

## Bundle Health Board 26 May 2022

- 1 OPENING BUSINESS
- 1.1 09:30 - 22/103 Welcome and Apologies for Absence - Mark Polin
- 1.3 09:32 - 22/104 Patient / Staff Story - Gill Harris
  - 22.104 - FINAL - Patient Story - Mrs W's Story.docx
- 1.4 09:52 - 22/105 Declarations of Interest
- 1.5 09:54 - 22/106 Draft Minutes of the Health Board Meeting held in public on 10th and 30th March for accuracy
  - 22.106a - Health Board Minutes 10.03.22 - Public V0.6.doc
  - 22.106b - Health Board Minutes 30.03.22 Public - V0.5.doc
- 1.5.1 09:59 - 22/107 Matters Arising and Summary Action Log - for review
  - Summary Action Log Public\_v236.doc
- 1.6 10:09 - 22/109 Report of the Chair - Mark Polin
- 1.7 10:19 - 22/110 Report of the Chief Executive - For Assurance - Jo Whitehead
  - 22.110 - May CEO draft report V0.2.docx
  - 22.110a - Appendix 1 NHS Wales Chairs re Talent Management Succession Planning.pdf
  - 22.110b - Appendix 2 SSPC Assurance Report 24 March 2022.doc
  - 22.110c - Appendix 3 WHSSC Joint Committee Briefing (Public) 10 May 2022.pdf
- 1.8 10:29 - 22/111 Targeted Intervention Improvement Framework - For Approval
  - 22.111 - 2022-05-26 TIIF update and self assessment 1.02.docx
  - 22.111 a - MM for MH & CAMHS combined v3.03 Draft.docx
  - 22.111.b - MM for Strategy Planning and Performance v 3.05 Draft.docx
  - 22.111.c - MM for Leadership v3.03 Draft.docx
  - 22.111.d - MM for Engagement v3.04 Draft.docx
  - 22.111.e - Gap Analysis - All Ages Mental Health - Level 2 April 2022.pptx
  - 22.111.f - Gap Analysis Strategy Planning Performance TI Programme - Level 2 - May 2022.pptx
  - 22.111.g - 20220519\_TIF Leadership\_level 2 gap analysis\_v1.3.pptx
  - 22.111.h - Gap Analysis - Engagement - May 2022.pptx
- 1.9 10:44 - 22/112 Covid-19 Update - For Assurance - Gill Harris
  - 22.112 - Covid board paper.docx
- 1.10 10:54 - 22/113 ITEM FOR CONSENT Mental Health Act 1983 as amended by the Mental Health Act 2007. Mental Health Act 1983 Approved Clinician (Wales) Directions 2008. Update of Register of Section 12(2) Approved Doctors for Wales and Update of Register of Approved Clinicians (All Wales) - Nick Lyons
  - 22.113 - AC & S12 Board Report FV approved - Feb 2022 - Eng.docx
- 1.11 11:04 - Comfort Break
- 2 STRATEGIC ITEMS FOR DECISION - THE FUTURE
- 2.1 DEVELOPING NEW STRATEGIES OR PLANS
- 2.1.1 11:14 - 22/114 Operating Model Implementation Infrastructure - For Approval - Sue Green
  - 22.114 - 2022\_05\_26 Health Board Operating Model Report.docx
  - 22.114a - 2022\_05\_26 Health Board Operating Model Appendix 1 Document v8.docx
  - 22.114b - 2022\_05\_26 Health Board Operating Model Appendix 2 Operational Governance and Assurance Framework.docx
  - 22.114c - 2022\_05\_26 Health Board Operating Model Appendix 3 Engagement and communications plan FINAL.docx
  - 22.114d - 2022\_05\_26 Health Board Operating Model Appendix 4 Change Readiness Assessment\_v1.8.docx
  - 22.114e - 2022\_05\_26 Health Board Operating Model Appendix 5 Programme Risk Log.pdf
  - 22.114f - Health Board Operating Model Appendix 6 EQIA v8.docx

- 2.1.2 11:34 - 22/115 People Strategy and Plan - For Approval - Sue Green  
22.115 - Health Board People Strategy & Plan Report 2022\_05\_26.docx  
22.115a - Health Board People Strategy Plan Appendix 1 2022\_05\_26 V14.docx  
22.115b - Board People Strategy Plan \_ Appendix 1 People (Workforce) 2022\_05\_26 Plan v.2.docx  
22.115c - Board People Strategy & Plan Appendix 2 EQIA 2022\_05\_26.docx  
22.115d - Board People Strategy & Plan Appendix 3 SEIA - 2022\_05\_26.docx
- 2.2 MONITORING EXISTING STRATEGIES OR PLANS
- 3 QUALITY, SAFETY AND PERFORMANCE - THE PRESENT
- 3.1 11:54 - 22/116 Committee and Advisory Group Chair's Assurance Reports - For Assurance/Decision  
*Committee Chairs to highlight any matters referred to Board*  
*a - Performance, Finance & Information Governance Committee (John Cunliffe)*  
*b - Charitable Funds Committee (Jackie Hughes)*  
*c - Stakeholder Reference Group (Clare Budden)*  
*d - Healthcare Professionals Forum (Jane Wild)*  
*e - Audit Committee (Medwyn Hughes)*  
*f - Targeted Intervention Improvement Framework (TIIF) Steering Group (Gill Harris)*  
22.116a - Chair's Assurance Report PFIGC 28.4.22 v1.0 English language.docx  
22.116b - Chair's Assurance Report CFC\_March for May 2022.docx  
22.116c - SRG Advisory Group Chairs Report to the Board 07.03.22 V1.00 Final.doc  
22.116d - HPF Chair's Report Health Board May 2022 ENG V1.0.doc  
22.116e - Chair's Assurance report Audit 15.03.22\_ V0.01 English.docx  
22.116fi - Chair's Assurance Report TIIF Steering Group 22.02.22 v1.00 Final.docx  
22.116fii - Chair's Assurance Report TIIF Steering Group 29.03.22 v1.00 Final.docx  
22.116fiii - Chair's Assurance Report TIIF Steering Group 03.05.22 v1.00 Final.docx
- 3.2 12:09 - 22/117 Quality & Performance Report - For Assurance - Sue Hill  
22.117 - Coversheet - QP Report for HB - May 2022 (March 2022 position) FINAL English.docx  
22.117 - QP Report Board - May 2022 (March 2022 Position) FINAL.pdf
- 3.3 12:24 - 22/118 Operational Plan Monitoring Progress Report - For Assurance - Sue Hill  
22.118 - Coversheet OPMR for HB - 26052022 English FINAL.docx  
22.118 - Operational Plan Monitoring Report - Position 31st March 2022 HB.pptx
- 3.4 12:34 - 22/119 Finance Report - For Assurance - Sue Hill  
22.119 - Finance Report -M12-22 Cover sheet - Board.docx  
22.119a - Finance Report -M12-22 Board.pptx
- 3.5 12:44 - 22/120 Vascular Services - For Assurance - Nick Lyons  
22.120 - Vascular Services.docx
- 3.6 12:59 - 22/121 Quality Highlight Report - For Assurance - Gaynor Thomason  
22.121 - FINAL - Quality Highlight Report.docx
- 4 ANNUAL REPORTS
- 5 CLOSING BUSINESS
- 5.1 13:14 - 22/122 Review of Risks Highlighted within the Meeting
- 5.2 13:16 - 22/123 Review of Meeting Effectiveness
- 5.3 13:18 - 22/124 Public Forum Questions
- 5.4 13:20 - 22/125 Summary of Private Board business to be reported in public - Molly Marcu  
22.125 - Private session items reported in public\_English.docx
- 5.5 13:25 - 22/126 Date of Next Meeting - 21 July 2022
- 5.6 13:27 - 22/127 Exclusion of Press and Public and Closure of Public Meeting  
*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."*
- 5.6 13:29 - Lunch Break

<b>Cyfarfod a dyddiad: Meeting and date:</b>	<b>26 May 2022 Health Board</b>							
<b>Cyhoeddus neu Breifat: Public or Private:</b>	Public							
<b>Teitl yr Adroddiad Report Title:</b>	Mrs W's Patient Story							
<b>Cyfarwyddwr Cyfrifol: Responsible Director:</b>	Gaynor Thomason, Executive Director of Nursing and Midwifery Matthew Joyes, Acting Associate Director of Quality							
<b>Awdur yr Adroddiad Report Author:</b>	Matthew Joyes, Acting Associate Director of Quality Carolyn Owen Acting Assistant Director of Patient and Carer Experience Rachel Wright, Patient and Carer Experience Lead							
<b>Craffu blaenorol: Prior Scrutiny:</b>	Gaynor Thomason, Executive Director of Nursing and Midwifery Matthew Joyes, Acting Associate Director of Quality							
<b>Atodiadau Appendices:</b>	Mrs W's Patient Story							
<b>Argymhelliad / Recommendation:</b>								
The Health Board is asked to receive and reflect upon the patient story.								
<b>Ticiwch fel bo'n briodol / Please tick as appropriate</b>								
<b>Ar gyfer penderfyniad /cymeradwyaeth For Decision/ Approval</b>	<input type="checkbox"/>	<b>Ar gyfer Trafodaeth For Discussion</b>	<input type="checkbox"/>	<b>Ar gyfer sicrwydd For Assurance</b>	<input type="checkbox"/>	<b>Er gwybodaeth For Information</b>	<input type="checkbox"/>	<b>Y</b>
<b>Y/N i ddangos a yw dyletswydd Cydraddoldeb/ SED yn berthnasol Y/N to indicate whether the Equality/SED duty is applicable</b>								<b>N</b>

## **Betsi Cadwaladr University Health Board Patient Story**

### **Mrs W's Patient Story**

*A video of the story will be played at meeting*

#### **Overview of Mrs W's Patient Story**

"I had to attend the Maxillofacial Department in Glan Clwyd Hospital for the removal of a facial skin lesion. I was extremely nervous about having the procedure and would have benefitted greatly from being supplied with some written information to explain what I could expect from the procedure, what level of scarring I could expect to see and the best aftercare route to prevent any facial scarring.

I decided to carry out my own research on the internet and quickly found many patient information documents produced by other hospitals with advice on what the removal of a facial skin lesion procedure would entail, and with advice on the best aftercare for facial wounds to prevent scarring. I downloaded these documents from the internet, read them very carefully and they helped me greatly. I followed their advice and I am now very happy with how my wound healed up as a result.

I would like the Maxillofacial Department to review their provision of written patient information regarding procedures such as the excision of a facial lesion, to help future patients who are experiencing anxiety about the operation and subsequent scarring that may occur."

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

This story was shared with staff from the Maxillofacial Department and Patient and Carer Experience Team.

The Health Board (BCUHB) has a duty to provide quality information, whilst adhering to statutory legislation and requirements when producing any form of patient information whether it be verbal or written.

Written information is developed for patients, service users and carers to facilitate informed decision-making and engagement in all aspects of their care. The provision of accessible written patient information empowers the patient, enabling them to recognise their own requirements and participate in appropriate treatments.

The Patient and Carer Experience Team have led work to improve the quality of patient information, and have produced procedural guidance to streamline the production of written patient information, ensuring the provision of high quality, accessible information to be made available to all patients, service users and their carers. As part of the procedural guidance, all Health Board written patient information leaflets are reviewed through a Patient Information Readers Panel made up of staff and patient representatives.

The Patient and Carer Experience Team shared Mrs W's patient story with the Maxillofacial Department, who quickly responded to address issues raised in the film. They explained that prior to Covid-19 patients would attend a face-to-face pre-operative consultation, where they would be given a patient information leaflet on the procedure they were having. In response to Covid-19 the Maxillofacial Department have reduced the number of patients coming into hospital meaning that all consultations, including pre-operative consultations, have to be carried out over the telephone. This change in the consultation process has resulted in patients not receiving the written patient information about their scheduled procedure, which they would have previously received during a face-to-face consultation.

The Maxillofacial Department have confirmed that the following improvements have taken place since Mrs W's experience of Maxillofacial surgery:

- Since Mrs W had her procedure, all current pre-operative Maxillofacial leaflets have been reviewed by the BCUHB Patient Information Readers Panel and are now in circulation.
- Pre-operative and post-operative information is now being given both verbally and in written format to patients. The Maxillofacial Department understands that at times this information may not "sink in" when a patient is feeling very stressed or overwhelmed by the situation. With this in mind, to facilitate patient understanding, the department has avoided using any complicated or overly detailed explanations and has ensured that all written patient information is produced using language that is accessible to all patients. If patients do have any further questions or concerns regarding the information they have been given, they are encouraged to contact the service. The Maxillofacial Department is available Monday – Friday 9-5am and has an out-of-hours telephone number for patients to call up with any concerns.
- The Maxillofacial Department are working with the Informatics Service to see if it is possible to send pre-operative information leaflets out at the same time as an appointment letter, so patients will have an opportunity to read and digest the information when they are feeling less stressed or overwhelmed.
- A Junior Doctor has recently undertaken a three week survey of post-operative Maxillofacial patients to assess their satisfaction with post-operative patient information that they were provided with. Patients were asked if they understood the information provided and if they had any questions around their after-care. The findings of this survey will be shared at next Maxillofacial clinical governance meeting.

- Findings and lessons learnt from the recent post-operative survey will help inform the review of post-operative information leaflets.
- The Patient and Carer Experience Team are currently working with the Maxillofacial Department to review all available post-operative leaflets which may be relevant to their patients, and which BCUHB could utilise to ensure best practice is adopted. This process will include research into if there are any relevant leaflets produced by approved organisations, such as the British Association of Oral and Maxillofacial Surgeons.
- The Maxillofacial Department are working with the Communications Team to provide information on SharePoint (the new BetsiNet intranet) for staff to access. They are currently exploring the provision of pre-operative and post-operative information leaflets on the internet for patients to access.
- Mrs W was happy with the treatment and care she received from the Maxillofacial Department. She showed her thanks by sending in a card.
- In addition to monthly Patient Information Readers Panel meetings, where an average of ten leaflets are reviewed per meeting, the Patient and Carer Experience Team have commenced a mapping exercise to gain an understanding of the number of Health Board produced patient information leaflets that need be reviewed. The Patient and Carer Experience Team are currently working with Wrexham Maelor Emergency Department, Vascular Service and Maxillofacial to ensure all of their leaflets are reviewed through this process.
- The Patient and Carer Experience Lead Manager will to work with staff to raise awareness of the role of the importance of patient information leaflets.
- Mrs W's patient story is to be shared at the next Patient Information Readers Panel meeting on 1st June 2022.

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

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

**Betsi Cadwaladr University Health Board (BCUHB)**  
**Draft minutes of the Health Board meeting held in public**  
**on 10 March 2022 via Zoom conferencing**

Present:

Name	Title
Mark Polin	Chair
Jo Whitehead	Chief Executive
Lucy Reid	Vice Chair
Louise Brereton	Board Secretary
Clare Budden	Associate Board Member
Cllr Cheryl Carlisle	Independent Member (Community)
Professor Nichola Callow	Independent Member (University Representative)
John Cunliffe	Independent Member (ICT)
Morwena Edwards	Associate Board Member
Gareth Evans	Acting Executive Director of Therapies and Health Sciences
John Gallanders	Independent Member (Third Sector)
Sue Green	Executive Director of Workforce and Organisational Development
Sue Hill	Executive Director of Finance
Jackie Hughes	Independent Member (Staff Side)
Cllr R Medwyn Hughes	Independent Member (Local Authority)
Dr Nick Lyons	Executive Medical Director
Lyn Meadows	Independent Member (Community)
Teresa Owen	Executive Director of Public Health (part meeting)
Linda Tomos	Independent Member (Community)
Chris Stockport	Executive Director of Primary Care and Community Services

**In Attendance:**

Mandy Jones	Acting Secondary Care Nurse Director
Helen Stevens-Jones	Director of Partnerships, Communication & Engagement
Matthew Joyes	Acting Associate Director of Quality Assurance
Glynne Roberts	Director, Test, Trace & Protect
Molly Marcu	Acting Deputy Board Secretary
Philippa Peake-Jones	Head of Corporate Affairs – Minutes
Llinos Roberts	Executive Business Manager – Secretariat
Jody Evans	Corporate Governance Officer – Secretariat

Agenda Item	Action
<p><b>22/53 Welcome and Apologies</b></p> <p><b>22/53.1</b> The Chair welcomed attendees to the meeting noting apologies had been received from Gill Harris, Richard Micklewright and Adrian Thomas. Members were informed that Clare Budden would be joining at 10:15 but would need to leave the meeting between 12:00 and 13:00; and that Teresa Owen would be joining late.</p>	
<p><b>22/54 Patient Story</b></p> <p><b>22/54.1</b> The Acting Associate Director of Quality Assurance shared the carer's story. An Independent Member thanked the family involved for sharing their experience and noted that unfortunately it was a distressing but familiar story highlighting the inconsistency of the Health Board's systems regarding Covid. The following questions had been raised and it was agreed that a written response would be provided within seven days of the meeting, given the technical issues:</p> <ul style="list-style-type: none"> <li>• Was there a written protocol for designated carers?</li> <li>• How did the protocol allow for the human factor and how was this progressing?</li> <li>• How could supposedly experienced nursing staff create care plans without inclusion of the family?</li> <li>• Was the patient accompanied to Ysbyty Gwynedd and what was the policy for transfer of vulnerable patients?</li> <li>• Why was the patient sat in the middle of a room with other patients who could have had Covid?</li> </ul> <p><b>22/54.2</b> The Executive Director of Workforce and Organisational Development agreed to respond following the meeting, with regards to details on recruitment of ward clerks for all sites, duties of which included answering ward phones and liaising with family members. The Acting Associate Director of Quality Assurance agreed to respond outside of the meeting to confirm the Patient and Carers Experience Team's arrangements for ensuring that learning was embedded and that this was reported through governance processes.</p> <p><b>22/54.3</b> An Independent Member raised the lack of reference in the story to third sector organisations, many of which were funded by the Health Board. The Chief Executive advised that these conversations would normally be taken forward as part of the care planning and wider social services and that the challenge was to ensure that the front line workers were aware that the services were available for patients and carers.</p> <p><b>22/54.4</b> The Chair requested that patient and carer stories presented going forward were followed up to ensure that changes/learning had been embedded. It was agreed that this should be tracked through a comprehensive improvement plan which was being formulated at the end of the year. The Chief Executive</p>	<p><b>SG</b></p> <p><b>MJ</b></p>



<p>requested assurance of remedial actions to be incorporated within future patient stories to the Board.</p> <p><b>22/54.5</b> It was agreed that The Acting Associate Director of Quality Assurance and Morwena Edwards discuss the issue regarding the social workers referral point outside of the meeting noting that staff had now returned to the office, despite working practices having continued, and that senior managers were in contact with the ward.</p> <p><b>22/54.6</b> It was resolved that the patient story be received and reflected upon.</p>	<p><b>MJ</b></p> <p><b>MJ/ME</b></p>
<p><b>22/55 Declarations of Interest</b></p> <p><b>22/55.1</b> There were no declarations to note.</p>	
<p><b>22/56 Draft Minutes of Health Board Meeting held in Public on 20 January 2022 and Extraordinary Health Board Meeting held in Public on 15 February 2022 for accuracy</b></p> <p><b>22/56.1</b> The Minutes of the 20 January 2022 Health Board were agreed as an accurate record subject to Jackie Hughes and Lyn Meadows being incorporated as attendees.</p> <p><b>22/56.2</b> The Minutes of the 15 February 2022 Health Board were agreed as an accurate record subject to Lyn Meadows being incorporated as an attendee. It was noted that both Cheryl Carlisle and Gill Harris were only absent from this meeting due to attending a meeting elsewhere on Health Board business.</p> <p><b>22/56.3</b> It was resolved that the Draft Minutes of Health Board Meeting held in Public on 20 January 2022 and Extraordinary Health Board Meeting held in Public on 15 February 2022 be approved as an accurate record, subject to the two amendments noted above.</p>	
<p><b>22/57 Matters Arising and Summary Action Log</b></p> <p><b>22/57.1</b> Board members reviewed the action log, with the items below being highlighted:</p> <ul style="list-style-type: none"> <li>On review action 10 related to the Operational Plan Monitoring Report not the Quality and Performance Report and the action had been updated to reflect.</li> <li>Further improvement work would be completed prior to the next action log publication to ensure that concise and clear updates were reflected in the log rather than an audit trail and actions would be given a Red/Amber/Green (RAG) rating to show where timing for completion was on track or slipping.</li> </ul> <p><b>22/57.2</b> An Independent Member advised that item 14 did not reflect the concern raised and that the response had not addressed the issue raised. It was agreed to rectify this concern.</p>	<p><b>MM/PPJ</b></p> <p><b>MM/PPJ</b></p>

<p><b>22/59 Report of the Chair</b></p> <p><b>22/59.1</b> The Chair gave a verbal report on activities since the previous meeting noting that he and others had appeared before the Public Accounts Committee, and would be doing so again in the Autumn. The Chair also reported that he had a meeting with the Minister scheduled for the following morning. It was noted that the extraordinary meeting scheduled for 30 March would be to primarily receive the IMTP but in addition a paper on Regional Treatment Centres (RTCs) would likely be tabled along with other items as judged necessary.</p> <p><b>22/59.2</b> The Board noted the following Chair's Actions since the Health Board meeting on 20 January 2022:</p> <ol style="list-style-type: none"> <li>1. Purchase of Forge Road Surgery (24/1/22)</li> <li>2. Flow Cytometry Contract Award (4/2/22)</li> <li>3. Accommodation for CAMHS TI team – extension of lease contract/licence at the Optic Centre (7/3/22)</li> <li>4. Lease of rooms for the Neurodevelopment Service (West Area) – Intec Building, Parc Menai (7/3/22)</li> </ol> <p><b>22/59.3</b> The Chair advised that at the Healthcare Professionals Forum on the 4 March 2022, Jane Wild had been elected as the new Chair following the stepping down of Gareth Evans from the role and that she had been invited to join the Board as the Chair elect for the forthcoming Board meetings and workshops.</p> <p><b>22/59.4</b> The Chair advised that it was his intention to be very strict about late publication of papers going forward to ensure that the public and Board had at least seven days to consider items prior to the meeting. On this basis no further papers would be accepted outside the seven day timescale unless expressly agreed by the Chair.</p> <p><b>It was resolved that</b> the report of the Chair be noted.</p>	
<p><b>22/60 Report of the Chief Executive Officer</b></p> <p><b>22/60.1</b> The Chief Executive drew the Board's attention to the IMTP documents and highlighted the proposed all Wales approach to international recruitment. Questions were then invited.</p> <p><b>22/60.2</b> An Independent Member commented on appendix one, and expressed their support for the principles set out within the Charter, highlighting that the document did not appear to commit to the immediate aftermath of an incident and the response for relatives. Family members would typically have questions and want answers at the time, with the expectation that they would not have to wait for formal public enquiries or similar proceedings.</p> <p>In response to a request to insert an additional line reflecting the immediate support response from the Health Board, the Chief Executive advised that this</p>	JW

<p>was possible.</p> <p><b>22/60.3</b> An Independent Member observed that a recruitment risk was incorporated within the Corporate Risk Register, whilst the Employment Services Directorate and Payroll were a red risk. In view of ongoing recruitment issues across Wales, clarification was sought on the impact and level of risk exposure of the red status on the Health Board's own recruitment's processes. In response, the Chief Executive explained that this was a significant risk that all health boards collectively shared and that there was a desire to safely reduce some of the steps to recruitment.</p> <p><b>22/60.4</b> The Executive Director of Workforce and Organisational Development added that an improvement review had been commissioned in Autumn 2021 and that Shared Services were part of the review and were working closely with the Health Board. It was noted that there might be an opportunity going forward to bring some services in-house and that this was under review. Members noted a threefold increase in recruitment and the significant waste in the current recruitment processes. Proposals would be brought forward as part of the recruitment improvement review to be further discussed at a Board Workshop in June.</p> <p><b>22/30.5 It was resolved that</b> the report of the Chief Executive be noted.</p>	SG
<p><b>22/61 Targeted Intervention Improvement Framework</b></p> <p><b>22/61.1</b> The Chief Executive introduced the paper highlighting that it was important to note that whilst there had been particular aspirations in place for May, the paper sought to demonstrate how more broadly the Maturity Matrices (MM) and the TI process was starting to deliver benefits for patients and generate benefits for staff particularly in terms of increased joint working in Multi-Disciplinary Teams (MDT).</p> <p><b>22/61.2</b> The Vice Chair asked what action was being taken and how it was translating into progress on improvement across services. The Chief Executive highlighted that the point of the TI and MM was to provide a framework to improve performance across four areas and that particularly in relation to Mental Health this was about patient care experience and outcomes. As the work progressed it would be possible to ascertain whether the interventions were starting to make a real difference.</p> <p><b>22/61.3</b> The Board were informed that the focus at the start of the TI and MM work was around process and as the organisation progressed, further assurance around impact would be evidence based. With regards to triangulation, the MM assessments should triangulate with other areas of governance which together would be reviewed through the TI Outcomes and TI Steering Groups, with an independent assessment by the Good Governance Institute to ensure that they were objective.</p> <p><b>22/61.4</b> An Independent Member noted there was an increase in referrals for MH Assessments and queried if this had resulted in a greater demand for in-</p>	

<p>patient services and if so, whether the current system had the capacity to deal with the numbers or had there been any changes made to thresholds for admission. The Chief Executive advised that she did not have the data to hand but that when inpatient beds were fully occupied, support was sought from English Trusts within the MH system rather than patients going into generic medical beds. It was noted that on occasion it had been close to capacity but that the arrangement was a reciprocal one whereby English Trusts were able to transfer patients to the Health Board. It was noted that support was given to Powys Health Board for some specialist areas of provision.</p> <p><b>22/61.5</b> An Independent Member noted that the role of Independent Members was not accurately reflected within the terms of reference, in section 5.1.1. It was agreed that Linda Tomos would share alternative wording outside of the meeting. It was agreed that Executive Members and Independent Members should meet before the May Board meeting.</p> <p><b>22/61.6</b> It was resolved that the progress in delivering Targeted Improvement be noted and the Targeted Improvement Steering Group Terms of Reference be approved subject to the revision of section 5.1.1 as referenced above</p>	<p>LT</p> <p>GH</p>
<p><b>22/62 Covid 19 Update</b></p> <p><b>22/62.1</b> The Chief Executive acknowledged that the report and presentation had been taken as read and highlighted the change in the management of Covid Test Trace and Protect (TTP) as set out by Welsh Government. There was now a move away from TTP in line with Welsh Government guidance and necessary work was ongoing with Local Authority partners. The Board noted that vaccinations were currently well on track with the plan to start vaccinating the younger cohort and those most at risk with boosters. Appointments would be made via Office 365, which meant that the process would commence ahead of schedule with the support of Welsh Government. This being the case, it was noted that vaccination wastage would be avoided wherever possible. Despite vaccinations being on target, community incidents moved up and down with an average of 80 Covid positive in-patients at any one time. The Board noted that Covid 19 remained volatile and policy development continued. An Independent Member queried the accuracy of the 4 March situation.</p> <p><b>22/62.2</b> It was resolved that the report and supporting presentation be noted and the decisions made by the Gold Command Operational Resilience meeting be endorsed.</p>	
<p><b>22/63 ITEM FOR CONSENT Mental Health Act</b></p> <p><b>22/63.1</b> It was resolved that the report be noted and 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 be ratified.</p>	
<p><b>22/64 Integrated Medium Term Plan</b></p>	

<p><b>22/64.1</b> The Executive Director of Primary Care and Community Services advised that work on the plan continued to progress with the intention to submit a balanced IMTP. Whilst the work progressed, it was challenging and Welsh Government had been informed that there were a number of significant risks to delivery that required mitigations in order for the plan to be deliverable. These were highlighted as being similar to other Health Boards and included the Covid pandemic and extraordinary financial cost pressures such as energy costs and National Insurance increases. The situation in Ukraine was cited as generating cost pressures and supply chain complications. It was also noted that, just like in other Health Boards, planned care backlogs were a concern.</p> <p><b>22/64.2</b> It was noted that the current iteration of the IMTP demonstrated the Health Board's intention to deliver tangible outcomes, however significant due diligence work was required in relation to planned care demand and capacity, which would be completed within two weeks in time of the meeting of the Board on 30 March 2022.</p> <p><b>22/64.3</b> An Independent Member highlighted that it would be helpful to see the plan in the language of choice. The Executive Director of Primary Care and Community Services advised that a pre-translated plan would be shared before 23 March with translation being completed as soon as possible.</p>	CS
<p><b>22/65 People and Organisational Development Strategy</b></p> <p><b>22/65.1</b> The Chair advised that he wished to refer this item to the Extraordinary Board Meeting on 30 March as the plan could not be approved due to the number of gaps which still needed to be addressed, alongside the IMTP document, citing workforce assumptions as an example.</p> <p><b>22/65.2</b> The Executive Director of Workforce and Organisational Development advised that the IMTP would only be delivered with the People Strategy and that it would build upon the Stronger Together route map which was aligned with national strategies and also the strategies in Primary Care, Mental Health and Learning Disabilities, in addition to work on improving the health of the population of Wales which she was directly involved in at a national level.</p> <p><b>22/65.3</b> An Independent Member proposed that a completed document that had been adapted and simplified be presented alongside the IMTP at the Extraordinary Meeting. It was agreed that the Chair of the People, Partnerships and Population Health (PPPH) Committee would work with the Executive Director of Workforce and Organisational Development to review the actions required to complete the document outside of the meeting. It was agreed to build into the plan some quantitative and evaluative measures and that a critical friend be involved in this process.</p> <p><b>22/65.4 It was resolved that</b> the approval of the People Strategy 2022 – 2025 be deferred.</p>	SG/LT

<p><b>22/66 The Operating Model</b></p> <p><b>22/66.1</b> The Executive Director of Workforce and Organisational Development apologised for the errors in the documentation shared, and advised that these would be addressed outside of the meeting and circulated ahead of the extraordinary meeting of 30<sup>th</sup> March 2022. The Board were informed that whilst the Operational Governance and Assurance Framework was unchanged by the proposals, its application would strengthen operational priorities and alignment, whilst adding clarity and simplicity to assurance routes throughout the organisation. It was noted that the EQIA had been created with impact assessments internally for the people who would be affected and externally for the Health Board's communities with some helpful feedback received.</p> <p><b>22/66.2</b> Independent Members raised concerns around not seeing the Model before, concern about the loss of corporate memory due to the departure of key staff, and the proposed timing of implementation. The Executive Director of Workforce and Organisational Development advised that the Operating Model was based on the feedback received from across the organisation as part of the Stronger Together discovery exercise, which had highlighted that there was an urgent need to change. The 'Operating Model 'go live' process was now taking place in September as discovery had started in April 2021. The Board noted that it would not be possible to deliver the Operating Model unless cultural change was achieved.</p> <p><b>22/66.3</b> The Chief Executive advised that for colleagues exiting the organisation, the transfer of their knowledge, to safeguard that information for the benefit of the organisation, would take place. It was noted that although a big change, there was confidence that it was the right organisational model to be able to achieve improvements for the organisation at scale, giving the ability to provide personalised care for individuals enabling more effective working than at present.</p> <p><b>22/66.4</b> An Independent Member observed that the testing of the Model and framework was internally focussed and queried whether it should be tested externally too. It would be important to ensure that risks were not structured in the way previously discussed in the Risk Management Strategy. Members noted that there were a few mistakes in people's job titles and concern was raised that the Chief Digital Information Officer should (CDIO) also attend PPPH. The Executive Director of Workforce and Organisational Development advised that risks should be structured consistently, that prior to going live external testing would take place and that the CDIO would attend PPPH.</p> <p><b>22/66.5</b> An Independent Member suggested that a number of the ambitions/principles described in appendix 2 were helpful and supported them. It was noted that the document also described some changes to some of the decision making forums and groups and wanted to understand how this fitted in with the previously agreed governance structure which included for example the Executive Team, Executive Delivery Groups (EDGs) and subgroups reporting into the Committees and felt that there was a risk of duplication. The Executive Director of Workforce and Organisational Development advised that the EDG</p>	<p>SG</p>
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<p>reporting lines through to Board committees remained unchanged, whilst the EDGs would enable better and more extensive focus and strengthen assurance. With regards to the Executive Team and the proposed Health Board Leadership Team it was noted that bringing these teams together would ensure cohesive decisions were made whilst enhancing visibility of assurance from health communities, and reducing silo working.</p> <p><b>22/66.6</b> An Independent Member noted that there was reference to deciding strategy at an operational level and queried how this would work in terms of the Board's responsibility for strategic decisions to ensure that decisions made at operational level were in keeping with the strategic priorities set by the Board. The Executive Director of Workforce and Organisational Development clarified that it was the Board's role to set strategy and that everything was directed to delivering the operational plan in support of that strategy through the structure, whilst acknowledging that the description might require further work. It was noted that the application of the Operating Model would continue to be monitored post implementation in order to identify any aspects that were not working effectively.</p> <p><b>22/66.7</b> The Chair advised that further work was required in order to understand how Board to Ward assurance would work and that further work on precise structures was required. Clarification around how the Executive Team would fulfil its responsibilities and discharge accountability if the Health Board Leadership Team structure was introduced was required, together with further clarification around EDG leadership to ensure that they remained Executive led. Further work on accountabilities and responsibilities would be needed given the number of senior managers departing, along with an explanation as to how control would be maintained during the transition. The Board would also wish to be assured that both Executives and senior managers understood and were content with the Model and thought needed to be given to public perception and the maintenance of confidence. It was agreed that the Chair and Chief Executive would work outside the meeting to agree the further actions required to progress the Operating Model.</p> <p><b>22/66.8</b> It was resolved that approval of the Operating Model be deferred to the Extraordinary Board Meeting on 30 March 2022.</p>	<p>SG</p> <p>JW/MP</p>
<p><b>22/67 Regional Treatment Centres</b></p> <p><b>22/67.1</b> The Chief Executive gave a brief update on the Regional Treatment Centres noting that a proposal would be presented to the Extraordinary Board Meeting on 30 March to align with the planned care recovery plan highlighted in the IMTP.</p> <p><b>22/67.2</b> It was resolved that the update be received and that the Regional Treatment Centre proposal be presented at the Extraordinary Board Meeting on 30 March 2022.</p>	
<p><b>22/68 Committee and Advisory Group Chair's Assurance Reports</b></p>	

<p><b>22/68.1 Covid Cabinet</b></p> <p><b>22/68.1 .1</b> The Chair's assurance report was noted.</p> <p><b>22/68.2 Quality, Safety&amp; Experience (QSE) Committee</b></p> <p><b>22/68.2.1</b> The Vice Chair reported that there had been two Serious Incident Investigations reported in January and March meetings and that the Committee had asked for changes to be made to the subsequent action plans to ensure that they were less transactional and that whole Health Board improvement plans were produced. The Vice Chair noted that she had met with the Chair of the Vascular Quality Panel. It was noted that the Committee had raised concerns around Patient Safety Reports and the need to ensure that sustained learning was demonstrated and an improved report would be presented to the Board meeting on 30 March as part of the Quality Highlight Report. The Board endorsed the approach.</p> <p><b>22/68.2.2</b> An Independent Member noted that he would have thought that the CCTV Policy would have been received via Information Governance (IG). It was noted that it had been received at the Committee under a Health and Safety Report but that it had been developed with IG colleagues and could be shared with the Performance, Finance and Information Governance Committee. It was agreed that the Executive Director of Workforce and Organisational Development would share the CCTV policy with the Chair of this Committee outside of the meeting. It was noted that there were no further issues to escalate given that the vascular services item was already on the Board agenda.</p> <p><b>22/68.2.3</b> The Board noted and received the QSE Committee Chair's report</p> <p><b>22/68.3 Performance, Finance &amp; Information Governance Committee</b></p> <p><b>22/68.3.1</b> The Chair of the Performance, Finance and Information Governance Committee highlighted the risks reviewed in the Committee, these being the increased energy costs, the ability to deliver recurrent savings, recruitment issues and ambulance handovers. It was noted that additional costs from additional contracts were being managed. The Chair of the Performance, Finance and Information Governance Committee wished to formally commend everyone who had been involved in the Sub-Regional Neonatal Intensive Care Centre is (SURNICC) post project evaluation.</p> <p><b>22/68.4 Partnerships People &amp; Population Health (PPPH) Committee</b></p> <p><b>22/68.4.1</b> The Board noted and received the PPPH Chair's report.</p> <p><b>22/68.5 Targeted Intervention Improvement Framework (TIIF) Group</b></p>	<p>SG</p>
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<p><b>22/68.5.1</b> The Board noted and received the TIIF Chair's report.</p>	
<p><b>22/69 Vascular Services</b></p> <p><b>22/69.1</b> The Executive Medical Director presented the paper highlighting that the paper had been written prior to the QSE Committee. The Board noted the significant action that had taken place against the nine recommendations identified in the second stage review. The Executive Medical Director advised that the Vascular Quality Panel had been established, that communication with patients and families affected had been issued and that there was enhanced capacity across Wales but also with Liverpool around Multi-Disciplinary Team (MDT) work, with action moving at pace. Workshops had taken place with regards to professional standards and there was a weekly review of case notes which was also showing improvement in note keeping. The Board were also informed that the position was dynamic and changing and was being monitored on a daily basis.</p> <p><b>22/69.2</b> An Independent Member asked if the aspects that needed to be addressed urgently in the CHKS report received at the end of January had taken place. The Executive Medical Director clarified that the CHKS was an external organisation who had been approached to clarify if there had been any changes in outcomes since the hub and spoke model had been implemented in 2019. It was noted that the report received had not given the detail and clarity required. On this basis CHKS had been asked to review data and their methodology to ensure that the Executive Medical Director was able to return to the Board via QSE and report on outcomes.</p> <p><b>22/69.3</b> An Independent Member raised recruitment issues and that more staff appeared to be involved in data entry and what the accuracy would be. It was noted that the quality of clinical records was the responsibility of the clinicians and that a digital health record had been implemented. The staff highlighted would be support staff who would be collating records within the IMTP proposals and there was work ongoing to ensure that support was available at the spoke sites.</p> <p><b>22/69.4</b> Concern was raised around the movement of patients into orthopaedics and the Executive Medical Director clarified that there was no change to patients who required a vascular surgeon, the change was around the diabetic foot pathways, it was noted that the change was to ensure that the most suitable clinician was allocated to each patient. It was noted that the Executive Medical Director and the Executive Director of Workforce and Organisational Development were working on recruitment and that advertisements would be live as of Monday 14 March 2022 and that correct procedures would be followed to ensure the best recruitment was possible.</p> <p><b>22/69.5</b> The Chair queried if the quality of clinical records extended beyond the Vascular Service and the Executive Medical Director confirmed that it did but the impact had yet to be determined. It was noted that the Clinical Audit Plan for the forthcoming year would ensure a comprehensive approach to records, consent</p>	<p>NL/LR</p>

<p>and do not resuscitate. It was agreed that work would continue with the Vice Chair on long term improvements and that in the third monthly update to the Minister, a review of the quality of records was required.</p> <p><b>22/69.6 It was resolved that</b> the update from the Vascular Steering Group, with the focus being on quality, safety and patient experience and the decision-making timeline be noted.</p>	
<p><b>22/70 Quality and Performance Report</b></p> <p><b>22/70.1</b> The Executive Director of Finance advised that the ongoing work on the report would mean that the live data would be available for April with the first new Quality and Performance Report being available for the May Board meeting. It was noted that the new report provided a dashboard and an executive summary.</p> <p><b>22/70.2</b> The Executive Director went on to present the latest Quality and Performance Report highlighting performance in unscheduled care. Whilst some indicators showed an improvement on December, pressure was being experienced in the system and across the whole of the UK NHS. The challenge highlighted was of patients being medically fit for discharge (MFD) not being able to be discharged. There was a need for an integrated action plan with Social Care to address the situation. It was noted that in relation to Mental Health, the information being received from the division concerned reviewing pathways as well as the performance of current service provision.</p> <p><b>22/70.3</b> The Chief Executive highlighted that along with all the local health organisations there was agreement to take part in a system re-set with a really strong focussed attempt to deal with ambulance delays and MFD. It was noted that the impact so far had been that the reset was already helpfully, with a strong focus on the longer waiters. Members noted that the length of time people were waiting for discharge was starting to reduce. The Board were informed that there was a link between nurse staffing and ambulance delays and that one of the reasons that the Health Board had supported the emergency staffing business case was that 30 ambulance journeys a day would be better suited to an alternative pathway.</p> <p><b>22/70.4</b> The Chief Executive advised that the falls pilot in the East was looking very positive, with whole organisation roll out hopefully to be implemented.</p> <p><b>22/70.5</b> The Chief Executive advised that the focussed attention of the system reset had highlighted delays that patients faced awaiting transport to tertiary providers. It was noted that a trial of working differently with therapy colleagues to support earlier discharge was ongoing with the next phase of the development being same day emergency centres. It was noted that there were consistent approaches within each of the services but these were able to be tailored where necessary, although capacity remained the issue.</p> <p><b>22/70.6</b> An Independent Member raised concerns that although measures were</p>	

<p>in place to reduced planned care wait times, the targets remained unmet. The Chair advised that he and the Chief Executive had discussed this and the opportunity to take a deep dive into particular service areas and a detailed plan on unplanned care was required. It was noted that planned care recovery would return as part of the IMPT being received on 30 March. It was also noted that unscheduled care and planned care were received at PFIG and that appendices to the reports on outsourcing and insourcing to increase capacity across the North Wales network could be included.</p> <p><b>22/70.7</b> The Vice Chair agreed to raise her points with regards to the report outside of the meeting alongside a discussion around double handling with GP's.</p> <p><b>22/70.8</b> An Independent Member welcomed the improvement around neuro and <b>Child and Adolescent Mental Health Services (CAMHS)</b> but was disappointed over Adult Mental Health performance. The Executive Director for Public Health advised that the Targeted Information Framework moved the organisation to the foundation phase, that she was seeing real progress but that further change was required and acknowledged with regards to the ways of working, reporting and action planning. It was noted that further movement needed to be achieved in prevention and early intervention.</p> <p><b>22/70.9</b> The Board discussed Primary Care and what should be included in the report, it was agreed that the Executive Director of Primary Care and Community Services and the Executive Director of Finance would discuss what contractors produce to include as a first step.</p> <p><b>22/70.10</b> The Board discussed Managed Practices, the Chair requested that the Executive Team consider which practices were under considerable pressure and required escalation, and that a clear report be provided to identify requirements going forward. It was agreed that the Executive Director of Primary Care and Community Services and the Executive Director of Finance would work together to develop a proposal.</p> <p><b>22/70.11</b> A discussion took place around mortality reporting and it was agreed that the Executive Medical Director would work with John Cunliffe on what would be helpful.</p> <p><b>22/70.12</b> It was resolved that the report be noted.</p>	<p><b>LR</b></p> <p><b>CS/SH</b></p> <p><b>CS/SH</b></p> <p><b>NL/JC</b></p>
<p><b>22/71 Finance Report</b></p> <p>The Executive Finance Director advised that the current position was a balanced outcome noting the Welsh Government Covid funding. The Executive Finance Director was asked if her concern had changed since the PFIG meeting with regards to energy prices and she advised that she had no additional concerns other than those stated in the Committee meetings.</p> <p><b>22/71.1</b> It was resolved that the report be noted.</p>	
<p><b>22/72 Operational Plan Monitoring Progress Report</b></p>	

<p><b>22/72.1</b> The Executive Director of Finance presented the paper. The Chair noted that the report referenced the accountability review and queried that if there was a change with the new Operating Model whether the accountability review would report into PFIG in the same way. The Executive Director of Finance advised that it would.</p> <p><b>22/72.2</b> An update was received around cancer targets given that they were reporting as red with no response. The Acting Executive Director of Therapies advised that they were all off target and linked to the production of a business case which had been delayed due to the absence of a critical member of staff, but given this, the team had taken the opportunity to engage in some benchmarking. It was noted that the business case had since been produced and was proceeding through appropriate governance channels.</p> <p><b>22/72.3</b> A discussion took place around the Health and Safety Improvement Plan and implementation on year 2, noting that the HSE Inspection reported into QSE and that the rating had slightly improved signalling more confidence and getting back on track as the organisation moved into year 2.</p> <p><b>22/72.4</b> The Chair highlighted the Workforce Optimisation Programme asking how the sharing of the product of the KPI targets and review would be undertaken. It was noted that the recruitment improvement review would report through to PPPH in April/May as the first workforce report and that there were two workforce reports per year.</p> <p><b>22/72.5</b> The Chair requested additional assurance on Safe Clean Care. The Chief Executive advised that further detail could be shared. Safe Clean Care was a transformational improvement, the focus being around the ongoing maintenance agenda. It was agreed that further work would take place outside of the meeting to ensure that it was part of the improvement methodologies.</p> <p><b>22/72.6</b> It was resolved that the report be noted.</p>	
<p><b>22/73 Regional Population Needs Assessment</b></p> <p><b>22/73.1</b> The Executive Director for Public Health presented the Regional Population Needs Assessment advising that it was a joint regional piece of work that colleagues would remember from five years ago. It was noted that the assessment supported planning arrangements and linked the Health Board to the Social Services and Wellbeing Act. The Population Needs Assessment had been approved by the Regional Partnership Board (RPB). It was noted that the document had been checked and worked through, although much of the content was dictated to by Welsh Government. The Board noted that it was being presented for approval and would go through all other organisations for approval and should be the start of any discussion.</p> <p><b>22/73.2</b> It was agreed that an Executive summary should accompany the document for future presentation. The Board requested assurance from the Executive Director for Public Health and the Executive Director of Primary Care</p>	

<p>and Community Services that sufficient attention had been given to what was set out in the document, highlighting the market stability report. The Executive Director for Public Health advised that it placed the organisation in a good place and that there was a need to make the planning cycle clearer for clinicians. The Executive Director of Primary Care and Community Services advised that planning had derived from the Population Needs Assessment.</p> <p><b>22/73.3 It was resolved that</b> the final draft of the North Wales Population Needs Assessment be approved.</p>	
<p><b>22/74 – Welsh Language Standards</b></p> <p><b>22/74.1</b> The Executive Director for Public Health presented the item noting Standard 37 required organisations like the Health Board to translate documents into Welsh. It was noted that at a previous meeting it had been agreed to undertake an assessment as to whether the standard was being complied with.</p> <p><b>22/74.2</b> The main considerations were:</p> <ul style="list-style-type: none"> <li>• whether the subject of the document related to a matter that was relevant to, affected, or was of importance to a large number of individuals (<i>defined as residents of Wales acting in their personal capacity</i>)</li> <li>• whether the subject of the document dealt with issues regarding the Welsh language</li> <li>• whether the document was one that would be publicly displayed</li> <li>• whether it was known that a percentage or a large number of the predicted audience were Welsh speakers, and for whom the Welsh language was an important consideration to them or they operated through Welsh</li> <li>• whether more than one person asked for the document to be available in Welsh</li> <li>• whether the document was likely to attract public response and attention (e.g. on social media)</li> <li>• whether the document was one which individuals were required to respond to</li> </ul> <p><b>22/74.3</b> The Executive Director for Public Health outlined the options:</p> <ol style="list-style-type: none"> <li>1. Continue with current process of translating agenda, minutes, presentation and standing items.</li> <li>2. Apply the assessment to <b>all</b> Board papers, which could eliminate the need for the translation of standing items (although this would not have a significant impact on the total word count and turnaround).</li> <li>3. Implement the assessment process over the next three Board meetings with a six-month review of achievability and long-term sustainability.</li> </ol> <p><b>22/74.4</b> It was noted that the main consideration was about the timescale of papers, lack of capacity and that external agencies had been shocked at the</p>	

<p>number of documents requiring translation.</p> <p><b>22/74.5 It was resolved to</b> implement the assessment process over the next three Board meetings with a six-month review of achievability and long-term sustainability.</p>	
<b>CLOSING BUSINESS</b>	
<p><b>22/75 Items to Refer to Committees</b></p> <p><b>22/75.1</b> Nothing to note.</p>	
<p><b>22/76 Review of Risks Highlighted within the Meeting</b></p> <p><b>22/76.1</b> It was agreed that risks were on the Corporate Risk Register or on the Board Assurance Framework.</p>	
<p><b>22/77 Review of Meeting Effectiveness</b></p> <p><b>22/77.1</b> Members were asked to reflect on the meeting effectiveness and share these with the Board Secretary or the Acting Deputy Board Secretary.</p>	
<p><b>22/78 Summary of Private Board Business to be reported in Public</b></p> <p>The Board Secretary noted the Quality Update.</p> <p><b>It was resolved that</b> the report be noted.</p>	
<p><b>22/79 Date of Next Meeting</b></p> <ul style="list-style-type: none"> <li>• 30 March 2022 (extraordinary meeting)</li> <li>• 26 May 2022</li> </ul>	
<p><b>22/80 Exclusion of Press and Public</b></p> <p><b>22/80.1 It was resolved that</b> representatives of the press and other members of the public be excluded from the remainder of this meeting having regard to the confidential nature of the business to be transacted, publicity on which would be prejudicial to the public interest in accordance with Section 1(2) Public Bodies (Admission to Meetings) Act 1960.</p>	

**Betsi Cadwaladr University Health Board (BCUHB)**  
**Draft minutes of the Health Board meeting held in public**  
**on 30 March 2022 via Zoom conferencing**

Present:

Name	Title
Mark Polin	Chair
Jo Whitehead	Chief Executive
Lucy Reid	Vice Chair
Gill Harris	Executive Director of Nursing and Midwifery/Deputy CEO
Clare Budden	Associate Board Member
Cllr Cheryl Carlisle	Independent Member
Morwena Edwards	Associate Board Member
Gareth Evans	Acting Executive Director of Therapies & Health Sciences
John Gallanders	Independent Member
Sue Hill	Executive Director of Finance
Jackie Hughes	Independent Member
Cllr R Medwyn Hughes	Independent Member
Dr Nick Lyons	Executive Medical Director
Lyn Meadows	Independent Member
Richard Micklewright	Independent Member
Teresa Owen	Executive Director of Public Health
Linda Tomos	Independent Member
Chris Stockport	Executive Director of Primary Care and Community Services

**In Attendance:**

Claire Wilkinson	Deputy Director - Operational Workforce, Workforce & Organisational Development
Lestyn Tyne	For Translation
Matthew Joyes	Acting Associate Director Of Quality, Patient Safety and Experience
Molly Marcu	Acting Board Secretary
Philippa Peake-Jones	Head of Corporate Office, Corporate Office (Minutes)
John Morrell	Senior Server & Cloud Infrastructure Engineer, Informatics (for recording)
Jody Evans	Corporate Governance Officer, Corporate Office (for recording)

Agenda Item	Action
<p><b>22/94 Welcome and Apologies</b></p> <p><b>22/94.1</b> The Chair welcomed attendees to the meeting and noted apologies from Louise Brereton, Adrian Thomas, Professor Nichola Callow, John Cunliffe, Sue Green, Helen Steven-Jones, Clare Budden (for part) and Morwena Edwards.</p>	
<p><b>22/95 Declarations of Interest</b></p> <p><b>22/95.1</b> Cheryl Carlisle declared an interest in the CHC Fees paper, due to her local authority role.</p>	
<p><b>22/96 Interim Continuing Health Care (CHC) Fees 2022/2023</b></p> <p><b>22/96.1</b> The Executive Director of Finance presented the paper highlighting that the recommendation was to approve the interim CHC Fees for the 2022/23 period, enabling BCUHB to support care providers from April 2022. The Board was informed the full formal fee-setting process was likely to be completed in quarter 2 of 2022/23.</p> <ol style="list-style-type: none"> <li>1. <b>Care Home rates £2.4m projected cost</b> – 75% of the proposed uplift linked to Local Authority (LA) recommendations which included the impact of the real living wage;</li> <li>2. <b>Domiciliary Care rates - £0.27m projected cost</b> (– 50% of the proposed uplift linked to LA recommendations which included the impact of the real living wage;</li> <li>3. <b>Joint funded packages of care £0.73m projected costs</b> – Where the Local Authority was the Lead Commissioner, the Health Board would apply the Local Authority determined increase;</li> <li>4. <b>Bespoke Packages of Care - £0.07m projected cost</b>– 75% of the value of the uplift which was linked to care home rates.</li> </ol> <p><b>22/96.2</b> The Executive Director of Finance highlighted that the full care fees setting process was likely to exceed the £4.9m currently in the draft financial plan which was based on initial planning assumptions and the excess would need to be met through efficiencies.</p> <p><b>22/96.3 It was resolved that</b> the interim CHC Fees for the 2022/23 period be approved.</p>	
<p><b>22/97 Approval of the Integrated Medium Term Plan including the Financial Plan (IMTP)</b></p> <p><b>22/97.1</b> The Executive Director of Primary Care and Community Services presented to the Board, highlighting the step change in the production of the IMTP produced in the context of Covid. The plan looked at horizontal pathways and a number of pieces of work helped move towards an end to end approach. The Executive Director of Primary Care and Community Services highlighted the</p>	



resource required to deliver the plan and referenced the seven appendices.

**22/97.2** The Executive Director of Primary Care and Community Services highlighted the financial risks, the workforce recruitment challenges, the planned care recovery, Targeted Intervention (TI) and that the IMTP had been produced as a balanced three year plan. It was noted that further work would continue around planned care with the NHS Wales Delivery Unit working alongside the organisation and that further information would be shared with the Board in the coming months.

**22/97.3** The Executive Director of Primary Care and Community Services concluded that the IMTP was balanced against resource, that it had the right amount of ambition for the population and organisational needs and that it had been drafted in partnership with those in the organisation and partnership organisations across Wales.

**22/97.4** The Executive Director of Finance presented the financial summary noting that at the Performance, Finance and Information Governance (PFIG) meeting the previous week a detailed discussion had taken place around the finances of delivering the IMTP. It was noted that the plan was to break even, given the Welsh Government strategic support which had enabled a break even position in the previous two years.

**22/97.5** The Executive Director of Finance clarified the exceptional and transitional costs for Covid and that the IMTP committed additional funding for vascular services and the diabetic foot pathway. It was noted that the funding allocation for the organisation was £1.9bn for the next three years.

**22/97.6** The Executive Director of Finance highlighted the risks, these being energy costs increasing and the impact of Covid. It was noted that there had been considerable scrutiny on savings and benefit realisation and that this would be monitored via PFIG on a regular basis.

**22/97.7** An Independent Member welcomed the commitment to provide health services for the people of North Wales but drew attention to partnership arrangements and staff retention, highlighting that the plan was ambitious, whilst heavily reliant on recruitment (which had already been recognised as a significant challenge). Therefore the plan would need to change if critical components were to materially change. The Executive Director of Primary Care and Community Services recognised that planning was not a once a year process and that the plan would be monitored and refined as circumstances changed. It was noted that a gateway process would be developed to ensure that intervention could take place through the usual committees. The Executive Director of Finance stated that the PFIG meeting held the previous week had agreed that a robust and comprehensive plan would return to the Committee in September and that the IMTP would be a standing agenda item at the Committee going forward.

**22/97.8** An Independent Member queried the significant number of vacancies and whether from a budget perspective this would be 100% establishment and if so whether vacancies would translate into savings or be classified as underspend.

<p>The Executive Director of Finance advised that the budget was prepared on the basis of a full establishment, (with some of the savings being offset from agency costs) and that this was monitored on an ongoing basis and reported at a divisional and Health Board level. It was agreed that with regards to vacancies where the establishment had not been revised this matter would return to Board to ascertain the plan to address the issue whilst understanding the size of the gap.</p> <p><b>22/97.9</b> An Independent Member advised that it was important that the Board recognised that a balanced budget and a three year plan was being presented and that this was a significant development and a better position than in previous years. This provided a good base to move forward, and the coming year would be important. A refresh and review of the strategic financial situation would be required and reported through PFIG to the Board. The Independent Member thanked all involved in developing the plan.</p> <p><b>22/97.10</b> The Chair concluded that the plan gave a far more robust position than in previous years, that it was integrated and outcome focussed and would be presented to Welsh Government for approval. Consideration of the plans future reporting arrangements to the Board was to be undertaken. The Executive Director of Primary Care and Community Services advised that Welsh Government had been involved throughout the preparation of the IMTP and that the plan strongly connected to Ministerial priorities.</p> <p><b>22/97.11 It was resolved that :</b></p> <ul style="list-style-type: none"> <li>• the 2022/25 IMTP, shaped by our Living Healthier, Staying Well strategy and the NHS Wales Planning Framework be received and approved; and</li> <li>• submission of the plan to Welsh Government in line with NHS Wales Planning Framework requirements be approved.</li> </ul>	<p><b>SG/SH</b></p> <p><b>CS</b></p>
<p><b>22/98 The People Strategy and Plan</b></p> <p><b>22/98.1</b> The Board discussed the plan and concluded that it was unfinished and not sufficiently connected to the IMTP. It was clarified that the cover paper advised that the paper had been to a Board Workshop in October 2021 and that the paper had not been, but that the subject of the paper had been discussed.</p> <p><b>22/98.2</b> It was noted that there was a concern from Trade Unions around succession planning and career progression for non-leaders, and that flexible working meant that staff had the right to request it, however this did not necessarily mean that it would be agreed. It was noted that more detail was required on the number of employees, recruitment numbers, including agency figures and how many employees were likely to retire. The Deputy Director for Workforce &amp; Organisational Development agreed to feed comments back.</p> <p><b>22/98.3</b> The Chief Executive thanked colleagues for their feedback and highlighted that the detailed level of workforce numbers was shared with Welsh Government and helped to give assurance that the IMTP priorities were deliverable.</p>	

<p><b>22/98.4 It was resolved that</b> the Workforce Strategy was not approved and that it would form the basis of the team work outside of the meeting with the Chair of PPPH and return to the Board for approval.</p>	<p><b>SG</b></p>
<p><b>22/99 Operating Model – Forward Timeline</b></p> <p><b>22/99.1</b> The Chief Executive presented the paper apologising for the errors, it was noted that the paper built on previous conversations at Board and Committee level and that a further paper would return to the Board in May. It was noted that the report reminded colleagues about the Stronger Together work and the Operating Model work and that both had highlighted that changes were essential. The Chief Executive gave her personal assurance that colleagues and Independent Members would be included in conversations about governance. It was noted that at the May meeting the Board will receive a paper on the governance assurance framework. It was noted that each senior leader would be asked to cascade information to the whole organisation following a meeting the following week.</p> <p><b>22/99.2</b> An Independent Member queried the time line and that as structures within directorates were created these should not undermine governance and reduce escalation. The Chief Executive advised that the management structures that were being proposed as part of the Operating Model were consistent where appropriate and that some services would continue to be pan BCUHB. At the most senior level there would be absolute consistency. Where there was the possibility of flexibility, it would be essential to be assured that there would be no detriment to clinical outcomes, experience or pathways and that any decisions would have to be signed off as part of the governance process prior to going live.</p> <p><b>22/99.3</b> A discussion took place around the structure and reporting lines with concern being raised that the acute hospitals were being moved down the structure. The Chief Executive agreed to ensure that clarity around roles and responsibilities was simplified in the next iteration of the paper. The Board noted the consultation and engagement process that had taken place through co-design. The Chief Executive stated that the process had been thorough and although it would be difficult to produce an Operating Model that would satisfy everyone's design principles, co-production with staff had been a central principle.</p> <p><b>22/99.4</b> The Chair concluded that following the Board to Board meeting with the Community Health Council in April, the Board should come together to review an updated version of the Operating Model which would enable further conversations and refinement to take place outside of the Board Meeting.</p> <p><b>22/99.5 It was resolved that</b> the report be noted and that an updated version would be discussed at a workshop session on 21 April.</p>	<p><b>SG/JW</b></p>
<p><b>22/100 Master Scheme of Reservation and Delegation</b></p> <p><b>22/100.1</b> The Acting Board Secretary presented the paper noting that the Master SORD had been reviewed at the March meeting of the Audit Committee and that</p>	

a further review of the document would be submitted to the July meeting of the Board following a further submission to the Audit Committee in June 2022. The Board noted the proposed changes namely:-

- the application of a similar limit for the CEO, Deputy CEO and Executive Director of Finance, in order to add resilience to the operational approval process, in case of a period of absence;
- delegated authority limit of £1,000,000 for business cases to the Performance, Finance and Information Governance Committee is ; and
- that the Audit Committee's authority to approve losses and special payments was formally incorporated within the Master SORD.

**22/100.2 It was resolved that**

- the updated Master Scheme of Reservation and Delegation be approved; and
- the Performance, Finance and Information Governance Committee delegated authority limit of £1,000, 000 for business cases be approved.

**22/101 Vascular Update**

**22/101.1** The Executive Medical Director gave an update on Vascular Services noting that in the first seven days two further incidents had taken place. It was noted that extra safety measures were to be in place until 23 May.

**22/101.2** The Chair asked what assurance could be provided in terms of the safety of the service. It was noted that enhancements to the 28 day plan would be in place by the end of the week and that support was now in place for the service to be as safe as possible. The Executive Medical Director advised that there was a balance of risk and that having reviewed other options, what was in place with the enhancements was the best way forward, whilst acknowledging that there would be a need to review other options and present these to the Quality, Safety and Experience Committee (QSE).

**22/101.3** The Chief Executive advised that she was confident that all aspects of the vascular plan and the 28 day plan were being attended to with the utmost importance through the Executive Team and the YGC Hospital Management Team. Communications continued and subject to ensuring the 28 day actions remained in place she concluded that the situation was being handled in the right way.

**22/101.4** An Independent Member stated the importance of having a very clear exit strategy once the 28 day plan concluded, to ensure a robust position going forward and that this should be reviewed at QSE.

**22/101.5** Another Independent Member noted that the model was being replicated in a number of locations across the service, supported by locums and wished to

<p>understand if there were any potential retention issues in ensuring that the next 28 day plan would remain on track. The Executive Medical Director advised that the makeup of the BCUHB vascular network was not unique but thanked locums for their commitment to the Health Board. It was highlighted that locums were able to leave at short notice and should they do so it would have a significant impact on the service.</p> <p><b>22/101.6</b> The Board noted that at the start of the 28 day make safe arrangements it had been anticipated that 16 patients were likely to have to transfer, however no patients had been transferred out of North Wales to date. Additionally, it had been thought that around 20 patients would have their treatments postponed, with 50 outpatient appointments affected, but thankfully this had not been the case either. The Executive Medical Director apologised to anyone who had been affected by the change in service. It was noted that the morale of the staff within the service was low, but that the staff were fully committed and were being supported.</p> <p><b>22/101.7</b> An Independent Member queried if the patients had been consulted. The Executive Medical Director advised that due to the initial 28 day period being a short period of time there had not been a formal consultation but that patients had been communicated with and that a dedicated vascular help line had been established for patients and carers.</p> <p><b>22/101.8</b> An Independent Member suggested that the service was now operating above a risk appetite and tolerance appropriate for the service and that the Board should recognise this whilst understanding why. The Executive Medical Director advised that there was a balance between safety and sustainability and that increasing resource into the service could reduce the risk but would also have an impact on the team. The Vice Chair advised that in her opinion the service was operating outside of the Board's risk tolerance and that a process was required to determine how this would be managed. The Acting Board Secretary advised that this would be incorporated within the Risk Appetite and Board Assurance Framework workshop on 7 April 2022, for the Board to consider in further detail.</p> <p><b>22/101.9 It was resolved that</b> the actions taken in response to recent safety concerns and updates in the Vascular Improvement Plan be noted.</p>	
<p><b>22/102 Quality Highlight Report</b></p> <p>The Executive Director of Nursing and Midwifery/Deputy CEO presented the Quality Highlight Report. An Independent Member stated that it was a good start, with further work to be undertaken in relation to the format. It was noted that the next iteration of the report would need to demonstrate sustainable change as a way of learning.</p> <p>Another Independent Member highlighted that the report was focussed on secondary care and that primary care needed to feed into the report. The Chair concluded that any further comments should be passed to the Chair of the QSE Committee and the Executive Director of Nursing and Midwifery/Deputy CEO.</p>	<p><b>GH</b></p>

It was resolved that the Quality Highlight Report be received.	
<p><b>Closing Business</b></p> <p>The next meeting of the Health Board was scheduled to take place on Thursday 26 May 2022.</p>	

## HEALTH BOARD SUMMARY ACTION LOG – ARISING FROM MEETINGS HELD IN PUBLIC MARCH 2022 MEETING

	Lead Executive / Member	Minute Reference and Action Agreed	Original Timescale Set	Update	Revised timescale/ Action status (O/C)	RAG status
<b>Actions from Health Board 23.9.21</b>						
1	R Nolan (S Hill)	<b>21.175.2 Operational Plan Monitoring Progress Report</b>  Work with PFIG and QSE Committee Chairs to resolve their reporting concerns, and to also take on board recent discussions around whether the Board should be receiving a specific report that reflected progress more timely.	November	The new format and content will be presented as a proof of concept at HB Meeting in July. The report for 22/23 is being revised based on feedback received to date and is subject to further review and final approval by the Chair and Chief Executive.	July	
3	N Lyons	<b>21.178.2 Vascular</b>  Review decision making process following discussion around ensuring clarity on the responsibilities that the hub (Ysbyty Glan Clwyd) had to the network as a whole, and around the responsibilities that site managers had in terms of provision of appropriate services on their sites.	November	It was agreed to leave the action open until the review has been received. The Draft Vascular learning report is undergoing moderation and will be available early June	Early June	
4	L Brereton M Polin	<b>21.189.1 Review of Meeting Effectiveness</b>	October	Review progress on this at the next Committee Effectiveness Group (Executive Board	End of June	

		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.		Development scheduled for 15/6/22)		
<b>Actions from Health Board 18.11.21</b>						
5	N Lyons	<b>21.207.2 Patient Story</b>  Feedback to QSE on issue over-normalisation of clinical procedures on ward.	January	This will be reported at the March Quality, Safety and Experience Committee (1.3.22)  Keep open and pick up in May	March — propose close  May	
6	G Harris	<b>21.222.2 QaPR</b>  Provide further update to Board members on 4 hour stroke target once a key meeting had been rescheduled and taken place	December	The recruitment of the additional Stroke Nurse Coordinators is still ongoing across the 3 sites, all sites have appointed and they should be in post during Qtr 2. All site teams, silvers have been requested to ensure that sites report stroke bed availability and that stroke beds are ring fenced for stroke patients. Direct to CT pathways from pre-alert is being progressed with pathways / SOPs on each site, this should support the improvement of patients moving quickly through	End of March	



				the ED's direct to Stroke units. Performance and update meetings take place monthly with all 3 sites chaired by Ian Donnelly to review improving plans and delivery against the Stroke BC.  Suggest Close		
11	C Stockport	<b>21.225.2 Primary Care Update</b>  Share outcome of deep dive access survey once available	January	This was circulated to Board on 17/5/22.  Suggest Close		
<b>Actions from Health Board 20.01.22</b>						
14	N Lyons J Cunliffe	<b>22/13.3 Corporate Risk Register</b>  NL to review the content around risk CRR20-07 - Informatics infrastructure capacity, resource and demand.	February	<i>[The risk action has been changed from timeline to content in descriptor]</i>  Further conversations have taken place and this will be taken forward with the new CDIO who is now in post.		
17	G Harris/S Hill	<b>22/19.3 Quality and Performance Report</b>  The Executive Director of Nursing & Midwifery / Deputy CEO advised that she would discuss outside of the meeting how the Stroke performance could be monitored through PFIG.	February	See action 6 above.  Suggest Close	End of March	

Actions from Health Board 15.02.22					
26	N Lyons	<b>22/51.22</b>  The Chair requested that the vascular reports to QSE Committee should include assurance on safety of previous services, current services and any harm caused once this information is known and understood.	May	This was reflected in the May QSE Paper.  Suggest Close	P
Actions from Health Board 10.03.22					
27	M Joyes	<b>22/54 Patient Story</b>  Follow up questions raised about the Patient Story within 7 days of the meeting	17.3.22	Completed  Suggest Close	P
28	S Green	<b>22/54 Patient Story</b>  Circulate to members ward clerk vacancy detail and current recruitment position across all BCU sites where duties include answering ward phones and liaising with family members.			
29	M Joyes	<b>22/54 Patient Story</b> <ul style="list-style-type: none"> <li>Provide assurance to members that Patient Story learning is embedded within the organisation and that robust governance processes are in place by the Patient and Carer Experience</li> </ul>		The Patient and Carer Experience Team ensure all patient stories are fed back to the service and/or appropriate corporate function. The team follow up stories to check learning is being taken forward.	

		<p>Team.</p> <ul style="list-style-type: none"> <li>• Provide assurance of remedial actions within all future patient stories to the Board.</li> <li>• Arrange to discuss with the Associate Board Member representing Social Service Directors the social worker referral point raised and that senior managers are in contact.</li> </ul>		<p>The team are working to develop a patient story library as part of the new intranet site and this will include access to the story and the learning/improvements.</p> <p>The team endeavour to provide the Board with assurance of improvement. As stories are often recently captured when they are shared, it may be that certain improvement work has only recently commenced. The QSE Committee receives an annual look back report covering patient stories as a mechanism for providing further assurance of improvement.</p> <p>The final point is completed; senior staff from the clinical service and senior staff from the local authority have met and discussed the issues raised.</p> <p>Suggest Close</p>		
30	M Marcu / P Peake-Jones	<p><b>22/57 Matters Arising and Summary Action Log</b></p> <ul style="list-style-type: none"> <li>• Provide concise and clear updates to future Summary Action Logs and introduce RAG status to</li> </ul>		<p>The Summary Action Log now includes a RAG rating and actions have been compressed</p>		

		<p>tracking.</p> <ul style="list-style-type: none"> <li>Revisit action 14 to reflect the accuracy of the concern raised and seek response.</li> </ul>		<p>where possible.</p> <p>The action was revised to address timeline rather than content.</p> <p>Suggest close</p>		
31	<p>L Tomos / G Harris</p> <p>G Harris</p>	<p><b>22/61 Targeted Intervention Improvement Framework</b></p> <ul style="list-style-type: none"> <li><b>22/61.5</b> Provide alternative wording to more accurately reflect the role of IM for the Deputy Chief Executive to amend the TISG ToRs accordingly.</li> <li>Arrange for Executive Members and IMs to meet before the May Board meeting.</li> </ul>		<p>The Terms of Reference have been amended.</p> <p>A moderation meeting, meeting that Execs and IMs were all invited to, took place 12/5.</p> <p>Suggest Close</p>		
33	C Stockport	<p><b>22/64 Integrated Medium Term Plan</b></p> <p>Share with members the pre-translated plan before 23 March and advise when the translated version is to be available.</p>	22.3.22	<p>The IMTP was received in full at the 30 March Board meeting.</p> <p>Suggest Close</p>		
34	S Green / L Tomos	<p><b>22/65 People and Organisational Development Strategy</b></p> <ul style="list-style-type: none"> <li>Arrange to work with the PPPHC</li> </ul>		<p>These discussions took place and the revised People Strategy and Plan is being considered by PPPH Committee on 20th May</p>		

		<p>Chair to review the actions required to complete the document.</p> <ul style="list-style-type: none"> <li>Incorporate quantitative and evaluative measures into the Plan.</li> </ul>		<p>prior to submission to Board for Approval 26<sup>th</sup> May</p> <p>Suggest Close</p>		
35	S Green	<p><b>22/66 The Operating Model</b></p> <ul style="list-style-type: none"> <li><b>22/66.1</b> Arrange for corrections identified to be addressed outside of the meeting and circulated ahead of the extraordinary meeting of 30<sup>th</sup> March 2022.</li> <li><b>22/66.7</b> Provide greater detail and clarity on accountability, responsibilities and governance arrangements.</li> </ul>	24.3.22	<p>These discussions took place. The OM returned to the meeting on 30 March and is at the Board Meeting on 26 May 2022.</p> <p>Suggest Close</p>		
36	J Whitehead / M Polin	<p><b>22/66.7 The Operating Model</b></p> <p>Agree further actions required to move forward the Operating Model.</p>		<p>These discussions took place. The OM returned to the meeting on 30 March and is at the Board Meeting on 26 May 2022</p> <p>Suggest Close</p>		
37	S Green	<p><b>22/68.2.1 QSEC</b></p> <p>Provide J Cunliffe with CCTV policy</p>	8.4.22	<p>CCTV Policy and associated documents forwarded to J Cunliffe on 18.05.22.</p> <p>Suggest Close</p>		
38	N Lyons /	<b>22/69 Vascular Services</b>		A meeting is taking place on		

	L Reid	<b>22/69.5</b> Meet with the Vice Chair to discuss long term improvements and provide assurance within the third Ministerial monthly update that a quality review of records would be undertaken.		Monday 23 May 2022.  Suggest close		
39	L Reid	<b>22/70 Quality and Performance (QaP) report</b>  Arrange to raise QaP report concerns outside of the meeting alongside a discussion around double handling with GPs.		A Mock up meeting was held 8.4.22. The new format and content will be presented as a proof of concept at HB Meeting in July. The report for 22/23 is being revised based on feedback received to date and is subject to further review and final approval by the Chair and Chief Executive..  Suggest Closed		
40	C Stockport / S Hill	<b>QaP report</b>  <ul style="list-style-type: none"> <li>• <b>22/70.9</b> Arrange to discuss primary care metrics</li> <li>• Provide a proposal to address GP practice pressures</li> </ul>		Meetings have been occurring between PC colleagues and performance team colleagues, with metrics within the QaP report revision that the performance team are working on.  Suggest close		
41	N Lyons / J Cunliffe	<b>QaP report</b>  <b>22/70.11</b> Arrange to discuss mortality		This meeting took place on 1 April.		

		reporting		Suggest Close		
<b>Actions from Health Board 30.03.22</b>						
42	S Green / S Hill	<b>22/97 Approval of the Integrated Medium Term Plan including the Financial Plan (IMTP)</b>  <b>22/97.8</b> Provide clarification on plan to address vacancies where establishment had not been revised and quantify the gap to the Board.		Further work has been undertaken on the People Strategy and Plan supporting delivery the IMTP. This, together with an update on the Independent recruitment Improvement review is being considered by PPPH Committee at its meeting on 20 <sup>th</sup> May.  Suggest Close		
43	C Stockport	<b>IMTP approval</b>  <b>22/97.10</b> Advise how the plan will be reported against to the Board	16.5.22	Update 18/5/22 – A new Plan Monitoring Report for 22/23 has been drafted. Revisions are being made to accommodate initial feedback. The report will be launched in June.  Suggest Close		
44	S Green	<b>22/98 The People Strategy and Plan 2022-25</b>  <b>22/98.4</b> Revise and submit the People Strategy and Plan to the next Board meeting for approval	16.5.22	This is on the Health Board Agenda 26 May.  Suggest Close		
45	S Green / J Whitehead	<b>22/99 Operating Model – Forward Timeline</b>	8.4.22	The Board Workshop took place on 21.4.22.		

		Provide an updated version to the Board workshop session on 21.4.22 for discussion.		Suggest Close		
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RAG Status	
P	Complete
G	On track
A	Slippage on delivery
R	Delivery not on track

V236





<b>Cyfarfod a dyddiad: Meeting and date:</b>	Health Board 26 <sup>th</sup> May 2022					
<b>Cyhoeddus neu Breifat: Public or Private:</b>	Public					
<b>Teitl yr Adroddiad Report Title:</b>	Chief Executive's report					
<b>Cyfarwyddwr Cyfrifol: Responsible Director:</b>	Jo Whitehead, Chief Executive					
<b>Awdur yr Adroddiad Report Author:</b>	Molly Marcu, Interim Board Secretary					
<b>Craffu blaenorol: Prior Scrutiny:</b>	Jo Whitehead, Chief Executive					
<b>Atodiadau Appendices:</b>	Appendix 1: Health Education and Improvement Wales letter Appendix 2: The NHS Wales Shared Service Partnership Committee Assurance report Appendix 3: The Welsh Health Specialised Services Committee Assurance report					
<b>Argymhelliad / Recommendation:</b>						
That the Health Board notes the report of the Chief Executive Officer.						
Please tick as appropriate (note the Chair of the meeting will review and may determine the document should be viewed under a different category)						
<b>Ar gyfer penderfyniad /cymradwyaeth For Decision/ Approval</b>		<b>Ar gyfer Trafodaeth For Discussion</b>		<b>Ar gyfer sicrwydd For Assurance</b>		<b>Er gwybodaeth For Information</b> ✓
<b>Y/N to indicate whether the Equality/SED duty is applicable</b>						<b>N</b>
<b>Sefyllfa / Situation:</b>						
The purpose of this report is to keep the Board up to date with key issues affecting the organisation and highlights topical areas of interest to the Board.						
A number of issues raised within this report feature more prominently within reports of the Executive Directors as part of the Board's public business.						
<b>Cefndir / Background:</b>						
This report seeks to update Board members on the key issues impacting on the organisation, some of the engagements and key meetings undertaken by the Chief Executive and an overview of local and national developments of interest.						
<b>Asesiad / Assessment &amp; Analysis</b>						

## Health Inspectorate Wales

Earlier this month, Health Inspectorate Wales (HIW), carried out an unannounced physical inspection of the YGC ED site (having carried out a quality check review offsite in March), resulting in the issuance of a service requiring significant improvement status, due to the patient safety risks originally identified in March 2022.

This constitutes the second service rated by HIW as a Service Requiring significant improvement status (alongside the Vascular service on the same site on the 1<sup>st</sup> of March 2022), due to the findings of the Royal College of Surgeons review.

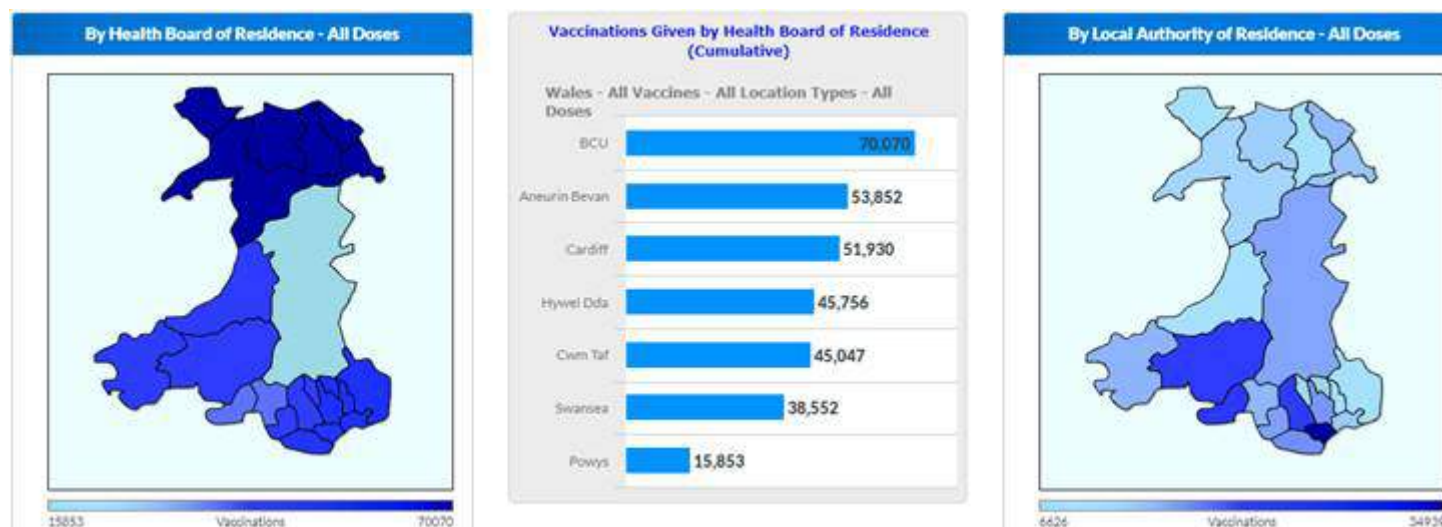
These findings are disappointing for us as a Board to receive, and most importantly for our patients, who deserve high quality care. To this end, concentrated efforts are being made to put in place an YGC wide improvement plan with through a transformational approach, with support via an integrated assurance and compliance function.

An extraordinary meeting of the Quality, Safety and Experience Committee is scheduled for the 26<sup>th</sup> May to scrutinise and review the YGC improvement plan, which will be monitored as a standing item.

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

The Spring Booster has been running since the 13<sup>th</sup> March 2022 to citizens who are 75+, live in an older peoples care home or are 12+ and immunosuppressed as defined by chapter 14a of the Green Book. For BCU this equates to 111,681 citizens, of which we have vaccinated 54,576 (49%) with a further 15% currently booked in for an appointment. We are seeing good attendance rates of over 90%.

The table below shows BCU's delivery in relation to other Health boards taken from the national Dashboard since the start of the Spring Booster Delivery. Unfortunately the national dashboard has not been updated to filter just Spring booster and the number below includes circa 15k 1<sup>st</sup>, 2<sup>nd</sup>, 3<sup>rd</sup> and booster doses. Proportionally BCU delivery is in a good place compared all Health Boards.



On Monday the 9<sup>th</sup> May 2022, the DCMO issued a letter detailing the closing of the Spring Booster Phase on the 30<sup>th</sup> June 2022. This means that anyone eligible as described below, on the 1<sup>st</sup> July thereafter will not be eligible. There is however a 'soft' close for anyone who is eligible, but is ill on the day of their appointment enabling them to rebook to the end of July. Operationally, with 7 weeks left (11/05/22) in the programme we have the appointment slots and resources to enable all those eligible for the spring booster to have an appointment by the end of June.

## **NHS Wales Collaborative**

The Health Board is part of the NHS Wales Health Collaborative, which enables partnership working and engagement to enhance the quality of patient care as well as service provision across Wales. Following the expiry of the original three year term, I signed the Collaborate Executive Agreement on behalf of the Health Board for a further one year term till the 31<sup>st</sup> of March 2023, as part of an ongoing commitment to ensure continuity of the hosting arrangements amongst all parties within the NHS Wales Collaborative.

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

Throughout April and May I attended the below events and meetings:

- All Wales CEO's away day
- Quality and Patient Safety Leadership Walkabout Shooting Star Unit, Wrexham Maelor Hospital
- Virtual Tea with Jo - Volunteers Team
- Ask the Panel 5 Engagement Event
- NHS Wales Leadership Board
- Staff Engagement Event (West)

## **Health Education and Improvement Wales Update**

HEIW hosted a Chairs meeting on 24<sup>th</sup> January 2022, where updates were given on talent management and succession planning training work that HEIW has been undertaking, including the implementation of the Workforce Strategy, which reached ten year milestone in 2021. The details of the discussion were shared at the end of March and are attached to this report as appendix 1. The link to the strategy is as below:

[A healthier Wales \(nhs.wales\)](https://www.nhs.uk/healthier-wales/)

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

- The NHS Wales Shared Service Partnership Committee met on 24<sup>th</sup> March 2022. The assurance report is included at appendix 2
- The Welsh Health Specialised Services Committee met on 15<sup>th</sup> March 2022. The assurance report is included at appendix 3.

## **Strategy Implications**

There are no specific strategy implications within this report.

## **Options considered**

There are no further options for consideration.

**Financial Implications**

There are no specific financial implications within this report.

**Risk Analysis**

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

**Legal and Compliance**

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

**Impact Assessment**

An impact assessment is not required to support this report.

Our Ref: CDVJ/cw

Date: 24 January 2022

By email to  
NHS Wales Chairs

Dear Colleagues

## **Talent Management and Succession Planning**

We had a really good discussion at the recent Chairs meeting where I gave a few highlights about the work that HEIW has been undertaking. The important thing is that we all need to be doing this together.

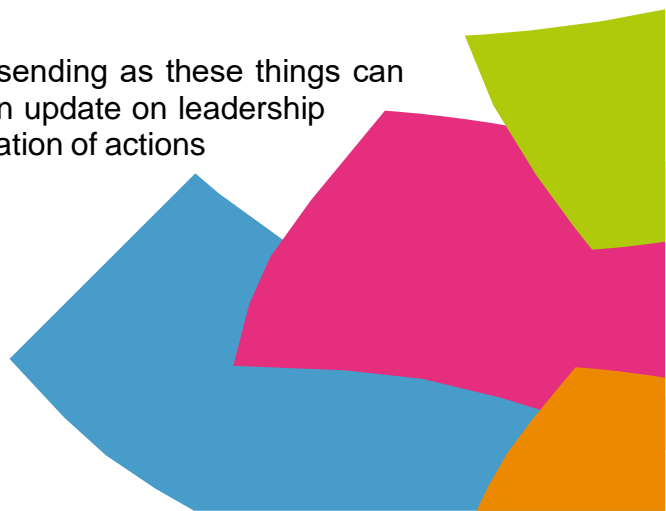
I am sure you will agree that we have all seen examples of fantastic leadership over the last two years, we now need to back some of these people and ensure they are supported in their development needs going forward. We are uniquely placed as Chairs to help drive and support this agenda.

As promised, I attach a fuller briefing on our work to deliver national approaches and support for local organisations as well as for professional peer networks.

As Chairs, you have opportunities to feed into this work via your Executive Directors, CEOs and also in respect of talent and succession for tiers 1 and 2, through your membership of the National Talent Board - Ann is the nominated representative. If you would like more information or further discussion, then my Director of Workforce & OD, Julie Rogers, would be happy to facilitate.

Whilst writing I have also taken the opportunity to attach a link to the special edition bulletin in respect of the Workforce Strategy for Health and Care Wales which was distributed before Christmas. <https://heiw.nhs.wales/news/special-edition-newsletter-workforce-strategy-winter-2021/>

You may well have already seen this but it's worth resending as these things can often get buried in the volume of emails. As well as an update on leadership there is also information about progress with implementation of actions in respect of the other themes.



Again, if you would like further information or to discuss please let us know. All NHS organisations are contributing to this work.

Yours sincerely

A handwritten signature in black ink, appearing to read 'M. Jones', with a large, stylized loop at the end.

**DR CHRIS JONES**  
**CHAIRMAN**

Enc.

# Talent Management and Succession Planning Update

**Chairs Peer Group**  
**24 January 2022**

## 1. Introduction

The National Talent Management Board which includes a representative from the Chairs Peer Group, was established March 2021. This is supported by an Operational Group to aid HEIW drive, operationalise and deliver the strategy. Considerable work has been achieved in support of the strategy over the last 12 months, all being influenced and supported by NHS Wales colleagues and credible experts from across the UK.

Looking ahead, we have a comprehensive programme of work which will include the development of a digital talent management platform. This will enable tracking of individuals development and deployment and progress towards the ambition within the NHS Wales Succession Planning Strategy that all NHS organisations have signed up to - of at least 3 NHS Wales candidates shortlisted for every Executive position by 2025.

Highlights to date include:

- **Development of an Executive Success Profile** – that depicts the leadership behaviours, experiences, strengths/traits and motivations to support the development of new and existing executive leaders. This important work is a cornerstone to developing executive talent pools and pipelines for key executive positions across NHS Wales.
- **The establishment of an Aspiring Executive Development Network** – which is being positively supported through a range of leadership development opportunities that include formal leadership programmes, a masterclass series and an executive mentoring programme.
- **Identification of vulnerable executive roles** – this work is critical to prioritising supporting and targeting intervention in vulnerable areas including Board Secretary roles. Some work has been undertaken, informed by the Chairs Peer Group, to strengthen this talent pipeline. This programme of work will continue April 2022
- **Establishment of an Institute of Health and Social Care Management (IHSCM) Hub for Wales** – the opportunity to professionalise leadership and management roles was raised through the Talent Board by representatives of the Chairs Peer Group. This has led to a proposal that HEIW establishes a Hub for Wales in line with the other nations.

This paper outlines further emerging priorities and activities that is required to support the talent management and succession planning agenda, outlined through the themes of:

- Building Talent Management Capacity and Capability for NHS Wales
- Building an Executive Development Framework for NHS Wales

- Emerging Priorities and Future Focus

## **2. Building Talent Management Capacity and Capability for NHS Wales**

### **3.1 Developing a 'Once for Wales' Talent Management Process**

Creating a consistent, inclusive and evidenced based approach to identifying, developing and deploying talent across NHS Wales is a priority. Expertise to support and guide the development of a national process has been commissioned and development of best practice tools and resources for local and national use will be progressed through a Talent Management Programme with those leading the talent agenda across NHS organisations. The outputs that include tools, resources and talent dashboards will be available digitally through 'Gwella', the national leadership development portal. This work will commence February/March 2022.

### **3.2 Aspiring Executive Development Network and Talent Dashboards**

136 senior leaders are actively registered with the Network and receive notifications highlighting development offers and Director vacancies and opportunities. The registration process has enabled the development of talent dashboards, highlighting areas where positive action is required at a system level to meet succession gaps. To date, ten aspiring executive network members have secured substantive or interim Executive Director positions within the last 10 months.

Despite this success, there is a requirement to strengthen or formalise the use of the existing talent pools to support recruitment to interim or vacant Executive positions as well as to flag opportunities such as stretch assignments/ secondments to high potential candidates who may benefit from additional Board level exposure and experience. Further scoping and modelling is required to determine whether this could lead to the establishment of an Executive Search Bureau/ Talent Deployment Scheme.

### **3.3 Inclusive and transparent Executive Talent Identification and Development**

The Executive Success Profile, developed with input from the Chairs Peer Group provides a holistic and inclusive framework offering clarity on the breadth of qualities, motivations and experiences needed from executive directors, both now and in the future for NHS Wales. This will be supplemented by a digital self-assessment and 360° feedback tool, available through the Gwella leadership portal and launched early in the new financial year.

This new inclusive process for executive talent identification will invite aspiring executive and system leaders to identify themselves via online registration hosted by 'Gwella' and provide an opportunity to participate in an Executive Development Centre. This process will provide an objective, fair and transparent method of determining readiness and high potential for executive and system level director roles, with the new process empowering individuals to make the right choices to inform their future career plans through bespoke action or development plans.

The digital talent management platform will also enable tracking of individuals development and deployment and support the ambition outlined within the NHS Wales Succession Planning Strategy of at least 3 NHS Wales candidates shortlisted for every Executive position by 2025.

## **3. Building an Executive Development Framework for NHS Wales**

### **4.1 Executive Development Programme**

The first Cohort of the Aspiring Executive Development Programme – 'Leading with Compassion' commenced June 2021 and was co-created by The King's Fund, HEIW and service



representatives. The programme comprised three main themes; 'Compassionate Self; Compassionate Relationships; and Compassionate Cultures' following the leadership journey through the lens of the individual, the team and the system.

Whilst 21 applicants were successfully onboarded on to this programme, 3 participants have discontinued because of promotion into Director roles / increasing service demands. Some mid-programme evaluation has taken place with predominantly positive feedback and a full evaluation is planned following the completion of the programme.

#### **4.2 Executive Mentoring Programme**

This 6-month programme commenced February 2021 and included 29 mentees from the Network who self-identified as 'Ready Now'. The 3 mentoring sessions from an experienced, recently retired NHS Wales Chief Executive evaluated extremely well, with 100% positive feedback for the mentorship received and 90% identifying the structure of the programme met their needs.

Themes highlighted by the mentor included development enablers as well as some areas for local and system improvement, which would aid succession planning, talent management and career development. These have been shared with CEMT and Talent Board and cascaded within organisations.

#### **4.3 Masterclass Series**

A series of eight Executive Masterclasses were scheduled between March 2021 - March 2022, with six delivered to date by a range of national and international credible speakers. Engagement with the series has been variable from the Executive talent pool, resulting in the masterclasses being opened to other senior leader networks, Clinical Fellows and Graduates, to ensure maximum exposure and return on investment.

Recording of sessions where possible has enabled members to access these resources at a time convenient to them and be shared widely across the Gwella networks. An evaluation exercise is currently underway to determine needs and preferences of those in the Network, in relation to future offerings.

#### **4.4 Coaching Opportunities**

Network members have been signposted to coaching opportunities through the All-Wales Coaching Network and Executive Coaching Framework hosted by Academi Wales. An NHS Wales Executive Mentoring and Coaching Framework will be established during 2022 to meet the demand from those within the Aspiring Executive Network as well as existing Executive Directors and Aspiring Chief Executives.

### **4. Emerging Priorities – Future Focus**

As the agenda has evolved, several key priorities have been identified and discussed at both Talent Management Board and the Operational Group. To support specific work streams associated with these emerging priorities, several task and finish sub-groups have been proposed and are currently being established with clear programmes of work. These include:

- **Increasing Diversity into Senior and Executive Leadership Roles** – to address the significant lack of diversity noted within the Aspiring Talent Executive Talent Network.

- **Succession Strategy Review** – to provide clarity with regards to the level of commitment to succession planning and talent management required at organisational level; and what cultural and system areas need to be addressed to enable the support of a consistent One-Wales approach.
- **Access and Assessment of Executive Talent** – to support the refreshed, inclusive, and robust process for the identification of national talent.
- **Talent and Succession Pipeline Priorities ('At Risk' positions)** – to identify and map interventions for the key roles at Board and Executive level with few potential successors the pipeline. These roles include Board Secretaries, Digital Directors and some clinical roles as well as new roles created for which there are no current pipelines of talent.

**END**

## ASSURANCE REPORT

### NHS WALES SHARED SERVICES PARTNERSHIP COMMITTEE

Reporting Committee	Shared Service Partnership Committee
<b>Chaired by</b>	Tracy Myhill, NWSSP Chair
<b>Lead Executive</b>	Neil Frow, Managing Director, NWSSP
<b>Author and contact details.</b>	Peter Stephenson, Head of Finance and Business Development
<b>Date of meeting</b>	24 March 2022

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

##### **Recruitment Modernisation Programme**

The Director of People and Organisational Development and the Deputy Director of Employment Services gave a detailed presentation of the work being undertaken in Recruitment to support the significant increase in activity since the start of the pandemic. Looking back to when NWSSP was first established in 2011, significant progress has been made in streamlining the recruitment process, demonstrated by a reduction in the average time-to-hire from 132 to 71 days. New services have been taken on and the Welsh Language functionality has been enhanced. Last summer, further initiatives were progressed relating to the Workforce Directors' Responsiveness Programme including enhancements to TRAC, development of the applicant web page, and maintaining virtual pre-employment checks.

During late summer 2021, the service was faced with unprecedented and unplanned levels of recruitment across NHS Wales due to the Covid response, resulting in the usual high level of compliance with KPI targets not being sustained. This led to the need to review the way in which recruitment is undertaken in Wales and where applicable modernise the service further through changes to processes, technology, and education.

The Deputy Director provided details of specific initiatives under each of the headings of process, technology, and education. One key technological initiative is investment in pre-employment check software that enables identification documents to be held in ESR and viewed via the ESR app. This has been promoted by the Home Office, however the technology is not currently available, but it will be fundamental to virtual pre-employment checks continuing after the current proposed Home Office end-date of September 2022. Due to the short notice provided by the Home Office over this software, funding to purchase it still needs to be confirmed.

The Modernisation Action Plan is to be taken to the All-Wales Workforce and OD peer group meeting in early April, with a formal update to the May Committee.

The Committee **NOTED** the presentation.

### **Chair's Report**

The Chair updated the Committee on the activities that she had been involved with since the January meeting. This included chairing her first Welsh Risk Pool Committee which had been very informative; attending the Hywel Dda Sustainability Committee; and also attending the NHS Wales Chairs' meeting which allowed her to keep updated on the latest developments and issues. Going forward there will be a number of attendances at board meetings, starting with Digital Health Care Wales and then Health Education and Improvement Wales. The Chair is keen that these are not used solely for NWSSP to update on performance, but to elicit a two-way exchange of ideas and information.

### **Managing Director Update**

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

- The IMTP has now been formally submitted to Welsh Government for their consideration;
- As part of a UK-wide response to the war in Ukraine, Welsh Government asked NWSSP to identify any surplus equipment and consumables that could be donated to Ukraine. Review of current stocks identified items to the value of £524k that could be donated as they are surplus to current requirements (PPE, ventilators, and medical consumables). Thus far, over £131k of surplus items has already been sent to Ukraine from NWSSP;
- The purchase of Matrix House in Swansea was completed by the end of March. The building is currently 75% occupied by NHS Wales, with Public Health Wales and the Welsh Ambulance Service NHS Trust as tenants in addition to NWSSP. Acquisition of this asset will lead to a reduction in future revenue costs to NHS Wales and the opportunity to create a wider public sector hub at some point; and
- The Minister for Health and Social Care visited our Imperial Park 5 Warehouse on 17th March, providing an opportunity to demonstrate to her the extensive range of services that now operate from this facility.

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

#### **Lease Car Salary Sacrifice**

In July 2021, the Committee agreed to reduce the CO2 emissions for Salary Sacrifice vehicles through the NHS Fleet scheme. Whilst the intentions of this decision were well founded, the implementation of the first phase from 120g/km to 100g/km has generated the following issues:

- Those staff who do not have driveways and therefore home charging facilities, are either unable to participate in the scheme or have a very limited choice of cars;
- Only certain EV and hybrid cars meet the lower CO2 limits – therefore a large number of small fuel-efficient cars e.g. 1 litre VW Polo, Ford Ka etc are no longer available to staff. This is particularly problematic to those staff who live in the more rural areas

In view of the above it is evident that some staff are opting not to apply for salary sacrifice cars but instead are continuing to use their private cars, commonly referred to as the 'grey fleet'. These cars are generally older and emit more pollution than the vehicles that were previously available on the lease car salary sacrifice scheme.

In view of this, it was proposed to reinstate the 120g/km cap for petrol and hybrid vehicles from 1<sup>st</sup> April 2022 but not to allow diesel vehicles to be ordered. The impact of this will be to increase the range of vehicles available, remove new diesel vehicles from the Scheme and provide greater access to those staff who do not possess home charging facilities.

It was also noted that NWSSP do not administer this Service to all Health Boards and Trusts, and it was agreed that the provision of the administration of service to an all-Wales service should be explored

The Committee **APPROVED** the proposed:

- Adjustment in the CO2 emissions;
- Removal of the ability to order new diesel cars on the scheme

## Items For Noting

### Energy Update

The Committee received a paper relating to the current situation with energy prices. Due to the nature of the markets and high expenditure, the Energy Price Risk Management Group (EPRMG) was formed in 2005 to manage exposure to risk across the NHS Wales energy contracts. The overarching aim of the group is to minimise the impact of energy price rises through proactive management and forward buying.

There have been very significant increases in gas and electricity prices during the year, particularly during recent weeks following the outbreak of the Ukraine war. The EPRMG strategy of purchasing ahead has meant that NHS Wales has benefitted substantially and avoided most of the price increases for gas and electric supply. Whilst this strategy has protected NHS Wales from the huge increase in market prices for 2021/22 it is likely that there will be very significant hikes in energy costs in 2022/23 because of the current contracts coming to an end.

The recent increase in energy costs is very unwelcome, but is unavoidable given the current war in Ukraine, the sanctions applied to Russia and the removal of Russian Gas and Oil from supplying the global market. However, the EPMRG will attempt to manage the energy costs for NHS Wales as best as we can over the year ahead.

The Committee **NOTED** the paper.

### **Finance, Performance, People, Programme and Governance Updates**

**Finance** – The Director of Finance & Corporate Services reported that NWSSP was on track to meet each of its revenue financial targets for 2021/22 and the projected outturn on the Welsh Risk Pool was in line with the Integrated Medium-Term Plan. Additional capital funding had been received in quarters three and four, but plans were in place to ensure the funding was fully utilised by the end of the financial year.

**Performance** – Most KPIs are on track except for those relating to Recruitment Services which was the subject of the deep dive earlier in the agenda. The move towards qualitative output focused measures continues within NWSSP.

**People & OD Update** – Sickness absence rates remain at very low levels with an absence rate of 2.93% for the last quarter. Performance and Development Reviews and Statutory and Mandatory training results continue to improve although there is still room for further improvement. Headcount is increasing due mainly to the additional staff recruited as part of the Single Lead Employer Scheme. The ESR database has been modified such that most of the facilities it provides can be accessed and delivered in Welsh

**Corporate Risk Register** – there are two red risks. The first relates to the pressures currently being noted within the Employment Services Directorate, and particularly in Recruitment and Payroll Services, which was the subject of the earlier deep dive. The second refers to the energy price increases which again was the subject of an earlier agenda item.

### **Papers for Information**

The following items were provided for information only:

- PMO Highlight Report
- Audit Committee Highlight Report
- Quality and Safety Assurance Report
- 2022/23 Forward Plan
- Finance Monitoring Returns (Months 10 and 11)

### **AOB**

**N/a**

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

- The Board is asked to **NOTE** the work of the Shared Services Partnership Committee.

<b>Matters referred to other Committees</b>	
N/A	
<b>Date of next meeting</b>	19 May 2022

## **WELSH HEALTH SPECIALISED SERVICES COMMITTEE (WHSSC) JOINT COMMITTEE MEETING BRIEFING – 10 MAY 2022**

The Welsh Health Specialised Services Committee held its latest public meeting on the 10 May 2022. This briefing sets out the key areas of consideration and aims to ensure everyone is kept up to date with what is happening within the Welsh Health Specialised Services.

The papers for the meeting can be accessed at:

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

### **1. Minutes of Previous Meetings**

The minutes of the meeting held on the 15 March 2022 were **approved** as a true and accurate record of the meeting.

### **2. Action log & matters arising**

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

### **3. Genomics Presentation**

Members received an informative presentation on the All Wales Genomics Laboratory and how the Wales Infants and Children's Genome Service (WINGS) had pushed the boundaries of genomic testing in Wales to an unprecedented scale using whole genome sequencing which had the capacity to sequence the entire DNA structure of the human body in a matter of hours.

Members noted the Watson family's patient story (publically available on the BBC website) which shared their first hand experience of using the WINGS, when their baby suffered from breathing difficulties and complications to her nose and airways.

Members **noted** the presentation.

### **4. Chair's Report**

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

- An update on the proposal for an interim Chair of the Individual Patient Funding Request (IPFR) Panel,
- Attendance at the Integrated Governance Committee (IGC) meetings on the 30 March 2022 & 19 April 2022; and
- Attendance at key meetings.

Members **noted** the report.



## 5. Managing Director's Report

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

- That WHSSC had been successful in publishing an article in the Applied Health Economics and Health Policy Journal on a "A Case Study on Reviewing Specialist Services Commissioning in Wales: TAVI for Severe Aortic Stenosis",
- The first two NRP (Normothermic Regional Perfusion) organ retrievals undertaken by the the Cardiff Transplant Retrieval Service,
- The stakeholder engagement being undertaken on the Genomics Delivery Plan for Wales,
- The positive feedback received following the Extension of the FastTrack Process for Military Personnel; and
- The findings of a review into Molecular Radiotherapy (MRT) to guide development of an all Wales MRT service.

Members **noted** the report.

## 6. Interim Appointment of Chair for the All Wales IPFR Panel

Members received a report proposing that an Interim Chair is appointed to the Individual Patient Funding Request Panel (IPFR) for a 3 month period to support business continuity and to allow sufficient time to prepare for, and undertake, a recruitment process to appoint a substantive Chair.

Members (1) **Noted** the report; and (2) **Approved** the proposal to appoint an interim Chair to the Individual Patient Funding Request Panel (IPFR) for a 3 month period to support business continuity and to allow sufficient time to recruit a substantive Chair.

## 7. Neonatal Transport Operational Delivery Network

Members received a report providing an update from the Neonatal Transport Delivery Assurance Group (DAG) established to provide commissioner assurance on the neonatal transport service.

Members (1) **Noted** the information presented within the report; and (2) **Received assurance** that there were robust processes in place to ensure delivery of the neonatal transport services.

## 8. Draft Mental Health Specialised Services Strategy for Wales 2022-2028

Members received a report presenting the draft Mental Health Specialised Services Strategy for Wales 2022-2028, and seeking endorsement for its circulation through key stakeholder groups for comment.

Members (1) **Noted** the draft Mental Health Specialised Services Strategy for Wales 2022-2028, and provided comments on the document,

(2) **Noted** that the draft Mental Health Specialised Services Strategy for Wales 2022- 2028 would be circulated through a comprehensive stakeholder list in a bilingual format for comment and that the suggested date of between 10 May and 6 June 2022, would be reviewed and extended; and (3) **Noted** that it was anticipated that the final strategy would be published during Winter 2022, and will be brought back to the Joint Committee for approval.

## **9. Preparedness for the COVID-19 Inquiry**

Members received a report providing an update on WHSSC's preparedness for the COVID-19 Public Inquiry.

Members **noted** the report.

## **10. Disestablishment of the NHS Wales Mental Health and Learning Disability Collaborative Commissioning Group**

Members received a report providing a brief overview of the work that had been undertaken by the NHS Wales Mental Health and Learning Disability Collaborative Commissioning Group and which was seeking support to disestablish the advisory group, as there was no longer a requirement for it to be established as a sub group of the Joint Committee.

Members (1) **Noted** the work undertaken by the Joint Committee's sub group the NHS Wales Mental Health and Learning Disability Collaborative Commissioning Group, (2) **Approved** the proposal to disestablish the NHS Wales Mental Health and Learning Disability Collaborative Commissioning Group; and (3) **Noted** that the work of the group had been incorporated into the Inclusion and Corporate Business Division within Social Services in Welsh Government (WG), and that further consideration was required on the system of oversight of health board commissioned LD placements.

## **11. Annual Governance Statement 2021-2022**

Members received the Annual Governance Statement (AGS) 2021-22 for retrospective approval.

Members (1) **Noted** the report, (2) **Noted** that the Draft Annual Governance Statement (AGS) was endorsed at the Integrated Governance Committee (IGC) on 19 April 2022 and the draft was submitted to CTMUHB in readiness for the 29 April 2022 deadline set, (3) **Approved** the WHSSC Annual Governance Statement (AGS) 2021-2022, (4) **Noted** that the WHSSC Annual Governance Statement (AGS) 2021-2022 will be included in the CTMUHB Annual report being submitted to Welsh Government and Audit Wales by 15 June 2022, recognising that it had been reviewed and agreed by the relevant sub committees of the Joint Committee; and (5) **Noted** that the final WHSSC Annual Governance Statement (AGS) will be included in the Annual Report presented at the CTMUHB Annual General Meeting (AGM) on 28 July 2022.

## **12. Sub-Committee Annual Reports 2021-2022**

Members received the Sub-Committee Annual Reports for the reporting period 1 April 2021 to 31 March 2022 which set out the activities of each sub-committee during the year and detailing the results of reviews into performance.

Members **noted** the Sub-Committee Annual Reports for 2021-2022.

## **13. Sub-Committee Terms of Reference**

Members received the updated Terms of Reference (ToR) for the Integrated Governance Committee (IGC), the Quality & Patient Safety Committee (QPSC) and the Management Group (MG) for approval.

Members noted that ToR for the sub-committees of the Joint Committee were reviewed on an annual basis in line with Standing Orders and to ensure effective governance.

Members noted that ToR for the Welsh Renal Clinical Network (WRCN) were approved by the Joint Committee on 18 January 2022, and discussions were ongoing with Welsh Government concerning updating the ToR for the All Wales IPFR panel.

Members (1) **Noted** that the Terms of Reference were discussed and approved at sub-committee meetings on 30 March 2022 and 28 April 2022; and (2) **Approved** the revised Terms of Reference (ToR) for the Integrated Governance Committee (IGC), the Quality & Patient Safety Committee (QPSC) and the Management Group (MG).

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

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

Members (1) **Noted** the report; and (2) **Agreed** to hold an extended session on activity reporting at the next meeting of the Joint Committee in July to scrutinise provider recovery reports.

## **15. Financial Performance Report – Month 12 2021-2022**

Members received the financial performance report setting out the financial position for WHSSC for month 12 2021-2022. The financial position was reported against the 2021-2022 baselines following approval of the 2021-2022 WHSSC Integrated Commissioning Plan (ICP) by the Joint Committee in January 2021.

The financial position reported at Month 12 for WHSSC was a year-end outturn under spend of £13,112k.

Members **noted** the report.

## 16. Corporate Governance Matters

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

Members **noted** the report.

## 17. Other reports

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

- Audit & Risk Committee (ARC)
- Management Group (MG),
- Quality & Patient Safety Committee (QPSC),
- Integrated Governance Committee (IGC),
- All Wales Individual Patient Funding Request (IPFR) Panel; and
- Welsh Renal Clinical Network (WRCN).



GIG  
CYMRU  
NHS  
WALES

Tim Gwasanaethau Iechyd  
Arbenigol Cymru  
Welsh Health Specialised  
Services Team



PARCH  
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RESPECT



PARTNERIAETH  
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GWELLA AC  
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IMPROVEMENT  
& INNOVATION



<b>Cyfarfod a dyddiad: Meeting and date:</b>	<b>Board 26 May 2022</b>				
<b>Cyhoeddus neu Breifat: Public or Private:</b>	<i>Public</i>				
<b>Teitl yr Adroddiad Report Title:</b>	Targeted Intervention Improvement Framework – update and Self-Assessment				
<b>Cyfarwyddwr Cyfrifol: Responsible Director:</b>	Jo Whitehead, Chief Executive				
<b>Awdur yr Adroddiad Report Author:</b>	Simon Evans-Evans, Interim Director of Governance				
<b>Craffu blaenorol: Prior Scrutiny:</b>	<i>None</i>				
<b>Atodiadau Appendices:</b>	1. Matrices by Domain 2. Gap Analysis by Domain				
<b>Argymhelliad / Recommendation:</b>					
The Board is requested to: <ul style="list-style-type: none"> <li>1) Note the progress in delivering Targeted Improvement.</li> <li>2) Agree the self-assessment reference points against each matrix             <ul style="list-style-type: none"> <li>a. All Ages Mental Health 2</li> <li>b. Strategy, Planning and Performance 2</li> <li>c. Leadership Governance and Culture 2</li> <li>d. Engagement 2 (high)</li> </ul> </li> <li>3) Agree the target reference point for November 2022             <ul style="list-style-type: none"> <li>a. All Ages Mental Health 3</li> <li>b. Strategy, Planning and Performance 2 (3 for strategy and planning)</li> <li>c. Leadership Governance and Culture 3</li> <li>d. Engagement 4</li> </ul> </li> <li>4) Request permission from Welsh Government to split the Strategy Planning and Performance Domain into 2 matrices.</li> </ul>					
<b>Ticiwch fel bo'n briodol / Please tick as appropriate</b>					
<b>Ar gyfer penderfyniad /cymeradwyaeth For Decision/ Approval</b>	<input checked="" type="checkbox"/>	<b>Ar gyfer Trafodaeth For Discussion</b>	<input type="checkbox"/>	<b>Ar gyfer sicrwydd For Assurance</b>	<input type="checkbox"/>
					<b>Er gwybodaeth For Information</b>
<b>Y/N i ddangos a yw dyletswydd Cydraddoldeb/ SED yn berthnasol Y/N to indicate whether the Equality/SED duty is applicable</b>					<b>N</b>
<b>Sefyllfa / Situation:</b>					
The Health Board continues to develop the approach to Targeted Improvement, which will enable the Board to monitor progress of the transformation programme and provide robust assurances against					

the commitments made to, and expectations of, the Minister for Health and Social Care as detailed within the Targeted Intervention Improvement Framework (TIIF). Every six months the Board is required to make a self-assessment of progress and to set a target for the following six months.

### **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 20<sup>th</sup> May and has subsequently shared with colleagues in Welsh Government, Health Inspectorate Wales and the Welsh Audit Office “the Tripartite” and other stakeholders. The matrices have been published in Welsh and English on the Health Board’s website ( [Ymyriad wedi'i Dargeddu - Bwrdd Iechyd Prifysgol Betsi Cadwaladr \(gig.cymru\)](https://www.betsi-cymru.nhs.uk/ymyriad-wedi-i-dargeddu-bwrdd-lechyd-prifysgol-betsi-cadwaladr-gig.cymru/) )

The four matrices cover:

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

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

Operational teams have 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 corporate TI team) before being presented to the Evidence Group. The Output from the Evidence Group is a recommendation of the numerical score against each domain

Operational teams also provided evidence of outcomes from actions to be measured against the Outcomes defined by Welsh Government within the TIIF the evidence was subjected to a level 2 assurance process (check and challenge by the corporate TI team) before being presented to the Outcomes Group. The Output from the Outcomes Group is a recommendation of the verbal score against each domain (i.e. High)

Members of the Board were sighted on the evidence summary sheets for both the Evidence Group and the Outcomes Group at the Board workshop on 7<sup>th</sup> April 2022. The matrices (attached) have been colour coded in green to show where actions were completed by November 2021 and in Blue by March 2022.

### **Self-Assessment Recommendations**

Following the Board Workshop a series of moderation meetings were held with each domains Senior Responsible Officer and Link Independent Member, with the Good Governance institute and Interim Director of Governance. A system moderation meeting, chaired by the Programme Senior Responsible Officer was then held, resulting in some changes to the recommended scores as detailed in the table below.

Domain	Recommendation from Evidence Group	Recommendation from Outcomes Group	Initial Recommendations	Recommended Self-Assessment following moderation
All Ages Mental Health	2	Met at level 2	2 (high)	2
Strategy, Planning and Performance	2	Met at Hiu Nick we already have an Hour booked its just whether we use it or not level 2	2 (high)	2 2 (high) if WG approve IMTP
Leadership	2	Not yet met at level 2	2	2
Engagement	2	Met at level 2	2 (high)	2 (high)

In November 2021 the Board set targets to achieve for this assessment as follows

Mental Health: 2 (high) – the Board recognised that this was a stretch target, and whilst there is evidence of progress against the outcomes defined by WG in the TIIF the recommendation is to self-assess at a 2, the attached gap analysis shows some progress in the level 3.

Strategy Planning and Performance: 2 (high): This is a timing issue, The Health Board has approved the IMTP for submission, however we are waiting for the WG to approve the IMTP, at which point we could describe this domain as a 2 (high) in the meantime, the recommendation is for a 2. The Gap analysis shows progress into level 3

Leadership : 2 – recommendation achieved

Engagement: 2 (high) – recommendation achieved

### Recommendations for Target Setting for November 2022

The board are asked to set stretch targets for the next six months, recognising that progress between the levels in the matrices is not even, the biggest step change is between level 2 (early progress) and level 3 (results). This step-change between level 2 and level 3 could cause an issue with the Strategy Planning and Performance Matrix, in that the Strategy and Performance elements are likely to achieve a level 3, while performance is not. The Board are asked to formally ask Welsh Government if we can split this matrix into two, one to cover strategy and planning and another to cover performance. It would mean further work to convert the performance aspects of the current matrix into a matrix in its own right. Informally Welsh Government would be amenable to this request, which is also supported by the link Independent Member and the SRO.

### Recommended Targets for November 2022

Domain	Target
All Ages Mental Health	3
Strategy, Planning and Performance	2
<i>Strategy and Planning</i>	3
<i>Performance</i>	2
Leadership	3

## Engagement

4

Betsi Cadwaladr University Health Board:

## Summary Progress



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



## Examples of progress in Each Domain

All ages Mental Health

- Mental Health Act Benchmarking report shows improvement in our application of the Mental Health Act (MHA), compared to other Health Boards in Wales. A three monthly audit programme of Divisional MHA activity has been implemented, to ensure the legal requirements of the MHA continue to be met, the audit results are scrutinised by BCUHB Mental Health Capacity and Compliance committee.
- Mental Health Act pathway and flowcharts introduced across the Division, to ensure consistency and improve data collection. Pathway developed aligned to working with North Wales police, to improve the S136 pathway process to strengthen partnership working and enhance patient experience.
- Ligation Risk Reduction Project Plan shows improvements made and action taken during the last 8 months aligned to ligation risk reduction across the MH&LD Division, which includes ratification of policies, review and implementation of audit activity and establishment of Ligation Risk Reduction meetings with an agreed reporting framework.
- Recruitment of a transformative MH&LD work based Coach, with a remit of supporting the development of coaching and mentoring skills across the Division and a focus on the enhancement of compassionate and effective leadership.
- MH&LD Training and Development meeting focuses on identifying and describing staff skills development, aligned to the pathways within the Division. Links with Clinical Effectiveness have been established to ensure learning is shared.
- Recruitment to additional staffing continues for CAMHS services supported by a national Just R recruitment campaign, a further bespoke campaign for Psychiatry has been commissioned with Just R to launch imminently



- Appointment of a dedicated Workforce specialist post in CAMHS services to support with the production of a workforce plan and a workforce strategy and lead on the arrangement of regional recruitment days to be held in the Summer

### Strategy, Planning and Performance

#### Clinical services strategy

- Draft consultative clinical services strategy document completed at end of March and shared with Health Board members in early April
- Intention to take a final version to Health Board in July for approval after further internal and external engagement during May and June
- Establishment of a BCUHB Clinical Senate, a multi professional group to provide independent advice, guidance and leadership to support the development of the Clinical Services Strategy. The Senate will evolve over the coming year but has met on two occasions already with monthly meetings scheduled for the remainder of the year
- Draft includes a statement on the Health Board's vision for clinical services, overarching guiding and design principles, criteria for identifying services for reconfiguration and a checklist to support service redesign
- Underpinned by:
  - BCU Planning Principles ensuring population need, outcomes and quality are central
  - A whole pathway approach, using the BetsiPathway methodology (which is built upon evidence based work derived from Canterbury NZ)
  - Co-design built into the process for service change or development proposals
  - A clear prioritisation framework for the Health Board, supporting consistent, evidence-based decision making

#### Pathway redesign – best practice approach to improvement

- Head of Value Based Health Care (VBHC) and full complement of Pathway Re-design Facilitators now appointed
- Agreed BCUHB whole pathway methodology – incorporating Getting It Right First Time (GIRFT), learning from Canterbury NZ (amongst others) and VBHC principles
- Work underway on a number of orthopaedic pathways with GIRFT support
- Work underway with Mental Health to develop the Dementia pathway redesign programme
- Currently working with Aneurin Bevan and Cwm Taf Health Board to procure a PROMS platform
- Currently finalising public (and professional) website for pathways and pathway resources

### Leadership, Governance and Culture

- Collective and collegiate approach to development of IMTP
- At each stage where further work required, undertaken as a collective using respective skills, knowledge and experience
- Realignment of Executive portfolios near completion and new Executive Director of Nursing & Midwifery appointed
- Impact of new roles e.g. Director Partnerships, Engagement and Communication, Director of Digital and Assistant CEO material and positive
- Shared problem solving and solution finding on particular topics happening regularly

- Active commitment to Self and Team Development sustained and proactive consideration of how we can further improve the impact and understand the outcomes as a result

## Engagement

- We are gathering stories from patients, their carer and families to shape our Long Covid work. The approach, which we call the Long Covid Lived Experience model – featured at the Improvement Cymru National Conference in May
- We have developed an approach that supports services to empower staff and embed patient feedback into ongoing service improvements – we are trialling with mental health services and will continue to adapt and evolve the approach
- Through capturing patient stories we are seeing changes being made, such
  - Support for parents accessing maternity services and bereavement support
  - Improvement in food and nutrition standards in Wrexham Maelor Hospital
  - Improving people's dementia experience – we are re-launching the Butterfly Scheme
- A recent review of engagement activity across the organisation revealed that a broad range of engagement is being delivered across the Health Board by many services – e.g. in mental health and learning disabilities, primary care, informatics, community nursing, and gynaecology. It also showed that our engagement is across many stakeholders groups including patients, public, staff and partners.
- We are now undertaking some further face to face/telephone conversations with a number of key staff/services to both test out the findings from the survey and obtain more detailed insight. The full findings/recommendations will be ready in June but based on initial responses the evidence suggests we are progressing towards routine engagement, collaboration and an understanding of the importance of listening.
- Regional engagement has continued with a number of North Wales Wide Forums taking place, e.g. in March this year an engagement forum celebrating International Women's Day was held. Over 70 representatives from partner organisations spanning public, private and third sectors attended.
- We received recognition for our 'Bitesize Health' community engagement approach during Covid from the Consultation Institute (tCI)
- We are progressing well with the co-design of a collaborative, outcomes focussed third sector commissioning model
- We have established new face-to-face meetings with Members of the Senedd and MPs to discuss the issues they have raised and to brief them on the latest developments at the Health Board, supported by a weekly bulletin for all partners
- We had had recognition for our 'Bitesize Health' community engagement approach during Covid from the Consultation Institute (tCI)
- Further third-party recognition, this time for our Living Healthier, Staying Well public engagement in the Welsh NHS Confederation briefing paper, [Reshaping the relationship between the public and the NHS](#).
- Widespread engagement with partners is now underway, offering opportunities to discuss and shape the Clinical Strategy



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
<b>CHILDREN'S SERVICES</b>						
<b>1 STRATEGY AND SUSTAINABILITY</b>  <b>1.2 Service Improvement &amp; Transformation</b>  See also service user engagement section 5  <div style="border: 1px solid black; background-color: yellow; padding: 5px; width: fit-content;">This impacts outcomes 1, 2, 3, 4 &amp; 5</div>		<b>C1</b> 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  <b>C2</b> 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.  <b>C3</b> Reporting Structure To Executive Leads for TI established	<b>C27</b> CAMHS Strategic Improvement Plan developed with clear programme of priorities.  <b>C28</b> Specific Improvement Work streams identified.  <b>C29</b> Targeted Improvement Children's Mental Health Matrix agreed and maintained.  <b>C30</b> Organisational development approach established to enable delivery of plans.  <b>C31</b> Plans, pace of transformation and	<b>C69</b> Regional processes and strategies are in place to understand and manage clinical demand and resources.  <b>C70</b> Culture of collaboration and partnership embedded, focused around the impact on those that use services.  <b>C71</b> Staff are involved in service transformation and improvement.	<b>C107</b> 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  <b>C108</b> Jointly- owned with external partner agencies and areas of integration with AMH within BCUHB.  <b>C109</b> Organisational development approach embedded to enable the service to effectively deliver service transformation,	<b>C149</b> Seamless, service wide collaboration is represented in a joined up vision and clear, sustainable investment across the three areas of CAMHS, BCUHB  <b>C150</b> 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
			<p>delivery data are clearly outlined and monitored through the Performance Improvement Group and discussed Regionally at Area Director and Executive Level within BCUHB</p> <p><b>C32</b> Agreed communication plan ensure staff and clinical leaders are engaged and communicated with around the CAMHS strategy and vision</p>		improved quality and outcomes.	
<p>1.3 Leadership &amp; Governance</p> <p>This impacts outcome 2, 3, 4, 5, 7 &amp; 10</p>		<p><b>C4</b> Strengthen Leadership Structures. Nominated Service Improvement &amp; Transformation Clinical Lead with Regional responsibilities</p> <p><b>C5</b> Regional governance structures aligned to established local /area governance structures in place.</p> <p><b>C6</b> 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,</p> <p><b>C7</b> Examples of better working practices are being adopted. Routine review of governance mechanisms is agreed. Personal development plans are agreed for key staff</p>	<p><b>C33</b> 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.</p> <p><b>C34</b> Performance dashboard in place to track operational performance, quality and the impact of improvement activities on agreed key outcomes.</p> <p><b>C35</b> Regular reporting mechanisms are established across all Childrens Areas, Executive Team, Board</p>	<p><b>C72</b> Developed clinical leadership roles in place with support to ensure that structures are in place to facilitate discussion and service development Regionally.</p> <p><b>C73</b> 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</p> <p><b>C74</b> Clear escalation with developed SITREP reporting at Area and Executive Director Level</p>	<p><b>C110</b> Robust Regional and Area Governance and Leadership structure embedded</p> <p><b>C111</b> 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.</p> <p><b>C112</b> 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.</p>	<p><b>C151</b> Collective leadership with everyone taking responsibility for the success of service improvement and Transformation as a whole.</p> <p><b>C152</b> 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.</p> <p><b>C153</b> 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</p> <p><b>C154</b> The service benchmarks in the upper decile for chosen elements of management effectiveness.</p>



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
		<p><b>C8</b> 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.</p> <p><b>C9</b> We have agreed how outcomes measures will be used as part of performance reports, including how benchmark data will be incorporated.</p>	<p>and board sub groups, Welsh Government and Partnership Forums.</p> <p><b>C36</b> BCU Wide CAMHS Risk Register developed.</p> <p><b>C37</b> 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.</p> <p><b>C38</b> 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</p> <p><b>C39</b> Outcome data is routinely used. The organisation has no surprises around outcome data when inspected or otherwise challenged</p>	<p>to enable high level oversight of challenges and risks to service delivery.</p> <p><b>C75</b> 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</p> <p><b>C76</b> Business continuity plans are in place and regularly reviewed. The Regional &amp; Area Leadership Teams have developed a joint understanding of risk and opportunities.</p> <p><b>C77</b> 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.</p>	<p><b>C113</b> 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 &amp; Regional Q&amp;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.</p> <p><b>C114</b> 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</p> <p><b>C115</b> National Benchmarking data is routinely utilised within the service to provide challenge and inform service development</p>	


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.		
<b>2. WORKFORCE</b>  <b>2.1 Develop 3 Year Workforce Strategy and Plan</b>  <b>Key Implementation Phases:</b> <ul style="list-style-type: none"> <li>Diagnostic and Discovery</li> <li>Design</li> <li>Delivery of Change</li> </ul> <div style="border: 1px solid black; padding: 5px; margin-top: 10px;"> This impacts outcomes 1, 2 &amp; 10 </div>		<b>C10</b> 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  <b>C11</b> Established links with BCU Integrated Workforce Groups. Set out timeframes for 3 phases of implementation with WoD	<u>Diagnostic &amp; Discovery - Phase 1</u>  <b>C40</b> Regional Workforce Group established with dedicated WoD support to report to CAMHS Performance Improvement Group. Representation from all stakeholders.  <b>C41</b> Analysis of baseline staffing data, trends and budget undertaken supported by workforce intelligence reports  <b>C42</b> Ensure processes and strategies to understand and manage clinical demand and resource are in place  <b>C43</b> Define the plan and map the service change required.  <b>C44</b> Analysis of Current Vision, Workforce Configuration. Key workforce	<u>Design – Phase 2</u>  <b>C79</b> Development of Workforce Strategy and Plan in place in line with demand and capacity modelling  <b>C80</b> 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. <b>Job functions identified rather than roles.</b>  <b>C81</b> Understand workforce availability, plan for delivery with recommendations for workforce development.	<u>Delivery of Change – Phase 3</u>  <b>C116</b> Workforce 3 Year Plan Implementation, Monitoring and Evaluation.  <b>C117</b> 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  <b>C118</b> Commenced implementation of workforce plan and the development of new roles, attraction strategy to develop the workforce of the future.  <b>C119</b> 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.	<b>C155</b> CAMHS workforce has sufficient expertise and capacity to deliver clinical pathways and plans for sustainability are in place.  <b>C156</b> Workforce plan is regularly reviewed and refreshed  <b>C157</b> 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
<p>2.2 Training, Recruitment and Retention</p> <p>This impacts outcomes 1, 2 &amp; 10</p>		<p><b>C12</b> Regional collaboration to develop training strategy, recruitment and retention to support the development of the workforce plan.</p> <p><b>C13</b> Review of traditional training routes undertaken and other opportunities identified</p>	<p><b>C45</b> Training Needs analysis undertaken within current workforce.</p> <p><b>C46</b> Develop targeted plans to address the current recruitment challenges faced by CAMHS Nationally</p> <p><b>C47</b> High-turnover areas identified to gain an understanding of your workforce demographics to develop a sustainable retention plans.</p> <p><b>C48</b> Undertake audit of current processes to better understand retention challenges, for example: Induction – staff are welcomed and supported. Exit Interviews – why staff leave</p>	<p><b>C82</b> 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.</p> <p><b>C83</b> Revamped recruitment strategy in place with consideration given to reward packages to retain and develop staff.</p>	<p><b>C120</b> Sustainability and succession workforce planning. Modernisation of the workforce.</p> <p><b>C121</b> There is an embedded culture of valuing staff wellbeing as a core feature to delivering an effective service.</p>	<p><b>C158</b> Culture of valuing, supporting, developing and investing in our people.</p> <p><b>C159</b> Be seen as the aspirational target for other health boards in Wales in relation to turnover and vacancies.</p> <p><b>C160</b> Staff feel valued and supported evidenced through regular staff surveys</p>
<p>3. Care Pathways for Crisis, Eating Disorders and Prevention and Early Intervention</p> <p>Priorities for Service Specifications Standard Operating Procedures for models of care:</p> <p>3.1 Crisis</p> <ul style="list-style-type: none"> <li>Enhanced Access</li> </ul>		<p><b>C14</b> 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.</p> <p><b>C15</b> Baseline data/performance is available.</p>	<p><b>C49</b> Clinical pathways in place and delivered in accordance with recommended evidence base/NICE guidance and WG Targets in each locality.</p> <p><b>C50</b> Model of care is supported by a Service Specification and</p>	<p><b>C84</b> Clinical pathways in place and developed with evidence of joint working with Primary Care/ Social Care/Education partners and focus on improving outcomes.</p> <p><b>C85</b> Engagement of stakeholders including Children and young</p>	<p><b>C122</b> Integrated care pathways in place.</p> <p><b>C123</b> Multi – agency outcomes agreed and monitored with active involvement from C&amp;YP and parents/carers.</p> <p><b>C124</b> There is sufficient workforce in place to support</p>	<p><b>C161</b> Service Specifications in place with supporting SOPs to deliver an integrated approach supportive of whole systems approach.</p> <p><b>C162</b> A coherent and sustainable model of care is in place for: CAMHS Unscheduled/Crisis care and C&amp;YP with Eating Disorders</p>



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
<ul style="list-style-type: none"> <li>Advice Liaison &amp; Assessment</li> </ul> <p>3.2 Eating Disorder</p> <ul style="list-style-type: none"> <li>Early detection and Intervention in Primary Care</li> <li>Trained clinical staff and management of co-morbidity</li> </ul> <p>3.3 Early Intervention and Prevention</p> <ul style="list-style-type: none"> <li>Whole School Approach</li> <li>CAMHS GP Cluster posts</li> <li>Early Years</li> </ul> <p>This impacts outcomes 1, 2, 4, 6, 8 &amp; 10</p>		<p><b>C16</b> Early Intervention and prevention is considered important and discussions with partner agencies take place to consider how needs can be met</p>	<p><b>C86</b> Standard Operating Procedures (SOP) with monitoring in place.</p> <p><b>C51</b> Some functions of Early Intervention and Prevention in place in each area.</p> <p><b>C52</b> Development of an Early Intervention and Prevention plan that aligns with offers/priorities from partner agencies</p> <p><b>C53</b> Shared plans are rooted in child development and informed by Adverse Childhood Experiences (ACEs).</p>	<p>people in pathway design and delivery.</p> <p><b>C86</b> There is sufficient workforce and clinical leadership in place to support the demands of the clinical pathway.</p> <p><b>C87</b> Clinical staff trained in the clinical pathway relevant to their role and the evidence base.</p> <p><b>C88</b> Workforce development/ planning and training requirements are detailed and support sustainability.</p> <p><b>C89</b> Workforce needs have been identified and analysed in relation to EI&amp;P.</p> <p><b>C90</b> Training and support delivered to meet the needs of the workforce in a range of partner agencies</p> <p><b>C91</b> A range of evidence based “programmes” are delivered to meet local needs</p>	<p>the demands of the clinical pathway.</p> <p><b>C125</b> Agile and flexible working arrangements in place incorporating the use of digital technology.</p> <p><b>C126</b> Multi-agency training workforce plans developed and implemented.</p> <p><b>C127</b> Multi agency EI&amp;P principles/strategy agreed with clear local delivery plans in place.</p> <p><b>C128</b> Common language used and understood between partners.</p> <p><b>C129</b> EI&amp;P Activity and outcomes collated and shared amongst relevant partners to inform current progress and future developments.</p> <p><b>C130</b> Clear engagement with C&amp;YP with EI&amp;P developments.</p> <p><b>C131</b> Multi-agency staff and settings are trained and</p>	<p><b>C163</b> 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.</p> <p><b>C164</b> Quality Improvement networks established</p> <p><b>C165</b> Co-produced Whole Systems partnership plan in place for EI&amp;P relevant to the local area.</p> <p><b>C166</b> Easy access to advice, consultation and effective support for front line professionals is in place.</p> <p><b>C167</b> A range of evidence-based programmes is available /implemented with full fidelity to model as part of a multi-agency offer to local communities.</p> <p><b>C168</b> Co-ordinated network and/or multi agency teams.</p>

<b>Progress Levels</b>  <b>Key Elements</b> 	<b>0 - No Progress</b>	<b>1 - Basic Level</b> Principle accepted and commitment to action	<b>2 - Early Progress</b> Early progress in development	<b>3 - Results</b> Initial achievements	<b>4 - Maturity</b> Results consistently achieved	<b>5 - Exemplar</b> Others learning from our consistent achievements
					supported in evidence based psychological models for universal and targeted populations.	<b>C169</b> Outcomes are measured and demonstrate consistent improvement.
<b>4. ACCESS</b>  <u>Scheduled Care</u>  <b>4.1 Delivery of Mental Health Measure (MHM) targets.</b>  <b>4.2 Delivery of equitable access service for non MHM demand</b>  <b>4.3 Use of IT systems and intelligence to support MHM reporting and service planning</b>   <b>4.4 Choice and Partnership Approach (CAPA) model embedded within teams</b>		<b>C17</b> Understanding of the targets set in relation to the MHM and our delivery against them.  <b>C18</b> Acknowledgement and basic understanding of non MHM demand levels and sources  <b>C19</b> Multiple IT systems utilised to report MHM targets supported by manual reporting   <b>C20</b> Basic understanding of CAPA model by management and clinical staff	<b>C54</b> Clear understanding of our trajectories against delivery of the MHM targets and plans in place to achieve  <b>C55</b> Access times achieved in line with MHM  <b>C56</b> Recruitment of dedicated IT support within the service to develop robust IT reporting including real time reporting  <b>C57</b> Staff trained in use of CAPA model in all teams	<b>C92</b> MHM Part 1a, Part 1b and Part 2 fully achieved across the teams  <b>C93</b> Access times achieved in line with MHM  <b>C94</b> 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  <b>C95</b> CAPA model launched in all teams to support demand and capacity modelling. CAPA	<b>C132</b> 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  <b>C133</b> Access times achieved in line with MHM with full understanding of demand trends from non MHM referral sources with demand management strategies in place  <b>C134</b> Fully embedded single IT system for reporting purposes with no manual reporting requirements  <b>C135</b> IT support fully embedded and engaged in key service meetings with IT intelligence supporting key service decisions  <b>C136</b> CAPA model and principles in place within teams with all 11 key components understood and in use	<b>C170</b> MHM Part 1a, Part 1b and Part 2 is reliably and consistently above target with critical control on demand and capacity.  <b>C171</b> Access times achieved in line with MHM with full critical control on demand and capacity  <b>C172</b> Fully embedded single IT system for reporting purposes with no manual reporting requirements  <b>C173</b> Intelligence from IT is readily available and drives decision making within the service  <b>C174</b> CAPA model fully embedded within service with all 11 key components in place and full benefits and engagement

<b>Progress Levels</b>  <b>Key Elements</b> 	<b>0 - No Progress</b>	<b>1 - Basic Level</b> Principle accepted and commitment to action	<b>2 - Early Progress</b> Early progress in development	<b>3 - Results</b> Initial achievements	<b>4 - Maturity</b> Results consistently achieved	<b>5 - Exemplar</b> Others learning from our consistent achievements
<p><u>Unscheduled Care</u></p> <p><b>4.5 Access to Inpatient beds –</b></p> <ul style="list-style-type: none"> <li>North Wales Adolescent Service (NWAS)</li> <li>Out of Area – PICU, Low Secure, Medium Secure</li> <li>Paediatric Ward</li> <li>Age appropriate bed in adult services</li> <li>Mental Health Act</li> </ul> <p><b>This impacts outcomes 2, 4, 6 &amp; 8</b></p>		<p><b>C21</b> Understanding of demand for inpatient bed in each setting. Processes in place to arrange/procure beds</p> <p><b>C22</b> All relevant staff are aware of the Mental Health Act and understand their role and responsibilities in relation to C&amp;YP.</p>	<p><b>C58</b> Clarity of strategy required to procure inpatient bed complement at all levels of care</p> <p><b>C59</b> There is a training programme in place to support the staff in fulfilling their role and responsibilities.</p>	<p>language utilised within teams</p> <p><b>C96</b> Strategy developed with Commissioners and partners for provision of bed complement at all levels</p> <p><b>C97</b> There is a monitoring and audit process in place for C&amp;YP detained under the MHA which reports through to the Health Board Mental Health Act Committee.</p> <p><b>C98</b> There is a clear process for escalation of needs/issues within the organisation</p>	<p><b>C137</b> Progression of strategy to commission and provide full bed complement with processes in place, cognisant of demand with regular review</p> <p><b>C138</b> Learning from audits/monitoring processes are in place, shared with staff and used to support a positive experience for C&amp;YP.</p>	<p>realised. Learning from the model shared with other services.</p> <p><b>C175</b> 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</p> <p><b>C176</b> 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.</p>
<p><b>5. Involvement and Participation</b></p> <p><b>5.1 Service User Involvement</b> <b>5.2 Children's Rights Based Approach</b></p> <p><b>This impacts outcome 6</b></p>		<p><b>C23</b> Service User participation recognised and valued within teams, minimum capacity to engage service users and families meaningfully</p>	<p><b>C60</b> Recruitment of regional Service User Participation Lead.</p> <p><b>C61</b> Establishment of Service User Participation leads within teams with dedicated time</p>	<p><b>C99</b> Patient Experience reporting is embedded within Performance Management structures within the service</p> <p><b>C100</b> Some evidence that Service User feedback has been utilised meaningfully to inform service change</p>	<p><b>C139</b> Development of Children's right based approach following findings from self-assessment</p> <p><b>C140</b> Service User feedback is utilised meaningfully to inform, co-design and co-produce service change</p>	<p><b>C177</b> Children's rights based approach fully embedded across the teams</p> <p><b>C178</b> Service User feedback is routinely sought and utilised meaningfully to drive, co-design and co-produce for all service changes</p>

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				<b>C101</b> Self-assessment against Children's rights based approach		
<p>6. Improve appropriate access to psychology therapies within reasonable waiting times.</p> <p>6.1 Psychologically minded whole service and system approach</p> <p>6.2 Psychological interventions</p> <p>6.3 Practitioner skills and competence</p> <p>6.4 Training and supervision</p> <p>This impacts outcome 9</p>		<p><b>C24</b> There is understanding and agreement that a range of evidence-based and informed psychological interventions for children and young people is required.</p>	<p><b>C62</b> A plan is in place outlining the key priorities for development.</p> <p><b>C63</b> Psychological therapies that are most likely to be effective are prioritised and this is agreed by the Senior Leadership Team.</p> <p><b>C64</b> 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</p>	<p><b>C102</b> All CAMHS teams offer accredited training to multi-disciplinary staff in core cognitive behavioural assessment and therapy skills (CBT).</p> <p><b>C103</b> Clinicians from multi-disciplinary backgrounds are trained in specific psychological approaches.</p> <p><b>C104</b> Teams routinely offer a range of psychological interventions including:</p> <ul style="list-style-type: none"> <li>• CBT</li> <li>• Dialectical Behaviour Therapy (DBT)</li> <li>• Systemic Family Psychotherapy</li> <li>• Eye Movement Desensitisation and Reprocessing (EMDR)</li> <li>• Child and Adolescent Psychodynamic Psychotherapy (CAPPT)</li> </ul>	<p><b>C141</b> Routine activity and outcome data is collected and analysed.</p> <p><b>C142</b> All teams establish accredited CBT skills in order to sustainably deliver high quality psychological therapy and in-house supervision.</p> <p><b>C143</b> All teams routinely offer a range of evidence based psychological approaches</p> <p><b>C144</b> Workforce planning reflects staff turnover and increase in demand.</p> <p><b>C145</b> Multi-agency staff and settings are trained and supported in evidence based psychological models for universal and targeted populations.</p> <p><b>C146</b> Psychological interventions for families are supported and delivered through posts embedded in multi-agency services especially where trauma is a key component.</p>	<p><b>C179</b> A sustainable approach to training in effective psychological therapies is in place, in partnership with Bangor University. Accredited training in supervision is included.</p> <p><b>C180</b> 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</p> <p><b>C181</b> Pathways are clear in distinguishing when to offer specific therapies e.g. trauma focused CBT or EMDR; CBT or IPT-A.</p> <p><b>C182</b> Capacity to provide Rapid access to psychological therapies for those in need.</p>

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				<ul style="list-style-type: none"> <li>Interpersonal Psychotherapy for Adolescents (IPT-A)</li> </ul>		
TRANSITION						
Transition to Adult services from Young people's service  <div>This impacts outcomes 2, 6, 7, 8 &amp; 10</div>		<b>C25</b> 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.  <b>C26</b> Interface meetings between AMH and CAMHS established and meeting regularly.	<b>C65</b> 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.  <b>C66</b> Patient and stakeholder experience to validate is sought  <b>C67</b> Reporting structure detailing transition cases and cases requiring additional support for smoother transition  <b>C68</b> 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	<b>C105</b> Transition policy clearly updated, clinical contribution assured and adherence to policy is robust. Patient and stakeholder experience to validate is sought  <b>C106</b> Patient and stakeholder experience to validate is incorporated into service delivery approaches	<b>C147</b> 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  <b>C148</b> Regular audit of transition pathway reviewed between AMH and Childrens Services.	<b>C183</b> 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.



