acuity data and outbreak intelligence analysis a number of wards have seen the need for increases in both HCSWs and RNs. Glyder, Hebog, Tryfan, Moelwyn, Prysor and Dulas have all been impacted with nights being a particular area of need.

Operational actions to mitigate the risk associated with nurse staffing shortfalls
In this challenging environment Workforce and Organisational Development (WOD) Department continue to work closely with senior nursing and midwifery colleagues to maximise recruitment and retention of nursing and midwifery staff. In support of this work a Health Board wide Nursing Recruitment and Retention group meets monthly and oversees a comprehensive work plan including:
1. Creation of a deployment dashboard to give high level overview of available staff and associated skills sets
2. Continued overseas nurse recruitment programme/Clinical Nurse Fellowship
3. Bachelor of Nursing FastTrack for Health Care Support Workers to "grow our own"
4. Band 4 roles undertaking extended duties on a competency assessed basis

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[3] A higher number of adult wards met the requirements of Section 25B during this reporting period due to the re purposing of wards to meet the demands of COVID 19

5. Annual establishment reviews for all areas exempt from Section 25B[4]
6. SafeCare Allocate system continues to be utilised to support decisions regarding staffing on a shift by shift basis. Actions are taken by the nurse in charge/senior nurse to ensure the safe deployment of the workforce and to mitigate risk to patient safety.
7. Staff Deployment Meetings take place bi-weekly led by Director of Nursing. The meeting is informed by divisional staffing SITREP, SafeCare eroster, temporary staffing requirements/fill rates, workforce utilisation data, and COVID data.
8. Recruitment and Retention Meetings take place monthly, led by Director of Nursing. The meeting is informed by a presentation from Workforce forecasting nursing recruitment for the current financial year. Workforce intelligence is used to highlight areas of high turnover/vacancy rate and areas requiring additional WOD support in relation to the recruitment and retention of staff.
9. Workforce Utilisation Dashboard identifies the utilisation of substantive and temporary staff within rosters, and measures this against funded establishments in ESR. Staff unavailability (i.e. annual leave/sickness/training/parenting) is included in the dashboard to identify the drivers for low substantive staff utilisation, and high temporary workforce requests above agreed funded establishment.

Workforce

Band 7 Ward Managers are ordinarily supernumerary however they have been included in care delivery numbers due to increased capacity needs, and sickness/absence cover related to the COVID 19 pandemic. Data extraction identifies that YG has experienced 30% clinical support requirement higher in quarters 2 & 3 2021/22 YWM a 70% clinical support requirement higher in quarters 4 2020/21 and YGC a 48% clinical support requirement higher in quarter 1 2021/22.

Upskilling opportunities for nursing teams, non-clinical staff, allied health professionals and public volunteers remain available and further facilitate the Health Boards response to the COVID 19 pandemic, however it should be noted that this has reduced over time. Online training is now available and has facilitated refresher training for key staff groups between COVID 19 surges of activity.

The ongoing impact of Covid 19, vacancy rates and variability in skill mix continues to be a challenge which cannot be under estimated. The competency, skill and experience of the nurses providing care to patients is a crucial component that has influenced the nurse staffing requirements within the bi annual calculation. The appointment of new graduates via the streamlining process continues to be a success with the largest outturn to date due this Autumn/Winter, however commencement into posts for a number will be delayed due to the need to make up time lost during student training, of which has been more significant in this current year.

Recruitment and retention activity has prioritised areas with significant need/risk. Recruitment initiatives have specifically focussed on increasing substantive registrants and non-registrants within the Health Board, via routes such as international recruitment, Health Care Assistants graduate schemes and external supported campaigns with specific focus around band 5 Nurses. Short /intermediate term mitigation continues to be through temporary staffing of bank and agency staff and deployment of staff internally (clinical and non-clinical).

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[4] All care settings require a calculation of nurse staffing levels under Section 25A of the Nurse Staffing (Wales) Act 2016. This includes areas such as Outpatient Clinics, theatres, admission units, day case areas, Critical Care, High dependency, CCU – the list is not exhaustive

Quality of care
As wards continue to be repurposed to facilitate the demands of the COVID 19 pandemic it is recognised that professional judgments made for some areas may change again at the next bi annual calculation and therefore some are recognised as interim amendments pending further review. An increase in patient acuity, dependency and reported harms alongside the impaired visibility of areas due to the introduction of additional segregation requirements and additional Personal Protective Equipment (PPE) requirements have affected staffing requirements across the services, predominantly Healthcare Support Workers.

The acuity audit supported the professional judgement of the Ward Mangers, Matrons and Heads of Nursing regarding a marked increase in the nursing needs of patients risk assessed as requiring enhanced observations. The acuity audit findings reported a sustained number of patients who meet the Welsh Levels of Care 3 and 4. The increase may be due to late presentation of a chronic illness, deterioration of chronic illness, breakdown of support at home for cognitively impaired individuals or due to clinical instability. It is not anticipated that the patient needs at Welsh Levels of Care 3 and 4 are likely to reduce. In addition to acuity, there is also noted to be an increasing dependency with patients within our care.

As there were some wards identified during this cycle of nurse staffing calculations where there remain concerns in relation to the care quality indicators, some of which it is judged require adjustments to their staffing levels as part of the improvement action plan, it is clear that there may be a negative impact on care quality if the outcome of the calculation cycle is not responded to operationally. Limiting patient numbers during this challenging time appears beyond the bounds of possibility.

Conclusion:
The report provides assurance to the Health Board that in line with statutory guidance the Health Board is fully compliant with the requirements of the Nurse Staffing Levels (Wales) Act 2016 bi annual calculations for 25B adult inpatient medical and surgical wards; and paediatric inpatient wards.

There has been a greater need to staff additional areas, both by extending existing funded bed establishments of individual wards by the addition of beds or with the repurposing of areas such as day case, notwithstanding the opening of redesigned areas such as Enfys Deeside.

The response to the ongoing impact of the COVID 19 pandemic over the winter period will continue to be a dynamic one depending on demand of winter pressures, patient needs and Infection Prevention control measures. In light of the changing 'primary purpose' of the wards and 25B requirements the Health Board will continue to pro-actively recalculate the nurse staffing levels as wards primary purpose or speciality changes using the prescribed guidance and capture evidence of the triangulation methodology and calculation within the nationally agreed template.

References:
NMC (2016) Appropriate staffing in health and care settings
https://www.nmc.org.uk/globalassets/sitedocuments/press/safe-staffing-position-statement.pdf.
Nurse staffing Levels (Wales) Act 2016: operational guidance
http://www.assembly.wales/laid%20documents/pri-ld10028%20-%20safe%20Nurse%20staffing%20levels%20(wales)%20bill/pri-ld10028-e.pdf
National Institute for Health and Clinical Excellence (NICE) on safe staffing.
https://www.nice.org.uk/Guidance/SG1
Falling short: the NHS workforce challenge

Workforce profile and trends of the NHS in England, November 2019
https://reader.health.org.uk/falling-short

Strategy Implications
Inability to provide appropriate nurse staffing levels to ensure time to care for patients sensitively can compromise the Health Boards ability to deliver health care effectively, and compromise the reputation of Health Board nursing services.

Financial Implications
There are financial and workforce risks associated with the outcome of the work described in this paper and they remain to be addressed within the planning cycle of the Health Board. The risks relate to the ability to both finance and recruit a sufficient workforce of both registrants and support workers.

Key points to note:
1. Escalation/surge capacity remains unfunded and does not support nurse staffing levels
2. Vacancies are funded at bottom of pay scale and does not support the recruitment agenda or skill mix.
3. Previous calculations have not been translated into funded establishments due to the vacancy position.

Risk Analysis
Nurse staffing shortfalls remain a concern for the Health Board and noted on the corporate risk register (Risk ID1976).
1. The current vacancy position and its impact on wards pertaining to Section 25B of the Act
2. the impact of the COVID 19 pandemic and the repurposing of wards to meet the clinical demand

Legal and Compliance

Nurse staffing calculations are presented annually to the Health Board. Changes to ward establishments outside of the Biannual Calculation are approved by the Executive Director of Nursing. The legal risk associated with nurse staffing levels relates not to the issues described within this paper (which relate to the duty to calculate the nurse staffing levels) but rather to the potential of non-compliance with the second duty of the Nurse Staffing Levels (Wales) Act 2016 i.e. the 'duty of maintaining the nurse staffing levels'. The 'duty to maintain the nurse staffing level' requires the financial and the workforce risks detailed above to be addressed, and this poses a more significant challenge to the organisation.

