

Agenda

Unfortunately we are presently unable to accommodate attendance by members of the public to our Health Board's committee meetings due to Covid-19 restrictions. However we will publish our draft minutes within 3 working days of the meeting taking place on our website.

- 0 SP20/35 Chairs opening remarks
- 1 SP20/36 Apologies for absence
Mark Wilkinson for whom Sally Baxter is deputising, John Darlington, Bethan Jones for item SP20/47
- 2 SP20/37 Declarations of Interest
- 3 09:30 - SP20/38 Draft minutes of the meeting held on 9.6.20 for accuracy, matters arising and summary action plan
SP20.38a Minutes SPPHC Public session 9.6.20 v.03 draft.docx
SP20.38b Summary action log.docx
- 4 09:45 - SP20/39 2019/20 annual plan reconciliation - for information
Sally Baxter
Recommendation:
The Committee is asked to note the report for information
SP20.39a 2019-20 Annual Plan Reconciliation.docx
SP20.39b Reconciliation Responses V1.0.pdf
- 5 09:45 - SP20/40 2020/21 Quarter 1 operational plan monitoring
Sally Baxter
Recommendation:
The Committee is asked to note the report
SP20.40a QOPMR June 2020 FINAL.docx
SP20.40b Quarter One Plan Monitoring Report - June 2020 FINAL2.pdf
- 6 10:00 - SP20/41 Endorsement of Q2 plan and development of Q3 2020/21
Sally Baxter
Recommendation:
It is recommended that the Committee:
1\ *Review the proposed approach as set out in Appendix 1 to support the development of our plan into Q3 / Q4*
2\ *Receive the Q2 plan to support service delivery during the Pandemic*
SP20.41a Endorsement Q2 and development Q3_4.docx
SP20.41b Appendix 1.docx
SP20.41c Appendix 2.docx
SP20.41d Appendix 3.docx
- 7 10:20 - SP20/41.1 COVID-19 prevention and response plan
Sally Baxter
Paper to follow
- 8 10:35 - SP20/42 Regional Partnership Board update
Sally Baxter
Recommendation:
The Committee is asked to receive the update from the North Wales Regional Partnership Board
SP20.42a NWRPB coversheet.docx
SP20.42b NWRPB 10.7.2020 draft notes.pdf
- 8 SP20/43 Public Service Board update : Conwy & Denbighshire - for information
Sally Baxter
Recommendation:
To provide the Committee with an update on Conwy and Denbighshire Public Services Board, the Annual Report 2019/20 is included for noting in respect of the priorities and work programme
SP20.43a CDPSB.docx
SP20.43b CD PSB ANNUAL REPORT 201920.pdf
- 9 SP20/44 Transformation Fund Updates:

- 9.1 10:45 - SP20/44.1 Community Services
Chris Stockport
Recommendation:
The Committee is asked to note the information contained within the report by way of progress with the Community Services Transformation Programme, and plans for its recovery.
SP20.44.1a Community Transformation Update.docx
SP20.44.1b APPENDIX 1_Q1_20-21_Community Transformation LG Update.docx
- 9.2 11:00 - SP20/44.2 Learning Disability : North Wales Together: Seamless Service for People with Learning Disabilities Strategy 2018-2023: Programme response to Covid-19: Highlight Report and Recovery Plan
Lesley Singleton in attendance
Recommendation:
The Committee is asked to approve the updates aligned to the Learning disability strategy to enable the BCUHB to continue to work alongside partner agencies, including the 6 Local authorities to ensure delivering on the recommendations outlined within the LD strategy
SP20.44.2a Learning Disability.docx
SP20.44.2b Appendix 1 Project Highlight Report and Recovery Plan May 2020 v3.docx
SP20.44.2c Appendix 2 MHL D Learning Disability operational PLan v5.1 2042020.docx
- 9.3 11:10 - SP20/44.3 Mental Health
Lesley Singleton in attendance
Recommendation:
Accept the report as an accurate update on progress
SP20.44.3a A Healthier Wales MHL D Transformation Programme Update Q1 20-21.docx
SP20.44.3b App1 Case Studies - July 2020.docx
SP20.44.3c App2 Client Stories.docx
SP20.44.3d Short Survey of the ICAN Emotional Support.pdf
- 10 11:20 - Comfort break
- 11 11:30 - SP20/45 University Health Board status review update
Adrian Thomas in attendance
Recommendation:
The Committee is requested to receive this report for information
SP20.45a UHB status update.docx
SP20.45b University Health Board status update.docx
- 12 11:45 - SP20/46 Covid 19 Research and Innovation report
Adrian Thomas in attendance
Recommendation:
The Committee is asked to receive the update for information
SP20.46a C19 RI Update July2020.docx
SP20.46b Appi COVID Research and Audit. SPPH July 2020.pdf
SP20.46c App ii COVID19 Infographic -Research and Audit SPPH July2020.pptx
- 13 12:00 - SP20/47 Public Health : Test, Trace and Protect (TTP) – SPPH update (Number 1)
Teresa Owen
Recommendation:
The Committee is asked to:
(a) NOTE the progress made in relation to developing a multiagency response programme for the North Wales TTP programme.
(b) AGREE that TTP is a standing item on the SPPH agenda going forward given its key role in Covid19 containment.
(c) PROVIDE feedback on TTP aspects that they would like further information on in the SPPHC reports.
SP20.47a TTPa Report August 2020 - FINAL.docx
SP20.47b TTP Appendix 1 Board update to SPPH Aug 20.docx
SP20.47c TTP Appendix 2 WG Diagram.docx
SP20.47d TTP Appendix 3 Workstream Overview.docx
SP20.47e TTP Appendices 4a b Governance Structure.docx

- 14 12:15 - SP20/48 Welsh Language 2019/20 annual monitoring report
Teresa Owen
Alaw Griffiths in attendance
Recommendation:
The SPPH Committee is asked to endorse and approve the attached report, so it can be forwarded to the Board and ultimately finalised, published and presented to the Welsh Language Commissioner in accordance with the previously agreed timetable (i.e. by the end of September 2020).
SP20.48a Welsh Language Annual Report template.docx
SP20.48b Welsh Language Services Annual Monitoring Report 2019 - 2020 Draft 3 SPPH.pdf
- 15 12:30 - SP20/49 Integrated Care Fund and Partnership Governance Section 33 agreements
Sally Baxter
Recommendation:
The Committee is asked to receive the report on Integrated Care Fund and note the update on actions proposed to enhance governance in respect of section 33 agreements
SP20.49a partnership funding governance.docx
SP20.49b ICF Revenue Plan 2020-21.docx
- 16 SP20/50 Policies and procedures for approval
- 17.1 12:45 - SP20/50.1 WP8 Equality, Diversity and Human Rights Policy
Sue Green
Recommendation:
The Committee is asked to approve the revised policy.
SP20.50.1a WP8a.docx
SP20.50.1b WP8b App1 WP8 Equality Diversity Human Rights Policy 2020.docx
SP20.50.1c WP8c App2 EqIA Screening Template WP8 Equality Diversity and Human Rights Policy 2020.docx
- 17.2 12:50 - SP20/50.2 WP7 Procedure for Equality Impact Assessment
Sue Green
Recommendation:
The Committee is asked to approve the revised procedure
SP20.50.2a WP7a.docx
SP20.50.2 WP7b App1 WP7 BCUHB Procedure for Equality Impact Assessment 2020 Review.doc
SP20.50.2c WP7c App2 EqIA Screening Template WP7 Procedure for Undertaking Equality Impact Assessments.docx
- 18 12:55 - SP20/51 Draft Committee annual report 2019/20
Sally Baxter
Recommendation:
The Committee is asked to
approve the Committee Annual Report for 2019/20
approve Cycle of Business 2020/21
review and approve the revised Terms of Reference as indicated below for submission to the Audit Committee
SP20.51a SPPH Committee Annual Report front template.docx
SP20.51b App 1 SPPH Committee Annual Report 2019-2020 draft v.02.docx
SP20.51c App 2 SPPHC COB 2020_21 v1.0 August 2020.doc
SP20.51d App3 SPPH Committee TOR V5.02 for consideration at AUG 2020 meeting.doc
- 21 SP20/52 Issues of significance to inform the Chair's assurance report
- 22 SP20/53 Date of next meeting 1 October (PLEASE NOTE AMENDED DATE)



Strategy, Partnerships and Population Health Committee (SPPHC)
Draft minutes of meeting held in public on 9.6.20
via webex

Present:

Lyn Meadows	Independent Member (Acting Chair)
Nicky Callow	Independent Member (<i>part meeting</i>)
John Cunliffe	Independent Member
Helen Wilkinson	Independent Member

In Attendance:

Clare Darlington	Assistant Director Primary and Community services (for Dr C Stockport)
Andrew Doughton	Wales Audit Office representative (to observe)
Marian Wyn Jones	Board Advisor (<i>part meeting</i>)
Justine Parry	Assistant Director Risk and Assurance (<i>part meeting</i>)
Katie Sargent	Assistant Director ~ Communications (<i>part meeting</i>)
Sally Thomas	Head of Equalities and Human Rights (<i>part meeting</i>)
Mark Wilkinson	Executive Director Planning and Performance
Diane Davies	Corporate Governance Manager (Committee secretariat)

Agenda Item Discussed	Action By
Chair's welcome The Committee Chair noted that BCUHB was unfortunately unable at the present time to accommodate attendance by members of the public at Health Board committee meetings due to Covid-19 (C19) restrictions. She welcomed Mr Andrew Doughton, representing Wales Audit to observe the meeting.	
SP20/20 Apologies for Absence Apologies were noted from Dr Chris Stockport for whom Mrs Clare Darlington deputised, Mrs Sue Green and Miss Teresa Owen.	
SP20/21 Declarations of Interest	

<p>Independent Member Helen Wilkinson reported her substantive appointment to be Chief Officer, Denbighshire Voluntary Services Council in relation to third sector and partnership matters</p>	
<p>SP20/22 Draft minutes of the meeting held on 5.3.20 for accuracy, matters arising and summary action plan</p> <p>SP20/22.1 The minutes were agreed as an accurate record and there were no matters arising.</p> <p>SP20/22.2 The summary action log was updated and in the ensuing discussion the following was noted:</p> <p>SP20/22.2.1 Independent Member Nicky Callow was keen to ensure that University status and research and innovation work was captured during the C19 pandemic. It was agreed that the Executive Director Planning and Performance contact the Executive Director Therapies and Health Sciences to request that a paper be presented to the next meeting to provide :</p> <ul style="list-style-type: none"> • how BCU is supporting research into C19 • details of innovation that have been introduced • inclusion of primary & community academy work that had recommenced (link in with Clare Darlington for detail) • Update on university status <p>SP20/22.2.2 The Committee questioned whether learning from the C19 response would be included within the Estates Strategy, however the Executive Director Planning and Performance advised this to be a short term response as opposed to long term estate strategy planning.</p> <p>SP20/22.2.3 The Committee was keen to understand the effectiveness of the business continuity / emergency response preparations in relation to the C19 pandemic major incident response, questioning when a review would be undertaken. The Executive Director Planning and Performance agreed, however he emphasised the uniqueness of the incident duration, which might continue for 12 months. It was agreed that a report be provided to the October meeting to address the following Committee concerns:</p> <ul style="list-style-type: none"> ▪ resourcing adequacy within emergency response team ▪ availability of effective policies at the beginning of the process ▪ audit report to provide assurance level ▪ addressing the quality of the previous report provided 	<p>MW>AT</p> <p>CD/AT</p> <p>MW</p>
<p>SP20/23 Corporate Risk Register – risks assigned to the Committee</p> <p>SP20/23.1 The Assistant Director Risk and Assurance joined the meeting to provide further detail on the latest introductions to the format of the report. The Committee took on board her comments, however further consideration of risk appetite in private session was required in order to enable more meaningful discussion. This issue along with considerable debate regarding actions, measures and controls were discussed.</p>	

<p>The Assistant Director Risk and Assurance confirmed that a Risk Management workshop would be undertaken by Board members in July to provide greater clarity and enable further discussion on the efficacy and appropriateness of controls.</p> <p>SP20/23.2 Due to the non-availability of relevant executives, or their deputies in attendance, CRR01, CRR14 and CRR15 were not discussed.</p> <p>SP20/23.3 The Assistant Director Primary and Community Services addressed CRR09 – Primary Care Sustainability. She acknowledged that there had been some stabilisation within GP practices however, the challenge remained of an ageing population within BCU's catchment area. She highlighted new modelling introduced which had alleviated reliance on an ageing medical workforce through the introduction of other professionals within practices. The number of controls in places was discussed and it was agreed that the Assistant Director Primary and Community Services would discuss the target risk date following the meeting with the Assistant Director Risk and Assurance.</p> <p>SP20/23.4 It was agreed that the the Assistant Director Risk and Assurance would amend the title column regarding 'progress and comments' to a more useful description. She also drew the Committee's attention to the need for cultural behaviour changes in addressing risk management within the organisation, highlighting the lack of current capacity within her risk management team and training required to be delivered.</p> <p>SP20/23.5 In respect of CRR17 Development of the Integrated Medium Term Plan it was acknowledged that work was required to address date alignment and action definitions. The Executive Director Planning and Performance confirmed that there had been no change since the previous submission and agreed to address these issues further.</p> <p>It was resolved that the Committee</p> <ul style="list-style-type: none"> considered the relevance of the current controls in respect of CRR09 and CRR17 reviewed the actions in place and considered whether the risk scores remained appropriate for the present risks in line with the Health Board's risk appetite, however it was acknowledged that further discussion was required at the risk management board workshop scheduled to be held in July reviewed CRR09 and CRR17 Corporate Risk Register (CRR) ahead of submission to the Audit Committee 	<p>CD/JP</p> <p>JP</p>
<p><i>The order of items discussed was modified with the agreement of the Committee Chair to meet operational needs</i></p>	
<p>SP20/26 Phase 2 transition to sustainable service delivery</p> <p>SP20/26.1 The Executive Director Planning and Performance advised that the organisation was currently planning future activity on a phased basis due to the effects of the Covid19 (C19) pandemic. Whilst the quarter 1 plan had been provided to Welsh Government (WG) on the basis of 12 days notice, the Health Board would plan to incorporate greater member consideration and feedback for the submission of the quarter 2 plan transitioning to sustainable service delivery. It was noted that he had</p>	

<p>shared work undertaken by the Planning Workstream to date with Committee members earlier that day. He advised that the quarter 2 plan would be subject to discussion by the Cabinet on 11.6.20, followed by a Board workshop ahead of submission to WG at the end of June.</p> <p>SP20/26.2 The Committee expressed concern in respect of modelling, especially in regard to the potential of another C19 peak in July. The Committee stressed the criticality of ensuring the correct model would be in place. However, the Executive Director Planning and Performance stated it was important to note that there had been no predetermined date set in respect of the second peak as it was predicated on the success of lockdown actions.</p> <p>SP20/26.3 The Committee emphasised that consideration of the Health Board's operational plan was a key element of the Strategy, Partnerships and Population Health Committee's function.</p> <p>SP20/26.4 Independent Member Nicky Callow was concerned about the potential effect that large numbers of students arriving from distant areas to live within Bangor and its vicinity would have on the Health Board – as would be the case around Glyndŵr University campus. She also questioned how the signed off 52 clinical pathways would link in with the organisational plan.</p> <p><i>Independent Member Nicky Callow left the meeting</i></p> <p>SP20/26.5 The Executive Director Planning and Performance shared WG's rapid review process that had been undertaken, and light touch feedback, in respect of positive actions and key risks, which were being addressed according to priority going forward. He also provided detail of the work being undertaken by the Integrated Planning workstream. Independent Member Helen Wilkinson emphasised the importance of Third Sector and volunteer involvement. In response, the Executive Director Planning and Performance outlined work he was progressing with partnership involvement including the Regional Partnership Board and BCU's Stakeholder Reference Group. She also questioned whether the generous donations given to BCU's Awyr Las Charity might be shared with other sectors run by volunteers who were suffering from funding shortages.</p> <p>SP20/26.6 In regard to the clinical pathways instigated to respond to C19 and nonC19 activity, the Executive Director Planning and Performance confirmed this to be the subject of further work in transformational change.</p> <p>SP20/26.7 The Committee Chair shared her experience of observing Cabinet meetings, whilst understanding that this was a temporary governance arrangement put in place to provide greater agility in decision making, the Committee encouraged consideration of the Committee Chair as a member going forward should the requirement for the Cabinet continue in emergency response mode.</p> <p>It was resolved that the Committee</p> <ul style="list-style-type: none"> noted details around the Planning workstream and the draft Q1 plan -Transition to Sustainable Service Delivery which had been submitted to both WG and BCU Cabinet. 	<p>LM</p>
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<ul style="list-style-type: none"> reviewed the approach set out within the paper to support the development of BCU's plan into quarters 2 and 3 	
<p>SP20/23 Committee Cycle of Business (COB)</p> <p>SP20/23.1 In discussion of the COB, the Committee requested that a section be included to reflect Primary and Community business and tie in with primary care sustainability. The Assistant Director Primary and Community Services agreed to advise how the All Wales strategic programme for primary care could be timetabled within the COB to provide further detail of national and workforce developments.</p> <p>SP20/23.2 Independent Member Helen Wilkinson suggested demonstrating greater connectivity between the COB and TOR.</p> <p>It was resolved that the Committee approved the COB subject to the amendments agreed</p>	MW/CD
<p>SP20/29 Annual Equality report 2019/20</p> <p>SP20/29.1 The Head of Equalities and Human Rights (EHR) joined the meeting to present this item. She highlighted many successes happening within the organisation which had been recognised externally eg Stonewall Top 100 employer and continuation of the Project Search programme. She advised that a review of the strategic equality plan had been undertaken to identify objectives for the coming 4 years. In response to the Committee, she advised that that there had been many inequalities highlighted within the response to the C19 pandemic.</p> <p>SP20/29.2 The Committee congratulated the small team for their very strong track record and recognised the challenges in embedding the equalities agenda across the organisation. In terms of maximising PR potential, the Head of EHR affirmed that the Communications Team worked closely with her team to promote positive news and was very supportive. In response to the Committee Chair, she also clarified the additional potential for disadvantage that people with more than one protected characteristic might encounter and therefore require more support. The Head of EHR advised that actions were contained within the Strategic Equalities Plan which the Committee had previously approved and some of these would need to be reprioritised in light of inequalities discovered during the pandemic response.</p> <p>SP20/29.3 The Head of EHR recognised that the 26% gender pay gap reported required further work which was ongoing. She shared detail of the various groups addressing this area, noting that it was likely that progress could be slowed due to the need to meet the pandemic response. She also advised of the current response to equalities impact assessments and the facilities available.</p> <p>It was resolved that the Committee</p> <ul style="list-style-type: none"> noted progress and the Focus for the Future, including the revised Equality Objectives 2020-2024. 	DD

<ul style="list-style-type: none"> • approved the report and would formally advise the Board via the Committee Chair's assurance report <p><i>The Head of EHR left the meeting</i></p>	
<p>SP20/30 International Health Group (IHG) 2019/20 annual report</p> <p>The Committee supported the work of this group which enabled many positive outcomes abroad and also provided BCU staff with valuable experiences that benefitted the Health Board. The Committee suggested that an Independent Member Board Champion for International Health be created, nominating IM Helen Wilkinson.</p> <p>It was resolved that the Committee</p> <ul style="list-style-type: none"> • noted the report • move forward nomination as Independent Member international health champion 	LM / HW
<p>SP20/28 Update on Covid19 communications and engagement activity</p> <p>SP20/28.1 The Board Advisor and Assistant Director of Communications joined the meeting to present this item. The Board Advisor stated that the communications engagement strategy had been critical to the efficacy of responding to the C19 pandemic. This enabled communication with staff, partners, public and media within a fast moving situation which ensured that both staff and the local population would be better prepared. She highlighted the importance of how staff had become ambassadors within their own communities which was extremely positive. Whilst as an organisation moving through the fifth anniversary of being placed in special measures, this turnaround was seen as a reset to recalibrate with partners and stakeholders. She acknowledged the hard work that the communications team had undertaken to date.</p> <p>SP20/28.2 The Assistant Director of Communications outlined the work undertaken since 3 March, reflecting on the pace, focus, key audiences, volume of guidance amendments, lack of advance notification received and also the increased use of BCU's staff app. She also advised that engagement with media had been positive. It would be important to maintain the reverse trend as C19 reporting lessened and ensure that the public continued to understand that BCU's work in service transformation was required to ensure their safety.</p> <p>SP20/28.3 The Committee questioned whether the team was adequately resourced to sustain engagement at the required level and whether there was sufficient confidence of linkage with stake holder and partnership strategies. The Assistant Director of Communications highlighted work undertaken internally and with partners in these areas eg Test, Trace and Protect. The Board Advisor drew attention to internal resource capacity which had been bolstered during the pandemic response and would need to be explored further going forward on an 'as and when' basis.</p> <p>SP20/28.4 Following further discussion, Independent Member Helen Wilkinson, reiterated her declaration of interest as CEO of Denbighshire Voluntary Services Council, and reflected on whether transition would enable the development of a more co-productive approach with the third sector. The Committee requested that the</p>	

<p>Assistant Director Communications provide a follow up report to the next meeting, incorporating a review of what had been done well, less well and how future investment with partners could be beneficial.</p> <p>It was resolved that the Committee noted the activity detailed in the report</p> <p><i>The Assistant Director of Communications and the Board Advisor left the meeting</i></p>	KS
<p>SP20/25 Annual Plan 2019/20 progress monitoring report</p> <p>SP20/25.1 The Executive Director of Planning and Performance presented the year-end report which had been self-assessed by each of the lead executive directors assigned to the programmes. He stated that the report should only reflect closing positions of either red or green, therefore those at amber status would be revisited. It was also noted that the Executive Team would undertake a comprehensive review of the report which had been delayed due to the pandemic response. The Committee questioned to what degree this had resulted in some actions being reported red at year end which the Executive Director Planning and Performance estimated to be a third, drawing attention to examples eg AP002</p> <p>SP20/25.2 The Committee Chair asked for the Executive Director of Planning and Performance's reflection on the previous year's objectives. He reported that the monthly executive review and challenge had been helpful in ensuring focus, however he believed that due to the organisation's position in respect of financial recovery, some objectives could have been smarter. He also felt there had been improvements to process.</p> <p>SP20/25.3 Following discussion, the Committee requested that a paper be prepared on objectives which had not been achieved, including consequent impacts. The Committee also questioned how benefits realisation would be demonstrated to provide confidence on the delivery stated.</p> <p>SP20/25.4 The Committee Chair invited the Wales Audit representative to reflect on the report. He advised that the approach to reporting was better than previous years, and moved in a better direction, particularly in relation to tracking. He shared with the Committee a 'results based accountability' approach, emphasising the importance of demonstrating benefits and impacts which he suggested could be introduced going forward. He also pointed out that the year-end report provided a 12 month window of the organisation's planning process and therefore it was recognised that some objectives would be carried forward into the following year due to the length of programme involved.</p> <p>SP20/25.5 The Executive Director Planning and Performance undertook to focus on benefits realisation going forward.</p> <p>SP20/25.6 The Committee's comments in respect of a structured programme management (PM) approach containing the expectation of benefits realisation reporting within year end reports was taken on-board. A discussion ensued on BCU's</p>	MW

<p>Programme Management Office resource and how it operated within the organisation's management structure.</p> <p>It was resolved that the Committee noted the progress reported</p>	
<p>SP20/27 Current agreed Covid 19 forecast position</p> <p>The Committee Chair acknowledged that the report had been discussed by members at a recent Board briefing session.</p> <p>It was resolved that the Committee noted the report</p>	
<p>SP20/31 Summary of private business to be reported in public</p> <p>The report was noted</p>	
<p>SP20/32 Issues of significance to inform the Chair's assurance report</p> <p>To be advised</p>	
<p>SP20/33 Date of next meeting</p> <p>13.8.20</p>	
<p>Exclusion of Press and Public</p> <p>It was resolved that representatives of the press and other members of the public be excluded from the remainder of this meeting having regard to the confidential nature of the business to be transacted, publicity on which would be prejudicial to the public interest in accordance with Section 1(2) Public Bodies (Admission to Meetings) Act 1960.</p>	

BCUHB STRATEGY PARTNERSHIPS & POPULATION HEALTH COMMITTEE				
Summary Action Plan				
Officer/s	Minute Reference and summary of action agreed	Original Timescale	Latest Update Position	Revised Timescale
3.12.19				
<p>Teresa Owen</p> <p>➤ Ffion Johnstone</p>	<p>SP19/115.2 Regional Partnership Board Update Inform Committee members where the latest Carer's Strategy could be obtained from.</p>	31.12.19	<p>The Carers Strategy can be found at: https://www.northwalescollaborative.wales/carers/</p> <p>5.3.20 The Committee requested that the Area Director West provide an update on the Carer's Strategy at next SPPHC attendance</p> <p>18.5.20 verbal update to be provided when next in attendance</p> <p>9.6.20 Ffion Johnstone to share information provided at latest leadership forum</p> <p>6.7.20 Circulated to members</p>	<p>1.6.20</p> <p>3.7.20</p> <p>Action to be closed</p>
<p>Mark Wilkinson</p> <p>Diane Davies</p>	<p>SP19/120 Terms of Reference Provide revised draft to next meeting to incorporate higher focus on primary/community services, and to note that Finance Director Commissioning & Strategy should be formally in attendance</p>	27.1.20	<p>11.2.20 ToR amendments to be discussed initially at next CBMG meeting on 26.3.20</p> <p>CBMG meeting deferred, next meeting to be held on 18.6.20</p> <p>4.8.20 – Revised terms are on the agenda with the following addition to the delegated powers: 'receive regular assurance reports on health and care clusters and primary care development, recognising the central role played by primary care in the delivery of health and care.'</p>	<p>19.3.20</p> <p>5.8.20</p> <p>Action to be closed</p>
5.3.20				

Lyn Meadows / Helen Wilkinson	<p>Discuss at CBMG</p> <ul style="list-style-type: none"> Consider of Committee meeting all its Terms of Reference. suggest the Executive Medical Director be nominated in attendance as lead director of BCU's Clinical Services Strategy 	8.4.20	<p>1.4.20 – TOR /COB awaiting consideration</p> <p>18.5.20 – To be discussed at CBMG 18.6.20</p> <p>4.8.20 LM met with MP and LR, it was decided to take a closer and more proactive support and assurance framework with Primary Care with the 3 committee. SPPH to cover strategy and planning, QSE to cover all quality, safety and patient experience with Primary Care and F& P performance. It was felt that the terms of reference would follow.</p> <p>TOR revised and included in Agenda item SP20/51 for approval to submit to Audit Committee</p>	<p>5.8.20</p> <p>Action to be closed</p>
MW > AT	<p>SP20/8.2.3 Matters arising</p> <p>Executive Director Planning and Performance liaise with Executive Director Therapies and Health Sciences to:</p> <ul style="list-style-type: none"> provide an update on progress of BCU's Research and Innovation Strategy and action plan providing a briefing on University status 	Date to be agreed	<p>9.6.20 The Committee discussed the effect of the current C19 climate on research and development, especially as the Health Board was involved in some aspects.</p> <p>It was agreed that the Executive Director Therapies and Health Sciences be presented to the next meeting to provide :</p> <p>to provide :</p> <ul style="list-style-type: none"> how BCU is supporting research into C19 details of innovation that have been introduced inclusion of primary & community academy work that has recommenced (link in with Clare Darlington for detail) Update on university status <p>13.8.20 Agenda item</p>	<p>30.6.20</p> <p>5.8.20</p>

				Action to be closed
Rod Taylor	SP20/11.5 Environmental sustainability and decarbonisation Update BCU's environment and sustainability policy and circulate within quarter 1 2020/21 to members	August meeting (5.8.20)	9.6.20 Ensure also includes impact of remote working as increasingly introduced during C19 pandemic	
Bethan Jones	SP20/11.5 Environmental sustainability and decarbonisation Arrange to circulate C&D Green pledge to members	6.3.20	Circulated 10.6.20	Action to be closed
Members	SP20/11.5 Environmental sustainability and decarbonisation Provide feedback to Committee Chair and Exec Lead on the statement to inform Chair's next assurance report at Board regarding support	24.4.20	Superseded	Action to be closed
Mark Wilkinson / Emma Binns	SP20/13.1 Civil contingency and business continuity progress <ul style="list-style-type: none"> • Provide Emma B with exemplar report template for future reports • Ensure inclusion of risks and additional assurance in future reports as highlighted • Provide update on Covid19 to next meeting 	1.6.20	<p>18.5.20 – Due to response to the Covid 19 pandemic, the updates would be rescheduled to a future meeting date to be agreed</p> <p>9.6.20 – Provide report to address the following Committee concerns:</p> <ul style="list-style-type: none"> ▪ resourcing adequacy within emergency response team ▪ availability of effective policies at the beginning of the process ▪ audit report to provide assurance level ▪ addressing the quality of the previous report provided. <p>Defer to a future meeting</p>	TBA

Mark Wilkinson	SP20/10 Estates Strategy Provide <ul style="list-style-type: none"> - further detail on: 'Project Paradise' - clarification on interpretation of 'integration' re Bryn Beryl and the number of patients involved - arrange to revise wording of point 4 programme next steps and re-issue the revised document 		Defer to August meeting 31.7.20 – Estates Strategy deferred to October meeting	21.9.20
9.6.20				
Clare Darlington	(see SP20/8.2.3 Matters arising above) Link in with Executive Director Therapies and Health Sciences in respect of including primary & community academy work to R&I report	3.7.20	3.7.20 Emailed Academy Manager to contact Exec Director to ensure a link is made to the R&I report	Action to be closed
Clare Darlington / Justine Parry	SP20/23 CRR CRR09 – Primary Care Sustainability. discuss the target risk date following the meeting	3.7.20	3.7.20 Update on primary care sustainability has been provided to the F&P Committee. Meeting arranged for 27.8.20 with CD/JP to review the risk format and detail.	Action to be closed
Justine Parry	SP20/23.4 CRR Amend the title column regarding 'progress and comments' to a more useful description.	3.7.20	Completed	Action to be closed
Lyn Meadows	SP20/26.7 Phase 2 transition Discuss with the Chairman membership of the Cabinet going forward should the requirement for this group continue in emergency response mode.	3.7.20	4.8.20 Superseded action- Cabinet now stood down	Action to be closed
Mark Wilkinson / Clare Darlington	SP20/23 (COB) MW amend Cob to include Primary and Community business and tie in with primary care sustainability. Link with Assistant Director Primary and Community Services	3.7.20	3.7.20 The All Wales Strategic Programme and related workstreams is currently being reviewed due to the impact of Covid-19, both in terms of the delivery of the current programme and the content of the programme	

	on timetabling All Wales strategic programme for primary care		(which is to now reflect the 'new normal' and ways of working). CD to contact MW to discuss the CoB going forward. 4.8.20 Action above from December 19 refers.	Action to be closed
Diane Davies	SP20/29 Annual Equality report 2019/20 Ensure approval of annual report included within the next Committee Chair's assurance report to formally advise the Board	13.7.20	Included within Chair's Assurance report – including hyperlink to papers	Action to be closed
Lyn Meadows / Helen Wilkinson	SP20/30 IHR Annual report Discuss with the Chairman creating an Independent Member international health champion – suggesting the nomination of IM Helen Wilkinson	3.7.20	Chairman has agreed IM Helen Wilkinson as IM International Health Champion	Action to be closed
Katie Sargent	SP20/28 Comms & engagement update C19 Assistant Director Communications to provide follow up report to the next meeting	3.8.20	Item scheduled 13.8.20 8.7.20 KS advised : report to provide detail on sharing resources with partners, particularly the third sector	Action to be closed
Mark Wilkinson	SP20/25.3 AOP 19/20 Provide paper on objectives which had not been achieved, including consequent impacts and how benefits realisation would be demonstrated to provide confidence on the delivery stated.	3.8.20	Agenda item 13.8.20- for information	Action to be closed

5.8.20



GIG
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Bwrdd Iechyd Prifysgol
Betsi Cadwaladr
University Health Board

Cyfarfod a dyddiad: Meeting and date:		Strategy, Partnerships and Population Health Committee 13.8.20					
Cyhoeddus neu Breifat: Public or Private:		Public					
Teitl yr Adroddiad Report Title:		2019/20 Annual Plan Reconciliation					
Cyfarwyddwr Cyfrifol: Responsible Director:		Mr Mark Wilkinson, Executive Director of Planning and Performance					
Awdur yr Adroddiad Report Author:		Mr John Darlington, Assistant Director - Corporate Planning.					
Craffu blaenorol: Prior Scrutiny:		BCU Executive Team					
Atodiadau Appendices:		Appendix 1: Collated Responses.					
Argymhelliad / Recommendation:							
It is recommended that: <ul style="list-style-type: none">• Strategy, Partnerships and Population Committee note this report for information							
Ar gyfer penderfyniad /cymeradwyaeth For Decision/ Approval *		Ar gyfer Trafodaeth For Discussion*		Ar gyfer sicrwydd For Assurance*		Er gwybodaeth For Information*	✓
Sefyllfa / Situation:							
The aim of this report is to ensure clarity around the status and on-going planning intentions for those actions within our 2019/20 which were not delivered in year. The paper therefore essentially provides a year end reconciliation of our 2019/20 plan based on the March 2020 paper Three Year Outlook and 2019/20 Annual Plan: Monitoring of Progress against Actions.							
Cefndir / Background:							
Following instruction from the Finance and Performance Committee, a request was made to each of the Executive Leads to review their 2019/20 actions against a set of three key questions:							
1. Is action still relevant for 2020/21 Operational Plan - Yes / No include Rationale							
2. Is action being modified/adapted for 2020/21 with rationale and expected timescale							
3. Action rolled forward into 2020/21 with justification and new timescale							
The Strategy, Partnerships and Population Committee also requested a reconciliation of the actions at its previous meeting.							

Asesiad / Assessment

Appendix 1 set out the position following discussion with Executive leads for all actions that were identified as amber or red as at March 2020.

To note: Many of the 2019/20 actions have multiple milestones, and can also have more than one lead Executive, to support delivery of the key actions. Where an action has multiple milestones – these have been broken down individually with each milestone R/A/G rated accordingly. A full assessment of the key actions has therefore included review of the associated key milestones to understand delivery

*Tick as appropriate

Board and Committee coversheet V11.0 wef 1.12.19

Workforce & Organisational Development
Executive Lead: Sue Green

Plan Ref	Actions	Annual Plan Update - March 2020	2019 / 2020 Milestone	Milestone Ref.	Is action still relevant for 2020/21 Operational Plan Yes / No include Rationale	Is action being modified/adapted for 2020/21 with rationale and expected timescale	Action rolled forward into 2020/21 with justification and new timescale
AP043	Deliver Year One Workforce Optimisation Objectives - reducing waste and avoidable variable/premium rate pay expenditure. Demonstrating value for money and responsible use of public funds	Progress has been achieved in areas such as Retention Improvement Plan in place and actions progressing, N&M bank capacity increased through revised rates and auto-enrolment and weekly pay pilot, multi professional temporary staffing service has been developed with A4C bank now incorporating staff groups such as A&C, Estates and Facilities, AHP etc. and by the introduction and growth of the medical staff bank, Establishment Control (EC) system is now via electronic portal enabling effective establishment control. Workforce Optimisation Programmes and associated PIDs are in place and overseen by the Workforce Improvement Group (WIG). However this objective remains Red as whilst work programmes were all being vigorously pursued and some schemes are green there are still	Recruitment & Retention	43A	Yes: Continues to form part of the overall Workforce Strategy	No: Action remains: not progressed due to urgent Covid activity taking precedence	Outline Plan end July 2020: Renewed oversight and delivery of all Workforce Optimisation Programmes including: Medical Productivity & Efficiency; Nursing Midwifery and AHP Productivity & Efficiency; Non Clinical Productivity & Efficiency and Overarching / T&Cs Application
			Develop a multi professional temp staffing service	43B			
			Efficient use of systems	43C			
			Job Planning	43D			
			Attendance Management	43E			

		programmes which have not been progressed due to urgent Covid activity taking precedence.					
AP044	Deliver year one Health & Safety Improvement programme, focussing on high risk / high impact priorities whilst creating the environment for a safety culture	The Covid 19 work including building 3 field hospitals, has reduced the capacity of the H&S Team to provide assurance that gaps in compliance in H&S legislation have been progressed as planned, the risk therefore is red. The action plan is being reviewed and a workshop to be arranged end of June, to identify the 'must do work' while Covid continues to reduce the capacity of the H&S Team to deliver business as usual. The most significant risks are on tier 1 risk register with dates and actions amended. These include security, asbestos, legionella, contractor management and control, fire safety and electrical safety. The Strategic Occupational Health & Safety Group has not met for 2 months and Occupational Health Service have been focusing on testing. The Safe Effective Occupational Health Standards (SEQOSH) have suspended applications and	Reintroduce a Health, Safety & Wellbeing Strategic Committee to ensure structured governance arrangements in place	44A	Yes: Continues to form part of the overall Workforce Strategy	No: Action remains: Action plan is to be reviewed and a workshop to be arranged end June 2020 - to identify the <i>must do work</i> while Covid continues to reduce the capacity of the H&S Team to deliver business as usual.	Workshop to be scheduled end June 2020
			Review existing Health, Safety & Wellbeing governance arrangements	44B			
			Attain the Quality Improvement Standards Award for Occupational Health (SEQOHS)	44C			
			Establish a stress management prevention plan to reduce stress related episodes	44D			
			Establish a musculoskeletal prevention plan to reduce Musculoskeletal episodes	44E			
			Maintain no incidents of occupational cancer and ill health	44F			

		therefore the OH Team will not be implementing SEQOSH as planned in July 2020. A number of policies are being reviewed with external support from IOSH volunteers. A review of Security within BCUHB has been undertaken and implementation of the business case is required to provide assurance that security is being effectively managed	through established health surveillance programmes	
			Introduce a targeted campaigns to reduce sharps / body fluid contamination incidents	44G
			Introduce an education / coaching programme to support creation of wellbeing in workplace	44H
			Introduce other wellbeing / safety activities in line with the Health Improvement/Health Inequalities Living Healthier Staying Well Strategy & Health & Safety three year plan	44I
			Develop Safe Systems of Work for RIDDORs and have scrutiny for all reported RIDDORs	44J

			Review current paperwork and processes that relate to OHS in order to be easier to understand, facilitate more returns and to provide organisational data on the state of Health and Safety by area/division and ultimately the whole organisation. This data will feed into the relevant divisional and corporate H&S meetings	44K
			Develop and Implement a Robust COSHH Management System Including Training, Storage and Use of Chemicals to Reduce Exposure to Occupational Cancers and Manage Accordingly	44L
			Develop, Produce and Validate an Appropriate and Fit For Purpose Security Policy for the organisation	44M

			Safer sharps systems to be improved and modified	44N			
			Slips, Trips and Falls	44O			
			Training health safety	44P			
AP049	Provide 'one stop shop' enabling services for reconfiguration or workforce re-design linked to key priorities under Care Closer to Home; excellent hospital services	A number of aspects of this objective have been achieved (e.g. further developing guidance to assist managers to take ownership of actions, increasing organisational capacity in regards to Equality Impact Assessment knowledge and understanding). However whilst teams across W&OD have deployed a multi team intervention model in support reconfiguration/ workforce redesign in areas such as sickness management and in support of various workforce PIDS this model has not been formalised and publicised. Next Steps: W&OD will continued multi team support to Workforce Optimisation programmes and will document this approach in order to develop this into an 'offer' which can be publicised to areas planning significant change.	Identify priorities from three year plan	49A	Yes: Continues to form part of the overall Workforce Strategy	No: Action remains: WOD to continue multi team support to Workforce Optimisation Programmes and to document approach in order to develop an <i>offer</i> that can be issued to areas planning significant change.	To be reviewed and update provided end July 2020
			Develop a multi team intervention model to support reconfiguration/ workforce redesign	49B			
			Development of WOD 'offer' in relation to commissioning support	49C			
			Establishment of comprehensive suite of guidance to assist managers to take ownership of actions	49D			
			Raised awareness of and promoted the equality impact assessment process as a framework to help to ensure that any potential for	49E			

			disadvantage or discrimination is identified and addressed across programme groups and transformation activity aligned to the equality and rights principles set out in LHSW	
			Increase organisational capacity in regards to Equality Impact Assessment knowledge and understanding	49F
			Raised awareness of and promoted the findings from EHRC 'Is Wales Fairer Research 2018' on how Wales is performing on equality and human rights	49G
			Engage with stakeholders to develop a better understanding of inequalities which arise as a result of differences including those identified as protected characteristics	49H

			Increase the offer and take up of Treat Me Fairly training for the primary care independent contractors	49I			
AP080	Staff - Clinical Rostering	Finance & Performance	Review, increase robustness and communicate revised policies in respect of additional hours justification and authorisation	80A			
			Ensure roster alignment project is delivering planned benefits and outcomes, including embedding support and challenge meetings	80B			
			Agree standard rostering processes and protocols	80C			
			Confirm and establish thresholds and approval governance for agency staff. Establish discounts for block bookings	80D			
			Review and relaunch E-rostering reports and ensure used to drive support and challenge meetings	80E			

			and improve performance			
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Plan Ref	Actions	Annual Plan Update - March 2020	2019 / 2020 Milestone	Milestone Ref.	Is action still relevant for 2020/21 Operational Plan Yes / No include Rationale	Is action being modified/adapted for 2020/21 with rationale and expected timescale	Action rolled forward into 2020/21 with justification and new timescale
AP016	Plan and deliver digitally enabled transformation of community care	Malinko rolled out to DN teams accelerated due to COVID, work to roll out to wider CRT will need to be reviewed. Very nearly there. Requirement for more devices (e.g. smart phones etc.). No further movement on WCCIS and unclear if this will re-emerge. Capabilities need to be improved across the partners highlighted by COVID remote working requirements. Pilots also planned for Nefyn, Llyn and YPS CRTs.	Digital plan for Community Resource Teams established and informed by pilots undertaken in 2018/19	16A	Yes: As a result of the Covid-19 pandemic the need to work more remotely has increased	No: Same action remains. All Wales recommendations will determine the national programme / timescale for full implementation	SMART actions to be reviewed and updated. Review of pilot schemes / sites across Central to be completed - timescale tbc
			Opportunities reviewed and aligned to Digital Health and Technologies	16B			

Plan Ref	Actions	Annual Plan Update - March 2020	2019 / 2020 Milestone	Milestone Ref.	Is action still relevant for 2020/21 Operational Plan Yes / No include Rationale	Is action being modified/adapted for 2020/21 with rationale and expected timescale	Action rolled forward into 2020/21 with justification and new timescale
AP030	Demand Enhanced care closer to home / pathways	COVID response coordinated as one service; other changes paused due to pandemic priorities.	To maximise the use of community resource teams and clusters to keep patients at home	30A	Yes: Remains a priority - delayed as a		Continues to be progressed - Review in Q4

			To ensure that a comprehensive directory all of the services that we provide for patients is available for staff to access 24/7	30B	result of Covid-19		
			Ensuring that pathways to keep patients out of hospital are accessible to all Health Care Professional to reduce our ED demand and conveyance rates	30C			
			To review our Minor Injury Units and provide services that are fit for our local communities and reduce public reliance on our Emergency Departments. Include increased opening hours and extending staff skills	30D	Yes: Work remains ongoing due to Covid-19 impact		TBC
			That our hospital teams are responsive to the needs of our patients in ED in a timely way	30E			

			That the All Wales Emergency Ambulances Collaborative / WAST priorities - Advanced Paramedic Pathfinders and Integrated Clinical Hub initiatives are embedded within our programmes of work to enhance patient care	30F			
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Plan Ref	Actions	Action Plan Update - March 2020	2019 / 2020 Milestone	Milestone Ref	Is action still relevant for 2020/21 Operational Plan Yes / No include Rationale	Is action being modified/adapted for 2020/21 with rationale and expected timescale	Action rolled forward into 2020/21 with justification and new timescale
AP077	Planning	The Health Board's response to the Covid-19 pandemic stopped any further progress towards identifying the full Savings target for 20/21.	Develop savings opportunities to meet full requirements	77G	Yes: Financial Plan for 20/21 includes £45m saving, however development work was suspended in March as a result of the pandemic response. Work is now re-commencing	As at March 2020 the PMO had developed a draft plan for £27.8m. This now subject to review with a report to be submitted to F&P Committee in July. A revised savings programme will be required for 20/21	N/A
AP076	Grip and Control	Finance & Performance	Analyse drivers of underlying position	76A			
			Review quality and content of financial reports (internal and external)	76B			
			Develop Grip and Control plan, quantifying agreed benefits and establish monitoring arrangements	76C			

Estates Executive Lead: Mark Wilkinson

Plan Ref	Actions	Scrutiny Committee of the Board	2019 / 2020 Milestone	Milestone Ref.	Is action still relevant for 2020/21 Operational Plan Yes / No include Rationale	Is action being modified/adapted for 2020/21 with rationale and expected timescale	Action rolled forward into 2020/21 with justification and new timescale
AP064	Well-being Hubs	As reported to February's committee, A well-being hub will not be completed in 2019/20 despite some progress being made. Different schemes have encountered different challenges including identifying a suitable cost-effective site and the complexity of delivering through a third party	Year One Well-being Hubs	064A	Yes schemes are in development and a central part of our care closer to home strategy	This 19/20 action was not especially SMART in that it encompassed a number of separate proposed schemes. Would suggest agreeing and then specifying the priority scheme or schemes.	Q2 – Review and agree priority schemes.
AP069	Ablett Mental Health Unit		Ablett Unit Outline Business Case	069A	Yes: OBC Board approved. FBC under active preparation	No - action remains as the completion of the business case	OBC due to be submitted to board in Q3 2020 with FBC Q3 2021.
AP072	Central Medical Records	This scheme to re-provide medical records storage was originally prioritised as a result of the proposed redevelopment of the Ablett unit. The change to the likely preferred option for the applicant business case to a new build elsewhere on the	Central Medical Records business case	072A	Yes - poor quality accommodation for the storage of paper records	No - action remains as the completion of the business case	The preferred option for the redevelopment of the Ablett unit is a new build (rather than refurbishment of the existing unit as envisaged in the SOC). This, together with the proposed business case for

		YGC site has reduced some of the urgency.					digital health records, has instigated a review as to the future medical records library requirement and consideration of further utilising the Ablett unit following the proposed re-location of mental health services. This review will be concluded in Q3 2020 subject to approval of the Ablett Unit OBC.
AP073	Residencies	Good progress has been made with the development of a draft business case. Further meetings with partners scheduled for March were cancelled, and discussions are still required with Welsh government on the potential availability of public sector capital.	Residencies business case	073A	Yes - strong case for change around poor quality accommodation and urgent need for significant capital investment.	No - action remains as the completion of the business case	Q3

Plan Ref	Actions	Action Plan Update - March 2020	2019 / 2020 Milestone	Milestone Ref.	Is action still relevant for 2020/21 Operational Plan Yes / No include Rationale	Is action being modified/adapted for 2020/21 with rationale and expected timescale	Action rolled forward into 2020/21 with justification and new timescale
AP039	Stroke Services	<p>This action remains red rated as it has not been possible to find a route to resource the business case in 2019/20. However, progress has been made in implementing aspects of year 1 of the business case.</p> <p>The thrombectomy service (clot retrieval) has been expanded to provide a seven day per week service from November 2019. The health board has been successful in its bid for rehabilitation assistants and is moving forward to recruit 2 whole time equivalent assistants for each acute site, to increase the acute therapeutic time patients receive and support optimal recovery and early discharge. The consultants' home-based technology has been improved to support prompt decision-making in relation to opportunities for thrombolysis. Work is continuing to include the</p>	Confirm the service model and develop a Pre Consultation Business Case	039A	Yes: COVID-19 / Stroke Clinical Pathway, developed as organisational response to COVID-19 (endorsed by the Clinical Advisory Group) can be further adapted to developed the Service Model.	Work required to reconcile the previous Stroke plan with the pathway approach that has been endorsed by CAG. Estimated completion date end of Q2 2020	N/A
			Agree priorities and phasing for the sustainability of current and future stroke services including stroke prevention, the strengthening of acute stroke services on each of the three DGH sites and early supported discharge services	039B			
			The provision of 24 / 7 Mechanical Thrombectomy services via Walton or Stoke (WHSSC contract from 1st April 2019)	039C			

		implementation of the early supportive discharge and rehabilitation model within the health community plans for 2020/2021. In addition, the stroke pathway is a priority for the 20/21 plan, and will include adopting a value based health care approach to redesign the pathway.					
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Plan Ref	Actions	Action Plan Update - March 2020	2019 / 2020 Milestone	Milestone Ref.	Is action still relevant for 2020/21 Operational Plan Yes / No include Rationale	Is action being modified/adapted for 2020/21 with rationale and expected timescale	Action rolled forward into 2020/21 with justification and new timescale
AP052	Completion of pilot studies to learn lessons to inform wider installation and utilisation of the Welsh Community Care Information System	Moved to 2021 / 2022	Project Implementation - Pilot studies in the West	52A	Yes: WCCIS is the national system to support care closer to home and integration with social care.	Pending software delivery timescale from NWIS and Supplier. Current no definite roadmap in place.	Contingent on release of staff from covid work
			Project Close- Formal review of pilot phases and completion of lessons learnt reports	52B	Yes: WCCIS is the national system to support care closer to home and integration with social care.	Pending software delivery timescale from NWIS and Supplier. Current no definite roadmap in place.	Contingent on release of staff from covid work
			Project Design: Design future phases of roll out based upon lessons learnt, product suitability, and Programme Board Approval	52C	Yes: WCCIS is the national system to support care closer to home and integration with social care.	Pending software delivery timescale from NWIS and Supplier. Current no definite roadmap in place.	Contingent on release of staff from covid work
			Design and Implementation activities to be agreed.	52D	Yes: WCCIS is the national system to support care closer to home and integration with social care.	Pending software delivery timescale from NWIS and Supplier. Current no definite roadmap in place.	Contingent on release of staff from covid work

AP056	Transition program to review the management arrangements for ensuring good record keeping across all patient record types		Appointment of health records roles to baseline and scope the transition programme and secure project support to complete actions from various review recommendations	56A	Yes: vitally important and a recommendation of HASCAS. Failure to move forward has been due to delay in confirmation of funding. Baseline records across the organisation is overdue and will inform the digital transition and priorities for care pathways	Yes: within 6 month of project manager in place	Yes: the plan was always a 6 month process once resource in place
AP058	Rolling programmes of work to maintain / improve the digital infrastructure e.g. migration of telephone infrastructure from an end of life solution to one which is fully supported and capable of underpinning service change e.g. single call centre		Deliver Capital Programme for 2019 2020 as defined within plans	58A	Yes: this is the core capital programme for informatics and will be even more important this year due to reduced capital allocation	Yes: contingent on Informatics Capital allocation for 2020/21	Yes: contingent on Informatics Capital allocation for 2020/21
AP059	Provision of infrastructure and access to support		A phased and targeted expansion of Skype for business. Work will continue on	59A	Yes: a draft business case to support CRTs was completed	Yes: but requires further review with Areas and dependent on	Yes: but requires further review with Areas and dependent on Office 365

	care closer to home		the roll out of GovRoam across public sector sites in North Wales. Device testing for WCCIS is also planned pending delivery of a mobile Application from NWIS.		but this action requires review in the light of learning from COVID and Office 365 resourcing.	Office 365 resource funding being made available	resource funding being made available
AP061	Implement Tracker 7 cancer module in Central and East.		Enhancements to the National Patient Administration System which are planned for QTR2/QTR3 will partly support the management of patients along a Single Cancer Pathway (via functionality referred to as Tracker 7).	61A	No: the software was delivered and implemented however the functionality did not address the service need. We would schedule future upgrades as part of business as usual and change control processes.	No	No

Plan Ref	Actions	Annual Plan Update - March 2020	2019 / 2020 Milestone	Milestone Ref.	Is action still relevant for 2020/21 Operational Plan Yes / No include Rationale	Is action being modified/adapted for 2020/21 with rationale and expected timescale	Action rolled forward into 2020/21 with justification and new timescale
AP021	Implement preferred service model for acute urology services	The development of the Urology model has been revisited and work undertaken on the overall business case. This has been interrupted by the pandemic and requires further work to complete this in light of recent learning and developments.	Finalise Urology Business Case including Robotic Surgery	021A	Yes: Business case to be reviewed as a result of Covid-19	Business case to be reviewed by end of Q2 including costs and detailed review of the service model as a consequence of Covid-19	
			Commence implementation phase of the preferred service model for acute Urology services including robotic surgery	021B			
						Further action to work with comms team to identify / communicate pathway changes for the public in helping to access our services.	

AP022	Business case, implementation plan and commencement of enabling works for Orthopaedics (refer to estates section/ plan)	This business case is being reviewed during 2020-21 to ensure option appraisal remains valid.	Finalise Orthopaedic Plan	022A	Yes: Business case to be reviewed as a result of Covid-19	Impact of Covid-19 has resulted in the introduction of demand/conservative management in Q1 e.g.: pre-habilitation, alternative therapy led pathways and reducing demand for elective surgery. Neil Windsor leading work to further develop interim Covid plans in Q2 and work to re-cast the full orthopaedic business case Further action to work with comms team to identify / communicate pathway changes for the public in helping to access our services.	Q2 – to determine the timescale for the business case.
			Commence implementation plan and enabling works for Orthopaedic Services	022B			
AP023	Transform eye care pathway to deliver more care closer to home delivered in partnership with local optometrists	Contract with Primary Care Optometric Diagnostic and Treatment Centres issued post tendering process in January 2020. However the business case to sustain this model is not yet signed off and process for fully implementing was interrupted by the pandemic. While overall the action of	Deliver business case for eye care pathway and measures	023A		Demand management/primary care pathway work had been escalated and delivered in Q1 2020 / 2021 in response to Covid-19. Further action to work with comms	
			Develop a sustainable model to eradicate the backlog of patients	023B			

		working in partnership with optometrists has been completed the full implementation is part of a three year programme of work and hence showing as red.	based on the capacity model			team to identify / communicate pathway changes for the public in helping to access our services.	
AP025	Systematic review and plans developed to address service sustainability for all planned care specialties (RTT).	The internal available capacity plan for RTT in 2020-21 was completed at the end of March, this requires additional capacity to be invested in. The pandemic is requiring this plan to be reviewed and assumptions of available capacity to be reconsidered in light of current essential service guidelines and available resources and therefore cannot be implemented at present. Endoscopy improvement at the end of March was significant, however the guidelines for managing diagnostics during Covid-19 has resulted in need to postpone non-essential procedures and therefore the diagnostic backlog has increased and new pathways are being developed for implementation from June 2020. The capacity for endoscopy and key diagnostic services is likely to remain constrained.	Referral Management Establish group, objectives, initial priorities & work plan	25A	Yes: Planned Care Covid Options Appraisal Service Blueprint being developed in Q1/Q2	RTT Specialty Plan Programme of work to flow from Options Appraisal Further action to work with comms team to identify / communicate pathway changes for the public in helping to access our services.	
			Contracts in place (phased across yr) for out / insource				
			Targeted approach to maximise utilisation (specific specialties each quarter) - deliver more activity through efficiencies	25B			
			Recruitment process for new consultants (gap specialties) subject to affordability	25C			

AP025	Systematic review and plans developed to address service sustainability		Outpatient Follow-Up - Develop clinical risk based improvement approach and assess resource requirements and agree recovery trajectory	25I		
			Implementation of WHSSC All Wales Clinical Intelligence Advisory Group (CIAG) priorities	25J		
			Taskforce on RTT	25K		
			Implementation of National Planned Care Delivery Programme recommendations for the following specialities: v Dermatology v ENT v Ophthalmology v Orthopaedics v Urology	25L		

Unscheduled Care

Executive Lead: Gill Harris

Plan Ref	Actions	Annual Plan Update - March 2020	2019 / 2020 Milestone	Milestone Ref.	Is action still relevant for 2020/21 Operational Plan Yes / No include Rationale	Is action being modified/adapted for 2020/21 with rationale and expected timescale	Action rolled forward into 2020/21 with justification and new timescale
AP031	Demand Workforce shift to improve care closer to home	The Covid outbreak has delayed the workforce review and implementation that was being taken forward by workforce as part of the Kendall Bluck work.	Advanced Practitioner workforce implemented within ED to support robust staffing structure and ensure patients are seen in a timely way	31A	Yes: Remain a key priority for 2020 / 2021	USC demand: work to develop emergency medical model with workforce in 2020/2021. CCTH action also will form a key part of covid plan for Q2	Q2
AP034	Flow Emergency Medical Model	The Covid outbreak has delayed the workforce review and implementation that was being taken forward by workforce as part of the Kendall Bluck work.	<div>Development of dedicated Ambulatory Emergency Care (AEC) services on Ysbyty Glan Clwyd site to improve patient experience and reduce impact on ED within Acute sites.</div> <div>Review and implement changes to how patients are admitted to assessment units to improve flow within medical division at Ysbyty Gwynedd site</div>	34A	Yes: Remains a key priority for 2020 / 2021	This is being linked to the work planned in 2020/21 around Assessment Units	Q2

			To develop dedicated Ambulatory services on Wrexham site and implement revised Acute Medical model	34B		
AP034	Flow Management of Outliers	The Covid outbreak has delayed the workforce review and implementation that was being taken forward by workforce as part of the Kendall Bluck work.	To reduce the number of outlying patients and cohort them to improve medical review, reduce length of stay and provide right bed first time principle to prevent multiple moves for patients			
AP038	Discharge Integrated health and social care	New discharge arrangements have been introduced during the time of Covid-19. There are learning from these which will be taken forward in reshaping and completing this work.	Working with partner organisations to ensure that patients have a timely response to planning their ongoing health and social needs	38A	Yes:	This work is being taken forward as part of Covid-19 discharge planning workstream and being incorporated into Q2 plan
			To improve the Home First principles and ensure that patients can return home for assessment of their ongoing needs	38B		
			To review how we could use our community hospitals better to support patient rehabilitation and to develop trusted assessment of patients between our partners			

			Ensuring the every patient has a 'What matters to Me' conversation with a health care professional within 24 hours of admission to improve involvement and engagement in their care	38C		
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Plan Ref	Actions	Annual Plan Update - March 2020	2019 / 2020 Milestone	Milestone Ref.	Is action still relevant for 2020/21 Operational Plan Yes / No include Rationale	Is action being modified/adapted for 2020/21 with rationale and expected timescale	Action rolled forward into 2020/21 with justification and new timescale
AP040	Implement Year Three of Quality Improvement Strategy			40A	Yes: Covid-19 has resulted in brought forward work on pathway development led by CAG in Q1 - with IT supporting different ways of e-working e.g. introduction of <i>attend anywhere</i> , consultant connect.	Actions for 2020/2021 being taken forward as part of the Digitally Enabled Clinical Strategy.	Q2 Update

Plan Ref	Actions	Action Plan Update - March 2020	2019 / 2020 Milestone	Milestone Ref.	Is action still relevant for 2020/21 Operational Plan Yes / No include Rationale	Is action being modified/adapted for 2020/21 with rationale and expected timescale	Action rolled forward into 2020/21 with justification and new timescale
AP025	Implement year one plans for Endoscopy		Endoscopy - put in place 'in year' service delivery plan	25D	Yes	Develop in year service plan	To be confirmed by end July 2020
			Endoscopy - develop sustainable delivery plan including staffing and estate	25E	Yes	Developing sustainable plan	To be confirmed by end July 2020
			Endoscopy - develop JAG accreditation timetable / plan	25F	Yes	Developing JAG accreditation	To be confirmed by end July 2020
AP025	Systematic review and plans developed to address diagnostic service sustainability		Radiology - ensure capacity plan for in year demand in place	25G	Yes: to ensure imaging capacity meets demand. Service funded at 2014-15 activity levels only.	Yes: to reflect expected demand for 2020-21	Develop plan by end Q2
			Radiology - develop capacity plan for future demand (equipment & staff)	25H	Yes: to ensure imaging capacity meets demand. Service funded at 2014-15 activity levels only.	Yes: to reflect expected demand for 2020-21	Develop plan by end Q2

Unscheduled Care Executive Lead: Lesley Singleton

Plan Ref	Actions	Annual Plan Update - March 2020	2019 / 2020 Milestone	Milestone Ref.	Is action still relevant for 2020/21 Operational Plan Yes / No include Rationale	Is action being modified/adapted for 2020/21 with rationale and expected timescale	Action rolled forward into 2020/21 with justification and new timescale
AP036	Flow PICU for Mental Health	PICU Programme is currently under consultation and implementation will be dependent on the outcome	Commence redesign of the model of care and specifically the care pathway for inpatient care including PICU	36A	Yes	Consultation is still required as per plan. Delay to the consultation and engagement events planned due to COVID-19	Action will roll forward and consultation will be planned for Jan-March 2021.

Plan Ref	Actions	Annual Plan Update - March 2020	2019 / 2020 Milestone	Milestone Ref.	Is action still relevant for 2020/21 Operational Plan Yes / No include Rationale	Is action being modified / adapted for 2020/21 with rationale and expected timescale	Action rolled forward into 2020/21 with justification and new timescale
AP002	Healthy weight services increased	We had secured funding to undertake some insight work around this, however it has had to be paused due to the Covid-19 pandemic.	Level 2 (Lifestyle Interventions / Weight Management Programmes) Business Case (adults) finalised	2A	Ref 2F: Yes: Development of the business case	Business case to be reviewed / updated including financial modelling	We are aiming to complete the review and refresh of the business case by
			Level 3 (Specialist Weight Management Services) review to scale up provision completed	2B			
			Physical Activity Programme - 'Lets get moving' North Wales partnership agreement endorsed	2C			
			Develop resilient communities by Social Prescribing:	2D			
			- scope opportunities for social prescribing as part of the North Wales Steering Group				
			Implement 10 steps to a Healthy Weight	2E			
			Improve access to Children's weight management specialist services	2F			

			Develop Physical Activity Referral programmes	2G	has delayed as a result of Covid-19	and undertaking of further options appraisals. Completed EqlA to be reviewed	end of July 2020 - To be confirmed
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Cyfarfod a dyddiad: Meeting and date:	Strategy, Partnerships and Population Health Committee					
	13.8.20					
Cyhoeddus neu Breifat: Public or Private:	Public					
Teitl yr Adroddiad Report Title:	Quarter One Operational Plan Monitoring Report (QOPMR)					
Cyfarwyddwr Cyfrifol: Responsible Director:	Mark Wilkinson Executive Director of Planning & Performance					
Awdur yr Adroddiad Report Author:	Jill Newman, Director of Performance					
Craffu blaenorol: Prior Scrutiny:	This paper has been scrutinised and approved by the Executive Team and the Executive Director of Planning and Performance.					
Atodiadau Appendices:	None					
Argymhelliad / Recommendation:						
The Committee is asked to note the report.						
Please tick as appropriate						
Ar gyfer penderfyniad /cymeradwyaeth For Decision/ Approval		Ar gyfer Trafodaeth For Discussion		Ar gyfer sicrwydd For Assurance		Er gwybodaeth For Information
Sefyllfa / Situation:						
This report provides a self-assessment by the executive leads of the progress being made in delivering the key actions contained in the 2020/21 Operational Plan for Quarter 1.						
Cefndir / Background:						
The operational plan has a number of key actions required to be delivered during Quarter 1 of 2020/21. The Executive lead reviews on a monthly basis progress against their areas for action and RAG-rates progress. Where an action is complete this is RAG rated purple, where on course to deliver within agreed timeframe the rating is green. Amber and red ratings are used for actions where there are risks to manage to secure delivery or where delivery is no longer likely to be achieved. For Red rated actions a short narrative is provided.						
Asesiad / Assessment & Analysis						

Strategy Implications

Delivery of the operational plan actions is key to implementation of the Boards strategy

Options considered

Not Applicable

Financial Implications

Delivery of the operational plan within the budget set by the Health Board is part of ensuring resources are well-managed and care effectively provided within the allocated resources.

Risk Analysis

The RAG-rating reflects the risk to delivery of key actions

Legal and Compliance

This is the final iteration of the Quarter One Plan Monitoring Report as it will be replaced by the Quarter Two Plan Monitoring Report from July 2020.

Impact Assessment

The operational plan has been Equality Impact Assessed.



GIG
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WALES

Bwrdd Iechyd Prifysgol
Betsi Cadwaladr
University Health Board

Cyfarwyddiaeth Cynllunio & Perfformiad
Planning & Performance Directorate

BCU Quarter One Plan Monitoring Report

June 2020

Overview and Purpose of this Report

- The Quarter 1 Plan of the Health Board has been agreed in Cabinet and submitted to Welsh Government
- The Plan is produced under Command and Control in relation to the Covid-19 Pandemic and recognises that the disruptive nature of the pandemic has shortened planning horizons, resulting in plans being time limited to quarterly plans for 2020-21
- The Quarter 1 plan relates to the mobilisation phase of Covid-19 response, need to maintain essential non Covid-19 services to minimise risk of harm for life-saving or life-impacting treatments.
- This report is a self-assessment by the SROs for each of the work streams of likelihood to deliver the actions set out in the plan by the 30.6.20. with supporting narrative where the risk to delivery is red rated i.e. highly unlikely to be achieved. This report provides an update from each SRO for the end of May 2020 actual position.
- Work is underway in developing the Q2 plan which will also reflect the shift in phasing of response to the pandemic from mobilisation towards parallel running of the pandemic and re-activation of some business as usual activities where it is safe to do so. This will reflect transition to sustainable service delivery phase of the plan. In the Q2 plan actions incomplete at the end of Q4 2019/20 will be included with revised timescales to deliver, where these actions are still relevant for delivery in 2020/21.

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

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Chapter 1 Planning Work-stream Key Actions: 18th May to 30th June 2020

Ref	Lead	Lead: SRO Planning Workstream <i>(unless indicated otherwise)</i>	RAG rating – likelihood of delivery by 30.6.20	Actual Position at the End of May 2020	Position at the End of June 2020
QOP1.1	MW	Continue to monitor current and future COVID-19 demand, its impact on capacity and the implications for other services;	G	G	P
QOP1.2	MW	Consider the options for deploying surge capacity and make recommendations as to scope and timing of deployment;	G	G	P
QOP1.3	MW	Monitor the impact of changes within our services upon key performance measures e.g. screening programmes, cancer standards, access to primary and secondary care etc. and review service delivery recommendations accordingly;	G	G	P
QOP1.4	MW	Monitor the quality and safety impacts of services and associated risks, and recommend changes to Executives as required;	A	A	P
QOP1.5	MW	Maintain a dynamic organisational service delivery, activity and performance plan for the Health Board;	A	A	P
QOP1.6	GH	Capture and collate pathway changes and new ways of working to ensure these are optimised – Deputy Chief Executive	G	G	P

Chapter 2 Covid-19 Response Key Actions: 18th May to 30th June 2020

Ref	Lead	Lead: COVID 19 Gold Commander <i>(unless indicated otherwise)</i>	RAG rating – likelihood of delivery by 30.6.20	Actual Position at the End of May 2020	Position at the End of June 2020
QOP2.1	MW	Continue to revisit planning assumptions on a regular basis as further information and analysis becomes available. Version 2.5 of the model, which is more optimistic, is currently being evaluated.	A	G	P
QOP2.2	MW	Undertake further specific work on demand and provision of patient ventilation, where demand across Wales appears to be much lower than the current models predict, and on projecting demand on a health community basis.	G	G	P
QOP2.3	MW	Prioritise analytical support to include health and care to guide short term decision making. Work with local partners and other Health Boards to share modelling approaches to inform demand for health and care.	A	A	P

Chapter 3 Covid-19 Test, Track & Protect (TTP) Key Actions: 18th May to 30th June 2020

Ref	Lead	SRO: Director of Public Health <i>(unless indicated otherwise)</i>	RAG rating – likelihood of delivery by 30.6.20	Actual Position at the End of May 2020	Position at the End of June 2020
QOP3.1	TO	Scale up testing. Implement testing requirements from Welsh Government as these develop e.g. care home staff and residents	G	G	P
QOP3.2	TO	Establish a dedicated work stream to urgently support and deliver locally the national Public Health Protection Response Plan e.g. Preventing the spread of disease: Test, Trace and Protect (A large non-specialist workforce will be required to deliver.)	A	G	P
QOP3.3	PHW	North Wales testing laboratory facility operational	G	G	Not Applicable

QOP3.3 - Not Applicable as this action is being led by Public Health Wales and not BCU HB.

Chapter 4 Primary and Community Care Operational Delivery Key Actions: 18th May to 30th June 2020 (Page 1 of 2)

Ref	Lead	Lead: SRO Operations Primary Care, Community and Public Health (unless indicated otherwise)	RAG rating –likelihood of delivery by 30.6.20	Actual Position at the End of May 2020	Position at the End of June 2020
QOP4.1	CS	Ensure patients have clear information on how to access primary care services and are confident about making appointments (virtual or if appropriate, face-to-face) for current concerns.	G	G	P
QOP4.2	CS	Review the role and number the Local Assessment Centres (LACs) as part of a longer term plan to care for COVID patients.	G	G	P
QOP4.3	CS	Work with partners to stratify and proactively contact high-risk patients with ongoing care needs; proactively contact all those in the 'shielding' cohort of patients who are clinically extremely vulnerable to COVID19, with a focus on Chronic Conditions Management , new pathways and managing demand changes for non COVID patients.	G	G	P
QOP4.4	CS	Review of OOH staffing risks and mitigation and development of future OOH plans, working more closely with in hours provision	A	A	A
QOP4.5	CS	Continue to deliver a community based stroke rehabilitation services whilst planning for the reintroduction of sustainable stroke services	R	A	A
QOP4.6	CS	Increase acute paediatric OPD activity remotely and with reintroducing face to face appointments particularly for new referrals, Reach agreement with tertiary care re outreach specialist clinics and restarting Increase advice and support for professionals (GPs)	A	G	P
QOP4.7	GH	All key areas of Eye Care are being reviewed to include cataract stratification, glaucoma refinement and ongoing care. The review also considers diabetic and other medical retina conditions such as age related macula degeneration (WMD).	A	A	P

Chapter 4 Primary and Community Care Operational Delivery Key Actions: 18th May to 30th June 2020 (Page 2 of 2)

Ref	Lead	Lead: SRO Operations Primary Care, Community and Public Health <i>(unless indicated otherwise)</i>	RAG rating – likelihood of delivery by 30.6.20	Actual Position at the End of May 2020	Position at the End of June 2020
QOP4.8	CS	Further improve access to End of Life Medication to ensure these critical medicines are accessible across North Wales	G	G	P
QOP4.9	CS	Work with secondary care colleagues to implement the 'Consultant Connect' specialist advice service; ensure cancer, urgent and routine referrals to secondary care as normal, using 'advice and guidance' options where appropriate.	G	G	P
QOP4.10	CS	Support care homes, including the implementation of the revised discharge policy and with a review of current service provision, sharing of good practice e.g. virtual ward rounds	A	G	P
QOP4.11	CS	Provide local support to NHS communications campaigns encouraging people who should be seeking emergency or urgent care to contact their GP, go online to NHS 111 or call 999 if necessary.	G	G	P
QOP4.12	CS	Further develop escalation reporting for Community Pharmacies	G	A	P
QOP4.13	CS	Feed into medical staff planning for field & community hospitals, ensuring that medical workforce plans are aligned to agreed GP roles in hospitals, Local Assessment Centres, out of hours services and general practice demand	A	A	A
QOP4.14	CS	All approved plans to establish community hospital additional surge bed space will be complete in order that the Hospitals are responsive to changes in volumes of COVID patients and flexible to increasing non-COVID activity as capacity allows.	G	G	P

Chapter 5 Operational Acute Care Delivery Key Actions: 18th May to 30th June 2020

Ref	Lead	Lead: SRO Operations Acute <i>(unless indicated otherwise)</i>	RAG rating – likelihood of delivery by 30.6.20	Actual Position at the End of May 2020	Position at the End of June 2020
QOP5.1	GH	Ensure our consent process informs patients of risk during their admission (East are piloting this using revised documentation) Any patient showing signs and symptoms for COVID would be not be offered surgery	G	G	P
QOP5.2	GH	Development of pathways for urgent pre-operative assessment and diagnostics which are at the early stages of development.	G	G	P

Chapter 6 Covid-19 Surge Plan Key Actions: 18th May to 30th June 2020

Ref	Lead	Lead: SRO Operations Acute & SRO Operations Primary Care, Community and Public Health <i>(unless indicated otherwise)</i>	RAG rating – likelihood of delivery by 30.6.20	Actual Position at the End of May 2020	Position at the End of June 2020
QOP6.1	GH	Develop early warning/trigger systems E.g. R value, 111, primary care, WAST, local authorities	G	A	A
QOP6.2	GH	West, Centre and East will develop plans to demonstrate how a split COVID hospital could work operationally	A	A	P
QOP6.3	GH	Complete assessment of Llandudno infrastructure to support elective surgery.	A	G	P
QOP6.4	GH	Abergele site plan prepared. We will make a decision on use of Llandudno and Abergele as these sites could be considered for both COVID and non-COVID demand. This would require decisions being made about current patients on the Llandudno site and Colwyn Bay to accommodate existing patients.	A	R	A
QOP6.5	GH	In the absence of face-to-face visits, work together to stratify and proactively contact high risk patients to educate on specific symptoms/circumstances needing urgent hospital care, and ensure appropriate ongoing care plans are delivered.	A	A	A
QOP6.6	GH	We will explore cold sites or external providers to support with planned care activity. A pilot has commenced at Wrexham Maelor for additional theatre capacity to test the model from 27/04/2020	A	G	P
QOP6.7	GH	We will consider development of a single site “Hub and Spoke” model for surgery	A	G	P
QOP6.8	GH	Triggers to be determined for opening any additional capacity in line with demand to be approved through command structure (on receipt of new modelling)	A	A	P
QOP6.9	GH	Spire contract will cease 5th July 2020 with action required to provide notice by 5th June 2020 regarding any future plans or requirements)	G	G	P

Chapter 7 Workforce Plan Key Actions: 18th May to 30th June 2020

Ref	Lead	Lead: SRO Workforce (unless indicated otherwise)	RAG rating – likelihood of delivery by 30.6.20	Actual Position at the End of May 2020	Position at the End of June 2020
QOP7.1	SG	Ensure working conditions are safe for our staff including provision of PPE equipment and ensuring appropriate rest and working patterns for staff	A	A	A
QOP7.2	SG	Continue to assess staff who may be at increased risk - including older colleagues, pregnant women, returnees, and those with underlying health conditions - and make adjustments including working remotely or in a lower risk area.	A	A	A
QOP7.3	SG	Ensure that appropriate testing systems for staff are in place as determined by the Testing Strategy	A	A	A
QOP7.4	SG	Implement Black, Asian and minority ethnic (BAME) guidance	A	A	A
QOP7.5	SG	Ensure that workforce planning is integral to our revised clinical pathways and plans to re-introduce essential and routine services.	A	A	A
QOP7.6	SG	Co-ordinate appropriate re-deployment and training and utilising key transferable skills	G	G	P
QOP7.7	SG	Provide on-going recruitment to our substantive structures	G	G	P
QOP7.8	SG	Co-ordinate of support from our volunteer workforce	G	G	P
QOP7.9	SG	Provide wellbeing and psychological support	G	G	P
QOP7.10	SG	Monitor sickness levels and reasons	G	G	P

All the Actions in this chapter are either ongoing or due for completion in Quarter 2

Chapter 8 Maintaining Essential Services Key Actions: 18th May to 30th June 2020

Ref	Lead	Lead: Director of Nursing and Midwifery <i>(unless indicated otherwise)</i>	RAG rating – likelihood of delivery by 30.6.20	Actual Position at the End of May 2020	Position at the End of June 2020
QOP8.1	GH	Review harm, prioritise and risk stratify waiting lists.	A	A	A
QOP8.2	GH	Specialty plans developed in line with essential services framework and other key guidelines	A	A	P
QOP8.3	GH	Continue to implement alternative pathways including use of e- consultation and patient initiated outpatient follow up (e.g. resulted in 30% reduction in Orthopaedic outpatient demand)	G	G	P
QOP8.4	GH	Maintain provision of essential services where it is safe to do so, delivered through our re-defined care pathways and making use of all available capacity within NHS and independent hospitals.	G	G	P

QOP8.1 - Stage 4 risk stratification is almost complete for the key at risk services identified through option 5, further specialties will then follow

Further Information

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.pbc.cymru.nhs.uk
www.bcu.wales.nhs.uk
- Stats Wales www.statswales.wales.gov.uk

We also post regular updates on what we are doing to improve healthcare services for patients on social media:

follow @bcuhb
<http://www.facebook.com/bcuhealthboard>

Cyfarfod a dyddiad: Meeting and date:	Strategy, Partnerships and Population Health Committee 13.8.20						
Cyhoeddus neu Breifat: Public or Private:	Public						
Teitl yr Adroddiad Report Title:	Endorsement of Quarter 2 plan and development of Quarter 3/4 plan						
Cyfarwyddwr Cyfrifol: Responsible Director:	Mr Mark Wilkinson, Executive Director of Planning and Performance						
Awdur yr Adroddiad Report Author:	Mr John Darlington, Assistant Director - Corporate Planning.						
Craffu blaenorol: Prior Scrutiny:	<p>The BCU Planning Workstream has overseen the development of the Q2 plan together with the plan development timetable for Q3/4.</p> <p>Priorities for action in Q2 have been discussed with partners in SRG. The Q2 draft plan was discussed at EMG and Board workshop on 1st July. Executive Team agreed the final draft plan on 3rd July and the plan was approved by Board on 23rd July.</p>						
Atodiadau Appendices:	<p>Appendix 1: Q3/4 Plan Development Timetable</p> <p>Appendix 2: Betsi Cadwaladr University Health Board Quarter 2 Plan - Sustainable Service Delivery</p> <p>Appendix 3: Supporting Q2 action plan</p>						
Argymhelliad / Recommendation:							
<p>It is recommended that the Committee:</p> <ol style="list-style-type: none"> 1. Review the proposed approach as set out in Appendix 1 to support the development of our plan into Q3 / Q4 2. Receive the Q2 plan to support service delivery during the Pandemic 							
Ar gyfer penderfyniad /cymeradwyaeth For Decision/ Approval *	√	Ar gyfer Trafodaeth For Discussion*	√	Ar gyfer sicrwydd For Assurance*	√	Er gwybodaeth For Information*	√
Sefyllfa / Situation:							
Following the development of our quarter 2 plan – Sustainable Service Delivery Plan we need to continue at pace to both implement identified Q2 actions and make preparations to plan for Q3/4 (6 month plan) as a priority. This will ensure that robust							

delivery plans are in place to manage the care of our population throughout the winter period.