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ADULTS						
<b>Mental Health Divisional Management</b>  <b>Relates to:-</b>  <b>TI Targeted intervention 1-9</b>  <b>KP= key priority 1-4</b>  <b>KP-2 Stronger and more aligned management and governance</b>  <b>TI 7 -Good governance arrangements embedded within the Division</b>  <div style="background-color: yellow; border: 1px solid black; padding: 5px;"> <b>This impacts outcomes 1, 2, 3, 4, 5, 6, 7, 8 &amp; 9</b> </div>		<b>M1</b> Organisational governance structure developed and agreed. Shared with all staff in division. Roles and responsibilities agreed  <b>M2</b> Attendees for meetings defined and informed. Quorum defined  <b>M3</b> Standard format for meeting recording discussed and agreed. This includes adoption of BCU templates.  <b>M4</b> Standard agenda agreed, to include adoption of BCU templates, and first meeting held. Dates organised and advertised for coming three months	<b>M25</b> 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.  <b>M26</b> 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  <b>M27</b> 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.	<b>M50</b> Annual review of meeting's work confirms positive benefit. Structure refined. Task and finish groups set up for one-off projects of work  <b>M51</b> 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.  <b>M52</b> 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	<b>M74</b> Structure, with amendments and improvements, has been working for 24 months. Evaluation of structure as remaining fit for purpose two years running.  <b>M75</b> 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.  <b>M76</b> 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.	<b>M99</b> Structure externally recognised as adding value. Other organisations have reviewed the structure as a possible model for their own structure  <b>M100</b> 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.  <b>M101</b> 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  <b>M102</b> 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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<p>KP-1 Review of capacity and capability</p> <p>TI 3- Strengthening leadership capacity within the mental health divisions for adults</p> <p>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.</p> <p>&amp;</p> <p>TI 1- Embedding an organisational development approach to enable the service to effectively deliver service transformation, improved quality and outcomes.</p>		<p><b>M5</b> Our established Senior Leadership team (SLT) roles are filled with some variance</p> <p><b>M6</b> An organisational development (OD) approach to enable Service transformation delivery is being discussed in the SLT with the executive lead</p> <p><b>M7</b> Pace of transformation is discussed in division and Service transformation is discussed in the SLT</p>	<p><b>M28</b> Annual cycle of business agreed with Executive Director / ELT finalised and published.</p> <p><b>M29</b> Our established SLT roles are filled or mitigated Inc. interim appointments</p> <p><b>M30</b> 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</p>	<p><b>M53</b> 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.</p> <p><b>M54</b> All of our SLT roles filled with long term commitment of 6 months or more</p> <p><b>M55</b> 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.</p>	<p><b>M77</b> 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.</p> <p><b>M78</b> Our SLT roles have been reviewed and the structures considered, draft structure amendments have been discussed in context with BCUHB executive and our strategic partners.</p> <p><b>M79</b> The OD programme is in delivery and is influencing the customer experience, partner experience and the delivery of transformation which can be evidenced</p>	<p><b>M103</b> Our SLT structure reviewed, consulted and approved, all roles filled with substantive appointments and is fit for the future.</p> <p><b>M104</b> 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.</p>



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<p><b>Effective internal relationship management including staff</b></p> <p><b>Relates to :-</b></p> <p>KP-3 Engage with staff users and partners</p> <p><b>This impacts outcomes 2 &amp; 3</b></p> <p>TI-2 Enhanced staff engagement and communication mechanisms with feedback being used to inform service change.</p>		<p><b>M8</b> Rudimentary communications materials have been developed and circulated e.g. structure charts, round robin email, posters and notes of meetings.</p> <p><b>M9</b> Staff and other internal stakeholder strategies are developed and these include feedback mechanisms</p>	<p><b>M31</b> Cascading system /Key Information Templates (KIT) successfully used for last three meetings. There are examples of KITs being populated by examples identified at meetings.</p> <p><b>M32</b> 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.</p>	<p><b>M56</b> Issues identified at meetings routinely populate KITs. Staff feedback about the usefulness of communications is influencing the development of future communications approaches.</p> <p><b>M57</b> 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.</p>	<p><b>M80</b> 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</p> <p><b>M81</b> 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.</p>	<p><b>M105</b> 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</p> <p><b>M106</b> We can demonstrate that we are an employer of choice and seen as a magnet employer</p>
<p><b>Effective external relationships</b></p> <p><b>Relates to :-</b></p> <p><b>This impacts outcome 5</b></p>		<p><b>M10</b> 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</p>	<p><b>M33</b> We have a systematic system of accountability to the local community in place. We have effective clinical engagement in place, and</p>	<p><b>M58</b> There is effective partnership working and governance with other BCU Divisions and with partner organisations in place and can be</p>	<p><b>M82</b> Independent reviews and feedback show both current and past service users and the wider public trust us.</p>	<p><b>M107</b> Our work on engagement has led to tangible operational and strategic benefits, and we have been sharing how we achieved these with other organisations.</p>



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<p>KP4- Safe effective services in partnership.</p> <p>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.</p>		<p>help focus, design and deliver service improvement.</p> <p><b>M11</b> 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.</p> <p><b>M12</b> We as a division are aware of the whole system approach needed to deliver T4MHNW</p> <p><b>M13</b> We have a patient and carer experience group that reflects BCUHB governance see TI-7 KP2</p>	<p>evidence this by our clinicians regularly surfacing improvement initiatives that are put into operation</p> <p><b>M34</b> Our SLT has created a map of existing and necessary partners and functions. Co-production and engagement are key drivers for partnership</p> <p><b>M35</b> We have created a map of existing and needed partners to deliver T4MHNW.</p> <p><b>M36</b> We collect customer experiences in a governed way reflecting BCUHB PCE and reports the learning through its governance structure</p>	<p>evidenced through improved outcomes</p> <p><b>M59</b> 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</p> <p><b>M60</b> Formal communications and commitments with partners from a simple MOU to a contractual relationship are drafted and shared to enable T4MHNW to be delivered</p> <p><b>M61</b> 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</p>	<p><b>M83</b> 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</p> <p><b>M84</b> 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</p> <p><b>M85</b> We can demonstrate customer experience both individually and collectively is heard and leads to actions and organisational learning</p>	<p><b>M108</b> There is an established, evidenced and governed , mutual partnership approach to the strategic planning of delivery of MH services with identified key stakeholders</p> <p><b>M109</b> 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</p> <p><b>M110</b> We can demonstrate how customer experience influences strategic direction and priorities</p>

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<b>Risk, compliance and outcomes</b> Relates to :-  <b>KP 2-Stronger and more aligned management and governance</b>		<p><b>M14</b> 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.</p> <p><b>M15</b> 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</p> <p><b>M16</b> We have agreed how outcomes measures will be used as part of performance reports, including how benchmark data will be incorporated.</p>	<p><b>M37</b> 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.</p> <p><b>M38</b> 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</p> <p><b>M39</b> 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</p>	<p><b>M62</b> 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</p> <p><b>M63</b> 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.</p> <p><b>M64</b> We have been able to see how management has used outcome data to identify or anticipate issues and to address these</p>	<p><b>M86</b> 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</p> <p><b>M87</b> Internal stakeholders are confident of divisional effectiveness. External reviews of governance / organisational effectiveness are commissioned and findings considered and implemented.</p> <p><b>M88</b> 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.</p>	<p><b>M111</b> 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</p> <p><b>M112</b> The Division benchmarks in the upper decile for chosen elements of management effectiveness.</p> <p><b>M113</b> We are starting to provide benchmark data to others, and have contributed to the outcome movement in how outcome data is used</p>

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<p>Organisational learning and adaptation, based on past organisational experience and incidents becoming a “learning organisation”</p> <p>KP 2-Stronger and more aligned management and governance</p>		<p><b>M17</b> 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</p>	<p><b>M40</b> 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</p>	<p><b>M65</b> 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.</p>	<p><b>M89</b> 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.</p>	<p><b>M114</b> 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 .</p>
<p>Customer relationship and QI</p> <p><b>This impacts outcome 6, 8 &amp; 9</b></p> <p>TI-6 Strengthening quality metrics and feedback from service users demonstrating the positive impact of service changes.</p> <p>TI-8 Performance consistently meeting the standards set out in the Mental Health Act and Mental Health (Wales) Measure, for adult a services.</p> <p>TI-9 Improve appropriate access to psychological therapies within reasonable waiting times</p>		<p><b>M18</b> 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</p> <p><b>M19</b> We understand our performance data against the measure and its context in North Wales</p> <p><b>M20</b> We have an approach to developing the organisation to be more psychologically minded.</p>	<p><b>M41</b> Quality metrics above but including national outcomes are stated and collected. These metrics are reported through our care governance and quality processes</p> <p><b>M42</b> We achieve target on parts 1A, 1b, 2 and 3 of the measure +/- 5%</p> <p><b>M43</b> The foundations of implementation of the</p>	<p><b>M66</b> 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</p> <p><b>M67</b> We achieve target on parts 1A, 1b, 2 and 3 of the measure</p>	<p><b>M90</b> Quality improvement processes can be demonstrated which inform planning for service change. Service</p> <p><b>M91</b> 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</p>	<p><b>M115</b> We are an Intelligence driven organisation , collecting Intelligence around quality impact, listening and able to evidence change as a result of service user feedback</p> <p><b>M116</b> 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</p> <p><b>M117</b> We are a psychologically minded organisation with rapid access to psychological therapies</p>

<b>Progress Levels</b>  <b>Key Elements</b> 	<b>0 - No Progress</b>	<b>1 - Basic Level</b> Principle accepted and commitment to action	<b>2 - Early Progress</b> Early progress in development	<b>3 - Results</b> Initial achievements	<b>4 - Maturity</b> Results consistently achieved	<b>5 - Exemplar</b> Others learning from our consistent achievements
			approach are in place with key leadership roles in post and the key deliverables agreed in our SLT	<b>M68</b> We know the resource implications of being psychologically minded, the training and supervision requirements and a development plan with timescales to achieve this	<b>M92</b> 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.
<b>Assuring learning and adaptation from prior and current reports</b>  <b>TI 10</b> 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.		<b>M21</b> 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)	<b>M44</b> We have a high level tracker for all past unspent or continuous actions and learning from key reports	<b>M69</b> Our tracker clearly identifies the origins and status of all actions and its owner	<b>M93</b> 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.	<b>M118</b> 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.
<b>Financial Planning – Integration with strategic and corporate plan</b>  <div style="border: 1px solid black; padding: 5px; background-color: yellow;"> <b>This impacts outcome 1, 4, 5, 6, 7 &amp; 10</b> </div>		<b>M22</b> The strategic, corporate and financial planning processes are not co-ordinated.  <b>M23</b> 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.  <b>M24</b> Within the plans, there is no involvement of or consideration given to other stakeholders who may work with the Division.	<b>M45</b> There is a basic level of alignment between the strategic, corporate and financial planning processes.  <b>M46</b> 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.  <b>M47</b> The plans cover the next financial year and often need to be updated mid-year due to changes in resource requirements	<b>M70</b> There is some integration of planning systems for the most sensitive areas of the business.  <b>M71</b> 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.  <b>M72</b> The plans are produced for the next two to three years. There is involvement of operational managers in	<b>M94</b> Senior management is clear about the strategic direction of the organisation over the next three years.  <b>M95</b> Financial and operational plans are aligned with the strategic direction.  <b>M96</b> The plans are produced for the next three years, and occasionally longer for some aspects of the business where there are longer-term plans.  <b>M97</b> Financial planning produces timely information so that budgets and forecasts are readily updated in	<b>M119</b> Senior management is clear about the strategic direction of the organisation in the short, medium and longer term (where appropriate).  <b>M120</b> Financial and operational plans are fully aligned to the strategy at all levels.  <b>M121</b> The Board ensures that it is able to focus on the longer term strategic imperatives.  <b>M122</b> Plans include forecasts over 3 to 5 years so that longer-term changes in the environment can be factored into 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
			<p>rendering the plan out of date.</p> <p><b>M48</b> 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.</p> <p><b>M49</b> The plans include an attempt to reflect relationships with other stakeholders, but there is little management information available on which to base projections.</p>	<p>producing both the strategic and financial plans for the most sensitive areas of the business.</p> <p><b>M73</b> 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.</p>	<p>response to changes and used to help manage the organisation.</p> <p><b>M98</b> There is some consultation with external stakeholders in the development of the plans.</p>	<p>Financial planning produces timely information so that budgets and forecasts are routinely updated and highlight emerging changes so that remedial action can be taken.</p> <p><b>M123</b> Planning processes include active co-ordination with external stakeholders such as partnership members, in order to co-ordinate effort, remove duplication and deliver economies.</p>

#### Mental Health (Adult and Children) – TIIF Expected Outcomes (WG document 03.03.21)

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 of 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 Transformation and Planning

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
<b>Strategy development:</b>  Responds to national, local and partnership priorities, and the wider determinants of health. Translates national policies into local strategy, planning, and delivery.  <div style="background-color: yellow; border: 1px solid black; padding: 2px; width: fit-content;">This impacts outcome 1</div>	No vision or evidence of a clear understanding of national, local and partnership priorities, or the wider determinants of health.	<b>S1</b> Agreed vision, scope and methodology with clear leadership at a Board and strategy programme level. An understanding of all Wales, local and partnership priorities.  <b>S2</b> Establishment of a governance structure to provide oversight and direction.  <b>S3</b> Demonstrable willingness to develop a proposal for a medical and health sciences school across North Wales, with appropriate governance established in support.	<b>S17</b> 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.  <b>S18</b> Identified clinical leads that own and drive strategic developments.  <b>S19</b> 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.  <b>S20</b> The strategy is embedded into organisational plans and is informed by population	<b>S37</b> 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.  <b>S38</b> Board approved patient centred clinical services strategy that delivers sustainable health and well-being outcomes for the local population.  <b>S39</b> Evolution of the medical and health sciences school delivers sustainable workforce improvements benefiting the local population.	<b>S57</b> Local plans and national policy are aligned showing contribution to the wider North Wales economy, impact on health and well-being and effectiveness.  <b>S58</b> Key enablers such as quality, safety, workforce and finance are fully aligned.  <b>S59</b> A performance and accountability framework is in place that delivers the strategy and is linked to population health outcomes.	<b>S76</b> 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.  <b>S77</b> At the forefront of new skills and techniques. Strategic achievements and learning for improvement is shared elsewhere via conferences and publications.  <b>S78</b> 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.

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
			<p>health needs, locality needs assessments and patient / carer experience.</p> <p><b>S21</b> Board support of a co-designed ambitious proposal for the development of a school which is fully aligned to our other strategies and plans.</p>			
<p><b>Strategy alignment and development of a 3 year Integrated Medium Term Plan (IMTP):</b></p> <p>Evidence of alignment of strategy with components of the plan.</p> <p><b>This impacts outcome 3 &amp; 4</b></p>	<p>No alignment is visible between the IMTP and national and / or Health Board strategies.</p>	<p><b>S4</b> Alignment is visible between the IMTP and strategy. The organisation plans on a continuous annual cycle.</p> <p><b>S5</b> Linked to the business case planning process and informed by local and national evidence base.</p> <p><b>S6</b> The Board sets out commissioning intentions.</p>	<p><b>S22</b> 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.</p> <p><b>S23</b> Directly linked to performance and accountability and informed by detailed and future facing modelling.</p>	<p><b>S40</b> The business case planning process informs the development of an IMTP.</p> <p><b>S41</b> Prioritisation framework agreed and implemented.</p> <p><b>S42</b> Agreed governance and accountability framework to underpin development of the IMTP at a Programme level.</p> <p><b>S43</b> 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.</p>	<p><b>S60</b> Coherent aligned plans, including a commissioning plan, are performance managed, with staff owning, acting on and learning from variation.</p>	<p><b>S79</b> 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.</p>



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
<b>Dynamic and engaged planning:</b>  Reflecting a dynamic, engaged and ongoing approach to planning. Process is positively influencing outcomes.  <div>This impacts outcome 3 &amp; 4</div>	No evidence that the Clinical Services Strategy (CSS) / IMTP is owned across the organisation and within the community.	<b>S7</b> Staff and partners are aware of, and engaged in CSS / IMTP development.  <b>S8</b> Organisational staff respond to corporate requirements but may not 'own' the process.	<b>S24</b> Stakeholders are engaged in and co-design priority setting using the 'engagement cycle' model and a patient led approach.  <b>S25</b> Engagement at individual, team and organisational level is improving.  <b>S26</b> Strengthened partnership working arrangements.  <b>S27</b> NHS Wales Planning guidance is embedded in the planning process.	<b>S44</b> 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.  <b>S45</b> Organisational engagement is evident in practice and reflected in the CSS / IMTP.  <b>S46</b> Broad engagement to inform Equality Impact Assessments and Socio-Economic Duty Assessments.	<b>S61</b> The CSS / IMTP benefits patients, carers, the public, partners and health communities.  <b>S62</b> Planning is co-ordinated throughout the organisation. Feedback from engagement activities influences and challenges the plan.  <b>S63</b> Track record of continuous engagement with stakeholders	<b>S80</b> 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.
<b>Best Practice approach to improvement:</b>  Ambition to deliver best practice levels of efficiency, effectiveness, quality and safety.  <div>This impacts outcome 2, 5 &amp; 6</div>	No evidence of ambition to achieve best practice. No evidence of benchmarking.	<b>S9</b> Published commitment to best practice with training, improvement and innovation strategy in place. Commitment to and engagement with national programmes.	<b>S28</b> Utilises a value based healthcare approach to planning. Benchmarking within NHS delivers improvements.	<b>S47</b> Demonstrable improvements that can be evidenced and delivered.	<b>S64</b> 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.	<b>S81</b> Centres of excellence for clinical and / or teaching services. High performing across non-clinical measures e.g. staff survey, corporate standards.
<b>Realistic and deliverable:</b>  Sensitivity analyses, risk assessment of deliverability, reference	One year Annual Plan developed but limited evidence that it	<b>S10</b> 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.	<b>S29</b> Development of an approvable outcomes focused IMTP that reflects the CSS priorities and includes a robust 3-year financial plan. IMTP to	<b>S48</b> Track record and current performance illustrates achievement on a wide range of issues and themes. Evidence of plans	<b>S65</b> Forward look risk assessments anticipate problems to assure resilience.	<b>S82</b> Ability to modify plans and actions to keep on track is recognised by others via conferences and publications.



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
to track record of delivery. Sustainable and affordable.  <b>This impacts outcome 3 &amp; 4</b>	is credible and deliverable.		reflect return on investment, evidence of impact and key success factors. Key risks (quality, service, access, workforce, finance) identified with evidence of controls.	for delivery and implementation.		
<b>Systems and processes for performance, accountability, and improvement.</b>  Rigorous systems for individual, team, and organisation wide accountability.  Agreed Escalation processes are operational.  Culture of ownership and striving for improvement permeates the organisation.  <b>This impacts outcome 5 &amp; 6</b>	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.	<b>S11</b> Clear metrics and reporting against all Wales and evidence based local priorities as per Health Board Annual Plan / Integrated Medium Term Plan.  <b>S12</b> Top down performance management demonstrated in reporting and early feedback with alignment to service transformation support.  <b>S13</b> Accountability for delivery is demonstrated but is not consistently in place across the organisation.	<b>S30</b> 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.  <b>S31</b> Early identification of sub-optimal performance, managed using techniques such as Impact Improvement Plans.  <b>S32</b> Performance and Accountability Framework in place. Regular service reviews by the Executive, and key performance messages acted on by Divisions.  <b>S33</b> Alignment of the transformation programme and performance priorities has commenced.	<b>S49</b> Performance processes connect to agreed strategic priorities including those of other key partners and reflect an integrated approach to performance and accountability.  <b>S50</b> Processes, supporting metrics and outcome assessments are considered in advance with Board contribution and approval.  <b>S51</b> Performance and accountability processes reflect objectives and work is in place to embed at the appropriate organisational level.  <b>S52</b> Transparent lines of accountability. Escalation and ownership of performance issues is considered normal business.	<b>S66</b> Integrated approach to performance and accountability at all levels of the organisation and demonstrated with reporting at Board, associated Sub Committee's, and Divisions.  <b>S67</b> All Health Board strategies have prioritised outcomes that are reflected in Board and local reporting.  <b>S68</b> Feedback and learning is embedded in organisational processes and benchmark reporting takes place.  <b>S69</b> Management of team and individual performance both operationally and in relation to strategic delivery.  <b>S70</b> Full alignment to the Health Board's Board Assurance Framework, corporate risk and service risk registers.  <b>S71</b> Resources required to deliver outcomes have been	<b>S83</b> Improvement, performance and accountability is fully integrated throughout the Health Board.  <b>S84</b> The Health Board can provide clear transparency in terms of resource utilisation and performance achievements to a wide range of internal and external stakeholders.  <b>S85</b> 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.  <b>S86</b> All services are clear on the key organisational performance priorities over the next 5 years.  <b>S87</b> Performance focussed assessment by Board and services on developments and improvements.

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
				<b>S53</b> Matrix management / delivery to support service integration has commenced.	quantified and funding source identified i.e. additional or re-allocation of existing resources.  <b>S72</b> Alignment between Personal and Development Reviews (PADRs), service outcomes, and the Health Board's strategic outcome measures.	<b>S88</b> Peer review, transformation support benchmarking align and feed into the strategic planning cycle.
<b>Measurable and improving performance:</b>  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.  <div>This impacts outcome 5 &amp; 6</div>	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.	<b>S14</b> Operational plans are in place and contain an appropriate level of detail to support service delivery.  <b>S15</b> Pathway plans clearly set out month on month performance trajectories.	<b>S34</b> Tangible action being taken and measurable performance improvement demonstrated across patient pathways.  <b>S35</b> Operational plans are regularly reviewed and remedial action undertaken. Service delivery is not in line with performance trajectories.	<b>S54</b> Targets achieved in key priority pathway areas.  <b>S55</b> Evidence of improved timely access to end-to-end healthcare services and sustained improvement in performance, quality and patient experience.	<b>S73</b> The majority of national and local priority performance measures are achieved and performance is sustained across the entire patient pathway.  <b>S74</b> 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.	<b>S89</b> Health Board performance is on par with other top performing healthcare organisations across the UK.

Progress Levels ➡	0 - No Progress	1 - Basic Level Principle accepted and commitment to action	2 - Early Progress Early progress in development	3 - Results Initial achievements	4 - Maturity Results consistently achieved	5 - Exemplar Others learning from our consistent achievements
Key Elements ↓						
<b>Assurance:</b>  Clarity on monitoring, assurance and delivery mechanisms.  <div>This impacts outcome 7</div>	Insufficient evidence of local monitoring, assurance and delivery mechanisms.	<b>S16</b> Board and organisation clear on roles and accountabilities.	<b>S36</b> 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.	<b>S56</b> Board has track record of dealing successfully with difficult issues. Delivery, monitoring and evaluation mechanisms in place.	<b>S75</b> Resilience assured through accountability, succession planning and external independent assurance. Core processes manage plan objectives.	<b>S90</b> Board members are recognised advocates of good governance. Clear and robust arrangements for tracking delivery in place.

#### Strategy, Planning and Performance – TIIF Expected Outcomes (WG document 03.03.21)

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

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
<p><b>Board Leadership Inc.</b> Effective Integrated Board setting a clear Direction for the organisation.</p> <p><b>Consolidation of executive leadership supported by a development programme for the Executive Team.</b></p> <p><b>Collective Responsibility for patient &amp; Patient safety across the executive team &amp; clearly defined roles for professional leads</b></p> <p><b>This impacts outcomes 1, 2, 3, 4, 6 &amp; 9</b></p>	<p>Whilst recognising its role, the Board's focus is predominantly reactive to external and internal pressures.</p> <p>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</p>	<p><b>L1</b> The Board recognises its role collectively and individually in demonstrating its commitment to creating the environment for transformation and continuous learning.</p> <p><b>L2</b> The Board is clear on the purpose of the organisation aligned to national strategy and local needs.</p> <p><b>L3</b> 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 achieving this vision.</p> <p><b>L4</b> The Executive Team has clear, owned and shared priorities as</p>	<p><b>L17</b> The Board can demonstrate prioritisation of collective and "self" development to improve its effectiveness.</p> <p><b>L18</b> Board/Committee meetings, workshops, sessions are designed to support focus upon its core role of setting the strategy, setting the tone (culture).</p> <p><b>L19</b> The Board has invested in effective mechanisms to:</p> <ul style="list-style-type: none"> <li>scan the horizon for evidence, listen and engage with internal &amp; external stakeholders.</li> </ul>	<p><b>L31</b> 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.</p> <p><b>L32</b> The operating model for Board/Committee meetings (e.g. agenda/minutes/actions etc.) evidence a shift in focus.</p> <p><b>L33</b> 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.</p>	<p><b>L49</b> 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.</p> <p><b>L50</b> 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.</p> <p><b>L51</b> The Board is perceived as an effective partner,</p>	<p><b>L68</b> The Board has a reputation for strong, inclusive, compassionate and system leadership.</p> <p><b>L69</b> 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.</p> <p><b>L70</b> The Board openly recognises where it needs to improve and encourages learning from mistakes/failure at all levels.</p> <p><b>L71</b> The Health Board is viewed as a leader in development and delivery of citizen/patient centred services across organisational boundaries.</p>

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
	<p>learning and improvement.</p> <p>There is a lack of stability and continuity impacting upon clarity and consistency of purpose and priorities</p>	<p><b>Board members, corporate directors and functional directors.</b></p> <p><b>L5</b> The Executive Team recognises the importance of optimising the styles, experience and knowledge across the team rather than focussing solely upon function.</p> <p><b>L6</b> 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</p>	<ul style="list-style-type: none"> <li>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.</li> </ul> <p><b>L20</b> 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.</p>	<p><b>L34</b> 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.</p> <p><b>L35</b> There is evidence of the Board “staying the course” or “holding the line” in the face of challenge to achieving the strategy.</p> <p><b>L36</b> 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.</p>	<p>collaborating across organisational boundaries in support of effective services for its population.</p> <p><b>L52</b> 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.</p>	<p><b>L72</b> The Board can demonstrate its ability to attract and retain high calibre members from within and externally.</p> <p><b>L73</b> The Executive Team is perceived as a high performing team focussed upon continuous learning and improvement</p>
<p><b>Clarity of Purpose, Vision, Strategy and Delivery</b></p> <p><b>Inc. Develop &amp; Embed a compelling vision which is understood, recognised &amp; accepted throughout the organisation.</b></p>	<p>No vision or evidence of a clear understanding of national, local and partnership priorities, or</p>	<p><b>L7</b> 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.</p>	<p><b>L21</b> The Health Board has engaged inclusively with its people, partners and population in resetting to its core purpose.</p>	<p><b>L37</b> The Vision reflects the role of the Health Board in delivery of national and local health and partnership priorities.</p>	<p><b>L53</b> The Health Board can articulate and evidence the connectivity between its Vision, the strategies in place to achieve this vision and the infrastructure in place to deliver these strategies.</p>	<p><b>L74</b> The deployment of the purpose and future state service strategy is consistent and continuous.</p> <p><b>L75</b> Individual members of the workforce can describe clearly and</p>

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<p>A revised accountability and performance framework, underpinned by a robust governance structure.</p> <p>Visibility and oversight of clinical audit and improvement across divisions, groups/directorates and at corporate level.</p> <p>Demonstrate visible clinical leadership engaging patients, partners and staff.</p> <p>This impacts outcomes 1, 2, 5, 7 &amp; 8</p>	<p>the wider determinants of health.</p>	<p><b>L8</b> The Health Board recognises that effective mechanisms to discover, design &amp; deliver large scale inter organisational &amp; 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.</p> <p><b>L9</b> The Health Board recognises that to achieve its goals - it must structure, design, and synchronise work activities to optimise process/pathway delivery.</p> <p><b>L10</b> 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.</p> <p><b>L11</b> The Health Board recognise that the ability to escalate issues and insight on deteriorating quality (outcomes - incl. unsafe clinical care); performance,</p>	<p><b>L22</b> It has taken this learning and developed its vision for the organisation as a provider, partner and employer.</p> <p><b>L23</b> It has committed a collaborative system of improvement to support achievement of the vision.</p> <p><b>L24</b> The organisations unified and enhanced large-scale change mechanisms is being implemented.</p> <p><b>L25</b> 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.</p> <p><b>L26</b> The Health Board is clear that good job design requires the explicit specification of content, methods and the relationships needed to</p>	<p><b>L38</b> 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.</p> <p><b>L39</b> The Health Board has aligned its operating model to support the transformation required for sustainable delivery</p> <p><b>L40</b> Pathway improvement and transformations blueprints are in continuous development as are service development plans for corporate services.</p> <p><b>L41</b> Delivery is clinically/operational led but supported by a collaborative and agile change function incorporating specialist professionals from across the science of improvement.</p> <p><b>L42</b> Leveraging the benefits of a standardised approach to the discovery,</p>	<p><b>L54</b> 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 &amp; personal performance contribution mechanism have been rolled-out - designed to link purpose to action.</p> <p><b>L55</b> Measures have been integrated into the internal Operating framework and form part of the integrated performance reporting mechanism.</p> <p><b>L56</b> The organisations transformation &amp; improvement function is recognised as the pre-eminent clinical and service change entity across the NHS Wales &amp; beyond. Working in Partnership with Bangor University and other specialist research and change delivery organisations.</p> <p><b>L57</b> Clinical and Operational teams actively seek the support of the function to understand what and how to improve/transform clinical and corporate services to improve</p>	<p>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.</p> <p><b>L76</b> 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.</p> <p><b>L77</b> 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 benefits associated with this activity are visible through key</p>



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		<p>productivity or inappropriate workforce behaviour is critical if a system of care needs to take course corrective actions through evidence-based interventions.</p> <p><b>L12</b> 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.</p>	<p>satisfy organisational requirements as well as the social and personal requirements of the jobholder or the employee.</p> <p><b>L27</b> 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.</p>	<p>design, sustainable delivery, and management of change. An internal hub and spoke model is in development.</p> <p><b>L43</b> 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.</p>	<p>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.</p> <p><b>L58</b> The core function is supplemented by a growing number of associate change practitioners from across BCUHB and beyond creating a Change Collaboration Network (CCN).</p> <p><b>L59</b> 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.</p> <p><b>L60</b> The Health Board is seen as an exemplar in its approach to making decisions putting quality and patient safety at the forefront.</p> <p><b>L61</b> Performance feedback, risk management, clinical audit</p>	<p>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.</p> <p><b>L78</b> 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.</p> <p><b>L79</b> 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.</p> <p><b>L80</b> Clinical and non-clinical leaders can clearly evidence joint responsibility in developing the actions to address challenges in relation to quality and sustainability. Employee involvement especially in large-scale change is locked into</p>

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					<p>systems, complaints, serious incident reporting &amp; 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.</p>	<p>discovery, design, and delivery mechanism.</p> <p><b>L81</b> 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 &amp; 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.</p> <p><b>L82</b> 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.</p> <p><b>L83</b> The Board proactively learn from their risk management approach and risk appetite through regular reviews of their decisions around risk.</p>



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<b>Cultural Development</b>  Inc. A strong approach to organisational learning supported by a culture of high quality Care.  An open and transparent culture and willingness to learn.  <div>This impacts outcomes 4 &amp; 9</div>	<p>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.</p> <p>The way we do things remains influenced by respective former organisations.</p>	<p><b>L13</b> 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.</p> <p><b>L14</b> 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.</p> <p><b>L15</b> 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.</p> <p><b>L16</b> 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 required to address the feedback from staff, patients, partners.</p>	<p><b>L28</b> The Health Board can demonstrate prioritisation of collaborative improvement &amp; development to improve its effectiveness.</p> <p><b>L29</b> 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.</p> <p><b>L30</b> The governance and delivery structures through the organisation promote improvement and empower innovative thinking by:</p> <ul style="list-style-type: none"> <li>recognising and rewarding demonstration of learning (even when this is as a result of "failure")</li> <li>Focussing upon contribution and outcomes as well as performance interventions</li> </ul>	<p><b>L44</b> Improved feedback from internal and external stakeholders reflects the Health Boards commitment to collaborative improvement.</p> <p><b>L45</b> 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.</p> <p><b>L46</b> 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.</p> <p><b>L47</b> 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.</p> <p><b>L48</b> Throughout the organisation the focus is</p>	<p><b>L62</b> 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.</p> <p><b>L63</b> 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.</p> <p><b>L64</b> The Health Board is perceived as an effective partner, collaborating across organisational boundaries in support of effective services for its population.</p> <p><b>L65</b> The Health Board is seen as an employer of choice for roles at all levels of the organisation.</p> <p><b>L66</b> It is seen as progressive and a key leader in promoting lifelong learning, development</p>	<p><b>L84</b> The Health Board has a reputation for strong, inclusive, compassionate and system leadership and delivery.</p> <p><b>L85</b> 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.</p> <p><b>L86</b> The Health Board is viewed as an exemplar in delivering bilingual services.</p> <p><b>L87</b> The Health Board demonstrates the key characteristics of a high performing organisation:</p> <ul style="list-style-type: none"> <li>Continuously learning – well informed, and insightful.</li> <li>"Change-forward" - with clear purpose and measurable goals.</li> <li>Agile and adaptable - pursue strategy and find value through staying agile and adaptable.</li> <li>Actionable information-oriented - translate data into data analytics, into information, into transparent, actionable-information and ultimately, into "predictive analytics."</li> <li>Financially disciplined - recognise that increased</li> </ul>

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			<ul style="list-style-type: none"> <li>Promoting two way accountability (recognising that we promote what we permit)</li> <li>Valuing and celebrating the contribution of all elements of the system</li> <li>Encouraging system and thought leadership at all levels.</li> </ul>	<p>upon continuous learning including focus upon:</p> <ul style="list-style-type: none"> <li>improvement in outcomes for patients, experience of patients, citizens.</li> <li>Empowerment of staff to focus on what matters and enabling staff to develop knowledge and skills to be the best they can be</li> <li>Creating the environment for staff to flag issues, raise concerns, and report mistakes/failures knowing that it is worthwhile and important.</li> </ul>	<p>and education for its staff and the wider community.</p> <p><b>L67</b> It is involved in work to improve the aspirations of its population and in facilitating mechanisms for achievement of these aspirations.</p>	<p>expenditure does not equate to higher quality and know that; cost reduction is a legitimate quality goal.</p> <ul style="list-style-type: none"> <li>Respectful &amp; optimised staffing</li> <li>Accountable &amp; execution-focused</li> <li>Patient-centric &amp; operationally proficient - focused on standardising care processes, embracing clinical protocols, and effecting seamless, patient access.</li> <li>Creative collaborators - partnerships and joint ventures with other partners, providers and key stakeholders.</li> <li>Realise the value of system integration.</li> </ul>

#### Leadership – TIIF Expected Outcomes (WG document 03.03.21)

1. Develop and embed a compelling vision for the health board which is understood, recognised and accepted throughout the organisation.
2. Demonstrate visible clinical leadership engaging patients, partners and staff.
3. An effective, integrated Board setting a clear strategic direction for the organisation.
4. An open and transparent culture and willingness to learn.
5. Consolidation of executive leadership supported by a development programme for the Executive Team.
6. Collective responsibility for quality and patient safety across the executive team and clearly defined roles for professional leads.
7. A revised accountability and performance framework, underpinned by a robust governance structure.
8. Visibility and oversight of clinical audit and improvement activities across divisions/groups/directorates and at corporate level.

9. A strong approach to organisational learning supported by a culture of high quality care.

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Key Elements ⬇						
<b>Engagement Management</b>  <div>This impacts outcome 1, 2 &amp; 4</div>		<b>EM1</b> Engagement activities with patients, the public, staff and stakeholders may exist, but is sporadic and not co-ordinated.	<b>EM2</b> Engagement Activities are regularly used to inform impact assessments including EQIA.	<b>EM3</b> Engagement Activities are co-ordinated to enable consistency and wider learning and feedback to partner organisations in significant service change or strategy development such as the Clinical Services Strategy or IMTP.	<b>EM4</b> Mechanisms re in place to ensure that engagement is consistent across all protected characteristics (including SED).  <b>EM5</b> 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.	<b>EM6</b> Continuous engagement activities are a driver for change and learning; engagement is embedded within all change papers.  <b>EM7</b> 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.
<b>Patient Engagement and Involvement</b>  <div>This impacts outcome 1</div>		<b>EPa1</b> Patient involvement is limited.  <b>EPa2</b> Limited opportunity for two way communication and feedback with patients.	<b>EPa3</b> There is some understanding of the benefit patient involvement brings.  <b>EPa4</b> Collaborative (information giving, listening, involving, engaging) behaviour is developing but isn't yet commonplace.  <b>EPa5</b> Use of some tools to engage patients public	<b>EPa7</b> The benefit of patient involvement is understood across the Health Board.  <b>EPa8</b> Collaborative behaviour commonly takes place.  <b>EPa9</b> A number of tools regularly used to engage with and listen to patients.	<b>EPa13</b> The benefit of patient involvement, co-production and co-design of service change is understood and embedded across the Health Board.  <b>EPa14</b> Collaborative behaviour is embedded within the Health Board.  <b>EPa15</b> A range of tools commonly used engage with, listen to, and feedback regularly, and involve patients.	<b>EPa19</b> The benefit of patient involvement, co-production and co-design of service change is well understood and embedded consistently across the Health Board.  <b>EPa20</b> Collaborative behaviour is embedded within the Health Board.  <b>EPa21</b> 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

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			<p>(e.g. social media and digital).</p> <p><b>EPa6</b> Ongoing engagement takes place for significant service change, leading to public consultation where required.</p>	<p><b>EPa10</b> Ongoing patient engagement takes place for all significant service changes.</p> <p><b>EPa11</b> Patient involvement activity is becoming commonplace for most areas.</p> <p><b>EPa12</b> BCUHB can partly evidence the outcome of involvement and engagement with patients</p>	<p><b>EPa16</b> Ongoing patient engagement takes place for all significant service changes (and many non-significant service changes), co-producing outcomes.</p> <p><b>EPa17</b> Patient involvement is ongoing and embedded into how the health board operates.</p> <p><b>EPa18</b> BCUHB can evidence the outcome of involvement and engagement with patients in formal processes.</p>	<p>services as well as to listen to patient views on current services.</p> <p><b>EPa22</b> All service changes (significant and non-significant) are co-produced with patients, with ongoing involvement and engagement embedded throughout the Health Board.</p> <p><b>EPa23</b> Ongoing patient involvement is tacitly built into how the health board operates.</p> <p><b>EPa24</b> 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.</p> <p><b>EPa25</b> 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.</p>
<b>Public Engagement and Involvement</b>  <div>This impacts outcome 1 &amp; 3</div>		<p><b>EPu1</b> Public involvement is limited and sporadic.</p> <p><b>EPu2</b> Limited opportunity for two way communication and feedback with citizens.</p> <p><b>EPu3</b> Formal public consultation takes place for significant service change, where required.</p>	<p><b>EPu4</b> There is an acknowledgement of the benefit public involvement brings.</p> <p><b>EPu5</b> Collaborative (information giving, listening, involving, engaging) behaviour is developing is not yet commonplace.</p>	<p><b>EPu8</b> The benefit of public involvement is well understood across the Health Board.</p> <p><b>EPu9</b> Collaborative behaviour is commonplace across services.</p> <p><b>EPu10</b> A suite of tools is used to engage with and listen to the public.</p>	<p><b>EPu14</b> The benefit of continuous public involvement is well understood and embedded across the Health Board.</p> <p><b>EPu15</b> 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.</p>	<p><b>EPu21</b> 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.</p> <p><b>EPu22</b> Collaborative behaviour is embedded within the Health Board.</p> <p><b>EPu23</b> A wide range of tools are an embedded way to engage with,</p>

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
			<p><b>EPu6</b> Limited mechanisms in place to engage with the public.</p> <p><b>EPu7</b> Ongoing engagement takes place for significant service change, leading to public consultation where required.</p>	<p><b>EPu11</b> Ongoing public engagement takes place for all significant service changes.</p> <p><b>EPu12</b> Ongoing public engagement takes place to get feedback on current services and priorities.</p> <p><b>EPu13</b> Public and patient involvement activity is becoming commonplace for most areas.</p>	<p><b>EPu16</b> Collaborative behaviour is embedded within the Health Board.</p> <p><b>EPu17</b> A suite of tools is commonly used to engage with, listen to, and feedback regularly with the public.</p> <p><b>EPu18</b> Ongoing public engagement takes place for all significant service changes. co-producing outcomes.</p> <p><b>EPu19</b> Ongoing public engagement takes place to get feedback on current services and priorities, co-producing outcomes.</p> <p><b>EPu20</b> Public involvement activity is commonplace for all areas in BCUHB.</p>	<p>listen to, and feedback regularly to the public to enable consistent co-production and co-design of service change.</p> <p><b>EPu24</b> 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.</p> <p><b>EPu25</b> Ongoing public involvement is built into how the health board operates.</p> <p><b>EPu26</b> 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.</p>
<p><b>Staff Engagement and Involvement</b></p> <p>This impacts outcome 5 &amp; 6</p>		<p><b>ES1</b> Involvement with staff on organisational improvement is limited.</p> <p><b>ES2</b> Limited mechanisms in place for formal and informal feedback for staff.</p>	<p><b>ES3</b> There is some understanding of the value staff involvement brings.</p> <p><b>ES4</b> Mechanisms in place for formal and informal feedback for staff.</p> <p><b>ES5</b> Involvement, engagement and listening behaviour with staff is developing isn't yet commonplace.</p> <p><b>ES6</b> Messages from the CEO and the Health Board</p>	<p><b>ES7</b> A number of staff involvement mechanisms are in place – both formal and informal.</p> <p><b>ES8</b> Mechanisms in place for formal and informal feedback for staff.</p> <p><b>ES9</b> Many decisions are made with staff input. Shared outcomes are starting to be developed.</p> <p><b>ES10</b> Messages from the CEO and the Health Board leadership team takes</p>	<p><b>ES11</b> A number of staff involvement mechanisms are in place – both formal and informal.</p> <p><b>ES12</b> Mechanisms in place for formal and informal feedback for staff, with trends and themes captured and acted upon.</p> <p><b>ES13</b> Many decisions are made with staff input. Shared outcomes are starting to be developed.</p> <p><b>ES14</b> Regular messaging from the CEO and the Health Board</p>	<p><b>ES16</b> A number of staff involvement mechanisms are in place – both formal and informal.</p> <p><b>ES17</b> Mechanisms in place for formal and informal feedback for staff.</p> <p><b>ES18</b> All decisions are made with staff input. Shared outcomes are in place.</p> <p><b>ES19</b> The Health Board compromises for the greater good balancing staff and other stakeholder views.</p>

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.  <b>ES15</b> Staff feel empowered and able to influence Health Board's decision making.	<b>ES20</b> 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.  <b>ES21</b> Staff are empowered and influence Health Board's decision-making.
Partnership Engagement and Involvement  <b>This impacts outcome 3 &amp; 4</b>		<b>ES11</b> Collaboration with partners and stakeholders across boundaries is limited.	<b>ES17</b> There is some understanding of stakeholders. Collaborative behaviour isn't yet commonplace.  <b>ES18</b> There is an understanding that partners should influence Health Board decision making.  <b>ES19</b> Collaborative (information giving, listening, involving, engaging) behaviour is developing is not yet commonplace.  <b>ES10</b> 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'.	<b>ES19</b> There is an understanding of stakeholders and their views.  <b>ES20</b> Collaborative behaviour is becoming established.  <b>ES21</b> Many decisions are made across boundaries. Shared outcomes are starting to be developed.  <b>ES22</b> 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'.	<b>ES32</b> There is an understanding of stakeholders and their views.  <b>ES33</b> Collaborative behaviour is commonplace.  <b>ES34</b> All relevant decisions are made across boundaries. Shared outcomes are commonplace.  <b>ES35</b> Roles, responsibilities and incentives reflect the need to collaborate, leading to new ways of working.  <b>ES36</b> 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'.	<b>ES46</b> The Health Board compromises for the greater good and leads the way in transformation of communities.  <b>ES47</b> Collaborative behaviour is commonplace.  <b>ES48</b> Partners and stakeholders are involved in health board business and decision-making.  <b>ES49</b> All relevant decisions are made across boundaries. Shared outcomes are embedded.  <b>ES50</b> Roles, responsibilities and incentives reflect the need to collaborate, leading to new ways of working.  <b>ES51</b> 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
<b>Partnership and stakeholder relationship management</b>  <div>This impacts outcome 2, 3, 4 &amp; 5</div>		<b>ESst2</b> Formal and statutory partnerships are acknowledged and serviced by the Health Board.	<b>ESst11</b> Some individuals have knowledge of Partner and Stakeholder Relationship Management.  <b>ESst12</b> There is some use of tools and processes to manage relationships.  <b>ESst13</b> The internal focus is on the benefits (or otherwise) of transactional activities.	<b>ESst23</b> There is a general understanding of the benefits and importance of Partner and Stakeholder Relationship Management.  <b>ESst24</b> Central support ensures that there is consistent use of tools and process to manage relationships and the benefits of partnership working.  <b>ESst25</b> Proactive relationship management is in place for some stakeholders and partner organisation including a named relationship manager.  <b>ESst26</b> There is an external focus on the mutual benefits of partnership activities for all organisations.	<b>ESst37</b> There is a commitment to continuous improvement in partnership working, recognising that individual stakeholders may be involved with multiple partners and transfer their experiences.  <b>ESst38</b> The Board and directorates have completed stakeholder mapping exercises to give a whole view of the relative influences of all stakeholders and partners.  <b>ESst39</b> Tools and processes are used to integrate information and gain insight into partnership activities and shared vision.  <b>ESst40</b> There is an external focus on the mutual benefits of partnership activities for a win-win position.	<b>ESst52</b> 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.  <b>ESst53</b> Working beyond individual projects there is a genuine commitment to Partner and Stakeholder Relationship Management, which is embedded as an operationalised organisational principle.
<b>Promoting the Work of the Organisation</b>  <div>This impacts outcome 4</div>		<b>ESst3</b> A limited number of balanced view news stories are proactively promoted.  <b>ESst4</b> Limited proactive management of relationships with key stakeholders and influencers.  <b>ESst5</b> Health Board leaders and clinical leads have limited media training.	<b>ESst14</b> The need to promote balanced view news stories is recognised.  <b>ESst15</b> A steady number of balanced view news stories are proactively promoted.  <b>ESst16</b> The need for proactive management of relationships with key stakeholders is recognised	<b>ESst27</b> Balanced view news stories are proactively managed.  <b>ESst28</b> Balanced view news stories are promoted frequently.  <b>ESst29</b> The need for proactive management of relationships with key stakeholders is established within the Health Board.	<b>ESst41</b> Balanced view news stories are proactively managed.  <b>ESst42</b> Balanced view news stories are promoted frequently and via numerous channels.  <b>ESst43</b> The need for proactive management of relationships with key stakeholders is embedded within the Health Board.	<b>ESst54</b> Balanced view news stories are proactively managed.  <b>ESst55</b> Balanced view news stories are an embedded part of Health Board working, using numerous channels of communication.  <b>ESst56</b> The need for proactive management of relationships with key stakeholders is embedded within the Health Board, with



Progress Levels ➔	0 - No Progress	1 - Basic Level Principle accepted and commitment to action	2 - Early Progress Early progress in development	3 - Results Initial achievements	4 - Maturity Results consistently achieved	5 - Exemplar Others learning from our consistent achievements
Key Elements ↓		<p><b>ESst6</b> There is limited use of social media to promote the work of service areas and of the leadership team.</p>	<p>and starting to be implemented.</p> <p><b>ESst17</b> Health Board leaders and clinical leads have had variable media training.</p> <p><b>ESst18</b> There is some use of social media to promote the work of service areas and of the leadership team.</p>	<p><b>ESst30</b> Health Board leaders and clinical leads have had media training to a consistent and high level.</p> <p><b>ESst31</b> 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.</p>	<p><b>ESst44</b> 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.</p> <p><b>ESst45</b> The use of social media to promote the work of service areas and of the leadership teams is embedded within the Health Board.</p>	<p>formal and informal information sharing.</p> <p><b>ESst57</b> 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.</p> <p><b>ESst58</b> Leaders and clinical leads will proactively use the media in their day to day work, where and when appropriate.</p> <p><b>ESst59</b> 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.</p>

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

#### Engagement – TIIF Expected Outcomes (WG document 03.03.21)

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.

# Targeted Improvement Programme: All Ages Mental Health

## Programme Update: Maturity Matrix Evidence Progress

April 2022



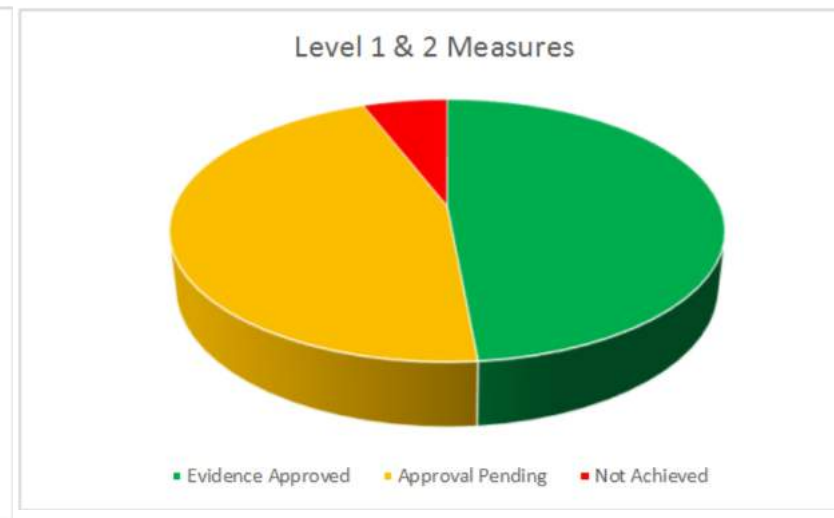
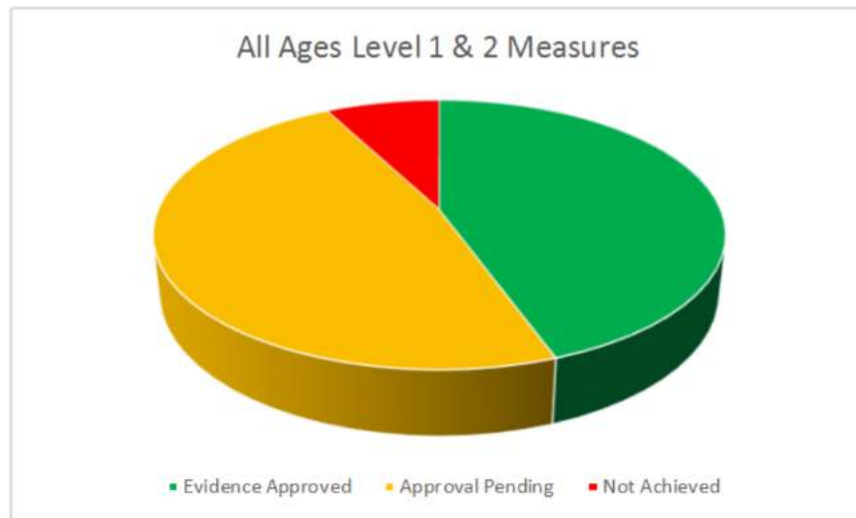
# TI Maturity Matrix – All Ages Mental Health Progress Overview

## LEVEL 1 'Basic Level' Measures:

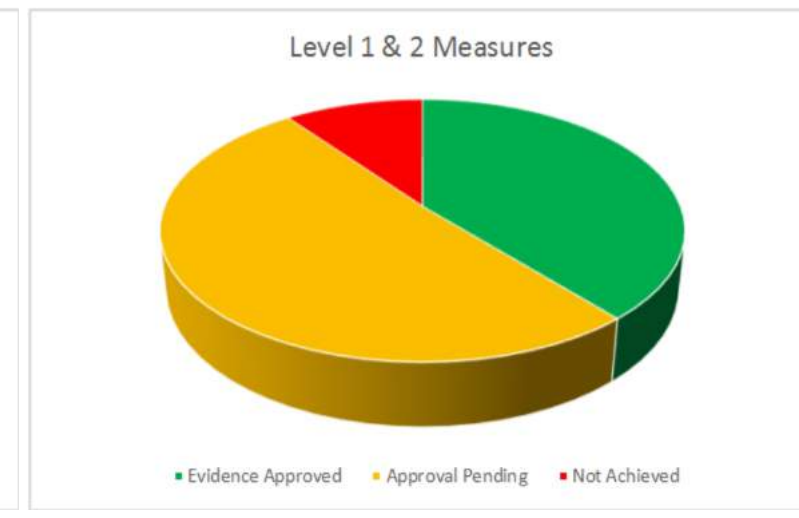
- 39 / 50 Level 1 measures were achieved Nov 2021 (78% complete)
- Evidence of all 11 remaining Level 1 measures submitted Mar 2022 (potentially 100% complete subject to approval)

## LEVEL 2 'Early Progress' Measures:

- 13 / 67 Level 2 measures were achieved Nov 2021 (19% complete)
- Evidence of a further 45 Level 2 measures submitted Mar 2022 (potentially 87% complete subject to approval)
- This just leaves 9 level 2 measures still requiring evidence (13% outstanding)



CAMHS Summary



Adult MHL D Summary

# CAMHS TI Maturity Matrix – Level 2 Attributes Summary

CAMHS TI Workstream	Achieved Nov 2021	Submitted Mar 2022	Outstanding
1.2 Service Improvement & Transformation	4	2	0
1.3 Leadership & Governance	1	5	0
2.1 Workforce Strategy & Plan	1	4	0
2.2 Training, Recruitment & Retention	1	2	1
3. Care Pathways – Crisis, Eating Disorders, Early Intervention Prevention & Promotion	1	3	1
4.1 Access – Community & Scheduled Care	0	2	1
4.2 Access – Tier 4 Specialist & Inpatient	0	3	0
5. Participation & Engagement	1	1	0
6. Psychological Interventions	0	2	1
7. Transition	1	4	0
<b>TOTAL LEVEL 2:</b>	<b>10</b>	<b>28</b>	<b>4</b>

# CAMHS TI Maturity Matrix – Level 2 Gap Analysis

The following four level 2 measures will not have been met within this round of evidence submissions:

## **Workforce – Training, Recruitment & Retention**

C45 – Training Needs Analysis undertaken with current workforce

## **Care Pathways – Crisis, Eating Disorders, Early Intervention Prevention & Promotion**

C53 – Shared plans are rooted in child development and informed by Adverse Childhood Experiences (ACEs)

## **Access – Community & Scheduled Care**

C55 – Access times achieved in line with Mental Health Measures

## **Psychological Interventions**

C63 – Psychological Therapies that are most likely to be effective are prioritised and this is agreed by the Senior Leadership Team

The four outstanding measures are across the 10 areas of outcomes measurement so this does not leave any workstream notably lagging behind in terms of progress

# CAMHS TI Maturity Matrix – Level 2 Action Plan

**C45** – Training Needs Analysis undertaken with current workforce

**ACTION:** A dedicated CAMHS Workforce Manager is now in post (from 01/04/22) and a full TNA is underway as a priority action. This will be evidenced November 2022

**C53** – Shared plans are rooted in child development and informed by Adverse Childhood Experiences (ACEs)

**ACTION:** Early Intervention Prevention & Promotion workstream now has project plans in place for delivery. This will be evidenced November 2022

**C55** – Access times achieved in line with Mental Health Measures

**ACTION:** work ongoing to ensure services can meet the access times targets in line with Mental Health Measures. Targets obviously affected by increasing levels of post-pandemic demand on services, and are largely interdependent upon other factors where we are now able to demonstrate progress (Eg recruitment of resources). It is hoped that this measure can be evidenced November 2022.

**C63** – Psychological Therapies that are most likely to be effective are prioritised and this is agreed by the Senior Leadership Team

**ACTION:** Psychological Interventions workstream now has project plans in place for delivery. This will be evidenced November 2022

# MHLD TI Maturity Matrix – Level 2 Attributes Summary

MHLD TI Workstream	Achieved Nov 2021	Submitted Mar 2022	Outstanding
Mental Health Divisional Management	0	4	2
Effective Internal Relationship Management	2	0	0
Effective External Relationship Management	1	2	1
Risk, Compliance & Outcomes	0	3	0
Organisational Learning & Adaptation	0	1	0
Customer Relationship & QI	0	1	2
Assuring Learning & Adaptation	0	1	0
Financial Planning	0	5	0
<b>TOTAL LEVEL 2:</b>	<b>3</b>	<b>17</b>	<b>5</b>

# MHLD TI Maturity Matrix – Level 2 Gap Analysis

The following five level 2 measures will not have been met within this round of evidence submissions:

## **Mental Health Divisional Management**

M25 – Governance structure shared across all BCUHB Divisions and structure of other Divisions & Specialities reviewed & discussed to identify useful learning points. Terms of Reference agreed for all standing & regular meetings

M28 – Annual Cycle of Business agreed with Executive Director / ELT finalised & published

## **Effective External Relationships**

M35 – We have created a map of existing & needed partners to deliver ‘Together for Mental Health’ Strategy

## **Customer Relationship and QI**

M42 – We achieve targets on parts 1a, 1b, 2 & 3 of the MH Measure +/- 5%

M43 – Foundations of implementation of the approach are in place with key stakeholder roles in post & key deliverables agreed with SLT

The five outstanding measures occur in only 3 of the 8 MHLD areas of outcomes measurement suggesting that these workstreams require more focus in the next reporting period.



# All Ages Mental Health – Initial Results & next steps

## LEVEL 3 'Initial Results' Measures:

- In addition to our level 2 submissions, early evidence of 18 level 3 measures were also submitted March 2022
- Evidence of 7 / 38 level 3 CAMHS measures submitted (18 % early progress)
- Evidence of 11 / 24 level 3 MHLD measures submitted (46 % early progress)

	Evidence Approved	Approval Pending	Not Achieved	TOTAL
All Ages Level 1 Measures	39	11	0	50
All Ages Level 2 Measures	13	45	9	67
All Ages Level 3 Measures	0	18	44	62

# CAMHS TI Maturity Matrix – Level 3 Early Progress

## **Leadership & Governance**

- C74** – Clear escalation with developed SITREP reporting at Area and Executive Director level to enable high-level oversight of challenges & risks to service delivery
- C76** – Business Continuity Plans in place & regularly reviewed.
- C78** – We actively participate in national CAMHS Benchmarking process.

## **Care Pathways – Crisis, Eating Disorders, Early Interventions Prevention & Promotion**

- C84** – Clinical pathways in place & developed with evidence of joint working with Primary Care, Social Care / Education partners & focus on improving outcomes.
- C86** – There is sufficient workforce & clinical leadership in place to support demands of the clinical pathway
- C90** – Training & 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

# MHLD TI Maturity Matrix – Level 3 Early Progress

## **Mental Health Divisional Management**

**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 developed.

**M52** – Action Plans are reviewed and examples of tangible improvements have been identified. Meeting records are routinely reported up and meeting recording is characterised as timely & lean by those in attendance

**M54** – All SLT roles are filled with long-term commitment of 6 months or more

## **Effective Internal Relationships**

**M56** – Issues identified at meetings routinely populate KITs. Staff feedback about usefulness of communications is influencing development of future communications approaches.

## **Effective External Relationships**

**M59** – Formal communications & commitments with partners from a simple MOU to contractual relationships are drafted & shared to enable co-production and engagement in a meaningful way

**M60** – Formal communications & commitments with partners from a simple MOU to contractual relationships are drafted & shared to enable 'Together for Mental Health' Strategy to be delivered

# MHLD TI Maturity Matrix – Level 3 Early Progress

## **Risk, Compliance & Outcomes**

**M64** – We are able to see how management has used outcomes data to identify or anticipate issues and to address these

## **Customer Relationship & QI**

**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

## **Financial Planning**

**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

**M73** – The views of external stakeholders are considered, and internal information of the working arrangements is used to inform plans. There is no active consultation to seek partners' views

# Strategy Planning and Performance Targeted Improvement Programme

## Programme Update: Maturity Matrix Evidence Progress

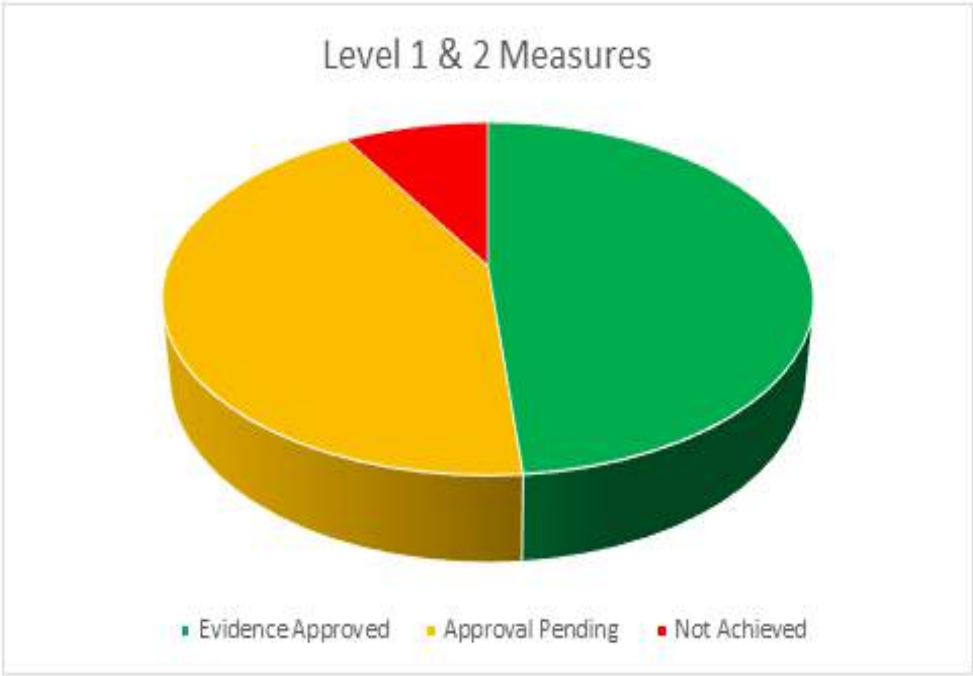
May 2022



GIG  
CYMRU  
NHS  
WALES

Bwrdd Iechyd Prifysgol  
Betsi Cadwaladr  
University Health Board

# Strategy, Planning and Performance Maturity Matrix – Progress Overview



**LEVEL 1 ‘Basic Level’ Measures:**

- 16 Level 1 measures have been achieved

**LEVEL 2 ‘Early Progress’ Measures:**

- 1 x Level 2 measure was achieved Nov 2021
- Evidence of a further 15 x Level 2 measures submitted Mar 2022
- This leaves 3 x Level 2 measures still requiring evidence.

Note: A recommendation to move 1 x Level 2 measure to Level 3 has been made

**LEVEL 3 ‘Initial Results’ Measures:**

- In addition to our level 2 submissions, evidence of 6 x level 3 measures were submitted March 2022.

	Evidence Approved	Approval Pending	Not Achieved	Total
Level 1 Measures	16	0	0	16
Level 2 Measures	1	15	3	19
Level 3 Measures	0	6	14	20

Strategy, Planning and Performance TI Maturity Matrix – Level 2 Attributes Summary

Strategy Planning and Performance TI Key Elements	Achieved Nov 2021	Submitted Mar 2022	Outstanding
Strategy Development	0	2	2 (A request to move 1 x L2 target to L3 has been made)
Strategy alignment and development of a 3 year Integrated Medium Term Plan	0	2	0
Dynamic and engaged planning	1	3	0
Best practice approach to improvement	0	1	0
Realistic and deliverable	0	1	0
Systems and processes for performance, accountability and improvement	0	4	0
Measurable and improving performance	0	2	0
Assurance	0	0	1

Strategy, Planning and Performance TI Maturity Matrix – Level 3 Attributes Summary

Strategy Planning and Performance TI Workstream	Achieved Nov 2021	Submitted Mar 2022	Outstanding
Strategy Development	0	0	3
Strategy alignment and development of a 3 year Integrated Medium Term Plan	0	3	1
Dynamic and engaged planning	0	3	0
Best practice approach to improvement	0	0	1
Realistic and deliverable	0	0	1
Systems and processes for performance, accountability and improvement	0	0	5
Measurable and improving performance	0	0	2
Assurance	0	0	1
TOTAL LEVEL 3:	0	6	14



# Strategy, Planning and Performance TI Maturity Matrix – Level 2 Gap Analysis

The following three Level 2 measures have not been met within this round of evidence submissions.

## Strategy Development

**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 focussed approach is evident.

**S18** – Identified clinical leads that own and drive strategic developments.

### ACTION:

S17: A draft high level Clinical Services Strategy has been produced and will be finalised for Board approval in July.

S18: A clinical senate has been established with identified clinical leads to provide clinical advice and leadership. This target has now been achieved and evidence will be submitted in the next round.

## Assurance

**S36** – Clarity on monitoring, assurance and delivery mechanisms.

### ACTION:

An Operational Governance Framework will be in place from 1<sup>st</sup> July 2022 and will sit alongside the new Operating Model.

Evidence to achieve this target will be submitted in the next round.

# Strategy Planning and Performance TI Maturity Matrix – Level 3 Progress

**Level 3 evidence has been submitted in March 2022 for the following:**

## **Strategy alignment and development of a 3 year IMTP**

**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

## **Dynamic and engaged planning**

**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

People Strategy & Plan 2022/25

# Mewn Undod mae Nerth | Stronger Together

## Targeted Improvement - Leadership

# Maturity Matrix Level 1 to 2 - Evidence Progress

May 2022 v1.2



# Leadership TI Maturity Matrix

## Level 1 / 2 / 3 Achievement and Target Summary – May 22

Leadership TI Work stream	Level 1 Nov 21			Level 1 May 22		Level 2 May 22		Level 3 May 22
	Target	Achieved	Gap	Target	Gap	Target	Gap	Target
1.2 Board Leadership	6	1	5	4	1	7	0	3
1.3 Clarity of Purpose, Vision, Strategy and Delivery	6	6	0	0	0	5	2	5
2.1 Cultural Development	4	4	0	0	0	4	0	5
<b>TOTAL LEVEL :</b>	16	11	5	4	1	16	2	13

### LEVEL 1 ‘Basic Level’ Measures:

- 11 / 16 Level 1 measures were achieved Nov 2021
- Evidence of 4 remaining Level 1 measures submitted May 2022
- 1 measure current has no target date – proposed evidence of achievement has now been submitted

### LEVEL 2 ‘Early Progress’ Measures:

- 16 / 18 Level 2 measures submitted May 2022
- This just leaves 2 level 2 measures still requiring evidence – proposed evidence of achievement has now been submitted

### LEVEL 3 ‘Initial Results’ Measures:

- In addition to our level 2 submissions, evidence of 13 level 3 measures were also submitted May 2022

# Leadership TI Maturity Matrix

## Level 1 - Gap Analysis

Level 1 measures - not met within the first round of evidence submissions, submitted for round 2:

### Board Leadership

- **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 its vision for the organisation, and the strategies required achieving this vision.
- **L4** The Executive Team has clear, owned and shared priorities as 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 there remains a level of ambiguity and overlap between operational and clinical responsibilities

# Leadership TI Maturity Matrix

## Level 2 - Gap Analysis

Level 2 measures - will not be met within the second round of evidence submissions but evidence now submitted :

### Clarity of Purpose, Vision, Strategy and Delivery

- **L22** It has taken this learning and developed its vision for the organisation as a provider, partner and employer. (See L8)
- **L23** It has committed a collaborative system of improvement to support achievement of the vision. (See L8)

The following proposed evidence demonstrates the achievement of L22

- **Stronger Together** – discovery has informed the People Strategy & plan which includes 5 programmes of delivery based on the learning from discovery:
  - The Way We Work
  - Strategic Deployment
  - How We Organise Ourselves
  - The Best of our Abilities
  - How we Transform & Improve
- **Living Healthier Staying Well** (Domain - Strategy, Planning and Performance)
- **IMTP** (Domain - Strategy, Planning and Performance)
- **Transformation approach** ((Domain - Strategy, Planning and Performance)

The following proposed evidence demonstrates the achievement of L23

- **Stronger Together** – discovery has informed the People Strategy & plan which includes 5 programmes of delivery based on the learning from discovery:
  - **How We Organise Ourselves**
- **Living Healthier Staying Well** (Domain - Strategy, Planning and Performance)
- **IMTP** (Domain - Strategy, Planning and Performance)
- **Transformation approach** ((Domain - Strategy, Planning and Performance)

# Leadership TI Maturity Matrix

## Level 3 - 'Initial Results' proposed achievement

Level 3 measures - submitted for round 2:

### Board Leadership

- **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.
- **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.

# Leadership TI Maturity Matrix

## Level 3 - 'Initial Results' proposed achievement

Level 3 measures - submitted for round 2:

### Clarity of Purpose, Vision, Strategy and Delivery

- **L37** The Vision reflects the role of the Health Board in delivery of national and local health and partnership priorities.
- **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, 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.



# Leadership TI Maturity Matrix

## Level 3 - 'Initial Results' proposed achievement

Level 3 measures - submitted for round 2:

### Cultural Development

**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.

**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.

# Engagement

## Update: Maturity Matrix Evidence Progress

May 2022

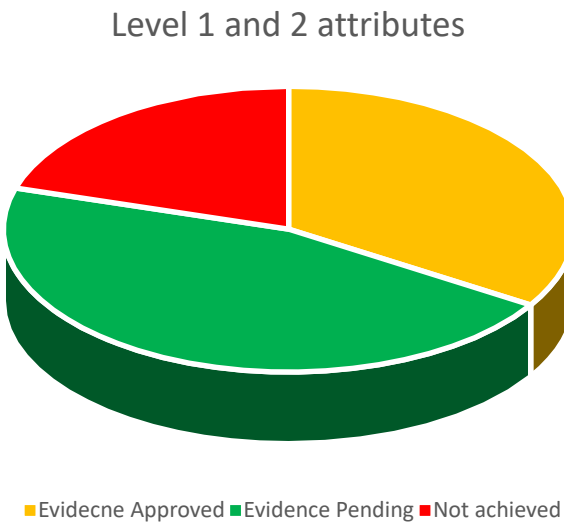


GIG  
CYMRU  
NHS  
WALES

Bwrdd Iechyd Prifysgol  
Betsi Cadwaladr  
University Health Board

# Engagement Maturity Matrix – Level 2 Attributes Summary

Engagement	Achieved Nov 2021	Submitted Mar 2022	Outstanding
1. Engagement management	1	0	1
2. Patient engagement and involvement	3	2	1
3. Public engagement and involvement	5	1	1
4. Staff engagement and involvement	2	2	2
5. Partnership engagement and involvement	5	0	0
6. Partnership and stakeholder relationship management	0	2	2
7. Promoting the work of the organisation	4	0	5
TOTAL LEVEL 2:	20	7	12



# Engagement TI Maturity Matrix – Level 2 Gap Analysis

The following level 2 measures will not have been met within this round of evidence submissions:

## **Engagement Management –**

EM1 - Engagement activities are regularly used to inform impact assessments including EQIA

## **Patient Engagement and Involvement**

EPa6 – Ongoing engagement takes place for significant service change, leading to public consultation where required

## **Public Engagement and Involvement**

EPu3 – Formal public consultation takes place for significant service change, where required

## **Staff Engagement and Involvement**

ES1 – Involvement with staff on organisational improvement is limited

ES6 – Messages from the CEO and Health Board leadership takes place

## **Partnership and Stakeholder Relationship Management**

ES2 – Formal and statutory partnerships are acknowledged and serviced by the Health Board

ES11 – Some individuals have knowledge of partner and stakeholder relationship management

## **Promoting the Work of the Organisation**

ES5 – Health Board leaders and clinical leads have limited media training

ES6 – There is limited use of social media to promote the work of service areas and of the leadership team

ES16 – The need for proactive management of relationships with key stakeholders is recognised and starting to be implemented

ES17 – Health Board leaders and clinical leads have had variable media training

ES18 – There is some use of social media to promote the work of service areas and of the leadership team

# Engagement Maturity Matrix – Level 2 Action Plan

**EM1 - Engagement activities are regularly used to inform impact assessments including EQIA**

ACTION: EQIA and SEIA impact assessments are being routinely introduced at the start of projects

**EPa6 – Ongoing engagement takes place for significant service change, leading to public consultation where required**

ACTION: BCUHB has not undertaken formal public consultation for several years and thus we are discussing with WG if we have already fulfilled this element

**EPu3 – Formal public consultation takes place for significant service change, where required**

ACTION: BCUHB has not undertaken formal public consultation for several years and we are discussing with WG if already fulfilled this element

**ES1 – Involvement with staff on organisational improvement is limited**

ACTION: Comprehensive engagement and communications plan is in place to build on the Stronger Together engagement last year

**ES6 – Messages from the CEO and Health Board leadership takes place**

ACTION: Completed. The CEO and Chair send a weekly message to all staff and there are regular Ask the Panel sessions with execs

**ES12 – Formal and statutory partnerships are acknowledged and serviced by the Health Board**

ACTION: Completed. Evidence is being submitted

**ES11 – Some individuals have knowledge of Partner and Stakeholder Relationship Management**

ACTION: Completed. Evidence is being submitted

**ES5 – Health Board leaders and clinical leads have limited media training**

ACTION: Completed. Evidence is being submitted

**ES6 – There is limited use of social media to promote the work of service areas and of the leadership team**

ACTION: Completed. Evidence is being submitted

**ES16 – The need for proactive management of relationships with key stakeholders is recognised and starting to be implemented**

ACTION: Completed. Evidence is being submitted

**ES17 – Health Board leaders and clinical leads have had variable media training**

ACTION: Completed. Evidence is being submitted

**ES18 – There is some use of social media to promote the work of service areas and of the leadership team**

ACTION: Completed. Evidence is being submitted

# Engagement TI Maturity Matrix – Level 3 Early Progress

## Patient Engagement and Involvement

**EPa8** – The Long Covid Service has been developed with patients, carers and families and the Carer Strategy is being co-produced with carers

**EPa9, EPa10, EPa11, EPa12, EPa13, EPa16**– Through capturing patient and carer stories/experiences we have made improvements to food and nutrition standards in Wrexham Maelor Hospital., supported parents accessing maternity services and bereavement support and improved people’s dementia experience .We have also developed an approach that supports services to empower staff and embed patient feedback into ongoing service improvements – we are trialling with mental health services and will continue to adapt and evolve the approach

## Public Engagement and involvement

**EPu8, EPu13** – Widespread involvement with patients and the public through connections with BAME communities and regular activities such as Bite Sized Health events and a recent collaborative event for International Women’s Day

**EPu12** – We are carrying out an engagement review across BCUHB which has identified widespread engagement for use within service improvement and the Living Healthier, Staying Well strategy update was informed with public feedback

## Staff Engagement and Involvement

ES3 – Feedback from Stronger Together showed that staff valued their involvement

ES5 – Mechanisms to listen and engage with staff were set up during Stronger Together

## Partnership Engagement and Involvement

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 eg Ysvbyty Alltwen and Bryn Beryl

## Partnership and Stakeholder Relationship Management

Est12 , Est13 – Protocols for change are consistently used and routine mechanisms to update and listen to MPs/MSs ha sbeen established

## Promoting the Work of the Organisation



<b>Cyfarfod a dyddiad: Meeting and date:</b>	<b>26 May 2022</b>
<b>Cyhoeddus neu Breifat: Public or Private:</b>	Public
<b>Teitl yr Adroddiad Report Title:</b>	Gold and Silver Command Structure Stepdown
<b>Cyfarwyddwr Cyfrifol: Responsible Director:</b>	Gill Harris Deputy Chief Executive/Executive Director Integrated Clinical Delivery
<b>Awdur yr Adroddiad Report Authors:</b>	Debbie Lewis Interim Emergency Preparedness Resilience and Response Lead  Mark Andrews, Directorate General Manager Medicine
<b>Craffu blaenorol: Prior Scrutiny:</b>	Quality Safety and Experience Committee (QSE) – 3 May 2022
<b>Atodiadau Appendices:</b>	Appendix 1 – Surge Capacity Table
<b>Argymhelliad / Recommendation:</b>	
<p>This report provides an update on the status of the Health Board's Gold and Silver command structure stepdown arrangements.</p> <p>These were reviewed in detail at the last QSE meeting on the 3<sup>rd</sup> of May 2022, where the recommendations were endorsed, ahead of their formal consideration by Cabinet at a future date.</p> <p>The detailed recommendations were:</p> <ol style="list-style-type: none"> <li>1. The Outbreak Reporting and Control Procedure, including Major Outbreaks should be activated in the response to Covid Level 2 and 3 declared outbreaks.</li> <li>2. Should the situation change and any of the previously agreed triggers be met Gold will be reconvened</li> <li>3. The 'pseudo' Silver role will be undertaken by the Interim EPRR Lead along with the Head of Tactical Control Centre to support the impact on the operational delivery across the system.</li> <li>4. The PRAID logs will continue to be utilised in order to capture actions and to ensure decision making is recorded.</li> <li>5. Any decisions that need to be made, requiring Gold sign off, will be taken through the Executive Team.</li> <li>6. The above recommendations remain in place until the new BCU HB Operating System is in place, when there will be an opportunity to reflect on a suitable model for a Gold and Silver</li> </ol>	

command structure that would provide the necessary governance and assurance for command and control in any all-hazards emergency response situation.

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

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

**Sefyllfa / Situation:**

On 28 March 2022 the majority of the Covid restrictions were lifted. From the 31 March 2022 Public Health Wales surveillance data ceased to be provided and on 1 April 2022 the Covid testing policy in Wales for the public (and staff) changed. This has had a direct impact on the reporting of case rates.

Free NHS lateral flow tests (LFTs) are no longer available for the general public to access if they do not have symptoms. Those who are symptomatic are still able to order tests online for home delivery, and tests are still available to order, for free, in certain situations. However it is possible to purchase LFTs from various retailers, for those who do not have symptoms.

Public Health Wales has made the transition to integrated surveillance, from a pandemic response to an endemic one, and "living with Covid in Wales". Consequently, rather than continuing to hold Gold and Silver meetings, it would be more beneficial for the Outbreak Reporting and Control Procedure, including Major Outbreaks to be activated as opposed to the strategic response to major incidents.

The changes that have been made to the Test, Trace and Protect programme (TTP) have affected our incidence reporting which no longer supports our ability to obtain an accurate assessment of community and hospital cases. As such we are reliant upon medium term projections (MTPs), which are produced regularly by Swansea University, for decision making and determining the arrangements that will be required for future outbreaks.

As national guidance is no longer as prolific, future outbreaks will need to be managed via more normalised channels and the activation of existing pandemic and outbreak plans.

The three acute sites, Ysbyty Gwynedd, Ysbyty Glan Clwyd and Wrexham Maelor have all declared Level 3 Covid outbreaks. As a result of these declarations, along with the situation reports, this informed the decision to activate the Outbreak procedure along with the Strategic Outbreak Control Team. Regular (OCT) meetings in the East, Central and West areas have been convened, which escalated to the activation of the Pan BCU Outbreak Control Team with two meetings taking place on 30 March 2022 and 5 April 2022.

The Pan BCU OCT meeting was requested by the Director of Nursing Infection Prevention and Decontamination and chaired by the Deputy Chief Executive/Executive Director Integrated Clinical Delivery. This meeting was in addition to the Extraordinary Gold Meeting which was held on 28 March 2022, also chaired by the Deputy Chief Executive/Executive Director Integrated Clinical Delivery.

It is recognised that as a result of the on-going inquiry requirements the Health Board needs to ensure communications are consistent and archived against a time line and so the role of pseudo silver has been established and implemented.



### **Cefndir / Background:**

In order to support the strategic and tactical responses to the pandemic, the Health Board established several specific Workstreams and Cells along with the critical planning, decision making and reporting to the Silver command structure. These Workstreams are as follows:

- Resources
- Vaccination
- Test Trace Programme
- Clinical Pathways
- Epidemiology/Intelligence
- Modelling update and projected activity
- PPE (Personal Protective Equipment)
- Communications
- Operational Delivery
- Mental Health
- Women's
- Planned Care Forward Look
- Infection, Prevention and Control
- Care Homes
- Risk Log

While the Health Board is still supporting the COVID-19 pandemic the EPRR Lead has the responsibility for maintaining oversight of all the Workstreams and Cells. This will ensure continuity of reporting and senior monitoring pending any future structure changes.

Since Monday 14<sup>th</sup> February an 'enhanced' Emergency Preparedness, Resilience and Response Team has provided operational updates to the Executive Team on the SARS-CoV2 local, national, and internal increasing threats or risks. The following enhanced structure was also convened:

- Gold-Silver Support Lead: Directorate General Manager Medicine
- Interim EPRR Lead (end of February 2022)
- Head of Tactical Control Centre
- Head of Informatics to support Surveillance functions from Warning and Informing
- Management support for PRAID, reports etcetera
- 

As part of these arrangements, the surveillance function for Variants of Interest / Concerns continued to be reported by the COVID-19 Intelligence Cell from the Business Intelligence Unit to the EPRR Team with critical issues for escalation through to the weekly Executive meeting to provide critical horizon scanning of future Variants of Interest / Concern.

The EPRR Team also supported the following key documents and inboxes to maintain continuity with surveillance and reporting:

- Reviewing the Prevention and Response Plan / Outbreak Control Plan
- Monitoring the HECC Silver and Coronavirus C U inboxes
- Pandemic Influenza Framework
- Gold Command Operating Arrangements and Guidance on Decision Making

- Reviewing the Outbreak Reporting and Control Procedure, including Major Outbreaks

**Asesu a Dadansoddi / Assessment & Analysis**

## **Goblygiadau Strategol / Strategy Implications**

### **Situational Awareness**

It is crucial that, given the uncertainties with SARS-CoV2, and how the virus may behave in the future, the Health Board retains a strong Warning and Informing function through its Emergency Preparedness, Resilience and Response (EPRR) structure.

This will ensure that any future operational impact of known or new Variants of Interest / Concern is escalated for consideration to the Executive Team in a timely manner. This would allow a proportional incident management response.

In order to facilitate this approach from 28 March 2022 the EPRR Lead has continued to provide weekly situational awareness reports to the Executive Team and attend the Strategic OCT and any pan BCU OCT meetings.

The notification of any changes will be coordinated by the 'pseudo' Silver for dissemination from a single source.

### **Gold Role**

Gold remains the Deputy CEO, and any issues from the pan BCU OCT will be escalated via the 'pseudo' Silver. Any decisions which require Gold endorsement will be taken via EMT.

### **'Pseudo' Silver Role**

The Silver role will be undertaken by the Interim EPRR Lead along with the Head of Tactical Control Centre to continue to support the impact on the operational delivery across the system.

### **Decision Making**

The PRAID logs, which included the Risk Logs, Action Logs, Issue Logs and Decision Logs, will still need to continue to be completed, by Gold and 'pseudo' Silver, in order to provide an audit trail for decision making, which is required as evidence to be submitted to the Covid Inquiry.

### **Triggers for Establishing To SARS-CoV2 Gold and Silver Command**

There are nationally agreed triggers in place to highlight increased cases, positivity, and admissions. The Health Community Plans also include operational triggers to support local decision making to meet winter and COVID-19 surge capacity and have informed the Gold and Silver Command structures of operational trends that might require further internal and external support. There are also specific Divisional Plans for Women's, Paediatrics and Mental Health.

The triggers below can and have been monitored by local teams to make operational plans including resources and surge capacity in critical areas that might be impacted by increasing staff absence or hospital admissions. They are reported by each Health Community at the daily Tactical Control Centre (TCC) meetings to determine if further pan-secondary care / community support is required to address any critical shortfall in core service provision. At all times aiming to reduce risk and harm within the wider health community and with critical partners.

Local plans in acute and community hospital settings to maintain operational effectiveness with admission avoidance and discharge planning will have already taken place following SAFER, R2G and SORT principles.

Each Health Community will continue to report a common suite of triggers at the daily TCC meetings and could also report the following additional triggers to indicate additional operational pressures from SARS-CoV2:

1. Daily Covid admissions
2. Wards Covid Patients
3. Covid in ITU/HDU
4. Paediatric Covid and Non Covid
5. Covid CPAP demand
6. NIV demand
7. Total bed gap
8. Front line staffing gaps

Further work to develop an agreed suite of SARS-CoV2 triggers will be taken forward by the EPRR team and COVID-19 Intelligence Cell referencing any Welsh Government guidance and benchmarking with other Health Boards / NHS Trusts.

Trends indicating operational concern from SARS-CoV2 will be part of the Executive Highlight Report from the EPRR, PHW Health Protection and Informatics teams. The membership of the COVID-19 Intelligence cell will also be revised to include representation from Scheduled and Unscheduled Care Teams as well as Local Authority partners to ensure a pan-organisational review of SARS-CoV-2 on health and social care provision.

The SBAR Proposals for Future Surveillance and Horizon Scanning to support COVID-19 and Future Strategic and Operational Shocks, contain more detailed information on these processes.

In addition the EPRR Lead along with the Assistant Directors of Scheduled and Unscheduled Care should be the lead SROs to maintain the integrity of the Inpatient Surge Capacity for Acute and Community Hospital Facilities: Potential and Open, which is included as Appendix 1. The surge capacity table should be updated on a monthly basis and reported to the Deputy Director Integrated Services Clinical Regional Delivery Director, Health Community Directors and the Unscheduled Care Flow Oversight and Support Team.

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

<b>Goblygiadau Ariannol / Financial Implications</b>
<b>Dadansoddiad Risk / Risk Analysis</b>
<b>Cyfreithiol a Chydymffurfiaeth / Legal and Compliance</b>
<b>Asesiad Effaith / Impact Assessment</b>

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## Appendix 1 – Surge Capacity Table

### MONTHLY SUMMARY OF INPATIENT SURGE CAPACITY FOR ACUTE AND COMMUNITY HOSPITAL FACILITIES: POTENTIAL AND OPEN

Month: February 2022

Location	Opened surge beds	Surge reserve available to open: <i>Subject to staffing, IPT, Estates works</i>	Surge In Extremis <i>Impacts on planned care<sup>1</sup></i>	Surge beds at Business Continuity: <i>Subject to Gold approval and additional resources</i>
Critical Care				
East Area				
Wrexham Maelor Hospital				
Central Area				
Glan Clwyd Hospital				
West Area				
Bangor Hospital				
Women's Services				
Mental Health and Learning Disabilities				
Paediatrics				
	Surge in Open =	Surge in Reserve =	Surge in Extremis = + <sup>2</sup>	Surge in Business Continuity =



<b>Cyfarfod a dyddiad:</b> <b>Meeting and date:</b>	Board Meeting 10 March 2022					
<b>Cyhoeddus neu Breifat:</b> <b>Public or Private:</b>	Public					
<b>Teitl yr Adroddiad</b> <b>Report Title:</b>	Mental Health Act 1983 as amended by the Mental Health Act 2007. Mental Health Act 1983 Approved Clinician (Wales) Directions 2018. <b>Update of register of Section 12(2) Approved Doctors for Wales and Update of Register of Approved Clinicians (All Wales).</b>					
<b>Cyfarwyddwr Cyfrifol:</b> <b>Responsible Director:</b>	Dr Nick Lyons, Executive Medical Director.					
<b>Awdur yr Adroddiad</b> <b>Report Author:</b>	Meryl Roberts, All Wales Approvals Manager for Approved Clinicians and Section 12(2) Doctors.					
<b>Craffu blaenorol:</b> <b>Prior Scrutiny:</b>	Not applicable					
<b>Atodiadau</b> <b>Appendices:</b>	<b>Appendix 1:</b> Mental Health Act 1983 as amended by the Mental Health Act 2007 Mental Health Act 1983 Approved Clinician (Wales) Directions. - <u>Update of Register of Approved Clinicians for Wales.</u>  <b>Appendix 2:</b> Mental Health Act 1983 - Update of Register of Section 12(2) Approved Doctors for Wales.					
<b>Argymhelliad / Recommendation:</b>						
<p>The details presented to the Board in this Report is a summary of the approvals which have already received ratification for Approved Clinicians and Section 12(2) Doctor approvals across the Principality.</p> <p>This report provides a governance record of compliance with legislative requirements under the Mental Health Act 1983 (as amended 2007) of the approvals and ratification process.</p> <p>The Board is asked to note the report and ratify the approvals in line with the Welsh Government Guidance Mental Health Act 1983 Approval of Approved Clinicians (Wales) July 2018 for Approved Clinicians and the Section 12 Process and Criteria Document for S12(2) Approved Doctor approvals.</p>						
<b>Ticiwch fel bo'n briodol / Please tick as appropriate</b>						
<b>Ar gyfer penderfyniad /cymeradwyaeth</b> <b>For Decision/ Approval</b>		<b>Ar gyfer Trafodaeth</b> <b>For Discussion</b>		<b>Ar gyfer sicrwydd</b> <b>For Assurance</b>	✓	<b>Er gwybodaeth</b> <b>For Information</b>
<b>Y/N i ddangos a yw dyletswydd Cydraddoldeb/ SED yn berthnasol</b> <b>Y/N to indicate whether the Equality/SED duty is applicable</b>						<b>N</b>

**Sefyllfa / Situation:**

Betsi Cadwaladr University Health Board (BCUHB) undertakes the delegated function of the Welsh Ministers for the approval of Approved Clinicians and Section 12(2) doctors on behalf of all the Health Boards in Wales. The Health Board ensures an effective approval, re-approval, suspension and termination of approval processes for Approved Clinicians and Section 12(2) doctors in Wales.

**Cefndir / Background:**

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

The Welsh Government Mental Health Act 1983 (Approved Clinicians) (Wales) Directions 2018, Approved Clinician Procedural Arrangements (July 2018) and All Wales Section 12(2) Process and Criteria Document (September 2021) set out the eligibility criteria for approval and re-approval for Doctors and non-medical Clinicians who wish to become approved under the Mental Health Act 1983. These documents are used by the Approvals Team and All Wales AC and S12 Panel who scrutinise applications for approval which have been received from Clinicians across the Principality. Applications are received either for Approved Clinician or Section 12(2) applications from Psychiatrists, General Practitioners and other registered professionals who are eligible to apply for approval status under the Mental Health Act (1983) (as amended 2007).

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

Following Panel assessment, any recommendation for approval must receive formal ratification from the Approving Board, for the process of approval to be lawful and to ensure compliance with legislative requirements.

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

Approval is then received in writing from the Board Chairman, Chief Executive Officer, Board Secretary and two Independent Members and returned to the Approvals Team.

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

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

**Asesu a Dadansoddi / Assessment & Analysis**

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

**Opsiynau a ystyriwyd / Options considered**

This is a factual report for assurance purposes.

**Goblygiadau Ariannol / Financial Implications**



None

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

To ensure that all Clinicians are approved and reapproved within the agreed timescales, the All Wales Approval Panel assesses applications according to the Procedural Arrangements agreed with Welsh Government.

If Clinicians do not apply for re-approval according to the agreed timescales, their approval could expire and this could have an adverse impact on the availability of Approved Clinicians, Responsible Clinicians and Section 12 Approved Doctors across the workforce in the Principality.

Under The Mental Health (Mutual Recognition) Regulations 2008, a Section 12 approved Doctor in England is also approved in Wales and vice versa. Due to a current lack of Section 12 Directions for Wales, there is a risk that a Section 12 approved Doctor in Wales may not be lawful in England.

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

The Approval Process meets the legislative requirements of the Mental Health Act 1983 (as amended 2007) and the Mental Health Act 1983 (Approved Clinicians) (Wales) Directions 2018.

The Board is asked to note that Wales does not currently have Section 12 Directions for the approval, re-approval and ending of Section 12(2) Doctor approval. Welsh Government met with the Approvals Team on 20<sup>th</sup> October 2021 and it was agreed that Section 12 Directions will be made. Welsh Government Legal Team reviewed draft Section 12 Directions for compliance and further meetings between the Approvals Team and Welsh Government took place on 8<sup>th</sup> December 2021, and the 4<sup>th</sup> and 11<sup>th</sup> February 2022 to review and agree the contents. The next meeting is scheduled to take place on 4<sup>th</sup> March 2022 to ensure the draft Section 12 Directions are reviewed, agreed and then enacted by the Welsh Minister.

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

None.

<b>Update of Register of Approved Clinicians and Section 12 (2) Approved Doctors for Wales</b> <b>23<sup>rd</sup> December 2021 – 16<sup>th</sup> February 2022</b>		
	<b>AC</b>	<b>S12 (2)</b>
<b>Approvals and Re-approvals</b>	16	8
<b>Removed – Expired</b>	7	1
<b>Approvals suspended</b>	0	0
<b>Approvals re-instated/ Reinstated and returned to work in Wales</b>	1	3
<b>Approval Ended</b>	0	0
<b>Retired</b>	0	0
<b>Removed – AC approved</b>	n/a	0
<b>No longer registered &amp; retired</b>	0	0
<b>Transferred from AC register (to S12 Register)</b>	1	n/a
<b>No longer working in Wales</b>	0	0
<b>Registered without a licence to practise</b>	0	0
<b>RIP</b>	0	0

## APPENDIX 1

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

### Mental Health Act 1983 Approved Clinician (Wales) Directions

### Update of Register of Approved Clinicians for Wales

23<sup>rd</sup> December 2021 – 16<sup>th</sup> Feb 2022

### Approvals and Re-approvals: 16

Surname	First Name	Workplace	Date Approval Expires	Chair's Action
Marshall	Derek	Elysium Healthcare, Cefn Carnau Hospital, Thornhill, Caerphilly, CF83 1LX.	21 <sup>st</sup> December 2026	Yes
Byrappa	Neetha	Ty Cwm Rhondda Hospital, Tyntyla Avenue Ystrad, Pentre, CF41 7SU.	4 <sup>th</sup> January 2027	Yes
Chandran	Sumit	Betsi Cadwaladr University Health Board, Hergest Unit, Ysbyty Gwynedd, Penrhosgarnedd, Bangor LL57 2PW.	10 <sup>th</sup> January 2027	Yes
Zheng	Rui	Aneurin Bevan University Health Board, North Monmouthshire Older Adult Community Mental Health Team, Tregaron, Maindiff Court Hospital, Ross Road, Abergavenny, Monmouthshire NP7 8NF.	10 <sup>th</sup> January 2027	Yes
Safeer	Rahim	Aneurin Bevan University Health Board, Cwm Coch, Ysbyty Aneurin Bevan, Lime Avenue, Ebbw Vale NP23 6GL.	13 <sup>th</sup> January 2027	Yes
Cutinha	Adeline Christabel	Cardiff and Vale University Health Board, Park Lodge, Park Road, Whitchurch, Cardiff, CF14 7XB.	17 <sup>th</sup> January 2027	Yes
Nukalapati	Lokesh Kumar	Aneurin Bevan University Health Board, CAMHS, Ty Bryn, St Cadoc's Hospital, Caerleon, Newport NP18 3XQ	18 <sup>th</sup> January 2027	Yes

Surname	First Name	Workplace	Date Approval Expires	Chair's Action
Madhav	Avinash	Swansea Bay University Health Board, Caswell Clinic, Glanrhyd Hospital, Tondu Road, Bridgend, Mid Glamorgan, CF31 4LN.	24 <sup>th</sup> January 2027	Yes
Robertson	Kerine	Ward F, Neath Port Talbot Hospital, Baglan Way, Port Talbot, SA12 7BX	27 <sup>th</sup> January 2027	Yes
Bevan	Rhys Gwyn	Hywel Dda University Health Board, St Caradog Ward, Bro Cerwyn Centre, Fishguard Road, Haverfordwest, Pembrokeshire SA61 2PZ.	30 <sup>th</sup> January 2027	Yes
Rankin	Jennifer Louise	Aneurin Bevan University Health Board, Ty Glas, Ysbyty Ystrad Fawr, Ystrad Fawr Way, Hengoed CF82 7GP.	30 <sup>th</sup> January 2027	Yes
Provan	Donald	Swansea Bay University Health Board, Cefn Coed Hospital, Waunarlwydd Road, Cockett, Swansea SA2 0GH.	31 <sup>st</sup> January 2027	Yes
Donnelly	Peter	Swansea Bay University Health Board, CMHT, Ty Einon, Area 3 CMHT, Princess Street, Gorseinon, Swansea, SA4 4US.	3 <sup>rd</sup> February 2027	Yes
Gaur	Sandhya	Betsi Cadwaladr University Health Board, Heddfan Psychiatric Unit, Wrexham Maelor Hospital, Croesnewydd Road, Wrexham LL13 7TD.	7 <sup>th</sup> February 2027	Yes
Sherley	Emily	Cwm Taff Morgannwg University Health Board, Royal Glamorgan Hospital, Ynysmaerdy, Pontyclun, CF72 8XR.	15 <sup>th</sup> February 2027	*No *pending ratification via a Chair's Action Letter
Williams	Sarah	Betsi Cadwaladr University Health Board, Conwy CMHT, 10 Nant Y Glyn Road, Colwyn Bay, Conwy, LL29 7RB.	15 <sup>th</sup> February 2027	*No *pending ratification via a Chair's Action Letter

### Approvals Suspended: 0

Surname	First Name	Workplace	Date Approval Expires

### Approvals re-instated: 1

Surname	First Name	Workplace	Date Approval Expires
Basa	Fouad Braymok	Betsi Cadwaladr University Health Board, Ty Llywelyn MSU, Bryn y Neuadd Hospital, Aber Road, Llanfairfechan, Conwy LL33 0HH.	1 <sup>st</sup> February 2023

### Approvals expired: 7

Surname	First Name	Workplace	Date Approval Expired
Lorenz	Tom	Betsi Cadwaladr University Health Board, Catherine Gladstone House, Mancot, Flintshire CH5 2EP.	27 <sup>th</sup> December 2021
Hess	Natalie Lorraine	Formerly of Swansea Bay University Health Board, Department of Liaison Psychiatry, Morriston Hospital, Morriston, Swansea SA6 6NL	11 <sup>th</sup> January 2022
Gharib-Omar	Adnan Bahlul	Formerly of Betsi Cadwaladr University Health Board	25 <sup>th</sup> January 2022
Provan	Donald	Swansea Bay University Health Board, Cefn Coed Hospital, Waunarlwydd Road, Cockett, Swansea SA2 0GH.	*31 <sup>st</sup> January 2022 (later reapproved)
Abou-Aisha	Ayman	Formerly of Coed Du Hall Independent Hospital, Nantaly Road, Rhydymwyn, Mold; CH7 5HA.	1 <sup>st</sup> February 2022
Stanly	Thushara	Cygnnet Healthcare c/o Private Address.	1 <sup>st</sup> February 2022
Iwanczyk	Alexander	Formerly of Swansea Bay University Health Board, CMHT Area 3, Ty Einion Centre, Princess Street, Swansea, SA4 4US.	7 <sup>th</sup> February 2022

### Retired: 0

Surname	First Name	Workplace	Date Approval Expired

### No longer Registered & Retired: 0

Surname	First Name	Workplace	Date Approval Expired

**Transferred from AC Register to S12 Register: 1**

Surname	First Name	Workplace	Date Approval Expires
Colgate	Robert	Welsh Health Specialised Services Committee, Unit G1, Main Ave, Treforest Industrial Estate, Pontypridd, CF37 5YL.	6 <sup>th</sup> March 2022

**No longer working in Wales: 0**

Surname	First Name	Workplace	Date Approval Expires

**Approvals Ended: 0**

Surname	First Name	Workplace	Date Approval Expired

**RIP: 0**

Surname	First Name	Workplace	Date Approval Expired

**APPENDIX 2**

**Mental Health Act 1983**

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

**23<sup>rd</sup> December 2021 – 16<sup>th</sup> February 2022**

#### **Approvals and Re-approvals: 8**

<b>Surname</b>	<b>First Name</b>	<b>Workplace</b>	<b>Date Approval Expires</b>	<b>Chair's Action</b>
Hingley	Penelope Diana	Betsi Cadwaladr University Health Board, CAMHs, Wrexham Maelor Hospital, Wrexham, LL13 7TD.	25 <sup>th</sup> December 2026	Yes
Davies	Stephen Paul	Independent Practitioner, c/o Swansea Consulting Rooms, 7 Tawe Business Village, Swansea SA7 9LA.	2 <sup>nd</sup> January 2027	Yes
Mazumdar	Sulagna	Cwm Taf Morgannwg University Health Board, Princess of Wales Hospital, Coity Road, Bridgend CF31 1RQ.	3 <sup>rd</sup> January 2027	Yes
Parry	Alwyn Llewelyn	Meddygfa Cae Heti, Llanberis, Gwynedd, LL55 4SU.	10 <sup>th</sup> January 2027	Yes
Owen	David Glyndwr	Cardiff and Vale University Health Board, Young Onset Dementia Team, Cariad Unit, Barry Hospital, Colcot Road, Barry, CF62 8YH.	24 <sup>th</sup> January 2027	Yes
Awan	Aizaz Ahmad	Cwm Taf Morgannwg University Health Board, Tonteg Child and Family Clinic Church Road, Tonteg, Pontypridd, CF38 1HE.	30 <sup>th</sup> January 2027	Yes
Romeh	Amr Hosam Ibrahim	Swansea Bay University Health Board, Caswell Clinic, Pen-y-fai, Bridgend	10 <sup>th</sup> February 2027	*No <small>*pending ratification via a Chair's Action Letter</small>
Navarro-Trujillo	Rodrigo	Betsi Cadwaladr University Health Board, Ty Derbyn, Wrexham Rural CMHT, Ty Derbyn, Wrexham Maelor Hospital, LL13 7TD.	14 <sup>th</sup> February 2027	*No <small>*pending ratification via a Chair's Action Letter</small>

**Expired: 1**

Surname	First Name	Workplace	Date Approval Expired
Smith	Ian	Cardiff and Vale UHB, Monmouth House, Heath Park, Cardiff CF14 4XW.	22 <sup>nd</sup> December 2021

**Approvals re-instated/returned to Wales: 3**

Surname	First Name	Workplace	Date Approval Expires
Iqbal	Yousuf	Betsi Cadwaladr University Health Board, Ty Llywelyn MSU, Ysbyty Bryn y Neuadd, Aber Road, Llanfairfechan, Conwy, LL33 0HH.	1 <sup>st</sup> January 2023
Yinusa	Jimoh Aderemi	Aneurin Bevan University Health Board, Talygarn MH Unit, County Hospital, Coed-y-Gric Road Griffithstown Pontypool, Torfaen, NP4 5YA.	25 <sup>th</sup> September 2026
Wiredu	Solomon	Betsi Cadwaladr University Health Board, Heddfan Psychiatric Unit, Croesnewydd Road, Wrexham, LL13 7TD.	30 <sup>th</sup> September 2026

**Ended: 0**

Surname	First Name	Workplace	Date Approval Expired

**Became AC approved: 0**



Surname	First Name	Workplace	Date Approval Expires

No longer registered: 0

Surname	First Name	Workplace	Date Approval Expires

Transferred from AC Register: 1

Surname	First Name	Workplace	Date S12(2) Approval Expires
Colgate	Robert	Welsh Health Specialised Services Committee, Unit G1, Main Ave, Treforest Industrial Estate, Pontypridd, CF37 5YL.	6 <sup>th</sup> March 2022

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



<b>Cyfarfod a dyddiad: Meeting and date:</b>	Health Board 26 May 2022
<b>Cyhoeddus neu Breifat: Public or Private:</b>	<i>Public</i>
<b>Teitl yr Adroddiad Report Title:</b>	Operating Model
<b>Cyfarwyddwr Cyfrifol: Responsible Director:</b>	Jo Whitehead, Chief Executive Officer Gill Harris, Deputy Chief Executive/Director Integrated Clinical Delivery (SRO)
<b>Awdur yr Adroddiad Report Author:</b>	Sue Green, Executive Director of Workforce and Organisation Development
<b>Craffu blaenorol: Prior Scrutiny:</b>	<p>10 May 2022 – Executive Directors – Review of Readiness Assessment</p> <p>The draft Governance and Assurance Framework has been considered in full and part at Executive Directors Team at meetings held on 10.5.22, 4.5.22, 20.4.22, 2.3.22, 23.2.22.</p> <p>21 April 2022 – Health Board Workshop – further review of background and risks management of change</p> <p>30 March 2022 – Health Board – review of the timetable for consideration of the Final Operating Model</p> <p>10 March 2022 – Health Board – Considered readiness Assessment and draft Operational Governance Framework</p> <p>3 February 2022 - The Health Board approved the Operating Model Structure including:</p> <ul style="list-style-type: none"> <li>a. Design principles and improvement aims;</li> <li>b. Outline, high-level organisation structure; and</li> <li>c. Establishment of the senior management structure for Integrated Health Communities and System Oversight</li> </ul> <p>The Operating Model reviewed and agreed by the Executive Team during various phases of design. Those meetings occurred on 22.09.21, 27.10.21, 1.12.21 and 12.1.21.</p> <p>The Change Readiness Assessment Phase 1 Transition was reviewed by the Executive Team on 2 March 2022</p> <p>The Executive Management Group has been updated on progress and invited to feedback throughout the design process. Those meetings occurred on 4.8.21, 1.9.21, 29.9.21, 3.11.21, 8.12.21.</p>

	The Remuneration and Terms of Service Committee (RTS) has considered some specific posts associated with the model. These meetings occurred on :- 22.7.21, 17.08.21, 21.10.21, 2.12.21, 18.1.22 and 03.02.22				
<b>Atodiadau Appendices:</b>	Appendix 1- Operating Model Appendix 2 – Performance and Accountability Framework addendum - Operational Governance & Assurance Framework Appendix 3 – Communications and Engagement Plan Appendix 4 – Readiness Assessment Appendix 5 – Programme Risk Log Appendix 6 – Equality Impact Assessment Appendix 7 – Socio Economic Impact Assessment				
<b>Argymhelliad / Recommendation:</b>					
The Board are asked to: <ul style="list-style-type: none"> <li>i. <b>APPROVE</b> the implementation of the revised Operating Model</li> <li>ii. <b>NOTE</b> the commitment of the Chief Executive and Executive Directors to ensure a risk based approach is taken to implementation of the different elements of the structure and model recognising that the changes to governance and infrastructure will be at the final point of implementation.</li> <li>iii. <b>NOTE</b> the commitment to this final point of implementation being no later than the 1<sup>st</sup> September.</li> </ul>					
<b>Ticiwch fel bo'n briodol / Please tick as appropriate</b>					
<b>Ar gyfer penderfyniad /cymeradwyaeth For Decision/ Approval</b>	<b>x</b>	<b>Ar gyfer Trafodaeth For Discussion</b>		<b>Ar gyfer sicrwydd For Assurance</b>	<b>Er gwybodaeth For Information</b>
<b>Y/N i ddangos a yw dyletswydd Cydraddoldeb/ SED yn berthnasol Y/N to indicate whether the Equality/SED duty is applicable</b>					<b>Y</b>
An Equality Impact Assessment has been undertaken and considered by the Health Board at its meeting on 10 March 2022. This assessment is a dynamic document and as such will continue to be updated in advance of the 2nd Readiness Assessment to be considered by Executives on 10 May 2022 and Health Board on 26 May 2022. Appendix 6 and 7.					
<b>Sefyllfa / Situation:</b>					
Following discussions and previous Health Board workshops and meetings, culminating in consideration of the final Full Operating Model at its meeting on 10 March 2022, this paper and appendices sets out the changes made to the Operating Model documentation and proposals as a result of feedback from Board and senior colleagues as well as reflecting the progress in areas of outstanding design.					
In recognition of the risks associated with implementation both at strategic and operational level, together with the risks associated with any further delay or continued uncertainty it sets out a series of proposals in relation to the structural and organisational governance changes required. The					

intention of this approach being to respond to the requirement for the Health Board to be assured that the implementation of the Model will not increase the risk exposure of the organisation and will, over time, serve to enable the sustainable improvement required for us to deliver our core purpose for the population of North Wales.

For the organisation to move forward, it is important that we progress to implementation of the Operating Model. As such it recommended for Health Board approval.

## **Cefndir / Background:**

### **Reasons for Change**

There are a wide variety of sources that consistently and compellingly tell us the structure of the Health Board and its existing Operating Model need to improve. These sources include:-

- Improvement areas identified as part of Welsh Government's Targeted Intervention status. Specifically actions in the improvement matrices relating to Leadership, Engagement, Strategic Planning and Performance and some aspects of Mental Health and Learning Disability;
- Consistent and compelling feedback from 'Stronger Together Discovery' that included conversations with over 1000 staff and a review of over 80 documents;
- Recent reviews including Royal College and external reviews both Health Board commissioned and regulatory, as well as the continued issues with performance against key standards in unscheduled care, planned care etc.

Examples of areas that need to improve are aspects of leadership and organisational effectiveness. These include decision-making, management silos, empowerment/over 'review', accountabilities, data and evidenced based working, and listening and involvement of partners, staff and service users.

Organisational ineffectiveness can have a negative impact on how our services operate, the people we serve, the Health Board's reputation and how people feel about working for or with the Health Board.

### **Approach to Design and Change Implementation**

The Operating Model has been co-designed. Its design has included:-

- Review of best practice of health care organisations in Wales and England, including integrated care systems and some international models;
- Horizon scanning and alignment to national and local improvement initiatives to ensure the Model is functional and future proofed. Examples of strategic alignment include Healthier Wales, Accelerated Cluster Development, Regional Treatment Centres and Living Healthier, Staying Well,
- Co-design of what the model will achieve and how it should be organised, through Stronger Together.

### **Design Principles, Improvement Aims and Alignment to Our Values**

The co-design process identified the following design principles and improvement aims:-

- **Person-centred** - The person is at the centre of all that we do, with an equal focus on **keeping people well** and providing **high-quality care and treatment** when it is needed.
- **Clinically led, evidence-based, empowered organisation** - Listening to and empowering colleagues, with **quality** and **equity** at the heart of decision-making.
- **Community focus with regional networks** - Organised around the needs of our communities, with a local focus balanced with regional delivery for the best patient outcomes. Skills and resources are organised and supported to provide **seamless** services and better **outcomes**.
- **Consistent standards - With equal access** to care and support for all communities across north Wales, following value-based healthcare principles.
- **Effective partnership working** - Listening to our colleagues, partners and communities to develop and deliver services that support people to live healthily and stay well.
- **Compassionate, learning organisation** - Continually improving, using technology and data to simplify systems and innovate.
- **Processes and ways of working** - That make doing the right thing easy.

The design is based on what we value and how we treat each other, always checking back to the Health Board's values.

## The Outline Model

The model :-

- Builds on the strength of geographically based arrangements;
- Removes the structural division between acute, primary and community services;
- Increases the collaboration and pathway approach between Health Communities (locally managed services) and Pan North Wales Services (regionally managed services);
- Focusses on specific areas of support services and leadership that directly meet the aspirations of the improvement aims including digital, partnership working and transformation.

Any empowered model needs to provide a level of consistency for emerging structures to build on.

## Executive and Senior Management Configurations previously approved.

### Executive Team

Targeted design work has been undertaken for the following functions, to directly deliver the aspirations of the design principles and improvement aims:-

- Integrated clinical delivery
- Digital leadership
- Partnership, engagement and communications
- Transformation and planning

In addition, all Executive portfolios have been reviewed to ensure clarity of accountability, to support improved matrix working and importantly to enable greater focus on strategic development, delivery and improvement.

## **Senior Management Configurations**

The Model introduces Integrated Health Community (IHC) Directors, a Deputy Director Integrated Clinical Delivery – Regional Services and a Deputy Director Integrated Clinical Delivery – Primary Care. Each of these roles reporting to the Deputy Chief Executive/Executive Director Integrated Clinical Delivery.

The Health Community roles will be supported by a leadership team comprising Medical, Nursing, Therapies & Health Sciences, Medicines and Operations.

Within each IHC, there is a requirement to consider the leadership roles required to ensure effective patient centred clinical service grouping across Primary, Community, Secondary and Children's. In addition, IHCs will be required to ensure that as Clusters develop further in line with the national Accelerated Cluster Development Programme, Cluster Leads are embedded within the delivery and decision making structures.

Management arrangements will reflect pathways, communities and partners as much as possible bringing management arrangements together in an Integrated Health Community. This will be managed within the existing organisational budget and Integrated Medium Term Plan. Any proposals requiring additional investment will need to demonstrate robust return on investment, and subject to the organisation's business planning process and governance.

## **Clinical Service Operations**

Arrangements are designed to serve local and regional population requirements holistically. Appendix 1 provides more detail and rationale, the appendices in the full Operating Model document include :-

- Service management mapping arrangements;
- Overview of accountabilities for senior posts within the clinical operational teams;
- Business arrangements to increase system working.

## **Ways of Working / Organisational Arrangements For System Working**

The Operating Model describes a variety of ways of working that bring consistency and cohesion to the organisation, whilst supporting appropriate local variation and decision-making. All of the proposals align to, rather than replace, the governance and Performance and Accountability Framework previously approved by the Health Board.

More detail can be found identified in Appendix 1, the full Operating Model document, including:

- Mechanism for clinical standard setting and oversight, clinical effectiveness and clinical networks;
- System oversight function;
- Fora for people in similar roles in different parts of the organisation;
- All senior leaders will have a cross Health Board responsibility that will be clearly defined
- Operational Governance and Assurance Framework.

## **Organisational and Operational Governance and Assurance Framework**

The proposed Operational Governance & Assurance Framework supports the Integrated Governance framework approved by the Health Board on 15th July 2021 and covers a range of structural elements aligned to the new operating model. It responds to the feedback and output of the Discovery phase of Mewn Undod mae Nerth/Stronger Together, discussions at Board and Board Committees regarding learning from significant issues and feedback from key colleagues in Welsh Audit Office and Internal Audit. It has been developed with colleagues within clinical and operational teams across health community and pan BCU services, and will continue to be refined in the first cycles of implementation and as the revised structure embeds.

The Framework, attached at Appendix 2, has been further amended as a result of testing undertaken against a number of key scenarios, feedback from Health Board colleagues and detailed check and challenge discussions at Executive Directors Team. This Framework will continue to be tested to ensure effectiveness through quarter 3 as an integral part of the planning cycle. This enables any changes to be made as a result of learning in advance of the start of the new financial year 2023/24.

### **How we organise ourselves – Operating Model**

We have always been clear that changing the structure and governance framework for the organisation will not, in itself lead directly to the improvement in delivery of our services, experience and outcomes for our patients and experience and engagement of our staff and partners. The Operating Model is just one (albeit a critical) part of our wider organisational reset, enabled by our commitment to prioritise sustainable improvement and supported by Welsh Government.

The People Strategy and Plan (to be considered as a separate item on this agenda) sets out a clear route map for the next 3 years to ensure that all of the ingredients required to achieve our vision in a reliable and sustainable way are aligned visibly and tangibly.

In that regard, it is essential that the Operating Model is not seen as a stand-alone action or piece of work but one ingredient in our commitment to organisational health.

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

In balancing the need to focus on the design and delivery of the multiple products and the management of their complex interdependencies we have five projects (clusters of work).

1. Roles & the people
2. Leadership development & support for emerging teams
3. Goals, Finance, Governance & Assurance, Performance & Information Deployment.
4. Outstanding Design – Clinical
5. Service Support Function to Business Partners

The projects are responsible for the delivery of a series of products in preparation for implementation, ensuring that post implementation requirements are met i.e. co design is managed effectively, risk mitigations are delivered and sustained etc..

The projects report into Programme Leadership Group under the People and Culture Executive Delivery Group, reporting into the Executive Team and for assurance to Partnerships, People and Population Health Committee. How we organise Ourselves – Operating Model is led by the Deputy



Chief Executive/Executive Director Integrated Clinical Delivery as Senior Responsible Officer supported by Executive Directors for elements within the respective portfolios.

The work undertaken and progress made by each of the Project Groups has been included in a further Readiness Assessment undertaken and reviewed by the Executive Directors Team on 10th May. This Readiness Assessment is attached at Appendix 4.

## **Projects, progress and readiness**

### **1. Roles & the people**

- a) New roles including Job descriptions for level 3 & 4
- b) VERS – part 1 and part 2
- c) Process & co-ordination of appointments
- d) Process & co-ordination of departures
- e) Business Continuity - Emergency Preparedness / On-call rota changes
- f) Office Accommodation

Job Descriptions and banding for all senior roles is completed and those at Very Senior Manager level approved by Health Board on 3rd February.

Progress has been made in accordance with the All Wales Organisational Changes Policy (OCP) with appropriate consultation completed with senior managers and senior nurses. The Consultation period is underway with senior medical managers. Appropriate appointment to senior manager and senior nursing roles as a result of the OCP process is anticipated to be completed by mid June at which point any remaining vacancies will be subject to search and attraction, with appointment panels in July and August. In respect of senior medical managers, appointments through the OCP process will be made by mid July with any remaining vacancies subject to search and attraction, with appointment panels late August/early September. We anticipate that the majority of roles will be filled from our internal talent, however, search partners are in place and ready to go for those roles that we know will not be subject to OCP appointment and for those roles remaining vacant following OCP.

Business continuity, emergency preparedness and on call plans are in place with a final proposal to be submitted to Executive Directors regarding placement on the levels of on call. This will be completed by end May/early June.

### **2. Leadership development & support for emerging teams**

- a) Career coaching and help in applying for senior leadership posts
- b) On-boarding - people can find their way around Betsi and have the tools they need from day one.
- c) Transition management and exit
- d) Communication & Network development days - bringing together our new leaders and emerging teams to begin to build team Betsi
- e) Supporting individuals with specific development needs on how we do things

All colleagues working through OCP have been supported with a comprehensive career coaching, interview support programme. This programme is also aimed at identifying development needs and

themes on a individual and team level to feed into the new Team development programme in place for implementation.

Those colleagues departing the organisation have been supported with a bespoke departure “leaving well” programme. This includes individual advice and support together with clear transition planning resources to ensure effective handover to mitigate the risk associated with business continuity and loss of organisational memory, knowledge and skills as well as ensuring that colleagues feel that they have left the organisation in a positive way. As part of this process, departure discussions are in place to identify key learning for us as an employer to feed into our cultural development and talent and succession planning.

Transition plans for each of the Health Communities are in place and being further developed using a clear framework and applying the principle of co design. Pan BCU services and Support Service Departments are also working through transition planning. These plans form a key element of the risk mitigation for a number of the risks identified and as such they are subject to check and challenge as well as enabling support. This model will be used as we move forward with any significant service change and as such will form part of our transformation and change management methodology and resource.

### 3. Goals, finance, governance & assurance, performance and information deployment

- a) Operational Governance & Assurance framework
  - i. Board & Exec / Enabling / Health Econ's / Pan-service
  - ii. Scheme of Reservation & Delegation (SORD)
  - iii. Risk management Performance measurement framework cascade
- b) Financial Management, establishment control & risk systems/processes
- c) Information governance
- d) Performance reporting
- e) Goals cascade
- f) Business planning

To date the project have focussed upon work streams/products A to D.

The draft **Operational Governance & Assurance Framework** supports the Integrated Governance Framework approved by the Health Board on 15th July 2021 and covers a range of structural elements aligned to the new operating model. Following feedback from the Health Board on 10 March 2022, the focus of the work has been on refining the Executive Delivery group structure, clarifying the role of executive accountability in the proposed Health Board Leadership Team and on the testing of the efficacy of the framework against some of the issues and risks we have experienced as an organisation.

The Health Board **Scheme of Reservation & Delegation (SoRD)** has been amended in liaison with key Health Board members and will be submitted to Audit Committee in June and Health Board in July ready to be implemented aligned to the new operating model. The SoRD has combined the organisational and operational SoRDs (16) into one document to make it clearer and easier for people to understand and follow. Understanding the SoRD and governance and assurance framework has been incorporated into the on boarding (induction) for all senior managers/roles and will be included in leadership and management development and resources as part of the plan for 2022/2023.