Impact Assessment
Undertaken as part of the Biannual calculations

Annual Presentation of Nurse Staffing Levels to the Board	
Health Board	Betsi Cadwaladr University Health Board
Date of annual presentation of Nurse Staffing Levels to Board	2nd November 2021 (to QSE Committee)
Period Covered	01 October 2020 to 30 September 2021
Number and identity of section 25B wards during the reporting period. • **Adult acute <u>medical</u> inpatient wards** • **Adult acute <u>surgical</u> inpatient wards** • **Paediatric inpatient wards** (Ref: paragraph 26-30)	In the reporting period of 2020/2021 dynamic decisions have been taken throughout these unprecedented times and wards have been repurposed on a risk-assessed basis to ensure patients receive the right care, in the right place at the right time. COVID 19 pandemic management remains an integral factor for operational nurse staffing decisions. All adult inpatient wards have been subject to ongoing reviews where necessary outside of the biannual calculation cycle and nurse staffing plans have been outlined in SBAR format to the Board, and subsequently agreed by the Executive Nurse Director. Adult acute **medical** inpatient wards: Total x 22 _table below_ Adult acute **surgical** inpatient wards: Total x 15 _table below_

Adult acute **medical** inpatient wards: Total x 22

Ysbyty Gwynedd x 6	Ysbyty Glan Clwyd x8	Ysbyty Wrexham Maelor x8
Glaslyn	Ward 1	Acton
Glyder	Ward 2	ACU
Hebog	Ward 4	Bersham
Moelwyn	Ward 9	Bonney
Prysor	Ward 11	Cunliffe
Tryfan	Ward 12	Fleming
	Ward 14	Morris
	DOSA	Pantomine

Adult acute **surgical** inpatient wards: Total x 15

Ysbyty Gwynedd x5	Ysbyty Glan Clwyd x5	Ysbyty Wrexham Maelor x5
Tegid	Ward 3	Arrivals
Dulas	Ward 5	ENT
Ogwen	Ward 6 (ABH)	Erddig
Enlli	Ward 7	Mason
Tudno	Ward 8	Prince of Wales

	Paediatric inpatient wards: Total x3 (Ysbyty Gwynedd x1; Ysbyty Glan Clwyd x1; Ysbyty Wrexham Maelor x1)
Using the triangulated approach to calculate the Nurse staffing level on section 25B wards (Ref: paragraph 31-45)	The process and methodology used to inform the triangulated approach in calculating Nurse staffing levels on Section 25B wards has three steps: Step 1: Initial Review. The Site Director of Nursing leads the review to calculate Nurse staffing levels in collaboration with the Heads of Nursing, Directorate Matrons, Ward Sister/Manager, and senior colleagues from Workforce and Finance. The review is informed by both qualitative and quantitative information: ➢ Acuity data - acuity is measured by using an evidence-based workforce planning tool Welsh Levels of Care[1]. Although the SafeCare Allocate system captures acuity data on a shift by shift basis, formal Acuity Audits are undertaken every 6 months (January and June) in all wards where section 25B of the Act applies[2]. This audit data is reviewed and validated by the Site Nurse Director, Head of Nursing, Matron and Ward Manager prior to final sign off and subsequent publication (Visualiser) by HEIW. An increased level of acuity on wards may require a greater number of nursing staff to safely manage the clinical area, and sensitively care for the patients. Factors such as escalated beds, increases in demand and activity, Infection Prevention requirements and the national focus are also considered. ➢ Professional judgement – the Site Nurse Director in conjunction with relevant Head of Nursing, Matron and Ward Manager use their knowledge of the clinical area plus the evidence from the acuity audit to make an informed decision regarding the calculation of Nurse staffing levels. ➢ Quality Indicators – the review includes an analysis of quality indicators that are particularly sensitive to care provided only by a Nurse. The quality indicators shown to have an association with low staffing levels and must be reported on are: *Patient falls* - any fall that a patient has experienced whilst on the ward; *Pressure ulcers* - total number of hospital acquired pressure ulcers considered to have developed while a patient on the ward; *Medication errors* - any error in the preparation, administration or omission of medication by Nursing staff (this includes medication related never events). *Complaints* – wholly or partly about care provided to patients by nurses made in accordance with the complaint's regulations.

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[1] The Welsh Levels of Care consists of 5 levels of acuity ranging from; Level 5 where the patient is highly unstable and at risk, requiring an intense level of continuous nursing care on a 1:1 basis, down to Level 1 where the patients condition is stable and predictable, requiring routine nursing care.
[2] Acuity audits in January 2021 were deferred due to pandemic demand and activity

In addition to the factors identified within the Nurse Staffing Levels (Wales) Act 2016 Operational Guidance, details of the core information provided at the initial review and which underpins the review of nurse staffing levels in all wards includes:

➢ Current ward bed numbers and speciality, including specific treatments or procedures.
➢ Current nurse staff provision, including those that are not included in the core roster (supervisory ward manager, frailty/rehabilitation support workers, ward administrators etc).
➢ Workforce/Staffing related metric data i.e. Performance & Development Review (PADR) compliance, mandatory training compliance, sickness, maternity leave.
➢ Patient flow/activity related data for the previous 12 months.
➢ Finance related data i.e. pay/non pay expenditure/utilisation of permanent/temporary staff.

In addition to the quantitative data referred to above, the ward manager provides detail of service and patient pathway changes, ward based initiatives, and improvement programmes or action plans for remedial work to specific areas where concerns have been identified by means of scrutiny and assurance processes (e.g ward accreditation).

Step 2: A Health Board wide review is undertaken, taking into account national guidance and best practice evidence, led by the Secondary Care Nurse Director (Adult inpatient wards)/Area Nurse Directors (Paediatric inpatient wards) to ensure a consistent Health Board wide approach.

Step 3: A Health Board wide position concerning Nurse staffing levels is subsequently presented to the Executive Director of Nursing and Midwifery as the confirmed designated person[3] and on approval; this is formally presented to the Board.

The consideration of physical environment, layout and geographical positioning of wards is also considered as part of the calculation, recognising that challenges such as social distancing, segregation and repurposing of areas to provide much needed capacity have significant impacts on Nursing requirements.

The acuity audits have supported the professional judgement applied to the calculation of Nurse staffing and have demonstrated a marked increase in the nursing care needs of patients. Care needs have included patients

[3] The designated person must act within the Health Boards governance framework authorising that person to undertake the Nurse staffing calculation on behalf of the Health Boards Chief Executive Officer. In view of the requirement to exercise nursing professional judgement, the designated person should be registered with the Nursing and Midwifery Council and have an understanding of the complexities of setting a Nurse staffing level in the clinical environment, such as the Executive Director of Nursing and Midwifery.

| | requiring enhanced observations and 1:1 nursing care. The acuity audit findings have reported an increase in the number of patients who met the Welsh Levels of Care 3 and 4. This increase may be due to late presentation of a chronic illness, increasing complexity of individuals with multiple comorbidities, breakdown of support at home for cognitively impaired individuals, care withdrawn from nursing/residential homes, or due to clinical instability. It is anticipated that there will be a continued presentation of patients requiring Levels 3 and 4 as we enter the 2021 Winter period with the ongoing backdrop of the COVID19 pandemic.

There is ongoing need for appropriate segregation to ensure patients are protected from the potential transmission of COVID 19 in line with infection prevention guidance. There is continued pressure on inpatient registered Nurse staffing with the requirement to further enhance separation of the inpatient elective pathway, in addition to the requirements for safe donning and doffing routines.

26.9% uplift is applied to all Nursing establishments in wards that come under Section 25B of the Act. |
|---|---|
| **Finance and workforce implications** | The workforce requirements following the review and recalculation of the WTE nursing establishments required to provide the planned rosters, are summarised in Appendix 2. Financial implications of the review will be considered by the Executive Team and considered within the 2022/23 financial planning cycle.

To support ongoing recruitment and retention initiatives, provide a level of stability and look to further strengthen clinical leadership, particularly in the more difficult to recruit towards revisions have been applied to the skill mix across the Health Board by way of the introduction of band 4 positions. This also provides a further route of access to registered Nurse positions as part of the Health Boards career framework.

There have been and continue to be dedicated recruitment campaigns across a range of Nursing specialties as vacancy profiles indicate. A priority is increasing registrants, with initiatives such as international recruitment, Clinical Fellowship Programmes for Nursing and Health Care Assistants graduate schemes. With the upskilling of Healthcare Support worker roles at band 2 and above. Short-term mitigation remains through temporary staffing of bank and agency staff and deployment of staff internally (clinical and non-clinical).

Anticipating the nature of the winter pressures and COVID 19 pandemic a dynamic staff recruitment, up skilling and deployment response continues to be required. Workforce and Organisational Development teams continue to work closely with senior nursing and midwifery colleagues to maximise recruitment and retention of nursing and midwifery staff initiatives. In support of this work a Health Board wide Nurse recruitment and retention group meets monthly and oversees a comprehensive work plan. Highlight of ongoing activities are as follows: |

	- Rolling ward / role specific adverts - Targeted band 5 recruitment - Engagement of external marketing agents - Recruitment diary planned throughout the year - Established International recruitment pipeline - Streamlining programme to appoint Student Nurses as seamlessly as possible - Rolling adverts for bank registered Nurses and Health Care Support Workers to support substantive workforce with additional flexibility - Recruitment clinics to support managers to progress vacancies - Promotion of vacancies through social media. - Data analysis to support and underpin recruitment focus The process for maintaining Nurse staffing levels are supported by a number of other elements of which include: • Safe Care supports the daily review of staffing in Acute and Community Areas across the Health Board to ensure safe deployment in line with existing Safe Staffing Act. • Double sign off of nursing rosters to ensure effective deployment. • Nurse staffing policy outlines standards and escalation. • Safe staffing legislation being extended into Paediatric inpatient areas from Q3 2021. • District Nursing principle compliance review undertaken bi annually in line with All Wales approach. • Biannual staffing Inpatient reviews - reviewing establishments and association of harms with reports to Quality, Safety and Experience Committee/Board. • Workforce recruitment and retention strategy in place. • Recruitment and Retention operational group in situ with HB wide representation. • Targeted Recruitment Campaign for Band 5 nurses developed and rolled out. • Annual Commissioning requirements calculated triangulating service development / staffing review and national planning information. • International Nurse recruitment programme in place informed by data analysis. • Clinical Fellows for Nursing programme being rolled out. • Director of Nursing appointment to lead and support nurse recruitment. • Workforce/Service planning process to triangulate requirements. • Introduction of new roles to support e.g. Band 4 roles across the HB where applicable. • Daily redeployment meeting with Senior Nursing Leadership chair during pandemic surge. Currently twice weekly. • MDT staffing support across the Health Board during surge due to inability to respond to demand.