Cefndir / Background:

The purpose of the plan is to ensure a single service plan exists across the Health Board which will begin to balance COVID 19 and Non COVID 19 demands.

There is agreement across the system that we need to ensure that we are able to deliver essential health services for our population and where possible recommence more routine care. However we need to do this progressively, and with caution, through short planning cycles that maintain the flexibility and agility we have demonstrated over recent months.

The attached papers describe the actions that we are taking with our partners in quarter two and our approach to developing our plans for Q3/4.

We will continue to build upon the decisive actions that we took within quarter one through making changes at pace to meet the first peak of COVID-19.

Throughout our planning work, we need to identify and consider the outputs we are aiming to achieve alongside the impact and benefits to patients from the offset, including impacts of adopting new approaches.

Our underlying approach is to continue to proceed with caution given the uncertainty around future COVID-19 demand. The focus of this plan is therefore to ensure delivery of essential NHS services, to meet unscheduled care demand and other urgent services based on an assessment of safety, workforce, capacity, clinical support requirements and patient risks.

Asesiad / Assessment

The preparatory work required to develop our Q3/4 plan is described in **Appendix 1** alongside the work we are doing with partners to consider how we can transform for the future, learning from new ways of working and delivering services.

'SMART' ¹ action plans will underpin our Q3/4 plan in line with the approach taken in Q2. Lead directors will oversee development of these plans. Lead directors will also ensure that early engagement takes place with respective workforce, estates, digital and financial teams to build planning assumptions into respective enabling plans.

Key elements for strengthening in Q3/4 include: whole system demand modelling; surge plans & early warning indicators and partnership working and engagement.

The demand modelling that informs our planning will be overseen by the intelligence cell. The scope of this work will be widened in Q3 to bring a more integrated and whole system approach.

¹ Specific Measurable Achievable Realistic and Time bound.

The plan for Q3/4 will have a strong focus upon managing unscheduled care including working with our partners in respect to prevention, early intervention and supporting people within their own homes and communities.

We will consider use of all available capacity including within our hospitals, private hospital beds and our temporary hospitals, all within the context of new models of care and the restrictions placed on hospitals, staff and patients by necessary safety practices.

The plan will continue to respond to the national primary care recovery plans, as well as how we continue to work in partnership, for example through our community resource teams and supporting the care home and domiciliary care sectors. To achieve this, we will further strengthen partnership-working mechanisms with all our partners at a local and national level to improve all our aspects of planning.

Our work will align to the Annual Delivery Framework quadruple aims as well as Covid actions and Essential Services Framework, e.g. including safe care; reducing risk and harm; equity of access for our population; improving outcomes and patient experience and financial benefits. (An updated planning framework is expected from WG in support of this work.)

In addition, we will undertake work to identify emerging themes and opportunities identified within other Health Board plans across Wales and share good practice.

The plan and supporting action plans will be brief and written in clear and accessible language. Importantly, our plan for Q3/Q4 will need to incorporate the work that we will be undertaking to develop our annual plan for 2021/22. In summary, our plans will contain:-

- ***Q3/4 actions to be delivered***
- ***Q3/4 enablers for delivery Q3&4***
- ***Q3/4 developmental actions for completion by year end in preparation for implementing 2021/2022***

Our Q2 plan was submitted to WG on 3rd July in response to the operating framework . The Q2 plan is attached in **Appendix 2** together with supporting action plan in **Appendix 3**.

*Tick as appropriate

Development of BCU Health Board Plan

1st October 2020 - 31st March 2021

1. Introduction

Following the development of our quarter 2 plan – Sustainable Service Delivery Plan we need to continue at pace to both implement identified Q2 actions and make preparations to plan for Q3/4 (6 month plan) as a priority. This will ensure that robust delivery plans are in place to manage the care of our population throughout the winter period.

Throughout our planning work, we need to identify and consider the outputs we are aiming to achieve alongside the impact and benefits to patients from the offset, including impacts of adopting new approaches.

'SMART' ¹action plans will as a result underpin the plan in line with the approach taken in Q2. Lead directors will oversee development of these plans (refer to Q2 action plan for details of format). Lead directors will also ensure that early engagement takes place with respective workforce, estates, digital and financial teams to build planning assumptions into respective enabling plans.

The demand modelling that informs our planning will be overseen by the intelligence cell. The scope of this work will be widened in Q3 to bring a more integrated and whole system approach.

The plan for Q3/4 will have a strong focus upon managing unscheduled care including working with our partners in respect to prevention, early intervention and supporting people within their own homes and communities.

Key elements for strengthening in Q3/4 include: whole system demand modelling; surge plans & early warning indicators and partnership working and engagement.

We will consider use of all available capacity including within our hospitals, private hospital beds and our temporary hospitals, all within the context of new models of care and the restrictions placed on hospitals, staff and patients by necessary safety practices.

The plan will continue to respond to the national primary care recovery plans, as well as how we continue to work in partnership, for example through our community resource teams and supporting the care home and domiciliary care sectors. To achieve this, we will further strengthen partnership-working mechanisms with all our partners at a local and national level to improve all our aspects of planning.

Our work will align to the Annual Delivery Framework quadruple aims as well as Covid actions and Essential Services Framework, e.g. including safe care; reducing risk and harm; equity of access for our population; improving outcomes and patient experience and financial benefits. (An updated planning framework is expected from WG in support of this work.)

In addition, we will undertake work to identify emerging themes and opportunities identified within other Health Board plans across Wales and share good practice.

¹ Specific Measurable Achievable Realistic and Time bound.

The plan and supporting action plans will be brief and written in clear and accessible language. Importantly, our plan for Q3/Q4 will need to incorporate the work that we will be undertaking to develop our annual plan for 2021/22. In summary, our plans will contain:-

- ***Q3/4 actions to be delivered***
- ***Q3/4 enablers for delivery Q3&4***
- ***Q3/4 developmental actions for completion by year end in preparation for implementing 2021/2022***

2. Governance

The development of the Q3/Q4 plan will continue to be overseen by established planning workstream with support from the established intelligence cell.

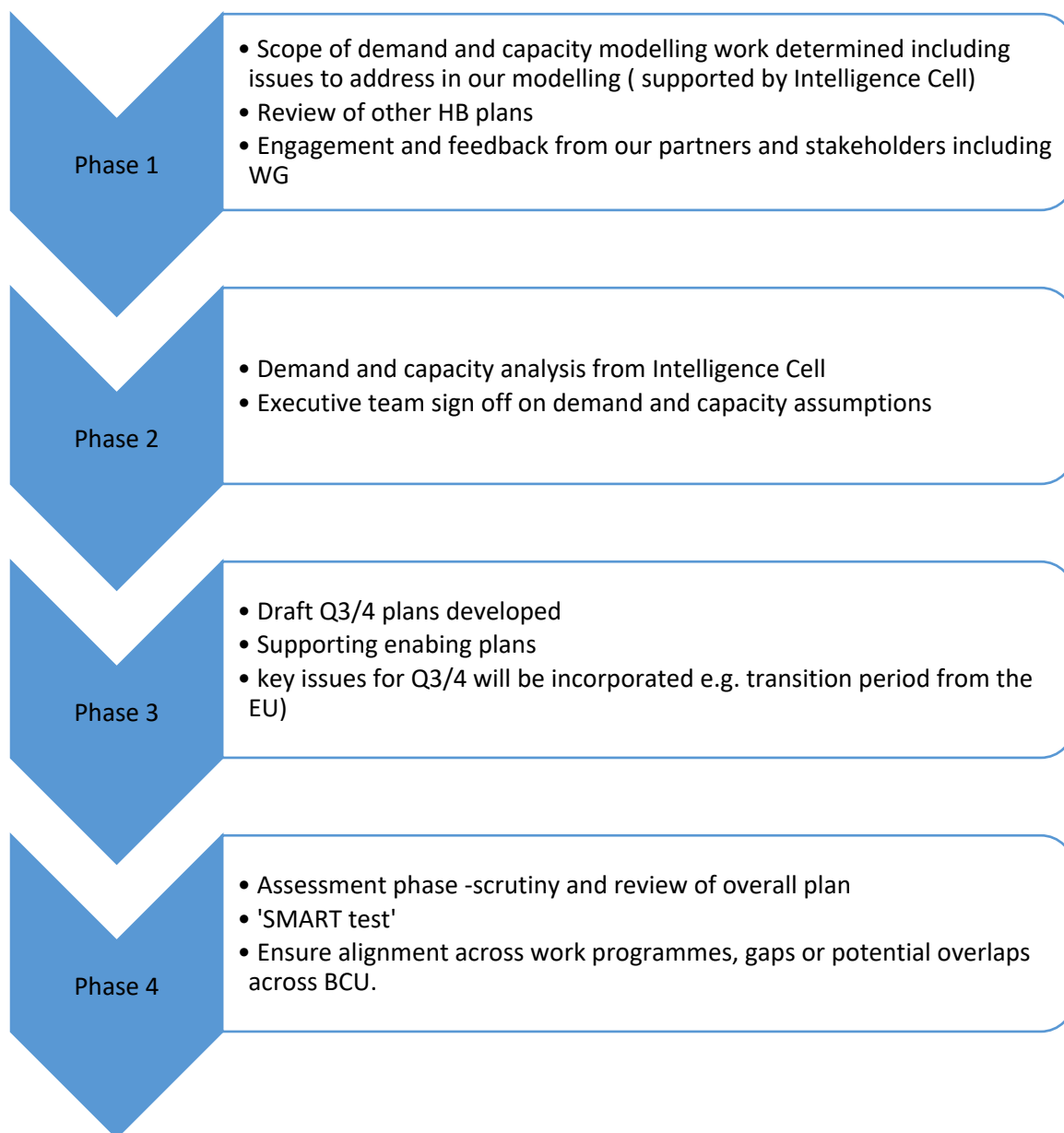
Executive led work programmes below will work with divisional teams and our partners to co-ordinate the development of BCU level plans. The following plans will be developed for Q3/4 (see appendix 1 for timetable of work):

Key Work Programmes/ Plan Products for Q3/4	Executive Lead	Programme Lead for Plan
Test, Trace, Protect (TTP) Delivery Plan including Antibody Testing	Director of Public Health	Jane Paice
Promoting Health & Well-being	Director of Public Health	Gwyneth Page
Planned Care Pathways (including Essential Services Compliance *)	Director of Nursing and Midwifery	Andrew Kent
Unscheduled Care Pathways (including Essential Services Compliance *)	Director of Nursing and Midwifery	Gavin MacDonald
Primary Care Recovery Plans	Director of Primary and Community Services	Clare Darlington
Community Health and Social Care Partnership Plans (including care homes, domiciliary care) Children's Services plans (physical and mental health)	Director of Primary and Community Services	Bethan Venning, Emma Lea, Chris Rudgley to co-ordinate
Mental Health & Learning Disabilities	Medical Director	Lesley Singleton
Acute Hospitals Delivery Plan , including: <ul style="list-style-type: none"> • Medical and Surgical Specialty Plans • Critical care 	Director of Nursing and Midwifery	Gavin MacDonald

<ul style="list-style-type: none"> • Maternity services • Diagnostic and therapy services • North Wales managed services e.g. cancer, pathology 	& Director of Therapy Services	
BCU level Surge Plan /triggers	Director of Planning & Performance	Gavin MacDonald
Enabling Plans		
Workforce	Director of WoD	Nick Graham
Digital	Medical Director	Dylan Williams
Estates / Capital	Director of Planning and performance	Neil Bradshaw
Financial Plan	Director of Finance	Rob Nolan

*Refreshed Service map of essential services including any further service changes proposed for Q3/4 (e.g. digital solutions). Q3/4 service map will be signed off by Planning workstream and inform wider stakeholder engagement and communication.

3. Outline Process for Developing Q3/ Q4 plans



Appendix 1

Q3/4 Planning Timetable

We will seek all available opportunities to engage with our partners as the plan develops including: Health and Social care Recovery Group; Regional Leadership Board ; Regional Partnership Board; Community Health Council.

The following outline planning timetable set out expectations for delivery of key milestones and products in support of our plan.

Papers are to be submitted to SRO Planning workstream each Friday prior to the weekly planning workstream dates below.

Planning Milestones/ Products	Date for Sign off by Planning Workstream	Lead Director / Programme
Planning Requirements and timetable for Q3/4 plan identified and agreed	29 th July	Director of Planning and Performance
Plan development timetable to SPPH Committee	13 th August	
Phase 1 - Scope of demand and capacity modelling work determined (incorporating the identification of key issues to address in our modelling work)		
Q3/4 areas to consider include: <ul style="list-style-type: none"> • Demand assumptions covid, USC, essential services and quantify the backlog in demand for our services across primary & community, secondary and tertiary care, specifically: • Early warning indicator areas e.g. demand upon Primary care, community services • COVID-19 hospital admission numbers/trends including acute bed occupancy, • critical care bed demand / occupancy • Workforce capacity including sickness absence. • cancer referrals • unscheduled care demand • Demand for diagnostics • referrals to Outpatient Departments (OPD and take up of OPD consultations via virtual and face to face routes • DTOC • Mental Health and Learning Disabilities • Child and Adolescent Mental Health services (CAMHs) • Private sector activity levels 	12 th August	Intelligence cell

<ul style="list-style-type: none"> North Wales managed services e.g. cancer, pathology 		
Mental Health - action plan in light of the potential impact of the virus on people's mental health and concern under special measures.	Draft plan 26 th August	Director of Mental Health and Learning Disabilities
Q3/4 workforce, financial and capital plans Enabling plans completed in support of draft plans, including:- <ul style="list-style-type: none"> Workforce Plan for Q3/4 Q3/4 Financial Plan Q3/4 Capital Estates and IM&T plan 	31 st August	Director of Workforce and Organisational Development Director of Finance Director of Planning and Performance Lead Directors as above Co-ordinated by Director of Performance
Activity plans / performance profiles e.g. essential services, cancer, diagnostics		
Identification of key actions and preparatory work for developing our 2021/22 plan.	31 st August	Director of Planning and Performance
Phase 4 - Assessment phase -scrutiny and review of overall plans to ensure fit for purpose, gaps or potential overlaps across BCU		
Work to develop consolidated Plan including workforce, financial and capital plan for Q3/4 EMG to review key priorities for Q3/4 Community Health Council Strategic planning Committee Q3/4 Plan update Initial draft consolidated Q3/4 plan and supporting action plans developed. Planning workstream to review draft plan and supporting action plans. (Draft plans shared with SPPH Committee members for review and feedback.) Draft Plan to Executive Team Draft Plan circulated to Board Board Meeting	2 nd September 7 th September 9 th September 16 th September 17 th September 24 th September	

Betsi Cadwaladr University Health Board

Sustainable Service Delivery Plan for Quarter 2

1st July - 30th September 2020

Summary of our Plan for Q2

This plan describes what we plan to achieve as a Health Board in the 12 weeks starting on 1 July, as part of a planning approach to 2020/21 including the critical winter period.

It is a plan for the full range of our responsibilities including mental health services, our physical health services from primary to tertiary care, and including the critical enablers of care: our workforce, digital technology, and estates. It is an integrated plan aligning service, workforce and financial planning.

On COVID-19, we will continue to promote good health by supporting the government's behavioural and social interventions. Through Test Trace and Protect, we will seek to slow the spread of COVID-19.

Our primary care services will build on work in the first quarter, supporting patients to access safe and effective care through triage and assessment through maximising the potential of digital technology. We will promote the availability of our services and communicate to the public about new models, access and self-care.

For our hospital services, we will maintain a high state of readiness to respond in a timely way to COVID-19, fulfil our obligations to deliver 'essential services', and restart as many of our remaining services as we can using the principles of harm reduction.

Key elements of our clinically led approach include:

- Each hospital site uses its available capacity providing essential services locally where appropriate.
- A BCU wide risk stratification approach is applied to patients waiting to access outpatients or inpatients / day cases to ensure that the highest priority patients are offered appointments at the soonest opportunity.

The following demand assumptions underpin this plan:

- Current demand levels for COVID-19 care will continue.
- Emergency / unscheduled care demand continues to increase to pre COVID-19 levels.
- We will deliver all essential services and some other planned care.

By far the most significant variable in our demand modelling is unscheduled care demand.

Demand for our beds may be higher because of the requirement to safely discharge patients into the care sector, and the challenges facing the care sector in responding to COVID-19. Our 'functional' capacity is reduced by environmental guidance and workforce availability. These scenarios have been modelled at a high level and do not fundamentally change our central conclusion.

To maintain safe and appropriate hospital bed occupancy levels, we will commission some of our planned surge capacity whether in our acute or community hospitals. We do not expect to open our Temporary Hospitals to any significant extent, unless there is a significant second wave of COVID-19 during Q2.

We note Welsh Government guidance and are planning that a reasonable worst-case second COVID-19 peak acute bed demand should assume 1,100 beds would be required. We have plans available should the need arise including the use of temporary hospitals.

Full delivery of 'essential services' will be supported by work to re-design and re-model services and (in some areas) additional investment. It will be supported by a pan BCU pathway approach.

It is both necessary and possible to make progress in a number of other key priority areas, for example, we will continue to develop our mental health services and seek to progress strategic priorities such as the acute Digital Health Record.

In our mental health services, we will prioritise improvements to primary care, rehabilitation, crisis care and psychological therapies service delivery. To support this, we will progress at pace with work to ensure that our staffing structures are best placed to support the future service delivery model.

The Q1 workforce plan very much focused on ensuring that staff were supported with safe working conditions, provided with the correct and appropriate guidance regarding COVID-19, including the implementation of the BAME guidance and relevant support for this staff group. The Health Board also made sure that all workforce planning was directly linked to the revised clinical pathways, supporting the reintroduction of essential services whilst maintaining flexible and innovative working practices across all relevant staff groups, such as remote working, development of key transferable skills and redeployment where applicable. Our workforce plan aims to ensure that the key workforce strategic themes set out for 2020/21 are adhered to whilst ensuring the work commenced in Q1 to specifically support COVID-19 is continued.

Our digital plan includes those objectives that have continued into this year, as well as those that are directly aimed at supporting COVID-19 and our response. We are prioritising delivery of support for virtual consultation and need to ensure this does not detract from longer-term priorities. Many of our Q2 objectives support the ability to allow staff to work more flexibly and to minimise the need for patients to visit sites.

Our estates plan sees us taking forward the programme of work needed to ensure the continued safe delivery of services at the Wrexham Maelor, creation of the North Denbighshire Community Hospital, Ablett mental health unit re-provision, Ysbyty Gwynedd statutory compliance and residential accommodation for our staff.

The financial plan for 2020/21, approved by the Board, was to deliver a deficit of no more than £40m and was based on delivering savings of £45m. The plan did not take into account the impact of COVID-19, and the Q2 plan has been updated to reflect the anticipated impact, although there is a significant variable element to the assumptions, given the potential of a second COVID-19 wave. It is clear that expenditure will be significantly higher than planned due to the pandemic response, and as operational and clinical teams are focused on both COVID-19 and essential services, savings delivery has been particularly impacted.

The current forecast reflects a gross deficit of £178.2m, which after assumed COVID-19 additional Welsh Government funding of £138.2m leaves the Health Board with a net deficit in 2020/21 of £40.0m. £60m of the COVID-19 expenditure relates to the three temporary hospitals we have established in North Wales, which are providing circa 1,000 beds across three locations, in Llandudno, Bangor and Wrexham.

We are working closely with our partners as we plan how we will deliver services for north Wales in a challenging year. This document sets out the key actions the health board will take in the next three months. A plan for the remainder of the year will be developed over the summer so that we are prepared for the winter.

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Chapter 1 Introduction

Our plan sets out the actions that we are taking in quarter 2, working closely with our partners. The plan builds upon the decisive actions that we took within Q1 through making changes at pace to meet the first peak of COVID-19.

Our priority for Q2 is to continue to respond to the pandemic and to balance managing COVID-19 patients with the provision of other essential services whilst adhering to social distancing rules and the need to protect both our staff and our patients.

Responding to the changing environment requires a focus on safety, consistency and sustainability. We will achieve this through ensuring that safe operating environments are in place, for example through technology enabled clinical pathways to effectively manage COVID-19 and non COVID-19 patients.

We will continue to implement evidence based clinical pathways and clinically led service change based on national and professional guidance and overseen by our clinical pathways work stream. This work aligns well with our pre-COVID-19 plans to develop our digitally enabled clinical strategy. We have seen this work accelerated and intend to continue to take this forward in quarter 2.

Our underlying approach is to continue to proceed with caution given the uncertainty around future COVID-19 demand. The focus of this plan is to ensure delivery of essential NHS services, to meet emergency / unscheduled care demand and other urgent services based on an assessment of safety, workforce, capacity, clinical support requirements and patient risks.

Plans have been re-set to align to this ‘new normal’ and the need to consider four types of harm, and address all of them in a balanced way:



Whilst this plan specifically relates to Q2, we recognise the importance of preparing for the rest of the year and the additional risks associated with the winter period. The preparatory work required ahead of Q3 is described within the plan alongside the work we are doing with partners to consider how we can transform for the future, learning from new ways of working and delivering services.

Chapter 2 Forecast Demand and Capacity for Hospital Beds

2.1 Demand

This section outlines some of the key demand and capacity assumptions and judgements that underpin the plan. The analysis focuses on bed-based capacity and activity:

- critical care beds
- outpatients
- key elements of diagnostics

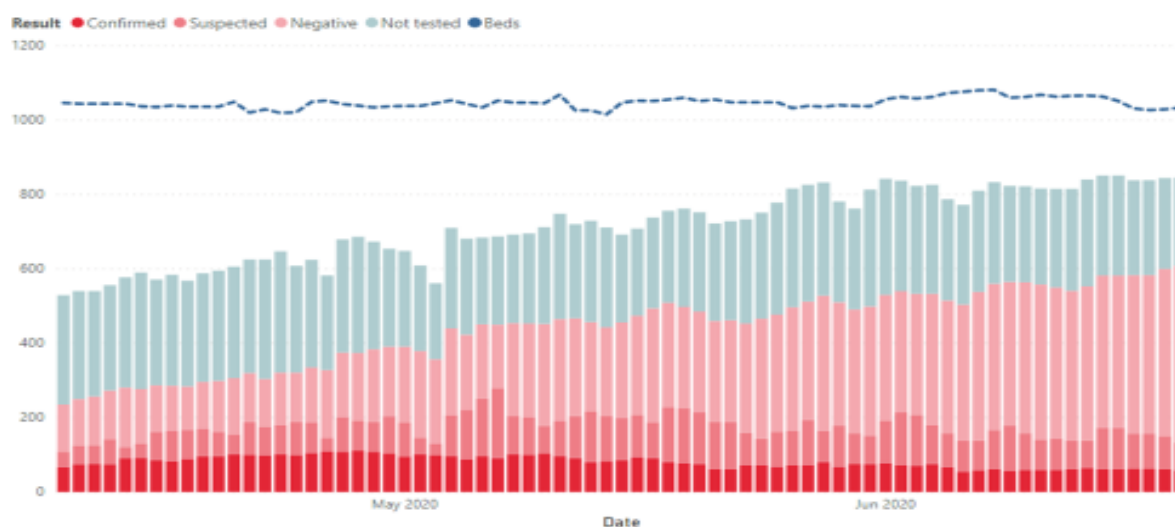
As is outlined in the national planning guidance, capacity plans need to be reviewed to respond to a reduced but more sustained pressure because of COVID-19. The analysis of demand and supply also addresses the increase of non COVID-19 emergency activity towards pre COVID-19 levels, the need to deliver all essential services, and the cautious re-introduction of routine services.

It is important to be clear about the nature of the supply and demand forecasting in this plan. The key point is that this is a highly uncertain environment. The limitations of forecasts COVID-19-related demand, including the scale and timing of any second peak in demand, have been well rehearsed. There are also significant uncertainties about the speed with which non COVID-19 demand may return to pre COVID-19 levels, as well as other elements such as the ability of the care home sector to admit patients and the resultant impact on acute and community hospital lengths of stay.

It is clearly important to have a reasonable estimate of levels of demand to inform decisions. However these forecasts must be regarded as giving a broad indication of the capacity required and the speed with which it will be needed, and the position may change materially (in either direction) in a short space of time. Very short-term forecasts (2-4 weeks) are far more likely to be valid than a longer-term view, and decisions may need to be adjusted frequently.

The overall position across BCU is one of COVID-19 demand broadly stable, while non COVID-19 demand for unscheduled care is returning rapidly to pre COVID-19 levels. The following charts give an overview of demand for emergency acute hospital beds, and the trends in attendances at the Emergency Departments:

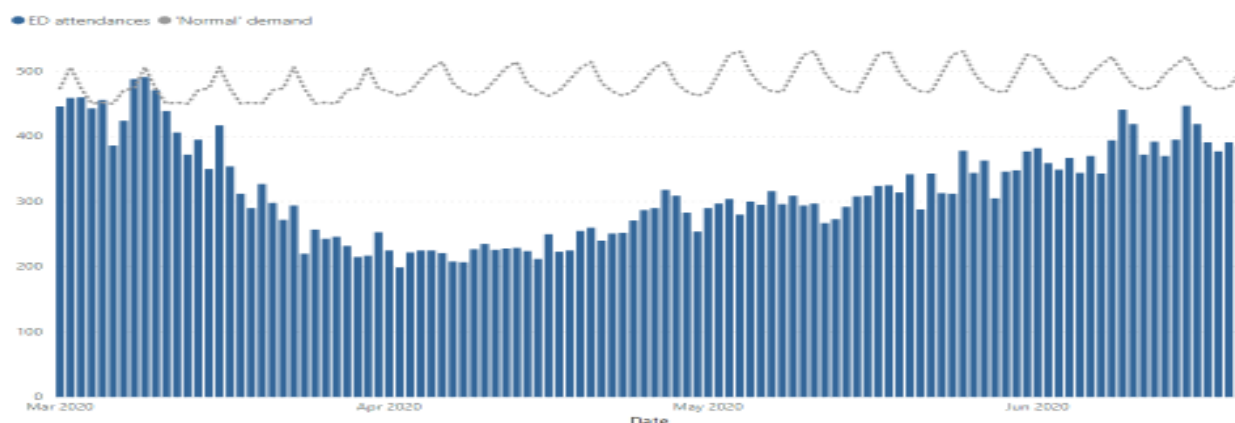
Inpatient Occupancy – Total Acutely Ill Adults at midnight



Week	13-Apr	20-Apr	27-Apr	04-May	11-May	18-May	25-May	01-Jun	08-Jun	15-Jun
Confirmed	101	112	116	106	96	77	76	72	64	65
Suspected	67	76	79	128	113	122	96	109	93	91
Negative	139	152	207	229	272	297	348	362	413	445
Not tested	296	301	269	248	252	266	293	284	268	252
Total	604	640	671	712	733	762	812	827	838	852

There are some important geographical differences within this picture, with COVID-19 admissions in Bangor at a very low level, and overall occupancy relatively low. By contrast bed occupancy at Glan Clwyd is running particularly high. This is reflected in the supply and demand analysis below.

ED attendances – Total



As regards second quarter demand and the basis of this plan, an indicative realistic scenario has been developed for planned and unscheduled care. In terms of unscheduled care, it makes the following key assumptions:

- Demand for COVID-19 beds will continue based on current trends during the second quarter i.e. a slight decline with no second wave before the end of September.
- Non COVID-19 emergency activity will rise at the current rate, but will plateau at pre COVID-19 levels.

For elective care, the bed requirements have been calculated for essential services and the additional elective activity, which is planned for the period. A significant factor that may increase demand on both acute and community hospital beds is the impact of regulations in relation to admissions to care homes.

- The requirement for patients to test COVID-19 negative prior to discharge means there will be a number of patients whose discharge pathway will be extended if they have tested COVID-19 positive. Current estimates are that this could require 24 beds, primarily in community hospitals.
- The fact that care homes cannot take admissions until they have not had a new case for 28 days will also result in delayed discharges. It has been estimated that this may affect 112 patients at any

one time. Further work is being undertaken to establish the extent to which these two factors are already reflected in current occupancy levels, and what may be an additional pressure.

This gives rise to the following forecast demand for beds for acutely ill patients, excluding the two factors above:

Week	29 Jun	6 Jul	13	20	27	3 Aug	10	17	24	31	7 Sep	14	21	28
Non COVID-19 emergency	795	819	844	869	894	918	943	962	991	995	1000	1006	999	983
COVID-19 emergency	59	56	54	51	48	46	43	41	38	35	33	30	28	25
Essential Services	23	23	23	23	23	23	23	23	23	23	23	23	23	23
Additional planned work	11	11	11	11	11	11	11	11	11	11	11	11	11	11
Beds required at 92% occupancy	964	989	1,013	1,087	1,061	1,085	1,109	1,127	1,156	1,157	1,159	1,163	1,152	1,143

2.2. Capacity

The following table outlines the available hospital beds for acutely ill adults¹ at the three main acute hospitals. It also describes the available beds in community hospitals and the potential surge capacity available in acute, community hospitals, temporary hospitals.

	Time to Open	Acute Hospitals			Community Hospitals	Temporary Hospitals			Total
		Ysbyty Gwynedd	Glan Clwyd	Wrexham Maelor		Ysbyty Enfys Bangor	Ysbyty Enfys Llandudno	Ysbyty Enfys Deeside	
Acute Hospital beds		333	360	386					1,079
Community Hospital beds					465				465
Surge beds: Hospital and Community	24 hours	28	40	18	45				131
	1 to 7 days	29	20	58	53				160
	After 7 days	0	123	70	165	223	314	420	1,315
Total		390	543	532	728	223	314	420	3,150

There are three key factors that may reduce the above bed availability during the second quarter:

¹ Note that this is the bed pool for acutely ill adults only. This is more meaningful than the Sitreps figures which include the specialist "bed pools" in Mental Health, Coronary Care, & the Cancer Treatment Centre (i.e. beds which can only be occupied by specific types of patients), as well as general adult acute beds, and treat them as a single entity.

Workforce availability: Significant work has been undertaken to develop workforce modelling and scenario planning tools to support assessment of priorities for deployment of staff in event that surge capacity is required, or resources are impacted by infection/unavailability e.g. Test, Trace and Protect (TTP). In addition, a clinical deployment dashboard has been developed to provide a transparent mechanism for clinical teams to assess need and deploy resources in a safe way. Any decision to mobilise surge capacity would be balanced against the resources available both existing core workforce and additional flexible workforce. Work will continue to build upon the significant improvements in the level of flexible workforce availability.

The division of capacity into COVID-19 and non COVID-19 areas: the division of the acute hospitals into Red and Green areas means that the adult medical and surgical beds are no longer operating as a single bed pool. This is also true of the community hospitals. This reduces flexibility and means that there may be a shortage of Red or Green beds even when the overall occupancy is not particularly high. The impact of this is currently being modelled.

Environmental requirements: an assessment is currently being carried out of the impact of meeting environmental guidance. There is a risk that this will result in a reduction in available beds, though a preliminary view is that this impact will be marginal.

2.3. Assessment

Our preferred sequence of capacity use is as shown below. This reflects the agreed clinical model and the overriding importance of delivering safe care.

1 st	Existing acute and community hospital beds in line with our normal practice.
2 nd	Surge beds on existing acute and community hospital sites.
3 rd	Ysbyty Enfys (Temporary Hospitals).

Combining demand and capacity, it becomes clear what will be needed in the second quarter.

Week	29 Jun	6 Jul	13	20	27	3 Aug	10	17	24	31	7 Sep	14	21	28
DEMAND														
Beds required at 92% occupancy	964	989	1,013	1,087	1,061	1,085	1,109	1,127	1,156	1,157	1,159	1,163	1,152	1,143
CAPACITY														
Acute hospital beds	1,079	1,079	1,079	1,079	1,079	1,079	1,079	1,079	1,079	1,079	1,079	1,079	1,079	1,079
Surge beds opened						6	30	48	77	78	80	84	73	64
SURPLUS / (SHORTFALL) AFTER SURGE	115	90	66	42	18	0	0	0	0	0	0	0	0	0
Remaining surge capacity	649	649	649	649	649	643	613	565	488	410	330	246	257	266

Note - this analysis assumes our current community hospital occupancy percentage is appropriate.

The table above demonstrates that the current bed base (excluding surge capacity) will be insufficient to keep occupancy below a reasonable 92%, if non-COVID-19 emergency activity continues to rise.

This is the case even with COVID-19 activity remaining relatively low and static, and elective work continuing to be well below pre-COVID-19 levels. This position would clearly deteriorate further if the number of available beds are reduced because of workforce factors, and if the impact of regulations on care homes result in a significant number of delayed transfers of care.

Therefore, we expect to open additional surge beds in the second half of the second quarter, although this modelling does not suggest we will need to use our Temporary Hospitals.

Welsh Government guidance² is that planning for a potential second peak acute bed demand should assume 1,100 beds would be required for COVID-19. As stated in the guidance, this is 'not because we envisage the levels of COVID-19 activity reaching the volumes stated in the short term but to ensure we are collectively prepared if a second peak were to materialise, particularly as we head to a winter period'. In this 'Reasonable Worst Case' scenario, the Health Board would clearly need to utilise some Temporary Hospital capacity.

2.3. Demand and Capacity for Critical Care

Predicting Critical Care demand

Anticipating critical care demand is difficult. Estimates are provided for non COVID-19 activity based on 50% elective activity admitted to critical care and 67% of baseline emergency activity. Estimates of COVID-19 activity are provided in accordance with most recent admission frequency and duration.

Existing Critical Care bed configuration

Ordinarily we have the highest number of annual critical care episodes in Wales, at around 2100 per year. This is achieved with a baseline provision of 36 critical care beds (including 19 Level 3 beds) which provide invasive ventilation to sedated patients).

Assessment

Our projected total second quarter demand of 2691 L3/2 bed days is within our current capacity. In terms of planning for a second COVID-19 peak, it is noted that Welsh Government have advised that 78 critical care beds may be needed across North Wales. We are refining our existing surge plans to deal with these anticipated levels of demand.

² COVID Capacity Planning letter from Director General Health and Social Services to Chief Executives – NHS Local Health Boards 24 June 2020.

Chapter 3 COVID-19 Test, Trace, Protect (TTP) Delivery Plan including Antibody Testing

The Test, Trace and Protect programme (TTP) is a national response to the COVID-19 pandemic and introduces measures aiming to reduce the spread of the virus and support the easing of lockdown measures.

TTP is in the early stages of establishment and has four main components, antigen testing, antibody testing, tracing and protecting. Through this period, and in partnership with North Wales local authorities and Public Health Wales, the testing and tracing service will be developed further.

Currently tracing relates to COVID-19 cases only and in the autumn, this will be extended to symptomatic cases. The Protect component of the programme is in the early stages of discussion and will be develop during Q2. Establishing a robust and sustainable service will be essential in preparation for the onset of winter.

This programme will continue into 2021 and potentially beyond until the introduction of a vaccine.

Chapter 4 Service Delivery Plans to meet COVID-19 / Non COVID-19 patient needs

4.1 Promoting Health & Well-being

Promoting health and well-being as well as taking preventative measures will be an integral part in both establishing recovery and future resilience of care on behalf of the North Wales population.

Our plans for example to improve access to children's weight management specialist services were paused due to the Covid-19 pandemic and this important work will resume in quarter 2.

4.2 Essential Services Summary Delivery Plan

Primary, Community and Hospital Services

Q1 has demonstrated our ability to deliver essential services based on the National Essential Service Guidelines and we have identified and are supporting challenged areas to continue to deliver care for our highest risk patients.

Innovations such as Consultant Connect, Attend Anywhere and primary care digital processes are enhancing the efficient and innovative delivery of services.

In Q2 we will continue to deliver Essential Services, expanding the delivery of these to support patients with the greatest clinical needs, for example through re-establishing the second catheter laboratory and additional CT capacity to support care pathways for patients waiting cardiac diagnostics.

Clinical pathways have been designed to take into account the latest advice on PPE for staff and patients, providing confidence to our population in accessing our services. This is being overseen by our strategic PPE Group, which operates to ensure a BCUHB-wide approach to guideline adoption and providing patient care in accordance with estates and social distancing measures.

All clinical pathways have been endorsed by the BCU Clinical Advisory and Pathways Group and incorporate the latest UK and international clinical evidence to ensure safe delivery of services in the COVID-19 environment

There is also alignment with test, trace and protect strategy as well as an approved pathway for pre-admission and emergency COVID-19 testing.

We are seeking to capture all learning from patient experiences to improve how we can deliver care. Initial learning from our communications task group has completed in Q1 and recommendations will be implemented for Q2.

Using regular review and early warning triggers, we will continue to flex our available capacity to support the needs of patients at highest risk of harm.

We will ensure available capacity is used across North Wales and within our commissioned services to minimise the need to escalate patients i.e. moving to treat patient prioritised as P3, (requiring treatment within 3 months).

We will continue to use the facilities at the Spire Hospital to provide Essential Services and diagnostic capacity.

We will expand the availability of diagnostic services beyond the Essential Services through use of additional equipment such as the gantry CT scanner and insourcing of additional staff to reduce delays along the patient pathways.

A number of projects are being bought together aligned and under one programme and aligning the long term strategy with the all Wales “*Transforming the way we deliver outpatients in Wales, a three year strategy and action plan 2020-2023*”. This is to improve further both the patient experience, patient care and efficiency and with this it is essential that we utilise our outpatient capacity in the most appropriate manner, which this programme supports.

Q2 sees the implementation of our Outpatients Improvement Programme, which will focus on quality of care, follow-up backlog review and to ensure effective scheduling and treatment of patients in order of clinical priority.

Products such as Consultant Connect are supporting a reduction in new referrals to secondary care by offering and supporting advice and guidance, reducing follow-up referrals and supporting primary care clinical decision making.

Products such as Attend Anywhere will reduce patient travel and the logistics and cost associated with this with our efficiency project enabling us to see more patients thus improving the time from referral to consultation.

Summary of our Priorities for Primary, Community and Hospital Care

- Maintain delivery of the current Essential Services and planning for the new additions (for example, Paediatric Diabetic service)
- Roll out of clinical pathways across primary and secondary care, through for example the use of Consultant Connect and Attend Anywhere working with Cluster leads.
- Focus on the immunisation programme and its delivery adaptation in the new environment of schools post return in September
- Working towards full restart of Healthy Child Wales Programme and Flying Start services, with school nursing supporting schools and C&YP on return in September
- Restarting CAMHS intervention work via both Attend Anywhere (trial starting at end of July)
- Progress the eye care plans and electronic patient record
- Support to manage diagnostic capacity constraints, specifically to develop sustainability plans for:-
 - Cardiology
 - Endoscopy
 - Radiology
 - Phlebotomy services
- Support for stroke rehabilitation care as a priority

Specialist Services and NHS England Providers

Specialist services for the population of BCUHB are provided by BCUHB, C&VUHB and across various NHS England providers. BCUHB also hold contracts with various NHS England providers for secondary care services.

In response to the Welsh Government published Guidance *Coronavirus: ethical values and principles for healthcare delivery framework*. Welsh Health Specialised Services Committee are working collaboratively with Betsi Cadwaladr University Health Board to review how safe services can be

delivered for Welsh patients and staff in view of the COVID-19 pandemic for all specialist care and in all NHS England providers.

We have canvassed all providers for details of their current positions and plans to deliver safe services for our population. BCUHB/ WHSSC Contract Review and Governance meeting will continue to oversee this work throughout 2020/21 to gain assurance on delivery of specialist services and NHS England providers on delivery of essential services and progressive implementation of recovery and transformation plans.

4.3 Primary Care

Primary care responded rapidly in Q1 to minimise the spread of COVID-19 infection, continue to provide essential services and allow the sector to cope during a surge of cases. Change has been implemented at pace, enabled by workforce and digital technology innovation.

Our contractor services have established measures in place to support business continuity including separation of COVID-19 and non COVID-19 patient flows including the establishment of hubs for urgent and emergency care, for GP practices, optometry and dental service provision. All services have been supported to put in place arrangements to adhere to social distancing and infection control requirements through both physical measures and rapid rollout of remote consultation working.

Q2 Primary Care Operating Framework

Alongside other Health Board primary care teams, we have actively contributed to the 'Primary Care Operating Framework for Recovery – Q2 and beyond' and will be applying the Framework across our primary care services throughout Q2. The Framework includes actions that allow us to transition the return all components of our primary care services that are currently 'red' or 'amber' towards a 'green' status.

Technology

GMS contractors in particular have embraced different ways of working in response to the COVID-19 pandemic, and in Q2, we will support the retention of the best of this whilst also enabling contractors to return to providing more face-to-face care. BCU GMS contractors have had the highest take-up of remote desktop and mobile technology to support care delivery. Take-up of 'Attend Anywhere' video consultation software has been good but not as high as some areas in Wales, although this is in part due to the use of an equivalent product embedded within EMIS (which unlike the rest of Wales is our predominant primary care IT system). We now wish to embed this use of technology with a number of contractors and have identified IT literacy support requirements which we will support through our Primary Care Academy during Q2 and Q3.

Use of the eConsult online platform has also been helpful in Q1, with 48,000 patient episodes in BCU across 53 practices. Of these 1463 were able to use the self-help functions, and 422 able to go directly to the Pharmacy for self-help. We recognise that this is a technology that we also wish to retain and further embed.

Immunisation Plans

During Q2, we will be prioritising focused support to GMS and Community Pharmacy contractors to support immunisation planning:

- We will work through an action plan to support families that decided to delay or miss childhood immunisations during Q1 in order to bring those children back to a full immunisation status.

-
- We are progressing action plans through Q2 with contractors to support them to deliver what will undoubtedly be a challenging flu immunisation programme this year, due to system pressures, staff self-isolation, potential increased demand and the challenges of social distancing.
 - We will support practices to begin to consider how a flu immunisation programme could be adapted to meet the needs of a coronavirus immunisation programme when and if the need arises.

Primary and Community Care Academy (PACCA)

Our Primary and Community Care Academy is key to achieving longer-term Primary Care sustainability, and during Q2, we will fully resume the pace of developments that were underway prior to the pandemic. These include the finalisation of a recruitment programme for GPs wanting to work in rural North Wales, a training enhanced service to support the increased multi-professional training placements that we require, and the progression of innovative training programmes for advance practitioners in primary care settings. Q2 and Q3 will see the expansion of the Academy beyond General Medical Practice contractor settings.

Contractor specific recovery plans

- GMS

In Q1, the clusters have led the development of the Local Assessment Centres (red hubs). In Q2, the continued segregation of patients will be managed via these hubs where there is an ongoing or resumed need, alongside ensuring that practices can safely manage Covid-19 related activity where clusters have stepped down their LAC.

Whilst GMS activity in early weeks of the pandemic saw a clear reduction in contacts, later weeks have seen demand upon GMS contractors increase, with greater consultation frequency occurring. We anticipate that this will continue, with potential additional consultations from individuals who have delayed presenting. This will need careful support. Recent weeks have seen stable practice 'escalation' returns with all of our practices reporting being at Level 1 or 2, and we will be working with practices during Q2 to maintain this through the continued use of (appropriate) alternative working methods.

The appendix includes detail of component actions in Q2 that we will be prioritising to support GMS to deliver the Q2 Primary Care Operating Framework referenced above.

- Dental

Work is underway to progress the implementation of the WG Dental Recovery plan, which will see de-escalation of red phase activity during Q2. Alongside this, a resumption of our longer-term priorities will occur in this quarter, with continued support to practices to adopt the contract reform programme and to progress the delivery of a dental training unit in Bangor.

- Community Pharmacy

We experienced an unprecedented increase in prescription volume and attendance within community pharmacy at the beginning of the pandemic. In line with WG guidance, a range of measures were introduced to work differently and ensure business continuity, including a change to opening hours, a review of dispensing arrangements, using appointments to minimise unplanned demand and telephone consultations.

The majority of community pharmacies have reverted to pre COVID-19 opening hours and demand for enhanced services is increasing but some will require further support during Q2 to do so. Where it is possible to do so, we will 'return to normal levels' for the Common Ailments Service, Emergency Contraception and Smoking Cessation Levels 2 and 3 during Q2.

Preparations for flu immunisation includes community pharmacy but has been addressed above.

- Optometry

In line with WG guidance, in Q1 essential patients were seen in 15 Optometry Practice Hubs in the community to replace the 80 practices normally open. The WG Optometry Recovery Plan is now being implemented with the recent move from a Red to Amber phase, which will see all Practices reopen.

Practices are ensuring social distancing can be maintained including restricting the number of patients in a practice at any one time, ensuring social distancing and reducing face-to-face consultation time with patients.

The expected WG / Royal College of Ophthalmology guidance to stratify the backlog of primary care activity will be used in Q2 to support Optometrists risk stratify their patients, and prioritise those most in need and those most likely to achieve biggest impact.

The service will also support the delivery of reinstated secondary care pathways e.g. Glaucoma, Wet AMD, ODTG and assist in the prioritisation of eye care patients and develop options for the delivery of activity in community settings as appropriate.

We plan to restart the Eye Health Examination Wales (EHEW) and the Low Vision Service during Q2.

- GP out of hours

During Q2, we will embed changes in practice within OOH services that have seen a wider MDT approach, and supported video consultations.

In Q2, we will be implementing a programme board to oversee the rollout of 111 in BCUHB and the transfer of IT systems from Adastra to SALUS.

Supporting delivery plans include detail of component actions in Q2 that we will be prioritising.

4.4. Community Care

Health and Social Care Partnership Plans (including care home and domiciliary care resilience)

Community and Social Care priorities for Q2 include consolidation of safe and effective management of the COVID-19 outbreak and improving the delivery of care across partner organisations. This involves working with partners across BCU and other bodies with 'home first' principles, to effectively manage step-up, step-down care and rehabilitation, ensuring safe environments, testing and infection management for patients and staff, enhancing best practice opportunities to progress the management and quality of care, including lessons learned from our response to COVID-19 and the development of system resilience.

Good progress, associated with maturing relationships with partners, was occurring prior to the pandemic in delivering our health and social care partnership plans. Formal project activity across the Community Services Transformation programme largely halted because of COVID-19, with resources and in some cases funding, being re-allocated to support Area Integrated Service Boards (AISBs) in their management and response to the pandemic.

Driven by necessity, the pandemic has moved forward the plans at a much greater pace in a number of areas. We are now reinstating the formal project management of our partnership community transformation plans, beginning with a review and refresh to capture the areas where progress has in fact occurred at expedited pace.

Community and Social Care priorities for Q2 therefore include both a consolidation of safe and effective management of the COVID-19 outbreak and reinstating a programme of steps towards the greater integration of services between partners.

Significant components of this will relate to domiciliary care and rehabilitation, both significantly affected by the Covid-19 pandemic. Considerable progress has been made in working more efficiently together during Q1 and we will retain this focus as we progress the work in Q2. Our partnership working in respect to care homes will continue to specifically respond to both national patient discharge guidance and the fragility of the local care home sector across North Wales. We are currently reviewing service models to meet patients' needs within the community taking into account the expected increase in demand for rehabilitation.

It is therefore important that in seeking to move forward with the Community Services Transformation Programme that we do not lose sight of these developments and that we build upon the positive advancements made. To that end, a facilitated workshop will be held in July 2020 in order to bring together strategic leads from across the Health Board and six North Wales Local Authorities. The workshop will be to take stock of the work undertaken pre COVID-19, as well as the achievements made during the pandemic. The vision for the programme will then be reviewed in light of lessons learnt during COVID-19, and priorities for moving forward will be refreshed.

Funding for the programme is expected to cease on 31st March 2021 but it is hoped that Welsh Government can commit to an extension of both programme term and funding. During Q2, we will work with partners to assess those elements of transformation and integration that can be delivered within the original timeframes, along with what elements of the programme can be deferred until after March 2021, in order to meet with programme term and funding profile available, once this is better understood.

4.5 Mental Health & Learning Disabilities

The COVID-19 pandemic has provided an opportunity for us to review the way in which we deliver mental health services to patients. We are accelerating our pathway approach to service delivery going forward, which is one of our key commitments in our *Together for Mental Health Strategy*.

Pathways have also been the focus of work within the Division as part of the Quality and Workforce Groups for the past 18 months.

During phase 1, services have focussed on cohorting admissions to inpatient units and remodelling community services to focus on the most complex, high risk and vulnerable patients identified through a RAG methodology suggested by the Royal College of Psychiatrists.

A lot of emphasis is being placed on rapid response to emergencies and collaboration with the voluntary sector. Direct feedback from clinicians, partners and patients has also helped to identify the weaknesses and what needs to be improved for phase 2 in delivering essential services; managing COVID-19; and developing services, in line with our previously agreed strategy.

Our key priorities for action for the next 3 months are set out below:

Sustain

We will maintain cohorting of inpatient admissions and where appropriate identify more local treatment green wards.

Our community services will continue to develop Community Hubs with a single point of entry and stepped approach, focusing on the most complex and risky patients. This will include integrating newly formed services such as early intervention in Psychosis and Community Rehabilitation Teams.

Learning Disabilities and Substance Misuse Services will continue with the plan developed during phase 1 and progress, which has been made so far.

Our commitment to the delivery of high quality, co-produced services remains a key priority.

The clinical leadership that has served to deliver service improvements across the Division will continue.

Commence

We will commence our programme of wider engagement with partners and stakeholders on phase 2 and 3 of the plan

We will reopen the Psychiatric Intensive Care Unit, temporarily used as a red ward

Targeted engagement with primary care will commence (GPs, clusters, managed) to work on the improved offer, including the implementation of the Primary Care Liaison Service, Consultant Connect and unified offer of interventions from the Local Primary Care Mental Health teams under part 1 of the Mental Health Measure

Older People's Mental Health Services will increase their community offer through intensive treatments targeting residential care. We will also re-instate Memory Services.

Our inpatient rehabilitation service will develop in line with the previous agreed strategy to focus resources in fewer units for the most vulnerable population and avoiding out of area placements.

Our organisational change process will commence in support of these priorities.

Complete

We will complete joint lessons learnt on Phase 1 with partners and stakeholders within and external to the Health Board.

Detailed programme plans will be completed for our service improvement priority areas, specifically, Primary Care, Rehabilitation and Crisis Services.

In line with wider Health Board requirements we will complete changes to governance structures and establish a central business function.

In this quarter, we will clarify the governance arrangements as well as giving additional clarity on individual's roles and responsibilities. We will also be explicit regarding managerial responsibilities and accountabilities for the delivery of services during this phase in order to avoid any confusion, duplication and omissions. This will require us to review our current governance structures and senior leadership structures.

To ensure we meet these complex challenges across the Division we recognise that additional support and expertise will be needed and we are developing a plan to identify the scale of the 'ask' in early July.

4.6 Acute Hospitals Delivery Plan

Our aim is to ensure safe, effective and equitable care for patients across North Wales supported by digital technology operating consistently across all our acute hospitals.

We will use quality outcome measures and patient experience to inform our learning and innovation to ensure more seamless care is delivered for our patients.

We have developed our plan both in support of this aim and in support of building upon the rapid progress made in Q1 through the development and delivery of consistent clinical pathways of care across North Wales.

The following section summaries the operational plans to deliver our clinically led response to the impact of COVID, together with changes we will make to operational delivery, quality and performance monitoring and our governance systems.

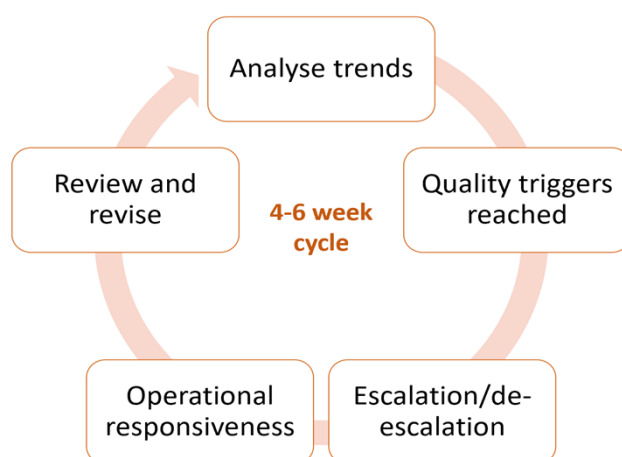
Building on Progress in Q1

Creation of red and green zones and new emergency pathways have enabled us to remain responsive to changes in activity. As a result of the presence of COVID-19, additional measures have been implemented to safeguard staff and patients.

Guidance has been provided by national, international and professional bodies to support clinical decision-making and delivery of all components of healthcare. There is also specific reference to planned care in consideration of the delivery of Essential Services. All these factors combined, means a new approach to delivering responsive care that can:

- Protect planned capacity, by continuing virtual working and non-face to face delivery, including building upon developed community pathways.
- Maximise throughput given the imposed limitations of the COVID-19 restrictions.
- Respond to patient restrictions such as pre-operative isolation and rapid testing.
- Be able to reduce the risk for both patients and staff of potential cross infection.
- Deal with phase 2 and 3 of the planned care recovery.
- Respond to further surges of non COVID-19 emergency and elective activity.

Acute Operational Service Model



Our acute hospital services operational model as illustrated above is summarised below and operates around the following key principles, including:

- Safe Care: focus on reducing risk and harm
 - Equity of access for all our population across North Wales: ‘attend anywhere’ principle.
 - A focus upon patient experience and outcomes
 - Introduction of a ‘Once for North Wales’ model
 - Maximising capacity by implementation of 7 day working where feasible
-

-
- Resources aligned to patient need / follow the patient

Actions in Quarter 2

In quarter 2, we will maximise use of all available capacity (including use of Spire) providing essential services locally where appropriate.

Planning cycles of 4-6 week cycles will be adopted with service models reviewed to respond to changes in quality triggers. We are data driven and will make use of data to recognise system and quality triggers for escalation and de-escalation.

We are adopting a North Wales regional and networked approach to risk stratify patients waiting for access to elective care to ensure timely intervention.

Our work aims to identify and embed the improvements introduced during the initial COVID-19 response. This work will be clinically led through pathway development and implementation.

In order to achieve this each hospital site has invested in their health community to build relationships and develop pathways to support patient experience. This relationship needs to continue to be developed to encourage future pathways which focus on 'care closer to home', whilst maximising the opportunity of a single Health Board in delivering care.

For high-risk patients who require diagnostics or surgical intervention our services are developing a once for North Wales approach which is clinically led. This will support movement of patients or clinical teams to ensure that the next available appointment is allocated on clinical priority not post code. It also enables us to flex capacity depending on the extent of COVID-19 activity in each of our sites to support essential services and highest clinical need. This is already in place for endoscopy services and further services are implementing this approach including urology.

We will deliver, as appropriate and where possible, a 'prehabilitation' programme, designed to support our surgical and orthopaedic pathways. This will enable us to manage patients appropriately in their homes or primary care while they await their surgery. This will facilitate an evidence-based reduction in length of stay and early discharge home, which is even more desirable during COVID-19. This will also promote patient engagement and confidence.

We will initially focus on services considered highest priority either due to risk of potential harm to patients waiting or insufficient resource to meet their needs. This includes the zoning of areas to deliver elective services with COVID-19 light principles and the use of the Spire Hospital to support surgical and diagnostic activity on a needs based rotating 6 week cycle. We will utilise Abergele as the single North Wales Eye hospital, supplemented with risk-stratified activity as appropriate.

Unscheduled Care Plan

Our unscheduled care model, which we developed in Q1, will continue to facilitate streaming of patients, with focus on direct to speciality.

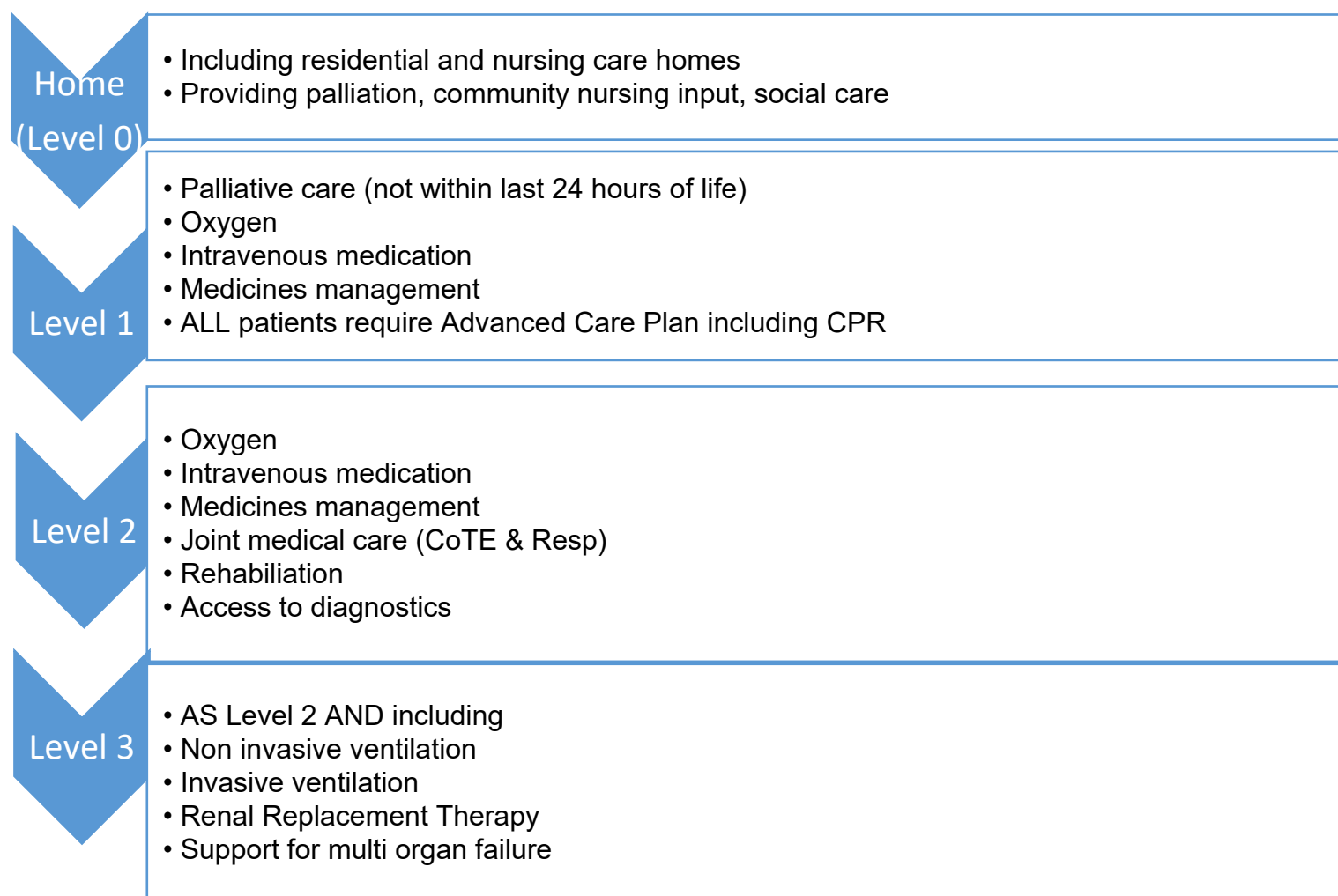
The option to use our SICAT facility will be explored to further support the triage of patients to manage flow and demand to our Emergency Departments, optimising an appointment system where feasible.

The volatility of activity we can anticipate within Q2 is fully recognised and plans are in place to surge capacity across the system in line with demand (see following section on surge planning).

4.7 Surge Planning

Our plan and forecasting work highlights that this is a highly uncertain environment including the limitations of forecasts for COVID-19 related demand and the likely scale and timing of any second peak in demand. There are significant uncertainties about the speed with which non COVID-19 demand may return to pre COVID-19 levels, as well as other elements such as the ability of the care home sector to admit patients and the resultant impact on acute and community hospital lengths of stay.

We continue to base our surge planning and delivery around our high level COVID-19 clinical pathway, responding appropriately to patient acuity.



Our data driven approach supports the management of clinical risk and our surge capacity for activation together with escalation plans to manage capacity in a flexible and responsive way.

We have established in Q1 key triggers to support our ability to flex and expand our capacity including critical care, temporary hospital and independent sector capacity.

Welsh Government guidance is that planning for a potential second peak acute bed demand should assume 1,100 beds would be required for COVID-19. As stated in the guidance, this is 'not because we envisage the levels of COVID-19 activity reaching the volumes stated in the short term but to ensure we are collectively prepared if a second peak were to materialise, particularly as we head to a winter period'. In extremis and worst-case scenario, we would clearly need to utilise the Temporary Hospitals.

These forecasts must be regarded as giving a broad indication of the capacity required and the speed with which it will be needed, and the position may change materially (in either direction) in a short space of time. Very short-term forecasts (2-4 weeks) are far more likely to be valid than a longer-term view, and decisions may need to be adjusted frequently.

Work will continue to review our approach and plans across adult and children services to address both the current levels of COVID-19 demand and a potential second peak. This work is being led by the Director of Nursing & Midwifery with operational teams including Area and Hospital Directors to ensure that responsive surge arrangements are in place including outlining the facilities suitable for which patients and their needs.

4.7.1. Surge Planning in Primary Care

During Q2, we will build upon our surge planning capability within primary care, recognising that the ongoing presence of additional Covid-19 peaks will create challenges for all primary care contractors.

Plans are being enhanced during Q2 to rebalance activity towards more elective primary care activity, recognising that this may need to be rapidly re-profiled again if a surge of Covid-19 activity occurs, and not necessarily on a whole Health Board basis.

As we move through Q2 into Q3, activity in primary care typically increases, with the onset of mass flu vaccination, and an increase in infective illness. Specific work is underway to ensure that our flu vaccination programme this year, which will be challenging (see the primary care section earlier), is adequately resourced, since this will reduce the impact of surge activity for the rest of the year.

Where individual clusters stand down Local Assessment Centres (LACs) in Primary Care, it will be on the basis that they can be rapidly re-opened should local demand require.

We have a well-embedded escalation tool in place for general medical service contractors in BCUHB, and we will continue to use this, alongside our established communication channels with practices to proactively measure capacity within primary care. Recent weeks have seen consistent scores of Level 1 or 2 across all practices, but we do expect a changing profile as catch-up, elective, and flu season work impact further. A community pharmacy escalation tool has been created and is being rolled out in BCU during Q2.

Chapter 5 Enabling Plans

5.1 Workforce

In quarter 1 our workforce plans were aligned to the clinical pathways for repurposing of capacity and capability to meet changing demand; being “ready” to resource additional capacity commissioned within the Health Board and supporting partners in health and social care to manage risks associated with outbreaks or clusters impacting upon staffing.

A number of enabling/supporting measures were mobilised, including for example:

- Workforce Support Hubs aligned to the operational localities.
- Wellbeing Hubs to provide focussed support services for staff.
- Dedicated Resourcing Teams supporting retraining; repurposing; redeployment of our own staff; recruitment and getting new staff and volunteers “work ready”.
- Developing workforce planning and response models for temporary hospitals; internal surge capacity; Test, Trace and Protect; care home support etc.
- Dedicated Occupational Health and Safety Teams to support testing, result management for staff and key workers across North Wales as well as making sure our staff and services are operating safely to mitigate the risks associated with virus transmission.

Key achievements

Recruited additional 1700 workers	Wellbeing Hubs seen over 1500 staff	Supported over 700 Risk Assessments for BAME members	Established Workforce Support Hubs staffed 7 days within 2 week period	Returned to work 6100 members of staff absent due to COVID-19
Engaged additional 700 volunteers	Occupational Health supported antigen testing for over 10,000 staff across BCU and partners	Developed workforce models for 3 temporary hospitals with capability to “step up” resources as capacity is required	Developed suite of accessible guidance, advice and resources in partnership with trade union partners	

Moving into Q2, each of these measures remains as relevant now as during the period that saw higher levels of COVID-19 activity.

They provide the tools for us to continue to deliver in a context requiring shorter term planning cycles; agile decision making based upon both modelling, but importantly key triggers that show us when and where we need to flex delivery/capacity and as a result our workforce.

The systems in place led by the Workforce Support Hubs to ensure appropriate staff (and household members) are tested, responded to and supported to return to work when safe provides us with timely information to support the new Clinical Deployment Dashboard and tool for clinical managers to enable safe and prioritised deployment.

The Dashboard also draws through specific competencies required for COVID-19 zones in the event additional or flex capacity is mobilised.

Additional staff and volunteers have and continue to be deployed and refresher training and orientation plans are in place and continue to be delivered

The workforce planning and modelling tools developed are in place to enable us to see the impact of different triggers e.g. community or staff cluster; changing patterns of patient presentation, need to switch on switch off or move activity. These tools are key enablers to the planning of care delivery and the decisions required by clinical teams.

Staff Wellbeing

Our staff health and wellbeing is of utmost importance especially as we move through the potential uncertainty and apprehension associated with release of the “lockdown” measures. The Health Board has been actively listening and proactively enabling facilities and resources to support staff and teams.

We recognise going forward into the next period it is vitally important we continue to care for ourselves and keep each other well. The safety of our workforce is fundamental to our organisation. A risk assessment process is in place for all staff to ensure staff are not placed at greater risk through their deployment in the organisation. This risk assessment reflects the additional risk factors for BAME and other vulnerable members of staff. This is particularly important as we move as a nation from formal shielding of clinically extremely vulnerable people and the additional protections provided by “lockdown” for those in other vulnerable groups e.g. over 70’s; pregnant women etc.

We have been actively monitoring absence levels within the organisation and continue to work with staff to ensure they are supported when they are sick; able to return to work after a period of illness and supported to undertake homeworking if they are able to. In addition, we have been actively monitoring cases of staff clusters and the risks associated with nosocomial infection.

Informed by this, we have taken the decision to continue to restrict the numbers of staff attending the workplace, particularly in health care settings and have plans in place to continue to support staff who are able to undertake their role remotely either in full or part to do so. This includes working with our staff and trade union partners to listen to the lived experiences of staff who have been working remotely and those who have not, to understand how this has felt and what we need to do to support this moving forward.

These steps, together with the measures in place are being further enhanced to ensure working environments are “COVID-19 Safe”, are intended not only to keep our staff safe, but also to enable greater reliability in our planning as we increase the delivery of key and essential services over the coming months.

Longer term planning and resilience

There is unlikely to be a hard stop to the COVID-19 related activity, however, it is important that as well as managing delivery in Q2, there are measures in place to continue to renew and refresh for the remainder of this year and into the next.

This workforce plan aims to ensure that the key workforce strategic themes set out for 20/21 are adhered to whilst ensuring the work commenced in Q1 to specifically support COVID-19 is continued.

Specific actions, which will support this delivery, are outlined below.

- Establish a revised workforce governance and performance management structure to facilitate improvement at strategic, tactical and operational level.

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- Ensure effective national and local social partnership working arrangements are in place to support delivery of the continued COVID-19 response; recovery and Workforce Strategy objectives.
 - Continue the development and delivery of an integrated workforce offer to support clinical and operational teams in an agile way across all levels of the organisation.
 - Ensure a robust integrated workforce model is in place with Local Authority partners for specific projects, to support the development of a health and social care model across the wider health community.
 - Ensure workforce optimisation plans are in place to support the delivery of safe care and mitigate the impact of COVID-19, the TTP programme on staff and the Health Board's adjusted surge capacity plans.
 - Ensure all key workforce indicators are in place and monitored robustly to support all surge and essential services delivery.
 - Develop and implement the leadership plan at both clinical and operational levels to support the revised clinical pathways and complex operational conditions across the Q2 period and beyond.
 - Working with the Clinical Advisory Group ensure Postgraduate and Undergraduate education and training activities are fully restored in the second quarter.
 - Ensure agile and new ways of working deployed in order to maintain safety for staff and patients as a result of COVID-19 are optimised and embedded.
 - Ensure a staff wellbeing policy and infrastructure are in place to ensure wellbeing and psychological support is accessible to all staff.
 - Ensure ongoing effective management of training, equipment and supplies in line with emergency guidance.
 - The Health & Safety Improvement Plan is implemented to ensure that staff are proactively protected, supported and safe, including BAME, older colleagues, those with underlying health conditions and pregnant workers and that all environmental and social impacts are monitored and complied with. The business case associated with the Improvement Plan is a key element of our delivery and will be submitted for approval during this period.
 - The Strategic Equality Plan revised year 1 actions are implemented to help ensure that equality is properly considered within the organisation and influences decision making at all levels.

5.2 Digital

As health and social care services move towards empowering users, carers and staff, data remain the key underlying essential component. Transforming raw health and social care data into information that enables safer patient care and better decision making is a key challenge in Q2. This is because the demand for better information and faster and safer communication, at new levels due to COVID-19, is exceeding the informatics capacity available to enable this continued transformation. This is perhaps the biggest digital problem facing the Health Board.

Our Q2 plan will address this by focussing action on the following areas:

- Support further organisational effectiveness and efficiency through the scale up of Office 365 – including the migration of all mail boxes to cloud and implementation of Teams across 50% of the workforce.
- Support essential information infrastructure development:
 - mitigating the COVID-19 caused delay in WPAS Phase 3 implementation with renewed effort on the West implementation with particular focus on data migration in Q2
 - Seek approval for funding for WEDS implementation
- Obtain approval for the business case for a digital health record and mobilisation of the project ready for implementation from Q3.
- Deliver clinical letters with the Digital Dictation and Speech Recognition Project, across the Health Board over 2 years starting July 2020.
- Digitised patient results process, improving the assurance of results management and standardising good practice.
- Development of sustainable digital health care enabling platforms, including:
 - video consultations, offering greater access and care closer to home.
 - Medicines Transcribing and E-Discharge Service (MTED) for safer and more effective management of medicines following discharge from hospital.
 - continue development of plans for pharmacy related technologies e.g. e-prescribing.
 - mobile working in community, accelerating agile working to support care closer to home.
 - business intelligence, developing learning from COVID-19 to gather, analyse and communicate.
- COVID-19 hardware response – meeting demand for equipment e.g. over 950 laptops.
- 40% of informatics staff remain focused on supporting COVID-19 in Q2, including contact tracing, increased mobility, ward moves and shift back to normal.

In addition, a review of the informatics resources will occur during Q2 to assess capacity and capability for continued support for transformation. This analysis will be shared with the Health Board as part of a further discussion about building sustainable enablement.

5.3 Estates / Capital

The Estates Strategy provides a vision and framework for the future development and utilisation of our estate, outlines an initial pipeline of priorities and describes how we will seek to work with partners to maximise the benefits of our collective property portfolios.

The strategy must be flexible to respond to the changing needs and priorities of the Health Board. It was confirmed that the strategy would be subject to annual review as part of an iterative process to reflect and respond to the challenges faced by the Health Board. From a recent review of the progress to date, the following were noted:

- The work in developing the infrastructure programme for Wrexham Maelor Hospital signposted similar concerns with respect to resilience and compliance at Ysbyty Gwynedd
- Our developing understanding of the needs of the emerging integrated health and social care localities has instigated a review of the primary care pipelines and the future configuration of health and well-being hubs
- During the year, the Health Board has engaged with partners in developing a range of collaborative solutions. This work has highlighted the complexity of managing significantly different governance

and financial regulatory arrangements between the NHS, Local Authorities and third sector partners. However, notwithstanding these complexities it is clear that collaboration offers potential opportunities

The Estates Improvement Group (EIG) have identified key strategic themes for potential estates savings as follows:

- Estates Disposals.
- Withdrawal from leased premises.
- Review of office accommodation.
- Large site rationalisation.
- Investment in non-compliant estate.