## **Risk Management**

Risk management systems and structures are ready to move as we implement to ensure alignment with the operating model and to mitigate the risks identified against this programme. The risk log for the programme has and continues to be reviewed as we move through planning stages and into implementation. All risks identified are in the Datix system and are included in the Corporate Risk register under the appropriate Senior responsible officer/Executive Director.

The readiness assessment attached at Appendix 4 has been tested against the mitigating actions set out across each of the risks. This testing will continue through and post implementation.

## **Financial Management, establishment control & risk systems/processes and reporting**

The multiple system owners have robust plans in place to execute digital system hierarchy changes in readiness for the implementation of the new operating model.

The **Information Governance and Digital** Teams have been working in tandem to conduct a desktop review of the 117 BCUHB digital systems. To identify where managerial and structural hierarchy changes are required over and above the governance systems, financial systems, and workforce systems, of which have already been identified; Oracle, Datix, ECR, and ESR / Trac.

In order to mitigate risks identified with the operational of dual or multiple versions of governance and systems of control, it is essential that there is alignment between implementation of structural, governance and digital systems i.e. all need to transition at the same time. Therefore, whilst elements of the model can be put in place, the full transition of all supporting governance and systems will be implemented when the final piece is in place. I.e. when both the Pan BCU/System oversight functions and Health Communities are in a position to transition.

## **4. Service Support Function to Business Partners**

Service Support functions are working to complete their alignment to the Health Communities and Pan services in preparation for the new model.

- Finance
- Digital
- Nursing & Midwifery
- Quality & Patient Safety/Experience/clinical effectiveness
- Therapy & Health Science
- Partnership, Engagement & Communication
- Planning and Transformation
- Office of the Medical Director
- Office of the CEO/Deputy CEO
- Office of the Board Secretary
- Workforce & OD

All services have confirmed that the services are ready to operate aligned to the new model recognising that in a number of services, development work is underway to address improvements required as part of the Integrated Medium Term Plan and associated strategies.

This includes:

- Quality, Safety, Patient experience and Clinical effectiveness where a review is underway to further enhance the connectivity between these services and with performance, transformation and risk management
- Workforce and Organisational Development where an operating model review has been undertaken and recommendations for changes to the structure and approach have been developed to support delivery of the People Strategy and Plan
- Planning and Transformation and Partnerships, Engagement and Communication are relatively new service teams and as such are working through the development of their operating models
- Digital and Nursing & Midwifery have a new Director and leadership in place or commencing and as such there will no doubt be changes to further enhance and align the services to the model and strategic direction.

A number of sessions have been held with colleagues from Support Services to develop greater understanding of the “Business Partner” model of delivery. This work is building on good practice in place together with learning from others and is aimed at developing a standard for all to work to as well as a competency framework to support talent, succession planning and attraction in the future.

## **5. Communication & Engagement**

A communications and engagement plan is in place and operational to support internal and external partner engagement. The plan is attached at Appendix 3. This plan has and will continue to be refined as we use the learning and feedback from colleagues and partners.

## **Readiness Assessment and Decision Making**

The Executive Directors Team has reviewed the readiness assessment, taking into account the risks and balance of risk of implementation and delaying implementation, measures in place to mitigate the risks identified and the context the organisation is working within at present. The recommendation of the Executive Directors Team is that the Health Board approves the new Operating Model and that the Chief Executive and Executive Directors Team work to implement the new model taking into account appointments and other key factors between 1<sup>st</sup> August 2022 and 1<sup>st</sup> September 2022.

## **Goblygiadau Ariannol / Financial Implications**

The direct cost of the revised operating model described above is £653,303 including a contingency for additional costs associated with role banding, recruitment given the need to attract high quality applicants in a competitive recruitment market.

Funding of £435,000 has been set aside in the plan from the Performance Fund, and, following of approval through the Remuneration and Terms of Service Committee and Welsh Government, recurrent savings of £683,790 released from deletion or realignment of posts as a result of approval of applications for Voluntary Early Release will be offset against these costs before being included in savings delivery.

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

The risks associated with this programme are included in the Corporate Risk Register. The log is attached at Appendix 5.

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

The Operating Model has been developed to ensure that the organisation is better placed to meet its legal and regulatory duties in a more reliable and sustainable way.

The Performance and Accountability Framework approved by the Board previously is designed to provide a robust system of control and the operational Governance and Assurance Framework has been developed to align to the revised operating model and to further embed connectivity between our strategic priorities and individual delivery (Board to Floor).

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

Full equality and socio economic impact assessment and action planning has been undertaken and will be updated as per the timeline.

<b>BETSI CADWALADR UNIVERSITY HEALTH BOARD</b>
<b>OPERATING MODEL</b>

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## **1. Purpose of Document**

This document describes our future Operating Model, explaining how we propose to organise and manage the University Health Board.

This document describes future high-level arrangements for managing the business of Betsi Cadwaladr University Health Board (BCUHB). It is just one part of a series of changes, following the Stronger Together Discovery feedback and as part of the People Strategy and Plan 2022 - 2025.

This document aims to ensure that colleagues:

- Are clear about the proposed high-level organisational structure
- Have an opportunity to offer their views, ideas and concerns
- Know who to talk to if they are not clear about their service structure, due to the level of detail in this document
- Have an opportunity to share ideas and/or suggestions for the implementation, considering the design principles and the feedback to Operating Model options and proposals shared up to 7<sup>th</sup> January 2022
- Understand the proposed timetable for next steps and how decisions will be made

This document includes changes made following feedback to the Proposed Final Operating Model.

### **1a. Informing the Options**

The model to consider how we manage the business of the organisation, at a high level, has been informed by:

- Stronger Together Discovery interviews, workshops and focus groups, hearing from in approximately 2,000 colleagues
- Stronger Together review of over 80 related documents, including high-level themes from Patient Experience feedback, Living Healthier Staying Well
- Informal discussions held with people who work in the organisation and people we work with across the system
- Design principles developed during July and August 2021 through informal clinical conversations mid-July to August 2021; workshops at Executive Management Group 4/8/21 and 1/9/21, Stronger Together Oversight Group 21/7/21 and Stronger Together open invitation sessions on the 17/8/21
- Feedback to the ideas and options for organisational arrangements shared 30/09/21 – 21/10/21, the preferred outline model 4/11/21 – 25/11/21 and the proposed final model 9/12/21 – 7/1/22
- Meeting the aspirations set out for healthcare organisations by the Welsh Government in 'Healthier Wales'

- A review of similar organisations' approaches and learning
- Improvement themes and areas set in the 'Targeted Intervention' matrix

This document describes the proposed high-level outline of the Operating Model and how we manage the business of the organisation. It sets out the next steps with detail emerging as new senior teams establish.

## 1b. Decision Making

We have been and are committed to listening to all the views put forward throughout the process of developing and implementing the model. It is important to be clear that there have been and will continue to be a variety of views. In many cases, reaching absolute consensus has not been possible and is unlikely.

This model has considered all the feedback received throughout the discovery and design process. All feedback received at any stage, including as we implement is considered and cross-referenced to the design principles.

The following table shows some timelines for designing and implementing the Operating Model and has considered feedback received during earlier engagement. The timescales will be continually reviewed and may need to be updated at different points of feedback.

## 2. Background to Operating Model Development and Complementary Work Programmes

### 2.1 People Strategy and Plan - Stronger Together

Stronger Together is an ambitious 3+-year route map that will take the organisation through a complete cycle of Discovery, Design and Delivery. The Health Board will listen, learn, innovate and make change happen from involvement and feedback in the way.

Stronger Together 'Discovery' conversations took place in 2021. In the region of 2,000 people took part and told us the organisation needed to improve in these areas:

 <b>Purpose &amp; Goals</b> Reset & connect	 <b>Decision making</b> Establish clear framework to empower
 <b>Behaviours</b> Develop our shared standards	 <b>Leadership Development</b> Develop framework & increase opportunity
 <b>Engagement &amp; Communication</b> Learn from Discovery	 <b>Structure</b> Aligned to our purpose
 <b>Role &amp; Responsibility</b> Establish clarity	 <b>Change</b> Develop skills and capacity
 <b>Multi Divisional Team working</b> Create conditions to encourage & enable	 <b>Personal Contribution</b> Clear & recognised



In partnership with other initiatives, the Operating Model will focus on improving decision-making, roles and responsibilities, multi-disciplinary team working and structures. The Operating Model is one of a set of complementary Stronger Together work streams, shown below:



### **Our way of working**

What we value and how we should treat each other – including how colleagues are listened to and supported.



### **Strategic deployment**

The need for us all to understand how we are doing in our role and how the things we do connects to the Health Board's purpose and goals. Learning from the decisions we take.



### **How we organise ourselves**

Make it easier to get things done, improve how we organise and run the organisation.

Operating Model



### **The best of our abilities**

Make it easier to get the skills and capacity we need from both within and from outside to support your work.



### **How we improve & transform**

Collaboration and working together more effectively to address our most challenging issues and take advantage of improvement opportunities

You can find out more by visiting the Stronger Together intranet page [BCU Stronger Together - Home \(sharepoint.com\)](#).

## **2.2 Designing to Our Values**

The operating model will focus on improving decision-making, roles and responsibilities, multidisciplinary team working and structures. The design is linked to what we value and how we treat each other, always checking and reminding us, are you working within our five organisational values?



**Put patients first**



**Work together**



**Learn and innovate**



**Communicate openly and honestly**

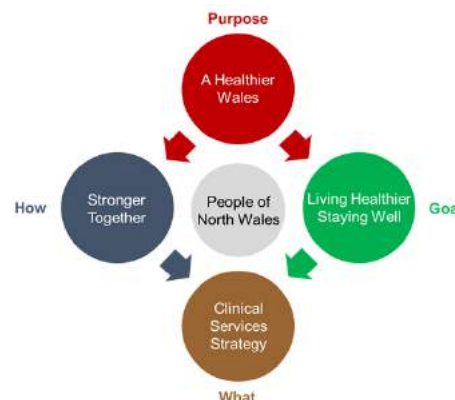


**Value and respect each other**

## 2.3 Strategic Alignment

The Operating Model is being developed in line with the following pieces of organisational improvement work:

- Strategy Development and Implementation, including Living Healthier Staying Well and the Clinical Services Plan - [Working in Partnership to Improve Health and Deliver Excellent Care across North Wales](#)
- The Governance Framework
- Partnership, Engagement and Communication Plan
- Improvement and Transformation function development
- Targeted Intervention Improvement



The Operating Model is being developed in line with the national direction for the NHS Wales. This includes:

- Cluster Development and Accelerated Cluster Development - [Home - Primary Care One \(nhs.wales\)](#)
- Healthier Wales - [A healthier Wales: long term plan for health and social care | GOV.WALES](#) (please paste the information to your browser if the link does not open)

The Operating Model Options Engagement document published on the Betsi Cadwaladr University Health Board (BCUHB) intranet on 30/09/21 set out the background to any change, the reasons for any change and what we mean by the term 'Operating Model'. The Preferred Outline Operating Model Engagement and Final Proposed Model Documents published on the BCUHB intranet on 4/11/21 and 9/12/21 shared outlines of the model, including more detail on structure, senior management accountabilities, senior operational managers' professional and reporting lines and operational governance arrangements to reduce unnecessary variation. To read more about the background and the outline and proposed final model shared for engagement [click here](#).

## 3. A Model to Serve our Patients and Communities

The Health Board serves approximately 700,000 people, supporting the public to stay well and provide health care when needed. The model is designed around the people we serve. The organisation purpose is set out in The Local Health Boards (Constitution, Membership and Procedures) (Wales) Regulations 2009 (National Assembly for Wales, 2009) - ([legislation.gov.uk](#))

*The principal role of a Health Board is to ensure:*

- ✦ the effective planning and delivery of healthcare for people for whom it is responsible*
- ✦ within a robust governance framework*
- ✦ to achieve the highest standards of patient safety and public service delivery*
- ✦ improve health, reduce inequalities and achieve the best possible outcomes for its citizens*
- ✦ and all in a manner that promotes human rights*

### **3.1 Operating Model Improvement Aim and Design Principles**

These design principles have been co-designed and set out the improvements we seek to achieve. They underpin all elements of design and will serve as a 'check and balance' to ensure any development work is focussed on the improvements we seek to make:

- **Person-centred** - The person is at the centre of all that we do, with an equal focus on **keeping people well** and providing **high-quality care and treatment** when it is needed.
- **Clinically led, evidence-based, empowered organisation** -Listening to and empowering colleagues, with **quality** and **equity** at the heart of decision-making.
- **Community focus with regional networks** - Organised around the needs of our communities, with a local focus balanced with regional delivery for the best patient outcomes. Skills and resources are organised and supported to provide **seamless** services and better **outcomes**.
- **Consistent standards - with equal access** to care and support for all communities across North Wales, following Value-Based healthcare principles.
- **Effective partnership working** - listening to our colleagues, partners and communities to develop and deliver services that support people to live healthily and stay well.
- **Compassionate, learning** organisation - Continually improving, using technology and data to simplify systems and innovate.
- **Processes and ways of working** - that make doing the right thing easy.

### **3.2 People-Centred Operating Model Design**

We would like to introduce Bronwen, Waheed and Bethan. Using their stories to help us reflect on how we would like to improve things, Bronwen, Waheed and Bethan have been in our minds and will be in our minds when we take decisions relating to the Operating Model.

## How to organise to support Bronwen?

Bronwen is 82 years old, her adult children moved away many years ago. They used to visit as often as they could but lockdowns in 2020 and 2021 really limited that.

Bronwen lives in the home, which she rents from the local council where she raised her family; she always enjoyed attending the club on a Wednesday morning but has not been able to do that since the pandemic first started and has become increasingly more isolated. Chores at home have been getting much harder as well.



Bronwen has had her 'flu and COVID booster vaccines, she has been worried throughout the pandemic. In the last few months, her daughter noticed she seems increasingly confused and forgetful during their phone calls. She feels that the house is too much for her Mum and does not know what she should do about this or who can help her.

Last week Bronwen was taken to Accident and Emergency by ambulance and was admitted to one of our hospitals after a fall at home and her health is declining.

## How to organise to support Waheed?

Waheed is 54 years old, born and raised in North Wales; he lives with his family two streets away from where he was born. Covid restrictions and being a key worker have both meant he has been unable to meet with his family and friends much over the last two years.



A community nurse who knows his area well, Waheed also does hospital bank shifts when he can. The pandemic has had an impact on his physical and mental wellbeing. He is exhausted.

The department where Waheed works has had several changes in management and their current manager is on an interim contract. His managers have acknowledged Waheed's suggestions and ideas over the years yet he can see very little change. He and his colleagues become frustrated with how things are done and it can affect how they feel about their jobs. He often thinks back to times before BCUHB when he felt it was easier to achieve his job role. Waheed wants to be involved in improving things for his service and the community and is hopeful for the future. He is also considering re-training and isn't quite sure what his options are.

## **How to organise to support Bethan?**

Bethan is 8 years old. She has asthma and is overweight. COVID has meant mainly home schooling took place in 2020 and many times in 2021. Sadly she hasn't been well enough to go to school for a while and hasn't seen educators in person for a while. Her family live very near to one of our hospitals and her mother has taken her to the emergency department there several times.



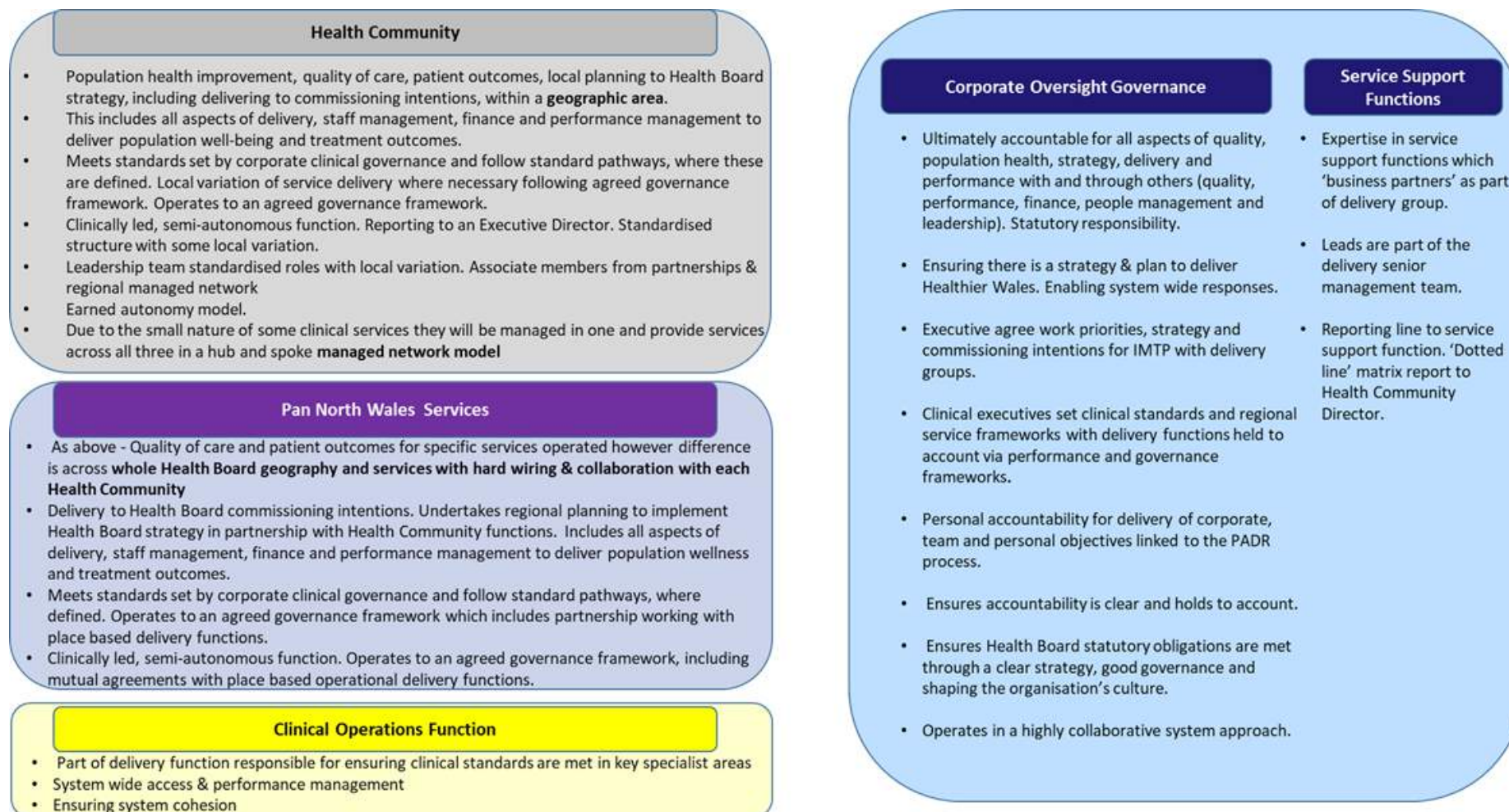
Recently Bethan's behaviour has become very challenging. Sometimes she is physically aggressive, although her parents are not sure why this has happened or who they can speak with about it, given they have been told by school to talk to the Health Service, and there is a long wait for any assessment.



## 4. Outline Organisational Arrangements

The following diagram summarises key areas of accountability & responsibility for large parts of the organisation.

### 4.1 Building Blocks of Structure - Summary Including Key Accountabilities and Responsibility



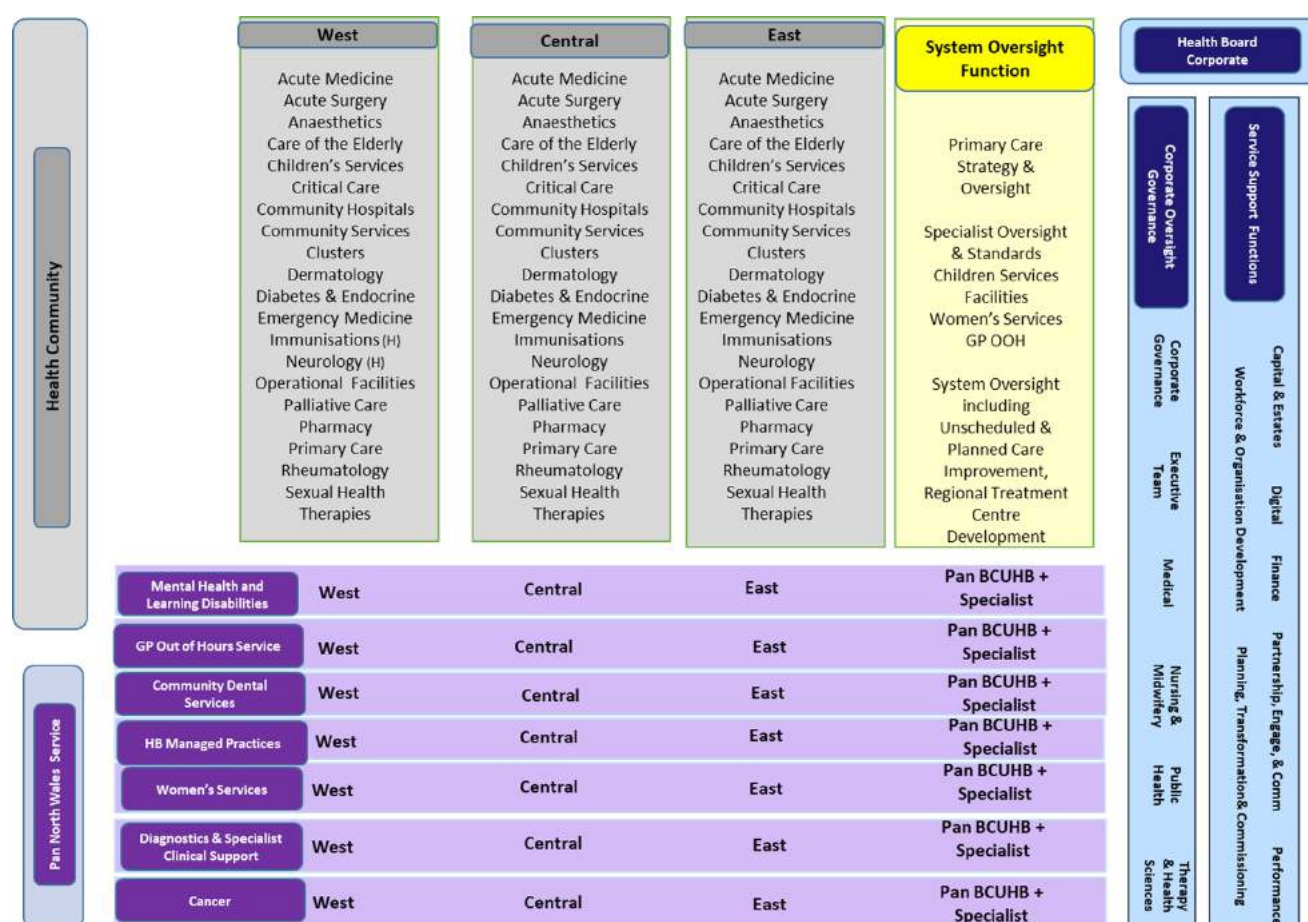
## 4.2 High-Level Design of Structure

A wide variety of views were received on the options set out for structure in the initial options engagement document and the outline model subsequently shared.

The proposed integrated option has considered all the views and ideas shared through the engagement processes, the data gathering referenced in section 1, including best practice reviews.

This model purposefully and mindfully removes the division between acute, primary, community services and the collaboration and pathway approach required with Pan North Wales Services. Necessarily any model needs to provide a level of consistency for emerging structures to build on; that is explored further in section 4.3.

***The following model is proposed as the best match to design principles and with Bronwen, Bethan and Waheed in mind.***



Due to the wide variety of services and specialities, it is not possible to name every service in this document. This detail is held within a developing Operating Model Manual which will be updated as a live document as co design continues. Some of the key points to note within this Operating Model are:

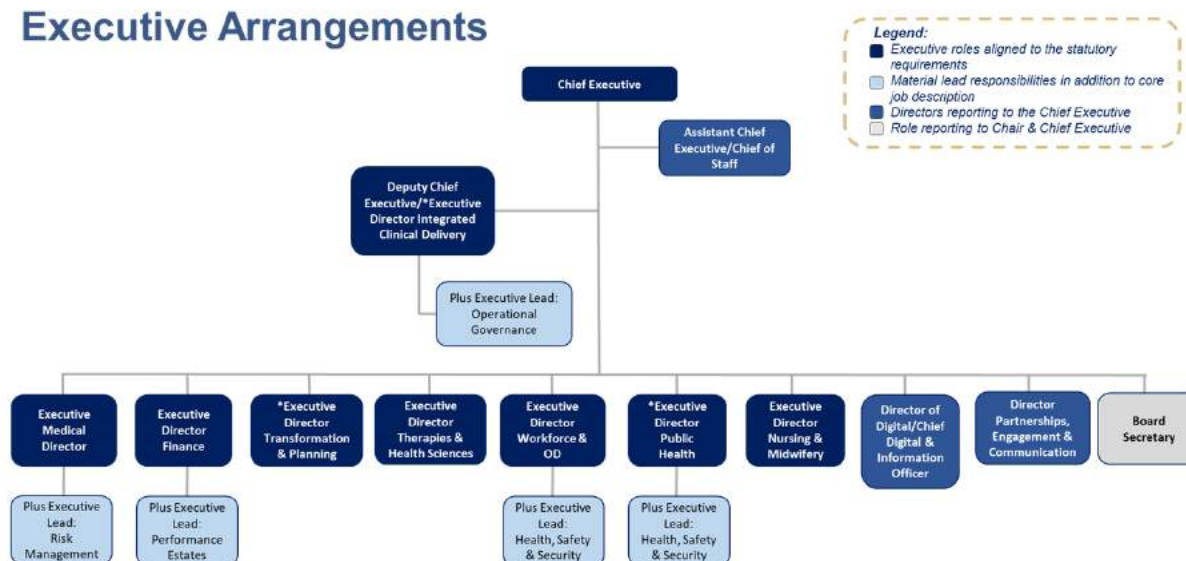
#### 4.2.1 Executive Team

- The development of a Planning & Transformation Executive Director post.
- A unified, population based, commissioning function will be developed, led by the Executive Director of Planning & Transformation.
- Management arrangements for Primary Care and Dental commissioning and contract management will be part of this function, recognising the importance of consistency and clinical leadership in this area. Mental health commissioning will initially remain as part of the Pan North Wales Mental Health and Learning Disability service with a transition into a population based commissioning function at a time to be determined.
- A holistic education function will be developed.
- Bringing together of many clinical services through the leadership of a Deputy Chief Executive/Executive Director of Integrated Clinical Delivery, who will also hold the Executive responsibility for Primary Care and Community Services. More is shown on this in section 5.5. The only exception to this reporting is Mental Health, which reports to the Executive Director of Public Health.
- Following the clinical leadership principle, the Executive Director of Integrated Clinical Delivery post will require clinical professional registration.
- Within that remit there will be a dedicated function for Primary Care service and standards, ensuring Primary Care has a leading voice in all service development and delivery (as well as within the new commissioning function under the Executive Director of Planning & Transformation).
- This configuration meets the NHS Constitution of nine Executives.
- Within the System Oversight Function, is a function that is responsible for monitoring adherence and corrective action where required to meet specific operational clinical standards (shown in yellow). The detail and mandates of these teams will be developed in implementation, in line with the Governance Review, and as part of Stronger Together co-design.
- More detail on Executive Portfolios is in Appendix 1



## Executive Team Structure Diagram

### Executive Arrangements



#### 4.2.2 Health Community Services

Management arrangements will reflect pathways and communities as much as possible bringing management arrangements together in an integrated 'Health Community'.

- Many services managed within Health Communities (including their budgets) will also have network arrangements that ensure there is collaboration across the system. Some of these exist already. This and other processes to bring consistency, which is also explored in, section 8.
- It is recognised that some services have small and specialist skills. For reasons of specialism, standards, scale and alignment to other services, they should only be managed once, although they deliver their work in each Health Community.
- Children's services will remain within Health Communities. Children and Adolescent Mental Health Services (CAMHS) will remain part of that service. The place and governance where the standards for Children's services are overseen will be articulated more clearly in the system oversight function.
- Therapies operational management arrangements remain within Health Communities, smaller therapy specialist services will be in a 'hub & spoke' from one Health Community. Therapies clinical professional reporting lines will be to the Executive Director of Therapy and Health Science. The delivery of Therapy services to Mental Health requires further consideration and co-design and therefore remains as now, pending these discussions.
- Operational facilities management arrangements move to the Health Community.

- Existing partnership working and collaboration arrangements will be built upon. This is to recognise the positive work already in existence and to ensure it is clearly described in local governance structures and to pay attention to the work of Accelerated Cluster development. There is a new corporate role focussing on regional relationships and partnerships, the intent of the corporate function is to take a strategic Health Board wide view and not to replace the Health Community and Pan North Wales Service external partnership arrangements, which best reflect the local need.
- A population, prevention and public health focus within service planning and provision will be essential to deliver the principles of Living Healthier Staying Well and A Healthier Wales. Each Health Community will be accountable for ensuring this focus as part of the movement to accelerated cluster development and will be “hard wired” with the support of the Public Health team.
- Health Communities will manage inpatient beds and theatres that are physically within their geography. There are exceptions to this including Maternity and Mental Health beds.

#### **4.2.3 Pan North Wales Services**

- During implementation Pan North Wales Services will follow the same design and delivery activities for Health Communities to ensure the Operating Model is implemented as a ‘whole’ rather than ‘in part’. This will include a review of accountabilities, the implementation of the Governance Framework and new ways of doing business.
- The services configured on a Pan North Wales (regional) basis must fully collaborate in the success of Health Communities and vice versa, with the aim of providing a truly person centred service. To reduce the silo and interface issues it is proposed that each Pan North Wales Service:
  - Organises its sub-structures to align to Health Communities wherever possible, align to clusters and collaborate in those arrangements where appropriate.
  - Identify a very senior lead to collaborate with each Health Community and be part of the team through matrix arrangements (see 5.3.1 and 5.3.2).
- Health Communities have an equal role in ensuring these arrangements work best for the people we serve.
- All Pan-North Wales management arrangements will be reviewed to check alignment with the new Operating Model and the clinical leadership principle.

#### **Cancer**

- Throughout the design, the arrangements for cancer were considered. There was no feedback or input to propose arrangement should change significantly, other than the points made more generally about Pan North Wales Services in the previous section.

## **Diagnostics & Specialist Clinical Support Services**

- The value of the alignment of diagnostic and clinical support services was explored in detail, following October's feedback to the potential Operating Model options. The benefit of a local footprint was considered, the importance of key governance and assurance mechanism and the dis-benefit of disaggregating the existing arrangements.
- Diagnostics and Specialist Clinical Support Services will retain a Pan North Wales management arrangement. During implementation, there will be work to 'hard wire' collaboration and partnership arrangements with the Health Communities.

## **Mental Health and Learning Disabilities**

- The value of the alignment of mental and physical health services was explored in detail and revisited again, following November and December feedback.
- The rationale for retaining a pan North Wales service is based on best practice, learning from other organisation's experience of a locality managed model and the BCUHB services' current improvement journey.
- The longer-term vision for Mental Health arrangements to be aligned with local physical services is seen as beneficial.
- Reflecting on more recent feedback, the service will retain a Pan North Wales arrangement and the hard wiring to Health Communities previously proposed needs to be developed. In addition to this, more defined collaboration at various layers of the structure will be co-designed.
- Mental Health will adopt the same design principles applied to Health communities within its management arrangements. The structure within Mental Health senior team will be reviewed and considered as a next step within the Operating Model, following the same design principles and process.
- The configuration of Psychology services is currently a complex area and a variety of feedback was received on this subject. Operational delivery structures are subject to review on the basis of co-design however, the model reaffirms that professional leadership will be through the Executive Director of Therapies and Health Sciences. Board level posts and statutory accountabilities are governed by the 2009 Statutory Instrument covering NHS Boards.

## **Women's' Services**

- Women's services will retain a Pan North Wales management arrangement, during implementation there will be work to 'hard wire' collaboration and partnership arrangements with the Health Communities. The place and governance where the standards for Women's services are overseen will be articulated more clearly in the System Oversight function, through co-design.

## **GP Out of Hours Service, Health Board Managed Practices and Community Dental Services**

- The configuration of a number of our primary care services has been subject to further co design work with colleagues from the services and agreement reached on those services to transition into commissioning and contracting, those remaining in Health Communities and those to be managed as Pan BCU Services with connectivity to the System oversight function

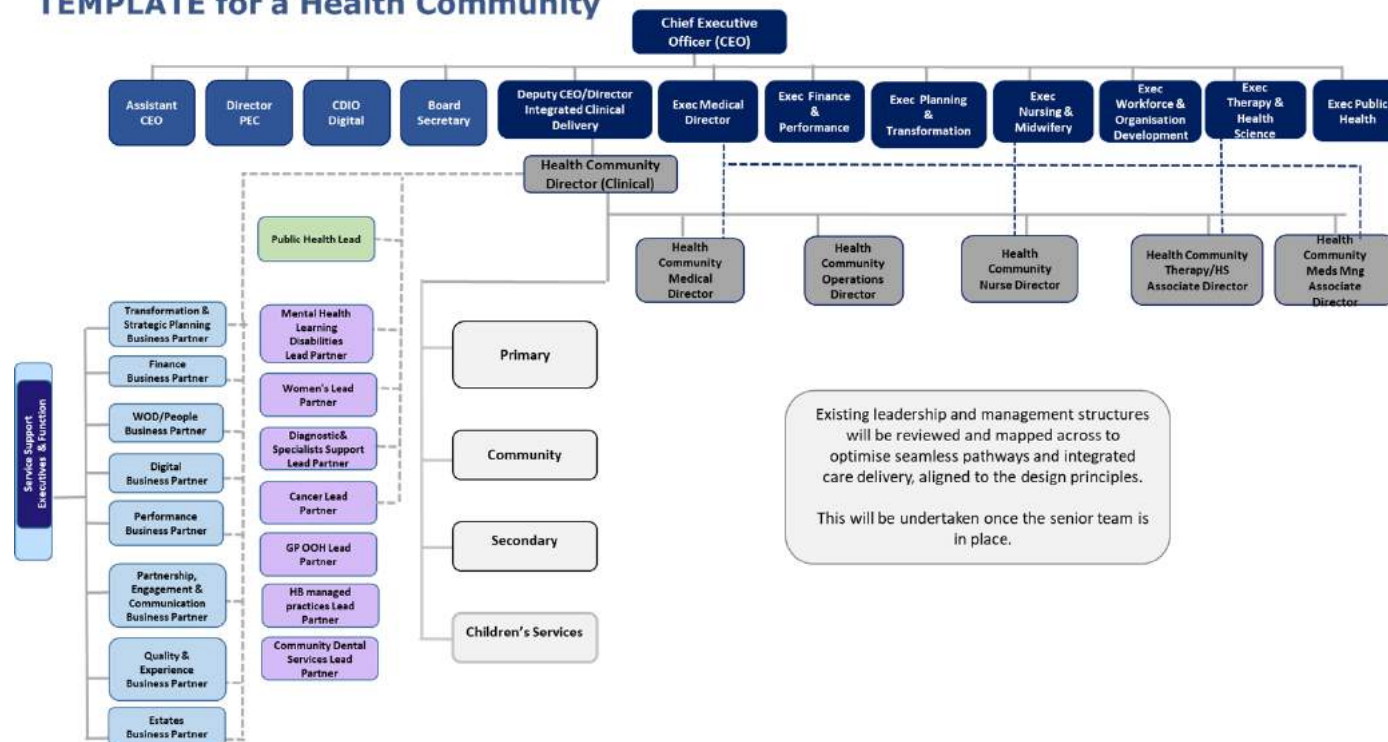
This model has been developed with future-proofing in mind, particularly paying attention to 'A Healthier Wales', national strategy on cluster development and the vision described by regional treatment centres.

### **4.3.1 Health Community Team Arrangements, Links to the Executive Team, Service Support and Pan North Wales Services**

The following diagram sets out the reporting arrangements as a template within a Health Community, showing the reporting relationship to clinical executives and link to Pan North Wales and Service Support functions. As a template, this shows the model. It has been summarised compared to previous iterations to remove the sub structure detail. This is to reflect that in an empowered model we would seek to understand if each integrated Health Community or Pan North Wales Service wishes to arrange the sub-structures with slightly different alignments for the benefit of their patients and communities. If so, we would need a governance route to review and agree for consistency.

## Template -Health Community Leadership Posts and Links to Executives, Enabling Functions and Pan-North Wales Services for Review by Health Communities during implementation

### TEMPLATE for a Health Community



CEO, Chief Executive Officer; CDIO, Chief Digital Information Officer; HS, Health Sciences; Exec, Executive Director; OD, Organisation Development; PEC, Partnership, Engagement & Communication.

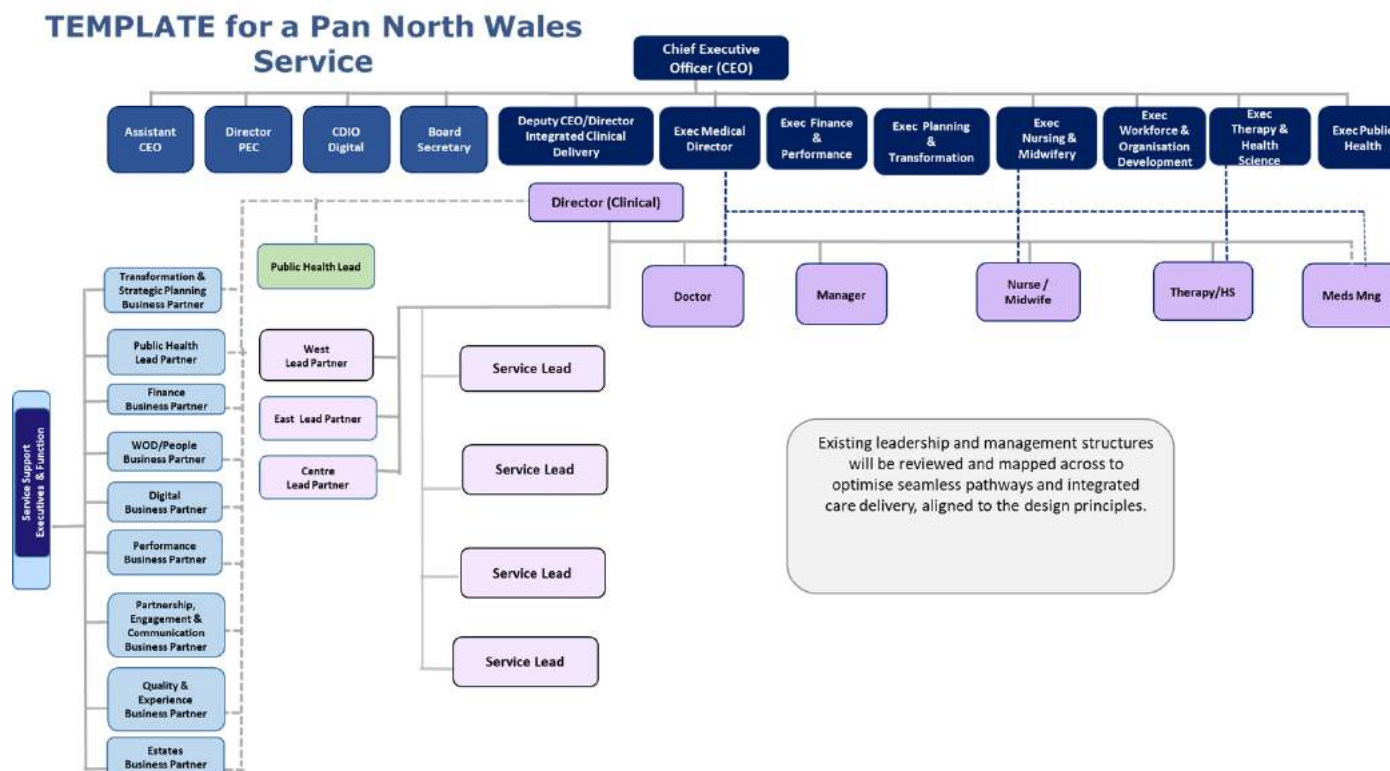
### 4.3.2 Pan North Wales Team Arrangements and Links to the Executive Team

The following diagram sets out the reporting arrangements as a template within for a Pan North Wales service, showing the *professional* reporting relationship to clinical executives and link to corporate services. Operational executive reporting lines are not shown in this diagram and are covered in other sections.

Due to the variance of the services, it is challenging to show the skill mix of lead roles in one single diagram, respecting for example, the Health Care Scientist workforce in Diagnostics compared to Midwifery workforce in Women's services. Therefore, this is intended purely to show the overall model.

In an empowered model, we would seek to understand how each Pan North Wales Service wishes to arrange the sub-structures for the benefit of their patients and communities. If so, we would need a governance route to review and agree for consistency.

## Template: Pan North Wales Team Arrangements and Links to the Executive Team



Boxes shown in dark blue and dark grey are specific jobs. The boxes show in light blue, light purple, and light green denote responsibilities and roles. In some cases, these may be a responsibility as part of someone's job or fulfilled by more than one person. Public Health Lead hard line report will be to Public Health Executive function.

CEO, Chief Executive Officer; CDIO, Chief Digital Information Officer; HS, Health Sciences; Exec, Executive Director; OD, Organisation Development; PEC, Partnership, Engagement & Communication

#### **4.4.1 Clinical Senior Management Teams**

The Health Community will be led by an accountable Director who holds a clinical registration (of any discipline) and reports to the Executive Director of Integrated Clinical Delivery/Deputy Chief Executive. Their role is to ensure the function's direction and delivery aligns to the Health Board's strategy, standards and culture. They will work with their senior team to provide leadership to the function, including focussing on health and well-being outcomes, aligning the vision, cultural tone and being accountable for all aspects of delivery. They will be part of the wider Health Board Leadership Team and participate fully in decision-making.

As recognised by the feedback, it is important that the senior team values the diversity of skills that all roles bring and that leaders are provided with the development support and infrastructure to lead effectively and compassionately. The Stronger Together 'Best of our Abilities' and "How we Transform and Improve work streams will support leaders with their development.

Pan North Wales reporting arrangements will reflect the design principles of the model and the design principles of the model.

#### **4.4.2 Hard and Dotted Reporting Lines**

People shared that whilst professional reporting lines for clinicians including doctors, nurses, therapists, pharmacists and health scientists are often different to operational management reporting lines, they must be clear and reflect professional standards requirements. Therefore reporting arrangements will ensure appropriate clinical and professional supervision, management of professional standards, participation in Performance Appraisal and Development Reviews (PADR) reflected through 'dotted lines' in some cases.

For purposes of clarity a 'hard' reporting line indicates the person's direct line manager which takes primacy and includes the major financial resources the employee relies on to perform their work. The direct line manager will ensure performance management, including a meaningful Personal Appraisal and Development Review (PADR), take place.

A 'dotted' line indicates a second reporting relationship that provides additional oversight supervision and guidance to the employee in the execution of their work. The purpose of the dotted line is to ensure that the dotted line manager has a level of influence and leadership to the employee including setting and meeting professional standards. The 'dotted' line manager will input into the staff members PADR goal setting and review. In some cases, those in 'dotted line' relationships may be expected to spend a specific dedicated amount of time with their peers in



other parts of the organisation working on issues of standards, consistency and service development.

Hard lines show who is managing the delivery of work, the line manager, dotted lines show reporting lines for professional standards and practice.

#### **4.4.3 Senior Management Team Working in Partnership in the North Wales Wider System**

Partnership work will be embedded in Integrated Health Community Leadership Team (IHCLT) teams. There is much to be learned from the positive development of accelerated cluster arrangements and the existing best practice in the organisation to embed partnership working in our organisation. As part of implementation, Health Communities will need to meet a level of standardised governance as set out in the Operational Governance and Assurance Framework. Having met the standard, Health Communities may wish to expand on that and embed partnership working further into their ways of doing business.

External partnership arrangements are equally important for Pan North Wales services, arrangements and partnerships sometimes may differ to those in Health Communities due to the regional nature of services. They will adopt/continue to develop their arrangements with a similar ethos in line with the design principles.

During detailed design and implementation, co-designed will take place to identify what partnerships agreements we would standardise as best practice, in addition to those mandated. In particular, we are keen to future-proof the model as much as possible, thinking of 'A Healthier Wales'.

The Stronger Together feedback sought greater local freedoms and aspects of service alignment will be for local Health Communities to design, with assurance provided on governance. The Stronger Together 'Ways of Working' work stream will support this.

#### **4.4.4 Senior Team Accountabilities**

Feedback also told us that accountabilities for roles must be clear.

All of the Senior Teams in all functions will have clear objectives, a development plan and monthly informal reviews with their line manager. Performance Appraisal and Development Review (PADR) best practice will be used to support the SMT with an expectation that will be cascaded.

The complementary Stronger Together work streams of 'Strategic Deployment' and 'Best of our Abilities' will support the senior team with this during implementation.

#### **4.4.5 Support for Leadership Development and Support for Future Leaders**

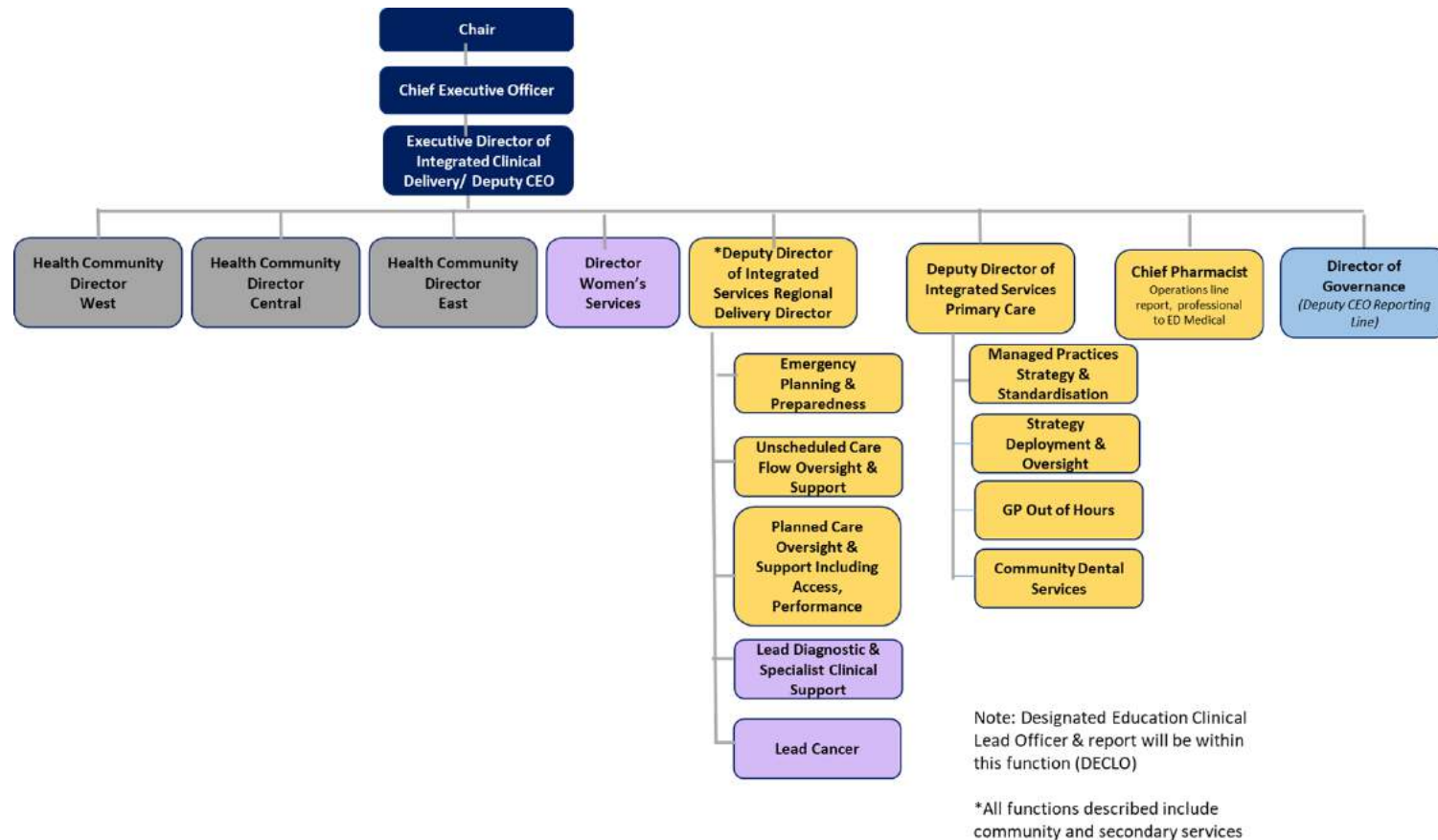
The model has been designed with career progression in mind. It is intended that the outline structures present a clear talent pipeline for the organisation and that people are supported and nurtured so they can thrive.

It is recognised the success of this structure is dependent on how we work and value each other. The complementary Stronger Together work stream of Best of our Abilities will support the senior team with leadership development during implementation. BCUHB values will be at the heart of PADRs, job descriptions and business processes.

#### **4.5 Executive Director of Integrated Clinical Delivery & System Oversight Function**

The following diagram shows how key parts of clinical operational services report. It also shows more information on the System Oversight Function, the purpose of which is to ensure all elements of the system work together and that key standards are monitored and met.

There will be infrastructure to support the leadership of Pan North Wales Services and key system, standards and access oversight that sit within the Executive Integrated Clinical Delivery / Deputy CEO portfolio. This support will include a senior leadership post.



Feedback to the recent engagement exercise showed us people were concerned that the voice and status of Primary Care could become lost in a more unified model. A senior Primary Care role will support the Executive to discharge their portfolio, ensuring high visibility, leadership, support and oversight for Primary Care both within the Health Board and outside. This role leads on Primary Care strategy and its implementation, working closely with NHS Wales.

## **5. Service Support Functions and Services**

Service Support Services are an essential part of the health board. These teams bring specialist skills and expertise to a very wide variety of business and organisational disciplines, they are a valued and integral part of the Health Board system and the way the organisation goes about its work.

Feedback told us the organisation would benefit from more of a peer and partnership approach to corporate and operational working. Business partnering will be an intrinsic part of any clinical operational delivery unit Senior Management Team (SMT) that they support, through matrix working. The title 'Business Partner' may be adapted; it is the ethos that is important. There are already many examples of the benefits of this approach within current arrangements.

'Business Partners' will maintain a strong relationship with their professional area through line management. This arrangement will be reviewed over time to assess if there is a further opportunity to meet the design principles by some roles with 'corporate' expertise directly reporting to Health Communities.

Corporate Functions will be re-named Service Support functions. In the next phase of design, Service Support functions will identify existing roles and resource that will support the Health Community. It is not expected that there will be a change to roles or Job Descriptions however there will be a review of alignment of support aligned with each Health Community.

Future Operating Model considerations will be extended to understand if transferring resource and skills from Service Support Functions into Health Communities will be possible and beneficial. The timing of this review is not decided and is recognised as important by the Executive Team.

Some Service Support functions do not have the critical mass to provide business partners. These services will be asked to consider how they can best meet the design principles during detailed design.

All corporate teams will consider how they can best serve operational functional delivery units (whether place-based or regional) and ensure their structure has a Health Community ethos.

## **6. Public Health**

Population Health is one of the core principles of the Health Board's purpose. The balance of preventing illness as well as treating illness will be hard-wired into our ways of doing business and the accountabilities of senior teams.

Recognising the Public Health resource currently available within the Health Board, the current arrangements whereby each Health Community has a lead to work alongside them will be maintained pending further co-design work in due course to jointly develop appropriate arrangements.

## **7. Autonomy and Decision Making**

The Operating Model seeks to increase autonomy and simplify decision making throughout the organisation.

The following 'tools' will be co-produced in conjunction with the implementation of the Governance Framework and complementary Stronger Together work streams, including Ways of Working:

- Review of Scheme of Delegation to ensure the scheme/mandates are understood and that the Scheme maps to the enhanced Operating Model.
- Co-production of a decision-making framework that covers operational decisions that are out-with the formal Scheme of Delegation. This would include areas such as freedoms for recruitment, estate use, service and capacity management.
- Review of business case decision-making process.
- Standard Terms of Reference for Senior Teams outlining their purpose, model of operating accountability.

## **8. Reducing Unnecessary Variation and Ensuring Cross Organisation Working**

This Operating Model seeks to minimise unnecessary variation. Silos will be reduced, where they exist, minimise their impact by adding the following business arrangements:

- A new Health Board Leadership Team (HBLT) will be created which will include Executive and Directors, Integrated Health Community Directors, System Oversight/Pan North Wales Service Directors. This will be the primary decision making body for operational governance purposes.
- Executive Directors will meet as a team, within the formal governance arrangements as a point of escalation, a forum to discuss highly confidential matters and other business as defined by the Chief Executive or on the advice of the Chair. The Health Board Leadership Team remains the default decision-making forum to support becoming a clinically led organisation.
- The Executive Management Group (EMG) will be disbanded and will be replaced by a new Leadership Network / Community of Practice. This will build upon the Leadership Network formed pre pandemic and the Stronger Together Community and will draw in leaders (both formal and informal) from across the organisation. This will not be a decision making body but will help shape plans / strategy and develop leadership across the organisation and be an open forum for discussion.
- The Executive will set the standards for clinical delivery across the Health Board holistically. The Health Board leadership Team will agree any newly updated clinical or professional standards. Clinical executives are responsible for leadership of clinical professional standards and professional regulatory

delivery. Primary Care professional regulation moves to the Office of the Medical Director (OMD).

- Services that will be managed in three Health Communities may wish to retain or set up a clinical network. This group will look at consistency and collaboration across the system. To provide a level of authority or influence clinical networks may wish to align with the System Oversight function or the Clinical Effectiveness function. Further ideas will be sought on this during implementation.
- The OMD contains a Clinical Effectiveness function. That function will seek assurance that the latest evidence, inclusive of relevant National Institute for Health and Care Excellence (NICE) guidance, is embedded in clinical service delivery, with improvement demonstrable through clinical audit and that the learning from death review process is embedded in practice to support better patient outcomes across the Health Board.
- The achievement of standards is overseen by Executive Directors via the performance and accountability framework with assurance through appropriate committees. Additional resource reporting to Delivery Executive with focus on the achievement of key clinical areas specifically to ensure that the desire for empowerment and local services does not introduce *unnecessary* variation.
- The Transformation team lead on the development of standard design and deployment of consistent transformation, improvement and delivery. It will include Portfolio Management and standard, LEAN approaches to maximise process efficiencies throughout the organisation.
- Operational management will be clinically led, further enhancing operational arrangements and decisions that put patients, the community and outcomes at the centre of decision-making.
- The most effective forum for clinicians of all disciplines to come together to design strategy, system-wide improvements and cross-organisational plans are being considered. This would be a type of clinical 'senate', the naming and mandate of the group is being explored. Clinical Networks will bring services together across North Wales.
- Single waiting access and lists for care delivery will become the norm. Where appropriate staff will be appointed to work across North Wales and individual sites rather than to one particular site.
- People in similar roles dispersed across the system will be encouraged to set up virtual, informal sharing fora.
- All senior leaders will have a cross Health Board responsibility that will be clearly defined. Senior leaders in Pan North Wales services will have a clearly defined responsibility in how they support and collaborate with any place-based function and vice versa. Comments are invited via this document for people to influence these roles and how parts of the organisation work together.

## **9. Keeping the Organisation Safe - Operational Governance**

To support increased and enabled autonomy good governance is essential. More will be shared on governance during the implementation phase and some key elements include:

- Continuity for patients in an area when accessing service managed elsewhere could bring a risk of silo working based on geography or moving to a Pan North Wales Service. From a governance perspective, this will be addressed through the most senior leader of Health Communities and Pan North Wales Services attending the Health Board Leadership Team, to take a whole Health Board view. Some operational services may wish to add networked ways of working or governance mechanisms to further mitigate this.
- Health Communities and Pan North Wales Services will have clear terms of reference and mandates set out in Operational Governance & Assurance Framework ([Insert hyperlink](#)) supported by the Scheme of Reservation and Delegation (SoRD).
- Health Communities and Pan North Wales Services mandates will be authorised, with increasing freedom once certain governance processes are in place and criteria met.
- Implementation will include the review and development of the existing performance management framework. This will include requirements around the development of a positive working culture that increases opportunity for innovation, staff development, learning and listening.

## **10. Risks and Mitigations**

With any change, there are risks, which need consideration. We have identified a range of risks and how we propose to mitigate them. These risks are currently undergoing review as part of a process to incorporate them within the Corporate Risk Register and managed in accordance with the Risk Management Strategy and Policy of the Health Board.

## Appendix 1 Executive Portfolios

<b>Chief Executive Officer *</b>	<ul style="list-style-type: none"> <li>Accountable Officer</li> </ul>
	Lead Officer for Executive Team, Executive Management Group, Emergency Ambulance Services Committee, Welsh Health Specialised Services Committee,
<b>Deputy Chief Executive Officer*</b> This is part of the Executive Director of Integrated Clinical Delivery post	<ul style="list-style-type: none"> <li>Running of Operational Governance System/Processes that sit 'under committee structure' including targeted intervention plans, clinical, quality and operational governance processes</li> </ul>
	Lead Officer for Targeted Intervention Framework
<b>Executive Director of Finance*</b>	<ul style="list-style-type: none"> <li>Financial Governance, Planning and Management</li> <li>Contracting of External Providers including Voluntary Sector</li> <li>Economic Development</li> <li>Procurement</li> <li>Counter-Fraud</li> <li>Senior Information Risk Owner (SIRO)</li> <li>Charitable Funds (financial governance aspect only, i.e. excludes fundraising)</li> <li>Lead relationship NHS Wales Shared Services Partnership (NWSSP)</li> <li>Performance Management System and Performance Reviews</li> <li>Capital and Estates Planning/Estates Strategy</li> <li>Operational Estates</li> <li>Environmental Sustainability</li> </ul>
	Lead Officer for Performance, Finance and Information Governance Committee; Charitable Funds Committee; Capital Investment Group
<b>Executive Director of Integrated Clinical Delivery*</b>	<ul style="list-style-type: none"> <li>Care Home Development Targeted Intervention</li> <li>Strategic Leader for <b>all</b> clinical operational services for physical health including Primary, Community, Secondary Care, services for Women and Children and the leadership of Health Communities, Pan North Wales Services (except Mental Health) and Operational Facilities, including operational delivery and performance management</li> <li>Lead for Unscheduled Care, Planned Care/Referral To Treatment</li> <li>Emergency Preparedness, Civil Contingencies and Business Continuity (including on call)</li> </ul>



	<ul style="list-style-type: none"> <li>• Designated Education Clinical Lead Officer reporting line (DECLO)</li> </ul>
	<ul style="list-style-type: none"> <li>• Lead Officer Civil Contingencies</li> </ul>
<b>Executive Medical Director*</b>	<ul style="list-style-type: none"> <li>• Professional Leadership and Strategy, Responsible Officer for Regulation and Performance of Medical Staff and Pharmacists</li> <li>• Quality and Safety of clinical services lead (with Executive Director of Nursing and Executive Director of Therapies and Health Sciences)</li> <li>• Medical Staff Job Planning</li> <li>• Caldicott Guardian</li> <li>• Research and Development</li> <li>• Professional lead for Medical Education and Pharmacy education, including Physicians Associates</li> <li>• Clinical Ethics</li> <li>• Drugs and Therapeutics/Medicines management/Resuscitation</li> <li>• Individual Patient Funding Requests (IPFR)</li> <li>• Clinical Effectiveness</li> <li>• Clinical Audit</li> <li>• Section 12 doctors</li> <li>• Organisational Risk Management Processes and Oversight</li> <li>• Human Tissue Act</li> </ul>
	Lead Officer Armed Forces/Veterans Champion; Clinical Advisory Group; Risk Management Group; Attendance at Performance, Finance and Information Governance Committee; Lead Officer for Primary Care Panel
<b>Executive Director of Nursing and Midwifery *</b>	<ul style="list-style-type: none"> <li>• Professional Leadership and Regulation of Nurses and Midwives</li> <li>• Quality and Safety of clinical services lead (with Executive Medical Director and Executive Director of Therapies and Health Sciences)</li> <li>• Annual Quality Statement</li> <li>• Legal Services</li> <li>• Health and Care Standards</li> <li>• Safeguarding including Mental Capacity Act (MCA) and Deprivation of Liberty Standards (DoLS)</li> <li>• Infection Prevention and Control</li> <li>• Concerns and Putting Things Right</li> <li>• Patient Experience</li> <li>• International Health</li> <li>• Chaplaincy</li> <li>• Accessible Healthcare Standards</li> <li>• Carers</li> </ul>
	Lead Officer for Quality, Safety and Experience Committee; Healthcare Inspectorate Wales,

<b>Executive Director of Public Health*</b>	<ul style="list-style-type: none"> <li>• Public Health Partnership and Strategy</li> <li>• Public Health Education and Public Health Research &amp; Development</li> <li>• Immunisation and Vaccinations Strategy and Plan</li> <li>• Health protection including Community Outbreak Control and Environmental Incident response</li> <li>• Public Health Specialists and Practitioners</li> <li>• Public Health Intelligence</li> <li>• Public Health Lead for Local Authorities</li> <li>• Health Needs Assessment</li> <li>• Welsh language</li> <li>• Reducing Health Inequalities</li> <li>• Strategic Leader for Mental Health Services, Learning Disability Services, Psychology, Substance Misuse Services, Mental Health CHC, including responsibility for operational delivery and performance and service commissioning of Mental Health &amp; Learning Disability Service</li> <li>• Forensic Services</li> <li>• Mental Health Legislation</li> <li>• COVID Silver Command</li> </ul> <p>Health Improvement Group; Welsh Language Strategic Forum Lead Officer for Mental Health Act Committee.</p>
<b>Executive Director of Therapies and Health Sciences*</b>	<ul style="list-style-type: none"> <li>• Professional leadership, strategy and regulation of Therapists and Health Scientist</li> <li>• Quality and Safety of clinical services, provide support to the Executive Director of Nursing and Midwifery</li> <li>• Radiation Protection</li> <li>• Blood products</li> <li>• Medical Devices</li> </ul> <p>Lead Officer for Healthcare Professionals Forum; Organ Donation Committee</p>
<b>Executive Director Planning &amp; Planning*</b>	<ul style="list-style-type: none"> <li>• Transformation (including improvement, programme management office, operational innovation, BCU Quality Improvement Hub)</li> <li>• Commissioning Function &amp; its development (To include commissioning of all Primary Care contracts, CHC commissioning, excludes Mental Health &amp; Learning Disabilities service and CHC commissioning),</li> <li>• Strategic &amp; Operational Service Planning</li> <li>• Integrated Medium Term Plan (IMTP) and Annual Plan</li> </ul> <p>Lead Officer for Innovation and Bevan commission; Well Being of Future Generations; Social Services and Wellbeing Act; Partnerships, People and Population Health Committee; Value Based Health Care</p>

<b>Executive Director of Workforce and Organisational Development*</b>	<ul style="list-style-type: none"> <li>• Workforce Strategy, Planning and Policy</li> <li>• Organisational Development</li> <li>• Health and Safety</li> <li>• Occupational Health/Staff Wellbeing</li> <li>• Corporate Health at Work</li> <li>• Staff Engagement</li> <li>• Non-Medical Education and Training, including Performance Appraisal and Development Review (PADR) (except medical)</li> <li>• Employment Relations</li> <li>• Recruitment and payroll (via NWSSP)</li> <li>• Volunteers Management</li> <li>• Security</li> <li>• Temporary Staffing</li> <li>• Roster management</li> <li>• Equality and Inclusivity</li> </ul>
	<ul style="list-style-type: none"> <li>• Lead Officer for Remuneration and Terms of Service Committee; Local Partnership Forum; Strategic Occupational Health and Safety Group, Strategic Equalities Forum; Local Security Management Services</li> </ul>
<b>Board Secretary</b>	<ul style="list-style-type: none"> <li>• Chairman's Office</li> <li>• Corporate Governance including and Annual Governance Statement</li> <li>• Board and Committee Governance,</li> <li>• Board Development, Independent member recruitment, induction and support</li> <li>• Policy Development</li> <li>• Site Management of Corporate Office</li> <li>• Constitution and Standing Financial Instructions</li> <li>• Board Assurance Framework</li> <li>• Chief Executive's Office</li> </ul>
	Lead Officer for Board and Audit Committee; Lead relationship – Internal Audit / Wales Audit Office; Committee Business Management Group
<b>Assistant Chief Executive Officer</b>	<ul style="list-style-type: none"> <li>• Chief Executive Support portfolio (policy lead and specific initiative)</li> <li>• Cross Cutting Initiatives</li> <li>• External Public Affairs – Policy and Content</li> </ul>
	Not applicable
<b>Director of Partnership, Engagement and Communications</b>	<ul style="list-style-type: none"> <li>• Communications and engagement</li> <li>• Senior stakeholder relationship management</li> <li>• Public affairs correspondence and relationship management</li> <li>• Assembly Member/Member of Parliament Correspondence</li> </ul>

	<ul style="list-style-type: none"> <li>• Fundraising</li> <li>• Annual report</li> <li>• Regional Partnership Board – management of process Health Board aspects only</li> </ul>
	Lead Officer for Stakeholder Reference Group; Attendance at Partnerships, People and Population Health Committee;
<b>Chief Digital Information Officer (CDIO)</b>	<ul style="list-style-type: none"> <li>• Digital Transformation</li> <li>• Operational Delivery of Information and Technology Services</li> <li>• Informatics</li> <li>• Information Governance including Freedom of Information Requests</li> <li>• Health Records Management</li> </ul>
	Attendance at Performance, Finance and Information Governance Committee, and Partnerships, People and Population Health Committee



Bwrdd Iechyd Prifysgol  
Betsi Cadwaladr  
University Health Board

# Operational Governance and Assurance Framework 2022

Draft v 3.1



# Operational Governance and Assurance Framework 2022

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## 1. Introduction

- a. The proposed Operational Governance & Assurance Framework builds upon the Integrated Governance framework approved by the Health Board on 15<sup>th</sup> July 2021 and covers a range of structural elements aligned to the new operating model. The Operational Governance & Assurance Framework has been co-designed with corporate and operational teams, and is currently being tested to ensure the approach enables effective assurance to be developed from ward to board.
- b. For ease of use, the Operational Governance and Assurance Framework is set into chapters that cover the main principles and elements of governance including:
- c. Some elements of the operational framework are already in place (e.g. Executive Delivery Groups) others can be implemented through the Transition Phase (e.g. Health Communities Management Structures) others will need to be implemented in line with the Operating Model Go Live phase.
- d. The proposals are designed to:
  - i. Support the Executive Team to balance its responsibilities in relation to delivering the strategy of the Health Board, ensuring the organisational culture is reflective of the current five values, holding the organisation to account for the service it provides and providing assurance to the Health Board
  - ii. Improve the focus, consistency, co-ordination and relevance of operational groups
  - iii. Improve integrated working of all elements of the Health Board in delivery of approved strategies and plans e.g. Living Healthier Staying Well, the Clinical Services Strategy/Plan, the Integrated Medium Term Plan (IMTP), Together for Mental Health, Cluster Plans and plans in partnership as well as service specific or corporate strategies or plans
  - iv. Support oversight of quality (both in terms of health board provided services and commissioned and contracted services), transformation (including population health), finance and the people agendas
  - v. Give the Board assurance of delivery structures and clarity of lines of accountability

- vi. Improve information flow, with no orphan groups and to improve the line of sight from Floor to Board through increased governance discipline and application

## **2. Operational Governance and Assurance (including standard practices) – Health Board Leadership Team**

- a. A new Health Board Leadership Team (HBLT) will be created which will include Executive and Directors, Integrated Health Community Directors, System Oversight/Pan North Wales Service Directors. This will be the primary decision making body for governance purposes.
- b. Executive Directors will meet as a team, within the formal governance arrangements as a point of escalation, a forum to discuss highly confidential matters and other business as defined by the Chief Executive or on the advice of the Chair. The Health Board Leadership Team remains the default decision-making forum to support becoming a clinically led organisation.
- c. Executive Management Group (EMG) will be disbanded and will be replaced by a new Leadership Network / Community of Practice. This will build upon the Leadership Network formed pre pandemic and the Stronger Together Community and will draw in leaders (both formal and informal) from across the organisation. This will not be a decision making body but will help shape plans / strategy and develop leadership across the organisation and be an open forum for discussion.
- d. Reporting to the HBLT will be the Risk Management Group<sup>1</sup>, Strategic Health and Safety Group<sup>2</sup> and five Executive Delivery Groups, led by members of the HBLT, the primary purpose of which is to ensure delivery of strategic priorities where matrix working is essential for success
- e. Delivery of Board agreed strategies in a matrix style through the five Delivery Groups.
  - Executive Delivery Group - People and Culture
  - Executive Delivery Group – Quality
  - Executive Delivery Group – Population Health

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<sup>1</sup> Risk management Group also has direct reporting rights to the Audit Committee

<sup>2</sup> Strategic Health and Safety Group also has direct reporting rights to the Board



- Executive Delivery Group - Transformation
  - Executive Delivery Group – Performance and Finance
- f. EDGs will report to the HBLT and provide assurance reports to the Board
- g. The HBLT will allocate *primary* responsibility for the delivery of each of the six Strategic Objectives within Living Healthier Staying Well to an EDG.
- h. The HBLT will allocate *primary* responsibility for the development and delivery of enabling strategies to an EDG.

### **3. Operational Governance and Assurance (including standard practices) – Health Communities, Pan BCU Services and Service Support Functions**

- a. Precise structures to be agreed at a local level but to follow the broad outline at Executive level and to ensure application of minimum standards assurance requirements and delivery expectations set out within this framework and associated governance documents. An illustration of the governance and lines of accountability from Board to individuals is attached at Appendix 1. Each Operational Governance and Assurance Framework and Operational Scheme of Reservation and Delegation will include this chart to provide clarity to all accountable for delivery. For the avoidance of doubt – any variance will require a rationale including how the “golden thread” will be maintained (see 3g below).
- b. A senior leader, within each leadership team, will take responsibility for Governance within the team structure and link in with the Associate Director of Governance within the Office of the Deputy Chief Executive.

For each Health Community, Pan North Wales Service and Service Support Function/Service:

- c. A broader <sup>3</sup>(Title) Leadership Team (XLT) should be in place to be the primary decision making group i.e. business plans under the IMTP, cases for investment or saving, receive Chairs Assurance Reports from tactical and operational groups, develop strategy, manage the operational business cycle;

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<sup>3</sup> Title i.e. East, Centre, West, Regional, MHLT. X i.e. ELT,CLT,WLT,RLT,MHLT

- d. Senior leaders of every individual Pan North Wales, Health Community and Service Support Function/Service should meet as a team as a safe place for discussion, development as an effective team and as a point of escalation (consistent with the Executive Directors team);
- e. Tactical (Title) Leadership Teams (XLT) should have appropriate representation from key partners and support services (i.e. Integrated Health Communities, Mental Health and Learning Disabilities, Diagnostics and Clinical Support, Cancer, Women's Service together with Finance, Risk, and People etc.). In addition, XLTs should include Local Cluster Leads and representatives of key partners in local delivery.
- f. The XLT is accountable for ensuring that at least once per month Local Delivery Groups are held to cover the business as defined by the five Executive Delivery Groups i.e.
  - i. People and Culture
  - ii. Quality
  - iii. Population Health
  - iv. Transformation
  - v. Performance and Finance
- g. XLTs will be required to set out their proposals to the Health Board Leadership Team (HBLT) for how this is structured i.e. whether the agenda that needs to be covered locally can be undertaken in a single meeting, four meetings or any other combination. Delivery Group(s) will report into the (Title) Leadership Team and provide reports (chairs Assurance Report as a minimum) to the Delivery Group in the tier above)
- h. The Strategic Tactical and Operational model of group working makes clear the purpose of groups, it limits the number of groups that can be seen as purely for assurance, moves away from groups having a purpose to 'assure' to groups having a purpose to 'deliver'. The evidence of delivery becomes the assurance. This model will be reflected across the new operating model, this structure, together with the Performance and Accountability Framework and the Chair's Assurance Reports model starts to give more assurance of action and sight of front line teams to the Board.

#### **4. Ways of working**

- a. A central function to be created to proactively manage external reports (e.g. HIW, Royal Colleges) coming into the organisation. Proactively managing the reports will include ensuring that reports are managed at an appropriate level, the quality control of responses as well as the timeliness of responses.

- b. Cycles of business should be used to proactively manage the workload of groups, streamlined to focus meeting time to the most appropriate agenda's and comply with terms of reference.
- c. Consistent use of Chair's Assurance Reports for informing, escalating, assurance and accountability.
- d. Duty to cascade and make accessible decisions made by groups with regular testing of effectiveness
- e. Duty to escalate with options for resolution/solution/mitigation
- f. Duty to identify and share issues, concerns and learning
- g. Use of patient / staff stories in decision making meetings
- h. Consistent Terms of Reference: "parent" groups responsible for the governance structures beneath them.
- i. Risk, Health & Safety and Equalities will be a golden thread that runs through each group with Health and Safety and Equalities maintaining the existing structure reporting directly into the Board level structure.
- j. Templates will be developed along with standard terms of reference for all leadership teams and delivery groups, a governance handbook will be developed to provide guidance in good governance and support consistency in definitions across the Health Board (for instance in RAG ratings)

## **5. Distributed Leadership and Leadership Compact**

- a. Distributed leadership is about mobilising leadership at all levels to build capacity for improvement and change. It is aligned to the formal decision making defined within the Health Board's hierarchy and the Scheme of Reservation and Delegation and allows for the action and influence of people at all levels to be recognised as integral to the overall direction and functioning of the Health Board. It is characterised by:
  - i. Decisions closer to the patient – the right decision made by the right person with the right information at the right time.
  - ii. A recognition of the importance of leadership by expertise as well as leadership by role
  - iii. High levels of trust, transparency and mutual respect, including agreement on deliverable outcomes within the resources allocated.

- iv. More equitable distribution of tasks and decision-making
- v. Consultation and consensus seeking
- vi. Change and improvement driven from the bottom-up
- vii. Agreement of plans, standards, targets and objectives will be a two way process and it will set out what is deliverable within the resources available to support delivery.

## **6. Issues and information cascade and escalation**

- a. Meetings should receive Chairs Assurance reports from reporting groups and provide a decision summary for information cascade
- b. Duty and expectation on all leaders to identify issues within their areas of responsibility and to share this with peers and line management – through the formal meeting structures. This enables issues to be raised through the chairs assurance reports and an adult-to-adult discussion on whether the issue can be managed locally (the expectation) or if more senior support is required to co-ordinate a wider response, allocate or redistribute additional resource etc. Issues will include delivery issues that could have an impact on areas including (but not limited to) safety, quality, health and safety, staff wellbeing, performance, reputation, relationships etc.
- c. Executive Directors and senior leaders have a specific duty to cascade relevant information to teams and other managers that may affect that person's ability to do their job.
- d. Escalation reflects an increased level of concern by Leaders in relation to issues and risks, operational delivery or performance that could require more intense focus, action, support or scrutiny in order to bring about improvement.

## **7. Risk and risk appetite**

- a. The Health Board aspires to a dynamic and proactive approach to risk management, identifying and managing potential threats before adverse events occur. Every risk identified is a quality improvement opportunity.
- b. Risks arising may be strategic, financial, operational, or clinical, and are inherent in all Health Board activities. Risk registers (prioritised logs of risks faced) are necessary to ensure the visibility and prompt management of risks to patients, visitors, and staff, to prioritise allocation of resources for best value, and to enable the Health Board to meet its principal objectives.

- c. The Health Boards Risk Management Strategy and Policy provides a structured framework to support staff to identify, assess and manage risks that cannot be immediately mitigated, using risk registers within the Datix system.
- d. The Strategy supports timely and dynamic identification, assessment, mitigation and management of both clinical and non-clinical risks to the achievements of operational and strategic objectives.
- e. The Strategy explains that risk management is everyone's responsibility, to enhance strategic planning and prioritisation, and strengthen agility, capacity and capability to respond to emerging challenges and threats.
- f. The Board defines its risk appetite (the level of risk an organisation is prepared to accept, balancing potential opportunities and threats), within the Strategy Risk Appetite Statement, aligned to risk maturity, current performance, and strategic objectives as defined in the Health Boards operational plan.
- g. Staff are encouraged to integrate risk management into all planning, priority setting, and decision-making, as due diligence in support of good governance, reflecting any performance risks identified within their risk registers.

## **8. Quality Governance**

- a. The Health and Social Care (Quality and Engagement) (Wales) Act sets out statutory duties for quality. Quality is more than just meeting service standards; it is a system-wide way of working to provide safe, effective, person-centered, timely, efficient and equitable health care in the context of a learning culture.
- b. This ensures the concept of quality is used in its broader definition, not limited to the quality of services provided to an individual nor to service standards.
- c. The Act requires NHS bodies to exercise their functions with a view to securing improvement in the quality of health services.
- d. The duty is not intended to deliver a particular outcome or to ensure a particular level of service is attained; it will require that when NHS bodies make decisions about health services, they must actively consider whether the decision will improve service quality and secure improvement in outcomes. This approach supports the five ways of working as set out within the Well-being of Future Generations (Wales) Act 2015, by encouraging long-term thinking and integrated and

collaborative action that works to achieve the well-being goal of A Healthier Wales.

- e. Leadership teams and delivery meetings should have be mindful of this duty on discharging their decision making

## 9. Performance

- a. There is a need to include revamped performance management and accountability processes in the governance framework.
- b. Each (Title) Leadership Team should have a Performance and Delivery Meeting monthly (as a minimum) and where applicable with external partners present to
  - i. Mange local performance against the Health Board performance framework and priorities taking account matrix delivery of many performance measures.
  - ii. Report to the (Title) Senior Leadership Teams on performance matters that require escalation or further consideration/awareness
  - iii. Commission, implement, manage or monitor Impact Improvement Plans to improve performance and outcomes
  - iv. Provide assurance reports through the Delivery Group Structure
- c. A Matrix accountability should be developed whereby different Executive Directors will hold the Health Communities, Pan North Wales, and Service Support Functions/Services to account for different elements of their Improvement Plans in a coherent and consistent manner.
- d. Performance meeting agendas should cover the board definition of performance management and cover the what and the how of performance :
  - Quality and compliance including (but not limited to) key learning from incidents and events, including patient feedback
  - Service performance against patient outcome targets
  - Contribution to or service performance against Health Board strategic, tactical and operational standards and targets
  - Delivery of the Equality Duties
  - Financial performance
  - Workforce engagement and performance
  - Governance (including assurance measures and key risks)
  - Celebrating excellence and success
  - Impact Improvement Plans

- Other agenda items as agreed

## 10. Contribution and Accountability

- a. Teams and Individuals will be supported to contribute to the development of, the improvement of, the delivery of and held to account of:
  - i. IMTP Delivery
  - ii. Delivery of priority quality and performance standards and targets and maintenance of other performance targets
  - iii. Professional standards and Personal Accountabilities
  - iv. Living the organisational values
- b. A clear accountability agreement to be developed for each Health Community, Pan North Wales Service and Service Support Function/Service to be known as a Strategic [SERVICE NAME] Improvement Plan
- c. A Strategic (Health Community) Improvement Plan will be for the whole Health Community, including the input and impact of the Pan North Wales Services and vice versa.
- d. Plans will take a medium term look over three years, formally agreed each year and reviewed three times per year.
- e. A Matrix accountability framework should be developed within the Performance Framework whereby different Executive Directors will hold Services to account for different elements of the Plan. This could be undertaken with Services, where there are more specific Health Community issues or across all Health Communities. E.g. through the People & Culture Delivery Group there could be a 3 times a year Workforce Review undertaken with the Executive Director of Workforce & OD and the relevant leads from the Health Community or Pan North Wales Service.
- f. A combined framework to be developed in each Health Community on the basis of:
  - i. Plans on a page for each service block and every Health Community Director (example attached at Appendix 2)
  - ii. Weekly Director Quality & Safety Huddles.
  - iii. Monthly operational performance reports and associated management process

- iv. Annual Plan approval 3 formal reviews in year
- v. Escalate don't rely on DATIX

## **11. Partnership Governance**

Partnership Governance arrangements to be clearly defined so that

- a. Partnership meetings should be seen as similar to an internal Health Board meeting, in that they should have a link to an appropriate group/meeting in the Governance structure to which progress and issues are reported.
- b. Decisions made in partnership meetings align to the Health Board representative's decision-making authority within the SoRD/SFIs.
- c. Where a decision needs to be taken in the partnership space that exceeds an individual's authority, pre-discussions should be held at the appropriate level and formal delegation confirmed in writing to the individual to negotiate and agree decisions in the partnership space.
- d. The Lead Health Board representative will be responsible for providing a Chairs Assurance Report of the partnership meeting to the appropriate group/meeting in the Health Board Governance structure
- e. Clarity in the SoRD on authority to spend Partnership Funds held by the Health Board.
- f. Clarity that our statutory responsibilities must be met even when working in the partnership space (e.g. completing EQIA for new strategies), the partnership space cannot be used to bypass our statutory responsibilities

## **12. Information governance**

- a. To ensure that accurate, timely and relevant information is able to support day-to-day clinical and business operations and the effective management of services to deliver high quality health care and to operate effectively principles include:
  - i. Information is valued as an asset of the Health Board that plays a critical part in corporate and clinical governance, and in strategic risk, service planning and performance management.
  - ii. Accurate timely and relevant information is available at the time and place where it is needed.

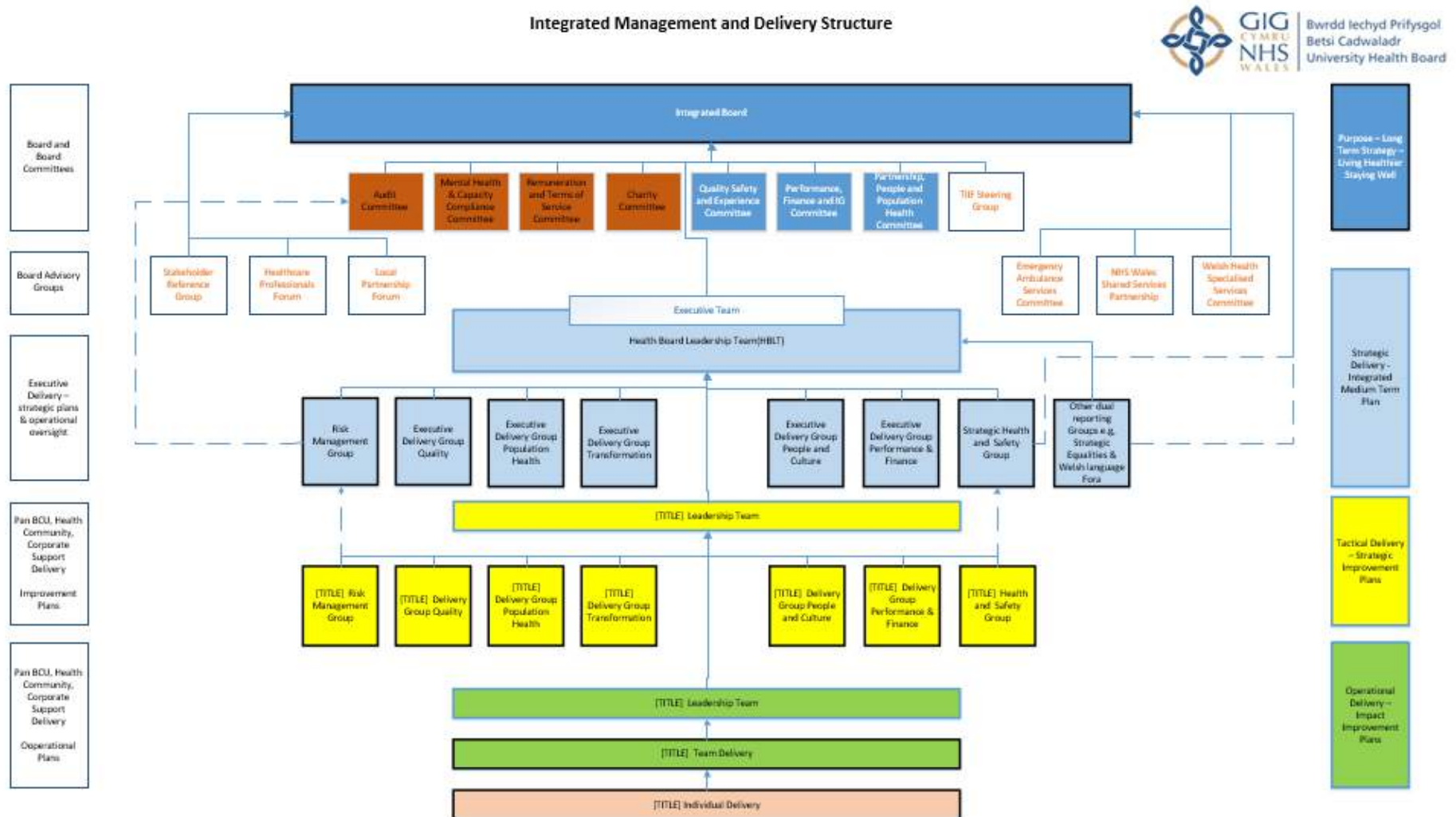


- iii. All staff understand their respective responsibility to ensure that information is complete and up to date and that it is used proactively to support the business of the organisation.
- b. The Board has put in place an Information Governance Framework and a series of best practice guidelines and principles in relation to the handling of information. This shall apply to all personal information, including sensitive information, of both employees and patients and to the management of the Board's corporate information.
- c. The Information Governance Framework sets out the Board's approach within which accountability, standards, policies and procedures are developed and implemented.

### 13. Next Steps

- a. The Overall framework as outlined above is currently being tested with operational teams and will be in a position to be completed by 30/06/22
- b. Additional work required
  - i. SoRD – Operational SoRDs has been incorporated into one developed following the high level SoRD receiving Board Approval on 30<sup>th</sup> March following scrutiny at Audit Committee 15 March. The revised SoRD will be submitted to Audit Committee in June and Board in July
  - ii. Operational systems are being updated to align to the new operating model including (but not limited to)
    - Datix (risk, complaints, incidents, freedom of information, subject access requests etc.)
    - Oracle
    - ESR
    - Information Asset Registers (349 information systems and 1923 corporate records)
    - Business Continuity
    - DCHW reporting
    - IG Toolkit
    - National Integrated Audit System
- c. All actions required will be delivered through the Governance Project Team under the How we Organise Ourselves programme reporting to People & Culture Executive Delivery Group.

## Appendix 1- High level organogram (excluding structures reporting to delivery groups)



## Appendix 2 Example Service Plan on a Page

### Primary Care: North Wales Dental Service Plan on a Page April 21 – March 22

#### OUR VISION

To provide our population access to local Primary Care Dental Services with clear pathways for specialist and secondary care services



**GIG  
CYMRU  
NHS  
WALES**

Bwrdd Iechyd Prifysgol  
Betsi Cadwaladr  
University Health Board

#### OUR MISSION

To deliver services which are appropriate, timely, engage the patient in ownership of their oral health and offer a clear sustainable career pathway to dental staff

#### OUR PRIORITIES FOR 2021 - 2022

We will improve access to and patients experience of our services

We will provide a working environment for our staff and contractors that empowers transformation in clinical excellence and quality

We will deliver pathways that put the patient at the centre of their design, with patient ownership of their oral health as key

We will develop new methods of working, training, education and delivery of care to attract and retain dental workforce to North Wales

#### HOW WE'LL DELIVER OUR PRIORITIES

We will focus on contract reform principles, pathways, access and need based service delivery to deliver more from the same resource. Work to reduce COVID backlog

We will work with our staff and independent contractors to provide services that promote best practice and need centred interventions

We will move to place contract reform principles, new methods of working and pathway based service delivery at the core of our services, address waiting times and learn lessons from COVID changes

Utilising the North Wales Dental Academy to put training, upskilling, QI, Peer Review and research at the forefront of our service development

#### TARGET

- Move towards ACORNs and contract reform principles. When CR implementation restarted review target for programme
- Implementation of national dental pathways
- Develop resource plans and commissioning direction and recruitment and retention strategies for all primary care dentistry by Mar 22
- Review waiting lists and review strategy to increase access to services

- Use of ACORNs, change in profile of recall intervals
- Improved access to services, routine and urgent
- Use of new national pathways
- Dentist led, best individual for the intervention treatment planning
- Increase in oral health of patients, patient education and responsibility for self care

- Introduce pathways
- Review changes in working due to COVID and ensure positive changes not lost (urgent access, Attend Anywhere)
- Review of referral methods, assessment and prioritisation of case load
- Waiting list refresh and verification
- Review of specialist services, wait times and utilise MCNs to identify methods for wait list reduction

- QI, Peer review and research projects being delivered from NWDA
- Working with NWDA partners to improve the educational and upskilling offer in North Wales
- New methods of service delivery planned within NWDA
- Working with independent contractors and BCU dental staff to identify development and educational opportunities
- Improving communications with and between contractors by development of QI and service interest groups and clusters

#### SUCCESS LOOKS LIKE

- Improved real world access to services
- Reduction of waiting list
- CR implementation rate

- Increased access
- Reduction in profile of recall intervals
- Whole practice delivery approach in place
- Increase in new patients

- Waiting times verified and plans in place to reduce
- Speciality recovery plans implemented
- Reduced complaints/AM Enquiries due to waiting times and access issues

- Collaborative working across dental providers to identify opportunities
- Plans for delivery of educational, research and quality improvement programmes across north wales

### Appendix 3 - Changes Log

- 1) No defined role for the Executive Team / Size of the Health Board Leadership Team
  - a) Following feedback, the Executive Team has now been placed in the governance structure above the Health Board Leadership Team as a point of escalation, forum to discuss highly confidential matters and other business as defined by the Chief Executive or on the advice of the Chair. The Health Board Leadership Team remains the default decision-making forum to support the intention of ensuring stronger accountabilities and the aim of becoming a clinically led organisation.
- 2) Local Teams defining their own governance structures could lead to complexity in the floor to board visibility
  - a) This framework is designed to ensure consistency of governance arrangements and allow for efficiency in local decision making and empowerment within an agreed governance and accountability framework. Within each Leadership Team, a member of the team will be charged with ensuring good governance and working with the Associate Director of Governance. The areas of delivery and assurance will be defined from the Board's strategy by the Executive Delivery Groups.
  - b) There will be different needs for supporting groups in difference services due in part to scale and scope and differences in Partnerships or Local Authority approaches, for example. The model ensures commonality in the Integrated Health Communities and flexibility to apply to Support Services or smaller Pan BCU services such as Cancer Services
- 3) Need to set out the Cultural piece, as what will make a difference is teamwork, leadership, performance management, reporting, etc.
  - a) the Operating Model sits within a big improvement portfolio under the People Strategy & Plan, Stronger Together which identifies 5 programmes of work
    - i) Culture – our way of working and what we value and how we should treat each other.
    - ii) Strategic deployment for everybody across the organisation to understand their own individual role.
    - iii) Operating model – how we organise ourselves work stream
    - iv) Best of our abilities - to make it easier to get our skills and capacity across the whole of the organisation and what they need to support their work
    - v) How as an organisation we improve and transform.

Each of these work streams within the Operating Model has an Executive Director as an SRO – the operating model nestles within the programme – only by working across the programme will we be able to deliver.

- 4) Scenarios would be helpful to understand the governance arrangements in practice.

The structures within this framework make clear for staff the duty to escalate and cascade, the central co-ordination of external reviews, personal contribution and accountability and the leadership compact should all contribute to the appropriate and timely escalation of risk, issues and concerns. However, this is contingent on individuals are enabled to meet their accountabilities and being held to account for complying with the framework and leadership, at all levels, working together to embed the framework.

### **Scenario 1 – failure of escalation system of control or application in relation to issues within a clinical service**

- Within the proposed governance and accountability framework, as now, the primary route for escalation of a clinical concern should be through the line management route. The framework introduces a specific duty to escalate.
- The five opportunities of reporting a quality concern are:
  - the line management route [in place currently but strengthened by this framework]. This is the fastest route through the organisation, escalated concerns should also be taken to relevant management meetings, and through the Chairs Assurance Reports allow senior managers to triangulate responses and gain assurance whether the issue is being managed at the appropriate level or needs to be escalated for information or action. .
  - the performance conversion [in place currently but strengthened by this framework]. This should triangulate management concerns with quality data (SI, Clinical Audit Etc.), internal and external reviews, performance information, workforce, finance etc. and escalate as appropriate for information or action.
  - the Quality delivery group structure [New] – escalation though this route will inform future quality strategies and enabled the quality team to respond to quality concerns appropriately and in a co-ordinated manner across BCU
  - Appropriate management of external concerns will be centrally and proactively managed and coordinated [New}
  - the Risk Management Framework – in place currently but being revised
- Consistent use of Chair's Assurance Reports, duty of cascade and duty of issue and risk escalation should allow for identification of learning where issues are not raised
- Consistent use of Chair's Assurance Reports, duty of cascade and duty of issue and risk escalation should allow for evidence for investigations where consistent or systemic non-reporting occurs

## **Scenario 2 – failure of performance system of control or application in relation to significant variance in performance against plan for a clinical service**

- Within the proposed governance and accountability framework, as now, the primary route for escalation of a performance concern should be through the line management route. The framework introduces a specific duty to escalate.
- The five opportunities of reporting a performance concern are:
  - the line management line [in place currently but strengthened by this framework]. This is the fastest route through the organisation, escalated concerns should also be taken to relevant management meetings, and through the Chairs Assurance Reports allow senior managers to triangulate responses and gain assurance whether the issue is being managed at the appropriate level or needs to be escalated for information or action. .
  - the performance conversation [in place currently but strengthened by this framework]. This should triangulate management concerns with quality data (SI, Clinical Audit Etc.), internal and external reviews, performance information, workforce, finance etc. and escalate as appropriate for information or action.
  - the Performance and Finance delivery group structure [New] – escalation though this route will inform future quality strategies and enabled the quality team to respond to quality concerns appropriately and in a co-ordinated manner across BCU
  - Appropriate management of external concerns will be centrally and proactively managed and coordinated [New}
  - the Risk Management Framework – in place currently but being revised
- Performance conversations should be happening in every tier of the organisation monthly, with a duty to cascade and duty of issue and risk escalation, therefore performance issues should be addressed at operational level and quality assured at the operational management and the management tier above
- Performance Team also has the ability to raise performance concerns directly with the Executive Delivery Group for Performance and Finance
- Performance Framework requires Impact Improvement Plans where performance is consistently failing

## **Scenario 3 – Delay in clear decision making in relation to a Case for investment/efficiency**

- SoRD is being revised to be clear at high and operational level on the power of initial decision



- Priorities have been set by the Board, the Contribution and Assurance Framework details requirements on staff team to support the delivery of organisational objectives as well as personal objectives
- Team priorities clearly laid out in Team Accountability Agreements and Strategic [SERVICE NAME] Improvement Plans
- Escalation via integrated Risk Register and Board Assurance Framework if risk not promptly mitigated

#### **Scenario 4 – Health Communities working in isolation or competition with each other or other services**

- Health Community Leadership Teams to be drawn from local, Pan BCU and Support Services to ensure connectivity. (Health Communities to also be represented on Pan BCU and Support Services Leadership Teams)
- Health Community priorities laid out in Strategic [SERVICE NAME] Improvement Plans, delivery against which will be reported through:
  - Line management structures
  - Performance Conversations
- Delivery against IMTP and BCU priorities will be reported
- through the Executive Delivery Group structures (as proposed) for:
  - Performance and Finance
  - Population Health and Transformation
  - People and Culture
  - Quality and Quality Improvement





## **Engagement and Communications handling plan**

### **Operating model implementation**

#### **Issue**

This communications handling plan outlines our suggested approach to keeping key audiences informed of the progress regarding the implementation of the new Operating Model, as part of the Stronger Together programme of work.

Our key audience is Health Board staff, and in particular, at this stage, those senior leaders directly affected by the changes. However, we are mindful of the implications for joint working with partners and have also built in measures to ensure they are kept informed throughout the process. Workforce colleagues continue to engage with staff directly and this plan provides an overarching approach to ensuring that all colleagues are able to easily access clear, up to date information.

Complementing this is the development of our People Strategy and Plan for 2022 – 2025, which we expect to be published in late May.

#### **Background**

During the Stronger Together Discovery phase, we listened to and heard the voices of around 2,000 colleagues from across all pay bands, professions and locations across the Health Board. From the feedback we received, five common themes emerged where our colleagues told us we needed to focus to deliver improvement and transformation. These. These five programmes are:

Operating Model Engagement and Communication Plan 20022 FINAL



- Our Way of Working
- Strategic Deployment
- How we Organise Ourselves – this programme is well underway to implement the new Operating Model
- The Best of our Abilities
- Improvement and Transformation.

For all 5 programmes, we intend to continue with our co-design principles, maintaining connections and conversations - building and strengthening our Stronger Together community in order to co-design our way of working for the future.

A Stronger Together information hub has been created by the Communications Team on BetsiNet, the new and improved intranet and is the one-stop-shop where staff can find out the latest news and developments about the programme and the Operating Model [Stronger Together - Home \(sharepoint.com\)](#)

### **Key messages**

- Over time there have been a number of significant changes to the design of the Health Board and how we work, resulting in roles and structures becoming more complicated and difficult to understand. These changes led by numerous Chief Executives and a high number of senior interim posts over a relatively short period of time have created instability and confusion around who we are and where we are going. As a consequence, we have been unable to consistently deliver our quality, performance and productivity goals as a result.

- During the Stronger Together Discovery phase, you told us that the way we were organised made it more difficult to deliver our services, provide care to consistent standards and avoid unnecessary variations in clinical practice and understand who reports into who for what.
- So, with your help and suggestions, we have designed new ways of working which bring together Primary Care, Community Services, Secondary care (Acute) and Children's services into three Health Communities in the East, Central and West. Each Health Community will be led by an accountable Director. There will also be four Pan North Wales Services. With the exception of Mental Health Services, they will all be led by the Deputy Chief Executive/Executive Director of Integrated Clinical Delivery.
- In the new ways of working, there are some differences:
  - Health Communities will be accountable for ensuring a focus on population, prevention and public health
  - Health Communities will manage inpatient beds and theatres that are physically within their geography
  - Operational facilities management arrangements move to the Health Community
  - Single BCUHB wide waiting access and lists for care delivery will become the norm
  - A unified, population based, commissioning function will be developed - bringing together all of the commissioning work
  - A holistic education function will be developed -bringing together all education & learning work

- Corporate Functions will be re-named Service Support functions
- And there are some things that will stay the same:
  - Children's services will stay within Health Communities
  - Therapies operational management arrangements will stay within Health Communities
  - Existing support arrangements for services with hub/spoke or hosted arrangements will stay as they are where it is felt they are best designed for patient and community
  - Diagnostics and Specialist Clinical Support Services will stay as a Pan North Wales management arrangement
  - Women's Services will stay as a Pan North Wales management arrangement
  - Cancer Services will stay as a Pan North Wales management arrangement
  - Mental Health & Learning Difficulty services will stay as a Pan North Wales management arrangement
- There is still some work to do on the design of clinical services, service support functions and governance. Much of the design of clinical services will be completed by July but will it continue to evolve. Support functions are reviewing their own ways of working to reflect the new ways of working and the timescales will vary across the functions. The governance work will be completed by June.

- Every leadership group – the Board, the Executive and each Senior Leadership Team, ultimately all of us have a unique role in collectively ensuring organisation functions as it should.
- Stronger Together is a three year journey which will take the organisation through a complete cycle of Discovery, Design and Delivery to enable delivery of our new People Strategy and Plan
- Our COVID-19 response has demonstrated what we are capable of as a team when we have a very clear purpose and set of goals. The pandemic has seen us innovate in the face of crisis and work with courage, commitment and creativity across different teams.
- We are determined to build on what we have already accomplished and need everyone on board to keep moving forward.
- We believe that we will see benefits within the next three years, but this is very much about the medium to long-term.
- Ask your supervisor, matron, team leader etc. for more information or pop into a drop in session near you (see noticeboards for more details). If you have access to a computer, there is lots of information on the intranet (BetsiNet) where you can get more details about the new ways of working or you can join one of the Ask the Panel sessions coming up in June and July.

### **Communications sequencing**

The table below outlines the communications activity that will be undertaken in line with the Operating Model project plan.

DATE	AUDIENCE	CHANNEL AND ACTION	LEAD	NOTES
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Ongoing	All staff	Updates on BetsiNet	Stronger Together team	Comms team arrange video updates from CEO and other senior leaders as appropriate  Add as a feature item when new information comes on stream
Ongoing as and when updates are required	All staff	CEO and Chair message (global email on a Friday)	KS/MS	
Fortnightly from April 14 <sup>th</sup>	Senior Leaders (via the Executive Management Team)	Fortnightly update for EMG by email	MS/KS/HSJ	Latest operational detail
	Line Managers (see my previous comment)			
June	All staff	Video update from Jo and Sue G – cascaded via EMG for playing in team meetings	Comms Team	Update from after the Board to share progress and what to expect next. To provoke discussion and to feed questions back into the loop (via the Stronger Together email)
Monthly from May	Stronger Together Community (ambassadors)	Monthly update by email	EG	Latest details, with an ask to share headlines with colleagues, signpost to BetsiNet and remind their networks of the Stronger Together email address
Ongoing as and when updates are required	Partners including Members of the Senedd, Members of Parliament, CHC	Weekly partner briefing (email issued each Friday)	HS-J	

	Public	Papers on Operating Model for Board meeting published on BCUHB website	MS/EG	
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### **Engagement with staff and partners**

The table below outlines the opportunities for staff to discuss the impact of the new Operating Model on their team, services, areas etc. Some are bespoke meetings or sessions that are being set up specifically for local teams, some are suggestions of routine meetings where senior leaders can take their teams/colleagues through the proposals and discuss local impact in more detail. Trades Union partners will be involved in the planning and consulted in advance of the sessions going live so they can shape the timings and dates.

DATE	AUDIENCE	CHANNEL AND ACTION	LEAD	NOTES
From late May 2022	All staff  We will invite all colleagues across primary, community, acute, pan-North Wales services and corporate services to the sessions.	Drop in (one off) face to face sessions at the following locations: West: <ul style="list-style-type: none"> <li>• Ysbty Gwynedd</li> <li>• Ysbty Alltwen</li> <li>• Bryn Beryl Hospital</li> <li>• Cefni Hospital</li> </ul>	Stronger Together team with support from Interim Communications to set up the sessions	Sessions to be led by senior leaders from acute or community directorates, supported by the Stronger Together team/Interim Communications support

		<ul style="list-style-type: none"> <li>• Dolgellau and Barmouth Hospital</li> <li>• Ysbyty Eryri</li> <li>• Tywyn Hospital</li> <li>• Ysbyty Penrhos Stanley</li> </ul> <p>Central:</p> <ul style="list-style-type: none"> <li>• Ysbyty Glan Clwyd</li> <li>• Abergele Hospital</li> <li>• Colwyn Bay Hospital</li> <li>• Llandudno Hospital</li> <li>• Denbigh Hospital</li> <li>• Royal Alexandra, Rhyl</li> <li>• Ruthin Hospital</li> </ul> <p>East:</p> <ul style="list-style-type: none"> <li>• Ysbyty Wrexham Maelor</li> <li>• Deeside Community Hospital</li> <li>• Holywell Hospital</li> <li>• Chirk Hospital</li> <li>• Mold Hospital</li> </ul>		
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From late May	Staff Networks	RespectAbility Celtic Pride BCUnity Gender  Dates for next meetings to be explored and added	EG/Interim Communications Support to set up the sessions	Sessions to be led by Executive Directors/Senior Leaders
Late May/June	Stronger Together Champions (includes equality champions, speak out safely champions, wellbeing champions and infection prevention champions) and staff ambassadors	Specific sessions to bring together all the champions	Stronger Together Team	Sessions to be led by ST team with support from Interim comms
From June	Staff Groups	By site/profession/forum routine meetings (taking care to attend those where conversations have already taken place as part of the Stronger Together programme)	MS/NT/EG/Interim Communications Support to set up the sessions	Sessions to be led by local Senior Leaders with support from OD/Interim Comms support
Sessions in late May, June and July	All Staff	Online Ask the Panel x 2  Specific to the Operating Model	EG/NT	Sessions to include an executive director and senior leaders from acute, community, primary pan-NW services



July	EMG to include newly appointed Senior Leaders	Update session at the Oriel Hotel with Execs and IMs	MS/HSJ	Session to set out the vision, inspire the leadership of the developing new infrastructure
Throughout May, June and July	Partners	Attend scheduled meetings to raise the profile of the new ways of working and to field questions.	Executive Directors MS/HSJ	Using the latest slide pack/briefing

**ENDS**



People Strategy & Plan 2022/25

Mewn Undod mae Nerth | Stronger Together

# How We Organise Ourselves – Our New Operating Model

## Change Readiness Assessment

### Part 2 – **Go Live**

Version	1.8
Date	20220519
Executive SRO	Gill Harris/Sue Green
Process Lead	Michael Shaw
Scheme Title	How We Organise Ourselves
Division / Area / Department	BCUHB

Purpose		Go Live – what do we mean?			
The purpose of the Change Readiness Assessment is to understand the state of readiness of the individual components identified as requiring change within the scope of the programme: How we Organise Ourselves (delivering our new Operating Model). To support the Board in their decision to proceed (Go) or delay (No Go) with go live of the new Operating Model design between 01 August 2022 and 01 September 2022.		The new Integrated Health Communities, Pan and Support services structure will be in place. Enabled by an operational governance & assurance framework and digital systems which facilitates the execution of the role & responsibility by a post-holder. Whilst not increasing the likelihood of an Unintended incident of Patient Harm or Breach of our Statutory Duty. Acknowledging that transition to the final design will continue post go-live.			
Implementation – summary by Project (Level 0)		Go Live			
		01.08.2022 - 01.09.2022			
#	Project (Grouped Activities)	On Track / Plan progressing Some risks – being managed / Off Track	If NOT ready – increase the likelihood of Unintended incident of Patient Harm Breaching our Statutory Duty		Go / No Go
A	Roles & the people				Go
B	Leadership development & support for emerging teams				Go
C	Engagement & communications				Go
D	Goals, governance, finance, performance				Go
E	IHC Operational transition plan				Go
F	Outstanding design				Go
G	Enabling services				Go
New Operating Model – Go live					Go
		A designation status of Go can be applied to the commencement of Go-live from the 01.08.2022 - 01.09.2022			
		Support description summary – including critical risk(s) for escalation			

Detail by project (Level 2)				Go-Live					
				01.09.2022					
				On Track / Plan progressing Some risks – being managed / Off Track	If <b>NOT</b> ready – increase the likelihood of Unintended incident of Patient Harm			Breaching our Statutory Duty	Go / No Go
Project	Activity Group	Sub Products							
	A Roles & the People	Process in place to appoint to new roles and interims arrangements	Executive Director of Nursing				Go	Appointed and able to take part in selection processes	
			Deputy Executive Director of Nursing - Acute services					Go	Acting in place pending selection process
			Deputy Executive Director of Nursing - Community, Primary Care and MHL D					Go	Acting in place pending selection process
			Deputy Executive Medical Director - General					Go	Interim in place pending selection process
			Deputy Executive Medical Director - Strategy & service transformation					Go	Interim in place pending selection process
			Deputy Executive Director Integrated Clinical Delivery – Regional Services					Go	Interim in place pending selection process
			Deputy Executive Director Integrated Clinical Delivery – Primary Care					Go	Acting in place pending selection process
			Integrated Health Community(IHC) Director -East					Go	Substantive and Acting appointments in place for current Area and Acute Director to mitigate risks associated with departures. Internal Selection process complete by 30 June
			Integrated Health Community Director Central					Go	
			Integrated Health Community Director -West					Go	
			IHC Operations Director -East					Go	Substantive and Acting appointments in place for current Area and Acute Director to mitigate risks associated with departures. Internal Selection process complete by 30 June
			IHC Operations Director Central					Go	
			IHC Operations Director -West					Go	
			IHC Medical Director -East					Go	Substantive and Acting appointments in place for current Area and Acute Director to mitigate risks associated with departures. Internal Selection process complete by mid-July
			IHC Medical Director Central					Go	
			IHC Medical Director -West					Go	
			IHC Nurse Director -East					Go	Substantive and Acting appointments in place for current Area and Acute Director to mitigate risks associated with departures. Internal Selection process complete by 30 June
			IHC Nurse Director Central					Go	
			IHC Nurse Director -West					Go	
			IHC Therapies / Health Science Associate Director -East					Go	Substantive Therapies / Health Science Associate Directors in post
			IHC Therapies / Health Science Associate Director Central					Go	
			IHC Therapies / Health Science Associate Director -West					Go	
			IHC Medicines Management Associate Director -East					Go	Substantive Medicines Management Associate Directors in post
			IHC Medicines Management Associate Director Central					Go	
			IHC Medicines Management Associate Director –West					Go	

Detail by project (Level 2)			Go-Live					
			01.09.2022					
Project	Activity Group	Sub Products	On Track / Plan progressing Some risks – being managed / Off Track	If <b>NOT</b> ready – increase the likelihood of		Go / No Go	Support description – including critical issues for escalation	
A Roles & the People	Business continuity response plan	Gold/Silver On-Call and System Lead rotas – business continuity - interdependency management				Go	The interim Director of Regional Delivery is working with members of the Operational Tactical control centre and member of the Roles and the People project group to ensure business continuity of the Gold and Silver on-call rota pre and post go-live. The lead of EPRR - a member of the Roles and the People project group is managing the interdependency between role changes and updates to EPPR plan.	
	[Risk R017 – priority level 12 - Score Post Mitigation 6]	Emergency Preparedness plan – interdependency management				Go		
B Leadership Development & Support for Emerging Teams	Career Coaching & development	Career Coaching and Development Support Workshops				Go	Career coaching and a series of development centres to support individual who wish to apply for the new posts is in place and operational.	
		Development support preparation for recruitment and selection processes workshops				Go		
	On-boarding	Hub/portal on BetsiNet				Go	A plan is in place to build upon the on boarding platform via BetsiNet.	
		Coaching Support				Go		
	Transition & Leaving Well [Risk R006 - priority level 12 - Score Post Mitigation 8]	Leaving Well Handover Repository				Go	Products developed and implemented.	
		Leaving Well Conversations				Go		
		Thank-you letter from the Chairman & CEO				Go		
	Network Events	Information support/guidance ref next life steps				Go	Provisional dates agreed and venue booked. Content and production scoped for event One & Two. Links to other programmes under the leadership of the People & Culture EDG.	
			Event ONE					Go
			BIG event TWO					Go
			Event THREE					Go
	Team dynamics	Event FOUR				Go	Co-design of scoping of product offer in development with Operational leaders.	
			Coaching Support					Go
	Experiential Learning	Intervention A				Go	A portfolio of ideas has been in development for some months and links to other programmes under the leadership of the People & Culture EDG.	
			Intervention B					Go

Detail by project (Level 2)			Go-Live				
			01.09.2022				
Project	Activity Group	Sub Products	On Track / Plan progressing Some risks – being managed / Off Track	If NOT ready – increase the likelihood of Unintended incident of Patient Harm	Breaching our Statutory Duty	Go / No Go	Support description – including critical risk(s) for escalation
C Engagement & Communication Plan	Plan	Comprehensive plan				Go	Delivery in place to be further supported by appointment of an interim Communications Manager. Recruitment of interim in progress
	Digital - written	Betsinet				Go	
		CEO and Chair message (global email)				Go	
		EMG Weekly Brief				Go	
		CEO video				Go	
		Stronger Together Community – e-mail update				Go	
		Infographics via e-mail				Go	
	Face to face (incl. MS Teams)	Ask the Panel				Go	Delivery is dependent upon the appointment of an interim Communications Manager. Recruitment of interim in progress. In conjunction support WOD and their links to internal staff networks.
		Divisional Leadership Team				Go	
		Drop sessions – on site				Go	
		Staff Networks – face to face				Go	
		EMG membership				Go	
	Partnerships [Risk R010 - priority level 6 - Score Post Mitigation 4]	Regional Partnership Board				Go	Delivery in place to be further supported by appointment of an interim Communications Manager. Recruitment of interim in progress. Key partners and boards will be updated as part of our transitional plan.
		Public Services Boards				Go	
		Regional Integration Fund				Go	
D Goals, Governance, Finance, Performance & Information Deployment	Operational Governance & Assurance framework . [Risk R015 - priority level 12 - Score Post Mitigation 6]	Operational Governance & Assurance framework – Macro				Go	An outline framework supported by an operational transition plan (from each of the existing divisions will facilitate the start of transition phase. The outline framework will be developed in full for a 1 July implementation. This will encapsulate all of the activity groups described in the Governance project
		Operational Governance & Assurance framework – Health Community				Go	
		Operational Governance & Assurance framework – Pan Service				Go	
		Operational Governance & Assurance framework – Enabling Services				Go	
		Four test scenarios (support of Governance and Assurance Framework)				Go	The four test scenarios are complete.
	Scheme of Reservation & Delegation (SORD)	Scheme of Reservation & Delegation (SORD) – Macro				Go	Corporate SORD complete. One SORD to cover all hierarchies below this level has been drafted and shared. This requires feedback and final agreement before go live. This will be submitted to the July board for approval.
		Scheme of Reservation & Delegation (SORD) – Health Community				Go	
		Scheme of Reservation & Delegation (SORD) – Pan Services				Go	
		Scheme of Reservation & Delegation (SORD) – Enabling Services				Go	
	Standing Financial Instructions	Standing Financial Instructions (SFI) – Macro				Go	No changes required - these are all-Wales SFIs.
		Standing Financial Instructions (SFI) – Health Community				Go	
		Standing Financial Instructions (SFI) – Pan Services				Go	
		Standing Financial Instructions (SFI) – Enabling Services				Go	
	Risk strategy, policy deployment &	Corporate Risk Strategy & Policy, Management & Escalation				Go	The current risk strategy is currently in review and will include the new operating model in that process.
		Align to new Operating Model – Risk Appetite				Go	The outputs from risk appetite workshop on the 7th April will inform and influence the underpinning of the design of the new Operational SORDs in Q1 in

	Management						preparation to support the July implementation of the new Governance and Assurance Framework.
	Performance measurement framework cascade	Performance measurement framework cascade - Macro				Go	Corporate Level Reporting largely unaffected. New IQPR in place by Q1 2022.
		Performance measurement framework cascade – Health Community				Go	Need to know roles & responsibilities with regards PAF etc.
		Performance measurement framework cascade – Pan Service				Go	Need to know roles & responsibilities with regards PAF etc.
		Performance measurement framework cascade – Enabling Services				Go	Need to review Performance function structure and offer to find best fit alignment to new OM.
	Finance	Impacted Electronic Systems				Go	This decision is predicated on the SoRD in place.
		Oracles Cost Centre Hierarchy				Go	Currently actions are on track to be ready for a go live.
		Oracle Purchasing Approval Hierarchy				Go	Risks regarding IT support and work to be completed
		Core Reporting				Go	regarding the split of cost centre and finalising reports
		Quikview Reporting				Go	is currently ongoing and expected to be completed in
		Other Systems (eWaiver, Est Control, Travel Bureau)				Go	sufficient time.
	Workforce	ESR digital system hierarchy				Go	Overall Structure / Hierarchy will be ready, may be some workarounds required in terms of Supervisory responsibility in the system and therefore some impact on Manager Self Service.
		ESR digital system hierarchy - establishment control system				Go	This decision is predicated on the SoRD in place. Temporary work around solutions could be put in place to ensure operationally the system could operate. Also, upload to Trac from ESR required to update system. Oracle, ESR & Performance teams are working as one team to deliver the interdependent hierarchy changes.
		ESR digital system hierarchy – workforce reporting suite				Go	In line with ESR Hierarchy.
		Rostering digital system hierarchy -				Go	In line with ESR Hierarchy.
		Rostering digital system hierarchy - workforce reporting suite				Go	In line with ESR Hierarchy workforce reporting suite.
	Risk	Datix digital system hierarchy				Go	New national system as of 01.04.2022 'Alert Triggers' and all existing reporting suites will cease to exist as of 01.04.2022. Alert Triggers will require map of new posts (post holders) aligned to existing structure below level 5). New reporting suite will be available in Q1. The delay is part of the new digital system – mitigations in place via Quality team.
		Datix digital system hierarchy - Workflow				Go	
		Datix digital system hierarchy – risk report suite				Go	
	Complaints	Civic digital system hierarchy				Go	Require map of new posts (post holders) aligned to existing structure below level 5).
		Civic digital system hierarchy – complaints reporting suite				Go	
	Information Governance	Other digital systems				Go	Digital have confirmed no changes required to system beyond those described above.
		Shared file/folder re structure				Go	Digital have confirmed resources in place to manage moves for both individuals and full departments/areas.
		User access changes and file \ system permissions				Go	Undertaken as part of the Digital review.
		Alignment of existing /current Information Governance / FOI Leads to new structure.				Go	Transition plans to incorporate IG arrangements and inclusion.
	Strategic Planning	Business planning process				Go	Go live is not directly dependent upon the aligned of business planning process.

Detail by project (Level 2)			Go-Live				
			01.09.2022				
Project	Activity Group	Sub Products	On Track / Plan progressing Some risks – being managed / Off Track	If NOT ready – increase the likelihood of  Unintended incident of Patient Harm	Breaching our Statutory Duty	Go / No Go	Support description – including critical risk(s) for escalation
E IHC Operational Transition Plan	East  .[Risk R004 – priority level 9 - Score Post Mitigation 6] [Risk R016 – priority level 12 - Score Post Mitigation 8]	Co-designed transition plan in place <ul style="list-style-type: none"><li>Transition co-ordination</li><li>New Leadership</li><li>Transitional Authorisation Structure</li><li>Governance</li><li>Service Blocks</li><li>Pan BCU Partnership working</li><li>Support Services</li><li>Partnership Arrangements</li><li>Accountability Agreement/Improvement Plan</li><li>Facilities Management</li><li>Operational Estates</li><li>2023/24 Business Planning &amp; Budget setting</li></ul>				Go	Acute Site Director and Area Director are leading the adoption and adaption of the plan design by the Central. Project Management resource has been identified. Mobilisation of Transition Project Management Group is taking place. The How we Organise Ourselves Programme leadership is connected into the Project Management Group
		Transition Project Management Group in place					
		Project Management/equivalent support in place					Recruitment of interim in progress
	Centre  .[Risk R004 – priority level 9 - Score Post Mitigation 6] [Risk R016 – priority level 12 - Score Post Mitigation 8]	Co-designed transition plan in place <ul style="list-style-type: none"><li>Transition co-ordination</li><li>New Leadership</li><li>Transitional Authorisation Structure</li><li>Governance</li><li>Service Blocks</li><li>Pan BCU Partnership working</li><li>Support Services</li><li>Partnership Arrangements</li><li>Accountability Agreement/Improvement Plan</li><li>Facilities Management</li><li>Operational Estates</li><li>2023/24 Business Planning &amp; Budget setting</li></ul>				Go	Acute Site Director and Area Director are leading the development and delivery of the plan. Project Management resource is in place and the mobilisation of multi-disciplinary Transition Project Management Group meets weekly. The How we Organise Ourselves Programme leadership is connected into the Project Management Group
		Transition Project Management Group in place					
		Project Management/equivalent support in place					In place
	West  .[Risk R004 – priority level 9 - Score Post Mitigation 6] [Risk R016 – priority level 12 - Score Post Mitigation 8]	Co-designed transition plan in place <ul style="list-style-type: none"><li>Transition co-ordination</li><li>New Leadership</li><li>Transitional Authorisation Structure</li><li>Governance</li><li>Service Blocks</li><li>Pan BCU Partnership working</li><li>Support Services</li><li>Partnership Arrangements</li><li>Accountability Agreement/Improvement Plan</li><li>Facilities Management</li><li>Operational Estates</li><li>2023/24 Business Planning &amp; Budget setting</li></ul>				Go	Area Director and Acute Site Director are leading the adoption and adaption of the plan design by the Central. Project Management resource has been identified. Transition Project Management Group meets weekly. The How we Organise Ourselves Programme leadership is connected into the Project Management Group
		Transition Project Management Group in place					
		Project Management/equivalent support in place					In place



Detail by project (Level 2)			Go-Live				
			01.09.2022				
Project	Service/ Function	Sub Function / Products	On Track / Plan progressing Some risks – being managed / Off Track	If <b>NOT</b> ready – increase the likelihood of		Go / No Go	Support description – including critical risk(s) for escalation
				Unintended incident of Patient Harm	Breaching our Statutory Duty		
F Outstanding Design - plan for realisation of design	Primary Care & Community Dental	Commissioning, Contracting & Management				Go	Co-design workshop 09.05.2022 led by the Executive Director of Integrated Clinical Delivery, the Executive Director of Transformation & Planning and the Executive Director of Workforce and Organisational Development - design decisions made.
		Primary Care clinical governance				Go	
		Accelerated Cluster Development leadership				Go	
		Primary & Community Care Academy				Go	
		GP OOH				Go	
		Community Dental Services				Go	
	Psychology	Psychology Services BCHUB				Go	The Executive Director of Therapies & Health Sciences is leading a conversation on the wider design for Psychology services. This has links to the acquired brain injury service. The final design of Psychology care across BCHUB is not a determinant on the date of the go-live of the Operating Model.
		Acquired Brain Injury Services				Go	
	MHLDPan service	New Operating Model				Go	Interim Director Of Operations on behalf of the MHLDPan SLT is leading the OM co-design, to be issued shortly. The Executive Director of Therapies & Health Sciences and the Interim Director of MHLDPan are leading a conversation on Psychology and Therapy care within MHLDPan.
		Therapies MHLDPan				Go	
		Psychology care MHLDPan				Go	
	Cancer Pan Service	Internal alignment ready				Go	Cancer Services will be ready for the Go live.
	Women's & Maternity Pan Service	Internal alignment ready				Go	Women's & Maternity Services will be ready for the Go live.
	Diagnostics & Clinical Support Pan Service	Internal alignment ready				Go	Service unchanged and preparing to engage with HC's as they are developed. Existing structures maintained.
	Public Health	Existing work on PH team transfer is underway and on track.				Go	Further work will be required to ensure OM fit in place and capacity is sufficient - but no significant concerns noted at this stage.
	Children's Services (Clinical network)	Internal alignment ready with work underway to confirm links with system oversight				Go	An evolving plan of co-design is in place to ensure that the design of this clinical network is connected to the Commissioning & System oversight functions.
	Specialist Palliative Care (Clinical Network)	Internal alignment ready with work underway to confirm links with system oversight				Go	An evolving plan of co-design is in place to ensure that the design of this clinical network is connected to the Commissioning & System oversight functions.
	Dermatology services (clinical network)	Internal alignment ready with work underway to confirm links with system oversight				Go	An evolving plan of co-design is in place to ensure that the design of this clinical network is connected to the Commissioning & System oversight functions.
	Rheumatology services (Clinical Network)	Internal alignment ready with work underway to confirm links with system oversight				Go	An evolving plan of co-design is in place to ensure that the design of this clinical network is connected to the Commissioning & System oversight functions.