- Objective setting via the PADR process to ensure staff are working to 'top of license' and have opportunity.
- Pandemic surge plan approved by Executive Director of Nursing and Midwifery, the plan has been implemented within the Health Board.
- Workforce nursing utilisation dashboard developed and introduced to senior nursing teams to optimise nurse staffing rosters.
- Band 4 roles review completed with actions identified to progress identified roles through to fast track nursing studies resulting in Band 5 positions going forwards.

As a Health Board there has been underpinning work to secure and assure plans for maintaining Nurse staffing levels and compliance with the Act to date, of which is ongoing. There is continual development as greater information, analysis and comprehension is gained locally and nationally. There is a range of both short and long term actions being taken by the Health Board to improve the extent to which a sufficient workforce is available to work within the Registered Nurse and Health Care Support Worker establishments across all health settings. These include:

- Initiatives being led by the Workforce and Organisational Development teams and Corporate Nursing to develop and implement innovative approaches to recruitment of Registered Nurses and Health Care Support Workers
- Continue to progress the overseas Registered Nurse campaign including the uplift of Practice Development Nurses to support this programme and newly qualified Nurses.
- Establishing educational partnerships arrangements with Glyndwr and Bangor Universities, and Llandrillo College in relation to the creation of new courses to support the further/higher education such as Clinical Nursing Fellowship Programme/Part-time BN/Level 2- 4 NVQ
- Creation of careers framework
- Development of a Professional Nurse Strategy

Reviewing the quality of nursing care is an important factor when calculating Nurse staffing levels. The senior nursing team via their respective internal weekly scrutiny meetings review Patient harm incidents relating to grade 3 / 4 hospital acquired pressure ulcers (HAPU's), falls which have resulted in either serious harm or death, Medication related Never events and complaints relating to nursing care for the purpose of Welsh Government reporting framework. However, it should be noted that all lower level HAPUs, Falls, Medication administration Incidents and complaints regards nursing care are reviewed using the same methodology. All reviews consider whether Nurse staffing levels have been maintained at the time of the incident or complaint, and if not, whether failure to maintain the Nurse staffing level contributed to any harm suffered by the patient. The review also considers whether there are lessons to be learnt, and good practice that can be shared.

Conclusion & Recommendations

The Health Board has been fully compliant with the bi annual calculation for 25B wards. The dynamic and moving nature of repurposed wards due to Covid-19 makes it difficult to determine which wards met the 25B criteria and progress to annual triangulation as required, however staffing is reviewed at each shift change over and all actions taken to mitigate risk taken and recorded via safecare with no escalation of safety issues escalated. The activity, acuity and quality data for repurposed wards cannot be compared to support a comprehensive triangulation.

Specific patient outcomes of concern in a small number of wards were clearly identified during the review cycle. Actions agreed between the Head of Nursing and Director of Nursing have included undertaking a 'deep dive' into the data to ensure the root cause is clearly understood so that there is confidence that any actions taken are focussed on solving the problem; and continuing with quality improvement initiatives already commenced. Wards where care quality improvement actions are required will be monitored during the coming months, with a formal review being undertaken during the Spring 2022 in line with the Nurse Staffing Levels review cycle.

This Nurse Staffing Levels review cycle has clearly demonstrated a requirement to establish two pathways (i.e. COVID-19 and non-COVID19 pathways) within many services, in particular the 'front door services' which has added significant additional workforce requirements/staffing costs to acute sites generally and to Section 25B wards specifically. The impact of these costs varies across sites, depending on the extent to which interdependencies between 'front door' clinical services (non S25B areas) and ward services (S25B areas) have impacted.

A further theme to emerging from the Nurse Staffing Levels review for some wards was the specific needs of the frail elderly patients (including but not limited to those patient with cognitive impairment) who are forming an increasing proportion of our patient cohort. It is proposed that the potential for providing learning and development opportunities for staff in relation to the care of frail elderly patients will be explored and piloted as soon as possible, linking in closely with those colleagues responsible for taking forward the Health Board's strategic developments in this field.

The Nurse staffing bi-annual reviews identified an increase in the reported level 3 and 4 of the Welsh Level of Care. This is attributed to the increased enhanced observation needs of complex comorbid patients, exacerbation of acuity and late presentations, increase in frail, elderly patients who may not be able to progress their care due to COVID 19 isolation guidance for care homes.

Recommendations for next steps which will be monitored by the Nursing Recruitment and Retention Group include:
- Increase the availability of Healthcare Support worker provision with the premise of 'grow your own' HCSW development pathways to achieve level 4 qualification and/or pursue further opportunity to become a registrant has been a proven success.
- Development of a recruitment and resourcing business case to increase ability to expedite recruitment and increase volume.
- Develop and retain staff through the introduction of leadership development programmes commencing with Matrons which will extend to include Ward Managers, Heads of Nursing and subsequently aspirant programmes.

	• Development of collaborative Career Clinics supported by Workforce & Organisational Development to further develop career pathway opportunities and aid stability within the current workforce. • Exploration of the Global Learning Programme which would offer a three year work-based educational opportunity for overseas nurses to work in the NHS, embedding global skills, learning and innovation. • Effective utilisation of substantive staff through the introduction of targeted monitoring across rosters, through KPI management to reduce agency expenditure and maximise substantive staff usage. • Develop a continued long term sustainable workforce via succession planning including the progression of existing band 4 roles through to fast track nurse training and supporting and progressing band 2/3 nursing roles into future band 4 roles • Succession planning for the future, ensuring we are developing our next generation leaders • Creatively co-designing our post graduate programmes as key attractors supporting the University status held by the Health Board • Analysing workforce data to better inform Nurse Retention strategies and initiatives and ongoing analytics regards leavers and 'what could we do better?'

Health Board/Trust:	Name: Betsi Cadwalader UHB	
Period being reported on :	Start date: October 1st 2020 End Date: September 30th 2021	
Number of wards where section 25B has applied during the period:	Medical: YWM 8 YG 6 YGC 8	Surgical: YWM 5 YG 5 YGC 5
	Paediatric inpatient wards: YWM 1 YG 1 YGC 1	

*Supernumerary i.e. 1 WTE supernumerary ward sister/charge nurse included in the establishment

YWM Medical

Ward	Planned Roster			Required Establishment at the start of the reporting period (October 2020)		Is the Senior Sister/Charge Nurse supernumerary to the required establishment at the start of the reporting period?*	Planned Roster			Required Establishment at the end of the reporting period (Sept 2021)		Is the Senior Sister/Charge Nurse supernumerary to the required establishment at the end of the reporting period?*	Biannual calculation cycle reviews, and reasons for any changes made			Any reviews outside of biannual calculation, if yes, reasons for any changes made		
		RN	HCSW	RN WTE	HCSW WTE			RN	HCSW	RN WTE	HCSW WTE		Completed	Changed	Rationale	Completed	Changed	Rationale
Acton	E	5	4	25.58	17.88	Yes	E	5	4	25.58	15.63	Yes	Yes	No	No change to staffing numbers, budget change due to realignment	No		
	L	5	3				L	5	3									
	LD						LD											
	TW						TW											
	N	4	2				N	4	2									
ACU	E	6	3	30.5	14.67	Yes	E	6	3	31.27	14.21	Yes	Yes	No	No change to staffing numbers , budget change due to realignment	No		
	L	6	3				L	6	3									
	LD						LD											
	TW						TW											
	N	5	2				N	5	2									
Bersham	E	5	3	26.58	13.67	Yes	E	5	3	25.58	14.21	Yes	Yes	No	No change to staffing numbers, budget change due to realignment	No		
	L	5	3				L	5	3									
	LD						LD											
	TW						TW											
	N	4	2				N	4	2									

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Ward	Shift						Shift									
Bonney	E	4	3	19.9	16.40	Yes	E	4	4	19.9	19.9	Yes	Yes	Yes	In response to harm profile and increase enhanced observation requirement.	No
	L	4	3				L	4	4							
	LD						LD									
	TW						TW									
	N	3	3				N	3	3							
Cunliffe	E	4	3	18.3	15.67	Yes	E	4	3	19.9	14.21	Yes	Yes	No	No change to staffing numbers, budget change due to realignment	No
	L	4	3				L	4	3							
	LD						LD									
	TW						TW									
	N	3	2				N	3	2							
Fleming	E	2	1	11.37	5.47	Yes	E	4	4	19.9	19.9	Yes	Yes	Yes	In response to added escalation beds (19)	No
	L	2	1				L	4	4							
	LD						LD									
	TW						TW									
	N	2	1				N	3	3							
Morris	E	4	4	17.06	20.61	Yes	E	4	4	17.06	21.32	Yes	Yes	No	No change to staffing numbers, budget change due to realignment	No
	L	4	3				L	4	3							
	LD						LD									
	TW						TW									
	N	2	4				N	2	4							
Pantomine	E	4	3	15.76	13.67	Yes	E	5	4	21.32	18.48	Yes	Yes	Yes	Staffing of escalation beds (6)	No
	L	4	3				L	4	3							
	LD						LD									
	TW						TW									
	N	2	2				N	3	3							