In going forward the Estate Strategy will need to reflect the future design of services as determined by the emerging digitally enabled clinical strategy and successful delivery will be dependent upon focusing on a small number of priorities that deliver maximum benefit.

Refreshing the Estate Strategy

In response to the above the EIG have identified a structure for the Estate Strategy and the process to develop and implement the required change. The Strategy will provide a delivery framework for the future development and utilisation of the estate. This framework will comprise a series of inter-related programmes that will be defined within supporting programme business cases. Each programme business case will comprise a series of inter-dependent projects defining the priorities for change. This approach is advocated by the Welsh Government and allows the Health Board to clearly articulate our estate priorities and their inter-dependencies to provide a complete picture.

The programmes will be shaped by the clinical strategy, which will define the estates requirements within our acute hospitals but also our integrated community primary, and social care services including mental health.

Following on from the Wrexham Maelor Hospital continuity business case, separate programmes will be developed for Ysbyty Gwynedd and Ysbyty Glan Clwyd. It is noted that while there are challenges with respect to electrical capacity at Ysbyty Glan Clwyd, this can be managed in the medium term. The integrated area plans will support changes within our acute hospitals and define the requirements within our community, primary care and mental health estate.

The clinical support programme will define the estates needs within diagnostic, pharmacy and cancer services together with sterile services and medical engineering. The programmes will also be required to demonstrate how we will deliver our strategic saving themes.

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

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

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

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- Wrexham Maelor continuity programme
 - North Denbighshire Community Hospital
 - Ablett Mental Health Unit
 - Llandudno Junction/Conwy Primary care resource centre
 - Project Paradise

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

- Ysbyty Gwynedd compliance
- Health Economy programme business cases
- Review of accommodation in Central Area
- Relocation of services from Abergele hospital
- Rationalisation of Bryn y Neuadd
- Office accommodation (linked to 4 and 5 above)
- Residential Accommodation

The above priorities will in all likelihood require additional resources to drive them forward at pace. The EIG will scrutinise, monitor the progress of the above, and provide an update report as part of the Annual Plan Monitoring Report. The Estate Strategy will be refreshed to reflect the revised delivery framework and proposed next steps.

5.4 Financial Plan

Context

The financial plan for 2020/21, approved by the Health Board, was to deliver a deficit of £40m and was predicated on delivering savings of £45m. The plan did not take into account the impact of COVID-19, and the Q2 plan has been updated to reflect the anticipated consequences, although there is a significant variable element to the key financial assumptions, given the potential of both a second COVID-19 wave and the effect of the Test, Trace and Protect programme.

It is clear that that expenditure will be significantly higher than planned due to the Health Board's response to the pandemic and as operational and clinical teams are focused on both COVID-19 and essential services, savings delivery has been particularly impacted. The current forecast reflects a gross deficit of £173.9m, which after assumed COVID-19 additional Welsh Government funding of £133.9m leaves the Health Board with a net deficit in 2020/21 of £40.0m. £59.1m of the COVID-19 expenditure relates to the three Temporary Hospitals we have established in North Wales, which are ready to provide circa 1,000 beds across three locations, in Llandudno, Bangor and Wrexham.

Summary Financial Plan for Q2

	Apr-20 £m	May-20 £m	Jun-20 £m	Jul-20 £m	Aug-20 £m	Sep-20 £m	Q2 £m	20/21 £m
Resource Allocation	-146.86	-128.34	-128.34	-128.34	-128.34	-128.34	-788.54	-1,541.6
less Expenditure	154.01	135.49	135.49	135.49	135.49	135.49	831.44	1,626.6
plus £45m Savings	-3.75	-3.75	-3.75	-3.75	-3.75	-3.75	-22.50	-45.0
Deficit Plan 2021	-3.40	-3.40	-3.40	-3.40	-3.40	-3.40	-20.40	-40.00
Non delivery of Savings	-3.70	-3.63	-3.10	-2.93	-2.93	-2.92	-19.21	-34.1
Elective underspend	2.30	2.88	2.29	1.82	1.78	1.76	12.83	20.4
Lost income (NHSE / GDS)	-1.00	-1.40	-1.38	-1.38	-1.38	-1.38	-7.93	-9.2
Slippage on Investments	0.23	1.23	0.23	0.17	0.17	0.17	2.19	2.2
C19 expenditure	-3.59	-4.69	-4.38	-4.14	-4.03	-3.75	-24.57	-43.0
Test, Trace, Protect	0.00	-0.01	-1.10	-1.10	-1.10	-1.10	-4.40	-11.0
Field Hospital costs	-25.06	0.57	-0.58	-0.56	-0.56	-0.56	-26.76	-59.1
Gross Deficit	-34.23	-8.45	-11.41	-11.52	-11.45	-11.17	-88.24	-173.9
Assumed C19 Funding	30.84	5.11	7.92	8.10	8.03	7.76	67.77	133.9
Net deficit	-3.38	-3.35	-3.49	-3.42	-3.42	-3.42	-20.48	-40.0

Underlying Position

The underlying position brought forward from 2019/20 was a deficit of £57.7m, with an opening plan of £40m deficit.

Q2 Planning Assumptions

The Health Board is now moving into the second phase of its plan to respond to the pandemic and considering how best to balance managing Covid-19 patients and elective activity whilst adhering to social distancing rules and the need to protect our staff and patients.

The crisis has provided opportunities to push through changes at pace; work with partners effectively, and consider how the Health Board can transform in the future, learning from new ways of working and delivering services.

Savings

Following the suspension of the savings programme in March, the Health Board is now considering how to resurrect the savings plans that began development in 2019/20. The current assumptions on the delivery of savings for Q2 and 2020/21 are shown in the table below:

	Apr £'000	May £'000	Jun £'000	Jul £'000	Aug £'000	Sep £'000	Q2 £'000	Forecast year-end position £'000
Non delivery of Savings	3,700	3,634	3,098	2,927	2,927	2,920	19,208	34,106

A high-level review of the savings pipeline has been undertaken to inform the Month 2 reporting. A detailed review of the programme is underway to ensure movement of schemes into amber and green and a thorough reassessment of the potential for in year savings delivery. The outcome of this review work will be set out in the Month 3 Return. A summary of the red pipeline schemes is shown overleaf.

Savings Theme	Recurrent Savings £000	Non-Recurrent Savings £000	Annual Forecast £000	FYE of Savings £000
Care Closer to Home	0	150	150	0
Continuing Health Care	1,614	0	1,614	2,028
Estates	50	350	400	50
Medicines Management	1,945	15	1,960	1,945
Planned Care	72	0	72	143
Procurement	2,375	0	2,375	2,524
Transactional	173	0	173	321
Workforce	1,860	548	2,408	1,893
Total	8,089	1,063	9,152	8,905

With the focus back on business as usual the development of savings plans for 2020/21 has become a priority and what we currently have is only an initial view and which will expand.

Elective Underspends

Elective under spends will continue for the rest of the year. Some elective work has commenced in May and it is expected that activity will increase over future months, but full capacity will not be reached in 2020/21 due to the requirements of social distancing for staff and patients. The Health Board is continuing to use the local private hospital to support elective activity; the cost is estimated to be £4.8m and is included in the forecast from July.

Elective underspends are anticipated to generate a surplus of £12.83m for Q2.

Income

The impact of Covid-19 has estimated a loss in income of £7.93m up to the end of Q2, which includes £2.7m of General Dental Services (GDS) patient income and £4.4m of English Non-Contracted Activity (NCA) income.

Expenditure

Slippage on Investments

As a result of the suspension of business as usual slippage on new investments of £2.2m have been identified.

COVID-19 Expenditure

It is forecast that total expenditure directly related to Covid-19 up to the end of Q2 will be £24.57m, of which £12.3m is pay and £12m is across non-pay expenditure categories. An analysis of the pay items is in the table below.

	Apr £'000	May £'000	Jun £'000	Jul £'000	Aug £'000	Sep £'000	Q2 £'000	Forecast year-end position £'000
Pay								
Establishment & Bank	814	1,499	1,522	1,581	1,720	1,734	8,868	17,700
Agency	278	333	408	378	378	378	2,153	4,572
Returns	30	81	112	112	112	98	545	1,013
Students	0	69	234	252	207	15	777	867
Other	0	0	0	0	0	0	0	0
	1,122	1,982	2,276	2,323	2,417	2,225	12,343	24,152

Non pay includes £3.5m to cover the licence to occupy charges for the three Temporary Hospital sites.

Test, Trace and Protect

Test, Trace and Protect consists of the tracing teams, Antigen testing and Antibody Testing. In total, this programme is estimated to cost £4.4m in Q2 (£11m in 2020/21).

	HB	
	In Year £000	FYE £000
TTP Teams - minimal model		
Equipment	630	840
Staff	630	840
Antigen testing		
Medicine	495	660
Staff	2,250	3,000
Overheads	549	732
	3,294	4,392
Antibody testing		
Medicine	3,375	4,500
Staff	675	900
Point of Care	1,500	2,000
Reagents	1,500	2,000
	7,050	9,400
Total	10,974	14,632

Temporary Hospital Costs

Temporary Hospitals set up costs of £23.29m are included; this is a reduction of circa £1.7m in line with the final cost schedules.

In addition it is estimated that based on an assumption of 64% capacity utilisation for the period October 2020 to the end of March 2020, the running costs of the Temporary Hospitals will be £3.46m for the period up to the end of Q2 (£35.9m for 2020/21), as illustrated in the following table:

	Apr	May	Jun	Jul	Aug	Sep	Q2	Forecast year-end position
	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000
Temporary Hospitals Set Up	25,037	(1,742)	0	0	0	0	23,295	23,295
Pay	0	0	0	0	0	0	0	25,199
Non Pay	25	1,174	577	562	562	562	3,462	10,652
Running Costs	25	1,174	577	562	562	562	3,462	35,851
Total	25,062	(568)	577	562	562	562	26,757	59,146

Note: Running costs at 100% utilisation are currently costed at circa £7.5m / month

Income Assumptions

The original plan was against a resource allocation for the year of £1,541.6m. Confirmed allocations to date are £1.522m, with further anticipated allocations in year of £161.4m, a total forecast Revenue Resource Limit (RRL) of £1,683.6m for the year.

Activity Planning Assumptions

The assumptions made in the Q2 plan are based on a 50% utilisation of the Temporary Hospitals with effect from July 2020, and the continuation of current activity levels across secondary and community care. To date the Health Board has not been able to describe how it intends to bring back elective activity and what is expected to be the on-going impact of COVID-19 because of the number of unknown variables as lock-down is eased.

Chapter 6 Risk to Delivery

6.1 Risk and Mitigation

The Health Board recognises the need to continue to improve its risk management culture and this will be further supported by the implementation of the revised Risk Management Strategy following Board ratification in July. The Health Board's Risk Management Improvement Plan has also been updated to reflect recent changes whilst the organisation has realigned resources to support the management of the COVID-19 Pandemic response, so that it aligns with the new Risk Management Strategy and Policy.

The plan going forward is to continue to develop and build staff capacity and capability in risk management, support Directorates to review all risks on their risk registers with focus on narrative and accuracy in scoring in view of the launch of the new Risk Management Strategy planned for 1st October 2020. Work will continue to ensure compliance after this date due to the Health Board continuing to resume a level of business as usual post the first phase of our response to the COVID-19 pandemic. Training will also support staff member's ability to manage risks and clarify the distinctions between a risk and an issue as well as controls and actions/further actions implemented in mitigating risks.

A further workshop with the Board will also be held during July to review and articulate the Health Board's objectives in line with our plans, to review the current Corporate Risk Register whilst ensuring alignment with our objectives and plans.

6.2 Information Governance

Information governance and good data protection practice is key to the delivery of a successful and positive governance culture. The Information Governance (IG) Department has and will continue to deliver an efficient service to provide essential support, advice and guidance to all areas of the Health Board to make sure it meets its statutory and regulatory obligations.

IG will continue to work closely with ICT, Health Records, Senior Information Risk Owner, Data Protection Office and the Caldecott Guardian in order to provide appropriate levels of assurance to the Board.

IG will also continue to work collectively with other Health Boards, National Wales Informatics Service, Public Health Wales and Welsh Government on the implementation of national programmes.

New ways of working have been essential to allow the Health Board to continue to operate its services. This has resulted in a number of new systems being put in place both locally and nationally in a short period of time. The Information Governance Team will continue to work closely with leads locally, other health boards and partners to ensure that the systems put in place have been risk assessed appropriately and that all the necessary due diligence checks have been undertaken for assurance.

A full review of the Data Protection Impact Assessments, Data Sharing Agreements and Data Protection Agreements undertaken since March 2020 will form part of the IG work plan, which will be monitored through the Digital and Information Governance Committee.

IG will ensure patients are made fully aware of ongoing changes through privacy notices and fair processing.

Freedom of Information requests (FOI) and Subject Access Requests (SAR's) will continue to be actioned as a priority to ensure compliance. COVID-19 related requests are increasing and work is underway to ensure that these demands will be met. This will be under constant review as business as usual and escalated where necessary.

Robust monitoring and areas for improvement will form part of the ongoing work within the IG work plan and staff training and guidance will be put in place to improve compliance rates and staff understanding of the importance of meeting the deadlines.

Training will be monitored closely and commenced with Workforce & Organisational Development as and when it is safe to do so. E-learning will continue to be monitored with compliance rates being reported.

The Information Governance Strategy is currently under review and will include the Information Governance priorities for the year ahead and include actions because of COVID-19.

Work/action plans are being put in place to ensure that areas of weakness requiring improvement can be robustly monitored and improvement plans will be put in place, which will be incorporated into the IG compliance checks action log.

Chapter 7 Preparation for Q3 and winter 2020/21

The management of unscheduled care will form a key priority for our Q3 plan. The overall position across BCU is one of COVID-19 demand broadly plateauing, while non COVID-19 demand for unscheduled care returning rapidly to pre COVID-19 levels.

Through our pathway re-design work, we have established urgent / unscheduled care pathways and will continue our work to strengthen arrangements that ensure resilient Urgent and Emergency Care (UEC) capacity is available to meet demand. In addition we will operate within new environmental guidelines and uncertainty that non COVID-19 demand may return to pre COVID-19 levels, as well as other elements such as the ability of the care home sector to admit patients and the resultant impact on acute and community hospital lengths of stay.

Our aim is to reduce bed occupancy levels to a maximum of 92% through acute bed expansions, increasing community care, investment in primary care and improvements in length of stay and admission avoidance.

We will focus our work with our partners including Local Authorities, Third Sector, Independent Sector, Welsh Ambulance Services Trust, our staff and our public to redesign and reduce reliance upon hospital services through better management of patient needs within their own homes and communities.

Building on these partnerships and streamlining our own clinical processes and pathways, we aim to deliver more seamless and safe discharge from hospital to home first wherever possible.

Summary of Unscheduled Care Actions for Q3

Demand

- Work to ensure resilient GP OOH services (in light of delays to national 111 service implementation).
- Improve access to MIUs and determine future strategic vision to support demand.
- Improved access to primary care services.
- Admission avoidance schemes to prevent ED attendance from Nursing / Residential Homes.
- Improve access to Community Resource Teams.

Flow

- Embed Ambulatory / Same Day Emergency Care within acute sites.
 - Zero tolerance to ambulance handovers over 60 minutes.
 - Zero tolerance to ED delays over 24 hours.
 - Reduce medical and nursing vacancies in Unscheduled Care by 50 percent.
 - Embed SAFER principles across acute and area sites.
 - Pathway development.
-

-
- Implement Recurring Miscarriages Services across North Wales (Early Pregnancy Service Review concluded in Year 1 (2019 / 2020)).

Discharge

- Reduction in length of stay patients through robust stranded patient review process.
- Improving 'Discharge to Assess' model utilising Home First principles.
- Formalising access to Community Hospital.

Chapter 8 Managing Performance against the Plan

We will continue to report daily SITREP reporting and monitor COVID-19 hospital admission numbers/trends including acute bed occupancy, critical care bed occupancy, DToC and workforce capacity including sickness absence.

Alongside this we will ensure that essential Non COVID-19 profiles e.g.: cancer referrals; unscheduled care; referrals to Outpatient Departments (OPD) and take up of OPD consultations via virtual and face to face routes. Mental Health and Learning Disabilities; Child and Adolescent Mental Health services (CAMHs); outpatients; use of private sector and discharges are monitored and constantly refreshed as our 6 week planning cycles progress.

FINAL V16

Internal Working Paper: Action Plans

Betsi Cadwaladr University Health Board Quarter 2 Plan - Sustainable Service Delivery

Delivering integrated care to meet patients with COVID-19, unscheduled and planned care needs

1st July - 30th September 2020

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Second quarter delivery timescales are firm commitments approved by the lead Executive Director and the Executive Team.

Timescales beyond 30 September 2020 are indicative and will be agreed as part of the third or fourth quarter plans.

Lead Executive Directors are indicated by our initials. Other individuals / posts are named where this detail exists.

1.1 Improving Quality Outcomes

QP 001 Improving Quality Outcomes

Ref	Action	Output	Lead	Target Date	2019/20 AP Ref.	Board Committee
1.01	Publish revised year 3 of Quality Improvement Strategy	Update to Board	Executive Director Nursing & Midwifery	30.09.2020	AP 040	QSE

1.2 Test, Trace, and Protect

Ref	Action	Output	Lead	Target Date	2019/20 AP Ref.	Board Committee
QP 002	Establish a timely testing programme for antibodies and antigens	- Options for increasing lab capacity for antibody testing explored - Establish sustainable antigen testing programme	Executive Director Of Public Health	30.09.2020	N/A	SPPH
QP 003	Lead the development of a 12/24, 7/7 comprehensive tracing programme	- Agreed regional and national governance model - Continue progress towards service 8-8 x 7 days per week including recruitment of semi-permanent staff - Model trajectories to prepare for testing and tracing capacity for the remainder of 2020/21	Executive Director Of Public Health	30.09.2020	N/A	SPPH
QP 004	Establish 'Protect' programme	- Partnership proposals for supporting and developing the protect component of the programme - Supporting the government's behavioural and social interventions.	Executive Director Of Public Health	30.09.2020	N/A	SPPH
QP 005	Develop Test, Trace, and Protect	- Integrate the components of Test, Trace, Protect into a single Programme structure - Establish strong communications/engagement plan to reinforce messages which reach all communities	Executive Director Of Public Health	30.09.2020	N/A	SPPH

1.3 Promoting Health & Well-being

QP 006: Promoting Health & Well-being

Ref	Action	Output	Lead	Target Date	2019/20 AP Ref.	Board Committee
6.01	Healthy weight services review	Business case production to include: - Case review - Financial modelling and options appraisals evaluation - Equality Impact Assessment review	Executive Director Of Public Health	31.07.2020	AP 002	SPPH
6.02	Review Smoking Cessation service provision to improve performance.	To be completed by end Q3 and will incorporate the:	Executive Director Of Public Health	31.12.2020	N/A	SPPH

		<ul style="list-style-type: none"> - Percentage of adult smokers who make a quit attempt via smoking cessation services. - Percentage of those smokers who are CO-validated as quit at 4 weeks 				
6.03	Review Alcohol Strategy in partnership with Area Planning Board	- Monitor European age standardised rate of alcohol attributed hospital admissions for individuals resident in Wales (episode based) and Alcohol measure specific to NHS delivery	Executive Director Of Public Health	31.03.2021	N/A	SPPH
6.04	Review and commence delivery: Immunisation Strategy: <i>Influenza Plan</i> Linked to Action 9.01, 9.03	- Develop action plan for implementation and present plan	Executive Director Of Public Health	31.12.2020	N/A	SPPH
6.05	Define <i>Building a Healthier Wales</i> expenditure / delivery plan	Building a Healthier Wales performance targets to be confirmed	Executive Director Of Public Health	31.03.2021	N/A	SPPH
6.06	Monitor the impact of the Breast Feeding / Infant Feeding Strategy	Monitor Percentage of babies who are exclusively breast fed at 10 days old	Executive Director Of Public Health	31.03.2021	N/A	SPPH

1.4 Primary Care

QP 007: Achieve compliance with the Primary Care Operating Framework						
Ref	Action	Output	Lead	Target Date	2019/20 AP Ref.	Board Committee
7.01	Use the World Health Organisation framework for essential healthcare services as a schema to ensure we are delivering the breadth of essential services in primary care during COVID-19	Use of the schema across all five categories will ensure the sustainability of the full breadth of primary care essential services are supported	Executive Director Primary & Community Care	31.07.2020	N/A	SPPH
7.02	Align with the national Strategic Programme to undertake a review of Betsi Cadwaladr commissioned Enhanced Services during Q2.	<ul style="list-style-type: none"> - Participate in the national review of Enhanced Services - Full compliance to be achieved. 	Executive Director Primary & Community Care	30.09.2020	N/A	SPPH
7.03	Development of Locality 2020/21 Plans	Completed Plan for each of the 14 Localities created collaboratively within the Locality <i>partnership</i> in line with national timescale	Executive Director Primary & Community Care	30.09.2020	N/A	SPPH
7.04	Identify actions for primary care for Q3 and Q4, with a focus on Winter planning	Preliminary, proactive plans developed for Q3 ahead of Q3.	Executive Director Primary & Community Care	11.09.2020	N/A	SPPH
QP 008: Capture and embed proven technologies in primary care						
8.01	Capture good practice /legacy actions from use of technology and different working practices during first phase of COVID-19, and share these across primary care	Report of good practice from across north Wales contract providers, shared by the Primary and Community Care Academy with all contractors	Executive Director Primary & Community Care	30.09.2020	N/A	SPPH

8.02	Build on the initial implementation of virtual attendances in General Medical Services.	Demonstrate: - Achievement of national timeline for delivery of programme - Increase take up of General Practitioner contractor sites to offer video consultations.	Executive Director Primary & Community Care	30.09.2020	N/A	SPPH
8.03	Build on the initial implementation of the e-Consult web-based self-triage platform in General Medical Services.	Increased take up of contractor sites using e-Consult to offer patient self-triage and evaluation report to inform ongoing use.	Executive Director Primary & Community Care	30.09.2020	N/A	SPPH
8.04	Ensure patients know how to access primary care services and are confident about new ways of working (virtual or if appropriate, face-to-face).	- Release of media and literature for use by contractors across the Health Board. - Canvas/collate e-consult outputs to determine service user confidence around new ways of working	Executive Director Primary & Community Care	30.09.2020	N/A	SPPH
8.05	Increase use of primary care technology within care home settings as requested by care homes	- Increase in number of care homes able to offer video consultations with primary care and Community Response Team professionals - Increase number of primary care practices and Community Response Team's providing direct telephone/messaging access to advice	Executive Director Primary & Community Care	30.09.2020	N/A	SPPH
QP 009: Efficient and effective immunisation activities						
9.01	Develop locality level flu immunisation delivery plans for 2021 <i>Linked to Action 6.04, 9.03</i>	Delivery plan agreed with each locality that covers safe delivery across providers (not just General Practitioner providers) - that encourages resilience and increased patient accessibility through cross-support.	Executive Director Primary & Community Care	31.08.2020	N/A	SPPH
9.02	In partnership with Public Health and Welsh Government colleagues, prepare rolling plans for the delivery in Primary Care of Covid-19 vaccination programme that can be enacted as soon as a vaccine is available.	Generic plan developed for the delivery of a COVID-19 vaccine, built upon as increasing information becomes available.	Executive Director Primary & Community Care	14.09.2020	N/A	SPPH
9.03	Review uptake of childhood immunisations and implement catch up programmes as required <i>Linked to Action 6.04, 9.01</i>	Action plan developed and implemented for each locality to provide corrective actions for any vaccination dips	Executive Director Primary & Community Care	30.09.2020	N/A	F&P
QP 010: Develop the Primary Care & Community Academy						
10.01	Further develop the Advanced Paramedic Practitioner Pacesetter Project	- Publish Phase 1 Advanced Paramedic Practitioner Pacesetter Report, Year Book & Literature Review - Plan developed and agreed for phase 2 of Advanced Paramedic Practitioner Pacesetter project	Executive Director Primary & Community Care	30.09.2020	N/A	SPPH

10.02	Develop our version of Scottish <i>Project Joy</i> scheme for the recruitment of general practitioners & senior primary care clinicians	Scheme design agreed and ready to advertise and recruit to by end of Q2.	Executive Director Primary & Community Care	30.09.2020	N/A	SPPH
10.03	Develop business case for Education and Training Local Enhanced Services	Complete business case to support practices to provide increase in training places for advance practice professionals	Executive Director Primary & Community Care	30.09.2020	N/A	F&P
10.04	Progress support programme for General Practitioner practices in partnership with Royal College of General Practitioners	Roll-out plan agreed with Royal College of General Practitioners of support packages for practices that would most benefit.	Executive Director Primary & Community Care	30.09.2020	N/A	SPPH
10.05	Further develop the Academy website and social media marketing and promotional material to capitalise upon positive recruitment interest that the initiative has brought.	Expansion of website to include first tranche of online training modules, case studies and opportunities for advance practice and General Practitioner training, with associated social media material and careers materials.	Executive Director Primary & Community Care	30.09.2020	N/A	SPPH
QP 011: Implement General Medical Services Recovery Plan						
11.01	Agree changes to local covid-19 assessment centres with each Locality that allow step up/ down as appropriate according to prevailing incidence.	Agreed changes for quarter 2 Implemented.	Executive Director Primary & Community Care	30.09.2020	N/A	SPPH
11.02	Commission revised care homes Directed Enhanced Service contract.	<ul style="list-style-type: none"> - Review the update of new care home Directed Enhanced Services in North Wales - Commission and provide where there are identified gaps 	Executive Director Primary & Community Care	31.07.2020	N/A	F&P
11.03	Support General Practitioner practices with its <i>readiness for recovery</i> including provision of dedicated protected education time session and a recovery plan <i>toolkit</i> alongside Welsh Government Operational Guide	Access to dedicated protected education time session for general medical services and managed practice providers, using recovery plan toolkit.	Executive Director Primary & Community Care	31.07.2020	N/A	SPPH
11.04	Prescribing plan to reduce foot-fall and workload associated with repeat prescribing	Increased (appropriate) uptake of repeat dispensing service	Executive Director Primary & Community Care	31.08.2020	N/A	SPPH
QP 012: Implement Dental Services Recovery Plan						
12.01	Implement Welsh Government Dental Recovery Plan	<ul style="list-style-type: none"> - De-escalation of RED alert phase to AMBER of pandemic plan in dentistry - Plan agreed to address the backlog of dental patients who have contacted practices during the RED alert phase because they have an on-going treatment need but have been assessed as not having an urgent treatment need 	Executive Director Primary & Community Care	30.09.2020	N/A	SPPH

12.02	Continuation & strengthening of Urgent Designated Dental Centres provision for those requiring aerosol generating procedures	Agreed plan with clinicians that ensures adequate provision of aerosol generating procedures capacity	Executive Director Primary & Community Care	30.09.2020	N/A	SPPH
12.03	Implement the national 'buddy' system to inform contract reform	<ul style="list-style-type: none"> - Strengthen contract reform team - Increase numbers of contractors transitioning to the contract reform programme. 	Executive Director Primary & Community Care	30.09.2020	N/A	SPPH
QP 013: Implement Community Pharmacy Recovery Plan						
13.01	Implement Welsh Government Community Pharmacy Recovery Plan	Reactivation of Community Pharmacy Enhanced services	Executive Director Primary & Community Care	30.09.2020	N/A	SPPH
13.02	Improve rapid access to palliative care drug	<ul style="list-style-type: none"> - Establish and review current baseline - Current accessibility reviewed and plan implemented to provide wider (appropriate) access 	Executive Director Primary & Community Care	31.07.2020	N/A	SPPH
QP 014: Implement Community Optometry Recovery Plan						
14.01	Implement Welsh Government Optometry Recovery Plan	De-escalation of RED alert phase to AMBER of pandemic plan with assumed delivery up to 60% of pre-COVID activity	Executive Director Primary & Community Care	30.09.2020	N/A	SPPH
14.02	Support the delivery of reinstated secondary care pathways e.g. Glaucoma, Wet Age-Related Macular Degeneration, Optometric Diagnostic and Treatment Centres	<ul style="list-style-type: none"> - Access to hospital eye service as per pathway criteria referrals from optometry to hospital eye service per week compared to pre-covid levels - Deliver the level of Primary Care Optometric Diagnostic and Treatment Centre consultations in the quarter funded by the Outpatient Transformation fund, reducing the volume of patients overdue for glaucoma care in the hospital eye service 	Executive Director Primary & Community Care	30.09.2020	N/A	F&P
14.03	Address backlog of activity arising due to Covid.	<ul style="list-style-type: none"> - Implement the expected Welsh Government / Royal College of Ophthalmology guidance to stratify the backlog of primary care activity (once issued) - Monitoring Primary Care Optometry activity pre and post Covid 	Executive Director Primary & Community Care	30.09.2020	N/A	F&P
14.04	Reinstate full access to urgent care pathway	<ul style="list-style-type: none"> - Update the emergency care pathway used for red hubs to now include all Eye Health Examination Wales providers - Monitor the level of activity both in Primary Care and conversion to hospital eye service with comparison to the levels seen when the hubs were operating during covid-19 (aim to retain 	Executive Director Primary & Community Care	30.09.2020	N/A	F&P

		the benefits of care closer to home and avoid hospital eye service referral for 85% of emergency eye care presentations in the community)				
QP 015: Develop primary care out of hours services and NHS 111						
15.01	Implement agreed management structure for Out of Hours	Re-commence the task and finish group to implement the outcomes of the published Out of Hours consultation of October 2019 with full implementation by March 2021	Executive Director Primary & Community Care	31.07.2020	N/A	SPPH
15.02	Prepare for implementation of new clinical system and implementation of 111	Developed programme management framework and a draft Project Initiation Document for the full implementation of 111 & SALUS (all Wales IT system) in North Wales, agreed with the national programme board	Executive Director Primary & Community Care	30.09.2020	N/A	SPPH

1.5 Community Care

QP 016: Deliver safe Community Hospital services						
Ref	Action	Output	Lead	Target Date	2019/20 AP Ref.	Board Committee
16.01	Consolidation of Home First / Step Down pathways	Full range of pathway options with Home First when possible, delivered safely throughout Covid period.	Executive Director Primary & Community Care	31.07.2020	N/A	QSE
16.02	Consolidation of covid related protocols in Community Hospitals	Maintenance of up-to-date social distancing and personal protective equipment protocols, minimising covid transmission.	Executive Director Primary & Community Care	31.07.2020	N/A	QSE
16.03	Maximising stroke rehabilitation services <i>Linked to Action 30.05</i>	<ul style="list-style-type: none"> - Improved rehabilitation service delivery in Community Hospitals - Monitor number of sites used for post-acute hospitals discharge, number of patients discharged to home with rehab package, using <i>Sentinel Stroke National Audit Programme</i> data on amount of therapeutic time provided for each patient during rehab phase etc. - Develop early supported discharge measures as needed in support of increasing the number of patients who can be discharged to home with package of rehab care. 	Executive Director Primary & Community Care	30.09.2020	N/A	QSE
QP 017: Support Care Homes and reintroduce CHC						
17.01	Capture good practice and legacy actions internally and share across partners.	- Collation of best practice, circulated to all care homes and partners	Executive Director Primary & Community Care	30.09.2020	N/A	SPPH

		- Performance improvement in the weekly reporting of delays to discharge (excluding the delays awaiting negative swab and isolation for care home transfers) - submitted weekly				
17.02	Ensure BCU wide approach to care home support and escalation to ensure sustainability and business continuity (Care Home Directed Enhanced Service, Escalation Levels)	- Support programme being delivered to Care Homes to maximise opportunities from Care Home Directed Enhanced Service. - Increased and continued use of escalation tool.	Executive Director Primary & Community Care	30.09.2020	N/A	SPPH
17.03	Care home testing	Continued testing of Care Home Staff and Residents in line with most up-to-date Welsh Government guidance	Executive Director Primary & Community Care	30.09.2020	N/A	SPPH
17.04	Community Health Care Framework	Re-start of the Community Health Care framework (restart of decision support tool and reviews)	Executive Director Primary & Community Care	30.09.2020	N/A	SPPH
17.05	Complete the governance and reporting arrangements for the Care Home Group	Review and refine Community Health Care Project Initiation Document and Terms of Reference	Executive Director Primary & Community Care	30.09.2020	N/A	SPPH
QP 018: Transform Community Services						
18.01	Community Transformation Programme	Review undertaken of community transformation programme in light of COVID-19, in order to understand lessons learnt and agree (new) priorities moving forward	Executive Director Primary & Community Care	30.09.2020	N/A	SPPH
18.02	Community Response Team working inclusive of third sector	- Agree Organisational Development model to support Community Response Team working across partners including inclusion of third sector - Signed off Organisational Development model for Community Response Team	Executive Director Primary & Community Care	30.09.2020	N/A	SPPH
18.03	Feasibility study for inclusion of Community Geriatrician within Community Response Team model of care	Explore options and develop a proposal for the a 'Community Geriatrician' role to support enhanced governance and support to Community Response Teams	Executive Director Primary & Community Care	30.09.2020	N/A	F&P
QP 019: Develop Community Resilience						
19.01	<i>Complete baseline evidence collation for Right sizing Community Services</i>	Recommence work with NHS Data Unit <i>Right-Sizing</i> Community services workstream to provide baseline evidence for improvement	Executive Director Primary & Community Care	30.09.2020	N/A	SPPH
19.02	Progress implementation of Phase 2 of the Digital Communities initiative	Demonstrable progress with: - develop digital champions within Community Response Teams - provide iPads to at risk people in the community	Executive Director Primary & Community Care	30.09.2020	N/A	SPPH

1.6 Mental Health & Learning Disabilities

QP 020: Mental Health / Learning Disabilities

Ref	Action	Output	Lead	Target Date	2019/20 AP Ref.	Board Committee
20.01	Review and refine COVID response, learning from feedback and shared with Clinical Advisory Group for approval. Ensure alignment with Together for Mental Health strategy	Revised clinical pathway model to stabilise response to COVID-19.	Executive Medical Director	01.10.2020	N/A	F&P
20.02	Revised divisional governance & reporting structure in place	Revised managerial responsibilities and accountabilities for the delivery of services in place (this will require us to review our current governance structures and senior leadership structures)	Executive Medical Director	31.12.2020	AP 056	SPPH
20.03	Establish a Central Business Unit that will provide the business support function for the Mental Health and Learning Disabilities Division	<ul style="list-style-type: none"> - Central Business Unit established incorporating service change function - Central repository established where all knowledge and intelligence around service delivery, performance, risks and quality are held across the whole of the Mental Health and Learning Disabilities Division. 	Executive Medical Director	31.12.2020	N/A	F&P
20.04	Progress key commitments within our Together for Mental Health Strategy	Make demonstrable improvements in service delivery across older peoples mental health and acute adult services through pathway approach	Executive Medical Director	31.12.2020	N/A	SPPH
20.05	Commence implementation of the Primary Care Programme at pace.	Provision of support to our population as the impact of the protracted lockdown starts to make itself felt	Executive Medical Director	01.09.2020	N/A	SPPH
20.06	Implementation of recommendations from the Psychological Therapies Review	Delivery of primary care and delivering trauma informed care priorities	Executive Medical Director	01.09.2020	N/A	SPPH
20.07	Re-establish the Rehabilitation Programme of work	Review work programme and continue planned service changes during quarter 2.	Executive Medical Director	01.09.2020	N/A	SPPH
20.08	Begin roll out of Attend Anywhere virtual consultation platform across the division	<ul style="list-style-type: none"> - Central area primary care nurse led clinics commenced - Use of the 5 clinics allocated to each named service - User feedback captured - Outcomes captured and including number discharged, number escalated to treatment, number of failed consultations, take up and decliner rates 	Executive Medical Director	01.09.2020	N/A	F&P
20.09	Implementing division wider QI training plan	- Review number of attendees on the programme, number of sessions ran, feedback forms for	Executive Medical Director	01.09.2020	N/A	SPPH

		learning completed and number of attendees proceeding to undertake improvement project				
20.10	Commence an Organisational Change programme of work that looks at values and culture to ensure that we all have clarity of purpose and a shared vision of what good looks like	<ul style="list-style-type: none"> - Exploration of approaches to support the whole division in taken a <i>System's Thinking</i> and <i>System's Leadership</i> approach to service change - Design of the programme - Evidence of proposed engagement process for the whole division 	Executive Medical Director	01.01.2021	N/A	SPPH

1.7 Acute Care: Implementation of our Acute Operational Model across North Wales

QP 021: Maximise Capacity within Each Site

Ref	Action	Output	Lead	Target Date	2019/20 AP Ref.	Board Committee
21.01	Review current process for booking and allocation to ensure it is fit for purpose and consistently applied across North Wales. Delivery of OPD programme	<ul style="list-style-type: none"> - A 'once for North Wales' approach to booking access for patients will have been reviewed actions identified and completed measures as per the OPD programme - achieve 92% clinic utilisation etc. - Measures agreed as part of the outpatient transformation programme funded by Welsh Government including reduction in follow up waiting list 	Executive Director Nursing & Midwifery	30.09.2020	N/A	F&P
21.02	Utilisation of workforce dashboard to identify staffing resource	The planning cycle is aligned with the workforce dashboard	Executive Director Nursing & Midwifery	30.07.2020	N/A	F&P

QP 022: Develop a single risk stratification approach across the pathway of care

22.01	Stage 1 Outpatient transformation project focused upon delivering virtual appointments wherever possible and only face to face where necessary	<ul style="list-style-type: none"> - Non-face to face consultation the primary choice of patient contact - Volume of non-face to face appointments (new and follow up) increasing month on month - % of non-face to face appointments as % of all New OPD - % of non-face to face appointments as % of all follow up appointments - This data is available from weekly OPD sitrep submission 	Executive Director Nursing & Midwifery	30.09.2020	N/A	F&P
22.02	Stage 4 Specialty specific risk stratification using P1-P4 categorisation as per essential services framework	Stage 4: Activity v Plan each week monitored and supported by: <ul style="list-style-type: none"> - Patient Tracking List scheduled via P2 and P3 	Executive Director Nursing & Midwifery	30.07.2020	N/A	F&P

22.03	Create specialty multi-disciplinary teams to review cases and ensure clinical handover if surgical team listing patient is not able to operate	<ul style="list-style-type: none"> - Number of P2 patients not treated within 1 month i.e. overdue - Number of multi-disciplinary teams in place, attendance list of leads at multi-disciplinary teams meetings during the quarter - Patients risk stratified replacing previous referral to treatment time (target) - Operational existence and routine use of P1-P4 Patient Tracking List for scheduling procedures - Equity of wait times for P2 patients improved between sites - Patient Reported Outcome Measures implemented across Health Board and metrics in place to report performance in line with OPD transformation fund requirements 	Executive Director Nursing & Midwifery	30.07.2020	N/A	QSE
22.04	Review current performance measures to ensure they reflect necessary quality metrics including reviewing and strengthening current reporting structure to ensure patient allocation can be monitored	<ul style="list-style-type: none"> - Cancer multi-disciplinary teams in place - specialty specific multi-disciplinary teams with terms of reference and documented handover - Cancer staging reports in place to consider longer term risk from late presentation due to Covid - Over 62 day Patient Tracking List reduced to pre covid level - Diagnostic services re-established for prostate biopsy - Endoscopy screening backlog addressed in accordance with plan - Endoscopy activity delivered and demonstrating equity of wait times on each site. - Urology self- management system procured and staff in post <p>New performance monitoring is in place that measures risk stratification and allocation, including quality outcomes</p>	Executive Director Nursing & Midwifery	31.08.2020	N/A	QSE
QP 023: Identification of highest priority services with risk based capacity shortfalls						
23.01	Identify specialties where local resource does not meet needs for P1-P2 demand and implement pan BCU approach including	<ul style="list-style-type: none"> - Implementation of the introduced pan north wales approach to the highest risk specialties - P2 waiting list reporting by weeks of wait 	Executive Director Nursing & Midwifery	31.07.2020	N/A	F&P

	identify specialties with significant variance in waiting times to implement pan BCU approach					
QP 024: Identification of areas for service review						
24.01	Review and refresh priority business cases e.g. Ophthalmology, Orthopaedics, Urology & Stroke	Priority business cases fully reviewed in light of pandemic and new ways of working	Executive Director Nursing & Midwifery	31.08.2020	N/A	SPPH
24.02	Review of specialties identified where a pan BCU risk stratification approach may not on its own provide the necessary impact.	<ul style="list-style-type: none"> - Specialties have clear capacity plans including networking, insourcing and outsourcing - Activity v Plan reporting 	Executive Director Nursing & Midwifery	31.08.2020		
QP 025: Identify the required metrics to monitor performance						
25.01	a. Quality Outcome Measures of clinical pathways identified b. Pan BCU service metrics developed c. Effectiveness of implementation plans monitored & reviewed	<ul style="list-style-type: none"> - New quality measures identified which are transparent and freely attainable - Pathway leads to have in place measures to demonstrate compliance with and effectiveness of pathways by end of Q2 	Executive Director of Planning and Performance	30.09.2020	N/A	QSE
QP 026: Improve quality outcomes and patient experience						
26.01	Identify clinical pathways requiring review or development	Clinical pathways clearly defined	Executive Medical Director	30.07.2020	N/A	QSE
26.02	Coordinate with Clinical Advisory Group a programme and timetable for pathway development and review	Timelines and PRAID log and complete	Executive Medical Director	30.07.2020	N/A	QSE
26.03	Develop pathways in line with the digitally enabled clinical services strategy	Digitally enabled clinical services strategy is clearly defined	Executive Medical Director	30.07.2020	N/A	QSE
26.03 B	Establish the Eye Care Digital Programme Board to lead the implementation of the Digital Eye Care programme funded by Welsh Government	<ul style="list-style-type: none"> - Eye Care Programme Board terms of reference, evidence of meetings and confirmation of Chair and Programme Manager - Recruitment of 4 posts as part of the Full Business Case has commenced. 	Executive Medical Director			
26.04	Ensure quality outcome measures are referenced and measurable	Quality outcome measures are referenced in clinical pathway submissions	Executive Medical Director	30.07.2020	N/A	QSE
26.05	Ensure Patient Reported Outcome Measures and Patient Reported Experience Measures are included and measured in pathway development	Measures are referenced with completion of Data Quality Improvement Assessment outlining method of monitoring and reporting.	Executive Medical Director	31.08.2020	N/A	QSE

QP 027: Provide care closer to home						
27.01	Provide virtual appointments wherever possible	Virtual platforms instigated for clinicians to use where ever possible - OPD virtual v face to face weekly performance data showing increasing use of virtual appointments	Executive Director Nursing & Midwifery	30.09.2020	N/A	F&P
27.02	Support outpatient transformation to identify community facilities where face to face consultations could be offered and deliver appointments and treatments as local as possible where there is equity of access	<ul style="list-style-type: none"> - Capacity available in community settings mapped with consultant job plans - Number of virtual clinics undertaken 	Executive Director Nursing & Midwifery	30.09.2020	N/A	F&P
27.03	Primary Care Optometric Diagnostic and Treatment Centres undertaking training with Consultants as part of skill development to provide shared care for Glaucoma patients	Reporting of metrics against OPD transformation fund for number of sessions undertaken and spend	Executive Director Nursing & Midwifery			
QP 028: Reduce health inequalities						
28.01	Ensure that patients are prioritised using an agreed risk stratification tool and offered the soonest appointment based on their clinical needs	<ul style="list-style-type: none"> - Patients risk stratified replacing previous RTT - Patient Tracking List compliance and P2 waiting times 	Executive Director Nursing & Midwifery	30.07.2020	N/A	QSE

1.8 Planned Care

QP 029: Planned Care						
Ref	Action	Output	Lead	Target Date	2019/20 AP Ref.	Board Committee
29.01	Develop preferred service model for acute urology services	<ul style="list-style-type: none"> - Review business case by end of Q2 including costs and detailed review of the service model as a consequence of Covid-19 - Further action to work with communications team to identify / communicate pathway changes for the public in helping to access services. - Waits for Cancer Treatment and stages on cancer pathway, P2 Activity and wait times for non-cancer patients - Self-Management for Prostate Specific Antigen surveillance software procured and staff appointed in quarter 	Executive Director Nursing & Midwifery	30.09.2020	AP 021	F&P
29.02	Secure approval for orthopaedics business case/ establish Orthopaedics Clinical Network	Recovery Plan to Executive Team			AP 022	

29.03	Develop a Recovery Plan		Executive Director Nursing & Midwifery	30.09.2020		SPPH
29.04	Establish Orthopaedic Clinical Network and hold workshops					
29.05	Have completed business case	Business Case to Executive Team		31.12.2020		F&P
29.06	Transform eye care pathway to deliver more care closer to home delivered in partnership with local optometrists	<ul style="list-style-type: none"> - Demand management/primary care pathway work had been escalated and delivered in Q1 2020 / 2021 in response to Covid-19: Wales Eye Care Service stratification of surgical pathway numbers completed - Referral refinement fully implemented for cataracts numbers going to one stop service, reviewed by Optometrists post operatively - Number of cases per list starting with P2 patients - Optometric Diagnostic and Treatment Centres operational and monthly monitoring of activity and financial spend - Training with hospital eye service consultants in place - Community Optometric Diagnostic and Treatment Centres re-started and activity reported monthly - Test of Harmony reported - Work completed with communications team to identify/communicate pathway changes for the public in helping to access our services. 	Executive Director Nursing & Midwifery		AP 023	F&P
29.07	Systematic review and plans developed to address service sustainability for all planned care specialties (RTT).	<ul style="list-style-type: none"> - Planned Care Covid Options Appraisal Service Blueprint developed in Q1/Q2 - RTT Specialty Plan Programme of work to flow from Options Appraisal - Further action to work with communications team to identify / communicate pathway changes for the public in helping to access our services. - Referral volumes monitored weekly and trends reported - Activity v Plan for Q2 monitored weekly and reported - Priority waiting lists reported for stage 4 - Stages 1-3 risk stratified by end of Q2 	Executive Director Nursing & Midwifery		AP 025	F&P

		- Endoscopy tracker used to monitor activity v plan and waiting times weekly: including any site variance				
29.08	Implement year one plans for Endoscopy	<ul style="list-style-type: none"> - Develop in year service plan - Development of sustainable plan - Action plan and work towards JAG accreditation in place - BSW recovery plan on track at end of Q2 - Endoscopy tracker used to monitor activity v plan and waiting times weekly including any site variance - Wait times equitable between sites 	Executive Director of Therapies & Health Sciences	30.07.2020 30.09.2020	AP 025	F&P
29.09	Systematic review and plans developed to address diagnostic service sustainability	<ul style="list-style-type: none"> - Ensure imaging capacity meets demand - Reflect expected demand for 2020-21 - Activity delivered - Wait times 	Executive Director of Therapies & Health Sciences	30.09.2020	AP 025	F&P

1.9 Unscheduled Care

QP 030: Unscheduled Care						
Ref	Action	Output	Lead	Target Date	2019/20 AP Ref.	Board Committee
30.01	Demand: Workforce shift to improve care closer to home (key priority for 2020/2021)	<ul style="list-style-type: none"> - Unscheduled Care demand: work to develop emergency medical model with workforce in 2020/21 - Community Response Team activity monitored each month - GP Out of Hours activity directed to Emergency Departments - General Practitioner emergency admissions assessed including General Practitioner emergency admissions with 0 or 1 day Average Length of Stay - CCTH action also will form a key part of covid plan for Q2 	Executive Director Nursing & Midwifery	30.09.2020	AP 031	F&P
30.02	Flow: Emergency Medical Model (key priority for 2020/2021)	<ul style="list-style-type: none"> - Action incorporated into work to develop assessment units - Emergency department attendances, % admissions average length of stay, delayed transfers of care, bed occupancy (covid and non covid subsets) 	Executive Director Nursing & Midwifery	30.09.2020	AP 034	F&P

30.03	Flow: Management of Outliers (key priority for 2020/2021)	Action incorporated into work to develop assessment units discharge to assess metrics (reported each week at present), % of patients planned for discharge discharged (reported daily as part of discharge sitrep at present for acute sites)	Executive Director Nursing & Midwifery	30.09.2020	AP 034	F&P
30.04	Discharge: Integrated health and social care (key priority for 2020/2021)	<ul style="list-style-type: none"> - Covid-19 discharge planning workstream work to promote integrated discharge - Weekly discharge to assess 5 pathway reports weekly 	Executive Director Nursing & Midwifery	30.09.2020	AP 038	F&P
30.05	Stroke Services Linked to Action 16.03	<ul style="list-style-type: none"> - Reconciliation of previous Stroke plan with the pathway approach that has been endorsed by Clinical Advisory Group - <i>Sentinel Stroke National Audit Programme</i> data on the key performance indicators 	Executive Director Primary & Community Care	30.09.2020	AP 039	F&P
30.06	Flow: Psychiatric Intensive Care Unit for Mental Health	<ul style="list-style-type: none"> - Consultation required as per 19/20 plan. Delay to the consultation / engagement events planned as a result of COVID-19 - Action will roll forward and consultation will be planned for January / March 2021. 	Executive Medical Director	31.03.2021	AP 036	

1.10 Workforce

QP 031: Workforce & Organisational Development

Ref	Action	Output	Lead	Target Date	2019/20 AP Ref.	Board Committee
31.01	Review the previous Workforce Improvement Group structure and establish a revised structure at Strategic, Tactical and Operational Levels	<ul style="list-style-type: none"> - Strategic Workforce Group established with terms of reference and reporting infrastructure in place and operational - Divisional Workforce Group structure established and terms of reference in place - Integrated Operational Workforce Group Structure established and terms of reference in place 	Executive Director, Workforce & Organisational Development	30.09.2020	N/A	SPPH
31.02	Ensure effective social partnership working as a key enabler for organisational development and transformation. Review the operation and management of social partnership relationships and processes and establish a programme for improvement across both medical and non-medical structures	<ul style="list-style-type: none"> - Structure for both medical and non-medical social partnership engagement, consultation, negotiation mapped and visible - Responsibilities for the effective management of effective relationships/partnership working at strategic, tactical and operational levels clear and set out in one place 	Executive Director, Workforce & Organisational Development	30.09.2020	N/A	SPPH

		- Programme for review of Partnership Agreement including: Facilities time developed and ready for engagement				
31.03	Provide 'one stop shop' workforce enabling services to support surge requirements; new developments and reconfiguration or workforce re-design linked to key priorities of the Health Board.	<ul style="list-style-type: none"> - Reviewed benefits derived from establishment of Workforce Hubs and developed proposal for virtual Workforce Service Hubs - Established a plan for development of user friendly, accessible information and guidance for staff and managers (building on the COVID-19 Frequently Asked Questions approach) - Established a plan for review and rationalisation of all workforce related Policies 	Executive Director, Workforce & Organisational Development	30.09.2020	N/A	F&P
QP 032: Workforce Planning and Optimisation						
32.01	Ensure a robust integrated workforce model is in place with Local Authority partners for specific projects, to support the development of a health and Social Care model across the wider health community	<ul style="list-style-type: none"> - Developed and agreed a suitable Memorandum of Understanding/Service Level Agreement with local Authorities to provide a level of cover/risk sharing for provision of staff as part of COVID-19 resilience / continuity - Reviewed options and developed a proposal for consideration by Health Board and local authority partners for longer term solution for integrated flexible workforce supply 	Executive Director, Workforce & Organisational Development	30.09.2020	N/A	SPPH
32.02	Ensure workforce optimisation plans are in place to support the delivery of safe care and mitigate the impact of COVID-19, the Test, Trace, Protect programme on staff and they support the Health Boards adjusted surge capacity plans for Q2.	<ul style="list-style-type: none"> - Established an integrated workforce surge model / plan encompassing secondary, community, primary services and Test, Trace, Protect services - Deployed the clinical deployment tools developed to enable safe deployment of staff in line with environmental/infection prevention and control / health and safety guidelines 	Executive Director, Workforce & Organisational Development	30.09.2020	N/A	F&P
32.03	Ensure all key workforce indicators are in place and monitored robustly to support all surge and essential services delivery	<ul style="list-style-type: none"> - Developed and deployed a set of "triggers" to inform safe and prioritised deployment of staff - Developed a comprehensive set of key performance indicators and reporting mechanism to demonstrate effectiveness of or areas for improvement in workforce planning and deployment - Demonstrated improvement against the core workforce performance key performance indicators 	Executive Director, Workforce & Organisational Development	30.09.2020	N/A	F&P
32.04	Ensure agile and new ways of working deployed in order to maintain safety for staff and patients because of COVID-19 are optimised and embedded.	<ul style="list-style-type: none"> - Established a development and delivery structure and plan for the Safe and Agile Working programme - Clear framework / monitoring system in place to ensure covid-19 secure measures in place and effective 	Executive Director, Workforce & Organisational Development	30.09.2020	N/A	QSE

		- Clear framework and guidance developed and operational for supporting remote/agile working	Organisational Development			
32.05	Deliver Workforce Optimisation / Efficiency Plan - reducing waste and avoidable variable /premium rate pay expenditure. Demonstrating value for money and responsible use of public funds	<ul style="list-style-type: none"> - Developed Productivity and efficiency delivery plans against: <ul style="list-style-type: none"> * Medical * Nursing Midwifery/Allied Health Professionals and other clinical * Non Clinical - Established a scope and delivery plan for the establishment of a Flexible Workforce Service (including all staff groups) 	Executive Director, Workforce & Organisational Development	30.09.2020	N/A	F&P
QP 033: Occupational Health Safety and Equality						
33.01	Implement Year 2 of the Health & Safety Improvement Plan is implemented to staff are proactively protected, supported and safe, including black, Asian, and minority ethnic, older people, co-morbidities and pregnant workers and that all environmental and social impacts are monitored and complied with	<ul style="list-style-type: none"> - Progressed the case for change and investment to enable deliver against the highest risks in the improvement plan - Established an agreed scope for establishment of a fit for purpose Security service for the Health Board - Established clear divisional /operational infrastructure to support the strategic Occupational Health and Safety Governance and performance management structure - Established a robust COVID-19 risk assessment structure for high risk staff and able to evidence compliance and effectiveness in reducing/avoiding avoidable harm 	Executive Director, Workforce & Organisational Development	30.09.2020	N/A	QSE
33.02	Effective infrastructure in place to ensure wellbeing and psychological support is accessible to all staff	<ul style="list-style-type: none"> - Demonstrated effectiveness of the Staff Wellbeing and Support Service/Hubs - Developed a proposal and case for change / investment for sustainable delivery of clinically led services building on this model - Identified Key performance indicators to support consideration of the case for change and to demonstrate benefits realisations 	Executive Director, Workforce & Organisational Development	30.09.2020	N/A	QSE
33.03	Ensure ongoing effective management of training, equipment and supplies in line with emergency guidance	<ul style="list-style-type: none"> - Agreed framework in place and for assessment and deployment of appropriate Personal Protective Equipment for COVID-19 related risk mitigation - Comprehensive registration of training and competency in use of appropriate Personal Protective Equipment for all relevant staff - Lesson learned loop evident in continuous improvement of risk assessment and deployment of Personal Protective Equipment 	Executive Director Workforce & Organisational Development	30.09.2020	N/A	QSE

33.04	Implement the Strategic Equality Plan revised year 1 actions to help ensure that equality is properly considered within the organisation and influences decision making at all levels across the organisation	<ul style="list-style-type: none"> - Strategic Equality Group to confirm priorities for remainder of the year and draft plan for 2020/21 - Review lessons learned from COVID-19 and build on work undertaken to support vulnerable groups to establish framework for appropriate staff networks 	Executive Director, Workforce & Organisational Development	30.09.2020	N/A	SPPH
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1.11 Digital Health

QP 034: Digital Health / IM&T

Ref	Action	Output	Lead	Target Date	2019/20 AP Ref.	Board Committee
34.01	Phase 3 of Welsh Patient Administration System re-focus on West implementation	Work on data migration commenced	Executive Medical Director	June 2021	C/Fwd	DIGC
34.02	Seek approval for funding for Welsh Emergency Department System	Welsh Emergency Department System Business case approved	Executive Medical Director	30.09.2020	N/A	F&P
34.03	Development of the digital health record	<ul style="list-style-type: none"> - Approval of business case for the digital health record for the Board. - Mobilisation of the project ready for implementation 	Executive Medical Director	30.09.2020	N/A	DIGC
34.04	Implementation of Health Records Project	Appointment of health records roles to baseline and scope the transition programme and secure project support to complete actions from various review recommendations	Executive Medical Director	31.12.2020	C/Fwd	DIGC
34.05	Implementation of Digital dictation project	Finalise digital dictation procurement and prepare for mobilisation	Executive Medical Director	31.08.2020	N/A	DIGC
34.06	Development of priority business cases for sustainability of services	Business cases developed for: <ul style="list-style-type: none"> - Attend anywhere - Medicine Transcription Electronic Discharge - Mobile Working in community - Business Intelligence - Digital eye care 	Executive Medical Director	31.10.2020	N/A	DIGC
34.07	Scale up Implementation of Office 365	Migration of all mail boxes to cloud and implementation of Teams	Executive Medical Director	30.09.2020	N/A	DIGC
34.08	Implement COVID-19 hardware response	Provide current queue for laptops currently at >950 devices	Executive Medical Director	30.09.2020	N/A	DIGC
34.10	Welsh Community Care Information System Programme Implementation.	Completion of pilot studies to learn lessons to inform wider installation and utilisation of the Welsh Community Care Information System.	Executive Medical Director	Moved to 2021/2022	AP 052	DIGC
34.11	Delivery of Health and Social Care Advisory Service recommendation for good record keeping across all patient record types.	Transition program established to review the management arrangements for ensuring good record keeping across all patient record types	Executive Medical Director	Within 6 month of project manager in place	AP 056	DIGC

34.12	Delivery of digital infrastructure rolling programme	Rolling programmes of work to maintain / improve the digital infrastructure e.g. migration of telephone infrastructure from an end of life solution to one which is fully supported and capable of underpinning service change e.g. single call centre contingent on Informatics Capital allocation for 2020/21	Executive Medical Director		AP 058	DIGC
34.13	Provision of infrastructure and access to support care closer to home	Draft business case to support Community Response Teams completed and will be reviewed in the light of learning from COVID and Office 365 resourcing	Executive Medical Director	Further review with Area teams/ dependent on Office 365	AP 059	DIGC

1.12 Capital

QP 035: Estates & Capital						
Ref	Action	Output	Lead	Target Date	2019/20 AP Ref.	Board Committee
35.01	Well-being hubs	Review to be completed re: priority of scheme(s)	Executive Director of Planning and Performance	30.09.2020	AP 064	SPPH
35.02	Ablett Mental Health Unit Outline Business Case	Outline Business Case due to be submitted to board in Q3 2020 with FBC Q3 2021.	Executive Director of Planning and Performance	30.11.2020	AP 069	SPPH
35.03	Central Medical Records review	Review to be completed re: future medical records library requirement	Executive Director of Planning and Performance	31.12.2020	AP 072	SPPH
35.04	Residencies: Outline Business Case	Business case to Board or Committee for approval	Executive Director of Planning and Performance	31.12.2020	AP 073	SPPH
35.05	Wrexham Maelor continuity programme	Outline Business Case to Board for approval	Executive Director of Planning and Performance	31.03.2021	N/A	SPPH
35.06	North Denbighshire Community Hospital	Full Business Case to Board for approval	Executive Director of Planning and Performance	30.11.2020	N/A	SPPH
35.07	Ysbyty Gwynedd compliance	Programme Business Case to Board for approval	Executive Director of Planning and Performance	30.11.2020	N/A	SPPH
35.08	Complete reviews to initiate the following programmes: -Health economy programme business case -Relocation of services from Abergele -Rationalisation of Bryn y Neuadd	Work starts	Executive Director of Planning and Performance	30.09.2020	N/A	SPPH

Cyfarfod a dyddiad: Meeting and date:		Strategy, Partnerships and Population Health Committee 13.8.20					
Cyhoeddus neu Breifat: Public or Private:		Public					
Teitl yr Adroddiad Report Title:		North Wales Regional Partnership Board meeting update					
Cyfarwyddwr Cyfrifol: Responsible Director:		Mark Wilkinson, Executive Director of Planning and Performance					
Awdur yr Adroddiad Report Author:		Sally Baxter, Assistant Director – Health Strategy					
Craffu blaenorol: Prior Scrutiny:		The report is being brought for information / assurance.					
Atodiadau Appendices:		Notes of 10 th July 2020 Regional Partnership Board meeting attached					
Argymhelliad / Recommendation:							
The Committee is asked to receive the update from the North Wales Regional Partnership Board							
Ar gyfer penderfyniad /cymeradwyaeth For Decision/ Approval *		Ar gyfer Trafodaeth For Discussion*		Ar gyfer sicrwydd For Assurance*	x	Er gwybodaeth For Information*	X
Sefyllfa / Situation:							
The notes of RPB provide the Committee with an update on progress within the RPB partnership work programme. The notes of the 10 th July 2020 meeting are attached.							
Cefndir / Background:							
Key points to note include:							
1) Endorsement of the North Wales Dementia Strategy 2) Presentation on the Intensive Learning Academy 3) Update on the Carers Grant Funding 2020/21 4) Update on the Health & Care recovery Group 5) Updated Codes and guidance for part 9 of the SSWBA – deferred to 7 August 2020 6) Raised as AOB – the Strategic Planning Framework for Housing Support services, to be placed on agenda for future meeting.							
Asesiad / Assessment							
The Health Board has a statutory duty to work in partnership through the NWRPB under the Social Services and Well-being (Wales) Act 2014.							

Financial Implications are identified within each specific workstream.



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

NORTH WALES SOCIAL CARE AND WELL-BEING
SERVICES IMPROVEMENT COLLABORATIVE

Minutes of the North Wales Regional Partnership Board Meeting

10th July 2020

9:10 am – 11:30 pm

Via Skype

Present:	Teresa Owen (chair), Bethan Jones Edwards, Alwyn Jones, Bethan E Jones, Fon Roberts, Clare Budden, Cllr Bobby Feeley, Cllr Christine Jones, Cllr Joan Lowe (JLo), Cllr Louise Emery, Estelle Hitchon, Helen Corcoran, Jennie Lewis (JLe), Jenny Williams, John Gallanders (JGa), John Gladston (JGI), Kevin Roberts, Ieuan Williams in attendance for Llinos Medi Huws, Lynda Colwell, Lucy Reid, Mark Wilkinson (MWil), Mary Wimbury (MWim), Jane Davies in attendance for Neil Ayling, Peter Williams, Roma Hooper, Shan Lloyd Williams
Apologies:	Ffion Johnstone, Judith Greenhalgh, Morwena Edwards, Neil Ayling, Nicola Stubbins, Chris Stockport, Cllr Dafydd Meurig, Cllr Llinos Medi Huws, Rob Smith, Steve Gadd, Catherine Elaine Jones
In Attendance:	Lesley Singleton, Interim Director of Mental Health and Learning Disabilities, Director of Partnerships, BCUHB (for agenda item 2) Professor Nicky Callow, Dean, College Human Sciences, Bangor University (for agenda item 3)

Item		Actions
1.	<p><u>Welcome, introductions and apologies</u></p> <p>The Chair extended a warm welcome to everyone and apologies were noted as above. A special welcome was given to John Gallanders, attending his first meeting as the interim representative from the VSC.</p> <p>BJE informed that simultaneous translation facilities on a different virtual platform is currently being explored by DCC IT services.</p> <p>TO reported from the recent Transformation Advisory Board meeting to discuss RPB Wales. The board reflected on how work had gone across health and social care and how 'A Healthier Wales' is continuing, though maybe in a different way. There were discussions around inequalities, opportunities and a change of pace; and reflections on how to keep momentum going into what will be a challenging winter.</p>	
2.	<p><u>North Wales Dementia Strategy</u> – Lesley Singleton</p> <p>LS presented the North Wales Dementia Strategy.</p> <p>LS acknowledged the huge amount of work completed by Sarah Bartlett on the Dementia Strategy.</p>	

	<p>LS reported the impact of Covid on people with dementia is significant and the need to support people living with dementia and their carers is greater than ever. The Strategy has been developed pre-Covid, and this will be acknowledged during the implementation and delivery plan in relation to lessons learned within the patient group.</p> <p>The strategy is based on extensive consultation, engagement and research data, and full references and appendices will be available publicly on the North Wales collaborative website.</p> <p>The Dementia Strategy is based around the themes of the Welsh Government Dementia Action Plan with the addition of a specific priority for Carers in the North Wales strategy:</p> <ul style="list-style-type: none"> • Risk reduction and delaying onset • Raising awareness and understanding • Recognition and identification • Assessment and diagnosis • Living as well as possible for as long as possible with dementia • The need for increased support • Supporting carers <p>The strategy aimed to set regional principles for local delivery, with clear actions aligned to potential future funding opportunities. The Dementia Strategy supports the principles of AHW.</p> <p>LR commended the huge piece of work completed and the very comprehensive document. However, also noted as the strategy has been drafted pre-Covid, detailed actions may need amending, which would need to be acknowledged as part of the endorsement.</p> <p>LR is also aware this group of individuals critically require to be supported; are the group who have not engaged, and who then struggle the most and have most impact on families and carers.</p> <p>LS noted raising awareness around dementia, providing support once diagnosed, with treatment and interventions will be a priority.</p> <p>MWim also noted the huge amount of work completed on the strategy. However, asked for clarification on the points regarding commissioning services within 'the need for increased support' section, and how this will be actioned.</p> <p>LS informed that the strategic document has been created to set intentions and the next phase proposes to hold the system into account and action the strategic direction.</p> <p>JGa noted a number of inaccuracies within the report and enquired what opportunities would there be for Third Sector organisations to input into any changes. JGa also asked how the intended outcomes will be measured and monitored.</p> <p>LS and BJE agreed to meet with JGa separately outside of the Board to discuss the inaccuracies raised by JGa.</p> <p>LS confirmed that the next operational stage will involve the outcomes and all sectors will be represented in achieving this piece of work.</p>	<p>LS/BJE to discuss with JGa</p>
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	<p>EH informed of a strong dementia theme within WAST work, and reported being happy to make contact to support the operational phase and sharing of learning.</p> <p>LS informed that the Dementia Strategy has already received the agreement of the North Wales Leadership Group, and is today requesting the RPB to endorse the strategy, to enable progression on to the next phase of delivery.</p> <p>BJE informed once the Dementia Strategy has been endorsed by the RPB, each partner will be required to take the document through their own political process. This will be tracked and a record kept that it has been agreed by the individual partners.</p> <p>LR stated that endorsement is slightly different to approval. Some actions and intentions are quite specific and those will need to be reworded in light of Covid. LR proposed members of the NWRPB endorse the Dementia Strategy in principles, subject to addressing the amendments and actions in relation to pre-Covid which will be addressed at the local approval process.</p> <p>All NWRPB members were in agreement to the recommendation :</p> <ol style="list-style-type: none"> 1. To endorse the North Wales Dementia Strategy. 2. To approve that the Dementia Strategy Steering Group continues to meet to oversee the delivery of the strategy. 3. To approve the region should submit a bid to fund a post for a period of 2 years to support the delivery of the strategy. <p>BJE agreed to work with LS to pick up those areas discussed and prepare a cover report for partners to take the Dementia Strategy along with a delivery plan through their own individual governance process.</p>	<p>Forward cover report to take Dem Strat through LA process - BJE</p>
<p>3.</p>	<p><u>Intensive Learning Academy</u> – Nicky Callow</p> <p>The board received a presentation from Nicky Callow on the Intensive Learning Academy (ILA)</p> <p>NC informed following a workshop 9.3.2020 a decision was made to submit an Expression of Interest to WG. The current Covid-19 crisis further highlighted the need for innovation, sharing expertise and knowledge, and the bid was submitted 3.4.2020, having received an in-principle agreement from the chair of NWRPB.</p> <p>NC reported that the precept that prevention is better than cure continues to grow in relevance. As populations become progressively affected by multi-morbidity and avoidable long-term disorders, both the urgency and the need to focus on prevention of illness is increasing. The AlphaAcademy will focus on accelerating the promotion and adoption of preventative health into practice across an integrated healthcare ecosystem (e.g., health and social care, third sector, housing, education, and life sciences industries), within a bilingual context.</p> <p>Having been one of 3 successful bids in the first round, funding of £1M over 3 years, the timeline is short with a full business case deadline 7.8.2020 for the second phase. If the second phase is successful, it is anticipated that the programmes will be validated by Bangor University, and will offer a selection of qualifications from micro credit qualifications through to Masters and Professional Doctorate, all focussing on</p>	

	<p>prevention and health equity. Part of the funding requested will subsidise these programmes, and employers will be contacted across the partnership for those potential leaders of the future to participate.</p> <p>Two other successful potential academies across Wales are Cardiff and Swansea, with their respective Health Boards, and quarterly meeting will be held between the 3 academies to share good practice.</p> <p>CB welcomed this exciting opportunity for the region. CB also suggested meeting with NC outside to discuss further in relation to her capacity of Clwyd Alyn CEO and chair of the 20/25 Movement across Wales, whose priority being to end avoidable inequalities in Health & Housing across North Wales by 2025</p> <p>NC suggested CB makes contact with Rhodri Griffiths, Managing Director of Societas Management, who will be involved in all business stakeholder events and workshops.</p> <p>MWim struggled to see how this role would work within the Care Home setting, in relation to contribution from employers, time away during intensive learning, which would work better in large organisations. NC would welcome feedback from the Care Home sector and agreed to meet with MWim outside of RPB.</p> <p>BEJ also commented this is an exciting development & opportunity for North Wales and agreed with Teresa that some PSB involvement/endorsement would be valuable, as there will be instrumental knowledge and information from across North Wales partners which such a development could build and share.</p> <p>TO inform that one of the requirements of the funding was to have a RPB representative on the group and this was put forward to the RPB.</p> <p>BEJ noted that she was interested to be involved and offered to take the RPB lead, having worked across numerous public sectors and also an independent member of one of the RSL's in the region.</p> <p>NC will be in contact again with the NWRPB, if the second round business application has been successful to update the progress on this exiting project.</p>	<p>Share contact with RG - RW</p> <p>Share contact with NC - RW</p>
4.	<p><u>Carers Grant Funding 2020-2021</u></p> <p>The board received an update from BJE on the Carers Grant Funding 2020 – 2021 which is being presented today for endorsement by the NWRPB.</p> <p>John Gallanders declared an interest in the Carers Grant Funding 2020-2021 – AVOW and Maelor Wrexham Hospital facilitator.</p> <p>BJE reported that £213K recurrent funding was made available by WG on 13.2.2020 to BCUHB to 'support Health Boards in Wales to work collaboratively with partners on activity to enhance the lives of carers'. The funding is expected to meet 3 national priorities:</p> <ul style="list-style-type: none"> • Supporting life alongside caring • Identifying and recognising carers • Providing information, advice and assistance 	

	<p>North Wales Carers Operational Group (NWCOG) welcomes the opportunity to utilise the funding to respond more flexibly to local need in North Wales, in particular during the current pandemic, and plan to use the funding for the following:</p> <ul style="list-style-type: none"> • Establishing an Investors in Carers scheme • Improving access to carers support services from primary care and hospitals • Supporting carers to maintain their role and own well-being during the COVID-19 pandemic • Project Management support to deliver on the above <p>BJE explained that unfortunately the grant conditions does not permit respite to be funded from the grant. However, appendix C of the report, lists how each LA is responding individually to respite.</p> <p>JLe again raised concern on the desperate situation families are in at the moment. Carers continue to struggle as the Covid situation remains and asks colleagues to keep in mind that Carers will need a break as soon as is possible, and to acknowledge how difficult this period has been for carers and carers support has and continues to be a lifeline for a lot of people.</p> <p>The NWRPB were in agreement to endorse the Carers 2020-2021 spending plan for 2020-2021.</p>	
5.	<p><u>Health & Care Recovery Group (H&CRG)</u></p> <p>The board received an update from Alwyn Jones on the Health & Care Recovery Group.</p> <p>AJ gave an overview of the role of the H&CRG, highlighting the work-stream document which demonstrates the areas to recovery and the groups responsible for local delivery; and the governance document which aims to underline local delivery through co-ordination work via sub-regional structure of AISB's.</p> <p>The Recovery Co-ordination Group (RCG) and RPB will have oversight of the recovery phase, whilst recognising that each partners will have their own recovery plan. The Recovery work is descriptive, taking a risk based approach, with decisions made based on data and sharing lessons learned along the way.</p> <p>The H&CRG main responsibility will be to provide an oversight of the work completed by the delegated groups across the region, supporting the work and giving strategic direction, and updating and reporting regularly to the RCG and NWRPB.</p> <p>MWim believes the sector is far from recovery. Although Care Homes and many organisations may be in a transition phase, the organisations are understandably very nervous, recognising the significant risk of increased exposure as society starts to re-open and regressing back into the pandemic again.</p> <p>Cllr BF noted the huge improvements seen within Care Home environments, and to the safety of both staff and patients. Although, it is very unfortunate these changes did not happen sooner.</p>	

	<p>MWim also raised the issue of 4 weekly testing of Care Home staff and the lack of engagement with the sector and policy direction at the end of the 4 weeks. The method/timing of receiving results also needs to be transformed, which is currently having an adverse effect on TTP, residents and families.</p> <p>TO is aware of the long delays taken with results and is working closely to adjust the timescales. There is also a delay within the national laboratory and TO agreed to discuss this issue with MWim outside RPB.</p> <p>JGa asked if there are any issues the RPB need to be looking at in terms of the long recovery period for many people who have been affected and recovering from Covid, and if there are any pressure points on services in the community.</p> <p>AJ informed that this is being given duly consideration with short, medium and long term recovery sub-groups to enable individuals to transition to day to day living.</p> <p>KR remarked on the position of recovery from both the Strategic Co-ordination Group (SRG) and RCG point of view, which is putting measure for individuals to start to live and work with Covid – there is no recovery until there is a cure.</p> <p>JLe asked where the responsibility lies in relation to shielding, and where can this issue be resolved. There have been numerous queries in relation to who should/should not be shielding. How much responsibility lies with GP's/WG. Individuals are found to of been overlooked very late in the day and those individuals are still shielding until 16.8.2020 – and enquired how people are still falling through the net.</p> <p>LR agreement with JLe comments. The guidance has changed continuously throughout the last few months, making it very difficult for lists to be maintained, with different individuals names on different records held by GP's, WG and supermarkets.</p> <p>LR also informed people are confused between shielding and isolating. Clear guidelines were not provided at the outset, and no-one is taking ownership and responsibility of this issue. Many individuals contacted their GP's, those individuals need to focus on the consequences of continuing to shielding presents and how they can be supported going forward.</p> <p>Discussion also focussed on the effect of individuals' MH and the link to suicide as a result of the recent pandemic, which the H&CRG should priorities, with an increase seen in suicides at present, and also to the effect on the broader population whose lives have changed as a result of Covid.</p>	TO to discuss with MWim
6.	<p><u>Social Services and Well-being (Wales) Act 2014 – updated Codes and Guidance: Part 9 Statutory Guidance (Partnership Arrangements)</u></p> <p>BJE gave an overview of the changes within the Codes and Guidance for Part 9 of the SSWBA which came into force earlier this year.</p>	Forward feedback to BJE by

	<p>Due to time constraints, it has been decided that discussion on this agenda item would be deferred to the next meeting 7.8.2020. RPB members require to be aware of the updated guidance and are asked to provide feedback on the amendments noted within 4.1 to 4.8 of the report. This will ensure a focussed discussion at the next meeting.</p>	30.7.2020
7.	<p><u>Letter from the chair and CEO of BCUHB</u> MWil reported on the letter from BCUHB Chair and CEO, circulated to Leaders and CEOs, North Wales LAs Chair and Chief Officer, North Wales CHC, Chair of North Wales Regional Partnership Board and Members of Regional Leadership Board.</p> <p>BCU are now required to submit quarterly plans to WG, the frequency being a reflection of the uncertain environment everyone are working to at the moment. Quarter 2 draft plan to end of September is also included, which will be presented for approval at BCUHB board 23.7.2020.</p> <p>BCUHB priorities include the effective implementation of Test Trace and Protect across the region and continue with the recovery of the full range of high quality primary and community care and hospital services, recognising the inter dependencies between health and the supporting care sector. Winter pressure and surge in Covid are also being given high profile.</p> <p>MWil welcomes feedback on the draft plan from RPB members now or outside the meeting.</p> <p>MWim raised the issue of seeing an increase in false positive testing results in relation to the 28 days.</p> <p>MWin also raised a strategic issues in relation to the fragility of the Care Home sector. Care Homes have already received funding for LA funded Care Homes places to recognise the significant costs within this period. However, a number of nursing homes are facing serious financial situations, as a result of the lack of funding in relation to CHC funding from WG or BCU.</p> <p>MWil agreed take this action within BCU and respond to MWim.</p> <p>TO replied to the concern on false positive testing results and recognises further work is required. TO informed that there is a new plan due from WG next week which give support across the system.</p> <p>MWim also offered to assist by providing feedback and input into the system and TO offered to take this back.</p>	
8.	<p><u>Notes and actions of the last meeting</u> Minutes of the meeting 11th June were accepted as a true record with all actions completed.</p>	
9.	<p><u>AOB</u> CB proposed the 'Strategic Planning Framework for Housing Support Services' document is given an agenda slot for a full discussion at the next NWRPB meeting. Clarification is required how the NWRPB will meet the expectations around ending homelessness. North Wales LA's deadline to submit their phase 2 plans - 30.6.2020.</p>	Homeless document on the July agenda – RW

	SLW also noted being in full support of this suggestion, and also enquired what will be the plan, if WG is unable to fund plans submitted by North Wales LA's.	Increase duration of meeting to 1 ½ hrs
	<u>Date of the next meeting</u> Friday 7th August – 1:00 – 2:30 pm	



Cyfarfod a dyddiad: Meeting and date:	Strategy, Partnerships and Population Health Committee 13.8.20						
Cyhoeddus neu Breifat: Public or Private:	Public						
Teitl yr Adroddiad Report Title:	Conwy and Denbighshire Public Service Board update : CD PSB Annual Report 2019/20						
Cyfarwyddwr Cyfrifol: Responsible Director:	Bethan Jones - Area Director Central						
Awdur yr Adroddiad Report Author:	Bethan Jones - Area Director Central						
Craffu blaenorol: Prior Scrutiny:	The Annual report has been approved by the Public Service Board						
Atodiadau Appendices:							
Argymhelliad / Recommendation:							
To provide the Committee with an update on Conwy and Denbighshire Public Services Board, the Annual Report 2019/20 is included for noting in respect of the priorities and work programme							
Please tick as appropriate							
Ar gyfer penderfyniad /cymeradwyaeth For Decision/ Approval	<input type="checkbox"/>	Ar gyfer Trafodaeth For Discussion	<input type="checkbox"/>	Ar gyfer sicrwydd For Assurance	<input type="checkbox"/>	Er gwybodaeth For Information	X
Sefyllfa / Situation:							
Annual Report of the Conwy and Denbighshire Public Services Board							
Cefndir / Background:							
This is the Annual Report of the Conwy & Denbighshire PSB							
Asesiad / Assessment & Analysis							

Strategy Implications

The report outlines the priorities of the PSB and the work that has been undertaken to progress these.