Detail by project (Level 2)			Go-Live				
			01.09.2022				
Project	Service/ Function	Sub Function / Products	On Track / Plan progressing Some risks – being managed / Off Track	If <b>NOT</b> ready – increase the likelihood of  Unintended incident of Patient Harm	Breaching our Statutory Duty	Go / No Go	Support description – including critical risk(s) for escalation
F Outstanding Design - plan for realisation of design	Neurology services (clinical network)	Internal alignment ready with work underway to confirm links with system oversight				Go	An evolving plan of co-design is in place to ensure that the design of this clinical network is connected to the Commissioning & System oversight functions.
	Vasectomy Service (Clinical network)	Internal alignment ready with work underway to confirm links with system oversight				Go	An evolving plan of co-design is in place to ensure that the design of this clinical network is connected to the Commissioning & System oversight functions.
	System Oversight Function [Risk R016 – priority level 12 - Score Post Mitigation 8]	Whole system access, performance and flow (this includes Community and Secondary)				Go	The interim Director of Regional Delivery is leading the design of the system oversight function in terms of structure and process. Mobilisation of operational governance and assurance architecture is in development.
		Whole system Planned Care performance (this includes Community and Secondary)				Go	
		Whole system Unscheduled Care performance (this includes Community and Secondary)				Go	
		On call and system overall flow				Go	
		Facilities				Go	

Detail by project (Level 2)			Go-Live					
			01.09.2022					
Project	Service/ Function	Sub Function / Products	On Track / Plan progressing Some risks – being managed / Off Track	If <b>NOT</b> ready - increase the likelihood of		Go / No Go	Support description – including critical risk(s) for escalation	If NO - Ready to GO date MM/DD
				Unintended incident of Patient Harm	Breaching our Statutory Duty			

F Outstanding Design	Clinical Effectiveness Function (Existing OM)	Regional Children's' Service Group to ensure strategy, planning and standards are attended to regionally. 3 regional Clinical Advisory Groups, CAMHS, Community and Paediatrics to ensure clinical leadership is at the core of our service, learning is developed and quality standards of care are maintained and developed.				Go	The existing design of the Clinical Effectiveness Function is not a determinant on the date of the go-live of the Operating Model.	N/A
		Individual Patient Funding Request (IPFR) panel				Go		
		NICE & AWMSG Assurance Group				Go		
		Controlled drug Local Intelligence network				Go		
		NICE & AWMSG impact assessment group				Go		
		Safer Medicines Steering Group				Go		
		Drug and Therapeutic Group				Go		
		Blue, red, amber green (BRAG) group				Go		
		Prescribed medical devices				Go		
		Medicines Policies Procedures and Patient Group Directive group				Go		
		Wound and dressing group				Go		
		Medical gas committee				Go		
		clinical 'senate', Management				Go		
		Clinical Networks Management				Go		
		Primary Care professional regulation				Go		
	Clinical Effectiveness Function (new OM)	See above				Go	A review is currently underway to ensure that the clinical effectiveness, quality and safety functions are aligned and that the most effective use of resources is in place. This will include further work on an options appraisal for closer working, or potentially integration of some functions, between the existing quality teams and the effectiveness teams. A closer alignment of primary and secondary care functions is also under consideration.	N/A
		Development of new functionality						
	BCHUB Commissioning Unit	Primary Care Commissioning (incl. Dental)				Go	See section relating to Primary Care & Community Dental.	N/A
						Go		
						Go		
						Go		
	Holistic Education (New OM)	Primary Care Academy				Go	The future design of Holistic Education is not a determinant on the date of the go-live of the Operating Model.	N/A
		Medical School				Go		
		Training & Education				Go		
		Other				Go		

Detail by project (Level 2)	Go-Live				
	01.09.2022				
	On Track /	If <b>NOT</b> ready – increase the likelihood of	Go / No Go	Support description –	If NO -

Project	Activity Group	Sub Functions / Products	Plan progressing Some risks – being managed / Off Track	Unintended incident of Patient Harm	Breaching our Statutory Duty		including critical risk(s) for escalation	Ready to GO date MM/DD
G Enabling Services	Workforce & Organisation Development	Restructure –current and new roles to align to the Betsi Operating Model				Go	The structure will be aligned to the 3 Health Communities + Pan BCU teams. In addition, the development of Strategic Practice areas (specialist services) will be commissioned from the People Health Community teams to support the delivery of the IMTP and continuous improvement of the services.	N/A
		Phase 1 – SOPs to support effectively alignment and delivery				Go		
		New Case Management System to support Case Management Team				Go		
	Office of the Medical Director	Appointment of posts				Go	The Office of the Medical Director we will be in a position to go live with the new OM.	N/A
	Finance, Performance & Estates	Finance Team				Go	The Finance Team we will be in a position to go live with the new OM with the current team structure.	N/A
		Capital & Estates Team				Go	The Capital & Estates Team we will be in a position to go live with the OM.	
		Performance Team				Go	The Performance Team we will be in a position to go live with the OM with the current team structure.	
	Midwifery & Nursing	Appointment of posts				Go	The Nursing and Midwifery team will be in a position to go live with the OM.	N/A
	Informatics	Interim business partnering model to be developed as part of the discovery phase as to assess the needs and how best to support the new operating model. (Planning, delivery, reporting requirements).				Go	Interim Business Partnering Model is just being developed and will be completed by the 1st July Go live. The draft ToR for the Digital Executive Delivery Group has been developed and the draft will be reviewed by the CDIO. It is expected that this will go live in July 22.	N/A
		To develop the ToR and implement the Digital Executive Delivery Group.				Go		
	Quality & Patient Safety /Experience	Structure alignment ready				Go	The Quality & Patient Safety /Experience Function we will be in a position to go live with the new OM.	N/A
	Therapy & Health science	Professional Standards				Go	Assessment is based on limited change to these functions between existing and new structures. Professional standards and accountability requires review but this does not need to be undertaken prior to a new operating model starting.	N/A
		Education & Training				Go		
		Ionising radiation regulation (IRR)				Go		
		Ionising radiation medical exposure IR(ME)R				Go		
		Hospital Blood Transfusion Committee				Go		
	Partnership, Engagement & Communication	Support structure for Therapy & Health Sciences team		No	No	Go	The Partnership, Engagement & Communications Team we will be in a position to go live with the new OM	N/A
		Internal Communications Team				Go		
		External Communications Team				Go		
	Transformation & Planning	Engagement Team				Go	Not a determinant on the date of the go-live of the Operating Model.	N/A
		Transformation & Improvement				Go		
		Strategic Planning Team				Go		
		Commissioning Unit (see previous section)				Go	(see previous section)	

Contributions/information from:

Name	Job Title
Amanda Lonsdale	Director of Performance
Andrea Williams	Head of Informatics Programmes Assurance and Improvement, Informatics

Bethan Jones	Area Director (Central)
Carol Johnson	Head of Information Governance
Carole Evanson	Interim Director Of Operations MHLd,
Cathy Mansell	Head of Office
Clare Darlington	Acting Associate Director Primary Care
Claire Wilkinson	Deputy Interim Director – Operational Workforce
David Fletcher	Directorate General Manager, North Wales Managed Clinical Services
Debbie Lewis	EPRR Lead
Edward Williams	Deputy Director of Performance
Ellen Greer	Acting Associate Director of Organisational Development
Ffion Johnstone	Area Director (west)
Fiona Giraud	Director Of Midwifery & Women's Services
Gareth Evans	Clinical Director Therapy Services, Therapies & Health Science
Gaynor Thomason	Executive Director Nursing & Midwifery
Geoff Lang	Assistant Chief Executive
Geraint Roberts	Divisional General Manager Cancer Services
Glesni Driver	Head of Tactical Control Centre
Helen Stevens-Jones	Director of Partnerships/Communications & Engagement
Ian Donnelley	Acute Care Director
John Martin	Head of HR (East)
Justine Parry	Assistant Director of Information Governance
Katie Sargent	Associate Director of Communications & Engagement
Lesley Hall	Associate Director
Matthew Joyes	Associate Director of Quality
Michael Shaw	Strategic Organisation Development Consultant
Molly Marcu	Interim Deputy Board Secretary
Neil Rogers	Acute Care Director,
Nia Thomas	Head of Organisational Development
Nick Graham	Associate Director, Workforce Planning & Performance
Nigel McCann	Chief Finance Officer
Paul Clarke	Head Of Facilities Management, Facilities
Phil Orwin	Interim Director of Regional Delivery
Rob Smith	Area Director - East
Rod Taylor	Director Of Estates And Facilities, Estates
Simon Evans-Evans	Interim Director of Governance
Sue Green	Executive Director, Workforce and Organisational Development
Sue Hill	Executive Director of Finance
Tim Woodhead	Finance Director

How we Organise Ourselves - Operating Model Risk Log														
Risk Log	Risk	Impact	Likelihood Level	Impact Level	Priority Level	Mitigation Notes	Score Post Mitigation (Likelihood x Impact)	Owner	Date Raised	Date Reviewed	Added to Datix (Risk form 1)	Risk form 2 completed on Datix	Risk ID	
R001	We are developing management arrangements without having completed work on behaviours, goals or strategy so there is a risk the model won't be fit for purpose.	The desired organisational change may not be achieved. Conducting this work during winter, our busiest time, may add additional stress and pressure to staff. This could result in timelines slipping as well as staff being less willing to engage with the change.	3	4	12	Colleagues have told us through Stronger together that we need to improve the structure of the organisation and how we do business as it is getting in the way of 'getting things done'. Any work on structure and process only truly becomes effective if our behaviour supports what we are trying to do as well, so work is underway to align developments in these areas. Whilst it would be ideal to undertake the organisational development and design work in a sequence, these things all take time. We have had to balance the time for the work with the need to take action. There is ongoing information sharing across strategic development work to ensure, whilst the pace is different, alignment is in mind. Section 2 shows how the Operating Model will be developed with complimentary work relating to Organisational People and Development Strategy (the How). Similarly, we have considered the timing of this work and its adjacency and now ongoing development in an incredibly pressured winter. Unfortunately, looking ahead to the likely demand on all of our services, there was no 'ideal' time for this work. Close attention is being paid to operational pressures during implementation and due consideration given.	8 (2 x 4)	Gill Harris / Sue Green	15/09/2021	05/04/2022	Yes	Yes	4359	
R002	There is already change going on in the organisation and this is another one. It is distracting for people who work here. There is a risk it could affect people's motivation and focus and therefore service performance.	Services may be negatively impacted during organisational change if staff lose motivation and/or focus. Staff may be confused by conflicting change programmes and lose faith in the organisation's ability to produce effective changes.	3	4	12	Colleagues have told us there is a need to improve clarity in the Operating Model, including accountabilities and how we are organised, for quality of care and population health. This does need to be addressed so people can be clear about how we are organised, the new Operating Model will do this. Any change is unsettling, keeping colleagues informed on its development helps some people understand the change and how it might or might not affect them. We have ensured the Operating Model and its development are published on the intranet. This is 'signposted' through leadership cascades and inclusion in 'all-staff' emails, so anyone can find out more, comment or ask questions.	9 (3 x 3)	Gill Harris	15/09/2021	05/04/2022	Yes	Yes	4361	
R003	Acute services are perceived to dominate other services. There is a risk that, either in reality or perception, these opinions will continue this and focus on illness rather than prevention and well-being so not achieve its aims.	Staff continue to think that acute services dominate preventive services regardless of any changes implemented. This could negatively impact the message that the Health Communities have a balanced view of both services. This could further impact staff behaviours to focus on acute treatments rather than prevention and well-being.	3	3	9	The proposed model is intended to bring a more cohesive arrangement for a Health Community to take a balanced pathway view of services although it is possible this risk will remain. Leadership at all levels of the organisation will require support with taking a system and partnership view of pathways and services to bring balance.	6 (3 x 2)	Gill Harris	15/09/2021	05/04/2022	Yes	Yes	4362	
R004	Many teams have good management arrangements for their service now. Any change could disrupt some of the leadership and performance processes which work well	This could disrupt working relationships and processes that are already in place and effective. This could then negatively impact the delivery of services to patients and staff.	3	3	9	The model has been designed to principles that set out how we will improve our arrangements for patients and the people we serve. During recent engagement, many colleagues told us what works well and needs to be retained. Good leadership and good relationships make management arrangements effective. Through earlier phases of development, clarity had been sought on the high-level model and the mechanism to meet local community needs while considering what is best for the whole of the Health Board. Services will be requested to describe what systems, processes, networks they would need to put in place to ensure that quality and clinical governance that works well now is not lost. <b>Acute Site Directors and Area Directors (Centre, East &amp; West) are leading the development and delivery of Integrated Healthcare Community Operational transition plans.</b>	6 (3 x 2)	Gill Harris / Sue Green	15/09/2021	05/04/2022	Yes	Yes	4364	
R005	Things have started to move quickly meaning that not everyone feels they have been involved, which is something we are supposed to be changing.	Staff will not feel involved in the improvement of their organisation and therefore less likely to engage with the new changes, especially if they think we do not know how the changes will impact their areas for the better.	3	3	9	Colleagues were invited to join Stronger Together Discovery sessions. The outputs of those sessions have informed this work and were shared during feedback sessions in November/December 2021. In addition to this, senior managers have been engaged through Executive Management Group conversations. Through the recent feedback exercises, we received feedback from some people that we are taking too long, that the pace was just right and also that we are moving too quickly to improve our Operating Model and address issues. We have had to balance a variety of views on the timing.	4 (2 x 2)	Michael Shaw/Helen Stevens Jones	15/09/2021	05/04/2022	Yes	Yes	4365	
R006	Risk that a loss of corporate memory as a result of the departure of key staff during the transition to the Operating Model	The organisation will not learn from previous mistakes and will inevitably repeat them in the future. This will be demotivating for staff who have been in the organisation a long time and have seen the same mistakes being repeated.	3	4	12	Organisational changes happen in many health care organisations and there are a variety of ways this risk is addressed. The current model considers changes at the most senior tiers of the organisation. Organisation-specific knowledge is held by many people, in many parts of the organisation. Senior leaders work in teams, knowledge is shared across and through the team. When people change roles knowledge transfer will be part of anyone's change or transfer plan. Arrangements have developed for these leaving us including the Operational transition plan and Leaving Well Handover Guide & Repository. These products along with a suite of induction and network products will support new people and emerging teams with knowledge transfer. Implementation of change is being phased to further reduce any risk, should it materialise.	8 (4 x 2)	Sue Green (SRO's)	12/01/2022	05/04/2022	Yes	Yes	4366	
R007	There is a risk that the new model could not offer any value for money	Public money is wasted that could have been used effectively elsewhere for a greater impact. As a result the change required will not be achieved.	3	3	9	Financial analysis of the model has been undertaken and will continue to be closely reviewed and overseen by the Executive team throughout. Finance tracking of results of investment - measures in place	6 (3 x 2)	Sue Hill	12/01/2022	05/04/2022	Yes	Yes	4367	

R008	Implementing different management arrangements might change how the population or stakeholders perceive the organisation.	Staff may be worried about changes and how they will impact them and their team. Patients may be worried about changes and disruptions to services.	2	4	8	Many aspects of the Operating Model link to the improvement journey we need to take. The need for change has been identified by colleagues through Stronger Together Discovery feedback and organisational effectiveness improvements identified as part of targeted Intervention status. Therefore, change is required, any significant organisational change comes with some level of disruption. To not make a change would generate a different risk caused by not responding to the improvement opportunities available. The model has been designed to improve how we manage the organisation for the population we serve. Design has put the population at its centre. It has considered how we can arrange ourselves and manage the business of the health Board more effectively, to ultimately provide a better service and a better organisation to work with and for. Keeping patients at the very heart of what we do, patient and staff (authored) stories frame every design conversation. Health Care Organisations management arrangements, the value they add and the cost are of interest to many. It is important that when we are implementing the model, that the benefit of what we are doing is described well, alongside the change being taken.	4 (2 x 2)	Helen Steven-Jones	12/01/2022	05/04/2022	Yes	Yes	4368
R009	Risk of significant delay in implementing the new operating model, resulting in a lack of focus and productivity, loss of staff and stakeholder confidence in the Board, and reputational damage	Staff may lose faith in their managers and leaders, which may also impact motivation and therefore service performance and the implementation of the desired change.	3	2	6	A comprehensive delivery plan in place including communications, organisational development, systems/infrastructure and Operational Transition. The comprehensive communication and engagement plan is built on the principle of continued dialogue with those staff directly affected and their direct reports and wider internal messaging via existing channels. Our existing and open channels of information flow with our external partners will be used to inform and listen.	4 (2 x 2)	Gill Harris	15/02/2022	05/04/2022	Yes	Yes	4369
R010	Reputation. Confidence in leadership may be compromised if perception that Health Board is investing in management/leadership at cost of direct patient/citizen services.	Misconception that change has not happened as a result of the new operating model and there is a focus on corporate development over clinical investment. This could impact staff engagement in future stages of Stronger Together and therefore reduce the efficacy of the overall transformation.	3	2	6	IMTP demonstrates majority of investment in direct patient/citizen services. People centred outcome measures developed for inclusion in full Operating Model and delivery plan.	4 (2 x 2)	Helen Stevens-Jones	16/02/2022	05/04/2022	Yes	Yes	4370
R011	Benefits Realisation. Confidence in leadership may be compromised if benefits realisation, qualitative and quantitative is not demonstrated and/or sustained.	Lack of confidence in the operating model and the direction being set, could impact staff motivation and potentially harm the overall performance of the organisation.	3	3	9	Programme subject to central orchestration through Transformation and planning structure including clear executive accountability. Outcome measures incorporated into IMTP, enabling Strategies and Targeted Intervention maturity matrices.	6 (3 x 2)	Sue Green & Sue Hill	16/02/2022	05/04/2022	Yes	Yes	4371
R012	Varying of structure across the organisation beyond Tier 5	Confusion about organisational structure, lines of communication and processes could result in a negative impact for services. Continuity of services may also be impacted during structure change.	3	3	9	Health Community Directors will be involved in establishing the minimum structure framework for Health Communities to ensure consistency across	6 (3 x 2)	Gill Harris	16/02/2022	05/04/2022	Yes	Yes	4372
R013	Vacant posts in new structure may not be recruited too.	Interims may be required which was not a desired outcome of the new structure. This will delay the full implementation of the new structure and reduce its effectiveness.	4	3	12	The use of interims will not delay the implementation of the new Operating Model. Where needed they will provide short-term capacity & capability. For the small number of posts which will become vacant the default option will be to look internally for people who can step-up on a short-term interim basis. Where this is not possible we will then look to use to experienced external interims. The management oversight of the transition for those and induction of new teams members is a critical role of the programme of work called: How We Organise Ourselves and the project group called the roles and the people.	6 (3 x 2)	Sue Hill / Sue Green	04/04/2022	05/04/2022	Yes	Yes	4373
R014	There is a risk of a capacity & capability gap during the transition of people departing the organisation through the VERS process and the recruitment of people both internally and externally to posts within the new Operating Model.	Interims may be required which was not a desired outcome of the new structure. This will delay the full implementation of the new structure and reduce its effectiveness.	5	3	15	For the small number of posts which will become vacant the default option will be to look internally for people who can step-up on a short-term interim basis. Acting arrangements being agreed with Executives as a mitigation. Where this is not possible we will then look to use to experienced external interims. The management oversight of the transition for those and induction of new teams members is a critical role of the programme of work called: How We Organise Ourselves and the project group called the roles and the people. Arrangements have developed for these leaving us including the Operational transition plan and Leaving Well Handover Guide & Repository. These products along with a suite of induction and network products will support new people and emerging teams with knowledge transfer. The transition of affected departments will be overseen by Executive Director between April and July 2022. There will be additional management oversight of the How We Organise Ourselves programme, as well as the 'roles and People' project group. There will also be implementation of the operational governance framework.	6 (3 x 2)	Gill Harris / Sue Green	04/04/2022	05/04/2022	Yes	Yes	4360
R015	Risk that a lack of robust and consistent leadership can contribute to safety and quality concerns	This could lead to an inability to manage significant clinical variation and therefore negatively impact patient experience and safety.	3	4	12	The implementation of existing operational governance framework as well as a plan for on-boarding of transitional and new roles to manage transition into the new structure, which will also have Executive Director oversight between April and July 2022. Phased Leaving Well strategy for VERS and other leavers, affected by the operating model will reduce the organisation memory loss during the transition to Health Communities. There will be collective Executive Director team monitoring of VERS departures, aligned to organisational requirements (e.g. year end and Covid inquiry), regular management oversight of the How We Organise Ourselves programme, as well as the 'oversight of IHC Operational Transition plans. There will also be a recruitment plan to identify high calibre clinical leaders.	6 (3 x 2)	Gill Harris / Sue Green	20/04/2022	26/4/22	Yes	Yes	
R016	There is a risk that Health Communities work in isolation or in competition with other services, resulting in a delay in making pan BCU investment decisions (Link to R0012)	Health communities working in isolation or competition could negatively impact the services being delivered to patients, and disrupt the pan BCU developments also to the detriment of patient and staff services.	3	4	12	The implementation of existing operational governance framework as well as a plan for on-boarding of transitional and new roles to manage transition into the new structure, which will also have Executive Director oversight between April and July 2022. Phased Leaving Well strategy for VERS and other leavers, affected by the operating model will reduce the organisation memory loss during the transition to Health Communities. There will be collective Executive Director team monitoring of VERS departures, aligned to organisational requirements (e.g. year end and Covid inquiry), regular management oversight of the How We Organise Ourselves programme, as well as the 'oversight of IHC Operational Transition plans.	8 (4 x 2)	Gill Harris	21/04/2022	26/4/22			

R017	There is a risk that as we transition to the new Operating Model the existing silver on-call pool of trained staff will reduce to a number which puts an unfair burden on the remaining individuals.	Silver on-call rota gaps appear as the existing pool members may decline to cover the gaps.	3	4	12	The interim Director of Regional Delivery has been asked to work with members of the Operational Tactical control centre and member of the Roles and the People project group to ensure business continuity of the Gold and Silver on-call rota pre and post the implementation of the OM. The interim Director of Regional Delivery has been asked in conjunction with Executive Director of Therapies & Health Sciences, Associate Director – Human Resources, Head Of HR - East Locality, Head Of Tactical Control Centre and the EPRR Lead to take forward the macro on-call review which pre-dates the proposed new OM.	8(4 x 2)	Gill Harris	18/03/2022	16/5/22	In progress	In progress	
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IT FORMS

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

For:	<b>The New Operating Model</b>
Date form completed:	29 November 2021 20 <sup>th</sup> January 2022 28 <sup>th</sup> February 2022



### 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?




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## IT FORMS

# Part A

## Form 1: Preparation

1.	<p>What are you assessing i.e. what is the title of the document you are writing or the service review you are undertaking?</p> <p>The new Operating Model</p>  <p>Operating Model_v5.docx</p>
2.	<p>Provide a brief description, including the aims and objectives of what you are assessing.</p> <p>An extensive staff engagement exercise was undertaken during the Discovery phase of Mewn Undod Mae Nerth/Stronger Together in May-September 2021, with the aim of engaging with 10% of our staff. The voices of over 2,000 staff were heard during the Discovery phase and other engagement activities that took place, the emerging themes of which appeared consistent with those that emerged during Discovery. Equality monitoring data was collected on staff who engaged with Discovery to ensure the voices of all staff groups were included.</p> <p>Based on the feedback from the Discovery phase of Mewn Undod Mae Nerth/Stronger Together, five programmes of work have been identified which, though co-design and co-delivery, aim to transform how the Health Board delivers its functions. The five programmes will be delivered through the new People Strategy and Plan and will enable delivery of the priorities in the Health Board's Integrated Medium Term Plan (IMTP) and the refreshed, longer term Living Healthier, Staying Well Strategy to deliver the aims of 'A Healthier Wales: long term plan for health and social care'<sup>1</sup>. Detailed Equality Impact Assessments (EQiAs) and Socio-economic Impact Assessments (SEiAs) have been completed for the IMTP and the refreshed Living Healthier, Staying Well strategy. The new People Strategy and Plan also has a detailed EQiA and SEiA and is reflective of the aims of the Health Board's Strategic Equality Plan.</p> <p>The five programmes to emerge from the feedback during the Discovery phase of Mewn Undod Mae Nerth/Stronger Together are:</p> <ul style="list-style-type: none"> <li>• Our Way of Working</li> </ul>

<sup>1</sup> A healthier Wales: long term plan for health and social care | GOV.WALES

# Part A

## Form 1: Preparation

- Strategic Deployment
- How we Organise Ourselves (New Operating Model)
- The Best of our Abilities
- How we Transform and Improve

**How we organise ourselves**, the new Operating Model, sets out how the Health Board will be organised and structured, supported with a new operational governance and assurance framework, including a performance and accountability framework and a refreshed scheme of delegation.

The development of the new Operating Model has given due regard to equality legislation and the new Socio-economic Duty, these having been included from the outset in the planning of and staff engagement undertaken during the Discovery Phase of Mewn Undod Mae Nerth / Stronger Together. Inclusion is a key theme within the new Operating Model and across all five programmes, with a strong focus on value-based, compassionate and inclusive leadership.

The development of the new Operating Model is based on a number of design principles which have served as a 'check and balance' to ensure that the new Operating Model is focussed on improvements in delivering health services and addressing health inequalities:

These design principles are:

- Person-centred - The person is at the centre of all that we do, with an equal focus on keeping people well and providing high-quality care and treatment when it is needed.
- Clinically led, evidence-based, empowered organisation - Listening to and empowering colleagues, with quality and equity at the heart of decision-making.
- Community focus with regional networks - Organised around the needs of our communities, with a local focus balanced with regional delivery for the best patient

# Part A

## Form 1: Preparation

		<p>outcomes. Skills and resources are organised and supported to provide seamless services and better outcomes.</p> <ul style="list-style-type: none"> <li>• Consistent standards - with equal access to care and support for all communities across North Wales, following Value-Based healthcare principles.</li> <li>• Effective partnership working - listening to our colleagues, partners and communities to develop and deliver services that support people to live healthily and stay well.</li> <li>• Compassionate, learning organisation - Continually improving, using technology and data to simplify systems and innovate.</li> <li>• Processes and ways of working - that make doing the right thing easy.</li> </ul> <p>The new organisational structure within the new Operating Model has been shaped by the realistic although hypothetical stories of Bronwen, Waheed and Bethan to emphasise the importance of a people and population focus in the design of how the Health Board organises itself to better meets the needs of local populations and its staff.</p> <p>The new Operating Model has been co-designed with senior managers, their teams and members of the Mewn Undod Mae Nerth / Stronger Together community.</p>
3.	Who is responsible for whatever you are assessing – i.e. who has the authority to agree or approve any changes you identify are necessary?	Jo Whitehead – CEO (Executive sponsor)
4.	Is the Policy related to, or influenced by, other Policies or areas of work?	The new Operating Model (How We Organise Ourselves) is one of five programmes to transform how the Health Board delivers its functions, these being taken forward through the architecture for delivery of the new People Strategy and Plan. The People and Strategy Plan aims to create and nurture a culture of inclusion, fairness and equity across

# Part A

## Form 1: Preparation

		<p>the Health Board, this being threaded through the work undertaken to develop the new Operating Model and the other 4 programmes of work.</p> <p>The new Operating Model, together with the other four programmes of work, will enable delivery of the Health Board's Integrated Medium Term Plan (IMTP) and the refreshed longer term strategy, Living Healthier, Staying Well to deliver the Welsh Government's national strategy, A Healthier Wales: long term plan for health and social care<sup>2</sup>.</p> <p>The new Operating Model also supports and enables the delivery of a number of other core programmes and strategies including;</p> <ul style="list-style-type: none"> <li>• The Health Board's evolving Clinical Services Plan</li> <li>• Delivery of the Health Board's Strategic Equality Plan 2020-2024 and the development of the next Strategic Equality Plan for 2024-2028</li> <li>• Delivery of improvements aligned to the Targeted Intervention Framework (TiiF)</li> <li>• The Accelerated Cluster Development Programme</li> </ul>
5.	Who are the key Stakeholders i.e. who will be affected by your document or proposals? Has a plan for engagement been agreed?	<p>In addition to hearing the voices of over 2,000 staff during the Discovery phase of Mewn Undod Mae Nerth/Stronger Together, the proposal for the new Operating Model was developed through a co-design approach between September 2021-January 2022. Three 'rounds' of engagement were completed with senior leaders in the organisation (reflecting that the potential people impact within the Health Board are for most senior managers) with members of the Mewn Undod Mae Nerth / Stronger Together engagement community also given the opportunity engage with and comment on the emerging Operating Model.</p> <p>In addition, the co-design of the new Operating Model was informed by:</p> <ul style="list-style-type: none"> <li>• The key themes to emerge from the feedback from staff during the Discovery phase of Mewn Undod Mae Nerth / Stronger Together and a review of over 80 documents,</li> </ul>

<sup>2</sup> A healthier Wales: long term plan for health and social care | GOV.WALES

# Part A

## Form 1: Preparation

		<p>including high-level themes from Patient Experience feedback and Living Healthier Staying Well</p> <ul style="list-style-type: none"> <li>• Informal discussions held with people who work in the organisation and people across the health and social care system who work with the Health Board</li> <li>• Design principles developed during July and August 2021 through informal clinical conversations mid-July to August 2021; workshops at Executive Management Group 4/8/21 and 1/9/21, Mewn Undod Mae Nerth / Stronger Together Oversight Group 21/7/21 and Mewn Undod Mae Nerth / Stronger Together open invitation sessions on the 17/8/21</li> <li>• Meeting the aspirations set out for healthcare organisations by the Welsh Government in 'A Healthier Wales'</li> <li>• A review of similar organisations' approaches and learning</li> <li>• Improvement themes and areas set in the 'Targeted Intervention' matrix</li> </ul>
6.	What might help or hinder the success of whatever you are doing, for example communication, training etc.?	<p>A readiness assessment has been undertaken to ensure that the new Operating Model is ready to move into transition phase on 1<sup>st</sup> April and fully implemented 1 July 2022.</p> <p>An implementation plan has been developed to oversee the establishment of the new Operating Model and includes:</p> <ul style="list-style-type: none"> <li>• Continuing to engage well with senior leaders and their teams affected by the changes in the organisational structure, including fair application of the Organisational Change and Voluntary Early Release Scheme (VERS) processes;</li> <li>• Supporting the new senior leadership teams through a supportive coaching, development and transition programme and a programme of engagement events over the summer and autumn months;</li> </ul>



# Part A

## Form 1: Preparation

		<ul style="list-style-type: none"> <li>• Having a robust communications plans to both inform and engage the wider organisation about the changes to and the benefits of the Operating Model as well as inform and engage the Health Board's partners and key stakeholders including Local Authorities, local politicians and the media;</li> <li>• Having a governance and assurance framework in place, including a new performance and accountability framework, to support the co design of governance structures during transition phase from 1<sup>st</sup> April 2022. This will include terms of reference for all operational meetings, outlining their purpose, accountability and assurance routes, ensuring due regard is given to the Public Sector Equality Duty and Socio-economic Duty. The governance and assurance framework will also ensure strong linkages across Health Community Teams, Pan North Wales and Corporate services, and between Health Community Teams, Pan North Wales and Corporate services and the Executive and Board;</li> <li>• Having a revised scheme of delegation to ensure clarity about decision making and authority levels for the new Operating Model to operate;</li> <li>• Ensuring the implementation of the new Operating Model – both in transition and substantive form – is aligned with the other programmes being taken forward through the architecture of the People Strategy and Plan, including the new senior leadership teams in the co-design and co-delivery of these programmes;</li> <li>• Monitoring the implementation of the new Operating Model to identify and address any equality risk that emerges.</li> </ul>
7.	Think about and capture the positive aspects of your proposal that help to promote and advance equality by reducing inequality or disadvantage.	During the Discovery phase of Mewn Undod Mae Nerth / Stronger Together, when the voices of over 2,000 staff were heard, How We Organise Ourselves was identified as a key area that required improvement leading to the co-design of a new Operating Model. As part of this co-design, consideration was given to the impact of the new Operating Model across all protected characteristics both for the staff impacted by the proposed change in organisational structure as well as for the populations the Health Board serves.

# Part A

## Form 1: Preparation

The new Operating Model establishes three integrated health communities, responsible for the planning and delivery of health care across primary, community and acute services. The Health Communities will work closely with partners, including Local Authorities, and be informed by the Health Needs Assessments of their local communities to deliver service across all care pathways from primary to tertiary care which improve health outcomes, reduce health inequalities and ensure greater equity of services across North Wales. The new Operating Model will thus positively impact on how the Health Board delivers its core functions:

- ✦ *the effective planning and delivery of healthcare for people for whom it is responsible*
- ✦ *within a robust governance framework*
- ✦ *to achieve the highest standards of patient safety and public service delivery*
- ✦ *improve health, reduce inequalities and achieve the best possible outcomes for its citizens*
- ✦ *and all in a manner that promotes human rights*

There is scope within the new organisational structural arrangements for the most senior operational teams in the three Health Communities to co-design with their teams a sub-structure that reflects and best meets the health and social care needs of the patients and communities in their health community area whilst critically maintaining the integrity of the overall operating model and complying with the governance and assurance framework.

The planning and delivery of services within each Health Community will be led by an accountable Director who is a clinician to provide strong leadership and clear routes of accountability. Their role is to ensure that the planning, direction and delivery of services within the Health Community is aligned to the Health Board's strategy, standards and culture whilst taking account of local health needs, ensuring compliance with the new

# Part A

## Form 1: Preparation

	<p>governance and assurance framework to ensure consistency of and accountability of equitable service provision across the Health Board.</p> <p>The new senior leadership teams will be supported with coaching and development centres as part of the recruitment process, and the further supported with a proactive on-boarding and transition process, together with support for their on-going development needs. This will ensure not only that the best leaders are appointed but they are then supported to deliver the best services for local populations.</p> <p>Those services delivered on a pan North Wales basis (Cancer Services, Women's, Mental Health and Learning Disabilities and Diagnostics and Clinical Support Services) will be closely aligned to and partnered with the 3 Health Communities, with 'business partners' from all corporate functions aligned to the 3 Health Communities and Pan North Wales services. This includes the Health Board's equality team which will support consideration of the Public Sector Equality Duty and Socio-economic Duty being embedded in the planning and delivery of services to local populations, ensuring due regard is given to those who share protected characteristics, improving their experience of health care and reducing health inequalities.</p>
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# 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 EqlAs completed in other organisations
- staff and service users data, as applicable
- needs assessments
- engagement and involvement findings and how stakeholders have engaged in the development stages
- research and other reports e.g. Equality & Human Rights Commission, Office for National Statistics
- concerns and incidents
- patient experience feedback
- good practice guidelines
- participant (you and your colleagues) knowledge

# Part A

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

Please answer all questions

Protected characteristic or group	Will people in each of these protected characteristic groups be impacted by what is being proposed? If so is it positive or negative? (tick appropriate below)	Reasons for your decision (including evidence that has led you to decide this) A good starting point is the EHRC publication: <u>"Is Wales Fairer (2018)?"</u>  You can also visit their website <u>here</u>	How will you reduce or remove any negative Impacts that you have identified?
<p><i>Guidance for Completion</i></p> <p><i>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. <b>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.</b></i></p> <p><i>The information that helps to inform the assessment should be listed in this column. <b>Please provide evidence for all answers.</b> 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.</i></p> <p><b>NB: For all protected characteristics please ensure you consider issues around confidentiality, dignity and respect. For the definitions of each characteristic please click <u>here</u></b></p>			

# Part A

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

Please answer all questions

	Yes	No	(+ve)	(-ve)	Supporting Narrative	How will you reduce or remove any negative Impacts that you have identified?
Age	✓		✓		<p><b>Impacts relating to Community</b></p> <p>The new Operating Model will have a range of positive impacts across all people and groups who share protected characteristics, including age. The new Operating Model will provide the structures, governance and assurance frameworks and scheme of delegation to enable the Health Board to meet its key accountabilities and responsibilities in planning and delivery of health care for communities within North Wales. There will be a focus on planning and delivering health care based on local population need, improving health outcomes for communities. The new Operating Model will enable the Health Board to better delivery its priorities as contained in the Integrated Medium Term Plan (IMTP) 2022-2025 and its longer term strategy, the refreshed Living Healthier, Staying Well (LHSW). This includes meeting the needs of an ageing population together with COVID-19 recovery.</p> <p>Detailed EQIAs and SEIAs have been undertaken for both the IMTP and LHSW.</p> <p>The new Operating Model recognises that some services have small and specialist skills. For reasons of specialism, standards, scale and alignment to other services, they will be managed</p>	<p>Regular review of the implementation of the new Operating Model, which may highlight emerging equality issues, including those relating to age.</p> <p>Use equality monitoring data monitoring during the implementation of the Operating Model.</p> <p>The Organisational Change Policy (OCP) policy includes areas of supporting staff through change. This should help mitigate any negative impact due to age.</p>

# Part A

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

Please answer all questions

				<p>once but delivered in each Health Community. Some of these directly relate to the protected characteristic of age, for example, the Children and Adolescent Mental Health Services (CAMHS).</p> <p><b>Impacts relating to Staff</b></p> <p>These changes will primarily affect senior management staff within Levels 1-4 of the organisation. The Operating Model may impact on job roles and/or line management arrangements and this is subject to procedures within the Organisational Change Policy (OCP) which is applied regardless of background of staff involved.</p> <p>The Voluntary Early Release Scheme (VERS) has also been offered to senior staff. This will follow the BCUHB policies and procedures to ensure that this process is fair and equitable.</p> <p>During the discovery phase of Mewn Undod Mae Nerth/ Stronger Together, an extensive staff engagement exercise was carried out. We gathered monitoring data through NHS Electronic Staff Record (ESR) for general Mewn Undod Mae Nerth/Stronger Together work and this found higher levels of engagement across age group of 45-60 years. This monitoring report will continue to be collected during the implementation of the Operating Model. The monitoring data report from engagement work is available within Part A, Form 4 within this assessment.</p>	
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# Part A

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

Please answer all questions

					<b>Impacts Relating to Community and Staff</b>  The delivery of the Health Board's Strategic Equality Plan will be aligned to the new Operating Model, enabling delivery of the Equality Objectives of meeting the needs of people and groups who share the protected characteristic of age and reduce inequalities of outcome.	
Disability	✓		✓	✓ (see narrative)	<b>Impacts relating to Community</b> The new Operating Model will have a range of positive impacts across all people and groups who share protected characteristics, including age. The new Operating Model will provide the structures, governance and assurance frameworks and scheme of delegation to enable the Health Board to meet its key accountabilities and responsibilities in planning and delivery of health care for communities within North Wales. There will be a focus on planning and delivering health care based on local population need, improving health outcomes for communities. The new operating model will enable the Health Board to better delivery its priorities as contained in the Integrated Medium Term Plan (IMTP) 2022-2025 and its longer term strategy, the refreshed Living Healthier, Staying Well (LHSW). This includes meeting the health needs of an ageing population together with COVID-19 recovery.  Detailed EQIAs and SEIAs have been undertaken for both the IMTP and LHSW.	Regular review of the implementation of the new Operating Model, which may highlight emerging equality issues, including those relating to disability.  The OCP policy includes areas of supporting staff through change. This should help mitigate any negative impact due to disability.  Use equality monitoring data monitoring during the implementation of the Operating Model.



# Part A

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

Please answer all questions

				<p>The new Operating Model recognises that some services have small and specialist skills. For reasons of specialism, standards, scale and alignment to other services, they will be managed once but delivered in each Health Community. Some of these directly relate to the protected characteristic of age, for example, the Children and Adolescent Mental Health Services (CAMHS).</p> <p><b>Impacts relating to Staff</b></p> <p>These changes will primarily affect senior management staff within Levels 1-4 of the organisation. The Operating Model may impact on job roles and/or line management arrangements and this is subject to procedures within the Organisational Change Policy (OCP) which is applied regardless of background of staff involved.</p> <p>The VERS (voluntary early release scheme) has also been offered to senior staff. This will follow the BCUHB policies and procedures to ensure that this process is fair and equitable.</p> <p>During the discovery phase of Mewn Undod Mae Nerth/ Stronger Together, an extensive staff engagement exercise was carried out. We gathered monitoring data through ESR for general Mewn Undod Mae Nerth / Stronger Together work. Engagement from disabled staff was 6.2% which is higher than the overall staff representation across BCU which is currently 4.8%. This monitoring report will continue to be collected during the implementation of the Operating Model. The monitoring data</p>	<p>The OCP policy includes areas of supporting staff through change. This should help mitigate any negative impact due to disability.</p> <p>The implementation of the Operating model will include ongoing engagement with the BCU RespectAbility network and making reasonable adjustments for disabled staff.</p> <p>Ensuring that people that are on long term sick leave have been kept informed about the Operating model proposals, especially where this affects their role</p>
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# Part A

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

Please answer all questions

				<p>report from engagement work is available within Part A, Form 4 within this assessment.</p> <p>There may be some potential impacts for staff if the change causes any anxiety or concern. This may disproportionately impact on people with mental health conditions. The OCP policy includes supporting staff through change and staff can also receive support through their Trade Union and through the Staff Wellbeing Support Service.</p> <p><b>Impacts Relating to Community and Staff</b></p> <p>The delivery of the Health Board's Strategic Equality Plan will be aligned to the new Operating Model, enabling delivery of the Equality Objectives of meeting the needs of needs of people and groups who share the protected characteristic of Disability (including long term conditions and as defined within the Equality Act) and reduce inequalities of outcome.</p>	
Gender Reassignment (can be referred to as transgender)	✓		✓	<p><b>Impacts relating to Community</b></p> <p>The new Operating Model will have a range of positive impacts across all people and groups who share protected characteristics. The new Operating Model will provide the structures, governance and assurance frameworks and scheme of delegation to enable the Health Board to meet its key accountabilities and responsibilities in planning and delivery of health care for communities within North Wales. There will be a</p>	Regular review of the implementation of the new Operating Model, which may highlight emerging equality issues in relation to gender reassignment.

# Part A

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

Please answer all questions

				<p>focus on planning and delivering health care based on local population need, improving health outcomes for communities. The new Operating Model will enable the Health Board to better delivery its priorities as contained in the Integrated Medium Term Plan (IMTP) 2022-2025 and its longer term strategy, the refreshed Living Healthier, Staying Well (LHSW). Detailed EQIAs and SEIAs have been undertaken for both the IMTP and LHSW.</p> <p><b>Impacts relating to Staff</b> These changes will primarily affect senior management staff within Levels 1-4 of the organisation. The Operating Model may impact on job roles and/or line management arrangements and this is subject to procedures within the Organisational Change Policy (OCP) which is applied regardless of background of staff involved.</p> <p>The VERS (voluntary early release scheme) will also be offered to senior staff. This will follow the BCUHB policies and procedures to ensure that this process is fair and equitable. The implementation of the Operating Model will continue to engage with Celtic Pride which is the LGBTQ+ and allies Staff Network.</p> <p>Engagement work during the Discovery phase of Mewn Undod Mae Nerth/ Stronger Together did not include monitoring in relation to people who share this protected characteristic.</p>	<p>The OCP policy includes areas of supporting staff through change. This should help mitigate any negative impact due to gender reassignment. Use equality monitoring data monitoring during the implementation of the Operating Model. The OCP policy includes areas of supporting staff through change. This should help mitigate any negative impact due to Gender Reassignment. The implementation of the Operating Model will include ongoing engagement with Celtic Pride, LGBTQ+ staff network.</p>
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# Part A

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

Please answer all questions

					<b>Impacts Relating to Community and Staff</b> The delivery of the Health Board's Strategic Equality Plan will be aligned to the new Operating Model, enabling delivery of the Equality Objective to meet the needs of needs of people and groups who share the protected characteristic for Gender Reassignment (Transgender) and reduce inequalities of outcome.	
Pregnancy and maternity	✓		✓		<b>Impacts relating to Community</b> The new Operating Model will have a range of positive impacts across all people and groups who share protected characteristics. The new Operating Model will provide the structures, governance and assurance frameworks and scheme of delegation to enable the Health Board to meet its key accountabilities and responsibilities in planning and delivery of health care for communities within North Wales. There will be a focus on planning and delivering health care based on local population need, improving health outcomes for communities. The new Operating Model will enable the Health Board to better delivery its priorities as contained in the Integrated Medium Term Plan (IMTP) 2022-2025 and its longer term strategy, the refreshed Living Healthier, Staying Well (LHSW). Detailed EQIAs and SEIAs have been undertaken for both the IMTP and LHSW.	Regular review of the implementation of the new Operating Model, which may highlight emerging equality issues in relation to pregnancy and maternity.  Ensuring that people that are on / were on maternity / paternity leave have informed of the operating model proposals, and OCP and VERS processes where these affect their role.

# Part A

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

Please answer all questions

					<p><b>Impacts relating to Staff</b></p> <p>These changes will primarily affect senior management staff within Levels 1-4 of the organisation. The Operating Model may impact on job roles and/or line management arrangements and this is subject to procedures within the Organisational Change Policy (OCP) which is applied regardless of background of staff involved.</p> <p>Engagement work during the Discovery phase of Mewn Undod Mae Nerth / Stronger Together did not include monitoring in relation to people who share this protected characteristic. The VERS (voluntary early release scheme) will also be offered to senior staff. This will follow the BCUHB policies and procedures to ensure that this process is fair and equitable.</p> <p>People that are/were on maternity/paternity leave will have been notified of the Operating Model proposal and OCP and VERS processes through the 'keeping in touch' days.</p> <p><b>Impacts Relating to Community and Staff</b></p> <p>The delivery of the Health Board's Strategic Equality Plan will be aligned to the new Operating Model, enabling delivery of the Equality Objective to meet the needs of pregnant people supported through maternity services to reduce inequalities of outcome.</p>	
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# Part A

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

Please answer all questions

Race	✓		✓		<p><b>Impacts relating to Community</b></p> <p>The new Operating Model will have a range of positive impacts across all people and groups who share protected characteristics. The new Operating Model will provide the structures, governance and assurance frameworks and scheme of delegation to enable the Health Board to meet its key accountabilities and responsibilities in planning and delivery of health care for communities within North Wales. There will be a focus on planning and delivering health care based on local population need, improving health outcomes for communities. The new Operating Model will enable the Health Board to better delivery its priorities as contained in the Integrated Medium Term Plan (IMTP) 2022-2025 and its longer term strategy, the refreshed Living Healthier, Staying Well (LHSW). Detailed EQIAs and SEIAs have been undertaken for both the IMTP and LHSW. These take account for the disproportionate impacts of COVID-19 on Black, Asian and ethnic minority people.</p> <p><b>Impacts relating to Staff</b></p> <p>These changes will primarily affect senior management staff within Levels 1-4 of the organisation. The Operating Model may impact on job roles and/or line management arrangements and this is subject to procedures within the Organisational Change Policy (OCP) which is applied regardless of background of staff involved.</p>	<p>Regular review of the implementation of the new Operating Model, which may highlight emerging equality issues in relation to race.</p> <p>The OCP policy includes areas of supporting staff through change. This should help mitigate any negative impact due to race.</p> <p>Use equality monitoring data monitoring during the implementation of the Operating Model.</p> <p>The OCP policy includes areas of supporting staff through change. This should help mitigate any negative impact due to race.</p> <p>The implementation of the Operating model will</p>
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# Part A

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

Please answer all questions

					<p>The VERS (voluntary early release scheme) will also be offered to senior staff. This will follow the BCUHB policies and procedures to ensure that this process is fair and equitable.</p> <p>During the staff engagement undertaken during the Discovery phase of Mewn Undod Mae Nerth/Stronger Together engagement work, we engaged with the BCUnity Ethnic Minority and Overseas Staff Network. We also collated monitoring data on ethnicity from ESR. This highlighted engagement from white British staff was 90.2% compared to the workforce representation of 88.4%. Engagement with and feedback from people from Asian / Asian British backgrounds was relatively good (higher rates than the Health Board), however other ethnic minorities had low engagement rates overall. We will use this data to inform future engagement work with ethnic minority groups, this including the work of newly formed Race Equality Action Group.</p> <p>The monitoring data report from engagement work is available within Part A, Form 4 within this assessment.</p> <p>During the Discovery phase of Mewn Undod Mae Nerth/Stronger Together, materials were available in Welsh language and English. Translation into other languages available on request. The implementation of the Operating Model will also continue to engage with the BCUnity Ethnic Minority and Overseas Staff Network and newly formed Race Equality Action Group.</p>	<p>include ongoing engagement with the BCUnity Ethnic Minority and Overseas Staff Network, the Race Equality Action Group and wider teams to ensure improved engagement and representation.</p> <p>The planned introduction of the Workforce Race Equality Standard (WRES) from Welsh Government may require future considerations around the representativeness of leaders and managers from Black, Asian and Ethnic Minorities. This will also form part of the work plan for the Race Equality Action Group</p>
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# Part A

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

Please answer all questions

				<p>The planned introduction of Welsh Government's Workforce Race Equality Standard (WRES) may require future considerations around representativeness of senior leaders from Black, Asian and ethnic minorities. This is due to be published in the early months of 2022.</p> <p><b>Impacts Relating to Community and Staff</b> A Race Equality Action Group has also recently been established for the Health Board, focussing on workforce race equality as well as taking account of the draft Wales Government Race Equality Action Plan (final version due to be published in 2022) which will have recommendations for race equality for patients, carers, local populations as well as workforce.</p> <p>The delivery of the Health Board's Strategic Equality Plan will be aligned to the new Operating Model, enabling delivery of the Equality Objective to meet the needs of race to reduce inequalities of outcome.</p>	<p>and the Strategic Equality Plan, as well as the co-design and co-delivery of the programmes of the People Strategy and Plan.</p>
Religion, belief and non-belief (including philosophical belief)	✓		✓	<p><b>Impacts relating to Community</b></p> <p>The new Operating Model will have a range of positive impacts across all people and groups who share protected characteristics. The new Operating Model will provide the structures, governance and assurance frameworks and scheme of delegation to enable the Health Board to meet its key accountabilities and responsibilities in planning and delivery of health care for communities within North Wales. There will be a</p>	<p>Regular review of the implementation of the new Operating Model, which may highlight emerging equality issues in relation to religion, belief and non-belief.</p>



# Part A

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

Please answer all questions

				<p>focus on planning and delivering health care based on local population need, improving health outcomes for communities. The new Operating Model will enable the Health Board to better delivery its priorities as contained in the Integrated Medium Term Plan (IMTP) 2022-2025 and its longer term strategy, the refreshed Living Healthier, Staying Well (LHSW). Detailed EQIAs and SEIAs have been undertaken for both the IMTP and LHSW which provide information on the impacts for people and groups who share the protected characteristic of Religion and Belief.</p> <p>The changes within the new Operating Model do not impact on current BCUHB chaplaincy / spiritual services.</p> <p><b>Impacts relating to Staff</b></p> <p>These changes will primarily affect senior management staff within Levels 1-4 of the organisation. The Operating Model may impact on job roles and/or line management arrangements and this is subject to procedures within the Organisational Change Policy (OCP) which is applied regardless of background of staff involved.</p> <p>The VERS (voluntary early release scheme) will also be offered to senior staff. This will follow the BCUHB policies and procedures to ensure that this process is fair and equitable.</p> <p>We collated monitoring data on people who share this protected characteristic during the staff engagement undertaken during the</p>	
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# Part A

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

Please answer all questions

				<p>Discovery phase of Mewn Undod Mae Nerth/Stronger Together. Engagement was highest from people who have Christian (55.8%) and this was slightly higher than the Christian representation within the staff workforce (which is 49.9%). The Engagement report is embedded within the engagement section of this assessment and notes caution with this monitoring set due to the number of staff who have not disclosed their religion and belief on ESR. The monitoring data report from engagement work is available within Part A, Form 4 within this assessment.</p> <p><b>Impacts Relating to Community and Staff</b></p> <p>The delivery of the Health Board's Strategic Equality Plan will be aligned to the new Operating Model, enabling delivery of the Equality Objective to meet the needs of people and groups who share the protected characteristic of Religion, Belief and non-belief to reduce inequalities of outcome.</p>	
Sex	✓		✓	<p><b>Impacts relating to Community</b></p> <p>The new Operating Model will have a range of positive impacts across all people and groups who share protected characteristics. The new Operating Model will provide the structures, governance and assurance frameworks and scheme of delegation to enable the Health Board to meet its key accountabilities and responsibilities in planning and delivery of health care for communities within North Wales. There will be a</p>	<p>Regular review of the implementation of the new Operating Model, which may highlight emerging equality in relation to sex.</p> <p>Engagement with the new Gender Equality</p>

# Part A

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

Please answer all questions

				<p>focus on planning and delivering health care based on local population need, improving health outcomes for communities. The new operating model will enable the Health Board to better delivery its priorities as contained in the Integrated Medium Term Plan (IMTP) 2022-2025 and its longer term strategy, the refreshed Living Healthier, Staying Well (LHSW). Detailed EQIAs and SEIAs have been undertaken for both the IMTP and LHSW which provide information on the impacts of sex on health needs.</p> <p><b>Impacts relating to Staff</b></p> <p>These changes will primarily affect senior management staff within Levels 1-4 of the organisation. The Operating Model may impact on job roles and/or line management arrangements and this is subject to procedures within the Organisational Change Policy (OCP) which is applied regardless of background of staff involved.</p> <p>The VERS (voluntary early release scheme) will also be offered to senior staff. This will follow the BCUHB policies and procedures to ensure that this process is fair and equitable.</p> <p>We collated monitoring data for people who share this protected characteristic during the staff engagement undertaken during the Discovery phase of Mewn Undod Mae Nerth/Stronger Together. 72.1% were female compared to 80.6% staff workforce representation. We recognise our workforce are mainly female. Specific engagement was made with senior managers during</p>	<p>staff network being launched in March 2022.</p> <p>Considerations should be made in the new Operating Model to offer flexible work arrangements in all job roles.</p>
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# Part A

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

Please answer all questions

				<p>the development of the operating model proposal, this group having a higher proportions of males at senior levels. The monitoring data report from engagement work is available within Part A, Form 4 within this assessment.</p> <p>A Gender Equality Network is being launched in March 2022. This will contribute to work to addressing the Gender Pay Gap. This also recognises the needs of a workforce which is 80% female with flexible working and opportunities for development and gaining skills to meet the current and future needs of communities.</p> <p><b>Impacts Relating to Community and Staff</b></p> <p>The delivery of the Health Board's Strategic Equality Plan will be aligned to the new Operating Model, enabling delivery of the Equality Objective to meet the needs of people and groups who share the protected characteristic of sex and reducing inequalities of outcome.</p>	
Sexual orientation	✓		✓	<p><b>Impacts relating to Community</b></p> <p>The new Operating Model will have a range of positive impacts across all people and groups who share protected characteristics. The new Operating Model will provide the structures, governance and assurance frameworks and scheme of delegation to enable the Health Board to meet its key accountabilities and responsibilities in planning and delivery of health care for communities within North Wales. There will be a</p>	Regular review of the implementation of the new Operating Model, which may highlight emerging equality issues relating to people and groups who share the protected

# Part A

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

Please answer all questions

				<p>focus on planning and delivering health care based on local population need, improving health outcomes for communities. The new operating model will enable the Health Board to better delivery its priorities as contained in the Integrated Medium Term Plan (IMTP) 2022-2025 and its longer term strategy, the refreshed Living Healthier, Staying Well (LHSW). Detailed EQIAs and SEIAs have been undertaken for both the IMTP and LHSW that include the impact of Sexual Orientation on health needs.</p> <p><b>Impacts relating to Staff</b></p> <p>These changes will primarily affect senior management staff within Levels 1-4 of the organisation. The Operating Model may impact on job roles and/or line management arrangements and this is subject to procedures within the Organisational Change Policy (OCP) which is applied regardless of background of staff involved.</p> <p>The VERS (voluntary early release scheme) will also be offered to senior staff. This will follow the BCUHB policies and procedures to ensure that this process is fair and equitable.</p> <p>We collated monitoring data during the staff engagement undertaken during the Discovery phase of Mewn Undod Mae Nerth/Stronger Together for people who share this protected characteristic. This engagement were fairly represented across</p>	<p>characteristic of sexual orientation.</p> <p>Engagement with Celtic Pride, the LGBTQ+ staff network</p> <p>The expected publication of the Welsh Government LGBTQ+ Action Plan for Wales may have additional areas for consideration in relation to the new Operating Model.</p>
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# Part A

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

Please answer all questions

				<p>sexual orientation groups compared to ESR staff data across BCUHB. The monitoring data report from engagement work is available within Part A, Form 4 within this assessment.</p> <p>The implementation of the Operating Model will continue to engage with Celtic Pride, the LGBTQ+ Staff Networks and allies.</p> <p>The Operating Model changes for staff who share the protected characteristic of Sexual Orientation should have neutral impacts.</p> <p><b>Impacts relating to Community and Staff</b></p> <p>The delivery of the Health Board's Strategic Equality Plan will be aligned to the new Operating Model, enabling delivery of the Equality Objective to meet the needs of sexual orientation to reduce inequalities of outcome. This will link to the expected publication of the Welsh Government LGBTQ+ Action Plan for Wales.</p>	
Marriage and civil Partnership (Marital status)	✓		✓	<p><b>Impacts relating to Community</b></p> <p>The new Operating Model will have a range of positive impacts across all people and groups who share protected characteristics. The new Operating Model will provide the structures, governance and assurance frameworks and scheme of delegation to enable the Health Board to meet its key accountabilities and responsibilities in planning and delivery of health care for communities within North Wales. There will be a focus on planning and delivering health care based on local</p>	Regular review of the implementation of the new Operating Model, which may highlight emerging equality issues relating to marriage and civil partnership.

# Part A

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

Please answer all questions

				<p>population need, improving health outcomes for communities. The new operating model will enable the Health Board to better delivery its priorities as contained in the Integrated Medium Term Plan (IMTP) 2022-2025 and its longer term strategy, the refreshed Living Healthier, Staying Well (LHSW). Detailed EQIAs and SEIAs have been undertaken for both the IMTP and LHSW that include the impact of health needs in relation to people and groups who share the protected characteristic of Marriage and Civil Partnership.</p> <p><b>Impacts relating to Staff</b></p> <p>These changes will primarily affect senior management staff within Levels 1-4 of the organisation. The Operating Model may impact on job roles and/or line management arrangements and this is subject to procedures within the Organisational Change Policy (OCP) which is applied regardless of background of staff involved.</p> <p>The VERS (voluntary early release scheme) will also be offered to senior staff. This will follow the BCUHB policies and procedures to ensure that this process is fair and equitable.</p> <p>We did collate monitoring data through ESR during the staff engagement undertaken during the Discovery phase of Mewn Undod Mae Nerth/Stronger Together work. This showed slightly higher engagement from married people compared to other marital status groups. The monitoring data report from</p>	
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# Part A

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

Please answer all questions

				<p>engagement work is available within Part A, Form 4 within this assessment.</p> <p>There are no impacts currently identified for staff who share this protected characteristic.</p> <p><b>Impacts relating to Community and Staff</b></p> <p>The delivery of the Health Board's Strategic Equality Plan will be aligned to the new Operating Model, enabling delivery of the Equality Objective to meet the health needs of people and groups who share the protected characteristic of Marriage and Civil Partnership.</p>	
Socio Economic Disadvantage	✓		✓	<p><b>Impacts relating to Community</b></p> <p>The new Operating Model will have a range of positive impacts across all people and groups who share protected characteristics. The new Operating Model will provide the structures, governance and assurance frameworks and scheme of delegation to enable the Health Board to meet its key accountabilities and responsibilities in planning and delivery of health care for communities within North Wales. There will be a focus on planning and delivering health care based on local population need, improving health outcomes for communities. The new operating model will enable the Health Board to better delivery its priorities as contained in the Integrated Medium Term Plan (IMTP) 2022-2025 and its longer term strategy, the</p>	Regular review of the implementation of the new Operating Model, which may highlight emerging equality issues relating to socio-economic disadvantage.



# Part A

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

Please answer all questions

				<p>refreshed Living Healthier, Staying Well (LHSW). Detailed EQIAs and Socio economic Assessments have been undertaken for both the IMTP and LHSW that include the impact of socio-economic disadvantage on the health needs of local populations.</p> <p>The new Operating Model will contribute to reducing health inequalities for communities across North Wales through the creation of 3 Health Communities – to which Pan North Wales and Corporate services are aligned - accountable for the planning and delivery of primary, community and acute health services which take account of the needs of their local populations, including needs generated by socio-economic disadvantage. The Health Communities will work collaboratively and in partnership with Local Authorities and with Public Health to plan and deliver services which reduce health inequalities in line with the priorities of the IMPT and Living Healthier, Staying Well.</p> <p><b>Impacts relating to Staff</b></p> <p>These changes will primarily affect senior management staff within Levels 1-4 of the organisation. The Operating Model may impact on job roles and/or line management arrangements and this is subject to procedures within the Organisational Change</p>	
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# Part A

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

Please answer all questions

					<p>Policy (OCP) which is applied regardless of background of staff involved.</p> <p>The VERS (voluntary early release scheme) will also be offered to senior staff. This will follow the BCUHB policies and procedures to ensure that this process is fair and equitable.</p> <p>There may be some potential impacts for individual staff if the change causes any anxiety or concern about their role and job security. The OCP policy includes supporting staff through change. Staff can also receive support through Trade Union partners and through the Staff Wellbeing Support Service, and this includes support for staff who may experience financial hardship.</p> <p><b>Impact on Community and Staff</b></p> <p>The delivery of the Health Board's Strategic Equality Plan will be aligned to the new Operating Model, enabling delivery of the Equality Objective to meet the needs of those experiencing socio-economic disadvantage.</p>	
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## Part A Form 3: Record of Potential Impacts – Human Rights and Welsh Language

### Human Rights:

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

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

Will people's Human Rights be impacted by what is being proposed? If so is it positive or negative? (tick as appropriate below)				Which Human Rights do you think are potentially affected	Reasons for your decision (including evidence that has led you to decide this)	How will you reduce or remove any negative Impacts that you have identified?
Yes	No	(+vet)	(-ve)			
✓		✓		<p>Article 2: the right to life</p> <p>Article 3: the right not to be tortured</p> <p>Article 5: the right to liberty and security</p> <p>Article 6: the right to a fair trial</p> <p>Article 8: right to a private and family life</p> <p>Article 14: the right not to be discriminated against</p>	<p>The New Operating Model will support compliance Human Rights through the responsibilities of the new senior leadership teams and the governance and assurance framework.</p> <p>The delivery of the Health Board's Strategic Equality Plan will be aligned to the new Operating Model, enabling delivery of the ten Equality objectives included in the Strategic Equality Plan to protect human rights and meet the needs of those with one or more of the 9 protected characteristics</p>	<p>Regular review of the implementation of the new Operating Model, which may highlight emerging equality issues relating to human rights.</p>

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

### 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	✓		✓		<p>We work to our usual policies of inclusion of Welsh Language.</p> <p>We had Welsh Language specific sessions during the staff engagement undertaken during the Discovery phase of Mewn Undod Mae Nerth/Stronger Together and key information was bi-lingual.</p> <p>Through the new organisational structure, the new Operating Model will promote Welsh Language learning within BCUHB and also promoting the use of welsh language speaking staff to meet the needs of our communities.</p>	N/A
Treating the Welsh	✓		✓		We work to our usual policies of inclusion of Welsh	N/A

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



language no less favourably than the					Language.	
English language		✓				

## 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.

<p>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.</p> <p><i>for further direction on how to complete this section please click <a href="#">here training vid p13-18)</a></i></p>	<p>Prior to and during the Discovery phase of Mewn Undod Mae Nerth/Stronger Together, other engagement activities have taken place, the emerging themes of which appear consistent with those to emerge from the Discovery phase of Mewn Undod Mae Nerth/Stronger Together. These include the local feedback to the national Medical Engagement Scale survey; the immersion events held as part of the Visibility in Leadership work undertaken for Safe Clean Care Harm Free; Be Proud surveys and Clinical Leadership Development survey. One to one conversations/ workshops/focus groups were held with the Health Board's staff networks and trade unions partners to ensure engagement and consultation with all staff who share protected characteristics.</p> <p>Equalities data was monitored to ensure the views of all staff groups were captured:</p> <div data-bbox="619 1357 676 1424"></div> <p data-bbox="544 1429 754 1480">Stronger Together Staff Engagement.doc</p> <div data-bbox="619 1525 676 1592"></div> <p data-bbox="544 1597 754 1648">Stronger Together - monitoring nov 2021</p> <p>In addition to the feedback generated during the staff engagement undertaken during the Discovery phase of Mewn Undod Mae Nerth/Stronger Together, 231 written responses were received during the 3 'rounds' of engagement and co-design of the new Operating Model with senior leaders, their teams and the Stronger Together community. Many of these responses were made on behalf of teams and reflected the views of groups of colleagues. An overview of feedback is</p>
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## Part A Form 4: Record of Engagement and Consultation

Please answer all questions

	shown within the Operating Model proposal document. This provided transparency and scrutiny to the initial proposals. The feedback questions were open-ended, particularly seeking areas of concern. All feedback was anonymised and shared with the Executive Team to inform decision-making.
Have any themes emerged? Describe them here.	Whilst staff who responded during the 3 'rounds' of co-design felt the direction was <i>broadly</i> correct, a number of areas for further consideration and/or adjustment were proposed. These were considered for the proposed Final Operating Model, aspects of which were either redesigned, further rationale given for decisions, with some areas for further design work identified.
If yes to above, how have their views influenced your work/guided your policy/proposal, or changed your recommendations?	As above, the 3 'rounds' of co-design and engagement with the Operating Model, resulted in some key areas of change which informed the final proposed Operating Model with some areas of design to be developed further.

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

<p>1. What has been assessed? <i>for further direction on how to complete this section please click <a href="#">here training vid p13-18</a></i></p>	<p>The new Operating Model</p>
<p>2. Brief Aims and Objectives:</p>	<p>The New Operating model sets out how the Health Board will be organised and structured, enabled by a new governance and assurance framework, including a performance and accountability framework and refreshed scheme of delegation.</p> <p>The development of the new Operating Model has given due regard to equality legislation and the new Socio economic Duty, these having been included from the outset in the planning of and staff engagement in the Discovery Phase of Mewn Undod Mae Nerth / Stronger Together.</p> <p>The development of the new operating model is based on a number of design principles which have served as a 'check and balance' to ensure that the new Operating Model is focussed on improvements for delivering health services and addressing health inequalities: These design principles are:</p> <ul style="list-style-type: none"><li>• Person-centred - The person is at the centre of all that we do, with an equal focus on keeping people well and providing high-quality care and treatment when it is needed.</li><li>• Clinically led, evidence-based, empowered organisation - Listening to and empowering colleagues, with quality and equity at the heart of decision-making.</li><li>• Community focus with regional networks - Organised around the needs of our communities, with a local focus balanced with regional delivery for the best patient outcomes. Skills and resources are organised and supported to provide seamless services and better outcomes.</li><li>• Consistent standards - with equal access to care and support for all communities across North Wales, following Value-Based healthcare principles.</li></ul>

## Part B Form 5: Summary of Key Findings and Actions

Please answer all questions

	<ul style="list-style-type: none"> <li>• Effective partnership working - listening to our colleagues, partners and communities to develop and deliver services that support people to live healthily and stay well.</li> <li>• Compassionate, learning organisation - Continually improving, using technology and data to simplify systems and innovate.</li> <li>• Processes and ways of working - that make doing the right thing easy.</li> </ul> <p>The new organisational structure within the new Operating Model has been shaped by the realistic although hypothetical stories of Bronwen, Waheed and Bethan to emphasise the importance of a people and population focus in the design of how the Health Board organises itself to better meets the needs of local populations and its staff.</p> <p>The new Operating Model has been co-designed with senior managers, their teams and members of the Stronger Together community</p>
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From your assessment findings (Forms 2 and 3):

3a. Could any of the protected groups be negatively affected by your policy or proposal? <b>Guidance: This is as indicated on form 2 and 3</b>	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>
3b. Could the impact of your policy or proposal be discriminatory under equality legislation? <b>Guidance: If you have completed this form correctly and reduced or mitigated any obstacles, you should be able to answer 'No' to this question.</b>	Yes <input checked="" type="checkbox"/>	No <input checked="" type="checkbox"/>

## Part B Form 5: Summary of Key Findings and Actions

Please answer all questions

<p>3c. Is your policy or proposal of high significance? <b>For example, does it mean changes across the whole population or Health Board, or only small numbers in one particular area?</b></p> <p>High significance may mean:</p> <ul style="list-style-type: none"> <li>- The policy requires approval by the Health Board or subcommittee of</li> <li>- The policy involves using additional resources or removing resources.</li> <li>- Is it about a new service or closing of a service?</li> <li>- Are jobs potentially affected?</li> <li>- Does the decision cover the whole of North Wales</li> <li>- 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.</li> </ul> <p>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/</p>	<p>Yes <input checked="checked" type="checkbox"/></p>	<p>No <input type="checkbox"/></p>
<p>4. Did your assessment findings on Forms 2 &amp; 3, coupled with your answers to the 3 questions above indicate that you need to</p>	<p>Yes <input type="checkbox"/> No <input checked="checked" type="checkbox"/></p>	

## Part B Form 5: Summary of Key Findings and Actions

Please answer all questions

proceed to a Full Impact Assessment?		
5. If you answered 'no' above, are there any issues to be addressed e.g. reducing any identified minor negative impact?	Yes <input checked="checked" type="checkbox"/>	<input type="checkbox"/>
	<p><b>Impacts relating to Community</b></p> <p>The new Operating Model will have a range of positive impacts across all people and groups who share protected characteristics. The new Operating Model will provide the structures, governance and assurance frameworks and scheme of delegation to enable the Health Board to meet its key accountabilities and responsibilities in planning and delivery of health care for communities within North Wales. There will be a focus on planning and delivering health care based on local population need, improving health outcomes for communities across North Wales and working collaboratively with partners to reduce health inequalities. The new operating model will enable the Health Board to better delivery its priorities as contained in the Integrated Medium Term Plan (IMTP) 2022-2025 and its longer term strategy, the refreshed Living Healthier, Staying Well (LHSW). Detailed EQIAs and Socio economic Assessments have been undertaken for both the IMTP and LHSW that include the impact of all 9 protected characteristics on the health needs of local populations.</p> <p><b>Impacts relating to Staff</b></p> <p>These changes will primarily affect senior management staff within Levels 1-4 of the organisation. The Operating Model may impact on job roles and/or line management arrangements and this is subject to procedures within the Organisational Change Policy (OCP) which is applied regardless of background of staff involved.</p>	

## Part B Form 5: Summary of Key Findings and Actions

Please answer all questions

The VERS (voluntary early release scheme) will also be offered to senior staff. This will follow the BCUHB policies and procedures to ensure that this process is fair and equitable.

There may be some potential impacts for staff if the change causes any anxiety or concern. This may disproportionately impact on people with mental health conditions. The OCP policy includes supporting staff through change and staff can also receive support through their Trade Union and through the Staff Wellbeing Support Service.

Equality monitoring data via ESR has been collected on those staff who took part in the comprehensive staff engagement exercise undertaken during the discovery phase of Mewn Undod Mae Nerth/Stronger Together, the feedback from which has informed the 5 programmes of work being taken forward to transform how the Health Board delivers its function, one of these programmes being How We Organise Ourselves, the new Operating Model.

No significant concerns relating to protected characteristics were raised during the Discovery phase of engagement or during the co-design of the Operating Model proposal.

Information was available in English and Welsh and was available in differing formats to support accessibility and engagement methods were adapted during the Discovery phase to support engaging those staff without ready access to IT or laptops.

### **Impacts Relating to Community and Staff**

The delivery of the Health Board's Strategic Equality Plan will be aligned to the new Operating Model, enabling delivery of 10 Equality objectives to meet the needs of people with one or more protected characteristic.

## Part B Form 5: Summary of Key Findings and Actions

Please answer all questions

6. Are monitoring arrangements in place so that you can measure what actually happens after you implement your policy or proposal?	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
	How is it being monitored?	<p>Monitoring of staff data including equalities will continue to be maintained throughout the implementation of the Operating Model and the other 4 programmes of work being taken forward through the People Strategy and Plan</p> <p>Regular review of the implementation of the new Operating Model, which may highlight emerging equality issues relating to the 9 protected characteristics for patients, carers, local populations and staff.</p>
	Who is responsible?	Executive Director for Workforce and Organisational Development
	What information is being used?	ESR data/working with Equalities Team
	When will the EqIA be reviewed?	1 <sup>st</sup> April 2023

7. Where will your policy or proposal be forwarded for approval?	Board meeting, 10 <sup>th</sup> March 2022
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## 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 – <b>please note EqlA should be undertaken as a group activity</b>  Senior sign off prior to committee approval:	Name	Title/Role
	Rebecca Testa	Senior Organisational Development Manager
	Rhys Williams	Graduate Management Trainee
	Jennifer Dowell-Mulloy	Equality and Inclusion Manager
	Ellen Greer	Acting Associate Director of Organisational Development
<b>Please Note: The Action Plan below forms an integral part of this Outcome Report</b>		

### Action Plan

This template details any actions that are planned following the completion of EqlA 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:	N/A	N/A	N/A
2. What changes are you proposing to make to your policy or proposal as a result of the EqIA?	<p>No changes are planned however would recommend that Terms of Reference for Senior Teams include compliance to Public Sector Equality Duty and Socio economic Duty.</p> <p>No changes but publication of the Welsh Government Race Equality Action Plan (WRES) may require future considerations around the representativeness of leaders and managers from Black Asian and Ethnic minorities</p>	<p>Interim Director of Governance</p> <p>Ellen Greer, Acting Associate Director of Organisational Development (and Chair of Race Equality Action Group)</p>	<p>March 2022 and Q1 2022/23</p> <p>When published during 2022</p>



## Part B Form 5: Summary of Key Findings and Actions

Please answer all questions

	<p>Proposed Actions</p> <p><b>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.</b></p>	Who is responsible for this action?	When will this be done by?
	<p>No changes but consideration should be given to the offer of flexible working in job roles.</p>	Executive Director of Workforce and Organisational Development	On-going
	<p>No changes but consideration to, when published, the Welsh Government LBGTQ+ Action Plan</p>	Ellen Greer, Acting Associate Director of Organisational Development	When published

## Part B Form 5: Summary of Key Findings and Actions

Please answer all questions

	Proposed Actions  <b>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.</b>	Who is responsible for this action?	When will this be done by?
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?	<p>There may be some potential impacts for staff if the change causes any anxiety or concern. This may disproportionately impact on people with mental health conditions. The OCP policy includes supporting staff through change and staff may also receive support from their Trade Union and the staff wellbeing support service. No significant concerns were raised during the engagement undertaken during the Discovery phase of Mewn Undod Mae Nerth/Stronger Together and during the co-design of the Operating Model.</p> <p>Information will be available in English and Welsh and in differing formats to meet accessibility. During the implementation of the operating model and other aligned programmes, we will continue to adapt our</p>	<p>HR Team will be responsible for supporting staff through OCP;</p> <p>Trade Union partners will provide support</p> <p>For staff wellbeing support service, Dr Vannessa Tobin, Strategic Lead for Staff Wellbeing</p> <p>Delivered through programme and project team supporting delivery of the new Operating Model and the 4 aligned programmes to emerge from</p>	<p>Throughout OCP</p> <p>On-going</p>

## 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?
	engagement materials and information to meet staff, including those without ready access to IT/laptops.	the Discovery phase of Mewn Undod Mae Nerth/Stronger Together	
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.	No negative impacts have been identified.	N/A	N/A
4. Provide details of any actions taken or planned to advance equality of opportunity as a result of this assessment.	N/A	N/A	N/A

## SOCIO ECONOMIC IMPACT ASSESSMENT TEMPLATE

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.**

<b>Policy / Strategy / Proposal/Procedure Title</b>	Mewn Undod mae Nerth Stronger Together Programme including Operating Model revision
<b>Lead Manager</b>	Sue Green
<b>Approval Committee</b>	Health Board
<b>Date form completed</b>	Commenced 16/12/2021 updated 20/01/2022
<b>What are the aims and objectives of the policy/strategy/proposal?</b>	Stronger Together is an engagement programme which will result in review work across the internal structures of the Health Board.

Working together, we want to work out what we need to do to improve our organisations health and performance over the next decade so we can improve the health of the people we serve and deliver world-class care. Every leadership group – the Board, the Executive and each Senior Leadership Team, ultimately all of us have a unique role in collectively ensuring organisation functions as it should.

Stronger Together is a three year journey which will take the organisation through a complete cycle of Discovery, Design and Delivery.

## STAGE 1: PLANNING

<b>Is the decision a strategic decision?</b> See definition	YES	Please provide a brief explanation for your answer	Stronger Together is comprehensive system wide review of how we work. It is		
<b>Have you identified key stakeholders groups?</b> Please detail below	Yes	<b>Can you identify relevant communities of interest?</b> See guidance Please detail below	Yes	<b>Can you identify relevant communities of place?</b> See guidance Please detail below	Yes
Workforce – all BCU staff		All communities will be impacted by the Stronger Together Programme		All communities will be impacted by the Stronger Together Programme	

## STAGE 2: EVIDENCE

<b>What evidence have you considered about socio-economic disadvantage and inequalities of outcome in relation to this decision?</b>	<p>Stronger Together Programme is aimed at involving all staff across the Health Board in reviewing how we work and with the view to make long lasting change. This change will ensure that have the internal structures to deliver first class health care in a challenging future of Covid recovery, changing demands on services and remaining 'patient first focus'.</p> <p>An Equality Impact Assessment (EqIA) is in progress for this programme of work. This is subject to update and review as the programme of work progresses.</p>
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<p><b>Have you engaged with those affected by the Policy / Strategy Proposal / Policy?</b></p>	<p>Prior to and during the ‘Discovery Phase’ of Mewn Undod Mae Nerth/Stronger Together, other engagement activities have taken place, the emerging themes of which appear consistent with those to emerge from the Discovery phase of Mewn Undod Mae Nerth/Stronger Together. These include the local feedback to the national Medical Engagement Scale survey; the immersion events held as part of the Visibility in Leadership work undertaken for Safe Clean Care Harm Free; Be Proud surveys and Clinical Leadership Development survey. Workshops/focus groups organised by network groups and trade unions were used to ensure engagement and consultation with all staff who share protected characteristics.</p> <p>Equalities data was collected and monitored to assess the representativeness of views:</p> <div data-bbox="622 619 685 683" data-label="Image"> </div> <p>Stronger Together - monitoring nov 2021</p> <div data-bbox="627 756 685 820" data-label="Image"> </div> <p>Stronger Together Staff Engagement.doc</p>
<p><b>What engagement with people living with socio economic disadvantage will be / has been undertaken?</b></p>	<p>Engagement work taking place so far includes all staff across the organisation. Engagement with lower bands (in lower paid positions – bands 2 - 4) was 18%. Specific engagement work was undertaken with different staff teams.</p> <p>Engagement work with the public has not been undertaken due to this being an internal organisational change, however future stakeholder engagement may be undertaken in the future.</p>

**How has / will this influence your work/guided your policy/proposal, or changed your recommendations?**

All feedback will be taken into account for the changes ahead. Thematic analysis has taken place of engagement feedback this will inform the co-design phase in the future.

### 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 [North Wales Population Health Directory](#)

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 these areas include:

- Education
- Work
- Living standards
- Health
- Justice and personal security
- Participation

It is helpful to consider where action can be taken to reduce inequality of outcome resulting from socio-economic disadvantage in regards to each of these areas, evidence is provided below and issues for consideration suggested.



<b><u>Education</u></b>	<b><u>In Practice</u></b>	
<p>A literature review by the Centre for Research in Early Childhood (CREC) finds that evidence they examined indicates that in the UK, especially, parents' socio-economic status continues to be the primary predictor of which children prosper in adult life. They report that the magnitude of early childhood inequality in the UK is well-documented; some estimates suggest that half the attainment gaps for pupils are already present at the start of primary school. Using Millennium Cohort study data, this research shows large gaps exist in the UK for vocabulary tests between children aged 4 and 5 from</p>	<p>Overall school children in Wales attain scores in reading, science and mathematics below those in England, Scotland and most other developed countries.</p> <p>Since schools closed during lockdown, children from better-off families have been spending 30 per cent more time on home learning than poorer children</p> <p>How does your proposal take account of the impact of education on the local population, children and adults with additional learning needs, basic literacy levels and those less likely to have or have had</p>	<p>Stronger Together will improve healthcare for the local population (indirectly in this first phase) by providing health services in a more efficient and equitably.</p> <p>Further work on Stronger Together may link into Education / Training and Recruitment.</p> <p>Elements of the Stronger Together includes mentoring programmes, health promotion work and potentially improved links with education sector.</p> <p>The work will take into account the varying literacy levels of staff across the health board. Information from National Literacy Trust: 1 in 8 (12% / 216,000 people) adults in Wales lack basic literacy skills<sup>1</sup>.</p> <p>Future review work will be updated into this assessment and further due regard to the socio economic duty given.</p>

<sup>1</sup> [Adult literacy | National Literacy Trust](#). (further information on adult skills are contained in a report - [National Survey of Adult Skills in Wales 2010](#))

<p>families with middle incomes and those from families with lowest fifth of incomes.</p> <p>Data for Wales also shows pupils eligible for free school meals and children in care have poorer educational outcomes in schools on average with the gap widening as pupils get older.</p>	<p>access to training opportunities and qualifications?</p> <p>Think about how careers support at BCUHB and with partners, including apprenticeships and volunteer work placements can be promoted to support young people furthest from the job market.</p>																						
<p><b><u>Health</u></b></p> <p>There is a clear social gradient in terms of health outcomes as documented by the Marmot Review (2010 and 2020 update). It makes it clear that health is closely linked to the conditions in which people are born, grow, live, work and age and inequities in power, money and resources (i.e.</p>	<p><b><u>In Practice</u></b></p> <p>How does your proposal take account of the expected health outcomes of the local population? What are the current health needs and what action can be taken to increase access to healthcare for those who experience socio-economic disadvantage? Have the costs of</p>	<p>Stronger Together will improve healthcare for the local population (indirectly in this first phase) by providing health services in a more efficient and equitably.</p> <p>Data on life expectancy across the Local Authorities for North Wales shows that there is variation across areas:</p> <p>Life expectancy – Local Authority areas 2018-2020:</p> <table> <tr> <th></th><th>Males</th><th>Females</th></tr> <tr> <td>Isle of Anglesey</td><td>79.27</td><td>82.87</td></tr> <tr> <td>Gwynedd</td><td>79.51</td><td>83.1</td></tr> <tr> <td>Conwy</td><td>78.36</td><td>83.05</td></tr> <tr> <td>Denbighshire</td><td>78.27</td><td>81.13</td></tr> <tr> <td>Flintshire</td><td>79.21</td><td>82.17</td></tr> <tr> <td>Wrexham</td><td>78.32</td><td>81.33</td></tr> </table>		Males	Females	Isle of Anglesey	79.27	82.87	Gwynedd	79.51	83.1	Conwy	78.36	83.05	Denbighshire	78.27	81.13	Flintshire	79.21	82.17	Wrexham	78.32	81.33
	Males	Females																					
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Flintshire	79.21	82.17																					
Wrexham	78.32	81.33																					

<p>the social determinants of health).</p> <p>Indeed, data for Wales shows that adults and children living in the poorest areas are having poorer health outcomes. Adults living in the most deprived areas of Wales have lower life expectancies than those living in the least deprived areas.</p> <p>There is reasonable evidence that people in poverty or living in deprived neighbourhoods have a higher risk of addiction and mental illness and it's also known that many patients</p>	<p>transport and travel been taken into account? Think about the design of the built environment on the physical and mental health of patients, staff and visitors.</p> <p>What are the opportunities for collaboration, have local third sector organisations been engaged and opportunities to promote access to financial wellbeing, social and other support maximised?</p>	<table border="1"> <tr> <td data-bbox="940 191 1478 231"><b>Wales</b></td><td data-bbox="1489 191 1736 231">78.29</td><td data-bbox="1747 191 2087 231">82.09</td></tr> </table> <p>Source: Statswales</p> <p>Stronger Together Programme should improve the health outcomes for communities across North Wales and ensure greater equity of services and provision. This should address current variation across the health board and ensure consistency of quality and access for patients. We know from Public Health Assessment data that life expectancy outcomes are lower in areas of highest deprivation. The Stronger Together will link with other areas of health board work – such as the Living Healthier, Staying Well Long Term Strategy.</p> <p>The impacts of Covid 19 pandemic has made significant impacts on different groups. The following reports highlight impacts which affect both our communities we serve and our staff:</p> <ol style="list-style-type: none"> <li>1. Locked out: liberating disabled people's lives and rights in Wales beyond COVID-19. Report commissioned by Disability Equality Forum of the Welsh Government<sup>2</sup>.</li> <li>2. Race Equality Action Plan: An Anti-racist Wales<sup>3</sup> (draft)</li> <li>3. Coronavirus (COVID-19) and the Black, Asian and minority ethnic population in Wales<sup>4</sup></li> <li>4. Wales faces unprecedented 'triple challenge' to health and wellbeing report<sup>5</sup>. Published 1<sup>st</sup> October 2021 by Public Health Wales</li> </ol>	<b>Wales</b>	78.29	82.09
<b>Wales</b>	78.29	82.09			

<sup>2</sup> [Locked out: liberating disabled people's lives and rights in Wales beyond COVID-19 \[HTML\] | GOV.WALES](#)

<sup>3</sup> [41912 An Anti-Racist Wales - Race Equality Action Plan for Wales \(gov.wales\)](#)

<sup>4</sup> [Coronavirus \(COVID-19\) and the Black, Asian and Minority Ethnic \(BAME\) population in Wales \(gov.wales\)](#)

<sup>5</sup> <https://phw.nhs.wales/publications/publications1/rising-to-the-triple-challenge-of-brexit-covid-19-and-climate-change-for-health-well-being-and-equity-in-wales/>

<p>struggle financially and socially.</p>		<p>5. How coronavirus has affected equality and human rights report<sup>6</sup> by the Equality and Human Rights Commission October 2021</p> <p>The above reports also highlights areas of intersectional disadvantage. This refers to different layers of multiple disadvantage faced by different groups.</p> <p>The health and wellbeing of staff should be improved by the programme – by addressing improved work environment, wellbeing issues and life-work balance. This should help address work related stress across all levels of the organisation – recognising that work related stress can impact on all grades. Information about accessing support will form part of the review work.</p> <p>Aspects of direct impacts of patient travel costs and access do not currently fall within the remit of this work. Planning of changes to healthcare services are not currently within the remit of this work. These fall within other areas of planning and delivery across the Health Board and will be subject to impact assessment work. However, this work may result in some potential changes of the way we work which may impact on individual staff in terms of travel and the way people work. The engagement aspect of the Stronger Together work should help identify any adverse impacts for individual staff and the programme of work will endeavor to mitigate these (if they arise).</p>
<p><b><u>Living standards</u></b></p> <p>3% of all people in Wales were living in relative</p>	<p><b><u>In Practice</u></b></p> <p>How does your proposal take account of the</p>	<p>Stronger Together will improve healthcare for the local population (indirectly in this first phase) by providing health services in a more efficient and equitably.</p>

<sup>6</sup> [How coronavirus has affected equality and human rights | Equality and Human Rights Commission \(equalityhumanrights.com\)](https://equalityhumanrights.com)

income poverty between 2016-17 and 2018-19. This figure has remained relatively stable for the past 16 time periods. At 23%, the figure is slightly lower than last year's. Children were the age group most likely to be in relative income poverty (at 28%) and this has been true for some time.

11% of children living in Wales between 2016-17 and 2018-19 were in material deprivation and low income households.

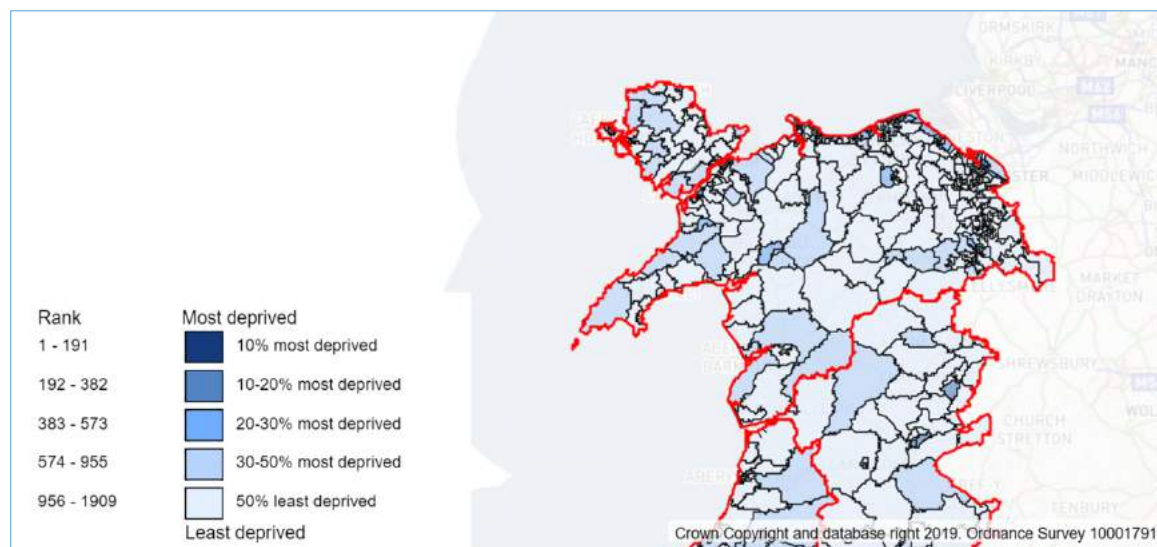
impact of poverty and deprivation?  
Can you identify which groups are disproportionately impacted by poverty e.g. disabled people? Think about the UK-wide reforms to social security and the impact on the poorest in society, particularly women, disabled people, ethnic minorities and lone parents in Wales. How have the needs of people with caring responsibilities been considered? What is the incidence of rough sleeping and levels of homelessness?

Twice as many people expect their financial

Data on life expectancy highlights that there is a clear link with outcomes and deprivation. Across the Health Board area there is variation in the deprivation index.

The Welsh Index of Multiple Deprivation (WIMD) <sup>7</sup> defines deprivation as the "lack of access to opportunities and resources which we might expect in our society". Deprivation is measured in relation to other areas and based on eight factors including income, health, education and housing.

### Deprivation – Health Board level<sup>8</sup>



Deprivation data is 2019 data.

<sup>7</sup> [Welsh Index of Multiple Deprivation | GOV.WALES](https://gov.wales/welsh-index-of-multiple-deprivation)

<sup>8</sup> Source: [WIMD - Explore \(gov.wales\)](https://gov.wales/wimd-explore)

	<p>situation to get worse as those who expect it to get better, with this rising to three times in the bottom income quintile, and more than three times for single parents.</p> <p>Think about the availability and accessibility of transport, healthy food, leisure activities, road safety and the quality and safety of play areas and open spaces.</p> <p>As part of your proposal what are the opportunities to reduce the impact of poverty on living standards?</p>	<p>The outcomes of Stronger Together should help to reduce inequalities of outcome and reduce health inequalities.</p> <p>The health and wellbeing of staff should be improved by the programme – by addressing improved work environment, wellbeing issues and life-work balance. This should help address work related stress across all levels of the organisation – recognising that work related stress can impact on all grades.</p> <p>Stronger Together work so far has engaged with the BCU staff including staff networks and Trade Unions.</p> <p>An Equality Impact Assessment (EqIA) has been undertaken that demonstrates that due regard to different protected characteristics has been given / ongoing. It is recognised that people and communities living in poverty have greater levels of disadvantage.</p> <p>Stronger Together work will help the health board to build resilience to changing demands on services and population needs due to a range of external factors such as Covid 19, Brexit, and environment challenges<sup>9</sup>.</p>
<b><u>Work</u></b>	<b><u>In Practice</u></b>	<p>About our workforce:</p> <p>BCHUB employs approx. 18921 people.</p>

<sup>9</sup> [Wales faces unprecedented 'triple challenge' to health and wellbeing - Public Health Wales \(nhs.wales\)](https://www.nhs.uk/public-health/wales/faces-unprecedented-triple-challenge-to-health-and-wellbeing/)



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).

As one of the largest employers in Wales BCUHB provides numerous opportunities for people to access work, the Step into Work programme is a great example. Think about how careers support including apprenticeships and volunteer work placements can be promoted to support those who are furthest from the job market, those who are in households where no one is in employment, young people who are not in employment or training and other seldom-heard groups.

Think about people in terms of their income and employment status, consider the impact on the availability and

Information on grades employed within the health board:

**Table 11 - Grade**

	<b>Female</b>	<b>Male</b>	<b>Total</b>
<b>Band 1</b>			
<b>Band 2</b>	3113	747	3860
<b>Band 3</b>	2287	499	2786
<b>Band 4</b>	1245	158	1403
<b>Band 5</b>	3105	500	3605
<b>Band 6</b>	2703	414	3117
<b>Band 7</b>	1418	260	1678
<b>Band 8a</b>	445	128	573
<b>Band 8b</b>	145	50	195
<b>Band 8c</b>	90	40	130
<b>Band 8d</b>	37	24	61
<b>Band 9</b>	13	11	24
<b>Non-Agenda for Change</b>	105	27	132
<b>Associate Specialist</b>	25	23	48
<b>Clinical Assistant</b>	*	*	*
<b>Consultant</b>	171	399	570
<b>Dentist</b>	38	20	58
<b>Foundation Yr. 1 / Yr. 2</b>	42	37	79
<b>Other Medical</b>	34	20	54
<b>SHO / House Officer</b>			
<b>Specialty Doctor / Staff Grade / Trust Grade</b>	133	169	302
<b>Specialty/Specialist Registrar</b>	107	131	238

accessibility of work, paid and unpaid employment, wage levels, job security and working conditions.

What are the implications of the proposal for people on low income, those who are economically inactive, unemployed, workless, and people who are unable to work due to ill-health. Consider people living in work poverty. During the pandemic lower earners are three times as likely to have lost their job or been furloughed as high earners.

How can procurement and commissioning arrangements be optimised to reduce inequalities of outcome caused by socio-economic disadvantage?

<b>Totals</b>	<b>15258</b>	<b>3663</b>	<b>18921</b>

Figures below 5 are suppressed and denoted by \*

Table showing working pattern:

	Female	Male	Total
Full time	7377	2942	10319
Part time	7881	721	8602
Total	<b>15258</b>	<b>3663</b>	<b>18921</b>

Stronger Together will improve healthcare for the local population (indirectly in this first phase) by providing health services in a more efficient and equitably.

Volunteers work: included within the engagement work. Our health board receives significant support from volunteers and they are also a key charity fund raising body.

Aims of the Stronger Together will support employment and recruitment by the Operating Model and Leadership aspects – ensuring that opportunities are available and accessible for all. Different programmes of work will be reviewed such as:

- 1) Our way of working
- 2) Strategic Deployment
- 3) How we organise ourselves
- 4) The best of our abilities



	As part of your proposal what are the opportunities to increase employment opportunities for people who experience socio-economic disadvantage?	<p>5) How we Improve and transform</p> <p>Implementing the feedback given by staff during the Discovery Phase of Stronger Together, will improve retention and limit attrition of staff by creating a better working environment for all.</p>
<p><b><u>Justice and personal security</u></b></p> <p>The National Survey for Wales (2018-19) shows that people who were not in material deprivation were found to be more likely to feel safe in their local area, compared with those who were in material deprivation.</p> <p>Research by the University of Bristol shows that, notwithstanding some significant methodological limitations, existing analyses in the UK and internationally</p>	<p><b><u>In Practice</u></b></p> <p>How does your proposal take account of local crime rates and exposure to crime? What are the hate crime statistics?</p> <p>Think about people who live in less safe areas and those more likely to be victims of domestic violence and abuse.</p> <p>Evidence suggests that domestic violence incidents are becoming more complex and serious, with higher levels of physical</p>	<p>Helping the local population indirectly by providing health services in a more efficient and equitably.</p> <p>Stronger Together – equipping managers and all staff with improved learning and information. The work will help to address staff feeling isolated that may need support.</p> <p>Values and behaviours will be included within the work to ensure that the work environment is free from discrimination, harassment and victimisation. Staff networks and Trade Unions will be included in this work.</p> <p>This work will help raise awareness of the different services.</p> <p>Staff have been engaged on if they feel safe to speak out. BCUHB also have a Speak Out Safely (SOS) service providing confidential reporting for concerns.</p>

<p>have consistently found vulnerability to domestic violence and abuse to be associated with low income, economic strain, and benefit receipt. This association is underpinned by a complex set of relationships and interdependencies.</p>	<p>violence and coercive control.</p> <p>How can your proposal promote and protect people's rights and increase their access to justice and personal security?</p>	
<p><b><u>Participation</u></b></p> <p>The National Survey for Wales (NSW) shows that in 2018-19, 87% of households had access to the internet. Household internet access varies by WIMD levels of area deprivation. In 2018-19, 92% of households in the least deprived areas had internet access, compared to 83% of households in the most deprived areas. The NSW also shows</p>	<p><b><u>In Practice</u></b></p> <p>How is participation enabled, how is engagement sustained with people with lived experience of socio-economic disadvantage and how has this informed your proposal?</p> <p>Covid-19 has shone a spotlight on a digital divide and highlights the effects of digital exclusion on those in</p>	<p>Stronger Together will improve healthcare for the local population (indirectly in this first phase) by providing health services in a more efficient and equitably.</p> <p>Stronger Together will help address inequalities of outcome, in which will aim to deliver better outcomes for everyone (communities and staff) and including those who experience socio economic disadvantage.</p> <p>10% of the population of Wales are not online and 27% of those who do use the internet lack at least one of the five basic digital skills<sup>10</sup>:</p> <p>As a result, to mitigate digital exclusion, face to face sessions were run in accordance with COVID-19 guidance at the time, 1540 were invited of which 167 attended. Pop-up events, posters and flyers were also used to advertise these sessions, which were also available in Welsh.</p>

<sup>10</sup> Digital Strategy - Betsi Cadwaladr University Health Board ([nhs.uk](https://nhs.uk))

<p>households in social housing were less likely to have internet access (75% of such households) than those in private rented (90%) or owner occupied (89%) accommodation. Those in employment were more likely to have internet access at home (96%) than those who were unemployed (84%) or economically inactive (78%).</p>	<p>poverty, with some feeling isolated and forgotten about.</p> <p>Think about digital exclusion and digital poverty, people living in rural areas and those unable to access services and facilities. How can your proposal increase participation for people who experience socio-economic disadvantage?</p>	<p>Online sessions did make up the majority of staff participation due to COVID-19 restrictions on large gatherings, as well as the large size of the health board to allow engagement across all areas regardless of rurality.</p> <p>Ongoing engagement for the Stronger Together programme will include a range of different methods, especially recognising that not all staff have access to lap tops and digital technology.</p>
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What actions will you undertake to minimise any adverse impacts identified during this Socio Economic Duty Impact Assessment?			
Impacts Identified	Mitigating Action to be Taken	Action Owner	Monitoring Arrangements
Feedback from lower bands – facing digital exclusion	Ongoing engagement with lower paid bands across the organisation	Stronger Together Team	Quarterly
Insight on staff feeling safe at work	Future work to be incorporated into planning	Stronger Together Team	Following next round of engagement
Information on support available	Future work to be incorporated into planning and delivery of Stronger Together	Stronger Together Team	Following next round of engagement
Addressing training opportunities	Review of work around development opportunities across all bands	Stronger Together Team	Yearly staff survey

STAGE 4: STRATEGIC DECISION MAKERS		
Who signed-off this SED Impact Assessment	<b>Signatory</b> 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.	
	<b>Board or Sub Committee:</b>	
Approval and Review	<b>Approval Date:</b>	
	<b>Review Date:</b>	

### Appendix 3

<b>Type of Decision</b>  Includes but is not limited to:	<b>Equality Impact Assessment Required</b>	<b>Socio Economic Duty Impact Assessment Required</b>
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



<b>Cyfarfod a dyddiad: Meeting and date:</b>	<b>Health Board 26.05.2022</b>						
<b>Cyhoeddus neu Breifat: Public or Private:</b>	Public						
<b>Teitl yr Adroddiad Report Title:</b>	<b>People Strategy and Plan – Stronger Together</b>						
<b>Cyfarwyddwr Cyfrifol: Responsible Director:</b>	Sue Green, Executive Director Workforce & OD						
<b>Awdur yr Adroddiad Report Author:</b>	Sue Green, Executive Director Workforce & OD						
<b>Craffu blaenorol: Prior Scrutiny:</b>	Partnerships, People & Populations Health Committee 20 May 2022 Health Board 30 March 2022 Health Board - 10 March 2022 Executive Team 02.03.2022 Partnerships, People and Population Health Committee 14.10.21, 9.12.2021, 12.1.2022 and 10.2.2022 Board Workshop – 07.10.21						
<b>Atodiadau Appendices:</b>	Appendix 1- People Strategy & Plan Appendix 2 - EQIA Appendix 3 – SEIA						
<b>Argymhelliad / Recommendation:</b>							
The Board is asked to: i. <b>APPROVE</b> the People Strategy and Plan 2022 – 2025							
<b>Ticiwch fel bo'n briodol / Please tick as appropriate</b>							
<b>Ar gyfer penderfyniad /cymeradwyaeth For Decision/ Approval</b>	<input checked="" type="checkbox"/>	<b>Ar gyfer Trafodaeth For Discussion</b>	<input type="checkbox"/>	<b>Ar gyfer sicrwydd For Assurance</b>	<input type="checkbox"/>	<b>Er gwybodaeth For Information</b>	<input type="checkbox"/>
<b>Y/N i ddangos a yw dyletswydd Cydraddoldeb/ SED yn berthnasol Y/N to indicate whether the Equality/SED duty is applicable</b>						<b>Y</b>	
An Equality Impact Assessment has been undertaken and is attached at Appendix 2. In addition, A Socio Economic Impact Assessment has been undertaken and is attached at Appendix 3. These assessments are dynamic documents and as such has and will continue to be updated as we move through the delivery plan.							
<b>Sefyllfa / Situation:</b>							
This paper provides an update on the amendments made following the review of the People Strategy & Plan and associated impact assessments by the Health Board at its meeting on 30 <sup>th</sup> March 2022.							

The Strategy aligns to the delivery of the Integrated Medium Term Plan and as such, the People (Workforce) Plan formed part of the submission to Welsh Government.

The People Strategy & Plan has been submitted for review by the Partnerships, People and Population Health (PPPH) Committee, prior to submission the Health Board for approval at its meeting on 26<sup>th</sup> May 2022.

Due to the change in date of PPPH Committee, it has not been possible to make any amends before publication of papers for Health Board, however, any comments; amendments will be noted and circulated to Board members in advance of the meeting to support review.

### **Cefndir / Background:**

The Health Board considered the Strategy & Plan on 30<sup>th</sup> March 2022.

Feedback received in and following the meeting included –

- The ambition is clear, however more time is required to scrutinise the detail.
- Needs more engagement including Trade union colleagues - ✓
- Lack of succession planning and career progression other than at leaders or lower levels. Nothing in between. - ✓
- Flexible working – staff have the right to request this.- ✓
- More analysis around the number of employees – i.e. projected numbers for nurses, how many do we need , how many do we have, based on ages, retirement and turnover – what will each year look like?- ✓
- Year 1 Delivery Plan required - ✓

What has happened since –

- Full review of the documentation and amendments made in the Strategy document, Plan document to highlight, emphasise or clarify the information requested above. Where the level of detail requested was not appropriate for the Strategy it is/will be incorporated into the Delivery plan and programme plans.
- Presented and discussed with Local Partnership Forum (LPF)
- Presented and discussed with Workforce Partnership Group
- Heads of HR have shared the strategy with the senior leadership teams.
- Executive Delivery Group – People & Culture reviewed documents
- Equalities Team reviewed documentation

The feedback gathered from these conversations/circulation has been incorporated either into the documentation attached or has been added to the discovery information for inclusion in the detailed programme delivery plans.

### **Asesiad / Assessment & Analysis**

The central tenet of the current strategy versus the future strategy is not fundamentally changed. However, the foundations upon which the future strategy is built and importantly the methodology for its production is fundamentally different. This is a continuation of our strategic organisational development route map Mewn Undod mae Nerth/Stronger Together, in partnership with our people.

The strategy “the how” to “the what” of the Integrated Medium Term Plan (IMTP) and Clinical Services Plan, also responds to the mandate from discovery and the call to action to:








- Modify
- Simplify
- Unify

The aim of the People Strategy & Plan is to underpin and enable the values driven delivery of all of the ambitions described in our IMTP, supported by 4 fundamental principles as a thread running through all actions:

- ✦ Strategic Alignment of National programmes for Local Delivery
- ✦ Wellbeing
- ✦ Welsh Language
- ✦ Inclusion

With Delivery through the following Programmes of work:

#### Design to Delivery – 5 programmes of work

- 
**Our Way of Working**  
 What we value and how we should treat each other – including how colleagues are listened to and supported.
- 
**Strategic Deployment**  
 The need for us all to understand how we are doing in our role and how the things we do connects to the Health Board's purpose and goals. Learning from the decisions we take.
- 
**How we organise ourselves: (Operating model)**  
 Make it easier to get things done, improve how we organise and run the organisation
- 
**The Best of our Abilities**  
 Make it easier to get the skills and capacity we need from both within and from outside to support your work.
- 
**How we Improve & Transform**  
 Collaboration and working together more effectively to address our most challenging issues and take advantage of improvement opportunities

The work to bring this together is directed and overseen by the newly formed Executive Delivery Group – People & Culture. This group, whilst chaired by the Executive Director of Workforce & Organisational Development, with the Executive Director of Planning & Transformation as Vice Chair involves both clinical and non-clinical leaders from across the organisation.

The detailed delivery plans, including investment required to support this as well as expected outcomes and benefits realisation will also be overseen by the Executive Delivery Group with assurance reporting through this Committee.

The People Strategy is attached at Appendix 1, together with the associated Equality and Socio Economic Impact Assessments at Appendix 2 and 3.

The People (workforce) Plan has been developed to support the delivery of the IMTP, with detailed plans, target outcomes for 2022-23, and outline plans for 2023/24 and 2024 /25 contained within the Minimum Data Set required by the IMTP.

The People (Workforce) Plan will be updated to ensure clear and consistent alignment and integration between the “what” (plan and outcomes), the “how” (people resources) and the “how much” (finance required).

The People Plan includes:

- a) Bridging the Gap – reducing vacancy rates to deliver the core;
- b) Resourcing delivery of the priorities in the Plan
- c) Growing our Own – current and new trajectories through education and vocational commissioning

The People Strategy will be adapted into an easy read, people focussed summary document and will be available bilingually.

Finally, a Year 1 Delivery Plan has been drafted to support each of the five programmes to finalise the scope of the work required and identification of clear measures of success. This draft has been submitted to PPPH Committee for comment. Feedback from the Committee will be incorporated into the further refinement of this document, which will then form the basis for the People (Workforce) Performance reports submitted to the Committee on a quarterly basis from July cycle onwards.

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

The Strategy and Plan has been developed informed by the key strategic risks set out within the Health Boards current Board Assurance Framework and Corporate Risk Register.

The programme structure in place to manage delivery against the Plan includes robust risk assessment aligned to the Risk Management Strategy.

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

The Strategy and associated plans have all been informed by and assessed against both the equality impact and socio economic impact to identify ways in which the organisation can better promote equality and address and/or ameliorate inequality.  
The Strategy aligns with our Strategic Equality Plan.



Bwrdd Iechyd Prifysgol  
Betsi Cadwaladr  
University Health Board

# Strategaeth a Chynllun Pobl

Mewn Undod mae Nerth

## People Strategy & Plan

Stronger Together



<b>Introduction</b>	Plan on a Page - our 5 Planning Principles	
<b>Section 1</b>	<b>Our People Ambition</b> - Employer of Choice <ul style="list-style-type: none"> <li>* Our People Strategy &amp; Plan</li> <li>* Strategic Alignment of National programmes for local delivery</li> <li>* Education and Learning Academy</li> <li>* Future workforce skills</li> <li>* Fundamental Principles</li> </ul>	
<b>Section 2</b>	<b>Context &amp; Case for Change</b> <ul style="list-style-type: none"> <li>* National programmes for Local Delivery</li> <li>* Our Current Workforce and Work Underway</li> </ul>	
<b>Section 3</b>	<b>Our priorities for delivery in 2022/25</b> Design to Delivery – 5 programmes of work <ol style="list-style-type: none"> <li>Our Way of Working</li> <li>Strategic Deployment (Golden Thread)</li> <li>How we Organise Ourselves</li> <li>The Best of Our Abilities</li> <li>How we Improve &amp; Transform</li> </ol>	
<b>Section 4</b>	<b>Conclusion</b>	
<b>Section 5</b>	<b>References and Links</b>	
<b>Appendices</b>	<b>Appendix 1</b> People (Workforce) Plan 2022-2023 <b>Appendix 2</b> Delivery Plan 2022-2023	

# Introduction

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

This vision is informed and shaped by the Welsh Government (WG) plan "**A Healthier Wales**", our own strategic overview document "**Living Healthier, Staying Well**", and our evolving Clinical Services Strategy, in North Wales.

The Covid-19 Pandemic has had a huge impact in many ways:

- Supporting individuals in North Wales with Covid-19 and/or symptoms of Covid-19.
- The impact upon those without Covid-19 who have experienced delays in treatment because of the need to deal with the Pandemic.
- The impact upon our staff, who have delivered a magnificent response over 2 years of continual Pandemic conditions.
- It has limited our ability to deliver some of our previously stated development priorities, through the need to reprioritise.
- It has reminded us all, if a reminder was necessary, that we will need to respond differently to the challenges of delivering healthcare in a sustainable way going forward.

These impacts have heavily influenced our priorities in the coming years.

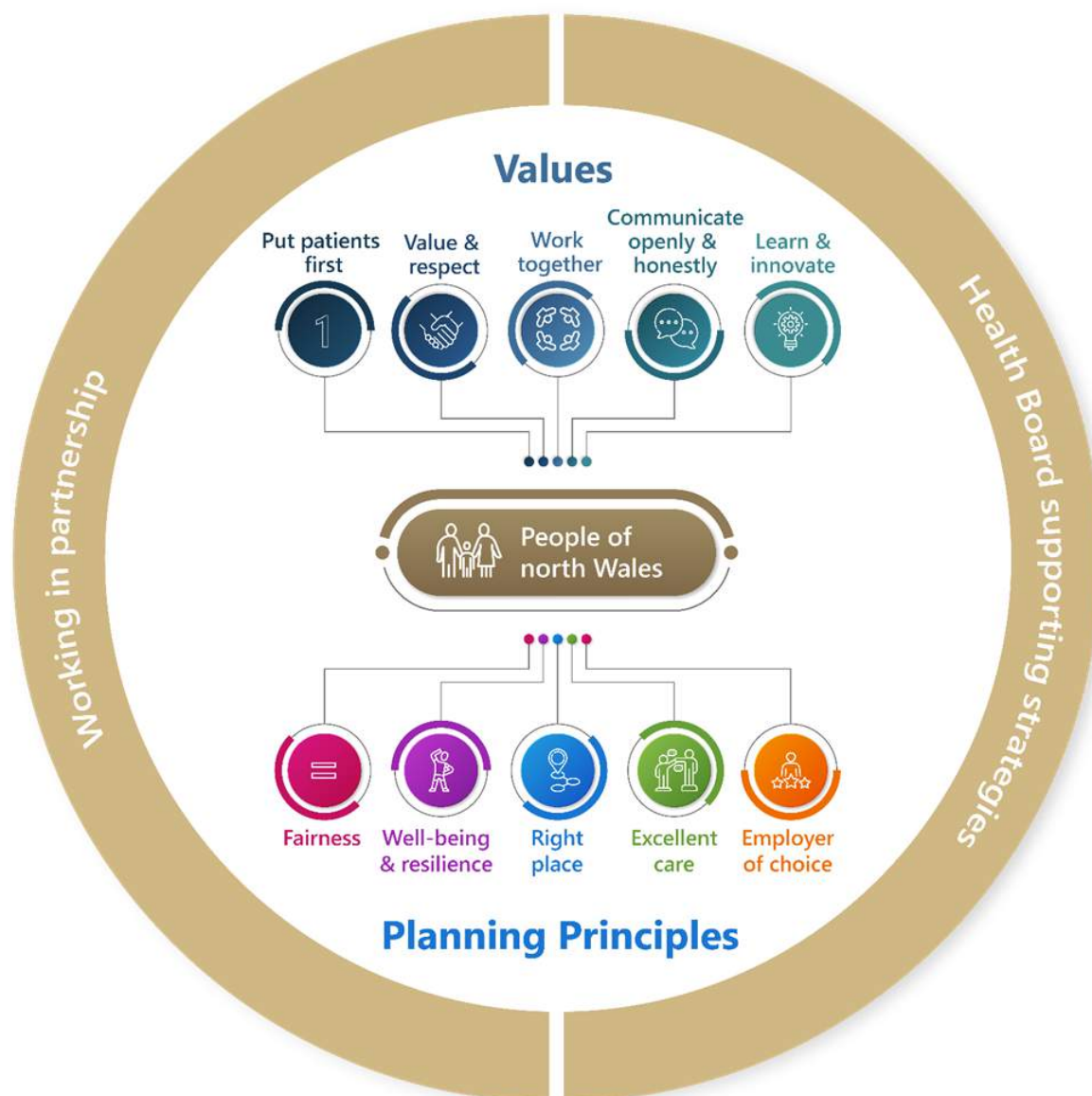
The Integrated Medium Term Plan (IMTP), and associated appendices, of which this People Strategy & Plan is one, lays out how we will do this by prioritising key areas of development that we will deliver with the resources available to us. The detail surrounding the actions we will undertake in the coming year with the IMTP also sets out, in indicative form, how we will build upon our actions in 2022/23 during 2023/24 and into 2024/25.

The majority of our focus for 2022/23 is upon:

- Returning to full core business, including addressing the pandemic-related backlog of work, and
- Consolidating developmental work that has already been begun but not yet finished, including work to deliver against the WG Targeted Intervention framework.

Our recently developed Plan on a Page simplifies our strategies into a smaller number of clear principles and values that we will follow. We are clear that by following these principles and values we will continue to move us towards delivering our vision. These apply as much to resetting core activity and consolidation as they do to new initiatives.

## Plan on a Page – our 5 Planning Principles



- 
**Fairness** we will reduce avoidable and unfair differences in health
- 
**Well-being & resilience** we will maximise prevention, self-care, well-being, and strong community networks
- 
**Right place** we will provide services that are sustainable, delivered close to where people live where it is safe and effective to do so
- 
**Excellent care** we will design services that can deliver world-class outcomes and experience for patients
- 
**Employer of choice** we will work, and organise, improve and transform ourselves, to support our teams to flourish



GIG  
CYMRU  
NHS  
WALES

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University Health Board

## Section 1: Our People Ambition



Our ambition aligns to the ambition for healthcare across Wales in that we will have a motivated, engaged and valued, health care workforce, with the capacity, competence and confidence to meet the needs of the people of North Wales. Specifically this means that:

- Our people will have the right values, behaviours, knowledge, skills and confidence to deliver evidence based care, and support peoples wellbeing as close to their home as possible;
- We will have sufficient numbers of the right people to be able to deliver proactive and responsive health care that meets the needs of the people of North Wales;
- Our people will reflect the diversity, welsh language and cultural & community identity of the population we serve;
- Our people will feel and be valued.
- We will achieve this ambition through implementation plans co-designed and delivered in partnership with our people and partners.
- As the largest Health Board in Wales and one of the largest employers in North Wales, we recognise that the people who work with us to provide services and care (our workforce and volunteers) must be valued. Not just for their dedication and contribution to achievement of our purpose, but importantly, as members of our local communities, contributing to the wider socio economic prosperity and health of North Wales.

We will continue to build upon achievements to date to embrace the role that we play in both employing the right people with the right skills to provide services in the right place, and developing opportunities, together with partners across health, social care and education, for members of our communities to gain and maintain employment and to achieve their ambitions.

### What Success will look like?

- ✦ A compassionate and inclusive culture, role modelled by excellent leaders and managers.
- ✦ Better and quicker recruitment and retention of staff through attractive and flexible working arrangements and career opportunities.
- ✦ Flexible education opportunities and career development.
- ✦ Very high levels of staff engagement, motivation, wellbeing and satisfaction.

- ❖ Intelligence led workforce planning enabling us to change our workforce to meet our population need.
- ❖ Increased levels of Welsh language skills in health and care workforce.

## What will be different?

- ❖ Our workforce feels valued, are treated fairly and their wellbeing is supported.
- ❖ Recruitment challenges are discovered earlier and targeted effectively.
- ❖ Common competences are identified and underpin new and different ways of working.
- ❖ Widespread digital capability underpins care delivery.
- ❖ Workforce language, culture and diversity reflects our population.
- ❖ Widespread values based and inclusive recruitment used more consistently ensures we have the right people.
- ❖ Learning opportunities are for all staff and are delivered through flexible and accessible routes.
- ❖ Application of Improvement skills is a natural way of working.

## Our People Strategy & Plan

This is our opportunity to create a restorative just and learning culture, to work together with our people and partners to address a number of long-standing challenges. The culture will fundamentally change the way we respond to incidents, patient harm and complaints against staff, prepare our organisation for the future, and to embrace and create opportunities for us to succeed.

Many of our future workforce are here today in various forms, and retaining, nurturing and developing them is as important as recruitment of more and new. Our learning and development opportunities including progression will be available for all staff at all levels in the organisation.

The actions under the five programmes of work set out within the strategy will work together to improve retention of our current workforce, as well as attracting new people into the workforce.

This cannot and will not be “more of the same”; we need to continue to transform traditional roles and ways of working to support new models of care through our local and the national transformation programmes.



A high-level annual delivery plan will support focussed prioritisation of the programmes of improvement. To support the delivery of the plan, detailed plans with objectives for delivery that are specific, measurable, attainable, relevant and time based will be developed and will be aligned with the Operational Governance and Assurance Framework, ensuring clarity of accountability and responsibility through the organisation.

The Strategy will be refreshed on an Annual basis, will respond to the learning from the Staff Survey and will be aligned with the refresh of the Integrated Medium Term Plan. This refresh will ensure:

- ❖ The programmes of work are delivering what is required and there is **evidence of tangible outcome improvement**
- ❖ Any critical **developments** (risks and opportunities) at **national and/or local level** are considered and addressed for the year ahead
- ❖ **Feedback** (both internal and external) through the year is **triangulated** to ensure the priorities within the programmes of work and plan are **relevant**
- ❖ The **workforce plan** is effectively aligned to the delivery of the priorities and is **affordable and achievable**

### Strategic Alignment of National programmes for local delivery

Under our Clinical Services Plan – the local delivery of the Strategic Programme for Primary Care and Accelerated cluster development is aligned to the principles within the National Clinical Framework.

Bringing together the principles of the national **Strategic Workforce Planning Frameworks for Primary Care, Community Service and Mental Health** together for delivery at local level enabled by integrated and multi professional workforce planning and commissioning.

### Future workforce skills

We will require an agile, flexible, multidisciplinary workforce for an increasingly digital workplace, able to develop the skills needed to adopt and exploit new technology.

We will need greater capacity and capability in digital and social media skills and cyber security. As data analysis becomes automated, we need to be better at framing the right questions and interpreting the information through a health and social care lens.

Role boundaries are changing and skill sets will alter e.g. roles in near patient testing in the community will be more about quality assurance and oversight of delivery than lab based skills. We must make better use of our medical and non-medical consultants enabling them to focus on their expertise. Multi-disciplinary teams and greater use of advanced practice will create opportunities for progression across all career pathways.

Our roles in advocacy, leadership and partnership working require direct contact and building personal relationships with stakeholders. There will be an increased need for 'human' skills such as influencing, relationship building, emotional intelligence and the ability to engage communities.

There is also a requirement for subject specialists with high-level Welsh language skills in frontline roles. As the demand for services increase, we will require a greater capability and capacity to deliver services through the medium of Welsh.

Managers and leaders will be key to creating a restorative just and learning culture and empowering a diverse workforce. Our leaders will be working across a range of current 'traditional boundaries' in public sector organisation and we need to be growing these leaders now through opportunities for placements and secondments.

With regard to technical skills, we will have the right balance of people with breadth of expertise and those with more depth or specialist skills. A range of skillsets will enable flexibility in the workforce but there will always be a need for access to specialist expertise, particularly to deal with emergencies.

### **Education and Learning**

We will continue building on the fantastic work of the Primary Care Academy and to further develop our ambition to educate and train the very best professional and practitioners through the establishment of BCU Education & Learning Academy. We will use this infrastructure to provide the foundations for enhanced and innovative experiential learning and placement programmes in order to optimise the benefits of the Inter professional Medical & Health Sciences School and wider strategic education partnerships. Bringing together the programmes already in place, we will increase and widen access across the communities of North Wales to education, learning and employment, working in partnership with education providers and Health Education and Improvement Wales.



## **Fundamental Principles**

This People Strategy & Plan is built upon the foundations of fairness and equity and as such, we expect to see the fundamental principles of wellbeing, welsh language and inclusion through all of our implementation plans.

**Wellbeing** - There is a significant body of evidence linking wellbeing, capability and engagement of a health care workforce to improved outcomes for the people we serve. We will ensure our people are treated fairly and are recognised for the contribution they make.

**Welsh Language** - Evidence of better clinical outcomes for people accessing care and support, as well as employment, highlights the vital importance we must place on delivery of health care in the first language of our country.

Supporting our people to enable the delivery of bilingual health care wherever possible is a fundamental principle as well as a statutory responsibility, which must underpin every area of this strategy.

**Inclusion** - Creating and nurturing a culture of true inclusion, fairness and equity across our organisation is at the heart of this strategy and reflective of the aims within our Strategic

Equality Plan. This will be a theme running through the five work programmes under this strategy, with strong focus on values based, compassionate and inclusive leadership.

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## Section 2: Context & Case for Change

### National Programmes for Local Delivery

In October 2020, **A Healthier Wales: Our Workforce Strategy for Health & Social Care** set out a compelling case for change in emphasising that the current pattern of health and social care was not fit for the future. The Kings Fund identified key areas affecting future service delivery, highlighting:

- ✦ the impact of growing and changing need,
- ✦ more working age people living with complex conditions,
- ✦ increasing public expectations,
- ✦ advances in digital and medical technologies including genomics, and
- ✦ the challenges of securing our future workforce.

The Strategy also recognises the potential and desire in Wales to improve health and wellbeing through a high quality health and social care system. Key to the **Parliamentary Review** and **A Healthier Wales** was the **Quadruple Aim** that set out four interdependent goals:

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

A clear focus on **improving the wellbeing, inclusion, capability and engagement of the health and social care workforce** is at the forefront of national strategy and our **People Strategy & Plan**.

Evidence has shown that better staff experience contributes to a culture of compassionate care, with positive outcomes of better care for the people we serve. This Strategy will therefore provide an important foundation for improvements in quality and safety and delivery against both the **National Clinical Framework** and **Quality and Safety Framework: Learning and Improving**.



It is clear that A Healthier Wales: Our Workforce Strategy for Health and Social Care and social care services will be changing dramatically over the next 10 years and consequently our People Strategy and Plan needs to be flexible and agile so that we can respond.

It describes the ambition to bring health and social care services together, to deliver a seamlessly co-ordinated approach from different providers, and it reinforces the need to strengthen and expand services in primary and community settings, and commits to the development of a **National Clinical Plan**.

We need to transform the way we attract, train, continually develop and support our workforce through a culture of compassionate and inclusive leadership with a focus on wellbeing at the core.

This means we need to better understand the shape and supply of our workforce, including the ability to deliver bilingual healthcare where possible. We will need to transform the way we work by:

- expanding existing roles,
- developing new roles,
- building skills and capability in areas we have not done so previously, and
- embracing new technology in delivering our services.

Differences in terms and conditions, particularly in the lower paid areas are a significant issue, not just between health and social care, but also between professional groups in healthcare. We know we have identified significant deficits in key areas and the need for new workforce models, more training and digital solutions to improve the way we work are required.

We know from our IMTP that a key priority for us is to ensure that our planning for future services starts with Local Needs Analysis (LNA).

Using these LNAs to identify priority areas for improvement as well as our strengths upon which to build further, requiring us to reallocate resources to support transformation.



We are clear on our commitment to our current journey of rapidly boosting the role of our Health and Social Care Localities. This is aligned to the guidance within the national **Accelerated Cluster Development Programme** and will further enhance the role of Localities in shaping our planning priorities.

Our People Strategy & Plan, informed and supported by the **Strategic Programme for Primary Care**, an All Wales Health Board led programme that works in collaboration with Welsh Government and responds to A Healthier Wales.

The Programme aims to bring together and develop all previous primary care strategies and reviews at an accelerated pace and scale, whilst addressing emerging priorities highlighted within A Healthier Wales.

To achieve success, the Programme looks to all health, social and wellbeing providers, Health Boards and other stakeholders to work collaboratively in sharing local initiatives, products and solutions that could add value to the delivery of primary care services on a 'once for Wales basis'.



The People & Organisational Development (OD) Stream of this Programme sets out to address four key overarching themes within workforce and organisational development:

Activities to support these themes include:

- Workforce
- Resources
- Efficiency; and Leadership

- Workforce data and planning
- Addressing issues around employment and retention
- Role development (where identified) as required to support multi-disciplinary teams
- Education that increases exposure to primary care
- Fit-for-purpose training
- Means of sharing best practice that is evidenced based

Finally, in line with our commitment to secure sustainable improvement in provision of all mental health and learning disability services, this Strategy is aligned to the work underway at national level to develop a workforce plan for all the mental health provision across health and social care. The **Mental Health Workforce Plan for Health and Social Care** is in consultation stage until end of March 2022.

It will be a vehicle for driving radical change and comprehensive improvements in how we develop, value and support our specialist mental health workforce, in recognition of the critical role they play in supporting people with a range of mental health needs in a variety of settings. It also recognises that mental health, wellbeing is everyone's business, and so this plan is an opportunity to develop the skills and knowledge of our generalist health and social care workforce to better equip them to deal holistically with the mental health needs of the people needing their care.

The demands for mental health services will only increase as the pandemic continues to unfold and as such the scope of this work is wide ranging, encompassing multiple

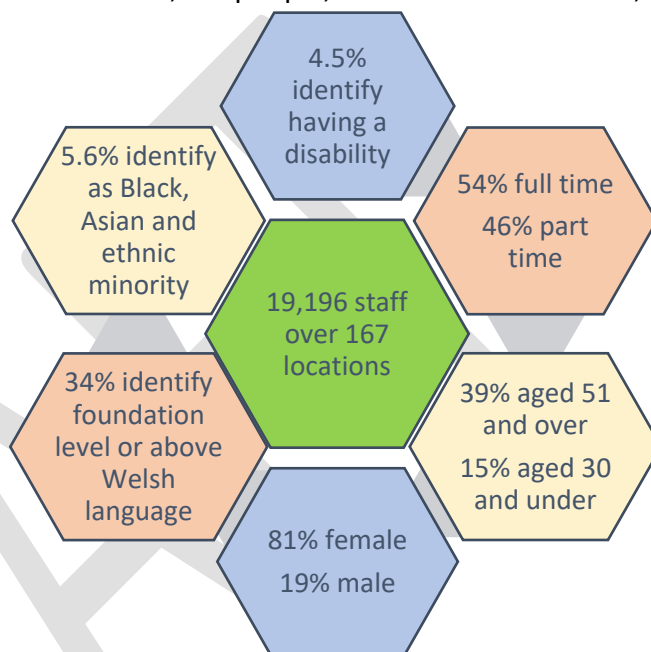


professions, services and settings, and underpinned with a person and family centred approach.

## Our Current Workforce and Work Underway

### Our key characteristics:

Our health and social care workforce makes up the largest Health Board in Wales, and one of the largest employers in North Wales. With over 19,000 people, and over 167 locations, the majority of whom are female, are employed in more than 350 different types of roles across health and social care, and together with volunteers and carers, our workforce hugely impacts on the social, cultural and economic prosperity of Wales.



Approximately 46% of our people work part time, and of these 91% are female. Information on the wider prevalence of flexible working patterns will require a step change following our experience during the pandemic and building on the development of an agile working organisation is a key priority. Greater transparency would help create a culture and mind-set where this being the norm, is encouraged and not resisted. We also need to better understand how people want to work and manage their responsibilities and lifestyle.

Our ambition is to being an inclusive and fair employer of choice. Our four staff networks (**BCUnity staff network, RespectAbility Network, Celtic Pride and Gender Equality Network**) continue to grow and are playing an active and important role in shaping our thinking and we have seen positive improvements in how some groups feel able to speak up.

Our newly established **Race Equality Action Group (REAG)**, although paused in November 2021 re-commenced in February 2022. The pending publication of the Welsh Government Race Equality Action plan, inclusive of a Workforce Race Equality Standard (WRES), will support the development of our internal REAG action plan.

Gender equality is important and we are working to address the gender pay gap which is currently **33%** despite the fact **81%** of the workforce is female.



We have set ourselves the challenge to significantly reduce the pay gaps for gender, ethnicity and disability within four years as part of our **Strategic Equality Plan**. Actions include ensuring all adverts have inclusive language, welcoming applications from part-time workers and job-shares, and enabling increased flexible working patterns from different locations.

We also have a way to go in terms of our ability to actively offer and provide comprehensive bilingual services. Currently **34%** of our workforce is able to speak Welsh at Foundation level or above, however many are not in front line roles. We will prioritise identification of skills gaps, recruitment and learning of Welsh to ensure that we have sufficient Welsh speakers in frontline roles.

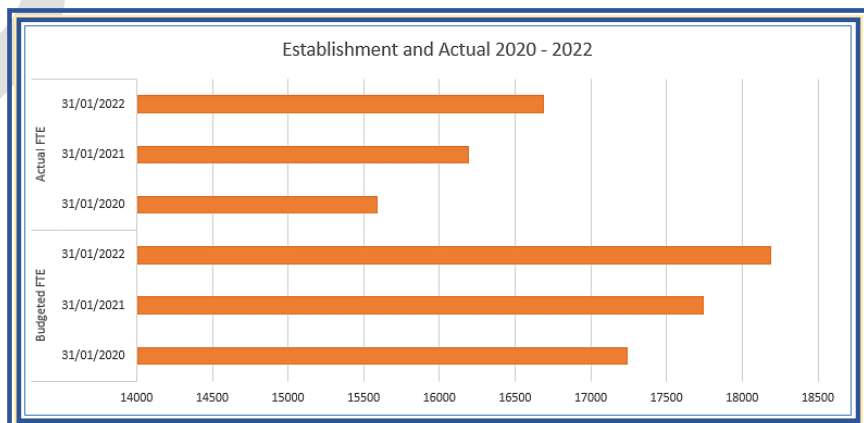
We have an aging workforce. **39%** of staff are aged 50+ and this is likely to increase as people expect to work longer. **5%** of the workforce is under 25 years of age, and **15%** is 30 years of age or younger.

Our over 50s are forecast to be to be the fastest growing group within the workforce. Flexible employment processes and ways of working that support their needs are important to them.

Those who have been in the same job for a long time would like opportunities to do something different, be this short-term involvement in projects or secondments or support for a permanent move or portfolio career. This can be a particular issue for those in senior roles who may feel 'stuck' in the current structure. Creating a more fluid approach to jobs for example rotations, and how we work, for example flexible/agile working across our generational workforce span is important to us and will support retention.

Building on the work undertaken through the pandemic, our focus is on improving the connectivity between service design and delivery, workforce shape and supply, and our ambition to be an Employer of Choice. This includes the clinically led reviews of existing delivery models that have informed the IMTP and the wider workforce plan to ensure the skills mix is correct for service delivery, sustainability, and triangulation of proactive workforce commissioning and placement opportunities across primary, community and secondary care settings. This allows us to continue to assess the longer-term impact of agile and flexible working on services from a workforce perspective.

Over the course of the last 3 years, our workforce has increased both in budgeted establishment (+6%) and in actual Full Time Equivalent (FTE) in post (+7.6%). This is in the main due to the number of new service and workforce improvements undertaken through 2021/2022.



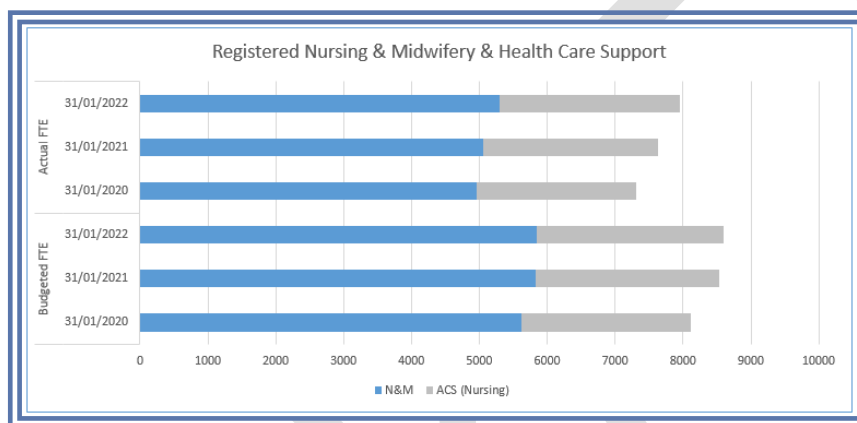


Across the year, we have seen an increase in new service provision across Test, Trace & Protect (TTP) and the Covid-19 Vaccination programme, whilst seeing new service investment across areas such as Emergency Medicine and Stroke.

Recruitment activity has significantly increased across the year as a result, with the number of FTE adverts placed in January '21 being 460 compared to 846 in January '22.

This is reflective of new service developments together with a focussed proactive approach to appointing to more roles on a substantive basis. The overall vacancy rate has stayed steady at around 8 - 9% across the same period.

This has led to the workforce teams taking a significantly different approach to recruitment across the year with the development of a new international workforce pipeline initially focusing on nursing which has seen over 100 new nurses come into the Health Board with plans over the next 2-3 years for another 350 to come on stream.



Registered Nursing & Midwifery has increased by 4% in budgeted establishment and 6.5% Actual FTE in post. When set together with Health Care Support Worker increases of 10% budgeted establishment and 11% actual FTE in post this provides a

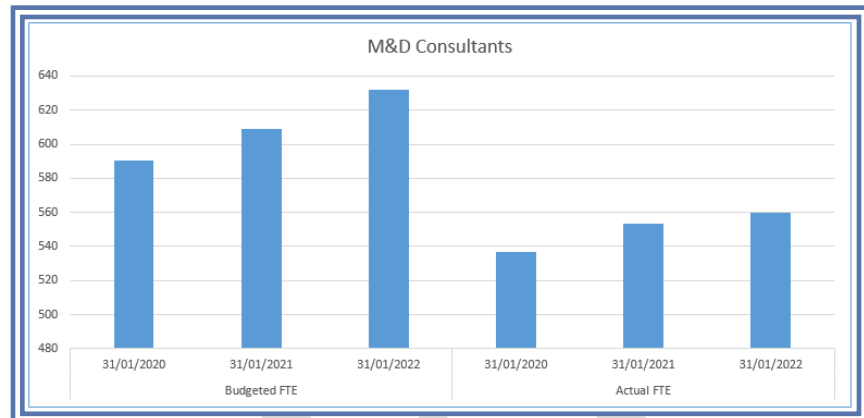
positive picture, albeit one that recognises there remains a significant gap of just under 600 FTE registered nurses and that retention remains a challenge.

Through the Nursing & Midwifery Recruitment & Retention group, there is a range of work streams to improve retention of nurses. In particular, there are three career pathways under review and are being enhanced to make a Nursing career in BCUHB more visible to our staff. The first scheme - Matron Development program, initiated earlier in 2021 received positive feedback. The next two schemes to be taken forward are the Ward Manager development program and Head of Nursing development programme. Whilst these two programmes are at this stage uni-professional, the commitment through this Strategy is to move to multi-professional development being the norm with uni-professional only for very specific topics or skills development.

There has been work undertaken to improve the exit questionnaire uptake to provide a better understanding why people leave BCUHB. From the 1 February 2022 all agenda for change staff terminations are completed via the ESR Self Service system, this process automatically triggers the Exit Questionnaire process. Using the process within ESR will allow us to monitor, identify key themes and review the leaver process more efficiently and enable us to expand on the learning from the "leaving well" departure process developed as part of the implementation support for the new Operating Model.

This methodology has been used to develop a medical pipeline, enabling the development of a proactive system for forward planning on medical recruitment, particularly at Consultant Level and as it progresses, plans are to roll this out across medical grades and specialities.

Our Medical & Dental Consultant workforce has increased by 7% budgeted FTE and 4.5% actual FTE in post. Whilst all other grades have seen an increase, by far the smallest increase has been in directly employed General Practitioners. Further development of a sustainable strategy for our primary care workforce is a key strategic priority for the term of this Strategy and beyond.



We have adopted new streams into our pipeline for medical staff and have been working to bring Junior Doctors who qualified abroad, but are English residents into the Health Board at a rate of 10-20 a year. We have recruited four as of January 2022.

Alongside this, to continue to run in parallel with national and UK recruitment we are working with partners to supply overseas doctors for areas such as Emergency Medicine, General Practitioners and other targeted specialities.

Clinical and Service areas, Finance and Workforce teams have all worked collaboratively to develop a new campaign approach to advertise service vacancies as a whole. This has been particularly successful in the case of the Stroke service, which traditionally has been a hard to recruit to area.