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Version 1, Issued March 2020

YWM Surgical

Ward	Planned Roster			Required Establishment at the start of the reporting period (October 2020)		Is the Senior Sister/Charge Nurse supernumerary to the required establishment at the start of the reporting period?*	Planned Roster			Required Establishment at the end of the reporting period (September 2021)		Is the Senior Sister/Charge Nurse supernumerary to the required establishment at the end of the reporting period?*	Biannual calculation cycle reviews, and reasons for any changes made			Any reviews outside of biannual calculation, if yes, reasons for any changes made		
		RN	HCSW	RN WTE	HCSW WTE			RN	HCSW	RN WTE	HCSW WTE		Completed	Changed	Rationale	Completed	Changed	Rationale
Arrivals (not previously an act ward)	E	0	0				E	3	3	20.30	16.85	Yes	Yes	Yes	Stepped up as an Act ward following reconfiguration of green elective pathway	No		
	L	0	0				L	3	2									
	LD						LD											
	TW						TW											
	N	0	0				N	2	2									
ENT	E	3	2	14.21	11.86	Yes	E	3	2	14.21	11.37	Yes	Yes	No	No change to staffing numbers, budget change due to realignment	No		
	L	3	2				L	3	2									
	LD						LD											
	TW						TW											
	N	2	2				N	2	2									
Erddig	E	6	3	28.42	16.4	Yes	E	5	3	25.58	17.06	Yes	Yes	Yes	Removal of green elective complex surgical patients to super green pathway (arrivals)	No		
	L	6	3				L	5	3									
	LD						LD											
	TW						TW											
	N	4	3				N	4	3									
Mason	E	4	6	22.51	19.13	Yes	E	4	6	19.90	24.16	Yes	Yes	No	No change to staffing numbers, budget change due to realignment	No		
	L	4	5				L	4	5									
	LD						LD											
	TW						TW											
	N	3	3				N	3	3									
Prince of Wales (mon-fri)	E	3	2	12.83	8.20	Yes	E	3	2	14.42	6.7	Yes	Yes	No	No change to staffing numbers, budget change due to realignment	No		
	L	4	1				L	4	1									
	LD						LD											
	TW						TW											
	N	2	1				N	2	1									
Prince of Wales (sat-sun)	E	2	1			Yes	E	2	1			Yes	Yes	No		No		
	L	2	1				L	2	1									
	LD						LD											
	TW						TW											
	N	2	1				N	2	1									

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YG Medical

Ward	Planned Roster			Required Establishment at the start of the reporting period (October 2020)		Is the Senior Sister/Charge Nurse supernumerary to the required establishment at the start of the reporting period?*	Planned Roster			Required Establishment at the end of the reporting period (Sept 2021)		Is the Senior Sister/Charge Nurse supernumerary to the required establishment at the end of the reporting period?*	Biannual calculation cycle reviews, and reasons for any changes made			Any reviews outside of biannual calculation, if yes, reasons for any changes made		
		RN	HCSW	RN WTE	HCSW WTE			RN	HCSW	RN WTE	HCSW WTE		Completed	Changed	Rationale	Completed	Changed	Rationale
Glaslyn	E	4	5	17.91	23.16	Yes	E	4	5	19.9	22.74	Yes	Yes	Yes	Acuity at night and HARM profile supports increase of RN	No		
	L	4	5				L	4	5									
	LD						LD											
	TW						TW											
	N	2	3				N	3	3									
Glyder	E	3	2	14.45	7.44	Yes	E	3	2	13.4	12.18	Yes	Yes	Yes	Less 1 RN Sat/Sun LD. Plus 1 HCA Sat/Sun LD. Increase HCA due to patient care acuity – for example, more support required in terms of intentional rounding	No		
	L	3	1				L	3	2									
	LD						LD											
	TW						TW											
	N	2	1				N	2	2									
Hebog	E	5	3	23.65	11.73	Yes	E	5	4	22.74	19.9	Yes	Yes	Yes	Increase HCA due to patient care acuity – for example, more support required in terms of intentional rounding during day and night	No		
	L	5	3				L	5	4									
	LD						LD											
	TW						TW											
	N	3	1				N	3	3									
Moelwyn	E	5	3	24.07	13.11	Yes	E	6	4	28.43	19.9	Yes	Yes	Yes	Increased activity due to aerosol generating procedures which supports the increase in both RN & HCA	No		
	L	5	2				L	6	4									
	LD						LD											
	TW						TW											
	N	3	2				N	4	3									

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Ward	Planned Roster	RN	HCSW	RN WTE	HCSW WTE	Supernumerary start?	Planned Roster	RN	HCSW	RN WTE	HCSW WTE	Supernumerary end?	Biannual Completed	Biannual Changed	Rationale	Outside Completed	Outside Changed	Rationale
Prysor	E	4	2	14.67	8.61	Yes	E	4	2	13.79	9.95	Yes	Yes	Yes	Increase in HCA on twilight due to care needs of patients requiring support with intentional rounding	No		
	L	3	2				L	3	2									
	LD						LD											
	TW						TW		1									
	N	2	1				N	2	1									
Tryfan	E	4	2	20.98	8.75	Yes	E	4	4	19.90	19.9	Yes	Yes	Yes	Due to the HARM profile- increase in HCA's will support this activity	No		
	L	4	2				L	4	4									
	LD						LD											
	TW						TW											
	N	3	1				N	3	3									

YG Surgical

Ward	Planned Roster			Required Establishment at the start of the reporting period (October 2020)		Is the Senior Sister/Charge Nurse supernumerary to the required establishment at the start of the reporting period?*	Planned Roster			Required Establishment at the end of the reporting period (Sept 2021)		Is the Senior Sister/Charge Nurse supernumerary to the required establishment at the end of the reporting period?*	Biannual calculation cycle reviews, and reasons for any changes made			Any reviews outside of biannual calculation, if yes, reasons for any changes made		
		RN	HCSW	RN WTE	HCSW WTE			RN	HCSW	RN WTE	HCSW WTE		Completed	Changed	Rationale	Completed	Changed	Rationale
Tegid	E	6	4	28.44	19.14	Yes	E	6	3	28.43	17.06	Yes	Yes	Yes	Reduction in beds – staffing reflects this	No		
	L	6	4				L	6	3									
	LD						LD											
	TW						TW											
	N	4	3				N	4	3									
Dulas	E	5	4	22.74	16.40	Yes	E	5	4	25.58	19.90	Yes	Yes	Yes	Due to the change of clientele and aerosol generating procedures on the ward staffing is to protect this activity	No		
	L	5	4				L	5	4									
	LD						LD											
	TW						TW											
	N	3	2				N	4	3									
Ogwen	E	4	5	17.36	21.86	Yes	E	4	5	19.90	22.74	Yes	Yes	Yes	Increased acuity and HARM data supports increase in particular on night duty	No		
	L	4	5				L	4	5									
	LD						LD											
	TW						TW											
	N	2	3				N	3	3									

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Ward	Planned Roster			RN WTE	HCSW WTE	Supernumerary?	Planned Roster			RN WTE	HCSW WTE	Supernumerary?	Completed	Changed	Rationale	Completed	Changed	Rationale
Enlli	E	3	2	13.26	7.42	Yes	E	4	2	15.99	8.53	Yes	Yes	Yes	Newly established ward – super green elective orthapedic unit who will be managing post operative patients.	No		
	L	3	2				L	3	2									
	LD						LD											
	TW						TW											
	N	2	1				N	2	1									
Tudno	E	6	3	11.90	6.09	Yes	E	4	2	18.68	18.27	Yes	Yes	Yes	Significant change in ward activity and now resulting in a requirement to staff the unit over night	No		
	L	6	3				L	4	2									
	LD						LD											
	TW						TW											
	N						N	3	3									