At its meeting on Monday 27th July the Board reviewed these priorities in light of COVID. Minutes of the meeting are not yet available so cannot be reflected in this report.

Options considered

NA

Financial Implications

No financial implications to BCU

Risk Analysis

NA

Legal and Compliance

NA

Impact Assessment



Conwy and Denbighshire Public Services Board: Annual Report 2019/20



A year in review

1. Introduction



Welcome to Conwy and Denbighshire's Public Services Board second Annual Report.

The aim of this report is to give a brief overview of what we have achieved in the second year of our 5 year well-being plan. An annual report is essential to make sure that as a Board, we are accountable to the public and can self-reflect on where we are making a difference, in line with the 5 ways of working and outline our future direction.



Long term

This is about looking to the future and considering how our actions now can impact on things.



Integration

This is about working in an integrated way and also considering how our well-being objectives may impact on our partners.



Collaboration

This is about working together with others, such as people, communities, voluntary & private sector and other public sector organisations



Involvement

This is about involving people and ensuring people have the opportunity to get involved and have their say.



Prevention

This is about stopping problems happening in the first place and preventing them from getting worse.

If you want to learn more about what we did in the first year of our plan, you can download it [here](#).

2. What's a PSB?



The [Well-being of Future Generations \(Wales\) Act 2015](#) required every county to set up a [Public Services Board](#) (PSB) so that all public bodies in the area could work together to improve well-being. Conwy and Denbighshire services already work together to support people across our region. So we took this opportunity to establish one single PSB for the region in April 2016.

This means both local councils, Police, Fire Service, NHS, Natural Resource Wales, voluntary sector, Welsh Government and probation services all come together to discuss ways to improve well-being in the area and how we can use our resources better to meet needs now and in the future.

Well-being is about being healthy and happy in all areas of your life. Not just good physical and mental well-being but also having positive relationships, strong communities and a healthy environment. We help services work together to improve:

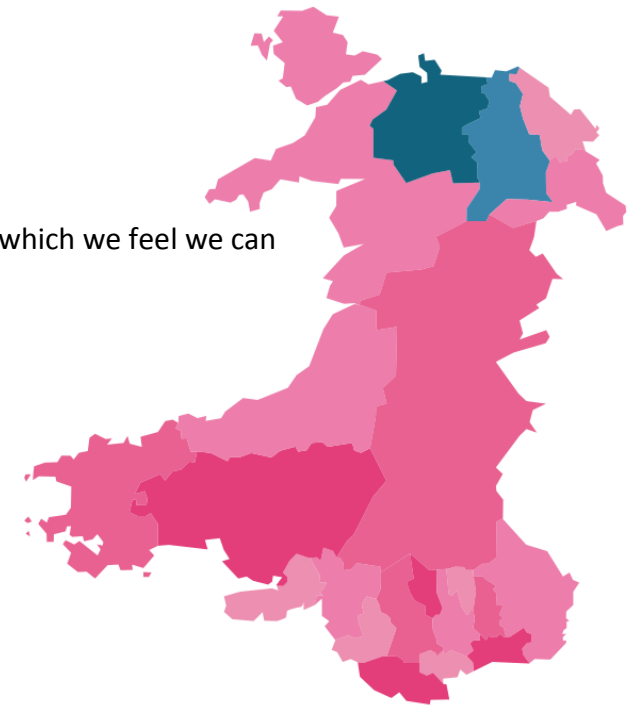
- cultural well-being
- economic well-being
- environmental well-being
- social well-being

In 2018 we published our well-being plan for the region. It focuses on the challenges communities' face which we feel we can really improve by working together. It focuses on 3 priority areas:

1. **People** – Supporting Good Mental Well-being for all ages
2. **Community** – Supporting Community Empowerment
3. **Place** – Supporting Environmental Resilience

We also committed to 4 additional principles which support the priorities:

- a. To tackle inequalities and treat everyone equally
- b. To support and promote the Welsh Language
- c. To support people so they can access healthy, safe appropriate accommodation
- d. To avoid duplicating work



3. Where we're at now



a. People – Supporting Good Mental Well-being

What we wanted to achieve in our second year

- Common understanding of the issues, opportunities and priorities around mental well-being.
- Exploring ways of working to explore opportunities for the Well-being Plan and national strategy “Together for Mental Health” to deliver together developing objectives to deliver the priority.
- Recognising that that the delivery plan is about much more than a clinical issue or clinical response and that well-being and resilience are about communities, ways of working and community assets.
- Recognising that there are already a lot of good things going on that we can learn from and that Local Implementation Teams (LITs) and PSBs working together offer the potential to deliver something very powerful.

The impact we want

- More people experiencing good mental well-being and fewer people suffering anxiety and depression.
- Less self-harming and lower suicide rates.
- Less stigma around mental well-being.

What we said we'd do as actions

1. Set up and develop a PSB sub-group to lead on this priority area.

What we've done so far

Lead for Mental Wellbeing Priority transferred to BCUHB in Mar 2019.

Work undertaken during this time has been to:

- Ensure understanding of mental wellbeing and define it.
- Identification of indicators/measures of mental wellbeing.
- Establish Mental Wellbeing baseline and where are we now.
- Meet with key stakeholders to identify current gaps or areas for exploitation in current MWB provision and support.
- Development of project options for delivering the MWB priority.
- The findings were presented and circulated as a paper to PSB members on 16th January 2020.

In Progress

<p>2. Hold a workshop with practitioners, service users and providers to explore local issues around mental well-being and identify potential objectives.</p>	<p>Four principle areas for delivery of the Mental Wellbeing Priority have been identified:</p> <ul style="list-style-type: none"> • Farming community / Rural mental wellbeing • Libraries for mental wellbeing • Refresh of five ways to mental wellbeing • Local Implementation Team / ICAN – Mental Health and Suicide Awareness Training <p>Agreement on area(s) of delivery were anticipated at the March 2020 meeting, however this has been postponed by Covid-19. Therefore, agreed delivery area(s) pending. Once agreement is reached, work will then start to move forward and be adapted to the current situation and support Covid-19 recovery.</p>	In Progress
<p>3. Implement the findings and recommendations from the workshop and develop an action plan to deliver the next steps for the priority.</p>	<p>The plan is in its forming stage and it is important to ensure that a multi-agency approach is taken, appropriately resourced, and that identified project(s) are adequately resourced in order to achieve what is set out in the Plan.</p>	In Progress
<p>How do we think we've got on?</p>		
<p>Taking forward this priority has been slow. In the initial stages progress was hampered by a lack of definition, defined objective and the macro cross-cutting nature of mental wellbeing. This created considerable inertia and challenges, particularly where the initial lead for the topic was not familiar with this subject area. Further delay occurred during the handover of topic lead. More recent work has placed the priority area in a better position; defining mental wellbeing, determining baseline measurements, establishing areas of good practice, and identifying a range of projects that will impact on mental wellbeing. Selection of the projects and formation of multi-agency project teams will enable the priority to be taken forward at pace.</p>		

b. Communities – Community Empowerment

What we wanted to achieve in our second year

- Understand what work is already taking place, and where the PSB could add the greatest value in terms of empowering our communities.
- Consult with professionals on areas of need and seek to develop the PSB's next steps towards meeting those needs
- Understand what would constitute success, and who should be involved in more detailed design and delivery.

The impact we want

- Thriving community groups and assets that meet local needs.
- Services that work together better.
- Services that are better value for money.
- People getting involved and having a say in improving services.

What we said we'd do as actions	What we've done so far	
<p>1. Developing the Next Steps for Community Empowerment.</p>	<p>A workshop was held on June 27, 2018, attended by some 40 professionals with good representation across partner organisations. In-keeping with the PSB's principle of building on existing pledges from organisations' well-being plans, delegates were presented with information about existing pledges and asked to consider areas of need where collaboration would add value, focussing on the following themes:</p> <ul style="list-style-type: none"> i. Housing ii. Employment Opportunities iii. Capacity Building iv. Provision of Health & Well-being Support v. Infrastructure <p>The output of the workshop was considered by the PSB at its meeting in September, agreeing three areas of work for the priority where the PSB felt it could add value through early intervention, focusing on the local dimension, and involving a different set of partners. These are detailed below.</p>	<div> <div></div> <div></div> <div></div> </div> <p>Completed</p>
<p>2. Social Prescribing will support the well-being needs of individuals and our communities, and will as a result mean fewer medical prescriptions and lower non-medical</p>	<p>Following the establishment of a multi-agency team consisting of colleagues from BCUHB, Public Health, Natural Resource Wales and both Conwy and Denbighshire Local Authorities opportunities were identified to</p>	<p>In Progress</p>

<p>expenditure on services needed due to lifestyle related conditions. People will also be enabled to stay in their own homes for longer.</p>	<p>better link social prescribing practitioners into existing and new weight-management pathways.</p> <p>BCU were appointing staff to lead their new weight management project in March 2020, at which point the multi-agency team was to meet again. Due to the coronavirus lockdown beginning, this was postponed.</p> <p>Nevertheless, some key connections were made and a Performance Management Framework developed to monitor success of the work. Key areas of work/standing agenda items for the team were also agreed, namely:</p> <ul style="list-style-type: none"> • Ensuring effective connections are made between health and local authorities so that residents on clinical weight management pathways are also offered support from community navigators; • Identification of barriers to participation in community activities, and consideration of how to address them; • Identification of gaps in community provision that promote better health, and consideration of how to address those gaps. 	
<p>3. Better support tenants and those at risk of homelessness. This will not only result in less homelessness and more stable tenancies, but mitigate health associated risks and support a better quality rented sector.</p>	<p>Due to capacity issues, this work has not started.</p>	<p>Not Progressed</p>
<p>4. Dementia Support Action Plan to better support dementia sufferers and their carers. PSB partners will work towards becoming dementia friendly organisations that help people live independently for longer.</p>	<p>DVSC's Dementia Aware Community Led Programme is up and running enabled by Welsh Government ICF Funding. Over the last 12 months we can report the following activity:</p> <ul style="list-style-type: none"> • 3 Network meetings have been held with over 105 people in attendance including statutory partners, local businesses, third sector organisations, local community groups and individuals. 	<p>In Progress</p>

	<ul style="list-style-type: none"> • 6 Business Breakfasts have been held attended by 54 people, engaging local businesses in Ruthin, Rhyl, Rhuddlan, St.Asaph, Corwen & Llangollen in becoming more Dementia Aware. • Towns working towards Dementia Friendly Status - Following on from the 3 pacesetter areas of Prestatyn, Denbigh and Rhuddlan a further 5 Dementia Aware Action Groups have been established in St. Asaph, Ruthin, Rhyl, Llangollen and Corwen. They are supported by DVSC and powered by volunteers. • 6 DVSC staff (Dementia Champions) have provided 332 people with Dementia Friends Awareness sessions. • Just under £20,000 of funding from the Dementia Aware Community Led Grant Programme has been provided to 16 organisations and 2 individuals to support in raising awareness of Dementia and providing activities for people living with Dementia and their carers in the local communities of Denbighshire. This was also supported via our other funding streams, including Denbighshire Welsh Church Acts, which has Dementia as one of the priority criteria and enabled match funding to be obtained for Dementia projects. • A training course run in conjunction with Alzheimer's Society 'Step Inside Dementia' with 15 people in attendance. Another 4 were planned but had to be cancelled due to the COVID19 pandemic. • The Dementia Aware Denbighshire programme has been regularly promoted on Social Media and through DVSC media channels including 8 blogs and at various DVSC networks including the #DenbighshireVolunteers Network and the Wellbeing Network. • Over the last 12 months we have published just over 80 posts on Facebook reaching nearly 25,000 people. This has resulted in almost 1,500 interactions (likes, comments, shares). 	
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	<ul style="list-style-type: none"> • We have tweeted 161 times on dementia related subjects. 25 tweets were shared information about our members/partners. In total our tweets reached 90,000 people resulting in 2,500 interactions (likes, reactions, retweets). • We have had 5 press releases published in the last year. Including the launch of the Dementia Aware Network, 2 grant programmes opening and one on successful grant recipients. Denbighshire County Council also had a published press release regarding their success at becoming a Dementia Friendly Community. <p>The Dementia Aware Denbighshire programme delivery is being repurposed to consider the COVID19 landscape. This includes:</p> <ul style="list-style-type: none"> • Holding our networking events online, the next Dementia Aware Denbighshire Network meeting in June 2020 will be held on Zoom and we are working to support activities being taken online / over the phone through our Community Support Service. • In addition, DVSC is now actively promoting its Dementia E-Learning course that local communities can access from their own homes and is working closely with Denbighshire County Council on a programme of Dementia Training to be undertaken in 2020-21 (exploring how this can be delivered in the current climate). <p>DVSC has led on this work under the community empowerment priority whilst working closely with statutory partners including BCUHB and DCC, both of whom have been accredited as dementia friendly communities over the same period. DVSC has also worked closely with DCC's ICF funded Dementia Support Workers project to ensure strong links between voluntary and community activity and DCC's Community Support service.</p>	
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How do we think we've got on?

The connections made between colleagues from Health, Local Authorities and Public Health Wales around how social prescribing can help to address a particular issue has been welcomed by all parties, and should enable a whole system approach to tackling persistent issues. Plans about how the process/pathways can work have been discussed, and can be documented to ensure mutual understanding. Going forward, careful attention will need to be paid to ensure practise follows the theory, and to also ensure we can continue to ask ourselves if and how things can be improved. These principles are important for ensuring sustainable and effective change.

c. Place – Supporting Environmental Resilience

What we wanted to achieve in our second year

- Support people and communities to realise how important the natural environment is and understand what positive differences they can make to reduce their impact on it.
- Start to address environmental issues such as climate change by promoting ways we can all reduce our footprint such as recycling, improving energy efficiency, reducing carbon emissions and by generally being greener.
- Understand what each of our partner organisations are doing in term of addressing their ecological footprint. Consider what frameworks we are working towards and how we can bring this all together. As part of this we want to improve the energy efficiency of our buildings and facilities.
- Focus on sustainable procurement (in particular maximising community benefit and making sure we're not having an adverse impact on the environment when we're buying goods and services).

The impact we want

- Our communities and partner organisations to do their bit and actively take steps to reduce their footprint and make sure the local environment is being managed properly and help wildlife and nature flourish for future generations.
- To make sure the natural environment provides a space for our residents, visitors and workers to make the most of and which benefits their health and well-being.
- Improve the consistency between PSB partner organisations, by working towards the same environmental policies, standards and targets.

What we said we'd do as actions

1. Work with our PSB partners to develop a framework for our environment work, so that we're all working to the same goals.

What we've done so far

A Common Environmental Policy has been approved by the Public Service Board. The Environmental working group has been tasked to discuss the practicalities of co-ordinating work. Welsh Government Energy guidance on collecting data is being looked at by Energy Managers and a

In Progress

	<p>Consultancy Company Aether is piloting this. North Wales Fire & Rescue service are piloting this in March and April 2020. There is a firm commitment to collaborate, however to avoid duplication the work on commitment 1 (Carbon and Energy) has been deferred until the Welsh Government Guidance is published in spring 2020 so that the data mirrors the guidance. We are still awaiting for further clarity from Welsh Government on how to measure scopes and what can be off set (sequestration). The group will therefore focus on commitment 2 which includes biodiversity actions, to see what can be collated for discussion at the next meeting in April 2020.</p> <p>The group are also looking at collaboration projects which could be developed to use a small funding allocation. Part of the North Wales PSB support grant funding has been used to appoint Netherwood Sustainable Futures to advise on a North Wales Regional Climate Change Approach. This work will report in March 2020 and will include a review of existing climate change mitigation approaches, groups and activities across the four North Wales PSB areas. Netherwood Sustainable Futures is working closely with Regional Partnership Board during this time.</p>	
2. Work with communities to develop environmental pledges and green changes we could make to reduce our impact on the environment.	The Community Green Pledges were launched in January 2020. Five community pledges have been received so far. A series of communication has been developed for the year to keep the pledges in the public eye.	Complete
3. Look at environmental issues affecting the region that we can't fix by ourselves, like sea defences and reducing the amount of packaging in our shopping.	A further update on the sea defence in old Colwyn was deferred owing to meeting a PSB cancellation, and will be presented at a future PSB meeting. No further areas for lobbying have been identified a present. However, all Local Authorities across North Wales have declared an Environmental Emergency. Action plans on how to significantly to reduce carbon footprint are being developed and all good practice will be shared.	In Progress
4. Look at our procurement processes and identify how we can maximise community benefits from building developments (e.g. through Section 106 agreements – these are legal agreements between local authorities and developers for times when measures	We have responded to the Well Being of Future Generations Commissioner's audit on procurement and evidencing the benefits of procurement – including the environmental benefits. The outline proposal for a regional environmental partnership board includes a work stream to	In Progress

may be needed to reduce a developments impact on the community).	focus on procurement. This is an area where significant carbon reduction can be achieved.	
5. Work with our planning teams to make sure environmental issues are looked at when planning new developments.	No further developments have been made on this action in this period. This will be developed through the regional partnership sub groups.	Not Progressed
How do we think we've got on?		
<p>At the end of year two we are in the category of 'being adventurous'. The launch of our green pledges has received a positive response. Although it is still early days, the pledges which has been received so far show that there is a lot of positive work going on in communities. As we build a database of pledges, we will be able to share this good practice and hopefully encourage other communities to follow suit and create a 'ripple effect' to wider change.</p> <p>Whilst not yet implemented, there are positive moves towards a regional approach to public sector environmental change, but it is important that we do this in line with Welsh Government guidance to avoid duplication, hence the decision to delay until guidance is issued and the consultancy report on regional opportunities is published. Whilst the sea defence concerns are not addressed, there has been progress in securing funding for interim measures.</p> <p>It has been necessary in the last quarter of the year to defer some meetings and therefore progress, in light of the Coronavirus pandemic. It is also evident that whilst we are making progress, it is slow owing to the capacity of officers and other pressing deadlines.</p>		

4. Our Reflections after year 2



This annual report is a self-reflection of the progress we have made and serves to further that openness and transparency by stating what we have achieved, whether we feel we have done things well, and where we will focus to improve in the future. The PSB is a strategic partnership which sits in a landscape of many other regional and sub-regional partnerships within North Wales.

The last quarter of the financial year has been dominated by the global coronavirus pandemic. The Covid-19 lockdown put a halt on many of the projects underway at PSB due to urgent requirements to develop new services, systems and processes in light of lockdown restrictions. Strategic and operational focus has shifted to emergency planning and business continuity. Through these extremely challenging times, the PSB leadership has continued to work collaboratively to support the community and each other's service pressures and to deliver essential services during this global crisis.

A meeting of PSB was due to take place on 15 March, but at that point services were dealing with the arrival of Covid-19 so the meeting was cancelled. As lockdown eases, all partners will contribute to the management of the virus, and socio economic recovery. The PSB is next due to meet in late July. It may be that there's some discussion at that meeting about whether the priorities remain the same or whether other goals will come to the fore.

5. Working collaboratively – Thinking Global



We've been linking in with other partnerships to avoid duplication and to share ideas. We've...

- talked to the Regional Partnership Board for Social Care and Well-being.
- had updates on the North Wales Growth Deal.
- discussed the Local Development Plan for both Conwy and Denbighshire.
- been monitoring Brexit and looking at ways we can support each other during this process.
- been looking at key risks in the area and discussing what we can all do to help each other. We've developed a risk register to help us monitor our local risks.

- responded to Wales Audit Office's Local Government Services to Rural Communities report and applied the recommendation of using Welsh Governments rural proofing tool to our priorities. This has helped us assess the impact our priorities may potential have on rural communities.
- continued to learn more about each other's organisations. In July we found out about Natural Resources Wales and went on a site visit to learn more about their Uwch Conwy partnership project with the National Trust in the Conwy Valleys.
- shared good practice from across our organisations, such as learning about the British Sign Language interpretation pilot that has been taking place in Conwy Council.
- talked to Improvement Cymru and discussed different ways the service can potentially support us to deliver our priorities going forward.
- talked to Wales Energy Service about the support they can offer and how regional energy planning can help contribute to the

6. Being Challenged



Like any partnership, it's important that there are checks and balances for us.

- We've been holding open meetings, and all the [PSBs papers & minutes](#) are published on the Conwy and Denbighshire PSB website.
- We publish short [newsletters](#) after each meeting so people can read what we're doing in bitesize chunks.
- Had regular discussions about the organisational leadership challenges and how we can help each other.
- We've responded to the Wales Audit Offices review into PSBs and produced an action plan to respond to the national recommendations.

From May 2019 onwards, the PSB has been held to account by the newly formed joint Conwy & Denbighshire Scrutiny Committee. Again, these meetings are open to the public and anyone can attend. Details of the meetings can be found on either the [Conwy](#) or [Denbighshire](#) County Council websites.

7. Get involved



We want you to stay in touch & get involved in our work. You can:

- Come to one of our meetings – all the dates and agendas are published [here](#)
- Read our newsletters [here](#)
- Follow us on social media – [Facebook](#) and [Twitter](#)
- Stay involved and share your views through the PSB website – www.conwyanddenbighshirepsb.org.uk



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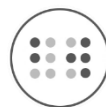


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British Sign Language users can contact Conwy County Borough Council using a Sign Language interpreter, through the InterpretersLive! service, provided by Sign Solutions – visit www.conwy.gov.uk/Contact-Us/sign



We're happy to provide this document in large print, audio and braille.

This document is also available in Welsh.

Cyfarfod a dyddiad: Meeting and date:	Strategy, Partnerships and Population Health Committee 13.8.20						
Cyhoeddus neu Breifat: Public or Private:	Public						
Teitl yr Adroddiad Report Title:	Community Services Transformation update report						
Cyfarwyddwr Cyfrifol: Responsible Director:	Dr Chris Stockport, Executive Director Primary Care & Community Services						
Awdur yr Adroddiad Report Author:	Jo Flannery, Regional Programme Manager – Community Services Transformation						
Craffu blaenorol: Prior Scrutiny:	Detail referred to in the report has been presented to the North Wales Leadership Group & Regional Partnership Board as noted in the narrative.						
Atodiadau Appendices:	Appendix 1: Community Services Transformation Update Report to North Wales Leadership Group (July 2020)						
Argymhelliad / Recommendation:							
The Committee is asked to note the information contained within the report by way of progress with the Community Services Transformation Programme, and plans for its recovery.							
Ar gyfer penderfyniad /cymeradwyaeth For Decision/ Approval *		Ar gyfer Trafodaeth For Discussion*		Ar gyfer sicrwydd For Assurance*		Er gwybodaeth For Information*	✓
Sefyllfa / Situation:							
The purpose of this report is to provide Committee members with a progress update on the Community Services Transformation programme across North Wales. The report outlines the impact of COVID-19 on the programme, and describes plans for its recovery and longer-term sustainability.							
Cefndir / Background:							
<p>As reported previously, Community Transformation is an ambitious programme of work aimed at integrating health and social care services at a community level, in order to:</p> <ul style="list-style-type: none"> ▪ Improve the citizen's experience of health and social care services by ensuring seamless provision with robust communication; ▪ Improve outcomes for citizens by delivering care and support, based on what matters to individuals; ▪ Release the capacity and capability of community health and social care services to respond to people's needs, delivering care closer to home; ▪ Manage demand for statutory services by refocusing attention on improving self-care, early intervention and prevention, including anticipatory care planning and risk stratification; ▪ Shift focus and resources away from the acute and into the community. <p>The development of integrated health and social care localities, and the enhancement of Community Resource Teams (CRTs) are central to the delivery of this ambitious programme of work. In addition, three areas; namely, workforce, digital, and community development, have been identified as key enablers for the development of integrated health and social care localities, which Area teams are required to work through.</p> <p>Governance for the programme is achieved via the Community Services Transformation Board, with an Area Integrated Service Board (AISB) for each area (West, Centre and East) reporting into it. This allows for the development of a regional framework, with local delivery. Moving forward, the intention is to develop Locality Leadership Teams (LLTs), in order to provide senior management and decision-making at a locality level. The relationship with GP practice Clusters is being explored as part of this work.</p> <p>In order to take community transformation forward at scale and pace, the decision was taken to recruit a number of programme and project managers, or 'change agents' within each of the Areas in order to provide the capacity to manage and embed change within core services.</p>							

Community Transformation during COVID

Work to take forward the Community Services Transformation programme largely ceased as a result of COVID-19, with resources and in some cases funding, being reallocated to support areas in their management and response to the pandemic. Project teams across each Area were dispersed in order to support the response. This meant that as a partnership, the majority of formal project activity was paused. However, it is important to acknowledge that a range of 'informal' transformation activity also took place as a result of partners needing to work together at scale and pace. Information on this activity and the lessons learnt as a result of COVID-19 is being collected by partners and will be used to inform how the programme moves forward.

The type of work that continued throughout the early months of the pandemic include: the procurement of iPads to support virtual visiting within our hospitals, residential care homes and supported living accommodation; accelerated working in relation to CRTs and the provision of mobile technology; and advancements in terms of integrated pathways achieved through the implementation of the 'Home First' Bureaus. Full information on the types of formal and informal Community Transformation work that took place during this period can be found in the report at **Appendix 1**.

Programme Recovery

Plans to re-establish the Transformation Teams across each of the three sub-regions are at varying stages, however, it is anticipated that the programme will be in a position to fully re-form by August 2020, although work will continue to be taken forward where appropriate to do so, in the interim.

The intention for the delivery of the programme for the remainder of 20/21 is to continue as originally planned, however, the impact of the 4-5 month 'stand still' means that partners will need to work together to identify how the vision can be implemented in the medium-long term, and through mainstream resources in the longer-term. To support this AISBs will work with programme teams and with commissioned providers to understand what can realistically be achieved in the remaining 8 months of transformational delivery. Full details of the work that is intended to take place over the coming months can again be found at **Appendix 1** to this report.

A special meeting of the Community Services Transformation Board was held on the 21st July in order to review the work undertaken during COVID and to re-assess the vision and priorities for the remaining 8 months of the project. Encouragingly, the strategic vision for change remains unaltered. The priorities for the remainder of the year also remained fairly consistent, however, as is to be expected, a small number of additional priorities were agreed.

1. Creating Locality Leadership Teams / Locality Governance Structures
2. Developing robust population needs assessments to support decisions about the nature and scope of CRTs
3. Continuing to develop integrated CRTs
4. Information Governance / developing Information Sharing Protocols for CRT working
5. 'Right-sizing' community services for discharge
6. Exploring the role of digital technology/ telehealth
7. Developing a social prescribing framework for North Wales
8. IT infrastructure work for CRTs (i.e. ensuring all CRT members have the right equipment to support community hub and virtual working) (*NEW PRIORITY*)
9. How we manage governance from different authorities when working in an integrated way – particularly in relation to generic workers, but integrated teams more broadly (*NEW PRIORITY*)
10. Approaches to developing additional care capacity (*NEW PRIORITY*)

Looking Ahead

It has always been acknowledged that Community Transformation would take longer to deliver than the funding period, and that once project teams returned to their substantive posts, that change management and the delivery of new models of care and new ways of working would need to be taken forward through mainstream services. To support this, a regional partnership workshop is planned for January 2021, and will provide an opportunity to engage with a wide range of stakeholders, including operational staff who will be working within newly integrated teams. Not only will the workshop celebrate the achievements of the programme, but it will also provide stakeholders with the opportunity to help shape the future direction of community transformation and integrated working, over the coming 2-4 years.

Findings from this workshop will help form the basis of an integrated health and social care Community Services Transformation Strategy, that will set the future strategic direction of travel for partners. This strategy will be underpinned by robust investment plans that clearly describe how focus and resources will be shifted from the acute into the community.

Asesiad / Assessment

Strategy Implications

The Community Transformation programme is aligned to the BCUHB Care Closer to Home strategic priority, in that its principle aim is to support the greater availability of integrated care and support within the community. The programme also aligns well to the Unscheduled Care agenda, with an anticipated outcome of the programme being a reduction in demand for acute services. The programme is working in partnership with the Associate Director of Nursing, in order to implement the Seamless Integrated Pathway for People (SIPPs [formerly Integrated Pathway for Older People/IPOPs]) framework, and will ensure a whole systems approach to service development.

The programme delivers on the Well-being and Future Generations Act sustainable development principles in the following ways:

- **Prevention:** The place-based models of care being developed are predicated on the need to work down-stream within communities in order to manage demand for statutory services in the long-term. The development of strong and resilient communities that are accessible, and which support opportunities for positive health, well-being and emotional resilience, are being achieved through greater community navigation and social prescribing. Anticipatory care planning, and risk stratification tools will support active demand management and ensure positive outcomes are achieved.
- **Integration:** the development of greater integrated working between primary care, community and social care services is the central premise of the programme, with clear metrics being developed in order to measure success.
- **Collaboration:** Integrated health and social care localities will work best when they actively collaborate with a wide range of stakeholders and communities in order to ensure the well-being of citizens is achieved
- **Involvement:** Co-production with professionals, stakeholders and citizens will ensure that services developed meet the needs of citizens and populations. This will ensure the sustainability of care and support in the long-term

Whilst some of the granularity of how elements of the programme will be implemented may have changed as a result of the COVID-19 pandemic, there have been no significant changes to the vision for community transformation. To that end, Community Transformation, and delivering against the priorities set out within 'A Healthier Wales' remain a priority.

Financial Implications

Welsh Government Transformation Funding (£6,000,004) has been provided to support the initial programme of work (up until March 2021). As a result of the pause in formal transformation activity brought about by COVID-19, a re-profiled spend plan to Welsh Government has been submitted which outlines how the allocation will be spent in full.

Mindful of the short-term nature of the grant, and the need for models of care to be sustainable, the Regional Partnership Board (RPB), took the decision to fund 'change agents' to provide capacity to transform services rather than recruit and develop new operational teams. The expectation is that services and resources are re-aligned so as to enable integrated working to continue in the longer-term. To support this, the programme will work with an independent consultant to help develop long-term sustainable models of care and support. The aspiration is to work with colleagues in secondary care to develop transformation and sustainability plans, which will set out how the shift of resources from the acute into the community will be achieved.

As a result of the reduced timescales for delivery there is a risk that the programme will be underspent at the end of this financial year. Whilst work has been undertaken with area programme managers and finance leads to re-profile spend, Area Integrated Service Boards (AISBs) will need to work hard to ensure that the commitments set out within this revised spend plan are achieved. It is understood that Welsh Government will look to retrieve any underspend at the end of each Quarter. It is imperative then that partners are clear about any potential underspend by September 2020, and that alternative plans to utilise this funding are developed and are able to be implemented at pace.

Risk Analysis

<i>Risk Description</i>	<i>Consequences</i>	<i>Initial Risk Score</i>	<i>Control Action</i>	<i>Residual Risk Score</i>
Funding is only available in the short-term. There is a risk that localities will not be sustainable once funding ceases	Without clear sustainability plans and a commitment to shift resources from the acute to the community, we will be unable to meet current and future demand. Without work being regarded as core business, the culture change required will not be sufficiently embedded within practice so as to sustain change		Independent Consultant commissioned to help develop sustainable models of care and support, including the production of Transformation and Sustainability Plans, which outline re-investment as well as how change will be managed and embedded within strategy and operational delivery	
Inability to re-engineer processes and systems so that they are fit for a lean and transformed health and social care system	The inability to change systems and approaches will mean that the efficiencies associated with community transformation will not be achieved		Deployment of robust methodologies – Right-Sizing Community Services and IPOP's to support system re-engineering	
There is a risk that the programme will underspend as a result of there being less time to deliver against the original project and spend plans.	It is anticipated that any underspend will be retrieved by Welsh Government at the end of each quarter		Area ISBs to review programme and spend plans asap in order to assure themselves of what can be achieved within the timescales. Monthly meetings with area programme leads will proactively identify progress against spend. Issues will be escalated up through the AISB.	
There is a risk that the programme will be halted again in the event that Wales / the UK experience a second wave of COVID-19.	In the event of a second wave, it is likely that project members will again be redeployed to support, This would impact significantly on programme delivery		One of the tasks of the CST Board on the 21st July was to identify those areas of work that must be continued even if there is a second wave.	

Legal and Compliance

The development of integrated health and social care localities, and the associated devolution of budgets will require the development of robust legal frameworks. The nature and form of these will be explored both through the locality pacesetters, as well as the programme as a whole. Budget has been set aside to commission specialist legal support to assist the programme.

With regards Key Performance Indicators (KPIs), an initial logic model has been developed as previously presented, which outlines the performance measures that will be used to report back to the board in the short-term. This will be supplemented by the findings of the Right-Sizing work, which along with the completed maturity matrices, will provide baseline data for the programme. Bespoke and meaningful measures will be developed as a result of the work being undertaken as part of the Seamless Integrated Pathway for People (SIPP) Framework, and will be used to support reporting in the longer-term.

Impact Assessment

Full equalities and privacy impact assessments are to be completed, and will ensure that both the programme, and individual change projects are mindful of, and address any equality, Welsh language, GDPR and other policy issues.



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NORTH WALES SOCIAL CARE AND WELL-BEING
SERVICES IMPROVEMENT COLLABORATIVE

Highlight Report

Report to:	North Wales Leadership Group
Project Lead:	Chris Stockport
Project Manager:	Jo Flannery
Contact name:	Jo Flannery – jo.flannery@denbighshire.gov.uk ; 01824 712413
Subject:	Community Services Transformation: Post-Covid Re-Start Position
Date:	31 st July 2020

1. Purpose of report

- 1.1 The purpose of this report is to provide Leadership Group with information on plans to re-start the Community Services Transformation programme. The report describes the impact of COVID-19 on the programme, in terms of staffing and resources. Information on the current and future financial position of the programme is considered, as is a requirement to re-consider the programme's priorities in light of the changing post-COVID landscape. Risks to the successful delivery of the programme are considered, and a number of recommendations/ actions/ decisions for Leadership Group are set out.

2. Recommendations / Decisions / Actions

- 2.1 It is recommended that:
- That Leadership Group formally agree a start date for the programme to recommence and to support the transitioning back of transformation team members.
 - That individual AISBs undertake to closely review in-year spend and programme plans to ensure that all agreed workstreams can be delivered within the agreed budget and timescales.
 - It is imperative then that partners are clear about any potential underspend by September 2020, and that alternative plans to spend are developed and are able to be implemented at pace.
 - it will be important for the Central AISB to consider alternative delivery options, including commissioning expert support and/ or recruiting via agencies.
 - that the AISB agree a revised spend plan that can be put in place quickly and effectively, so as not to risk any monies not allocated at the end of each Quarter being clawed back by Welsh Government.
 - Pacesetter activity is to be accelerated

3. Background Information

- 3.1 Work to take forward the Community Services Transformation programme largely ceased as a result of Covid-19, with resources and in some cases, funding being reallocated to support areas in their

management and response to the pandemic. Project teams across each area were dispersed, in order to support the response. Plans to re-establish the Transformation Teams across each of the three sub-regions are at varying stages, and local discussions are taking place in order to determine when this can realistically be achieved. However, it is perhaps realistic to suggest that the programme will not be in a position to fully re-form until August 2020, although work will continue to be taken forward where appropriate to do so.

4. Transformational Activity during COVID-19

- 4.1 Funding for the programme has largely been used to support the recruitment of Programme and Project Managers to act as 'Change Agents' within the sub-regions. The role of these Change Agents was to help set the vision for transformation within core services, as well as lead on implementing the agreed vision within integrated teams. However, as a result of COVID-19 Programme and Project Managers were redeployed to support the joint health and social care response to the pandemic. **This meant that as a partnership we had to pause the majority of formal project activity.** The information below summarises what, if any transformation activity, linked to the original bid, took place during COVID-19.
- 4.2 In addition to this formal activity, it is important to acknowledge that a range of 'informal' transformation activity also took place as a result of partners needing to work together at scale and pace. Information on this activity and the lessons learnt as a result of COVID-19 have been collected by partners and are attached in summary form in Section 9 below.
- 4.3 **Regional Activity:** The area of regional activity that continued throughout COVID-19 was in relation to Digital Technology. The original intention of the workstream had been to provide 'at risk' groups who are digitally excluded with the opportunity to realise the benefits of social and community engagement, information management and self-care, that digital technology can bring. This work was accelerated, and the focus shifted slightly, in order to support the COVID-19 response. Here officers worked at pace to purchase 365 iPads for use within acute and community hospitals, hospices, care homes and supported living accommodation, in order to support virtual visiting. This project was delivered in collaboration with the Wales Co-operative Centre, and linked in with the Welsh Government's 'Attend Anywhere' initiative.
- 4.4 **East Area Activity:** Within the East, a decision was given to divert a proportion of its allocation to fund increased step-down capacity within residential care homes. Work was undertaken to increase bed capacity for patients on an East-Area footprint. The outcome of the work undertaken was that in Flintshire, 2 new care homes have been opened and, scoping for a third care home/ short-term 'supported living' accommodation was also undertaken. In total an additional 51 residential beds have been opened up across the area. Whilst the initial work was mobilised to support work at the Maelor to increase bed capacity to meet the needs of the most acutely unwell patients, the additional community based capacity has supported the discharge of patients from a range of acute and community hospitals.
- 4.5 **West Area Activity:** The Transformation Team in the West was redeployed to respond to the pandemic. Team members were utilised where they were needed, and where their skills were required e.g. DN Matron post, supporting the Health 'Control Centre', communications for Covid-related matters, setting up and managing a 'Covid support team', helping alongside community groups (with food banks, phoning people in shielding groups etc.), assisting social work teams collate information about packages of care suspended temporarily.

However, a small number of transformational activity continued to take place during COVID-19; including work to find suitable accommodation for District Nurses, as well as preparing a business case to support the provision of smartphones to DNs.

Prior to COVID, a consultancy called Basis was supporting the cultural development of CRTs. Planned workshops were cancelled, however, Basis continued to hold a series of virtual workshops on 'online meetings and facilitation' – these skills enabled teams to meet virtually and hold meetings effectively (skills that will be useful during the COVID period and beyond).

Work which began prior to COVID, to redesign the hospital discharge process, was largely overtaken by the establishment of the 'home first bureau'. However, the dialogue regarding effective arrangements for the future has continued, and the experience of seeing the 'bureau' in action has given some valuable insight into what does / does not work in terms of giving people the best discharge experience.

4.6 **Central Area Activity:** Whilst the Central Area programme team were redeployed in order to support the COVID response, a range of transformational activity continued to take place, with significant developments being made in relation to CRTs.

- The CRT Scheduling software system, Malinko has been deployed into 3 DN teams, and the project team are working with Denbighshire County Council to engage with elements of the CRT.
- Hardware requirements for CRTs are in the process of being reviewed in light of the use of smartphones in the scheduling areas and the need to provide digital communications away from an office base. The use of Microsoft Teams provided CRTs with access to video conferencing from a smartphone, and is being tested in 3 DN teams. Lessons learnt will help inform future conversations regarding a wider roll out of this technology, supported by a more agile approach to the use of laptops.

4.7 As part of the programme's recovery, partners will need to ensure that lessons learnt and achievements made are reflected upon, and help inform how we move forward over the coming months and years.

5. Impact of COVID-19 on Community Transformation

5.1 Discussions with Area Programme Managers indicate that there is not anticipated to be any significant changes to the vision for community transformation, or the way in which the programme should move forward, albeit that some of the granular detail will have altered. To that end, Community Transformation, and delivering against the priorities set out within '*A Healthier Wales*' continue to be a priority for North Wales.

5.2 However, because programme activity, both regionally, as well as within Areas effectively halted over the last 4 months, we now have a reduced amount of time to deliver against our agreed priorities. Work is currently underway to re-look at our priorities and understand what can realistically be achieved now, and what activity will need to wait. However, it has always been explicit within the programme that Community Transformation is an evolving process rather than a static event. It is therefore acknowledged that full transformation will take longer than the initial funding period, with partners needing to work together to agree not just short-term, but also medium to long-term priorities.

- 5.3 The impact of the 4-5 month 'stand still' means that partners will need to work together to identify how the vision can be implemented in the medium-long term, and through mainstream resources in the longer-term. To support this AISBs will work with programme teams and with commissioned providers to understand what can realistically be achieved in the remaining 8 months of transformational delivery.
- 5.4 As a result of the reduced timescales for the programme there is a **risk that the programme will be underspent at the end of this financial year**. Whilst work has been undertaken with Area programme managers and finance leads to re-profile the spend, AISBs need to work hard to ensure that this revised spend profile is achieved. It is understood that Welsh Government will look at claw back any underspend at the end of each Quarter. It is imperative then that partners are clear about any potential underspend by September 2020, and that alternative plans to utilise the funding are developed and are able to be implemented at pace.
- 5.5 The **Central Transformation Team** continues to hold a number of vacancies, which now need to be recruited to. An inability to recruit to these posts is likely to impact not only on the Area's budget, but also their ability to deliver against their agreed work plan. There is a risk that as a result of the high number of project management type jobs recently recruited to across North Wales as part of the transformation programme, that we have in effect reached saturation point. In order for this to not hinder work, it will be important for the Central AISB to consider alternative delivery options, including commissioning expert support and/ or recruiting via agencies. In addition, work is required in order to review the priorities and programme structure required to deliver those priorities.
- 5.6 The decision was taken by the **East Area ISB** to divert the majority of their Community Transformation allocation in order to commission additional step-down beds to support COVID management and the Area's longer-term recovery. In the event that additional funding becomes available, that funding will be used to cover the costs of these beds, rather than the Community Transformation fund. It is therefore important that in the event of any additional funding for the beds becoming available, that the AISB agree a revised spend plan that can be put in place quickly and effectively, so as not to risk any unallocated at the end of each Quarter being clawed back by Welsh Government.
- 6. Programme Recovery**
- 6.1 The intention for the delivery of the project for the remainder of 20/21 is to continue as originally planned, albeit with discussions about which if any areas should be re-prioritised for immediate implementation, and which programme elements can/ should be delivered in the longer-term.
- 6.2 A meeting of the Community Services Transformation Board has been arranged for 21st July 2020. The purpose of this meeting will be to understand the nature and type of transformational work undertaken during COVID-19, as well as re-assess the strategic vision for change and agree priorities moving forward. The workshop will help partners to determine what activity can realistically be achieved within the timescales.
- 6.3 The information outlined below outlines the work that is anticipated to continue to take place over the next 8 months, set alongside the targets set out within the original bid:
- 6.4 **Target 1: Agree governance at regional, areas and local levels:** Regional governance will continue to be achieved via the Community Services Transformation Board. The purpose of this Board is to set the strategic direction of travel for the programme. A work programme for the Board will be

developed in order to ensure the necessary attention is given to the overall strategic direction of travel for the programme.

Local governance will continue to be managed via 3 x Area Integrated Service Boards (AISBs). In addition, a number of individual workstreams have their own project groups. The intention is for these project groups to recommence by mid-August (at the latest), with some already recommencing.

6.5 **Target 2: Programme and project team:** Within the last month, Programme Managers have started to pick back up community transformation work, with discussions underway to support the return of the wider programme team members.

- **East:** The project team have all returned to transformation work
- **Central:** Two members of the programme team have continued to work on the programme, whilst the Programme Manager and two other team members will remain part-time until the end of July.
- **West:** Project team expected to be fully operational by mid-August

Area Programme Team members will be able to use many of the lessons learnt whilst working operationally within CRTs or as part of the community response to COVID-19 in order to inform the community services transformation programme.

6.6 **Target 3: Develop & agree programme delivery plans including spend plans:** Regional and Area-level project teams are already well developed, and work has been undertaken regionally as well as within Areas to review these plans in light of COVID-19. This work has helped partners to consider what is achievable given the now reduced timescales. This work will be supported and further informed by the discussions had at the Community Services Transformation Board meeting later in July, and will allow for a regional perspective of ongoing programme development.

Work on the Pacesetter initiatives had been slow to progress in 2019/20. Pacesetter activity will need to be accelerated in 2020/21 as the learning from them underpins our future development and learning.

6.7 **Target 4: Commence Sustainability Planning for the post-grant funding period:** Sustainability planning has always been a key component of the programme, and will be achieved through a number of means:

- **'Right-sizing Community Services for Discharge':** The NHS Delivery Unit have agreed to work with the North Wales RPB to re-do this area of work. Undertaking this work remains important to the community services transformation work, and will also help shape partner's recovery, as well as helping to ensure that we are in a strong position should there be a second wave of COVID-19. The Regional Data Disclosure Agreement has now been agreed and work to re-collect the required data can commence.
- **Seamless Integrated Pathway for People (SIPPs) Framework:** Work will be undertaken with Area to move the framework forward, locally. We aim to ensure Executive buy-in to this work through the implementation of RBA and SIPPs training to senior leaders from across health and social care.
- **Exit Strategy:** It is our intention to work collaboratively with our Regional Evaluators, IPC in order to complete the required programme Exit Strategy. This Exit Strategy will consider medium to

longer-term priorities for transformation, together with how this change can be mainstreamed. This report is to be submitted to Welsh Government by the end of September, and so will need to be a priority for the Community Services Transformation Board, and AISBs.

- **Future of Community Transformation, Workshop:** A regional partnership workshop to take stock of the programme and agree the longer-term vision for change was due to be held in June 2020. This will now be held in January 2021 in order to celebrate the work of the programme to date as well as to provide wider stakeholders to collaborate on the future development of the programme and help set priorities for change. The information gathered from this conference will be used to develop a regional strategy that will set the direction of travel for the coming 2-4 years,

6.8 **Target 5: Agree National Evaluation in line with national requirements:** Following Welsh Government Guidance, we will continue to work collaboratively with IPC as our independent programme evaluators. However, the focus of their work will change to reflect the revised research questions issued by Welsh Government, as well as support the completion of a programme Exit Strategy.

6.9 **Target 6: Project activities to commence:** The work outlined below is not an exhaustive list of all activities that will take place over the coming months, rather they serve to highlight the range of activity being planned. It is important that following on from the Community Services Transformation Board meeting on the 21st July, that AISBs consider their programme plans in light of what is achievable with the resources available and give the reduced timescales.

- **Regional:** Work will continue in order to help publicise and raise awareness of the changes that the Community Services Transformation programme aims to achieve with regards the delivery of health and social care in North Wales. We will work collaboratively with Communication Teams within each of the 6 LAs and the Health Board. This will allow for regional messages to be adapted according to local communication channels.

Work will be undertaken to support the development of a model of social prescribing across North Wales that takes into account existing activity as well as considered emerging best practice. As part of this work, the programme teams will work with DEWIS Cymru to embed the portal within CRTs. Work will also be undertaken to review the Health Board's third sector contracts across the partnership, in order to enable areas of duplication or gaps to be identified. The intention is that this will feed into a longer-term piece of work to develop a shared outcomes framework and commissioning arrangements.

Work will also progress this year in order to design and deliver a programme of training on the social model of health to all CRT members. The purpose of this training programme will be to enable CRT staff, and health professionals in particular, to think outside of the established medical discourse.

Finally, there are monies set aside within the regional allocation, which has originally been set aside to support the development of digital and community assets. Discussions as part of the Community Services Transformation Board will help to agree whether this project remains a priority for investment, or whether the monies should be reallocated to another initiative, such as the CRT infrastructure work.

- **East Area:** Whilst delayed, work will continue in order to develop a health and well-being hub for central Wrexham, offering opportunities for partners to consider how this may support integrated working in the central locality. Work will also progress with regards to the development of a fully integrated SPoA in Wrexham. Work with Community Catalysts will continue in order to support the development of micro-care enterprises in an agreed number of localities in Wrexham.

Work will continue in year to expand the service offer in Flintshire in order to provide support to people living in the community with dementia at a time of escalating need. This year will also see work undertaken in order to expand the model of social workers within hubs, where impact can be demonstrated. This will be supported by the review and further development of community pathways for integrated health and social care provision. Finally, work will commence in order to further develop the evidence base of demand and the use of health and social care to support and direct further transformation.

- **Central Area:** Work to pick up elements of the Community Services Transformation programme have already started in some areas, this includes the work to establish CRT locality sites in Prestatyn as well as refurbishment work at Abergele clinic. Work will also be undertaken in order to continue the implementation of the Malinko scheduling system within the Rhyl CRT, prior to any analytical work being undertaken of the outputs and business benefits of the system. Work to initiate the research projects of Skills for Health and Grant-Thornton are underway. Project Boards for the Integration and CRT workstream are also re-starting.
- **West Area:** The West are looking to re-start all initiatives contained within their original plan. Whilst it is anticipated that there may be slight differences in the ways in which things are done, based on what's been learnt during COVID-19, the overall vision remains unchanged: fully functioning CRTs working as 'one team' giving focus to what matters to individuals, reducing bureaucracy and blurring roles and lines of accountability. However, some of the detail has changed: technology (the right equipment and software) was always a priority, but is even more so now. There are also some ideas that have arisen from the pandemic that are becoming new or higher priorities: utilising carers and other community staff to undertake basic observations on behalf of GPs, increasing the ratio of Occupational Therapists to Social Workers and ensuring a therapy-led approach to assessment, collaborating with mental health providers to deal with issues such as anxiety within population, looking differently at the well-being agenda and approaches to community resilience.

6.10 **Target 7: Agree operational structures and ways of working:** The development of integrated health and social care localities continues to be a priority for the programme. To help inform this work, and in particular the nature and scope of leadership within localities, we have commissioned and will continue to work with legal expertise in order to understand the legal basis for integration, and scope the variety of options for integrated locality-based working. This work is to be completed by November 2020, and will be taken to the Community Services Transformation Board for consideration. This work is expected to help inform partners decisions with regards how they take locality leadership forward in the medium-to-long term.

The ability to safely and appropriately share information between members of the CRTs is crucial to enabling effective integrated MDT working. Building on the work undertaken already to develop a regional Data Disclosure Agreement (DDA) to support information sharing for audit and research purposes, we shall seek to develop an Information Sharing Agreement for CRTs based on the

principles of parties being joint data controllers. This will need to be informed by an agreement over the nature of integration to be achieved by partners.

Infrastructure requirements to support information sharing is being taken forward via one of the agreed Pacesetter projects (South Wrexham locality). This work will help inform the infrastructure requirements. the Community Services Transformation Board will be required to agree whether to prioritise this area of development or whether to direct funding and effort to the development of a robust IT infrastructure to support CRTs.

- 6.11 **Target 8: Commencement of work on corpus of terminology:** Immediately prior to COVID-19 it was agreed that WG would directly commission the work to support this activity. This work will be picked up again and progressed in year.
- 6.12 **Target 9: Commence Telecare/ telehealth programme:** We will build on the success of the 'Digital Communities' initiatives that was launched across North Wales as part of our COVID-19 response, whereby IPads distributed amongst acute and community hospitals, hospices, care homes and supported living properties, in order to support virtual visiting during lockdown. The initiative will be rolled out to support people in the community who are at risk of social isolation. We will also work with the 'Attend Anywhere' initiative to look at ways we can digitally support people with chronic conditions to manage their health at home. Finally, training will be rolled out across CRTs. The purpose of this training is to help health, social care and third sector professionals to understand the role digital technology (including IPads, Alexa, Apps, Telehealth, etc.) can play in helping to improve people's independence, health and well-being, and helping them to feel confident in discussing potential solutions with people who have limited to no experience of such technology, as well as talking them through how to safely make use of the internet, including searching for information, using Skype calls etc.
- 6.13 **Target 10: Regional Design Principles to include outcomes:** Regional design principles have been developed and signed off by the Community Services Transformation Board, and will continue to be used to inform the way in which we develop services moving forward.
- 6.14 **Target 11: Develop local needs assessments and identify areas for development:** A regional template for the completion of Locality Population Needs Assessments has been drafted by colleagues in Public Health. Work needs be undertaken to complete this template for each of the Areas/ localities drawing on existing information. Once complete Areas/ Localities will be in a position to use the results of this work to help inform locality developments moving forward.

7. Requests for change

- 7.1 A re-profiled spend plan has been developed in partnership with Area programme and finance leads, and was submitted to Welsh Government together with an Update Report on 10th July. Within this revised spend plan was:
- A request to carry forward 2019/20 underspend
 - A spend projection for the remainder of 2020/21, which confirmed that a balanced budget would be achieved at the end of the project term.
- 7.2 There is a considerable amount of work to be done both regionally as well as at an area level in order to monitor progress against this spend plan. Partners will need to be realistic about any potential underspend by September, so that an agreed way forward can be established.

8. Key risks and issues

- 8.1 The Programme Risk Register has been reviewed in order to reflect the current programme position, with regards COVID-19 and the impact this has had on spend and timescales.

Risk Description	Consequence	Initial Risk Level	Control Action(s)	Residual Risk Level
There is a risk that the programme will be underspent as a result of there being less time to deliver against the original project and spend plans. Partners therefore need to be realistic about what can be achieved within the timescales, and adjust their project and spend plans accordingly.	It is anticipated that any underspend declared as part of the Quarterly monitoring returns, will be clawed back by Welsh Government	B3	<p>AISB's to review programme and spend plans asap in order to assure themselves of what can be achieved within the timescales.</p> <p>Monthly meetings with area programme leads will proactively identify progress against spend. Issues will be escalated up through the AISB.</p> <p>Central Area to consider alternative approaches to filling vacant PM posts and whether commissioning expertise is a viable alternative to recruitment in some circumstances.</p> <p>East Area to agree alternative spend plan in event that other funding can be used secured for beds</p>	D4
Because Programme and Project Managers were re-deployed to support the COVID response, there is a risk that area Transformation Teams will take time to re-establish themselves.	Failure to have programme teams in place asap will impact significantly on programme delivery and will mean that in-year outcomes will not be achieved.	C2	The Leadership Group must agree a date for the formal commencement of the Community Services Transformation programme, and ensure that all project members are redeployed back into their transformation roles.	D4
There is a risk that the programme will be halted again in the event that Wales / the UK experience a second wave of COVID-19	In the event of a second-wave it is likely that project team members will again be re-deployed to support. This would significantly impact on programme delivery in the short-term	B2	One of the tasks of the CST Board on the 21 st July will be to identify those areas of work that must be continued even if there is a second-wave	B3

9. Lessons report

- 9.1 **Reflections from National Social Services Meeting:**

<p>Strengths</p> <ul style="list-style-type: none"> ▪ Partnership working – local/regional/national ▪ Cross authority collaborative working ▪ Complementary not competing/shared aims ▪ Sharing best practices ▪ Better integrated working ▪ Less bureaucracy but retained governance ▪ Able to make decisions quicker ▪ Staff – agile and willing to work remotely ▪ Improved amounts of data ▪ Technology – allows us to work remotely ▪ Willingness of staff to be deployed ▪ Strong support from voluntary sector ▪ Good relationships with providers ▪ Improved public perception of the value of social care ▪ Strong awareness of sector (reference Rhod Gilbert show) ▪ Currently able to recruit 	<p>Weaknesses</p> <ul style="list-style-type: none"> ▪ Veracity of data (deaths etc) ▪ PPE – conflicting advice on PPE usage/quality concerns/supply and delivery issues ▪ Lack of knowledge of virus ▪ Testing – differences in sectors/delivery/results ▪ Why aren't transmission rates considered in dom care ▪ Policy changes ▪ Policy disparities (England and Wales) ▪ Confusion over testing ▪ Concerns over PPE ▪ Fears over deployment ▪ Lack of staff knowledge of new roles ▪ Safeguarding particularly for children's and domestic violence – what will it look like post Covid-19 ▪ Pay structure for care staff ▪ Increased requirement ▪ Demand for mental health services
<p>Opportunities</p> <ul style="list-style-type: none"> ▪ Increasingly agile workforce ▪ Look at how we can use the data ▪ Cost savings (property, expenses) ▪ More flexible workforce ▪ More employed in sector (long standing concern) ▪ Appreciation of colleagues/management ▪ More empathy for other organisations ▪ More understanding of your organisation/culture by deployed staff ▪ Is there an opportunity for a National Social Care Service encompassing Health? ▪ Peer reviews to assess performance ▪ Look at ways we deliver / less emphasis on perfection more on delivering best we can ▪ Opportunities to capitalise where economy is weaker – i.e. Use staff who would look to tourism in care work ▪ Foundation economy 	<p>Threats</p> <ul style="list-style-type: none"> ▪ The Economy ▪ Recession/no certainty that this sector is sector is fireproof ▪ When services reopen what will they look like ▪ Budget constraints ▪ Have to starting paying again for PPE ▪ Will residential care look to community residential? ▪ Sustainability of care home sector/loss of the market ▪ Increased need for rehabilitation services ▪ Reduction in services/less demand ▪ Loss of staff ▪ New staff leaving because of pay ▪ Financial hardship (staff and sector) ▪ Anxiety/uncertainty (possible second surge) ▪ What post Covid-19 will look like ▪ Some staff may not wish to return to old roles ▪ Losing staff goodwill ▪ Mental health issues/staff burnout ▪ Increased poverty/increased requirement for supporting housing

9.2 **Reflections from Central:** A number of important lessons have been learnt, which partners are keen to build upon and learn from so as to help shape how as partners we move forward. Some of these lessons learnt include

- Having one point of contact for each of the clusters/ CRTs as a 'go to' has worked incredibly well – that go to person has been the link to the area so escalating issues/ concerns and feeding back to the meetings so all members hear the same message
- Also having one point of contact has worked well as the focus of that person is that locality – so is done well as opposed to dipping in and out – this would really support development of localities in the future I feel
- Having a daily call (now reduced to weekly) with ALL service areas represented has benefited teams in the localities to really build some solid relationships and they now know a point of contact across a wide range of service areas
- Having the forum to discuss staffing issues, resources, other issues has worked well and provided the opportunity for other services to pull together to approach issues as an area
- Not everyone needs to be in the same base to have a CRT – this has been evident that the daily calls have worked really well and that virtual meetings have been successful for keeping in contact therefore a consideration may be a new model for the future where everyone uses the CRT base as a hub as opposed to a fixed desk – this would provide the opportunity to extend the CRT so others who were not in CRTs prior could be offered hot-desking facilities in the CRTs if needed

9.3 **Reflections from West:** Overall priorities have remained unchanged i.e. fully functioning CRTs working as 'one team', giving focus to what matters to individuals, reducing bureaucracy and blurring roles and lines of accountability etc. However, some of the detail has changed: technology (the right equipment and software) was always a priority, but is even more important now, viewpoints regarding the importance of a physical shared space to create a team are shifting. There are also some ideas that have arisen from the Covid pandemic that are becoming new or higher priorities : utilising carers and other community staff to undertake basic observations on behalf of GPs, increasing the ratio of occupational therapists to social workers and ensuring a therapies-led approach to assessment, collaborating with mental health providers to deal with issues such as anxiety within the population, looking differently at the 'wellbeing' agenda and approaches to community resilience.



Cyfarfod a dyddiad: Meeting and date:	Strategy, Partnerships and Population Health Committee						
	13.8.20						
Cyhoeddus neu Breifat: Public or Private:	Public						
Teitl yr Adroddiad Report Title:	North Wales Together: Seamless Service for People with Learning Disabilities Strategy 2018-2023: Programme response to Covid-19: Highlight Report and Recovery Plan						
Cyfarwyddwr Cyfrifol: Responsible Director:	Lesley Singleton Acting Director Mental Health and Learning Disabilities						
Awdur yr Adroddiad Report Author:	Will Williams (Interim Head of Operations LD) & Nichaela Jones (Head of Nursing)						
Craffu blaenorol: Prior Scrutiny:	Learning Disability Senior leadership Team						
Atodiadau Appendices:	1. Project highlight report. 2. BCUHB LD SOP phase 1.						
Argymhelliad / Recommendation:							
The Committee is asked to approve the updates aligned to the Learning disability strategy to enable the BCUHB to continue to work alongside partner agencies, including the 6 Local authorities to ensure delivering on the recommendations outlined within the LD strategy							
Please tick as appropriate							
Ar gyfer penderfyniad /cymeradwyaeth For Decision/ Approval		Ar gyfer Trafodaeth For Discussion		Ar gyfer sicrwydd For Assurance	X	Er gwybodaeth For Information	X
Sefyllfa / Situation:							
<p>Due to the Covid 19 response the transformation team who are supporting the implementation of the LD strategy were redeployed to other areas. Local authorities and BCUHB agreed to support this at the time. Aligned to phase 2 planning the members of the transformation team has started to support the refocus on progression of the key areas of the Learning Disability strategy to support establishment of business cases for change.</p> <p>During this period and in response to Covid-19, the BCUHB learning disability services alongside the MHLDD division also developed a specific Learning Disability Standard Operational procedure to support continuity of care for people in North Wales.</p>							
Cefndir / Background:							
<p>The North Wales Regional Partnership Board (RPB) has written the Learning Disability Strategy which sets our plan to improve services for people with learning disabilities across North Wales. <i>North Wales Together</i> is a partnership of six local authorities and Betsi Cadwaladr University Health</p>							

Board who are jointly implementing the strategy through the *Seamless Services for People with Learning Disabilities* Programme. Due to the response to Covid 19 the transformation team members/ the local authorities and BCUHB staff were redeployed into key clinical areas to support. This impacted on progression of some of the work streams. However, during this time 3 main areas continued to be progressed with the Learning Disability Senior leadership team's continued support that added value to the covid 19 responses.

This included:

1. Programme and Get Checked out North Wales websites
2. Learning Disability Transformation Fund: small projects
3. New activity in response to Covid-19 emergency measures

Asesiad / Assessment & Analysis

Strategy Implications

The 3 areas that continued to progress as noted above:

1. Programme and Get Checked out North Wales Website: was launched end of May. It contains a range of public health information for citizens and for professionals in accessible formats and is aimed at empowering citizens to have control of, and a say in, their own health and wellbeing. It also serves to provide professionals and other health and social care workers with access to bilingual information and resources on making reasonable adjustments. It will have a dedicated space for Covid-19 information.
<https://www.getcheckedoutnorthwales.org/>
2. Learning Disability Transformation Fund: small projects: out of the original 52 pilot projects 24 are continuing to be developed. The projects are fundamental to supporting people with a learning disability to transform their lives.

Small Projects examples:

- **Tech Library** Technology has quickly become a priority and key enabler. We are working with Digital Communities Wales to get the library up and running thereby allowing citizens who need to borrow IT equipment to enable them to get online and participate in the projects we are funding/ supporting. The team is also working with ICF budgets in specific areas to secure, disseminate iPads to individuals and project teams, and will continue to encourage and enable their use.
- **Assistive technology** is progressing. Looking at the use of Alexa and Multi Me are examples. This is a social media app that supports a new, innovative and safe way for individuals to have control over their own support.
- **I-Team (Flintshire, Wrexham, Denbighshire and Conwy).** (supports individual's to build up their own teams)
- **Family Transition Project Coordinator (Central).** The role has a strong focus on empowering families and tapping into community assets from a health, social care and third/voluntary sector perspective.
- **Makaton Choir (central):** The choir, run by Conwy Connect, has now gone virtual and the membership is growing.
- **Outside Lives (Regional):** Outside lives runs various working groups which co-produce activities and events (e.g. theatre, music, wildlife, conservation etc.) around particular themes.
- **Here2There (Flintshire):** H2T is a web-based App that allows the individual and those supporting them to create an initial profile of their strengths, desired future and what is important TO and FOR them.
- **Planning for the Future/ Carers Outreach (West):** Our West link officer actively exploring continuation of project virtually with carers along with a virtual support forum.
- **Gig Buddies:** Additional funding agreed and discussions taking place with LD Wales to ensure this project can be funded and progressed despite lockdown and in a virtual manner.
- **TAPE film making projects** these have commenced and are being progressed as a suite of projects to facilitate co-production. The first pre-production meeting will take place before the end of May.

3.New activity in response to Covid-19 emergency measures

Some new Activity in response to Covid-19 emergency measures

- **North Wales Learning Disability Participation Group** In partnership with North Wales Advocacy Association and Conwy Connect, the team has supported the Participation Group to continue to meet virtually and to build the capacity of the members to become familiar with using technology. **All Wales People First**, the national body for self-advocacy, have connected with this forum and are looking to support and share the approach across Wales.
- **Rainbow Card.** The card was support by BCUHB and the LA's This is a card that families and carers supporting individuals with a learning disability and/or autism can show the police when they need to travel outside their area and/or need to exercise more than one time a day to maintain wellbeing. PHW were also supportive of this.
- **GP cluster links strengthened.** All BCUHB community LD teams have identified a key link.
- **Demand and capacity:** BCUHB review this daily through safety huddles to support staff being redeployed into the correct areas.
- **Health Liaison:** Primary liaison nurse and health care support worker recruited to post to support uptake of annual health checks funded by WG.
- **Staff wellbeing :** identified psychological support has been available to all LD staff throughout the covid 19 pandemic. This has included skype team and 1:1 talks. Additional reflect and de brief sessions have been facilitated following patients passing away. Wellbeing hub is also being developed on site in BYN.
- **Partnership working:** we initially met with 6 LA's and BCUHB LD senior leadership team and then this has reduced to fortnightly to support consistency of approach and enable joint working throughout the pandemic. During this a joint paper was developed to support Discharge planning from Hospital
- **Development of Learning Disability services specific SOP in response to covid 19.** To ensure continuity of care; support cohorting of patients when required within our inpatient services.

We have also met as partnership team to review priorities aligned to the original workstreams:

- **Technology development:** a digital strategy will be developed and continued pilots across regions.
- **Community and culture change activities.** Gig buddies, those projects that have been funded as small projects (Outside Lives, I teams and circles of support, etc.)
- **Commissioning and Procurement:** The programme will continue to pursue the regional accommodation planning post. Joint commissioning pilots continuing.
- **Workforce Development** Support with the development of the Values video being coproduced by TAPE and Hijinx. Development of the e-learning module to support learning disability awareness. Continue to support with the on-going development of the "get checked out" website. Fund and progress Positive behaviour support and Active support training (first level) online. AS community of practice work to be progressed. The work stream lead will take it online and develop the community of practice digitally.
- **Integrated Structures.** Business case development to support potential new assessment and treatment unit for Bryn Y Neuadd. Support of pooled budget pilot and development of the pooled budget resource pack.

Financial Implications

The scoping and planning of accommodation is in the early stages and possible projects:

- Pooled budget (pilot site to be Ynys Mon and BCUHB) section 33 to be agreed by all agencies.

- Joint commissioned accommodation between Local authorities and BCUHB supporting a regional approach to enable repatriation.
- Inpatient review could lead to new build for assessment and treatment unit.

Risk Analysis

The significant risk within the strategy is that either partner (BCUHHB or LA) do not continue to support the implementation of agreed work streams.

Legal and Compliance

Section 33 will require legal scrutiny prior to sign off to enable the pooled budgets / joint commissioning project to progress.

Impact Assessment

Due regard is being taken to ensure continued equality is not impacted throughout this strategy.

Appendices:

1. Project highlight report.
2. BCUHB LD SOP phase 1.

North Wales Together: seamless service for people with learning disabilities

Programme response to Covid-19: Highlight Report and Recovery Plan

Updated Draft. May 2020

1. Introduction

This report provides an overview of the LD Transformation Project's continuity response to Covid-19 measures for North Wales in order to demonstrate how the programme has added value. It concludes in Section 9, with a proposal for a **Recovery Plan** in line with the Covid-19 Key Planning Guidance (Version 1.0 Issued 4th May 2020). It is becoming increasingly clear that the community activity and technology elements of the programme are providing significant benefits to citizens and their families across the area. It is also clear that people with Learning Disabilities are being significantly affected by the Covid 19 pandemic.

2. Recommendations.

The Leadership Group agrees that

1. The LD Transformation Programme needs to refocus, with maximum efforts to progress key areas of work, in the last 6 months of the calendar year 2020, where there is an established business case for change.
2. A many of the team as possible are released back to the LD programmed on the 1st of July, to allow maximum progress to be made in the last 6 months of the project , including effective evaluation
3. That the LD Programme is acknowledged and recognized as a key part of both the Response and Recovery phases of Covid management, to support a particularly vulnerable group of our citizens in north wales.
4. Leadership Group acknowledges the urgency and importance of the proactive work being carried out by the team to ensure further transformation by the end of the Programme in March 2021.

3. Background.

- 3.1 During this challenging time, those members of the team that remain in place have been busy ensuring that as many elements of the programme as possible can continue to be developed and/or delivered. Only a third of the team remains whilst other colleagues have returned to operational work to support the emergency responses to the virus.
- 3.2 Salaries for those staff who have returned to operational work continue to be paid via the Transformation budget.
- 3.3 The role of Assistive Technology in enabling this progress has been essential along with the creativity and adaptability of both the team and our network of partners/ providers.

3.4 All of the activities being progressed have been assessed as adding value to the Covid-19 response. This does mean that some of work planned has been put on hold temporarily, in particular where this would require direct engagement with health and social care colleagues.

4. Highlights of Current Programme Delivery

4.1 The next section of the report presents a *sample* of current programme delivery. It focuses on 3 main areas which the team identified as priorities for the programme during lockdown:

- Programme and Get Checked out North Wales websites
- Learning Disability Transformation Fund: small projects
- New activity in response to Covid-19 emergency measures

5. Programme and Get Checked out North Wales websites

5.1 Early launch of programme website: in the window leading up to lockdown in North Wales, the team made a concerted effort to finalise and launch the English version of the Programme website. Following lockdown, the skeleton team completed the Welsh version which is also now live. The website includes a dedicated section for Covid-19 information and resources relevant to people with learning disabilities and is a repository for good quality and officially approved information.

5.2 Get Checked out Website. Will be launched at the end of May. The team remaining has prioritised getting this up and running. It will contain a range of public health information for citizens and for professionals in accessible formats and is aimed at empowering citizens to have control of, and a say in, their own health and wellbeing. It also serves to provide professionals and other health and social care workers with access to bilingual information and resources on making reasonable adjustments. It will have a dedicated space for Covid-19 information. The website has been modeled on (with their permission and assistance) Get Checked out Leeds in a collaboration between the Transformation Team, the Leeds Health Facilitation Team and local representatives from Public Health Wales and the BCUHB Health Liaison Team
<https://www.getcheckedoutleeds.nhs.uk/>

6. Learning Disability Transformation Fund: Small Projects.

6.1 In total, funding was awarded to 52 pilot projects in January 2020. Following a value-added review, **24 projects** are continuing to be either developed and/or delivered. The majority of the remaining projects are *on hold* but with a view to becoming operational later in the year.

6.2 These projects are fundamental to enabling the team to continue to transform the lives of people with learning disabilities.

6.3 Specifically, they are helping the Programme to deliver on a number of key outcomes that have become even more critical to citizens and carers during the Covid-19 emergency response:

- More people with learning disabilities and their parents/carers will be using technology and feel positive about the impact it is making on their lives.
- Improving (virtual) access to activities and support in the community (reducing reliance on specialist services).
- Maintaining people's health and wellbeing through reducing social isolation, boredom and loneliness, and providing access to regular routines and social networking.