Our attraction approach over the last 12 months has been about moving away from singular transactional vacancies to a more holistic approach on two fronts. The first relates to the service-based roles as part of service-orientated recruitment campaigns for new service developments. Major investment has been made in services such as Stroke and Emergency Medicine, and where there has been historical challenges in recruiting such as Pharmacy and Child and Adolescent Mental Health Services (CAMHS). The second is around professional staff groups such as nursing and Medical & Dental staff where there has been recruitment challenges over a sustained period. The approach in this case has focused on the whole attraction package an individual can access working in North Wales in terms of lifestyle choice on a personal level alongside the professional opportunities such as involvement in the new Medical and Health Sciences School coming on stream in the near future.

There has been a specific focus recently on the Primary Care workforce, with the development of a detailed GP Workforce Recruitment & Retention Strategy. This includes current staffing positions and plans to attract and build sustainability across the workforce in this area.

As at September 2021, there were over 95 GP practices across North Wales, 11 of which being directly managed by the Health Board through its managed practice model (where the Health Board directly employs staff). The Health Board has achieved some level of success over the past 12 months in terms of recruitment across Primary Care and will continue to implement the plans described in the GP Workforce Recruitment & Retention Strategy.

From January 2021 to September 2021, 390 staff joined the Health Board against 270 who left. This is a net gain of 120. Across our GPs specifically we saw a net increase of 73 but this was mainly across the more junior grades whilst across salaried and partner GPs we saw a net loss of 6. This is a specific area of focus and we are working closely with the Primary care teams to build a sustainable GP workforce across North Wales going forward.

**Clinical Workforce Service Review programme** - As part of the evolving Workforce Planning approach the Health Board has commissioned a series of clinically led workforce reviews to look at what the workforce is now and what it needs to be in the future. These reviews provide a systematic way of evaluating current practice, to identify best practice, review compliance with existing policy, and making quality improvements required. This in turn will improve outcomes for patients and ensure we measure the impact of the changes made. An example of this approach is across Emergency Medicine and Stroke, allowing the Health Board to understand the current state of practice, and what needs to be actioned to deliver 21st Century care. This in turn informs our workforce planning, commissioning and recruitment, both now and going forward, with direct links to initiatives such as the North Wales Medical School and the integrated Health & Social Care Workforce Strategy development.

Working with the clinical service teams to produce a multi-year plan to support the service now and sustain it going forwards has involved looking at current patient activity levels, current and future clinical pathway options, and current and new workforce delivery models. This has been quite complex across the Health Board given the multi-faceted nature of the geography and the differing needs of the patient cohorts across North Wales.

Reviews are currently taking place in Colorectal, Emergency Medicine & Same Day Emergency Care (SDEC), Women's Services, Mental Health, General Surgery, Pharmacy and Stroke Services. There are plans to extend further with Anaesthetics and Critical Care in 22/23. Many of these schemes are longer-term developments and it is expected that for the majority of the services outside of Emergency Medicine and Stroke recruitment activity would only commence in year 2 of the plan.

**Workforce Planning & Commissioning** - We are taking major steps forward to utilise the data available to the Health Board to inform planning now and in the future.

The development and roll out of the Recruitment Pipeline dashboard, which is just one example, has allowed both workforce and operational teams to see at a glance a snapshot of

recruitment activity across the Health Board. This includes having the ability with Power BI technology to drill into this data to look at a specific area/ward within the Health Board to understand the current position and predict the necessary recruitment activity required to close any gaps. This, triangulated with over-arching trend data in, age profiles, turnover rates etc. and known service pressures, allows workforce information to be utilised in the short to medium term planning cycle which has previously has not been accessible. In addition, this information will support the monitoring our recruitment activity to inform strategies to create a more inclusive/diverse workforce which is reflective of the demographics of the North Wales population

To support the development of and prioritisation within the IMTP for 2022-2025 we have aligned the educational commissioning process in order to be able to triangulate the three elements of the workforce-planning triangle. This has allowed us to start to develop our plans to not only support in year 1, but also be able to identify any potential gaps across years 2 and 3 and also plan for year 4 and beyond. Below is the current position of the graduates across a 6-year profile.

Workforce Areas	Headcount of New Graduates & Year of output						
	2022	2023	2024	2025	2026	2027	Total
Allied Health Professionals	132	119	133	108	144	6	642
Healthcare Science	15	16	27	22	25	2	107
Nursing and Midwifery	757	768	773	838	686	81	3903
Other Professions	12	12	12	12	0	0	48
Pharmacy	37	34	15	23	4	0	113
<b>Total</b>	<b>953</b>	<b>949</b>	<b>960</b>	<b>1003</b>	<b>859</b>	<b>89</b>	<b>4813</b>

**Occupational Health and Safety** - Good Occupational Health and Safety (OHS) is good for all. A workplace that promotes staff wellbeing and the development of a strong safety culture is vital in achieving our vision of providing the best care we can for the people of North Wales.

Over the next three years, we plan to reduce avoidable harm to our staff and patients. We will do this by providing a safe and healthy environment free from violence and secure for all our staff and patients. We will as a minimum comply with relevant Health and Safety legislation and go beyond this where practicable to help our people achieve a healthy work life balance and improve their wellbeing through work.

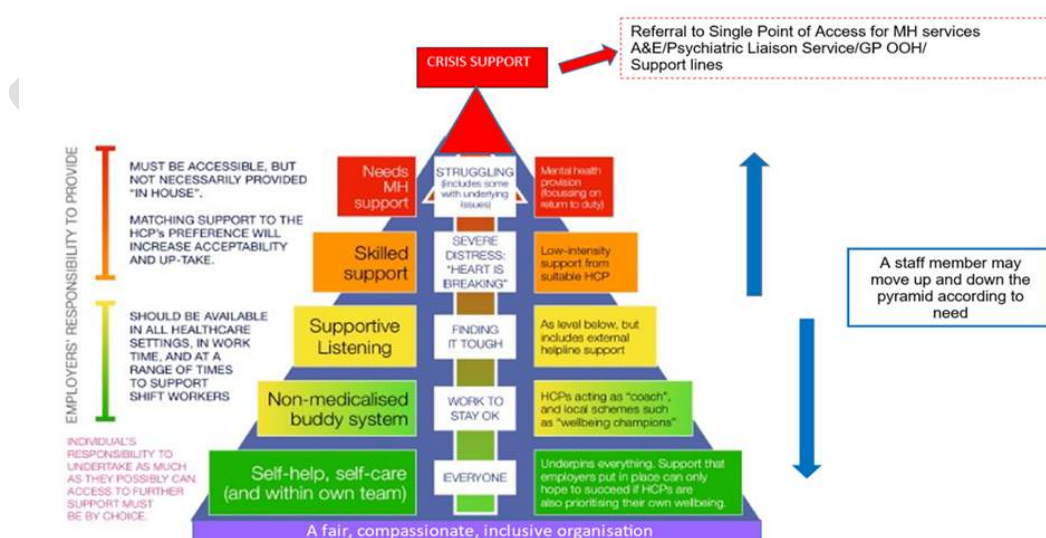
Our safety objectives support the building of a positive safety culture through effective leadership behaviour. We want all of our people to feel supported, empowered, resilient and safe. **The Strategic OHS and Security Improvement Plan** aligns to this strategy to enable the organisation to continue to develop and build on its people who are the organisations greatest asset.

**Staff Wellbeing Support Service (SWSS)** - It is acknowledged that the Covid-19 pandemic has had an impact on the emotional and psychological health and wellbeing of health care staff, over and above the day-to-day pressures of working in healthcare. This includes the potential for a post-pandemic increase in feelings of stress, anxiety and burnout amongst staff as they reflect on their experiences of working through a pandemic whilst also working to 'catch up' with backlogs of work generated during the pandemic, including those in planned care and cancer services.

We know that supporting staff to stay emotionally and psychologically well in work is essential to creating the right conditions for staff to flourish and enable them to deliver high quality care. We also know that the provision of emotional and psychological support for staff is central to creating a compassionate and psychologically safe organisational culture and crucially supports the recruitment and retention of staff as the Health Board continues with its ambition of becoming an employer of choice.

During 2021/22, we built upon and enhanced the emotional and psychological support available to our staff, bringing services together into a cohesive and integrated staff wellbeing support service model (SWSS). This included appointing a new Strategic Lead for Staff Wellbeing to oversee the development and delivery of the SWSS.

Our wellbeing service is created on a 'pyramid' model of support that encompasses five interconnected levels of support for staff's emotional health and psychological wellbeing providing a range of support to meet the differing needs of staff. SWSS provides support to all staff, (including locums), volunteers, students and trainees on placement.



Our wellbeing service provides staff with access to five levels of care:

- **Levels 1 and 2** support staff to self-care and to 'stay okay' and psychologically well at work with the support of wellbeing champions, coaches from the BCU Internal

coaching network, emotional resilience training, and wellbeing workshops provided through our Occupational Health and Wellbeing service.

- **Level 3** support provides counselling support for when staff are starting to 'find things tough' through our Occupational Health and Wellbeing service and through RCS, an external not for profit organisation with whom the Health Board has a contract to provide support for staff who prefer to access support in this way.
- **Level 4** is more bespoke support provided by a Clinical Psychologist (through our internal SWSS staffing with some provision also available from our external provider) for staff experiencing distress and who may have a degree of complexity that may not be appropriately seen by practitioners in Level 3.
- **Level 5** support is provided for staff who may be experiencing an acute crisis or are at risk of self-harm with the support of staff within our Mental Health and Learning Disabilities Division.

Importantly, our SWSS is underpinned by a 'no wrong door' policy with services working together to ensure staff are supported to access the level of support they need from the first point of contact without the member of staff needing to contact more than one service. Pathways into and between services within SWSS have been developed to ensure the delivery of a co-ordinated and cohesive service which is easier for our staff to access and navigate.

To develop our SWSS, we have recruited additional posts to better support and expand our network of Wellbeing Champions and to provide additional counselling and Clinical Psychology capacity. We have also secured supervision for internal coaches and undertaken pilots of other supporting initiatives including Wellbeing Blitz and Taking Care Giving Care, as well as continuing to provide emotional resilience training. We will soon be introducing our first phase of Schwartz rounds.

The evaluation of our SWSS is ongoing, which includes seeking anonymised feedback from staff who access support, including asking staff about the additional ways we can continue to develop our wellbeing service further.

We know that our staff with protected characteristics – including those who are from a Black, Asian and Minority Ethnic background, disabled staff or staff who experience socio-economic disadvantage – can face additional challenges in remaining emotionally healthy and psychologically well in work and may find it more difficult to ask for support when they need it.

We will continue to work with our staff networks to promote the availability of our SWSS and to identify ways we can make SWSS more accessible and tailored to their needs.

A further area of focus for development of our SWSS is to provide support for teams/groups of staff and their line managers whilst continuing to provide support for individual staff.

Our aim will be to replicate the five tier integrated 'pyramid' model of support (as above) to provide support to teams and line managers:

- ✦ for their emotional self-care and to remain psychologically well (Levels 1 and 2),
- ✦ early intervention support for when teams and line managers may be starting to find things tough emotionally (Level 3)
- ✦ as well as providing more intense support for teams and line managers who are experiencing difficulties (Levels 4 and 5).

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## Section 3: Our Priorities for Delivery 2022 – 2025

Considering our future work and the people requirements to deliver our strategic priorities, it is clear that to deliver this we need to:

Focus on our culture & employee experience striving to create an inclusive, healthy & empowering environment that actively recognises what matters most to our diverse and multi-generational workforce and reflects the communities we serve in support of our equality duties.

Understand and plan for the numbers and types of skills that we will require, developing clear build, buy, borrow and bot (automation approaches), alongside a more sustainable way of funding multi-year investments.

Embed succession planning & talent management to identify & grow internal talent for critical roles.

Develop innovative ways to attract and develop our talented people, addressing scarce skills & critical roles. Include a greater focus upon widening access to new and different labour markets, re-profiling roles & re-skilling people and contributing to a competitive & successful economy.

Organise ourselves to maximise agility & personal contribution by reducing silos & increasing collaboration across boundaries, recognising this requires better people data, processes & a shift in mind-set within the organisation and in partnership with our Trade Union colleagues & our staff.

Recognise the key enablers to our people strategy, optimising the use of data, technology & relationships. Support staff to exploit these opportunities, including building access to the skills and expertise we may not have, through an external commissioning approach.

Clarify educational requirements & their equivalence as well as agreeing the balance of breadth or generalist skills versus depth or specialism needed.

Influence the design, commissioning and sustainability of relevant education provision & embrace new & immersive ways of delivering education, training and development.

Shape work to fit the lives of our people through greater use of flexible working in its widest sense, & rethinking how we manage careers to respond to the changing needs and expectations of the next & future generations of staff.

Continue to invest in our managers and leaders who are critical to creating the climate in which their teams & colleagues can thrive.

Building greater understanding & alignment of our workforce planning processes & ensuring that all of our attraction, recruitment & appointment processes are value based & value adding, efficient, safe, & effective. Making it easier for people to do the right thing for their services

Align our People Services to the Operating model providing excellent customer focussed & outcome based services that are easy to access, consistent & reliable, forward thinking & innovative.

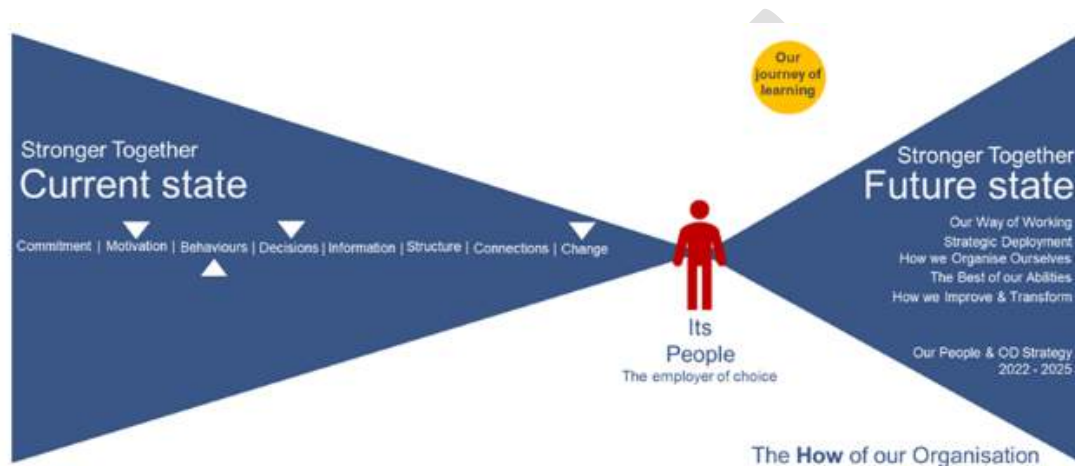




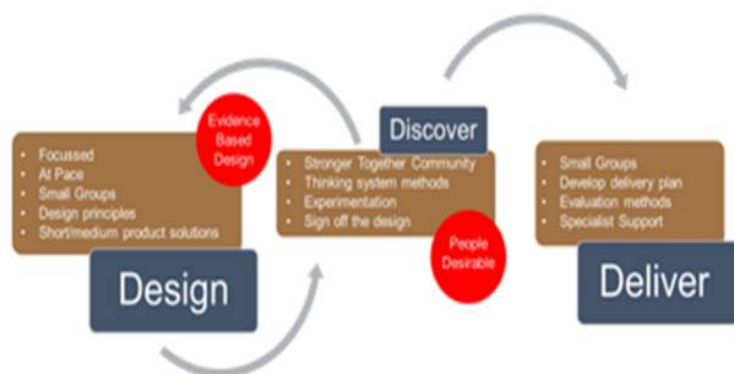
## Discovery to Design to Delivery – 5 Programmes of Work

In 2021/2022 the Health Board embarked on an ambitious three year people and organisational development journey (Mewn undod mae Nerth/Stronger Together). This was and continues to be aimed at enabling the organisation to move forward and deliver its Long term Strategy – Living Healthier Staying Well and IMTP (the What) through delivery of its People Strategy and Plan – Stronger Together (the How).

This Route Map recognises that at the heart of the transformation will be our staff, partners and patients in short, 'Our People'.



Our methodology - Having received feedback from 2,000 staff as well as triangulating with internal and external reviews to inform our learning we have a mandate for change.








The overwhelming response supported the shared commitment to grasp the opportunity to:

- |   |   |
|---|---|
|  <b>Purpose &amp; Goals</b><br>Reset & connect                                   |  <b>Decision making</b><br>Establish clear framework to empower            |
|  <b>Behaviours</b><br>Develop our shared standards                               |  <b>Leadership Development</b><br>Develop framework & increase opportunity |
|  <b>Engagement &amp; Communication</b><br>Learn from Discovery                   |  <b>Structure</b><br>Aligned to our purpose                                |
|  <b>Role &amp; Responsibility</b><br>Establish clarity                           |  <b>Change</b><br>Develop skills and capacity                              |
|  <b>Multi Divisional Team working</b><br>Create conditions to encourage & enable |  <b>Personal Contribution</b><br>Clear & recognised                        |

Using the key determinants for organisational health and success, we have and are committed to the principles of co design against a framework for improvement.

This framework has been aligned to five programmes of work

- **Our Way of Working**  
What we value and how we should treat each other – including how colleagues are listened to and supported
- **Strategic Deployment**  
The need for us all to understand how we are doing in our role and how the things we do connects to the Health Board's purpose and goals. Learning from the decisions we take
- **How we organise ourselves (Operating model)**  
Make it easier to get things done, improve how we organise and run the organisation.
- **The Best of our Abilities**  
Make it easier to get the skills and capacity we need from both within and from outside to support your work.
- **How we Improve & Transform**  
Collaboration and working together more effectively to address our most challenging issues and take advantage of improvement opportunities.



## Our Way of Working

What we value and how we should treat each other – including how colleagues are listened to and supported

### To deliver this, we will:

**Values & Behaviours** – Develop a behavioural compact for all professional groups. The behavioural compact will be embedded in every aspect of the employee journey from on-boarding, active employment and exit. Individuals and teams will be able to demonstrate how their behaviours are having a positive impact on individual and team performance in the provision of patient care.

Individuals will be able to describe being engaged in the organisation's health and performance. Customer focussed – ensuring patients, partners, contractors, and colleagues always receive the best service and are treated with respect and inclusivity.

**Learning Culture** – Building on the progress made with the introduction of Speak out Safely and learning from the feedback from discovery we will co design our “learning from” processes as part of the development of our transformation and improvement system.

**Staff Support & Wellbeing** - Building on the learning from our Staff Support and Wellbeing Services we will establish this comprehensive service focussed upon supporting staff when they most need it, developing strategies for self-management and prevention and supporting leaders and managers to identify and address early warning signs as well as creating the environment for colleagues to thrive.

**Engagement & Communication** - Building on the existing structures and incorporating new mechanisms to support individuals through their employee journey, strengthen existing and developing new two-way communication networks (Including leadership visibility) and linkage mechanisms, which break through internal boundaries to enable active engagement. Staff will be involved in service improvement through continuous improvement methods and connectivity to the innovation mechanisms, clinical & corporate networks, and the organisation's transformation & improvement function.



## Strategic Deployment

The need for us all to understand how we are doing in our role and how the things we do connects to the Health Board's purpose and goals. Learning from our decisions

### To deliver this, we will:

**Goals** – develop and deploy a clear set of organisational priorities and goals with outcome & process metrics aligned to the purpose based on the refreshed Strategy-Living Healthier, Staying Well & Clinical Services Plan.

Individual and team-based goals and supporting actions will be clearly aligned back to the purpose.

Improved system, team & personal performance contribution mechanisms will be rolled-out - designed to link purpose, goals, measures & actions.

Process & outcomes measures will be integrated into the internal operating framework and form part of the integrated performance reporting mechanism.

**Business Planning Mechanism** – develop and implement a revised Business Planning Mechanism to enable the organisation to deploy the discovery, co-design methodology and track delivery of short-term operational & improvement and long-term transformation plans. Plans based on population need and an evolving capacity across interdependent pathways of care to prevent, manage or meet that demand. Pathway improvement and transformation blueprints will be in continuous development as will service development plans for corporate services.

**Information & Performance** - Develop and deploy the digital infrastructure and information architecture alongside a capability development plan for operational leads and key users across the organisation. This will support the evolution towards predictive management of unplanned and planned demand, work in progress, processing capacity, activity & backlog across pathways of care at a service and whole system level.

A portfolio of bottom-up vertical outcome and horizontal process metrics which demonstrates achievement of organisational quality, performance & productivity goals at an individual, team, function and service level are developed, providing a single version of the truth in terms performance impact and evidence informed course correction interventions.

A measures framework, which mirrors the design of the organisation, forms a critical element of the performance-operating framework.

**Course Correction - Escalation protocols (issue & risks), feedback & learning mechanisms** - Performance feedback, risk management, clinical audit systems, complaints, serious incident reporting & management systems will be improved and integrated into the design of the organisations future model of operating.

Feedback loops will be improved to 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 will be used as a critical aspect of the decision-making mechanisms through the organisation from board to ward.

**Team & Personal Contribution - performance monitoring, measurement & learning**

- Team and individual goal-based performance feedback mechanisms will be integrated into the design of the organisations future model of operating.

Team based daily performance and continuous improvement events, linked to the organisations continuous improvement intervention proposal will be developed, as will enhanced appraisal mechanisms.

Evaluation of the impact has identified the benefits associated with the adoption of these combined approaches and are built into a regular weekly, monthly annual cycle of review and learning.










## How we organise ourselves (Operating model)

Make it easier to get things done, improve how we organise and run the organisation.

### To deliver this, we will:

**Design principles** - Deploy the design principles agreed in collaboration across the organisation to inform development and implementation of a revised operating model including structure, governance, performance and accountability.

-  **Person Centred** – The person is at the centre of all that we do, with an equal focus on keeping people well and providing high quality care and treatment when needed.
-  **Clinically led, evidence based, empowered** organisation - Listening to and empowering colleagues, with quality and equity at the heart of decision-making.
-  **Community focus with regional networks** – Organised around the needs of our communities, with a local focus balanced with regional delivery for the best patient outcomes. Skills and resources organised and supported to provide seamless services and better outcomes.
-  **Consistent standards with equal access** to care and support for all communities across North Wales, following value based healthcare principles.
-  **Effective partnership working**, listening to our colleagues, partners and communities to develop and deliver services that support people to live healthily and stay well.
-  **Compassionate, learning** organisation - Continually improving, using technology and data to simplify systems and innovate.
-  **Processes and ways of working** that make doing the right thing easy.

**Clinical, Operational & Corporate Service Design Standards** - Implement a detailed and managed rollout that will see the organisation transition to the new design (structure) for operational delivery & large-scale change delivery. The principles of horizontal pathway/processes supported by vertical functions, managed interdependences, job role re-design (Board to ward); decision making architecture, performance monitoring & management, two-way feedback loops, local escalation protocols, service level agreements and risk management mechanisms are integrated into the design.

**Decision Making Architecture (Design, Deliver & Assure)** – Revise and improve the Board Assurance Framework (BAF)/Scheme of delegation to align with the operating model.

Develop a clear operational governance and assurance framework to ensure that the acts of service design (standards setting), operational delivery and assurance are transparent - with separation of responsibility set within the framework of collective ownership.

Develop and deploy clear guidance to ensure 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.

**Roles & Responsibilities-** Deliver plans to ensure clarity of role (autonomy, scope, connectedness, and competency) within the organisations structure is clear for all (Levels 1+ & beyond).

Ensure pathway/process delivery is optimised as job design has aligned activities to the organisations purpose and goals.

Include within role descriptions and accountability agreements the requirement for Leaders to actively consider and promote effective job design within their teams and across the organisation as the benefits associated with this activity are visible through key organisational performance metrics; including e.g. staff surveys

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## The Best of our Abilities

Make it easier to get the skills and capacity we need from both within and from outside to support your work.

### To deliver this, we will:

**Education and learning** – Using the size, breadth and depth of the organisation to establish the organisation as a key strategic leader in Inter/multi and uni professional learning and education.

Develop a BCU Education and Learning Academy. In the first phase, this will be enhancing the infrastructure in the Primary Care Academy and as we progress through to increase in students numbers across professional groups scaling this to cover the wider organisation.

Working across our clinical and operational networks, with our strategic education partners and with our community partners, build on existing and establish new programmes of education from specialist and postgraduate training to vocational and work skills development and on to life and health skills opportunities.

**Talent and Career Development Framework** – Develop the structures, processes supported by digital systems support leaders in the active management of talent from recruitment, talent pool building, succession planning, skills & competency development, leadership development, interim role deployment opportunities, welfare management, appraisal, and performance management.

**Workforce Planning & Commissioning** – Building on the progress made and learning from the pandemic as well as deploying new national frameworks and toolkits, establish a comprehensive workforce planning methodology and framework for deployment of scenario planning linked to demand and capacity and pathway/service transformation.

Using this - develop forward look commissioning plans for education and training to enable the organisation to not only develop the workforce of the future but also, to influence national strategy and planning.

In the first phase this will be focussed upon meeting the challenges of recovery and supporting the development of new models of care and delivery e.g. Accelerated Cluster Development, enhancing prevention and primary care services and delivery of planned care through Regional Treatment services.

**High quality, reliable enabling services** – recognising the need for efficient and effective, outcome focussed enabling services. Deploying improvement methodology and applying the design principles outlined above to roll out operating model reviews across “corporate” support services to ensure our clinical and operational services are able to focus on what they need to do and the Board to be assured that the organisation is meeting its statutory and regulatory responsibilities.



**Safe environment** – Building on the significant progress made in meeting core requirements under Health & safety legislation we will further embed safe systems of work across the organisation. Recognising the levels of harm to patients and staff as a result of violence and aggression across the NHS and in our own organisation, we will develop a new model for prevention of harm. Using evidence based measures to address the root causes of harm from violence and the support we provide for patients and staff who harm or are harmed in our care or employment.

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## How we Improve & Transform

Collaboration and working together more effectively to address our most challenging issues and take advantage of improvement opportunities.

To deliver this, we will:

### **Building Strong Foundations in Transformation & Improvement System and Structure**

– Using the experiences of the people within the Health Board, together with exemplars locally, nationally and internationally we will establish a transformation, continuous improvement and portfolio management system. Optimising the synergies and expertise across key enabling functions e.g. education & learning, finance, planning, public health, research & Development and organisational development to create the environment for transformation and innovation to thrive and for systematic prioritisation and benefits realisation.

**Improving the way we manage Large Scale Change** – learning from the process of discovery, leveraging the benefits of a standardised approach to the discovery, design, sustainable delivery, and management of change.

Develop and deploy mechanisms to ensure and enable Clinical, operational, and corporate teams to be actively participating in evidence-based discovery and co-design of large-scale care pathway and service change.

**Leadership & Management** – Develop an integrated Leadership & Management Development Framework for all professional groups based on the principles of transformation and improvement, compassion, experiential practical learning, network development, distributed leadership, team communication, staff safety & wellbeing, systems and how they work, social movement and human factors practice, collaborative & shared decision making and peer to peer coaching.

**Productive leader** – Develop a suite of development interventions tactically aimed at the top 150 senior leaders and their secretaries/PAs to facilitate a dynamic shift in their working practices. In order to reduce non value adding personal management and administrative activities thereby releasing up-to 20% of their time to reinvest in more value-adding activities. Team based experiential learning encompassing: Meetings Management, E-mail Management, MS Team Management, Digital document management, Workload management, Programme and project status at a glance, Information processing and Thinking systems strategies.

**Continuous Improvement & Coaching skills** – Develop a Continuous Improvement development programme to enable the organisation to demonstrate measurable improvements in quality, performance, and productivity across both clinical and corporate services.

Ensure all induction, education, learning and contribution frameworks include Individual and team based continuous improvement knowledge, techniques at all levels of the organisation.

## Section 4 Conclusion

This People Strategy & Plan sets the future direction for our workforce over the next 3 years aligned to, informed by and importantly positioning the organisation to influence the national context and policy and to deliver our Local Living Healthier Staying Well Strategy through our Integrated Medium Term Plan.

It sets out the fundamental building blocks needed to consolidate progress to date, address the opportunities and challenges facing the workforce and to align efforts across the Health Board and partners.

Much of what is set out in this Strategy is already underway, with issues being recognised and positive action taken. This Strategy endeavours to bring everything together so we do not lose this good work and progress, but build on it by deploying a prioritised approach using our Transformation and Improvement System.

It sets out the fundamental building blocks needed to address the opportunities and challenges facing the workforce and to align efforts across the Health Board.

Central to the delivery of this Strategy is the requirement for true collaboration and partnership at all levels internally and externally with our partners. Everyone will have a role in shaping and delivering improvement plans that take us closer towards achieving the ambitions of this Strategy, meeting the known and unknown challenges. This includes better alignment and integration across organisational and professional boundaries that too often get in the way of doing the right thing for the people at the centre of our services.

The themes within this Strategy have been developed in collaboration with corporate enabling services and clinical and operational teams in response to the feedback from Mewn Undod mae Nerth/Stronger Together Discovery and to enable delivery of the IMTP. This has been and continues to be a learning and improvement process, with each iteration highlighting additional learning and areas for inclusion and or further development.

The models used for assessment and prioritisation will continue to be refined and adapted to ensure it meets the needs of the organisation and is responsive to emerging risks and opportunities.

The detail within the Strategy and Plan will be refreshed on an annual basis aligned with the refresh of the Integrated Medium Term Plan.

This refresh will ensure:

- ❖ The programmes are work are delivering what is required and there is evidence of tangible outcome improvement

- ✦ Any critical developments (risks and opportunities) at national and/or local level are considered and addressed for the year ahead
- ✦ Feedback (both internal and external) through the year is triangulated to ensure the priorities within the programmes of work and plan are relevant
- ✦ The workforce plan is effectively aligned to the delivery of the priorities and is affordable and achievable

As we move through 2022/2023, the transformation underway at both national and local level in terms of workforce modelling, analysis and planning will only serve to further enhance the credibility and accessibility of workforce intelligence to support and inform decision-making and improvement.

## Section 5 References and links

All of the documents below can be accessed [here](#)

- ✦ A Healthier Wales
- ✦ Living Healthier, Staying Well
- ✦ Strategic Workforce Planning Framework for Primary Care, Community Service
- ✦ Mental Health Workforce Plan for Health and Social Care
- ✦ A Healthier Wales: Our Workforce Strategy for Health & Social Care
- ✦ Parliamentary Review
- ✦ National Clinical Framework
- ✦ Quality and Safety Framework: Learning and Improving
- ✦ Local Needs Analysis (LNA)
- ✦ Accelerated Cluster Development Programme
- ✦ Strategic Programme for Primary Care
- ✦ Strategic Equality Plan
- ✦ The Occupational Health, Safety and Security Improvement Plan
- ✦ People Strategy & Plan Delivery Plan



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# People (Workforce) Plan – 2022-2023





## People (Workforce) Planning 2022 – 2025

As described earlier in the People Strategy and Plan, considerable work has been undertaken to develop a robust mechanism and infrastructure to enable effective and predictive workforce modelling and planning both at a local and national level. This work aligns with national programmes e.g. strategic workforce planning frameworks for primary care, mental health and the emerging planned care recovery framework.

The progress made to date has enabled the further integration of people capacity, capability assessments into the prioritisation stages of our strategic and operational planning processes. In the lifecycle of this Strategy, we will develop our workforce analysis and scenario planning and projection systems and capability to the level that it can provide:

- ✦ an intelligent, adaptable and accessible platform to test input, output and outcome scenarios;
- ✦ inform service development prioritisation and commissioning decision making
- ✦ drive resource allocation and development decisions across the Health Board, the wider Health and Social Care system; and
- ✦ Influence local and national policy.

At this stage, this People (Workforce) Plan focusses upon delivery of the first year of the Integrated Medium Term Plan (IMTP). However, supporting the IMTP is a full workforce profile for the 3 years 2022 -2025 and this can be found [here](#).

This profile is set out into the following areas:

**Core Workforce – Permanent and Fixed Term** - This element covers all substantive staff who are on a permanent or fixed term contract within the organisation. It allows the organisation to compare like for like year on year (March 2021 to March 2022) and then project forward across the next financial year 22/23 taking into account new initiatives, education commissioning figures and areas such as apprentices. The use of apprenticeships is an area where the Health Board is looking to increase numbers from 16 currently to over 300 across the next 2 years.

**Variable Workforce** - The variable workforce element captures internal temporary staffing utilised across the Health Board excluding agency workers. It covers areas such as bank staff shifts and overtime hours carried out by our substantive staff. This allows the workforce teams to understand the Health Board's reliance on temporary workforce to ensure the optimum balance between core and variable workforce is maintained. It is our intention to significantly reduce our usage of variable workforce over the next 2 years, whilst recognising the ongoing pressures across the NHS workforce as a whole.

**Agency/Locum** - The Health Board has traditionally relied on external temporary staffing to bolster specific areas of the workforce where long-term gaps and shortages have existed. Going forward over the next 2 years it is our intention to reduce our reliance on this area of workforce resource.



**Covid 19 Breakdown: Test, Trace & Protect Service (TTP), Mass Vaccination Programme and Planned and Unscheduled Care Sustainability** - The final element of the workforce profile covers the impact of Covid 19 on our workforce across three major areas. These are the current TTP and Mass Vaccination services we have been and are currently providing in response to the pandemic, and in addition to this the additional workforce we have utilised across planned and unscheduled care to sustain these services in light of the Covid 19 impact on patient admissions and procedures.

## **Workforce Plan 2022 - 2023**

The People (Workforce) Plan outlines the detailed recruitment (and retention) activity that will be carried out across the first year of the Strategy with the aim of delivering a more stable position across the existing workforce and to deliver the additional workforce required to deliver year 1 of the IMTP.

The plan is broken down into the following elements with a consolidated summary below

### **Combined Workforce Plan – 2022/2023**

The overarching position in terms of additional recruitment (and retention) required across the health board in 22/23 net core national and local commissioning impact.




### **Bridging the Gap – 2022/2023**

Additional recruitment (and retention) activity required to close the vacancy gap across the existing workforce. Including projection based on performance to date and stretch target for improvement of the position.

Actual and projected output from national and local education commissioning

### **IMTP Priorities – Workforce Impact**

Additional recruitment required to support the delivery of the IMTP

-  Consolidated Schemes for 22/23
-  Schemes Commencing in 22/23
-  Planned Care Recovery Initiatives - 22/23 (*Additional recruitment required to support and sustain planned care services*)

### **Primary Care Resilience**

Additional recruitment (and retention) activity set to support workforce resilience in year 1 of the People Strategy & Plan whilst GP Workforce Recruitment and Retention Strategy finalised.










## Combined Workforce Plan

The overarching position in terms of additional recruitment (and retention) required across the health board in 22/23 once commissioning activity is factored in is 660 WTE or 928 WTE (Stretch) across all staff groups.

The deliverability assessment has been based on a combination of factors including:

- \* volume of recruitment and timescales
- \* identified staff groups against national and regional context and intelligence
- \* service specifics i.e. model, reputation and historic recruitment activity and success

Workforce Plan Recruitment Activity Summary 22/23 (WTE)					
	Medical	Nursing	Other Clinical Registrants	Non-Registrants & Non-Clinical	Totals
<b>Bridging the Gap</b>	89	398	124	353	<b>964</b>
<b>IMTP Consolidated Schemes</b>	59	185	188	204	<b>637</b>
<b>IMTP Commencing Schemes</b>	15	5	9	22	<b>50</b>
<b>IMTP Planned Care Recovery Initiatives</b>	6	10	43	39	<b>98</b>
<b>Totals</b>	<b>168</b>	<b>598</b>	<b>365</b>	<b>618</b>	<b>1749</b>
<b>Primary Care Resilience Plan</b>	15	13	15	34	<b>78</b>
<b>National &amp; Local Commissioning 22/23</b>	65	306	206	245	<b>822</b>
<b>Recruitment Net Commissioning Activity Position</b>	<b>103</b>	<b>292</b>	<b>159</b>	<b>373</b>	<b>927</b>
<b>Deliverability</b>					

## Bridging the Gap – 22/23

To ensure the Health Board can deliver and sustain existing services throughout the 2022/23 and beyond detailed work has been carried out to quantify and project the recruitment activity across the different staff groups needed to achieve this.

This work has involved working closely with professional groups and reviewing key metrics and intelligence to ensure a full picture is visible and intelligent conclusions can be drawn.

The metrics reviewed using nursing as an example are listed below;

- **Budgeted establishment across all staff grades** (this is the number of staff who are in a team's core workforce numbers to deliver the current service, so for nursing the most common area is a ward)



- **Actual Staff in post across all staff grades** (this is the number of staff who are actual working on a ward in the case of nursing and we can then workout the number of gaps (vacancies) on that ward by subtracting the actual from the budgeted establishment)
- **Leavers across all staff grades** (this is the number of staff that have left the service over a defined period usually the previous 12 months, 3 years and 5 years)
- **Turnover rates across all staff grades** (this is rate at which people leave the service and allows us understand how long people stay in a specific area)
- **Age Profiles** (this is the makeup of the staff and the age groups they fall into, this allows the service to understand and predict such things as potential retirements and experience of their area)
- **Recruitment Profile** (this is the recruitment activity across a given period, usually 12 months to understand the previous and current activity when recruiting and successfully hiring staff against their vacancies)
- **Student Commissioning Profile** (this is the number of newly qualified a service can expect to recruit over a given period, usually a 12 month look forward to understand when they will be available to the service to ensure vacancies are linked to these staff and this is taken into account when carrying out standard recruiting across a service)

From the quantitative metrics above and the qualitative intelligence pulled from the areas such as staff surveys, exit surveys and interviews, workforce and nursing teams are able to project and forecast what the workforce profile may look like for a profession, service or ward area over the next 12 months, 3 years and 5 years. This is to ensure appropriate measures and resources are put in place to support the delivery of the recruitment of this workforce now and going forward.

With this in mind and building on work commenced in 22/23 a number of initiatives are in place and being further developed to facilitate and support the ongoing recruitment of staff across and into the Health Board.

These include aggregated recruitment campaigns across staff groups and services to ensure maximum impact and exposure across all media to attract candidates to the Health Board. Other initiatives such as centralised talent pools for high volume applications, such as Health Care Support Workers (HCSWs) and Estates and Facilities, will be in place to streamline and maximise recruitment in these areas.

Over the next year, the stratified risk recruitment target has been set against each staff group based on assessment of the impact of improvements in recruitment and or retention together with impact of not reducing the gaps further on delivery of services.

The table below shows the current position in terms of existing gaps across staff groups and the targets that have been set to support a sustainable workforce going forward across the Health Board.



## Bridging the Gap – Projections and Stretch Targets

Staff Group		February 2022 FTE Budgeted	February 2022 FTE Actual	February 2022 FTE Variance	22/23 Recruitment Trajectory Profile	March 23 FTE Variance	22/23 Risk Stratified Recruitment Target	March 23 Risk Stratified Variance
Add Prof Scientific and Technic		703.4	672.7	30.7	22.1	8.6	23.2	7.5
Additional Clinical Services		3673.1	3534.5	138.7	124.8	13.8	131.1	7.6
Administrative and Clerical		3486.5	3342.7	143.8	129.4	14.4	135.9	7.9
Allied Health Professionals		1185.4	1109.4	76.0	68.4	7.6	71.8	4.2
Estates and Ancillary		1381.8	1265.3	116.5	-57.2	173.7	85.8	30.7
Healthcare Scientists		288.4	253.0	35.4	24.5	10.9	29.4	6.0
Medical and Dental		1626.1	1218.0	408.1	63.6	344.5	89.0	319.1
Nursing and Midwifery Registered		5860.6	5268.1	592.5	284.2	308.3	397.9	194.6
		18205.3	16663.6	1541.7	659.9	881.9	964.1	577.6

### Profile by month:

Staff Group	Monthly Workforce Profile												Monthly Workforce Profile
	M1	M2	M3	M4	M5	M6	M7	M8	M9	M10	M11	M12	
Add Prof Scientific and Technic	3	5	7	9	10	12	14	15	17	19	20	23	
Additional Clinical Services	43	64	85	107	128	131	131	131	131	131	131	131	
Administrative and Clerical	28	43	57	71	85	99	114	128	136	136	136	136	
Allied Health Professionals	35	55	72	72	72	72	72	72	72	72	72	72	
Estates and Ancillary	12	24	36	48	60	72	84	96	108	120	132	144	
Healthcare Scientists	4	6	8	9	11	15	17	19	21	23	24	29	
Medical and Dental	4	8	12	16	60	64	68	72	76	80	84	89	
Nursing and Midwifery Registered	96	104	111	119	127	154	162	170	177	185	193	398	



## National and Local Commissioning profile for 2022 -2023

Workforce Areas	Headcount of New Commissioned Output 22/23
Allied Health Professionals	110.0
Healthcare Science	15.0
Nursing and Midwifery	306.0
Physicians Associates	12.0
Pharmacy	37.0
Medical	65.0
Primary Care	32.0
Apprenticeships	245.0
	<b>822.0</b>

### Profile by month:

Workforce Areas	Monthly Workforce Profile												Monthly Workforce Profile
	M1	M2	M3	M4	M5	M6	M7	M8	M9	M10	M11	M12	
Allied Health Professionals	35	70	110	110	110	110	110	110	110	110	110	110	
Healthcare Science	15	15	15	15	15	15	15	15	15	15	15	15	
Nursing and Midwifery	88	88	88	88	88	108	108	108	108	108	108	306	
Physicians Associates	0	0	0	0	0	0	0	12	12	12	12	12	
Pharmacy	37	37	37	37	37	37	37	37	37	37	37	37	
Medical	0	0	0	0	0	65	65	65	65	65	65	65	
Primary Care	32	32	32	32	32	32	32	32	32	32	32	32	
Apprenticeships	20	40	60	80	100	120	140	160	180	200	220	245	



## IMTP Priorities – Workforce Impact

This section of the plan profiles what is required across three of the main areas of the IMTP in terms of recruitment activity to support and enable delivery of the Health Boards transformation plans across the next 3 years.

Each scheme has been assessed in terms of workforce delivery based on a RAG rated matrix. The factors that have been taken into consideration include volume of recruitment, identified staff groups, service specifics, historic recruitment activity and success.

This has provided a robust and consistent approach to ensure the recruitment profiles are realistic and deliverable to ensure schemes can be implemented and deliver the identified improvements outlined in the IMTP.

### Key

'no workforce implications'	The human resource required to deliver this scheme is already factored in to existing teamwork plans.
RAG rating of AMBER ●	The workforce requirements of this scheme have been carefully scrutinised and are considered appropriate in nature. There is a high likelihood of being able to recruit the necessary individuals, including specialist roles.
RAG rating of AMBER ●	The workforce requirements of this scheme have been carefully scrutinised and are considered appropriate in nature. There are some concerns about being able to recruit the necessary individuals but mitigation is in place in case of incomplete recruitment, and the scheme is of sufficient importance that we consider it important to maximise efforts and seek to fully recruit.
RAG rating of AMBER ●	The workforce requirements of this scheme have been carefully scrutinised and are considered appropriate in nature. There are significant concerns about being able to recruit the necessary individuals. Red RAG schemes would not normally be progressed. Red RAG schemes will only been included in limited circumstances: <ul style="list-style-type: none"> <li>- The scheme is multi-year, already underway, and is progressing well in all other respects. The adverse workforce RAG score has arisen since commencing the scheme and on balance it is considered appropriate to continue. Mitigation has been considered should preferred recruitment levels be unsuccessful.</li> <li>- The scheme is new. Although there are recruitment concerns, the workforce requirements have been heavily scrutinised to increase the prospect of suitable recruitment (e.g. by reviewing skill mix). The scheme is of such importance that it is considered important to try to recruit. Mitigation is in place should preferred recruitment levels be unsuccessful.</li> </ul>
Monthly workforce profile	Total cumulative workforce numbers for the scheme, by month, rounded to nearest full person.

## Schemes being consolidated during 2022/23

Ref	Title		Medical (WTE)	Nursing (WTE)	Other Clinical Registrants (WTE)	Non-Registrants & Non-Clinical	Total (WTE)
a.2022.1	Care Home support	●	0.0	3.0	0.0	0.0	3.0
a.2022.2	Colwyn Bay Integrated services facility	●	No Workforce Implications				
a.2022.3	Continuing Healthcare infrastructure	●	0.0	32.0	0.0	0.0	32.0
a.2022.4	COVID-19 vaccination and Test, Trace and Protect (TTP)	●	No increase in Workforce expectations				
a.2022.5	Digitisation of Welsh Nursing Care Record	●	0.0	0.0	0.0	5.0	5.0
a.2022.6	Eye Care	●	1.3	0.0	3.0	5.4	9.7
a.2022.7	Further development of the Academy	●	3.0	10.2	8.6	5.0	26.8
a.2022.8	Health & Safety Statutory Compliance	●	0.0	0.0	0.0	24.0	24.0
a.2022.9	Home First Bureaus	●		25.6			25.6
a.2022.10	Implementation of Audiology pathway	●	0.0	0.0	14.8	0.0	14.8
a.2022.11	Improving minimal access surgery in gynaecology and north Wales specialist endometriosis care	●	1.6	1.2	0.0	1.8	4.6
a.2022.12	Long Covid	●	0.2	2.0	25.7	4.5	32.4
a.2022.13	Lymphoedema	●	No Workforce Implications				
a.2022.14	Mental Health Improvement scheme - AISB Joint Commissioning	●	No Workforce Implications				
a.2022.15	Mental Health Improvement scheme - CAMHS Training and Recruitment	●	0.0	3.0	0.0	0.0	3.0
a.2022.16	Mental Health Improvement scheme - CAMHS Transition and Joint working	●	0.0	0.0	0.0	5.0	5.0
a.2022.17	Mental Health Improvement scheme - Early Intervention in Psychosis	●	1.0	0.0	2.0	9.0	12.0
a.2022.18	Mental Health Improvement scheme - Eating Disorders Service development	●	0.0	1.0	7.2	1.0	9.2
a.2022.19	Mental Health Improvement scheme - ICAN Primary Care	●	0.0	0.0	19.0	14.0	33.0
a.2022.20	Mental Health Improvement scheme - Medicines Management support	●	0.0	0.0	9.0	0.0	9.0
a.2022.21	Mental Health Improvement scheme - Neurodevelopment recovery	●	No Workforce Implications				
a.2022.22	Mental Health Improvement scheme - Occupational Therapy	●	0.0	0.0	9.0	0.0	9.0
a.2022.23	Mental Health Improvement scheme - Older Persons Crisis Care	●	0.0	6.0	24.0	0.0	30.0
a.2022.24	Mental Health Improvement scheme - Perinatal Mental Health Services	●	0.0	0.0	3.5	2.0	5.5
a.2022.25	Mental Health Improvement scheme - Psychiatric Liaison Services	●	0.0	3.0	1.5	6.0	10.5
a.2022.27	North Wales Medical & Health Sciences School	●	No Workforce Implications				
a.2022.28	Operating Model	●	1.0	3.0	3.0	2.0	9.0
a.2022.29	People & OD Strategy – Stronger Together	●	0.0	0.0	0.0	8.0	8.0



Ref	Title		Medical (WTE)	Nursing (WTE)	Other Clinical Registrants (WTE)	Non-Registrants & Non-Clinical	Total (WTE)
a.2022.30	Radiology sustainable plan	●	No Workforce Implications				
a.2022.31	Regional Treatment Centres	●			1.0	8.0	9.0
a.2022.32	Speak Out Safely	●	0.0	0.0	0.0	1.6	1.6
a.2022.33	Staff Support and Wellbeing	●	0.0	0.0	5.0	2.0	7.0
a.2022.34	Strengthening emergency department (ED) & SDEC workforce to improve patient flow.	●	38.8	54.7	0.0	24.3	117.8
a.2022.35	Stroke services	●	0.0	6.0	20.1	3.0	29.1
a.2022.36	Suspected cancer pathway improvement	●	2.5	0.7	0.9	2.9	6.9
a.2022.37	Urgent Primary Care Centres	●	1.0	0.0	8.5	3.0	12.5
a.2022.38	Urology - Robot Assisted Surgery	●	No Workforce Implications				
a.2022.39	Vascular	●	8.4	17.0	12.4	15.5	53.2
a.2022.40	Video consultations	●	No Workforce Implications				
a.2022.41	Welsh Community Care Information System (WCCIS)	●	0.0	0.0	0.0	28.9	28.9
a.2022.42	Welsh Language	●	0.0	0.0	0.0	3.5	3.5
a.2022.43	Welsh Patient Administration System	●	0.0	0.0	0.0	9.0	9.0
a.2022.44	Widening of Primary Care workforce	●	0.0	17.0	10.0	0.0	27.0
a.2022.45	Workforce Operating Model – (inc. recruitment etc.)	●	0.0	0.0	0.0	10.0	10.0
			58.7	185.3	188.2	204.3	636.5

### Profile by month:

Monthly Workforce Profile														Monthly Workforce Profile	
Ref	Title	M1	M2	M3	M4	M5	M6	M7	M8	M9	M10	M11	M12		
a.2022.1	Care Home support	3	3	3	3	3	3	3	3	3	3	3	3		
a.2022.2	Colwyn Bay Integrated services facility	No Workforce Implications													
a.2022.3	Continuing Healthcare infrastructure							32	32	32	32	32	32		
a.2022.4	COVID-19 vaccination and Test, Trace and Protect (TTP)	No increase in Workforce expectations													
a.2022.5	Digitisation of Welsh Nursing Care Record	5	5	5	5	5	5	5	5	5	5	5	5		
a.2022.6	Eye Care	5	8	10	10	10	10	10	10	10	10	10	10		
a.2022.7	Further development of the Academy				12	12	12	22	22	22	27	27	27		
a.2022.8	Health & Safety Statutory Compliance	15	15	24	24	24	24	24	24	24	24	24	24		
a.2022.9	Home First Bureaus	9	9	9	26	26	26	26	26	26	26	26	26		
a.2022.10	Implementation of Audiology pathway				15	15	15	15	15	15	15	15	15		



Ref	Title	Monthly Workforce Profile												Monthly Workforce Profile
		M1	M2	M3	M4	M5	M6	M7	M8	M9	M10	M11	M12	
a.2022.11	Improving minimal access surgery in gynaecology and north Wales specialist endometriosis care				5	5	5	5	5	5	5	5	5	
a.2022.12	Long Covid	32	32	32	32	32	32	32	32	32	32	32	32	
a.2022.13	Lymphoedema	No Workforce Implications												
a.2022.14	Mental Health Improvement scheme - AISB Joint Commissioning	No Workforce Implications												
a.2022.15	Mental Health Improvement scheme - CAMHS Training and Recruitment				3	3	3	3	3	3	3	3	3	
a.2022.16	Mental Health Improvement scheme - CAMHS Transition and Joint working			5	5	5	5	5	5	5	5	5	5	
a.2022.17	Mental Health Improvement scheme - Early Intervention in Psychosis							12	12	12	12	12	12	
a.2022.18	Mental Health Improvement scheme - Eating Disorders Service development				9	9	9	9	9	9	9	9	9	
a.2022.19	Mental Health Improvement scheme - ICAN Primary Care				33	33	33	33	33	33	33	33	33	
a.2022.20	Mental Health Improvement scheme - Medicines Management support				9	9	9	9	9	9	9	9	9	
a.2022.21	Mental Health Improvement scheme - Neurodevelopment recovery	No Workforce Implications												
a.2022.22	Mental Health Improvement scheme - Occupational Therapy							9	9	9	9	9	9	
a.2022.23	Mental Health Improvement scheme - Older Persons Crisis Care				30	30	30	30	30	30	30	30	30	
a.2022.24	Mental Health Improvement scheme - Perinatal Mental Health Services							6	6	6	6	6	6	
a.2022.25	Mental Health Improvement scheme - Psychiatric Liaison Services				11	11	11	11	11	11	11	11	11	
a.2022.27	North Wales Medical & Health Sciences School	No Workforce Implications												
a.2022.28	Operating Model	1	3	9	9	9	9	9	9	9	9	9	9	
a.2022.29	People & OD Strategy – Stronger Together			8	8	8	8	8	8	8	8	8	8	
a.2022.30	Radiology sustainable plan	No Workforce Implications												
a.2022.31	Regional Treatment Centres	4	4	4	9	9	9	9	9	9	9	9	9	
a.2022.32	Speak Out Safely	2	2	2	2	2	2	2	2	2	2	2	2	
a.2022.33	Staff Support and Wellbeing	7	7	7	7	7	7	7	7	7	7	7	7	
a.2022.34	Strengthening emergency department (ED) & SDEC workforce to improve patient flow.	12	17	22	27	32	47	52	57	62	67	67	67	
a.2022.35	Stroke services	29	29	29	29	29	29	29	29	29	29	29	29	
a.2022.36	Suspected cancer pathway improvement	2	3	5	5	5	7	7	7	7	7	7	7	
a.2022.37	Urgent Primary Care Centres	13	13	13	13	13	13	13	13	13	13	13	13	
a.2022.38	Urology - Robot Assisted Surgery	No Workforce Implications												
a.2022.39	Vascular	0	11	20	21	22	23	50	51	52	52	52	53	
a.2022.40	Video consultations	No Workforce Implications												
a.2022.41	Welsh Community Care Information System (WCCIS)	11	11	11	25	25	25	29	29	29	29	29	29	
a.2022.42	Welsh Language		2	3	4	4	4	4	4	4	4	4	4	
a.2022.43	Welsh Patient Administration System	9	9	9	9	9	9	9	9	9	9	9	9	
a.2022.44	Widening of Primary Care workforce	0	0	0	0	0	0	9	18	27	27	27	27	
a.2022.45	Workforce Operating Model – (inc. recruitment etc.)			10	10	10	10	10	10	10	10	10	10	






To support the schemes across both areas whether consolidating or commencing the team will work closely with the scheme leads to ensure any perceived barriers to recruitment are navigated and detailed plans are in place to provide projected recruitment timelines and visibility against key milestones. This will enable scheme leads to flag any potential risks to deliver and for the teams working collaboratively to mitigate these to ensure successful delivery of the recruitment element of the schemes.

### ***Schemes being commenced during 22/23***

Ref	Title		Medical (WTE)	Nursing (WTE)	Other Clinical Registrants (WTE)	Non-Registrants & Non-Clinical	Total (WTE)
b.2022.1	3rd sector strategy	●	No Workforce Implications				
b.2022.2	Accelerated Cluster Development	●	No Workforce Implications				
b.2022.3	Atlas of Variation	●	0.0	0.0	0.0	1.0	<b>1.0</b>
b.2022.4	BCUPathways	●	No Workforce Implications				
b.2022.5	Building a Healthier Wales (BAHW)	●	No Workforce Implications				
b.2022.6	Commissioning unit	●	0.0	0.0	0.0	1.0	<b>1.0</b>
b.2022.7	Community Pharmacy Enhanced Services - Alcohol and Blood Borne Viruses	●	No Workforce Implications				
b.2022.8	Diabetic Foot pathway	●	14.7	4.6	9.2	13.9	<b>42.4</b>
b.2022.9	Foundational Economy Strategy/Policy	●	No Workforce Implications				
b.2022.10	Golden Value Metrics	●	No Workforce Implications				
b.2022.11	Implementing the Quality Act	●	No Workforce Implications				
b.2022.12	Inverse Care Law work	●	0.0	0.0	0.0	1.0	<b>1.0</b>
b.2022.13	LEAN Healthcare system	●	No Workforce Implications				
b.2022.14	Recovery of Primary Care chronic disease monitoring	●	No Workforce Implications				
b.2022.15	Results management	●	0.0	0.0	0.0	5.0	<b>5.0</b>
			<b>14.7</b>	<b>4.6</b>	<b>9.2</b>	<b>21.9</b>	<b>50.4</b>

### Profile by month:

Ref	Title	Monthly Workforce Profile												Monthly Workforce Profile
		M1	M2	M3	M4	M5	M6	M7	M8	M9	M10	M11	M12	
b.2022.1	3rd sector strategy	No Workforce Implications												
b.2022.2	Accelerated Cluster Development	No Workforce Implications												
b.2022.3	Atlas of Variation				1	1	1	1	1	1	1	1	1	
b.2022.4	BCUPathways	No Workforce Implications												
b.2022.5	Building a Healthier Wales (BAHW)	No Workforce Implications												
b.2022.6	Commissioning unit				1	1	1	1	1	1	1	1	1	
b.2022.7	Community Pharmacy Enhanced Services - Alcohol and Blood Borne Viruses	No Workforce Implications												
b.2022.8	Diabetic Foot pathway	0	0	10	28	28	38	42	42	42	42	42	42	
b.2022.9	Foundational Economy Strategy/Policy	No Workforce Implications												
b.2022.10	Golden Value Metrics	No Workforce Implications												
b.2022.11	Implementing the Quality Act	No Workforce Implications												
b.2022.12	Inverse Care Law work	1	1	1	1	1	1	1	1	1	1	1	1	
b.2022.13	LEAN Healthcare system	No Workforce Implications												
b.2022.14	Recovery of Primary Care chronic disease monitoring	No Workforce Implications												
b.2022.15	Results management				5	5	5	5	5	5	5	5	5	

## Planned Care Recovery Initiatives

This section of the workforce plan outlines the work undertaken to assess and validate the initiatives put in place to support planned care recovery across the Health Board with specific focus on initiatives commencing in 22/23.

Similar to IMTP schemes outlined previously in the plan the schemes were assessed initially to determine whether there was any workforce impact and then if there were then to again RAG rate the initiatives and profile the associated recruitment activity linked with said initiatives.

By taking this co-ordinated approach both the Planned Care Lead and the associated operational and clinical and recruitment teams are all aware of the timelines involved allowing clear milestones to be set and monitored to make sure any issues are resolved enabling recruitment targets to be delivered.



## Planned care recovery recruitment activity during 22/23





Ref	Title		Medical (WTE)	Nursing (WTE)	Other Clinical Registrants (WTE)	Non-Registrants & Non-Clinical	Total (WTE)
Capacity – core and additional	Outsourcing	●	No Workforce Implications				
	Insourcing	●	No direct Workforce Implications				0.0
	Partnerships	●	2.4	4.0	12.0	16.0	34.4
Lean, value-focused support infrastructure - clinical	Radiology sustainability - scheme a.2022.30 in Consolidated schemes plan	●	No Workforce Implications				0.0
	Oncology capacity	●	3.0	6.0	3.0	13.1	25.1
	Pathology	●			6.0	10.0	16.0
Lean, value-focused support infrastructure - administrative	Validation programme	●	No direct Workforce Implications				
Pathway redesign	BetsiPathways e.g. Audiology - scheme a.2022.10 referenced in Consolidated schemes plan	●	0.0	0.0	0.0	0.0	0.0
	GIRFT / National Programme in 5 specialities	●	No direct Workforce Implications				
	Patient Initiated Follow-up (PIFU) , See on Symptoms (SOS) , Advice & Guidance (A&G)	●	No direct Workforce Implications				
	Pre-habilitation	●	0.3		22.0	0.3	22.6
	‘Attend Anywhere’	●	No Workforce Implications				0.0
Modernisation	Urology Robot	●	No Workforce Implications				0.0
Building for the future	RTC project - a.2022.31 referenced in Consolidated schemes plan	●	0.0	0.0	0.0	0.0	0.0
Communication	Launch a Communication Strategy	●	No Workforce Implications				0.0
			5.7	10.0	43.0	39.4	98.1

Explanation of RAG:

Initiative	Workforce Impact
Outsourcing	<ul style="list-style-type: none"> <li>Outsourcing initiatives will have no impact on BCUHB workforce resources</li> </ul>
Insourcing	<ul style="list-style-type: none"> <li>Insourcing initiatives based on not utilising BCUHB staff will have no impact on workforce resources but will be difficult to procure due to current/ongoing NHS workforce shortages across the UK</li> <li>Insourcing initiatives based utilising BCUHB staff will have an impact on workforce resources as it will be difficult to rely on consistent usage due to the historical/ongoing Covid 19 pressures on staff</li> </ul>
Partnership & Modular Wards	<ul style="list-style-type: none"> <li>Partnership initiative will have moderate impact on workforce resources due the volumes of recruitment required to deliver the initiative. Mitigating factors will be that the staff groups identified should be able to be recruited to in the timescales identified.</li> </ul>
Radiology sustainability Oncology capacity Pathology	<ul style="list-style-type: none"> <li>Radiology initiatives will have a minimal impact on workforce resources in 22/23 but the overall challenge will require a sustainable staffing solution going forward</li> <li>Oncology initiatives will have a moderate impact on workforce resources due to numbers being recruited but this is mitigated as recruitment has already commenced with some roles already in post</li> <li>Pathology initiatives will have a minimal impact on workforce resources as recruitment has already commenced with some roles already in post</li> </ul>
Validation programme	<ul style="list-style-type: none"> <li>These initiatives will have a minimal impact on workforce resources as they mainly process focused improvment</li> </ul>
BetsiPathways e.g. Audiology	<ul style="list-style-type: none"> <li>Audology initiative will have a minimal impact on workforce resources due to numbers being recruited but recruitment needs to commence as part of 22/23 IMTP</li> </ul>
GIRFT / National Programme in 5 specialities	<ul style="list-style-type: none"> <li>These initiatives will have a minimal impact on workforce resources as their focus in 22/23 will be on existing pathway improvements</li> </ul>
Patient Initiated Follow-up & See on Symptoms	<ul style="list-style-type: none"> <li>These initiatives will have a minimal impact on workforce resources as their focus in 22/23 will be on pathway efficiency improvements</li> </ul>
Pre-habilitation	<ul style="list-style-type: none"> <li>Pre-habilitation initiative will have a minimal impact on workforce resources due to numbers being recruited but staff groups being recruited to may prove challenging</li> </ul>
'Attend Anywhere'	<ul style="list-style-type: none"> <li>This initiative will have a no impact on workforce resources as they are process focused improvments</li> </ul>
Urology Robot	<ul style="list-style-type: none"> <li>This initiative will have a no impact on workforce resources as they are process focused improvments</li> </ul>
RTC project	<ul style="list-style-type: none"> <li>These initiatives will have a minimal impact on workforce resources as their focus in 22/23 will be on programme setup and procurment process</li> </ul>
Communication Strategy	<ul style="list-style-type: none"> <li>This initiative will have no impact on BCUHB workforce resources</li> </ul>

### Profile by month:

Profile by Month.

Ref	Title	Monthly Workforce Profile												Monthly Workforce Profile
		M1	M2	M3	M4	M5	M6	M7	M8	M9	M10	M11	M12	
Capacity – core and additional	Outsourcing	No Workforce Implications												
	Insourcing	No direct Workforce Implications												
	Partnerships			32	32	32	32	34	34	34	34	34	34	
Lean, value-focused support infrastructure - clinical	Radiology sustainability - scheme a.2022.30 in Consolidated schemes plan	No Workforce Implications												
	Oncology capacity	13	19	22	23	24	25	25	25	25	25	25	25	
	Pathology		8	10	13	16	16	16	16	16	16	16	16	
Lean, value-focused support infrastructure - administrative	Validation programme	No direct Workforce Implications												
Pathway redesign	BetsiPathways e.g. Audiology - scheme a.2022.10 referenced in Consolidated schemes plan													
	GIRFT / National Programme in 5 specialities	No direct Workforce Implications												
	Patient Initiated Follow-up (PIFU) , See on Symptoms (SOS) , Advice & Guidance (A&G)	No direct Workforce Implications												
	Pre-habilitation	0	7	7	7	7	14	14	14	14	14	14	23	
	‘Attend Anywhere’	No Workforce Implications												
Modernisation	Urology Robot	No Workforce Implications												
Building for the future	RTC project - a.2022.31 referenced in Consolidated schemes plan													
Communication	Launch a Communication Strategy	No Workforce Implications												

Clearly, the requirement to scale the level of activity to the degree required to deliver the significant progress required to see and treat people waiting for treatment and in doing so reducing further harm and improve quality of life is not going to be achieved by relying solely on our current resources and people. Whilst there are plans in place to transform the way in which we provide and deliver these services for example the development of a Regional Treatment Model/Centre, this will take time. As such, we are building on the hybrid model of delivery of care across a range of specialties. This includes continuing and scaling our outsourced and insourced services.

## Primary Care Resilience

The Health Board has a significant role in the recruitment and retention of the GP workforce Delivering services across North Wales.

Whilst not directly delivering the recruitment across primary care other than through its managed practices we have a significant role to play in attracting Doctors to work in North Wales, to ensure the sustainability of Independent GP Practices.

One of the priorities of the IMTP supported by this Strategy and plan is to finalise a GP Workforce Recruitment and Retention Strategy together with our key partners.



The Strategy spans the lifetime of the GP career, starting with promoting General Practice from the outset of the Medical Students education pathway, through the Foundation Programme, GP Registrar Rotation and into General Practice, throughout their career and into later years, pre and post retirement.

It will set out how the Health Board working in partnership with independent practices will ensure that all recruitment campaigns will be inclusive of independent practices, promoting the role of Partner, Single Partner, Salaried GP, or Locum equally. Promote national initiatives to keep GPs who are training in Wales in Wales once they have completed their training and will make best use of the national recruitment and retention schemes.

As part of this work, our teams are working closely on the finalisation of and rollout of this GP Workforce Recruitment and Retention Strategy and supporting the further enhancement of the Primary Care Academy. The Academy has expanded training places from 22/23 to 32 with 14 for GP trainees, and 18 across other staff groups to ensure provision is in place to sustain and grow the primary care workforce over the next three years and beyond.

The plan sets out the indicative targets being set to support workforce resilience in year 1 of the People Strategy & Plan.

The table below outlines the indicative additional recruitment activity across the sector over the next twelve months.

### Primary care recruitment activity during 22/23

Staff Group	20/21 Position (WTE)	21/22 Position (WTE)	22/23 Recruitment Trajectory Profile	22/23 Risk Stratified Recruitment Target
GPs	374.5	416.0	15.0	15.0
Nurses	270.3	258.7	6.0	13.2
Direct Patient Care	231.1	234.7	7.0	15.4
Administration/Non-Clerical	837.2	876.4	34.0	34.0
	<b>1713.1</b>	<b>1785.8</b>	<b>62.0</b>	<b>77.6</b>

### Profile by month:

Staff Group	Monthly Workforce Profile												Monthly Workforce Profile
	M1	M2	M3	M4	M5	M6	M7	M8	M9	M10	M11	M12	
GPs	4	6	7	9	11	12	14	15	15	15	15	15	
Nurses	2	2	4	4	4	6	6	8	8	10	12	13	
Direct Patient Care	2	3	5	5	8	8	12	12	14	14	15	15	
Administration/Non-Clerical	4	7	12	16	21	21	24	27	30	33	34	34	



## Conclusion

This Plan has been developed in collaboration with between corporate enabling services and clinical and operational teams. This has been and continues to be a learning and improvement process, with each iteration highlighting additional learning and areas for inclusion and or further development.





The model uses for assessment and prioritisation will continue to be refined and adapted to ensure it meets the needs of the organisation and is responsive to emerging risks and opportunities.

It sets out the fundamental building blocks needed to address the opportunities and challenges facing the workforce and to align efforts across the health board. It is not intended to give specific details in relation to single professions or roles, but a clear set of themes and succinct actions that will inform the Improvement Delivery Programme and plans.

As we move through 2022/2023, the transformation underway at both national and local level in terms of workforce modelling, analysis and planning will only serve to further enhance the credibility and accessibility of workforce intelligence to support and inform decision-making.

The detail within the Plan will be refreshed on an annual basis aligned with the refresh of the Integrated Medium Term Plan.

This refresh will ensure:

-  The programmes are work are delivering what is required and there is evidence of tangible outcome improvement
-  Any critical developments (risks and opportunities) at national and/or local level are considered and addressed for the year ahead
-  Feedback (both internal and external) through the year is triangulated to ensure the priorities within the programmes of work and plan are relevant
-  The workforce plan is effectively aligned to the delivery of the priorities and is affordable and achievable

Central to the delivery of this Plan is the requirement for true collaboration and partnership at all levels. Everyone will have a role in shaping and delivering improvement plans that take us closer towards the ambitions of People Strategy & this Plan, meeting the known and unknown challenges. This includes better alignment and integration across organisational and professional boundaries that often get in the way of doing the right thing for the people at the centre of our services



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

<u>For:</u>	People Strategy and Plan 2022/25
<u>Date form completed:</u>	21/02/2022

**PARTS A: SCREENING and B: KEY FINDINGS AND ACTIONS**

**Introduction:**

These forms have been designed to enable you to record, and provide evidence of how you have considered the needs of all people (including service users, their 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





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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.	<p>What are you assessing i.e. what is the title of the document you are writing or the service review you are undertaking?</p>	<p>This assessment is based on the People Strategy Plan 2022-25. This plan is aligned to the ambition for healthcare across Wales in that we will have a motivated, engaged and valued, health care workforce, with the capacity, competence and confidence to meet the needs of the people of North Wales. Specifically this means that:</p> <ul style="list-style-type: none"> <li>• Our people will have the right values, behaviours, knowledge, skills and confidence to deliver evidence based care, and support peoples wellbeing as close to their home as possible;</li> <li>• We will have sufficient numbers of the right people to be able to deliver proactive and responsive health care that meets the needs of the people of North Wales;</li> <li>• Our people will reflect the diversity, welsh language and cultural &amp; community identity of the population we serve;</li> <li>• Our people will feel and be valued.</li> </ul> <p>We will achieve this ambition through implementation plans co designed and delivered in partnership with our people and partners.</p> <p><b><i>Please note that a Socio economic Impact Assessment will be undertaken for this strategy. This should be read together with this assessment as both are linked.</i></b></p>
2.	<p>Provide a brief description, including the aims and objectives of what you are assessing.</p>	<p><b>People Strategy &amp; Plan</b> is our opportunity to create a learning culture, to work together with our people and partners to address a number of long-standing challenges, prepare our organisation for future challenges and to embrace and create opportunities for us to succeed.</p> <p>The strategy includes changes:</p> <p><b>What will be different?</b></p>

# Part A

## Form 1: Preparation

Please answer all questions

		<ul style="list-style-type: none"> <li>• Our workforce feels valued, is treated fairly and their wellbeing is supported</li> <li>• Recruitment challenges are known earlier and targeted effectively</li> <li>• Common competences are identified and underpin new and different ways of working</li> <li>• Widespread digital capability underpins care delivery</li> <li>• Workforce language, culture and diversity reflects our population</li> <li>• Widespread values based and inclusive recruitment used more consistently ensures we have the right people</li> <li>• Learning is delivered through flexible and accessible routes</li> <li>• Application of Improvement skills is a natural way of working</li> </ul>
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?	<p>Jo Whitehead – Chief Executive</p> <p>Sue Green Executive Director Workforce &amp; Organisational Development</p>
4.	Is the Policy related to, or influenced by, other Policies or areas of work?	<p>This strategy has numerous areas of interdependency. These are:</p> <ul style="list-style-type: none"> <li>• Welsh Government plan “A Healthier Wales” - BCUHB “Living Healthier, Staying Well”</li> <li>• BCUHB Evolving Clinical Services Strategy, in North Wales</li> <li>• The Integrated Medium Term Plan (IMTP) 2022-2025</li> <li>• Clinical Services Plan – Local delivery of the Strategic Programme for Primary Care and Accelerated cluster development aligned to the principles within the National Clinical Framework</li> <li>• Promotion and legislation to promote the Welsh Language</li> <li>• Strategic Equality Plans</li> <li>• Socio economic Duty</li> </ul>

# Part A

## Form 1: Preparation

Please answer all questions

		<ul style="list-style-type: none"> <li>• Internal drivers for change:             <ul style="list-style-type: none"> <li>○ Mewn undod mae Nerth / Stronger Together</li> <li>○ Staff Networks</li> <li>○ Speak Out Safely</li> <li>○ Clinical Workforce Service Review programme</li> <li>○ Improving data analysis</li> <li>○ Recruitment processes</li> <li>○ Nursing &amp; Midwifery Recruitment &amp; Retention group                 <ul style="list-style-type: none"> <li>▪ Matron Development program</li> <li>▪ Ward Manager development program</li> <li>▪ Head of Nursing development programme</li> </ul> </li> <li>○ Our way of working:                 <ul style="list-style-type: none"> <li>▪ Values and Behaviours</li> <li>▪ Learning Culture</li> <li>▪ Staff Wellbeing Support Service (SWSS)</li> <li>▪ Engagement and Communication</li> </ul> </li> <li>○ Targeted Intervention Improvement Framework (TIIF)</li> </ul> </li> </ul>
5.	<p>Who are the key Stakeholders i.e. who will be affected by your document or proposals? Has a plan for engagement been agreed?</p>	<p>The strategy includes key stakeholder groups:</p> <ul style="list-style-type: none"> <li>• Health and Social Care workforce</li> <li>• The strategy has been informed by wide engagement work that was carried out as part of the Mewn undod mae Nerth / Stronger Together – this included over 2000 staff taking part in the first part of the programme work</li> <li>• Ongoing engagement will be integral to further review work. Principles of co-production to improve large scale pathways and transformation work and service</li> </ul>

# Part A

## Form 1: Preparation

Please answer all questions

		<p>change to involve patients and members of the public, with ongoing involvement and engagement embedded throughout the Health Board</p> <ul style="list-style-type: none"> <li>• The strategy will be shared widely across all Health Board teams using different methods to ensure that all staff can access information on the strategy – regardless if they have access to digital technology.</li> <li>• The Heads of HR, together with the OD Managers will share this strategy in senior leadership forums, and internal cascade within all teams will be strongly encouraged.</li> </ul>
6.	What might help or hinder the success of whatever you are doing, for example communication, training etc.?	<p>The strategy has different parts of what success looks like which are inter linked with other programme of work across the Health Board.</p> <p>The implementation of the strategy will be dependent on:</p> <ul style="list-style-type: none"> <li>• Funding and multi-year investments</li> <li>• Recruitment review work and talent management</li> <li>• Ensuring we have the right work culture</li> <li>• Our Leaders creating the right work climate</li> <li>• Involving our staff in decisions that impact them and services</li> <li>• Addressing the issues that impact on Change</li> <li>• Review work being undertaken across pathways</li> </ul>
7.	Think about and capture the positive aspects of your policy that help to promote and advance equality by reducing inequality or disadvantage.	<p>The strategy has been developed to benefit all Health and Social Care staff working for the Health Board and wider benefits to our communities in North Wales that use our services.</p> <p>The strategy notes that Covid 19 has affected certain groups disproportionately and some groups experience disadvantages in relation to their protected characteristic.</p>

# Part A

## Form 1: Preparation

Please answer all questions

		<p>The strategy notes it aligns to the ambition for healthcare across Wales - that the Health Board will have a motivated, engaged and valued, health care workforce, with the capacity, competence and confidence to meet the needs of the people of north Wales.</p>
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# 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

Please answer all questions

Protected characteristic or group	<p>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)</p> <p><i>for further direction on how to complete this section please click <a href="#">here training vid p13-18</a></i></p>	<p>Reasons for your decision (including evidence that has led you to decide this) A good starting point is the EHRC publication: <a href="#">"Is Wales Fairer (2018)?"</a></p> <p>You can also visit their website <a href="#">here</a></p>	<p>How will you reduce or remove any negative Impacts that you have identified?</p>
<p><b>Guidance for Completion</b></p> <p><i>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. <b>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.</b></i></p> <p><i>The information that helps to inform the assessment should be listed in this column. <b>Please provide evidence for all answers.</b></i></p> <p><b>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.</b></p>			



# Part A

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

Please answer all questions

<p><b>NB: For all protected characteristics please ensure you consider issues around confidentiality, dignity and respect.</b></p> <p><b>For the definitions of each characteristic please click <a href="#">here</a></b></p>						
	Yes	No	(+ve)	(-ve)		
Age	x		x		<p><b>Staff context:</b></p> <p>The strategy should have positive outcomes for this protected characteristic due to a number of areas:</p> <ul style="list-style-type: none"> <li>• Flexibility of working arrangements</li> <li>• Staff Wellbeing Support Service</li> <li>• Staff development opportunities and greater opportunities to be involved in new projects</li> <li>• Employment schemes</li> </ul> <p>The strategy notes that in terms of age:</p> <ul style="list-style-type: none"> <li>• 39% of staff are aged 50+ and this is likely to increase as people expect to work longer.</li> <li>• 5% of the workforce is under 25 years of age.</li> <li>• 15% is 30 years of age or younger.</li> <li>• The over 50s are forecast to be to be the fastest growing group within the workforce.</li> </ul>	<p>Ongoing monitoring providing detailed age profile of staff working at BCUHB will be used.</p> <p>Ensuring that staff of all ages can work in environments free from discrimination and reporting systems of incidents / concerns are available.</p> <p>Ensuring support is in place for staff gaining skills for developing digital infrastructure.</p> <p>Strategy interdependency with</p>

# Part A

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

Please answer all questions

					<p>Additional data collated for statutory employment records for 2020/21 indicates:</p> <table border="1"> <thead> <tr> <th></th> <th>Number</th> <th>Percent</th> </tr> </thead> <tbody> <tr> <td><b>Under 25</b></td> <td>714</td> <td>3.77%</td> </tr> <tr> <td><b>25 to 29</b></td> <td>1593</td> <td>8.42%</td> </tr> <tr> <td><b>30 to 34</b></td> <td>1977</td> <td>10.45%</td> </tr> <tr> <td><b>35 to 39</b></td> <td>2065</td> <td>10.91%</td> </tr> <tr> <td><b>40 to 44</b></td> <td>2152</td> <td>11.37%</td> </tr> <tr> <td><b>45 to 49</b></td> <td>2453</td> <td>12.96%</td> </tr> <tr> <td><b>50 to 54</b></td> <td>2975</td> <td>15.72%</td> </tr> <tr> <td><b>55 to 59</b></td> <td>2760</td> <td>14.59%</td> </tr> <tr> <td><b>60 to 64</b></td> <td>1605</td> <td>8.48%</td> </tr> <tr> <td><b>65 to 69</b></td> <td>463</td> <td>2.45%</td> </tr> <tr> <td><b>70 and over</b></td> <td>164</td> <td>0.87%</td> </tr> <tr> <td><b>Total</b></td> <td><b>18921</b></td> <td><b>100.00%</b></td> </tr> </tbody> </table>		Number	Percent	<b>Under 25</b>	714	3.77%	<b>25 to 29</b>	1593	8.42%	<b>30 to 34</b>	1977	10.45%	<b>35 to 39</b>	2065	10.91%	<b>40 to 44</b>	2152	11.37%	<b>45 to 49</b>	2453	12.96%	<b>50 to 54</b>	2975	15.72%	<b>55 to 59</b>	2760	14.59%	<b>60 to 64</b>	1605	8.48%	<b>65 to 69</b>	463	2.45%	<b>70 and over</b>	164	0.87%	<b>Total</b>	<b>18921</b>	<b>100.00%</b>	<p>recruitment and employment schemes such as apprenticeships and long-term unemployment schemes.</p>
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# Part A

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

Please answer all questions

					<p>The strategy notes that in terms of the age profile of BCU people, the needs of staff reflect need for greater flexible working and greater opportunities to be involved in new projects.</p> <p>The strategy should provide the backdrop for promoting age related diversity with employment programmes such as apprenticeships, employment schemes and graduate schemes making BCUHB an employer of choice. Creating a more aged balanced workforce will help ensure that as people retire that there is a wide talent and skills left in the organisation.</p> <p>The strategy will also underpin the organisational culture in which older staff and younger staff are valued and work in a workplace free from age related discrimination, harassment and victimisation.</p> <p>Some aspect of the strategy around the use of digital capacity will need to be fully supportive of staff that have lower levels of digital confidence.</p> <p>In 2014, Welsh Government published the Declaration on the Rights for Older People in Wales. Using the United Nations Principles for Older Persons as a starting point, the Declaration outlines the things that older people value and the rights that older people feel would support and protect them effectively. Source: Older People's Commissioner for Wales Welcomes</p>	
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# Part A

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

Please answer all questions

					<p>Publication of the Declaration of the Rights of Older People — age discrimination</p> <p><b>Community context:</b> The strategy is based on the principles published by the Welsh Government, titled A Healthier Wales: Our Workforce Strategy for Health &amp; Social Care. Our long-term plan – Living Healthier, Staying well also outlines the need for a workforce capable and skilled to meet the health care needs of a population that are living longer and who have long term and complex conditions.</p> <div data-bbox="826 699 1545 1026" data-label="Figure"> <p><b>BETSI CADWALADR UNIVERSITY HEALTH BOARD</b></p> <p><b>POPULATION 703,360 PERSONS</b></p> <table border="1"> <thead> <tr> <th>AGE GROUP</th> <th>BCUHB (%)</th> <th>WALES (%)</th> </tr> </thead> <tbody> <tr> <td>0-15</td> <td>17.6</td> <td>17.8</td> </tr> <tr> <td>16-64</td> <td>59.0</td> <td>61.2</td> </tr> <tr> <td>65+</td> <td>23.4</td> <td>21.1</td> </tr> <tr> <td>85+</td> <td>3.1</td> <td>2.7</td> </tr> </tbody> </table> <p>The infographic also features a bar chart showing the percentage of the population aged 85 and over, with BCUHB at 3.1% and Wales at 2.7%.</p> </div> <p>North Wales has an ageing population. The percentage of the population aged 85 years and over is expected to increase by 66% between 2021 and 2043. Around 10% of people aged over 65 live with frailty, rising to between 25% and 50% for those aged over 85. Frailty is characterised by issues such as reduced muscle strength and fatigue and describes an individual's overall resilience.</p>	AGE GROUP	BCUHB (%)	WALES (%)	0-15	17.6	17.8	16-64	59.0	61.2	65+	23.4	21.1	85+	3.1	2.7	
AGE GROUP	BCUHB (%)	WALES (%)																			
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# Part A

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

Please answer all questions

					<p>Research carried out by Age UK notes that Covid 19 has impacted on the physical health of older people.<sup>1</sup></p> <p>Age and digital exclusion: According to the Office of National Statistics, of the 4 million people in the UK who have never used the internet, 84% were over the age of 65, and 62% were over the age of 75.<sup>2</sup></p>	
Disability	x		x		<p><b>Staff context:</b></p> <p>The strategy should have positive outcomes for this protected characteristic due to a number of areas:</p> <ul style="list-style-type: none"> <li>• Flexibility of working arrangements</li> <li>• Staff Wellbeing Support Service</li> <li>• Employment schemes</li> <li>• Support for volunteers / work placements</li> <li>• RespectAbility Staff Network</li> </ul> <p>There are number of interdependencies with work through the Equality Strategy to improve the monitoring, pay gap and ensuring that recruitment processes welcome disabled people to apply and that they are fair.</p>	<p>The strategy links with interdependent work such as the Strategic Equality Plans.</p> <p>Issues of self-reporting through ESR and during the recruitment phase form some of the work being addressed through the Equality Strategy and will link with the People Strategy Plan.</p> <p>Other interdependent work is underway with</p>

<sup>1</sup> ID204712\_HI\_Covid report\_v3.indd (ageuk.org.uk)

<sup>2</sup> Internet users, UK - Office for National Statistics (ons.gov.uk)

# Part A

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

Please answer all questions

				<p>The strategy notes that flexible working will help groups and this is reflective of disabled people, including those living with a long-term condition and those with caring responsibilities.</p> <p>The strategy notes that staff networks such as RespectAbility staff network will have an important role in shaping our health board thinking and speaking up for disabled staff.</p> <p>The strategy notes that disabled people can face additional challenges in remaining emotionally healthy and psychologically well in work and may find it more difficult to ask for support when they need it.</p> <p>The strategy also sets a challenging target to half pay gaps for gender, ethnicity and disability within four years as part of our Strategic Equality Plan. (page 15)</p> <p>Additional data collated for statutory employment records for 2020/21 indicates:</p> <table border="1"> <thead> <tr> <th></th><th>Number</th><th>Percent</th></tr> </thead> <tbody> <tr> <td><b>Disabled</b></td><td>856</td><td>4.52%</td></tr> <tr> <td><b>Not Disabled</b></td><td>14773</td><td>78.08%</td></tr> <tr> <td><b>Not Disclosed</b></td><td>2463</td><td>13.02%</td></tr> <tr> <td><b>Unknown</b></td><td>829</td><td>4.38%</td></tr> </tbody> </table>		Number	Percent	<b>Disabled</b>	856	4.52%	<b>Not Disabled</b>	14773	78.08%	<b>Not Disclosed</b>	2463	13.02%	<b>Unknown</b>	829	4.38%	<p>the implementation of the Autism Code of Practice.</p> <p>Other interdependent work on policies and processes in place to support staff that are disabled and or have long term conditions. This includes staff who are carers or become carers.</p> <p>Other interdependent work on policies and processes in place to support staff undergoing development and training – especially regarding reasonable adjustments.</p>
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# Part A

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

Please answer all questions

					<table border="1"> <tr> <td><b>Total</b></td> <td><b>18921</b></td> <td><b>100.00%</b></td> </tr> </table>	<b>Total</b>	<b>18921</b>	<b>100.00%</b>	
<b>Total</b>	<b>18921</b>	<b>100.00%</b>							
					<p>This assessment also identifies that some staff may also have <b>caring responsibilities</b>. Flexible work approaches should have a positive impact on these staff alongside with staff wellbeing services being available.</p> <p>In terms of staff that are neuro divergent, the strategy should have an overall positive impact due to (1) recruitment processes recognising equivalent experience as part of requirements. This links with page 9 of the strategy, (2) positive aspects of training and development – links to page 8/9.</p> <p>Evidence within the NHS Wales Covid 19 Innovation and Transformation Study Report<sup>3</sup> contains information that the pandemic had resulted in Mental and emotional health and well-being challenges of staff and patients. The report notes that many of the support interventions that were put in place to reduce issues such as stress, depression, and anxiety were viewed positively. Staff experienced stress brought on by working in persistent high-pressure environments and/or stress deriving from working from home and not having a work life balance.</p> <p><b>Community context:</b></p>				

<sup>3</sup> [NHS-Wales-COVID-19-innovation-transformation-study-report-June.pdf \(nhsconfed.org\)](https://nhs.uk/consult/ia20200222)

# Part A

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

Please answer all questions

				<p>The strategy is based on the principles published by the Welsh Government, titled A Healthier Wales: Our Workforce Strategy for Health &amp; Social Care. Our long-term plan – Living Healthier, Staying well also outlines the need for a workforce capable and skilled to meet the health care needs of a population that are living longer and who have long term and complex conditions.</p> <p>The strategy is aligned to making improvements in the provision of all mental health and learning disability services; this Strategy is aligned to the work underway at national level to develop a workforce plan for all the mental health provision across health and social care. The Mental Health Workforce Plan for Health and Social Care is in consultation stage until end of March 2022. (see page 13)</p> <p>In July 2021 Welsh Government published ‘Locked out: liberating disabled people’s lives and rights in Wales beyond COVID-19’, a report about the impact of the COVID-19 pandemic on disabled people in Wales.<sup>4</sup> The findings revealed that during the pandemic many disabled people encountered new barriers to travel, restricting mobility and increasing isolation.</p> <p>Data on disability:</p>	
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<sup>4</sup> [Locked out: liberating disabled people’s lives and rights in Wales beyond COVID-19 | GOV.WALES](#)



# Part A

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

Please answer all questions

					<p>Table showing number of People of working age with disabilities by area and disability type – for year ending March 2013. <sup>5</sup></p> <table border="1"> <thead> <tr> <th colspan="2"></th> <th colspan="2">Total persons</th> <th></th> </tr> <tr> <th colspan="2"></th> <th>Not disabled</th> <th>Total disabled</th> <th>% total disabled</th> </tr> </thead> <tbody> <tr> <td>Wales</td> <td></td> <td>1401900</td> <td>410000</td> <td>22.5</td> </tr> <tr> <td colspan="2">North Wales</td> <td>318600</td> <td>75700</td> <td>23.7</td> </tr> <tr> <td>Wales</td> <td>Isle of Anglesey</td> <td>30700</td> <td>7900</td> <td>20.4</td> </tr> <tr> <td></td> <td>Gwynedd</td> <td>57900</td> <td>12300</td> <td>17.5</td> </tr> <tr> <td></td> <td>Conwy</td> <td>49400</td> <td>12600</td> <td>20.3</td> </tr> <tr> <td></td> <td>Denbighshire</td> <td>39400</td> <td>13000</td> <td>24.7</td> </tr> <tr> <td></td> <td>Flintshire</td> <td>74600</td> <td>15600</td> <td>17.3</td> </tr> <tr> <td></td> <td>Wrexham</td> <td>66600</td> <td>14300</td> <td>17.6</td> </tr> </tbody> </table> <p>Data on long term conditions:</p> <p>Table showing percentage of adults (age 16 and over) limited by a health problem/disability at local authority and Wales level 2018-19 and 2019-2020<sup>6</sup></p>			Total persons					Not disabled	Total disabled	% total disabled	Wales		1401900	410000	22.5	North Wales		318600	75700	23.7	Wales	Isle of Anglesey	30700	7900	20.4		Gwynedd	57900	12300	17.5		Conwy	49400	12600	20.3		Denbighshire	39400	13000	24.7		Flintshire	74600	15600	17.3		Wrexham	66600	14300	17.6	
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<sup>5</sup> [People of working age with disabilities by area and disability type \(gov.wales\)](https://gov.wales/people-of-working-age-with-disabilities-by-area-and-disability-type)

<sup>6</sup> StatsWales, General health and illness by local authority and health board

# Part A

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

Please answer all questions

						Health in general - good or very good	Health in general - fair, bad or very bad	Limited at all by longstanding illness	Limited a lot by longstanding illness	
						Conwy	76.35	23.65	29.49	13.21
						Denbighshire	69.91	30.09	32.16	18.42
						Flintshire	76.22	23.78	29.79	13.63
						Gwynedd	75.45	24.55	31.94	17.17
						Isle of Anglesey	75.90	24.10	30.44	13.79
						Wrexham	73.93	26.07	30.41	14.26
						Wales	71.68	28.32	34.10	18.42
						<b>Additional information on carers:</b> Based on the Census 2011 there were 78,512 people living in North Wales providing unpaid care (11.4% of the population). Of the total population: <ul style="list-style-type: none"> <li>• 6.9% provided unpaid care for one to 19 hours per week,</li> <li>• 1.8% provided unpaid care for 20 to 49 hours per week, and</li> <li>• 3.4% provided unpaid care for 50 or more hours per week.</li> </ul>				

# Part A

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

Please answer all questions

					The highest proportion of unpaid carers was in Denbighshire (12.4%) and the lowest in Gwynedd (10.2%).	
Gender Reassignment  <i>Sometimes referred to as 'Gender Identity' or transgender.</i>	x		x		<p><b>Staff context:</b></p> <p>The strategy should have positive outcomes for this protected characteristic due to a number of areas:</p> <ul style="list-style-type: none"> <li>• Flexibility of working arrangements</li> <li>• Staff Wellbeing Support Service</li> <li>• Support through Celtic Pride Staff Network</li> </ul> <p>Links with Celtic Pride staff network which supports LGBTQ staff and allies.</p> <p>Support available through Staff Wellbeing Support Service of which the Speak Out Safely reporting tool enables staff to voice concerns and incidents.</p> <p>There is evidence from Stonewall that Transgender people experience high levels of discrimination and are more likely than non-transgender people to experience hate crime<sup>7</sup>.</p> <p>Data on our workforce within the strategy does not currently include people who are transgender. The data used for female</p>	<p>The strategy links with interdependent work such as the Strategic Equality Plans. This includes ongoing work around Gender Identity Pathways and terminology.</p> <p>The strategy links with interdependent policies and procedures for staff undergoing reassignment.</p>

<sup>7</sup> [LGBT in Britain - Health \(2018\) \(stonewall.org.uk\)](https://www.stonewall.org.uk/lgbt-in-britain-health-2018)

# Part A

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

Please answer all questions

				<p>and male representation is based on ESR and therefore may only reflect sex assigned at birth and currently not gender identify including non-binary staff.</p> <p><b>Community context:</b></p> <ul style="list-style-type: none"> <li>○ There is very little reliable evidence on the Trans population in the UK.</li> <li>○ Stonewall <sup>8</sup> estimate 1% of the population might identify as Trans, including people who identify as <u>non-binary</u>.</li> <li>○ That would mean about 600,000 Trans and non-binary people in Britain, out of a population of over 60 million.</li> <li>○ Across North Wales, this would mean approximately 7000 people are Trans.</li> </ul> <p>Evidence is mounting that this community experiences significant health inequalities due to numerous factors. One such determinant, as defined by Meyer (2003) is 'minority stress' – this is the lifelong, cumulative, psychological and physical effects of having a minority identity.<sup>9</sup></p>	
Pregnancy and maternity	x		x	<p><b>Staff context:</b></p> <p>The strategy should have positive outcomes for this protected characteristic due to a number of areas:</p> <ul style="list-style-type: none"> <li>• Flexibility of working arrangements</li> <li>• Staff Wellbeing Support Service</li> <li>• Gender staff network</li> </ul>	<p>The strategy links with interdependent work such as the Strategic Equality Plans.</p> <p>The strategy links with interdependent policies and processes for staff</p>

<sup>8</sup> [Student Frequently Asked Questions \(FAQs\) | Stonewall](#)

<sup>9</sup> [Minority Stress Model - an overview | ScienceDirect Topics](#)

# Part A

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

Please answer all questions

				<p>Considerations for development programmes will need to be mindful of flexibility to ensure that pregnant people and parents are given opportunities to access opportunities.</p> <p>Data from BCUHB mandatory staff employment report 2020/21:</p> <table border="1"> <thead> <tr> <th></th> <th>Number</th> <th>Percent</th> </tr> </thead> <tbody> <tr> <td><b>No</b></td> <td>18564</td> <td>98.11%</td> </tr> <tr> <td><b>Yes</b></td> <td>357</td> <td>1.89%</td> </tr> <tr> <td><b>Total</b></td> <td><b>18921</b></td> <td><b>100.00%</b></td> </tr> </tbody> </table> <p><b>Community context:</b></p> <p>There are numerous evidence sources relating to maternal wellbeing.</p> <p>The report: “National Maternity and Perinatal Audit Ethnic and Socio-economic Inequalities in NHS Maternity and Perinatal Care for Women and their Babies”<sup>10</sup> highlights disproportionately poorer health outcomes for women from South Asian and Black ethnic groups.</p>		Number	Percent	<b>No</b>	18564	98.11%	<b>Yes</b>	357	1.89%	<b>Total</b>	<b>18921</b>	<b>100.00%</b>	<p>that are pregnant, maternity and requesting paternity leave. This also includes adoption.</p> <p>The strategy will interrelate with the BCUHB Maternity Strategy, which contains links to BCUHB People.</p>
	Number	Percent															
<b>No</b>	18564	98.11%															
<b>Yes</b>	357	1.89%															
<b>Total</b>	<b>18921</b>	<b>100.00%</b>															

<sup>10</sup> [Ref 308 Inequalities Sprint Audit Report 2021\\_FINAL.pdf \(maternityaudit.org.uk\)](#)

# Part A

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

Please answer all questions

					<p>A report by Fair Treatment for the Women in Wales (FTWW) (November 2020)<sup>11</sup> titled The Impact of Covid 19 in Wales: A Women's Health Perspectives notes that during the pandemic health boards across Wales did not have a consistent approach to care and this caused confusion.</p> <p>Table showing general fertility rate in North Wales and Wales, 2011-2015</p> <table border="1"> <thead> <tr> <th></th> <th>2011</th> <th>2012</th> <th>2013</th> <th>2014</th> <th>2015</th> </tr> </thead> <tbody> <tr> <td>Conwy</td> <td>64.9</td> <td>64.9</td> <td>59.6</td> <td>62.1</td> <td>64.1</td> </tr> <tr> <td>Denbighshire</td> <td>68.1</td> <td>65.9</td> <td>64.6</td> <td>71.7</td> <td>69.0</td> </tr> <tr> <td>Flintshire</td> <td>60.5</td> <td>60.9</td> <td>60.1</td> <td>59.5</td> <td>58.7</td> </tr> <tr> <td>Gwynedd</td> <td>59.5</td> <td>60.0</td> <td>56.3</td> <td>54.4</td> <td>53.1</td> </tr> <tr> <td>Isle of Anglesey</td> <td>67.0</td> <td>73.3</td> <td>67.6</td> <td>67.6</td> <td>63.4</td> </tr> <tr> <td>Wrexham</td> <td>67.1</td> <td>68.8</td> <td>64.2</td> <td>64.5</td> <td>61.1</td> </tr> <tr> <td>Wales</td> <td>61.4</td> <td>61.2</td> <td>58.9</td> <td>59.1</td> <td>59.1</td> </tr> </tbody> </table>		2011	2012	2013	2014	2015	Conwy	64.9	64.9	59.6	62.1	64.1	Denbighshire	68.1	65.9	64.6	71.7	69.0	Flintshire	60.5	60.9	60.1	59.5	58.7	Gwynedd	59.5	60.0	56.3	54.4	53.1	Isle of Anglesey	67.0	73.3	67.6	67.6	63.4	Wrexham	67.1	68.8	64.2	64.5	61.1	Wales	61.4	61.2	58.9	59.1	59.1	
	2011	2012	2013	2014	2015																																																	
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<sup>11</sup> [The Impact of Covid-19 in Wales: A Women's Health Perspective - FTWW](#)

# Part A

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

Please answer all questions

					<p>The table above shows how the general fertility rate (the number of live births per 1,000 females aged 15-44 years old) at local authority level between 2011 and 2015, and how it compares to the average for Wales.</p> <p>The rate for North Wales is slightly higher than the average for Wales. However, there are variations at local authority level with the lowest rate in Gwynedd (53.1) and the highest in Denbighshire (69.0). With the exception of Denbighshire, all local authorities have seen a reduction in the general fertility rate between 2011 and 2015.</p> <p>Source StatsWales</p>	
Race	x		x		<p><b>Staff context:</b></p> <p>The strategy should have positive outcomes for this protected characteristic due to a number of areas:</p> <ul style="list-style-type: none"> <li>• Flexibility</li> <li>• Staff Wellbeing Support Service</li> <li>• Speak Out Safely</li> <li>• BCUnity Ethnic Minority and Overseas Staff Network</li> <li>• Links with Race Equality Action group within BCUHB</li> </ul>	<p>The strategy links with interdependent work such as the Strategic Equality Plans.</p> <p>The strategy links with interdependent work linked to supporting the recruitment and support for overseas staff.</p>

# Part A

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

Please answer all questions

				<p>The strategy also sets a challenging target to half pay gaps for gender, ethnicity and disability within four years as part of our Strategic Equality Plan. (page 15)</p> <p>There have been notable impacts from Covid 19 on Black, Asian and Minority Ethnic staff. COVID-19 has had a disproportionate impact on Black, Asian and Minority Ethnic communities in Wales.<sup>12</sup> The report called Health, Social Care in Wales – Covid 19 Looking Forward provides some good benefits of the way Health, and Social Care staff worked during the pandemic however there is learning on race equality issues that are being incorporated in to the Wales Government Race Equality Action Plan. A key area of the plan to have an anti-racist Wales. Anti-racism is a conscious position wherein individuals, organisations and institutions commit to thinking actively and responding to the potential impacts of their existing structures, processes, policies and practices on racial and ethnic minorities. Such proactive behaviours help to keep racial discrimination in check and shift the burden of racism from the victims of such acts to everyone in society.</p> <p>Table showing number staff ethnicity:</p> <table border="1"> <thead> <tr> <th></th> <th>Number</th> <th>Percent</th> </tr> </thead> <tbody> <tr> <td>White</td> <td>17022</td> <td>89.96%</td> </tr> </tbody> </table>		Number	Percent	White	17022	89.96%	<p>The strategy links with interdependent work related to Race Equality Action Plan, which is evaluating representation of Black, Asian and minority ethnic staff at different grades – this work, will link to the proposed Welsh Government ‘Workforce Race Equality Standard’.</p>
	Number	Percent									
White	17022	89.96%									

<sup>12</sup> [health-and-social-care-in-wales--covid-19-looking-forward\\_0.pdf \(gov.wales\)](#)



# Part A

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

Please answer all questions

	<b>Black or Black British</b>	144	0.76%
	<b>Asian or Asian British</b>	583	3.08%
	<b>Mixed</b>	114	0.60%
	<b>Chinese</b>	29	0.15%
	<b>Any Other Ethnic Group</b>	188	0.99%
	<b>Unknown</b>	841	4.44%
	<b>Total</b>	<b>18921</b>	<b>100.00%</b>

Source: Employment Report 2020/2021

**Community context:**

Related work across the Health Board – in particular, Living Healthier Staying Well Strategy aims to reduce inequalities of outcome and improve the health and wellbeing for all communities. There is evidence that certain ethnic minority groups experience poorer health outcomes and face disadvantages when accessing services. Examples include:

- Disproportionate impacts of Covid 19 for people from Black, Asian and ethnic minorities<sup>13</sup>

<sup>13</sup> [health-and-social-care-in-wales--covid-19-looking-forward\\_0.pdf \(gov.wales\)](#)

# Part A

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

Please answer all questions

					<ul style="list-style-type: none"> <li>• Inequalities faced by people from Black, Asian and ethnic minorities when accessing mental health services<sup>14</sup></li> <li>• Life expectancy and prevalence of chronic conditions of Gypsy, Roma and Traveller people <sup>15</sup></li> <li>• Prevalence of Cardio Vascular Disease (including Stroke) in Black and Asian groups.</li> </ul> <p>Table showing ethnicity by local authority, health board and Wales, 31 March 2020<sup>16</sup></p> <table border="1"> <thead> <tr> <th></th> <th>White</th> <th>Black, Asian and minority ethnic</th> <th>% of people who are Black, Asian and minority ethnic</th> </tr> </thead> <tbody> <tr> <td>*= not available</td> <td></td> <td></td> <td></td> </tr> <tr> <td>Wales</td> <td>2,949,400</td> <td>172,200</td> <td>5.5%</td> </tr> <tr> <td>Betsi Cadwaladr University Health Board</td> <td>680,400</td> <td>18,200</td> <td>2.6%</td> </tr> <tr> <td>Conwy</td> <td>111,700</td> <td>3,100</td> <td>2.7%</td> </tr> </tbody> </table>		White	Black, Asian and minority ethnic	% of people who are Black, Asian and minority ethnic	*= not available				Wales	2,949,400	172,200	5.5%	Betsi Cadwaladr University Health Board	680,400	18,200	2.6%	Conwy	111,700	3,100	2.7%	
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<sup>14</sup> [race-equality-briefing-final-oct-2020.pdf \(mind.org.uk\)](#)

<sup>15</sup> [travelling-to-better-health.pdf \(gov.wales\)](#)

<sup>16</sup> [StatsWales, ethnicity by area and ethnic group](#)

## Part A

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

Please answer all questions

					Denbighshire	92,000	3,200	3.4%	
					Flintshire	152,100	4,300	2.7%	
					Gwynedd	119,300	4,000	3.2%	
					Isle of Anglesey	69,500	*	*	
					Wrexham	135,800	3,600	2.6%	
Religion, belief and non-belief (including philosophical belief)	x		x		<b>Staff context:</b>  The strategy should have positive outcomes for this protected characteristic due to a number of areas: <ul style="list-style-type: none"> <li>• Flexibility</li> <li>• Staff Wellbeing Support Service</li> <li>• Speak Out Safely</li> <li>• BCUnity Ethnic Minority and Overseas Staff Network</li> <li>• Links with Race Equality Action group within BCUHB</li> </ul> The strategy notes on page 15 of being an employer of choice and being inclusive. The inclusive aspect of our work culture will need to have good cultural awareness and cultural intelligence <sup>17</sup> . There are clear links with introduction of Cultural				The strategy links with interdependent work related support through the Chaplaincy and Spiritual Support Service.  The strategy links with interdependent policies, processes, and guidance in relation to religion and belief. This includes flexible working around

<sup>17</sup> Taken from David Livermore: <https://davidlivermore.com/2016/07/18/>

# Part A

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

Please answer all questions

				<p>Competency training being rolled out across the Health Board, which currently is part of the Strategic Equality Plan.</p> <p>Data showing staff reporting for Religion and Belief from BCUHB Statutory Staff Employment Report 2020-21.</p> <table border="1"> <thead> <tr> <th></th> <th>Number</th> <th>Percent</th> </tr> </thead> <tbody> <tr> <td><b>Atheism</b></td> <td>2308</td> <td>12.20%</td> </tr> <tr> <td><b>Buddhism</b></td> <td>70</td> <td>0.37%</td> </tr> <tr> <td><b>Christianity</b></td> <td>9555</td> <td>50.50%</td> </tr> <tr> <td><b>Hinduism</b></td> <td>169</td> <td>0.89%</td> </tr> <tr> <td><b>Islam</b></td> <td>173</td> <td>0.91%</td> </tr> <tr> <td><b>Jainism</b></td> <td>*</td> <td>*</td> </tr> <tr> <td><b>Judaism</b></td> <td>9</td> <td>0.05%</td> </tr> <tr> <td><b>Sikhism</b></td> <td>13</td> <td>0.07%</td> </tr> <tr> <td><b>Other</b></td> <td>2085</td> <td>11.02%</td> </tr> <tr> <td><b>Not Disclosed</b></td> <td>3706</td> <td>19.59%</td> </tr> <tr> <td><b>Unknown</b></td> <td>830</td> <td>4.39%</td> </tr> </tbody> </table>		Number	Percent	<b>Atheism</b>	2308	12.20%	<b>Buddhism</b>	70	0.37%	<b>Christianity</b>	9555	50.50%	<b>Hinduism</b>	169	0.89%	<b>Islam</b>	173	0.91%	<b>Jainism</b>	*	*	<b>Judaism</b>	9	0.05%	<b>Sikhism</b>	13	0.07%	<b>Other</b>	2085	11.02%	<b>Not Disclosed</b>	3706	19.59%	<b>Unknown</b>	830	4.39%	festivals / dress and uniform policy.
	Number	Percent																																							
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# Part A

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

Please answer all questions

					<table><tr><td>Total</td><td>18921</td><td>100.00%</td></tr></table> <p>Figures below 5 are suppressed and denoted by *</p> <p><b>Community context:</b></p> <p>In 2011, 60.3% of the North Wales population was made up of residents who stated that they followed one of the main six religions and 32.1% stated that they followed no religion. <sup>18</sup></p> <p>Religion and belief plays an important part in health and social care. It impacts on how people view their care and how they access services. Belief also plays an important part of end of life care.</p>	Total	18921	100.00%	
Total	18921	100.00%							
Sex	x		x		<p>The strategy should have positive outcomes for this protected characteristic due to a number of areas:</p> <ul style="list-style-type: none"><li>• Flexibility</li><li>• Staff Wellbeing Support Service</li><li>• Speak Out Safely</li><li>• Gender Staff Network</li><li>• Gender Pay Gap</li></ul>	<p>The strategy links with interdependent work such as</p> <ul style="list-style-type: none"><li>• Gender Network,</li><li>• Issues already recognised such as Menopause awareness</li></ul>			

<sup>18</sup> [Nomis KS209EW - Religion](#)

# Part A

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

Please answer all questions

				<p>The large proportion of staff are female. Which accounts for 80.64%. Approximately 46% of our people work part time, and of these 91% are female.</p> <table border="1"> <thead> <tr> <th></th> <th>Number</th> <th>Percent</th> </tr> </thead> <tbody> <tr> <td></td> <td></td> <td></td> </tr> <tr> <td><b>Female</b></td> <td>15258.00</td> <td>80.64%</td> </tr> <tr> <td><b>Male</b></td> <td>3663.00</td> <td>19.36%</td> </tr> <tr> <td><b>Total</b></td> <td><b>18921.00</b></td> <td><b>100.00%</b></td> </tr> </tbody> </table> <p>The strategy includes</p> <p>addressing gender equality and improving the gender pay gap, which is currently 33% despite the fact 81% of the workforce, is female.</p> <p>The strategy also sets a challenging target to half pay gaps for gender, ethnicity and disability within four years as part of our Strategic Equality Plan. (page 15)</p> <p>Tables showing female / male representation across BCUHB and across grades. Adapted from the BCUHB full statutory employment report 2020/2021.</p>		Number	Percent				<b>Female</b>	15258.00	80.64%	<b>Male</b>	3663.00	19.36%	<b>Total</b>	<b>18921.00</b>	<b>100.00%</b>	<ul style="list-style-type: none"> <li>• Statutory reporting such as gender pay gap reporting and action plan and representation levels at senior levels</li> <li>• Links to strategic equality plan</li> <li>• Links with above section on Pregnancy and Maternity</li> </ul>
	Number	Percent																		
<b>Female</b>	15258.00	80.64%																		
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## Part A

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

**Please answer all questions**

Grade	Female	Male
<b>Band 2</b>	80.65%	19.35%
<b>Band 3</b>	82.09%	17.91%
<b>Band 4</b>	88.74%	11.26%
<b>Band 5</b>	86.13%	13.87%
<b>Band 6</b>	86.72%	13.28%
<b>Band 7</b>	84.51%	15.49%
<b>Band 8a</b>	77.66%	22.34%
<b>Band 8b</b>	74.36%	25.64%
<b>Band 8c</b>	69.23%	30.77%
<b>Band 8d</b>	60.66%	39.34%
<b>Band 9</b>	54.17%	45.83%
<b>Non-Agenda for Change</b>	79.55%	20.45%
<b>Associate Specialist</b>	52.08%	47.92%

# Part A

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

Please answer all questions

					<b>Clinical Assistant</b>		
					<b>Consultant</b>	30.00%	70.00%
					<b>Dentist</b>	65.52%	34.48%
					<b>Foundation Yr 1 / Yr 2</b>	53.16%	46.84%
					<b>Other Medical</b>	62.96%	37.04%
					<b>SHO / House Officer</b>		
					<b>Specialty Doctor / Staff Grade / Trust Grade</b>	44.04%	55.96%
					<b>Specialty/Specialist Registrar</b>	44.96%	55.04%
					<b>Totals</b>	80.64%	19.36%
					Additional related issues may be identified within the newly formed Gender Staff Network.		
Sexual orientation	x	x		<p>The strategy should have positive outcomes for this protected characteristic due to a number of areas:</p> <ul style="list-style-type: none"><li>• Staff Wellbeing Support Service</li><li>• Speak Out Safely</li><li>• Celtic Pride Staff Network</li></ul> <p>The strategy does not specifically mention sexual orientation but meeting the needs of this group should be through the interdependent work of Celtic Pride Staff Network and directly links to the Strategic Equality Plan.</p>	<p>The strategy links with interdependent work such as the Strategic Equality Plan, Speak Out Safely and work to promote people to self-report their sexual orientation on ESR.</p>		



# Part A

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

Please answer all questions

					<p>Data from BCUHB Statutory Employment Report 2020/21 shows:</p> <table border="1"> <thead> <tr> <th></th> <th>Number</th> <th>Percent</th> </tr> </thead> <tbody> <tr> <td><b>Heterosexual</b></td> <td>15106</td> <td>79.84%</td> </tr> <tr> <td><b>Gay</b></td> <td>119</td> <td>0.63%</td> </tr> <tr> <td><b>Lesbian</b></td> <td>113</td> <td>0.60%</td> </tr> <tr> <td><b>Bisexual</b></td> <td>98</td> <td>0.52%</td> </tr> <tr> <td><b>Not Disclosed</b></td> <td>2659</td> <td>14.05%</td> </tr> <tr> <td><b>Unknown</b></td> <td>826</td> <td>4.37%</td> </tr> <tr> <td><b>Total</b></td> <td><b>18921</b></td> <td><b>100.00%</b></td> </tr> </tbody> </table> <p><b>Community Context:</b></p> <p>“Sexual orientation” is an umbrella term that encompasses sexual identity, attraction and behaviour. It is a subjective view of oneself and may change over time and in different contexts.</p>		Number	Percent	<b>Heterosexual</b>	15106	79.84%	<b>Gay</b>	119	0.63%	<b>Lesbian</b>	113	0.60%	<b>Bisexual</b>	98	0.52%	<b>Not Disclosed</b>	2659	14.05%	<b>Unknown</b>	826	4.37%	<b>Total</b>	<b>18921</b>	<b>100.00%</b>	
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# Part A

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

Please answer all questions

					<p>In 2019, according to the Annual Population Survey 2019<sup>19</sup>, 2.7% of the UK population identified as lesbian, gay or bisexual. This is an increase from 2015 (1.9%). This would mean that approximately, 18,900 are LGB.</p> <p>There is some variation in the data, Stonewall <sup>20</sup>estimate that the real figure of LGB people is between 5-7%. This would mean that approximately, 35,000 to 49,000 in North Wales are LGB.</p> <p>Emerging international and domestic evidence also suggests LGBTQ+ people have faced additional barriers in being unable to access healthcare services or medication as a result of the Covid-19 pandemic and are at increased risk of violence, abuse, homelessness, lower employment, social isolation and loneliness. . This means there is a broad and deepening human rights crisis for LGBTQ+ people across the world, including Wales.<sup>21</sup></p> <p>The draft LGBTQ+ Action Plan for Wales outlines clear actions to improve health outcomes for LGBTQ+ people in Wales. This will require a workforce that is sensitive to the needs of LGBTQ+ people.</p>	
Marriage and civil		x			No impact on this group has been currently identified.	

<sup>19</sup> [Sexual orientation, UK - Office for National Statistics \(ons.gov.uk\)](https://ons.gov.uk)

<sup>20</sup> [Student Frequently Asked Questions \(FAQs\) | Stonewall](#)

<sup>21</sup> [LGBTQ+ Action Plan for Wales \(gov.wales\)](https://gov.wales)

# Part A

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

Please answer all questions

Partnership (Marital status)				<p>The strategy should have positive outcomes for all staff due to areas of support available through:</p> <ul style="list-style-type: none"> <li>• Staff Wellbeing Support Service</li> <li>• Speak Out Safely</li> </ul> <p>Data from BCUHB Statutory Employment report 2021/22 shows:</p> <table border="1"> <thead> <tr> <th></th> <th>Number</th> <th>Percent</th> </tr> </thead> <tbody> <tr> <td><b>Civil Partnership</b></td> <td>321</td> <td>1.70%</td> </tr> <tr> <td><b>Divorced</b></td> <td>1474</td> <td>7.79%</td> </tr> <tr> <td><b>Legally Separated</b></td> <td>141</td> <td>0.75%</td> </tr> <tr> <td><b>Married</b></td> <td>10045</td> <td>53.09%</td> </tr> <tr> <td><b>Single</b></td> <td>5367</td> <td>28.37%</td> </tr> <tr> <td><b>Widowed</b></td> <td>231</td> <td>1.22%</td> </tr> <tr> <td><b>Unknown</b></td> <td>1342</td> <td>7.09%</td> </tr> <tr> <td><b>Total</b></td> <td><b>18921</b></td> <td><b>100.00%</b></td> </tr> </tbody> </table>		Number	Percent	<b>Civil Partnership</b>	321	1.70%	<b>Divorced</b>	1474	7.79%	<b>Legally Separated</b>	141	0.75%	<b>Married</b>	10045	53.09%	<b>Single</b>	5367	28.37%	<b>Widowed</b>	231	1.22%	<b>Unknown</b>	1342	7.09%	<b>Total</b>	<b>18921</b>	<b>100.00%</b>	
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Socio Economic Disadvantage	x		x	See Socio Economic Impact Assessment for further information.	<i>Please explain how you intend to remove or reduce any negative impacts you have identified. <b>Be specific.</b></i>																											

# Part A

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

Please answer all questions

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## 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](#)

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

Please answer all questions

Will people's Human Rights be impacted by what is being proposed? If so is it positive or negative? (tick as appropriate below)				Which Human Rights do you think are potentially affected	Reasons for your decision (including evidence that has led you to decide this)	How will you reduce or remove any negative Impacts that you have identified?
Yes	No	(+ve)	(-ve)			
x		x		<p>Article 6 – Right to a fair trial.</p> <p>Article 8: Respect for your private and family life</p> <p>Article 9: Freedom of thought, belief and religion</p> <p>Source: <a href="https://equalityhumanrights.com">The Human Rights Act   Equality and Human Rights Commission (equalityhumanrights.com)</a></p>	<p>The strategy will link with interdependent policies and processes such as disciplinary policies. This includes:</p> <ul style="list-style-type: none"> <li>• Work around the Workforce Race Equality Standard (WRES)</li> <li>• Data monitoring on disciplinary – linked to protected characteristics</li> <li>• Support for different groups within staff networks and Speak Out Safely service to ensure people can report concerns in confidence</li> </ul> <p>The strategy should uphold the rights of workers and part of wider work link with Staff Side (Unions).</p>	<p>The strategy will be monitored.</p>

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

Please answer all questions

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## 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	x		x		<p>Strategy includes Welsh Language provisions.</p> <p>This includes promoting Welsh Language learning within BCUHB and also promoting the use of welsh language-speaking staff to meet the needs of our communities.</p> <p>Within the Health Board, 34% of staff have foundation level Welsh language skills.</p> <p>The strategy includes increased levels of Welsh language skills in health and care workforce – page 7. Further information within the strategy states: ‘There is also a requirement for subject specialists with high-level Welsh language skills in frontline roles. As the demand for services</p>	Monitoring progress of increased levels of Welsh language skills in health and care workforce.



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

Please answer all questions

					<p>increase, we will require a greater capability and capacity to deliver services through the medium of Welsh.'</p> <p>North Wales is home to more Welsh-language speakers than elsewhere in Wales. However, there is variation across the region from a low of 10.7% of adults aged 16 and over who speak Welsh in Flintshire to a high of 65.95% in Gwynedd. These figures compare to an average of 18.1% for Wales.</p> <p>Table showing Ability to speak Welsh by local authority and Wales 2018-2019:</p> <table border="1"> <thead> <tr> <th></th><th>Percentage of adults (16+) that speak Welsh</th><th>Percentage of adults (16+) that cannot speak Welsh</th><th>Percentage of adults (16+) that have some Welsh speaking ability</th></tr> </thead> <tbody> <tr> <td>Conwy</td><td>37.05</td><td>49.57</td><td>13.38</td></tr> <tr> <td>Denbighshire</td><td>30.17</td><td>57.89</td><td>11.95</td></tr> <tr> <td>Flintshire</td><td>10.74</td><td>74.73</td><td>14.53</td></tr> <tr> <td>Gwynedd</td><td>65.95</td><td>21.25</td><td>12.80</td></tr> </tbody> </table>		Percentage of adults (16+) that speak Welsh	Percentage of adults (16+) that cannot speak Welsh	Percentage of adults (16+) that have some Welsh speaking ability	Conwy	37.05	49.57	13.38	Denbighshire	30.17	57.89	11.95	Flintshire	10.74	74.73	14.53	Gwynedd	65.95	21.25	12.80	
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## Part A Form 3: Record of Potential Impacts – Human Rights and Welsh Language

Please answer all questions

					<table><tr><td>Isle of Anglesey</td><td>52.91</td><td>32.97</td><td>14.12</td></tr><tr><td>Wrexham</td><td>13.63</td><td>72.82</td><td>13.55</td></tr><tr><td>Wales</td><td>18.10</td><td>67.34</td><td>14.56</td></tr></table>	Isle of Anglesey	52.91	32.97	14.12	Wrexham	13.63	72.82	13.55	Wales	18.10	67.34	14.56	
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Treating the Welsh language no less favourably than the English language	x		x		See above	Monitoring progress of increased levels of Welsh language skills in health and care workforce.												

## 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.

<p>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.</p> <p><i>for further direction on how to complete this section please click <a href="#">here training vid p13-18</a></i></p>	<p>The strategy has been informed by wide engagement work that was carried out as part of the Mewn undod mae Nerth / Stronger Together – this included over 2000 staff taking part in the first part of the programme work</p> <ul style="list-style-type: none"><li>• Ongoing engagement will be integral to further review work. Principles of co-production to improve large scale pathways and transformation work and service change to involve patients and members of the public, with ongoing involvement and engagement embedded throughout the Health Board</li><li>• The strategy will be shared widely across all Health Board teams using different methods to ensure that all staff can access information on the strategy – regardless if they have access to digital technology.</li></ul>
<p>Have any themes emerged? Describe them here.</p>	<p>No wide staff engagement on this strategy has been done.</p> <p>Related engagement for Mewn undod mae Nerth / Stronger Together engagement was carried out for the Discovery phase. This identified areas of improvement for how the Health Board organise itself. How We Organise Ourselves. Consultation was undertaken across the Health Board and included all protected characteristics.</p>

## Part A Form 4: Record of Engagement and Consultation

Please answer all questions

If yes to above, how have their views influenced your work/guided your policy/proposal, or changed your recommendations?

*The engagement work through Mewn* undod mae Nerth / Stronger Together has influenced this strategy.

Claire – is this true and if so how?

## 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](#)

See above sections

2. Brief Aims and Objectives:  
(Copy from Form 1)

See above sections

From your assessment findings (Forms 2 and 3):

3a. Could any of the protected groups be negatively affected by your policy or proposal? <b>Guidance: This is as indicated on form 2 and 3</b>	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>
3b. Could the impact of your policy or proposal be discriminatory under equality legislation? <b>Guidance: If you have completed this form correctly and reduced or mitigated any obstacles, you should be able to answer 'No' to this question.</b>	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>

## Part B Form 5: Summary of Key Findings and Actions

Please answer all questions

<p>3c. Is your policy or proposal of high significance? <b>For example, does it mean changes across the whole population or Health Board, or only small numbers in one particular area?</b></p> <p>High significance may mean:</p> <ul style="list-style-type: none"> <li>- The policy requires approval by the Health Board or subcommittee of</li> <li>- The policy involves using additional resources or removing resources.</li> <li>- Is it about a new service or closing of a service?</li> <li>- Are jobs potentially affected?</li> <li>- Does the decision cover the whole of North Wales</li> <li>- 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 and will not include routine 'day to day' decisions.</li> </ul> <p>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 EqlA to the Equality Impact Assessment Scrutiny Group via the Equalities Team/</p>	<p>Yes <input type="checkbox"/></p>	<p>No but significant <input checked="" type="checkbox"/></p> <p>For the Health Board workforce.</p>
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## Part B Form 5: Summary of Key Findings and Actions

Please answer all questions

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 <input type="checkbox"/>	No <input checked="" type="checkbox"/>
5. If you answered 'no' above, are there any issues to be addressed e.g. reducing any identified minor negative impact?	Yes <input type="checkbox"/>	<input type="checkbox"/>
6. Are monitoring arrangements in place so that you can measure what actually happens after you implement your policy or proposal?	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
	How is it being monitored?	Strategy will be subject to ongoing monitoring and inter related areas of work will be reported through their work programme governance routes.
	Who is responsible?	People and Organisational Development.
	What information is being used?	TBC

## Part B Form 5: Summary of Key Findings and Actions

Please answer all questions

	When will the EqIA be reviewed?	Strategy review date
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7. Where will your policy or proposal be forwarded for approval?	<i>Usually a committee / group. Please note it is not the role of the Equality team to approve your EqIA.</i>
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8. Names of all parties involved in undertaking this Equality Impact Assessment – <b>please note EqIA should be undertaken as a group activity</b>  Senior sign off prior to committee approval:	Name	Title/Role
	Jen Dowell-Mulloy	Equality and Inclusion Manager
	Claire Wilkinson	Interim Deputy Director of Workforce & OD
	<i>Name of senior sign off prior to committee approval</i>	

**Please Note: The Action Plan below forms an integral part of this Outcome Report**



## Part B Form 5: Summary of Key Findings and Actions

Please answer all questions

### Action Plan

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

	Proposed Actions	Who is responsible for this action?	When will this be done by?
	<b>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.</b>		
1. If the assessment indicates significant potential negative impact such that you cannot proceed, please give reasons and any alternative action(s) agreed:	<i>The Strategy has a number of inter-dependencies with other programmes of work. These are various and responsibility for these sit within the relevant team.</i>		
2. What changes are you proposing to make to your policy or proposal as a result of the EqIA?	<i>The assessment has highlighted a number of changes, which refer to terminology used.</i>		
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?	<i>Engagement work should be undertaken with related areas of work for the implementation of this strategy.</i>		

## Part B Form 5: Summary of Key Findings and Actions

Please answer all questions

	Proposed Actions	Who is responsible for this action?	When will this be done by?
	<b>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.</b>		
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.	No current negative impacts identified however as the strategy is implemented, any emerging negative impacts will be addressed.		
4. Provide details of any actions taken or planned to advance equality of opportunity as a result of this assessment.	<i>Engagement and co-production work is planned within the implementation of this strategy.</i>		

## SOCIO ECONOMIC IMPACT ASSESSMENT TEMPLATE

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.**

<b>Policy / Strategy / Proposal/Procedure Title</b>	<b>People Strategy and Plan 2022/25</b>
<b>Lead Manager</b>	Sue Green, Executive Director Workforce & OD Claire Wilkinson – Interim Deputy Director Operational Workforce
<b>Approval Committee</b>	Health Board
<b>Date form completed</b>	23/02/2022
<b>What are the aims and objectives of the policy/strategy/proposal?</b>	<b>People Strategy &amp; Plan</b> is our opportunity to create a learning culture, to work together with our people and partners to address a number of long-standing challenges, prepare our organisation for future challenges and to embrace and create opportunities for us to succeed.  <b>Please read this assessment together with the Equality Impact Assessment (EqIA) due to overlapping issues.</b>

The strategy includes changes:

**What will be different?**

- Our workforce feels valued, is treated fairly and their wellbeing is supported
- Recruitment challenges are known earlier and targeted effectively
- Common competences are identified and underpin new and different ways of working
- Widespread digital capability underpins care delivery
- Workforce language, culture and diversity reflects our population
- Widespread values based and inclusive recruitment used more consistently ensures we have the right people
- Learning is delivered through flexible and accessible routes
- Application of Improvement skills is a natural way of working

## STAGE 1: PLANNING

<b>Is the decision a strategic decision?</b> See definition	Yes	Please provide a brief explanation for your answer	The People Strategy and Plan provides the opportunity to create a learning culture, to work together with our people and partners to address a number of long-standing challenges, prepare our organisation for the future, and to embrace and create opportunities for us to succeed.		
<b>Have you identified key stakeholders groups?</b> Please detail below	Yes	<b>Can you identify relevant communities of interest?</b> See guidance Please detail below	Yes	<b>Can you identify relevant communities of place?</b> See guidance Please detail below	Yes
Health and Social Care workforce		In terms of the focus of this strategy there are staff that may relate to the following: <ul style="list-style-type: none"> <li>• Communities experiencing socio-economic deprivation</li> <li>• People experiencing long-term health conditions including long Covid and unpaid Carers.</li> <li>• Students – University / Further Education placements within the Health Board</li> <li>• People with protected characteristics who have been disproportionately impacted by Covid – including Black, Asian and ethnic minorities, and disabled people</li> <li>• Staff recruited from overseas</li> <li>• Veterans (armed forces community)</li> </ul>		In terms of the focus of this strategy there are staff that may live in: <ul style="list-style-type: none"> <li>• Rural communities</li> <li>• Areas of high levels of deprivation (as identified on WIMD)</li> </ul>	

## STAGE 2: EVIDENCE

**What evidence have you considered about socio-economic disadvantage and inequalities of outcome in relation to this decision?**

Equality Impact Assessment (EqIA) has been completed on this strategy and will be updated as any changes / decisions are proposed. This provides additional information in relation to groups and people with protected characteristics. This assessment should be read alongside the EqIA.

**Evidence includes the following reports/ strategies:**

### **A healthier Wales: long term plan for health and social care<sup>1</sup>**

Published in October 2021 by the Welsh Government, provides context for this strategy. This Wales wide plan states the drivers for change:

- The increasing demands and new challenges that face the NHS and social care – an ageing population, lifestyle changes, public expectations and new and emerging medical technologies
- Medical model of health, and a separate system of social care, is not fit for the future.
- New legislative powers have led to the Well-being of Future Generations (Wales) Act, the Social Services and Well-being (Wales) Act, the Regulation and Inspection of Social Care (Wales) Act,
- Prosperity for All, the national strategy for the 5-years of this National Assembly term, its commitment to “health in all policies”, to make a difference to wider social and economic influences such as housing, parenting, education and employability.
- Using the idea of the Quadruple Aim, supported by practical Design Principles – The four themes of the Quadruple Aim, interpreted for our context in Wales are:
  - Improved population health and wellbeing;
  - Better quality and more accessible health and social care services;
  - Higher value health and social care; and
  - A motivated and sustainable health and social care workforce

In terms of the Health and Social Care workforce the plan notes that to support new models of care:

<sup>1</sup> [A Healthier Wales \(gov.wales\)](https://gov.wales)

- We must strengthen the support, training, development and services available to the workforce with a focus on building skills across a whole career and supporting their health and wellbeing. This will enable them to continue to care, to maintain and improve their own physical and mental health, and to act as role models to encourage others to do the same.
- Wales is a country of diverse and inspiring communities. The NHS and local authorities are the two largest employers. To make the most of these benefits, health boards and local authorities will need to work together with local providers to establish joint campaigns, make best use of resources and recruit the best people. In doing so they will need to identify shared recruitment and staffing needs and develop attractive employment packages which can help entice individuals and families to train, work and live in Welsh communities.
- Recruitment and retention will also form a key theme.
- For the workforce themselves, the strategy will mean they feel valued and supported at all stages of their career, supported by access to refocused education and training as well as ongoing development offers. It will open up opportunities to flexible career pathways and maximise opportunities for multi-professional learning.
- Learning academies focused on the professional capability, which we will need in the future. These will act as hubs for developing the skills and expertise needed, for sharing knowledge and good practice, for translating research into outcomes, and for working with external partners
- **Dynamic leadership will be needed to instigate change, empower others and lead by example, as well as to create the conditions for continuous innovation and improvement to drive up the quality and value of services**

### **Living Healthier, Staying Well<sup>2</sup>**

Living Healthier, Staying Well (LHSW) is the long-term (10-year) strategy for the Health Board. The long term vision includes improving:

- Health improvement & inequalities,
- Care Closer to Home and
- Acute Hospital Care.

<sup>2</sup> <https://bcuhb.nhs.wales/about-us/our-plans/our-plans/bcuhb-plan/>

LHSW goals as set out in 2018:

- Improve physical, emotional and mental health and well-being for all
- Target our resources to people who have the greatest needs and reduce inequalities
- Support children to have the best start in life
- Work in partnership to support people – individuals, families, carers, communities – to achieve their own well-being
- Improve the safety and quality of all services
- Respect people and their dignity
- Listen to people and learn from their experiences

Since 2018, when the strategy was launched, a number of external factors have impacted on the Health Board. The key factors prompting review work are:

- The COVID-19 Pandemic
- The long term impact on health due to COVID-19, including long Covid
- The growth of digital care and home-based care
- Increasing pressures on primary care services
- Increasing mental health referrals and impact on well-being
- Increased backlog in planned care

The Health Board took the decision to revisit its long-term strategic goals and priorities. This has led to the review of the LHSW long term strategy to ensure it would meet the ongoing needs of the population and if any change was needed to meet the challenges of recovery of services following the Covid pandemic and also to align to national strategy<sup>3</sup> - A healthier Wales: long term plan for health and social care. This review work has included engagement work with the public, stakeholders and staff across the Health Board area.