YGC Medical

Ward	Planned Roster			Required Establishment at the start of the reporting period (October 2020)		Is the Senior Sister/Charge Nurse supernumerary to the required establishment at the start of the reporting period?*	Planned Roster			Required Establishment at the end of the reporting period (Sept 2021)		Is the Senior Sister/Charge Nurse supernumerary to the required establishment at the end of the reporting period?*	Biannual calculation cycle reviews, and reasons for any changes made			Any reviews outside of biannual calculation, if yes, reasons for any changes made		
		RN	HCSW	RN WTE	HCSW WTE			RN	HCSW	RN WTE	HCSW WTE		Completed	Changed	Rationale	Completed	Changed	Rationale
Ward 1	E	4	3	17.53	14.01	Yes	E	4	4	19.07	20.49	Yes	Yes	Yes	Acuity at night and harm KPI support increase- COTE wards aligned.	No		
	L	4	3				L	4	4									
	LD						LD											
	TW						TW		1									
	N	2	2				N	3	3									
Ward 2	E	4	4	17.53	17.87	Yes	E	4	4	19.07	20.49	Yes	Yes	Yes	Acuity at night and harm KPI support increase- COTE wards aligned.	No		
	L	4	4				L	4	4									
	LD						LD											
	TW		1				TW		1									
	N	2	2				N	3	3									
Ward 4	E	4	3	17.53	14.01	Yes	E	4	3	19.07	16.34	Yes	Yes	Yes	Acuity at night and harm KPI support increase	No		
	L	4	3				L	4	3									
	LD						LD											
	TW						TW											
	N	2	2				N	3	3									
Ward 9	E	4	3	17.53	14.01	Yes	E	4	4	19.07	20.49	Yes	Yes	Yes	Acuity at night and harm KPI support increase- COTE wards aligned.	No		
	L	4	3				L	4	4									
	LD						LD											
	TW						TW		1									
	N	2	2				N	3	3									

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Ward	Planned Roster			RN WTE	HCSW WTE	Is the Senior Sister/Charge Nurse supernumerary?	Planned Roster			RN WTE	HCSW WTE	Is the Senior Sister/Charge Nurse supernumerary?	Completed	Changed	Rationale	Completed	Changed	Rationale
Ward 11	E	5	3	23.33	12.64	Yes	E	5	3	27.24	16.34	Yes	Yes	Yes	Acuity at night and harm KPI support increase. Level 1 HDU area requiring 24/7 RN cover equal to day numbers.	No		
	L	5	2				L	5	3									
	LD						LD											
	TW						TW											
	N	3	2				N	5	3									
Ward 12	E	4	3	17.53	14.01	Yes	E	5	4	21.79	19.07	Yes	Yes	Yes	Acuity at night and harm KPI support increase. Level 1 HDU area requiring 24/7 RN cover equal to day numbers.	No		
	L	4	3				L	5	4									
	LD						LD											
	TW						TW											
	N	2	2				N	3	3									
Ward 14	E	5	3	23.33	9.91	Yes	E	5	4	21.79	19.07	Yes	Yes	Yes	Acuity at night and harm KPI support increase. Level 1 HDU area requiring 24/7 RN cover equal to day numbers.	No		
	L	5	2				L	5	4									
	LD						LD											
	TW						TW											
	N	3	1				N	3	3									
DOSA	E	4	3	17.53	14.01	Yes	E	5	4	21.79	19.07	Yes	Yes	Yes	Acuity at night and harm KPI support increase. Level 1 HDU area requiring 24/7 RN cover equal to day numbers.	No		
	L	4	3				L	5	4									
	LD						LD											
	TW						TW											
	N	2	2				N	3	3									

YGC Surgical

Ward	Planned Roster			Required Establishment at the start of the reporting period (October 2020)		Is the Senior Sister/Charge Nurse supernumerary to the required establishment at the start of the reporting period?*	Planned Roster			Required Establishment at the end of the reporting period (Sept 2021)		Is the Senior Sister/Charge Nurse supernumerary to the required establishment at the end of the reporting period?*	Biannual calculation cycle reviews, and reasons for any changes made			Any reviews outside of biannual calculation, if yes, reasons for any changes made		
		RN	HCSW	RN WTE	HCSW WTE			RN	HCSW	RN WTE	HCSW WTE		Completed	Changed	Rationale	Completed	Changed	Rationale
Ward 3	E	3	2	17.06	8.20	Yes	E	4	4	21.79	21.79	Yes	Yes	Yes	Acuity over 24/7 period. On call vascular ward 24/7 Harm & acuity data support increase	No		
	L	3	2				L	4	4									
	LD						LD											
	TW						TW											
	N	3	1				N	4	4									

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The number of staff per shift needs to be entered. The information should reflect the information on the informing patient template.				

Ward	Shift						Shift										
Ward 5	E	5	4	23.33	15.49	Yes	E	5	4	21.79	19.07	Yes	Yes	Yes	Acuity across 24/7 period (ENT) and harm KPI support increase.	No
	L	5	4				L	5	4							
	LD						LD									
	TW						TW									
	N	3	2				N	3	3							
Ward 6 (ABH)	E	5	2	18.16	8.20	Yes	E	5	2	17.75	8.17	Yes	Yes	No		No
	L	4	2				L	4	2							
	LD						LD									
	TW						TW									
	N	3	1				N	3	1							
Ward 7	E	5	4	18.07	19.58	Yes	E	5	4	21.79	19.07	Yes	Yes	Yes	Acuity at night and harm KPI support increase.	No
	L	4	4				L	5	4							
	LD						LD									
	TW						TW									
	N	2	3				N	3	3							
Ward 8	E	4	3	17.53	14.01	Yes	E	5	4	24.52	19.07	Yes	Yes	Yes	Acuity at night and harm KPI support increase.	No
	L	4	3				L	5	4							
	LD						LD									
	TW						TW									
	N	2	2				N	4	3							

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The number of staff per shift needs to be entered. The information should reflect the information on the informing patient template.				

Paediatric Inpatient Wards

Ward	Planned Roster		Required Establishment at the start of the reporting period (October 2020)		Is the Senior Sister/Charge Nurse supernumerary to the required establishment at the start of the reporting period?*	Planned Roster		Required Establishment at the end of the reporting period (Sept 2021)		Is the Senior Sister/Charge Nurse supernumerary to the required establishment at the end of the reporting period?*	Biannual calculation cycle reviews, and reasons for any changes made			Any reviews outside of biannual calculation, if yes, reasons for any changes made		
	RN	HCSW	RN WTE	HCSW WTE		RN	HCSW	RN WTE	HCSW WTE		Completed	Changed	Rationale	Completed	Changed	Rationale
Wrexham Maelor E			24.99	4.9	Yes	E			28.43	8.53	Yes	Yes	Yes	Inaugural triangulated calculation demonstrated uplift needed to meet needs of patients	No		
L						L											
LD	4	1				LD	5	2									
TW						TW											
N	4	0				N	5	1									
Glan Clwyd E			22.75	5.69	Yes	E			28.43	11.37	Yes	Yes	Yes	Inaugural triangulated calculation demonstrated uplift needed to meet needs of patients	No		
L						L											
LD	4	1				LD	5	2									
TW						TW											
N	4	1				N	5	2									
Gwynedd E			17.76	4.42	Yes	E			26.60	11.37	Yes	Yes	Yes	Inaugural triangulated calculation demonstrated uplift needed to meet needs of patients	No		
L						L											
LD	4	1				LD	5	2									
TW						TW	1										
N	4	1				N	4	2									

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The number of staff per shift needs to be entered. The information should reflect the information on the informing patient template.				

Version 1, Issued March 2020

GIG CYMRU NHS WALES | Bwrdd Iechyd Prifysgol
Betsi Cadwaladr
University Health Board

To improve health and provide excellent care

Committee Chair's Report

Name of Committee:	Covid 19 Cabinet
Meeting dates:	15th September 2021 30th September 2021 14th October 2021 28th October 2021
Name of Chair:	Mark Polin
Responsible Director:	Jo Whitehead, Chief Executive
Summary of business discussed:	• Update on the Health Board's response to Covid-19 • Decisions of the Executive Incident Management Team (EIMT) decisions for ratification • Maintaining good governance during Covid-19
Key assurances provided during the meetings:	**15th September 2021**: Cabinet endorsed the decisions of EIMT: • Approval of enhanced payments for patient facing staff for bank holiday periods. • Reinstatement of visiting restrictions on hospitals with high levels of nosocomial infections, in line with national guidance. • Approval of further measures to support staff redeployment to address system pressures, • Approval to explore and develop measures to support system wide response to care home and domiciliary care pressures. • Planned care cancellations and surge capacity. **30th September 2021** • The Terms of Reference for Covid-19 Cabinet would be reviewed outside the meeting and presented for approval. • Mobile vaccination clinics being set up to target areas of low uptake. • Surge plans remained under review in order to meet pressures on the service. • Cabinet endorsed the decision of EIMT with regard to Nurse staffing levels: Surge plans for all service areas had been revised to include Learning Disability and Mental Health services. Wards continued to be re-purposed in response to demand.

	14th October 2021
	• Extraordinary Board Meeting to be convened for 18th October 2021 to consider outsourcing of Ophthalmology Contract.
	• Cabinet endorsed the following decisions of EIMT:
	  – Enhanced payment for patient facing staff overtime to be extended until 24th October 2021.
	  – Hospital Visiting at Ysbyty Gwynedd and Ysbyty Eryri to reflect other hospital sites following standing down from outbreak position.
	  – Surge capacity planning to remain under review.
	