6.4 The following is a sample of these projects:

- **Tech Library (regional).**

Technology has quickly become a priority and key enabler. We are working with Digital Communities Wales to get the library up and running thereby allowing citizens who need it to borrow IT equipment to enable them to get online and participate in the projects we are funding/ supporting. The team is also working with ICF budgets in specific areas to secure, disseminate iPads to individuals and project teams, and will continue to encourage and enable their use. This is a direct response to the statement that people with LD cannot access technology as they have no equipment with which to do so. Part of this task has also included the identification of buddies across partners to support with set up and the development, adoption and dissemination of bilingual easy read guides.

- **Assistive Technology.**

Wrexham is continuing to progress a number of their tech pilots e.g., Multi Me, Alexa, My Home Helper.

- **Multi Me (East and with potential to be regional):**

This is a social media app that supports a new, innovative and safe way for individuals to have control over their own support. The app helps develop a safe platform for individuals to build their own social network of friends and access activities in the community. Wrexham are proceeding with their pilot. We are actively looking at *scaling up* this up due to the key role it can currently play. Champions are being trained from across North Wales to promote and cascade and other projects are linking in such as the Family Transition Coordinator and Outside Lives. The first training session for champions has been held. Link officer for West bringing in **Mantell Gwynedd**.

- **I-Team (Flintshire, Wrexham, Denbighshire and Conwy).**

I-Team aims to help people to build their own I-Teams (update on circles of support), made up of friends, family & associates. This has been adapted to be delivered virtually. 6 sessions have run thus far with 31 people involved to date.

- Though not funded by the LDTP, the team has supported **Flintshire's DO-IT's Brew-IT** to continue to meet via ZOOM. This has been a lifeline for a number of individuals who are regular attendees. They have now meet via video for 6 sessions with an average attendance of 10 people – this was featured as a good news story in the **Flintshire Leader**.

- **Family Transition Project Coordinator (Central).**

The Coordinator is now in post (employed by Conwy Connect). Her role is to work alongside the Denbighshire and Conwy CALDS Team to support young people and families attending specialist schools to successfully transition from secondary school. The role has a strong focus on empowering families and tapping into community assets from a health, social care and third/voluntary sector perspective. Using ZOOM, Skype, Facebook, Conwy Connect networks, the Coordinator is rapidly adapting the delivery of this project and is linking in with the Participation Group, training to become a multi-me champion as well as making links with other funded projects.

- **Makaton Choir (central):**

The choir, run by Conwy Connect, has now gone virtual and the membership is growing. This has been a fun and very accessible activity for individuals and families to engage in during self-isolation. Their sessions have also increased in frequency.

- **Outside Lives (Regional):**

Outside lives runs various working groups which co-produce activities and events (e.g. theatre, music, wildlife, conservation etc.) around particular themes. Proposal is specific outreach (and associated training) to people with LDs, to join in inclusive groups and develop inclusive community activities. There is a 12 week virtual plan in place to commence after Easter that will see the core themes of project such as wild tribe, theatre, art box & foodies move to a YouTube channel.

- **Here2There (Flintshire):**

H2T is a web-based App that allows the individual and those supporting them to create an initial profile of their strengths, desired future and what is important TO and FOR them. This is being progressed in Flintshire by the lead for Commissioning and Procurement who has returned to his substantive post (temporarily) in supported living. The project has commenced.

- **Planning for the Future/ Carers Outreach (West):**

Our West link officer actively exploring continuation of project virtually with carers along with a virtual support forum.

- **Gig Buddies:**

Additional funding agreed and discussions taking place with LD Wales to ensure this project can be funded and progressed despite lockdown and in a virtual manner.

- **TAPE film making projects**

These have commenced and are being progressed as a suite of projects to facilitate co-production. The first pre-production meeting will take place before the end of May.

7. New Activity in response to Covid-19 emergency measures

7.1 North Wales Learning Disability Participation Group

In partnership with North Wales Advocacy Association and Conwy Connect, the team has supported the Participation Group to continue to meet virtually by Zoom and to build the capacity of the members to become familiar with using technology.

This has had a ripple effect – over 3 sessions run they have engaged 15 people with a new member joining each week. This has always been a key forum for the programme, and its continuation enables us to formally consult, engage and co-produce with people with learning disabilities.

All Wales People First, the national body for self-advocacy, have connected with this forum and are looking to support and share the approach across Wales.

7.2 Getting citizens online:

The team has supported two of its members, James and Shell, who are part of the project board, to draft a letter to provider organisations urging them to support people to get online and importantly, access Wi-Fi in their accommodation. This was an issue flagged up as a concern when they became aware that a member of the group was unable to access the internet in their own home.

7.3 Interview with North Wales TV.

This was organized by Bev Futia and provided a great opportunity to share the work the project is continuing to do and the benefits to citizens and families. Interview can be found on our Facebook page <https://www.facebook.com/107848050620521/videos/220213265896126/>

7.4 Rainbow Card.

The card as designed by our Business Support Officer in partnership with Denbighshire Connect and Denbighshire County Council. This is a card that families and carers supporting individuals with a learning disability and/or autism can show the police when they need to travel outside their area and/or need to exercise more than one time a day to maintain wellbeing. North Wales Police, Flintshire and Ynys Mon County Councils are on board with this development and it is being promoted across areas of North Wales that have adopted the card via partner organisations, social media, etc.

7.5 Virtual Network for funded projects and work stream groups.

Running networking opportunities for LDTP funded projects was part of our work plan. We will be progressing this using virtual methods to generate a support network, reduce duplication and

generate fresh/new ideas. There has also been a virtual continuation of the relationships and dating steering group.

7.6 Facebook.

The Facebook page for the project is emerging as a central and also impartial space to share all the good work happening across the region to enable people with learning disabilities to stay and/or get connected; as well, as official guidance on Covid-19 and how it affects people with learning disabilities. <https://www.facebook.com/LDTransformationInfo/>

8 Proposed recovery plan: key principles

8.1 The Covid-19 Key Planning Guidance (Version 1.0 Issued 4th May 2020) gives guidance around service planning across the Betsi Cadwaladr area and has been taken into account when considering a recovery plan for the North Wales LD Transformation Programme.

8.2 The main principles of the guidance are stated below in an edited form;

8.3 Plan for a high degree of uncertainty, with very short planning cycles and decisions potentially being adjusted frequently.

In practical terms this means:

- Work streams should be clear how quickly additional capacity can be stood up and down in response to changes in covid-19 demand, and should take steps to maximise this flexibility.
- There should be short-term plans for increases in elective work, mindful when selecting that work it might need to be stopped at short notice.

8.4 Plan for a longer, lower period of demand between now and the autumn, rather than for a very high spike in demand in the next few weeks.

8.5 Plan for Covid-19 demand to last into next year, and for the potential of future waves.

8.6 Be aware of the potential for a very large spike in demand.

9 The Recovery Plan: key phases

9.1 The proposed recovery plan is made up of 4 phases:

- Phase 1: planning and preparation
- Phase 2: return of programme team
- Phase 3: review of programme plan, budgets and priority areas
- Phase 4: commencement of delivery of revised programme plan and evaluation

9.2 As noted above, progress through each phase and thus timescales, needs to be flexible to accommodate both the current demands on operational services and the potential for future spikes in demand.

9.3 The table below sets out the details of the phases of the recovery plan. The time period of the plan roughly covers the period June to September again dependent on operational pressures.

Phase 1: planning and preparation	Actions	Transformation Leads
4 weeks	<ol style="list-style-type: none"> 1. Develop robust risk assessments and new methods of working <ul style="list-style-type: none"> • To enable the team's work plan to continue in a virtual or socially distanced way for the duration of the programme. This will include consideration of team members working from home (sometimes with school age children) in line with Local Authority policies. 2. Initiate process for return of programme team <ul style="list-style-type: none"> • This will be undertaken using a bespoke approach for each team member and in discussion with their current managers. • An appropriate lead in time for the return of each team member will be negotiated and a flexible approach applied e.g., a blended or phased return etc. 3. Contingency Plans <ul style="list-style-type: none"> • Develop contingency plans for each individual staff member. This will allow for their rapid recall to identified operational (frontline) work should there be a spike in cases. • This will be undertaken in consultation with operational managers and will include the identification of appropriate triggers, a value-added assessment and agreement of how salaries will be funded should staff be recalled. • The plans will also cover maintenance of a 'skeleton' team and programme priorities. 	Kathryn Whitfield Bev Futia Kim Killow
Phase 2: Return of programme team	Actions	Transformation Leads
4 weeks	Return of team members to transformation <ul style="list-style-type: none"> • Depending on an assessment of pressures within the teams to which they have been deployed but with goal of return of full team by September 2020. • Ideally all team members need to return to their seconded posts. There is however, a particular 	Kathryn Whitfield Kim Killow Bev Futia

	<p>need to progress the following work in order of urgency:</p> <ol style="list-style-type: none"> 1. Technology development across the region is critical particularly in light of the need to plan for future waves of Covid-19. Citizens and carers have already benefitted from support to access online and virtual opportunities but this needs to be scaled up. This work will include the resumption of the development of a digital strategy for people with LD across the region. 2. Community and culture change activities (for the same reason as noted above). The ongoing delivery of this work stream is key to supporting the long term health, wellbeing and individual development outcome plans of citizens in a context where we need to plan into next year and beyond for spikes of Covid-19. This requires the programme to plan a medium-term response to allow this work stream to be progressed. 3. Commissioning and Procurement work particularly in the central area. Essential elements of this are still being progressed by the lead for the Central area who is currently re-deployed. Additional capacity to progress this is key combined with identifying safe and effective methods to continue co-production with citizens, families and carers. 	
Phase 3: review of programme and priorities	Actions	Leads
4 weeks	<ol style="list-style-type: none"> 1. Rapid review <ul style="list-style-type: none"> Complete a rapid review of work stream plans and associated budgets and present a revised programme plan to the Programme Board, LD Partnership Group, and participation group for agreement. And, complete a rapid review of evaluation framework and associated targets and outcomes and present a revised framework to the Programme Board, LD Partnership Group, and participation group for agreement. With RPB and other transformation programmes, agree approach to ongoing dialogue with Welsh 	Kathryn Whitfield Programme Team

	<p>Government regarding programme timescales and funding</p> <ul style="list-style-type: none"> Assess and set up appropriate online platforms for the team to use with different stakeholders <p>2. Focus of ongoing work:</p> <ul style="list-style-type: none"> ✓ Areas of work that have emerged as significant following the Covid 19 outbreak, e.g. technology support, reducing isolation, citizen networks and support for carers together with sustainability/ back up plans if leads require to be re-deployed; ✓ Creative adaptation of project delivery that enables key outcomes to still be achieved but in a different way in order to enable citizens and carers to engage safely and meaningfully. This may require 'outputs' to be delivered differently (e.g., online) but which are aimed at achieving the same impact. ✓ Elements of the work that can be progressed without the need for excessive service input (e.g. already identified policy and procedure work in preparation for future pooled budgets, cross county agreements, future identified planning work in relation to commissioning etc.); ✓ Ongoing coproduction of resources (in a virtual way if necessary); refocused allocation of resources in line with the amended work streams including development of resources around the values, posters, documentation on values based recruitment. ✓ Support with the development of the video being produced by TAPE and Hijinx. ✓ Development of the e-learning module. ✓ Expand the marketing resources via "we care" ✓ Continue to support with the on-going development of the "get checked out" website. ✓ Look at how we market the "get checked out" website to GPs – mass post out of flyers etc. ✓ Fund and progress PBS training (first level) as that is online for now with a view to developing further when ok to do so. 	
Phase 4: Re-commencement of Transformation Programme	Actions	Leads
4 weeks	<ul style="list-style-type: none"> Full programme team in place and programme delivery operating at scale. 	Kathryn Whitfield

	<ul style="list-style-type: none">• Re-commencement of evaluation in line with RPB and other transformation programmes.	Programme Team
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Betsi Cadwaladr
University Health Board

Betsi Cadwaladr University Local Health Board (BCULHB)

MH/LD Divisional Response Plan to COVID19

Learning Disability Services Operational Plan

Responsible Manager: Head of Operations and Service Delivery Carole Evanson

Issue: Final V 5

Date: 20th April 2020

Review: At daily safety huddle.

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Learning Disabilities Novel Coronavirus (COVID19) Operational Plan

1. Introduction and Context

This plan should be read in the context of the overarching BCUHB plan for COVID19 and the BCUHB Pandemic Flu Tactical Plan, and enacted immediately and measures need to be undertaken in light of the evolve coronavirus outbreak.

<http://howis.wales.nhs.uk/sitesplus/861/document/455704>

The plan covers the following services across North Wales:

- Learning Disability Inpatient Service
- Enhanced Community residential Services
- Community Learning Disability Services:

The plan is aligned to the advice as released from public health wales and Public Health England.

Will cover:

- Managing Capacity and demand in inpatient; community Learning Disability services and Covid 19 +VE
- Management of suspected Covid 19 cases in an inpatients.
- Shielding patients.

2. Considerations for all LD services:

Principles:

Duty of Care

The principles of duty of care in line with the MCA (2005), MHA (1983), Social Services and Well Being (Wales) Act 2014 to include Part 7 Safeguarding continues to be adhered to within each service and also takes into account the amendments in law (Coronavirus Bill (HC Bill 122). This continues to ensure the delivery of safe and compassionate care within our services.

https://publications.parliament.uk/pa/bills/cbill/58-01/0122/cbill_2019-20210122_en_11.htm#sch7

There are some general principles that will inform the response as a learning disability service:

- People with a learning disability should receive the same degree of protection and support with managing COVID-19 as other member of the general population.
- In preparation of response to COVID-19 there may be a need to make difficult decisions in relation to capacity and demand. The decisions will be based on clinical need (inclusive of physical health), risk and patient/service users safety.
- Partnership working in key at this time. To ensure maximisation of the community facilities and resources.
- Maximisation of telehealth and digital technologies to maintain continuity of care where patients/ service users are required to isolate and in response to reduced staffing number.
- Health Liaison to continue to support individuals who are admitted to district general hospital's. Ensuring that the clinical frailty score is not used for people with learning disabilities. All decisions regarding appropriateness of any admission to hospital and for assessment and treatment for people with learning disabilities are made on an individual basis and in consultation with family/carers. (<https://www.england.nhs.uk/coronavirus/wp-content/uploads/sites/52/2020/04/C0166-Letter-DNACPR.pdf>)

Maximising Capacity:

On developing the plans to maximise capacity within learning disability services, it is necessary to consider:

- Risk formulation. The use of risk registers, and using the principles aligned to RAG rating. To establish who is most at risk of placement breakdown and at risk of physical and mental health deterioration.
- Flexibility of redeployment of the workforce across learning disability services.

- Utilising LD workforce from Complex needs service to provide additional capacity to community teams to maintain community presence and support prevention of hospital admissions
- Ensuring capacity via in reach support from commissioners to inpatients to support discharge
- Working with partners to support workforce solutions.
- Utilising technology to support remote access.
- Pooling resources across community learning disability teams and inpatients services.
- Releasing appropriately skilled staff from corporate functions to enhance clinical capacity
- Partnership working with the voluntary and community sector to support NHS service delivery

Training and upskilling staff:

- Appropriate back to the floor training is identified and completed by all identified LD staff. Including all training to support redeployment of staff into key clinical areas.
- Staff mapping to clearly identify staff via RAG rating to ensure timely redeployment into the identified areas.
<http://howis.wales.nhs.uk/sitesplus/861/page/78054>

Use of Digital Technology:

- All Teams are to maximise the use of digital and virtual IT systems to manage the impact of self-isolation on staff and patients. For example, where it is not possible to carry out home visits (eg because a patient may be self-isolating due to symptoms of COVID-19), care contacts may need to take place on the phone or through Tele health (skype). As far as possible, clinical teams should seek to discuss with patients and families/carers in advance about suitability and willingness to engage via different means of contact.
- The use of messaging and video conferencing (with appropriate information governance (IG) is to be encouraged in the context of social distancing.
- BCUHB GDPR and latest Information technology advice should be adhered to.
- All areas have mapped out equipment required for staff to work from home at this current time.

Personal Protective Equipment (PPE)

- PPE – basic equipment will be available to all areas. (aligned to the latest Public Health Wales/ BCUHB and Government advice). *(<http://howis.wales.nhs.uk/sitesplus/861/page/78187>)
 - Covid PPE will be provided to all areas. Aligned to Infection Prevention Control advice.
 - Staff will be trained in Fit testing equipment.
 - Grab bags with all relevant PPE to enable CPR will be available to all areas.
- (See Appendix 1 for guidance on PPE)**

**PPE – staff will follow latest guidance at all times (<http://howis.wales.nhs.uk/sitesplus/861/page/78187>)*

Putting Things Right/ Safeguarding

Putting Things Right and Safeguarding remains a priority and if safeguarding concerns or issues are raised, we would expect these to be prioritised and managed in the same way as usual. The guidance has changed aligned to what is reportable to Welsh Government at this time. These processes will be implemented fully.

- If there is a need to complete welfare visit's, those involved would follow the recommended process for ensuring this remains as safe as possible to prevent transmission of Covid 19.

Staff Wellness

Staff working in Learning Disability Services can continue to access support from existing structures available to all BUCHB employees (for example, Occupational Health, resources on BCUHB Intranet). In addition the LD Clinical Psychology Department will provide additional support in the form of:

- One to one contacts with individual staff members
- Providing support to Managers
- Undertaking (delegated) welfare checks with staff who are isolating
- Providing literature and signposting to resources

In the first instance a given Team will be provided support from their Team Psychologist, however, mechanisms are in place should an individual wish to speak to a different Psychologist. The Head of Adult Learning Disability Clinical Psychology will coordinate

requests relating to the latter, and is also a point of contact to all Teams when the team based Psychologist is not available (e.g., because of annual leave, sickness absence).

Teams that do not have a Clinical Psychologist (e.g., Health Liaison) will be provided support by the Head of Adult Learning Disability Clinical Psychology.

Support can be accessed via the Line Manager, or by contacting the Psychologist directly. Contact telephone numbers and support structures will continue to be circulated to Teams to ensure staff can access support in a timely manner.

3. Social distancing:

All advice and guidance to be adhered to. Those staff who are required to self-isolate due to the following criteria:

Criteria for Social Distancing:

- **70 years of age or over** (irrespective of medical condition)
- under 70 with an underlying health condition listed below (i.e. anyone instructed to get a flu jab as an adult each year on medical grounds):
- chronic liver disease, such as [hepatitis](#)
- chronic neurological conditions, such as [Parkinson's disease](#), [motor neurone disease](#), [multiple sclerosis \(MS\)](#), a learning disability or cerebral palsy
- [diabetes](#)
- problems with your spleen – for example, [sickle cell](#) disease or if you have had your spleen removed
- being seriously overweight (a BMI of 40 or above)

A robust risk assessment will be implemented for each identified staff member, and discussions whether it is possible to work from home.

If the staff member **wants to continue with your normal range of duties** or adjusted duties at work **this will be considered as long as there is an agreed risk assessment** and if clinical, **as long as PPE is in use for clinical activity** avoiding suspected or known COVID-19 patients. Please note this will only apply to staff who identify themselves as wishing to work their normal duties. Staff should not feel pressurised to consider this.

For example: administration; mandatory training; supporting other teams e.g. patient contact centres with remote access. All efforts will be made to ensure you are continuing to support work in an agile way, which could include alternative duties to those in your primary role.

4. Shielding guidance:

Welsh Government released guidance for shielding and protecting people defined on medical grounds as extremely vulnerable from coronavirus (COVID-19). The criteria for those patients requiring shielding is available on both the Public Health Wales website and Welsh Government.

People identified as requiring shielding will be sent a letter with advice on how to protect themselves and access the care and treatment they need during the COVID19 incident. This involves strict social isolation with no contact from the outside world beyond that absolutely necessary, for a period of at least 12 weeks; a move which will significantly impact quality of life, increase social isolation, and would not be without its own attendant physical and mental health risks.

Criteria for Shielding:

- Solid organ transplant recipients.
- People with specific cancers:
 - people with cancer who are undergoing active chemotherapy or radical radiotherapy for lung cancer
 - people with cancers of the blood or bone marrow such as leukemia, lymphoma or myeloma who are at any stage of treatment
 - people having immunotherapy or other continuing antibody treatments for cancer

- people having other targeted cancer treatments which can affect the immune system, such as protein kinase inhibitors or PARP inhibitors
- people who have had bone marrow or stem cell transplants in the last 6 months, or who are still taking immunosuppression drugs
- People with severe respiratory conditions including all cystic fibrosis, severe asthma and severe COPD.
- People with rare diseases and inborn errors of metabolism that significantly increase the risk of infections (such as SCID, homozygous sickle cell).
- People on immunosuppression therapies sufficient to significantly increase risk of infection.
- Women who are pregnant with significant heart disease, congenital or acquired.

Shielding plans for Inpatients

Patients identified as requiring shielding should be discharged home if it is appropriate and safe to do so. Those who are not able to be discharged and remain an inpatient within learning disability inpatients setting must be shielded as directed by WG. There is currently one gentleman identified as requiring this at this time. The process flow chart developed by the MHL D division will be implemented at all times. **(Appendix 2)**

A shielding care plan will be in place with the following detail:

- Name/ID
- Condition/s requiring isolation/shielding
- Isolation plan **(please refer to BCUHB Isolation Procedure IPC21)**
- PPE required for interventions - Standard Precautions outlined in procedure IPC21
- Communication of isolation plan with patient
- Identified barriers to isolation
- Management of barriers

Shielding plans for Community and ECRS:

Service users in the community requiring shielding should have received a letter from the NHS informing them they have been identified as someone at risk of a severe illness if they are infected with COVID-19. The letter will ask the patient to stay at home,

avoiding face to face contact with all people, outside of their household, for at least 12 weeks with the exception of carer's and healthcare workers.

The local MDT will further review the care plans and risk assessments to ensure alternative methods of care delivery are implemented.

The plan of care must identify the following information:

- Name, Address, ID, MH Diagnosis if applicable
- Service Required:
 - LD Care Coordinator
 - Consultant Psychiatrist review
 - Other types of review/treatment
- Date of MDT Shielding Planning meeting
- Outcome of MDT meeting that must identify:
 - Method of alternative review and assessment identified to avoid/limit face to face consultation (Skype/Telephone)
You must complete the **Health and Safety Checklist for working with individuals during Coronavirus Outbreak appendix 3**
 - PPE aligned to latest guidance required if attending Clinic (attendance at clinic should be planned when the clinic is empty to ensure the patient can remain shielded)
 - PPE required if attending to collect a prescription to ensure the patient remains shielded
 - Method of communicating the shielding plan with the patient
 - Outcome of communication the shielding plan with the patient

A central database will be held identifying the above individuals.

Staff:

The Organisation has shared advice with staff and has clearly identified the differences between those requiring social distancing and those requiring shielding:

Staff will have a risk assessment in place aligned to the above criteria and they will be supported to work from home. If staff cannot undertake work they will follow the latest BCUHB guidance.

5. The Learning Disabilities Inpatients Care Model during COVID-19 pandemic:

It is essential that current processes remain in place to ensure clear review and scrutiny before any inpatient admission, not only considering alternatives to admission but defining clearly the managed risks, purpose, expected interventions, outcomes and timescales of admission.

The inpatient learning disabilities inpatient services is based at Bryn Y Neuadd Hospital. There are 3 discreet ward areas each with 8 beds. Total of 24 beds.

These include:

- Mesen Fach- Assessment and Treatment Unit.
- Tan-y-Coed – a four unit rehabilitation provision.
- Foelas- assessment and treatment unit for people with PMLD and also has intermediate care beds.

Additional Services:

- Therapeutic Support Service have been suspended at this time to support redeployment of staff.
- All current patients will have a risk formulation aligned to COVID 19 and implement safe discharges when feasible.
- MDT discussions will assist with safe discharge plans.

Medical Cover:

- Will continue to be from the Community psychiatrist.
- There is daily cover from psychiatry and on call for out of hours 7 days a week.

Admissions:

- Admissions pathway will be fully implemented with additional sign off via the senior leadership team.
- Referrals will continue to be via the Inpatient clinical team processes.

- Appropriate screening guidance will be followed aligned to any new identified admission (eg patient being nursed in isolation area for appropriate timeframe aligned to PHW advice at that time)
- New guidance will be followed at all times and reflected in the plan.

6. Management of suspected cases of Coronavirus in inpatient setting:

Patient presenting with Primary Symptomology:

- A high temperature, where you feel hot to touch on your chest or back;
- and/or a new, continuous cough. This means coughing a lot for more than an hour, or three or more coughing bouts in 24 hours. If you usually have a cough, it may be worse than usual.

NHS Direct Wales Online Symptom Checker will be referred to for reference:

<https://www.nhsdirect.wales.nhs.uk/SelfAssessments/symptomcheckers/?ScName=CoronaVirusCOVID19&SCTId=175>

The management of a suspected case of Coronavirus (COVID-19) in LD will be by adherence to a stage response:

Amber Area: symptomatic but not confirmed positive for COVID-19

Patients who appear symptomatic should be isolated in their bedroom until such time as testing clarifies positive or negative. We will with the help of infection prevention team determine the use of the communal bathroom and alternatives for rest of the persons on the ward.

- *Ensure staff use the correct PPE according to BCUHB policy*
- *Isolate the patient in their single room.*
- *Request urgent medical review – remember every patient in the unit is regarded as vulnerable.*

- *Arrange screening for Covid-19.*
- *Used PPE should always be treated as clinical waste and placed in an ORANGE clinical waste bag (for infected clinical waste).*

Patients who test positive should be moved to the positive ward –as soon as is possible without causing alarm to others.

- *All patients should be remain in their own rooms during the transfer*
- *Ensure staff use the correct PPE according to BCUHB policy*
- *The vacated room should be deep cleaned and cleared of all the previous patients' property.*
- *Used PPE should always be treated as clinical waste and placed in an ORANGE clinical waste bag (for infected clinical waste).*
- *The family of the patient or advocate to be kept fully informed.*

Confirmed Covid 19 patients:

Stage 1: Red Area:

- 1-5 patients: Foelas ward.
- A dedicated 5 bedded area has been isolated from the rest of the ward. On the Bryn y Neuadd site.
- Robust risk assessment in place to support this.

Stage 2:

- 5-8 beds- this will be dynamically risk assessed aligned to who becomes symptomatic and/or tests positive.
Eg: if person with profound and multiple health needs requires physical health care then it will be more clinically appropriate for them to remain in the other area of Foelas.

The LD Inpatients COVID19 Isolation Plan will be reviewed on a daily basis in the LD Inpatients COVID19 safety huddle by the Matron; Clinical Operational Manager and Consultant Psychiatrist prior to the divisional COVID19 safety huddle. This will allow for review of changing onsite COVID19 demographic and acuity and support non covid patient to be accommodated on site in a vacated bed.

Staffing and skill mix review will be undertaken within the LD Inpatients COVID19 safety huddle, along with review of PPE and other identified required resources.

7. Community Learning Disabilities Service planning during COVID-19 pandemic:

Access to services:

- All referrals will continue to be received and triaged via the local Community Learning Disability Teams arrangements.
- Alternative ways will be considered (eg skype) to enable assessments to be continued.
- Where clinically indicated, discharges will be facilitated to enhance focus on people on team case list or in crisis prevention.
- Service users may require additional support from the CLDT's to enable them to manage their mental and physical health during this time and support to understand and implement guidance.
- A clear RAG rated case list will be kept up to date in the CLDT's and discussed into daily huddles.
- Regular review between local agencies will be vital to prioritise resources.
- Health Liaison services and acute liaison nurses will continue to work within the District General Hospitals and support facilitation of care delivery in these environments.

Partnership working to deliver support in the community:

- Partnership working with Local Authorities, and other providers will be critical to maintaining a viable support service for service users and their families in the community.
- Funding disputes should be avoided to enable right care at the right time.
- Given the pressures on primary care, community mental health and community learning disability teams will need to consider how to continue to deliver critical aspects of care: eg blood tests for patients on clozapine, lithium or ADHD medication.

- Where patients are self-isolating, or unable to attend clinics for testing, alternative arrangements will need to be made to ensure people access their usual medications and monitoring. This may include home visits to undertake mandatory testing to keep patients safe.

8. Enhanced Community Residential Service planning during COVID-19 pandemic:

The Enhanced Community Residential Service (ECRS) will continue to provide care within a domiciliary care service for people with learning disabilities and complex needs over a 24 hour period delivered in their own homes across North Wales. This provision is registered with CIW. All regulations will be implemented. There are no current vacancies.

Current provision and people living in these houses:

- Hafanedd – 2 male
- Y Maes – 2 female
- Tawelfan – 4 male
- Hafan Dawel – 3 male, 1 female
- Thomas Court – 1 female
- Green Meadows – 1 male, 1 female
- Berwyn – 1 male
- Lon Deg – 1 male
- Carreg hafan (Step up step down) 2 males

Management of suspected or confirmed cases:

Patient presenting with Primary Symptomology:

- A high temperature, where you feel hot to touch on your chest or back;
- and/or a new, continuous cough. This means coughing a lot for more than an hour, or three or more coughing bouts in 24 hours. If you usually have a cough, it may be worse than usual.

NHS Direct Wales Online Symptom Checker will be referred to for reference:

<https://www.nhsdirect.wales.nhs.uk/SelfAssessments/symptomcheckers/?ScName=CoronaVirusCOVID19&SCTId=175>

The management of a suspected case of Coronavirus (COVID-19) in LD will be by adherence to a stage response:

- *Ensure staff use the correct PPE according to BCUHB policy*
- *Isolate the patient in their single room.*
- *Request urgent medical review*
- *Arrange screening for Covid-19.*
- *Used PPE should always be treated as clinical waste and placed in an ORANGE clinical waste bag (for infected clinical waste).*

Appendix 1: PPE Guidance. Key changes to the latest UK guidance include:

PPE general advice

Staff to wear Covid-19 related PPE regardless of **whether a patient is symptomatic or not** if required to attend to them within a **2 metre distance**. The minimum advised PPE for such settings is a , fluid repellent mask, apron and gloves. Any symptomatic or confirmed case should be isolated out of general ward circulation. Currently this is the patient's own single bedroom or other designated isolation room. The ward team should escalate for advice from a senior manager the case of any patient who is not compliant with being moved into isolation.

Some PPE (masks, visors and gowns) which are currently classed as “single use” will be classed as “sessional use” in some situations.

Table 4 of the UK guidance describes when to use PPE for all patient encounters (not just patients with suspected or confirmed COVID-19) at a time when there is sustained community transmission of COVID-19, and so any patient might reasonably be

considered to have coronavirus infection. **We are currently in sustained transmission.** <http://howis.wales.nhs.uk/sitesplus/861/page/78187>



PHE_COVID-19_visual_guide_poster_PPE

- If a patient becomes symptomatic; is confirmed as having Covid-19, and staff are in close contact (defined as within two metre) with that patient, then the following PPE is to be worn,
 1. Gloves - Disposable gloves must be worn when providing direct patient care and when exposure to blood and/or other body fluids is anticipated/likely, including during equipment and environmental decontamination. Gloves must be changed immediately following the care episode or the task undertaken.
 2. Hand hygiene apron or gown - Disposable plastic aprons must be worn to protect staff uniform or clothes from contamination when providing direct patient care and during environmental and equipment decontamination. Fluid-resistant gowns must be worn when a disposable plastic apron provides inadequate cover of staff uniform or clothes for the procedure/task being performed and when there is a risk of extensive splashing of blood and/or other body fluids e.g. during aerosol generating procedures (AGPs). If non fluid-resistant gowns are used, a disposable plastic apron should be worn underneath. Disposable aprons and gowns must be changed between patients and immediately after completion of a procedure/task.
 3. Surgical face mask – disposable, fluid resistant face mask. A buddy system should be used to ensure close and tight fitting.
 4. Eye protection - Regular corrective spectacles are not considered adequate eye protection. An individual risk assessment should be carried out prior to/at the time of providing care.

Staff who have had and recovered from COVID-19 should continue to follow infection control precautions, including the use of PPE.

- If Patient is asymptomatic and staff are in close contact (defined as within two metre) with that patient, then the following PPE is to be worn:
 1. Gloves - Disposable gloves must be worn at all times. Gloves must be changed immediately following the care episode or the task undertaken.
 2. Hand hygiene apron or gown - Disposable plastic aprons must be worn to protect staff uniform or clothes from contamination at all times, when providing direct patient care and during environmental and equipment decontamination. Fluid-resistant gowns must be worn when a disposable plastic apron provides inadequate cover of staff uniform or clothes for the procedure/task being performed and when there is a risk of extensive splashing of blood and/or other body fluids e.g. during aerosol generating procedures (AGPs). If non fluid-resistant gowns are used, a disposable plastic apron should be worn underneath. Disposable aprons and gowns must be changed between patients and immediately after completion of a procedure/task.
 3. Surgical face mask – disposable, fluid resistant face mask. A buddy system should be used to ensure close and tight fitting. Risk assess the need for this to be used in the area.

All PPE should be:

1. Located close to the point of use
2. Stored to prevent contamination in a clean/dry area until required for use (expiry dates must be adhered to)
3. Single-use only

4. Changed immediately after each patient and/or following completion of a procedure or task
5. Disposed of after use as. healthcare/clinical waste (this may require disposal via orange or yellow bag waste; further guidance will be provided depending on the impact of the disease)

PPE should always be put on and off in an order that minimises the potential for self -contamination. The order for removal is,

1. Gloves
2. Hand hygiene apron or gown
3. Eye protection
4. Surgical face mask
5. Dispose of all into an orange infected material bag and seal
6. Wash hands thoroughly in soap and water

Scrubs should not be worn outside of the ward and each staff member should have access to a change of clean uniform whilst on duty or a change of clothing if working in the community.

In the general nursing care and management of patients who are asymptomatic, suspected or confirmed Covid-19 infected, there is **no requirement** to use an FFP3 respirator. These are required only for circumstances where an aerosol generating procedure is carried out on a possible or confirmed Covid-19 patient. It is not anticipated that these procedures will be carried out in any facility.

The following PPE advice applies to different situations

PPE use in the event of using RPI

The following advice has been sourced from the Infection Prevention Team and the Positive Interventions Clinical Support Services (PICSS) locally and nationally.

Restrictive Physical Intervention (RPI) should only be used as a last resort when all other avenues of de-escalation have been explored. "The use of restraint should only be undertaken in an emergency where staff judge that they must intervene to protect a client /person, someone else or themselves." Please see BCUHB policy MHLD 0047

Where restraint is required then disposable gloves/apron and mask should be used in all cases. Hands to be sanitised/hand washing after the incident is over.

In the case of suspected or confirmed cases of COVID19 then in addition to the gloves:

- A fluid repellent surgical mask will needed together with a disposable plastic apron. Additional Eye shields/visors will be required for patients who are coughing or spitting. There are surgical masks with eye protection.
- A change of scrubs will be required
- Hand sanitisers/Hand washing
- An additional member of staff will be required to wear the PPE to act as a 'relief' person for any staff member who has their PPE damaged during restraint. This will give the 'outgoing' staff member the opportunity to re-apply PPE and then become the 'relief' person.

- Post Incident, when taking off the PPE, preferably a 'buddy' should help to ensure PPE is removed in the correct order and hands are sanitised prior to proper hand washing later.
- The PPE should be treated as clinical waste and placed in an ORANGE bag (for infectious clinical waste)

PPE use in the event of undertaking CPR

A DNACPR form should have been completed for patients for whom it is deemed appropriate. Every member of nursing staff must know who is to be resuscitated and who is not. The ward manager **MUST** ensure that this has been actioned.

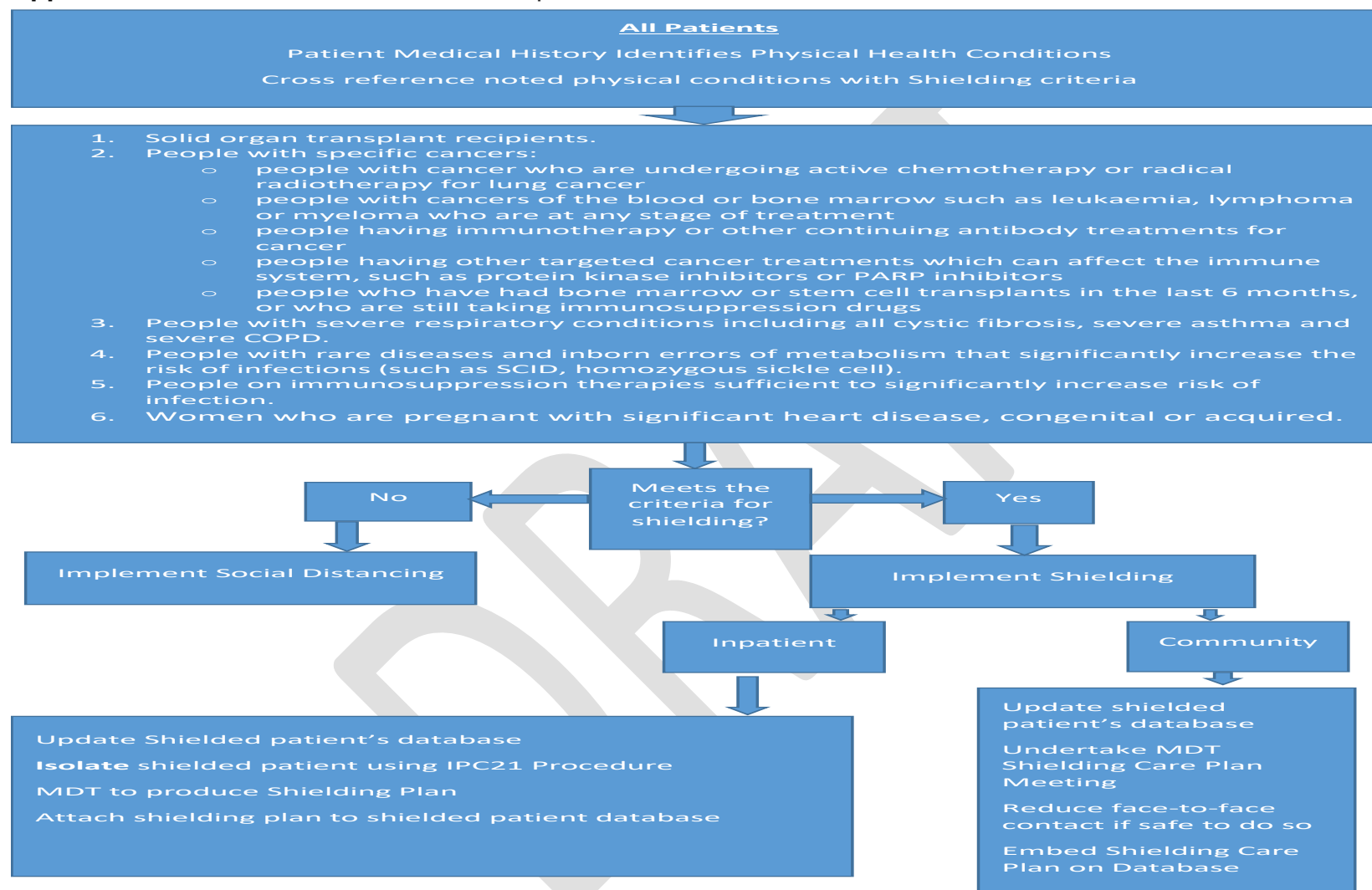
If calling for 999 response team please state if the patient is Covid-19 suspected or positive.

No chest compression or airway intervention should occur until the person doing it is in full level 3 PPE (this included FF3P mask). In the donning phase the defibrillator can be attached and shocks administered.

Nursing staff supporting the person wearing level 3 PPE do not need to wear any additional PPE than for any patient with suspected or confirmed Covid-19.

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Appendix 2: Process flow chart for shielded patients.



Appendix 3: Health and Safety Checklist for working with individuals during Coronavirus Outbreak

Health and Safety Checklist for working with individuals during Coronavirus Outbreak

Please use this checklist to make sure that you have considered the health and safety of the individuals you will continue to support during this time.

Name of individual

Name of practitioner completing.....

Date completed.....

	Action	Details
1	Is there a clear plan of how you will maintain contact with the individual during this time? Please give details.	
2	If you are planning to maintain contact with your young person via online video calls such as skype or signal etc, does the individual have access to these sites/aps?	
3	Is the parent/carer aware that you plan to have contact in this manner?	
4	Does the individual have the correct equipment/ device to be able to have contact by these means?	
5	Does the individual have the understanding of how to use these sites safely? Do they need support from a parent/carer to do this?	
6	Is their appropriate privacy in the home of the individual to be able to have this form of contact and for the conversations to remain confidential?	

DRAFT

Cyfarfod a dyddiad: Meeting and date:	Strategy, Partnerships and Population Health Committee 13.8.20					
Cyhoeddus neu Breifat: Public or Private:	Public					
Teitl yr Adroddiad Report Title:	'Healthier Wales' Mental Health Transformation Programme Update					
Cyfarwyddwr Cyfrifol: Responsible Director:	Lesley Singleton Acting Director of Mental Health and Learning Disabilities					
Awdur yr Adroddiad Report Author:	Llinos Edwards Service Improvement Programme Manager					
Craffu blaenorol: Prior Scrutiny:	Regional Partnership Board – Leadership Group					
Atodiadau Appendices:	1 Case studies 2 Client stories 3 ICAN survey					
Argymhelliad / Recommendation:						
Accept the report as an accurate update on progress						
Please tick as appropriate						
Ar gyfer penderfyniad /cymeradwyaeth For Decision/ Approval		Ar gyfer Trafodaeth For Discussion		Ar gyfer sicrwydd For Assurance	x	Er gwybodaeth For Information
Sefyllfa / Situation:						
<p>The 'Healthier Wales' investment has been used to drive the changes required to ensure the 'whole system' approach but has focused on transforming the community and primary care elements in order to stem the flow into services higher up in the system. Focus of the Healthier Wales Programme has been to develop a regional model for early intervention and crisis prevention, which is known as the ICAN Integrated Pathway, which includes provision to develop:</p> <p>ICAN Community Hub ICAN Primary Care ICAN Unscheduled Care ICAN+ Step Up/Step Down</p>						
Cefndir / Background:						
Prior to COVID-19 significant progress had been achieved against key programme milestones and in particular in the establishment of ICAN Community Hubs (x8) and Primary Care partnerships across the region. Members may be aware that several launch events at Community Hubs were undertaken						

during February 2020 that demonstrated a true partnership approach and asset based approach to service development.

As a result of the COVID-19 Lockdown in March 2020 all ICAN established Services - ICAN Unscheduled Care the 'twilight' services at each DGH's and the testing of the ICAN Community Hubs and Primary Care ceased.

In response; ICAN reconfigured its services quickly following COVID-19 lockdown restrictions in order to allow the programme to continue - but also - to allow ICAN to connect differently to people and services during the COVID-19 Pandemic.

Asesiad / Assessment & Analysis

Strategy Implications

This programme of work is fully in line with the Together for mental Health Strategy and 'A Healthier Wales' and is moving away from an understanding of mental health that focuses solely on the provision of targeted help for vulnerable groups, towards an approach that balances promotion and prevention of mental health and wellbeing at a population level together with care and treatment. This model also responds to our citizens request that specialist mental health support is available at the earliest opportunity.

Options considered

N/A

Financial Implications

The programme supports the core principles of the Strategy and further aims to reduce costs over time by pursuing a promotion and prevention model. Additional savings should be seen by use of GP's appointments more effectively and reducing inappropriate prescribing. Evidence suggests that such an approach, if delivered on a population-wide basis, could lead to substantial cost savings over the medium and long term and better outcomes for people of all ages.

The transformation budget has been re-profiled to allow for the acceleration of key aspects of the programme of work to include Digital Enabled support. The Programme is on track to achieve full spend against the allocated funds.

Risk Analysis

We have not deviated from what we committed to achieve in the transformation plan, however we have accelerated and enhanced some aspects and this includes the digital offer and intervention that are available at Tier 0. We have re-profiled the 'Healthier Wales' budget to allow for further testing of various digital support platforms such as provision of on-line CBT and mood managing Apps, which includes Welsh language applications. We have commissioned specific evaluation in this area with project funds to create some tangible learning that will allow for a range of training resources by the end of 2020.

We have not been able to progress the step up step down component during to the COVID -19 lockdown. Some risk that we will not achieve the full testing of the final component of the ICAN Pathway by the end of the project term. We will during the next quarter scope with our partners what is possible.

Legal and Compliance

Pre COVID-19 we had worked with Oxford Brooks IPS to develop an outcomes and measures framework to measure the impact of the implementation of the ICAN Pathway. We have needed to revise this framework with COVID-19, IPC Oxford Brooks have supported us with this. Although we have started the collection of data and outcomes, this is an area that will develop over the coming months. The below provides a snapshot of impact to date.

Impact Assessment

As above

Healthier Wales – Together for Mental Health Q1 Progress Update

1. Purpose of report

- 1.1 To provide an update on the progress of the project/programme.

2. Recommendations

- 2.1 Accept the report as an accurate update of progress achieved on the programme of work.

3. Background Information

- 3.1 The 'Healthier Wales' investment has been used to drive the changes required to ensure the 'whole system' approach but has focused on transforming the community and primary care elements in order to stem the flow into services higher up in the system. Focus of the Healthier Wales Programme has been to develop a regional model for early intervention and crisis prevention, which is known as the ICAN Integrated Pathway, which includes provision to develop:

ICAN Community Hub
 ICAN Primary Care
 ICAN Unscheduled Care
 ICAN+ Step Up/Step Down

- 3.2 Prior to COVID-19 significant progress had been achieved against key programme milestones and in particular in the establishment of ICAN Community Hubs (x8) and Primary Care partnerships across the region. Welsh Government will be aware that several launch events at Community Hubs were undertaken during February 2020 that demonstrated a true partnership approach and asset based approach to service development.
- 3.3 As a result of the COVID-19 Lockdown in March 2020 all ICAN established Services - ICAN Unscheduled Care the 'twilight' services at each DGH's and the testing of the ICAN Community Hubs and Primary Care ceased.
- 3.4 In response; ICAN reconfigured its services quickly following COVID-19 lockdown restrictions in order to allow the programme to continue - but also - to allow ICAN to connect differently to people and services.

4. Work completed in this reporting period

- 4.1 Actions completed to date are:

Progress during Phase 1 COVID-19 (March 2020 - 30th June 2020):

Key Changes:

- **Establishment of 'Stay Well' telephone service delivered by ICAN Volunteers.**
- **Testing of ICAN Connector Role (Community Navigation)**

- **Greater integration with CMHT's and Primary Care**
- **Establishment of 'Virtual ICAN Community Hubs'**
- **Enhanced and accelerated the Digital and Virtual Offer**
- **Strengthened and enhanced Partnership working**
- **Continued with the recruitment of ICAN Volunteers**
- **Continued in the delivery of ICAN Training – although 'virtual'**
- **Commenced the implementation of a 'Trauma Informed Approach' to service delivery**

- 4.2 As a result of the COVID-19 Lockdown in March 2020 all ICAN established Services - ICAN Unscheduled Care the 'twilight' services at each DGH's and the testing of the ICAN Community Hubs and Primary Care ceased.
- 4.3 In response; ICAN reconfigured its services quickly following COVID-19 lockdown restrictions in order to allow the programme to continue - but also - to allow ICAN to connect differently to people and services.
- 4.4 Due to the COVID-19 Pandemic we anticipated an upsurge in referrals to mental health services for support. We quickly established a telephone service offering 'Stay Well' telephone calls to individuals affected by isolation, anxiety, poor mental health etc... due to the lockdown through our volunteer cohort. To enable this we undertook a further rapid recruitment campaign as part of the wider BCUHB COVID-19 volunteer recruitment campaign in order to maximise opportunities and increase collaborative working.
- 4.5 We delivered training to all our newly recruited volunteers over 'Zoom' sessions and established a rolling monthly ICAN training programme which included the ICAN Mental Health and Suicide awareness training and safeguarding. Supervision sessions are now well established for our volunteers and as part of our vision to ensure we deliver services within a trauma informed approach, reflective practice sessions will be offered to volunteers as well as training in trauma informed approaches which includes ACE awareness training.
- 4.6 Although our ICAN Community Hubs no longer offer face to face contact and 'walk in support' we have continued to work with our ICAN Community Hub partners across the region (Mind, Kim Inspire, Canolfan Felinfach, CAB, Denbighshire CVC, Cais, RCS to name a few) to support them to develop as 'Virtual Hubs' during the initial phase of the lock down.
- 4.7 The ICAN Community Hubs have developed to offer an enhanced digital and virtual range of support that includes access to online CBT support that includes 'silvercloud', 1:1 virtual and telephone support, virtual counselling, webinars on confidence building, budgeting and healthy lifestyles, virtual group work and well-being sessions.
- 4.8 During COVID-19 we have tested an ICAN Connector role based on Community Navigation/Social Prescribing. The ICAN connectors have been working closely with Primary Care Mental Health Teams, CMHT's and Primary

Care, attending daily community huddles and single point of access meetings in order to support the discharge of patients and the allocation of referrals through triage and through direct referrals from GP's.

- 4.9 The ICAN Connectors have worked closely with the Community Hubs and our third sector partners across the region and are able to provide the intelligence and knowledge of what services are available within an individual's community, providing that Gateway to further support. The ICAN Connector provides that single point of contact to Tier 0 services that has started to provide for a much more organised and connected response and access to support – leading to less fragmentation, variance and bounce within the system.
- 4.10 In the Central Area, The ICAN Community Hub has been working as a 'virtual' hub providing access to a range of digital and virtual support that includes access to 1:1 counselling and on-line digital therapy (silvercloud).
- 4.11 In Gwynedd, The ICAN Community Hub in Canolfan Felin Fach, Pwllheli has provided Mental Health and Well-Being support to people living in rural and isolated communities. Providing well-being calls and access to food parcel delivery.
- 4.12 The I CAN programme of work has been working closely in the East Area with KIM Inspire and North East Wales MIND in the development of 'Virtual ICAN Community Hubs'. Prior to COVID-19 KIM Inspire had invested heavily in updating their IT system. This put them in an extremely strong position as we headed into lockdown, KIM inspire have continued to offer 1:1 support and online group support. In the future they will be looking to develop and offer webinars that would be relevant to their client's needs.
- 4.13 We have not deviated from what we committed to achieve in the transformation plan, however we have accelerated and enhanced some aspects and this includes the digital offer and intervention that are available at Tier 0. We have re-profiled the 'Healthier Wales' budget to allow for further testing of various digital support platforms such as provision of on-line CBT and mood managing Apps, which includes Welsh language applications. We have commissioned specific evaluation in this area with project funds to create some tangible learning that will allow for a range of training resources by the end of 2020. Our partner in Tan y Maen, south Gwynedd have been leading on this.
- 4.14 Of note, during the pandemic the 'Step up Step Down' element of our plan has not progressed further. However we will scope over the next month to ascertain what is achievable during the remainder of this programme of work. Considerable work had been achieved to develop the step up step down model pre COVID-19 and in our view, this could still be achieved within the programme timeframe, however further discussions with our partners are required.

5. Work planned for next reporting period

5.1 Actions to be completed are:

5.2 We will continue with the programme of work as planned, however there will be greater emphasis on digitally enabled solutions, virtual support and interventions as we continue to live within covid-19 restrictions. We have re-profiled the projected spend to reflect this.

5.3 ICAN Community hubs already planned and partnerships already agreed are continuing and operating as much as possible during Covid-19. The plan is to bring those projects and resources back into their community settings with face to face contact as soon as possible and as guidance permits.

5.4 All partners with whom we have agreements are continuing to develop their model of delivery, and as a result of working differently are now proposing changes to their service model going forward.

5.5 Learning from COVID-19 and our reconfigured services have demonstrated that the greatest demand is access to online CBT courses and counselling and therefore we will work with our commissioned 3rd partner partners to explore how we can expand and enhance the range of counselling provision at Tier 0 over the next Quarter. These discussions have already commenced.

5.6 Healthier Wales has given us the opportunity to test different ICAN Community Hub models, we will over the coming weeks agree the preferred specification for the Hubs and work with our partners regarding the commissioning and sustainability of these Community Hubs post March 2021. We will develop a business case specifically in relation to the sustainability of Community Hubs by the end of August 2020.

5.7 As previously discussed, we will scope with our partners the feasibility of delivering on the ICAN Step up Step Down component within the next reporting period.

6. Requests for change

6.1 No requests for Change during this reporting period.

7. Key risks and issues

7.1

Risk (H/M/L)	Impact (H/M/L)	Mitigation (with focus on the next quarter)
Loss of Project Manager from Transformation Team	Low	Significant progress had been made prior to 'Lockdown'. Restructuring of the Team going forward will mitigate any risk factors. Also the greater buy in and ownership of the Project by the Health Board and third sector partners as demonstrated during the COVID-19 Pandemic

		will allow for greater collaborative working and will impact positively on project progress.
Delay in the delivery of the whole ICAN Integrated Pathway.	Medium	COVID-19 has provided the opportunity to accelerate and enhance to ICAN offer, this includes digitally enabled support and virtual support. The Planned Community Hubs continue to develop although virtually at present, however we are working with our partners to plan for open door, face to face activity as guidance allows – this may cause delay. A business to support the sustainability of ICAN and the building of an enhanced mental health primary care offer to GP Practices has been approved by the Division. We will over the coming weeks agree the preferred specification for the Hubs and work with our partners regarding the commissioning and sustainability of these Community Hubs post March 2021. We will develop a business case specifically in relation to the sustainability of Community Hubs by the end of August 2020.
ICAN Step up Step Down	High	We have not been able to progress the step up step down component during to the COVID -19 lockdown. Some risk that we will not achieve the full testing of the final component of the ICAN Pathway by the end of the project term. We will during the next quarter scope with our partners what is possible.

8. Lessons report

- 8.1 Pre COVID-19 we had worked with Oxford Brooks IPS to develop an outcomes and measures framework to measure the impact of the implementation of the ICAN Pathway. We have needed to revise this framework with COVID-19, IPC Oxford Brooks have supported us with this. Although we have started the collection of data and outcomes, this is an area that will develop over the coming months. The below provides a snapshot of impact to date.
- 8.2 The ICAN Service recommenced in its reconfigured form on the 15th April. The below data covers the period 15th April – 15 June 2020.

The total number of referrals received to date and their referral source is detailed below:

Source	Number
GP	166
CMHT	208
Social Care	1
Psych Liaison	20

GPOOH	3
I CAN Work	10
Criminal Justice Liaison Service	5
Other (e.g. national probation service, pharmacy, weight management services)	34

Of the 447 referrals received during the period:

50% have been supported through our Volunteer led ICAN Stay Well telephone support service.

40% have been 'Connected' with services provided through the 'Virtual Hubs' and other partner organisations.

10% decided not to engage in the Service.

- 8.3 Please refer to case studies/people's stories and experience of ICAN during the COVID-19 lockdown and a short survey conducted during July 2020 gathering people's thoughts of the ICAN Emotional Support/Stay Well phone calls (Appendices 1, 2, 3)

Appendix 1 Case Studies

1. Headline "Priceless. The only ones who got results"

Derek has been through a lot recently. He lost a good job through ill health (heart surgery) and suffers with bouts of anxiety and trust issues. He has PTSD. He says that, "ICW basically got me back into work, gave me a new direction and saved me from myself. I was going back into my dark days. I could feel my defences going up as I got more and more rejections" His Employment Specialist at ICW has not been able to meet Derek due to COVID-19 but she has been on the end of the phone and helped solve all kinds of problems from obtaining a disability badge to getting him his first interview with CAB. Derek is someone who thrives on a challenge and likes to be tested. He has found a new direction training to be a supervisor with Citizens Advice Bureau. He says this opportunity is "Priceless, I can't put it into words, it's all positive. I have a new mental attitude, my confidence is restored, a new sense of purpose and self belief thanks to ICW. My [Employment Specialist] pointed out my strong areas and how to act on them, we worked out what channel of work is good for me. She deserves to be promoted". Derek's partner is now being helped by ICW to make changes to her career path. Derek feels that the relationship with his partner would have broken down without the help from ICW; the pressure was all on her to work 13 hour shifts to support the two of them and now the financial burden is shared. Derek says, "Of all the organisations I've been put through, ICW are the only ones who have come through, been proactive and taken a practical, all round approach; they are the ones who have got results. My faith in them is 100%"

2. HEADLINE Unemployed and Stuck

Darrell was unemployed and stuck. And yet within a few weeks he was volunteering and a few weeks later, during the COVID crisis, he was offered a paid position. How did he turn things around? Darrell received free support from the 'I Can Work' team at RCS. He was given advice during the application process and importantly, motivation to apply. "My [Employment Specialist] kept nudging me along as I hadn't been in work for a while and was in need of a confidence boost and a direction". In terms of advice he would give to others, Darrell says "If you're not working, ICW is a very helpful service to give you pointers and motivation to apply for different jobs. He goes on to acknowledge, "It's difficult when you're unemployed, as you get into a negative way of thinking. My experience with ICW has given me more of an idea of what I want to do. I was feeling a little bit lost and stuck before. Having a point of contact, someone to keep you on track and to give you support is really beneficial" Darrell now has a much clearer idea of what direction he wants to take; he had the realisation that the paid role was not for him, and the courage to turn it down. He is now being supported by ICW to apply for other jobs. "ICW has helped me work out what I want to do. It is a really good service. If I hadn't had help I would still be looking and now I can use my experience as a talking point and back up in interviews".

3. HEADLINE "If I hadn't had the support from ICW, I would not have got the job."

Kara (not her real name) struggles with social anxiety and has not had a paid job since 2017. She finds it hard meeting new people and talking to them. The 'I Can Work' scheme from

RCS has provided her with help looking for vacancies, filling out applications, running through mock interviews. A few weeks ago, Kara had an interview with SPAR and was offered the job. Whilst Kara is nervous about starting in her new role, she is also very happy. "If I hadn't had the support from ICW, I would not have got the job, they even helped me work out the best bus route to get to work. I feel I can ask my [Employment Specialist] anything and she will help me."

4 . HEADLINE RCS: Not a Standard company!

I spoke to Elisce on the phone on a dismal friday morning in July. She was upbeat and confident. Her voice was strong and she had lots of positives to say about her situation. This was not always the case. Elisce has had to overcome anxiety and confidence issues to get to this point. The support she has received from the RCS 'I Can Work' scheme has been essential, both on a practical level and in terms of emotional support. "They helped me get my interview, and then got me to Liverpool for training. It was the first time I'd been away from home, and there I was, on my own, in a hotel room in the middle of a city, surrounded by people I don't know. But my RCS key contact was always at the end of the phone. I was not on my own. She gave me lots of reassurance and confidence. I always had someone to reach out to by phone or email, if I needed it."

Elisce is now working for a telecommunications company in an office administration role. She likes the team she works with and is more than capable of doing her job. She was unhappy in her previous company, and her counsellor at the time referred her to RCS. She says she was surprised how quick the process was to set up and was impressed with the people she met from RCS. "They all seem to know how to support you in the right way. I spoke a lot at our first meeting, they were getting to know my background and me as a person; they took my experience into consideration." RCS are now setting up free counselling for Elisce outside of work to continue to build her self-belief and overcome her anxieties. "The support I get from my key contact at RCS is amazing. I can't fault her. She is always there for me."

I asked Elisce what advice she would give to people who were interested in using the free services RCS provides, "Be 100% honest, the more the I Can Work team know, the better. They make you feel comfortable. They do what's best for you. It's not a standard company, they work around issues for you. They support you as much as they say they will. I think they are an amazing company; they've really helped me become more confident and comfortable"

Appendix 2 Client Stories

ICAN volunteers are supporting our communities for a total of 147 hours per week via the telephone support calls. The overall feedback is positive, people value the service and we will continue to engage with the clients in the long term. Of the 447 clients who have engaged with us during this reporting period 15 people have stated that they feel much better and no longer require support calls. The majority of our clients require long term support, and we see people of all ages who present with a huge range of issues and problems. Please see our three Client Stories below which illustrates this:

Case Study #1

Mrs W is an 81 year old lady who was referred to ICAN from her GP. Her husband passed away suddenly 4 weeks ago. Mrs W got married in 1966 and the day after her wedding her husband put her head down the toilet and she has been subject to 53 years of domestic abuse. She visited her GP because she felt guilty for not grieving. ICAN are now supporting this lady, and although various agencies have been suggested to support her she is more than happy to speak to the volunteer once a week and to start telling her story. This will be the first time she has ever told anyone what her life was like.

Case Study #2

At the beginning of lock-down we received the following referral from a GP: a 57-year old gentleman was shielding due to a diagnosis of colon cancer. He has a history of depression and at the time of the referral was experiencing low mood and increased anxiety. He had recently moved to a new area and was feeling isolated and lonely. He has no family that live local to him, so his weekly call with his ICAN volunteer has become a lifeline to him. The calls gave the gentleman the opportunity to talk about how his week had gone, and share any concerns he had -- especially regarding his anger and anxiety about his cancer treatment being stopped. He was also encouraged to discuss more positive aspects of his week, such as art and painting. At the end of one of the calls he stated: "You made my day and I am more than happy for you to ring me next week". He is continuing to receive weekly calls.

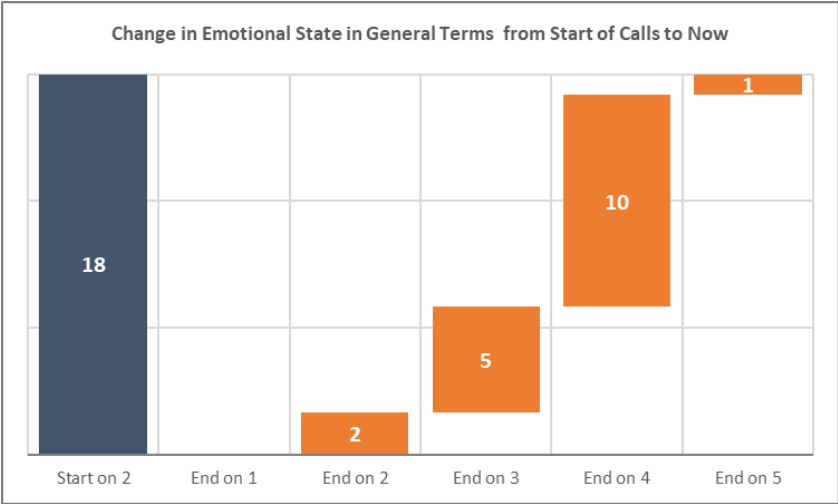
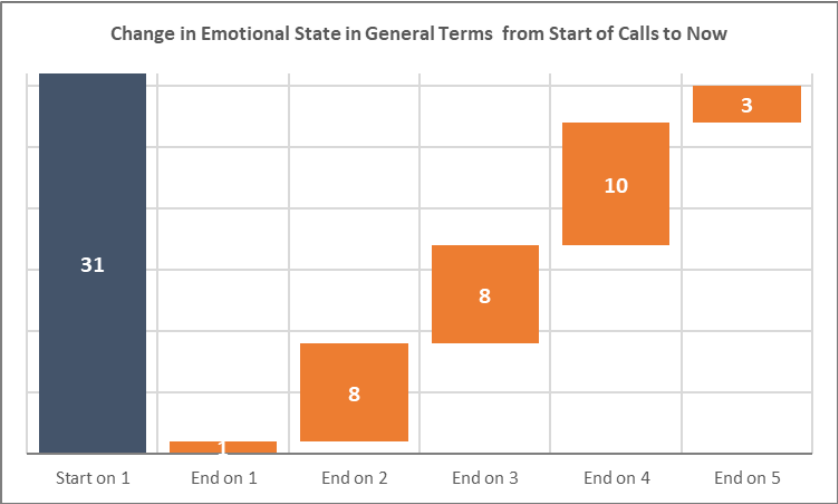
Case Study #3

H is a 21 year old female referred by Psych Liaison who has suffered with depression and anxiety for many years, has experienced several bouts of panic attacks and struggles with negative thoughts and self harm. H has had multiple suicide attempts and is well known to services. Client has been receiving calls twice a week from an ICAN volunteer who is also 21, and who also presented to ICAN as a client referred by Psych Liaison into the ICAN Unscheduled Care Service following an attempted suicide. She then became a volunteer after her health improved. Their first call was very brief, the client said she didn't want to talk for long as she was having a bad day. Over the next few calls the client began sharing stories and they both gained a lot from their conversations. "It was nice to simply talk and that all conversations didn't revolve around mental health". H has developed new hobbies such as fishing, where she really appreciates nature, which is something she's never done before and has been using some mindfulness techniques shared by her ICAN volunteer, and calls are continuing.

Clients were asked the following 2 questions:

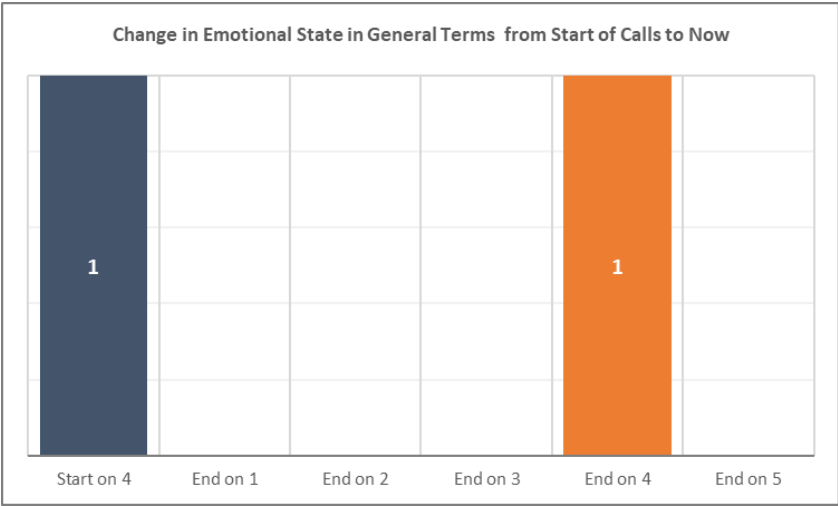
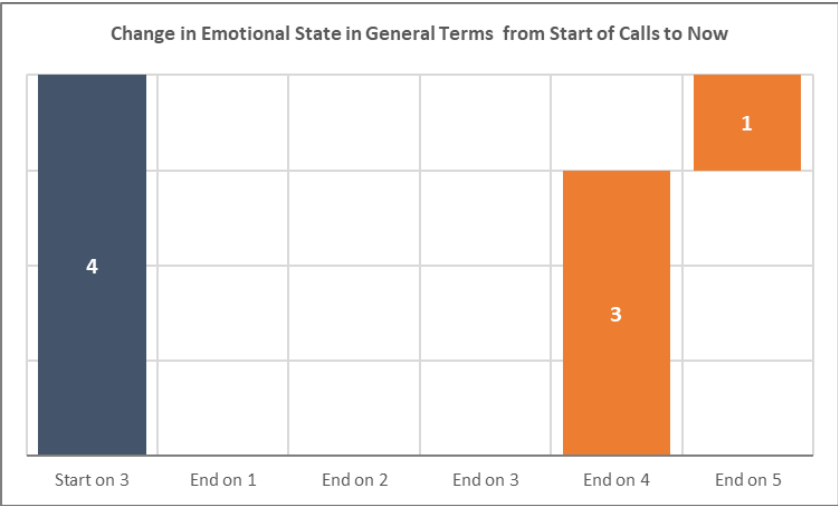
Appendix 3

- a) On a scale of 1 – 5 with 1 being feeling very poor and 5 feeling very good, from your perspective, where on this scale were you when your Emotional Support Calls started?
- b) On a scale of 1 – 5 with 1 being in a very poor emotional state and 5 being in a very good emotional state, from your perspective where would you place yourself now in general terms overall?



54 of the 55 clients responded to the questions relating to their emotional state, of those only 3 said they had not felt any improvement in general terms.

49 of clients felt they began on a scale of 1 or 2 with 37 of them feeling they ended on a scale of 3 and above.

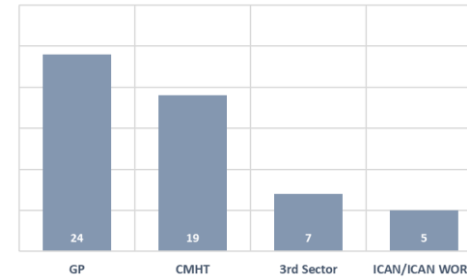


Of the 55 clients questioned.....

Have you heard of the ICAN service before your calls started?

15 said "Yes"

What other services are you currently accessing during the Covid 19 lockdown?



If you had a relative or friend who was struggling, would you recommend they go to their GP for an ICAN referral?

54 said "Yes"

Has the ICAN service helped you?

53 said "Yes"
1 said "No" and 1 didn't answer

Client Feedback:



What have the ICAN Emotional Support Calls meant to you?

"It's just nice to have someone I can offload to without being judged"

"The World!"

"The ICAN emotional support phone calls have helped tremendously and I have been reassured that I am not alone and there is support out there"

"It has been really nice to chat to someone who understands what is going on. My friendship groups have all been a bit harder to manage as different people struggle with different pressures – some have lost work, others have too much pressure from work. These conversations have had no additional pressure attached"

"I really look forward to Thursday's & the phone calls, as I am so isolated as it gives me a chance to have someone listen to me non-judgementally. helps amazingly"

"Has enabled me to discuss my emotions in a way which is difficult to do with friends and family"

"Means a lot to me because when I'm feeling low you remind me of the good things I'm doing"

"Cheer me up when you call and I feel relaxed when I talk to you. You help me a lot and make me happy"

"Someone to turn to when things get too much"

"It has meant a lot & helped to cope throughout"

"The ICAN Emotional Support Calls have been consistent and reliable each morning which has been really important to me during my difficult times"

"It's been a big part of a support network and a safety net. The service has been very efficient and effective compared to other mental health services accessed previously. The referral process was fast which made all the difference at the beginning. This stopped anxiety building. It stopped me getting tangled up in my head and ending up in a worse place. It's helped me focus and make sense of what has happened. It's helped me look after myself and be in a much better place than when I started "

"Very relaxing puts me in a good mood and I can get things off my chest, things my dad wouldn't understand so you make me feel better. Look forward to your calls .Not been horribly depressed since you started calling me. Feel better doing things now because I can't wait for calls and my temper is better"

Cyfarfod a dyddiad: Meeting and date:	Strategy, Partnerships and Population Health Committee				
Cyhoeddus neu Breifat: Public or Private:	Public				
Teitl yr Adroddiad Report Title:	University Health Board (UHB) status review update				
Cyfarwyddwr Cyfrifol: Responsible Director:	Adrian Thomas - Executive Director Of Therapies & Health Sciences				
Awdur yr Adroddiad Report Author:	Lynne Grundy, Associate Director of Research & Innovation				
Craffu blaenorol: Prior Scrutiny:	none				
Atodiadau Appendices:	none				
Argymhelliad / Recommendation:					
The Committee is requested to receive this report for information					
Please tick as appropriate					
Ar gyfer penderfyniad /cymeradwyaeth For Decision/ Approval		Ar gyfer Trafodaeth For Discussion		Ar gyfer sicrwydd For Assurance	Er gwybodaeth For Information
					<input checked="" type="checkbox"/>
Sefyllfa / Situation:					
Situation and Background					
<p>The University Health Board (UHB) Status triennial review was due to take place at the end of 2019. Due to changes of Welsh Government (WG) teams, this was delayed until early 2020. Guidance was sent to health boards in February 2020 from Welsh Government to use the same process and criteria as the 2016 review with a plan to review criteria and process following this submission. However, the onset of the COVID-19 pandemic paused this work.</p>					
Asesiad / Assessment & Analysis					
<p>We have started to collate evidence whilst waiting for further guidance from Welsh Government regarding the re-start of the UHB status review.</p> <p>However an update was provided at a recent all Wales R&D Directors meeting by the Welsh Government UHB review lead confirming that it is planned to extend the timeline for the UHB status review, to allow for a review of the current criteria and to strengthen the process prior to this review. A paper ratified by the senior team in Welsh Government is awaiting ministerial sign off. Following ministerial sign off CEOs will be informed of the plan to progress the UHB review.</p> <p>The paper proposes to hold workshops with key stakeholder and health board representation, possibly in September, with the following expected outputs:</p>					

- Develop new criteria – more emphasis on looking forward rather than retrospectively
- Strengthen the process, for example possible annual review with baseline performance and a review of how health boards have progressed towards their planned outcomes
- Better alignment with the Integrated Medium Term Plan
- An agreed format and process in place to demonstrate value and improvement

When the workshops have been held and recommendations are formulated, the requirements and process for the review will be communicated to health boards

Recommendations

SPPH to note this update and to receive briefings on progress as the new process develops.

UNIVERSITY HEALTH BOARD (UHB) STATUS REVIEW 2020

Situation and Background

The University Health Board (UHB) Status triennial review was due to take place at the end of 2019. Due to changes of Welsh Government (WG) teams, this was delayed until early 2020. Guidance was sent to health boards in February 2020 from Welsh Government to use the same process and criteria as the 2016 review with a plan to review criteria and process following this submission. However, the onset of the COVID-19 pandemic paused this work.

Assessment

We have started to collate evidence whilst waiting for further guidance from Welsh Government regarding the re-start of the UHB status review.

However an update was provided at a recent all Wales R&D Directors meeting by the Welsh Government UHB review lead confirming that it is planned to extend the timeline for the UHB status review, to allow for a review of the current criteria and to strengthen the process prior to this review.

A paper ratified by the senior team in Welsh Government is awaiting ministerial sign off. Following ministerial sign off CEOs will be informed of the plan to progress the UHB review.

The paper proposes to hold workshops with key stakeholder and health board representation, possibly in September, with the following expected outputs:

- Develop new criteria – more emphasis on looking forward rather than retrospectively
- Strengthen the process, for example possible annual review with baseline performance and a review of how health boards have progressed towards their planned outcomes
- Better alignment with the Integrated Medium Term Plan
- An agreed format and process in place to demonstrate value and improvement

When the workshops have been held and recommendations are formulated, the requirements and process for the review will be communicated to health boards

Recommendations

SPPH to note this update and to receive briefings on progress as the new process develops.