**Well-being of Future Generations (Wales) Act, the Social Services and Well-being (Wales) Act, the Regulation and Inspection of Social Care (Wales) Act**

<sup>3</sup> [A Healthier Wales \(gov.wales\)](https://gov.wales)



The Well-being of Future Generations Act requires public bodies in Wales to think about the long-term **impact of their decisions**, to work better with people, communities and each other, and to prevent persistent problems such as poverty, health inequalities and climate change.

### **Socio economic Duty March 2021**

The Socio-economic Duty came into force in Wales on 31 March 2021. It improves decision-making and helps those who are socio-economically disadvantaged. ... It puts tackling inequality at the heart of decision-making, and will build on the good work public bodies are already doing. There is a legal requirement for public bodies to give due regard to this duty

### **Race Equality Action Plan: An Anti-racist Wales<sup>4</sup> (draft)**

This draft plan is due to be finalised and published in early 2022. The vision is for an anti-racist Wales by the year 2030. The high level goals for health include:

- Leadership & accountability: to ensure that NHS Wales is anti-racist, with zero tolerance of any form of discrimination or inequality for employees or service users
- Workforce: to ensure that the NHS Wales workforce reflects the population it serves; and staff work in safe, inclusive environments that enables them to reach their full potential
- Data & Intelligence: to ensure that health data in relation to race, ethnicity and intersectional disadvantage is actively collected, understood and used to drive and inform continued improvements in services
- Access: to ensure public health messages to improve uptake and access to health services are developed through dialogue and in partnership; individuals are supported where necessary in order to access health care
- Tackling health inequalities: To ensure disease and condition specific delivery plans and strategies include actions to address the evident health inequalities experienced by some Black, Asian and Minority Ethnic people

<sup>4</sup> [41912 An Anti-Racist Wales - Race Equality Action Plan for Wales \(gov.wales\)](#)

## Coronavirus (COVID-19) and the Black, Asian and minority ethnic population in Wales<sup>5</sup>

This report summarises the impact of Covid 19 on Black, Asian and minority ethnic groups<sup>6</sup> in Wales. The report highlights that:

- Covid19 has a disproportionate adverse impact on minority ethnic people.
- People who are Black, Asian and ethnic minority are at higher risk of ill health and have higher mortality rates compared to people of same age in the general population
- People who are Black, Asian and ethnic minority are more likely to experience socio economic disadvantage through:
  - Poorer housing and overcrowding
  - Employment – lower skilled work and job security
  - More likely to be living in relative income poverty
  - More likely to live within most deprived areas – based on Welsh Index of Multiple Deprivation

This report will have relevance for future planning of services in post Covid recovery with considerations for both communities and our workforce, in ensuring that services are culturally sensitive.

**Locked out: liberating disabled people's lives and rights in Wales beyond COVID-19.** Report commissioned by Disability Equality Forum of the Welsh Government<sup>7</sup>. This outlines the adverse impacts of Covid 19 on disabled people and carers

**Wales faces unprecedented 'triple challenge' to health and wellbeing report<sup>8</sup>. Published 1<sup>st</sup> October 2021 by Public Health Wales**

<sup>5</sup> [Coronavirus \(COVID-19\) and the Black, Asian and Minority Ethnic \(BAME\) population in Wales \(gov.wales\)](#)

<sup>6</sup> This also includes Gypsy or Irish Travellers

<sup>7</sup> [Locked out: liberating disabled people's lives and rights in Wales beyond COVID-19 \[HTML\] | GOV.WALES](#)

<sup>8</sup> <https://phw.nhs.wales/publications/publications1/rising-to-the-triple-challenge-of-brexit-covid-19-and-climate-change-for-health-well-being-and-equity-in-wales/>

This report on the compounding impacts of Brexit, Covid 19 and climate change across multiple determinants of health. These will need to be viewed in synergy, cumulatively and not through a singular lens. Summary of the report highlights:

- Key determinants affected include for example, mental well-being, food insecurity, health behaviours, environmental policy and regulations, employment and working conditions
- Population groups potentially affected include for example, those in rural communities, fishers and farmers, those on low incomes and children and young people
- Climate change is a common theme in COVID-19 and Brexit literature. Both challenges present ways to tackle climate change directly and indirectly, for example improving air quality in Wales
- There is an opportunity to strengthen public health messaging around health behaviours with the increased profile of public health and environmental issues related to Brexit, COVID-19 and climate change for example, diet and nutrition; food insecurity and waste
- Brexit and the pandemic can present opportunities for the future, for example to support a 'green industrial revolution', 'green jobs' and more employment to create a fairer, more sustainable Welsh economy and 'Economy of wellbeing'

Most people affected by the triple challenge:

<b>Babies, children and young people</b>	<b>Farmers, Fishers and agricultural sector workers</b>
<b>Older people</b>	<b>Critical workers, including health and social care workers, and delivery and HGV drivers</b>
<b>Those on low incomes / unemployed</b>	<b>Minority ethnic groups</b>
<b>Geographical areas, including those in rural or coastal areas, tourist areas or port towns</b>	<b>Migrants and their families</b>
<b>Those with existing health conditions and needs</b>	<b>Single parent families</b>

## **How coronavirus has affected equality and human rights report<sup>9</sup> by the Equality and Human Rights Commission October 2021**

This report highlights that the negative impact of the pandemic has been more severe for some groups than others. In relation to 'People' the following information is relevant:

- Young people have experienced significant interruption to their education, which threatens previous gains in attainment levels. Differences in support for remote learning during the pandemic threaten to widen inequalities for those who already perform less well than their peers, particularly boys, Black pupils, some Gypsy, Roma and Traveller pupils, pupils who need support in education, and those who are socio-economically disadvantaged
- The increased demand for social care has threatened the financial resilience of the sector, potentially impacting its users and workers. This has led to an increased reliance on unpaid carers, who are more likely to be women
- Impact on social care sector – staff faced higher risk of Covid, staff shortages and stressful work conditions
- Impact of Covid 19 related to increase of domestic abuse. Increases in the prevalence of domestic abuse in this period will particularly affect people who share certain protected characteristics

## **BCUHB Statutory Employment Report 2020/2021**

This report is published on our Health Board webpage and is a statutory requirement of the Public Sector Equality Duty 2011– section 149 of the Equality Act 2010

**Population / demographic data** – information contained within Stats Wales website

## **Have you engaged with those affected by the Policy / Strategy Proposal / Policy?**

- The strategy has been informed by wide engagement work that was carried out as part of the Mewn undod mae Nerth / Stronger Together – this included over 2000 staff taking part in the first part of the programme work
- Ongoing engagement will be integral to further review work. Principles of co-production to improve large scale pathways and transformation work and service change to involve patients and

<sup>9</sup> [How coronavirus has affected equality and human rights | Equality and Human Rights Commission \(equalityhumanrights.com\)](https://equalityhumanrights.com/)

	<p>members of the public, with ongoing involvement and engagement embedded throughout the Health Board</p> <ul style="list-style-type: none"> <li>The strategy will be shared widely across all Health Board teams using different methods to ensure that all staff can access information on the strategy – regardless if they have access to digital technology.</li> </ul>
<b>What engagement with people living with socio economic disadvantage will be / has been undertaken?</b>	The strategy has been informed by wide engagement work that was carried out as part of the Mewn undod mae Nerth / Stronger Together – this included over 2000 staff taking part in the first part of the programme work, this included work to gain feedback from all different groups and bands within the Health Board. Engagement work taking place so far on this programme includes all staff across the organisation. Engagement with lower bands (in lower paid positions – bands 2 - 4) was 18%. Specific engagement work was undertaken with different staff teams.
<b>How has / will this influence your work/guided your policy/proposal, or changed your recommendations?</b>	All feedback will be taken into account into areas relevant for informing this strategy.

### 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 North Wales Population Health Directory

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 these areas include:

- Education

- Work
- Living standards
- Health
- Justice and personal security
- Participation

It is helpful to consider where action can be taken to reduce inequality of outcome resulting from socio-economic disadvantage in regards to each of these areas, evidence is provided below and issues for consideration suggested.

### **Education**

A literature review by the Centre for Research in Early Childhood (CREC) finds that evidence they examined indicates that in the UK, especially, parents' socio-economic status continues to be the primary predictor of which children prosper in adult life. They report that the magnitude of early childhood inequality in the UK is well-documented; some estimates suggest that half the attainment gaps for pupils are already present at the start of primary school. Using Millennium Cohort study

### **In Practice**

Overall, school children in Wales attain scores in reading, science and mathematics below those in England, Scotland and most other developed countries.

Since schools closed during lockdown, children from better-off families have been spending 30 per cent more time on home learning than poorer children

### **Assessment narrative:**

The People Strategy should have a positive impact on Education. This is due to priority areas of work including:

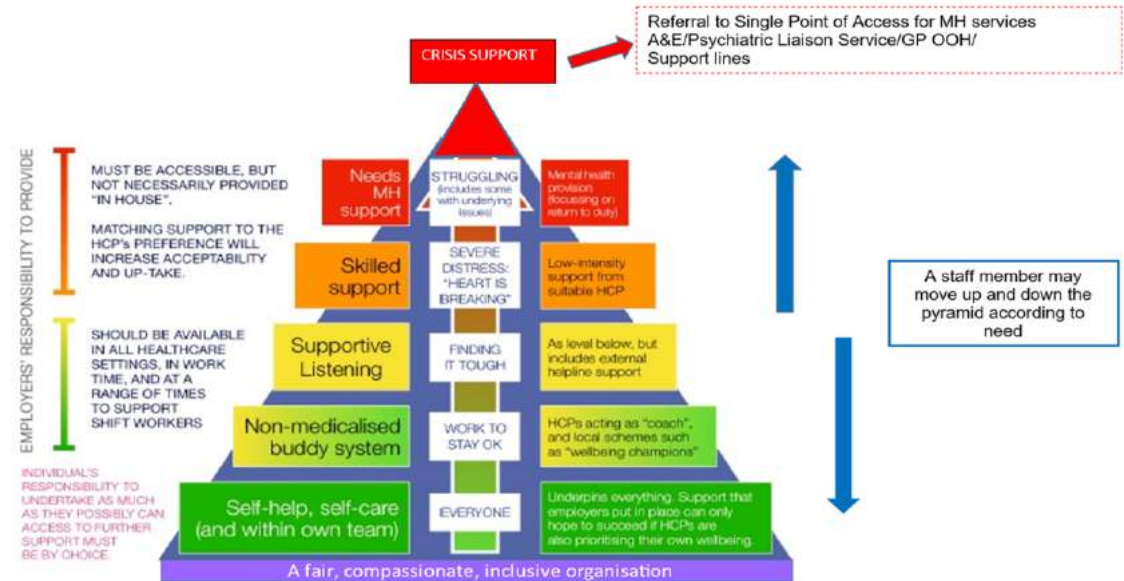
- Establishment of Education and Learning Academy
- Promotion and furthering workforce development and skills
- Providing excellent education and learning opportunities
- Building a digitally ready workforce
- Flexible education opportunities and career development
- Increased levels of Welsh language skills in health and care workforce
- Learning is delivered through flexible and accessible routes
- Application of Improvement skills is a natural way of working
- developing opportunities, together with partners across health, social care and education
- Influence the design, commissioning and sustainability of relevant education provision and embrace new and immersive ways of delivering education, training and development.
- Bringing together the programmes already in place to increase and widen access across the communities of north Wales to education, learning and

<p>data, this research shows large gaps exist in the UK for vocabulary tests between children aged 4 and 5 from families with middle incomes and those from families with lowest fifth of incomes.</p> <p>Data for Wales also shows pupils eligible for free school meals and children in care have poorer educational outcomes in schools on average with the gap widening as pupils get older.</p>	<p>How does your proposal take account of the impact of education on the local population, children and adults with additional learning needs, basic literacy levels and those less likely to have or have had access to training opportunities and qualifications?</p> <p>Think about how careers support at BCUHB and with partners, including apprenticeships and volunteer work placements can be promoted to support young people furthest from the job market.</p>	<p>employment working in partnership with education providers and Health Improvement Wales.</p> <p>BCUHB is an anchor institution across North Wales and links in with schools, colleges and Universities in its area. It is also a significant employer in the area providing opportunities for employment, apprenticeships and training for different health occupations.</p> <p>There are a number of employment and volunteering schemes in which the Health Board have close links with Universities, Colleges and Employment support organisations.</p>
<p><b><u>Health</u></b></p> <p>There is a clear social gradient in terms of health</p>	<p><b><u>In Practice</u></b></p> <p>How does your proposal take account</p>	<p>The strategy should have a positive impact to meet the future needs of our communities and help meet the challenges of Covid recovery.</p>



<p>outcomes as documented by the Marmot Review (2010 and 2020 update). It makes it clear that health is closely linked to the conditions in which people are born, grow, live, work and age and inequities in power, money and resources (i.e. the social determinants of health).</p> <p>Indeed, data for Wales shows that adults and children living in the poorest areas are having poorer health outcomes. Adults living in the most deprived areas of Wales have lower life expectancies than those living in the least deprived areas.</p> <p>There is reasonable evidence that people in poverty or living in deprived neighbourhoods have a higher risk of addiction and mental illness and it's also known that many patients struggle financially and socially.</p>	<p>of the expected health outcomes of the local population? What are the current health needs and what action can be taken to increase access to healthcare for those who experience socio-economic disadvantage? Have the costs of transport and travel been taken into account? Think about the design of the built environment on the physical and mental health of patients, staff and visitors.</p> <p>What are the opportunities for collaboration, have local third sector organisations been engaged and opportunities to promote access to financial wellbeing, social and other support maximised?</p>	<p>The Health Board is a large employer and its employees are also part of the communities within North Wales.</p> <p>There are inter dependencies of this strategy with the Living Healthier, Staying Well strategy that is aiming to deliver better outcomes for the communities across North Wales and reduce inequalities of outcome.</p> <p>North Wales has a resident population of 699,500 persons, living across an area of approximately 2,500 square miles. The region is defined by coastland; rural areas, particularly in the North West; and more urban areas in the North East. Many rural areas have experienced migration patterns that have resulted in ageing populations with increasing health and social care needs.</p> <p>The Equality Impact Assessment details assessment work for inequalities faced by people and groups with protected characteristics.</p> <p>The People Strategy and Plan includes services for staff to support their wellbeing. The Staff Wellbeing Support Service (SWSS) is a key area of supporting staff for a wide range of health and wellbeing issues. The Strategy notes the impacts of Covid 19 on staff.</p> <p>The wellbeing service is founded on a 'pyramid' model of support that encompasses 5 interconnected levels of support for staff's emotional health and psychological wellbeing providing a range of support to meet the differing needs of staff. SWSS provides support to all staff, (including locums), volunteers, students and trainees on placement.</p>
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### Living standards

3% of all people in Wales were living in relative income poverty between 2016-17 and 2018-19. This figure has remained relatively stable for the past 16 time periods. At 23%, the figure is slightly lower than last year's. Children were the age group most likely to be in relative

### In Practice

How does your proposal take account of the impact of poverty and deprivation? Can you identify which groups are disproportionately impacted by poverty e.g. disabled people? Think about the UK-

The strategy may have a potential indirect positive impact on the living standards for its workforce. This is linked to the work in 'Talent and Career Development Framework'. This should enable people to progress their career. The agenda for change also have incremental movement within salary.

In terms of socio economic disadvantages, there is limited information on how many staff within BCUHB face socio economic disadvantage. The Health Board do provide a range of information to help people experiencing financial hardship. Staff information provides some indication of staff on lower level incomes but may not reflect personal and individual circumstances where staff are the sole income or are living with issues of debt. These individual circumstances may impact on travel to work, digital poverty (access to digital information), and food poverty and may impact on psychological / physical wellbeing.

income poverty (at 28%) and this has been true for some time.

11% of children living in Wales between 2016-17 and 2018-19 were in material deprivation and low income households.

wide reforms to social security and the impact on the poorest in society, particularly women, disabled people, ethnic minorities and lone parents in Wales. How have the needs of people with caring responsibilities been considered? What is the incidence of rough sleeping and levels of homelessness?

Twice as many people expect their financial situation to get worse as those who expect it to get better, with this rising to three times in the bottom income quintile, and more than three times for single parents.

Think about the availability and accessibility of transport, healthy food, leisure activities, road safety and the quality

**Table showing number of people employed across different bands.**

	Female	Male	Total
<b>Band 1</b>			
<b>Band 2</b>	3113	747	3860
<b>Band 3</b>	2287	499	2786
<b>Band 4</b>	1245	158	1403
<b>Band 5</b>	3105	500	3605
<b>Band 6</b>	2703	414	3117
<b>Band 7</b>	1418	260	1678
<b>Band 8a</b>	445	128	573
<b>Band 8b</b>	145	50	195
<b>Band 8c</b>	90	40	130
<b>Band 8d</b>	37	24	61
<b>Band 9</b>	13	11	24
<b>Non-Agenda for Change</b>	105	27	132
<b>Associate Specialist</b>	25	23	48
<b>Clinical Assistant</b>	*	*	*
<b>Consultant</b>	171	399	570
<b>Dentist</b>	38	20	58
<b>Foundation Yr 1 / Yr 2</b>	42	37	79
<b>Other Medical</b>	34	20	54
<b>SHO / House Officer</b>			
<b>Specialty Doctor / Staff Grade / Trust Grade</b>	133	169	302
<b>Specialty/Specialist Registrar</b>	107	131	238
<b>Totals</b>	<b>15258</b>	<b>3663</b>	<b>18921</b>

and safety of play areas and open spaces.

As part of your proposal what are the opportunities to reduce the impact of poverty on living standards?

Figures below 5 are suppressed and denoted by \*

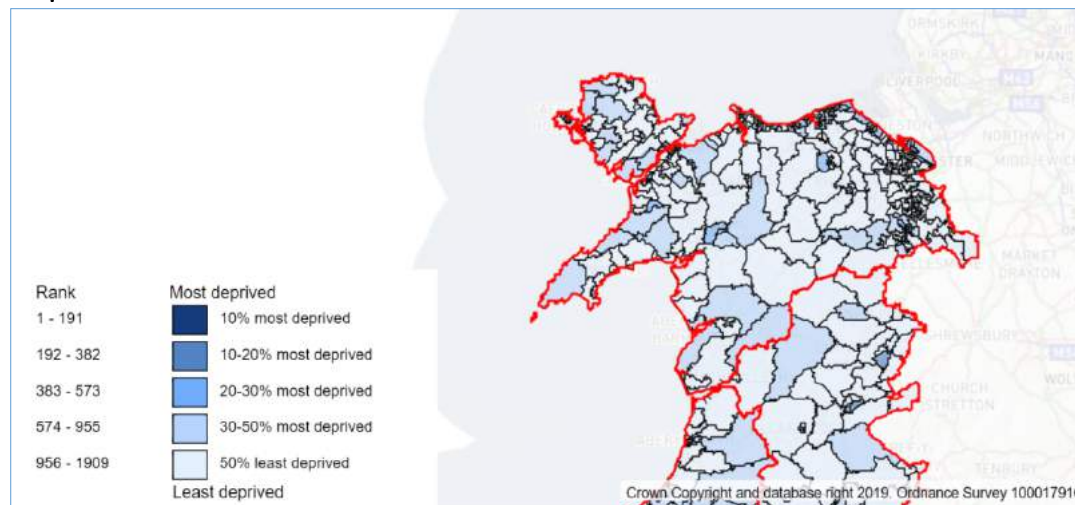
The strategy contains work to address pay gaps that exist with different protected characteristics. This work links in with the Strategic Equality Plans – addressing pay gaps.

### Context information relating to socio economic disadvantage:

Deprivation data for Health Board area:

The Welsh Index of Multiple Deprivation (WIMD) <sup>10</sup> defines deprivation as the "lack of access to opportunities and resources which we might expect in our society". Deprivation is measured in relation to other areas and based on eight factors including income, health, education and housing.

### Deprivation – Health Board level<sup>11</sup>



<sup>10</sup> [Welsh Index of Multiple Deprivation | GOV.WALES](https://gov.wales/wimd)

<sup>11</sup> Source: [WIMD - Explore \(gov.wales\)](https://gov.wales/wimd)

		<p>Deprivation data is 2019 data.</p> <p><b>Car Ownership<sup>12</sup>:</b></p> <ul style="list-style-type: none"> <li>• 20% of households across the Health Board area do not have a car</li> <li>• Car ownership lowest in Wrexham, Conwy and Gwynedd areas</li> <li>• 25,040 households across North Wales over the age of 65 do not have access to a car</li> </ul> <p>Related work for Mewn Undod mae Nerth, Stronger Together work will help the Health Board to build resilience to changing demands on services and population needs due to a range of external factors such as Covid 19, Brexit, and environment challenges<sup>13</sup>.</p> <p>Page 22 notes that socio economic disadvantage can impact on staff emotionally and psychologically well in work – with support through SWSS. Does SWSS include financial hardship support? If not - is there something to add to the strategy to support staff facing financial hardship?</p>
<p><b><u>Work</u></b></p> <p>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</p>	<p><b><u>In Practice</u></b></p> <p>As one of the largest employers in Wales BCUHB provides numerous opportunities for people to access work, the Step into Work programme is a great example. Think about</p>	<p>The strategy may have a positive impact on employment opportunities.</p> <p>This is linked to the work in relation to recruitment and retention and also opportunities for 'Talent and Career Development Framework'.</p> <p>The Health Board is one of the largest employers across North Wales, with over 19,000 people employed. Approximately 46% of our people work part time, and of these 91% are female.</p> <p>Plans based on population need and an evolving processing capacity across interdependent pathways of care to prevent, manage or meet that demand.</p>

<sup>12</sup> Source: 2010 census data: [NOMIS - Official Labour Market Statistics - Nomis - Official Labour Market Statistics \(nomisweb.co.uk\)](https://nomisweb.co.uk)

<sup>13</sup> [Wales faces unprecedented 'triple challenge' to health and wellbeing - Public Health Wales \(nhs.wales\)](https://nhs.wales)

<p>at least one of the adults was in work).</p>	<p>how careers support including apprenticeships and volunteer work placements can be promoted to support those who are furthest from the job market, those who are in households where no one is in employment, young people who are not in employment or training and other seldom-heard groups.</p> <p>Think about people in terms of their income and employment status, consider the impact on the availability and accessibility of work, paid and unpaid employment, wage levels, job security and working conditions.</p> <p>What are the implications of the proposal for people on</p>	<p>The high rate of female part time staff may reflect other responsibilities such as child care arrangements, caring responsibilities. Carers UK<sup>14</sup> believe this would help to create a more competitive employment market, and support employees (particularly women and unpaid carers). The Health Board have policies and procedures for supporting Carers. This issue of a dual responsibility of having a job and caring responsibilities may become greater issue as our population become increasingly older.</p> <p>There are also 330 Robin Volunteers that support services and 729 registered Volunteers supporting the Covid 19 Vaccination Programme.</p> <p>The Health Board operate a number of employment schemes, which provide opportunities to gain experience, skills and confidence. These opportunities are open to a range of people, including those with barriers to employment, furthest from the job market, in work poverty, young people who are NEET (not in employment, education or training), ethnic minorities and those who are claiming unemployment benefits or universal credit. Opportunities include:</p> <ul style="list-style-type: none"> <li>• Apprenticeships</li> <li>• The Step into Work Adult Volunteer Work Placement Programme – aimed at those who are furthest from the job market</li> <li>• Project SEARCH - helping young people with cognitive impairments and whom are neuro diverse to gain the skills they need to get meaningful paid jobs</li> <li>• Kickstart – funded by Department of Work and Pensions, providing placements for 16 to 24 year olds on Universal Credit who are at risk of long term unemployment</li> </ul>
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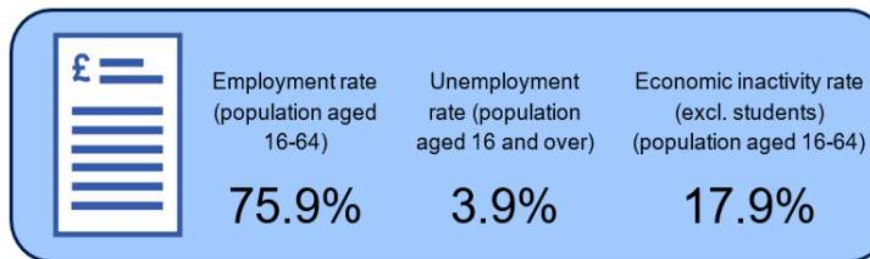
<sup>14</sup> [carers-uk-briefing-on-flexible-working-consultation.pdf](https://www.carers-uk.org/briefing-on-flexible-working-consultation.pdf)

<p>low income, those who are economically inactive, unemployed, workless, and people who are unable to work due to ill-health. Consider people living in work poverty. During the pandemic lower earners are three times as likely to have lost their job or been furloughed as high earners.</p> <p>How can procurement and commissioning arrangements be optimised to reduce inequalities of outcome caused by socio-economic disadvantage? As part of your proposal what are the opportunities to increase employment opportunities for people who experience socio-economic disadvantage?</p>	<p>The strategy states that opportunities for flexible work arrangements and job shares together with different locations will help in recruitment. Page 8 states ‘Shape work to fit the lives of our people through greater use of flexible working in its widest sense, and rethinking how we manage careers to respond to the changing needs and expectations of our workforce’.</p> <p>The strategy states that:</p> <ul style="list-style-type: none"> <li>• Clinical and Service areas, Finance and Workforce teams have all worked collaboratively to develop a new campaign approach to advertise service vacancies as a whole. This has been particularly successful in the case of the Stroke service, which traditionally has been a hard to recruit to area.</li> <li>• The overall total of new recruitment activity planned for 2022/23 is 519 whole time equivalent (WTE) with plans being drawn up for year 2 currently standing at 125 WTE. The split across the workforce staff groupings 22/23 schemes is as follows; Medical staff 46 WTE, Nursing staff 148 WTE, Other Clinical staff 159 WTE and Non-Clinical Staff 166.</li> <li>• Through the Nursing &amp; Midwifery Recruitment &amp; Retention group, there is a range of work streams to improve retention of nurses. In particular, there are three career pathways under review and being enhanced to make a Nursing career in BCUHB more visible to our staff. The first scheme - Matron Development program, initiated earlier in 2021 received positive feedback. The next two schemes to be taken forward are the Ward Manager development program and Head of Nursing development programme.</li> </ul>
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## Context information:

### Employment



Source: Annual Population Survey, Office for National Statistics. Data relates to year ending 30 September 2019

### Unemployment data sets for each area<sup>15</sup>:

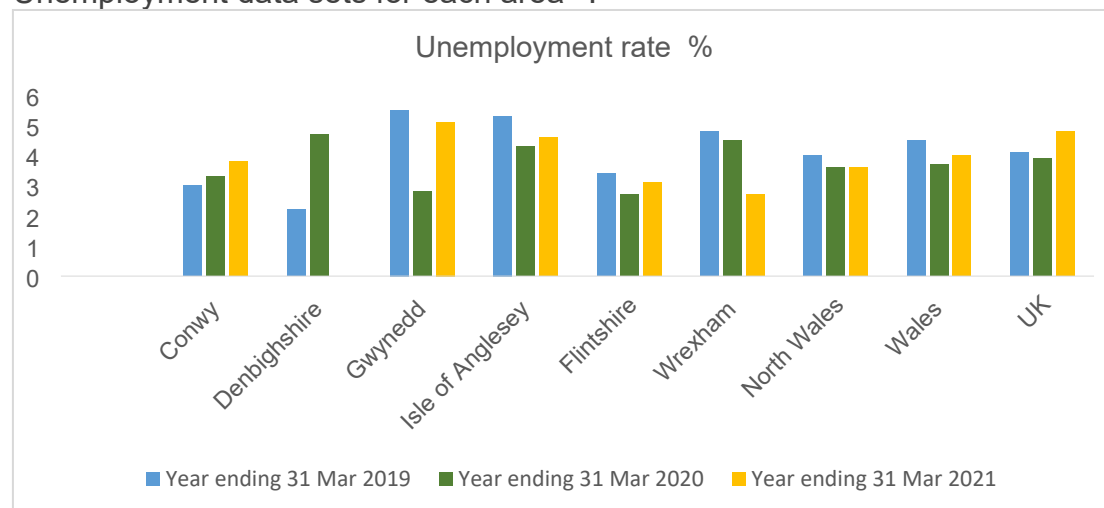


Table with unemployment data sets for each area<sup>16</sup>:

<sup>15</sup> Source: [ILO unemployment rates by Welsh local areas and year \(gov.wales\)](https://gov.wales/unemployment-rates-by-welsh-local-areas-and-year)

<sup>16</sup> Source: [ILO unemployment rates by Welsh local areas and year \(gov.wales\)](https://gov.wales/unemployment-rates-by-welsh-local-areas-and-year)

		<table><tr><th></th><th>Year ending 31 Mar 2019</th><th>Year ending 31 Mar 2020</th><th>Year ending 31 Mar 2021</th></tr><tr><td>Conwy</td><td>3</td><td>3.3</td><td>3.8</td></tr><tr><td>Denbighshire</td><td>2.2</td><td>4.7</td><td>*</td></tr><tr><td>Gwynedd</td><td>5.5</td><td>2.8</td><td>5.1</td></tr><tr><td>Isle of Anglesey</td><td>5.3</td><td>4.3</td><td>4.6</td></tr><tr><td>Flintshire</td><td>3.4</td><td>2.7</td><td>3.1</td></tr><tr><td>Wrexham</td><td>4.8</td><td>4.5</td><td>2.7</td></tr><tr><td>North Wales</td><td>4</td><td>3.6</td><td>3.6</td></tr><tr><td>Wales</td><td>4.5</td><td>3.7</td><td>4</td></tr><tr><td>UK</td><td>4.1</td><td>3.9</td><td>4.8</td></tr></table> <p>*(not sufficiently robust for publication)</p>		Year ending 31 Mar 2019	Year ending 31 Mar 2020	Year ending 31 Mar 2021	Conwy	3	3.3	3.8	Denbighshire	2.2	4.7	*	Gwynedd	5.5	2.8	5.1	Isle of Anglesey	5.3	4.3	4.6	Flintshire	3.4	2.7	3.1	Wrexham	4.8	4.5	2.7	North Wales	4	3.6	3.6	Wales	4.5	3.7	4	UK	4.1	3.9	4.8
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Wales	4.5	3.7	4																																							
UK	4.1	3.9	4.8																																							
<p><b><u>Justice and personal security</u></b></p> <p>The National Survey for Wales (2018-19) shows that people who were not in material deprivation were found to be more likely to feel safe in their local area, compared with those who were in material deprivation.</p> <p>Research by the University of Bristol shows that, notwithstanding some significant methodological limitations, existing analyses in the UK and internationally have</p>	<p><b><u>In Practice</u></b></p> <p>How does your proposal take account of local crime rates and exposure to crime? What are the hate crime statistics?</p> <p>Think about people who live in less safe areas and those more likely to be victims of domestic violence and abuse. Evidence suggests that domestic violence incidents are becoming more complex and serious, with higher levels of</p>	<p>There are some areas of the strategy that will link to Justice and Personal security.</p> <p>These include:</p> <ul style="list-style-type: none"><li>• Values and behaviours that center about being inclusive</li><li>• Staff being able to work in environment with zero tolerance to abuse and violence – Policies and process for dealing with incidents in place</li><li>• Reporting systems in place for staff to report concerns and incidents – Speak Out Safely enables people to report anonymously if they wish. This is supported by Speak Out Champions providing confidential support</li><li>• Support through staff networks</li><li>• Recruitment processes in place to ensure fair recruitment and disciplinary processes free from discrimination / bias</li><li>• Staff accessing support for circumstances involving domestic abuse</li><li>• Staff being able to work in an environment that aims to be inclusive and safe from discrimination, harassment and victimisation</li><li>• Recruitment processes in place to ensure safe recruitment checks: Rehabilitation of Offenders Act 1974 (Exceptions) Order 1975 and Disclosure and Barring Service Check to protect certain vulnerable groups within society, there are a number of posts within the NHS that are exempt from the provisions of the Rehabilitation of Offenders Act 1974 (as amended). As the post you have</li></ul>																																								



<p>consistently found vulnerability to domestic violence and abuse to be associated with low income, economic strain, and benefit receipt. This association is underpinned by a complex set of relationships and interdependencies.</p>	<p>physical violence and coercive control.</p> <p>How can your proposal promote and protect people's rights and increase their access to justice and personal security?</p>	<p>applied for falls within this category, it will be exempt from the provisions of the Rehabilitation of Offenders Act by virtue of the Rehabilitation of Offenders Act 1974 (Exceptions) Order 1975. This requires applicants for such posts are not entitled to withhold any information about convictions or other relevant criminal record information which for other purposes are 'spent' under the provisions of the Act.</p> <p>There are considerations in relation to feeling safe that relate to our staff. These include:</p> <ul style="list-style-type: none"> <li>• One identified area is females most likely to feel unsafe when travelling by public transport after dark<sup>17</sup>.</li> <li>• Crime Survey for England and Wales<sup>1</sup> (CSEW) year ending March 2020, an estimated 5.5% of adults aged 16 to 74 years (2.3 million people) experienced domestic abuse in the last year. 69% of victims were women.</li> <li>• Welsh Women's Aid reported 87% (June 2020 survey) increased demand for online support with other survey reporting the pandemic rules was being used by perpetrators to control and put abuse victims at risk<sup>1</sup></li> </ul>
<p><b><u>Participation</u></b></p> <p>The National Survey for Wales (NSW) shows that in 2018-19, 87% of households had access to the internet. Household internet access varies by WIMD levels of area deprivation. In 2018-19, 92% of households in the</p>	<p><b><u>In Practice</u></b></p> <p>How is participation enabled, how is engagement sustained with people with lived experience of socio-economic disadvantage and how has this informed your proposal?</p>	<p>There are some areas of the strategy that will link to Participation. These include:</p> <ul style="list-style-type: none"> <li>• Links to recruitment campaigns to reach wide range of people</li> <li>• Communication as part of our Planning Principles</li> <li>• Success will look like - very high levels of staff engagement, motivation, wellbeing and satisfaction</li> <li>• Engagement with our staff – the strategy states: 'Building on the existing structures and incorporating new mechanisms to support individuals through their employee journey, strengthen existing and developing new two-way communication networks (Including leadership visibility) and linkage mechanisms, which break through internal boundaries to enable massive &amp;</li> </ul>

<sup>17</sup> Feeling safe in a local area (National Survey for Wales): April 2018 to March 2019 | GOV.WALES  
What factors are linked to people feeling safe in their local area? (gov.wales)

<p>least deprived areas had internet access, compared to 83% of households in the most deprived areas. The NSW also shows households in social housing were less likely to have internet access (75% of such households) than those in private rented (90%) or owner occupied (89%) accommodation. Those in employment were more likely to have internet access at home (96%) than those who were unemployed (84%) or economically inactive (78%).</p>	<p>Covid-19 has shone a spotlight on a digital divide and highlights the effects of digital exclusion on those in poverty, with some feeling isolated and forgotten about.</p> <p>Think about digital exclusion and digital poverty, people living in rural areas and those unable to access services and facilities. How can your proposal increase participation for people who experience socio-economic disadvantage?</p>	<p>active engagement. Staff involvement with service improvement through continuous improvement methods and connectivity to the innovation mechanisms, clinical &amp; corporate networks, and the organisation's transformation &amp; improvement function'.</p> <ul style="list-style-type: none"> <li>• 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</li> <li>• Widespread digital capability underpins care delivery including the requirement of an agile, flexible, multidisciplinary workforce for an increasingly digital workplace, able to develop the skills needed to adopt and exploit new technology.</li> </ul> <p>Close monitoring of the implementation of digital capability will be important feature of this strategy alongside considerations of digital exclusion. National Survey for Wales. They show older people, disabled people, those living in social housing and the economically inactive &amp; unemployed as those most likely to be digitally excluded.</p> <p>10% of the population of Wales are not online and 27% of those who do use the internet lack at least one of the five basic digital skills<sup>18</sup>:</p> <ol style="list-style-type: none"> <li>1. Handling information and content</li> <li>2. Communicating</li> <li>3. Transacting</li> <li>4. Problem solving</li> <li>5. Being safe and legal online</li> </ol> <p>Considerations of how the Health Board support staff that are currently experience digital exclusion or have low confidence in using technologies will require careful thought and flexible approaches to learning new skills.</p>
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<sup>18</sup> Digital Strategy - Betsi Cadwaladr University Health Board ([nhs.wales](https://nhs.uk))

What actions will you undertake to minimise any adverse impacts identified during this Socio Economic Duty Impact Assessment?			
Impacts Identified	Mitigating Action to be Taken	Action Owner	Monitoring Arrangements
Employment	Recruitment campaigns	Recruitment	Overall levels of vacancies
Staff experiencing financial hardship	Range of support provided through the Health Board	People and Organisational Development	
Career progression and opportunities for development	Set up Learning Academy and links with Universities and Colleges	People and Organisational Development	Take up of completed courses and progression routes
Opportunities for people who are long term unemployed / face barriers to employment	Employment schemes	People and Organisational Development	Take up rate of employment schemes

STAGE 4: STRATEGIC DECISION MAKERS		
Who signed-off this SED Impact Assessment	<b>Signatory</b> 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. A prescribed Committee, sub-Committee or officer of the Health Board as per the Standing Orders Schedule 1, in accordance with their delegated limits, may carry out these functions. 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:	
Approval and Review	Approval Date:	
	Review Date:	

### Appendix 3

<b>Type of Decision</b> Includes but is not limited to:	<b>Equality Impact Assessment Required</b>	<b>Socio Economic Duty Impact Assessment Required</b>
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

Health Board  
26.5.22



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## Committee Chair's Report

<b>Name of Committee:</b>	<b>Performance, Finance and Information Governance Committee</b>
<b>Meeting date:</b>	28.4.22
<b>Name of Chair:</b>	John Cunliffe Independent Member
<b>Responsible Director:</b>	Sue Hill Executive Director of Finance
<b>Summary of business discussed:</b>	<p>The Committee <i>approved</i></p> <ul style="list-style-type: none"> <li>• Information Governance Strategy</li> <li>• Annual work plan 2022/23</li> </ul> <p><i>agreed</i></p> <ul style="list-style-type: none"> <li>• Performance measures to be included in the introduction of a new format Quality and Performance report and that any changes would be considered on a quarterly basis</li> </ul> <p><i>noted</i></p> <ul style="list-style-type: none"> <li>• Transforming Services update</li> <li>• Quality and Performance (QaP) report</li> <li>• Operating Plan monitoring year end report</li> <li>• Capital report Month 12</li> <li>• Finance report Month 12</li> <li>• External Contracts assurance report</li> <li>• Planned care update</li> <li>• Unscheduled care update</li> <li>• Business Tracker</li> <li>• Structured Assessment – financial aspect report</li> </ul> <p><i>reviewed</i></p> <ul style="list-style-type: none"> <li>• Terms of Reference which required further discussion in regard to attendance</li> </ul> <p>The Committee considered the following in private session:</p> <p><i>approved</i></p> <ul style="list-style-type: none"> <li>• Extensions to local construction consultant frameworks</li> <li>• Contract awards for design teams to provide conceptual design on phase 1 of the Regional Treatment Centre programme</li> </ul>

	<ul style="list-style-type: none"> <li>Rental of offices at North Wales Police Headquarters and asset disposal of building to accommodate Neurodevelopment team</li> </ul>
<b>Key assurances provided at this meeting:</b>	<p>The Committee</p> <ul style="list-style-type: none"> <li>congratulated the finance team and leadership in delivering £0.3m surplus position at year end, the second consecutive that BCU had achieved a small financial surplus</li> <li>congratulated the capital programme team and leadership in delivering the Capital Resource Limit in a very challenging year having receiving additional capital funding close to year end</li> <li>was provided with assurance that robust external contracts were in place and monitored, with a value in excess of £360m</li> <li>was pleased to receive an update on how improved formatting and more robust analysis of performance data would be presented in the near future.</li> <li>was encouraged that mandatory training compliance had improved to 84%</li> <li>was informed that whilst Cancer performance remained the best in Wales, more work on improvement remained</li> <li>was assured that significant recruitment to non-registered nursing posts had been successful in supporting Unscheduled Care</li> <li>commended the positive feedback from Audit Wales in regard to the financial element of the annual Structured Assessment</li> </ul>
<b>Key risks including mitigating actions and milestones</b>	<ul style="list-style-type: none"> <li>Recruitment issues remained a continued theme</li> <li>Planned care challenges remain across BCU as activity is restarting and WG has set out targets.</li> <li>Concerns were raised on how statutory non-compliance was reported to the Board in regard to Information Governance and Estate conditions. This will be considered further outside the meeting.</li> <li>Whilst there had been significant increases in Non-Pay ( i.e. fuel expenditure), funding from Pay had been utilised for balance (i.e. non-recruited budgets)</li> <li>Agency spending has increased whilst bank usage/spending has declined. It was of concern that some of the workforce were moving to better paid agency roles and affecting temporary staffing costs. This is a national issue and is being monitored by Workforce, especially as additional cover has been required for Covid19 sickness absence.</li> <li>Concern remained that the balance of savings have been delivered on a non-recurrent basis. Transformational savings will be progressed as pandemic constraints subside. It was noted that Internal Audit will focus on Ysbyty Glan Clwyd financial planning and savings delivery in the coming financial year.</li> <li>Further detail of risks with external contracts and how impacts would be managed were requested to be incorporated in future reports</li> <li>The Committee had significant concerns in relation to planned and unscheduled care performance, however both services are</li> </ul>

	<p>already undertaking a number of remedial actions and new processes are being introduced and actively monitored. External organisations are also providing support, including WG.</p> <ul style="list-style-type: none"> <li>• Patient waiting list management remains a priority area that is being actively addressed with due regard to the clinical prioritisation of patients</li> </ul>
<b>Targeted Intervention Improvement Framework Domain addressed</b>	<ul style="list-style-type: none"> <li>• Strategy, planning and performance</li> <li>• Leadership (including governance, transformation and culture)</li> </ul>
<b>Issues to be referred to another Committee</b>	None
<b>Matters requiring escalation to the Board:</b>	<p>The Committee</p> <ul style="list-style-type: none"> <li>• commended the finance team in delivery of a surplus at year end, and the capital team in delivering to the Capital Resource Limit in a very challenging year</li> <li>• raised concern regarding <ul style="list-style-type: none"> <li>▪ significant deterioration of stroke service delivery</li> <li>▪ continuing planned and unscheduled care performance</li> </ul> </li> </ul>
<b>Well-being of Future Generations Act Sustainable Development Principle</b>	<p>The Committee gave due regard to the sustainable development principles of:</p> <ul style="list-style-type: none"> <li>▪ Balancing short term need with long term planning for the future;</li> <li>▪ Working together with other partners to deliver objectives;</li> <li>▪ Involving those with an interest and seeking their views;</li> <li>▪ Putting resources into preventing problems occurring or getting worse</li> </ul>
<b>Planned business for the next meeting:</b>	<p>A range of financial and performance reports including</p> <ul style="list-style-type: none"> <li>▪ New format of Quality and Performance report</li> <li>▪ Corporate Financial Strategy</li> <li>▪ Business Continuity</li> <li>▪ Transformation programme</li> <li>▪ Board Assurance Framework</li> <li>▪ Divisional Finance report – Centre</li> <li>▪ Information Governance KPI report</li> <li>▪ Shared Service Partnership report</li> <li>▪ Information Governance Assessment Toolkit</li> <li>▪ IMTP Debrief and Budget timetable</li> </ul>
<b>Date of next meeting:</b>	30.6.22



Health Board  26 May 2022	 <div>       Bwrdd Iechyd Prifysgol        Betsi Cadwaladr        University Health Board     </div>
<b>Committee Chair's Report</b>	

<b>Name of Committee:</b>	<b>Charitable Funds Committee</b>
<b>Meeting date:</b>	<b>16 March 2022</b>
<b>Name of Chair:</b>	<b>Jackie Hughes</b>
<b>Responsible Director:</b>	<b>Sue Hill, Executive Director of Finance</b>
<b>Summary of business discussed:</b>	<ul style="list-style-type: none"> <li>• Guest Presenter: Ian Lush, CEO Imperial Health Charity</li> <li>• Investment Manager's Portfolio Report &amp; Presentation</li> <li>• Awyr Las Strategy Development Plan</li> <li>• Charitable Funds Finance Report Q3 2021/22</li> <li>• Charitable Funds Fundraising Report Q4 2021/22</li> <li>• Third Sector Groups Report Q4 2021/22</li> <li>• Charity Budget 2022-23</li> <li>• Staff Lottery Update</li> <li>• Summary of Expenditure Approvals</li> <li>• Charity Risk Register Plan</li> <li>• Updated Charity Reserves Policy</li> <li>• Charitable Funds Committee Cycle of Business / Work Plan for 2022/23</li> </ul>
<b>Key assurances provided at this meeting:</b>	<p><b>ITEMS FOR DECISION</b></p> <p><b>Awyr Las Strategy Development Plan and Budget 2022/23</b>          The Director of Partnerships, Engagement and Communications presented the findings of an external report, on the draft Charity Strategy. The report concluded that the overall direction of the strategy is sound and is in the mainstream of NHS Charity developments. The report raised a number of risks which will be addressed in the final strategy proposal, which will be presented to the Committee in September 2022.</p> <p>The Director of Partnerships, Engagement and Communications presented three resourcing and budget options: the 2<sup>nd</sup> option, to enhance resource to improve short-term and long-term engagement and analysis and review in September 2022 was approved by the Committee.</p> <p><b>Staff Lottery Update</b>          The Committee agreed to postpone the development and launch of a Staff Lottery until the final strategy has been approved in September 2022.</p>

	<p><b>Updated Charity Reserves Policy</b> The Committee approved a revised reserves policy which reflects future strategic planning, basing reserve targets on average three year income and expenditure goals.</p> <p><b>ITEMS FOR ASSURANCE</b></p> <p><b>Investment Portfolio</b> The Committee approved a change to the investment portfolio - disposal of any investments which included Russian securities and reinvest the proceeds across suitable alternatives.</p> <p><b>Charity Risk Register Plan</b> The charity's risk register will be migrated to the Datix platform by July 2022, so future reports will follow the standard BCUHB Committee Risk Register Reporting model.</p> <p><b>Charitable Funds Committee Cycle of Business / Work Plan for 2022/23</b> The committee approved the cycle of business and work plan for 2022/23.</p> <p><b>ITEMS FOR INFORMATION</b></p> <p><b>Charitable Funds Finance Report Q3 2021/22</b> There was a reduction in expenditure and income in 2021/22 compared to the previous year, but performance on the funds was still strong based on investment income.</p> <p><b>Charitable Funds Fundraising Report Q4 2021/22</b> Volunteers involved in the Keep the Beats Fund have ambitions to extend the work it's doing beyond North Wales. The Head of Fundraising has set up a meeting with WAST Charity representatives to assess options for the fund.</p> <p><b>Third Sector Groups Report Q4 2021/22</b> It was agreed that a member of the Charity and Charitable Partnerships Team should become a member of BCUHB's Third Sector Strategy Steering Group.</p> <p><b>Summary of Expenditure Approvals</b> The Committee reviewed the expenditure during the previous quarter.</p>
<b>Key risks including mitigating actions and milestones</b>	<p>Decrease in income (which is affecting most NHS charities). An updated strategy and operational plan which will be presented to the Charitable Funds Committee for approval in September 2022.</p>
<b>Issues to be referred to another Committee</b>	Not applicable

<b>Matters requiring escalation to the Board:</b>	Currently the Trustee meeting is held annually; Board consideration of more frequent meetings.
<b>Well-being of Future Generations Act Sustainable Development Principle</b>	Developing an impact focussed strategy for the charity, which aligns with and complements the Health Board's identified priorities, supports the WBFGA long term planning priority.
<b>Planned business for the next meeting:</b>	<p>Regular reports and:</p> <ul style="list-style-type: none"> <li>• The Carer Experience Manager from BCUHB's Quality Directorate to attend to speak about the impact of the Awyr Las Grant the service has received</li> <li>• Strategy Development Plan Update</li> </ul>
<b>Date of next meeting:</b>	1 July 2022

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

<b>Name of Advisory Group:</b>	<b>Stakeholder Reference Group</b>
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<b>Meeting date:</b>	<b>07.03.22</b>
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<b>Name of Chair:</b>	<b>Clare Budden, Chair of Stakeholder Reference Group</b>
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<b>Responsible Director:</b>	<b>Helen Stevens-Jones, Director of Partnerships, Communications &amp; Engagement</b>
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<b>Summary of key items discussed:</b>	<ul style="list-style-type: none"> <li>• Draft Committee Annual Report</li> <li>• Annual Review of Terms of Reference</li> <li>• Annual Review of Cycle of Business</li> <li>• Third Sector Update</li> <li>• Update on Regional Treatment Centres</li> </ul>
<b>Key advice / feedback for the Board:</b>	<ul style="list-style-type: none"> <li>• It was suggested that two way feedback would be useful for the group and would become a standard item on the agenda to allow the Chair or Vice Chair to provide feedback from the Board.</li> <li>• The Chair agreed to speak to the Chairman regarding attendance from the Chair or Vice Chair at the Board meetings to allow maximum attendance. This would also allow the representative to provide feedback from the SRG to the Board in relation to specific areas.</li> <li>• There was a discussion on attendance levels and a need to understand why some members attended infrequently and what might need to change for engagement to increase. In addition, the group discussed whether there was full representation from all communities and minority groups across North Wales and agreed to discuss this further.</li> <li>• The group had a range of discussions relating to the cycle of business and agreed a broad range of areas to consider which include GP access, Emergency Department access, getting people out of hospital, mental health issues for younger people and performance reporting.</li> <li>• The group welcomed the third sector update highlighting a</li> </ul>

	<p>query in relation to how the work draws from the broadest range of smaller organisations and not just the organisations which the Health Board regularly engage with.</p> <ul style="list-style-type: none"> <li>• The group also welcomed an update on the regional treatment centres, the progress to date and plans for the future.</li> <li>• The Chair suggested an early meeting should take place in person.</li> </ul>
<b>Targeted Intervention Improvement Framework Domain addressed</b>	<ul style="list-style-type: none"> <li>• Strategy, Planning and Performance</li> <li>• Mental Health &amp; Children and Adolescent Mental Health Services (CAMHS)</li> <li>• Engagement (patients, public, staff and partners)</li> </ul>
<b>Planned business for the next meeting:</b>	The Chair and the Director of Partnerships, Communications & Engagement are reviewing the current cycle of business and the specific items that would provide useful discussion and input from the group. The particular agenda items will be selected closer to the next meeting.
<b>Date of next meeting:</b>	Monday 6 <sup>th</sup> June 2022

*Disclosure:*

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Health Board  
26 May 2022



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## Advisory Group Chair's Report

<b>Name of Advisory Group:</b>	Healthcare Professionals Forum (HPF)
<b>Meeting date:</b>	4 March 2022
<b>Name of Chair:</b>	Mandy Jones, Vice Chair and Nursing Representative (Vice Chair)
<b>Responsible Director:</b>	Gareth Evans, Acting Executive Director of Therapies & Health Science

<b>Summary of key items discussed:</b>	<p><b>H22/01 Welcome, Introductions and Apologies</b></p> <p><b>H22/01.1</b> Gareth Evans opened the meeting and welcomed those members present. He wished to clarify a number of changes due to present circumstances. Since his appointment to Acting Executive Director of Therapies and Health Sciences from 1<sup>st</sup> March 2022, he will now take up the position of Executive Lead of the HPF in Adrian Thomas's continued absence. Consequently, he will no longer be able to remain on the HPF as Chair or the Therapy Services representative member.</p> <p>The process of appointing a new Chair had previously commenced as Gareth Evans's term of office as Chair of HPF was formally due to end at the beginning of April. The outcome of which is now concluded, and as a result GE announced that Jane Wild is appointed as Chair Elect prior to the Minister's approval in due course.</p> <p>Concerning the meeting today, it was agreed that Mandy Jones, the Vice Chair would kindly Chair the meeting from item number H22/02 onwards.</p> <p><b>H22/01.2</b> Gareth Evans wished to express thanks on behalf of the HPF, and his personal thanks to Dr Jay Nankani, whose second term of membership will end at the beginning of May. The Chair noted Dr Nankani's representation and commitment as the Primary and Community Care Medical member, which has been generously and consistently given to the Forum over the last 8 years. The process for a replacement representative will now commence.</p>
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**H22/01.3** Vice Chair Mandy Jones expressed thanks to Gareth Evans for his Chairmanship of the Forum over the last 3 years, especially with the extra pressures during the Covid pandemic.

**H22/01.4** Apologies received:

Adrian Thomas, Executive Director of Therapies and Healthcare Sciences (Lead), Dr Faye Graver, Mental Health Medical Representative, Susan Murphy, Pharmacy and Medicines Management Representative

**H22/05 Quality Strategy and Quality Update** – Matthew Joyes, Acting Associate Director Of Quality, Patient Safety and Experience

The Vice Chair welcomed Matthew Joyes (MJ) to the Forum for the annual discussion regarding Quality Strategy update. MJ shared presentation slides during the meeting, which will be shared with the members of the Forum following the meeting.

MJ outlined the summary of the key organisational wide pieces of work concerning Quality in the last 12 months, and looking forward to the planned next 12 months. MJ then focussed on the Health and Social Care (Quality and Engagement) (Wales) Act, which became law in June 2020, in particular the draft guidance in relation to Duty of Candour, which is due to be implemented in spring 2023 as part of the Act.

A question and answer discussion ensued, with the Forum members particularly agreeing that support and training for staff members concerning letters of apology is very important to find the right balance. It was suggested that the Forum members could offer to establish a scenario based workshop to test the training once prepared, in order to offer feedback and further suggestions prior to roll out.

The Vice Chair thanked Matthew very much for the comprehensive overview and the opportunity to discuss. It was noted that JW as the new Chair would decide on a follow up with him regarding this matter.

**H22/07 Chair's and members summary reports:**

H22/07.1 HPF Member Summary Report\_Chair and Therapy Services

H22/07.2 HPF Member Summary Report\_Community Pharmacy

H22/07.3 HPF Member Summary Report\_HCS

H22/07.4 HPF Member Summary Report\_MHLD

H22/07.5 HPF Member Summary Report\_Optometry

H22/07.6 HPF Member Summary Report\_Vice Chair and Nursing

H22/07.7 HPF Member Summary Report\_Women's Services

H22/07.8 HPF Member Summary Report \_ Primary and Community Care

H22/07.9 HPF Member Summary Report \_ Specialist and Tertiary Care

H22/07.10 HPF Member Summary Report – Dentistry

	<p><b>H22/08 Mental Health Strategy</b> – Iain Wilkie, Interim Director Mental Health &amp; Learning Disabilities; and Teresa Owen, Executive Director of Public Health</p> <p>The Chair welcomed Iain Wilkie (IW) and Teresa Owen (TO) and the members of the Forum in attendance introduced themselves.</p> <p>IW shared presentation slides including an infographic outlining the vision, mission and desired outcomes of the strategic plan for Mental Health and Learning Disabilities 2021 – 2023 made of five components; the current priorities specifically being review of capacity and capability delivery of safe and effective services and the current challenges within the division.</p> <p>A question and answer session followed the presentation.</p> <p>The Vice Chair thanked IW and TO very much for joining the Forum and for the informative presentation.</p>
<p><b>Key advice / feedback for the Board:</b></p>	<p><b>H22/10 Summary of information to be included in Chair's report to the Board</b></p> <ul style="list-style-type: none"> <li>• The Forum received Matthew Joyes (MJ) to the Forum for a discussion regarding Quality. The responsibility in relation to the Duty of Candour, which is due to be implemented in Spring 2023 as part of the Health and Social Care (Quality and Engagement) (Wales) Act was discussed at length and the Forum advises that support is made available to staff to ensure this is done successfully. Forum members offered to test a scenario based workshop training once prepared, in order to offer feedback and further suggestions prior to roll out.</li> <li>• The Midwifery representative highlighted in their Member report how a review of statutory supervision in the UK had supported the recommendation that statutory supervision should end in Midwifery. A new 'Future Proofing' model for supervision of midwives in Wales has been developed with an agreed set of principles on which to develop an employer led, professional model of clinical supervision for all midwives. The Forum discussed the potential benefits for all professions of such a model and look forward to the formal evaluation within the next 6 months.</li> <li>• The Forum welcomed Iain Wilkie (IW) and Teresa Owen (TO) for a discussion on the strategic plan for Mental Health. Members support the value of more integration in respect of mental health and physical health services. In particular the strengthening of mental health and primary care was advised and the use of shared care arrangements to assist with patient</li> </ul>



	experience is to be encouraged.
<b>Targeted Intervention Improvement Framework Domain addressed</b>	<ul style="list-style-type: none"> <li>• Mental Health (adult and children)</li> <li>• Strategy, planning and performance</li> <li>• Leadership (including governance, transformation and culture)</li> </ul>
<b>Planned business for the next meeting:</b>	<p>Range of standing items plus:</p> <ul style="list-style-type: none"> <li>• Clinical Strategy</li> <li>• Workforce and Organisational Development</li> <li>• Targeted Improvement (TI ) Strategy</li> </ul>
<b>Date of next meeting:</b>	Friday, 10 <sup>th</sup> June 2022

*Disclosure:*

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Health Board 26/05/2022	 <p>Bwrdd Iechyd Prifysgol Betsi Cadwaladr University Health Board</p> <p><i>To improve health and provide excellent care</i></p>
<b>Audit Committee: Chair's Report</b>	

<b>Name of Committee:</b>	Audit Committee
<b>Meeting date:</b>	15/03/22
<b>Name of Chair:</b>	Richard Medwyn Hughes, Independent Member
<b>Responsible Director:</b>	Molly Marcu, Board Secretary
<b>Summary of business discussed:</b>	<ul style="list-style-type: none"> <li>• Minutes and Action log review from the previous meeting (public and private).</li> <li>• Details of Breaches in terms of publication of Board/Committee papers.</li> <li>• Audit Committee proposed cycle of business 2022/23.</li> <li>• Private Session Items Reported in Public Report.</li> <li>• Chair's Assurance Report: Risk Management Group</li> <li>• Board Assurance Framework and Clinical Audit Plan verbal update.</li> <li>• Standing Orders and changes to the Master Scheme of Reserved Delegation.</li> <li>• Schedule of Financial Claims (public and private report).</li> <li>• Periodic review of the Counter Fraud Policy and the Standards of Business Conduct Policy.</li> <li>• Internal Audit Progress Report – summarising six assurance reviews finalised since the last Committee meeting: <ul style="list-style-type: none"> <li>○ Targeted Intervention (reasonable assurance).</li> <li>○ Learning Lessons (reasonable assurance).</li> <li>○ Standards of Business Conduct (limited assurance).</li> <li>○ Integrated Service Boards Governance (limited assurance).</li> <li>○ Follow up - Progress against Healthcare Inspectorate Wales (HIW) recommendations: Mental Health and Learning Disabilities (assurance not applicable).</li> <li>○ Temporary Hospitals: Follow up of KPMG recommendations (assurance not applicable).</li> </ul> </li> <li>• Internal Audit Plan.</li> <li>• Audit Wales Progress Report and the following external reports: <ul style="list-style-type: none"> <li>○ Review of Quality Governance Arrangements</li> <li>○ Older People Care Home Placements</li> <li>○ Continuing Healthcare Management Response.</li> </ul> </li> <li>• Post Payment Verification Progress Report</li> <li>• Financial Conformance Report</li> </ul>

	<ul style="list-style-type: none"> <li>• Update on Internal/ External Audit Recommendations</li> </ul>
<b>Key assurances provided at this meeting:</b>	<p>The Audit Committee:</p> <ul style="list-style-type: none"> <li>• <b>Received and noted</b> the Chair's Assurance Report from the Risk Management Group.</li> <li>• <b>Endorsed the approval</b> of the changes to the Standing Orders and Changes to the Master Scheme of Reserved Delegation <b>Approved</b> the Counter Fraud Policy and the Standards of Business Conduct Policy.</li> <li>• <b>Received and noted</b> the Internal Audit progress report and <b>approved</b> the Internal Audit Plan.</li> <li>• <b>Received and noted</b> the progress update from Audit Wales together with other reports as detailed above.</li> <li>• <b>Received and noted</b> the PPV Progress Report</li> <li>• <b>Approved</b> the Losses and Special Payments as detailed within the Conformance report.</li> <li>• <b>Received and noted</b> the Local Counter Fraud Service (LCFS) Report.</li> <li>• <b>Received</b> the Audit Recommendation Tracker, noted the progress and implementation of actions outlined; and requested remedial action is taken in relation to the the high-risk overdue actions.</li> </ul>
<b>Key risks including mitigating actions and milestones</b>	<p>The Committee:</p> <ul style="list-style-type: none"> <li>• Discussed previous risks highlighted to the board and the requirement to ensure outcomes/actions were identified.</li> <li>• Discussed the importance of timely Management Responses that fully addressed audit findings and recommendations.</li> <li>• Noted the outstanding Continuing Healthcare audit recommendations, as well as the delays in responding to internal audit recommendations, which resulted in a delay in the Committee's receipt of the Waiting List Management report</li> <li>• Reviewed two limited assurance opinion reports pertaining to Integrated Service Boards and Standards of Business Conduct , noting the impact of the latter on the Related Party Transaction disclosure as part of the Annual Accounts Audit</li> </ul>
<b>Issues to be referred to another Committee</b>	<p>It was agreed that consideration would be given to the most appropriate and timely review of the outstanding waiting list management report , in consultation with the Quality, Safety and Experience Committee</p>

<b>Matters requiring escalation to the Board:</b>	There were no matters requiring escalation to the Board
<b>Well-being of Future Generations Act Sustainable Development Principle</b>	The purpose of the Audit Committee is to advise and assure the Board and the Accountable Officer on whether effective arrangements are in place – through the design and operation of the Health Board’s system of assurance. As such, the Committee gives consideration to the sustainable development principles in their widest sense but in particular, the focus on progress of internal and external audit reports supports the principle of putting resources into preventing problems occurring or getting worse.
<b>Planned business for the next meeting:</b>	<p>Range of regular reports plus:-</p> <ul style="list-style-type: none"> <li>• Board Assurance Framework</li> <li>• Risk Management Strategy Review</li> <li>• Review of Corporate Risk Register</li> <li>• Annual Report and Accounts – End of Year Reporting.</li> <li>• Chair’s Action bi-annual report (included within the Financial Conformance report).</li> <li>• Internal Audit Annual Report (included Head of Internal Audit Opinion).</li> <li>• Receive the Auditor General's report and Letter of Representation.</li> <li>• Counter Fraud Annual Report.</li> <li>• Clinical Audit Plan.</li> <li>• Committee Annual Reports.</li> </ul>
<b>Date of next meeting:</b>	13.06.22



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## Chair's Report

<b>Name of Committee:</b>	Targeted Intervention Improvement Framework (TIIF) Steering Group
<b>Meeting date:</b>	22.02.22
<b>Name of Chair:</b>	Gill Harris, Deputy Chief Executive / Executive Director of Integrated Clinical Delivery
<b>Responsible Director:</b>	Gill Harris, Deputy Chief Executive / Executive Director of Integrated Clinical Delivery
<b>Summary of business discussed:</b>	<ul style="list-style-type: none"><li>• Progress within each of the domains continues, as previously requested each domain provided a single slide with examples of good practice and areas of concern.</li><li>• A patient story has been shared following the journey of a patient from CAMHS into MH which highlights areas of learning in terms of listening to patients, and improving services as a consequence of patient experience. A family liaison officer has now been put in post and the patient will join the Health Board as a young leader as part of the patient experience team.</li><li>• Feedback was provided on the WG Oversight Meeting and specific actions have been shared within the letter received.</li><li>• The Board Workshop in April will review the TI self assessment ahead of the submission deadline to Welsh Government in May 2022.</li><li>• There will be an opportunity to amend the wording within the maturity matrices if required ahead of the self assessment.</li><li>• The first meeting of the Evidence Group will take place in March to review and sign off the outcomes framework.</li></ul>
<b>Key assurances provided at this meeting:</b>	<ul style="list-style-type: none"><li>• Governance arrangements are in place to monitor TI progress via Steering Group oversight.</li><li>• Teams are working to deliver improvements, to augment maturity levels ahead of the next self-assessment in May 2022.</li></ul>
<b>Key risks including mitigating actions and milestones</b>	<ul style="list-style-type: none"><li>• There is a risk of insufficient progress on the improvement journey; the oversight of the Steering Group and added scrutiny from IM Links will mitigate this.</li></ul>

<b>TlIF Domain addressed</b>	<ul style="list-style-type: none"> <li>• All</li> </ul>
<b>Issues to be referred to another Committee</b>	<ul style="list-style-type: none"> <li>• None</li> </ul>
<b>Matters requiring escalation to the Board:</b>	<ul style="list-style-type: none"> <li>• None</li> </ul>
<b>Well-being of Future Generations Act Sustainable Development Principle</b>	<p><i>Describe how the items of business and the development of any proposals considered by the Committee gave adequate consideration to the sustainable development principles or if not indicate the reasons for this.</i></p> <p><i>1. Balancing short term need with long term planning for the future – covered by the strategy, planning and performance domain.</i></p> <p><i>2. Working together with other partners to deliver objectives – covered by the engagement work</i></p> <p><i>3. Involving those with an interest and seeking their views – covered by the engagement work;</i></p> <p><i>4. Putting resources into preventing problems occurring or getting worse – via WG funding allocation;</i></p> <p><i>5. Considering impact on all well-being goals together and on other bodies – covered by engagement work.</i></p>
<b>Planned business for the next meeting:</b>	<ul style="list-style-type: none"> <li>• Monitoring progress against the framework and identification of any issues.</li> </ul>
<b>Date of next meeting:</b>	29.03.22



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## Chair's Report

<b>Name of Committee:</b>	Targeted Intervention Improvement Framework (TIIF) Steering Group
<b>Meeting date:</b>	29.03.22
<b>Name of Chair:</b>	Gill Harris, Deputy Chief Executive / Executive Director of Integrated Clinical Delivery
<b>Responsible Director:</b>	Gill Harris, Deputy Chief Executive / Executive Director of Integrated Clinical Delivery
<b>Summary of business discussed:</b>	<ul style="list-style-type: none"><li>• Amendments to TI Steering Group terms of reference were endorsed.</li><li>• The Evidence Group terms of reference were discussed and it was agreed that the Associate Director of Governance will replace the Board Secretary as Vice Chair.</li><li>• Each domain provided an overview of the evidence presented to the Evidence Group.</li><li>• In order for the strategy, planning and performance domain to achieve a high level 2, this score is predicated on the IMTP being approved by the Board and also submitted to Welsh Government for sign off.</li><li>• The suggested levels for each of the domains where highlighted as a high level 2 for all ages Mental Health, Strategy, Planning &amp; Performance and Engagement and a level 2 for Leadership.</li><li>• The Outcomes Group terms of reference were discussed and it was agreed that the Lead for Digital will replace the Executive Director of Finance as the Vice Chair.</li><li>• Requested amendments to the CAMHS and Strategy, Planning &amp; Performance maturity matrices were approved.</li></ul>
<b>Key assurances provided at this meeting:</b>	<ul style="list-style-type: none"><li>• Governance arrangements are in place to monitor TI progress via Steering Group oversight.</li></ul>
<b>Key risks including mitigating actions and milestones</b>	<ul style="list-style-type: none"><li>• There is a key risk relating to adult mental health and CAMHS that workforce and recruitment issues may impede the domain reaching exemplar status. There are significant number of vacancies and as the domain moves forward through the</li></ul>

	matrices, this will become a greater issue that is reiterated across all areas within the TI framework.
<b>TIIF Domain addressed</b>	<ul style="list-style-type: none"> <li>• All</li> </ul>
<b>Issues to be referred to another Committee</b>	<ul style="list-style-type: none"> <li>• None</li> </ul>
<b>Matters requiring escalation to the Board:</b>	<ul style="list-style-type: none"> <li>• None</li> </ul>
<b>Well-being of Future Generations Act Sustainable Development Principle</b>	<p><i>Describe how the items of business and the development of any proposals considered by the Committee gave adequate consideration to the sustainable development principles or if not indicate the reasons for this.</i></p> <ol style="list-style-type: none"> <li><i>1. Balancing short term need with long term planning for the future – covered by the strategy, planning and performance domain.</i></li> <li><i>2. Working together with other partners to deliver objectives – covered by the engagement work</i></li> <li><i>3. Involving those with an interest and seeking their views – covered by the engagement work;</i></li> <li><i>4. Putting resources into preventing problems occurring or getting worse – via WG funding allocation;</i></li> <li><i>5. Considering impact on all well-being goals together and on other bodies – covered by engagement work.</i></li> </ol>
<b>Planned business for the next meeting:</b>	<ul style="list-style-type: none"> <li>• Monitoring progress against the framework and identification of any issues.</li> </ul>
<b>Date of next meeting:</b>	25.04.22 (rescheduled to 03.05.22)





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## Chair's Report

<b>Name of Committee:</b>	Targeted Intervention Improvement Framework (TIIF) Steering Group
<b>Meeting date:</b>	03.05.22
<b>Name of Chair:</b>	Gill Harris, Deputy Chief Executive / Executive Director of Integrated Clinical Delivery
<b>Responsible Director:</b>	Gill Harris, Deputy Chief Executive / Executive Director of Integrated Clinical Delivery
<b>Summary of business discussed:</b>	<ul style="list-style-type: none"><li>• Each domain provided an update against the progress made to date which was supported by a single slide of examples.</li><li>• The CAMHS team confirmed that a successful recruitment campaign is taking place that will bring approximately 140 new posts into the service. There are difficulties recruiting to psychiatry posts however mitigations have been put in place and work is underway to review the psychiatry workforce.</li><li>• Louise Bell has been appointed as Vice Chair for the Children's Sub-Group of the Regional Partnership Board.</li><li>• The BCU Clinical Senate has been established as a multi professional group to support the development of the Clinical Services Strategy and is taking place on a regular basis.</li><li>• Due to the considerable jump from level 2 to level 3 within the maturity matrices, it has been suggested to split performance out from the Strategy, Planning &amp; Performance domain as this element may prevent the Strategy and Planning elements moving forward. This will be discussed at a Board Workshop to be clear in terms of the assurance around the Performance element of the domain.</li><li>• The TI Moderation Meeting with the SROs and IMs have been taking place with the Good Governance Institute as requested by the Board ahead of the May Board meeting.</li><li>• The group discussed preparation for the Welsh Government Oversight Meeting being held on 19.05.22.</li><li>• Each domain are in the process of developing a gap analysis as requested by the Board.</li></ul>

<b>Key assurances provided at this meeting:</b>	<ul style="list-style-type: none"> <li>Governance arrangements are in place to monitor TI progress via Steering Group oversight.</li> </ul>
<b>Key risks including mitigating actions and milestones</b>	<ul style="list-style-type: none"> <li>There was no representative available to cover the Adult MH area, the team will ensure a representative is available in future to provide assurance.</li> </ul>
<b>TIIF Domain addressed</b>	<ul style="list-style-type: none"> <li>All</li> </ul>
<b>Issues to be referred to another Committee</b>	<ul style="list-style-type: none"> <li>None</li> </ul>
<b>Matters requiring escalation to the Board:</b>	<ul style="list-style-type: none"> <li>None</li> </ul>
<b>Well-being of Future Generations Act Sustainable Development Principle</b>	<p><i>Describe how the items of business and the development of any proposals considered by the Committee gave adequate consideration to the sustainable development principles or if not indicate the reasons for this.</i></p> <ol style="list-style-type: none"> <li><i>Balancing short term need with long term planning for the future – covered by the strategy, planning and performance domain.</i></li> <li><i>Working together with other partners to deliver objectives – covered by the engagement work</i></li> <li><i>Involving those with an interest and seeking their views – covered by the engagement work;</i></li> <li><i>Putting resources into preventing problems occurring or getting worse – via WG funding allocation;</i></li> <li><i>Considering impact on all well-being goals together and on other bodies – covered by engagement work.</i></li> </ol>
<b>Planned business for the next meeting:</b>	<ul style="list-style-type: none"> <li>Monitoring progress against the framework and identification of any issues.</li> </ul>
<b>Date of next meeting:</b>	24.05.22



<b>Cyfarfod a dyddiad: Meeting and date:</b>	<b>Health Board 26 May 2022</b>						
<b>Cyhoeddus neu Breifat: Public or Private:</b>	Public						
<b>Teitl yr Adroddiad Report Title:</b>	Quality & Performance Report to 31 March 2022						
<b>Cyfarwyddwr Cyfrifol: Responsible Director:</b>	Sue Hill, Executive Director of Finance						
<b>Awdur yr Adroddiad Report Author:</b>	Edward Williams, Head of Performance Assurance						
<b>Craffu blaenorol: Prior Scrutiny:</b>	The data and information in this report was reviewed by the Performance, Finance & Information Governance Committee on 28 April 2022.						
<b>Atodiadau Appendices:</b>	Quality & Performance Report						
<b>Argymhelliad / Recommendation:</b>							
The Health Board is asked to scrutinise the report.							
<b>Ticiwch fel bo'n briodol / Please tick as appropriate</b>							
<b>Ar gyfer penderfyniad /cymeradwyaeth For Decision/ Approval</b>		<b>Ar gyfer Trafodaeth For Discussion</b>		<b>Ar gyfer sicrwydd For Assurance</b>	<input checked="" type="checkbox"/>	<b>Er gwybodaeth For Information</b>	
<b>Y/N i ddangos a yw dyletswydd Cydraddoldeb/ SED yn berthnasol Y/N to indicate whether the Equality/SED duty is applicable</b>						<b>N</b>	
<b>Sefyllfa / Situation:</b>							
This report includes indicators from the NHS Wales Delivery Framework 2021-22. The Executive Summary is included within the Report together with an Overall Summary Dashboard of Performance.							
<b>Cefndir / Background:</b>							
<p>The Executive Summary pages of the QAP sets out performance against the key measures contained within the 2021/22 Welsh Government National Delivery Framework.</p> <p>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.</p>							
<b>Asesu a Dadansoddi / Assessment &amp; Analysis</b>							
<b>Goblygiadau Strategol / Strategy Implications</b>							
The National Delivery Measures align to the National Delivery Framework , which support 'A Healthier Wales' and the Health Board's Annual Plan.							
<b>Opsiynau a ystyriwyd / Options considered</b>							

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 Health 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



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Performance to 31<sup>st</sup> March 2022  
Presented on 26<sup>th</sup> May 2022

# Health Board



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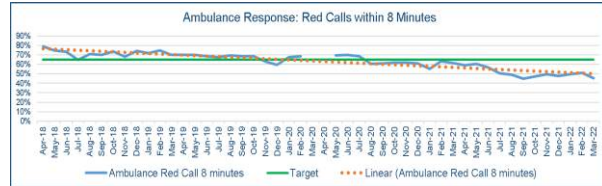
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# Overall Summary Dashboard

## Unscheduled Care Measures

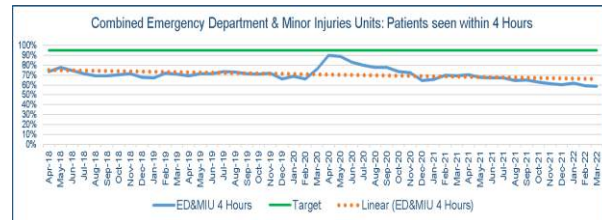
Ambulance Red Calls 8 Minutes: **45.3%**



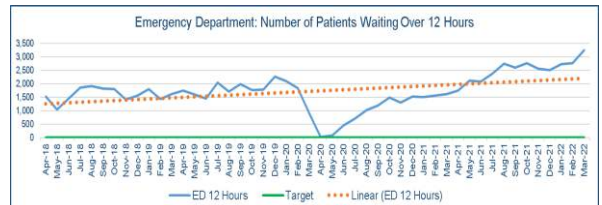
Ambulance Handovers Over 1 Hour: **2,002**



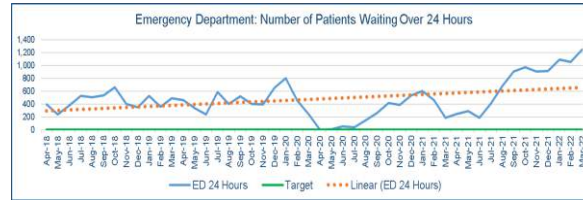
Combined ED&MIU 4 Hours: **58.53%**



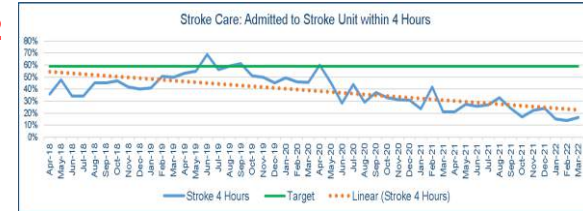
ED 12 Hours: **3,252**



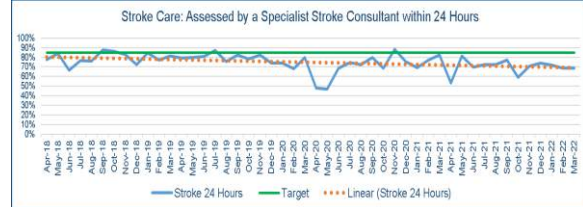
ED 24 Hours: **1,246**



Stroke Admission 4 Hours: **16.5%**



Stroke Consultant 24 Hours: **68.7%**



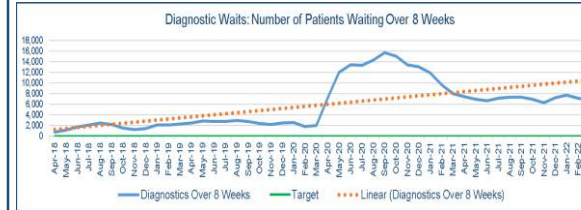
## Sickness Absence

Sickness Absence Rate: **6.30%**

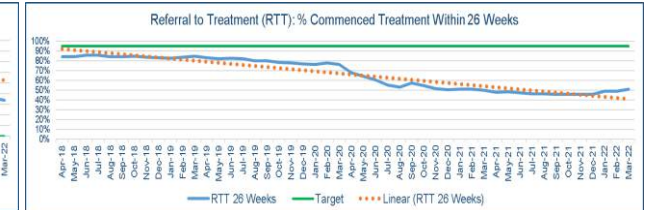


## Planned Care Measures

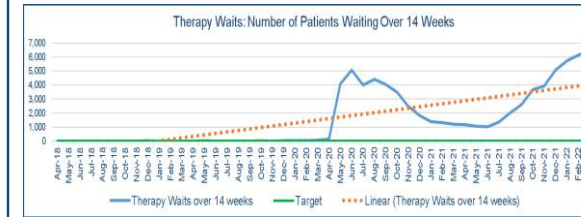
Diagnostic Waits 8 Weeks: **6,829**



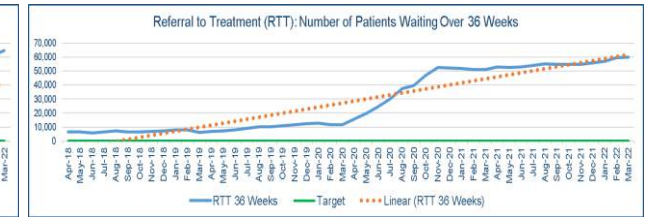
RTT within 26 Weeks: **51.22%**



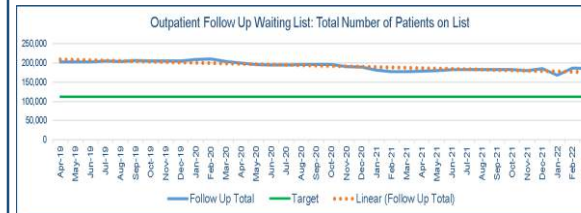
Therapy Waits 14 Weeks: **6,486**



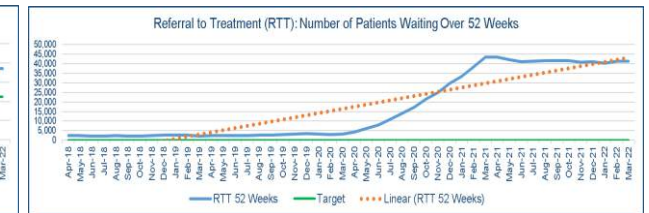
RTT Over 36 Weeks: **60,821**



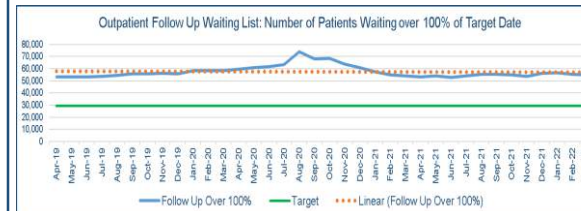
Total Follow Up Backlog: **185,293**



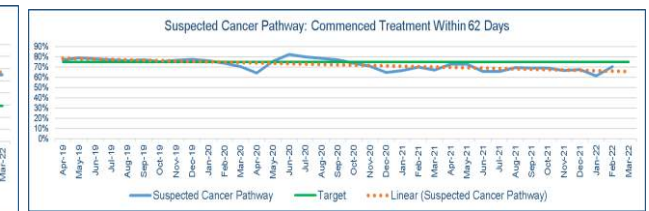
RTT Over 52 Weeks: **41,458**



Follow Up Over 100%: **54,815**



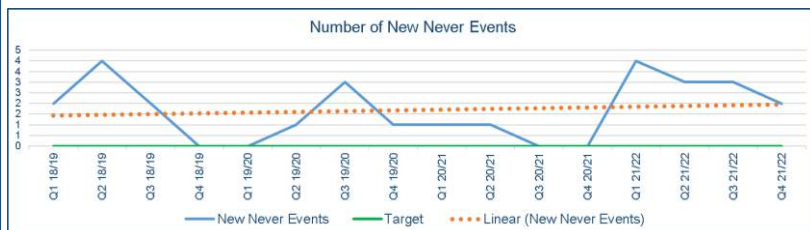
Suspected Cancer Pathway: **70.3%**



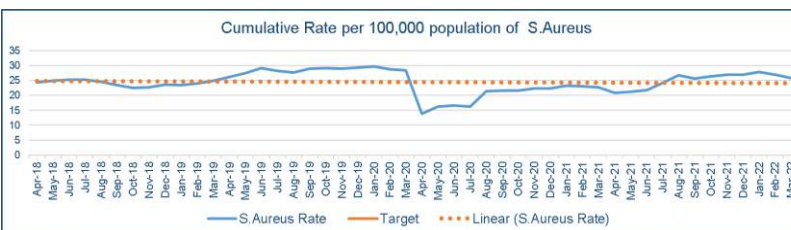


# Summary Dashboard

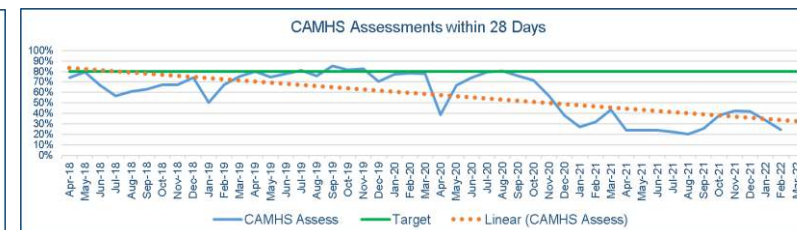
Number of New Never Events: Q4 21/22: **2**



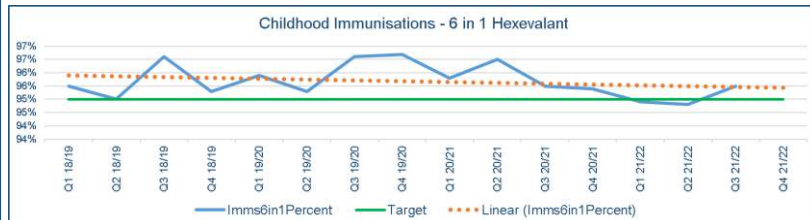
Cumulative Rate per 100,000 S.Aureus: **25.88**



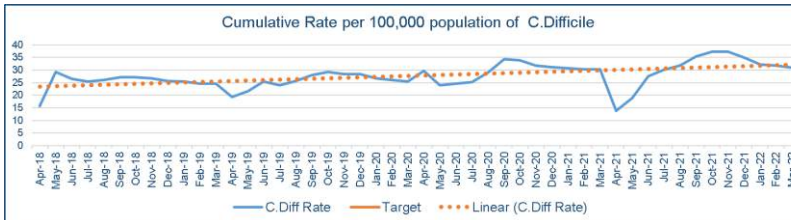
\*\*CAMHS – Assessed within 28 Days: **24.35%**



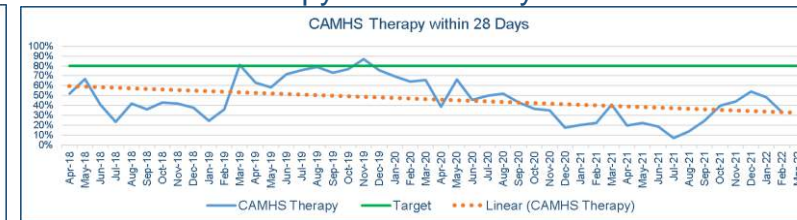
Immunisation - 6 in 1 Hexavelant: Q3 201/22 **95.5%**



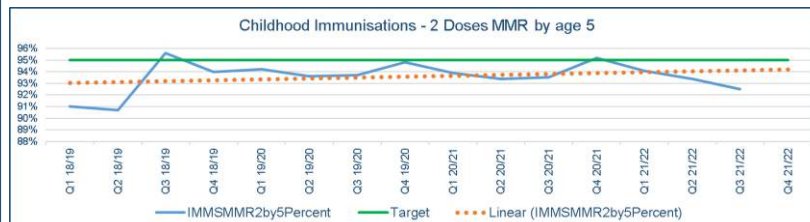
Cumulative Rate per 100,000 C.Difficile: **30.99**



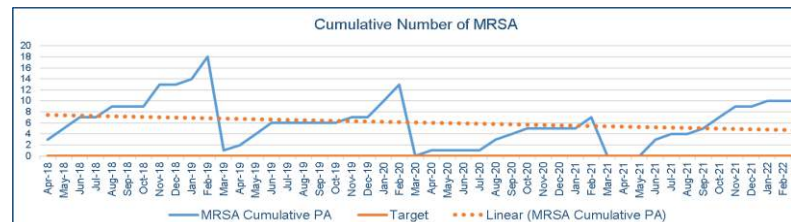
\*\*CAMHS – Therapy within 28 Days: **33.33%**



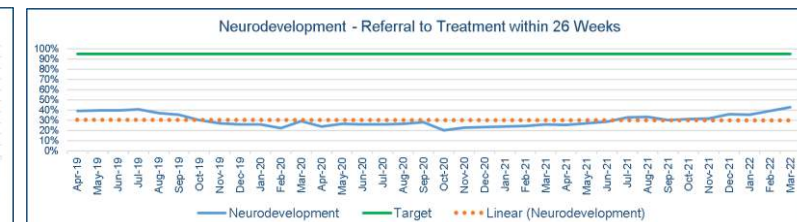
Immunisation- 2 doses MMR by 5: Q3 21/22 **92.5%**



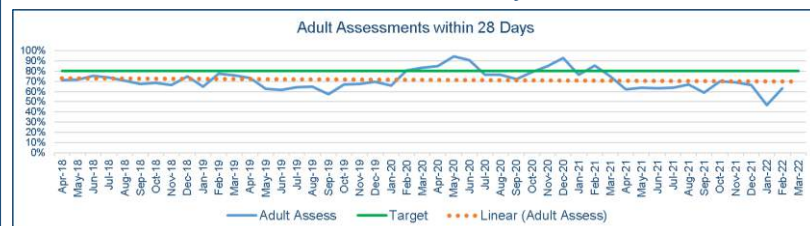
Cumulative Number of MRSA: **10**



Neurodevelopment within 26 Weeks: **42.70%**

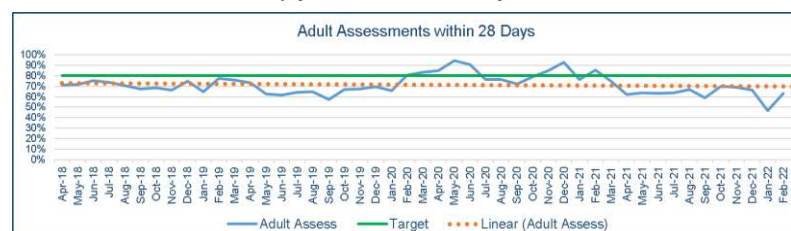


\*\*Adult MH Assessed within 28 Days: **63.20%**

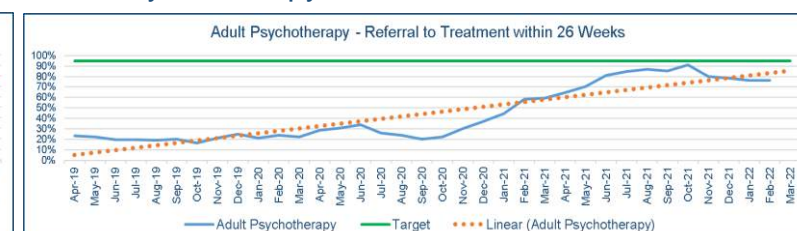


Cumulative rate resets on the 1st of April each year

\*\*Adult MH Therapy within 28 Days: **79.76%**



Adult Psychotherapy within 26 Weeks: **76.40%**



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



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

## Report Structure

The format of the report reflects the latest published National Delivery Framework which relates to 2020-21 and 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 RAG 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

In addition to the 6 month Trend, the status of performance against each measure is now RAG rated to demonstrate whether on or off target.

## Ongoing development of the Report

This report now contains an Overall Summary Dashboard (Page 3 & 4) where the reader can view the performance of all key measures on one page, together with timeline/ trend of performance over the last 3 years.

Additional information on Primary & Community Care has been added under the Unscheduled Care and Planned Care sections of the report. These will be further developed over coming months.

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

## **Quadruple Aim 1: Prevention**

Despite the impact of the COVID-19 pandemic on most planned care services, it is encouraging to see that our immunisation of children programmes have continued to deliver throughout Quarter 3 2021/22 at 95.5% of eligible children receiving 6 in 1 Hexavalent and 92.5% of eligible children receiving 2 doses of MMR vaccinations by age 5.

## **Quadruple Aim 2: Self Harm**

Rate of hospital admissions with any mention of intentional self-harm from children and young people (aged 10-24 years) per 1,000 population has been published for 2020/21 and at 5.14 the Health Board has improved in performance.

## **Quadruple Aim 2: Flu Vaccination**

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

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

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

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

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

During quarter 4 of 2021-22, pressures on the unscheduled care system remains and there has been a steady decline in performance with 58.53% of patients being seen within 4 hours (against a target of 95%). The number of patients waiting over 12 Hours in our Emergency Departments has continued to increase throughout the quarter at 3,252. The number of patients waiting over 24 hours also rose to 1,246. The number of patients experiencing ambulance handover delays of an hour or more also rose and breached the 2,000 mark for the

first time ever at 2,002.

## **Quadruple Aim 2: Stroke Care**

Performance against the stroke care measure continues to be poor throughout quarter 4 of 2021-22 ending with 16.5% of patients admitted to a Stroke Assessment Unit within 4 Hours (against a target of 59%). The rate of patients reviewed by a Stroke Consultant within 24 hours also fell to 68.7%.

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

As in the rest of the UK, the disruption caused by the Omicron variant of 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.

At the end of quarter 4, 2021-22, the number of people waiting over 36 weeks increased to 60,281. The number of patients waiting over 52 weeks also rose to 41,458. However, the rate of growth of the number of patients waiting over 36 and 52 weeks has slowed down.

The number of patients waiting over 8 weeks for diagnostic tests fell to 6,829 at the end of quarter 4 of 2021-22. Performance to 31st March 2022 (Unless otherwise stated)  
Endoscopy, Cardiology and Radiology

remain the 3 specialties with the highest number of people waiting over 8 weeks.

The number of patients waiting over 14 weeks for therapy has continued to increase with 6,486 patients waiting over 14 weeks at the end of quarter 4 of 2021-22.

Whilst performance against the Suspected Cancer pathway target of 75% of patients starting treatment within 62 days of suspicion remains below target at 70.3% for February, compared to the 61.4% reported in January, BCU remains one of the best performing Health Boards in Wales in terms of the Suspected Cancer Pathway.

At 185,293 at the end of March 2022, the total number of patients waiting for a 'Follow Up' fell slightly at 185,293. The number of those patients that are more than 100% overdue their follow up date also fell at 54,815.

Performance against the eye care measure has continued to improve at 49.3% at the end of quarter 4 of 2021-22

## Quadruple Aim 2: Neurodevelopment

Performance against the 26 Week target or children awaiting neurodevelopment assessment has continued to improve over the last 3 months and is now at 36% compared to a low of 23% in April 2021. It is expected that it is expected that performance will continue to improve into quarter 1 of 2022-23.

## Quadruple Aim 2: Child & Adolescent Mental Health Services (CAMHS)

For Children's & Young Adults Mental Health Services (CAMHS) performance remains poor against the targets for the rate of children assessed within 28 days of referral at 24.35%, and for those starting therapy within 28 days of assessment at 33.33%.

Although below the national target rate of 95%, there has been a continuous improvement in performance against the 26 Week target or children awaiting neurodevelopment assessment at 42.7%, compared to 39.0% and 35.7% reported previously.

## Quadruple Aim 2: Adult Mental Health

For adult mental health services the improvement in performance seen in Quality & Performance Report previous months has not been sustained.

With percentage adults assessed within 28 days of referral at 63.20% (compared to 46.64% January 2022 and 66.16% December 2021). The number of patients starting therapy within 28 days of assessment has improved to 79.76% in February compared to 64.42% in January 2022, and 73.54% in December 2021.

The consistent improvement in the percentage rate of adults waiting less than 26 weeks to start psychological therapy has not continued through the winter period at 76.4% in February 2022 compared to 91% in November 2021. However, this performance remains significantly improved in comparison to the same period in 2020/21.

The number of patients experiencing delayed transfer of care (DToC) within our mental health has increased from a low of 8 in December 2021 to 18 in March 2022. The number of bed days lost to delayed transfers have also increased to 1,125 in March 2022, compared to 482 in December 2021.

## Quadruple Aim 3: GP Satisfaction Survey

Percentage of adults (aged 16+) who reported that they were very satisfied or

fairly satisfied about the care provided by their GP/family doctor has improved to 90% in the latest figures published for 2020/21.

## Quadruple Aim 3: Quality & Safety

Two new Never Events were reported in Quarter 4 of 2021/22 taking the total number of New Never Events reported in 2021/22 to 12.

## Quadruple Aim 3: Workforce

The trend for staff sickness rate over the last 8 months (July to March) has been one of increase with December at 6.30%. COVID-19 related sickness has continued to increase at 1.6% in March (from 1.1% in February).

## Quadruple Aim 3: GP Practice Sickness Rates

The number of staff sickness absences in GP practices has increased over the last few weeks of Quarter 4, 2021-22 with 14% of GPs, 14% of Multidisciplinary Teams (MDTs) and 13% of Administration staff reported absent.

PADR rates have fallen in the last quarter of 2021-22 with 66.7% completed at the end of March 22.

Mandatory Training rates continue to

improve and at 84.94% in March 2022, is just below the 85% target rate.

## Quadruple Aim 4: Agency /Locum Spend

At the end of Quarter 4 of 2021-22, the combined Agency and Locum cost was at 7.0% (4.5% Agency and 2.5% Locum).

## Quadruple Aim 4: Mortality and Timely Interventions

The mortality rate for BCU has increased in recent months and now stands at 1.42%, up from 1.22% reported previously.

Concern remains with regards the recording and monitoring of provision of Sepsis Six bundles both for our Inpatients and within our Emergency Departments. The Office of the Medical Director is currently reviewing this. Reporting of Emergency Department data and reporting recommenced in July 2021, however form completion remains significantly lower than levels prior to the COVID-19 pandemic.

## Quadruple Aim 1: People in Wales have improved health and well-being and better prevention and self management



People will take more responsibility, not only for their own health and well-being but also for their family and for the people they care for, perhaps even for their friends and neighbours. There will be a whole system approach to health and social care, in which services are only one element of supporting people to have better health and well-being throughout their whole lives. It will be a 'wellness' system, which aims to support and anticipate health needs, to prevent illness, and to reduce the impact of poor health.



## Quadruple Aim 1: Measures

Committee	Period	Measure	Target	Actual	Trend
QSE	Q3 2021/22	Percentage of children who received 3 doses of the hexavalent '6 in 1' vaccine by age 1*	>= 95%	95.50%	➡
QSE	Q3 2021/22	Percentage of children who received 2 doses of the MMR vaccine by age 5*	>= 95%	92.50%	⬇
Committee	Period	Measure	Target	Actual	
QSE	Mar 22	Cumulative uptake of the influenza vaccination among 65 and Over this season	75.00%	78.80%	
QSE	Mar 22	Cumulative uptake of the influenza vaccination among Under 65 this season	55.00%	49.80%	
QSE	2021/22	Uptake of the influenza vaccination among Pregnancy*	75.00%	****	
QSE	Mar 22	Cumulative uptake of the influenza vaccination among Staff this season	60.00%	59.68%	

\*\*\*\* Reported after the end of the Flu season - April 2022

## Quadruple Aim 2: People in Wales have better quality and more accessible health and social care services, enabled by digital and supported by engagement.



There will be an equitable system, which achieves equal health outcomes for everyone in Wales. It will improve the physical and mental well-being of all throughout their lives, from birth to a dignified end. Services will be seamless and delivered as close to home as possible. Hospital services will be designed to reduce the time spent in hospital, and to speed up recovery. The shift in resources to the community will mean that when hospital based care is needed, it can be accessed more quickly.

# Quadruple Aim 2: Infection Prevention Measures

Committee	Period	Measure	Target	Actual
QSE	Mar 22	Cumulative numberof MRSA cases	0	10
QSE	Mar 22	Cumulative number of C.difficile cases	0	218

Cumulative from April 2021

# Quadruple Aim 2 : Infection Prevention

## What are the key issues/ drivers for why performance is where it is?

In comparison with other Health Boards BCUHB is not an identified outlier for any of the six alert organisms, with our position sitting either second or third. BCUHB demonstrated the lowest rate of *C.difficile* this month when compared to all other Welsh Health Boards.

A new Welsh Health Circular (014) was received 26 April 2022; the improvement goals remain unchanged, date of expiry now March 2023.

## What actions are being taken to improve performance and by who?

- 72 hour patient incident reviews are carried out on all alert organisms: good practice/learning identified and shared at local and Pan BCU infection group meetings.
- New terms of reference for Corporate led Healthcare Acquired Infection Review Group to strengthen the process.
- Common issues have been identified and included as priorities for this year by the Safe Clean Care Harm Free Steering Group.

## When performance is going to improve by and by how much

- BCU aims to achieve targets by March 2023.

## What are the risks to this timeline?

- IP Risk Assessment Number 4241 'Inability to deliver timely IP services due to limited capacity', scoring 15.
- COVID numbers remain high, national guidance continues to change and COVID continues to take the majority of IP nurses time.
- Challenges with domestic capacity and cleaning.
- Documentation regarding invasive devices is not robustly completed.
- There are insufficient single rooms with appropriate ensuite facilities to meet requirement for patient isolation (acute and community hospitals).
- Poor compliance with antimicrobial stewardship in some areas.

## What are the mitigations in place for those risks?

- Actively recruiting to vacant posts in the IP team, using IP Champions to promote IP, preparing a business case for expanding the current team, designing a development programme for existing IP nurses and promoting the Bangor University IP education programme amongst non-IP staff.
- The response to COVID outbreaks within BCUHB continues to be overseen and managed by Area/pan-BCU outbreak meetings. The meetings have been well organised, well attended and effective. Prompt action is taken and outbreaks quickly contained in most cases. BCU policies and SOPs are amended in line with national guidance and circulated using a feedback loop to ensure receipt and action.
- The Domestic recruitment programme is progressing and the current domestic resource is being prioritised e.g. to outbreak areas, with daily input from IP. Task and Finish group to be set up to roll out use of Hypochlorus Acid (safer and quicker alternative to HPV). A new mobile UVC air purifier to be piloted in May.
- The Practice Development Nurses are supporting improvements in clinical practice.
- There is a hierarchy of isolation tool available to support best use of siderooms and daily reviews are undertaken supported by advice from IP on prioritisation.
- To promote appropriate use of antibiotics there is continued focus on 'Start Smart then Focus' audits, Antimicrobial Steering Groups, pharmacy support to wards and microbiology ward rounds in place. A new Antibiotic Resistance Working Group has been established and is to meet monthly. An antibiotic resistance dashboard has also been developed to support Clinicians and will highlight antibiotic resistance patterns.



# Quadruple Aim 2 : Unscheduled Care Measures

Committee	Period	Measure	Target	Actual	Trend
PFIG	Mar 22	Percentage of emergency responses to red calls arriving within (up to and including) 8 minutes	>= 65%	45.30%	↓
PFIG	Mar 22	Number of Ambulance Handovers over 1 Hour	0	2,002	↓
PFIG	Mar 22	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%	58.38%	↓
PFIG	Mar 22	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	3,252	↓
PFIG	Mar 22	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	1,246	↓
PFIG	Mar-22	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%	16.50%	↓
PFIG	Mar-22	Percentage of patients who are assessed by a stroke specialist consultant physician within 24 hours of the patient's clock start time	>= 85%	68.70%	↓

# Quadruple Aim 2: Emergency Departments & Minor Injuries Units 1

## What are the key issues/ drivers for why performance is where it is?

A surge in the number of confirmed COVID-19 cases during March 2022 continues to contribute to ongoing challenges within primary care, community and acute hospitals across all 3 health communities. The impact of staff shortages as a result of sickness / absences due to self isolation is being felt across also departments and whilst redeployed staff are now returning back to their original workplaces, sickness across the workforce within each of the three Health Communities remains an ongoing issue.

Significant pressures across the whole unscheduled care system continue to be experienced and numbers are returning to pre-pandemic levels with a rise of over 2,000 attendances to EDs seen during March compared to the previous month. The number of those patients attending EDs triaged as category 1 and 2 (very urgent and urgent) peaked over the summer months with a continued downward trend from June 2021, which supports the notion of a reduction in acuity, however, the numbers of triage categories 1 and 2 rose slightly in March for the first time since June and is expected to increase in coming months with the impending Easter and Summer holidays. The ambulance service has had periods of escalating into Clinical Safety plan (CSP) 2B and upwards, resulting in an increase in those self presenting with strokes/MI's which has impacted on the ability to off load ambulances across the Health board. Flow challenges remain within all the hospital sites and community sites, there is still an ongoing delays with accessing timely health and social care assessments as well as a lack of domiciliary care and delays in packages of care in the community causing further delays in discharges and significant challenges remain within the care home sector that impacts on delays in discharging patients back to care homes.

## What actions are being taken to improve performance and by who?

Command and control remains in place across the health board, co-ordinating through the current operational structures within the Tactical Control Centre (TCC), with sites still utilizing the Senior manager of the day (SMOD) rota to support local issues. The system lead rota supports overarching management of the North Wales Health economy and supports any overarching decision making and communication with external stakeholders and feedback accordingly via the TCC to executives..

A 2-week system reset was undertaken between 2<sup>nd</sup> and 16<sup>th</sup> March 2022 across the Health Board, to provide a focus on acute and community hospital discharges within each of the 3 Health Communities, including engagement with Local Authority and WAST partners as a result of the significant system risks and operational pressures across the entire health and social care system. Actions were identified by each Health Communities reduce the numbers of Medically Fit for Discharge to subsequently improve flow across the whole health and social care pathway. Multi Agency Discharge Events (MADE) have been held on each site to support effective discharge planning and processes and reduce the number of long waiters, improve escalation of internal delays as well as better communication and case studies for learning.

As Phase 1 of the USC Improvement Programme draws to an end for the first 12 months and following a change in the Programme Director role as well as the BCUHB executive structure, a review of the USC programme, including outcomes to date from each of the workstreams, will be undertaken and will inform Phase 2 of the programme which will align with the new planning and guidance for the WG 6 goals for urgent and emergency care received in March.

# Quadruple Aim 2: Emergency Departments & Minor Injuries Units 2

Workstream	Updates		Next steps
	WS1	<ul style="list-style-type: none"> <li>In-house educational programme for Emergency Practitioners (EPs) commenced in January, based on training needs analysis undertaken, to support standardisation and consistency for minor injuries service provision across BCU. A Microsoft TEAMS page for EPs set up to share resources and support comms.</li> <li>UPCC development continues including ongoing recruitment. East UPCC and ED triage staff are reviewing appropriate referrals to help increase uptake in UPCC. Locations for West UPCC confirmed and start date scheduled for April.</li> <li>MIUs continue to develop profiles on the directory of service with an increase in capacity, most notably the re-commencing of 24/7 MIU cover in the West to support the increase in local patient population ahead of half term.</li> <li>111 service continues to develop to support health care professionals and continues to have in-reach into referring care homes following the recent pilot.</li> </ul>	<p>Further to these current position updates for each of the four workstreams, the review and re-evaluation of the USC programme within the transition from Phase 1 to Phase 2 will assess the outcomes of the USC programmes to date and identify the required actions / next steps going forward including priorities and a focus on high impact deliverables.</p>
	WS2	<ul style="list-style-type: none"> <li>Pan-BCU recruitment for ED and Acute Physicians ongoing with poor uptake on suitable medical consultant candidates.</li> <li>YG Acute medical take relocated to SDEC and ED to oversee and assess all medical patients referred to facilitate appropriate same day discharges.</li> <li>Internal Professional Standards workshop held which helped prioritise principles for allocation of patients between specialties / teams. Wide-spread consensus on a focus around patient needs and encouragement to use training curricula for specialties to identify the right specialty for patients admitted to hospital.</li> </ul>	
	WS3	<ul style="list-style-type: none"> <li>Continued support to strengthen and develop board rounds across BCUHB.</li> <li>Ongoing development of criteria led discharge (CLD) across all sites.</li> <li>Review of discharge lounges to support earlier in the day discharges</li> </ul>	
	WS4	<ul style="list-style-type: none"> <li>Delays in finalising electronic transfer of care form are being resolved with a revised roll out of end April</li> <li>Pilot of Electronic whiteboard (alternative to STREAM) commenced in Central Area.</li> <li>Roll out plan for STREAM whiteboards across BCUHB confirmed with funding agreed.</li> </ul>	

# Quadruple Aim 2: Emergency Departments & Minor Injuries Units 3

## When performance is going to improve by and by how much?

The review and evaluation of Phase 1 of the USC Improvement Programme, will assess the outcomes to date from Phase 1 and identify the required actions going forward to include identification of priority areas and a focus on high impact deliverables which will inform the next steps for each workstream. This will also include identification of trajectories for KPIs that will be monitored through a programme tracker. Progress of the USC improvement programme continues to be monitored via the monthly USC Improvement Group.

## What are the risks to this timeline?

1. Operational pressures across the whole system impacting on capacity to progress identified actions to deliver improvements
2. Existence of / access to SDEC pathways inconsistent across the sites with patients who could be managed on an ambulatory basis still likely to be admitted
3. Bedding down of SDEC overnight impacts on SDEC service following morning.
4. Inability to discharge MfD patients due to lack of capacity in the community impacting on the flow improvement once any acute interventions / delays are resolved.
5. Inability to recruit to various and competing workforce requirements will impact on ability to progress
6. Fragile workforce capacity as a result of sickness / isolation and other COVID-19 related activity on core service provision such as outpatients and elective inpatient care.

## What are the mitigations in place for those risks?

1. Priority programmes were identified within Phase 1 of the USC Improvement programme plan in recognition of capacity and competing priorities across acute and area team these will be reviewed and confirmed for Phase 2 going forward.
2. Bedding down of SDEC to be managed as an SIR to ensure review / flow each day.
3. Sites continue to ring fence SDEC units and avoid bedding down, with some improvements are being seen in the number of times SDEC is bedded down on some sites.
4. Bridging services have been established in some community hospitals to support patients who are Medically Fit for Discharge (MfD) but whom require a package of care, to enable them to be stepped down as a transitional space between treatment and discharge, which will support patients to be in the right place and ease bed pressures.
5. BCUHB recruitment campaign ED, SDEC and acute medicine has been successful and recruitment process is ongoing led by workforce with weekly reviews at each site
6. To support staffing capacity issues approval of overtime has been confirmed for staff to undertake additional shifts and utilisation of bank and agency staff. Redeployment of staff from areas of lower acuity to more pressured areas of high acuity, Specialist and senior nurses undertaking additional shifts and Ward Managers included in numbers as well as admin staff requested to pick up Band 2 roles.
7. Creation of an ED Board pan BCU to support joint working ED's across North Wales.
8. Collaborative working with WAST to support plans/actions to improve performance.
9. Site reviews to be recommenced when a level 4 escalation has been hit to review actions managed prior to hitting a level 4, along with reviewing actions that have supported de-escalation.

## What are the key issues/ drivers for why performance is where it is?

The sites remain in COVID-19 Challenged position with numerous closed wards, lack of flow and this has included the stroke wards, this has impacted on movement out of EDs. Work has taken place to understand key drivers with Kendal Bluck, including meetings with Welsh Ambulance Service NHS Trust (WAST) around the Thrombectomy service with Walton, stroke is classified as an Amber Call, Amber response is impacted by the CSP level of WAST at the time.

- Site bed pressures and outbreak challenges
- Lack of space in ED to carry out in-reach reviews by CBNS at YGC
- Workforce challenges, particularly for nurse staffing
- Gaps in patient pathway created by COVID-19 related pressures, Ward 14 (ASU/SRU) has been used for escalation to meet unscheduled care pressures
- Although posts have been recruited to, staff have not commenced in posts and will require significant training
- High number of Medically Fit for Discharge (MFD) patients on Acute site places additional pressure on site capacity to maintain ring fenced stroke beds

## What actions are being taken to improve performance and by who?

These performance improvements are dependent on the full implementation of Phase 1 of the Stroke Service Improvement Programme:

- Early Supported Discharge (ESD) service in Quarter 4 of 2021/22
- Inpatient Rehabilitation at 3 community sites
  - Eryri, West, end March 2022
  - East and Central sites by September 2022 (paper drafted for February Executive Management Group (EMG) to confirm sites)
- Roll out of improved Atrial Fibrillation (AF) management and detection, speedily initiated anticoagulation and robust monitoring
- Improved Acute service response through additional Specialist Stroke Nurse roles Sites have appointed Band 6s currently undertaking recruitment checks and closing
- Exploration of straight to test CT in East with a further meeting scheduled 22/4/22
- Monthly breach analysis reports continue to be shared with the MDT, with review of actions at the monthly East Local Stroke Improvement Group
- Site bed escalation policy will be reviewed to highlight introduction of ring-fenced capacity (YG)
- Matrons will continue to recruit to vacancies and provide on going support to retain qualified staff all sites
- Continue with weekly deep dive meeting and identify gaps within the patient pathway, jointly with ED team, including operational focus from, HMT
- A Stroke Improvement Meeting to look at the 4 hour ASU target commenced 11<sup>th</sup> April 2022, chaired by Director of Ops. To be held monthly, YG, in place at YGC and YWM
- New processes instigated to improve pre-alert from ED to Stroke team and or reinforced across sites.
- Continued focus on retaining 2 empty Stroke assessment beds across each site part of all site meetings and daily challenges

## When performance is going to improve by and by how much

Performance improvements are expected to start by middle of 2022/23 and tracking is being put in place. In line with Integrated Medium Term Plan (IMTP), a review of financial commitments and performance will be undertaken mid-year and appropriate adjustments made. The full performance improvement would be 2023/24.

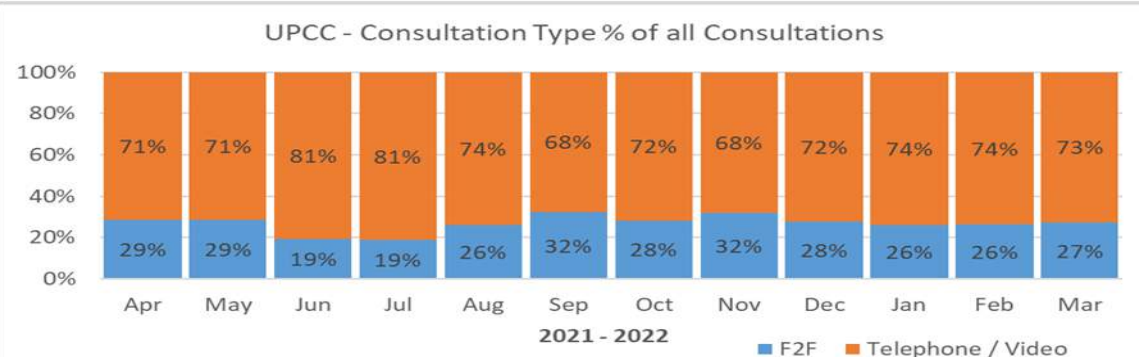
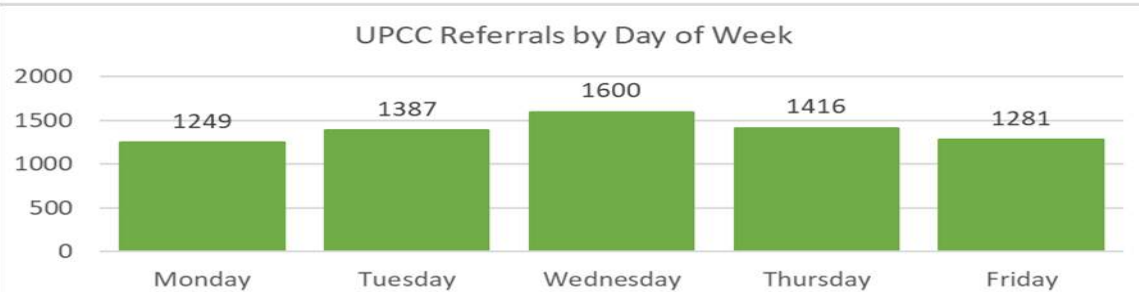
## What are the mitigations in place for those risks?

Performance improvement in Sentinel Stroke National Audit Programme (SSNAP) scores is expected to start in April the ESD service will be building up across the 3 Areas, enabling a managed return home and rehab support at home for people following Stroke, and the West Rehabilitation unit will be live. East and Central Rehabilitation units will be ready by end Quarter 2 and the full ESD team and acute nursing team will be in place by end Quarter 1.



# Quadruple Aim 2: Urgent Primary Care Centres (UPCC)

- The UPCC in East Area has been operational since December 2020, with a further pathfinder in North Denbighshire at early stages of delivery and a development in West Area scheduled for April 2022. The current data therefore applies to East Area only.
- Referrals to the service continue on an upward trend, with the majority coming from GP practices and Minor Injuries Units (MIUs). Referrals from Emergency Departments (ED) are being actively encouraged as part of Work-stream 1 in the unscheduled care programme.

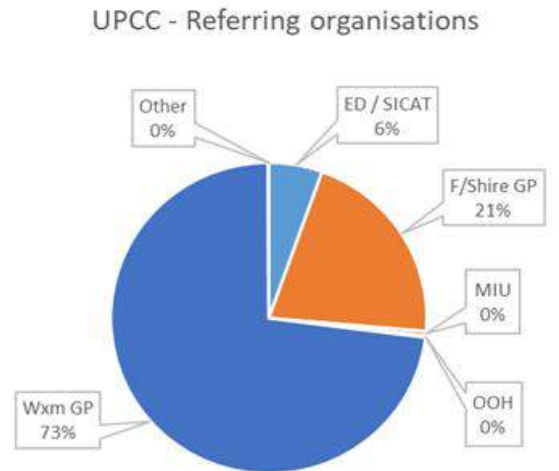


**6933**  
Total Referrals

**578**  
Average Mthly Referrals

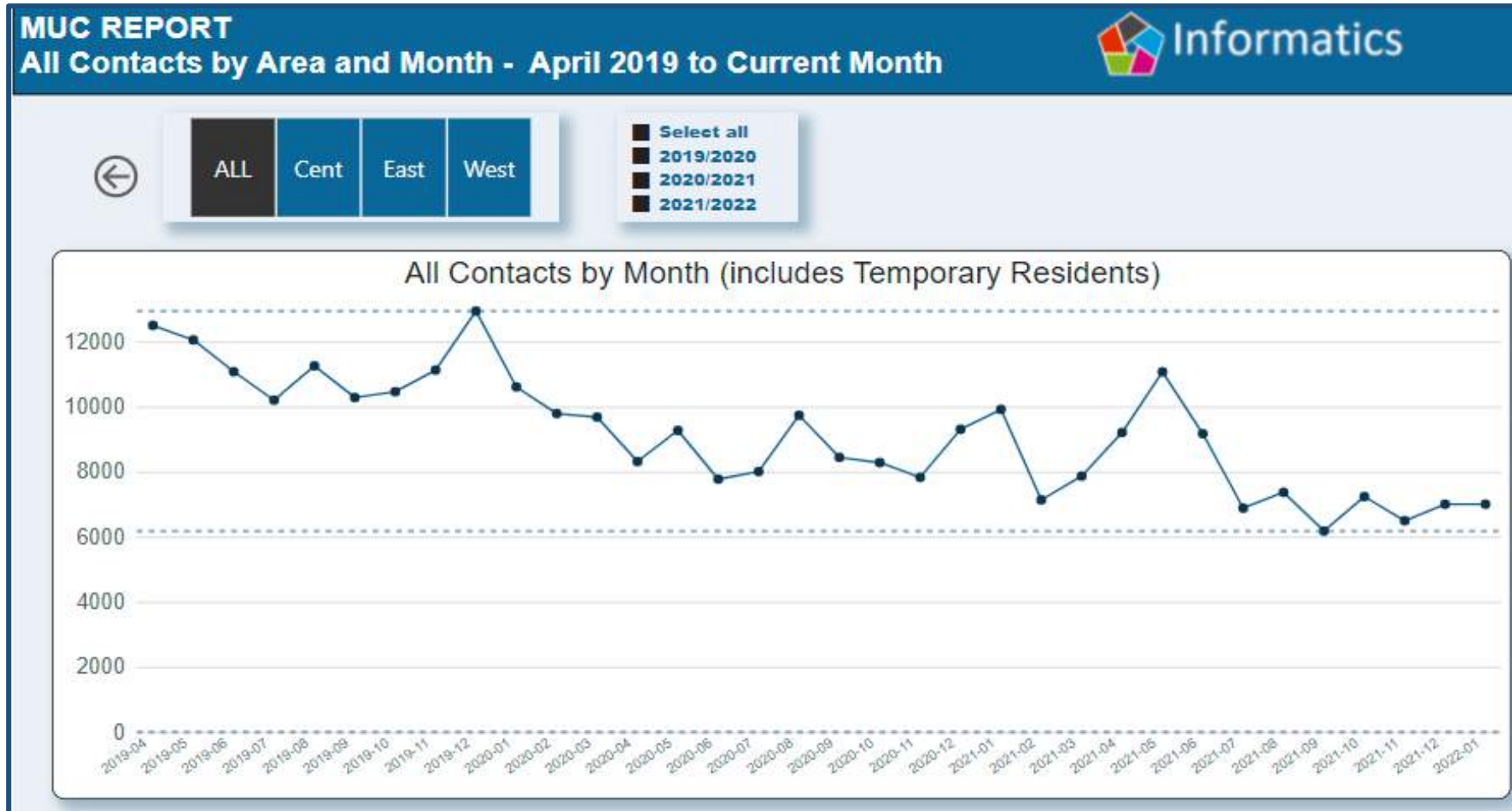
**27**  
Average Daily Referrals

Outcome	2021/22
Medication & Self Care Advice	4009
Self Care Advice	1419
Inappropriate Referral - Returned	507
UPCC Unable to accept (Operational Issues)	275
DNA / No response from Pt	231
Referral to a Specialty	156
Dealt with by OGP / Issue Resolved / declined contact	154
Referral to UPCC Physio	90
Directed to ED	77
Directed to Community Based Service	7
Directed to MIU	5
Other	3
<b>Total</b>	<b>6933</b>



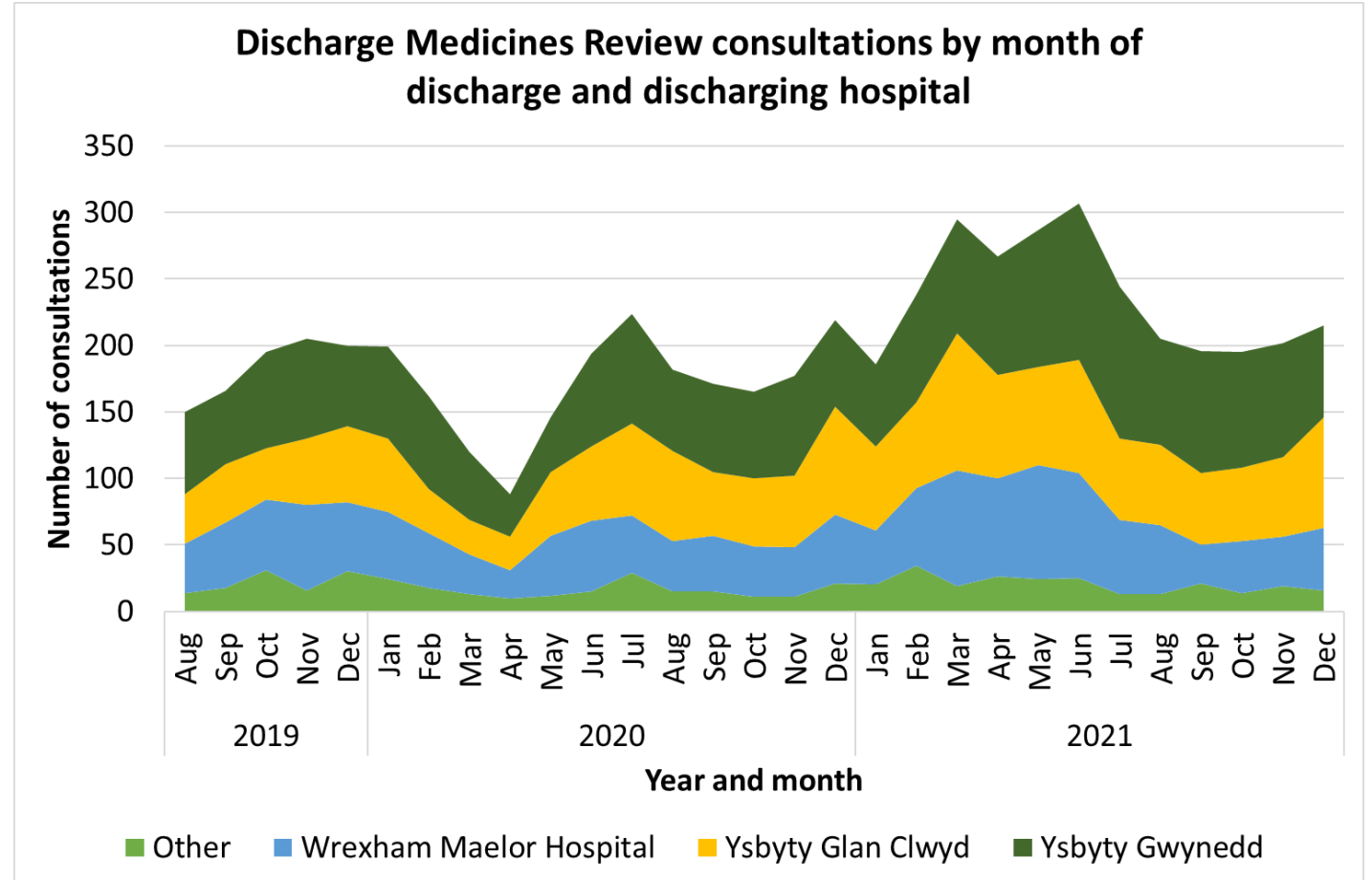
## Quadruple Aim 2: GP Out of Hours

- The drop in total contacts from July 21 reflects the introduction of 111 to North Wales as call handling contacts are now managed by Welsh Ambulance Service NHS Trust (WAST), and therefore excluded.
- The number of contacts per month from there on is within predicted numbers and seasonal variation.
- The trend is stable and on track with what we would expect to see.



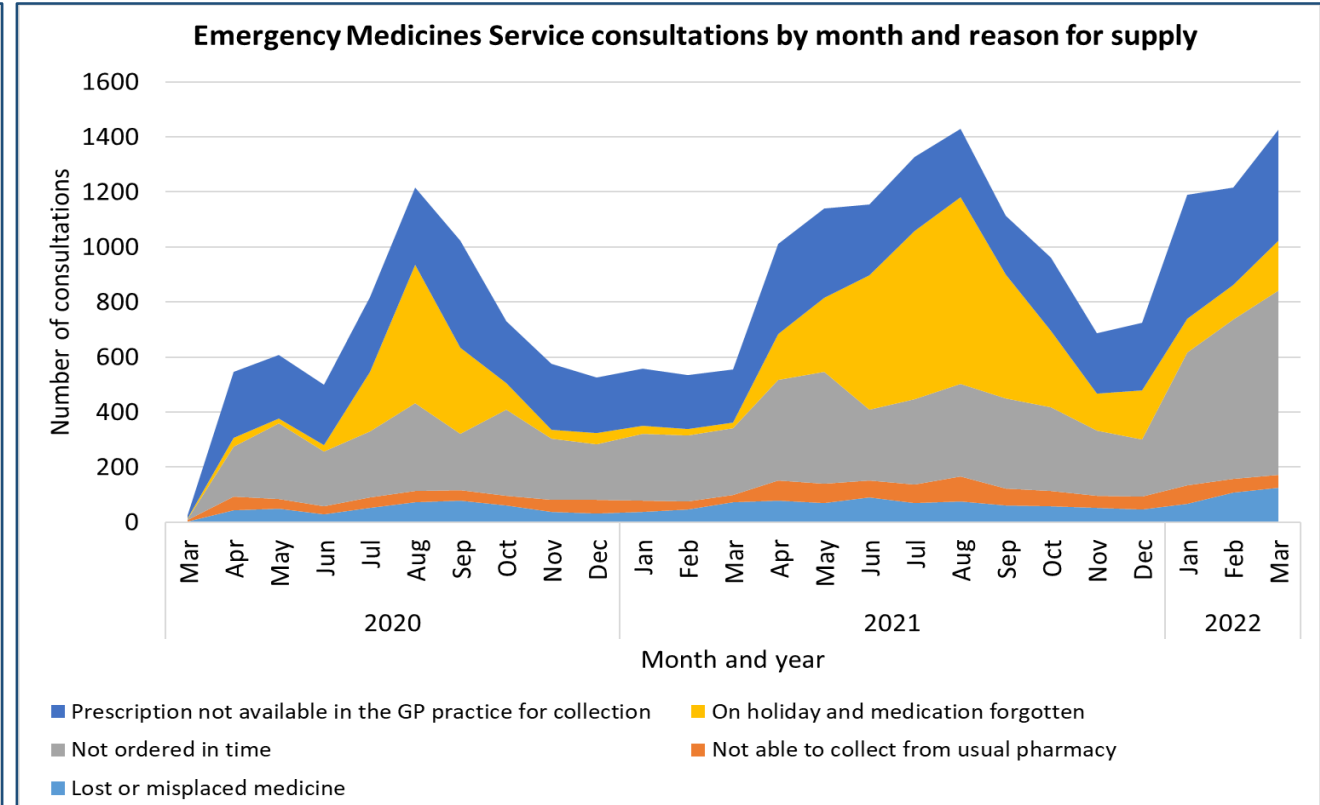
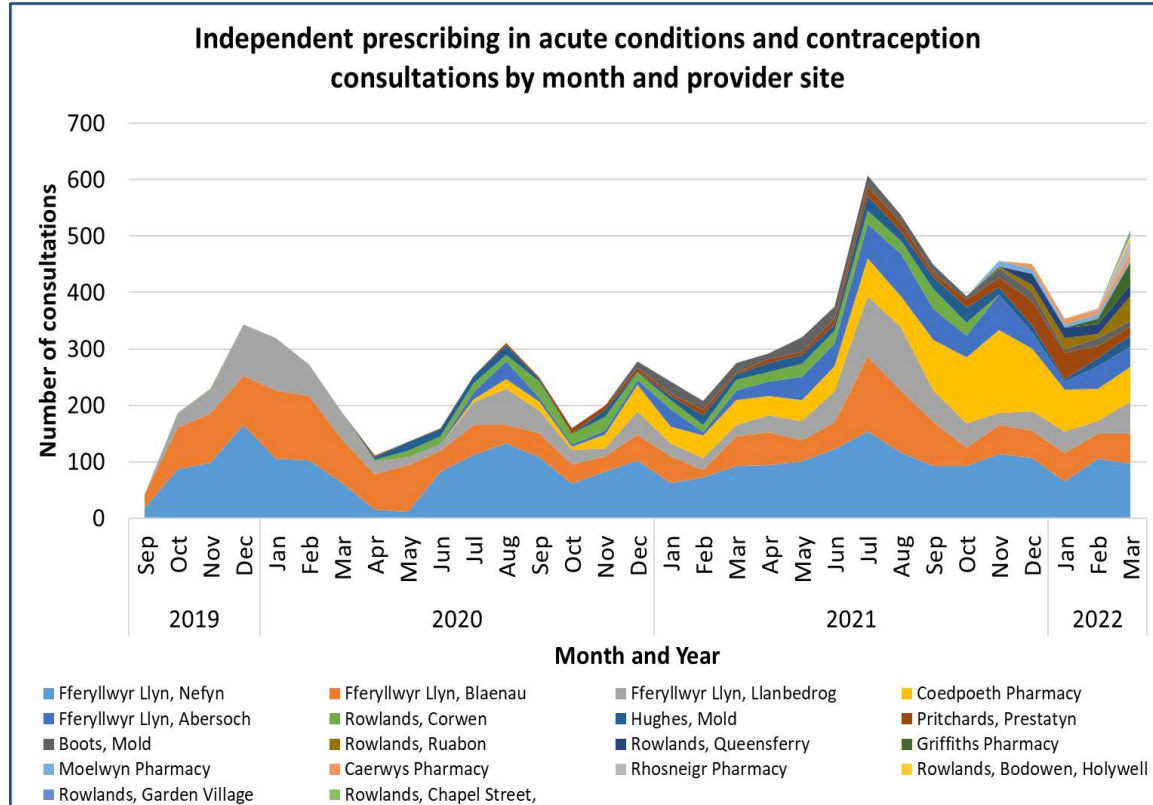
# Community Pharmacy Enhanced Services activity and Discharge Medicines Reviews

- The Help Us to Help You campaign encourages patients to visit their community pharmacy for common ailments and other enhanced services.
- The number of pharmacies and number of consultations per pharmacy continue to grow as the independent prescribing service is being established across BCUHB
- The numbers of Emergency Contraception service episodes are returning to pre-pandemic levels
- Common ailment consultations are now growing consistently year on year
- Emergency medicines service is a little higher than pre-pandemic levels, reflecting the additional pressures being experienced in general practice, which are impacting on repeat prescription management in some areas
- Provision of Discharge Medicines Reviews is a post-discharge medicines reconciliation in primary care. The pharmacist checks any changes that have been made to medication during the hospital stay and ensures that the patient understands what's changed and how to use the new regimen. This has resulted in a significant reduction in readmission at 30, 60, and 90 days post-discharge.