	28th October 2021
	• Cabinet endorsed the following decisions of EIMT:
	  – Extension of enhanced overtime payments to 31 October pending further work and national guidance
	  – Temporary changes to MIU services in the West Area to address staffing shortfalls
	  – Support to opening of Aberconwy Ward and development of care home capacity in West and East

Key risks including mitigating actions and milestones	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.
Issues to be referred to another Committee	None
Matters requiring escalation to the Board:	Outsourcing of Ophthalmology Contract
Well-being of Future Generations Act Sustainable Development Principle	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
Planned business for the next meeting:	Any decisions or operational issues from EIMT requiring endorsement. Updates as necessary
Date of next meeting:	To be confirmed

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Committee Chair's Report

Name of Committee:	Audit Committee
Meeting date:	28.09.21
Name of Chair:	Richard Medwyn Hughes, Independent Member
Responsible Director:	Louise Brereton, Board Secretary
Summary of business discussed:	- Minutes and Action log review from previous meeting - Details of Breaches in terms of publication of Board/Committee papers - Received the report on issues discussed in the previous private committee session - Chair's Assurance Report: Risk Management Group - Emergency Scheme of Reservation and Delegation - Internal Audit Report – which summarised 11 assurance reviews finalised since the last Committee meeting, with: - one Substantial assurance (green) for Welsh Risk Pool Claims Management Standard (20/21) - five Reasonable assurance (yellow) for: Patient Safety Notices/Alerts/ Medical Device Alerts/Field Safety Notices; HASCAS & Ockenden external reports: Recommendation progress and reporting; Performance measure reporting to the Board: Accuracy of information; Capital Systems; and Statutory Compliance – Asbestos Management. - none Limited assurance (amber); and - two Assurance not applicable (grey) for: Health & Safety – Reviewing progress on the Gap analysis action plan; and Security Invoice Review. - Received a progress update report from Audit Wales together with reports on - Assessment of the Health Board's plans for the £297 million Welsh Government strategic financial allocation; - Rollout of the COVID-19 vaccination programme in Wales - Management response to the Review of Welsh Health; Specialised Services Governance Arrangements; and - Wellbeing of Future Generations Report. - Schedule of Financial Claims (Public and Private Session) - Performance Accountability Report - Annual Review of Gifts & Hospitality and Declarations of Interest Registers - Dental Assurance Report

	• Financial Conformance Report • Update on Internal/ External Audit Recommendations
Key assurances provided at this meeting:	The Audit Committee: • Received assurance on the issue raised at the last Board meeting regarding a contractor on the contractor framework that had gone into administration. • Received Chair's Assurance Report from the Risk Management Group. • Recommended approval of the Emergency Scheme of Reservation and Delegation (SORD) to the Board. • Received the Internal Audit progress report. • Approved the revised arrangements for the distribution of discussion and draft internal audit reports. • Received and noted the progress update from Audit Wales together with other reports as detailed above. • Received and noted the Performance Accountability Report. • Received the Annual Declarations of Interests/Gifts and Hospitality for 2020/21 report. • Noted the Dental Assurance Report. • Approved the Losses and Special Payments as detailed within the Conformance report. • Noted the Local Counter Fraud Service (LCFS) Report. • Received the Audit Recommendation Tracker, noted the progress and implementation of actions outlined; and noted the high-risk overdue actions.
Key risks including mitigating actions and milestones	The Committee discussed the issue raised about the LCFS team assisting North Wales Police with a case involving an individual who failed to disclose his previous convictions when recruited to work at the Health Board. The Committee was assured that a review on recruitment was ongoing, broadened beyond verification of references which was a risk that had been identified.
Issues to be referred to another Committee	There were no Limited Assurance reports.
Matters requiring escalation to the Board:	• Schedule of Financial Claims (open session) – to note the schedule of approved claims. • Recommended the Emergency SORD to the Board for approval (this is a separate item on the Board agenda).
Well-being of Future Generations Act Sustainable Development Principle	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.
Planned business for the next meeting:	Range of regular reports plus:- • Board Assurance Framework • Corporate Risk Register • Legislation Assurance Framework • Receive the Auditor General's annual audit report.
Date of next meeting:	14.12.21

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Committee Chair's Report

Name of Committee:	Quality, Safety and Experience (QSE)
Meeting date:	2ND November 2021
Name of Chair:	Lucy Reid, Committee Chair and Independent Board Member
Responsible Director:	Gill Harris, Executive Director of Nursing / Deputy CEO
Summary of business discussed:	The Committee received the following: • A story following the experience of a patient who had used the vascular services in Ysbyty Glan Clwyd • The Quality Strategy Interim Priorities for the next twelve months • An update on the implementation of the new Liberty Protection Safeguards and the actions taken to prepare • Nurse Staffing Levels report on the statutory duty to calculate staffing on relevant wards • Board Assurance Framework and the Corporate Risk Register • Quality and Performance Report for September 2021 • Quality Highlight Report for the months August and September 2021 • Covid 19 Update including community transmission rates and progress against the vaccination programme • Quality Awards, Achievements and Recognition highlighting staff achievements • Vascular Steering Group Update including the revised action plan and the terms of reference for the Vascular Steering Group • Operational report for Children's Services • Immunisation Programme Delivery Report to September 2021 • An update against the Quality Governance Self-Assessment Action Plan The following annual reports were received and can be viewed through this LINK • Radiation Protection 2020/21 • Annual Organ Donation Report • Public Services Ombudsman for Wales Annual Letter • Clinical Audit Report
Key assurances provided at this meeting:	• The immunisation programme delivery report provided progress on the delivery of key vaccination and immunisation programmes. Childhood immunisations and influenza

	programmes have continued to deliver with increased uptake across many areas. This is particularly encouraging given the additional pressures on resources as a result of the Covid-19 vaccination.
Key risks including mitigating actions and milestones	• The Quality Assurance Review undertaken for the Morfa Ward, Llandudno Hospital highlighted a number of areas of concern regarding governance and practices. The review was undertaken because of concerns raised by student nurses working on the ward. The review has resulted in a number of recommendations being made relating to leadership, governance, safeguarding and reporting. • Healthcare Inspectorate Wales (HIW) have undertaken a review of patient safety, privacy, dignity, and experience of patients who have had a delayed handover between Wales Ambulance Services Trust (WAST) and the hospital. The review recognised the significant pressures across the whole system in Wales and various initiatives in progress at a national level. However, HIW have noted that it is unclear how effective some of the initiatives have been. An action plan has been developed in partnership with WAST. • Concerns were raised in relation to the management of Sepsis in the emergency department. The Quality and Performance Report identified problems with data capture, however the Committee were concerned that it was unclear whether this was a data capture issue or compliance with the Sepsis 6 bundle and have requested further work be undertaken. • The Public Interest Report on Urology Services was received and discussed in private session in September. The Committee supported an independent royal college review of the urology service to provide an in-depth analysis of service performance and patient safety. • The Committee received a report on vascular services and approved a terms of reference for the renewed Steering Group. However, the Committee remain concerned about the development of another action plan under new leadership and still does not have assurance with respect to the service itself. The Committee supports the focus on evidence based progress for future reporting.
Targeted Intervention Improvement Framework Domain addressed	• Mental Health (adult and children) • Strategy, planning and performance • Leadership (including governance, transformation and culture) • Engagement (patients, public, staff and partners)
Issues to be referred to another Committee	• QSE recommended that Nurse Staffing reports (including for the Mental Health Learning Disabilities Division) be transferred to the Partnerships People & Population Health (PPPH) Committee's cycle of business as the Committee with responsibility for workforce/people. A caveat was agreed that PPPH would refer on any significant safety issues to QSE and financial issues to

	Performance Finance & Information Governance (PFIG) Committee. • QSE Committee were informed that the report from Royal College of Physicians President's Visit to Wrexham Maelor will be considered by PPPH Committee
Matters requiring escalation to the Board:	The Committee have requested, with the support of the Chair, that quality and safety reporting directly to the Board should be strengthened. The reporting parameters will be agreed to ensure that the Board is appropriately sighted on quality and safety whilst the Committee will focus on the overall themes and learning to provide assurance to the Board.
Well-being of Future Generations Act Sustainable Development Principle	The Committee gave adequate consideration to the sustainable development principles:. 1.Balancing short term need with long term planning for the future; 2.Working together with other partners to deliver objectives; 3. Involving those with an interest and seeking their views; 4.Putting resources into preventing problems occurring or getting worse; and 5.Considering impact on all well-being goals together and on other bodies)
Planned business for the next meeting:	Range of regular / standing items plus: • Thematic analysis on BCU-wide psychological services • Learning from medication incidents • Internal Audit report into HASCAS • Lone Worker report • Community Services Deep Dive – learning from Morfa Ward (Llandudno) issue
Date of next meeting:	11.1.22