Cyfarfod a dyddiad: Meeting and date:	Strategy, Partnerships and Population Health Committee 13.8.20				
Cyhoeddus neu Breifat: Public or Private:	Public				
Teitl yr Adroddiad Report Title:	COVID-19 Research and Innovation in BCUHB				
Cyfarwyddwr Cyfrifol: Responsible Director:	Adrian Thomas - Executive Director Of Therapies & Health Sciences, David Fearnley, Executive Medical Director				
Awdur yr Adroddiad Report Author:	Lynne Grundy, Associate Director of Research & Innovation				
Craffu blaenorol: Prior Scrutiny:	none				
Atodiadau Appendices:	App i COVID Research and Audit App ii COVID-19 Infographic Research and Audit				
Argymhelliad / Recommendation:					
The Committee is asked to receive the update for information					
Please tick as appropriate					
Ar gyfer penderfyniad /cymeradwyaeth For Decision/ Approval		Ar gyfer Trafodaeth For Discussion		Ar gyfer sicrwydd For Assurance	Er gwybodaeth For Information
					<input checked="" type="checkbox"/>
Sefyllfa / Situation:					
This paper gives the Committee an update on COVID-19 research and innovation activities that have taken place in BCUHB					
Cefndir / Background:					
<p>At the onset of the COVID-19 pandemic, research teams across UK and Wales worked hard to establish a streamlined, safe process to introduce prioritised COVID-19 studies into the NHS. To enable UK COVID-19 study prioritisation, very rapidly a UK panel was set up to triage and approve studies by the CMOs that were to be prioritised for delivery.</p> <p>This research has enabled existing drugs to be repurposed and other new treatment options for patients with COVID-19 developed, as well as collecting and analysing important clinical data. These clinical trials are an essential part of front-line treatments in the patient pathway and vital to both the development of evidence and knowledge about COVID-19 infection but also in providing treatment options for patients in a context where there are none.</p> <p>At the start of the pandemic, most non-COVID-19 clinical research was suspended with the exception of treating and following up a small proportion of patients where the study provides their</p>					

ongoing essential treatment or care. Some studies are now re-opening, and these are reviewed on an individual basis in line with clinical re-start and other factors.

In Wales Health and Care Research Wales and the Research Division in Welsh Government have coordinated the Wales research effort, and Health Boards have been able to set up and recruit to prioritised studies at pace.

In BCUHB we have been able to rapidly and safely set up, open and recruit to COVID-19 studies, supported by committed clinical teams, across all 3 secondary care sites and in primary care.

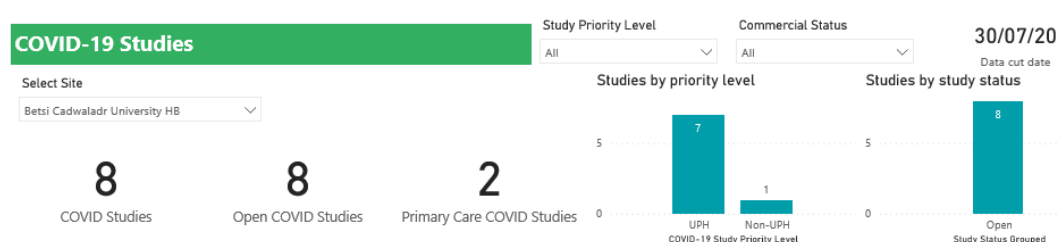
During this time, innovative work has also continued at pace, with many examples of innovations in BCUHB. This work is currently being reviewed on an all Wales basis, and the Research, Innovation and Improvement Hub has also been collating examples of innovative work, with a particular focus on community and social care.

Asesiad / Assessment & Analysis

Research

As at 30 July 2020 in BCUHB we have recruited 911 participants to eight COVID-19 studies (Fig 1). In addition to the eight studies currently recruiting, we have a number of studies in set up. Further detail of open studies and those in set up, identifying sites and principal investigators can be found at appendix i

Fig 1 BCUHB COVID-19 research studies



Appendix ii illustrates the COVID-19 research and audit activity in BCUHB.

Vaccine studies are now coming through to potential sites. A UK wide vaccine task force has been set up with representation from the four devolved countries. Wales is in the process of identifying potential sites for vaccine studies, expected to be ready to commence in November/December 2020. We have identified a potential facility in North Wales and are preparing for possible participation.

Within Primary Care, links have been established with the North Wales Primary Care Research Network to develop a funding application to The Health Foundation's COVID 19 Research Programme. The Health Foundation research programme seeks to understand the impact of COVID-19 in the two following areas:

- How Health and Social Care service delivery has changed in light of COVID-19
- The Impact of COVID-19 on health inequalities and wider determinants of health

Work is ongoing to develop the application focusing on the integration of Health and Social Care at a Cluster level.

Innovation

A number of innovation projects have progressed this year, many of which are COVID-19 related.

A virtual Health Hack was held, in collaboration with the Bevan Commission and M-SPARC on 14th and 20th May. The Hack attracted 89 attendees and 13 pitches from across Wales. Three of the four winners were from BCUHB.

A team led by Ysbyty Gwynedd Anaesthetist, Dr Simon Burnell, won first place for their project to develop a short-range communication aid for use whilst wearing Personal Protective Equipment (PPE). The project from the MASK-COMMS team is in response to one of many challenges faced during the pandemic after identifying that face masks in hospital prevented them from communicating effectively. The microphone designed will be small enough to fit inside any PPE face mask and transmit voice through wireless to a wearable loudspeaker. It will provide a customisable platform where a mask-wearing group of healthcare staff can communicate easily in the hospital environment, such as during a surgical procedure.

Dr Sarah Bent, Senior Audiological Scientist and her 'Clear Masks for Communication' group came third place in the Health Hack with a project looking at PPE design to improve the care of audilogically challenged patients.

BCUHB GP Dr Karen Sankey, who founded the Community Care Collaborative came fourth with an idea to create a virtual community, which follows the holistic model of the current physical hub, where people are supported through informal and friendly conversation to access the immediate support they need through a virtual network of partners.

Several of the BCUHB projects who did not win at the event have subsequently been supported to secure funding and find commercial partners and are now progressing, for example Dr Katy Knott, Clinical Psychologist in Wrexham's Pain Team who in undertaking a project looking at digital ways of providing information and support to patients on waiting lists.

Several of this year's Bevan Exemplar projects as well as the majority of the Bevan Adopt and Spread projects have been supported to continue in full or modified format with project leads being supported in progressing background and supporting work, or utilising new and innovative ways of delivering the project.

Fig 2 Bevan work in progress



Work has continued on two projects generated by the Health Hack held earlier this year prior to Covid19. Adam el Lamie Service Improvement Manager for YGC BCUHB CAMHS has now resumed his project developing an application for use with young service users and Rakesh Kumar YG Specialist physiotherapist has managed to progress his digital bike initially aimed at nursing and residential home residents - but now potentially valuable to people who are required to undertake long term shielding.

The Bevan Commission are putting out a rapid call for COVID-10 related challenges for September, and we are working to support BCUHB staff to develop their ideas for submission with several applications already in development.

Rapid COVID-19 product evaluation work has been undertaken in conjunction with Aberystwyth University around the development of a piece of laboratory instrumentation which may have the potential to detect C19 virus in the air....results of a small pilot evaluation are imminent.

Charitable funding has been secured to document and capture the COVID-19 experience. This includes professional photographs and a staff competition. The resultant exhibition "Covid19-Seeing the Unseen" will be exhibited both online and at a number of venues across the community once appropriate. The staff submissions are due to be judged shortly.

Fig 3 Example of COVID-19 – Seeing the Unseen exhibit



Within Primary Care, all GP practices have been offered access to the online platform eConsult for 2 years funded by the Health Board. eConsult is an online service which will offer information, advice, signposting and symptom checking and offer an alternative communication channel with the Practice team.

In some areas secondary case based Occupational Therapists were redeployed to primary care to support patients in the “Extremely Vulnerable” group, feedback from the GP practise has been very positive and in at least one Cluster is now looking at employing an Occupational Therapist on a longer term basis to further develop the role.

Community Pharmacy have implemented healthcare professional telephone lines at key community pharmacies, allowing more easy communication from GPs, OOH service, palliative care teams and dentists. There is also an increased use of alternative technologies to transfer patient information, including use of @wales.nhs.uk emails and IG compliant apps such as Hospify.

Development of pathways for access to end of life care medicines in primary care, information for carers and patients and a new enhanced service to establish ‘hub’ pharmacies that carry increased stocks of key medicines to ensure equitable access across North Wales.

All Clusters established Local Assessment Centres for patients who were COVID-19 symptomatic and in the majority of Cluster integrated virtual Health and Social Care teams were established.

Warfarin monitoring drive through clinics were established on site in the Arfon cluster to stop patients entering the surgery therefore reducing footfall

Pulse oximeters have been purchased in a number of Clusters, Arfon Cluster have given to COVID patients or suspected COVID patients to monitor their condition on a daily basis so that they can be monitored until they are feeling better. Other clusters have given to Care home to monitor residents.

Gofal Seibiant social care providers are assisting the Cluster with undertaking temp/oxygen saturation level checks for housebound clients as requested by the local GP, who will provide readings to practice staff for info/action as appropriate

IPads were issued to Care Homes to enable GPs to undertake remote consultations in the West Area, these were also used by patients to keep in touch with families and friends during lockdown

Summary

Despite the clinical pressures during the pandemic, research, innovation and audit activity has continued at pace generating valuable evidence. Committed clinical teams have supported research, innovation and audit across the health board.

Research and innovation activity has generated a lot of positive media interest with researchers and innovators across BCUHB contributing to local and national television, radio and press interviews.

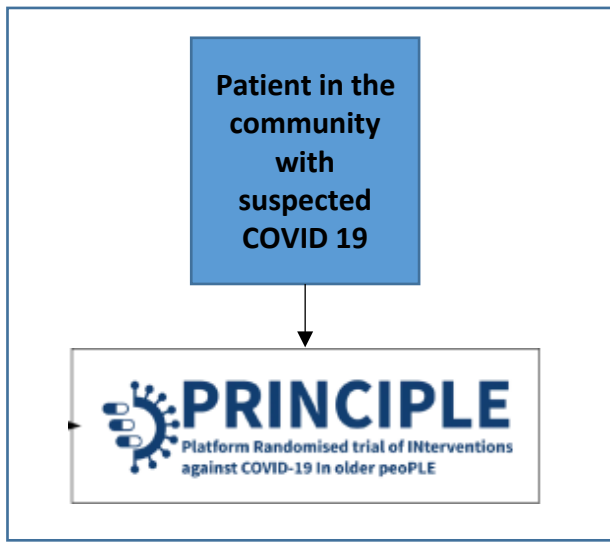
APPENDIX i

Reference	Date Registered/ Confirmed	Research Area	Project title	Principal Investigators (SURNAME, Firstname)	Designation	Department	Status
126600	YG - 19-03-2020, WMH 25-03-2020, YGC	BCUHB-wide	ISARIC - COVID19 - SIARIC/WHO Clinical Characterisation Protocol for Severe Emerging Infections in the UK (CCP-UK) - Tier Zero	Menzies, Dan, Maxwell, M, Subbe, C	Consultants/ Senior Associate Medical Director	Acute medicine, Respiratory	Open and recruiting
281712	27/03/2020	BCUHB-wide	Randomised Evaluation of COVID-19 Therapy (RECOVERY) Dr David Southern WMH, Dr Dan Menzies YGC, Dr Chris Subbe YG	Southern, D. Menzies, D, Subbe, C	Consultants	Acute medicine, Respiratory	Open and recruiting
237150	27/04/2020	BCUHB-wide	REMAP-CAP Randomised Embedded Multifactorial Adaptive Platform Trial for Community Acquired Pneumonia (critically ill patient trial)	Southern, D, Pugh, R.	Consultants	Anaesthetics	Open and recruiting
269326	29/04/2020	YGC and YG	Generics of Susceptibility and Mortality in Critical Care (GenOMICC) Coronavirus Infection in Immunosuppressed Children.	Menzies, D. Thorpe	Consultants	Respiratory	Open and recruiting
281951	26/05/2020	YG and YGC	COPE Study: COVID-19 in Older PEople - the influence of frailty and multimorbidity on Generics of Susceptibility and Mortality in Critical Care (GenOMICC) Coronavirus Infection in Immunosuppressed Children.	Evans, L. Mohamed, I	Consultants	Surgery	Open and Recruiting
282655	26/05/2020	BCUHB-wide	Pregnancy and Neonatal Outcomes in COVID-19 (PAN-COVID)	Owen, H., Armstrong,	Consultant and research midwives	Gynae, maternity	Open and recruiting
45457	20/05/2020	BCUHB-wide	PRINCIPLE Platform Randomised trial of Interventions against COVID-19 in older peOPLE (higher risk patients in primary care trial).	23 Practices including Prestatyn lach (managed practice)	GPs	General practice	Open and recruiting
	30/07/2020	WMH	RECOVERY-Supportive Care - Ventilation Strategies in COVID-19; CPAP, High-flow, and standard care	Harsha Reddy	Consultant	Anaesthetics	Open and recruiting
		BCUHB-wide	PHOSP-COVID - Post-hospitalisation COVID-19 study: a national consortium to understand and improve long-term health outcomes. TIER 1 ONLY	D Menzies	Consultant	Respiratory	In set up
		YGC and YG	Multiarm Therapeutic study in pre-ICU patients admitted with COVID-19 - Repurposed Drugs (TACTIC-R)	D Menzies	Consultant	Respiratory	In set up
		WMH	Mouthwash treatment to reduce the amount of coronavirus in saliva	A Arya	Consultant	Ear, Nose, Throat	In Set up
		BCUHB-wide	Crown Coronation – An international, multi-site, Bayesian platform adaptive, randomised, double-blind, placebo-controlled trial assessing the effectiveness of varied doses of oral Chloroquine and Hydroxychloroquine in preventing or reducing the severity of COVID-19 disease in healthcare workers.				Expressed an interest in undertaking study
			COVIP - Corona Virus disease (COVID19) in Very Elderly Intensive care Patients (VIPs)				Expressed an interest in undertaking study
		YG	MERMAIDS - Multi-centre EuRopean study of MAJOR Infectious Disease Syndromes - Acute Respiratory Infections in Adults				Expressed an interest in undertaking study
282338			Facilitating AcceLerated Clinical validation Of Novel diagnostics for COVID-19				Expressed an interest in undertaking study

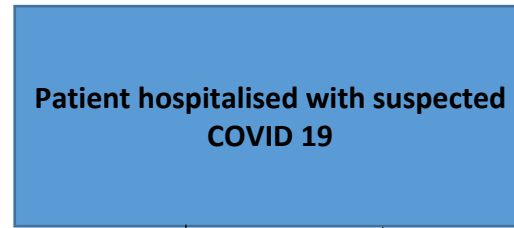
285439

282213

Reference	Date Registered/ Confirmed	Audit/Research Area	Project title	Auditor/ Principal Investigators (SURNAME, Firstname)	Designation	Department	Individual taking overall responsibility for the audit	Designation	Department	Status
19/430	23/03/2020	BCUHB-wide	Outcomes of surgery during COVID-19 (COVIDSURG)	SEYMOUR, Zoe (YG) ALQALLAF, Abdullah (WXM) GALA, Tanzeela (YGC)	CT2 Registrar Registrar	General Surgery	Dr Chris Houlden (YG) Mr Ben Sassi (WXM) Richard Morgan (YGC)	Consultant	General Surgery	Ongoing
19/439	31/03/2020	Glan Clwyd area	Service Evaluation of COVID19 at YGC	DAVIES, Ffyon	F2	Respiratory	Dan Menzies	Consultant	Respiratory	Ongoing
19/440	31/03/2020	Wrexham & Glan Clwyd areas	Outcomes of Cancer Surgery during COVID 19 (COVIDSURG-Cancer)	GALA, Tanzeela (YGC) MELLOR, Katie (Wxm)	Registrar ST4	General surgery	Duncan Stewart (WXM) Richard Morgan (YGC)	Consultant	Surgery	Ongoing
20/001	15/04/2020	BCUHB-wide	UK Coronavirus Cancer Monitoring Project (UKCCMP)	GIBB, Max	Staff Grade	Medical Oncology	Samah Massalha	Locum Consultant	Medical Oncology	Ongoing
20/007	06/05/2020	Wrexham area	Multi-centre prospective audit of home LUTS assessment in men unable to attend hospital due to COVID-19	MOUSSA, Ahmed Shergill, Iqbal Hossain, Mohammad	Endo-urology Fellow	Urology	Ahmed Moussa	Endo-urology Fellow	Urology	Ongoing
20/008	07/05/2020	Glan Clwyd Area	The HAREM Study (Had Appendicitis and Resolved/Recurred Emergency Morbidity/Mortality): A Snapshot audit of the presentation and management of a acute appendicitis in the UK during the COVID-19 pandemic.	GALA, Tanzeela	Registrar	General Surgery	Richard Morgan	Consultant	General Surgery	Ongoing
20/011	07/05/2020	Wrexham area	Flow of patient to emergency antenatal care service during COVID-19 pendumic	RAFIQUE, Munazzah	Consultant	Obstetrics	Srividhya Budithi	Consultant	Obs & Gynae	Ongoing
20/013	07/05/2020	BCUHB-wide	Audit of referrals to OMFS during COVID-19 Pandemic	KUMAR, Deepshikha	Middle Grade	Other (specify)	Anil Kamisetty	Com	Max Fax	Ongoing
20/016	07/05/2020	BCUHB-wide	Outcomes of elective cancer surgery during the COVID-19 pandemic crisis: an international, multicentre, observational cohort study (CovidSurg-Cancer)	JONES, Rosalinde	Consultant	Gynaecology	Miss Rosalinde Jones	Consultant	Obs & Gynae	Ongoing
20/019	13/05/2020	Glan Clwyd Area	Children with Appendicitis during the CoronAvirus panDEmic (CASCADE)	PHILIPS, Louise	Consultant	Paediatrics	Louise Philips	Consultant	Paediatrics	Ongoing
20/020	13/05/2020	Glan Clwyd Area	An international multi-centre appraisal of the management of acute CHOLEcystitis during the COVID-19 pandemic: The CHOLECOVID audit	GALA, Tanzeela	Registrar	General Surgery	Richard Morgan	Consultant	General Surgery	Ongoing
20/026	20/05/2020	Glan Clwyd Area	Adherence to the National PPE Guidance in the local Mental Health Unit - Ablett Psychiatric Unit	PROFFITT, Rhian	CT1	Other (specify)	Raj Sambhi	Consultant		Ongoing
20/029	28/05/2020	Bangor area	Integrate COVID-19 Emergency Care Audit	ALI, Fauza	Speciality Doctor	ENT	Phillip Moors	Consultatn	ENT	Ongoing
20/030	29/05/2020	Wrexham area	Adherence to national PPE guidance in Heddfan (wrexham mental health unit)	Dhandapani, Asha	CT3	Other (specify)	Dr Rajvinder S Sambhi	Consultant	MHLD	Ongoing
20/036	03/06/2020	BCUHB-wide	Evaluation of Point of Care (serological) Covid-19 antibody lateral flow (LFIA) method in the secondary care setting	HARRIS, Sharman	Principal Clinical Biochemist					Ongoing
20/037	03/06/2020	Glan Clwyd Area	Assessment of the newly formed Surgical ED	KARIM, Mostafa	Registrar	General Surgery	Richard Morgan	Clinical Lead	General Surgery	Ongoing
20/039	10/06/2020	Wrexham area	COVID 19 lockdown - did patients with wet Age-related Macular Degeneration (AMD) come to harm due to non attendance?	Shankar, Mr Jai	Consultant Ophthalmologist	Ophthalmology	Mr Jai Shankar	Consultant Ophthalmologist	Ophthalmology	Ongoing
20/043	15/06/2020	Bangor area	Patient outcomes following the introduction of Local Distal Radius Frature management Guidelines in response to COVID 19	CORNISH, Edward	CT2	Trauma Orthopaedics	Mr O Blocker	Consultant	Trauma & Orthopaedics	Ongoing
20/044	16/06/2020	BCUHB-wide	United Kingdom COVID and Gynaecological Cancer Study	LEESON, Simon	Consultant	Gynaecology	Simon Leeson	Consultant	Gynaecology	Ongoing
20/046	16/06/2020	Bangor area	Virtual Hub: Follow up of patients with tele-health	SUBBE, Christian P	Consultant	Medicine	Christian P Subbe	Consultant	Medicine	Ongoing
20/047	16/06/2020	BCUHB-wide	Pregnancy and Covid	RIECK, Gudrun	Consultant	Obstetrics	Gudrun Rieck	Consultant	Obs & Gynae	Ongoing
20/048	16/06/2020	Bangor area	Corona Hands	TANGIRALA, Ravishanker	ST3	Trauma Orthopaedics	E P Jesudason	Consultant	Trauma & Orthopaedics	Ongoing
20/050	18/06/2020	BCUHB-wide	Review of Covid-19 cases and their antibiotic treatment	HUGHES, Aled	Lead Antimicrobial Pharmacist	Pharmacy	Charlotte Makanga	Consultant Antimicrobial Pharmacist	Infection Prevention	Ongoing
20/051	18/06/2020	BCUHB-wide	Elective Otological Surgery during Covid19	KARUTHEDATH, Sridevi	Speciality Doctor	ENT	P L Moore	Consultant	ENT	Ongoing

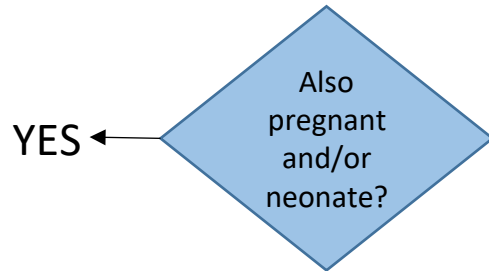


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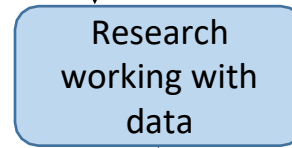
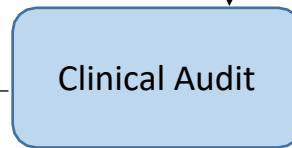


ICU

NO



Children with Appendicitis during the Coronavirus pandemic (CASCADE)



National Covid19 Chest Imaging research database

COPE study:
COVID-19 in Older People



PAN-COVID



BPSU study - Neonatal complications of coronavirus disease (COVID-19)



Cyfarfod a dyddiad: Meeting and date:	Strategy, Partnerships and Population Health Committee (SPPH) 13.8.20
Cyhoeddus neu Breifat: Public or Private:	Public
Teitl yr Adroddiad Report Title:	Test, Trace and Protect (TTP) – SPPH update (Number 1)
Cyfarwyddwr Cyfrifol: Responsible Director:	Teresa Owen (Executive Director of Public Health) Jane Paice, Senior PMO support
Awdur yr Adroddiad Report Author:	Teresa Owen (Executive Director of Public Health) Jane Paice, Senior PMO support
Craffu blaenorol: Prior Scrutiny:	No prior scrutiny.
Atodiadau Appendices:	1: Board Paper 23 July 2020 2: Summary of TTP 3: Contact Tracing Workstream Overview Paper 4: Governance Structure

Argymhelliad / Recommendation:

The SPPH Committee is asked to:

- (a) **NOTE** the progress made in relation to developing a multiagency response programme for the North Wales TTP programme.
- (b) **AGREE** that TTP is a standing item on the SPPH agenda going forward given its key role in Covid19 containment.
- (c) **PROVIDE** feedback on TTP aspects that they would like further information on in the SPPH reports.

Please tick as appropriate

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

The Test, Trace and Protect (TTP) programme in North Wales went live on 01 June 2020. It is a multiagency activity with BCUHB as the lead agency driving the programme forward.

During the set up time for the programme, it was agreed that the programme would report formally through the SPPH committee of the Health Board given the clinical element of the programme. This was agreed with members of the North Wales Strategic Coordinating Group (NWSCG). The SCG stood down on Monday 27 July 2020, and a North Wales Recovery Coordinating Group (NWRCG) is now in place. Update reports will be provided to the NWRCG.

Progress reports have been provided to Board members since set up, and an overview paper went to Public Board on 23 July 2020 (**APPENDIX 1**). This SPPH paper builds on that Board paper, and key documents which underpin the programme are attached for information.

Cefndir / Background:

On Monday 23 March, the Prime Minister announced that the UK was under lockdown to prevent the spread of COVID19. People were only to leave their home for essential travel, all non-essential shops were closed, and people were instructed not to socialize with those outside their households. These lockdown and social distancing measures have been successful at decreasing the transmission of COVID19 in the community. However, there are still significant numbers of new cases and COVID19 related deaths in the UK, and there is still widespread transmission of COVID in the community.

Public Health Wales submitted its “Public Health Protection Response Plan” (PHRP) to Welsh Government on 5 May 2020. This advised on a next phase of the Public Health COVID19 response in Wales which would enable Wales to enter a recovery phase and uplift of the current COVID19 related restrictions. This plan contained three key pillars - Contact Tracing and Case Management, Population Surveillance, Sampling and Testing.

Welsh Government (WG) subsequently released their “Test, Trace, Protect” strategy on 13 May 2020. This was based on the Public Health Wales (PHW) advice.

The North Wales response plan, referred to as the NW TTP Programme, is being managed on a regional footprint under the leadership of the Executive Director of Public Health. A multi-agency regional planning group comprising members of the Health Board, Local Public Health Team and the six Local Authorities was set up to operationalise the response plan within the Region.

In summary, the strategy is in the interests of protecting people’s health, and currently works by:

1. **Testing** people with coronavirus symptoms, asking them to isolate from wider family, friends and their community whilst waiting for a result.
2. **Tracing** people who have been in close contact with anyone who tests positive, requiring them to take precautions through self-isolation for 14 days.
3. **Protecting** the vulnerable or those at risk from the virus, providing advice, guidance and support, particularly if they develop symptoms or have been identified as a contact through the contact tracing process.

The process has been summarised diagrammatically by Welsh Government: <https://gov.wales/sites/default/files/publications/2020-07/test-trace-protect-process-summary-english.pdf> (See **APPENDIX 2**)

Asesiad / Assessment & Analysis

The recent Board paper provides an overview of the activity and approach.

The current governance arrangements are as follows:

TESTING

An Antigen testing groups meets under the leadership of Dr Glynne Roberts.

An Antibody testing group meets under the leadership of Mr Adrian Thomas.

This work has been ongoing for many months. Work is now underway to align this fully under the TTP programme. The Health Board and NWSCG have received regular updates. With the new testing strategy now in place, the Terms of Reference for the groups is under review, and local plans will be further developed.

CONTACT TRACING (CT)

The contact tracing model is based on a three tier model, and an operating framework issued by WG and PHW. We have two leads for this work – Ms Siobhan Adams, Consultant in PH with the BCU PH team as strategic lead, and Ms Wendy Prestage as operational lead.

<i>National Tier</i> <i>[PHW led]</i>	<i>Regional Tier</i> <i>[BCUHB led]</i>	<i>Local Tier</i> <i>[LA (x6) led]</i>
<ul style="list-style-type: none"> National Expertise Once for Wales Coordinated Support 	<ul style="list-style-type: none"> Preparing for and responding to small local clusters Leading the operational delivery including the local contact teams. 	<ul style="list-style-type: none"> Local contact tracing teams, with EHO support

A Regional Planning Group meets weekly to progress the work – this brings the regional and local tiers together to ensure a coordinated regional approach. Seven work-streams have been set up to progress the work. The work-stream overview paper (**APPENDIX 3**) details these. Whilst this work-stream paper is now getting dated given the significant progress made and the pace of the programme development, the following highlight key progress points and achievements:

- We have functioning regional cell and local cells across the region. During our outbreak activity, the cells have worked well together to provide the system response for the region.
- The workforce element has at times been challenging in the main due to the tight timescales. Redeployed staff have been utilised across the patch, but with the agreement that Flintshire County Council hosts the employment for local contact tracers and advisers, we are now progressing recruitment to a more permanent model. This will be underpinned by an Inter-Authority agreement (IAA) which the local tier is leading on. The regional cell is much busier than anticipated in the PHW/WG model. We are actively recruiting more staff to support this tier, given the volume of complex CT activity.
- From a governance and structure perspective, we have a signed Memorandum of Understanding (MOU) in place between the Local Authorities and Health Board, and the equalities and well-being assessments are in progress.

- The data and reporting cell has progressed the 'Data Sharing' agreement and this has been agreed in principle across Wales.
- The CT system is based on a robust IT system (A national CRM system has been deployed). Some teething issues continue with this system, however BCUHB continue to feedback all issues through to NWIS and the TTP national system. The feedback has led to improvements in the system.
- From a finance perspective the WG have now approved a funding envelope of £11.2m to deliver the tracing service across North Wales.
- Our communications and engagement cell continues to be busy sharing national messages. We recognise opportunities to further strengthen this work to support the region.

PROTECT

An initial mini workshop is planned for Thursday 06 August 2020. This work will build on the regional assets.

NEXT STEPS:

This is a fast moving programme of work. The following areas are the key development areas for the TTP team regionally.

(i) PERFORMANCE REPORTS.

We are working with the HB Planning and Performance team to develop a performance dashboard for all aspects of TTP. Currently we provide weekly updates on testing to Board members, and to SCG/RCG, and tracing updates to the Board (as per Board updates) and to SCG/RCG. The new performance dashboard will be informed by the new TTP standards, which we await. These are being developed by the Welsh Government TTP Team, under the leadership of the new Chief Operations Officer – Mr Jeremy Griffith.

Contact tracing data for the period 15/6/2020 – 29/7/2020 is shown below. *(From the 1- 15/6/2020, the region utilised its own IT internal system as we awaited the national system – known as the CRM)*

Local Authority Tracing team	Index Case	Contact
Wrexham	522	682
Isle of Anglesey	170	213
Flintshire	148	231
Conwy	103	108
Gwynedd	98	139
Denbighshire	82	85
TOTAL	1123	1458

(ii) *OVERSIGHT MODEL*

We aim to move from the current regional planning group to an oversight model. Both governance structure charts (current and future) are provided (**APPENDIX 4**) for information, but the newer model is currently in draft, and likely to be amended given the requirements of the local COVID19 plan. This new approach will enable us to streamline the meetings being held, and focus on the future monitoring and surveillance.

(iii) *STAFFING*

We need to strengthen the system by moving to a more robust staffing structure within the local and regional tiers.

- *Local Tier* - Flintshire County Council (as host LA) arranged the advert of the local tier staffing and received over 1000 applications for the posts across North Wales. Work is underway to ensure 'employed' teams start to be in place across North Wales for 1st September 2020.
- *Regional Tier* – We continue to work with LA Environmental Health Officers (EHOs), and PHW to further refine the model as complex case demand continues to grow (as easement continues). Staff are being recruited.

(iv) *IT (CRM system)*

We need to be able to use the TTP process to support local arrangements for the surveillance of Covid19 to recognise potential risks in their communities. This relies on a robust CRM system that we can interrogate easily from a programme perspective. We will therefore be supporting the work on developing the Local COVID19 Prevention and Response Plan for North Wales (This activity is being led by the Executive Director of Planning).

(v) *FINANCE*

From a financial perspective, whilst the financial envelope for Contact Tracing has been agreed for the region, no financial envelope has been agreed for the testing and protect aspects of TTP. We will continue our dialogue with WG on these elements.

(vi) *PREPARING TO MOVE TO SYMPTOMATIC TRACING AND WINTER PRESSURES.*

As the Winter approaches, we expect the TTP programme to move from the contact tracing of confirmed cases, to those individuals with symptoms. This will undoubtedly increase the activity levels for all our testing centres and the three tiers of Contact Tracing activity. We are therefore working on the testing pathways to ensure that the HB relevant processes are efficient and we are also working with the PHW laboratory. We are continuing to work on the CT pathways so they are as streamlined as possible, and we are working on the modelling information given staffing requirements.

Strategy Implications

As already noted, TTP is about containing the virus and breaking the cycle of transmission. This work supports the HB plan, and TTP actions are included in the HB quarterly plans.

Options considered

N/A

Financial Implications

As described in the paper.

Risk Analysis

The TTP work programme maintains an overarching risk register.

Legal and Compliance

A data protection agreement has been reached (across Wales) in principle. We await the signed documentation.

Impact Assessment

Supporting the most vulnerable in our society is a key element of the TTP process (PROTECT). The TTP team is committed to an inclusive approach with impact assessments completed where required.



Cyfarfod a dyddiad: Meeting and date:	Health Board – 23 July 2020						
Cyhoeddus neu Breifat: Public or Private:	PUBLIC						
Teitl yr Adroddiad Report Title:	North Wales Test, Trace and Protect (TTP) Programme - BOARD UPDATE						
Cyfarwyddwr Cyfrifol: Responsible Director:	Miss Teresa Owen, Executive Director of Public Health						
Awdur yr Adroddiad Report Author:	Miss Teresa Owen, Executive Director of Public Health						
Craffu blaenorol: Prior Scrutiny:	<ul style="list-style-type: none"> Board Members have received regular updates on the TTP programme in recent weeks. This paper has been written specifically for the Board. 						
Atodiadau Appendices:	None						
Argymhelliad / Recommendation:							
Please tick as appropriate							
Ar gyfer penderfyniad /cymeradwyaeth For Decision/ Approval		Ar gyfer Trafodaeth For Discussion	X	Ar gyfer sicrwydd For Assurance	X	Er gwybodaeth For Information	X
Sefyllfa / Situation:							
This paper provides an update to the Board on the TTP programme in North Wales.							
Cefndir / Background:							
<p>Test, Trace, Protect is the Welsh Government's approach to testing and contact tracing to help us live with Covid-19 (coronavirus) whilst work continues to find more effective treatments and a vaccine. The strategy aims to enable citizens and businesses of Wales to resume normal activity gradually and safely.</p> <p>The strategy is in the interests of protecting people's health, and currently works by:</p> <ol style="list-style-type: none"> Testing people with coronavirus symptoms, asking them to isolate from wider family, friends and their community whilst waiting for a result. Tracing people who have been in close contact with anyone who tests positive, requiring them to take precautions through self-isolation for 14 days. Protecting the vulnerable or those at risk from the virus, providing advice, guidance and support, particularly if they develop symptoms or have been identified as a contact through the contact tracing process. 							

The North Wales TTP programme is a multiagency partnership activity, with BCUHB as the lead agency driving the programme forward. The programme commenced operational delivery on the 1 June 2020.

From a governance perspective, and given the clinical elements of the programme, the main reporting route for the programme is through the SPPH Committee of the Board who will receive updates on the programme and activity. The Recovery Coordination Group (RCG) will receive regular updates on the activity.

From a Welsh Government perspective, a new Chief Operations Officer, Mr Jeremy Griffiths has been brought in to support the TTP programme delivery across Wales.

Asesiad / Assessment & Analysis

The following section provides a high level description of work underway in each of the TTP areas – Test, Trace and Protect.

TESTING

Covid19 testing is not new work for BCUHB, and Board members have received updates previously. However – testing now forms part of the TTP programme, and as such updates will be provided to the Board as part of the programme overview.

A new WG Testing Plan for Wales is expected to be published during the week commencing the 13 June 2020. This plan will include detail on both antigen and antibody testing. In the meantime, the HB continues to test significant numbers of people everyday.

Antigen *(This tests if someone with symptoms has Covid-19. This type of test is now in widespread use in Wales. It plays an important role in supporting contact tracing and managing the spread of the virus)*

- Four Coronavirus testing Units (CTUs) are currently operational in North Wales. These sites are staffed by the HB, and the samples from these sites go to YGC and South Wales laboratories for processing.
- Two mass testing units (utilizing the UK Gov model) are in place across the region. The Deeside site was the first to utilise the full UK Gov approach, and Llandudno has now transferred to the UK gov model too. This means that they are staffed through the UK Gov approach and the samples are processed through the Lighthouse Laboratory in Manchester.
- Home testing kits are also available for the public to use.
- The weekly data reports on testing across the HB is shared with Board members on a weekly basis. This information is also shared with the NW SCG.
- We await the dashboard of regular data on volumes and Turn Around Times, and a prototype has been developed. Discussions have commenced on a national standard for the TAT element of testing.
- The BCUHB team are working hard to understand the end to end process for the home testing kit approach, given some reporting issues as new IT equipment is installed to support the national electronic request portal.
- Care home testing continues – as per WG requirements.
- A reporting cell has been established to support the issuing of results when the normal mobile text results approach fails.
- The current laboratory capacity in the North Wales laboratories is still 800 tests a day. PHW were looking to temporarily place the Gwent Machine (Starlet) in North Wales but this is now going to its original site in South Wales. Another machine (Nimbus) was installed on the 13 June at Bangor and

this will increase capacity by 288 / day once verified and fully operational. PHW expect a second machine (Nimbus) to arrive in about two weeks' time (based on current company advice) in Wrexham which will offer the same daily capacity.

Antibody *(This tests to see if someone has previously had the virus. The test works by taking a blood sample and testing for the presence of antibodies to see if you have developed some immunity to the virus. Antibodies are produced by the body in response to an infection (immune response). They can usually be found in the blood around 2 weeks after a recent infection).*

Mr Adrian Thomas is leading this work for the HB. On Monday the 15th June, antibody testing for NHS staff and key workers started in BCU as part of a national programme. Three dedicated phlebotomy units opened in North Wales at Ysbyty Gwynedd, Ysbyty Enfys, Llandudno and Ysbyty Maelor, Wrexham.

Priority of testing is set following national guidance from the Welsh Government. Initially, tests were offered to some teaching staff from all six North Wales local authorities, as part of the preparations to reopen schools. The Health Board worked with LA partners to organise this testing. There has also been some availability for BCU staff to be tested. This testing is being organised locally using guidance from the National Antibody Testing Group and Occupational Health.

As at the 9th July, the total number of antibody tests undertaken in BCUHB was 3641. Of the 3641 tests, 254 were positive (7%).

CONTACT TRACING

Since the 1 June 2020 contact tracing is being undertaken across the region.

Most of the contact tracing occurs at the local tier – with teams established by the Local Authorities. The work is undertaken by redeployed staff to support the service. The work is undertaken 7 days a week.

The more complex cases are dealt with by the regional tier (regional cell) This team is based in Preswylfa, and is also operational seven days a week. The regional cell continues to be much busier than anticipated in the model developed by PHW and WG.

When the service commenced, the national IT system was not available for use, and the region developed its own system to support the programme of work. This product development was kindly led by Gwynedd LA.

From the 15th June, a national IT system was in place, and the North Wales teams agreed to utilize the new system – the CRM. The information below illustrates the volumes of cases being dealt with by the teams across the region. *(The information is presented differently given the IT systems in place).*

- Between the 1-14 June, 661 index cases were reported to the region.
- From the 15/6/20 to the 30/6/20, 703 index cases were reported to the region, of which 502 were eligible for follow up. This generated 899 contacts, and 841 contacts eligible for follow up.

Numbers of confirmed cases have reduced in recent weeks. The index case activity for the week commencing 6/7/2020 is as follows:

	06/07/2020	07/07/2020	08/07/2020	09/07/2020	10/07/2020	11/07/2020	12/07/2020
Wrexham	7	16	5	10	0	7	2
Flintshire	0	4	11	0	0	10	0
Gwynedd	0	1	2	0	0	8	0
Anglesey	2	0	0	0	0	4	3
Denbighshire	0	0	0	0	0	0	1
Conwy	2	0	0	0	1	0	1
TOTAL	11	21	18	10	1	29	7

Fuller information will be presented to the SPPH Committee.

The funding letter for Contact Tracing from WG has been received. WG have confirmed that Ministers have allocated funding of up to £11.2M, to the 31 March 2021, to cover the forecast additional cost of the operation in the region. Work is now needed to understand the split of funding (local tier vs regional tier) and the models of each Local Authority and the Regional cell.

It has been agreed by the 6 LAs, that Flintshire LA will act as the lead employer for the contact tracers and contact adviser services at Local Authority level (Local Tier)

From a data sharing perspective, an in-principle agreement has been reached by all NW LAs with PHW that that all LAs will be joint controllers. An interim agreement stands until this is fully resolved.

Discussions are also underway to ensure that there is clarity on the interface between the regional tier (BCU led) and the national tier (PHW led).

PROTECT

There are many PROTECT type activities underway across North Wales already. The focus is on optimising the work underway and ensuring support is in place to support individuals as necessary. A regional mini workshop is being designed to ensure we build on the assets in place across partners. A date is being agreed as this paper is being finalised.

PROGRAMME MANAGEMENT

In terms of the programme management, a regional planning group has been established to support the TTP arrangements, and this is underpinned by seven key workstreams of activity.

The focus of this next period is to ensure the testing work, the contact tracing work, and 'Protect' work come into one overall programme. As the set up elements are now well underway, the team plan to move towards

a regional oversight model, under the leadership of the Executive Director of Public Health. The TTP programme will report into the SPPH committee, and updates will be shared with the RCG too.

Testing – The main risks are:

- Business as usual elements are a concern, as staff are currently redeployed to support the sites in North Wales. Programme of recruitment underway.
- BCUHB is working with PHW Lab colleagues in YGC given some concerns regarding long delays and testing out of turn underway.
- The Turn Around Time dashboard is awaited, but due to be shared this week.
- The financial costs of the testing work are being collated in readiness for WG discussions.

Contact Tracing – The main risks (as noted on the 13 July) are noted below (as per workstream updates):

Workstream	RAG RATING
Technology	RED: An upgrade was undertaken on the CRM on the 13 June. This should resolve the exposure date and SMS issues. With these issues resolved, the CRM will progress to GREEN.
Data and reporting	RED: The Data Sharing Agreement is progressing. The finer detail is in discussion.
Communications and Public Engagement	RED: Concern about the breadth and penetration of the TTP comms and engagement. Particularly as Wales opens to tourists.
Finance	GREEN: Funding envelope has been agreed.

Workstream	RAG RATING
Regional cell	AMBER: Recruiting to support significant workload ongoing. Need to build resilience for summer period and in preparation for winter.
Workforce	AMBER: The recruitment programme is in progress. Urgency to build stable workforce.
Structure and Governance	AMBER: Data Sharing Agreement and MoU have not been signed. Governance of programme needs to be observed.

Protect – None identified at this stage.

INCIDENTS/ OUTBREAKS

The TTP programme in North Wales has helped identify two significant outbreaks in North Wales. Outbreak control meetings are still being held by PHW for the two sizeable Covid 19 outbreaks in the region:

1. Anglesey – An outbreak at the Two Sisters Food Group, Llangefni. (Poultry Processing Plant).
2. Wrexham – An outbreak associated with Rowan Foods, Wrexham.

The Outbreak Control Team Communications activity is being led by PHW (as per national OCT policy). The NW Strategic Coordinating Group (SCG) is using its communications/media cell to support the wider messaging required – which goes beyond the OCT remit.



Test. Trace. Protect. To keep Wales safe.



What do you need to do?

1

You develop at least 1 coronavirus symptom: a new continuous cough; high temperature; or loss of smell or taste.



If you've been within 1m of someone for 1|minute or longer or within 2m of someone for 15 minutes or longer, you'll need to tell us about them. You'll also need to tell us about anyone you've travelled in a vehicle with, or people who've sat near you on public transport.

Please be vigilant for scam callers. We will never ask you for any financial information, bank details, or passwords. If in any doubt, do not provide the information. Texts will be sent from +447775106684, emails will be sent from tracing@wales.nhs.uk / olrhain@wales.nhs.uk, and calls will be made from 02921 961133. No other channels will be used by the NHS Trace, Test, Protect team.



2

You and members of your household follow self-isolation guidance.

3

Take a test within the first 5 days of developing symptoms, when the test is most effective. [Apply for a test here.](#)



4

If the test is negative, no further action is needed by you or others in the household. You no longer need to self-isolate. If the test is positive, you will be contacted by a contact tracer on behalf of the NHS Wales Test, Trace, Protect service. You will only be contacted after you have had a positive test.

6

A contact tracer will get in touch with your contacts. They will tell them that they have been in contact with someone who has tested positive for coronavirus. Your identity will not be revealed unless you give permission. They will be provided with support and advised to self-isolate for 14 days from their last contact with you. Members of their household will not be asked to self-isolate, but should follow the [social distancing guidance](#) and avoid contact with the person isolating at home.



5

You will be asked to provide us with information. We will need to know who you've been in contact with and where you've been in the two days before your symptoms started until now.



7

Your contact will only be advised to take a test if they are displaying symptoms. Testing asymptomatic people is not recommended as it can generate false negatives. If they test positive, the process will be repeated for this person, their household members and contacts.

TRACE YOUR MOVEMENTS. STOP THE SPREAD.
TOGETHER WE'LL KEEP WALES SAFE.

Visit gov.wales/coronavirus



2

(1 of 1)



Test Trace Protect North Wales Regional Planning Group**CONTACT TRACING****WORKSTEAM OVERVIEW**

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1.0 STRUCTURE & GOVERNANCE *information flow, Information Governance, Function, Process*

LEAD – Sally Baxter (BCUHB), Rachel Penman (Wrexham)

1. What has to be achieved by the work stream by 31st May 2020?

- Development and sign-off of National, Regional and Local Governance structures
- Development and sign-off of Memorandum of Understanding between all partners, to include clarity around decision making, accountability and partnership working throughout the governance structure.
- Plan for discharge of duties such as: Equality impact assessment, Data protection impact assessments, Well-being of Future Generations Impact assessment, Welsh Language.
- Ensure robust framework for Information Governance
- Agree format of key reporting documents (e.g. risk log, project plan, highlight reports).
- Agree timetable of reporting.

2. Who will take part in it? Key colleagues supporting x6 LA, PH, BCUHB

- Member: Jackie Irwin (PHW)
- Member: Liz Davies (Ynys Mon)
- Member: Dewi Wyn Jones (Gwynedd)
- Member: Matt Georgiou (Flintshire)
- Member: Lisa Lovegrove (Denbighshire)
- Member: Angharad Wiggin (BCUHB)
- Member: Owain Jones (Ynys Mon) – deputising for Liz as required

3. How this will be achieved? *Frequency of meetings, resource/roles/responsibilities identified, communication plan, risk log, work stream plan....other?*

- Sally Baxter and Rachel Penman will lead this workstream.
- Meetings will be held at 3pm daily via Skype, and report progress to the TTP Regional Planning Group 2 or 3 times per week.
- A risk log will be developed by workstream members with key risks being escalated to the planning group (template attached).
- A workstream plan will be developed by workstream members and reported against to the planning group (template attached).

4. Interdependencies / stakeholders

There are interdependencies with all other programme workstreams. However, in particular with 'data and reporting' and the 'regional cell' workstreams.

Key Stakeholders include: NW LRF, SCG, Local Authorities, BCUHB, Public Health Wales, Welsh Government, the public.

5. When it will be achieved?

- Commencement date: **14.05.20**
- Key milestones / work stream timeline (in summary):

- Proposed Governance structure and MoU – 31/5/20
- MoU signed by all partners – 30/6/20
- Risk register – on going
- Equalities assessment – 31/7/20
- Well being assessment – 31/7/20

6. Success factors, risks and constraints

- Governance arrangements in place
- Signed MoU
- Decisions and accountability at the right level
- Risk register – tbc separately

7. Reporting to: NW TTP Regional Planning Group

2.0 REGIONAL CELL *agree key components, mutual aid, logistics. (this work stream will be Task & Finish – potential to then merge with Workforce or Structures & Governance work stream).*

LEAD – Siobhan Adams, Liz Davis

1. What has to be achieved by the work stream by 31st May 2020?

The Regional cell is an integral component of the Test Track and Trace operation in North Wales, providing both regional oversight to the 22 contact tracing teams and linkage back to PHW at a national level. As such, it needs to be operational prior to contact tracing on the 31st May.

Actions that need to be undertaken by this workstream in order for this to occur are:

- Identify the membership of the Regional Cell and their associated job profiles. This will encompass members who would be expected to be present on a daily basis and those whose presence would be required in response to specific incidents. Members could include: Consultants in Public Health, Senior Environmental Health Officers, Infection Prevention and Control Nurses, Senior Clinicians, Principle Public Health Practitioners, Business Support Managers and Administrators.
- Determine a suitable named person rota from those organisations that would be expected to provide daily cover to the cell (e.g. Local authorities, BCUHB and local Public Health senior team).
- Determine whether the cell should have a physical base, meet virtually or have a hybrid model. If the cell is to have a physical base, its location needs to be decided. Preswylfa (Mold) has a room that may be suitable, as it was previously used for contact tracing, but it needs to be established if this would be feasible for all members of the Regional Cell to reach. If virtual attendance is to be considered, the feasibility of remote or home working should be investigated, especially in terms of the technological requirements to do so.
- Establish the technology required by the cell to fulfil its obligations. Both in terms of communicating with the individual contact tracing cells and PHW but also with any local authority or national systems. As part of this it should be considered if North Wales specific protocols for communication should be established and, if so, what technology is required and how it would work alongside those already inbuilt into the national contact tracing IT system.

2. Who will take part in it? *Key colleagues supporting x6 LA, PH, BCUHB*

- Member: Siobhan Adams
- Member: Liz Davies
- Member: Sally Baxter
- Member: Rachel andrew
- Member: Glesni Owen
- Member: Mark Bowler
- Member: Graham Brown

3. How this will be achieved? *Frequency of meetings, resource/roles/responsibilities identified, communication plan, risk log, work stream plan....other?*

- Meetings will initially be held three times a week, with the frequency being increased if required.
- Communication will be established with PHW to determine:
 - (i) the situations/incidents that the Regional Cell will be required to manage and what will need to be escalated nationally.
 - (ii) the role of the clinical lead of each contact tracing team and their expected proficiency to deal with clinical queries and where they will be based (LA with CTT or HB)

This will feed into the planning of how the cell should be staffed and will operate.

- Once the composition of staff required to operate the Regional Cell is agreed by the principle organisations (Local Authorities, BCUHB and PHW). They will then be responsible for (i) identifying or recruiting suitable staff members within their organisation who can provide the required expertise and (ii) populating a rota to provide cover across all operating hours.
- A risk log will be established for the workstream.
- The workstreams progress will be fed back at the regional planning meetings. Where issues interrelate to other workstreams, communication will be established with these groups to increase efficiency and minimise duplication.

4. Interdependencies / stakeholders

Interdependencies:

- Workforce stream – to establish administrative and business management support for the Regional Cell.
- Structure and Governance stream – ensuring proper processes are in place for communication between the different tiers (local, regional and national).
- Technology stream – ensuring communication and data exchange with the contact tracing cells, Public Health Wales and Local Authorities (as required). As well as investigating the feasibility of remote working.
- Communications stream – identifying the available pathways for the rapid dissemination of information from the Regional Cell to the general public.

Stakeholders:

- Local Authorities, BCUHB and PHW.

5. When will it be achieved?

- Commencement date:
- Key milestones / work stream timeline (in summary):

w/c: 18/05/20: Membership of the Regional Cell and the tasks that members will be expected to carry out established.

Identification of staff who can populate the Regional Cell rota.

Risk log established.

Identification and procurement of the technology required by the Cell to operate.

Decision on the location of the Cell and the manner in which it meets (physical/virtual), including the physical venue if required.

SOPs established for the running of the regional cell

SOP for involvement of EHO in the regional cell

6. Success factors, risks and constraints

Risks: if the Regional Cell is not operational by the 31st of May it is unlikely that North Wales will be able to commence contact tracing.

Constraints: The commencement date of 31st of May provides only 16 days in which to have the Regional Cell operational.

7. Reporting to: 3T Regional Planning Group

3.0 DATA & REPORTING *SOPs, questionnaires, DPIA, Protocols, standardisation, reporting mechanisms,*

LEAD –Mark bowler (Conwy), Gwyneth Page (BCUHB),

1. What has to be achieved by the work stream by 31st May 2020?

- Determine the process for provision of names/contact details to contact tracers
Approve contact tracer script, protocol, training, system for use and means for recording data
Agree support structure in place for escalation, including clinical lead and line management arrangements
- Agree local SOP
Specify the client (Care homes?)
- Define the numbers from the specified client group
- Progress DPIA, ensuring script and questionnaire are considered alongside technological aspects

2. Who will take part in it? *Key colleagues supporting x6 LA, PH, BCUHB*

- Member: Siobhan Adams (PH)
- Member: Delyth Jones (PH)
- Member: Anne Rees (Gwynedd)
- Member: Huw Pritchard (Ynys Mon) / Liz Davies (Ynys Mon)
- Member: Mandy Humphries (Flintshire)
- Member: Heidi Barton Price (Denbighshire)
- Member: Dylan Berrie (Conwy)

3. How this will be achieved?

The group will meet twice weekly at a minimum to progress the workload:

- Obtain approved national SOP to inform local development
- Review of final questionnaire and script (national product) and confirm this links directly to fields in the Information System.
- Obtain National system spec / capabilities
- Review other Health Boards 'wraparound' solution for suitability of use until 8th June / National system is established
- Provide advice and guidance to support the training of contact tracing staff
- Provide set of local operating procedures and documentation to support contact tracing staff as commence
- Capture risk and mitigating actions within the TTP Regional Planning Group Risk log.

4. Interdependencies / stakeholders

Public Health Wales – National SOP, National IT system plus interim system

Technology Work stream - IT system spec, operational system (currently 8th June), IT security – home based workers (+ volunteers?), National DPIA – to local DPIA

Workforce Work stream – contact tracing staff numbers, phasing, trained

Regional Cell Work stream – escalation structure, named clinical leads, support roles identified – which supports remote workers

Testing Cell – booking, home testing, results processes for an integrated client process

Communication & Public Engagement – publicising contact tracing – positive / supportive

Structure and Governance Work stream - Information governance (including Clinical), data protection and safeguarding – which supports remote workers

5. When it will be achieved?

- Commencement date: 13/05/20
- Key milestones / work stream timeline (in summary)

Week commencing	Deliverable	Request for information / support
11 th May	<ul style="list-style-type: none"> • Establish work stream • Agree function • Identify key tasks • Information gathering 	Public Health, Health Boards, Local Authorities IM&T National team
18 th May	<ul style="list-style-type: none"> • Review System details • Review national and available SOP, resources, training, plans • Agree local SOP and pack • Agree 'interim / wraparound' system for use until 8th June 	TTP Regional Planning Group
25 th May	<ul style="list-style-type: none"> • Based on workforce numbers commencing 31st May, agree client group and anticipated numbers • Agree the escalation, management and support structure arrangements • Test process / protocols with 'shadow workforce' 	Public Health Team, Workforce, Regional Cell Work stream, Structure and Governance work stream IM&T / Technology Work stream
1 st June	<ul style="list-style-type: none"> • Go live 	
1/6/20	Data Sharing agreement in place	

6. Success factors, risks and constraints

Success Factors – as determined in section 1.

Risk log extract:



D&R Log and timeline.xlsx

Constraints –

National processes and procedures may override / supersede locally developed systems
Scale of requirement as determined by specific groups (Client groups eg vulnerable groups, Care Home settings)
Inability to view the National system to provide essential planning detail, training and information

7. Reporting to: TTP Regional Planning Group

4.0 Workforce - *Recruitment, rotas, workforce issues, resource, training*

LEAD – Lawrence Osgood/Steven Gregg-Rowbury, Lisa Brownbill / Sharon Carney (Flintshire)

1. **What has to be achieved by the work stream by 31st May 2020?**

To deliver the Test, Trace and Protect strategy this work stream will through partnership working with the Local Health Board and the six Local Authority's across North Wales create, initially through the redeployment of existing staff, local contact tracing teams with a mix of clinical and non-clinical staff who will support those who are symptomatic or have tested positive and their close contacts to stay safe.

To ensure sustainability of the service there will be a requirement to recruit to these positions. This will take place after the 31th May 2020.

2. **Who will take part in it? *Key colleagues supporting x6 LA, PH, BCUHB***

- Member: Dafydd Williams (Gwynedd)
- Member: Lisa Brownbill (Flintshire)
- Member: Sharon Carney (Flintshire)
- Member: Steven Gregg-Rowbury (BCUHB)
- Member: Lawrence Osgood (BCUHB)
- Member: Nia Thomas (BCUHB)
- Member: Gareth Evans (BCUHB)
- Member: Liz Davies (Ynysmon)
- Member: Caroline Williams (Ynysmon)
- Member: Andrew Malam (Denbighshire)
- Member: Emma Safhill (Denbighshire)
- Member: Isobel Mitchel (Conwy)

3. **How this will be achieved? *Frequency of meetings, resource/roles/responsibilities identified, communication plan, risk log, work stream plan....other?***

The group will aim to meet daily where required.

A member from the Communications work stream will meet with this group as required to ensure a consistent and joined up approach is in place

A risk log has been produced and will be reviewed at each meeting. A copy of the Workforce risk log will be provided to the Project group for information and where necessary escalation.

4. **Interdependencies / stakeholders**

- The success of the project is reliant on the ability for all partners to be able to identify and redeploy employees quickly.
- Availability of the technology platform to support service delivery

- Ability to train and induct the workforce
- Close working within the communications to marketing and sell the role to the employees and the general public

5. When it will be achieved?

- Commencement date:

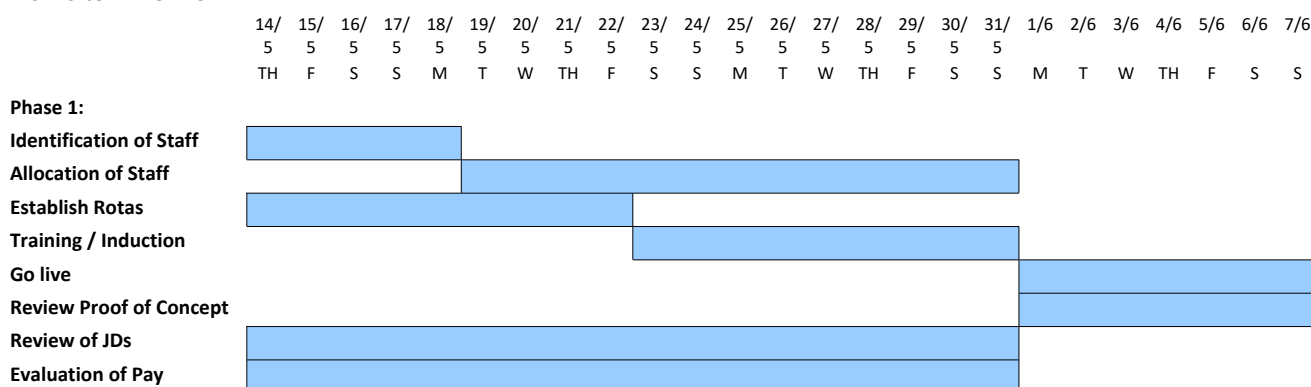
1st June 2020. Propose phased approach consisting of:

One team within each Authority operating 09.00 – 17.00 Monday to Friday to establish proof of concept of the project.

Propose to scale up to mirror the increase / demand of the service?

- Key milestones / work stream timeline (in summary):

Workforce - Time Line



Phase 2: Recruit

6. Success factors, risks and constraints

Success Factors

- Clear project plan and time line
- Workforce plan / rotas
- Learn from other Track and Trace projects
- Location of workforce – Home based / Office / Mix
- Commitment and buy in by all Partners
- Clear communication protocols
- Clear roles and responsibilities

Risks / Constraints (Summary)

- Tight timescale until go live
- Understanding of staff numbers required
- Ability to redeploy staff / recruit staff
- Recruiting at different pay grades within each authority
- Similarity within job role for Contract Tracer / Advisor will cause issues
- Ability to roll out training staff
- Availability of IT platform
- Public buy in
- Wellbeing of employees



Workforce - Risk
Register - as at 17.0!

• **Unknown Issues**

Issue	Action
Exact numbers required (modelling data)	Requested information
Shift requirements – soft roll out	Raise at TTP Project Group
Clarity of job roles	Requested information from other LAs
Location of workforce	Propose initially home based as may be using shielding individuals. Possible roll out to office base in the future. Wellbeing and shift work an issue with home based staff.
Host authority approach to recruitment	Recommend. LA HRs contacted
Availability of employees to redeploy	Requested information from LA HRs
Availability of technology platform	Raise at TTP Project Group
Availability of training material	Raise at TTP Project Group

7. Reporting to: TTP Regional Planning Group

5.0 Communication & Public Engagement

LEAD – Glesni Owen (Denbighshire), *Katie Sargeant (BCUHB) or nominee

1. What has to be achieved by the work stream by 31st May 2020?

- Produce a Draft Communications and Public Engagement Plan and gain approval from the Project Group (C&PE Plan) (attached)
- Communications work stream activity to support the Workforce (recruitment) workstream, two stage approach initial redeployment from Public Sector Organisation with a second phase of “employment” opportunities.
- Start Communications and Engagement with the public and key stakeholders about the Test, Trace and Protect Project, link into Welsh Government national communication.
- Ensure consistent and timely messaging across the Region from all 6 LA, PHW and BCUHB Communication Teams of key messages regarding the TTP project.
- Ensure as many avenues of communication are utilised to ensure messages reach the difficult to reach audience.

More details are included within the Draft C&PE Action Plan

2. Who will take part in it? Key colleagues supporting x6 LA, PH, BCUHB

Member	Second attending	Organisation
Jackie Irwin Jackie.Irwin@wales.nhs.uk		Public Health
* Katie Sargent Katie.Sargent@wales.nhs.uk	Patrick.Roberts@wales.nhs.uk	BCUHB
Sian Owen sian.owen@denbighshire.gov.uk	Gareth Watson Gareth.watson@denbighshire.gov.uk	Denbighshire
Carwyn Meredydd carwynmeredydd@gwynedd.llyw.cymru		Gwynedd
Gillian Watkins gillian.n.watkins@flintshire.gov.uk		Flintshire
Gethin Jones GethinJones@ynysmon.gov.uk	Ceri Cooper CeriCooper@ynysmon.gov.uk	Ynys Mon
** Gill Stevens Gill.stevens@wrexham.gov.uk		Wrexham
** Eirian Holland Eirian.holland@conwy.gov.uk		Conwy

*awaiting nominee from BCUHB, Patrick attended first meeting on work stream

** Nomination not received from Wrexham and Conwy as yet (17/05/20), however contact in both LA Comms Teams have been copied into work to date on this work stream.

3. How this will be achieved? *Frequency of meetings, resource/roles/responsibilities identified, communication plan, risk log, work stream plan....other?*

- **Meetings:** second meeting to take place on the 19th May at which point frequency of meetings will be agreed once national communication has been received and instruction from other works stream in relation to communication needs.
- **Delivery mechanism:** Each communications representative on the work stream will need to take a lead in a particular delivery mechanism, refer to these in the Draft C&PE Plan for details
- **Action Plan:** Full action plan has been drafted within the C&PE Plan



NW TTP
Communications an

4. Interdependencies / stakeholders

- Other work streams from the TTP Project:
 - Workforce – recruitment communication
 - Technology – national messaging regarding App
 - Strategic & Governance - agreement of Communication plan
 - Regional Cell –
 - Finance – budget and costs associated with publicity material, social media boost, regional radio advertising.
- Welsh Government National Communication (Warning & Informing Cymru)
- North Wales COVID-19 Media Cell
- Local Stakeholder: County Councillors, City, Town & Community Council, Voluntary Sector

5. When it will achieved?

- Commencement date: 18th May – Go Live date
- Key milestones / work stream timeline (in summary):
 - Share National Comms plan once messaging has been released.
 - Initial contact to be made with Local Stakeholders to support messaging
 - Writing key message copy for press and social media and stakeholder emails - priority and recruitment messages first.
 - Write copy with appropriate links for use on all partners' and other community websites
 - Write a programme of social media content and scheduling

Full details of Action Plan in C&PE Plan

6. Success factors, risks and constraints

Success factors:

- Number of APP sign-ups
- Number of view/hits on social media platforms
- Number of internal and external recruits to the project following communication recruitment campaign.

Risks & Constraints

- Late release of National Communication could put additional pressure on Comms Team to ensure messages reaches local communities
- Demand on staffing resources for the Comms Team with potential staff sickness due to virus, staff encouraged to carry on taking annual leave
- Communicating messages to hard to reach audiences
- Increase in scams and fictitious calls to the public on the back of genuine CCT calls. Need to have an understanding of the “script” which CCT will be using.

7. Reporting to: Test, Trace, Protect (TTP) Regional Planning Group

6.0 TECHNOLOGY

LEAD – John Thomas (BCUHB), Huw Ynyr (Gwynedd LA)

1. What has to be achieved by the work stream by 31st May 2020?

- Oversee development / implementation of an agreed short term basic interim digital information collection solution as a matter of urgency so that the localised tracing service can operate up to the point digitally if required (without use of paper collection forms) when the new all in one CRM is implemented.
- Ensure all in one CRM solution is available to access from all staff involved in the service across partners from go live date.
- Ensure appropriate telephony / contact centre provision is available to staff required to handle and potentially share calls either through the agreed all in one CRM or through alternate localised arrangements.
- Ensure staff can access the all in one CRM system and conduct calls through appropriate device(s) to be delivered by each partner organisation – laptop, monitor, keyboard, mouse, dock?, telephony headset etc.
- Ensure any enrolment processes are completed in time for staff to work on the CRM system and in line with respective information protection policies.

2. Who will take part in it? *Key colleagues supporting x6 LA, PH, BCUHB*

- Member: John Thomas (BCUHB – Lead)
- Member: Martin Johnson (BCUHB)
- Member: Huw Ynyr (Gwynedd – Lead)
- Member: Neil Payne (Conwy)
- Member: Barry Eaton (Denbighshire)
- Member: Dai Roberts (Wrexham)
- Member: Aled Griffith (Flintshire)
- Member: Matthew Henshaw / Lee Evans (Ynys Mon)

3. How this will be achieved?

- Frequency: To Be Agreed Following Introductory Meeting of Group
- Resources / Roles: As stated above, all partners will be represented to help ensure all staff involved in the new service can operate effectively within their roles.
- Communication Plan: To Be Developed From First Meeting
 - Feedback to the 3T Regional Planning Meetings to be delivered by Leads;
 - Partner Representatives Should Also Feedback into their Localised Partner Project Teams
- Risk Log – To Be Developed

Risk Details	Assessment	Mitigation Measures	Revised Assessment
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1. Interim basic system for support of tracing is not available.		<ul style="list-style-type: none"> Utilise proposed paper forms. Develop very limited scope system locally. Consider housing teams in one location. 	
2. Implementation of the Proposed All In One CRM is Delayed			
3. Delivered All in One CRM System is implemented with limitations.			
4. Delivered All in ONE CRM Does not deliver adequate telephony functionality.			
5. Delivery of Equipment including laptops, headsets etc to 3T Teams is delayed			
6. Enrolment and Registration on to Partner Infrastructure and/or All in One CRM is not completed ready for staff to use.			
7. Localised infrastructure in partner organisations are linked to performance limitations in use of the All in One CRM.			
8. Funding to cover implementation and access to the All in One CRM System is not identified.			

- Workstream Project Plan – Key Milestones

To be set at first meeting.

4. Interdependencies / stakeholders

- Citizens
- Users / Staff
- WG
- Public Health Wales
- BCUHB
- Councils
- Suppliers
- Other Health Boards and Councils

5. When it will be achieved?

- Commencement date: 31/05/20
- Key milestones / work stream timeline (in summary):

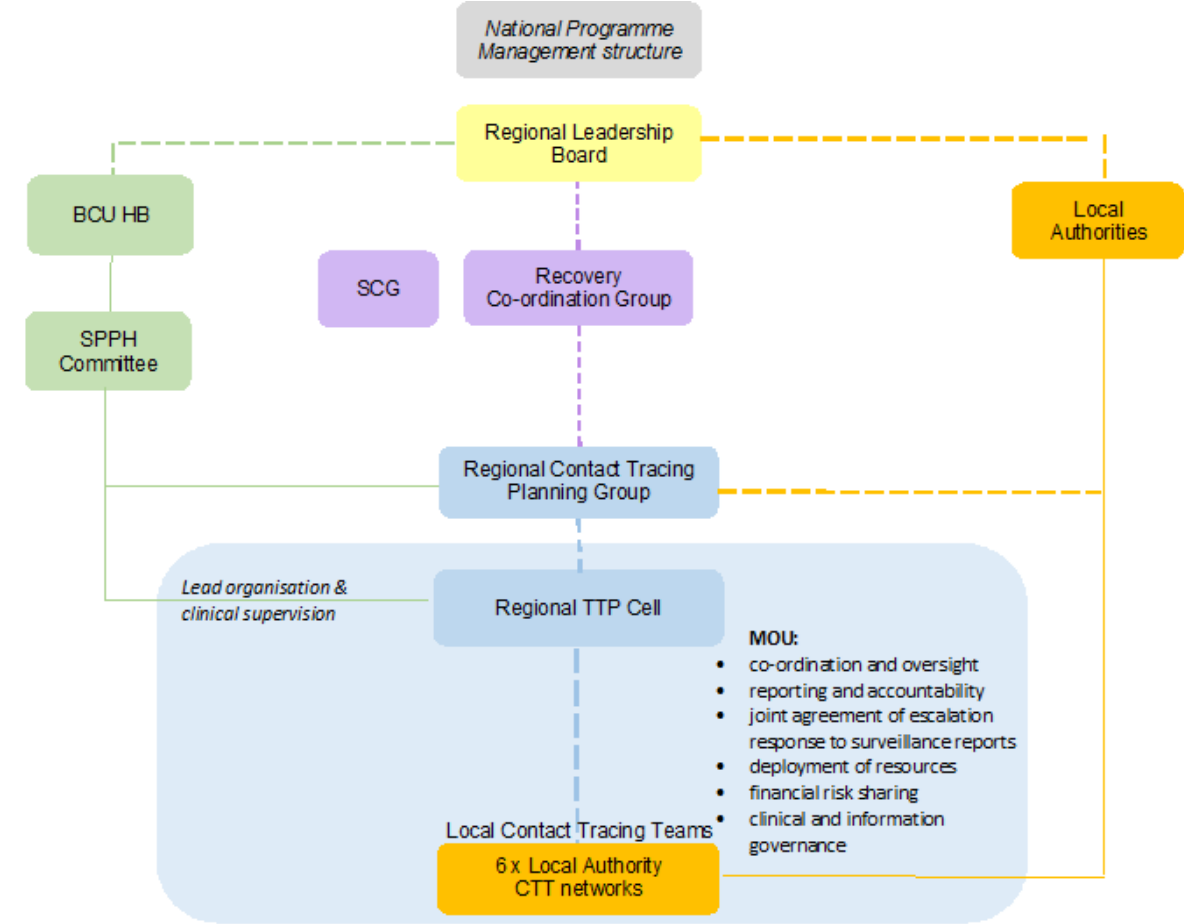
6. Success factors, risks and constraints

7. Reporting to: 3T Regional Planning Group

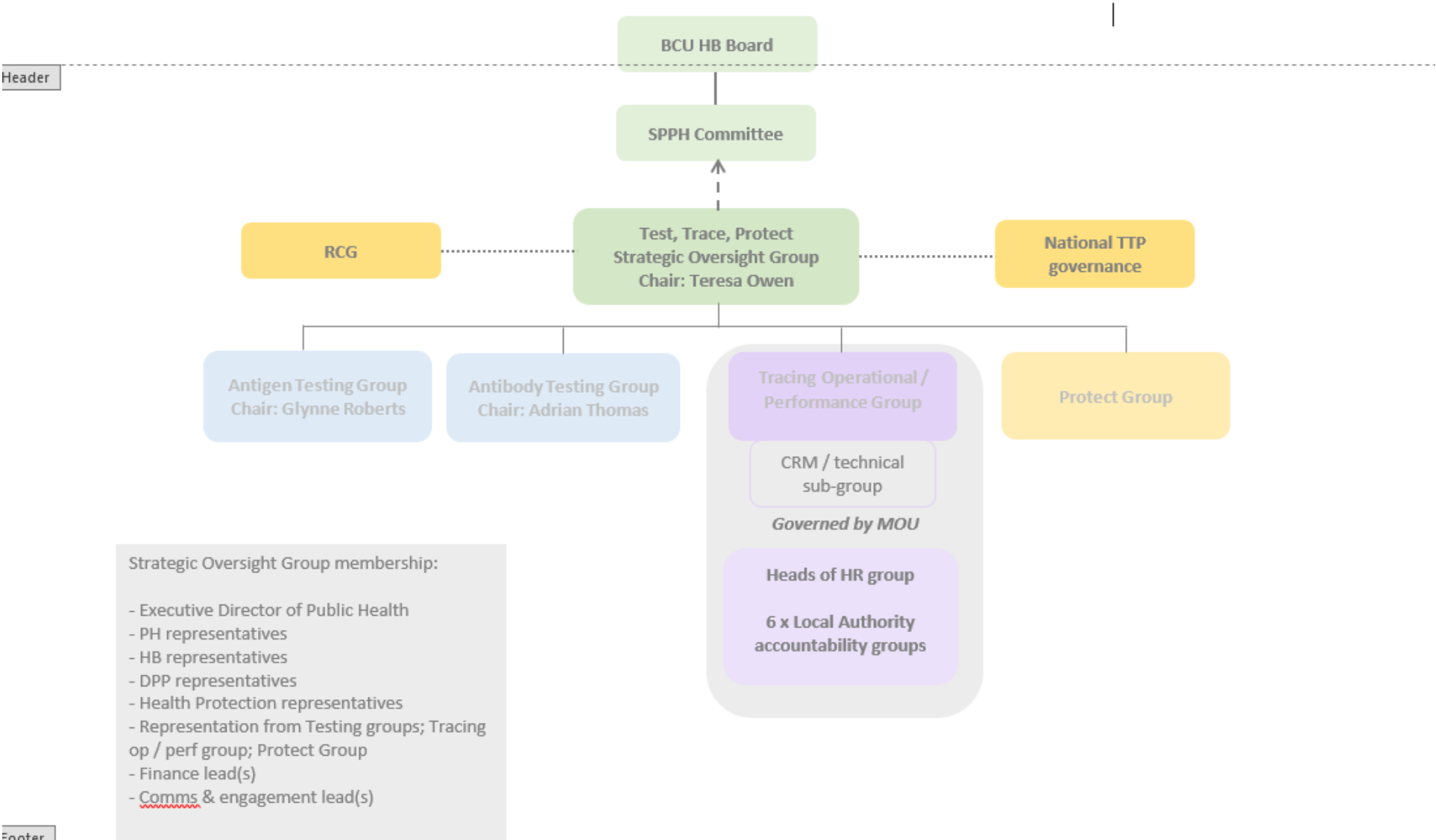
7.0 FINANCE WORKSTREAM

TTP Governance Structure -
Current

APPENDIX 4a



NORTH WALES TEST, TRACE, PROTECT PROGRAMME Workstream cells						
Structure & Governance	Workforce	Technology	Regional Cell	Data & Reporting	Communications	Finance
Regional and local governance structures Memorandum of Understanding Programme documentation Reporting timetable Information Governance Impact assessments	Team structures & job profiles Redeployment resources Training Recruitment Management and accountability	Interim solution for contact tracing Implementation of National Platform Telephony Equipment	Team structure Staffing Management arrangements Establishment of Hub Standard Operating Procedures	Minimum Data Set (?) Data collection Support DPIA Establish Reporting and Escalation	Support national <u>comms</u> plan Identify local stakeholders Develop local and regional plan and resources Manage media interest	Costing of structures and staffing Establish budget management procedures Financial risk sharing arrangements





Cyfarfod a dyddiad: Meeting and date:	Strategy, Partnerships and Population Health Committee (SPPH) 13.8.20					
Cyhoeddus neu Breifat: Public or Private:	Public					
Teitl yr Adroddiad Report Title:	BCUHB Welsh Language Services annual monitoring report for 2019/20.					
Cyfarwyddwr Cyfrifol: Responsible Director:	Teresa Owen Executive Director of Public Health					
Awdur yr Adroddiad Report Author:	Alaw Griffith Welsh Language Standards Compliance Officer					
Craffu blaenorol: Prior Scrutiny:	No prior scrutiny.					
Atodiadau Appendices:	The initial draft of the Welsh Language Services Annual Monitoring Report for 2019-20 is attached as an appendix.					
Argymhelliad / Recommendation:						
The SPPH Committee is asked to endorse and approve the attached report, so it can be forwarded to the Board and ultimately finalised, published and presented to the Welsh Language Commissioner in accordance with the previously agreed timetable (i.e. by the end of September 2020).						
Please tick as appropriate						
Ar gyfer penderfyniad /cymeradwyaeth For Decision/ Approval	<input checked="" type="checkbox"/>	Ar gyfer Trafodaeth For Discussion	<input type="checkbox"/>	Ar gyfer sicrwydd For Assurance	<input type="checkbox"/>	Er gwybodaeth For Information
Sefyllfa / Situation:						
The Health Board is obligated to provide the Welsh Language Commissioner with a Welsh Language Services Monitoring Report on an annual basis.						
This report provides an overview of delivery against key performance indicators, relating to the provision of bilingual healthcare services within BCUHB and demonstrates the Health Board's compliance with the statutory Welsh Language Standards (which the organisation has been subject to since 30 th May 2019).						
The progress made during the last reporting year (April 2019 – March 2020) is highlighted by referencing the numerous initiatives that have been implemented in order to facilitate the delivery of Welsh-medium healthcare services throughout north Wales.						
The Welsh Language Commissioner no longer provides formal written feedback to organisations. However, the Commissioner provided positive and complimentary verbal feedback to the Health Board following last year's Annual Report, and there were no recommendations or suggested improvements.						
Cefndir / Background:						

Having previously reported on the Health Board's compliance with its Welsh Language Scheme (in accordance with the Welsh Language Act 1993), this is the first BCUHB Welsh Language Services Annual Monitoring Report that focuses on our delivery in relation to the Welsh Language Standards (which superseded the previous legislation upon their introduction on 30th May 2019).