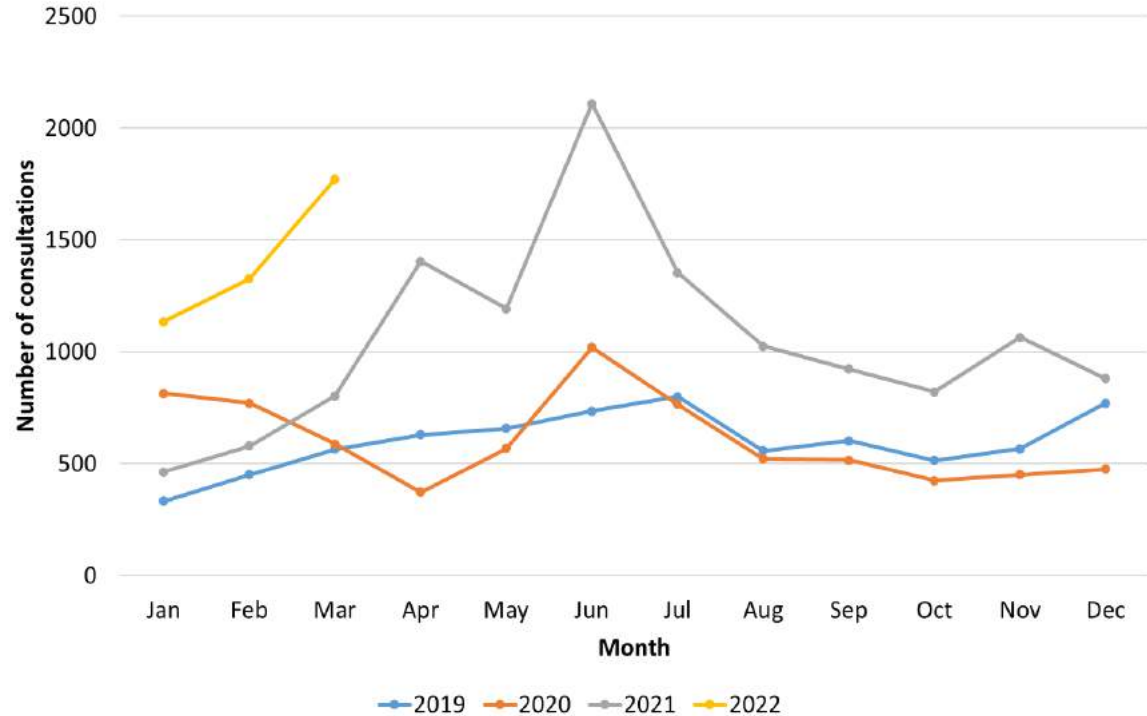


## Community Pharmacy enhanced services activity and Discharge Medicines Reviews

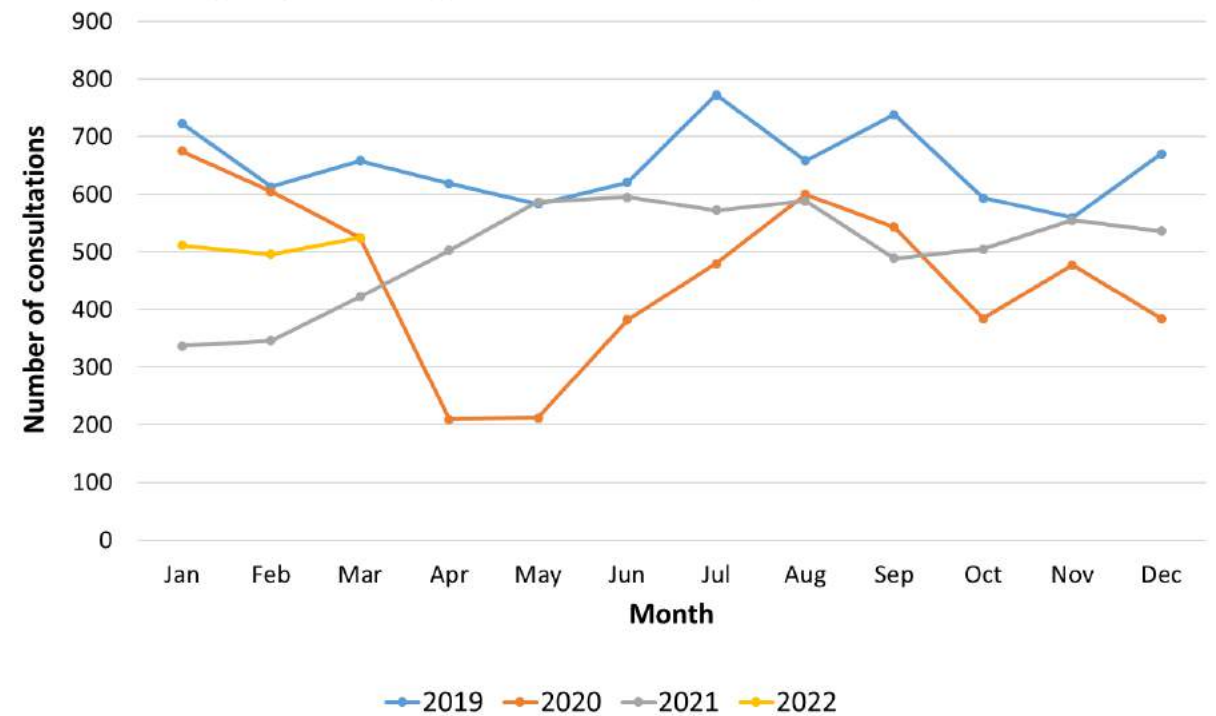


## Community Pharmacy enhanced services activity and Discharge Medicines Reviews

Number of CAS consultations in BCUHB by month



Emergency Contraception Consultations by month across BCUHB



# Quadruple Aim 2 : Planned Care Measures

Committee	Period	Measure	Target	Actual	Trend
PFIG	Feb 22	Percentage of patients starting first definitive cancer treatment within 62 days from point of suspicion	75%	70.30%	↑
PFIG	Mar 22	Number of patients waiting more than 8 weeks for a specified diagnostic	0	6,829	↑
PFIG	Mar 22	Number of patients waiting more than 14 weeks for a specified therapy	0	6,486	↓
PFIG	Mar 22	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%	49.30%	↑
PFIG	Mar 22	Number of patients waiting more than 36 weeks for treatment	0	60,281	↓
PFIG	Mar 22	Number of patients waiting for a follow-up outpatient appointment who are delayed by over 100%	24,038*	54,815	↑

\* 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 February 2022, 275 out of 391 (70.3%) of patients were treated in target. Main reasons for patients not being treated in target were:
  - Complex diagnostic pathways (9%) and patient related reasons e.g. patient unavailability for next stage of pathway (7%)
  - Delay to endoscopy (9%) and delays to other diagnostics, primarily urology biopsy (9%)
  - Delay to first outpatient appointment (16%) – primarily breast and skin
  - Delay to surgery (16%) – primarily urology and skin
- This performance is a significant improvement on December's 61.4% performance

## What actions are being taken to improve performance and by who?

- Additional rapid access breast cancer clinic capacity commenced in March following successful recruitment to breast radiologist post
- Dermatology teams have increased capacity across the Health Board with Central and East teams providing support to West in order to equalise waiting times
- All services are prioritising suspected cancer patients
- Endoscopy insourcing continues and capacity has increased with the opening of the 3<sup>rd</sup> room in East
- New rapid diagnosis clinics for patients with vague but concerning symptoms commenced in March 2022 in Central and East and will commence in West in April 2022
- Funding approved for development of one stop neck lump clinics – aiming for June start date

## 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
- Cancer recovery funding from Welsh Government ran out at the end of March 2022

## What are the mitigations in place for those risks?

- Additional capacity created where possible
- Cancer pathway practitioners recruited in order to review and streamline pathways

## What are the key issues/ drivers for why performance is where it is?

- Diagnostic waiting times
- Department growth has resulted in restrictive footprints creating infrastructure and estates difficulties
- Service capacity mismatch
- Lack of data and information on waiting lists for community services
- Two business cases with IMTP

## What actions are being taken to improve performance and by who?

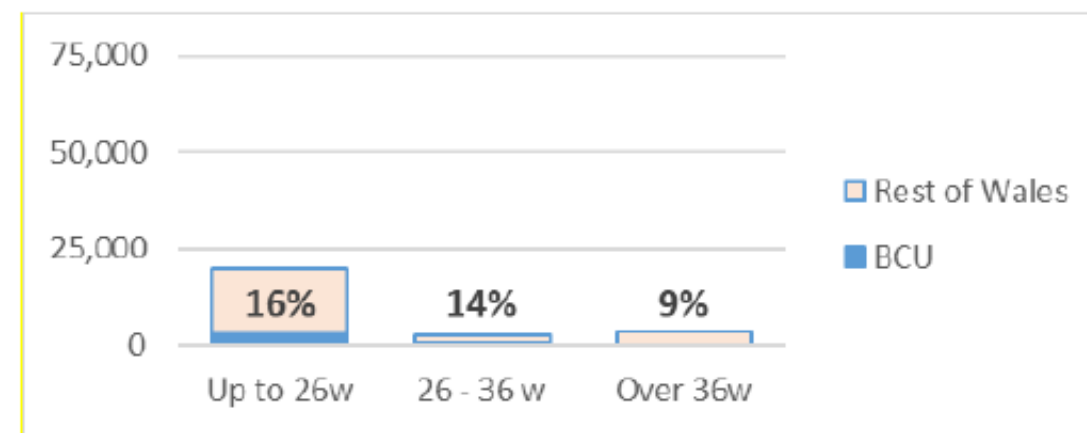
- YGC supporting with additional Echo capacity to address long waiting patients
- Heart Failure business case and rhythm monitoring submitted to IMTP
- A business case to fund additional radiology diagnostic tests for cardiology patients in YG, YGC and WM is being completed, with ongoing work with PHW to address cardiology healthcare inequalities, which will increase capacity for CMRI, CTCA, CT FFR and amyloid. Notification of the business case has been submitted for preliminary consideration in the 2022–2025 IMTP
- A North Wales PTL is under development

## When performance is going to improve by and by how much

- Individual sites working with planned care and the access group to agree timelines to address various backlogs

## What are the mitigations in place for those risks?

- Plans for regional diagnostic and treatment centres for BCU will include some elements of cardiac diagnostics
- Workforce planning for challenged areas with business case is underdevelopment
- Planned Care recovery plan



Proportion of waiting lists by length of wait, in BCUHB: Cardiology  
December 2021, Source: StatsWales

# Quadruple Aim 2: Radiology and Neurophysiology Diagnostics

## What are the key issues/ drivers for why performance is where it is?

### Radiology:

The number of patients waiting over 8 weeks on the 28<sup>th</sup> March for radiology diagnostics is currently 2500, a decrease of 353 on the end of February position. The breakdown comprises of a decrease in CT (total 48 breaches) and Ultrasound (total 1877 breaches) and an increase of waiting over 8 weeks in MRI (total 575 breaches). CT demand in March 2022 is 6% higher than March 2021 and demand at year end is 30% higher than for year-end for 2020/21. Some planned MRI activity relating to insourcing was lost in month due to provider staffing issues and scanner breakdowns, impacting on total in month activity. Total year to date demand however, is above pre-pandemic levels. Ultrasound demand continues to increase with year-end totals at 19% higher than the previous year. IMTP plans have been submitted with timescales for 22-23 to address staffing levels and increase activity on a sustainable basis.

### Neurophysiology:

The number of patients waiting over 8 weeks is 338. There are 332 EMG (Consultant led) breaches and 6 NCS (Physiology led) breaches. A vast decrease in NCS breaches with the return of Physiologist due to absence, along with Locum Physiologist provided until end of March

## What actions are being taken to improve performance and by who?

- Project groups for both services, led by DGM in place. Range of actions being followed up to deliver sustainable service models.
- Permanent Consultant post has been interviewed and has accepted, awaiting start date, and will work on EMG waiting list, along with short term insourcing, led by DGM.

## When performance is going to improve by and by how much

- Ultrasound, CT and MRI are all red in terms of 8 week breaches at end of year
- Estates currently working on permanent East base, hoping to complete in May, to start on delivery of EMG service, provided by new permanent Consultant and short term Locum insourcing, in a permanent base

## What are the risks to this timeline?

- Ultrasound staffing levels, recruitment to vacant and new posts, ability to secure sufficient insourcing across all sites
- Any issues with Estates on completion of permanent base

## 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)
- Historic Data Quality and Completeness impacting on accurate representation of data: planning/performance reporting and monitoring/site confidence in data
- Conflicting priorities impacting on consistent Clinician and Operational Management engagement and realisation of quorate Local Eye Groups
- National Delay in Digital programme delivery. (Key enabler of Eye Care Measure sustainable/efficient pathways)
- Cataract Outpatient and theatre utility: Estate limitation/COVID-19 capacity impacting on waiting list/backlog/RTT v ECM relative priorities/Max fax West theatre usage

## What actions are being taken to improve performance and by who? (RAG report shared/escalated to DGMs via ECCG group)

- Exploring National Learning regards Ophthalmology social distancing (clinics)
- Get it right first time (GIRFT) partnership
- WL DQ/completeness multi-actions: Site priority redress of clinical condition data gaps.(Operational Management- On track Pan BCU April resolution)
- ECM Pathway local delivery quorate groups\* with ECM action logs. (Operational Management (West Achieved. Central On track, East partial).
- Deliver Coronavirus Cataract pathway: Regional Treatment Centre plan developed. Outsourcing & Pan BCU Patient Treatment List (Active Delivery/On track)
- Welsh Government Recovery Business case utilising integrated transformative Pathways (Operational Management: Partial achievement East & Central)

## When performance is going to improve by and by how much?

Cataract: PTL in place/Outsourcing 400 Cataracts/month: Delivery targets on track March 22 (see chart)

GIRFT partnership with BCU (Actions/Outcomes to follow)

Achieved additional/sustainable Intra Vitreal Injecting capacity (70 additional injections by May 22)

East Recovery/Backlog reduction of Intra Vitreal Injecting patients (50 per month to April 22)

## What are the risks to this timeline?

Clinical/Operational/Informatics conflicting priorities, leadership and key staff resource capacity gaps

Delivery impacted by inconsistent realisation of quorate Local Eye Groups: key enablers of Communication/Engagement/Action setting and monitoring.

Data quality (Clinical condition) assurance to maximise flow to Integrated services

## What are the mitigations in place for those risks?

- Senior management support of untangling conflicting clinical priorities. Recruitment: Optometric advisor/Central and West Clinical Lead/Pan BCU leads.
- Escalation via Eye Care Collaborative Group

# Quadruple Aim 2: Referral to Treatment and Risk Stratification

## What are the key issues/ drivers for why performance is where it is?

### Update on validation of WLs:

There is now a team of 10 external validators working under the supervision of a Project Manager employed by BCUHB. The process involves direct contact with selected patients, and the removal from the waiting list where appropriate (and in accordance with strict criteria). There is a parallel internal exercise to address the issue of duplicate waiting list entries. An interim report is due in the next week, which will inform next steps. The programme of work is as indicated before.

A Project Manager has been re-purposed to deliver a work package to meet these expectations, reporting to the Head of Ambulatory Care who is ensuring the sites are engaged and prepared:

- Step 1 – *Internal* - Tidy up validation markers in Patient Administration Systems (PAS) post Stage 1 Tranche Validation Exercise
- Step 2 - *Internal* - Complete the post Stage 1 Tranche Validation Exercise work to clinically validate patients that requested to remain and provided a 'deterioration statement'
- Step 3 - *Internal* - Undertake cleanse of 'duplicates' on the waiting lists
- Step 4 – *External Validation Company* - Increased activity to validate the waiting lists (continuous activity to maintain progress following on from the 20k patients validated in the Stage 1 tranche validation exercise). This will incorporate 3 tasks: Task 1 – to run our Patient Treatment List (PTL) data through their validation software; Task 2 – patient validation of all patients >36wks and un-validated (all stages); and Task 3 – pathways validation to be defined based on the output from Task 1.
- Validation Manager post will be going out to recruitment imminently

### What actions are being taken to improve performance and by who? When performance is going to improve by and by how much

The Integrated Medium Term Plan (IMTP) has been submitted, and this contains detailed plans by speciality and site to address the backlog, focussing initially on the 104 weeks and 52 weeks Stage 1 targets for 2022/23. The trajectories are currently being signed off, and dependant on COVID-19 (restrictions), plans are in place to achieve the 104 week objective in July, but currently, a number of specialities will struggle to achieve the October target for 52 weeks. However, all should reach that objective within the financial year. Actions include:

- Relaxation of social distancing regulations
- Outsourcing and Insourcing
- Validation
- Waiting list initiatives
- Adoption of See On symptoms (SOS) / Patient Initiated Follow Up (PIFU).

### What are the risks to this timeline?

- Further COVID-19 spikes and/or staff sickness rates could limit capacity.

### What are the mitigations in place for those risks?

- Risk assessment process complete - due to be considered by ISG 12/4/22



# Quadruple Aim 2: Follow Up Outpatient Waiting List (1)

## What are the key issues/ drivers for why performance is where it is?

**Key Issue** - Cessation of all routine Outpatient (OP) activity for end December/start January in response to the COVID-19 pandemic has exacerbated the waiting lists further building on the historical backlog and impeded progress on intervention actions.

## What actions are being taken to improve performance and by who?

- Social Distancing Limits – changes to 2 meters being considered again with YGC exploring risk based approach to decision to share with the Planned Care Operational Group
- See on Symptoms and Patient Initiated Follow Up – next National Project Meeting planned for the 25/04/2022 to include a showcase of SOS and PIFU developments. Oliver Blocker (T&O Consultant YG) to present on the Fracture Clinic SOS pathway he developed, and Endocrinology SpN's to share their PIFU pathway. Opportunities to move forward locally at a quicker pace being considered with early conversations at Planned Care Operational Group re:>104 waiters. Current month rate is 3.5% of all waiters, which is no change from last month but a slight increase from the previous month.
- Hospital Initiated Cancellations – requested the British Medical Association 8 weeks notice of clinical leave to be an agenda item on Planned Care Operational meeting when site pressures allow.. This issue is not limited to follow-up clinics, but is a factor in improving efficiency..
- Planned Care Communications Strategy has been drafted and reviewed by the Planned Care Transformation Group – capacity secured to start building the new BetsiNet pages, which will act as a springboard to design and share more timely and informative communications externally

## When performance is going to improve by and by how much?

- Data targets shown from Outpatients Surveillance Group were identified as being different from the National Framework Measures – confirmation received from Welsh Government these will be aligned to the framework baselines and target dates.
- Planned Care BetsiNet pages – development underway, and a further review is scheduled for this month.

## What are the risks to this timeline?





- Securing the essential capacity to drive forward the Outpatient Strategy and Programme

## What are the mitigations in place for those risks?

- Outpatients Programme Manager post has been appointed to and should be in post in late May, and some temporary project support has been provided by the Transformation Team.

Ref	Key Milestone Targets - News (S1)	Mar-19 Baseline	Mar-20	Mar-21	Last 3 Months Trend		
					Oct-21	Nov-21	Dec-21
N_MS_1	No patients classed as <b>urgent</b> to be waiting over 52 weeks – February 2022 (exc Ophthalmology R1)	4	39	1743	2172	2395	2621
	No patients classed as <b>R1 Ophthalmology</b> to be waiting over 52 weeks – February 2022	N/A	N/A	3,212	4,607	4,755	Not yet available
N_MS_2	No patient to be waiting over 104 weeks for a first appointment – March 2022	1	3	359	4155	5186	6090
N_MS_3	No patient ( <b>routine, unknown &amp; urgent</b> ) to be waiting over 52 weeks for a first outpatient appointment - June 2022.	197	576	23767	24945	24590	24184
N_MS_4	No patient to be on a follow up waiting list who hasn't been reviewed/seen in last 2 years – June 2022	17775	29694	21856	27524	28820	30242
N_MS_5	Reduce 100% delayed follow ups by 30% - March 2022 (Baseline confirmed as Sept 2021 - Target for March 2022 is 37,973)	N/A	N/A	Sept-21 Baseline	Oct-21	Nov-21	Dec-21
				54247	54567	53834	56026

## Quadruple Aim 2: Neurodevelopment and Child & Adolescent Mental Health Measures

Committee	Period	Measure	Target	Actual	Trend
QSE	Mar 22	Percentage of children and young people waiting less than 26 weeks for neurodevelopment assessment	<b>&gt;= 80%</b>	<b>39.00%</b>	
QSE	Feb 22	Percentage of mental health (CAMHS) assessments undertaken within 28 days of referral*	<b>&gt;= 80%</b>	<b>24.35%</b>	
QSE	Feb 22	Percentage of therapeutic interventions (CAMHS) within 28 days of assessment*	<b>&gt;= 80%</b>	<b>33.33%</b>	
QSE	Feb 22	Percentage of health board residents in receipt of secondary mental health services who have a valid Care and Treatment Plan (aged under 18 years)*	<b>&gt;= 90%</b>	<b>92.30%</b>	

\* Reported a month in arrears

# Quadruple Aim 2: Neurodevelopment 26 Week Waits

## What are the key issues/ drivers for why performance is where it is?

- Our core capacity to start new routine assessments continues to be affected by the pandemic such as social distancing requirements, staff availability from isolating and changes in practice using IT. Our backlog of assessments that were started during the pandemic and need completing, are decreasing and continue to be monitored.
- Core capacity requires a service wide workforce improvement and development plan which is in development and is part of an improvement plan that will have resource implications.
- A positive working relationship with our external provider is helping with our demand management. Trajectories for the coming year continue to demonstrate a gap between core capacity and demand, so we have developed a proposal to best utilise the £1.4m in the BCU financial plan, to continue our progress with assessments, particularly with long-waters.

## What actions are being taken to improve performance and by who?

- A lively workshop was held on 6<sup>th</sup> April 2022, to develop a new model of care for the regional service; A task and finish group led by the AAD with ensure it is finalised and actioned.
- A Performance Management Framework for ND is being developed and will be implemented with increased clarity of KPIs, responsibilities and accountability. It is based on a similar model within CAMHS TI Service and will be adapted for the ND service.
- A new Performance Management Group, consisting of Operational staff, service managers and clinical team leads commenced in February. This group reports into the Regional Strategic Group and monitors and seek ways to improve performance.
- We have interest in the Programme Manager post to support the improvement & development work streams and are also actively seeking a clinical lead for the service.
- External Provider contract has been extended until end June 2022. Discussions are taking place to extend this to end March 2023, which would be the final extension of the contract and provide the service with stability in delivery while we also undertaking work to understand what a sustainable service would look like.
- We are working closely with our colleagues in CAMHS TI to mirror some of their improvement initiatives and benefit the families and service from the crossover of our care pathways.

## When performance is going to improve by and by how much?

- The use of the external provider during 2021-22 has enabled us to improve our performance against achieving the **WG target from 23% in April 2021 to 40% by end February 2022**. We need to ensure that this improvement continues with careful monitoring and support for further use of an external provider, while we work to increase internal capacity.

# Quadruple Aim 2: Neurodevelopment 26 Week Waits

...continued from overleaf

## What are the risks to this timeline?

- Admin capacity/staff shortages, causing possible failure to upload the number of referrals required to be sent to the external provider each month.
- Failure to appoint a Programme Manager and Clinical Lead to support the service improvements/ and developments
- Failure to extend the current contract and scope out the requirements of the new tender in a timely manner
- Failure to secure additional funding required to ensure the new tender covers capacity gaps and enables us to continue to address the backlog of waiting list

## What are the mitigations in place for those risks?

- We are ensuring there is increased support for the admin staff to enable timely upload of referrals to the external provider and the weekly area monitoring of referrals.
- Actively continue to develop an attraction strategy to ensure lead posts are filled to support the development plans required.
- Work has commenced with teams to develop an agreed service approach using Vanguard methodology. 6 workshop sessions completed, so far with CAMHS, LD and ALN. This work has already provided the foundation for the ND Model of Care. There is a further workshop in May 2022.
- Escalation to Children Services Group, Area Leadership Teams and Childrens Community Clinical Advisory Group

# Quadruple Aim 2: Child & Adolescent Mental Health Services (CAMHS)

## What are the key issues/ drivers for why performance is where it is?

- Increased demand; there has been an increase of 7% in referrals since April 2021 when compared to 2019/20 pre-pandemic levels, increasing referrals seen during recent months.
- Increased sickness / Covid-related absences during last quarter impacting on identified core capacity, performance at end of February 24% for assessment and 31% for interventions. Requirement to clear backlog of patients via internal and external commissioned activity to support ongoing improvement in terms of MHM delivery of target.
- Complexity of referrals has increased and affected new to follow up ratios by 30% when compared to 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 care and eating disorder capacity noting the increased demand for both elements of the service nationally.

## What actions are being taken to improve performance and by who?

- Contract awarded in last week of Q4, work ongoing to ensure maximisation of capacity with private providers to support improvements.
- Monitoring of performance against trajectory and recovery planning is ongoing across all teams through the established regional CAMHS performance group. Escalation via Assistant Area Directors for oversight.
- Development of Waiting List Management Standard Operating Procedure for ratification at regional Performance group in April
- A Performance Management Framework is being developed and with increased clarity of KPIs, responsibilities and accountability.
- Use of the Choice and Partnership Approach (CAPA) framework continues to be a priority across the region
- Additional 2022/23 funding for CAMHS services announced by WG, bids being developed across the service to ensure sustained delivery against performance with emphasis on early intervention and prevention services to manage demand and increased capacity within core services







## When performance is going to improve by and by how much

- Trajectories for 2022/23 are being developed with additional external capacity which will provide a forecast for delivery of MHM targets. These will be signed off by all Areas in April 2022.

## What are the risks to this timeline?

- Further sickness absence across teams
- Should current vacancies and additional posts not be recruited to this will affect overall capacity, teams are being supported by Just-R recruitment agency and ongoing development of workforce plan
- Increased demand on services, in terms of acuity and complexity of cases will impact on throughput, this is monitored through weekly capacity and demand meetings in teams to ensure escalations are in place through TI Access work stream

# Quadruple Aim 2: Adult Mental Health Measures

Committee	Period	Measure	Target	Actual	Trend
QSE	Feb 22	Percentage of mental health (Adult) assessments undertaken within 28 days of referral*	<b>&gt;= 80%</b>	<b>63.20%</b>	
QSE	Feb 22	Percentage of therapeutic interventions (Adult) within 28 days of assessment*	<b>&gt;= 80%</b>	<b>79.76%</b>	
QSE	Feb 22	Percentage of patients (Adult) waiting less than 26 weeks to start a psychological therapy	<b>&gt;= 80%</b>	<b>76.40%</b>	
QSE	Feb 22	Percentage of health board residents in receipt of secondary mental health services who have a valid Care and Treatment Plan (aged 18 years & over)*	<b>&gt;= 90%</b>	<b>95.80%</b>	
QSE	Mar 22	Total Number of mental health delayed transfer of care (DToC) patients	<b>Reduction</b>	<b>18</b>	
QSE	Mar 22	Total Number of mental health delayed transfer of care (DToC) bed days	<b>Reduction</b>	<b>1,125</b>	

\* Reported a month in arrears



### Secondary Care Adult Mental Health Specialist Psychological Therapy: % patients seen referral to treatment in 26 weeks

#### Key Drivers

- Implementation of Matrics Cymru 2017/2021 and the National Plan 2018.
- Capacity/Demand challenges
- Improved access for service users

#### Actions

Continued Adult Mental Health Psychology Stepped Care Initiative has increased psychological therapies provision across multiple stepped care services by provision of rolling supervision & training programme

- Increased provision of evidence based psychological therapy group interventions across Primary Care Mental Health (PCMH) and Community Mental Health Teams (CMHTs)
- Increased availability of digital resources and adaptations pan BCUHB MHLT services to support increased access and delivery of Cognitive Behavioural Therapy (CBT), Dialectical Behavioural Therapy (DBT), and Coping Skills groups.

#### Improvements

- Welsh Government target compliance steadily improved, with consistent improved access.

#### Risks and Mitigation

- Recruitment and vacancy challenges - mitigations include widening roles, post reconfigurations, robust recruitment drives, development posts, and using staff from other teams to manage clinical risks.
- Successful recent recruitments for key areas such as CMHT, Stepped Care, Early Intervention Psychosis (EIP), Perinatal, and Trauma Lead.
- Regional compliance reasonable compared to national compliance. Waiting times managed and monitored on a daily basis within Multidisciplinary Team (MDT) Teams and regularly reviewed. East has lower compliance than other areas due to ongoing staff sickness/absence and vacancies, currently being addressed.

#### Issues Affecting Performance

- Capacity/demand
- Sickness, vacancies and staff retention
- COVID-19 restrictions

# Quadruple Aim 2: Adult Psychology

## Secondary Care Adult Mental Health Specialist Psychological Therapy: % patients seen referral to treatment in 26 weeks

### Key Drivers

- Implementation of Matrics Cymru 2017/2021 and the National Plan 2018.
- Capacity/Demand challenges
- Improved access for service users and management of waiting lists and throughput

### Actions

- Continued Multidisciplinary Teams (MDT) stepped care pathway supported by Adult Mental Health (AMH) Psychology Stepped Care Initiative has increased psychological therapies provision across multiple stepped care services.
- Provision of rolling supervision & training programme
- Increased provision of evidence based psychological therapy group interventions across Primary Care Mental Health (PCMH) and Community Mental Health Teams (CMHTs)
- Increased availability of digital resources and adaptations pan BCUHB MHLT services to support increased access and delivery of Cognitive Behavioural Therapy (CBT), Dialectical Behavioural therapy (DBT), and Coping Skills via group and individual remote input throughout the pandemic.

### Improvements

- Waiting list target compliance steadily improved. East and Regional has reduced compliance in December, due to staff sickness/absence and CBT Therapist vacancy.

### Risks and Mitigation

- Recruitment and vacancy challenges, mitigations include widening roles, reconfigurations, robust recruitment drives, and using staff from other teams to manage clinical risks.
- Ongoing recruitment/retention plans and active recruitment for psychological staff resource in Stepped Care including PCMH new roles which will come on line within next 3 months, CMHTs, Inpatient Services, Perinatal, and Early Intervention in Psychosis (EIP) Services.
- Compliance is reasonable compared to national figures. This is managed and monitored on a daily basis within MDT Teams and regularly reviewed regionally



## Quadruple Aim 2: Adult Mental Health Delayed Transfers of Care (DToC)

### What are the key issues/ drivers for why performance is where it is?

Since February 2021 the MH&LD Delayed Transfer of Care (DToC) position has demonstrated an overall improvement, however, a recent upturn in delayed discharges align with the most recent COVID-19 surge, which has impacted upon ward discharges and commissioned placement status to enable placing of patients in longer term care.

### What actions are being taken to improve performance and by who?

- Policy and process reviewed to ensure accuracy and consistency across BCUHB (MH&LD) Division.
- Divisional scrutiny panel weekly data considered, barriers identified, 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.
- Stranded patient audit completed, which will assist with DToC.

### When performance is going to improve by and by how much

- DToC figures for March 2022 is 16 patients and 1,256 days (reduction from 3,000 bed days per month prior to Feb 2021).
- Progress will be noted in April 2022 with discharge agreed for patients over 100 bed days, reducing overall bed days by 500+
- Weekly scrutiny and escalation to SLT in place
- Action Plan developed aligned to recommendations of the DToC review, updates provided monthly at Operational Leadership meeting and assurance report presented monthly at DSLT.
- Commissioning gaps being considered in future plans and division participating in All Wales Stranded Patients work programme.
- Business Case to be developed for recruitment of Patient Flow Co-ordinators to support patient flow

### What are the risks to this timeline?

- All risks managed through weekly scrutiny panel review, reported to divisional leads, with mitigation plans.
- Timelines and estimated discharge dates reviewed weekly.
- Any significant barriers identified and escalated to SLT, where additional senior support is identified as a need to ensure timely resolution.

### What are the mitigations in place for those risks?

- Mitigations in place and scrutinised weekly across BCUHB and Social Care partners.
- Plans revised and finalised for funding applications and bed availability in line with COVID-19 status across the region and current health status/ change in need of patients

## Quadruple Aim 3: The health and social care workforce in Wales is motivated and sustainable



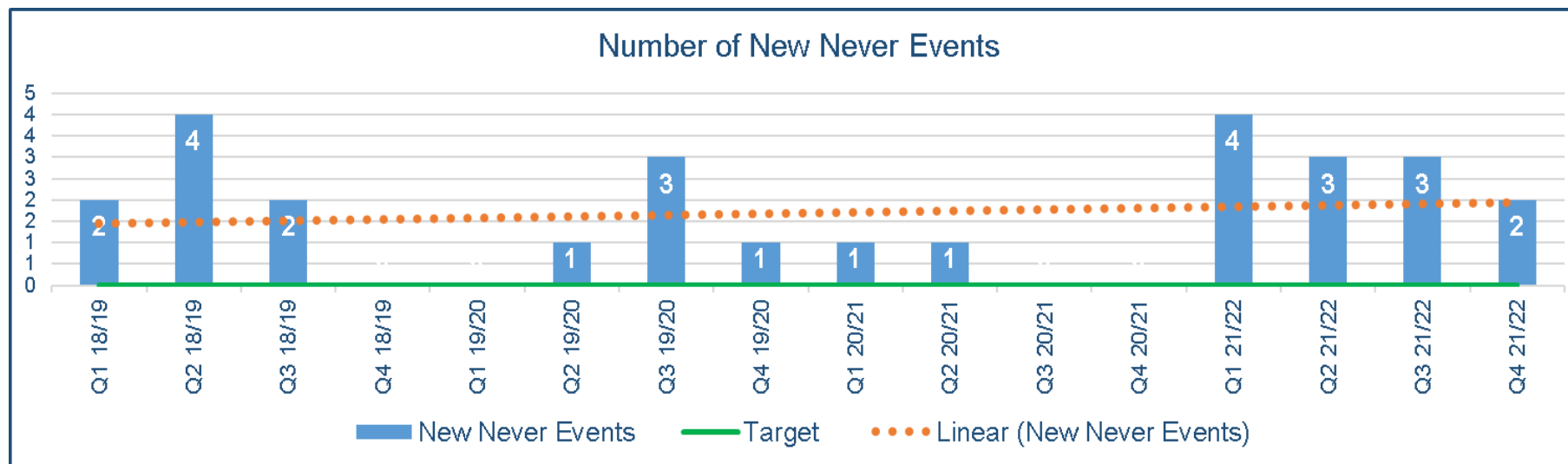
New models of care will involve a broad multi-disciplinary team approach where well-trained people work effectively together to meet the needs and preferences of individuals.

Joint workforce planning will be in place with an emphasis on staff expanding generalist skills and working across professional boundaries. Strategic partnerships will support this with education providers and learning academies focussed on professional capability and leadership.

### Measures

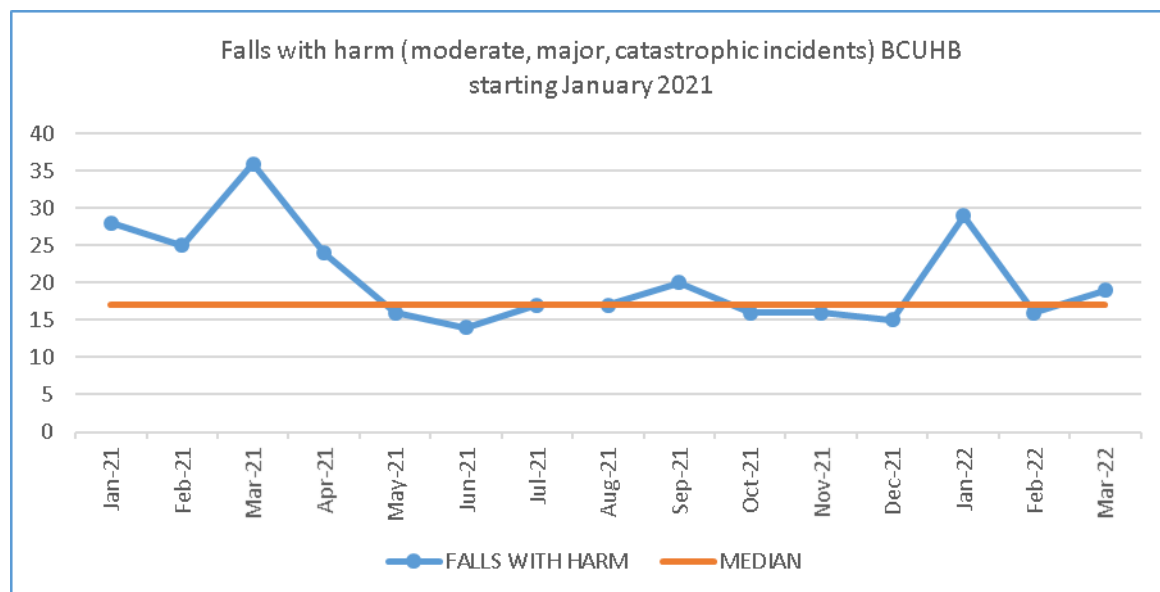
Committee	Period	Measure	Target	Actual	Trend
QSE	Q3 21/22	Number New Never Events	0	2	↓
PFIG	Mar-22	Percentage of sickness absence rate of staff	< 5%	6.30%	↓
PFIG	Mar-22	Personal Appraisal and Development Review (PADR)	>= 85%	66.70%	↓
PFIG	Mar-22	Percentage compliance for all completed level 1 competencies of the Core Skills and Training	>= 85%	84.93%	↑

# Quadruple Aim 3: New Never Events



There were 2 Never Events that occurred during this period, both incidents fell under the “wrong site surgery” category and are currently under investigation.

A further Never Event was reported retrospectively, relating to a retained swab. Further detail is included in the Patient Safety Report.



- The number of falls reported with harm (categorised as moderate, major and catastrophic within the incident reporting system) fell in February with a slight increase in March.
- There are a number of interventions ongoing including the strategic falls group looking at training, reviewed policy and measurement.
- Part A of Falls training module is now part of mandatory training on ESR for all staff. Part B for clinical staff was launched in March 2022.
- 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.

# Quadruple Aim 3: Sickness Absence

## What are the key issues/ drivers for why performance is where it is?

Rolling sickness absence performance is at 6.30% an increased position and the highest level for over 12 months.

COVID-19 related sickness absence has increased by 0.5% to 1.6% (1.1% in February). This reflects an increase in COVID-19 within the North Wales community and lifting of some restrictions in the wider community.

Non COVID-19 related sickness absence has remained 5.3% the same as February.

Stress related absence remains the biggest cause of absence with approximately 60% more days lost than the 2nd largest cause ( infectious diseases). The highest levels of sickness absence are in Additional Clinical services , Estate and Ancillary and Nursing and Midwifery. Estates and Ancillary sickness rates are the highest across the organisation at 9.96% an increase of 1.84% on February. Additional Clinical services have increased slightly to 9.2% from 9.08% in February. Nursing levels have increased to 7.15% from 6.93% in February.

## What actions are being taken to improve performance and by who?

The reduction in isolation periods (7 to 5 days) and changes to Welsh Government advice on COVID-19 testing continues to support absence, however the increase in COVID-19 cases has impacted on sickness.

Other actions to improve performance remain in place:

A focus on long term sickness

Meetings between Well-being, HR and Occupational Health colleagues to look at hotspot areas and support options.

Monthly MDT Case management meetings are taking place to provide support for staff with more complex needs and include staff, managers, occupational health, H&S and well-being colleagues as needed.

Promote the Staff wellbeing and support services including counselling and psychological therapies

## When performance is going to improve by and by how much

Increase in COVID-19 rates and loosening of restrictions for the wider community has seen a rise on absence.

## What are the risks to this timeline?

Recent All Wales decision to extend COVID-19 sickness pay until end June 2022 or for a period of 12 months for more recent diagnoses of long Covid

An increase in COVID-19 infection rates within the community

Relaxation of COVID-19 safeguards within the community may see an increase in COVID-19 rates

Further increase in stress related absence

## What are the mitigations in place for those risks?

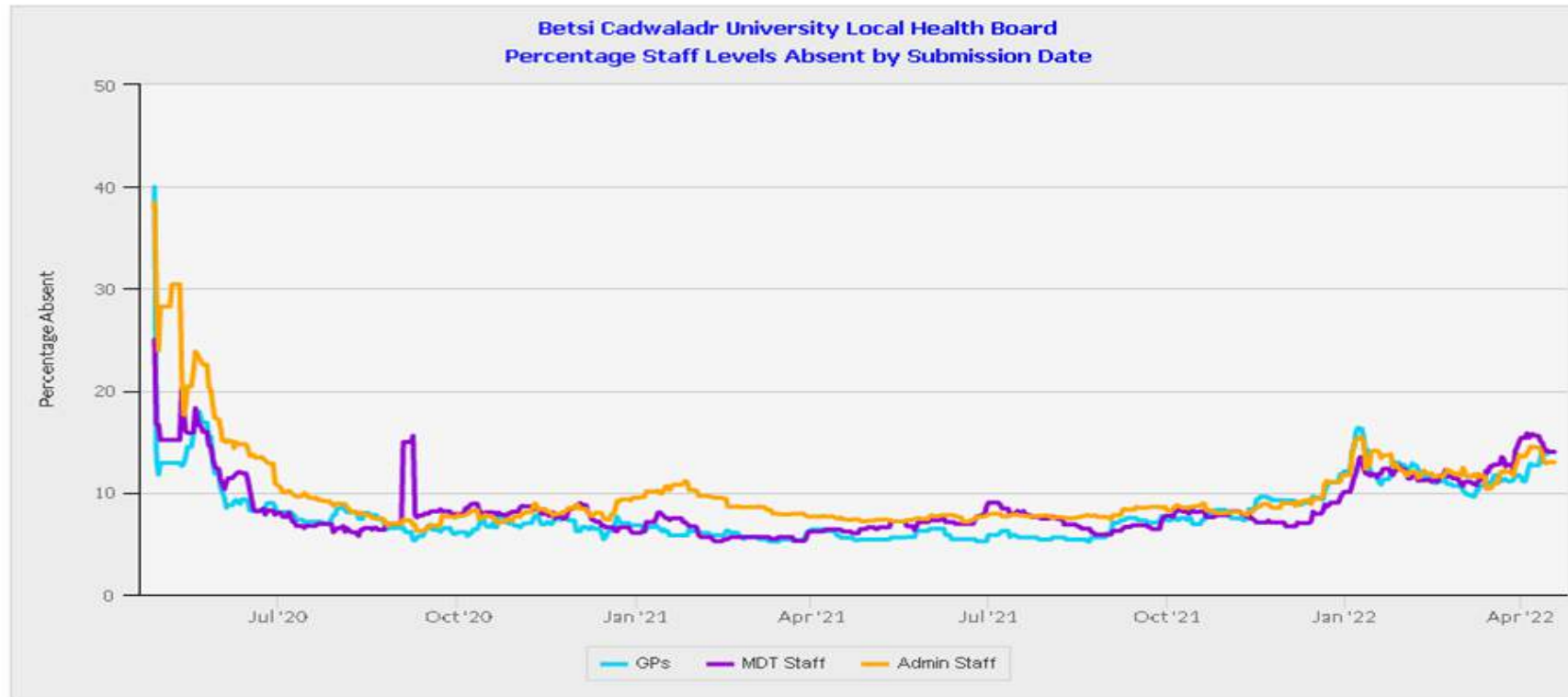
Increased communications to further promote access to the Wellbeing Services available for staff

Training of managers to reinforce sickness processes

Focus on early intervention support

# Quadruple Aim 3: Sickness Absence

- GP Practices across Wales are encouraged to record their sickness levels (including self-isolation due to COVID-19), noting that this is not a contractual requirement
- This system was introduced around the beginning of the pandemic (March 2020) and figures at that time are not accurate.
- Since November 2021 to date rates across GPs, other clinicians and non clinical staff have steadily increased due to the impact of the Omicron Variant.
- Rates as at 18<sup>th</sup> April 2022, are for GPs – 14%, MDT – 14% and Admin – 13%. The rates for clinical staff are slightly lower than the all Wales average and admin staff is equivalent to the average for Wales.
- Practices also record their levels of escalation with workforce capacity one of the factors taken into consideration. Area teams contact all practices recording Levels 3 or 4 escalation to discuss actions of support.





# Quadruple Aim 3: Personal Appraisal & Development Review (PADR)

## What are the key issues/ drivers for why performance is where it is?

Non-core agency, bank and overtime pay spend overall increased from £12,176,000 in February 22 to £16,270,000 in March 22.

Agency spend is up by £538k at £5,416,049 (4.5% of total pay, 1.7% decrease month on month); Locum spend is up this month by £1.15m at £3,043,514 (2.5% of total pay, 0.09% increase month on month); WLI spend is up by £81k at £343,465 (0.3% of total pay, 0.05% decrease month on month); Bank spend is also up by £1.95m at £4,777,260 (4.0% of total pay, 0.32% increase month on month). There has been an increase in Overtime pay this month by £330k at £2,063,468 (2.0% of total pay, 0.67% decrease month on month). There is a significant increase in spend/pay across all non-core pay this month, this is reflected annually at this time of year due to end of year payments and accruals. A better measure of pay movement this month is the percentage of total pay which is also shown where there has been 2.19% decrease overall month on month. There is still high levels of staff usage across all areas of the Health Board with the ongoing pressure on unscheduled care, and more activity across Planned Care.

Medical Agency spend is up from £1.80m to £2.4m month on month (February- March) but has decreased by 1.32% as a percentage of total pay. There has been an increase in Locum spend of £1.2m month on month (February-March) but has only increased by 0.49% as a percentage of total pay which is lower than the previous month (January-February, 0.6%) . The increase in actual spend across both lines can be linked as above to end of year position but there has also still ongoing activity across Planned Care Recovery and the ongoing pressures on Unscheduled Care across the Health Board.

Nursing Agency spend is up from £1.44m to £1.84 month on month (February-March) but has decreased by 1.03% as a percentage of total pay. Bank spend has also seen an increase of a £379k month on month (February-March) but has only increased by 0.11% as a percentage of total pay. Overtime has also increased by £267k over the same period but again has seen a decrease of 0.78% as a percentage of total pay. The increase in actual spend across all non-core pay elements can be linked end of year positions but as with medical staffing there is still ongoing activity across Planned Care Recovery and the ongoing pressures on Unscheduled Care across the Health Board to be considered.

## What actions are being taken to improve performance and by who?

Targeted recruitment campaigns for Medical and Dental consultants are on track and the streamlining work to secure more Physicians Associates is now live. The initiatives to attract more ST 1 doctors to the Health Board continues with the work undertaken by OMD/WOD collaboratively. All new initiatives for 22/23 have been embedded into the Workforce Plan that supports the new People & OD Strategy and IMTP. and plans are being rolled out to support recruitment across these initiatives.

The ongoing focus on Nursing recruitment is showing progress with phase 2 of the overseas nurse recruitment underway and work progressing to move forward with a phase 3 in collaboration with the national overseas nursing programme, nursing recruitment is in a positive position and is leading to increased capacity across the nursing workforce. This work is being undertaken by Nursing with support from WOD. pipeline report, nursing workforce dashboard and medical consultant tracker.

## **When performance is going to improve by and by how much**

The sustained expected impact for medical recruitment activity should be seen through Q1 and Q2 of 22/23.

The sustained expected impact for nursing recruitment activity should be seen through Q1 and Q2 of 22/23.

## **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 for both medical and nursing staffing.

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 some CEV 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, nursing workforce dashboard and medical consultant tracker.

# 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 0.31% in March 2022 and is currently at 84.93%, therefore just 0.07% below the national target of 85%. Manual Handling training level 1 has increased by almost 1% in March to 75.86% with a further maintenance percentage of 49% for Patient Handling. Compliance has increased during March across all level 1 subjects with Equality & Diversity, Health and Safety, Violence & Aggression, & Resuscitation training all illustrating a compliance exceeding 85%. Safeguarding & Infection prevention are reporting a compliance of 84%, with Information Governance & Mental Capacity at 82.5% and Fire at 80%.

## What actions are being taken to improve performance and by who?

The Mandatory Training Manager will continue to work closely with the Manual Handling team to:

- a) Report and Monitor DNA [Did Not Attend] figures
- b) Identify and follow up on regular DNA data complying with guidance within the Mandatory Training policy [WP30]

Following discussion at the Orientation Steering group, places available at Orientation have been increased in order to mitigate against the DNA rates and ensure efficient use of facilitator time. The increase will be monitored to ensure the employee experience is still a high quality and engaging experience.

## When performance is going to improve by and by how much

Considering the trend of increase during Quarter 4 2021/22, it is projected that compliance may reach the national target of 85% during Quarter 1

## What are the risks to this timeline?

A further period of COVID-19 guidance limiting the classroom occupancy for Practical sessions pertaining to Manual Handling remains in place

## 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

Monitoring of non-attendance remains in place for Patient Handling courses



# Quadruple Aim 4: Wales has a higher value health and social care system that has demonstrated rapid improvement and innovation enabled by data and focussed on outcomes.



Delivering higher value in health and social care focuses on outcomes that matter to the individual and making our services safe, effective, people centred, timely, efficient and equitable. This brings individuals to the fore and considers the relative value of different care and treatment options. Research, innovation and improvement activity will be brought together across regions and public sector bodies. Alignment of funding streams and integrated performance management and accountability across the whole system will be in place to accelerate transformation through a combination of national support, incentives, regulation, benchmarking and transparency.

## Measures

Committee	Period	Measure	Target	Actual	Trend
PFIG	Mar-22	Agency and Locum spend as a percentage of total pay bill	Reduce	7.00%	↓
QSE	Jan 22	Crude hospital mortality rate (74 years of age or less)*	Reduction	1.42%	↓
QSE	Mar 22	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	4.55%	↓

The all persons avoidable mortality rate in BCUHB has fluctuated between 2017 and 2019 but it has remained below the Wales rate. In 2019, BCUHB had the third highest health board avoidable mortality rate in Wales (256.2 per 100,000) but was lower than the Wales average (258.5 per 100,000) although not statistically significantly lower. Avoidable mortality rates are higher in males than females. In 2019, the rates were 313.7 per 100,000 males compared to 201.0 per 100,000 females. There were 1,805 avoidable deaths in BCUHB in 2019; 60% were in males.

For the 12 months to October 2021, the crude mortality rate was 2.08% (1 in 48 patients), compared to the Welsh average of 2.33% (1 in 43 patients).

For the rolling 12 months to October 2021, the crude mortality rate excluding cases of Covid-19 was 1.74% (1 in 57 patients), compared to the Welsh average of 1.77% (1 in 56 patients).

## **Key Drivers of performance (for year to Sep 2021 against other Welsh health boards excluding Powys reported by CHKS)**

**Stroke**-The latest data shows that 12.99% (1 in 8) patients died within 30 days of being admitted with a stroke, which is slightly below the Welsh average of 12.65% (also 1 in 8 patients). This is a priority area for improving care within BCUHB. The focus is on strengthening the Stroke Nurse specialist role to see improvement in the out of hours performance of door to thrombolysis times, completion of swallowing assessment and admission to a Stroke ward

**Hip Fracture**-The rolling 12 months mortality within 30 days of admission following a hip fracture (for those aged 65 and over). The latest data show that 3.74% of patients died (1 in 27 patients), which is lower than the Welsh average of 5.33% (1 in 19 patients). The Health Board has supported the proposal to continue to improve the frailty service. A Business Plan has been written to enhance the frailty service through the appointment of additional clinical staff across the three acute sites.

Improvements have been seen with the appointment of orthogeriatricians to provide more comprehensive medical care and improved availability of senior orthopaedic clinicians during COVID-19 pandemic

**Heart Attack**-The latest data shows the Health Board performed well in comparison to the peer; 3.34% of patients died (1 in 30), compared to the Welsh average of 3.67% (1 in 27 patients). The Health Board participates in the Myocardial Ischaemia National Audit Project (MINAP), and through this closely monitors the quality of care and delivery of best standards. The Health Board was able to maintain the full primary PCI service throughout the pandemic and maintain interventional and diagnostic angiography for those considered high risk

## **Actions being taken**

The National Framework has now been implemented. It meets every fortnight and discusses cases across BCUHB. There is good engagement. Work is ongoing to incorporate Primary care mortality. Systems have now been set up to connect 'harms' - across one Datix platform. The new Datix module is being rolled out across BCUHB with training. A sieve and sort process occurs weekly to advise and support the sites around reviews. We have fostered closer working relations with the ME Service, take part and present in National forum on mortality and have developed the first 'paperless' review system which is being taken up by other HB's in Wales,

## **Timelines**

Consolidation of the framework and continual development and engagement with colleagues in Patient Experience and across BCUHB.

**Risk**- highly dependent on good admin support- currently band 5. Need to progress business case to also have band 6 for clinical issues as BCUHB receive nearly double the rate of ME reviews than other HB's

## Issues Affecting Performance

- Data collection has been addressed within the Emergency Department at YG, but not on the other sites. Inpatient data is very poorly captured across all sites.
- The sepsis tool is update is now available but has not yet been implemented. The replacement tool is from the Sepsis Trust and the Welsh version that excludes the updated NEWS tool (used in England) is awaited. The new sepsis books are being piloted at YG and we are receiving good feedback on them. There have been clinical engagement within YGC.
- Long ambulance waits, delays in Emergency Dept. doctor reviews and sometimes lack of nurses contribute to delays in diagnosis and treatment in YG. This particularly affects the ability to provide antibiotics within an hour of diagnosis.
- There is some reticence in rolling out the sepsis books further with e imminent implementation of Symphony system in ED.
- There are concerns that Symphony, whilst significantly improves data capture and audit capabilities does not necessarily capture time of administration of intervention so performance of bundle measures may be negatively impacted.

## Actions and Outcomes

- All sites are aware of this issue and it has been escalated through the governance systems.
- YG: data are being monitored through the accountability process; AMD (QS&E) new chair of Stop Harm Intervene Early Limit Deterioration (SHIELD) group in the New Year; on going education and awareness raising for new staff.
- YGC - piloting the new tool in ED continues. Recruiting sepsis champions – however, staff do not feel able to take on additional roles at the current time due to the staff shortages on the wards and relatively high number of locum staff..
- YWM has identified sepsis champions for all clinical areas that will start to support a programme led by Acute Intervention Team; sepsis bundle included in local teaching with additional targeted education focussing on new starters.
- Sepsis bundle to be included in the electronic nurse documentation (national development)
- Adoption of the new tool has been delayed as there are co-dependencies required including amendment to the current TPR chart and the need for project management support. Karen Mottart is supporting Craig Beaton to progress this.

## Timeline for delivery of improvement

- Action plan went to the Interim Deputy Medical Director in January 2022
- Widespread adoption of a new sepsis tool will be dependent on additional resources and is currently being explored. Auditing has been difficult due to ongoing workforce pressures and redeployment across the hospital.

**YG = Ysbyty Gwynedd YGC = Ysbyty Glan Clwyd YWM = Ysbyty Wreccsam Maelor**

## Risks and Mitigations

The risk is the organisation is not sighted on Sepsis 6 bundle compliance because of poor data capture. Where data is reported compliance is low (circa 30% total bundle compliance); these are time critical interventions and delays within ED impede delivery. Delays in treatment are associated with additional morbidity and mortality. The data are also reported externally to Welsh Government and failure to report may cause reputational damage. At the current time mortality from sepsis is within expected limits and below the Welsh average peer group in the Comparative Healthcare Knowledge System (CHKS). There has been a run of above average monthly crude rates in YGC from Jan - August 2021.

Mitigation: There is education and awareness raising in all ED departments; triage processes are in place that will identify the deteriorating patient regardless of cause and should support early escalation for treatment.

**YG = Ysbyty Gwynedd YGC = Ysbyty Glan Clwyd YWM = Ysbyty Wrecsam Maelor**

# Quadruple Aim 4: Agency and Locum Spend

## What are the key issues/ drivers for why performance is where it is?

- Non-core agency, bank and overtime pay spend overall increased from £12,176,000 in February 22 to £16,270,000 in March 22.
- Agency spend is up by £538k at £5,416,049 (4.5% of total pay, 1.7% decrease month on month); Locum spend is up this month by £1.15m at £3,043,514 (2.5% of total pay, 0.09% increase month on month); WLI spend is up by £81k at £343,465 (0.3% of total pay, 0.05% decrease month on month); Bank spend is also up by £1.95m at £4,777,260 (4.0% of total pay, 0.32% increase month on month). There has been an increase in Overtime pay this month by £330k at £2,063,468 (2.0% of total pay, 0.67% decrease month on month). There is a significant increase in spend/pay across all non-core pay this month, this is reflected annually at this time of year due to end of year payments and accruals. A better measure of pay movement this month is the percentage of total pay which is also shown where there has been 2.19% decrease overall month on month. There is still high levels of staff usage across all areas of the Health Board with the ongoing pressure on unscheduled care, and more activity across Planned Care.
- Medical Agency spend is up from £1.80m to £2.4m month on month (February- March) but has decreased by 1.32% as a percentage of total pay. There has been an increase in Locum spend of £1.2m month on month (February-March) but has only increased by 0.49% as a percentage of total pay which is lower than the previous month (January-February, 0.6%) . The increase in actual spend across both lines can be linked as above to end of year position but there has also still ongoing activity across Planned Care Recovery and the ongoing pressures on Unscheduled Care across the Health Board.
- Nursing Agency spend is up from £1.44m to £1.84 month on month (February-March) but has decreased by 1.03% as a percentage of total pay. Bank spend has also seen an increase of a £379k month on month (February-March) but has only increased by 0.11% as a percentage of total pay. Overtime has also increased by £267k over the same period but again has seen a decrease of 0.78% as a percentage of total pay. The increase in actual spend across all non-core pay elements can be linked end of year positions but as with medical staffing there is still ongoing activity across Planned Care Recovery and the ongoing pressures on Unscheduled Care across the Health Board to be considered.

## What actions are being taken to improve performance and by who?

- Targeted recruitment campaigns for Medical and Dental consultants are on track and the streamlining work to secure more Physicians Associates is now live. The initiatives to attract more ST 1 doctors to the Health Board continues with the work undertaken by OMD/WOD collaboratively. All new initiatives for 22/23 have been embedded into the Workforce Plan that supports the new People & OD Strategy and IMTP. and plans are being rolled out to support recruitment across these initiatives.
- The ongoing focus on Nursing recruitment is showing progress with phase 2 of the overseas nurse recruitment underway and work progressing to move forward with a phase 3 in collaboration with the national overseas nursing programme, nursing recruitment is in a positive position and is leading to increased capacity across the nursing workforce. This work is being undertaken by Nursing with support from WOD.



# Quadruple Aim 4: Agency and Locum Spend (2)

## When performance is going to improve by and by how much

The sustained expected impact for medical recruitment activity should be seen through Q1 and Q2 of 22/23.

The sustained expected impact for nursing recruitment activity should be seen through Q1 and Q2 of 22/23.

## 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 for both medical and nursing staffing.

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 some CEV 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?

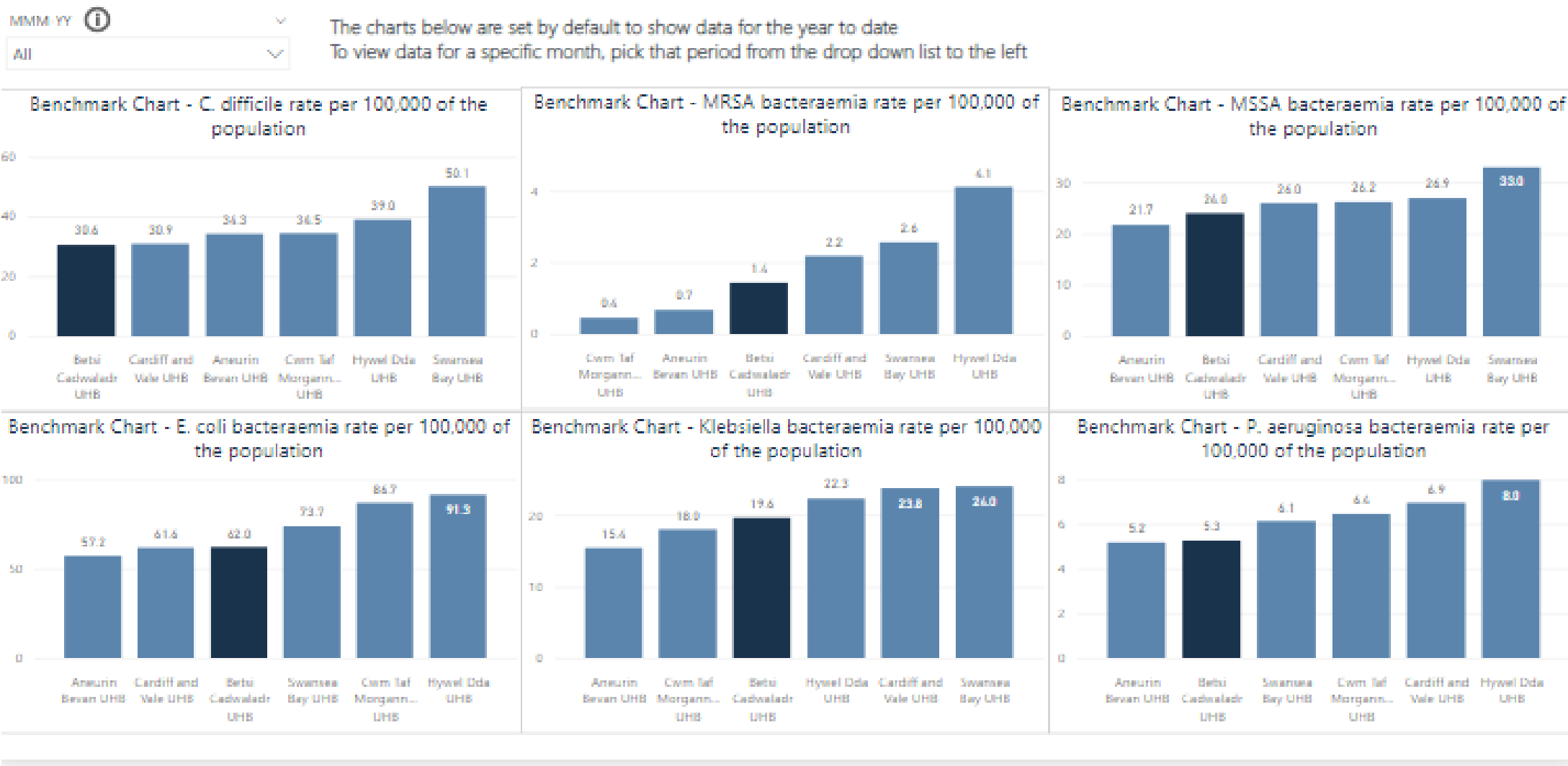
The Clinical Workforce Service reviews alongside new recruitment initiatives ensure wherever possible pathways are aligned and aware of existing and future workforce challenges.

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, nursing workforce dashboard and medical consultant tracker.

# Additional Information

# Quadruple Aim 2: Charts Infection Prevention

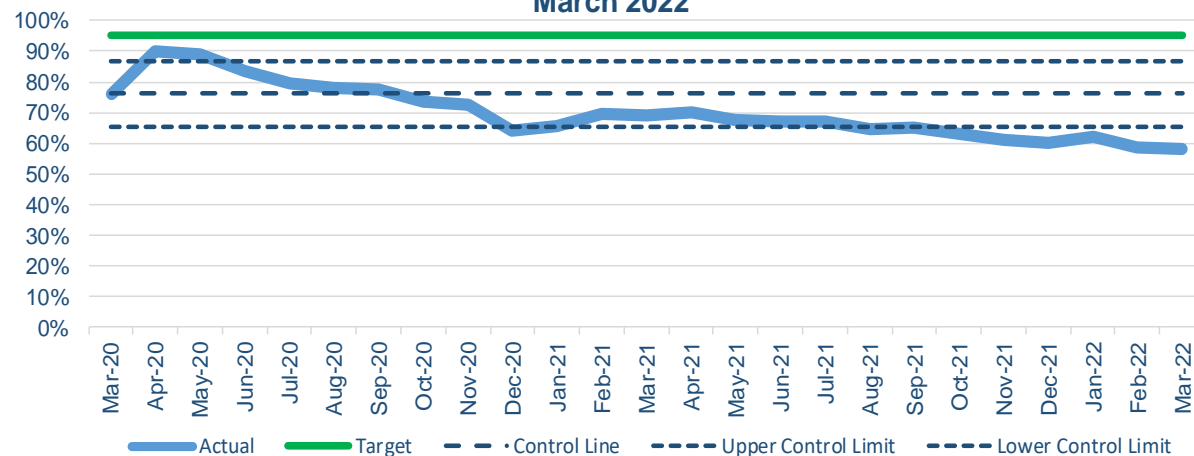


Cumulative period from 1<sup>st</sup> April 2021 to current reporting period (31<sup>st</sup> March 2022)

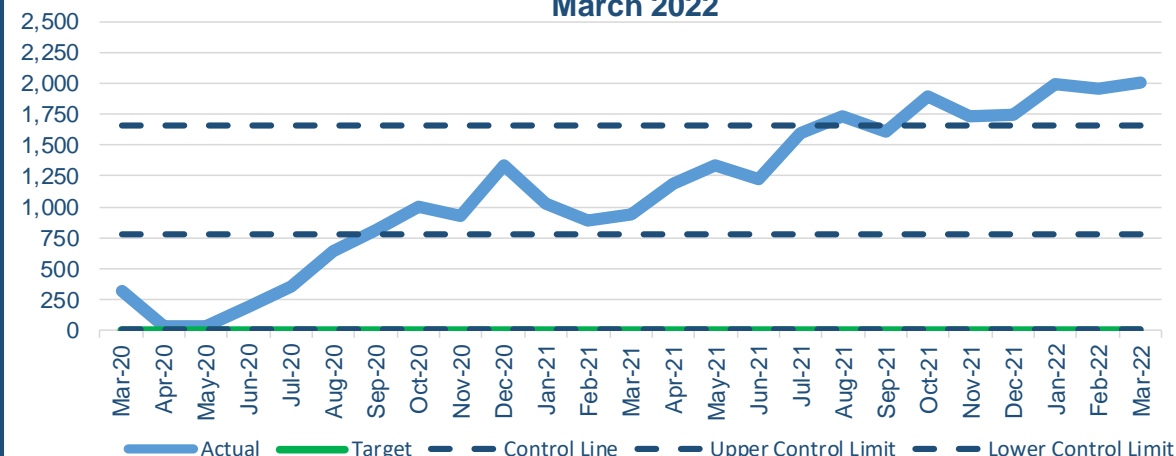


# Quadruple Aim 2: Charts Unscheduled Care

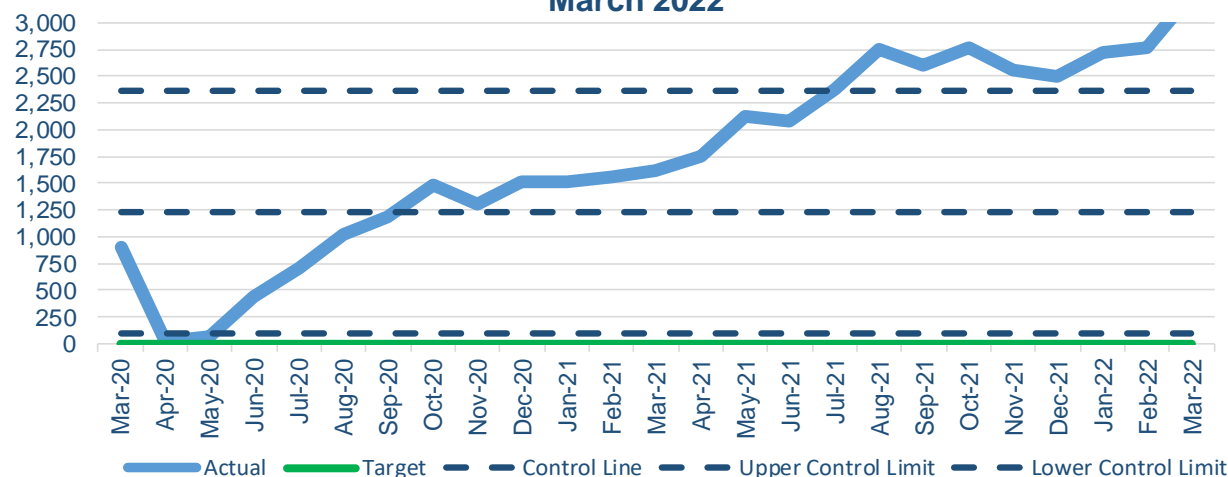
**BCU Level - Emergency Department (inc MIU) 4 Hour Waits:**  
**March 2022**



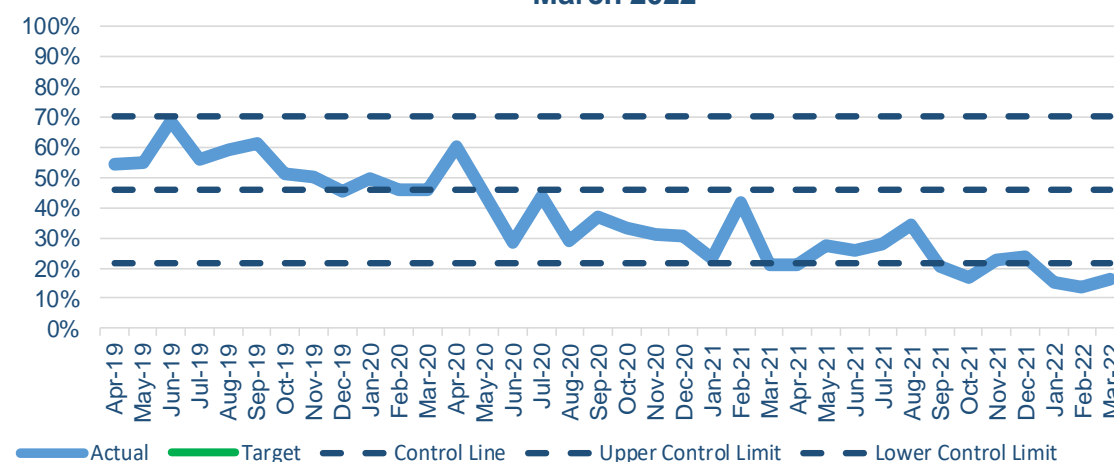
**BCU Level - Ambulance Handovers over 1 Hour:**  
**March 2022**



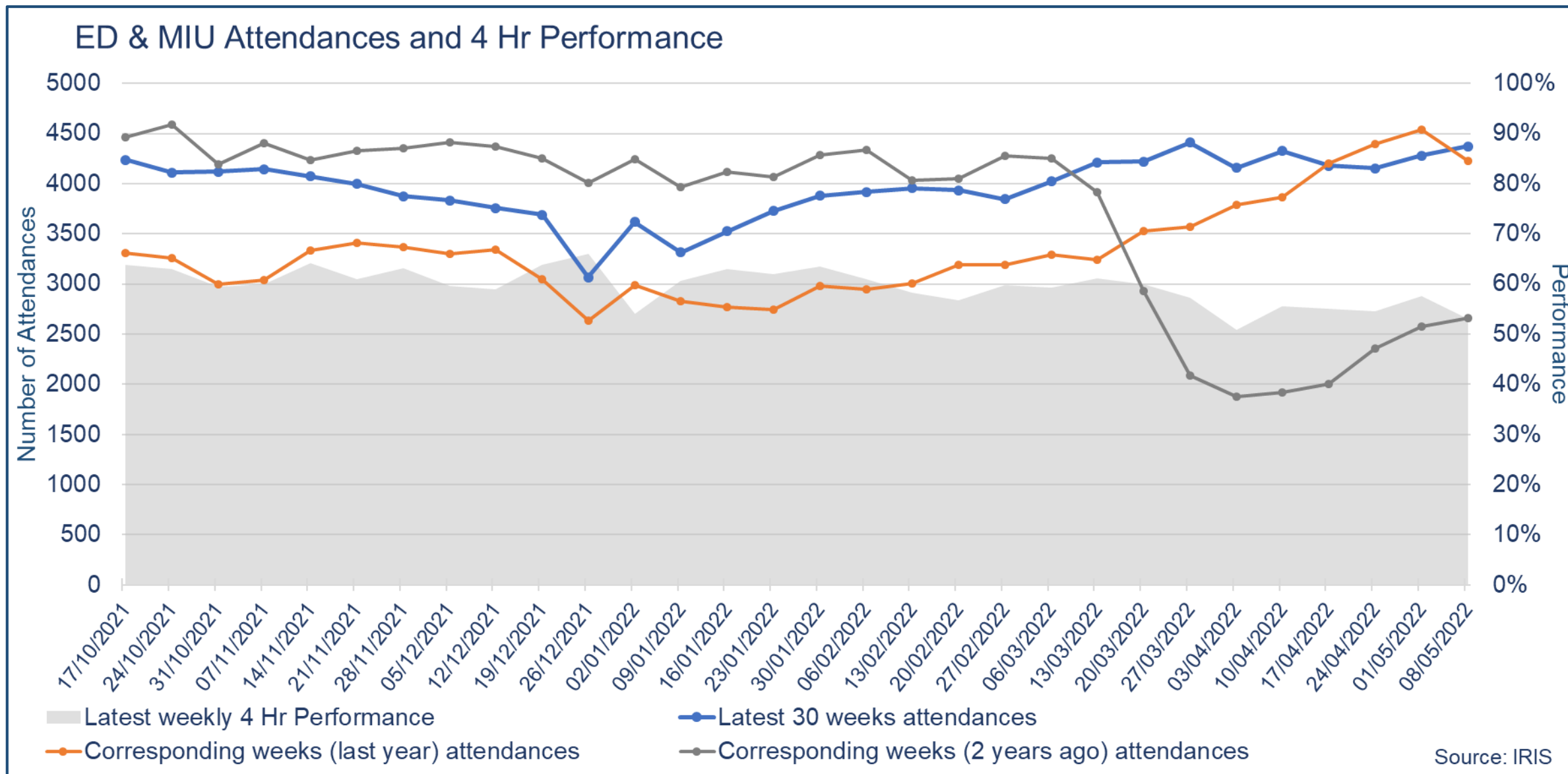
**BCU Level - Emergency Department 12 Hour Waits:**  
**March 2022**



**BCU Level - Stroke Care - Admissions within 4 Hours:**  
**March 2022**

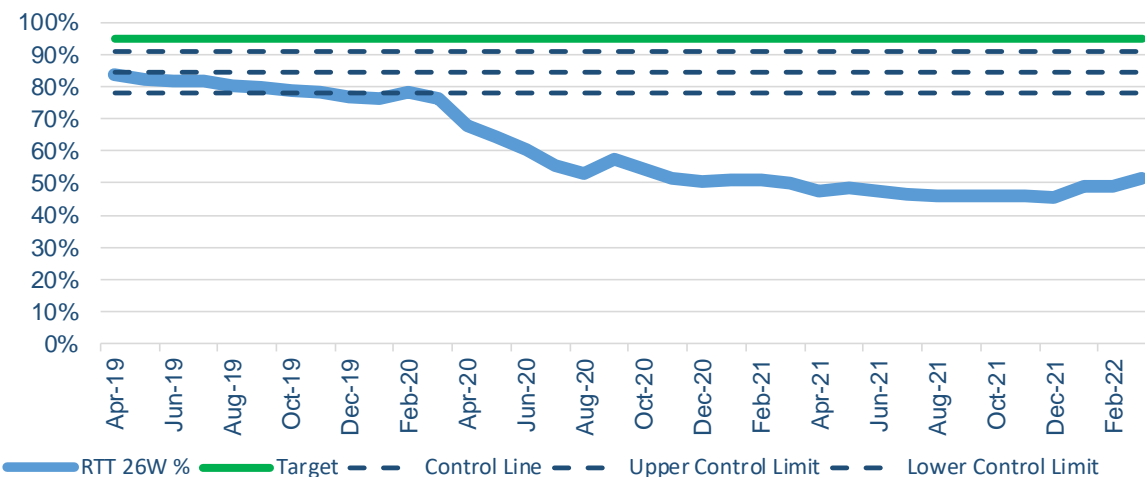


# Quadruple Aim 2: Unscheduled Care: Attendances

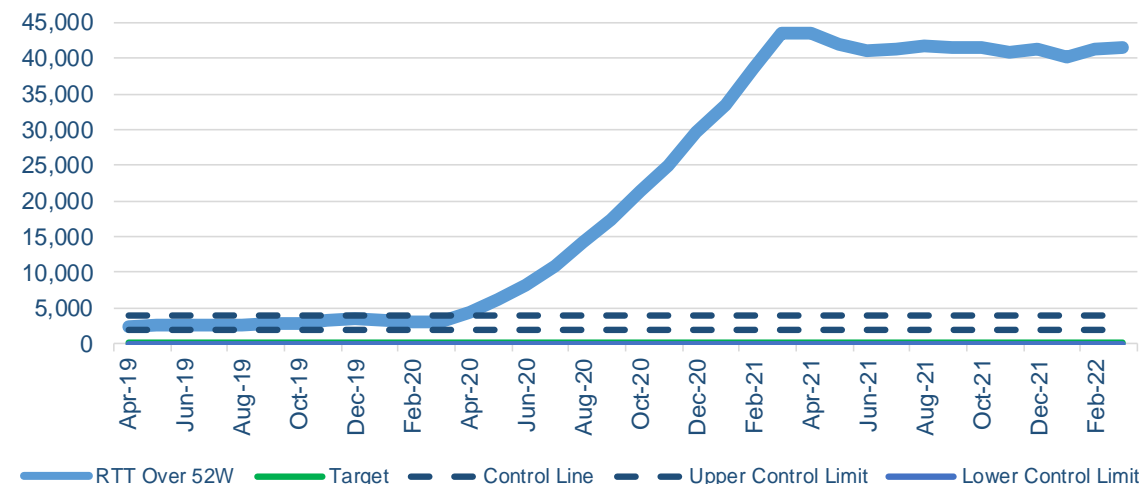


# Quadruple Aim 2: Charts Planned Care (1)

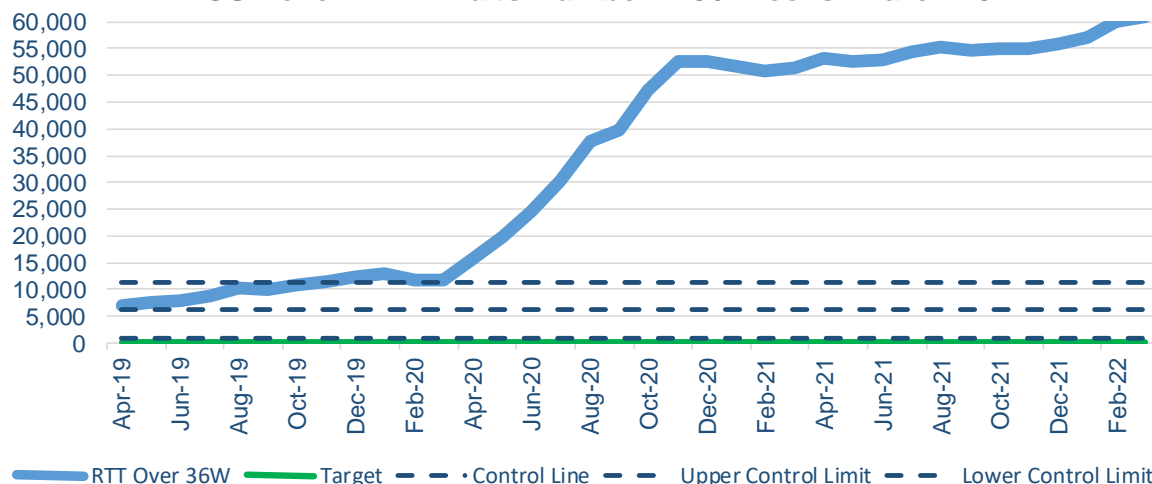
BCU Level - RTT Waits % <= 26 Weeks March 2022



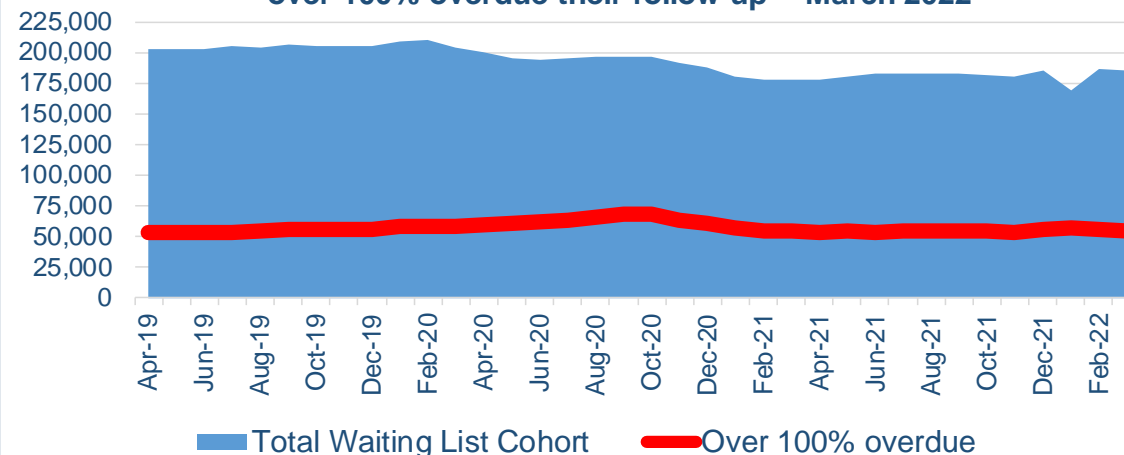
BCU Level - RTT Waits Number > 52 Weeks: March 2022



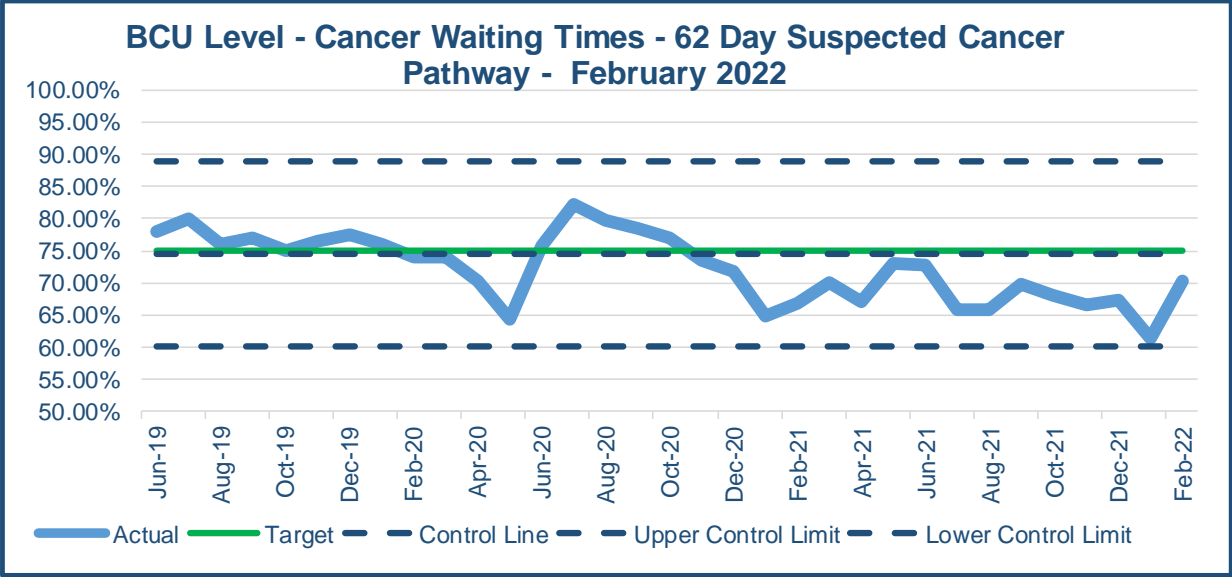
BCU Level - RTT Waits Number > 36 Weeks: March 2022



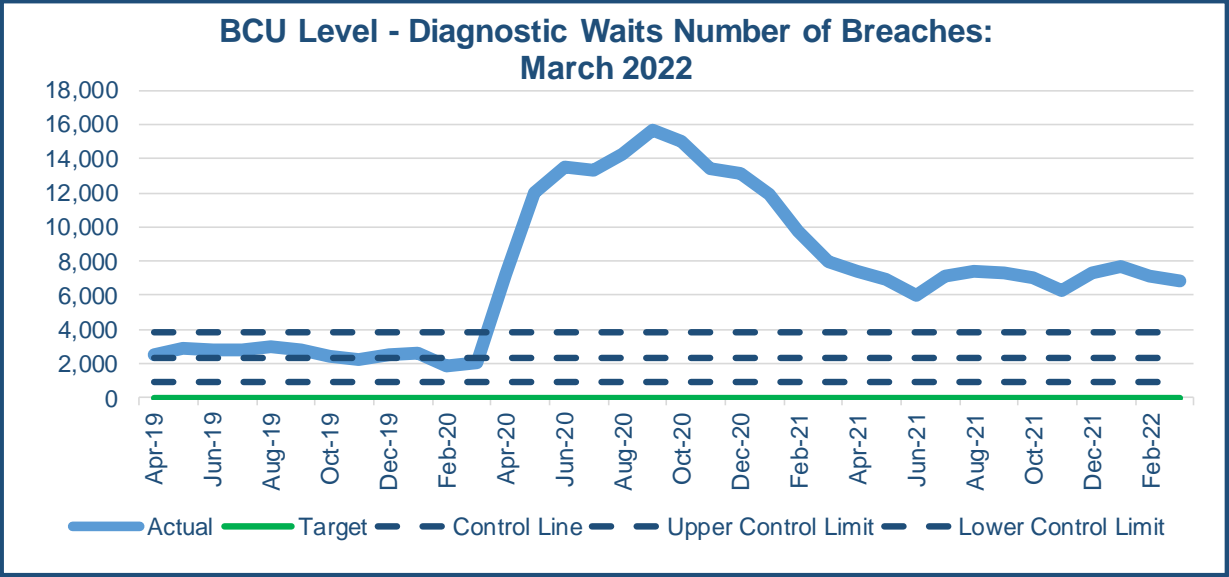
BCU Level - Total Waiting List cohort with Number of patients over 100% overdue their follow up - March 2022



# Quadruple Aim 2: Charts Planned Care (2)

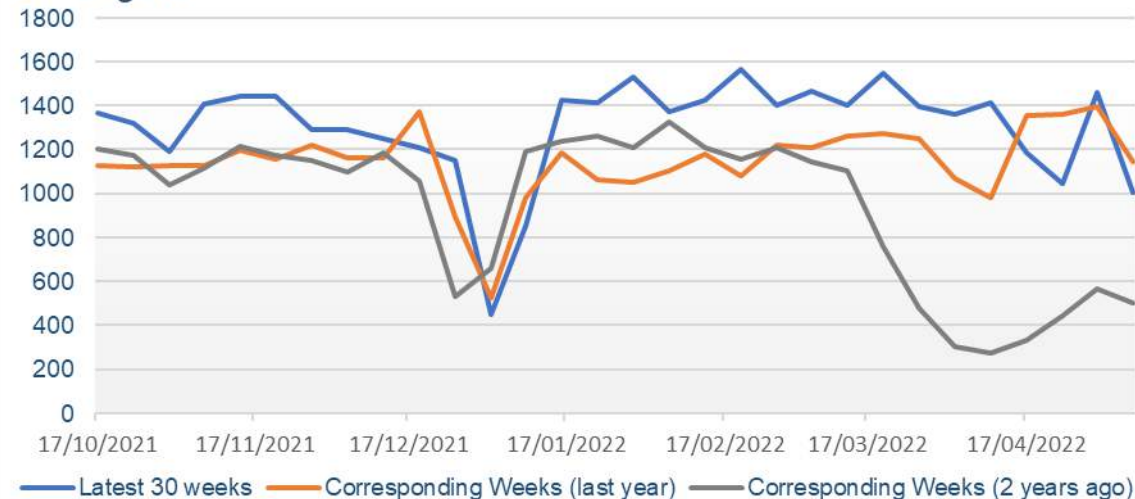


Note: Cancer Data is reported 1 month in arrears

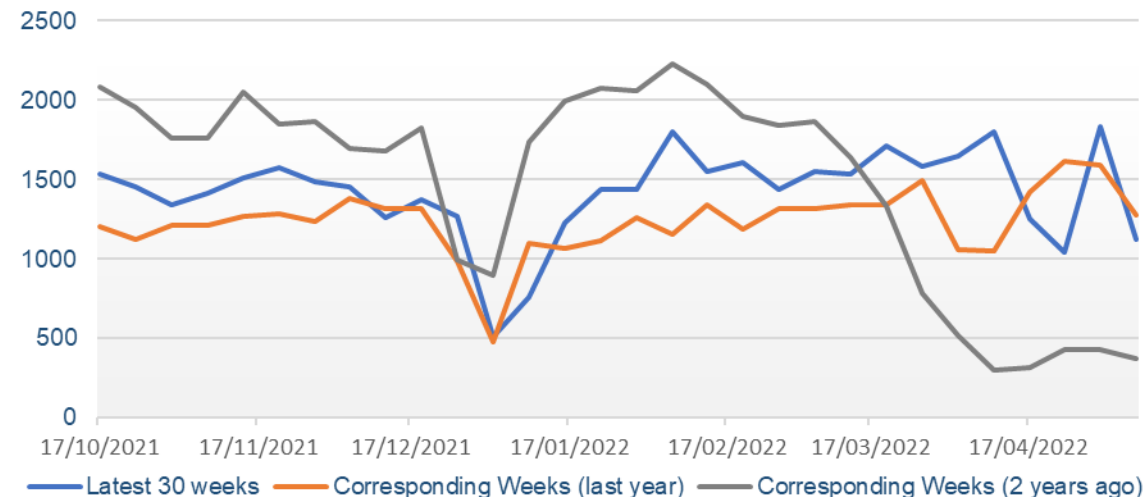


# Planned Care Referrals and Out Patient Activity

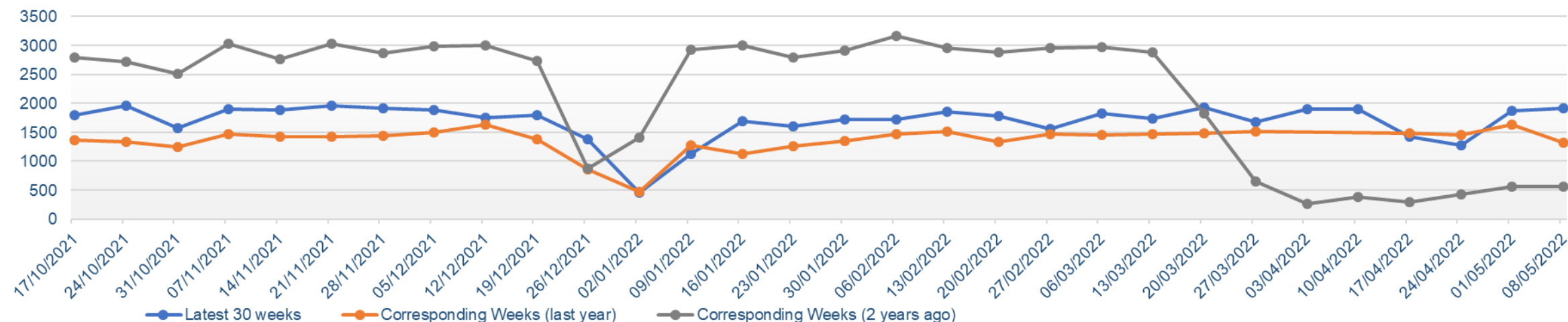
## GP Urgent



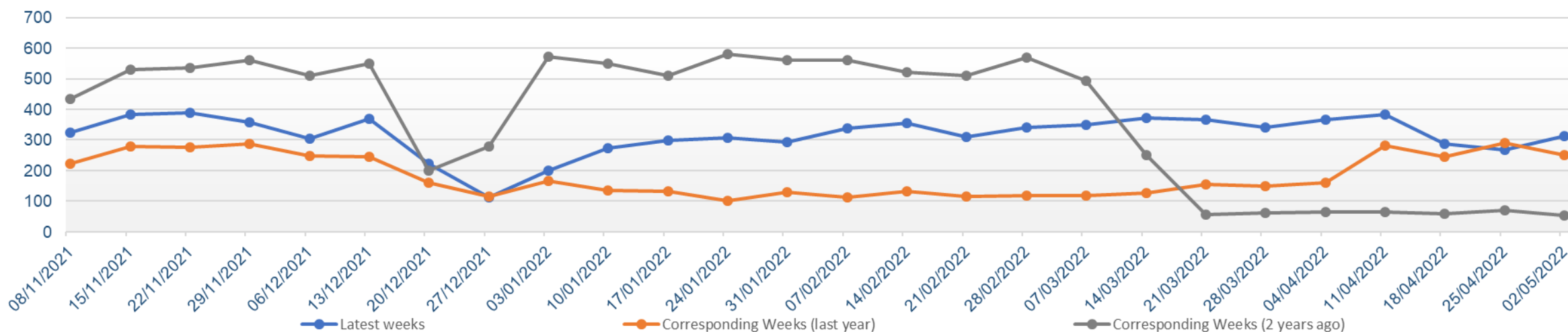
## GP Routine



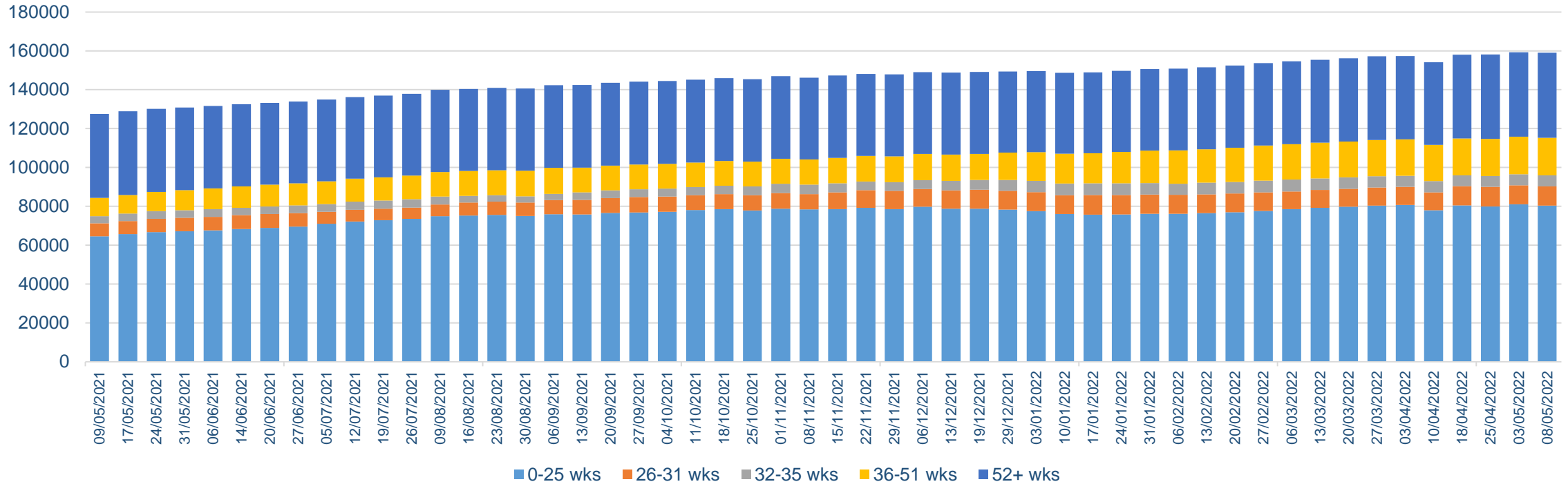
## RTT High Level Report – Core Outpatient Activity (New, RTT, Face to Face attended appointments)



Theatre Procedures (Inpatient and Daycase): Completed Elective Cases in Planned Elective Lists by Week



BCU Waiting List

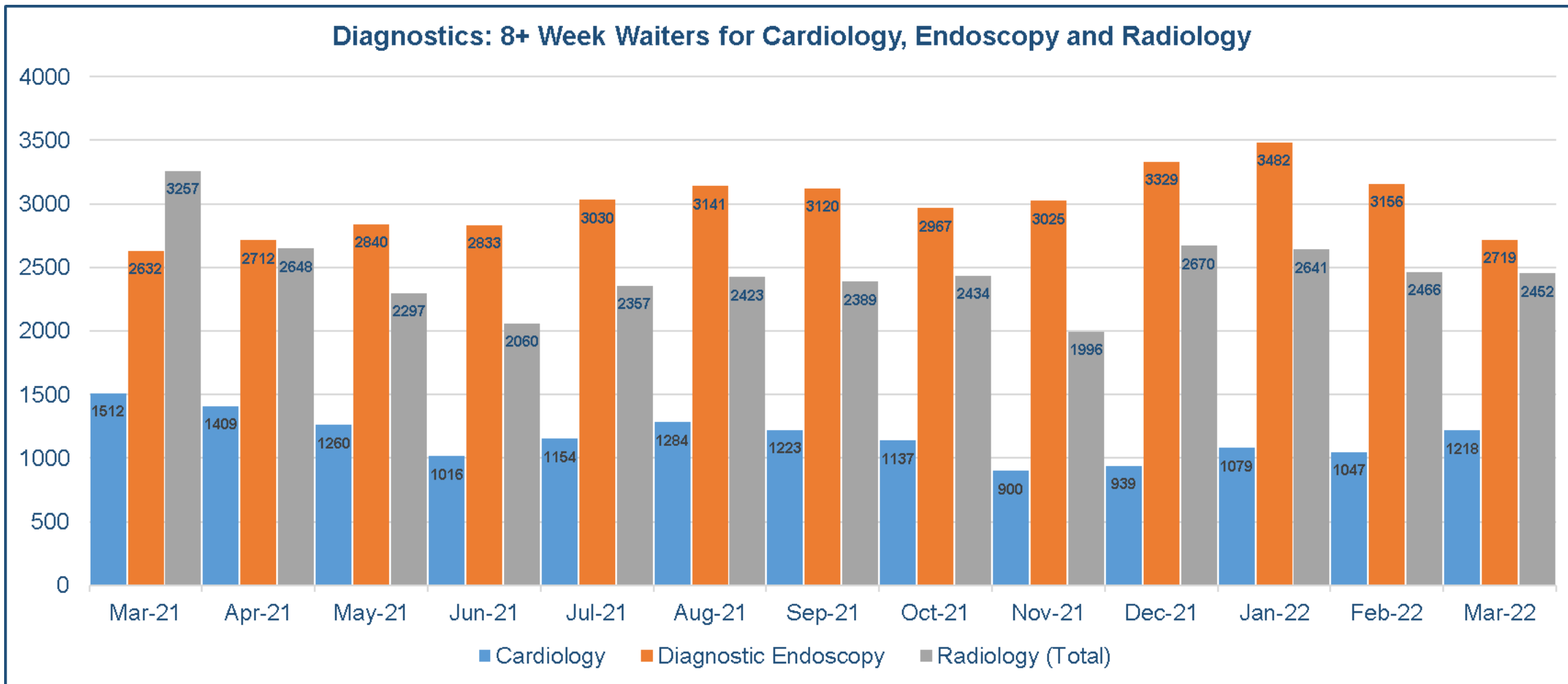


BCUHB	Weeks Waiting					Total Waiting List
	0-25	26-31	32-35	36-51	52+	
	80,393	9,809	5,690	19,404	43,756	

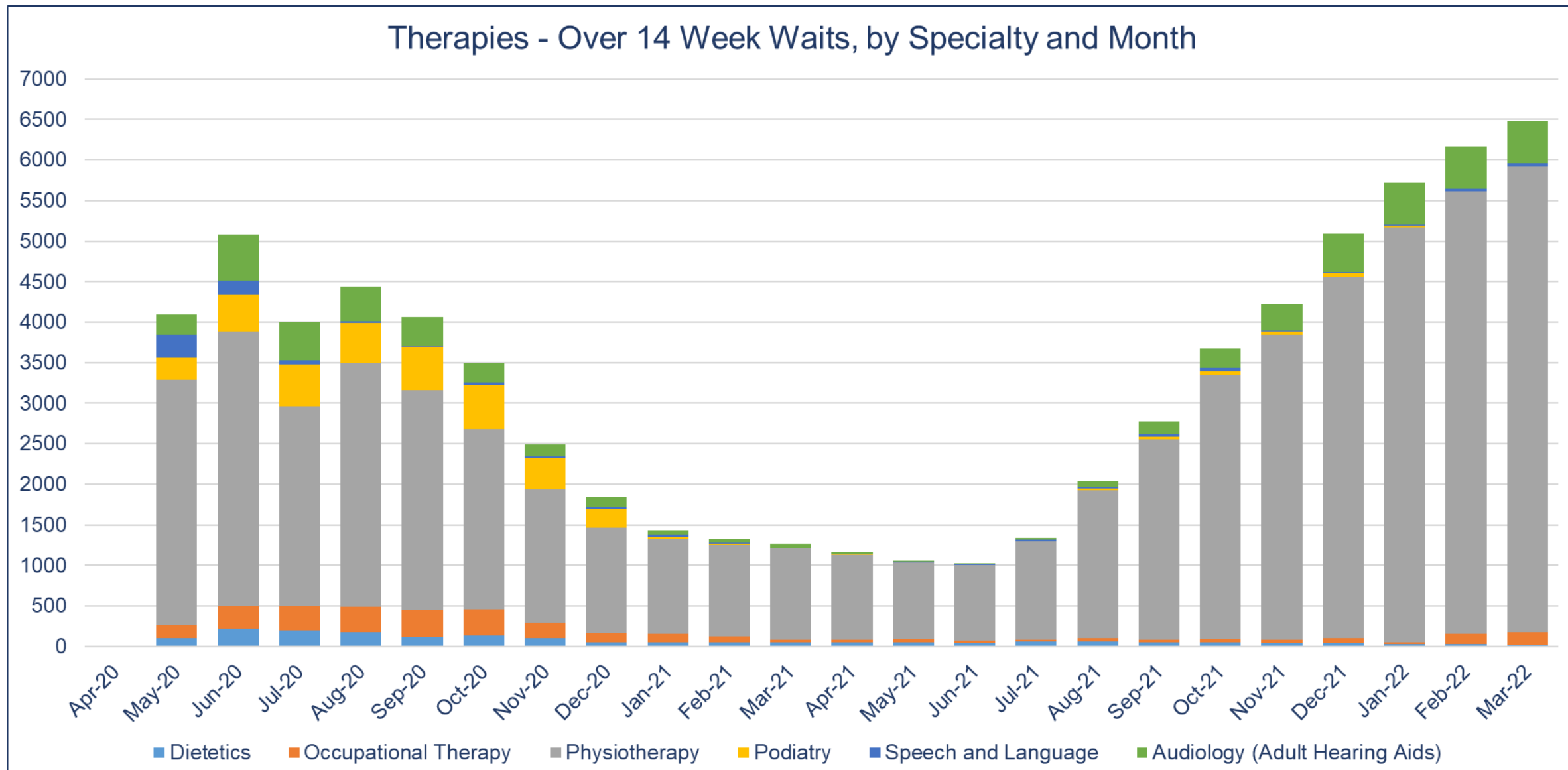
The data presented here is a weekly position as at 9<sup>th</sup> May 2022



# Diagnostic Waits (3 major wait categories)

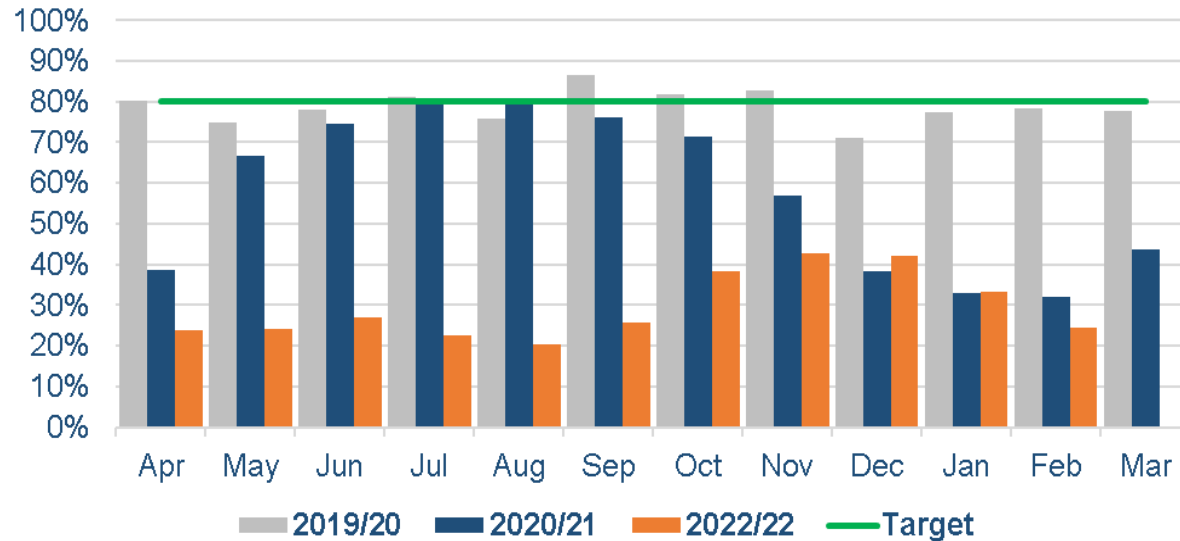




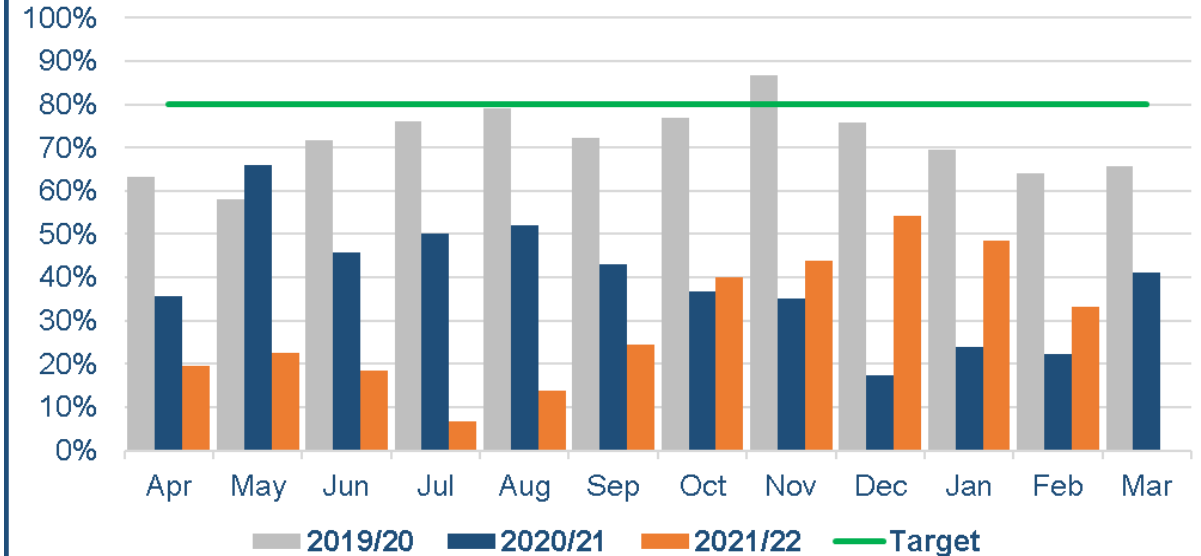


## Quadruple Aim 2: Child & Adolescent Mental Health Services - Graphs

**Percentage Mental Health Assessments (CAMHS) within 28 days of Referral (February 2022)**



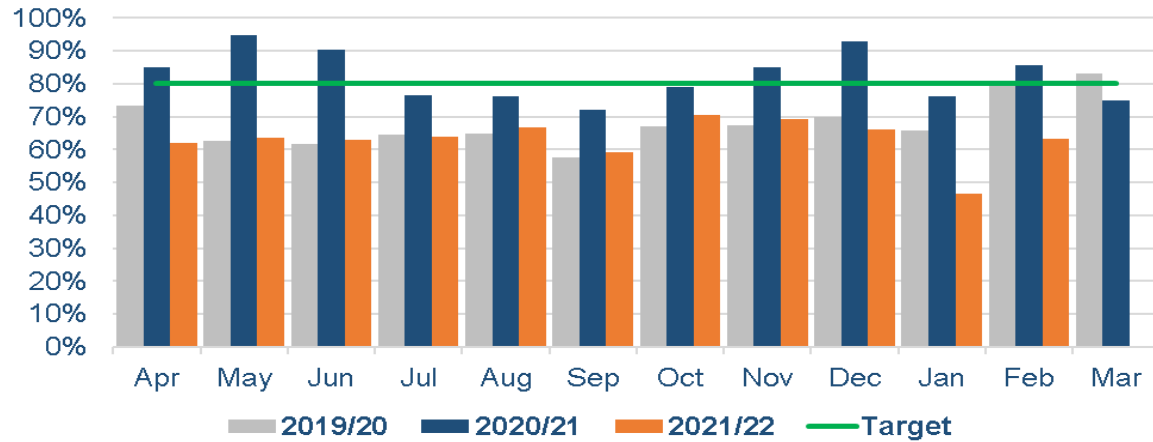
**Percentage Mental Health Therapeutic Interventions (CAMHS) within 28 days of Assessment (February 2022)**



*Data is reported 1 month in arrears*

# Quadruple Aim 2: Adult Mental Health

Percentage Mental Health Assessments (Adult) within 28 days of Referral  
 (February 2022)



Percentage Mental Health Therapeutic Interventions (Adult) within 28 days of Assessment  
 (February 2022)

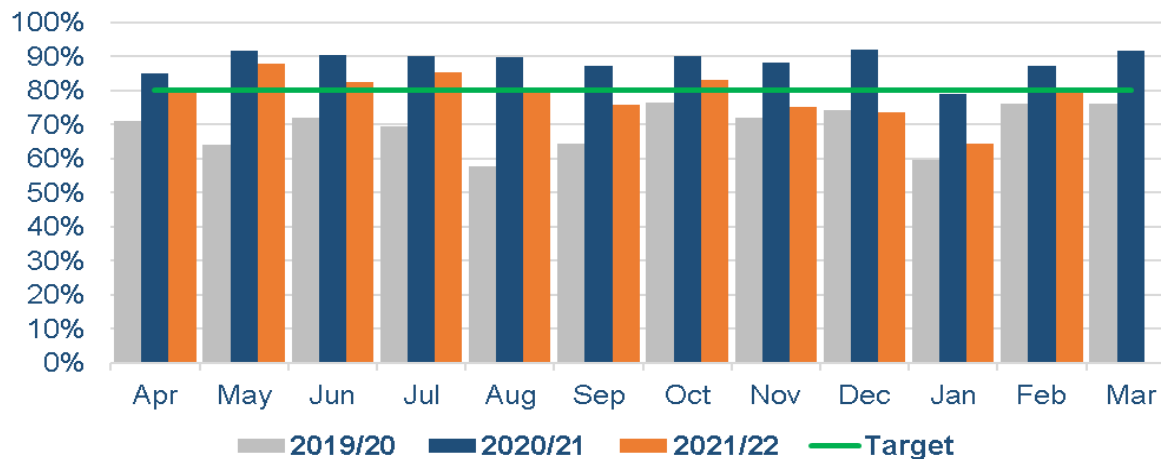
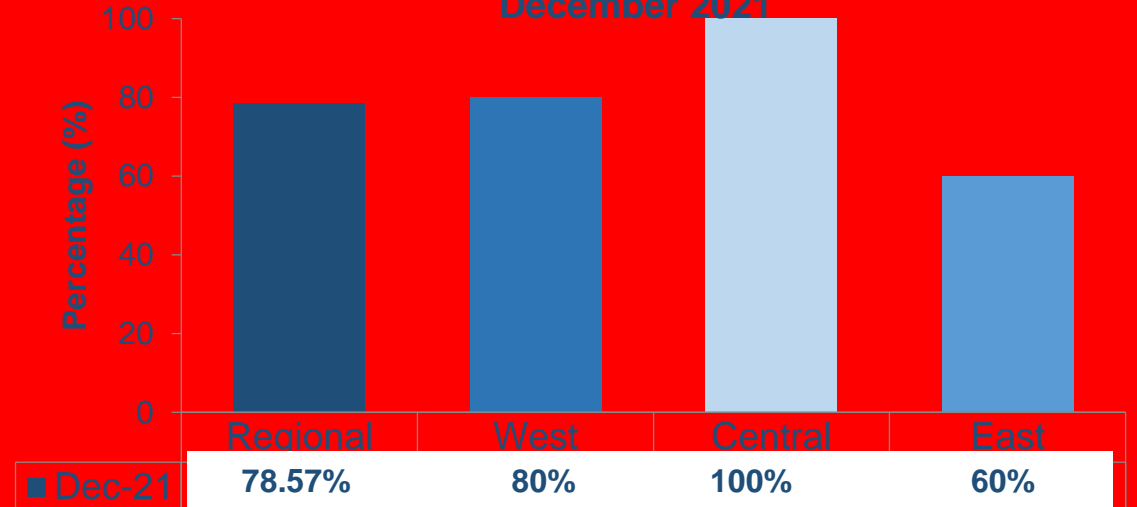


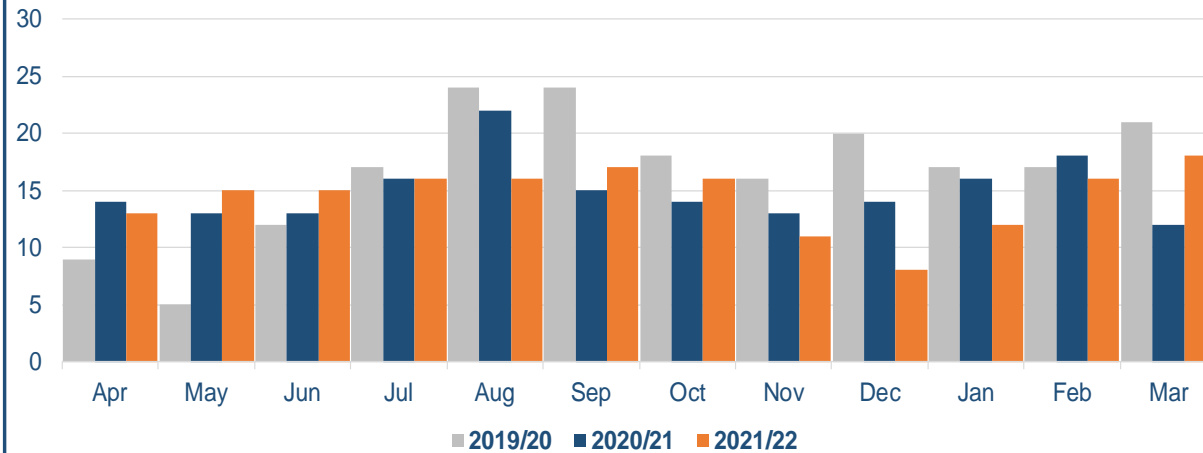
Figure 1. Adult Psychotherapy Target Compliance  
 December 2021



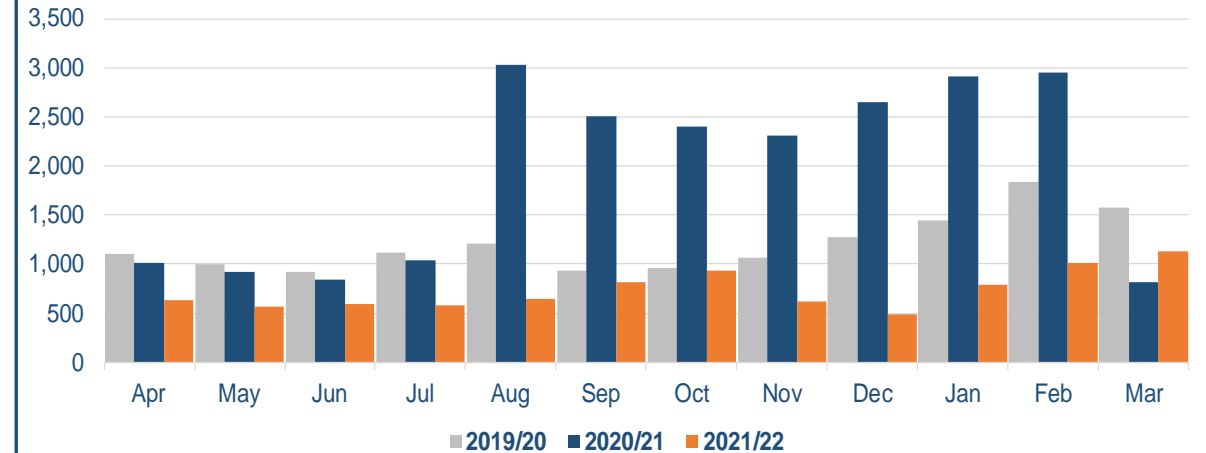
Assessments and Interventions data is reported 1 month in arrears

# 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  
 March 2022

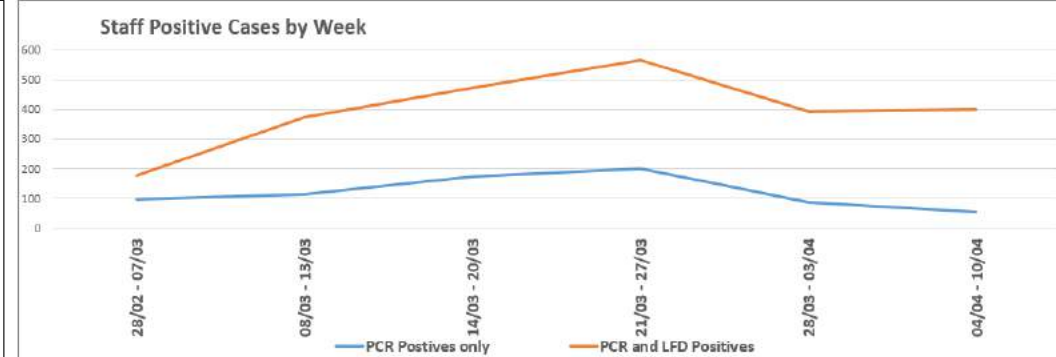
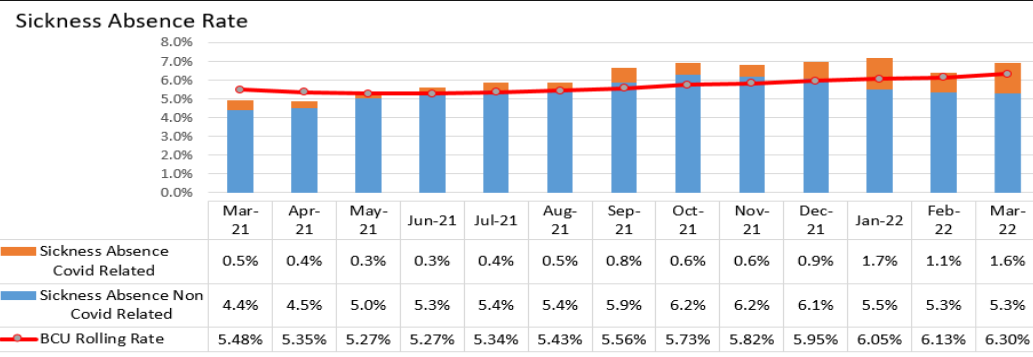


Number of Delayed Bed Days (BCU Mental Health)  
 2021/22 comparison to 2020/21 and 2019/20  
 March 2022

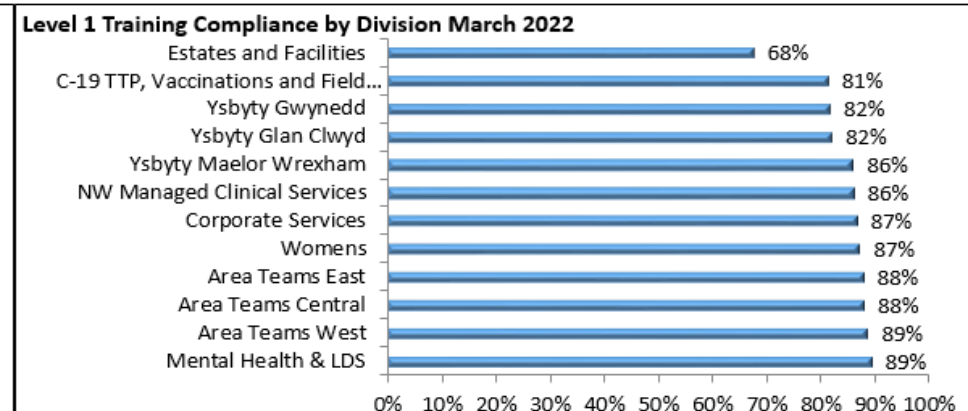
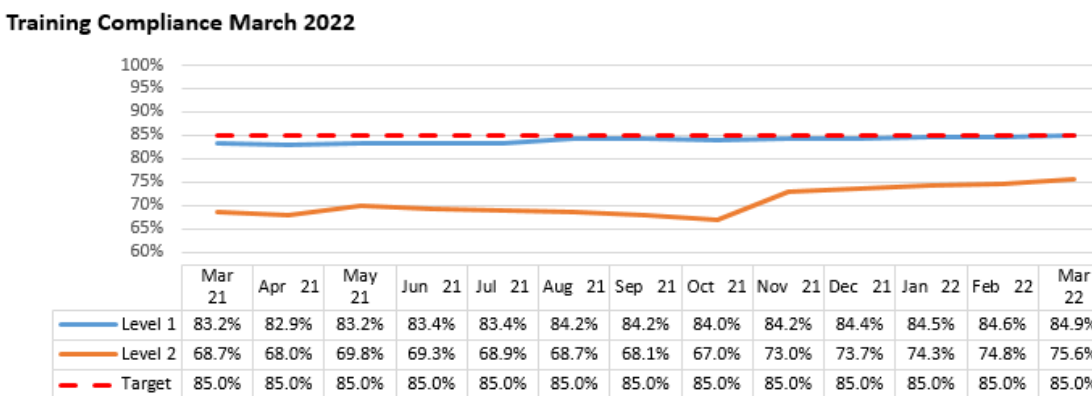


# Quadruple Aim 3: Workforce

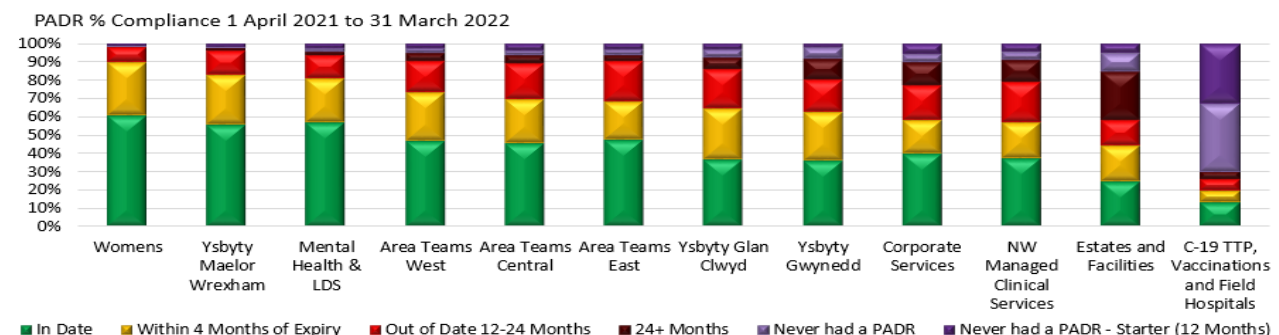
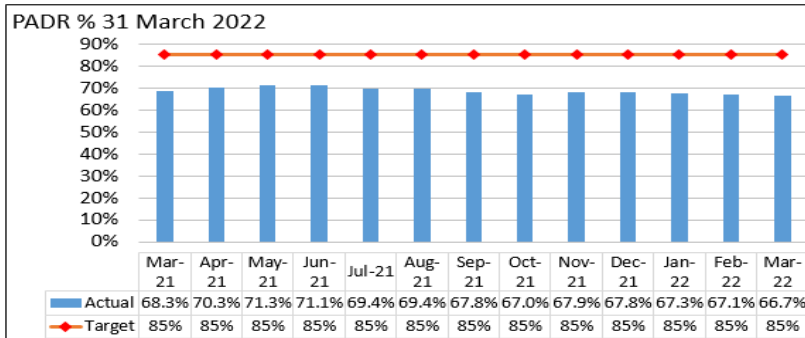
## Sickness Absence Rates



## Core Mandatory Training Rate

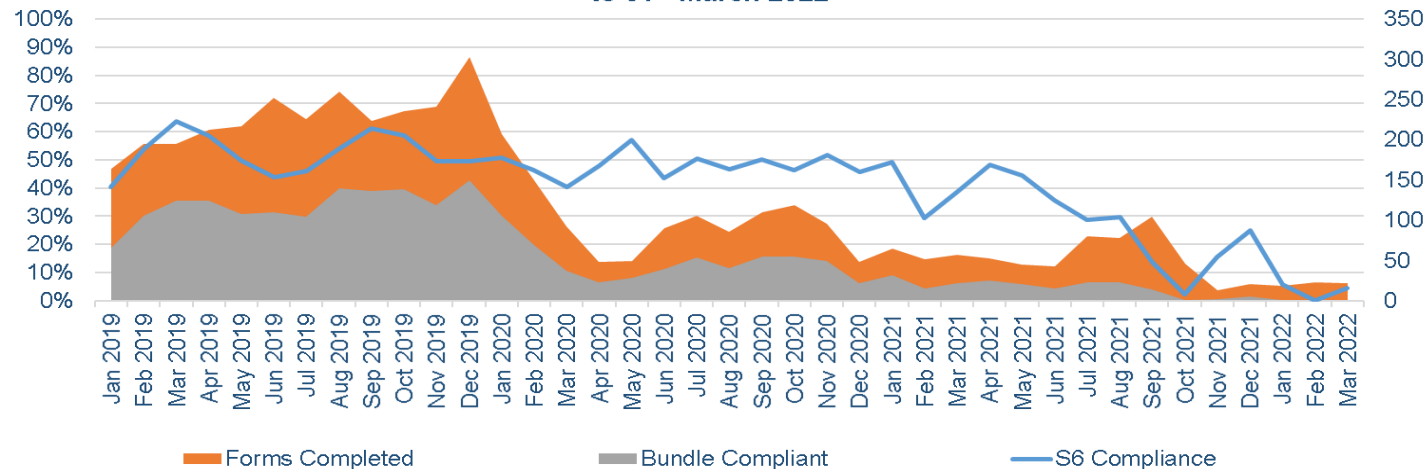


## PADR



# Quadruple Aim 4: Timely Interventions - Sepsis

**Emergency Departments - 1 Hour Compliance Sepsis Six Bundles to 31<sup>st</sup> March 2022**



## Important Note:

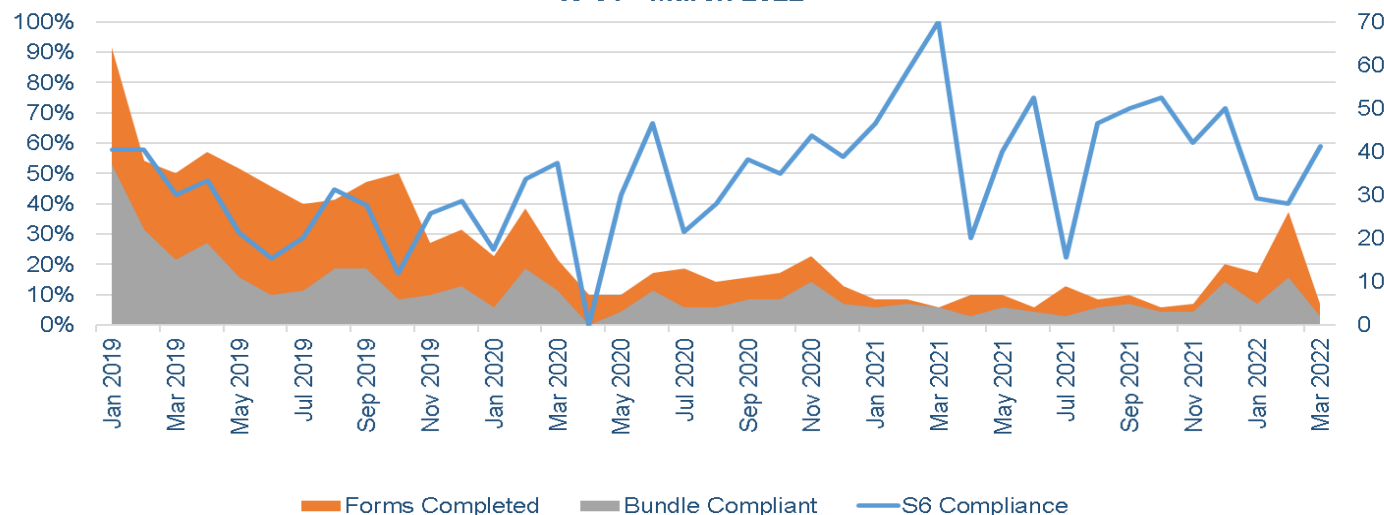
The blue line in these two graphs represent the % compliance with Sepsis Six Bundle provision within 1 Hour of suspicion of a sepsis infection.