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Committee Chair's Report

Name of Committee:	Performance, Finance and Information Governance Committee
Meeting date:	28.10.21
Name of Chair:	John Cunliffe Independent Member
Responsible Director:	Sue Hill Executive Director of Finance
Summary of business discussed:	The inaugural meeting *noted* the following reports: • Transforming Services report : Planned and Unscheduled Care • Information Governance annual report 2020/21 • Information Governance KPI report • Information Governance Group Chair assurance report • Finance reports Months 5 & 6 • External Contracts assurance report • Capital Programme Monitoring report month 6 • Operational Plan Monitoring Report 2021-22 – Position as at 30th September 2021 • Quality and Performance (QaP) report • Winter Preparedness Status Report • Planned Care update • Business Tracker • WG Monitoring reports Months 5 & 6 *reviewed* • Terms of Reference • The principal risks assigned to the Committee within the Board Assurance Framework (BAF) *approved* • Support for the Welsh Patient Administration System (WPAS) Revenue Business Case and recommendations for Option 3 for submission to Welsh Government (External Funding bid) • Conwy/Llandudno Junction Strategic Outline Case for submission to the 18.11.21 Health Board meeting It was reported that Chair's Action had been undertaken to

	approve the lease of office accommodation for the Children and Adolescent Mental Health service Targeted Intervention and Improvement Framework team for an initial six month period. The Committee considered the following in private session • GP Practice Contract Award in the Conwy area • Neurodevelopment Assessment Contract • Automated Blood Sciences Managed Service Contract • Radiology Informatics System Procurement (RISP) Programme business case • Emergency department business case
Key assurances provided at this meeting:	• It was noted that further work to review and update the BAF key field Guidance was continuing, including consultation with the Good Governance Institute for their recommendations and feedback. • BCUHB was forecast to deliver a balanced position at year end with provision of additional Welsh Government funding. • There was confidence in delivery of the savings forecast, albeit the majority would not be recurrent. • A performance monies tracker had been introduced to the Finance report, this demonstrated prioritisation of alternative schemes to ensure fund utilisation where scheme delays arose. • An Accountable Officer letter was to be raised in regard to slippage against the original planned programme. • Confidence remained in the forecast delivery of the Capital Resource Limit at year end. • Vaccination service provision had been moved forward positively with over £1m doses administered. • Additional Primary Care measures were shortly to be introduced to the QaP report to enable monitoring improvements • The Committee was pleased to be assured that a Staff Welfare report would be provided to the next Partnerships, People and Population Health Committee, and subsequently to the Health Board, as this was an important area that the Board wished to be sighted on.
Key risks including mitigating actions and milestones	• Consolidation of the previous Annual Plan and Budget risks was agreed to create a refreshed risk BAF21-20 - Development of an Integrated Medium Term Plan (IMTP) 2022/25, which would be monitored at the Partnerships, People and Population Health (PPPH) Committee • The target risk score was raised for BAF21-17: Estates and Assets Development from 6(3x2) to 9(3x3) to align with the risk appetite • Funding has been requested from WG to support the implementation of the delayed WPAS project. It was agreed to proceed at risk to recruit 13 additional staff as per the business case as the perceived risk that WG will reject the funding bid is considered to be low. The financial risk is a funding shortfall of up to £2.2M over 4 years.

	- Risks with continued staff recruitment issues and potential increased energy prices were highlighted within the Finance reports. - The benefits of addressing the planned care backlog were not currently being realised as anticipated. - The fragility of the nursing home market was highlighted as a significant challenge which was being addressed in partnership with BCU's Continuing Healthcare Team and Local Authorities. - Following discussion at the board workshop additional risks with the scope of works for Wrexham Maelor (YM) have been highlighted. These are being addressed though seeking additional support from WG to fast track elements of the works. A separate business case will be submitted to the Committee (and subsequently the Board) for the business continuity aspects in due course. - Informed by the WM improvement works risks have been identified with regard to ward ventilation and areas with aerosol generating procedures with the YG compliance programme. Also taking WG's decarbonisation plan into account there are therefore significant potential increases in costs. It has therefore been considered as prudent to apply an 'Optimum Bias' to costings increasing the potential range to between £250m - £300m from the original estimate of £213m. - The Committee highlighted that 28 areas of performance deterioration had not been addressed as a significant issue in the OPMR by the Executive team." - The Committee expressed concern over behaviours in regard to infection prevention and control and requested that it was demonstrated how this was being addressed. - Stroke service deterioration was noted however there was work ongoing to address this area eg ring fenced beds, introduction of a WG sponsored All Wales Stroke Improvement network - Deterioration in Planned and Unscheduled care provision was of concern, some of which had been impacted by the pandemic - The Winter preparedness report highlighted the 'front door' and critical care to be of highest risk which could require further work to be undertaken on the surge plan. However, the biggest risk to delivery was staffing issues. It was recognised that Winter planning was being considered at the highest levels both internally and nationally.
Targeted Intervention Improvement Framework Domain addressed	- Strategy, planning and performance - Leadership (including governance, transformation and culture)
Issues to be referred to another Committee	None

Matters requiring escalation to the Board:	None
Well-being of Future Generations Act Sustainable Development Principle	The Committee gave due regard to the sustainable development principles of: ▪ Balancing short term need with long term planning for the future; ▪ Working together with other partners to deliver objectives; ▪ Involving those with an interest and seeking their views; ▪ Putting resources into preventing problems occurring or getting worse;
Planned business for the next meeting:	A range of regular reports plus • Business cases • Information Governance Strategy refresh • Budget and Financial planning • Shared Services quarterly report • Divisional Operational Finance reports • Caldicott Guardian Chair's assurance report • Performance Oversight Group Chair's assurance report
Date of next meeting:	23.12.21

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Committee Chair's Report

Name of Committee:	**Partnerships, People and Population Health Committee**
Meeting date:	14.10.21
Name of Chair:	Linda Tomos Independent Member
Responsible Director:	Chris Stockport Executive Director Primary Care and Community services
Summary of business discussed:	The inaugural meeting noted the following reports: • Progress of the operational plan monitoring (OPM) report at 30.9.21 • Living Healthier, Staying Well (LHSW) Strategy progress update • Developing the People & Organisational Development Strategy (P&OD) and update on improvement from NHS Wales Staff Survey 2020 • Integrated Digital Dashboard quarter 1 report 2021/22 • Regional Partnership Board • Public Service Board – Conwy and Denbighshire and Area Integrated Service Board • Test, Trace, Protect report reviewed • the principal risks assigned to the Committee within the Board Assurance Framework and Corporate Risk Register agreed • amendments to the Term of Reference previously agreed by the Board in July and will provide the updated version to the January Board meeting.
Key assurances provided at this meeting:	• following a Board workshop a draft costed Integrated Medium Term Plan would be provided to the December meeting • Consultation was underway in respect of refreshing the LHSW strategy • The Workforce and OD division was on track to deliver the draft P&OD Strategy at the next meeting • The Head of Collaboration, Regional Partnership Board attended the meeting and reported that the revenue fund, which had previously covered 3 years, would cover 5 years going forward.
Key risks including mitigating actions and milestones	• Identification of Committees responsible for operational plan monitoring should be included within future OPM reports to ensure actions are appropriately considered

	• More works needed to be progressed on Partnerships and Population Health in respect of the developing P&OD strategy • Recruitment issues remained with risks highlighted within various reports • Any consequential impact on the CANSIC national team delay would be reported to the next meeting • The Annual Plan and Budget risks had been consolidated • Concern was raised in respect of closing corporate risk CRR20-07 Informatics infrastructure capacity, resource and demand, as it was felt that it was not adequately reflected in the BAF.
Targeted Intervention Improvement Framework Domain addressed	• Mental Health (adult and children) • Strategy, planning and performance • Leadership (including governance, transformation and culture) • Engagement (patients, public, staff and partners)
Issues to be referred to another Committee	None
Matters requiring escalation to the Board:	None
Well-being of Future Generations Act Sustainable Development Principle	The Committee gave due regard to the sustainable development principles of: 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; 5.Considering impact on all well-being goals together and on other bodies)
Planned business for the next meeting:	• Draft Integrated Medium Term Plan • Cycle of Business • Draft People & Organisational Development Strategy • Digital dashboard update • Director of Digital Healthcare Wales report • Environmental sustainability and decarbonisation • Asset management strategy • Recruitment and Retention Strategy • Research and Development annual report • Innovation update • University Status • Medical and Health Science School progress • Major Incident Plan / Civil Contingencies Act update • Freedom to Speak Up Guardian Report • Workforce quarterly performance report • Welsh Language Standards compliance monitoring report • Test and Trace Programme Update

	• Regional Partnership Board • Wrexham and Flintshire Public Service Board update
Date of next meeting:	9.12.21

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Health Board 18 November 2021	GIG CYMRU NHS WALES — Bwrdd Iechyd Prifysgol Betsi Cadwaladr University Health Board
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Advisory Group Chair's Report

Name of Advisory Group:	Stakeholder Reference Group

Meeting date:	20.09.21

Name of Chair:	Clare Budden, Chair of Stakeholder Reference Group (Chair's report agreed with Lead Executive)

Responsible Director:	Clive Caseley, Interim Director of Partnerships, Communications & Engagement

Summary of key items discussed:	• Living Healthier Staying Well Refresh • Planning for 2022/25 • Mental Health Investment and Transformation Programme • Implementation of the 111 System • WAST Update
Key advice / feedback for the Board:	In respect of the Living Healthier Staying Well Refresh the engagement has gone live and the team are keen to seek view from a wide range of local groups. The outcome of the refresh will inform the clinical services plan and the medium term planning process. The SRG: • acknowledged the consultation and highlighted that the feedback loop needs to be enhanced to ensure people gain a response in terms of 'you said, we did'. It is important that the engagement part of the process becomes a continuous loop going forward. • challenged the plan being put into action in terms of improving health and wellbeing alongside the current pressures and delays across the organisation, the group support the principles of the refresh and would like to see a focus on achieving change. In respect of the Planning for 2022/25 the focus going forward will include population health, wellbeing and inequality along side the

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Covid response. This will also include Mental Health needs, the quality of patient experiences including patient outcomes along with the sustainability and delivery of a challenging agenda over the next three years.