Asesiad / Assessment & Analysis

The successful development and delivery of Welsh-medium healthcare services aligns with most of the seven well-being goals that are set-out in the Wellbeing of Future Generations Act 2015, including the development of a healthier Wales; a more equal Wales; and a Wales of vibrant culture and thriving Welsh language.

At the same time, this report reflects many aspects of the Wellbeing of Future Generations Act's sustainable development principle by incorporating long-term thinking (but balancing it with short term need); promoting integration and collaboration; and helping to prevent shortcomings relating to Welsh-medium healthcare service provision, by encouraging the prudent and sensible use of resources to stop problems from occurring or getting worse.

Furthermore, the promotion and delivery of bilingual healthcare services also contributes towards the realisation of all of the Health Board's own Well-being Objectives, namely:

- To improve physical, emotional and mental health and well-being for all.
- To target our resources to those with the greatest needs and reduce inequalities.
- To support children to have the best start in life;
- To work in partnership to support people – individuals, families, carers, communities - to achieve their own well-being;
- To improve the safety and quality of all services;
- To respect people and their dignity;
- To listen to people and learn from their experiences.

Options considered

N/A

Financial Implications

If non-compliance is identified, the Commissioner will undertake an investigation, presenting the final conclusions in a written report. If adequate action is not taken to address shortfalls, the Commissioner will be able to impose a civil penalty of up to £5000 on the organisation.

Risk Analysis

Noncompliance with the Welsh Language Standards would create inherent legislative risks.

Whilst BCUHB continues to lead the way in terms of the the availability and development of Welsh-medium healthcare provision, our ongoing efforts to continuously monitor the procedures, initiatives and schemes that we have created in order to facilitate the delivery of our bilingual services help to mitigate the risk of statutory noncompliance.

Thus, whilst the Annual Monitoring Report is obviously a platform to highlight successes and best practice, the process of collecting data and information during its preparation also allows us to identify shortcomings (in relation to Welsh-medium provision) and to subsequently arrange for specific actions to be taken in order to resolve any existing or potential deficiencies.

'Self-policing' and reporting of this kind also ensures greater accountability and allows potential issues to be identified before they develop into larger problems.

Legal and Compliance

The Welsh Language (Wales) Measure 2011 gave the Welsh language official status and reinforced the principle that the Welsh language should not be treated less favourably than the English language in Wales. The Measure also created the procedure for placing statutory duties on organisations in the form of Welsh Language Standards.

BCUHB has been subject to these benchmarks since 30th May 2019 and this report explains how the organisation has been able to adapt successfully to the new legislative framework and continue to operate in accordance with the relevant statutory requirements (in relation to the Welsh language).

Impact Assessment

An impact assessment wasn't required in connection with the creation of this report. Indeed, the purpose of the report itself is to ensure and confirm that due regard is given to the delivery of Welsh language services and the promotion of equality within BCUHB.



Defnyddiwch eich
CYMRAEG yn y gwaith

Use your
WELSH at work

Welsh Language Services



Annual Monitoring Report

2019
-
2020



NHS
WALES
GIG
CYMRU

Bwrdd Iechyd Prifysgol
Betsi Cadwaladr
University Health Board

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Executive Summary

This is the first report to address the statutory duty of Betsi Cadwaladr University Health Board (the Health Board) to provide an annual account to the Welsh Language Commissioner on compliance with the Welsh Language Standards since the imposition date of 30th May 2019. The Health Board had made progress to prepare the organisation for the implementation date to ensure full compliance with the Standards under the Welsh Language (Wales) Measure 2011.

The report reflects the requirements and content as stated within Standard 120 of the Welsh Language Standards:

- Complaints
- Workforce Planning
- Recruitment
- Language Skills
- Training to improve Welsh language skills

This report also gives an overview of general progress including key achievements and good practice as well as areas for development.

The report reflects work undertaken to progress the *Bilingual Skills Strategy*, implementation of *More than just words* and the 'Active Offer' principle, meaning the provision of a Welsh medium service without the service user having to request it. A Strategic Plan and associated Work Programme are in place to ensure comprehensive delivery of these requirements. Self-governance and monitoring continue to be key aspects of the work undertaken this year, which has led to tighter performance measures and accountability.

This report builds on the Health Board's previous annual reports, reflecting improvements and progress made during this reporting year.

At this point, we must also refer to the challenging and unprecedented times faced by the Health Board with the spread of the worldwide pandemic of the Coronavirus (COVID-19). From March 2020 onwards, the Welsh Language Team had adapted to working from home whilst continuing to provide a full support service for staff, although it has not been possible to be proactive in developing further projects at this time. All meetings were cancelled, and with the situation changing on a daily basis, a few staff members were redeployed for two to three days a week to provide support within other sectors. However, every opportunity was taken to emphasise the importance of continuing to provide bilingual services, and a message conveying this was sent to senior staff members. The translation team continued to provide a full service, and continued to be extremely busy translating daily briefings, press releases, and patient letters and information leaflets as the Health Board adapted to the new norm. The Welsh language tutor offered Welsh lessons over Skype and email for the Health Board's learners and also on the 'Dysgwyr Betsi' Facebook and Twitter pages.

Background and the current situation

This report not only reflects the Health Board's progress against the requirements noted in Standard 120, it also demonstrates how we have planned our services to address the needs of our population.

Understanding our population needs

Understanding population needs is essential to inform our ability to design and deliver services in North Wales. Gwynedd has the highest proportion of Welsh speakers, 65 per cent, although we know that this can be much higher in some areas of the county. Elsewhere in North Wales, 57 per cent of residents on the Isle of Anglesey speak Welsh, 27 per cent in Conwy and 25 per cent in Denbighshire. The proportion of Welsh speakers in Flintshire (13.2 per cent) and Wrexham (12.9 per cent) is lower in comparison, however, the demand for Welsh medium services is prominent, taking into account rural Welsh speaking areas that access services delivered in the east region of North Wales.

In terms of day-to-day usage of the language, the *North Wales Population Needs Assessment*¹ demonstrates that just over half (53 per cent) of Welsh speakers in North Wales are fluent in the language and 63 per cent speak Welsh on a daily basis. In Gwynedd, 78 per cent of Welsh speaking residents are fluent and 85 per cent speak Welsh every day. The level of Welsh spoken, particularly in the north west of the region, influences the number of people choosing to access services in Welsh. In Gwynedd, 37 per cent of people attempt to use the Welsh language at all times when contacting public services. This information has assisted the Health Board in identifying the need for Welsh medium services and has enabled us to plan based on meeting this demand.

The Welsh Language Services of the Health Board

The Health Board's Welsh Language Team consists of four services that supports the organisation to both deliver legislative requirements and to address our patients' needs.

1. Legislative Compliance
Ensuring that we support the organisation to deliver its obligations under the Welsh Language (Wales) Measure 2011, facilitated by our Welsh Language Standards Compliance Officer.
2. Promotion and Engagement
In line with the operational elements of delivering the *More than just words* Strategic Framework, our Welsh Language Officers actively support services and initiate projects and schemes that will provide effective customer service.
3. Training Provision
Our Welsh Language Tutor and Support Officer ensure organisational

¹ <https://www.gwynedd.llyw.cymru/en/Council/Documents---Council/Strategies-and-policies/Health-and-Social-Services/North-Wales-Population-Assessment/NW-Population-Assessment-1-April-2017.pdf>

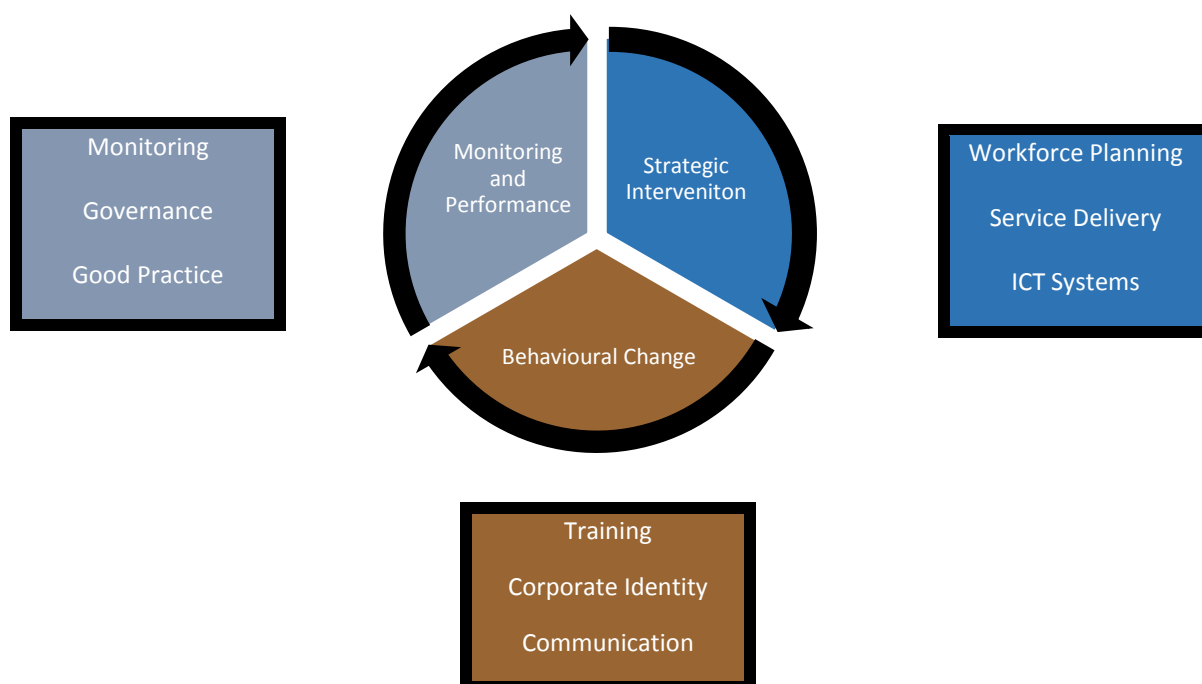
development in line with our Bilingual Skills Strategy and the wider Welsh language agenda.

4. Translation Services

Our senior Translator and five translators ensure that the organisation is able to provide information to patients in their preferred language, and are also providing simultaneous translation to facilitate language preference in clinical and corporate settings.

Self-regulation and Governance

Developing a clear strategy enables us to achieve our objectives and our *Welsh Language Strategic Plan*, has enabled us to focus through our dimensions of Behavioural Change, Strategic Intervention and Governance & Performance.



Our work programme over the past year has been built on these key dimensions and we have seen our services going from strength to strength.

Overall Board Accountability

Our Welsh Language Strategic Forum, chaired by our Executive Director of Public Health, establishes our internal governance arrangements. The Terms of Reference steers our strategic approach, with membership consisting of senior and active leaders who are able to drive requirements forward. The Forum reports to the Health Board's Strategy, Partnership and Population Health Committee, which is a Committee of the

Board, and chaired by the Vice-Chair. There is a clear scrutiny route as well as arrangements for escalating any issues of significance.

Welsh Language Services Risk Register

It is essential that the Health Board recognises possible areas of risk in relation to the Welsh language and a dedicated Risk Register is in operation. Current potential risks include meeting the demands of the Welsh Language (Wales) Measure 2011, implementing the Active Offer principle in line with Welsh Government's Strategic Framework *More than just words*, and delivering the *Bilingual Skills Strategy*.

All risks have remained the same during 2019-2020, and the risk rating is currently at moderate or minor. Controls have been put in place to mitigate any complex issues and to determine further actions required to achieve target risk score. The current pandemic might escalate the risks with the team's inability to be proactive during this period. This will be taken into consideration when assessing the risks.

The Welsh Language Services Risk Register is monitored quarterly, and reported upon bi-annually to the Welsh Language Strategic Forum.

Incorporating the Welsh language into wider planning and performance

Ensuring that the Welsh language is fed into the overall wider planning of the organisation is key to achieving our goals and dimensions. The *Well-being of Future Generations (Wales) Act 2015* requires us to think more about the long-term, with a focus on a Wales of vibrant culture and thriving Welsh language being one of its seven well-being goals. This drives us to work better with people, communities and other organisations, as well as directing us to adopt a more joined-up approach. As such, Welsh language requirements has been mainstreamed into our strategy for the future, *Living Healthier, Staying Well*, with short-term goals and commitment having been established in our Three Year Plan. This has allowed us to unite our requirements in delivering the Welsh Language Standards and *More than just words*, as well as having a clear focus on developing our *Bilingual Skills Strategy*, leading on delivering a comprehensive Translation Service and facilitating Primary Care developments as part of our cluster planning. The Welsh Language Team provide bi-annual updates to the Planning Directorate on its operational service plan, providing assurance and RAG rating of our compliance and timescales.

Welsh language requirements has been incorporated into the Integrated Quality and Performance report submitted to the Board, reporting on Welsh language data completeness of skills on the Electronic Staff Register. Any breach or failure to achieve targets requires the completion of an exception report, detailing robust actions on achieving compliance for the following quarter.

Welsh language key priorities are also incorporated into the NHS Wales Delivery Framework and bi-annual reports are submitted via our Performance Directorate for submission to Welsh Government. This has ensured that Welsh language is mainstreamed into internal processes and monitoring, securing an organisation wide platform for ownership and delivery.

Bilingual Services Monitoring (Mystery Shopper) Scheme

The Health Board has continued to operate an internal Bilingual Services Monitoring Scheme during 2019-20.

Through a combination of site visits and mystery shopper surveys, this ongoing scheme – which was originally introduced in March 2018 – continues to scrutinize the availability and quality of Welsh-medium services at various BCUHB locations on a quarterly basis.

A number of community hospitals, managed practices and acute (main) hospital departments are included in each round of surveys, which focus on signage (both permanent and temporary) and the provision of reception and telephone services.

After these inspections have been concluded, relevant site / practice / service managers are then provided with bespoke reports (which include a breakdown of the pertinent findings and suggestions for possible / required actions) and are subsequently invited to work alongside members of the BCUHB Welsh Language Team to ensure that any necessary changes and / or improvements can be put in place as quickly as possible.

As managers remain willing and committed to secure improvements, the ongoing implementation of the Bilingual Service Monitoring Scheme has continued to ensure that various shortcomings can be identified and quickly rectified at sites throughout north Wales and this has naturally contributed to the general development and enhancement of the Health Board's Welsh-medium provision during 2019-20.

Furthermore, as some sites have now been included within the Bilingual Service Monitoring Scheme for a second time, it has recently become possible to gauge whether or not progress is being made at specific community hospitals and managed practices.

Indeed, by comparing newly collected data with initial baseline results (from surveys that were conducted during the summer and autumn of 2018), it has become increasingly clear that the general availability and quality of Welsh-medium service provision has improved at various locations during the past eighteen months.

This is especially true of sites within the Health Board's East Area, where specific steps have recently been taken to secure progress, after a previous round of Bilingual Service Monitoring Scheme surveys revealed that the standard of Welsh-medium services at one of the region's managed practices was unsatisfactory.

A little over a year later, the quality of bilingual provision at that particular practice has now improved significantly, whilst similar positive developments have also been recorded at a number of other East Area sites.

Along with evidencing progress, the Bilingual Service Monitoring Scheme also now provides assurance, as recent findings have confirmed that previously recorded high

standards are being maintained at several locations in the Health Board's West Area.

Beyond this, the ongoing 'mystery shopper' surveys have also continued to uncover numerous examples of existing good practice in relation to the Welsh language: these are all recorded and subsequently shared with other sites / practices / departments, as appropriate.

To ensure increased accountability, general findings are still shared with Area / Hospital Management Teams and BCUHB Welsh Language Strategic Forum members on a quarterly basis.

By doing this, broader trends continue to be identified (and dealt with), alongside more localised issues.

Welsh Language Standards

The Welsh Language Standards have now been in operation since the imposition date of the 30th May 2019. Last year's report mentioned the internal campaign which was about to be launched to raise awareness of the new legislative requirements with the strapline 'Are you ready?'. A series of All Users emails were sent over a few weeks prior to the 30th May to engage with staff and raise their awareness of the requirements of the Standards. An email signature was also created and added to the email signature of the Welsh Language Team as well as members of the Welsh Language Strategic Forum, and members of the Welsh Language Standards Project Management Group to ensure wide circulation.



This led to numerous enquiries from staff as well as requests for the Compliance officer to attend meetings to discuss the requirements, which also provided an opportunity for discussions on specific issues with services. Examples of meetings held include a meeting with Speech and Language Therapy team leaders in Wrexham and Flintshire, a Community Mental Health Team in Conwy, Minor Injury Operational Group Meeting, Ysbyty Alltwen. A booklet has also been created to provide information on the Welsh

Language Standards, and Welsh language Services generally. It also includes information on 'More than Just Words', the translation service, learning Welsh, resources available, recruitment as well as a check list for departments.



One of the main focus for the Welsh Language Standards Project Management Group was to conduct a baseline audit of compliance with the Welsh Language Standards within their services. A comprehensive questionnaire was sent to the Hospital Directors and members of the Welsh Language Project Management Group. A fair amount of questionnaires were returned, demonstrating good progress across the Health Board in terms of awareness of the need to provide services bilingually. The analysis of the questionnaires is ongoing, with services required to provide regular updates on progress for the Welsh Language Strategic Forum. Examples of areas where progress has been made include administration services. All frontline posts are advertised with the Welsh language as an essential skill. Signage has been provided for all reception areas to demonstrate the availability of a Welsh language service. The online 10 hour course has also been widely publicised with frontline admin staff. Also, a new switchboard system is in development to ensure that Welsh speakers, via an automated message, can choose to be put through to a Welsh speaking telephonist to deal with their query. This has meant significant investment from the Health Board to improve accessibility to Welsh language services for the public. The new system will be in operation from September/October. The Welsh Language team will be involved in providing support to staff to ensure full compliance with the Welsh Language Standards from the outset.

Another focus for the Welsh Language Standards Project Management Group has been the development of an assessment in accordance with Standard 63 for assessing the need to offer courses through the medium of Welsh. An example of good practice and the Health Board adapting to the new norm during Covid-19 is a bilingual virtual ante-natal session which has been developed. The online resources are fully bilingual and the service is able to provide sessions and advice to parents in both English and Welsh.

A policy on using Welsh with inpatients is awaiting approval and focuses on rolling out the Language Choice Scheme using the orange 'Working Welsh' logo in magnet form to identify patients' preferred language. This scheme Initially piloted on selected wards at Ysbyty Gwynedd, Bangor, in early 2017, has gradually been extended to other wards and hospitals throughout north Wales. Also included in the policy is the work undertaken to mainstream the Welsh language into the Ward Accreditation Scheme

whereby staff are presented with a set of standards to frame our quality, safety and patient care agenda. The resources for the scheme include bilingual welcome boards, patient safety boards, patient experience boards, and magnetic symbols.

Several sub-groups to the Project Management Group have continued to meet in order to address more local issues and information or good practice is then fed back to the Project Management Group. One example is the group set up within Ysbyty Glan Clwyd, consisting of Administration Managers from across all services. The members have provided guidance to admin staff on dealing with telephone calls, reception services, signage, and promoting Welsh lessons, in particular the 10 hour online course provided by the Centre for Learning Welsh.

More than just words

As March 2019 marked the end of the three-year period covered by the Welsh Government's follow-on *More than just words...* strategic framework, a further Action Plan was developed to provide a clear structure for continued progress in relation to the promotion and provision of Welsh language services in health, social services and social care during 2019-20.

BCUHB continues to lead the way in this field and maintaining a broad compliance with the aims and principles advocated by *More than just words...* remains centrally important, in this regard.

This is clearly exemplified by the continued implementation of the Health Board's award-winning Language Choice (orange magnet) Scheme, which ensures that the delivery of the 'Active Offer' principle (i.e. that a Welsh-medium service can be provided without someone having to ask for it) remains at the heart of service delivery on hospital wards throughout north Wales.

Indeed, during the past twelve months, the Language Choice Scheme has been further expanded to include wards at both Ysbyty Glan Clwyd and Wrexham Maelor Hospital, whilst the instantly recognizable magnets are also now utilised to identify Welsh speaking patients at almost every community hospital within the BCUHB region.

The Health Board's position at the forefront of Welsh-medium healthcare service provision is further reflected by the fact that some of the latest *More than just words...* targets had already been implemented within BCUHB for some time, before they first appeared within the Action Plan for 2019-20.

This is true of action 4.1, for example, which calls for 'support to be given to staff to deliver services in Welsh' by 'focusing in particular on encouraging and empowering Welsh speakers to use and develop their Welsh language skills': through her range of structured courses, the BCUHB Welsh Language Tutor has now been providing such support for Health Board employees over three years.

- | | |
|-----|--|
| 4.1 | Support to be given to staff to deliver services in Welsh, focusing in particular on encouraging and empowering Welsh speakers to use and develop their Welsh language skills. |
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Furthermore, BCUHB staff can also attend confidence boosting sessions, which are tailored specifically for individuals who already have some Welsh language skills, but currently lack the self-belief to use the language in the workplace.

Whilst some of the targets within the *More than just words...* Action Plan for 2019-20 might therefore have been influenced by initiatives that were already in place within BCUHB, the document also includes a number of other objectives, which the Health Board has been required to implement from scratch.

We have acted quickly to contribute towards the regional realisation of action 2.5 (below), for example:

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|-----|---|
| 2.5 | The Cymraeg Byd Busnes pilots in primary care to be developed to support sharing of best practice. A toolkit for primary care to be produced as part of this work |
|-----|---|

Having initially provided a number of examples of good practice for inclusion within the proposed toolkit, a member of the BCUHB Welsh Language Team also subsequently worked alongside Cymraeg Byd Busnes and the Welsh Government on a pilot scheme to provide support for seven independent GP practices / surgeries / medical centres within the South Flintshire primary care cluster.

At the same time, another member of the team has been contributing to a similar scheme, which aims to provide basic Welsh-medium assistance and encouragement for primary care providers in Anglesey: this localized project was developed through the Fforwm Iaith Ynys Môn (Anglesey Welsh Language Forum) group and is therefore independent of the official Welsh Government primary care pilot.

Much of BCUHB's work in relation to *More than just words...* is either informed, guided or supported by the North Wales *More than just words...* Forum, which meets on a quarterly basis to facilitate the continued regional implementation of the Welsh Government's strategic framework for Welsh language services in health, social services and social care.

The Health Board was primarily responsible for the establishment of this multi-agency group, which first met in May 2016 and was subsequently recognised for its positive and influential work with an award in the Innovation category at the Welsh Government's 2017 *More than just words...* Showcase Event in Cardiff.

The Forum – which includes representatives from a number of relevant organisations (including all six local authorities, Social Care Wales, the Wales Ambulance Service NHS Trust and Bangor University's School of Healthcare Sciences) – has continued to thrive during the past twelve months, under the chairmanship of Morwena Edwards (who is the Corporate Director of Social Services at Gwynedd Council and also a BCUHB Associate Board Member).

It remains a stage for sharing information and examples of good practice and continues to demonstrate the benefits of following a collaborative approach in order to ensure the successful delivery of some *More than just words...* objectives.

Indeed, in response to the northern Forum's sustained success, the following action was included within the 2019-20 Action Plan:

- 6.2 Further support the development of the regional *More than just words* forums across Wales which draw together representatives from a number of health and care organisations in order to promote joint working, share best practice and support progress on a regional level.

As some other regional *More than just words...* groups have subsequently been established, members of the BCUHB Welsh Language Team have continued to provide advice and assistance, as required, in order to expedite their initial development.

Welsh Language Training Developments

Welsh language training has been prominent and played a key role in implementing the Welsh Language Standards and our Bilingual strategy. We continue to work strategically to prioritise delivery of Welsh language training for front line staff, including, but not limited to, the following areas:

- Staff in clinical services which patients / service users in the following categories will access regularly:
 - Children and young people
 - Older people
 - People with learning disabilities
 - Mental health service users
 - Dementia services
 - Stroke services
 - Speech and language therapy services

The Health Board's In-house Welsh Language Training Programme

This year, we've been working closely with workforce in order to identify posts that are required to be 'Welsh essential' according to the Welsh language standards. If staff that are currently not confident or fluent in Welsh are appointed to these posts we work in collaboration with their managers in order to develop a specific Welsh language developing programme for them as part of their PADR and development in their new posts.

In order to implement a Welsh Language Developing Programme for posts advertised as 'Welsh Essential' we've re-written and revised our Welsh language Skills Matrix in order to offer a clearer guidance on what is deemed as 'Welsh Essential' as some

posts require fluency in both written and verbal skills (Level 5 Welsh Language Skills), whilst other posts require verbal face to face fluency only (Level 3 Welsh Language Skills). Providing a clearer analysis of Welsh Language Skills required for posts allows more clarity for workforce and during the recruitment process. We're continuing to work strategically, providing in house courses that are specifically developed for different areas within the health sector e.g. medical assessments, care of the elderly, reception and front of house courses, answering and dealing with telephone queries.

This year also we've continued to work in collaboration with the Postgraduate Centre at Ysbyty Gwynedd and developed a specific Welsh language taster course online in order to help with the recruitment of F1 and clinical fellow. The purpose of the course is to show how BCUHB can offer support for staff that want to develop their Welsh language skills.

Welsh Language Skills Certificate - *Coleg Cymraeg Cenedlaethol*

The Health Board is the first and only organisation in Wales other than higher education establishments to pilot this initiative.

The *Tystysgrif Sgiliau Iaith* (Welsh Language Skills Certificate) is a recognised and accredited qualification by the *Coleg Cymraeg Cenedlaethol* and the Welsh Joint Education Committee developed to enable applicants to acquire a certificate evidencing their Welsh language skills and ability to work through the medium of Welsh. It also aims to boost the ability to communicate confidently and professionally in Welsh, in written and verbal form in order to respond to the needs of the local population and service users.

Following the success of the scheme in 2018/19, the Health Board has been offered to continue its collaborative working with the *Coleg Cymraeg Cenedlaethol*, extending the agreement further, this year 3 members of staff completed the oral examination but due to the Covid-19 pandemic the written examination has been postponed, we're awaiting a new date for the written examination.

Working with the Work Welsh programme, National Centre for Learning Welsh

The pilot program began in 2017 with the Work Welsh initiative offering residential courses at Nant Gwrtheyrn and access to the online taster welcome course, before starting to implement a specific scheme for BCUHB in April 2018, that led to the appointment of a dedicated Support Officer to support members of staff registering and completing Work Welsh courses.

Welsh Language Training Support Officer

Exemplar of achievements and accomplishments in learning Welsh

With over 650 members of staff accessing Welsh language training over the past reporting year, there are numerous examples of excellent practice and successes. Here are some inspirational examples of individuals and groups who have been learning Welsh over the past 12 months.

The Officer is a great asset and brings the following benefits to BCUHB.

- Contact for Welsh at Work courses (Online Course, Intensive Courses and Nant Gwrtheyrn Courses)
- Online course - This course has now attracted hundreds of staff to try their hand at learning Welsh, and has led to others joining classes. This is through the officer promoting and marketing the courses and offering drop-in sessions to give staff a boost and a helping hand to continue the course.
There has been considerable increase in numbers e.g. in May 2019 there were 189 registered and 18 completed the Health course, however, by October 2019 there were 282 enrolled and 35 completed this course.
- Nant Gwrtheyrn - **145** staff have now attended NG courses. All courses have been full. The officer will join the lessons for a day and act as a link between NG and the Health Board. Following attendance at NG, the Officer will offer 1: 1 support or drop in sessions to past attendees. A chat club, whose core members will be attendees of the October Intermediate Course, will start in January 2020.
- Intensive Courses - The Officer attends the classes on a monthly basis to act as a link for the attendees, as well as having the opportunity to discuss with the tutors. The Officer will also take the class for half an hour to transfer what has already been learned and apply it to the workplace.
- Ffrindiaith - a buddy scheme for fluent speakers and learners
- 1: 1 Sessions - as needed e.g. discuss learning needs, catch up, get up to the standard of intensive, residential courses.
- Learner of the Year - Organize a prestigious event that includes several elements e.g. promotion and marketing, arranging dates and venues, organizing forms and applications, organizing and securing prizes etc.
- Clebran Club (chat and a cuppa) - established in Rhyl for staff of various levels to run fortnightly
- Take beginner classes / taster / bridging Welsh on-line courses.
- Gossip Lunch - once a month in the main hospital restaurants
- Promotion and marketing stands and awareness of what is available for staff to learn Welsh
- Creating leaflets / posters / information documents for staff
- Promotional and marketing walks around community wards / departments / hospitals
- Establish a closed staff-only Facebook page as a place to discuss and voice opinions, and another for the wider public, to share information and good news

- Write short adverts / articles for inclusion in the Health Board's weekly information bulletin
- Compile and interpret various questionnaires
- Manage BCUHB's learner information database
- First point of contact for staff wishing to learn Welsh and have comprehensive information on the availability of various courses and options available to staff appropriate to their level

Feedback from staff that have attended Nant Gwrtheyrn and other various opportunities to learn Welsh through the Work Welsh initiative

"I feel more confident using Welsh with colleagues and can understand a lot more, which helps me in MDT clinics to be able to follow what is being said if the patient prefers to speak in Welsh with other members of the MDT.

I think that being able to use a few words and phrases is appreciated by patients, even if I cannot conduct my consultation in Welsh"

"I have received a lot of encouragement from my colleagues to try using my Welsh even if it is only a few words. I have found that the patients appreciate me attempting to speak Welsh, and they understand I am learning so also encourage me. It has been useful to allow me to communicate with patients in their own language, with certain patient groups. The intensive course has played a huge part in increasing my confidence to use my Welsh as before I wouldn't use it at all"

Learners' feedback on intensive Work Welsh Weekly Course

Feedback from Nant Gwrtheyrn attendees

"Diolch yn fawr iawn am y oppourtunity to go, it was brilliant and had a wonderful time. Very relaxed but also interesting and useful, have learnt a lot and gained a lot of confidence"

"Really great course that I have been recommending to colleagues. Enjoyed mix of class-based learning and being out and about and using Welsh within Nefyn"

Summary

Since being a part of the Work Welsh initiative in April 2018 9.4% of the workforce have registered, completed and received Welsh language training whether online, a residential course at Nant Gwrtheyrn, or an intensive course (3 hours per week for a period of 87 hours or more). BCUHB are the first health board to be part of the scheme with Work Welsh in Wales, and following the success of the scheme, we are likely to be part of the scheme again at 2020-21.

Since 2017, 1,223 staff members have received training from the BIPBC tutor from various departments e.g.

- Postgrad and Undergraduate Students
- Front line medical and administrative staff
- Care of Elderly

- Children and paediatric staff
- Adult Mental Health Services
- BCUHB Board Members including the Chief Executive and Chairman.

Welsh Learner of the Year

On the 4th March 2020, the first ever Betsi Cadwaladr University Health Board's Welsh Learner of the Year Ceremony was held. The award was launched in the autumn during the Welsh Language Week with the aim of recognising significant contribution to learning and using Welsh in the workplace and enthusiasm in promoting the Welsh culture. From this point, and from the initial plans to arrange a small scale competition and ceremony, the developments snowballed. Over 40 nominations were received, exceeding expectations, which gave the independent judges (Nia Parry S4C, Teresa Owen, Executive Member of the Board and Medwyn Hughes, Independent member of the Board) a difficult job to compile a shortlist of 6. We received generous sponsorship for prizes at no cost to the Health Board, including:

- A week in Nant Gwrtheyrn, from Nant Gwrtheyrn
- Two weekend courses, one by Coleg Cambria and the other from Bangor University
- Book tokens, 5 x £20 from the Welsh Book Council
- A trophy for the winner, donated by Lowri Gwyn, Lingo
- Refreshments, donated by Asda.



Before the award ceremony, video clips were filmed for the shortlisted six to be shown on the evening and were also shown on Facebook. The ceremony, which was held at the Optic Centre, St Asaph Business Park, was attended by 90 people, including the Chairman, Mark Polin, Teresa Owen, the Executive Director of Public Health and Medwyn Hughes, Independent member who were also on the judging panel, members of the Welsh language team, and several of the Welsh learners and their friends and family. Invitations were extended also for organisations to set up stalls. Also present was Elin Fflur from the S4C television programme 'Heno' who gave substantial coverage to the evening, which included interviews with the candidates. The evening was compared by the third judge, namely Nia Parry, a television presenter who is also a Welsh language tutor, and she announced Blair Wallace as the winner.



Mark Polin, Chairman, addressing the audience and Teresa Owen, Executive Director of Public Health.

Blair is originally from Scotland, and works as a Foundation Year 2 doctor at Ysbyty Gwynedd and had been learning Welsh for 2 years, starting to learn before even moving to Wales. Michelle Matthews, who works as Radiology Administrator at Ysbyty Glan Clwyd came second, with David Hostler who works as a community speech and language therapist across west and central north Wales coming third. The result was also announced on the Geraint Lloyd Radio programme on Radio Cymru, with Blair also being interviewed for the programme. The top three have taken advantage of intensive courses, and the top six have been to Nant Gwrtheyrn as part of the Work Welsh Scheme.

We hope that this competition will create more enthusiasm for learning the Welsh language within the Health Board and to emulate the excellent example of our winners.



Blair Wallace receiving his trophy from Lowri Gwyn, Lingo Cyf and Mared Grug from Nant Gwrtheyrn.



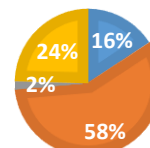
Nia Parry with Elin Fflur

Primary Care Services

On the 30th May 2019 new Welsh Government Regulations came into force that required all Primary Care contractors to carry out six new duties in relation to the Welsh language. This has allowed the Welsh Language team to continue to be proactive in supporting contractors to carry out these duties as well as further develop the Welsh medium and bilingual provisions they can offer and provide to the service users.

To establish a baseline of what the contractors were currently offering a questionnaire was sent out during the summer of 2019 to all BCUHB primary care contractors asking them to give details about their current Welsh medium and bilingual provision.

The responses to the questionnaire led to the development of an action plan to work with the providers, and to further develop what support and advice they need and what the Health Board can offer. An information sheet was shared with what services can be offered and ways that the Welsh Language team can help e.g. access to some translation work, Welsh language awareness session for staff, resources such as lanyards and badges (denoting a Welsh speaker). This led to the delivery of some Welsh language awareness sessions for GP practise staff, delivering several items such as badges and lanyards and phrase cards to many as well as translating some practice leaflets and registration forms as well as doing some basic Welsh lessons for staff.



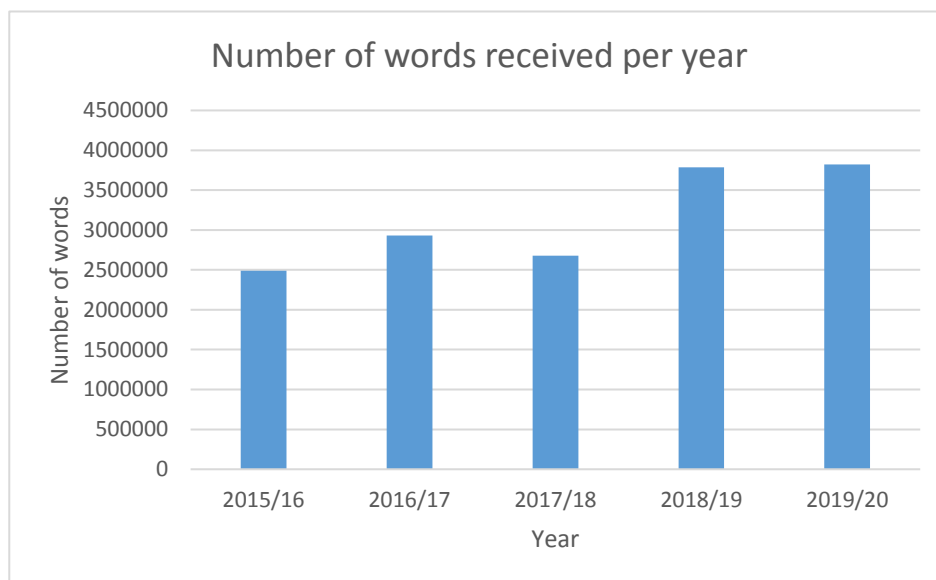
Welsh for Business had a standard form to go through in each meeting which then helped to create an individual action plan to work on after the meeting. As part of this many resources were given to them such as badges, bilingual door signs and stickers as well as recording some bilingual phone systems for the practices. Also

we showed them what they have access to via our intranet as well as arrange some translation work for signs etc. for the practices. The project worked well in helping implementing some small changes that will increase their Welsh and bilingual provision.

As a result of the work during the past year with the primary care providers we are currently working on a Primary Care campaign to guide and further support the contractors with the new Regulations.

The Translation Service

The upward trend in demand has continued again this reporting year as shown in the graph below. During the period leading up to imposition day, a 41.4 per cent increase was recorded in the demand for translation during 2018-19. This trend continued during 2019-2020 due to improved staff awareness of their obligations to comply with the Welsh Language Standards.



In order to manage the increased demand, we have worked with IT colleagues within the Health Board to develop a bespoke solution to receiving and managing translation requests. In August, our new translation portal was launched. Upon launching the portal from their home screen, staff are directed to the loading screen where their details are loaded automatically.

Gwasanaeth Cyfieithu BIPBC – BCUHB Welsh Translation Service Ffôn: 01745 6491

Dechrau cais cyfieithu newydd

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Neges - Message

Dyddiad a dderos - Preferred Date

Dewis Ffeil / Choose file to upload

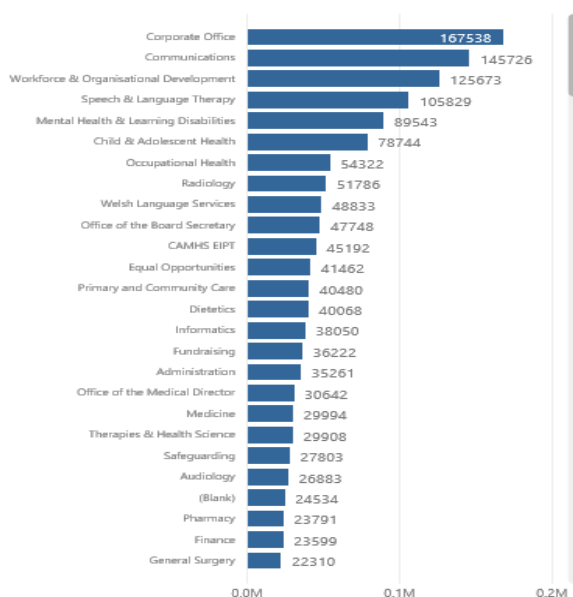
Dewis Ffeil - Choose file Browse

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From here, staff are requested to upload their document and select a return date. The system is simple and easy to use, and feedback from users has been very positive, with most stating the portal is quicker and simpler than the previous email based system. The system is also able to manage the requests, create work programmes for all translators and create advanced IRIS reports in order to analyse usage and data per department.

Total Word Count Requested by Department



We have continued our collaboration with our network of partners from public sector organisations, meeting bi-annually to share learning, identify training needs and address issues such as recruitment. As a group, we have worked with education providers to discuss training needs and created a data base of systems and equipment.

During the reporting year, we invested in a simultaneous translation system in order to support departments with simultaneous translation at various forums and meetings. We have regularly attended the Engagement Practitioners Forum facilitated by the Health Board Engagement Team to support with translation so that the meetings are able to be held through the medium of Welsh. We have also seen an increase in demand for simultaneous translation during interviews, with applicants taking advantage of the requirement within the Welsh Language Standards to offer Welsh language interviews.

Service Developments and Key Achievements

The Health Board has progressed its services even further this year with a number of developments and activities undertaken across the organisation. This section provides a brief overview of some of the most pioneering initiatives we have seen across north Wales.

BCUHB Welsh Language Week 2019

14th-18th October 2019

Following the success of the initial BCUHB Welsh Language Week in February / March 2018, a second week-long celebration of bilingualism within the healthcare sector was held in October 2019.

Various events were consequently held at a number of locations throughout north Wales, specifically in order to promote the use of the Welsh language within the Health Board and beyond.

Following collaborative work between the BCUHB Welsh Language Team and the Health Board's Care of the Elderly Service, primary school pupils from Ysgol Gymraeg Gwenffrwd and Ysgol Plas Coch performed selections of popular Welsh language songs for older patients at Holywell Community Hospital and Wrexham Maelor Hospital, respectively.

These two events were very well-received and plans were subsequently made to hold a similar Welsh-medium sing-along for elderly patients at Ysbyty Gwynedd during the Christmas season.



The Health Board's younger patients were also catered for during the Welsh Language Week, as Menter Iaith Fflint a Wrecsam brought Magi Ann – a well-known children's character – to visit the Children's Unit at the Maelor Hospital.



Shwmae Su'mae Day was celebrated on 15th October, as members of the public and Health Board staff visited the BCUHB Welsh Language Team's Welsh Language Week stalls at our main hospitals.

Having been provided with information about the range of courses that are provided by the BCUHB Welsh Language Tutor, a number of Health Board employees subsequently signed up to attend lessons.



On the same theme, 'Cinio Clebran' events were held at Ysbyty Gwynedd, Ysbyty Glan Clwyd and Wrexham Maelor Hospital: these informal gatherings provided Health Board staff who are already learning Welsh with opportunities to practice their language skills over lunch.



The BCUHB Welsh Language Team also worked with Cymraeg i Blant to provide an information stall during a prenatal clinic in Ysbyty Gwynedd on 16th October: this allowed prospective parents and Health Board staff to learn more about the benefits of using the Welsh language with babies and young children.

Alongside these aforementioned events, which were primarily arranged for staff and / or patients on BCUHB sites, a series of seminars for secondary school pupils and further education students were also held between 14th and 18th October, in order to highlight the importance of bilingualism as a skill for young people who may be considering careers in health or social care.

Whilst hundreds of year 9 and year 10 pupils attended events at Ysgol Dyffryn Conwy (in Llanrwst), Ysgol Maes Garmon (in Mold) and Ysgol Dyffryn Ogwen (in Bethesda), a similar session was also held for health and social care students on Coleg Cambria's Yale College site in Wrexham.

After an initial talk about 'The importance of Welsh-medium healthcare services' by a member of the BCUHB Welsh Language Team, each seminar also included presentations by representatives from Social Care Wales and the Coleg Cymraeg Cenedlaethol, whilst Sophie Burgess (who is a nurse at Ysbyty Gwynedd) spoke about her personal experiences of working bilingually on Tegid Ward.

Careers Wales also had stalls at some of the seminars, so pupils / students could seek further (informal and bespoke) advice, after the aforementioned presentations.



The BCUHB Welsh Language Team also worked with BBC Radio Cymru, Radio Ysbyty Gwynedd and Radio Glan Clwyd during a successful week, which undoubtedly raised the profile of Welsh-medium service provision within the Health Board.

It's therefore hoped that a similar celebration of the Welsh language can be arranged during 2020-21.

Language Choice Scheme

The Health Board's award-winning Language Choice Scheme facilitates the delivery of the 'Active Offer' principle (see the section on *More than just words...*) on our wards.

Orange magnets – adorned with the instantly recognizable ‘Cymraeg: iaith gwaith’ / ‘Working Welsh’ logo – are placed on white boards above / beside beds and on staffing boards, in order to identify Welsh-speaking patients and employees (and pair them together).

Having initially been piloted on selected wards at Ysbyty Gwynedd in early 2017, the scheme has now been greatly expanded to include numerous other hospitals throughout north Wales.

It was introduced on all 22 wards at Ysbyty Glan Clwyd in June 2019 and evidence (gathered from monthly audit forms) suggests that the scheme’s initial implementation within that hospital has been successful, with many patients deciding to take advantage of its availability.

The table below shows the results of the monthly audit undertaken at several wards/units departments at YG from May 2019 – February 2020

Ward / Unit		No. of monthly records provided	Total no. of patients on the ward during the recording timeframe	Number of Welsh-speaking patients	Number of Welsh-speaking patients that opted to partake in the Language Choice Scheme	Percentage of Welsh-speaking patients that opted to partake in the Language Choice Scheme	Number of Welsh-speaking staff on the ward (Range)
1	Enfys Ward (NW Cancer Treatment Centre)	2	*36+	22	19	86.36%	5 (Oct.) – 11 (Sep.)
2	Ward 19 (Care of the Elderly)	5	119	17	17	100.00%	2 (Oct. & Dec.) – 5 (Jan.)
3	Emergency Department (ED)	1	52	11	11	100.00%	7 (Oct.)
4	Surgical Assessment Unit (SAU)	3	86	10	9	90.00%	2 (Dec.) – 3 (Oct.)
5	Ward 8	1	25	8	8	100.00%	1 (Sep.)
6	Ward 12	2	48	4	4	100.00%	2 (Dec.) – 5 (Nov.)
7	Ward 3 (Vascular)	3	36	4	2	50.00%	0 (Jun. & Jul.) – 2 (May)
8	Ears, Nose & Throat (ENT) Outpatients	1	17	3	3	100.00%	2 (Sep.)

9	Ward 9	1	25	2	2	100.00%	4 (Oct.)
10	Paediatrics	1	20	2	2	100.00%	4 (Nov.)
11	Outpatients (Corridor E)	1	14	2	2	100.00%	1 (Sep.)
12	Day of Surgery Arrival (DOSA)	3	77	2	1	50.00%	0 (Nov.) – 2 (Oct.)
13	Acute Medical Unit (ACU)	1	24	2	0	0.00%	2 (Oct.)
14	Ward 18	1	7	1	1	100.00%	5 (Oct.)
15	Ward 19a	1	13	1	1	100.00%	1 (Sep.)
16	Outpatients (Ivor Lewis Building)	1	12	1	1	100.00%	3 (Sep.)
17	Maxillofacial (MaxFax) Outpatients	1	7	1	1	100.00%	2 (Sep.)
18	Same Day Emergency Care (SDEC)	1	10	1	0	0.00%	2 (Oct.)
19	Dermatology Outpatients	1	14	0	-	-	0 (Sep.)
20	Intensive Care Unit (ICU)	1	10	0	-	-	3 (Oct.)
21	Gastroenterology Day Unit	1	3	0	-	-	2 (Oct.)
Total:		33	655+	94	84	89.36%	



Data from the Enfys Ward (which is based within the North Wales Cancer Treatment Centre on the Ysbyty Glan Clwyd site), shows that 14 patients opted to partake in the scheme during September 2019, for example, whilst a further 11 individuals also

decided to utilise the magnets whilst they were under the Emergency Department's care the following month.

To further facilitate the delivery of the Language Choice Scheme within Ysbyty Glan Clwyd, the BCUHB Welsh Language Team worked with the Health Board's Informatics Team to ensure that a digitized version of the orange 'Cymraeg' logo could also be displayed beside the names of Welsh-speaking patients on electronic whiteboards (which have recently replaced the traditional magnetic bedside boards on a number of wards within the hospital).

The electronic whiteboards are essentially large (55 inch) television screens, which allow staff to access basic information about patients in a quick and straightforward manner and including details about linguistic preferences (which can be obtained directly from the Welsh Patient Administration System) naturally makes it even easier for staff to identify which patients prefer to communicate through the medium of Welsh.

The screenshot below shows how basic patient details (including information about linguistic preferences) are displayed on the electronic whiteboards:

Home West Ysbyty Glan Clwyd Ward 1 Site Status - Status 3 (2019-04-25 08:05)						
Column visibility		Clear Sort				
CRN	Name	Gender	Adm Date	LOS (D)	Cons	Spec
B111111	Bloggs, Fred (47yrs) 🇬🇧	Male	05/07/2018	294	Dr GM Consultant	General Medicine
B222222	Flintstone, Wilma (57yrs)	Female	31/07/2018	268	Dr GM Consultant	General Medicine
B333333	Stone, John (17yrs) 🇬🇧	Male	02/06/2018	327	Dr GM Consultant	General Medicine
B44444	Bloggs, No Name (1yrs)	Male	02/08/2018	266	Dr GM Consultant	General Medicine
B2345643	Stark, Tony (87yrs)	Male	31/08/2018	237	Dr David Consultant	Respiratory Medicine
B6784327	Bloggs, Joan (19yrs)	Female	12/08/2018	256	Dr GM Consultant	General Medicine
B5635999	Xavier, Charles (87yrs) 🇬🇧	Male	09/08/2018	259	Dr GM Consultant	General Medicine
B435234094	Aireheart, Amelia (106yrs)	Female	31/08/2018	237	Dr GM Consultant	General Medicine
B234543	Glenn, John (64yrs)	Male	05/08/2018	263	Dr GM Consultant	General Medicine

Beyond the Language Choice Scheme's inauguration at Ysbyty Glan Clwyd, the use of the orange magnets was also initiated at a number of other BCUHB sites during 2019 and following their introduction at Llandudno General Hospital, Abergele Hospital and Holywell Community Hospital, the scheme is now operational on wards within all of the hospitals in the Health Board's Central Area.



Further east, the magnets were also introduced at Chirk Community Hospital (in April 2019), before work was subsequently undertaken to engage matrons and nursing leads at Wrexham Maelor Hospital, in preparation for the expanded implementation of the Language Choice Scheme on the Health Board's main / acute East Area site.

Following on from this, the orange magnets began to appear on more wards at the Maelor in early 2020.

The continued popularity and success of the scheme is reflected by the fact that positive feedback is still regularly received from service users, their families and Health Board employees alike.

Mental Health Project

A project focusing on strengthening Welsh language provision within the mental health sector, as one of the priority groups as identified by Welsh Government, was conducted during 2019. The aim of the project was to increase the opportunities service users within mental health have to use the Welsh language, to identify and address any shortfalls or barriers to complying with the relevant Welsh language Legislation and to provide a more positive experience for them as a result.

As mental health is identified as one of the four priority groups within the More than Just Words framework, it is relevant and timely to focus on delivering and meeting the needs of mental health service users, as they have a particular need to communicate through the medium of Welsh, and their care or treatment might suffer if it isn't provided in their first language. Language within this context is seen as a language need, rather than language choice.

The project, which was based at the Hergest Unit in Ysbyty Gwynedd, focused on the Welsh language awareness of staff members, scoping staff members' Welsh language skills, implementation of the Language Choice Scheme to identify Welsh speaking patients, identifying where there is a lack of Welsh language skills, and targeting these areas by providing Welsh language training in order to strengthen staff members' ability to deliver language appropriate care. Another key deliverable was to engage with service users to learn about their experiences of receiving Welsh medium care, their expectations of Welsh medium care versus the reality in order to inform improved Welsh medium provision.

A short questionnaire was distributed to mental health staff working within the Hergest Unit, following the Welsh language awareness sessions to evaluate their effectiveness and monitor whether they would lead to positive behavioural change with regards to meeting the patients' linguistic needs, whilst ensuring compliance with the relevant Welsh language legislation.

One of the questions focused on three things the individuals had learnt following the Welsh language awareness session. All of the responses were extremely positive, with the attendees emphasising that they now fully appreciate and understand the importance of the Welsh language within the health sector, whereas before a significant number of the staff hadn't realised the implications and the consequences of not providing a Welsh language service on patients, as well as on the process of diagnosing, assessing and treating Welsh speaking patients.

Another important aspect highlighted in the section focusing on what the individuals had learnt was the Language Choice Scheme, which is a successful way of delivering the Active Offer. As all clinical staff employed by the Health Board will be involved in delivering the active offer and providing care through the medium of Welsh for patients.

A number of respondents claimed that following the training session they were more aware of the support that is available to them as staff members in terms of the Welsh language internal training programme, the existence of an internal Welsh language Tutor, and the translation team that is available to translate all documents that are public facing. A significant number of the individuals noted that they are aware of the Welsh language Legislation and the More than Just Words Framework as a result of receiving the training session, as the sessions facilitate the process of informing staff members of the Welsh language legislation, what legal requirements and actions are required of all Health Board's staff, but more importantly what practical steps can be taken to deliver the active offer, and comply with the Welsh language legislation. They also noted that they were more aware of the communication barriers present when using a patient's second language, and that therefore they recognise it's a key priority to endeavour to use any Welsh they have especially with the four vulnerable groups identified by Welsh Government; children and young people, older people, people with learning difficulties, and people with mental health problems.

The project created an enhanced understanding and awareness of the Welsh language which is a crucial element of providing care that meets the individuals' needs, which is patient centred, and means that patients are treated with dignity and respect.

The information gathered from this project will be used to develop a similar project for the Mental Health units in the Central and East areas of the Health Board.

Cymraeg i Blant / Cymraeg for Kids

After our Welsh language officer in Wrexham met with one of the lead officers and the new field officer for the area we arranged a visit to the Children's Ward. During the visit they kindly gifted the Children's Ward a selection of Welsh and bilingual

children's books to keep in the play room on the ward. We also arranged for Cymraeg for Kids to have some display banners and notices up highlighting the advantages of bilingualism, showcasing their work and examples of their community groups for families with young children on the maternity ward and clinic areas in the Wrexham Maelor. The Cymraeg for Kids officers have also been visiting the hospital during clinics to chat to expectant mothers and families about the benefits of bilingualism and some examples of the different groups they hold in the community.

Cymraeg for Kids also took part (*as mentioned above*) in two of our Welsh Week activities and we continue to work closely with them and meet quarterly as we plan our next collaborative projects.



Working with schools and colleges

Building on the success of previous work, the BCUHB Welsh Language Team continued to collaborate with schools and further education institutions, in order to promote the benefits of bilingual skills, during 2019-20.

Events and seminars for secondary school pupils / further education students

A number of seminars were held at locations throughout north Wales during the Health Board's annual Welsh Language Week (in October 2019): whilst around four hundred year 9 and year 10 pupils attended events at Ysgol Dyffryn Conwy (in Llanrwst), Ysgol Maes Garmon (Mold) and Ysgol Dyffryn Ogwen (Bethesda), a further session was also held for health and social care students on Coleg Cambria's Yale College site in Wrexham.

All of these seminars were arranged in conjunction with Social Care Wales, the Coleg Cymraeg Cenedlaethol and Careers Wales and further details about their delivery and content can be found in the section that focuses specifically on the BCUHB Welsh Language Week.

Beyond this, the Welsh Language Team has also continued to contribute to a number of careers events arranged by external organisations: a member of the team gave a presentation entitled 'The Welsh language: an all-important skill for the workplace' during Grŵp Llandrillo Menai's Health and Social Care Conference at the end of November 2019, for example.

This one-day event was held at Bangor University and also included a careers fair, which was attended by a large number of Grŵp Llandrillo Menai students.

Many of those present took the opportunity to discuss their future aspirations and career plans with a member of the BCUHB Welsh Language Team and subsequently received further advice about the advantages of having bilingual skills (in the context of healthcare service provision).

Likewise, the Welsh Language Team also contributed to a number of Careers Wales events during 2019-20.

Having participated in a 'Welsh Language in the Workplace' seminar for year 10 pupils at Rhyl High School in November 2019, the team also subsequently contributed to similar sessions at the Maelor School (in Penley, near Wrexham) and Ysgol Aberconwy.

As all of these events were held at English-medium schools, they afforded opportunities to promote the importance of Welsh-medium healthcare services to audiences of primarily non-Welsh speaking pupils and / or learners, who might not have previously been encouraged to consider the advantages of bilingualism.

A member of the Welsh Language Team was also present at a Careers Wales-arranged 'Cymraeg yn y Gweithle' / 'Welsh in the Workplace' event at Eirias Park in Colwyn Bay, on 2nd October 2019.

Pupils from several local secondary schools attended this careers fair, which also featured a number of other prominent employers from the north Wales region.

On the same day, around fifty health and social care students from Coleg Menai, Bangor, attended a session about the 'Importance of Welsh-medium healthcare service provision' during a visit to Ysbyty Gwynedd.

After an introductory presentation, a member of staff from the hospital's pharmacy spoke about his use of Welsh within the workplace, before the students were subsequently taken on a tour of selected wards, where they learned more about the importance of the 'Active Offer' principle (which is a central facet of the Welsh Government's *More than just words...* strategic framework for Welsh Language Services in Health, Social Services and Social Care).

A member of the BCUHB Welsh Language Team also contributed to a World of Work event at Wrexham's Ysgol Morgan Llwyd in February 2020.

Careers Wales webinars

Additionally, two Health Board representatives also participated in a Welsh-medium webinar for Careers Wales in October 2019.

The session's primary aim was to provide year 9 pupils with information about careers within the healthcare sector and a recorded version has subsequently been made available as an online resource to all secondary schools in Wales (via YouTube).

Work with primary schools

The BCUHB Welsh Language Team also contributed to three Career Wales 'Welsh in the workplace' events for primary school pupils during the spring and early summer of 2019.

These speed-networking events – which also featured a number of other leading employers from north-east Wales – were held at Ysgol y Grango, in Rhosllanerchrugog (on 8th April 2019) and Ysgol Rhiwabon (on 23rd May and 6th June) and were designed to help year 6 pupils to develop their communication skills and confidence, whilst learning about the use of Welsh within various workplaces.

Prompted by a series of prearranged questions, the Welsh Language Team's representative provided hundreds of pupils from a number of local schools (including Ysgol I. D. Hooson, Ysgol Maes y Mynydd, Ysgol yr Hafod and Penycae Community Primary School) with pertinent information about the importance of Welsh-medium healthcare services and the benefits of bilingualism.

Work with universities

The BCUHB Welsh Language Team contributed to two Bangor University modules in March 2020: students on the 'O'r Senedd i'r Swyddfa' ('From the Parliament to the Office') and 'Cymdeithas, Iaith a Phrotest' ('Society, Language and Protest') courses were provided with a PowerPoint presentation, which included information about bilingual healthcare service provision and how the use of the Welsh language is promoted within BCUHB.

The visual presentation was accompanied by a full Welsh-medium audio track to facilitate the students' learning.

In an innovative development, the BCUHB Welsh Language Team also recently worked with Wrexham's Glyndŵr University to provide basic Welsh language training for Occupational Therapy and Physiotherapy students.

A total of seventy students attended three lessons and consequently learned simple Welsh-medium phrases and sayings, including greetings, numbers, parts of the body and some other words they might see around the hospital.

The Welsh Language Team also recently agreed to support Bangor University's ARFer project, which looks at linguistic practices and aims to promote and facilitate the use of the Welsh language within workplaces.

Initial talks were held with representatives from Canolfan Bedwyr (the university's Centre for Welsh Language Services, Research and Technology) about the possibility

of introducing the project within selected GP practices in Anglesey, before the proposed venture was temporarily halted due to the ongoing Covid-19 pandemic.

Performance Indicators Data

The data requirements differ this year in accordance with the new Welsh Language Standards. The data included below are in accordance with Standard 120 of the Welsh Language Standards (Welsh Language (Wales) Measure 2011).

Workforce Planning

During the reporting year, an Internal Audit was undertaken to establish whether there is a robust control environment in place within the Health Board to action the requirements of the Bilingual Skills Strategy and ensure compliance with the Welsh Language Measure (Wales) 2011. The approach to this review was to identify and evaluate controls in place and highlight potential weaknesses.

The review focussed on the following:

- Management and administration of vacant posts deemed Welsh language Essential;
- Vacancy justification;
- Supporting policies and guidance notes; and
- Accuracy and consistency of reporting.

The report received was based upon the information provided, responses during discussions and on documents provided.

To support compliance with the Welsh Language (Wales) Measure 2011, the Health Board has developed a Bilingual Skills Strategy which is underpinned by relevant Health Board Workforce policies. The Strategy is designed to, *“enable effective workforce planning and recruitment to ensure the delivery of bilingual services through the medium of Welsh and English, according to individual choice and the needs of the population in the area”*.

The Strategy states that the aim of the skills strategy is:

“...to ensure that BCUHB has the sufficient number of staff with the appropriate Welsh language skills, to provide a healthcare service to the public bilingually, according to the needs of the local community.”

As part of the requirements, the Strategy mandates certain Health Board posts as Welsh language essential. The following posts are deemed as such: Switchboard Staff, Patient Booking Centres / Call Centre Staff and Receptionists.

This review focused solely on the management and administration of Welsh essential posts, and compliance with Section 5 of the Bilingual Skills Strategy, WP1 BCUHB Policy for Safe Recruitment Selection Practices, and WP1a BCUHB Safe Recruitment Selection Practices Guidelines.

Whilst the Health Board has robust policies, guidance document, and reporting in place to support adherence to the Welsh Language (Wales) Measure 2011, some issues and limitations were noted, including the Bilingual Skills Strategy requirements not explicitly stated in the policy documentation, and some lack of awareness of the Bilingual Skills Strategy.

There were three recommendations included within the report

- Management should review current practice and put in place controls to ensure that essential post requirements are either met or that training is undertaken allow successful applicants to meet the requirements.
- Management should review current practice and put in place controls to ensure that the requirements of the Bilingual Skills Strategy are met.
- Consider whether current practice meets the requirements of the Bilingual Skills Strategy.

In light of this report, the Bilingual Skills Strategy has been updated and strengthened and is awaiting final approval. The Workforce team has taken the recommendations on board and has tightened processes to ensure it fully meets the requirements of the Welsh Language Standards.

2019 / 2020 Data:

89 per cent of the entire workforce had recorded their Welsh language skills on ESR

2018 / 2019 Data:

88.5 per cent of the entire workforce had recorded their Welsh language skills on ESR

2017 / 2018 Data:

83.77 per cent of the entire workforce had recorded their Welsh language skills on ESR

- **Number and percentage of the organisation's employees:**
 - **whose Welsh language skills have been assessed;**
 - **that has Welsh language skills (per skill level)**

Across the organisation

Count of Employee Number	2017/18		2018/19		2019/20	
Individual Proficiency Level	Total	%	Total	%	Total	%
0 - No Skills / Dim Sgiliau	7165	38.57	7954	43	8031	42.4%
1 - Entry/ Mynediad	2336	12.57	2366	13	2443	13%
2 - Foundation / Sylfaen	1171	6.30	1185	6	1227	6.5%
3 - Intermediate / Canolradd	1203	6.48	1243	6.5	1254	6.6%
4 - Higher / Uwch	1546	8.32	1502	8	1525	8.1%
5 - Proficiency / Hyfedredd	2141	11.53	2217	12	2338	12.4%
Total	15,562	83.77%	16,467	88.5%	16,818	89%
Total number of staff	18,577		18,624		18,922	

- **Number and percentage of employees working in the following priority group services, whose Welsh language skills have been assessed, per skill level:**

- Paediatrics
- School nursing
- Health visiting
- Elderly care medicine
- Speech and Language Therapy
- Learning Disabilities
- Mental health services:
 - Child and Adolescent
 - Adult
 - Community
 - Older People

Paediatrics				
Count of Employee Number	2018/19		2019/20	
Individual Proficiency Level	Total	%	Total	%
0 - No Skills / Dim Sgiliau	230	40	127	33.2%
1 - Entry/ Mynediad	69	12	52	13.6%
2 - Foundation / Sylfaen	33	6	22	5.7%
3 - Intermediate / Canolradd	36	6	24	6.3%
4 - Higher / Uwch	32	6	19	5%
5 - Proficiency / Hyfedredd	85	15	66	17.2
Total	485	85%	310	81%
Total number of staff	571		383	

School Nursing				
Count of Employee Number	2018/19		2019/20	
Individual Proficiency Level	Total	%	Total	%
0 - No Skills / Dim Sgiliau	54	41	58	45
1 - Entry/ Mynediad	22	17	17	13.2
2 - Foundation / Sylfaen	2	2	1	0.8
3 - Intermediate / Canolradd	4	3	3	2.3
4 - Higher / Uwch	17	13	18	13.9
5 - Proficiency / Hyfedredd	26	20	26	20.1
Total	123	92.5%	123	95.3%
Total number of staff	133		129	

Health Visiting				
Count of Employee Number	2018/19		2019/20	
Individual Proficiency Level	Total	%	Total	%
0 - No Skills / Dim Sgiliau	105	34	123	38.4
1 - Entry/ Mynediad	47	15	53	16.6
2 - Foundation / Sylfaen	20	6	17	5.3
3 - Intermediate / Canolradd	24	8	26	8.1
4 - Higher / Uwch	36	12	34	10.6
5 - Proficiency / Hyfedredd	48	16	52	16.3
Total	280	91%	305	95.3
Total number of staff	308		320	

Elderly Care Medicine				
Count of Employee Number	2018/19		2019/20	
Individual Proficiency Level	Total	%	Total	%
0 - No Skills / Dim Sgiliau	74	30.5	67	28.1
1 - Entry/ Mynediad	23	9	18	7.6
2 - Foundation / Sylfaen	19	8	20	8.4
3 - Intermediate / Canolradd	14	6	18	7.6
4 - Higher / Uwch	44	18	47	19.7
5 - Proficiency / Hyfedredd	31	13	26	10.9
Total	205	84.5%	196	82.3
Total number of staff	243		238	

Speech and Language Therapy				
Count of Employee Number	2018/19		2019/20	
Individual Proficiency Level	Total	%	Total	%
0 - No Skills / Dim Sgiliau	66	40	69	40.6
1 - Entry/ Mynediad	15	9	14	8.3
2 - Foundation / Sylfaen	7	4	9	5.3
3 - Intermediate / Canolradd	19	11	18	10.6
4 - Higher / Uwch	22	13	23	13.6
5 - Proficiency / Hyfedredd	36	22	35	20.6
Total	165	99%	168	99%
Total number of staff	166		170	

Learning Disabilities				
Count of Employee Number	2018/19		2019/20	
Individual Proficiency Level	Total	%	Total	%
0 - No Skills / Dim Sgiliau	126	33.5	119	32.4
1 - Entry/ Mynediad	66	17.5	64	17.4
2 - Foundation / Sylfaen	39	10	41	11.2
3 - Intermediate / Canolradd	36	10	35	9.5
4 - Higher / Uwch	47	13	47	12.8
5 - Proficiency / Hyfedredd	54	14	51	13.9
Total	368	98%	357	97.2
Total Number of staff	376		367	

Mental Health Services - overall				
Count of Employee Number	2018/19		2019/20	
Individual Proficiency Level	Total	%	Total	%
0 - No Skills / Dim Sgiliau	784	40	777	39.4
1 - Entry/ Mynediad	307	16	311	15.8
2 - Foundation / Sylfaen	153	8	161	8.2
3 - Intermediate / Canolradd	190	10	182	9.2
4 - Higher / Uwch	156	8	170	8.5
5 - Proficiency / Hyfedredd	234	12	236	11.9
Total	1824	94%	1837	93%
Total number of staff	1946		1974	

Mental Health Services - CAMHS				
Count of Employee Number	2018/19		2019/20	
Individual Proficiency Level	Total	%	Total	%
0 - No Skills / Dim Sgiliau	117	51	115	50.4
1 - Entry/ Mynediad	30	13	38	16.7
2 - Foundation / Sylfaen	16	7	15	6.6
3 - Intermediate / Canolradd	14	6	15	6.6
4 - Higher / Uwch	10	4	11	4.8
5 - Proficiency / Hyfedredd	15	7	15	6.6
Total	202	88%	209	91.7
Total number of staff	230		228	

Mental Health Services - Community				
Count of Employee Number	2018/19		2019/20	
Individual Proficiency Level	Total	%	Total	%
0 - No Skills / Dim Sgiliau	158	38	144	35.8
1 - Entry/ Mynediad	79	19	68	16.9
2 - Foundation / Sylfaen	32	8	38	9.5
3 - Intermediate / Canolradd	45	11	48	11.9
4 - Higher / Uwch	22	5	23	5.7
5 - Proficiency / Hyfedredd	55	13	57	14.2
Total	391	94%	378	94%
Total number of staff	418		402	

Mental Health Services - Adult				
Count of Employee Number	2018/19		2019/20	
Individual Proficiency Level	Total	%	Total	%
0 - No Skills / Dim Sgiliau	233	43	260	42.6
1 - Entry/ Mynediad	66	12	90	14.8
2 - Foundation / Sylfaen	47	9	57	9.3
3 - Intermediate / Canolradd	57	10	55	9
4 - Higher / Uwch	33	6	40	6.5
5 - Proficiency / Hyfedredd	85	16	84	13.8
Total	521	96%	586	96%
Total number of staff	543		610	

Mental Health Services - Elderly				
Count of Employee Number	2018/19		2019/20	
Individual Proficiency Level	Total	%	Total	%
0 - No Skills / Dim Sgiliau	91	40	82	41
1 - Entry/ Mynediad	46	20	40	20
2 - Foundation / Sylfaen	10	4	7	3.5
3 - Intermediate / Canolradd	22	10	19	9.5
4 - Higher / Uwch	20	9	20	10
5 - Proficiency / Hyfedredd	24	11	22	11
Total	213	94%	190	95%
Total number of staff	226		200	

Training to Improve Welsh Language Skills

As already outlined within the report, we have seen considerable progress in Welsh language training provision within the Health Board. The following data demonstrates significant increase in the number of staff accessing training, reflecting the positive outcomes of this innovative role within the health sector.

Work Welsh Courses	
Online Courses	893
Residential Courses at Nant Gwrtheyrn	61
Intensive Courses (3 hours a week)	34
Total	988

BCUHB Courses 2019-20	
Beginners – Level 0-1	72
Foundation – Level 2	73
Intermediate – Level 3	12
Advance – Level 4	6
Gain More Confidence Courses	6
Postgraduates YG course	42
Undergraduates YG Course	60
Total	271

All numbers : 1259

- ***Number and percentage of the organisation's workforce that received training to improve their Welsh skills to a specific qualification level***

2019 / 2020 Data:

Number of the organisation's workforce that have accessed training to improve their Welsh skills to a specific qualification: 1259

This total equates to 6.6 per cent of the Health Board's current workforce

2018 / 2019 Data:

Number of the organisation's workforce that have accessed training to improve their Welsh skills to a specific qualification: 837

This total equates to 5.1 per cent of the Health Board's current workforce

Recruitment

- ***Number and percentage of new and vacant posts advertised with the requirement that:***

2019 / 2020 Data:

- | | |
|---------------------------------------|------------------------|
| - Welsh language skills are essential | - 200 (6.2 per cent) |
| - Welsh language skills are desirable | - 3006 (93.7 per cent) |
| - Welsh language skills to be learnt | - 4 (0.1 per cent) |
| - Total number of posts advertised | - 3210 |

2018 / 2019 Data:

- Welsh language skills are essential - 59 (2 per cent)
- Welsh language skills are desirable - 2790 (98 per cent)
- Welsh language skills not required - N/A

2017 / 2018 Data:

- Welsh language skills are essential - 53 (1.9 per cent)
- Welsh language skills are desirable - 2845 (98.3 per cent)
- Welsh language skills not required - N/A
-

Welsh language skills requirements continue to be assessed as part of the Health Board's recruitment processes in line with the Bilingual Skills Strategy. The number of posts advertised as Welsh essential has increased by 6% this year, following another drive to ensure Welsh language requirements are considered as a skill when advertising. Also, as previously mentioned, an Internal Audit was conducted during 2019 by Shared Services to establish whether there is a robust control environment in place within the Health Board to action the requirements of the Bilingual Skills Strategy which has contributed to this increase.

All posts advertised require either Welsh language as an essential skill, Welsh language as a desirable skill or Welsh language skills to be learnt. The Health Board undertook the innovative decision to ensure no post was advertised stating that Welsh language skills are not required. Should there be a requirement to amend the Welsh Language level of a post, this can only be changed through a full assessment with the WOD Bilingual Skills Lead.

A 'Welsh Language Requirements' section is included in the Personal Specification, ensuring Welsh language skills, whether essential or desirable for a post, are noted prominently.

Complaints

- ***Number of complaints received about the implementation of the Welsh Language Scheme***

From the 30th May 2019, any complaints received were in relation to compliance with the new Welsh Language Standards. The Health Board received five complaints during the year in relation to compliance with the new Welsh Language Standards, which were fully addressed under the *Putting Things Right* Regulations. Three complaints moved on to the investigation stage by the Welsh Language Commissioner. Although two investigations were responded to prior to the

coronavirus outbreak, the Welsh Language Commissioner decided that no additional pressure would be put on the NHS and therefore they would delay making decisions about investigating any new complaints until the emergency is over. Similarly, they also delayed investigations that had already been opened where there was a need for contact with the Health Board and would not ask for evidence of the implementation of enforcement action imposed by previous investigations.

Conclusion and Forward Vision for 2020 - 2021

Through its strategic planning, the Health Board has a clear vision for the next three years with its key focus on further developing the following service areas:

- Continuing to deliver the Welsh Language Standards across the organisation
- Planning the workforce through the implementation of the *Bilingual Skills Strategy*
- Promoting and implementing the 'Active Offer' principle in line with Welsh Government's Strategic Framework *More than just words*
- Develop and strengthen bilingual primary care services
- Provide a comprehensive translation service for the whole of the organisation

Partnership working will continue to be a focus for the Health Board with links already established to progress the *Cymraeg for Kids* project supporting the Welsh Government's Welsh language strategy *Cymraeg 2050: A million Welsh speakers*. We will see further developments with partners as we support wider integrated working with local authorities.