The orange 'area' represents the total number of Sepsis Six Forms that were completed.

The Grey 'area' represents the total number of forms completed where they were compliant with the Sepsis Six Bundle measure.

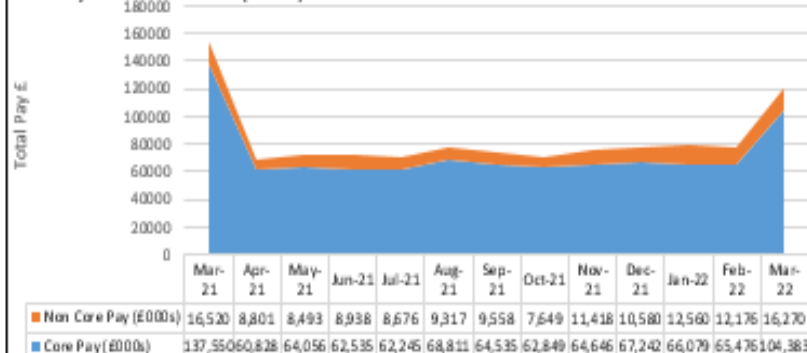
The graphs show a significant reduction in the numbers of forms being completed in both Emergency Department and Inpatient settings across all 3 sites. This reduction in recording of data occurred at the same time as the beginning of the COVID-19 Pandemic and has not yet recovered.

**Inpatients - 1 Hour Compliance Sepsis Six Bundles to 31<sup>st</sup> March 2022**

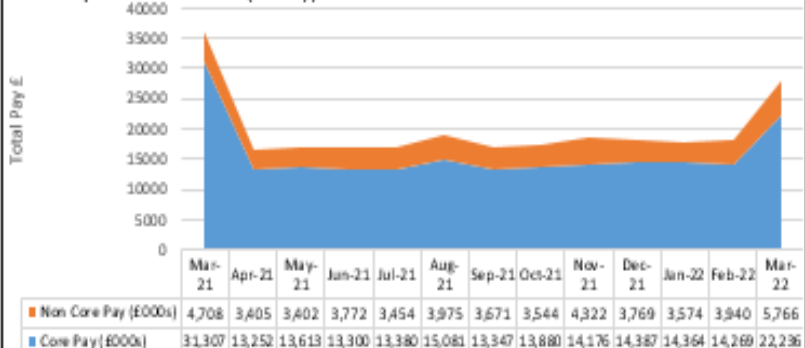


# Quadruple Aim 4: Agency & Locum Spend

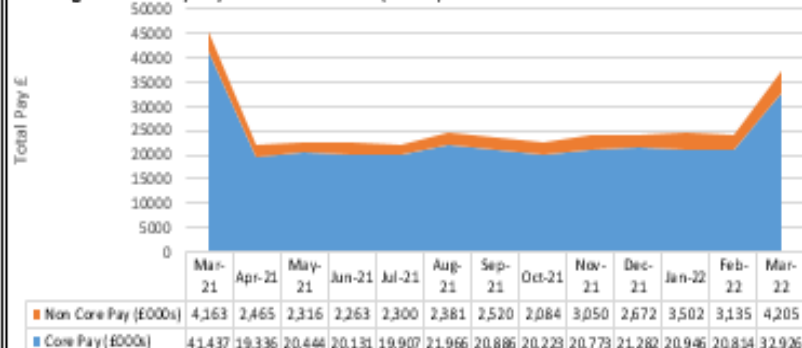
**BCU Pay Core vs Non Core (£000s)**



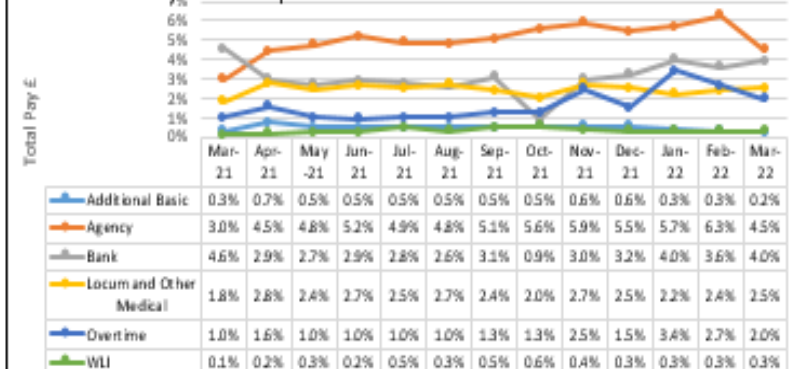
**M&D Pay Core vs Non Core (£000s)**



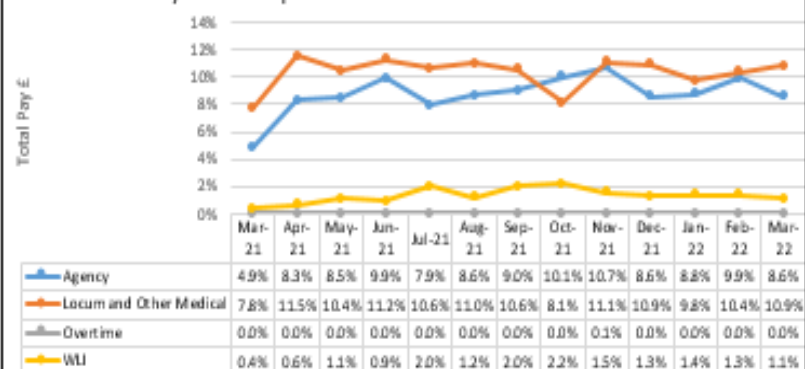
**Nursing & Midwifery Pay Core vs Non Core (£000s)**



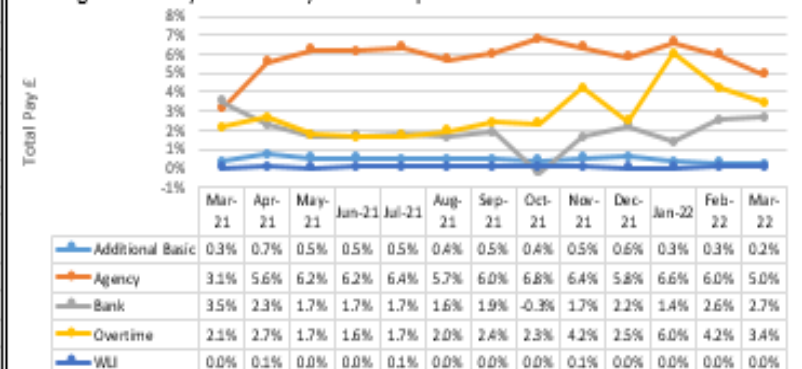
**BCU Non Core Pay % of Total Spend**



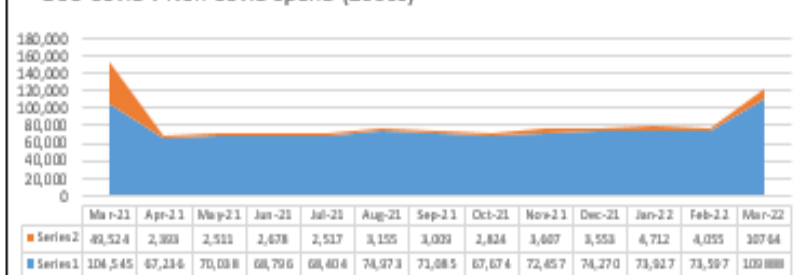
**M&D Non Core Pay % of Total Spend**



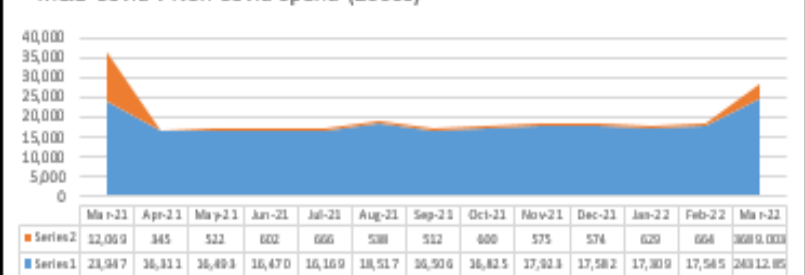
**Nursing & Midwifery Non Core Pay % of Total Spend**



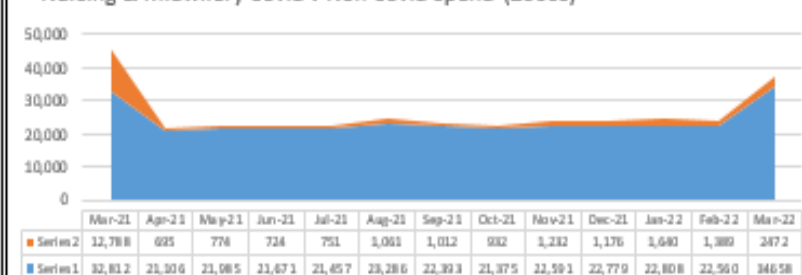
**BCU Covid v Non Covid Spend (£000s)**



**M&D Covid v Non Covid Spend (£000s)**



**Nursing & Midwifery Covid v Non Covid Spend (£000s)**





# Quality & Performance Report

## Betsi Cadwaladr University Health Board

Further information is available from the office of the Director of Performance which includes:

- tolerances for red, amber and green

Further information on our performance can be found online at:

- Our website [www.bcu.wales.nhs.uk](http://www.bcu.wales.nhs.uk)
- Stats Wales <https://statswales.gov.wales/Catalogue/Health-and-Social-Care>

We also post regular updates on what we are doing to improve healthcare services for patients on social media:



follow @bcuwb

<http://www.facebook.com/bcuhealthboard>





<b>Cyfarfod a dyddiad:</b> <b>Meeting and date:</b>	<b>26 May 2022</b> <b>Health Board</b>						
<b>Cyhoeddus neu Breifat:</b> <b>Public or Private:</b>	Public						
<b>Teitl yr Adroddiad</b> <b>Report Title:</b>	Operational Plan Monitoring Report 2021-22 Position as at 31 March 2022						
<b>Cyfarwyddwr Cyfrifol:</b> <b>Responsible Director:</b>	Sue Hill Executive Director of Finance						
<b>Awdur yr Adroddiad</b> <b>Report Author:</b>	Ed Williams Deputy Director of Performance						
<b>Craffu blaenorol:</b> <b>Prior Scrutiny:</b>	The data and information in this report was reviewed by the Performance, Finance & Information Governance Committee on 28 April 2022. Changes made to the report since publication of the Quarter 3 position are shown in the version control page of the Report.						
<b>Atodiadau</b> <b>Appendices:</b>	Appendix 1 – Annual Plan programme action plan.						
<b>Argymhelliad / Recommendation:</b>							
The Health Board is asked to scrutinise the report.							
<b>Ticiwch fel bo'n briodol / Please tick as appropriate</b>							
<b>Ar gyfer</b> <b>penderfyniad /cymeradwyaeth</b> <b>For Decision/</b> <b>Approval</b>		<b>Ar gyfer</b> <b>Trafodaeth</b> <b>For</b> <b>Discussion</b>		<b>Ar gyfer</b> <b>sicrwydd</b> <b>For</b> <b>Assurance</b>	x	<b>Er</b> <b>gwybodaeth</b> <b>For</b> <b>Information</b>	x
<b>Y/N i ddangos a yw dyletswydd Cydraddoldeb/ SED yn berthnasol</b> <b>Y/N to indicate whether the Equality/SED duty is applicable</b>						<b>N</b>	
<b>Sefyllfa / Situation:</b>							
<p>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 31<sup>st</sup> March 2022.</p> <p>It should be noted that due to operational pressures, there are several actions where an update has not been provided in time for the submission of this report to this Health Board and an updated report will be made available as soon as possible.</p> <p>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 2022-23 Quarter 1 position in July 2022.</p>							
<b>Cefndir / Background:</b>							
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. Red ratings apply to actions where delivery was not achieved, a short narrative is provided for each red rated action and where actions have changed from a red to purple rating between Q3 and Q4.							

RAG	Description
Purple	Actions have been completed by the 31 <sup>st</sup> March 2022
Red	Actions have not been completed by the 31 <sup>st</sup> March 2022

<b>Asesu a Dadansoddi / Assessment &amp; Analysis</b> <b>Goblygiadau Strategol / Strategy Implications</b> 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’.
<b>Opsiynau a ystyriwyd / Options considered</b> Not applicable
<b>Goblygiadau Ariannol / Financial Implications</b> 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.
<b>Dadansoddiad Risk / Risk Analysis</b>  The RAG-rating reflects the risk to delivery of key actions.
<b>Cyfreithiol a Chydymffurfiaeth / Legal and Compliance</b> This version of the report will be available to the public once published for the Health Board.
<b>Asesiad Effaith / Impact Assessment</b> 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.



GIG  
CYMRU  
NHS  
WALES

Bwrdd Iechyd Prifysgol  
Betsi Cadwaladr  
University Health Board

# 2021-22 Operational Plan Monitoring Report Quarter 4 Position

**Position as at 31<sup>st</sup> March 2022**  
**Presented at Health Board on 26th May 2022**

## 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 Purple or Red rated assessment of progress in delivering the actions as at 31<sup>st</sup> March 2022. Supporting narrative has been included for red rated actions and where actions have changed from red to purple between Q3 and Q4.

RAG	Description
Purple	Actions <b>have been</b> completed by the 31 <sup>st</sup> March 2022
Red	Actions <b>have not been</b> completed by the 31 <sup>st</sup> March 2022

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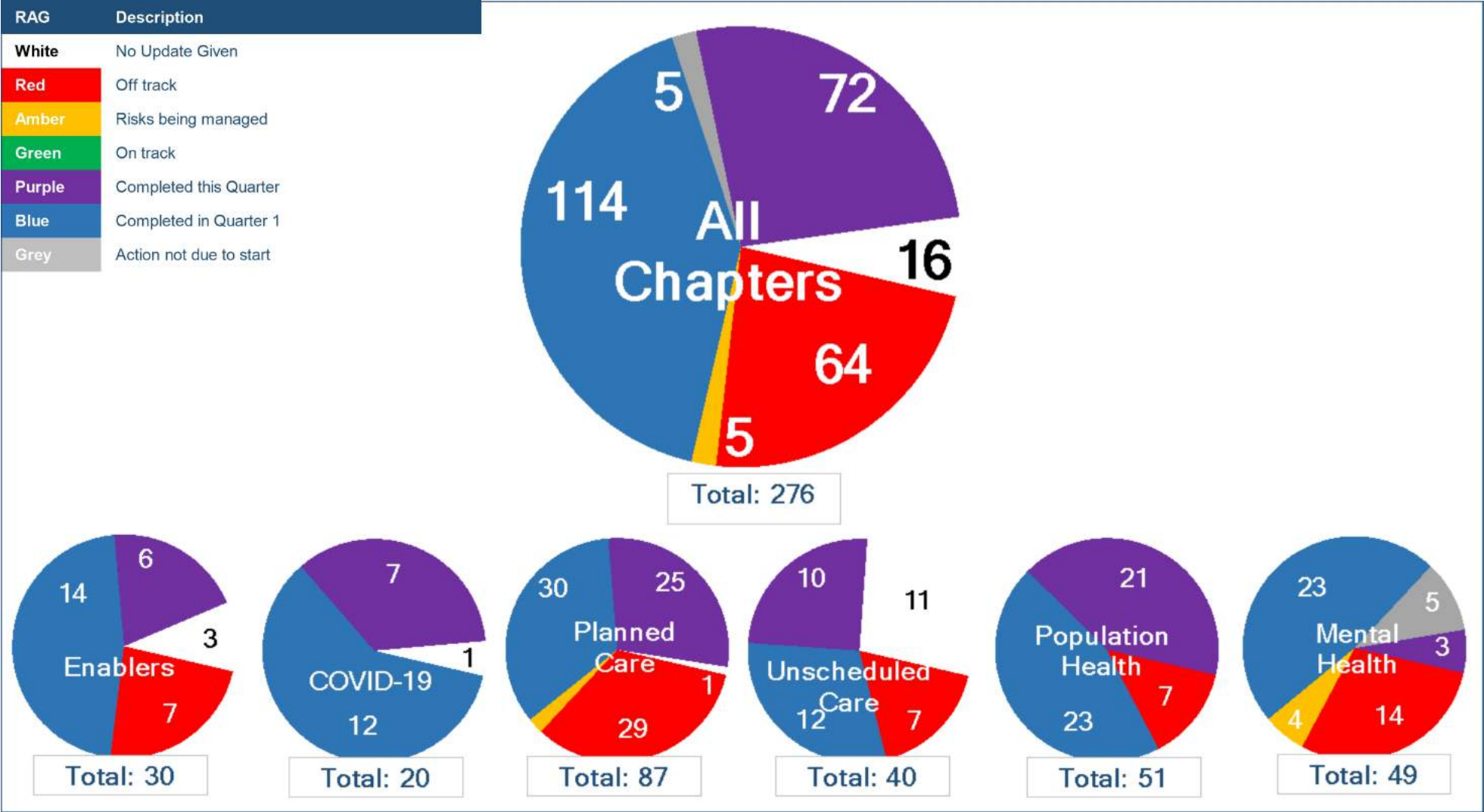
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## Version Control

- This is the first version for Quarter 4 and was presented at PFIG on 28<sup>th</sup> April 2022.
  - The report has been scrutinised and signed off by the Chief Executive Officer
  - Changes from the Quarter 3 2021/22 version of the report include:-
    - The RAG rating has been reduced to a binary choice between Purple = Completed and Red = Not Completed to reflect that this is the final monitoring report for the 2021/22 Plan.
  - Each Committee will receive a copy of the report, as follows:-
    - PFIG Committee – 28th April 2022 – For Information Only
    - QSE Committee – 3<sup>rd</sup> May 2022 – For Information Only
    - PPPH Committee – 20<sup>th</sup> May 2022 – For Information Only
  - An overarching summary of the report will be produced for Health Board for 26<sup>th</sup> May 2022
- Updates are awaited for:-
  - Page 8 - Safe Clean Care Harm Free
  - Page 41 – Discharge to Recover and Assess (D2RA)



# Summary of Quarter 4 Position



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Plan Ref	Programme	Committee	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 priorities identified for improvement: mental health, engagement, leadership, strategy and planning, planned care and performance.	PPPH, PFIG & QSE	Director of Governance	Milestone actions for delivery by 30th September are identified. These will be reviewed and refreshed on a quarterly basis.	G	G	G	P
E1.2	Pan BCU Support Programmes - Stronger Together	QSE	Executive Director of Workforce & Organisational Development	30th June -30th September Discovery phase;  31st December-31st March Design phase	A	P	N/A	N/A
E.3	Organisational and Leadership Development Strategy 2022-2025	QSE	Executive Director of Workforce & Organisational Development	31st December-31st March	N/A	N/A	G	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	QSE	Executive Director of Workforce & Organisational Development	30th June-31st March	A	P	G	P
E3.3	Implement Year 2 of the Health & Safety Improvement Plan to ensure staff and patients are proactively protected, supported and safe. This includes providing specific guidance, training and support on legislative compliance. There are specific training and improvements required with in patient falls and patient manual handling risk assessments. The programme to adequately provide manual handling training and support to staff is progressing. Investigation by the HSE into patient death is ongoing and initial outcome anticipated in April 2022. The fit test training, risk assessment advice and support staff ensuring environmental and social impacts are monitored and complied with is in place.	QSE	Executive Director of Workforce & Organisational Development	30th September	R	R	R	R



- E3.3 - Red due to improvement notices current compliance and HSE investigations. The HSE will inspected BCUHB on Violence and Aggression and Manual Handling on the 16th -18th November 2021. They served 2 improvement notices and a number of letters of contraventions. The notices are complied with however the HSE will revisit and review in patient falls and manual handling patient risk assessments on the 18th May 2022.
- E3.4 - Red due to improvement notices current compliance and HSE investigations. The HSE inspection on Violence and Aggression and Manual Handling on the 16th - 18th November 2021. Identified a number of improvements required in these specific service areas including letters of contravention and improvement notices. The HSE has said the notices are complied with however BCUHB will be recieving a letter regarding ligature risks in mental health in April 2022.
- E3.5 - A workplan has been implemented to review SEQOHS accreditation. This is likely to be completed in April. 2022. Health surveillance and immunisation are planned

Enabler - Page 2 of 4

Plan Ref	Programme	Committee	Lead Director	Target Date	Jun-21	Sep-21	Dec-21	Mar-22
E3.4	Security, V&A Improvement Plan	QSE	Executive Director of Workforce & Organisational Development	31st March	R	R	A	R
E3.5	Occupational Health action plan and Safe, Effective Quality Occupational Health services (SEQOSH) accreditation	QSE	Executive Director of Workforce & Organisational Development	31st December	A	A	G	R
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	PFIG	Executive Director of Workforce & Organisational Development	30th September - 31st December	N/A	N/A	R	N/A
E1.3	Pan BCU Support Programmes - Safe Clean Care (SCC) Harm Free	QSE	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	R	
				30th September - Approve/engage/research business case and strategy	R	R	A	
				31st December - 31st March - Implement new ways of working	R	R	A	



Enabler - Page 3 of 4

Plan Ref	Programme	Committee	Lead Director	Target Date	Jun-21	Sep-21	Dec-21	Mar-22
E.1.6	Creation of a Digital Strategy	PFIG	Executive Director of Primary & Community Care	31st May	P			
				30th September	G	P		
E1.7	Deliver Phase 3 of Welsh Patient Administration System implementation	PFIG	Executive Director of Primary & Community Care	30th June – Re-start the project.	R	P		
				30th September – System build and data migration.	R	R	R	R
				31st December – User acceptance testing and training (UAT).	A	G	R	R
				31st March – Lead to up to implementation in May 2022	A	G	A	R
E1.8	Deliver Symphony - Phase 1 2020/2021	PFIG	Executive Director of Primary & Community Care	30th June – Complete implementations in MIUs	P			
E1.9	Deliver Symphony - phase 2 2021/2022	PFIG	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	PFIG	Executive Director of Primary & Community Care	30th September – Phase 3 planning	G	R	P	
				31st December - to be determined from 30th September planning	G	A	P	
				31st March- to be determined from 30th September planning	G	G	A	P

## **E1.7 Deliver Phase 3 of Welsh Patient Administration System implementation**

The uptake of training is lower than anticipated and a risk that is being mitigated with several steps being taken to try to address this. There is also a risk around acceptable tolerances against the data migration outputs and the completion of UAT integration testing with plans in place to address the identified risks. However, the phase 3 West into Central instance remains on track for a May 2022 go live.

Staff Funding from September 2021 onwards has been provided by BCUHB with Welsh Government (WG) funding (£215k) for 2021-22 offered to BCU in January 2022. This was not accepted by BCU as funding has already been set aside to cover this financial period, however the funding request from WG for year 2022-23 (£818k) has been increased by the £215k (£1.033M) to allow acceleration of the Single Instance Plan if possible. This WG funding letter to support staffing in year 22/23 is expected early April.

## **E2.9 Strengthen cyber security**

The Cyber Security & Compliance Manager was appointed in September, and a Cyber Security Specialist post has been appointed. 2 x remaining Cyber posts are currently being progressed through the recruitment process. A revised version of the Tier 1 Risk which has been re-focussed on RansomWare and Zero-Day Threats has been submitted to April's RMG for review.

## **E2.1 Deliver Symphony - Phase 3**

The Go-live scheduled for 30th March 2022 in YGC ED went ahead. Whilst the original order for additional equipment will not be received until mid April, additional hardware devices have been sourced and installed to mitigate this. DHCW resources were made available to mitigate the data migration resource risk reported last quarter resulting in the successful completion of testing of demographic and activity data. Post Go-live resources from Estates and ICT have been secured to install the additional wall mounted devices after they have been received.

## E2.3 Development of the acute digital health record (Cito DHR) pan-BCU

Current staffing 32% in post, 3 posts pending start dates, 5 posts experiencing significant issues in recruiting, currently exploring possibility of specialist agency staff. Phase 2.0 – MVP & Early Adopters; v2.5.1.50727 upgrade has been accommodated and has passed testing. Version is ready for pan-BCU read only roll out and is sufficient for the initial needs of Early Adopters Vascular and Rheumatology West.

Phase 2.0 - Vascular; are now test pilot live with their MDT Pro-Forma. This is a form and process of 3 stages, Part A completed by individual Clinicians and submitted for discussion. Part B is completed by individual Clinician during and post a group Clinician MDT discussion. Allocations is in relation to booking patients based upon priority. This test pilot has been through multiple iterations to fine tune the eForm and accommodate new working practices. Engagement continues to progress use by all Clinicians.

Phase 2.0 - Rheumatology West; have been prioritised to receive Cito as they will lose key functionality when PIMS is disabled from 16/05/22. Bi-weekly meetings have taken place for 5 months to produce set of core eForms. Information Session is planned for all staff on 11/04/22 which will launch the commencements of their live implementation using their eForms. Usage will be closely monitored with corrective actions made ad-hoc to ensure confidence before PIMS removal.

Phase 2.0 - Medical Photography; has agreed to trial the use of an iPad together with a drawing box for the testing of a patient consent form. A successful consent form will provide the foundation for exploring other eForm functions. Also agreed to move forward with a trial for an eReferral. This will require both a referring and receiving department to both have Advanced User Cito access.

Phase 2.0 - Paediatrics; expected upgrade required will not be received from Supplier by March 2022. With experience now gained of accommodating several upgrades, we are now aware that after receipt 2 months are required for system testing. This will be planned once a new due date has been confirmed.

Phase 3 - Scanning & Upload; Contract Award has been approved and discussions with new Supplier, Store-tec in relation to creating a deliverable timetable for implementation and introducing new working practices. New Quality Assurance roles have been out to recruit and are awaiting shortlisting. These roles will be tasked with Compliance Assurance Work package and new working processes. Historical scanning is not able to proceed as resources have been removed to deliver WPAS Project, therefore those work packages are on hold.

Phase 4.0 - Third Party Interface; 2 of 3 epro Work packages have been successfully completed. epro is able to open from within Cito, in patient content without logging in. epro is uploading Clinic letters as they have been created. There are 750,000 historical epro letters to be ingested into Cito, this work has commenced and some content is showing. However, resources have been removed to deliver WPAS Project, therefore this Phase is on hold. Will be unable to progress with third epro Work Package or further 3rd Party Work Packages until such time technical resource is once again available.

Phase 5 - Read Only Roll Out Pan-BCU; Staffing's lists from WPAS/PIMS have been received and data cleansed. Bulletin communications have been planned. Suite of Training facilities have been established including manuals, training sessions, short videos with further bespoke videos underway. Access to Cito links are ready to be launched. Resources have been removed to deliver WPAS Project, therefore this Phase is on hold as although roll out is ready, there is no technical support available should an Issue arise.

Enabler - Page 4 of 4

Plan Ref	Programme	Committee	Lead Director	Target Date	Jun-21	Sep-21	Dec-21	Mar-22
E2.3	Development of the acute digital health record (Cito DHR) pan-BCU	PFIG	Executive Director of Primary & Community Care	31st December – * Minimum Viable Product (MVP) & two Early Adopters  * New scanning contract in place	G	G	G	P
				31st March – Phase Roll out programme established and underway	G	G	G	P
E2.9	Strengthen cyber security	PFIG	Executive Director of Primary & Community Care	30th June-31st March – (Funding to be confirmed)	R	A	G	R
E1.4	Pan BCU Support Programmes - Living Healthier & Staying Well (LHSW) & Clinical strategy review	PPPH	Executive Director of Primary & Community Care	30th June Review of current strategy plan developed	P			
				30th September Approval of refresh plan - Engagement plan developed	G	P		
				31st December/31st March - Engagement process initiated	A	G	P	

COVID-19 Response - Page 1 of 3

Plan Ref	Programme	Committee	Lead Director	Target Date	Jun-21	Sep-21	Dec-21	Mar-22
E1.5	Enhanced recovery from critical illness	QSE	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	P		
	31st December / 31st March Development of a programme plan, recruitment ready for implementation 2022			A	A	G		
C1	<p>Ensure adequate testing capacity is available across North Wales in line with the revised Welsh Government Testing Strategy.</p> <p>* 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)</p> <p>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.</p> <p>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)</p>	PPPH	Executive Director of Public Health	<p>Measure through capacity and Turnaround Times.</p> <p>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.</p>	G	G	G	P



COVID-19 Response - Page 2 of 3

Plan Programme Ref	Committee	Lead Director	Target Date	Jun-21	Sep-21	Dec-21	Mar-22
C1	PPPH	Executive Director of Public Health	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)	G	P		
			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.				
			30th September evaluate	A	P		
			31st December devices implemented subject to effectiveness of evaluation				
C1.1	PPPH	Executive Director of Public Health	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	G	P
C1.2	PPPH	Executive Director of Public Health	Deploy effective tracing service with partners across North Wales to minimise transmission of virus and adapt the service provision as Welsh Government policy evolves.	G	A	G	P
				A	A	G	P
C1.2	PPPH	Executive Director of Public Health	Continue North Wales liaison on protect agenda coordinating multi-agency response	A	G	G	P

COVID-19 Response - Page 3 of 3

Plan Ref	Programme	Committee	Lead Director	Target Date	Jun-21	Sep-21	Dec-21	Mar-22
C1.3	Implement and deliver the BCUHB mass vaccination programme.	PPPH	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	G	P
C1.5	COVID recovery - all Children's Services	PFIG	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 Children's Services Group.	N/A	N/A	N/A	P

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Plan Ref	Programme	Committee	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.	PFIG	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	A	R
				All Wales contract in place for accuRx 31st December	G	A	R	R
R1.1	Review the uptake, requirements and patient satisfaction in relation to alternative/new technologies supporting patient access to GMS	QSE	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	G	P
				Review access to virtual consultation training 30th September	G	G	G	P
				Review ongoing use and satisfaction with accuRx (and feed information into future contract requirements – see specific action above) 31st December	G	G	G	P
				Feed local learning into the national Strategic Programme to inform future strategies 31st March	G	G	G	P

R1: Additional funding and national management of IT platforms supporting virtual consultations and services is not being led by DHCW or WG at this present time. A local options appraisal of eConsult and accuRx has been undertaken with options for future procurement being reported to the Executive Team before the end of April 22. GP practices have been kept informed.

## Recovering access to timely planned care pathways - Page 2 of 9

Plan Ref	Programme	Committee	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))	PFIG	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	G	P
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)	PFIG	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	G	R
				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	R	R
				Link to the transformation of prioritised system wide care pathways, ensuring primary care involvement. 31st March	G	A	A	R

### **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)**

Work has commenced to better inform Primary Care Clinicians via BetsiNet, but remains work in progress, and therefore cannot be classified as complete.

Pathway workshops (via GIRFT for example) now include representation from Primary Care, but this approach is also embryonic, and not universally established.

# Recovering access to timely planned care pathways

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Plan Ref	Programme	Committee	Lead Director	Target Date	Jun-21	Sep-21	Dec-21	Mar-22
R1.6	Further development of the Primary and Community Care Academy	QSE	Executive Director Primary & Community Care	PACCA Business Case finalised 30th June	R	R	G	P
				Planning for all programmes, with the completion of the delivery plan 2021/22 (subject to funding), to include: 30th June	R	R	P	
				Training Hub established and posts advertised 30th September	N/A	R	R	R
				Level 7 Vocational Education Programme in place 30th September	N/A	R	P	
				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	R	P
				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	G	P
				End of year report 31st March (published 22/23)	N/A	G	G	P

### **R1.6: Further development of the Primary and Community Care Academy. Training Hub established and posts advertised 30th September 2021.**

Training Hub established and posts advertised 30th September – reporting Red – not completed at year end. Funding was not identified in 2021/2022. Training Hubs/Spokes will be established in 2022/2023, following the approval of the Academy Business Case, with appointment to training roles in the first instance in spoke sites.

Evaluation Lead and Research Development appointed 30th September – reporting Purple – completed. Post in ECR for approval, JD banded and waiting to advertise ahead of year end with appointment to post in Q1 2022/2023



## Recovering access to timely planned care pathways - Page 4 of 9

Plan Ref	Programme	Committee	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	PPPH	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	G	P
				Seek Board & WG approval to award preferred bidder 30th September	N/A	R	G	P
				Commission facility 31st March	N/A	G	G	P
R1.8	Implementation of the dental contract reform (as directed by Chief Dental Officer/Welsh Government)	PFIG	Executive Director Primary & Community Care	31st March	G	G	G	P
R1.9	Commission additional general dental provision	PFIG	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.	PFIG	Executive Director Primary & Community Care	31st March	G	A	A	P
R2.3	Delivery of advanced practice audiology in primary care and provision of Ear Wax Management Services (subject to business case approval / additional funding)	PFIG	Executive Director of Primary & Community Care	31st March	A	G	G	P
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)	PFIG	Executive Director Nursing & Midwifery	30th June-Develop and agree a plan	G	R	R	R
				31st March- delivery of cohort 1 with exception of orthopaedics	G	R	R	R

### **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)**

Planned Care Recovery Plans have now been submitted as part of the Integrated Medium Term Plan (IMTP).

Recovery during 2021/22 was disrupted by the Omicron surge and the pause of non-urgent activity to support the vaccination programme from December. Until that time, most specialities (except Orthopaedics) were on target to clear Cohort one. The loss of 8 weeks (or more) routine capacity changed that situation. The Cohort approach has been abandoned for the new financial year.

# Recovering access to timely planned care pathways

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Plan Ref	Programme	Committee	Lead Director	Target Date	Jun-21	Sep-21	Dec-21	Mar-22
R2.8	Build additional capacity to deliver COVID-19 safe services, improve patient experience and waiting times.	PFIG	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 Continually review capacity of external providers to deliver more activity, to support more efficient services 30th September Introduce super green pathways to protect elective capacity 30th September	A	A	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	PFIG	Executive Director Nursing & Midwifery	31st December	A	A	A	R
R3.2	Insourcing to support provision of service for cohort 1&2 Outsourcing specification for Orthopaedics	PFIG	Executive Director Nursing & Midwifery	30th June	R	R	R	P
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.	PFIG	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	A	R
R3.5	To explore external capacity to support access to treatment	PFIG	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	A	R
R3.6	Development of sustainable endoscopy services across North Wales	PFIG	Executive Director Nursing & Midwifery	31st March	A	A	A	R
R3.7	Deliver suspected cancer pathway	PFIG	Executive Director Nursing & Midwifery	30th June 69% 30th September 69% 30th December 71% 31st March 75%	A	R	R	R

### **R2.8: Build additional capacity to deliver COVID-19 safe services, improve patient experience and waiting times.**

Omicron prevented weekend working, as many medical staff were involved in the vaccination programme.

The market was continually reviewed to assess Outsourcing options, and contracts were agreed for Orthopaedics and Ophthalmology.

It was not possible to identify super-green pathway options – USC pressures were too great.

### **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.**

Some work was undertaken on non-surgical treatment options, but comprehensively adopted/rolled out

### **R3.2: Insourcing to support provision of service for cohort 1&2 and Outsourcing specification for Orthopaedics**

Orthopaedic patients were out-sourced to both the Independent Sector and NHS providers.

### **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.**

The Outpatient Transformation Plan has been developed, but not fully implemented as the Head of Ambulatory Care only commenced in post in December 2021, and support staff have yet to be appointed or have not commenced in post.

### **R3.5: To explore external capacity to support access to treatment**

Outsourcing in place, but Insourcing model for surgical specialities authorised March 2022 for implementation in 2022/23.

### **R3.6: Development of sustainable endoscopy services across North Wales**

Endoscopy Insourcing contract in place and extended, but the case for a modular expansion not yet complete.

### **R3.7: Deliver suspected cancer pathway**

Cancer performance was the best in Wales, but did not achieve the 75% target. The end of year figure is likely be 67%.

# Recovering access to timely planned care pathways

## Recovering access to timely planned care pathways - Page 6 of 9

Plan Ref	Programme	Committee	Lead Director	Target Date	Jun-21	Sep-21	Dec-21	Mar-22
R3.7	Deliver suspected cancer pathway	PFIG	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. Recruitment complete and clinics in place March 2022		A	G	P
				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 approved. Service established on all 3 sites.		A	P	
				3. Development of one stop neck lump clinics – project team established and pathway agreed; business case approved and implementation planned for June 2022		A	G	R
				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 approved and first 2 sites opened clinics in March 2022; Bangor to follow		A	G	R
				5. Increase in Clinical Nurse Specialist and support roles to support patients with their diagnosis and provide direct clinical care as appropriate – business case approved and recruitment ongoing		A	G	R
				6. Patient navigators to track pathways and escalate delays – funded in 2021/22 with a business case for ongoing funding submitted and approved. Postholders in post.		G	P	
				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 – posts funded and recruitment underway.		A	G	R

# Recovering access to timely planned care pathways

## Recovering access to timely planned care pathways - Page 7 of 9

Plan Ref	Programme	Committee	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	R	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	R	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	A	R
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	A	R
				Development of self-management information 30th September	G	R	R	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	R	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	R	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	R	R
				Development of education programmes to upskill generalist therapy staff is required thus supporting increased numbers of patients and carers. 30th September	G	R	R	R

## **R4: Implementation of short term insourcing solutions for computerized tomography, magnetic resonance imaging and ultrasound to significantly reduce the backlog of routine referrals**

Insourcing contracts in place for 21-22 and also for 22-23. Large reduction in CT breaches achieved. Gains in MRI achieved reduced in Q4 due to equipment unreliability and availability of staffing resources, overall picture remains fewer breaches than at start of year. Similar picture in ultrasound with staffing resources the main issue preventing further waiting list reduction. 21-22 activity saw a sharp increase which has also masked progress with breach reduction. Risks to progress in 22-23 due to extensive equipment replacement programme. Will almost certainly need to secure additional MRI scanning capacity to maintain progress.

### **R4.1 : Implementation of insourcing solutions for neurophysiology to significantly reduce the backlog of routine referrals**

Locum physiologist from Q3 achieved sharp reduction in NCS breaches at year end (6). Static picture for EMG consultant tests due to 1 WTE vacancy and inability to undertake insourcing (linked to COVID-19 restrictions and availability of space in East in particular). East accommodation coming on line from 22-23 Q2, together with new part time consultant post. Still need to recruit 1 WTE physiologist, but now have space to implement insourcing contract. Expect to be able to eliminate breaches in 22-23.

### **R4.2: Development and commencement of implementation of long term plans for sustainable diagnostic services (radiology and neurophysiology)**

Good progress made in respect of long term plans e.g. consultant recruitment in radiology and neurophysiology. East accommodation for neurophysiology secured for 22-23, along with new equipment to support new consultant in post. Further work required in next 12-24 months to eliminate all breaches.

### **Suspected Cancer Pathway**

- 3 of the 7 schemes completed and services fully established
- Remaining 4 schemes progressing well but not yet fully established
  - Neck lump clinics were delayed due to delay to business case approval by Execs; currently aiming to commence in June
  - Rapid diagnosis clinics opened in Wrexham and Glan Clwyd in March; Bangor to follow in April
  - Recruitment ongoing to CNS and patient pathway posts with view to establishment in Q1 2022/23

### **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)**

A decision on the business case will be made within the next two weeks (before the end of April 2022)



# Recovering access to timely planned care pathways

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Plan Ref	Programme	Committee	Lead Director	Target Date	Jun-21	Sep-21	Dec-21	Mar-22
R4.6	Eye Care Services: transform eye care pathway: Enable work to progress on strategic service developments eye care	PFIG	Executive Director Nursing & Midwifery	Initiated with pump priming 2020. Continuation secured through BC approved June 2021. Optometric Contractual Reform predicted to negate future re-tender requirements.	G	R	G	P
R4.7	Enable work to progress on strategic service developments urology	PFIG	Executive Director Nursing & Midwifery	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	G	R
R4.8	Delivery of the Primary ODTG Glaucoma Integrated pathway	PFIG	Executive Director Nursing & Midwifery	31st March	A	A	G	P
R4.9	Delivery of the Diabetic Primary ODTG Integrated pathways	PFIG	Executive Director Nursing & Midwifery	31st March	R	A	G	P
R4.10	Delivery of the Age-related macular degeneration/IVT pathways	PFIG	Executive Director Nursing & Midwifery	31st March	R	A	A	R
R10.2	Ensure Safe and Effective Care	QSE	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	G	P
				2. Implement the National MiS solution for Wales (HIW, November 2020). Action 2: WG Initiative	R	A	A	A
				3. Implement the new outcomes measures and KPIs for the revised WG 5-Year Strategy. Action 3: informed by WG timetable	A	A	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			



### R4.10 Delivery of the Age-related macular degeneration/IVT pathways

Pathway actions/targets predominantly achieved:-

- a. Training additional IVT Injectors pan BCU for increased sustainability from prudent non-medic workforce. Courses completed for East/West/Centre Trainees. Train & Treat practical sessions commenced by March 31st and on track for full benefits once practical 12 week training completed.
- b. Recruitment of additional Consultant/Nursing/HCSW and admin IVT workforce. Non-medic recruitment achieved. Medical recruitment partial achievement/re-advertising outstanding sessions in active progression

### R10.2 Ensuring safe and effective care

1. 88% of all actions completed, work still in progress includes Water Birth Options, Breastfeeding Information Leaflet, roll out of PRAMS, National Maternity Information System and BCUHB Policy on Incident Management.
2. Awaiting development of national programme, Digital Maternity Cymru have requested information from each health board to start to look at hardware and license requirement. Engagement with Health Boards to take place in Q2 2022/23,
3. Awaiting Welsh Government release of National KPI's – this remains on the Women's Strategy for 2022/23 Priority 1.

# Recovering access to timely planned care pathways

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Plan Ref	Programme	Committee	Lead Director	Target Date	Jun-21	Sep-21	Dec-21	Mar-22
R10.2	Ensure Safe and Effective Care	QSE	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	G	P
				10. Mortality and Morbidity multi-professional reviewed carried out to conform to MBRRACE 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	G	P
				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 caesarean (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	QSE	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	G	P
				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		

## Improved unscheduled care pathways - Page 1 of 6

Plan Ref	Programme	Committee	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.	PFIG	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	G	R
				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	G	P
I1.1	Implementation of Single Care Home Action Plan	PFIG	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	P	
				31st March Full implementation	G	G	G	P

### I1.1 Implementation of Single Care Home Action Plan

The Quality Assurance Framework has been developed in line with the agreed timescales despite challenges in engaging with partners during the pandemic. A summary of the QAF has been developed and signed off by the 6 LA and has been presented to the HB Senior Nurses and the Regional Commissioning Board. Providers have been involved in each of the workstreams. The QAF is a dynamic document but the sign up to the agreed principles will support the development of the priorities for years 2 and 3. Excellent feedback has been received from the LAs and providers with regards to the Quality Tools developed for areas such as IPC, End of Life, Nutrition and hydration

Implementation of UPCC(s) in West Area (subject to approval/funding) 31st December  
Not fully operational at the moment as we are going through the recruitment process.

## Improved unscheduled care pathways - Page 2 of 6

Plan Ref	Programme	Committee	Lead Director	Target Date	Jun-21	Sep-21	Dec-21	Mar-22
I1.2	Transformation of Community Services - Home First Bureau	PFIG	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	G	P
				30th September – Home First Business Case approved and all posts recruited to.	G	R	R	R
				30th June – Training and education across system.	G	R	R	R
				30th September – Gap analysis and recruitment	G	R	R	R
				31st March – Ongoing monitoring	A	A	A	R

**11.2: 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 health board 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 both temporary redeployed or bank staffing and at risk permanent recruitment 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. D2RA ward resources developed and cascaded (to acute and community hospitals). Pan-BCUHB electronic Transfer of care (TOC) referral form has been developed. Pan-BCUHB patient flow and discharge new intranet site going live early in Q4 with D2RA resources. Recruitment adverts are live and are currently going through the system.

Data dashboards have been developed to support the service.

Improved unscheduled care pathways - Page 3 of 6

Plan Ref	Programme	Committee	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 vision of Welsh Government for sustainable and integrated Community Health & Social Care.	PFIG	Executive Director Primary & Community Care	COTE linked to CRTs and MDTs at pre crisis point (West only). Ongoing	A	G	G	P
				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	G	P
				YG & YGC Frailty units established and staff recruited Centre –30th June – design 30th September – Recruit 31st December – Implement 31st March – monitor	A	A	A	R
				YGC frailty unit operational 09/02/2022. Review outcomes 31/03/2022 and write business case for future provision April-June 2022	A	A	A	R
				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	G	P
				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	R	R

### **11.3: Transformation of Community Services -Development of Frailty Pathways to deliver on the vision of Welsh Government for sustainable and integrated Community Health & Social Care.**

Ysbyty Gwynedd (YG) Frailty unit established and some staff recruited. Rated red on the basis that although some funding has been provided, the frailty model has not been fully developed. A Frailty Business case is currently in development and once approved this will secure further additional funding to establish a permanent and embedded frailty model (unit in YG) as a priority – including COTE and other MDT staff. The COTE funding will also support the community frailty model linked to CRTs. As a health economy this is one of our top priorities moving forward. Joint working continues between Area and Acute teams, and local authority to support the ongoing development of the frailty unit mode in the West.

Ysbyty Glan Clwyd (YGC) Frailty unit became operational on 09/02/2022 with medical and therapy input. Nurse input initially has been bank/agency but there is a plan to recruit to 2 x band 6 posts to provide more secure staffing for the unit for 6 months. KPI's are being collated in terms of length of stay and impact, including patient stories. Approval has been given by the central area team to run the frailty unit for 6 months using some existing funds within area whilst working up the business case to secure on going substantive funding for the service. The business case will detail all staffing disciplines required going forward.

Ongoing review of referral criteria with therapies and social care. Inclusion of pharmacy requirements for frailty units /services, Emergency Departments (EDs) and Same 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	Committee	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.	PFIG	Executive Director Primary & Community Care	30th June-31st March– ongoing implementation of regional and area-level programmes of work	G	G	G	P
				31st March – Sustainability planning for post programme continuation	G	G	G	P
I1.7	Increased capacity within Community Resource Teams (CRTs) to support patients to be cared for in their own homes.	PFIG	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	A	P
I1.7	Transformation of Child and Adolescent Mental Health Services (CAMHS) - Targeted Intervention Performance and Improvement Programme.	QSE	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 regional Performance Group and reported to Strategic CAMHS Improvement Group. Evidence of achievement of high level 2 on TI maturity matrix submitted for approval by HB and WG.	N/A	G	G	p

# Improved unscheduled care pathways

## Improved unscheduled care pathways - Page 5 of 6

Plan Ref	Programme	Committee	Lead Director	Target Date	Jun-21	Sep-21	Dec-21	Mar-22
12.1	Emergency Department access and patient flow (Welsh Access Model / Emergency Department Quality and Delivery Framework / Frailty and Acute Medical Model)	PFIG	Executive Director Nursing & Midwifery	31st March implementation				
				Welsh Access Model (WAM) – 31st March	G	G	G	R
				KPIs – Complete, although will be periodically published throughout 2021/22 – 30th June, 30th September, 31st December, 31st March				
				NESIs				
12.2	Full year effect of 2020/21 Winter Plan and development of Winter Plan 2021/22	PFIG	Executive Director Nursing & Midwifery	PE – Ongoing through to 31st March	G	G	G	P
				SE – Ongoing through to 31st March				
				PIPs: All to be in place by 31st March	G	G	G	P
12.2	Full year effect of 2020/21 Winter Plan and development of Winter Plan 2021/22	PFIG	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	A	P
				Review of 2021-22 winter schemes including impact and spend to effectively inform winter plan 2021-22 30th September	A	P		
12.3	Same Day Emergency Care (SDEC)	PFIG	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	A	P
12.4	Developing the unscheduled care hub, 111 service	PFIG	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			

### **I1.2: Emergency Department access and patient flow**

#### **(Welsh Access Model / Emergency Department Quality and Delivery Framework / Frailty and Acute Medical Model)**

Work is ongoing to fully embed the WAM (including implementation of Consultant Connect, direct access referrals, Internal Professional Standards) and will be picked up within Phase 2 of the USC Improvement Programme.

The NESIs that were identified and agreed for implementation on each site for last FY have been completed. Remaining NESI's are to be agreed going forward via the national team and the sites, part of forward planning hence why not all have been completed. Project support is also required following the cessation of funding for the Project Manager posts at end March 22.

The PIPs that were identified and agreed for implementation on each site for last FY have been completed however, sites are now to confirm the leads for PIP's going forwards and which PIPS each site will take forwards in 2022/23. As above Project support is required following cessation of funding for the Project Manager posts at end March 22.

### **I2.3: Same Day Emergency Care (SDEC)**

As previously reported, the 30th Sept target date was inaccurate. Whilst reporting as completed for Q4, this project is a priority for the next phase of the USC programme. Phase 1 of the USC programme saw the further establishment and development of SDEC models on each site, including a new surgical SDEC in Wrexham is completed. Phase 2 of the programme will continue to expand the SDEC units / service as these are not yet fully resourced. Recruitment is in progress and will be a priority for Phase 2. Work is also ongoing to standardise the SDEC models across the Health Board, and this is a priority for Phase 2 of the USC programme and will be progressed in line with the WG 6 goals for U&EC planning and guidance for 2022-23.

## Improved unscheduled care pathways - Page 6 of 6

Plan Ref	Programme	Committee	Lead Director	Target Date	Jun-21	Sep-21	Dec-21	Mar-22
12.6	Implement Discharge to Recover & Assess (D2RA) pathways through further development of Home First Bureaus in each area	PFIG	Executive Director Nursing & Midwifery	31st December	A	G	A	
12.7	Stroke Services: Enable work to progress on strategic service development - confirm and agree the stroke service model	PFIG	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	R	A	R
				Strengthening of acute services across 3 DGH sites; including improved OOH pathway for diagnosis; treatment and recovery Acute services – 30th September	G	R	R	R
				Development of Early supported discharge (ESD) across the 3 areas ESD – 30th September 20% / 31st December 70% / 31st March 100%	G	A	G	R
				Specialist community inpatient rehabilitation beds across the 3 areas Specialist Community inpatient beds – 30th September	G	R	G	R
				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	G	R

### **12.7 Stroke Services: Enable work to progress on strategic service development - confirm and agree the stroke service model**

Prevention pilot planned – Panton GP surgery from May 2022. Grasp-AF tool implemented. Modelling in progress.

Recruitment of specialist nurses and Sentinel Stroke National Audit Programme (SSNAP) data co-ordinators in progress at year end – likely to be Q1 of 2022/23 now

ESD Teams recruited and working with Consultant Therapists from DGH sites in east and Central. Plan to work through the Pathway with staff at a conference on 19th. May. Pathway documented and operational framework in draft. Operational framework to be piloted in West from May 2022.

Specialist inpatient rehabilitation unit operational in West, some construction to complete by end of April. East and Central designs in progress. Locations ratified by Executive Team and to be reviewed with regional Community Health Council service planning committee (scheduled 9th. May 2022). Pending direction.

The consultant Therapists are mobilising the teams in each Health Community so that the Rehab. Teams are starting to work alongside the ESD staff. Central and East are located at DGHs until the rehab units are constructed.

## Strengthen our population health focus - Page 1 of 6

Plan Ref	Programme	Committee	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.	QSE	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	G	P

## Strengthen our population health focus - Page 2 of 6

Plan Ref	Programme	Committee	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.	QSE	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	R	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	P	
S1.1	Implement integrated smoking cessation service	QSE	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	P	
				Provision of support for advisors and bank staff working out of hours is in place 31st March		G	P	
				Single service plan is developed with: - simplified referral system - Improved management and supervision processes implemented 31st December		A	R	R
				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		A	R	R
				Identify primary care partners for targeted community engagement sessions 22/27 31st March		A	R	R

**S1 – The Smoke Free Policy** is currently undergoing approval and hospital directors are aware of the requirement to implement smoking regulations. Once approved, we will be progressing communication across all sites and to all stakeholders in relation to enforcement of the smoke free policy.

Initial meetings have taken place with Local Authorities to discuss delegated responsibilities. There are capacity issues for consistent implementation across Local Authorities which are being addressed. Welsh Government are also expected to support Local Authorities during the first quarter of 22/23.

**S1.1 - Single Service plan** – Whilst most of the plan is already in place, COVID had caused some delays in the original schedule of meetings due to service pressures. A consultant lead within secondary care will be identified to further advance the work of the single service and meetings are scheduled in April for Maternity Services to agree actions for this particular element. The plan will be completed during May 2022.

**S1.1 Ottawa model** – The Ottawa model has been identified as a key priority in the tobacco control action plan for 22-24. We have already made significant progress towards establishing this model during 21/22, however discussions with Welsh Government have been delayed. The meeting for discussing implementation and national requirements is due to take place in April 2022. Our plans for 22/23 delivery have been submitted and approved by Welsh Government for funding - which will allow us to continue to establish and embed the Ottawa model as an evidence based means for supporting smoking cessation.

Whilst our Secondary Care Help me Quit Service has continued to deliver to the local plan, there have been delays with regards to progressing the community engagement events with GPs and Primary Care partners due to the significant pressures experienced recently. We are progressing this work as a priority and intend to complete this during Q2 2022.



## Strengthen our population health focus - Page 3 of 6

Plan Ref	Programme	Committee	Lead Director	Target Date	Jun-21	Sep-21	Dec-21	Mar-22
S1.2	Reducing food poverty initiatives are established	PPPH	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	G	P
				Develop Food Distribution plan 30th June		P		
				Post-COVID-19 revised strategy to be produced in Plas Madoc 30th September		A	A	P
				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	G	P
S1.3	Homelessness initiatives are implemented	PPPH	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	G	P
				Extended scope for Bangor and links to the food poverty/ training café. 31st December		G	P	P
				Post-COVID-19 Rhyl development and Health Board contribution. refreshed with partners 31st March		G	G	P

## Strengthen our population health focus - Page 4 of 6

Plan Ref	Programme	Committee	Lead Director	Target Date	Jun-21	Sep-21	Dec-21	Mar-22
S1.4	Implementation of the Infant feeding project (Wrexham)	QSE	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	G	P
				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	G	P
				Once Quality improvement project complete, evaluate programme, and report for review by Health Improvement and Reducing Inequalities Group 31st March-		G	G	P
				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	P	
S1.5	Infant feeding strategy	QSE	Executive Director of Public Health	31st December - Appoint Strategic Breastfeeding Lead (awaiting National JD)		A	R	R
				30th June Response due from National team JD forthcoming:		A	R	R
				30th June JD developed		A	R	P
				30th September Post advertised or seconded		A	R	R
S1.6	Establish Children's Tier 3 obesity service	QSE	Executive Director of Public Health	Posts appointed Referral mechanisms established 30th September		A	R	R

**S1.5 The 21/22 Infant feeding project** at Wrexham Maelor has now been evaluated. The evaluation report provides positive feedback and identifies that there has been improvement to infant feeding rates as a result of the project. The report will be used for discussion and to inform actions through the Healthy Weight Programme Group, the Population Health Group and the North Wales Strategic Infant Feeding Group. Whilst the Job Description for the Strategic Infant Feeding Lead has been drafted locally (following the delay in receipt of a national Job Description), a review of infant feeding services alongside the Healthy Weight programme has commenced which will further inform the focus of the role. This post will now form part of a business case which considers the development of the whole service as part of 22/23 planning.

**S1.6 & 1.7-** We have successfully recruited to all Tier 3 Children's obesity service posts except the psychologist post. The service is now live with referral mechanisms in place. The first Multi-Disciplinary Team will take place week beginning the 4 April. We aim to have the psychologist post appointed to by Q2 22/23.

## Strengthen our population health focus - Page 5 of 6

Plan Ref	Programme	Committee	Lead Director	Target Date	Jun-21	Sep-21	Dec-21	Mar-22
S1.7	Establish Children's Tier 3 obesity service - Implement Service Plan	PPPH	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	A	P	
S1.8	Physical Literacy North Wales programme is established	PPPH	Executive Director of Public Health	Identified partners and relevant workforce trained 31st December	G	P		
				A range of examples of physical literacy informed practice shared with partners across the region 31st December	G	P		
				Resources and tools developed 31st December	G	P		
				Online training resource developed 31st March	G	G	P	
S1.9	Elemental software is utilised by local authorities	PFIG	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	G	P	
S2	Inverse Care Law Commissioned report received	PPPH	Executive Director of Public Health	Programme manager appointed 30th September	P			
				Commissioning complete 30th September	P			
				Report from commissioning programme and recommendations received to inform scope of project 31st March	G	P		
				Plan developed 31st March	G	G	P	

## Strengthen our population health focus - Page 6 of 6

Plan Ref	Programme	Committee	Lead Director	Target Date	Jun-21	Sep-21	Dec-21	Mar-22
S2.1	Implementation of Alcohol Insights Commissioned report	QSE	Executive Director of Public Health	Findings shared with Allied Planning Board Action plan developed and implemented 31st December		G	P	
S2.2	Increase level 1 activity particularly in target groups	PPPH	Executive Director of Public Health	Early years dieticians and support workers appointed 30th June		R	R	P
				Appoint (and provide relevant training on induction for) early years dietitians and support workers (1 each per BCU area) 30th September		R	R	P
				Come and cook with your child' programme commences in primary schools 31st December		A	A	P
				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	A	P
				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	A	P
				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	G	P

## Integration and improvement of mental health services - Page 1 of 3

Plan Ref	Programme	Committee	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.	QSE	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	G	P
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.	QSE	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.	QSE	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	G	P
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.	QSE	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	G	P
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.	QSE	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	P	
M1.7	Dementia Care: Delivery of clinically led, safe and effective services will be further developed aligned with the dementia strategy.	QSE	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	R	R

**M1.7 Dementia Care:** The review of Dementia Care within BCU continues. A helpful vehicle for this process has been the Community Hospital Quality review in Summer 2021 and the subsequent action plan, which comprises numerous dementia-related actions led by the Consultant Nurses for Dementia. Most actions will be complete by end of June 2022 and are on track. Memory Assessment Services have been scoped extensively and a report is near completion that will dovetail with existing work in the Memory Assessment Service. The strategic lead for Dementia is continuing to make good progress with dementia pathways work through acute/general care from May 2022 working with the Transformation team pathways lead and linking into Older Persons Mental Health.

Consultant Nurses for Dementia have been leading work on training needs analysis processes that exist across BCU but has found these systems to be poor/insufficient. Whilst the mandatory Level 1 dementia awareness training is maintained across BCU, Levels 2 and 3 have not taken place since the start of the Covid-19 pandemic. The Consultant Nurses for Dementia have begun and will continue to develop relationships across BCU wards/departments/areas that will identify training needs and the support required to meet those needs. Regular meetings have been established across areas to meet ward managers and matrons and to provide updates and discuss issues. We are in the process of finalising the set-up of level 2/3 dementia training via an online provider. This training will be available to up to 4000 staff.

An evaluation of the Dementia Support Worker role in acute general and community hospitals has been designed and is about to start in partnership with Bangor University. This will identify issues to inform demand and capacity work and following the Community Hospital Review. The Nursing Director for West (Acute) is exploring extension of these valuable dementia support roles into evenings and weekends to enhance the service. The Consultant Nurses for Dementia are fully involved in Regional Partnership dementia work via the Dementia Steering group, which monitors the good progress being against the Dementia Action Plan/Standards. A further initiative to promote effective services has had funding secured to appoint Dementia Meeting Centre facilitators and a manager to set up 6 centres across North Wales. Tracey Williamson has been appointed to lead on dementia NICE standards across BCU and lead the Dementia Hospital Charter implementation group to be set up from April 2022. Recruitment is also about to go live for a new Memory Assessment Service regional pathways manager post.

Dementia equipment needs across BCU to support patients has been quantified and ordering is underway. Furthermore, a project to digitalise Kings Fund Dementia Environment audit tools is currently being set up to commence by April 1st 2022, which will lead to further improvements in dementia friendly environments of care delivery pan-BCU.

A dementia public information film has been funded and is to start by end of March 2022 to help improve public knowledge of dementia, reducing risk, the importance of getting checked, support etc.



Plan Ref	Programme	Committee	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.	QSE	Interim Executive Director of Mental Health & Learning Disabilities	30th June-30th September develop master scheme with supporting SOPs	R	R	P	
				31st December-31st March begin implementation	N/A	N/A	R	R
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.	QSE	Interim Executive Director of Mental Health & Learning Disabilities	30th June, agree master scheme	P			
				30th September, begin recruitment	N/A	R	R	A
				31st December, integrate in to local teams	N/A	N/A	R	R
				31st March, evaluate	N/A	N/A	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.	QSE	Interim Executive Director of Mental Health & Learning Disabilities	30th June – 30th September develop system pathway with supporting workforce plan	R	R	R	R
				31st December Develop options appraisal	N/A	N/A	R	R
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.	QSE	Interim Executive Director of Mental Health & Learning Disabilities	30th June – 30th September develop system pathway with supporting workforce plan	A	R	R	R
				31st December Develop future options appraisal	N/A	N/A	R	R
				31st March Evaluate work programme to date	N/A	N/A	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.	QSE	Interim Executive Director of Mental Health & Learning Disabilities	30th June, agree master scheme	P			
				30th September, begin recruitment	N/A	R	R	A
				31st December, integrate in to local teams	N/A	N/A	R	R
				31st March, evaluate	N/A	N/A	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.	QSE	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	R	R



**M1.8 Older Persons Mental Health:** The Occupational Therapy clinical leads are ready to go with a pathway and had advertised and shortlisted in November 2021 with paused candidates. We are currently awaiting guidance from Senior Leadership within Mental Health and Therapy Services as to approval to proceed. Revised milestones for 2022/23 have been agreed by Divisional Senior Leadership Team and Corporate Planning in line with the BCU Integrated Medium Term Plan, merging the unscheduled crisis care programme and older person's crisis care into one overarching programme.

**M1.9 Early Intervention Psychosis:** We have recruited the care co-ordinators and the induction training will commence on the 4th April 2022. Available and appropriate estates/accommodation remains the significant and outstanding issue. At the time of this report, we are not able to recruit to the remaining posts and therefore not able to become operational until these issues have been resolved. An accommodation request has been escalated to Divisional Senior Leadership Team for consideration and approval for exploring suitable accommodation outside of the division.

**M10 Forensic Services:** An internal review of capacity and resource to undertake this key priority has informed milestones for this work in 2022/23. The progression of this work is dependent on the national review of secure services. This is now due for publication in August 2022 having been delayed from its original publication date of April 2022. Guidance from the national review will have a significant impact on how our forensic services look going forward, we will consider this against our existing model and undertake a gap analysis to inform a business case 6 months post the guidance publication. The revised milestones for 2022/23 have been taken through our divisional governance process and agreed by Divisional Senior Leadership Team.

**M10.1 Learning Disabilities:** The Section 33 agreement for Pooled Budget Pilot has now been approved and governance arrangements approved by BCUHB. Pooled budget will commence from the 1st of April 2022 with a view of evaluation effectiveness at month 6. The Enhanced Community Residential Service (ECRS) right sizing project is complete, retendering of 1 Ynys Mon project in process and project group established. This programme also requires significant project management support to progress, which is not currently available, status therefore remains red.

**M10.2 Maternal and Perinatal Services:** Recruitment has been a significant barrier to the progression of this key priority for the division. We are pleased to have recently recruited to a number of posts including our third nursery nurse post, 0.5 WTE service manager post and Band 8a clinical psychology post all of whom should be in post in Qtr. 1 of 2022/23. We have a number of other posts going through the recruitment process from approval to interview stage and progression of these is scrutinised and monitored within the division. Recruitment to our service is fundamental to achieving the Royal College of Psychiatrists Perinatal Mental Health Type 1 standard.

**M10.3 Primary Care & ICAN:** The scoping of our workforce model has been completed. Regional roll out ICAN Primary Care Practitioners will commence Qtr. 1 2022/23. Recruitment remains a pressure to the achievement of this key priority.

## Integration and improvement of mental health services - Page 3 of 3

Plan Ref	Programme	Committee	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.	QSE	Interim Executive Director of Mental Health & Learning Disabilities	31st March	A	G	G	R
M10.5	Rehabilitation Services: To agree a long term model for rehab services and support whole system patient flow pathways.	QSE	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	P	
				31st March finalise plan	N/A	N/A	N/A	R
M10.7	Unscheduled Care & Crisis Response: We will further develop an all age crisis response pathway.	QSE	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.	QSE	Interim Executive Director of Mental Health & Learning Disabilities	30th June, agree master scheme	P			
				30th September, begin recruitment	N/A	R	R	A
				31st December, integrate in to local teams	N/A	N/A	R	R
				31st March, evaluate	N/A	N/A	N/A	N/A
M11	Liaison: To provide an appropriate and consistent psychiatric liaison response across North Wales.	QSE	Interim Executive Director of Mental Health & Learning Disabilities	30th June, scope requirements	R	P		
				30th September, develop and agree a plan	N/A	R	R	R
				31st December, agree proposals	N/A	N/A	R	R
				31st March, implement	N/A	N/A	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.	QSE	Interim Executive Director of Mental Health & Learning Disabilities	31st December	G	G	P	

**M10.4 Psychological Therapies:** We have undertaken work between the Interim Professional Lead/Head of Psychology Services and the Executive Director of Therapies to establish a formal constitution and governance arrangement for the Psychological Therapies Management Committee. This is the formal strategic and quality assurance group for psychological therapies/interventions within BCUHB child and adult services, mental and physical health and WOD Staff Wellbeing. Learning Disabilities Psychology Services has high levels of Clinical Psychologist vacancies meaning access to Psychological Therapies within Adult Learning Disability Services has significantly reduced. A business case is being submitted to the Divisional Senior Leadership Team in April 2022 that aims to address both the vacancy issues in the short and longer term, and also significantly improve our offer regarding mental health and psychological therapies.

Forensic (Medium Secure) and Rehabilitation Psychology Services have a draft strategy document has been prepared and submitted to and accepted by Divisional Senior Leadership Team highlighting the gaps and the need to develop psychology resources within the service including the Compassion Focused Therapy. The need to progress towards a more psychologically informed service and increase access to multi-disciplinary delivered psychological interventions at different levels of intensity has been accepted by the Divisional Senior Leadership Team and wider management team. A business case is now required, which will include an increase in qualified Clinical Psychologists and nurse therapist posts.

The current Rehabilitation Project Board is actively reviewing plans for increasing access to psychological therapies and creating more psychologically informed services. It is acknowledged that this is a key goal for the service and project groups are currently looking at how this will be achieved, the resources that will be required and the training that the workforce will need. Psychology representation on all project groups.

North Wales Brain Injury Service (NWBIS) & Neuropsychology has recruited to the new Stroke Psychology Service. This includes a Consultant Clinical Psychologist, two Clinical Psychologists and several Assistant Psychologists. Psychological therapy will be offered to stroke patients, as appropriate. In 2021, a gap analysis report (Project Athena) was presented to, and accepted by, the BCUHB Neurosciences Board. There are no, or little, psychological input to neurological conditions. There is a small amount to Motor Neurone Disease (via Health Psychology Services), but it is not a comprehensive service. Service provision is needed in Multiple Sclerosis, Functional Neurological Disorder, Epilepsy and Parkinson's, as well as developing the input to Motor Neurone Disease. It will be appropriate to offer psychological therapy to all these populations and provide a neurological conditions Psychology Service. A business case is in the very early stages of development with plans to progress this into 2022/23.

Adult Mental Health Services provision at Tier 0 and Tier 1 has been mapped, we are moving at pace to recruit a number of additional new posts. These new psychological staff will work embedded within existing multidisciplinary Primary Care Mental Health Services supporting improvements in lower step delivery in adult mental health services as per Matrics Cymru guidance. Improvement work for Tier 2 and above for support within multidisciplinary teams on the ground over the last 3 years via the Adult Mental Health Stepped Care Initiative has been sustained despite the Covid-19 pandemic. Current BCUHB compliance for Adult Mental Health Secondary Care Specialist Psychological Therapies /Interventions is 76.19%, demonstrating significant improvements have been sustained. There are some challenges due to vacancies and increase in demand, but these are being managed on a local basis. This month this improvement work has been recognised nationally, with BCUHB going from the worst in Wales (because of the Wrexham legacy lists) in 2017 to now the 3rd best Health Board in Wales.

**M10.5 Rehabilitation Services:** Progress has been made against this important work, the 5-10 year plan has been revised into a more appropriate 3-year transformational plan and this has been completed with the agreed objectives for Year 1 on trajectory. The business case for enhanced supported living scheme is in development.

**M10.7 Unscheduled Care and Crisis Response:** Mental Health Single Point of Contact (SPoC) weekend and Out of Hours model has been developed and approval to move to implementation was given by Clinical Strategy Group in February 2022. Delay in obtaining go live approval has resulted in issues with obtaining appropriate staffing for the weekend rota. St. John Mental Health Conveyance pilot is now live in East and has been expanded to the Central Area. The Sanctuary Model and subsequent tender specification has been developed. However, at the request of area teams, this was paused in order to explore further options. Crisis Steering Group was stood down during Gold Command which has contributed to the lack of progress against key milestones. All risks and issues relating to this workstream have been escalated to the Divisional Senior Leadership Team and Executive Delivery Group.

**M10.8 Eating Disorders:** Recruitment delays continue to affect service delivery and lack of appropriate accommodation is a significant limiting factor to recruitment and therefore service delivery. Various posts (e.g. administrators, dieticians, occupational therapists) cannot be advertised without a base. A summary of accommodation needed has been in circulation for some time but no solution found as yet. In the west, we have re-configured our existing base to accommodate as many new staff as possible, but this won't accommodate everyone in the West. Recruitment may need to go on hold until accommodation issues are resolved.

**M11 Liaison :** Local area Psychiatric Team Managers have reviewed current staffing establishments and identified where additional posts are required in order to stabilise current Psychiatric Liaison services. Psychiatric Liaison enhancement model proposals have been completed. Recruitment into temporary Band 6 posts is progressing well to support the current staffing establishment shortfall and will be completed by the end of Qtr. 4 2021/22. Work is ongoing around the Psychiatric Liaison Clinical Lead Model. Re-sign up to PLAN (Psychiatric Liaison Accreditation Network) has been approved for all areas and has been actioned by the Psychiatric Team Managers. Work is ongoing in line with PLAN requirements.

**M11.1 Partnerships & Engagement:** The Caniad contract for service user involvement has been extended to the end of September 2022. There has been a renewed focus on the settings and priorities for the involvement of people who have experience with our Mental Health & Learning Disabilities services, to feedback on, and influence service improvement. Agreements are now in place with each Local Authority to develop their own projects in partnership with local Mental Health & Learning Disabilities teams. There is an expectation that these projects will regularly report into the Integrated Service Boards, and opportunities to develop these projects jointly will be a priority. Projects include volunteer coordinating, the development of a wellbeing centre and increased provision of support through the iCAN hubs.

# 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](http://www.bcu.wales.nhs.uk)
- Stats Wales <https://statswales.gov.wales/Catalogue/Health-and-Social-Care>

We also post regular updates on what we are doing to improve healthcare services for patients on social media:



follow @bcuhb



<http://www.facebook.com/bcuhealthboard>

<b>Cyfarfod a dyddiad:</b> <b>Meeting and date:</b>	<b>Health Board 26 May 2022</b>						
<b>Cyhoeddus neu Breifat:</b> <b>Public or Private:</b>	Public						
<b>Teitl yr Adroddiad</b> <b>Report Title:</b>	Finance Report Month 12 2021/22						
<b>Cyfarwyddwr Cyfrifol:</b> <b>Responsible Director:</b>	Sue Hill, Executive Director of Finance						
<b>Awdur yr Adroddiad</b> <b>Report Author:</b>	Tim Woodhead, Operational Finance Director						
<b>Craffu blaenorol:</b> <b>Prior Scrutiny:</b>	Executive Director of Finance						
<b>Atodiadau</b> <b>Appendices:</b>	<u>Appendix 1</u> : Finance Report Pack						
<b>Argymhelliad / Recommendation:</b>							
It is asked that the report is noted.							
The Board is requested to delegate authority to approve the audited annual accounts and returns to the Audit Committee at their meeting of 13 June 2022							
<b>Ticiwch fel bo'n briodol / Please tick as appropriate</b>							
<b>Ar gyfer</b> <b>penderfyniad/cymeradwyaeth</b> <b>For Decision/</b> <b>Approval</b>		<b>Ar gyfer</b> <b>Trafodaeth</b> <b>For</b> <b>Discussion</b>		<b>Ar gyfer</b> <b>sicrwydd</b> <b>For</b> <b>Assurance</b>	✓	<b>Er</b> <b>gwybodaeth</b> <b>For</b> <b>Information</b>	
<b>Y/N i ddangos a yw dyletswydd Cydraddoldeb/ SED yn berthnasol</b> <b>Y/N to indicate whether the Equality/SED duty is applicable</b>						<b>N</b>	
Equality Impact (EqIA) and a socio-economic (SED) impact assessments not applicable.							
<b>Sefyllfa / Situation:</b>							
The purpose of this report is to provide a briefing on the draft unaudited financial performance of the Health Board for the twelve month up until 31 March 2022.							
The Health Board's draft annual accounts and returns were submitted to Welsh Government on 29 April 2022 with Audit Wales commencing their audit review the following week. The audit is currently progressing as planned and is expected to be completed in the first week of June.							
As in previous years the Board is requested to delegate authority to approve the audited annual accounts and returns to the Audit Committee at their meeting of 13 June 2022. Following approval at this meeting, Audit Wales will then submit the audited accounts to Welsh Government and arrange for them to be signed by the Auditor General for Wales.							
<b>Cefndir / Background:</b>							
In line with all NHS organisations in Wales, the draft plan was revised in Quarter 1 to refine and develop the triangulation of activity, workforce and financial plans, while maintaining the focus on the six key objectives described in the draft plan. The revised financial plan submitted to Welsh Government in June anticipated the Health Board achieving a balanced position at the year end.							



The Health Board's plan for 2021/22 included the £82.0m strategic support funding notified by Welsh Government last year (£40.0m to cover the deficit and £42.0m strategic support) and £19.9m COVID-19 Recovery Plan funding. Together, these have been used to improve performance, reduce waiting lists and drive a programme of transformation linked to a sustainable clinical model for North Wales.

Due to the continued COVID-19 pandemic and in particular the new Omicron variant, the original schemes have not been delivered as originally anticipated and new schemes, which could be delivered within this financial year were identified and implemented.

#### **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**

The Health Board reports to Welsh Government by describing variance to plan, rather than total expenditure and the following table shows that the draft result for 2021/22 is a small surplus of £0.3m (0.02% of allocation) against a plan to break even:

	<b>Month 12 £m</b>	<b>Full Year £m</b>
Actual Position	0.3	0.3
Planned Position	0.0	0.0
Variance	0.3	0.3

The total impact of COVID-19 in March is £15.3m (£101.9m for the year to date) with an increase seen in vaccination costs over the last 4 months of the year. Welsh Government income has been anticipated to fully cover these costs, giving a nil impact on the financial position.

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

There are currently no known risks to the position. The only potential risk to the position is any issue that Welsh Audit will require amending.

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

Not applicable.

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

Not applicable.



**GIG**  
CYMRU  
**NHS**  
WALES

Bwrdd Iechyd Prifysgol  
Betsi Cadwaladr  
University Health Board

# **Draft Finance Report**

## **March 2022: M12-22**

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**Sue Hill**

**Executive Director of Finance**

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# Executive Summary

## Objective

To provide assurance on financial performance and delivery against Health Board financial plans and objectives and give early warning on potential performance issues. To make recommendations for action to continuously improve the financial position of the organisation, focusing on specific issues where financial performance is showing deterioration or there are areas of concern.

## Positives & Key Assurances

- ✓ Year end revenue position achieved a surplus of £0.3m which is based on anticipated Welsh Government funding allocations
- ✓ Key financial targets for cash, capital and PSPP were all met.
- ✓ Total Savings achieved in 2021/22 were £19.2m.
  - £8.9m recurrent savings (46%)

## Issues & Actions

- Month 12 Monitoring Return was finalised and submitted to Welsh Government on 25 April.
- 2021/22 Draft annual accounts are complete and were submitted to Welsh Government and Audit Wales on 29 April.
- Audit Wales will file the audited accounts with Welsh Government on 15 June.

## Key Messages

- ❖ The draft year end position for 2021/22 is reporting a year end surplus of £0.3m.
- ❖ The Health Board received additional funding of £32.7m to cover the impact of the undelivered savings from 2020/21.
- ❖ Additional funding of £42.0m for Performance and Strategic Support, plus the £19.9m COVID-19 Recovery Plan funding has been utilised to improve performance and delivery of increased activity in the longer term.
- ❖ All figures reported throughout this report are subject to audit by Audit Wales and closure and submission to Welsh Government of the final accounts for 2021/22.

# Executive Summary - Month 12 Key issues to note

## **Key Messages**

- ❖ All figures presented in this report are draft Month 12 figures which are based on Welsh Government Anticipated Income allocations, pending agreement of Welsh Government final allocations.
- ❖ Month 12 Monitoring Return has been finalised and was submitted to Welsh Government on 25 April.
- ❖ All figures reported throughout this report are subject to final closure and audit by Audit Wales, and submission of 2021/22 final accounts to Welsh Government.

# Summary of Key Numbers – Month 12 Draft

<div>Month 12 Position - Draft</div> <div>In month: £0.3m surplus</div> <div>((Draft pending Audit))</div>	<div>2021/22 Position</div> <div>Year to Date: £0.3m surplus</div> <div>((Draft pending final allocations and Audit))</div>	<div>Divisional Performance - M12</div> <table><tr><td>Area Teams</td><td>£0.6m adverse</td></tr><tr><td>Secondary Care</td><td>£5.3m adverse</td></tr><tr><td>Mental Health</td><td>£1.0m adverse</td></tr><tr><td>Corporate and Other</td><td>£7.2m favourable</td></tr></table>	Area Teams	£0.6m adverse	Secondary Care	£5.3m adverse	Mental Health	£1.0m adverse	Corporate and Other	£7.2m favourable
Area Teams	£0.6m adverse									
Secondary Care	£5.3m adverse									
Mental Health	£1.0m adverse									
Corporate and Other	£7.2m favourable									
<div>Savings</div> <div>In-month: £2.1m against plan of £1.4m</div> <div>£0.7m favourable</div> <div>YTD: £19.2m against plan of £17.0m</div> <div>£2.2m favourable</div>	<div>Balance Sheet</div> <div>Cash: £6.6m</div> <div>Capital: Achieved CRL</div> <div>PSPP: Non-NHS invoice target achieved</div>	<div>COVID-19 Impact</div> <div>£101.9m cost</div> <div>Funded by Welsh Government</div> <div>£NIL impact</div>								
<div>Income</div> <div>£151.2m against budget of £143.4m</div> <div>£7.8m favourable</div>	<div>Pay</div> <div>£913.2m against budget of £921.7m</div> <div>£8.5m favourable</div>	<div>Non-Pay</div> <div>£1,112m against budget of £1,096m</div> <div>£16m adverse</div>								

# Revenue Position – Month 12 Draft

	Actual						Cumulative			
	M01-M07	M08	M09	M10	M11	M12	Budget	Actual	Variance	Variance
	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000	%
Revenue Resource Limit	-1,024,573	-151,121	-159,069	-165,539	-161,708	-212,371	-1,874,382	-1,874,382	0	0.0%
Miscellaneous Income	-86,032	-12,816	-12,752	-12,587	-11,625	-15,369	-143,409	-151,181	7,772	(5.4)%
Health Board Pay Expenditure	493,709	74,009	75,450	76,663	75,265	118,120	921,701	913,217	8,484	0.9%
Non-Pay Expenditure	616,896	89,928	96,371	101,463	98,068	109,332	1,096,090	1,112,058	(15,968)	(1.5)%
<b>Total</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>-288</b>	<b>0</b>	<b>-288</b>	<b>288</b>	

- The draft Month 12 in-month and full year position is a surplus of £0.3m.
- Total cost of COVID-19 in March is £15.3m (Annual Cost is £101.9m), which is has been fully funded giving a nil impact on the financial position.
- An additional £35.6m has been received in Month 12 to cover the impact of the 6.3% additional superannuation cost.



- The Health Board's plans for 2021/22 included the £82.0m strategic support funding notified by Welsh Government last year (£40.0m to cover the deficit and £42.0m strategic support) and the £19.9m plus £1.3m COVID-19 Recovery Plan funding.
- The delivery of the original plans for the £42.0m strategic support has been impacted by the continued waves of COVID-19. The original plans have changed and the Health Board has been implementing alternative investments supporting the delivery of increased activity in the longer term.

# Divisional Positions – Draft Month 12

	In Month			Cumulative		
	Budget	Actual	Variance to Plan	Budget	Actual	Variance to Plan
	£000	£000	£000	£000	£000	£000
WG RESOURCE ALLOCATION	(212,371)	(212,371)	0	(1,874,382)	(1,874,382)	0
AREA TEAMS						
West Area	14,843	15,381	(538)	172,478	173,365	(887)
Central Area	20,962	20,577	385	229,904	228,734	1,171
East Area	23,490	23,281	209	263,107	260,448	2,659
Other North Wales	6,312	6,967	(656)	49,990	50,702	(711)
Field Hospitals	(575)	(575)	(0)	(348)	(348)	0
Track,Trace,Protect & Vaccination	3,171	3,170	0	27,759	27,758	0
Commissioner Contracts	22,108	23,398	(1,290)	231,680	234,773	(3,093)
Provider Income	(1,423)	(1,482)	59	(20,453)	(20,709)	255
<b>Total Area Teams</b>	<b>88,888</b>	<b>90,719</b>	<b>(1,831)</b>	<b>954,117</b>	<b>954,723</b>	<b>(605)</b>
SECONDARY CARE	0	0	0	0	0	0
Ysbyty Gwynedd	10,447	11,515	(1,068)	112,707	115,261	(2,554)
Ysbyty Glan Clwyd	12,344	13,209	(865)	141,132	140,382	750
Ysbyty Maelor Wrexham	10,575	11,443	(868)	119,138	121,586	(2,448)
North Wales Hospital Services	10,200	10,545	(344)	118,082	119,607	(1,526)
Womens	3,635	3,999	(364)	42,806	42,354	452
<b>Total Secondary Care</b>	<b>47,202</b>	<b>50,711</b>	<b>(3,509)</b>	<b>533,865</b>	<b>539,190</b>	<b>(5,325)</b>
<b>Total Mental Health &amp; LDS</b>	<b>13,278</b>	<b>13,343</b>	<b>(65)</b>	<b>144,156</b>	<b>145,184</b>	<b>(1,028)</b>
<b>Total Corporate and Other</b>	<b>63,003</b>	<b>57,310</b>	<b>5,694</b>	<b>242,244</b>	<b>234,997</b>	<b>7,247</b>
<b>TOTAL</b>	<b>0</b>	<b>(288)</b>	<b>288</b>	<b>0</b>	<b>(288)</b>	<b>288</b>

Divisional Positions at Month 12

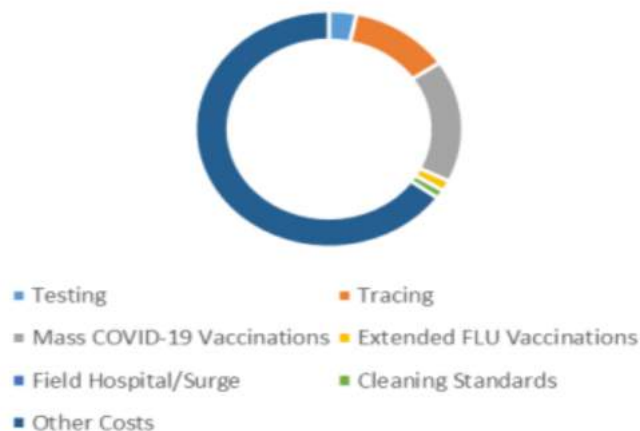


- Key impacts affecting divisional positions include additional costs in Secondary Care due to Medical and Nursing Agency premium covering vacancies and sickness.
- Commissioner Contracts overspend is due to additional costs against WHSSC Commissioner Contracts.

# Impact of COVID-19

	Actual M01 £m	Actual M02 £m	Actual M03 £m	Actual M04 £m	Actual M05 £m	Actual M06 £m	Actual M07 £m	Actual M08 £m	Actual M09 £m	Actual M10 £m	Actual M11 £m	Actual M12 £m	Total 2021/22 £m
Testing	0.1	0.2	0.2	0.3	0.4	0.4	0.4	0.3	0.2	0.3	0.2	0.4	3.4
Tracing	1.1	1.0	1.0	0.9	1.1	1.1	1.0	1.0	0.5	1.1	1.0	1.6	12.4
Mass COVID-19 Vaccinations	1.7	1.5	2.0	0.8	1.0	0.9	1.0	1.7	1.9	2.6	0.8	1.1	17.1
Extended Flu Vaccinations	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.2	0.1	0.4	0.6	0.2	1.5
Field Hospital/Surge	0.3	0.7	0.2	0.5	(0.3)	0.0	0.3	(2.2)	0.4	0.2	0.4	(0.5)	0.0
Cleaning Standards	0.0	0.0	0.0	0.0	0.5	0.1	0.1	0.1	0.1	0.1	0.1	0.1	1.2
Other Costs	4.5	3.6	4.5	6.3	4.0	4.6	1.5	5.3	7.2	5.6	6.8	12.4	66.3
<b>Total COVID-19 expenditure</b>	<b>7.7</b>	<b>7.0</b>	<b>7.9</b>	<b>8.8</b>	<b>6.7</b>	<b>7.1</b>	<b>4.3</b>	<b>6.4</b>	<b>10.4</b>	<b>10.3</b>	<b>9.9</b>	<b>15.3</b>	<b>101.9</b>
Welsh Gov COVID-19 income	(7.7)	(7.0)	(7.9)	(8.8)	(6.7)	(7.1)	(4.3)	(6.4)	(10.4)	(10.3)	(9.9)	(15.3)	(101.9)
<b>Other COVID-19 Support:</b>													
Operational expenditure reductions	(0.2)	(0.7)	(0.8)	0.1	(0.6)	(0.1)	(0.7)	(0.2)	0.1	0.0	(0.2)	(0.1)	(3.5)
Funding for non delivery of savings in 20/21	(0.6)	(4.9)	(2.7)	(2.7)	(2.7)	(2.7)	(2.7)	(2.7)	(2.9)	(2.7)	(2.7)	(2.7)	(32.7)
<b>Impact of COVID-19 on Position</b>	<b>(0.8)</b>	<b>(5.6)</b>	<b>(3.5)</b>	<b>(2.6)</b>	<b>(3.3)</b>	<b>(2.8)</b>	<b>(3.4)</b>	<b>(2.9)</b>	<b>(2.8)</b>	<b>(2.7)</b>	<b>(2.9)</b>	<b>(2.8)</b>	<b>(36.2)</b>

2021/22 COVID-19 Cost Distribution

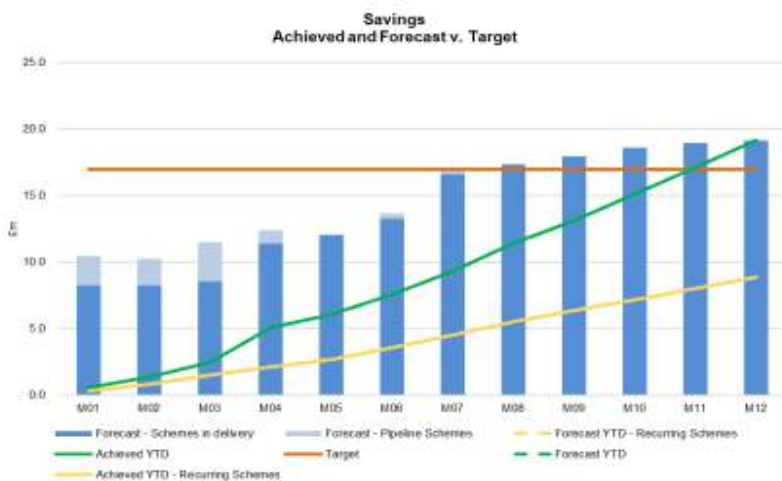


- Total cost of COVID-19 in March was £15.3m, which was £5.4m higher than in February. The increase in March is due to the additional £5.4m annual leave accrual reported under COVID-19 Other costs.
- The 2021/22 full year cost of COVID-19 was £101.9m.
- Welsh Government funding has been received to fully fund these costs, so there is no impact on the overall Health Board position.



# Savings

	Savings Target £000	SCHEMES IN DELIVERY				TOTAL PROGRAMME	
		Year to Date				Total 2021/22 £000	Variance £000
		Savings Target £000	Recurring Savings Delivered £000	Variance in Recurring Savings £000	Non-Recurring Savings Delivered £000		
Ysbyty Gwynedd	1,833	1,833	349	(1,484)	77	426	(1,407)
Ysbyty Glan Clwyd	2,155	2,155	104	(2,051)	260	364	(1,791)
Ysbyty Wrexham Maelor	1,922	1,922	246	(1,676)	909	1,155	(767)
<b>Total of hospitals</b>	<b>5,910</b>	<b>5,910</b>	<b>699</b>	<b>(5,211)</b>	<b>1,246</b>	<b>1,945</b>	<b>(3,965)</b>
North Wales Managed Services	1,399	1,399	858	(541)	417	1,274	(125)
Womens Services	584	584	294	(290)	321	614	30
<b>Secondary Care</b>	<b>7,893</b>	<b>7,893</b>	<b>1,850</b>	<b>(6,043)</b>	<b>1,983</b>	<b>3,833</b>	<b>(4,060)</b>
Area - West	1,387	1,387	1,228	(159)	1,387	2,615	1,228
Area - Centre	1,900	1,900	2,132	232	2,023	4,155	2,255
Area - East	1,861	1,861	1,481	(380)	3,154	4,635	2,774
Area - Other	234	234	138	(96)	188	326	92
Contracts	980	980	0	(980)	0	0	(980)
<b>Area Teams</b>	<b>6,362</b>	<b>6,362</b>	<b>4,979</b>	<b>(1,383)</b>	<b>6,752</b>	<b>11,731</b>	<b>5,369</b>
MHLD	840	840	1,674	834	110	1,784	944
Corporate	1,910	1,910	363	(1,547)	1,449	1,812	(98)
<b>Divisional Total</b>	<b>17,005</b>	<b>17,005</b>	<b>8,866</b>	<b>(8,139)</b>	<b>10,295</b>	<b>19,161</b>	<b>2,156</b>
<b>Improvement Group Total</b>						<b>0</b>	<b>0</b>
<b>Total Programme</b>	<b>17,005</b>	<b>17,005</b>	<b>8,866</b>	<b>(8,139)</b>	<b>10,295</b>	<b>19,161</b>	<b>2,156</b>



- Savings of £2.1m have been achieved in Month 12 against a target of £1.4m, increasing the total delivery for 2021/22 to £19.2m against a plan of £17.0m
- The 2021/22 savings target of £17m has been over achieved by £2.1m. Area Teams have over achieved against savings by £5.4m mainly due to overachievement against CHC schemes, whilst this has been offset by an underachievement of £4.1m against Secondary Care schemes.
- Total 2021/22 recurrent savings delivered is £8.9m and non recurrent savings delivered is £10.3m.

# Expenditure – Draft Month 12

Pay Costs								Cumulative			Full Year Forecast
	M01-06	M07	M08	M09	M10	M11	M12	YTD Budget	YTD Actual	YTD Variance	
	£m	£m	£m	£m	£m	£m	£m	£m	£m	£m	
Administrative & Clerical	56.8	9.5	10.4	11.3	11.4	11.2	18.0	134.3	128.6	5.7	128.6
Medical & Dental	98.2	16.6	17.6	17.5	17.8	17.5	28.0	207.4	210.9	(3.5)	213.2
Nursing & Midwifery Registered	134.5	22.0	23.4	23.2	23.6	23.1	37.1	299.8	288.1	11.7	286.9
Additional Clinical Services	61.2	8.9	10.3	11.0	11.2	11.0	17.6	121.2	131.8	(10.6)	131.2
Add Prof Scientific & Technical	19.0	3.2	3.3	3.3	3.3	3.3	5.2	44.0	40.3	3.7	40.6
Allied Health Professionals	24.6	4.0	4.2	4.4	4.5	4.4	7.0	54.2	53.6	0.6	53.1
Healthcare Scientists	7.4	1.3	1.3	1.3	1.3	1.3	2.1	15.9	15.9	(0.0)	16.0
Estates & Ancillary	20.5	3.1	3.4	3.4	3.4	3.4	5.4	44.0	43.0	1.0	42.6
Students	0.2	0.1	0.1	0.1	0.1	0.1	0.2	0.9	1.0	(0.1)	0.9
<b>Health Board Total</b>	<b>422.4</b>	<b>68.7</b>	<b>74.0</b>	<b>75.5</b>	<b>76.6</b>	<b>75.3</b>	<b>120.7</b>	<b>921.7</b>	<b>913.2</b>	<b>8.5</b>	<b>913.2</b>
Other Services (Incl. Primary Care)	11.5	2.0	2.1	2.4	2.0	2.4	2.5	21.7	24.9	(3.2)	24.9
<b>Total Pay</b>	<b>433.9</b>	<b>70.7</b>	<b>76.1</b>	<b>77.9</b>	<b>78.6</b>	<b>77.7</b>	<b>123.2</b>	<b>943.4</b>	<b>938.1</b>	<b>5.3</b>	<b>938.1</b>

Variable Pay	M01-06	M07	M08	M09	M10	M11	M12	Total
	£m	£m	£m	£m	£m	£m	£m	£m
Agency	21.4	3.9	4.5	4.3	4.5	4.9	5.4	48.8
Overtime	5.0	0.9	1.9	1.2	2.7	2.1	2.4	16.0
Locum	10.9	1.3	2.0	1.9	1.7	1.8	3.0	22.7
WLIs	1.5	0.4	0.3	0.2	0.2	0.3	0.3	3.2
Bank	12.4	0.6	2.3	2.5	3.1	2.8	4.8	28.6
Other Non Core	0.3	0.1	0.1	0.1	0.0	0.1	0.1	0.8
Additional Hours	2.4	0.4	0.4	0.4	0.3	0.3	0.3	4.4
<b>Total</b>	<b>53.8</b>	<b>7.6</b>	<b>11.4</b>	<b>10.6</b>	<b>12.5</b>	<b>12.2</b>	<b>16.3</b>	<b>124.5</b>

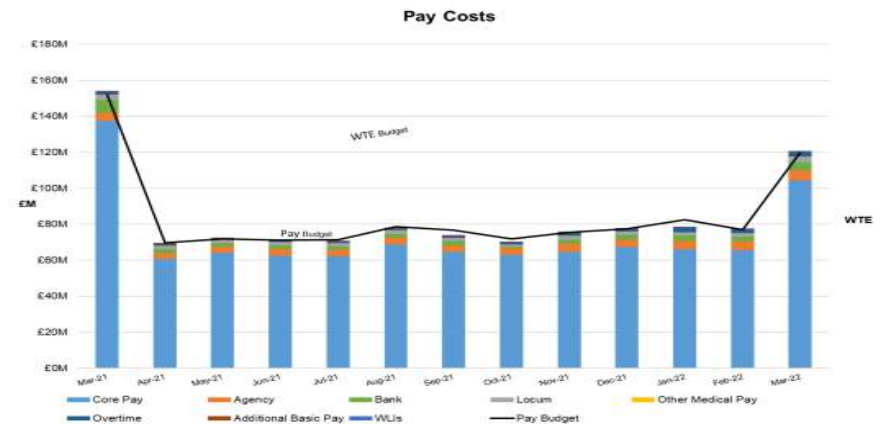
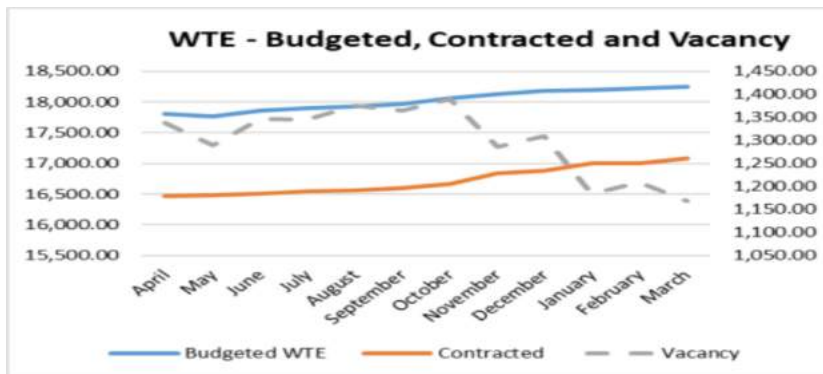
- Month 12 include draft figures as pending completion of Month 12 Monitoring Return.
- Health Board pay costs total £120.7m in March, an increase of £45.4m from February. The Month 12 position includes an additional £35.6m for which funding has been received from WG to cover the impact of the 6.3% additional superannuation cost.
- Variable Pay have increased by £4.1m
- Non Pay expenditure has increased by £14.5m in March.

Non-Pay Costs	Actual							Cumulative		
	M1-6	M07	M08	M09	M10	M11	M12	YTD Budget	YTD Actual	YTD Variance
	£m	£m	£m	£m	£m	£m	£m	£m	£m	£m
Primary Care Contractor	112.3	18.9	18.9	20.9	20.3	18.3	18.8	228.5	228.5	0.0
Primary Care Drugs	55.9	8.8	9.1	10.3	9.4	8.9	9.9	109.1	112.3	(3.2)
Secondary Care Drugs	39.9	7.5	7.2	7.1	7.2	6.4	7.0	75.5	82.3	(6.8)
Healthcare Services Provided by Other NHS Bodies	140.4	23.5	24.5	23.5	27.4	24.1	28.0	289.7	291.4	(1.7)
Continuing Care and Funded Nursing Care	53.7	7.4	7.1	8.9	8.8	7.6	9.4	100.4	102.9	(2.5)
Other Non-Pay (incl. General & Clinical Supplies)	103.4	23.4	19.7	22.4	25.4	29.7	36.4	258.8	260.4	(1.6)
<b>Non-pay costs</b>	<b>505.6</b>	<b>89.5</b>	<b>86.5</b>	<b>93.1</b>	<b>98.5</b>	<b>95.0</b>	<b>109.5</b>	<b>1,062.0</b>	<b>1,077.8</b>	<b>(15.8)</b>
Cost of Capital	18.7	3.1	3.3	3.1	3.1	3.1	(0.2)	34.0	34.2	-0.2
<b>Total non-pay</b>	<b>524.3</b>	<b>92.6</b>	<b>89.8</b>	<b>96.2</b>	<b>101.6</b>	<b>98.1</b>	<b>109.3</b>	<b>1,096.0</b>	<b>1,112.0</b>	<b>(16.0)</b>



# Pay Costs

- The below graphs summarises monthly Pay costs and Monthly WTE trend, including Budgeted WTE and ESR Contracted and vacancies WTE. Total Pay costs have increased by £45.4m in March, of which £35.6m funding has been received from WG to cover the impact of the 6.3% additional superannuation cost. Substantive pay has also increased due to contracted WTE increasing by 74.00wte in March.
- Variable Pay costs have increased by £4.1m, of which Bank costs have increased by £2.0m, Agency spend increase of £0.5m, Locum spend increase of £1.2m and overtime spend increase of £0.3m.



Total agency costs for March was £4.9m and the 3 hospital sites accounted for £2.5m. Agency spend related to COVID-19 was £0.9m, £0.2m higher than previous month. Medical agency costs in March was £2.4m, an increase of £0.6m from February. Agency nursing spend was £1.9m in March, an increase of £0.4m from February spend. Other Agency costs have decreased by £0.5m, mainly being against Allied Health Professionals staffing group.



# Non-Pay Costs

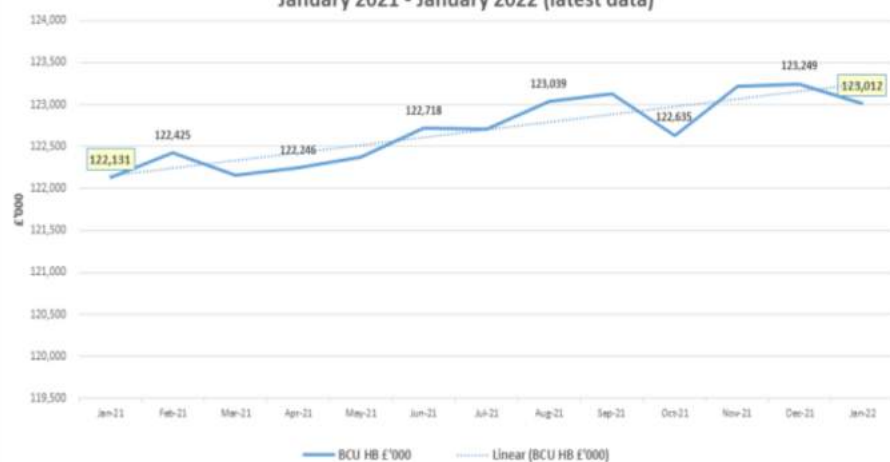
Non-Pay Expenditure  
(Excluding Capital Costs)



Total Non-Pay Expenditure for March is £109.5m excluding capital charges, an increase of £14.5m from February, of which £2.5m is in relation to Braun Contract.

- **Healthcare Services provided by Other NHS Bodies:** Increase in costs of £3.9m.
- **Continuing Care and Funded Nursing Care:** Total March spend is £9.4m, an increase of £1.8m from February due to increase in activity and backlog provision.
- **Secondary Care Drugs:** Total March spend is £7.0m, an increase of £0.6m from February due to increased activity in Secondary Care.
- **Primary Care Drugs:** The prescribing costs encompass both the Primary Care Drugs and the Dispensing Practices drugs. March expenditure has increased by £1.0m from February due to the number of items prescribed on a steady upward trend.

GP Prescribing Costs - Monthly annual cost run-rate  
January 2021 - January 2022 (latest data)



# Income

- The Health Board is funded in the main from the Welsh Government allocation via the Revenue Resource Limit (RRL). The RRL is currently £1,874.4m for the year. The RRL includes confirmed allocations to date of £1,838.8m.
- The final Month 12 position has been agreed including the anticipated allocations as per below table.
- The allocations include £134.6m for COVID-19.

Description	£m
Allocations Received	1838.8
<b>Total Allocations Received</b>	<b>1,838.8</b>

Description	£m
<b>Allocations anticipated</b>	
Capital	-0.3
IPS ICAN Work Phase 2	0.3
6.3% Pension Employers NHS Pension Costs	35.6
<b>Total Allocations Anticipated</b>	<b>35.6</b>

	£m
Total Allocations Received	1,838.8
Total Allocations Anticipated	35.6
<b>Total Welsh Government Income</b>	<b>1,874.4</b>

## COVID -19 Funding

	£m
Total COVID-19 costs in 2021/22	101.9
Impact of non delivery of savings in 2020/21	32.7
<b>Total Covid -19 funding</b>	<b>134.6</b>

Received	134.6
Anticipated	0.0

# Capital

## Capital Resource Limit

- The below table summarises 2021/22 full year capital expenditure, which is £45.4m.

	Year To Date		
Performance against CRL / CEL	Plan	Actual	Variance
	£'000	£'000	£'000
Capital Schemes Total	32,514	32,958	444
Discretionary Schemes Total	12,946	12,991	45
Donated & Internally Generated Total	1,441	1,221	(220)
Total Expenditure	46,901	47,170	269
Less Capital Grants Total	779	779	0
Donations Total	442	442	0
Asset Disposal Total	220	512	292
CHARGE AGAINST CRL / CEL	45,460	45,437	(23)



<b>Cyfarfod a dyddiad: Meeting and date:</b>	<b>Health Board – 26 May 2022</b>						
<b>Cyhoeddus neu Breifat: Public or Private:</b>	Public						
<b>Teitl yr Adroddiad Report Title:</b>	Executive Members update and recommendations on the 28 Day Plan Vascular Services in Betsi Cadwaladr University Health Board						
<b>Cyfarwyddwr Cyfrifol: Responsible Director:</b>	Dr Nick Lyons, Executive Medical Director						
<b>Awdur yr Adroddiad Report Author:</b>	Jenny Farley, Vascular Network Director						
<b>Craffu blaenorol: Prior Scrutiny:</b>							
<b>Atodiadau Appendices:</b>							
<b>Argymhelliad / Recommendation:</b>							
The Health Board is asked to approve the recommendations							
<b>Ticiwch fel bo'n briodol / Please tick as appropriate</b>							
<b>Ar gyfer penderfyniad /cymeradwyaeth For Decision/ Approval</b>		<b>Ar gyfer Trafodaeth For Discussion</b>		<b>Ar gyfer sicrwydd For Assurance</b>		<b>Er gwybodaeth For Information</b>	
<b>Y/N i ddangos a yw dyletswydd Cydraddoldeb/ SED yn berthnasol Y/N to indicate whether the Equality/SED duty is applicable</b>						<b>N</b>	
<b>Sefyllfa / Situation:</b>							
<p>The Vascular Service was required to give assurance to the Board that the services provided were clinically safe and effective following concerns around a number of incidents which affected patient care. The Board was required to put in place an immediate 28 day action plan and monitor progress against that plan. The original action plan commenced in March 2022 but was further extended until the 23<sup>rd</sup> May 2022, whereby after that period consideration would need to be given to the efficacy of the service.</p>							
<p>On 9<sup>th</sup> March 2022, the Health Board requested a high level options appraisal be provided in light of a spike in clinical incidents in the service and previous concerns from the Royal College of Surgeons (RCS) Invited Review report. Subsequently various “make safes” were implemented for an initial 28 day period with the intention of making the service more resilient to known pressures and themes emerging from incidents. The 28 day period commenced on 17<sup>th</sup> March 2022 and was additionally due to run until 14<sup>th</sup> April 2022. Various options for enhanced support were considered including an attempt to seek additional clinical staff from the Countess of Chester Vascular Services, and Liverpool University Hospitals Foundation Trust. (LUHFT) Due to their own significant demands neither were able to offer supplementary resource. LUHFT was however able to offer temporary, remote advice and guidance in the form of out of hours’ telephone consultation for major complex surgery. This was in addition to the wider support that had been agreed; attending the vascular Multi-</p>							

Disciplinary Team meetings. There are already well established clinical procedure pathways that would require patients to be treated and transferred to LUHFT or in the case of paediatrics, Alder Hey Children's Hospital. These existing pathways have been built upon for the 28 day period to enable arrangements for discussion and advice and if required transfer of the most complex cases.

It should be noted that there were multiple contributing factors in the cases reported to the Welsh Government and they were not simply the competency of the vascular surgeons.

The clinical and managerial teams have continued to implement a programme of recovery in line with the Royal College of Surgeons (RCS) Independent Review (IR) this plan included:

- Emergency overnight operating only occurring on a life or limb basis
- A second consultant on call at weekends to support with complex cases
- Complex procedures to be operated on with 2 consultants
- Mini MDTs before any emergency is completed
- Weekly monitoring of impact of the above particularly if there is a need to cancel other planned theatre lists, outpatient appointments or day cases
- Maximising clinic capacity by putting on additional waiting list session to manage urgent demand
- Direct to the vascular ward 3 at the Hub site from the Spoke Emergency Departments
- Patients repatriated from the hub to Spoke or community service more quickly

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

All elements of the plan have been implemented throughout the extended 28 day period. There have been occasional challenges trying to ensure dual consultant operating due to the workforce numbers in periods of sickness and annual leave and to maintain an additional on call consultant. Only emergency life of limb procedures have taken place out of hours, always with a mini MDT and as required, if time permitting, following a conversation with peers in Liverpool.

Weekly operational meetings continue with the operational teams and although not part of the original 28 day plan per se; following a serious incident, process mapping has been undertaken on the Abdominal Aortic Aneurism (AAA) pathway commencing with Ysbyty Gwynedd. The outcomes of this will develop into a Pan Betsi approach to the management of AAA referrals from point of access to treatment and discharge.

### **Recommendations**

The actions taken were necessary to provide assurance to the Board on behalf of the Welsh Government that the service was putting in place stringent support to minimise further risks to an inadequate patient experience.

It is recommended that the service continues:

- to monitor and action all clinical incidents in line with the Board's governance processes
- keeps on with the weekly operational meetings and maintenance of the urgent waiting lists
- maintain operating out of hours **only** on a life or limb basis and audit regularly
- to proceed with auditing length of stay and delayed transfers to the spoke or community beds and take relevant actions
- to audit the implementation of the mini MDTs pre emergency operating.

- pursue transformation and service redesign work in particular with the AAA pathway and commences service redesign on the Emergency vascular pathway from June 2022.

LUHFT will continue to support with pre agreed MDTs.

Qualified surgeons by definition are competent to operate, it is therefore proposed that the following actions which were undertaken are discontinued

- dual operating (unless specific operations requires more than one vascular surgeon)
- additional on call also discontinues

Close monitoring of any incidents will continue and should there be serious concerns, the above actions could immediately be reinstated.

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

Not Applicable for this paper

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

The Executive Team is asked to note that consideration is being given to support from NHS England should the vascular service in North Wales fail to deliver significant improvements in patients care and experience.

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

*Not applicable*

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

*Not applicable*





<b>Cyfarfod a dyddiad: Meeting and date:</b>	Health Board						
<b>Cyhoeddus neu Breifat: Public or Private:</b>	Public						
<b>Teitl yr Adroddiad Report Title:</b>	Quality Highlight Report – February & March 2022						
<b>Cyfarwyddwr Cyfrifol: Responsible Director:</b>	Gaynor Thomason, Executive Director of Nursing and Midwifery Matthew Joyes, Acting Associate Director of Quality						
<b>Awdur yr Adroddiad Report Author:</b>	Matthew Joyes, Acting Associate Director of Quality Dr Kath Clarke, Acting Assistant Director of Patient Safety Carolyn Owen, Acting Assistant Director of Patient & Carer Experience						
<b>Craffu blaenorol: Prior Scrutiny:</b>	Gaynor Thomason, Executive Director of Nursing and Midwifery Gill Harris, Executive Director of Integrated Clinical Services Matthew Joyes, Acting Associate Director of Quality						
<b>Atodiadau Appendices:</b>	Quality Highlight Report – February & March 2022						
<b>Argymhelliad / Recommendation:</b>							
The Board is asked to receive the report.							
<b>Ticiwch fel bo'n briodol / Please tick as appropriate</b>							
<b>Ar gyfer penderfyniad /cymeradwyaeth For Decision/ Approval</b>		<b>Ar gyfer Trafodaeth For Discussion</b>		<b>Ar gyfer sicrwydd For Assurance</b>	√	<b>Er gwybodaeth For Information</b>	
<b>Y/N i ddangos a yw dyletswydd Cydraddoldeb/ SED yn berthnasol Y/N to indicate whether the Equality/SED duty is applicable</b>						<b>N</b>	
<b>Sefyllfa / Situation:</b>							
<p>This report provides the Health Board with a summary of key quality related information from the months of February and March 2022.</p> <p>The aim of this new report is to provide the Health Board with key quality highlights at each meeting.</p> <p>Detailed information relating to trends, themes, learning and improvement is provided to the Quality, Safety and Experience (QSE) Committee in the bi-monthly Patient Safety Report and triannual Patient and Carer Experience Report.</p> <p>In addition, a detailed paper on falls and healthcare acquired pressure ulcers has been presented to the QSE Committee in March 2022.</p>							



### **Cefndir / Background:**

Within the NHS in Wales, quality is defined in statute as having three dimensions: patient safety, clinical effectiveness and patient (care carer) experience. This report highlights key quality information for the Board with detailed information provided to the Quality, Safety and Experience Committee.

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

**Goblygiadau Strategol / Strategy Implications** – Not applicable.

**Opsiynau a ystyriwyd / Options considered** – Not applicable.

**Goblygiadau Ariannol / Financial Implications** – Not applicable.

**Dadansoddiad Risk / Risk Analysis** – Contained within the paper.

**Cyfreithiol a Chydymffurfiaeth / Legal and Compliance** – Contained within the paper.

**Asesiad Effaith / Impact Assessment** – Not applicable.

# Quality Highlight Report to the Health Board

February 2022 - March 2022





GIG  
CYMRU  
NHS  
WALES

Bwrdd Iechyd Prifysgol  
Betsi Cadwaladr  
University Health Board

## Quality Highlight Report February 2022 - March 2022

Within the NHS in Wales, quality is defined in statute as having three dimensions: patient safety, clinical effectiveness and patient (and carer) experience<sup>1</sup>.

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

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

### Nationally Reportable incidents

As of the 14 June 2021, NHS Wales' responsible bodies were required to implement Phase 1 of the Welsh Government's National Incident Reporting Policy. The most obvious change in policy direction is a change in terminology with the removal of the word "serious" from the term serious incident. The intention here in removing the word "serious" is to support a more just and learning culture where reporting incidents does not feel punitive.

From 14 June 2021, the following definition of a nationally reportable patient safety incident applies:

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

The timescale for reporting such incidents has increased from 24 hours to within seven working days.

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

**There were 42 Nationally Reportable Incidents, including three Never Events (one reported retrospectively) for the two-month time period.**

For the most serious incidents, Executive-led Rapid Learning Panels (RLPs) take place to support the rapid identification and sharing of learning and improvement. This is in addition to the Make it Safe Rapid Review (within 72 hours) and full investigation. During February and March 2022, 16 RLP meetings took place into the most serious incidents.

<sup>1</sup> The Health and Social Care (Quality and Engagement) (Wales) Act 2020

Work is underway at a national level to improve the collection of patient safety incident data as part of the Once for Wales RL Datix programme. This will help provide better quality and contextual information and should allow the Health Board to benchmark performance more effectively.

The table below shows the Health Board position in terms of nationally reportable incidents per 100,000 population in relation to the All Wales position per 100,000 population.

Period	BCUHB Incidents/100,000	All Wales Incidents/100,000
Jun/July 2021	1.0	1.8
Aug/Sept 2021	1.8	2.3
Oct/Nov 2021	3.8	3.0
Dec /Jan 2022	4.3	3.2
Feb/March 2022	6.2	3.8
Average	3.4	2.8

Given the small numbers involved, and the particular reporting requirements for certain incidents which can fluctuate, the average should be considered a more useful comparison than an individual two month period. However, it is clear from the data that an increase in nationally reportable incidents has occurred in the last 4 months.

Investigations should be completed within a set allocated timeframe proportionate to the incident – this balances the need to complete investigations in a timely manner to ensure learning and improvement as soon as possible with the need to ensure thorough investigations are undertaken. The overall closure rate within the allocated timeframe was 87.5% in February, falling slightly to 75% in March. Although this is a much-improved position the impact on services from clinical pressures, staff sickness, vacancies, and staff re-deployment has impacted on the ability of services to respond in a timelier manner to incident investigations. However, this is the best position seen for some time (with February the best ever).

The forty-two NRIs recorded during the two month time period can be broken down as follows:

- Never Event (n=2) – wrong site surgery
- Never Event (n=1) – retained swab (reported retrospectively)
- Fall with severe harm (n=17)
- Grade 3 or above healthcare associated pressure ulcer develops (n=7)
- Delay or failure to monitor patient (n=4)
- Failure to act on adverse symptoms (n=1)
- Implementation & ongoing monitoring/review (n=2)
- Ambulance delays resulting in harm/death to patient (n=3)
- PRUDIC (n=1)
- Delay in treatment - ophthalmology (n=3)
- Delay in diagnosis (n=1)

Detailed information on patient safety incidents is included in the Patient Safety Report presented to the QSE Committee, and is not included here to avoid duplication. Below is a high-level summary of the main themes and the learning and improvement:

*Recognition and escalation of deteriorating patient (to include delay/failure to monitor patient, failure to act on adverse symptoms, implementation and ongoing monitoring/review) (n=7)*

There have been seven incidents that were nationally reported during this period whereby recognition, escalation and treatment of a deteriorating patient has been delayed and subsequently resulted in severe harm or death. Four of the incidents occurred in Ysbyty Glan Clwyd, two in Ysbyty Gwynedd, and one in Wrexham Maelor. In addition, it is recognised that a lack of a clear management plan and timely discussions with patients and families about ceilings of care can result in inappropriate escalation.

In respect of improvement –

- An audit is taking place of medical emergency calls, being led by one of the acute site Hospital Medical Directors. This work will provide information to enable targeted improvement where required with an aim that calls will be reduced and that ceilings of care are discussed proactively and appropriately with patients, families and clinical teams. This will inform future improvement plans.
- A safety alert setting out actions to take (with reference to policy and procedure) has been issued across the Health Board.
- A review of the Acute Intervention Team (AIT), led by the Deputy Director of Nursing, is ongoing. To date, a baseline assessment has been completed and the priorities for the AIT service delivery group identified, this includes operational standards and a competency framework.
- The Health Board has re-formed an improvement group to look at one aspect of this area. The Sepsis Trigger, Escalation and Antibiotic Stewardship Review (STEAR) Group met in March 2022 for the first time. This group has been formed to provide Health Board-wide best practice guidance to health care professionals in determine how to trigger, respond, escalate, and review the response to the deteriorating patient.

*Falls (n=17)*

Within the reporting period there were a total of 17 patient falls that resulted in severe/permanent harm and therefore met the criteria for national reporting. This is broken down as follows:

East Acute (2), West Acute (2), West Area (4), Central Acute (6), Central Area (3).

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

- Staff shortages
- Inadequate completion of falls documentation
- Poor handover/communication between staff or with families
- Lack of use of call bells.

In respect of improvement –

- The NMC and GMC are currently working with staff across the Health Board to improve documentation standards. A letter has recently been sent to all nurse registrants reminding them of the standards required.
- New SBAR handover documentation has been instigated to ensure that there is effective communication between nursing staff and also permit the timely and accurate communication with the families of patients.
- The Falls Policy has been rewritten with multi-disciplinary involvement. The policy is clear and easy to understand in terms of roles and responsibilities with clear actions for prevention and post fall management which complements the work that operational teams have been undertaking. An implementation plan has been developed and progress will be monitored through the Strategic Falls Group.
- A Falls Prevention (Module 1a) E-learning has been developed and launched.
- A Falls (Module 1b) E-learning covering risk assessment and post falls has been developed and launched.
- The Patient Walking with Purpose Guideline has been written and shared for the management of patients who walk with purpose within the clinical setting as part of the Safe Clean Care Programme.

#### *Grade 3 or above healthcare associated pressure ulcer*

Within the reporting period there were a total of 17 grade 3, grade 4 or ungradable healthcare associated pressure ulcers. The recurring themes are:

- No evidence of increasing intentional rounding as/when needed.
- A delay in completing documentation on admission i.e., pressure ulcer management plans and Purpose T documentation

All investigations from pressure ulcer investigations are reviewed weekly at local harms' meetings. The Tissue Viability Nurse Team attend to provide expert support. Improvement work is ongoing and is targeted based on local findings and areas of interest.

#### Never Events

Within the current reporting period three Never Events were reported, detailed immediately below (one of which is a retrospective incident from May 2021). Investigations into all three are ongoing.

#### *Retention of a foreign object.*

Immediate Learning: A swab, sharps and instrument check must be completed followed by the World Health Organisation "Sign Out" element of the checklist at the end of the procedure. Communication with the theatre and circulating team about the swab location must take place at timely intervals. Any intentionally retained swabs should be written down on the theatre white boards at the time of insertion and be fully documented within the Integrated Care Pathway. This learning has been shared with theatre teams.

### *Wrong site surgery.*

Immediate Learning - In this case the surgeon was new to the Health Board, initial enquiries suggest that the surgeon had not received training to enable him to view the images and acted purely on the report (which was incorrect) which contributed to the incident. A range of immediate safety measures have been implemented the service including dual working of surgeons on-call, which have been reported to the Committee in separate papers.

### *Wrong site surgery.*

Immediate Learning: Consideration is being given to the decision making process for emergency transfers to Stoke. A safety alert on safe travel has been issued covering staff responding across sites.

In response to the number of Never Events, and the learning identified, the Health Board recognised the role of human factors in the prevention and mitigation of systemic failure on patients, families and clinical staff. The Health Board aims to mainstream human factors knowledge, understanding and practice in order to ensure the consistent, sustainable delivery of safer care for patients, whilst supporting our staff in that delivery: making it easy for them to do the right thing.

To do this, the Health Board has (1) commissioned an external company with human factors expertise, AQuA, to build capacity and capability in human factors and its application to healthcare, (2) commenced the development of an organisational wide faculty dedicated to human factors, and (3) commenced a targeted programme into the surgical safety checklist.

To support (3) the Transformation and Improvement Directorate has recruited a Quality Improvement Fellow. This fellow will combine the teachings of improvement methodology with its application to a specific programme of work i.e. the reduction of Never Events within the context of theatres, and improved compliance (and quality) of the WHO surgical safety checklist. The inaugural fellow is an experienced Operating Department Practitioner, who has recently been working as the Deputy Lead Manager for the Patient Safety Team.

## **Complaints**

During February and March 2022, 364 complaints were received and 343 early resolutions were actioned.

89% of the early resolutions were resolved satisfactorily.

However, the 75% target for a 30-day response rate was not achieved by the Health Board. This has led to an increase in the number of overdue complaints during this period. The position deteriorated over the winter period and is slowly recovering. At the end of March 2022, 309 complaints were overdue from the 515 open complaints. Significant focus is in place to support services recover their position and a recovery plan is in place.

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

## Public Services Ombudsman for Wales (PSOW)

During February and March 2022, 42 enquiries were received from the Public Services Ombudsman for Wales (PSOW).

The Health Board currently has 84 Ombudsman enquiries/investigations ongoing.

There are no specific matters for exception reporting to the Board at this time.

There have been no Public Interest Reports issued by the Ombudsman during February and March 2022.

Detailed information on key cases investigated by the Ombudsman is included in the Patient and Carer Experience Report to the QSE Committee.

## Patient Feedback

Patient feedback and listening to the voices of patients, carers and service users, is key to effective service improvement. The CIVICA patient feedback system is currently being embedded across the Health Board, with implementation started in summer of 2021, and is a mechanism to support real time patient and carer feedback. The online patient feedback system supports the development and deployment of multiple surveys across multiple channels, along with standard reporting, alerting and enhanced text analytics. It signals an important milestone in providing every patient and carer with an opportunity to have their voices heard and acted upon.

In February and March, 1,984 patient feedback responses were received. Of these:

- The average experience rating was 9.45 out of 10;
- 43.63% of respondents reported they could speak Welsh to staff if they wanted to;
- 86.08% of respondents reported staff took time to understand what matters to them;
- 82.95% of respondents reported they were given all the information they needed;
- 89.46% of respondents reported they received assistance when needed.

The Patient and Carer Experience Team is using Pansensic™ Hybrid Text Analysis of qualitative data to provide key information from the narrative provided by patients in addition to the scoring provided by patients.

The main positive keywords are compassion, friendliness, professional and polite. The main negative keywords are waiting, emotional support, facilities, comfort and food.

A breakdown of this information is provided to services by means of a live dashboard and a monthly report. Services are encouraged to look at their feedback and take action to improve.

A new Patient and Carer Feedback Framework is in development to establish a strengthened approach to listening and acting upon feedback.

The Patient Advice and Liaison Service (PALS) offers confidential advice, support and information on health-related matters. They provide a point of contact for patients, their families and their carers.



The PALS team had 966 interactions with patients, families and carers in January and February 2022. The main areas of support provided to patients, families and carers covered support with communication (264), support with waiting times (85) and support with care coordination (65).

Detailed information is contained in the Patient and Carer Experience Report to the QSE Committee.

## **Inquests**

An inquest is an inquiry into the circumstances surrounding a death. The purpose of the inquest is to find out who the deceased person was and how, when and where they died and to provide the details needed for their death to be registered.

During the relevant time period, February and March 2022, 75 new inquests or requests for information from the Coroner were received from the Coroners in North Wales, 48 of these were received in March. This reflects an increase when compared to the same period last year. 61 inquests were concluded between February and March 2022

One Regulation 28 (Prevention of Future Deaths) Notice was issued arising from an inquest held in February 2022 however it was not received until May 2022. At the time of writing this report the notice had just been received and was being evaluated. The notice related to medication practice in community nursing. Further detail will be included in the next report.

The Patient Safety Report to the QSE Committee detailed an update on all Regulation 28 Notices received in the last year.

## **Litigation**

During the period of February and March 2022, 64 claims or potential claims were received against the Health Board. Of these, 53 related to clinical negligence and 11 related to personal injury. These figures are slightly higher than recent months.

Whilst the numbers have fluctuated a little throughout the bi-monthly periods, it is anticipated by Legal and Risk Services (Health Board's solicitors) that claims will rise significantly due to the direct and indirect effects of the Covid-19 pandemic. The number of new claims received has increased over the last two months, which has been as expected and it is believed this figure will continue to rise as the Health Board begins to deal with the effects of cancelled procedures and appointments.

The Audit Committee receives a report to provide assurance the appropriate authorisation levels were given, alongside an annual internal audit (the last audit gave Substantial Assurance).

All Health Boards in Wales contribute to a liability fund and have a risk share agreement, known as the Welsh Risk Pool (WRP). To ensure that learning and improvement is commenced and implemented at the earliest possible stage the Welsh Risk Pool has strict national procedures. The WRP procedures require a Learning from Events Report (LfER) and a Case Management Report (CMR). These are used by the Health Board to report the issues

that have been identified from a claim and to determine how these have been addressed in order to reduce the risk of reoccurrence and reduce the impact of a future event. The trigger for an LfER is related to the date of a decision to settle a case (even if the loss incurred is under £25,000) and the Health Board has sixty working days to submit a report from this date. A CMR is then submitted four months after the last payment on a claim is made, detailing how quantum was decided, if delegated authority was used and confirming that senior leaders have been advised of the claims. The LfER needs to provide a sufficient explanation of the circumstances and background to the events which have led to the case, in order for the WRP Committee to scrutinise and identify the links to the findings and learning outcomes. Supporting information, such as action plans, expert reports and review findings can be appended to the LfER to evidence the learning activity.

Information on learning is reported to the QSE Committee in the Patient Safety Report. Significant learning arising recent claims include:

- Following a claim whereby a bowel was injured during laparoscopy: All surgeons performing laparoscopy must check for any potential organ injury. Once the laparoscope has been introduced through the primary cannula, it should be rotated through 360 degrees to check visually for any adherent bowel. The bowel should be closely inspected for any evidence of haemorrhage, damage or retroperitoneal haematoma. If there is concern that the bowel may be adherent under the umbilicus, the primary trocar site should be visualised from a secondary port site, preferably with a 5-mm laparoscope. On completion of the procedure, the laparoscope should be used to check that there has not been a through-and-through injury of bowel adherent under the umbilicus by visual control during removal.
- Following a claim whereby there was a failure to diagnose pneumococcal meningitis: Blood tests from the ED are now exclusively ordered and reviewed electronically through the Welsh Clinical Portal. This provides a full audit trail of who ordered, and who reviewed the results. The ED issues guidance that no patient should be discharged pending investigation results, instead patients can be admitted onto the ED Observation unit if discharge is anticipated whilst they await results. Additionally every day Mon-Fri, an ED consultant undertakes in direct clinical time a review of the previous 24hrs (or 48hr over weekends) investigation results. These are paper based printouts of all the blood tests, microbiology and radiology investigations ordered under ED. Any grossly abnormal results can be flagged with case notes reviewed and patients returned to ED if necessary.

## Regulation

Healthcare Inspectorate Wales (HIW) inspects the NHS in Wales. HIW assesses compliance against the Health and Care Standards 2015. They also have a specific responsibility to ensure that vulnerable people receive good care in mental health services.

During December 2021 and January 2022 there were three inspections as follows:

- Foelas Ward, Bryn y Neuadd, February 2022
- Emergency Department, Ysbyty Gwynedd, February 2022
- Emergency Department, Ysbyty Glan Clwyd, March 2022

At the time of writing, only the inspection report of the ED at Ysbyty Gwynedd had been finalised. This inspection found a number of issues of concern including:

- Oversight off the waiting room
- Consistent recording and action taken in regards to early warning scores
- Delays with transfers
- Discharge processes.

An action plan was submitted in response addressing these points and a HIW paper was presented to the QSE Committee on 03 May 2022 with a summary position. 17 actions are implemented, 4 actions are in progress and 8 actions are overdue (these are being actively progressed).

The Quality Assurance Team continue to log all actions arising from inspections in a database and collate evidence from services to ensure actions are being completed.

## **Conclusion**

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

The Board is asked to receive the report.

Detailed information relating to trends, themes, learning and improvement is provided to the Quality, Safety and Experience (QSE) Committee in the Patient Safety Report and Patient and Carer Experience Report. As such, attempts have been made to avoid duplication and to keep this report as a highlight report.

<b>Cyfarfod a dyddiad:</b> <b>Meeting and date:</b>	Health Board 26 May 2022						
<b>Cyhoeddus neu Breifat:</b> <b>Public or Private:</b>	Public						
<b>Teitl yr Adroddiad</b> <b>Report Title:</b>	Summary of business considered in private session to be reported in public						
<b>Cyfarwyddwr Cyfrifol:</b> <b>Responsible Director:</b>	Molly Marcu, Board Secretary						
<b>Awdur yr Adroddiad</b> <b>Report Author:</b>	Philippa Peake-Jones, Head of Corporate Affairs						
<b>Craffu blaenorol:</b> <b>Prior Scrutiny:</b>	None						
<b>Atodiadau</b> <b>Appendices:</b>	None						
<b>Y/N to indicate whether the Equality/SED duty is applicable</b>							<b>N</b>
<b>Argymhelliad / Recommendation:</b>							
The Board is asked to note the report							
<b>Ar gyfer penderfyniad /cymeradwyaeth For Decision/ Approval</b>		<b>Ar gyfer Trafodaeth For Discussi on</b>		<b>Ar gyfer sicrwydd For Assurance</b>		<b>Er gwybodaeth For Information</b>	✓
<b>Sefyllfa / Situation:</b>							
To report in public session on matters previously considered in private session							
<b>Cefndir / Background:</b>							
Standing Order 6.5.3 requires the Board to formally report any decisions taken in private session to the next meeting of the Board in public session. This principle is also applied to Committee meetings.							
<b>Asesiad / Assessment</b>							
The Health Board considered the following matters in private session:							
<b>10<sup>th</sup> March</b>							
<ul style="list-style-type: none"> <li>Integrated Medium Term Plan</li> <li>Approval of Contract for the Supply of Infusion Pumps</li> </ul>							

- High Value Claim

### **30<sup>th</sup> March**

- Vascular Update
- HIW ED Report and Action Plan
- Regional Treatment Centres (RTC)