The SRG:
- identified the need for engagement processes to include a good feedback loop.
- highlighted the means of turning the plans into actions with an acute awareness of the considerable pressures and backlog as a result of the pandemic; alongside people not being able to access services which have previously been available.

In respect of the Mental Health Investment and Transformation Programme, the focus is on a linked in approach to ensure patients are part of a whole person pathway. A renewal of the Together for Mental Health strategy has commenced and the overall plan is to develop new care models that span the organisation and boundaries.

The SRG:
- expressed an interest for the group to be used to test the use of materials and processes, for example turning strategies into infographics
- agreed it would be useful to receive a 6 month update to establish how the programme is being rolled out across the organisation

The SRG also received presentations on the Implementation of the 111 System and an update from WAST on partnership working.

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Targeted Intervention Improvement Framework Domain addressed	• Strategy, Planning and Performance • Engagement (patients, public, staff and partners) • Mental Health
Planned business for the next meeting:	• Planning for 2022/25 • Targeted Improvement Update • Socio-economic duty / Race and equality plan • Third Sector Strategy /Commissioning • BCU Primary Care Update • Planned Care Update • Well-being of Future Generations Act The particular agenda items will be selected closer to the next meeting.

Date of next meeting:	Monday 6th December 2021

Health Board 18th November 2021		

To improve health and provide excellent care

Advisory Group Chair's Report

Name of Advisory Group:	Healthcare Professionals Forum

Meeting date:	3rd September 2021

Name of Chair:	Gareth Evans, Therapy Services Representative

Responsible Director:	Adrian Thomas, Executive Director of Therapies & Health Science

Summary of key items discussed:	**H21/27 Matters arising and summary action log** **H21/27.02** The Chair raised the subject of the replacement of two representatives of the HPF, namely the Mental Health & Learning Disabilities Representative and the Secondary and Tertiary Care Representative, which are currently vacant positions on the Forum. Lead Executive, Adrian Thomas confirmed that the Office of the Medical Director (OMD) had not received any nominations for either post; however, conversations with the new Medical Director, Nick Lyons and his team are ongoing in order to identify the two new members and the action log will be updated accordingly. **H21/28 Introduction to Louise Brereton, Board Secretary** The Chair welcomed Louise Brereton (LB) following the introductions of the Forum members present. A brief overview of the role of the Board Secretary was presented by LB with clarity concerning duties and governance responsibilities. LB offered her support and guidance to the Forum members; she also offered to take further questions outside of the meeting if the members so wished. The Chair thanked LB very much for joining the Forum for the informative presentation. **H21/29 Public Health Update –** Teresa Owen, Executive Director Public Health The Chair welcomed Teresa Owen (TO) to present an update on Public Health. The presentation slides shared with the Forum members prior to the meeting, follow the journey in Public Health

from 2018/19 through to 2021/22 and discussed in further detail the following points:

- Covid 19
- POD/ TTP
- Brechiadau / Vaccinations
- Anghydraddoldebau / Inequalities
- Lles meddyliol / Mental wellbeing
- Y system iechyd cyhoeddus / Public Health system
- Adferiad / Recovery   (Adnewyddu / Renewal)

The presentation ended with a look to the future and prevention and wellbeing priorities going forward into 2022/23. A question and answer session ensued.

The Chair thanked TO very much her time at the meeting and for the informative presentation, which covered a large topic.   TO thanked the Forum members and their teams for all their hard work and support over recent times.

H21/30 Chair's and members written updates

H21/30.1 HPF Member Summary Report - Community Pharmacy
H21/30.2 HPF Member Summary Report – Dentistry
H21/30.3 HPF Member Summary Report – Optometry
H21/30.4 HPF Member Summary Report - Chair and Therapy Services
H21/30.5 HPF Member Summary Report - Healthcare Science (HCS)
H21/30.6 HPF Member Summary Report – Nursing
H21/30.7 HPF Written Summary Update - Pharmacy and Medicines Management
H21/30.8 HPF Member Summary Report - Womens and Midwifery

H21/31 Discussion regarding Targeted Improvement (TI) representation from the HPF

The Chair introduced the item regarding the requirement for a representative from the HPF to attend two internal groups which have been established, one the TI Evidence Group, and the other the TI Outcomes Group. Both groups will be considering whether the outcomes identified within the improvement framework that Welsh Government have set are being delivered.

Following a discussion and self-nomination from those present at the meeting, it was agreed that Fiona Giraud will represent the HPF at the TI Evidence Group meetings, and Susan Murphy will represent the HPF at the TI Outcomes Group meetings going forward.

	Further to the HPF representation discussion, the Chair received comments and suggestions with regards to the need to receive formal updates from a governance perspective of the TI programme and incorporate this into the HPF Cycle of Business whch will be reviewed A separate discussion ensued regarding the December agenda, and it was agreed that an informal workshop would be planned for the end of November to focus on the development of the Integrated Medium Term Plan (IMTP), in turn allowing time for TI update at the December meeting. **H21/32 Introduction to Dr Nick Lyons, Executive Medical Director** The Chair welcomed the opportunity to have an early audience with Dr Nick Lyons (NL) as he noted is only in the Executive Medical Director position very recently. The Forum members made their introductions. This was followed by an introduction of himself and summary of previous professional experience prior to joining BCUHB. NL conveyed his optimism with regards to the future of BCUHB, in particular with regards to the North Wales Medical and Health Sciences School in collaboration with Prifysgol Bangor University, with the aim of attracting undergrad students to make a positive choice to train and gain education and research in North Wales. With cooperation from Prifysgol Wrecsam Glyndwr University and Chester Medical School, creating an identity in higher education, with a good clinical placement it is highly likely they will stay in the area, especially if there is the opportunity to diversify into education or research. A discussion regarding the potential for the North Wales Medical and Health Sciences School, and a question and answer session ensued. The Chair thanked NL very much for his time at the meeting.
Key advice / feedback for the Board:	• The Forum received an annual update from Teresa Owen, Executive Director of Public Health who provided a reflection of the journey in Public Health from 2018/19 through to 2021/22 and the opportunities looking forward. The significant challenge to the Public Health team from the pandemic; with the establishment of a TTP service and a vaccination programme on top of existing public health priorities was noted. The Forum continue to support the Health Board's strategic focus towards a prevention and wellbeing agenda observing that the pandemic has widened the challenge to reduce health inequalities within our population.

	- Following a discussion between Forum members regarding the development of the Integrated Medium Term Plan it was agreed that a workshop would be planned for the end of November to ensure timely advice and input to the Board before its approval. - Forum members welcomed Dr Nick Lyons who had joined BCUHB recently as the Executive Medical Director. Dr Lyons conveyed his optimism with regards to the future of BCUHB and, in particular, with regards to the North Wales Medical and Health Sciences School in collaboration with Bangor University. Forum members are strongly supportive of such a development and the broader opportunities for all professions to construct good clinical placement experience to enable clinical staff to stay and create their careers in the region - Forum members discussed correspondence from the Corporate Governance team in relation to HPF engagement within the Targeted Intervention (TI) improvement framework. It was agreed that Fiona Giraud, Midwifery representative, will represent the HPF at the TI Evidence Group meetings, and Susan Murphy, Hospital and Primary Care Pharmacy representative will represent the HPF at the TI Outcomes Group.
Targeted Intervention Improvement Framework Domain addressed	- Strategy, planning and performance - Leadership (including governance, transformation and culture) - Engagement (patients, public, staff and partners)
Planned business for the next meeting:	Range of standing items plus: - Annual Discussion with CEO - TI Update
Date of next meeting:	3rd December 2021

Disclosure:
Betsi Cadwaladr University Health Board is the operational name of Betsi Cadwaladr University Local Health Board

Cyfarfod a dyddiad: **Meeting and date:**	Health Board 18th November 2021
Cyhoeddus neu Breifat: **Public or Private:**	Public
Teitl yr Adroddiad **Report Title:**	Summary of business considered in private session to be reported in public
Cyfarwyddwr Cyfrifol: **Responsible Director:**	Louise Brereton, Board Secretary
Awdur yr Adroddiad **Report Author:**	Mrs Kate Dunn, Head of Corporate Affairs
Craffu blaenorol: **Prior Scrutiny:**	None
Atodiadau **Appendices:**	None

Y/N to indicate whether the Equality/SED duty is applicable	N

Argymhelliad / Recommendation:

The Board is asked to note the report

Ar gyfer penderfyniad /cymeradwyaeth For Decision/ Approval		Ar gyfer Trafoda eth For Discussi on		Ar gyfer sicrwydd For Assurance		Er gwybodaeth For Information	✔

Sefyllfa / Situation:

To report in public session on matters previously considered in private session

Cefndir / Background:

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.

Asesiad / Assessment

The Health Board considered the following matters in private session:

23rd September 2021
- All Wales Business Case Laboratory Information Network Cymru
- Preferred Bidders to the Contractor Frameworks

- Preferred Bidder for the Provision of General Dental Services (GDS) on a Public Dental Service (PDS) contract and North Wales Dental Academy (NWDA) in Bangor for BCUHB

18th October 2021
- Contract Award for the provision of Outsourced Planned Care Services – Ophthalmology