Having identified the need to raise awareness amongst young people of the Welsh language being an employment skill, and seeing the success of our visits to local schools and colleges, the Health Board will endeavour to continue to engage with both Welsh and English medium secondary schools although this may not be possible to the same degree as previous years because of the pandemic.

Work has been ongoing with the primary care sector as demonstrated within this report, and this work will be further developed as part of the Standards and proposed duties on contractors as well as a campaign to promote the services offered by the Welsh Language Team to support the primary care sector in developing their capacity to provide bilingual healthcare for Welsh-speaking patients.

We will also be expanding a project with our Mental Health Division to scope our current provision in other areas within the Health Board and through service user engagement, we will work together to identify areas and type of support required. These actions feed into the Health Board's wider planning and will be a continuous programme of work, monitoring and governance.

This is the Health Board's first report on the implementation of the Welsh Language Standards, and although the report is in a similar format to previous reports, all the

work undertaken by the Welsh Language Team as demonstrated in the report, contribute to Health Board's compliance with the Standards.

Significant progress has been made in:

- Improving the quality of care we provide through the language of choice
- Increasing compliance with legal and statutory requirements
- Identifying initiatives that have been implemented and rolled out to respond to language need as an integral element of care
- Improving organisational development in terms of how we are able to support the workforce to be able to deliver services through the medium of Welsh

We are now eager to progress our work further in delivering statutory obligations so we can further improve our services for our Welsh-speaking patients in their language of choice, and endeavouring to change the way some of our work is undertaken within digital platforms with the current constraints placed on the healthcare sector.

Cyfarfod a dyddiad: Meeting and date:	Strategy, Partnerships and Public Health Committee 13.8.20				
Cyhoeddus neu Breifat: Public or Private:	Public				
Teitl yr Adroddiad Report Title:	Integrated Care Fund and Partnership Governance Section 33 agreements				
Cyfarwyddwr Cyfrifol: Responsible Director:	Mark Wilkinson, Executive Director of Planning & Performance				
Awdur yr Adroddiad Report Author:	Sally Baxter, Assistant Director – Health Strategy				
Craffu blaenorol: Prior Scrutiny:	Report on Integrated Care Fund and RPB partnership governance, SPPH 05 03 20 Internal Audit Report on Partnership Governance – section 33 Agreements, Audit Committee 19 03 20				
Atodiadau Appendices:	Appendix 1 – Integrated Care Fund monitoring report July 2020 (quarterly assurance report)				
Argymhelliad / Recommendation:					
The Committee is asked to receive the report on Integrated Care Fund and note the update on actions proposed to enhance governance in respect of section 33 agreements					
Please tick as appropriate					
Ar gyfer penderfyniad /cymeradwyaeth For Decision/ Approval		Ar gyfer Trafodaeth For Discussion		Ar gyfer sicrwydd For Assurance	<input checked="" type="checkbox"/> Er gwybodaeth For Information
Sefyllfa / Situation:					
The Strategy, Partnerships and Public Health Committee is charged with ensuring that partnership governance arrangements reflect the principles of good governance and monitoring sources of assurance in respect of partnership matters. This report provides updates for the Committee on relevant matters pertaining to partnership funding arrangements, in order to address the requirement for monitoring assurance.					
Cefndir / Background:					
A significant level of Integrated Care Fund Revenue and Capital Funding is received by the Health Board for the North Wales Region, for which the Regional Partnership Board (RPB) is accountable in terms of managing and reporting to stakeholder organisations and to Welsh Government. This is the major, but not sole, source of partnership funding. Section 33 Agreements are formal agreements between the Health Board and Local Authorities for the pooling of budgets, integrated commissioning or service provision, or delegation of functions from one organisation to the other.					
Over recent months there has been an increased focus on both areas and the need to ensure the Committee is fulfilling its assurance role. This follows a WAO All Wales report on the management of the Integrated Care Fund (ICF) which noted that Health Boards were not monitoring the use of ICF effectively, and an internal audit report on <u>Partnership Governance – section 33 Agreements</u> , which was assessed as providing limited assurance.					

A detailed paper was brought to the Committee in March 2020 setting out the role and responsibilities of the Regional Partnership Board in managing partnership funding arrangements and it was agreed to ensure regular reporting to SPPH on partnership funding.

Asesiad / Assessment & Analysis

Strategy Implications

The Integrated Care Fund is managed and monitored through the Regional Partnership Board and guidance is clear that the Fund is intended to support schemes and activities that provide an effective integrated and collaborative approach in respect of priority areas for integration. Through the Area Integrated Services Boards and the regional Leadership Group, partners have agreed schemes that will deliver against the shared priorities of the Health Board and Local Authorities, identified within the Area Population Assessment and Plan.

Integration and collaboration are two of the 5 ways of working which support the sustainable development principle and facilitate progress towards achieving the well-being goals.

Options considered

Not applicable, as this report is brought for monitoring and assurance purposes.

Financial Implications

ICF Revenue and Capital Funds are made available on a non-recurring basis to the North Wales Regional Partnership Board, with all financial flows through the Health Board.

Risk Analysis

The key risk is the non-recurrent nature of the funding, given a number of core services that are funded and supported from the ICF Allocations. ICF Capital risk is held by the Local Authority lead.

The paper notes the challenges of managing the ICF schemes in the light of the disruption due to the Covid-19 pandemic, which has presented some risk to the continuity of the schemes and to scheduled programme expenditure.

Legal and Compliance

Part 9 of The Act sets out a clear intention to “improve outcome and well-being of people, as well as improving the efficiency and effectiveness of service delivery”.

The requirements for effective partnership governance are being delivered through the strengthening of reporting arrangements to the SPPH Committee and addressing the weaknesses identified in previous audit reports. The Committee will be aware that there is in place a signed Integration Agreement for ICF, which will act as an umbrella agreement for future section 33 arrangements. Capital schemes will be monitored through the Capital Management Group and in the event of transfer of ICF capital funds to Local Authorities, will be subject to the Back to Back Agreement established with support from Legal Services.

There is further work being undertaken to address the recommendations of the internal audit report on the historic section 33 agreements already in place, including review to ensure that the content is relevant and up to date, that all agreements are signed, and they are reflected appropriately in the annual accounts. Progress on the management response to these recommendations will be tracked and reported to Audit Committee, and an update will be brought to SPPH.

Impact Assessment

Individual funded schemes will be subject to impact screening and / or full assessment as required.



Highlight Report

Report to:	Leadership Group
Contact Name:	Bethan.m.jonesedwards@denbighshire.gov.uk Siobhan.Gothorp@denbighshire.gov.uk
Subject:	ICF Revenue Investment Plan 2020/21
Date:	21 st July 2020

1. Report purpose

- 1.1 To provide an outline of the 2020/21 ICF Revenue Investment Programme for approval by the Leadership Group.

2. Recommendation

- 2.1 To note the value and variety of the schemes within the programme
- 2.2 To note the status of the projects due to Covid 19 and the possibility of further changes to the programme
- 2.3 To approve the programme

3. Situation

- 3.1 The ICF Revenue Investment Programme for 2020/21 was prepared ready for submission to Welsh Government in March 2020. Due to the Covid 19 epidemic the submission date was put back and is now August 2020.
- 3.2 Typically, the programme is subject to a high level review to ensure that (1) schemes meet the ICF criteria and (2) that spend is in line with allocations to priority areas.
- 3.3 There is no formal approval process for the individual projects within programme, as is the case for the Dementia Investment Programme, however Welsh Government may request detailed information about any specific scheme for which they require further assurance.
- 3.4 The Dementia Investment programme was submitted to Welsh Government in early February 2020 and approval was received on 27 February 2020.
- 3.5 Welsh Government recognised that to support the Covid 19 response, projects may need to adapt and flex but advised that resources need to continue to be spent in line with the ICF priority areas and current grant guidance, terms and conditions.

- 3.6 Consequently, the revenue investment programme is continually being refreshed to update projects which have been impacted by Covid 19 and the status of each is reported as continuing, modified or paused, accepting that the status may change as the situation evolves.
- 3.7 There is no requirement to submit revised investment plans, but the regional team is required to maintain clear records of changes to any spend or activity associated with the revenue programme, ensuring there is an audit trail and accountability for project investment and spend when requested at a later date.

4. Background information

- 4.1 The ICF revenue programme is intended to support schemes and activities that provide an effective integrated and collaborative approach in relation to the following priority areas:

- Older people with complex needs and long term conditions (OP)
- Dementia including dementia (DEM)
- People with learning disabilities and carers (LD)
- Children with complex needs due to disability or illness (CCN)
- Early Intervention Children at risk of becoming looked after and in care (EI)

- 4.2 Funding for the ICF Revenue Investment Programme for 2020/21 is £18,920,000

5. Assessment

- 5.1 There are 127 projects in the 2020-21 ICF Revenue Investment Programme (including Dementia which were approved in February 2020). Of these 107 have rolled over from 2019/20 into a second year. There are 20 new projects for 2020/21

	Total No of Projects	Rolled Over projects	New Projects 20/21	Total Value
Early Intervention	21	21	0	£ 3,162,000
LD,CCN & Carers	36	33	3	£ 4,214,999
Older People	46	33	13	£ 9,487,001
Dementia	24	20	4	£ 2,056,000
TOTAL	127	107	20	£ 18,920,000

Area Integrated Service Board	Projects
East	46
Centre	25
West	56
TOTAL	127

- 5.2 The Covid 19 impact on the revenue programme shows that at this time there are 76 (60%) projects continuing as outlined in the original scheme proposal with 35 projects modified and 16 paused.

Impact of Covid-19	Early Intervention	LD, CCN & Carers	Older People	Dementia	TOTAL
Continuing	16	20	30	10	76
Modified	5	10	9	11	35
Paused	0	6	7	3	16
TOTAL	21	36	46	24	127

- 5.4 The Dementia projects have been most affected, mainly due to social distancing guidance
- 5.5 Most of the new for 2020/21 schemes were paused before they started. Modified and paused projects are being reviewed currently to assess the likelihood of status change by end of quarter 2.
- 5.6 The Welsh Government Dementia Team are keen to understand the changes to the dementia schemes within the revenue investment programme and an outline of the changes will be provided by the end of August.
- 5.7 The full 2020/21 Revenue Investment Programme spreadsheet is available for inspection if required along with all the project proposal documents. A summary table of the projects is shown below.

ICF 2020/21 Revenue Investment Programme	
Early Intervention Projects	Sub Region
Alternatives to Secure Accommodation	East
Children's Community Connector	West
Family Group Meetings	East
Local Asset Co-ordination	West
Multi Agency Problematic / Harmful Sexual Behaviour Team	West
Targeted support for children with complex needs	East
Children's Services - meeting needs of children at the edge of care	East
Domestic Abuse Intensive Intervention Worker	West
Family Group Conferencing	East
Healthy Relationships	West
Helping Out	West
Looked after Nurse	West
Mapio Bywyd Plentyn	West
Resilient Families	West
Strengthening Families Service - Conwy and Denbighshire	Central
Supported Lodgings	East
Repatriation and Prevention Service	Regional
Programme Management	East
Programme Management	West
Learning Disability Projects	Sub Region
Diana Service	East
Arosfa	East

Carer support Officer – Hergest- Ysbyty Gwynedd	West
Children's Respite Options	East
Planning for the future	Central
Young Carers Support (Action for Children)	West
Adult at Risk Support Worker	East
Amser Ni	West
Child Development Centres - Integration within the C&D Centres	Central
Children's Learning Disabilities and complex needs	Central
Community Navigators - social prescribing	Central
IMPACT Team	West
Independent Living Training	East
Integrated Disability service	East
Specialist Small Group Home	West
Telecare	East
Virtual Reality Autism Experience	East
Active Support Team	Central
IAA for Children & Families	East
Information, Advice & well-being team	West
Specialist Nursery Nurse	West
Additional Respite Provision	East
Programme Management	East
Programme Management	West
Project Management	Central
Prevention and Progression LD	Regional
Transition	Central
Enhanced support service (SUSD for children with complex needs)	Central
Step Up / Step Down Beds	East
Childrens Services - meeting complex needs	East
Carers Outreach Respite	West
Parent Carers Support	West
Disability Development Fund	East
Older People Projects	Sub Region
Community Resource Team	Regional
Night Owls	West
Community Navigators - social prescribing	Central
Community Wellbeing	Central
Single Point of Access	Regional
Garreglwyd Enhanced Dementia service	West
Direct Payments	East
Satellite Hospice Unit	West
Specialist OT Support	East
IV Therapy	West
Community USC Hub	West
Falls Prevention	Regional
Area ICF Co-Ordination	Central
Step Up / Step Down	Regional
Care Sector Support	East
Support to Nursing and Care Home Sector	Central

Bridging the Generations	West
Community Agents	East
Community Transport	West
Co-operatives	West
Diabetes Prevention	Central
Integrated Community Support Service - sensory impairment	East
Social prescribing , Local Asset Co-ordination and Link Cymunedol Mon	West
Dementia Practice Development Nurse	West
Dementia Community Activities	West
Meals on Wheels - Seren	West
Intermediate Care Occupational Therapist	West
Community Hub Liaison Support	West
Forward Thinking / Forward Planning	West
Dysphagia Management in Nursing Homes	West
Support for the Wellbeing of Chronic Respiratory Patients - Arfon	West
Tuag Adref	West
Gwynedd Falls - Care Home Training	West
Practice Development Nurse CRT	West
Age Cymru Hospiol Support and Information Officer	West
Penllyn Care Provision	West
Programme Management	West
Dementia Projects	Sub Region
Community Support Workers - Llys Raddington	East
Dementia Commissioning Officer	East
Dementia Support Workers	Central
Dementia Support Workers - WEST	West
Dementia SW - [19/20 £133,765- 50%]	Central
EMI Discharge Coordinator and Home Care Facilitator	West
Home based support team for people with dementia	East
Llys Elian - Dementia Support Team	Central
Shared Lives	West
Short term placement bed	East
Hearing assessment in the dementia diagnosis pathway	West
Alzheimer's Advisory Role	West
Community Development Fund	East
Community therapy service	East
Dementia Community Development Work	East
Dementia support service (Tier 2)	East
Denbighshire Dementia Resources & Training	Central
Progress for Providers - extension to domiciliary care	East
Support within Care Homes	West
DVSC Dementia friendly	Central
Forward Thinking / Forward Planning	West
Dementia Connect	West
Emergency Respite	East
Dementia Connect	Central



Cyfarfod a dyddiad: Meeting and date:	Strategy Partnerships and Population Health Committee 13.8.20						
Cyhoeddus neu Breifat: Public or Private:	Public						
Teitl yr Adroddiad Report Title:	WP8 Equality, Diversity and Human Rights Policy						
Cyfarwyddwr Cyfrifol: Responsible Director:	Sue Green, Executive Director of Workforce and Organisational Development						
Awdur yr Adroddiad Report Author:	Steve Dooré, Equality and Inclusion Manager						
Craffu blaenorol: Prior Scrutiny:	Interim Equality Group Workforce Policies and Procedures Group						
Atodiadau Appendices:	App1 WP8 App2 EQIA						
Argymhelliad / Recommendation:							
The SPPH Committee is asked to: <ul style="list-style-type: none"> • Approve the revised policy. 							
Please tick one as appropriate (note the Chair of the meeting will review and may determine the document should be viewed under a different category)							
Ar gyfer penderfyniad /cymeradwyaeth For Decision/ Approval	<input checked="" type="checkbox"/>	Ar gyfer Trafodaeth For Discussion	<input type="checkbox"/>	Ar gyfer sicrwydd For Assurance	<input type="checkbox"/>	Er gwybodaeth For Information	<input type="checkbox"/>
Sefyllfa / Situation:							
The current Equality, Diversity and Human Rights policy is due for review.							
Cefndir / Background:							
Betsi Cadwaladr University Health Board (BCUHB) is committed to advancing equality and protecting and promoting the rights of everybody to achieve better outcomes for all. The legislative framework requires us to promote equality in everything that we do. Incumbent within this are equality duties which must be undertaken. Strategies, policies, practices and procurement processes within BCUHB must adhere to this policy and ensure that services and employment practices are designed and delivered fairly and in accordance with equality and human rights legislation.							
Asesiad / Assessment & Analysis							

Strategy Implications

All strategy decisions made by the Health Board have to comply with this policy.

Financial Implications

There are no financial implications attached to this policy.

Risk Analysis

There is a risk of non-compliance with the Public Sector Equality Duty if the policy is not approved.

Legal and Compliance

This policy helps support the Health Board to meet its legislative duties under The Equality Act 2010.

Impact Assessment

An Equality Impact Assessment has been completed for this policy.



Equality, Diversity and Human Rights Policy

Date to be reviewed:	June 2023	No of pages:	3
Author(s):	Steve Dooré	Author(s) title:	Equality and Inclusion Manager
Responsible dept / director:	Executive Director of Workforce & Organisational Development		
Approved by:	Strategy, Partnerships and Public Health Committee		
Date approved:	tbc		
Endorsement by:	tbc		
Date endorsed:	tbc		
Date activated (live):	tbc		

Date EQIA completed:	1 st October 2010 (reviewed April 2012 and April 2017, Refreshed May 2020)
Documents to be read alongside this policy:	Strategic Equality and Human Rights Plan WP5c All Wales Dignity at Work Process & Flowchart WP7 Procedure for Equality Impact Assessment WP27 Guidelines of the Fair Treatment of Disabled People at Work in BCUHB WP43 Guidelines to Support Transgender Staff in BCUHB WP42 Guidance on Dealing with Hate Incidents and Crimes Against BCUHB Employees WP1 Policy for Safe Recruitment & Selection Practices

Review	Purpose of Issue/Description of current changes:
A	Initial Issue
B	Legislative changes – Equality Act 2010
C	Three-year review including further legislative changes
D	Repeal of provisions relating to Third Party Harassment
E	Three-Year Review

Summary:

Betsi Cadwaladr University Health Board (BCUHB) is committed to advancing equality and protecting and promoting the rights of everybody to achieve better outcomes for all. The legislative framework requires us to promote equality in everything that we do. Incumbent within this are equality duties which must be undertaken. Strategies, policies, practices and procurement processes within BCUHB must adhere to this policy and ensure that services and employment practices are designed and delivered fairly and in accordance with equality and human rights legislation.

First operational:	October 2009				
Previously reviewed:	Oct 2010	Oct 2012	Mar 2013	April 2017	
Changes made yes/no:	Yes	Yes	Yes	Yes	

PROPRIETARY INFORMATION

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1. Policy Statement

Betsi Cadwaladr University Health Board (BCUHB) is committed to advancing equality and protecting and promoting the rights of everybody to achieve better outcomes for all. The legislative framework requires us to promote equality in everything that we do. Incumbent within this are equality duties which must be undertaken.

Equality, diversity and human rights are embedded in all aspects of the NHS in Wales through the Values and Standards of Behaviour Framework, Standard 2 of the Healthcare Standards for Wales and the Governance Framework. They are also terms used to define values of society, enshrined in UK Legislation, and UN Treaties. They seek to promote equality of opportunity for all, giving every individual the chance to achieve their potential, free from prejudice and discrimination, and the right to be treated with fairness, respect, equality, dignity and autonomy.

Strategies, policies, practices and procurement processes within BCUHB must adhere to this policy and ensure that both services and employment practices are designed and delivered fairly and in accordance with equality and human rights legislation.

2. Scope of the Policy

This policy applies to all employees and potential employees of the Health Board. It supports and complies with the provisions of the Equality Act (2010) and reflects the Agenda for Change statement on Equality and Diversity. It embraces all job related issues affecting individuals and groups whether they are actual or potential members of staff, consultants or contractors of the Health Board.

In line with the Equality Act (2010) the basic framework of protection includes direct and indirect discrimination, harassment and victimisation in services, functions, premises, work, education, associations and transport.

3. Background

The Equality Act 2010 places a duty on the public sector to have due regard to the need to:

- Eliminate unlawful discrimination, harassment and victimisation;
- Advance equality of opportunity between persons who share a relevant protected characteristic and those who do not;
- Foster good relations between those who share a relevant protected characteristic and those who do not.

And to have due regard for advancing equality by:

- removing or minimising disadvantages experienced by people due to their protected characteristics;
- taking steps to meet the needs of people from protected groups where these are different from the needs of other people;
- encouraging people with protected characteristics to participate in public life or in other activities where their participation is disproportionately low.

It is the intention of BCUHB that no service user, job applicant or employee receives less favourable treatment than another or is disadvantaged by reason of any **protected characteristic** (as defined in the Equality Act 2010) which means: age, disability, gender, gender reassignment, marital status, pregnancy and maternity, race (including ethnicity and nationality), religion or belief (or non-belief), sexual orientation.

4. The Well-being of Future Generations (Wales) Act 2015

The Act requires all public bodies to change the way we work in order to improve well-being for the whole population, by acting in accordance with the sustainable development principle and meeting the 7 Well-being Goals. Sustainable development connects the environment in which we live, the economy in which we work, the society which we enjoy and the cultures that we share to the people that we serve and their quality of life. Working in this way means we can better meet the needs of our present population without compromising the ability of future generations to meet their own needs. The Act sets out the 'More Equal Wales' wellbeing goal which is defined as: 'A society that enables people to fulfil their potential no matter what their background or circumstances (including their socio economic background and circumstances).'

5. Responsibilities

The Chief Executive, on behalf of the Board, has overall responsibility for ensuring that this policy is implemented, and that its effectiveness is monitored.

Executive Directors, Divisional Directors, Senior Managers and Line Managers have responsibility for the active and effective implementation of this policy.

Every member of staff, together with volunteers and other people working for, or on behalf of the Health Board has a responsibility to apply this policy and to observe standards of conduct that ensure the patient care environment and the workplace are free from discrimination of any kind and from any form of harassment or victimisation.

6. Training

Equality and Human Rights training is mandatory for all staff Equality and Diversity is one of the Core Competencies within the NHS Knowledge and Skills Framework (KSF). This defines the knowledge and skills that NHS staff need to apply in their work to deliver quality services, and staff should be able to demonstrate the application of equality and diversity skills appropriate to their post.

7. Recruitment

No employee or job applicant shall receive less favourable treatment on the grounds of their actual or perceived race, religion or belief, ethnic or national origin, sex, gender reassignment, marital status, pregnancy or maternity, WP1 Version No: 4 Page 5 of 8 Paper copies of this document should be kept to a minimum and checks made with the electronic version to ensure the version to hand is the most recent. sexual orientation, disability, domestic circumstances or social or employment status, health status, age, political affiliation or recognised trade union membership. In addition, the organisation must not use conditions or requirements, which cannot be shown to be justified.

8. Allegations of Discrimination, Harassment and Victimisation

Staff are actively encouraged to report discriminatory practices or behaviour, including those that could be regarded as hate crime, to their Line Manager, a senior member of the Workforce and OD Department or their Trade Union Representative. Such practices should also be recorded in the electronic reporting system Datix.

9. Implementation and Monitoring

BCUHB will ensure that this policy, together with its commitment to promoting fair treatment and protecting individuals from discrimination, is communicated to both existing and potential

members of staff, partner organisations, contractors and the wider community. It is supported by a programme of action within our Strategic Equality and Human Rights Plan (SEP), progress against which is provided on a regular basis to Board via the Strategy, Partnerships and Population Health Committee, Senior Management Teams and through our published Annual Equality Reports.

10. Complaints/Grievances

Should anyone have a concern about the implementation or application of this Equality, Diversity and Human Rights Policy, then this should be raised in accordance with the Grievance Policy and Procedure (for staff) or the NHS Wales 'Putting Things Right' process (for service users or other members of the public).

11. Statutory References

Statutory references which frame and influence this policy include:

- Equality Act 2010
- Equality Act 2010 (Statutory Duties) (Wales) Regulations 2011
- Welsh Language Act and Welsh Language (Wales) Measure 2011
- Protection from Harassment Act 1997
- Human Rights Act 1998
- Part Time Workers (Prevention of Less Favourable Treatment) Regulations 2000
- The Well-being of Future Generations (Wales) Act 2015
- Social Services and Well-being (Wales) Act 2014



GIG
CYMRU
NHS
WALES

Bwrdd Iechyd Prifysgol
Betsi Cadwaladr
University Health Board

IT FORMS

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

<u>For:</u>	WP8 Equality, Diversity and Human Rights Policy
<u>Date form completed:</u>	2.7.20



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University Health Board

IT FORMS

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 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

1.	What are you assessing i.e. what is the title of the document you are writing or the service review you are undertaking?	WP8 Equality, Diversity and Human Rights Policy
2.	Provide a brief description, including the aims and objectives of what you are assessing.	<p>Betsi Cadwaladr University Health Board (BCUHB) is committed to advancing equality and protecting and promoting the rights of everybody to achieve better outcomes for all. The legislative framework requires us to promote equality in everything that we do. Incumbent within this are equality duties which must be undertaken. Strategies, policies, practices and procurement processes within BCUHB must adhere to this policy and ensure that services and employment practices are designed and delivered fairly and in accordance with equality and human rights legislation. This policy applies to all employees and potential employees of the Health Board. It supports and complies with the provisions of the Equality Act (2010) and reflects the Agenda for Change statement on Equality and Diversity. It embraces all job related issues affecting individuals and groups whether they are actual or potential members of staff, consultants or contractors of the Health Board.</p> <p>In line with the Equality Act (2010) the basic framework of protection includes direct and indirect discrimination, harassment and victimisation in services, functions, premises, work, education, associations and transport.</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?	Strategy, Partnerships and Public Health Committee
	Is the Policy related to, or influenced by, other Policies or areas of work?	<p>Strategic Equality and Human Rights Plan</p> <p>WP5c All Wales Dignity at Work Process& Flowchart</p> <p>WP7 Procedure for Equality Impact Assessment</p>

Part A

Form 1: Preparation

4.		WP27 Guidelines of the Fair Treatment of Disabled People at Work in BCUHB WP43 Guidelines to Support Transgender Staff in BCUHB WP42 Guidance on Dealing with Hate Incidents and Crimes Against BCUHB Employees WP1 Policy for Safe Recruitment & Selection Practices
5.	Who are the key Stakeholders i.e. who will be affected by your document or proposals? Has a plan for engagement been agreed?	All staff, patients and applicants to work for the Health Board are key stakeholders in this policy, and this includes agency and bank staff and volunteers.
6.	What might help or hinder the success of whatever you are doing, for example communication, training etc.?	Training and communication are the key drivers to ensure this policy is embedded in the governance process of the health board. Equality and Diversity is part of the mandatory training package delivered by the Health Board and is available via face to face training or elearning.
7.	Think about and capture the positive aspects of your policy that help to promote and advance equality by reducing inequality or disadvantage.	The purpose of the policy is to ensure that both services and employment practices are designed and delivered fairly and in accordance with equality and human rights legislation.

Part A

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

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

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

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

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

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

Part A

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

Protected characteristic or group	Will people in each of these protected characteristic groups be impacted by what is being proposed? If so is it positive or negative? (tick appropriate below)				Reasons for your decision (including evidence that has led you to decide this) A good starting point is the EHRC publication: "Is Wales Fairer (2018)?" You can also visit their website here	How will you reduce or remove any negative Impacts that you have identified?
	Yes	No	(+ve)	(-ve)		
Age (e.g. think about different age groups)	x		x		<p>The policy ensures that the Health Board protects those which protected characteristics from direct or indirect discrimination. It commits the Health Board to delivering the Public Sector Equality Duty under which the Health Board must, in the exercise of their functions, have due regard to the need to:</p> <ul style="list-style-type: none"> • Eliminate unlawful discrimination, harassment and victimisation and other conduct prohibited by the Act. • Advance equality of opportunity between people who share a protected characteristic and those who do not. • Foster good relations between people who share a protected characteristic and those who do not. <p>The policy outlines arrangements for training, implementation and monitoring of the application of this policy and specifically references this being applicable to Age.</p>	

Part A

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

Disability (think about different types of impairment and health conditions:- i.e. physical, mental health, sensory loss, Cancer, HIV)	x		x	x	<p>The policy ensures that the Health Board protects those which protected characteristics from direct or indirect discrimination. It commits the Health Board to delivering the Public Sector Equality Duty under which the Health Board must, in the exercise of their functions, have due regard to the need to:</p> <ul style="list-style-type: none"> • Eliminate unlawful discrimination, harassment and victimisation and other conduct prohibited by the Act. • Advance equality of opportunity between people who share a protected characteristic and those who do not. • Foster good relations between people who share a protected characteristic and those who do not. <p>The policy outlines arrangements for training, implementation and monitoring of the application of this policy and specifically references this being applicable to Disability.</p> <p>There is the potential for people with sensory loss, neurological conditions or mental health issues to be disadvantaged by not being able to access this policy in a format they can fully engage with.</p>	The policy is available in a range of formats upon request and in line with the All Wales
Gender Reassignment (sometimes	x		x		The policy ensures that the Health Board protects those which protected characteristics from direct or indirect discrimination. It commits the Health Board to delivering	

Part A

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

referred to as 'Gender Identity' or transgender)				<p>the Public Sector Equality Duty under which the Health Board must, in the exercise of their functions, have due regard to the need to:</p> <ul style="list-style-type: none"> • Eliminate unlawful discrimination, harassment and victimisation and other conduct prohibited by the Act. • Advance equality of opportunity between people who share a protected characteristic and those who do not. • Foster good relations between people who share a protected characteristic and those who do not. <p>The policy outlines arrangements for training, implementation and monitoring of the application of this policy and specifically references this being applicable to Gender Reassignment.</p>	
Pregnancy and maternity	x		x	<p>The policy ensures that the Health Board protects those which protected characteristics from direct or indirect discrimination. It commits the Health Board to delivering the Public Sector Equality Duty under which the Health Board must, in the exercise of their functions, have due regard to the need to:</p> <ul style="list-style-type: none"> • Eliminate unlawful discrimination, harassment and victimisation and other conduct prohibited by the Act. • Advance equality of opportunity between people who share a protected characteristic and those who do not. 	

Part A

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

					<ul style="list-style-type: none"> Foster good relations between people who share a protected characteristic and those who do not. <p>The policy outlines arrangements for training, implementation and monitoring of the application of this policy and specifically references this being applicable to Pregnancy and Maternity.</p>	
<p>Race (include different ethnic minorities, Gypsies and Travellers)</p> <p>Consider how refugees and asylum-seekers may be affected.</p>	x		x	x	<p>The policy ensures that the Health Board protects those which protected characteristics from direct or indirect discrimination. It commits the Health Board to delivering the Public Sector Equality Duty under which the Health Board must, in the exercise of their functions, have due regard to the need to:</p> <ul style="list-style-type: none"> Eliminate unlawful discrimination, harassment and victimisation and other conduct prohibited by the Act. Advance equality of opportunity between people who share a protected characteristic and those who do not. Foster good relations between people who share a protected characteristic and those who do not. <p>The policy outlines arrangements for training, implementation and monitoring of the application of this policy and specifically references this being applicable to Race.</p>	

Part A

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

					There is the potential for people with a first language other than English to be unable to access or fully understand the policy.	Translation in to other languages can be arranged through the Welsh Interpretation and Translation Service.
Religion, belief and non-belief	x		x		<p>The policy ensures that the Health Board protects those which protected characteristics from direct or indirect discrimination. It commits the Health Board to delivering the Public Sector Equality Duty under which the Health Board must, in the exercise of their functions, have due regard to the need to:</p> <ul style="list-style-type: none"> • Eliminate unlawful discrimination, harassment and victimisation and other conduct prohibited by the Act. • Advance equality of opportunity between people who share a protected characteristic and those who do not. • Foster good relations between people who share a protected characteristic and those who do not. <p>The policy outlines arrangements for training, implementation and monitoring of the application of this policy and specifically references this being applicable to Religion, belief and non-belief.</p>	

Part A

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

Sex (men and women)	x		x		<p>The policy ensures that the Health Board protects those which protected characteristics from direct or indirect discrimination. It commits the Health Board to delivering the Public Sector Equality Duty under which the Health Board must, in the exercise of their functions, have due regard to the need to:</p> <ul style="list-style-type: none"> • Eliminate unlawful discrimination, harassment and victimisation and other conduct prohibited by the Act. • Advance equality of opportunity between people who share a protected characteristic and those who do not. • Foster good relations between people who share a protected characteristic and those who do not. <p>The policy outlines arrangements for training, implementation and monitoring of the application of this policy and specifically references this being applicable to Sex.</p>	
Sexual orientation (Lesbian, Gay and Bisexual)	x		x		<p>The policy ensures that the Health Board protects those which protected characteristics from direct or indirect discrimination. It commits the Health Board to delivering the Public Sector Equality Duty under which the Health Board must, in the exercise of their functions, have due regard to the need to:</p>	

Part A

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

					<ul style="list-style-type: none"> • Eliminate unlawful discrimination, harassment and victimisation and other conduct prohibited by the Act. • Advance equality of opportunity between people who share a protected characteristic and those who do not. • Foster good relations between people who share a protected characteristic and those who do not. <p>The policy outlines arrangements for training, implementation and monitoring of the application of this policy and specifically references this being applicable to Sexual Orientation.</p>	
Marriage and civil Partnership (Marital status)	x		x		<p>The policy ensures that the Health Board protects those which protected characteristics from direct or indirect discrimination. It commits the Health Board to delivering the Public Sector Equality Duty under which the Health Board must, in the exercise of their functions, have due regard to the need to:</p> <ul style="list-style-type: none"> • Eliminate unlawful discrimination, harassment and victimisation and other conduct prohibited by the Act. • Advance equality of opportunity between people who share a protected characteristic and those who do not. • Foster good relations between people who share a protected characteristic and those who do not. 	

Part A

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

					The policy outlines arrangements for training, implementation and monitoring of the application of this policy and specifically references this being applicable to Marriage and Civil Partnership.	
Low-income households	x		x		This policy ensures that all staff and patients of the health board are protected from discrimination.	

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*

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		Article 9	The policy protects people from any direct or indirect discrimination on the basis of religion or belief.	

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

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	x			x	There is the potential for Welsh speakers to be unable to access the policy.	The policy will be translated in to Welsh.
Treating the Welsh language no less favourably than the English language	x			x	There is the potential for people Welsh speakers to be unable to access or fully understand the policy.	The policy will be translated in to Welsh.

Part A Form 4: Record of Engagement and Consultation

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

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

What steps have you taken to engage and consult with people who share protected characteristics and how have you done this? Consider engagement and participatory methods.	This policy has been approved by the Interim Equality Group and Workforce Policies and Procedures Group
Have any themes emerged? Describe them here.	None
If yes to above, how have their views influenced your work/guided your policy/proposal, or changed your recommendations?	

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

Part B Form 5: Summary of Key Findings and Actions

1. What has been assessed? (Copy from Form 1)	WP8 Equality, Diversity and Human Rights Policy
2. Brief Aims and Objectives: (Copy from Form 1)	<p>Betsi Cadwaladr University Health Board (BCUHB) is committed to advancing equality and protecting and promoting the rights of everybody to achieve better outcomes for all. The legislative framework requires us to promote equality in everything that we do. Incumbent within this are equality duties which must be undertaken. Strategies, policies, practices and procurement processes within BCUHB must adhere to this policy and ensure that services and employment practices are designed and delivered fairly and in accordance with equality and human rights legislation. This policy applies to all employees and potential employees of the Health Board. It supports and complies with the provisions of the Equality Act (2010) and reflects the Agenda for Change statement on Equality and Diversity. It embraces all job related issues affecting individuals and groups whether they are actual or potential members of staff, consultants or contractors of the Health Board.</p> <p>In line with the Equality Act (2010) the basic framework of protection includes direct and indirect discrimination, harassment and victimisation in services, functions, premises, work, education, associations and transport.</p>

Part B Form 5: Summary of Key Findings and Actions

From your assessment findings (Forms 2 and 3):

3a. Could any of the protected groups be negatively affected by your policy or proposal?	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
3b. Could the impact of your policy or proposal be discriminatory under equality legislation?	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>
3c. Is your policy or proposal of high significance? For example, does it mean changes across the whole population or Health Board, or only small numbers in one particular area?	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
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?	<div> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> </div> <p>All potential impacts have been mitigated against and the policy clearly shows a positive impact on protected groups.</p>	
5. If you answered 'no'	Yes <input checked="" type="checkbox"/>	<input type="checkbox"/>

Part B Form 5: Summary of Key Findings and Actions

above, are there any issues to be addressed e.g. reducing any identified minor negative impact?	Translation of the policy in to Welsh.	
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?	Equalities monitoring is in place widely across the organisation.
	Who is responsible?	
	What information is being used?	E.g. will you be using existing reports, data etc. or do you need to gather your own information?
	When will the EqIA be reviewed? (Usually the same date the policy is reviewed)	3 years
7. Where will your policy or proposal be forwarded for approval?	Strategy, Partnerships and Public Health Committee	

Part B Form 5: Summary of Key Findings and Actions

8. Names of all parties involved in undertaking this Equality Impact Assessment – please note EqIA should be undertaken as a group activity Senior sign off prior to committee approval:	Name	Title/Role
	Steve Dooré	Equality and Inclusion Manager
	Sally Thomas	Head of Equality and Human Rights
	Jackie Hughes	Independent Member
Please Note: The Action Plan below forms an integral part of this Outcome Report		

Action Plan

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

Part B Form 5: Summary of Key Findings and Actions

	Proposed Actions	Who is responsible for this action?	When will this be done by?
1. If the assessment indicates significant potential negative impact such that you cannot proceed, please give reasons and any alternative action(s) agreed:	N/A		
2. What changes are you proposing to make to your policy or proposal as a result of the EqIA?	None		
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?	Translation in to Welsh	Equality and Inclusion Manager	6.7.10
3b. Where negative impacts on certain groups have been identified, and you are proceeding without reducing them, describe here why you believe this is justified.	N/A		
4. Provide details of any actions taken or planned to advance equality of opportunity as a result of this assessment.	N/A		

Part B Form 5: Summary of Key Findings and Actions

	Proposed Actions	Who is responsible for this action?	When will this be done by?



Cyfarfod a dyddiad: Meeting and date:	Strategy Partnerships and Population Health Committee 13.8.20				
Cyhoeddus neu Breifat: Public or Private:	Public				
Teitl yr Adroddiad Report Title:	WP7 Procedure for Equality Impact Assessment				
Cyfarwyddwr Cyfrifol: Responsible Director:	Sue Green, Executive Director of Workforce and Organisational Development				
Awdur yr Adroddiad Report Author:	Steve Dooré, Equality and Inclusion Manager				
Craffu blaenorol: Prior Scrutiny:	Interim Equality Group Workforce Policies and Procedures Group				
Atodiadau Appendices:	App 1 WP7 App2 EQIA				
Argymhelliaid / Recommendation:					
The SPPH Committee is asked to: <ul style="list-style-type: none"> • Approve the revised policy. 					
Please tick one as appropriate (note the Chair of the meeting will review and may determine the document should be viewed under a different category)					
Ar gyfer penderfyniad /cymeradwyaeth For Decision/ Approval	<input checked="" type="checkbox"/>	Ar gyfer Trafodaeth For Discussion	<input type="checkbox"/>	Ar gyfer sicrwydd For Assurance	<input type="checkbox"/>
Sefyllfa / Situation:					
The current Procedure for Equality Impact Assessment is due for review.					
Cefndir / Background:					
<p>Equality Impact Assessment (EqIA) is not optional. It is a structured process set out in statute which enables the organisation to consider the effects of its decisions, policies or services on different communities, individuals or groups. It involves:</p> <ul style="list-style-type: none"> • anticipating or identifying the impact of our work on individuals or groups of service users/employees; • making sure that any negative effects are eliminated or minimised; and • maximising opportunities for promoting positive effects. 					
Asesiad / Assessment & Analysis					

Strategy Implications

All strategy decisions made by the Health Board have to have an Equality Impact Assessment.

Financial Implications

There are no financial implications attached to this policy.

Risk Analysis

There is a risk of non-compliance with the Public Sector Equality Duty if the procedure is not approved and followed.

Legal and Compliance

This procedure helps support the Health Board to meet its legislative duties under The Equality Act 2010.

Impact Assessment

An Equality Impact Assessment has been completed for this procedure..



WP7

PROCEDURE FOR EQUALITY IMPACT ASSESSMENT

Date to be reviewed:	May 2023	No of pages:	15
Author(s):	Steve Dooré	Author(s) title:	Equality and Inclusion Manager
Responsible dept / director:	Workforce & Organisational Development Director of Workforce and Organisational Development		
Approved by:	Workforce and Organisational Development Policies and Procedures Group		
Date approved:	tbc		
Endorsement by:	Director of Workforce & Organisational Development		
Date endorsed:			
Date activated (live):			

This document forms part of the implementation process for the Equality, Diversity and Human Rights policy. Staff should ensure they follow this procedure, with any deviation being risk assessed and the resulting rationale escalated to the appropriate manager.

Documents to be read alongside this document:	<ul style="list-style-type: none"> • BCUHB Strategic Equality & Human Rights Plan 2020-24 • WP8 BCUHB Equality, Diversity and Human Rights Policy • EqlA Guide for Board Members (NHS CEHR) • Building Equality Considerations into Service Review Projects
Review	Purpose of Issue/Description of current changes:
A	Initial Issue
B	Changes in legislation (Equality Act 2010).
C	Minor changes to wording and forms following user feedback
D	3-year review
E	Updated procedure following organisational change and user feedback.
F	3-year review

Summary:

The aims of this Procedure are to provide a framework to ensure that equality and human rights principles are identified and considered in everything we do by embedding equality considerations into organisational decision-making and policy development processes. It also aims to ensure the organisation develops the necessary capability to undertake robust impact assessments.

First operational:	October 2009				
Previously reviewed:	Aug 2010	Dec 2010	Sept 2012	Sept 2016	May 2020
Changes made yes/no:	Yes	Yes	Yes	Yes	Yes

PROPRIETARY INFORMATION

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WP7 Procedure for Equality Impact Assessment

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1. Introduction

Betsi Cadwaladr University Health Board is committed to providing excellent healthcare to the people of North Wales. The development of our plans for future services and delivery of board plans are based on listening to our population, partners and staff and understanding the health needs of our population. A foundation for this work is provided by the principles of Prudent Healthcare and a clear focus on our statutory duties in relation to Equality and Equity. This was key in informing the development of our 10-year strategy for Health in North Wales – “Living Healthier, Staying Well” where the first under-pinning principle states:

“In everything we do, we will promote equality and human rights”

We will pay due regard (i.e give appropriate consideration and weighting) to our public sector equality duties set out in the Equality Act 2010 in all of our activities and plans and ensure that equality and human rights are properly considered and influence decision-making at all levels.

We have a duty in relation to the appropriate and sensitive engagement with those communities described as seldom heard, vulnerable and disadvantaged groups. These groups often have the greatest healthcare needs yet face additional barriers to accessing services and making their views understood. Listening to the views of these communities will give us insight about their needs and how to meet them. It will also empower them to make their views about service provision known.

All decisions relating to healthcare provision must take account of potential impacts on these groups. Through our planning and engagement work we will ensure that all protected characteristic groups have the opportunity to fully participate by making engagement accessible to them.

As far as possible, when we make a decision, develop a strategy or policy, or do anything else that affects our service users or staff, we will do so in a fair, accountable and transparent way taking into account the needs and rights of all of those who might be affected.

One of the ways in which we do this is through a robust approach to **Equality Impact Assessment** as described in the following pages.

1.1 Scope

This Procedure applies to all the ways in which BCUHB carries out its activities and will therefore include the full range of functions, activities and decisions for which we are responsible, including those carried out in partnership with other organisations.

It is important to understand that this requires us to assess:

- corporate objectives and other strategies and strategic objectives
- new and revised written control documents (policies, procedures, guidelines)
- service plans
- service reviews
- patient pathways/integrated care pathways guidelines and protocols
- capital bids
- procurement and commissioning (and decommissioning)
- decision-making
- budget setting decisions and criteria for resource allocation

- day-to-day decisions where these may have a significant impact on equality and/or human rights

We may also need to assess the impact on protected groups locally of the implementation of a policy when it has been developed by another authority, for example a Welsh Government national strategy or other All-Wales policies.

1.2 Aims

The aims of this procedure are to provide a framework to ensure that equality and human rights principles are identified and considered in everything we do by embedding equality considerations into organisational decision-making and policy development processes. It also aims to ensure the organisation develops the necessary capability to undertake robust impact assessments.

1.3 Legal Context

The Equality Act 2010 provides protection from unfair treatment for people who have 'protected characteristics', these are: race/ethnicity, sex, gender reassignment, disability, sexual orientation, religion or belief, age, marriage and civil partnership and pregnancy and maternity.

Regulations made under this legislation require BCUHB and all public sector organisations in Wales to assess the likely impact of proposed new or revised policies and practices on our ability to comply with the general equality duty (see Appendix 1).

The Human Rights Act 1998 helps to define the relationship between the citizen and the state (public sector) and how public sector organisations like the NHS are required to observe and deliver basic human values. These also featured strongly in the organisational Values that were developed within BCUHB by staff and other stakeholders, and will help us to define and develop our organisational culture. We have therefore included Human Rights in our assessment processes.

Understanding any potential impact upon Welsh language has always formed part of our Equality Impact Assessment and The Welsh Language Standards make this requirement more explicit by requiring us to ensure our processes identify what effects, if any, any policy decision would have on:

- (a) Opportunities for persons to use the Welsh language: or
- (b) Treating the Welsh language no less favourably than the English language.

As of 1st April 2020 Welsh Government have issued guidance to public bodies on preparing for the commencement of the Socio Economic Duty. The duty is scheduled to commence on 29th September. However due to reprioritisation of government business due to the COVID-19 outbreak this may be reviewed. This procedure will therefore be reviewed and updated in line with any further Welsh Government Directive on the Socio Economic Duty.

2. What is Equality Impact Assessment?

- 2.1 Equality Impact Assessment (EqIA) **is not optional**. It is a structured process set out in statute which enables the organisation to consider the effects of its decisions, policies or services on different communities, individuals or groups. It involves:
- anticipating or identifying the impact of our work on individuals or groups of service users/employees;
 - making sure that any negative effects are eliminated or minimised; and
 - maximising opportunities for promoting positive effects.
- 2.2 Equality impact assessment is crucial to improving the quality of local health services, and to meeting the needs of those using them and the needs of our employees, by ensuring that we consider the effects that our decisions, policies or services have on people on the basis of their 'protected characteristics' (see 'Legal Context' above).
- 2.3 Care must also be taken when assessing the impact of policies, functions and services to include considerations of people with caring responsibilities as they may also be protected under equality legislation by reason of their **association with** a person with a protected characteristic.

3. Consultation and Engagement

- 3.1 Where the initial screening or other information indicates that people from one or more of the protected groups are likely to be affected by what we are proposing, then it is important that we engage and consult with the group(s) at the earliest opportunity. These are known as the Engagement Provisions. Engagement is a broad term, but for the purposes of the engagement duty, it is clear that it refers to involving certain people (as a requirement) and consulting certain people (as appropriate).
- 3.2 The distinction between involvement and consultation may not always be clear cut. Consultation can be described as a formal exercise undertaken by organisations to gather views on a particular proposal. Involvement indicates active participation of stakeholders – an open dialogue where those involved have a demonstrable influence on the decision-making process and any resulting decision.
- 3.3 Consultation and engagement is very important and key to demonstrating that you are meeting the requirements of the equality duties, but it also needs to be proportionate and relevant. Make sure you also consider the scale and degree of consultation. These are the key considerations, because you do not want to over-consult on a small policy or practice and you don't want to under-consult on an important policy. Consultation can add evidence to the assessment; it is also consistent with good management practice particularly around areas of service change.

4. When Do We Undertake Equality Impact Assessments?

- 4.1 Ideally, an EqlA should form part of the development of any new or amended policy or practice and be factored in as early as possible in the same way as for other considerations such as environmental, financial or health and safety risks.
- 4.2 Timing is important – case law tells us that an Equality Impact Assessment must not be used to justify decisions that have already been made, or policies that have already been written.
- 4.3 The important thing is that they are being done as part of the governance of BCUHB. Not everything will need a full impact assessment; sometimes you will only need to undertake a screening. If the screening indicates that your policy or practice is not relevant to equality, or that there is no evidence of adverse impact, then you should make a note of this in the screening outcome report.

5. Why Do We Undertake Equality Impact Assessments?

EqlA is a good practice method of developing a better understanding of the effects of the things we are proposing to do, with disadvantaged and vulnerable groups as the main focus. As well as being a **specific legal requirement** (see case law examples in Appendix 4), there are a number of positive aspects of EqlAs. These include:

- Service improvement: by focusing on meeting the needs of disadvantaged groups, we actually make improvements that benefit everyone;



Good practice:

BCUHB used EqlA to help inform the development of an access control systems to paediatric and maternity wards at Glan Clwyd hospital which had been a barrier that prevented deaf service users from accessing the wards. We used the EqlA to bring together deaf services users with ward and estates staff to come up with a range of solutions to improve communications including deaf awareness training for staff on those wards.

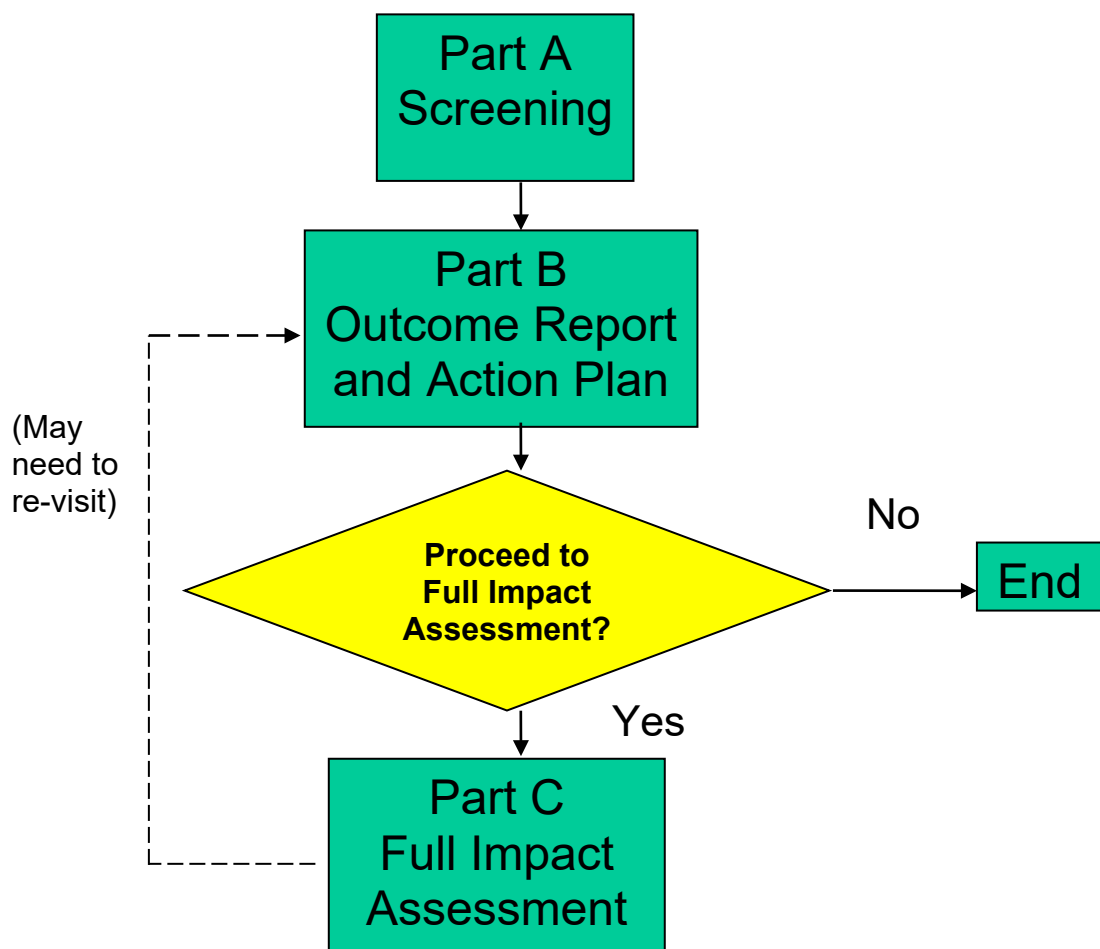
- Helping BCUHB to identify whether we are excluding different groups from any of our current or proposed policies or practices;
- Identifying and eliminating any direct or indirect discrimination, including institutional discrimination;
- Assisting BCUHB in considering policy adjustments, alternative policies or measures that might address any adverse impact;
- Identifying potential improvement areas that enable staff and managers to make better informed decisions about policy, practice and service delivery;
- Incorporating Equality into our everyday policies and practices;
- Giving BCUHB a better understanding of the needs and aspirations of our employees and the communities we serve.

6. How Do We Undertake Equality Impact Assessments?

6.1 It is important to understand that Equality Impact Assessment **two** specific legal requirements:

- First, we are required to carry out the assessment.
- Then having carried out the assessment, we must also have 'due regard' (i.e. give 'due consideration' and appropriate weight) to the results of the assessment. This requires us to consider taking action to address any issues identified, such as addressing (reducing or removing) negative impacts, where possible.

6.2 The diagram below shows an overview of the process we have adopted at BCUHB: more detailed instructions on how to proceed are included in 7.2 below.



6.3 As a general guide, the steps to be followed are as follows:-

- If you have not already done so, you should try to attend one of the regular workshops provided at locations across BCUHB by the Corporate Equalities Team. If this is not possible, then you can find most of the information you will need on our intranet pages (see below) or you can contact the Corporate Equalities Team.

- Visit the BCUHB intranet page for EqlA which is located at: <http://howis.wales.nhs.uk/sitesplus/861/page/47193>. This includes a step-by-step “Getting Started” guide and all the documents and forms you will need. Always download your EqlA Forms from the website as these will always be the latest versions and are supported by ‘Step-By-Step Guidance’ which can also be downloaded.
- Policy authors and project managers are advised to identify and establish a sub-group to progress the Equality Impact Assessment commencing at the beginning of the policy development/project. Where the policy or decision/proposal is likely to affect service users, consideration should be given as to how they can be engaged and represented on this sub-group (see Appendix 1 for further details of the requirements around Engagement). If the scope of what you are assessing does not necessitate the establishment of a sub-group, then you should always involve at least one other person with a good understanding of whatever is being assessed to help with the EqlA.



Good practice:

BCUHB has developed the Equality pages within the intranet site as a resource to support and inform all aspects of Equality, Diversity & Human Rights, including Equality Impact Assessment.

This includes a step-by-step “Getting started” guide, specific guidance aimed at service reviews, examples of good practice in completed EqlA’s, and lots of information and links to documents and websites for those seeking information and evidence.

Once the initial screening has been completed, a full assessment will be required if you answer yes to one or more of the following:

- Is the impact potentially discriminatory under equality or anti-discrimination legislation?
- Are any equality groups or communities identified as being potentially disadvantaged or negatively impacted by the policy or function?
- Is the policy or function assessed to be of high significance?

If you answer ‘no’ to all the above, you do not need to complete a Full Impact Assessment but should still complete Form 5: Summary of Key Findings and Actions).

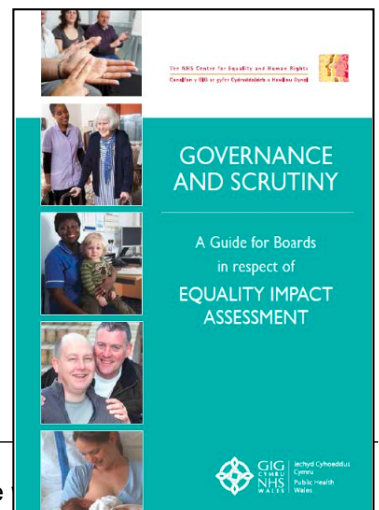
- A completed Equality Impact Assessment Screening (and Full Impact Assessment if completed) must accompany the policy/strategy when it is submitted for approval. This will enable those responsible for approving your policy or proposal to satisfy themselves that the requirements of our legal equality duties have been properly considered.

7. Roles and Responsibilities

- 7.1 Responsibility and ownership of the EqlA process, including any actions that arise from the assessment rests with the originator(s) of the particular policy or work-stream and will include managers and staff who develop new, or modify existing, policies (authors), strategies, procedures etc. EqlA is therefore an organisational responsibility.
- 7.2 Approval of new or amended policies, strategies and other proposals including service changes and developments, for example, will only be given subject to the provision of relevant evidence that an Equality Impact Assessment has been completed. This will normally be satisfied by submitting a copy of the EqlA alongside the document or proposal to the approving person or forum/committee, together with any necessary (Board or Committee) cover sheet.

8. Training

- 8.1 Guidance on assessing impact has been published by the Equality & Human Rights Commission (EHRC) and is available from their website at <https://www.equalityhumanrights.com/en/advice-and-guidance/equality-impact-assessments>
- 8.2 This guidance stresses that it is important to train staff on assessing impact, and that the training should be appropriate to the particular responsibilities of the staff, to their area of work, and to the organisation's chosen method for assessing impact. This will include senior decision-makers (such as Chief Executives, Chairs and Board members) to help equip them in their scrutiny role to ensure that equality is properly considered within the organisation, and that the assessments influence decision-making at all levels.
- 8.3 Staff required to undertake or scrutinise Equality Impact Assessments should have successfully completed:
- (a) Mandatory Equality Training e-Learning package (or attended equivalent face-to-face training); **and**
 - (b) further, specific training on the EqlA Procedure which is being provided through a series of 90-minute workshops held regularly across the organisation. Full details are published on the BCUHB intranet pages for EqlA.
- 8.4 Further guidance for Board Members across NHS Wales on their role in providing scrutiny around Equality Impact Assessment has been published by the NHS Centre for Equality and Human Rights and is available from our intranet pages at: <http://howis.wales.nhs.uk/sitesplus/861/page/47193>



9. EqlA and Financial Decision-Making

- 9.1 As mentioned in “Scope” (1.1 above) it is important to understand that our Financial Decision-Making will be subject to external scrutiny and possible challenge.
- 9.2 The Equality and Human Rights Commission reinforced this when writing to all public sector Chief Executives and Finance Directors in August 2010. At the same time, they published guidance “**Public Sector Equality Duties and financial decisions - a note for decision makers**” and a document called “**Using the equality duties to make fair financial decisions**”. Both of these documents are available via the BCUHB intranet site or direct from the Equality and Human Rights Commission website.
- 9.3 It is clear that the Commission will be scrutinising public sector financial decisions to ensure that they are being made in a “...fair, transparent and accountable way...” and they will be gathering information on how we have used Equality Impact Assessment to help reach good decisions. EqlA will help us to ensure that any decisions do not unfairly or disproportionately impact upon the most vulnerable groups in the communities we serve.
- 9.4 EqlA helps us to understand how our policies and decisions affect different groups in society. Many of our current services are aimed at those who are already disadvantaged or vulnerable e.g. older people, children or people with sensory or physical impairments. The application of a uniform reduction in funding or services across all groups will therefore potentially affect these groups in a disproportionate way and we will be expected to demonstrate, if challenged, how we have identified this impact (i.e. through the application of robust EqlA processes) and have taken steps to mitigate the effect on them.

Appendix 1 Statutory Equality Duties

The government believes that public bodies such as NHS organisations, local authorities, universities and Government departments can play an important role in creating a fair society in the way they provide services, through the jobs and training they offer, and the money they spend.

Building on the success of the former duties, the Equality Act created a new single public sector Equality Duty which covers all protected characteristics' – these are:- race/ethnicity, gender, disability, age, sexual orientation, religion or belief, pregnancy and maternity, gender-reassignment and marital status.

The Equality Duty requires public bodies to consider the needs of diverse groups in the community when designing and delivering public services so that people have access to fairer opportunities and better public services.

In emphasising that equality should be at the heart of what the public sector does – not an 'add on' or an after thought - the Equality Duty requires public bodies to pro-actively consider how they can eliminate discrimination, advance equality of opportunity and foster good relations for all the protected groups.

Within Wales, the Equality Act 2012 (Statutory Duties) (Wales) Regulations 2011 came into force on 5th April 2011 and require all public sector organizations in Wales to:

- assess the likely impact of proposed policies and practices on our ability to comply with the general duty
 - assess the impact of any policy which is being reviewed and of any proposed revision
 - publish reports of the assessments where they show a substantial impact (or likely impact) on our ability to meet the general duty
 - monitor the impact of policies and practices on our ability to meet that duty
- In addition, when assessing for impact on protected groups, we must:
- comply with the engagement provisions (see below)
 - have due regard to the relevant information we hold

What the duties require on engagement in relation to EqIA are that we **must** “....involve people who we consider representative of one or more of the protected groups and who have an interest in how we carry out our functions” when we are “.....assessing the likely impact on protected groups of any policies or practices being proposed or reviewed”.

The duties do not require us to engage with every protected group on every decision. We will therefore need to decide how relevant any policy or decision is for each protected group before deciding on whether or how we need to engage with them.

Further guidance on the duties in relation to assessing impact and engagement are available from the Equality pages of the BCUHB intranet site at:

<http://howis.wales.nhs.uk/sitesplus/861/page/42122> and from the Corporate Engagement Team who can be contacted via their intranet site at:
<http://howis.wales.nhs.uk/sitesplus/861/page/44085>

Appendix 2: EqlA Process Overview

You need to undertake an Impact Assessment:
Contact local / Corporate Dept Equality Lead



Visit EqlA Page on
Intranet for guidance and
Download EqlA forms for
completion.
[http://howis.wales.nhs.uk/
sitesplus/861/page/47193](http://howis.wales.nhs.uk/sitesplus/861/page/47193)

What are you Impact Assessing?

Policy Documents

Service changes

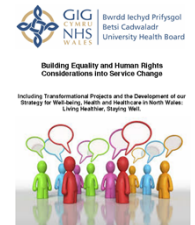
Strategy/Strategic Decision



Your 'group'
might be only
two people but
should not be
less than two.

Establish EqlA Group

Undertake Initial screening
and Full Impact Assessment
if screening indicates this is
necessary as per
guidance/toolkit



Complete Outcome Report and submit for
approval of EqlA by appropriate Committee
(see below)

Scrutiny/Approval Stage

For approval of
Corporate Policies –
to appropriate Board
Sub-Committee

For Local Policy Documents –
to Management Board or
appropriate Corporate
Committee

For Strategies –
to Corporate
Committee/Board

Policy Author/Project Manager
retains Approved EqlA for future
reference.

Support for this process is available from the Corporate Equalities Team

Appendix 3: Frequently Asked Questions (FAQ's)

Can I build equality impact assessment into other existing systems and processes?

Yes. We positively encourage managers to build equality impact assessment into existing business planning cycles, processes and service reviews. Examples include: commissioning plans, project management plans, health needs assessment, clinical governance action plans and impact assessments on service developments.

I am not writing a Policy. Do I still have to do an Equality Impact Assessment?

The short answer to this will usually be 'yes', because the law relating to Equality Impact Assessment uses the term 'policy' to describe all the ways in which an organization carries out its decisions, and its functions and activities. So this will include:

- strategies and strategic objectives
- operational plans
- service reviews/developments
- corporate objectives
- policies, guidelines and protocols
- procurement and commissioning /decommissioning
- decision making

How do I carry out an Equality Impact Assessment?

A step-by-step guide is provided within guidance contained on the EqIA pages of the BCUHB intranet site. The intranet also includes a helpful "Getting Started" step-by-step guide. There are also a number of supporting documents that can assist you in carrying out an impact assessment.

For quick reference, the EqIA process has also been summarised in a one page flowchart diagram in Appendix 2.

Where can I get information to help me when I carry out an Equality Impact Assessment?

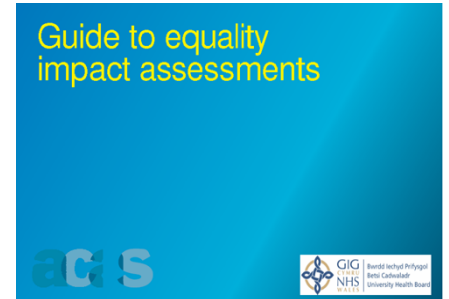
Information to "inform" the EqIA process is difficult to define as it will differ from policy to policy and will be different again for every service development. There are many sources of information from basic statistics about our workforce to detailed information on the physical health inequalities faced by people with learning disabilities and mental health problems. A simple "Google" search will often help.

Your Equality Lead can advise on sources of information but a useful starting place will be "Is Wales Fairer? (2018)" published by the Equality & Human Rights Commission. You can find it here:- <https://www.equalityhumanrights.com/en/publication-download/wales-fairer-2018>

You may also find the following document useful:

<https://www.equalityhumanrights.com/sites/default/files/research-report-11-equality-issues-in-wales-research-review.pdf>

We have also developed, in partnership with ACAS, an interactive 'Manager's Guide to Equality Impact Assessments' which is available on the BCUHB intranet pages.



Appendix 4: Case Law

There is an emerging body of case law that has helped to clarify how the courts and tribunals are interpreting the provisions of the Equality Act 2012 in relation to assessing impact. It is also helping to inform the development of our own processes.

The following is a summary of the most relevant cases, from which we are able to see that most legal challenges are succeeding on failures of process, and not the decisions themselves; although it is also clear that if a decision is reached via a process that does not follow statutory guidelines, then it is more than likely the decision will also be declared illegal.

Fuller details of each of the cases can be found with the BCUHB intranet Equality Diversity & Human Rights pages at:- <http://howis.wales.nhs.uk/sitesplus/861/page/46291>

Birmingham City Council and Social Services Judgement:

An application of the duty concerned Birmingham City Council and their decisions to restrict eligibility for adult social care to those with “critical” needs. Despite producing several impact assessments, the judge held that they had not shown ‘due regard’ and described the impact of the proposed changes upon disabled people as “potentially devastating”.

Birmingham City Council were also the subject of another successful challenge to their decision to cut funding for legal advice services. In this case, the impact assessment was found to have been driven by the hopes of the benefits to be gained from a new policy, rather than focusing on an assessment of the degree of disadvantage to existing users of the service.

Brown –v- Secretary of State for Work and Pensions:

This was an important case which established a number of principles involved in showing ‘due regard’ including the need to ensure decision-makers are aware of the equality duties, and that any assessment is carried out “in substance, with rigour and an open mind.”

Kaur –v- London Borough of Ealing:

Another important case that demonstrates how important it is to follow a robust and fair assessment procedure and also emphasised the need for public sector organisations to adopt the principles of “...evidence-based policy making, not policy-based evidence gathering”. We must not regard EqIA as an additional task or a means of justifying decisions that have already been taken.

Other examples of the courts quashing public sector decisions:

Watkins-Singh –v- Governing body of Aberdare Girls High School (wearing religious symbols)

Lunt and another –v- Liverpool City Council (licensing of particular types of taxi)

Harris –v- London Borough of Haringey (planning permission)

Gloucestershire & Somerset County Councils (proposed closure of libraries)



GIG
CYMRU
NHS
WALES

Bwrdd Iechyd Prifysgol
Betsi Cadwaladr
University Health Board

IT FORMS

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

<u>For:</u>	WP7 Procedure for Equality Impact Assessments
<u>Date form completed:</u>	2.7.20



GIG
CYMRU
NHS
WALES

Bwrdd Iechyd Prifysgol
Betsi Cadwaladr
University Health Board

IT FORMS

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 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

1.	What are you assessing i.e. what is the title of the document you are writing or the service review you are undertaking?	WP7 Procedure for Equality Impact Assessments
2.	Provide a brief description, including the aims and objectives of what you are assessing.	The aims of the procedure are to provide a framework to ensure that equality and human rights principles are identified and considered in everything we do by embedding equality considerations into organisational decision-making and policy development processes. It also aims to ensure the organisation develops the necessary capability to undertake robust impact assessments.
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?	Strategy, Partnerships and Public Health Committee
4.	Is the Policy related to, or influenced by, other Policies or areas of work?	<ul style="list-style-type: none"> • BCUHB Strategic Equality & Human Rights Plan 2020-24 • WP8 BCUHB Equality, Diversity and Human Rights Policy • EqIA Guide for Board Members (NHS CEHR) • Building Equality Considerations into Service Review Projects
5.	Who are the key Stakeholders i.e. who will be affected by your document or proposals? Has a plan for engagement been agreed?	All staff are potential key stakeholders of the policy, along with patients, and particularly all people who share a protected characteristic.
6.	What might help or hinder the success of whatever you are doing, for example communication, training etc.?	<p>The success of the Equality Impact Assessment procedure will be determined by two key factors:</p> <ul style="list-style-type: none"> - Clarity of the procedure - Organisation knowledge of the need and the capacity to undertake EqIAs.

Part A

Form 1: Preparation

7.	Think about and capture the positive aspects of your policy that help to promote and advance equality by reducing inequality or disadvantage.	Procedure are to provide a framework to ensure that equality and human rights principles are identified and considered in everything we do by embedding equality considerations into organisational decision-making and policy development processes. It also aims to ensure the organisation develops the necessary capability to undertake robust impact assessments.
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Part A

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

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

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

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

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

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

Part A

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

Protected characteristic or group	Will people in each of these protected characteristic groups be impacted by what is being proposed? If so is it positive or negative? (tick appropriate below)				Reasons for your decision (including evidence that has led you to decide this) A good starting point is the EHRC publication: "Is Wales Fairer (2018)?" You can also visit their website here	How will you reduce or remove any negative Impacts that you have identified?
	Yes	No	(+ve)	(-ve)		
Age (e.g. think about different age groups)	x		x		The EqIA Procedure is designed to protect all protected characteristics from direct or indirect discrimination.	

Part A

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

Disability (think about different types of impairment and health conditions:- i.e. physical, mental health, sensory loss, Cancer, HIV)	x		x	x	<p>The EqIA Procedure is designed to protect all protected characteristics from direct or indirect discrimination.</p> <p>There is the potential for people with sensory loss, neurological conditions or mental health issues to be disadvantaged by not being able to access this procedure in a format they can fully engage with.</p>	The policy is available in a range of formats upon request and in line with the All Wales
Gender Reassignment (sometimes referred to as 'Gender Identity' or transgender)	x		x		The EqIA Procedure is designed to protect all protected characteristics from direct or indirect discrimination.	
Pregnancy and maternity	x		x		The EqIA Procedure is designed to protect all protected characteristics from direct or indirect discrimination.	
Race (include different ethnic minorities, Gypsies and Travellers)	x		x	x	The EqIA Procedure is designed to protect all protected characteristics from direct or indirect discrimination.	

Part A

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

Consider how refugees and asylum-seekers may be affected.					There is the potential for people with a first language other than English to be unable to access or fully understand the procedure.	There is the potential for people with a first language other than English to be unable to access or fully understand the procedure.
Religion, belief and non-belief	x		x		The EqIA Procedure is designed to protect all protected characteristics from direct or indirect discrimination.	
Sex (men and women)	x		x		The EqIA Procedure is designed to protect all protected characteristics from direct or indirect discrimination.	
Sexual orientation (Lesbian, Gay and Bisexual)	x		x		The EqIA Procedure is designed to protect all protected characteristics from direct or indirect discrimination.	
Marriage and civil Partnership (Marital status)	x		x		The EqIA Procedure is designed to protect all protected characteristics from direct or indirect discrimination.	
Low-income households		x				

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*

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		All	The EqIA procedure also covers human rights so all strategies, policies and decisions will be scrutinised with regards to their potential impact on Human Rights.	

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	x			x	There is the potential for Welsh speakers to be unable to access the procedure.	The procedure will be translated in to Welsh.
Treating the Welsh language no less favourably than the English language	x			x	There is the potential for people Welsh speakers to be unable to access or fully understand the procedure.	The procedure will be translated in to Welsh.

Part A Form 4: Record of Engagement and Consultation

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

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

What steps have you taken to engage and consult with people who share protected characteristics and how have you done this? Consider engagement and participatory methods.	This policy has been approved by the Interim Equality Group and Workforce Policies and Procedures Group
Have any themes emerged? Describe them here.	None
If yes to above, how have their views influenced your work/guided your policy/proposal, or changed your recommendations?	

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

Part B Form 5: Summary of Key Findings and Actions

1. What has been assessed? (Copy from Form 1)	WP7 Procedure for Equality Impact Assessment
---	--

2. Brief Aims and Objectives: (Copy from Form 1)	The aims of the procedure are to provide a framework to ensure that equality and human rights principles are identified and considered in everything we do by embedding equality considerations into organisational decision-making and policy development processes. It also aims to ensure the organisation develops the necessary capability to undertake robust impact assessments.
---	---

From your assessment findings (Forms 2 and 3):

3a. Could any of the protected groups be negatively affected by your policy or proposal?	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
3b. Could the impact of your policy or proposal be discriminatory under equality legislation?	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>
3c. Is your policy or proposal of high significance?	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>

Part B Form 5: Summary of Key Findings and Actions

For example, does it mean changes across the whole population or Health Board, or only small numbers in one particular area?			
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"/>	
	All potential impacts have been mitigated against and the procedure is designed to identify and mitigate against the negative impact of strategies, policies and decisions.		
5. If you answered 'no' above, are there any issues to be addressed e.g. reducing any identified minor negative impact?	Yes <input checked="" type="checkbox"/>	<input type="checkbox"/>	
	Translation of the procedure in to Welsh.		
6. Are monitoring arrangements in place so that you can measure what actually happens after you	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>	
	How is it being monitored?		
	Who is responsible?		

Part B Form 5: Summary of Key Findings and Actions

implement your policy or proposal?	What information is being used?	E.g. will you be using existing reports, data etc. or do you need to gather your own information?
	When will the EqIA be reviewed? (Usually the same date the policy is reviewed)	3 years

7. Where will your policy or proposal be forwarded for approval?	Strategy, Partnerships and Public Health Committee
--	--

8. Names of all parties involved in undertaking this Equality Impact Assessment – please note EqIA should be undertaken as a group activity	Name	Title/Role

Part B Form 5: Summary of Key Findings and Actions

Senior sign off prior to committee approval:		
Please Note: The Action Plan below forms an integral part of this Outcome Report		

Action Plan

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

	Proposed Actions	Who is responsible for this action?	When will this be done by?
1. If the assessment indicates significant potential negative impact such that you cannot proceed, please give reasons and any alternative action(s) agreed:	Translation of the procedure in to Welsh.	Equality and Inclusion Manager	6.7.20
2. What changes are you proposing to make to your policy or proposal as a result of the EqIA?			

Part B Form 5: Summary of Key Findings and Actions

	Proposed Actions	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?			
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.			
4. Provide details of any actions taken or planned to advance equality of opportunity as a result of this assessment.			

Cyfarfod a dyddiad: Meeting and date:	Strategy, Partnerships and Population Health Committee 13.8.20						
Cyhoeddus neu Breifat: Public or Private:	Public						
Teitl yr Adroddiad Report Title:	Draft Committee Annual Report 2019/20						
Cyfarwyddwr Cyfrifol: Responsible Director:	Mark Wilkinson, Executive Director Planning and Performance						
Awdur yr Adroddiad Report Author:	Diane Davies, Corporate Governance Manager						
Craffu blaenorol: Prior Scrutiny:	The Committee Annual Report has been scrutinized by the Committee Chair and Lead Executive.						
Atodiadau Appendices:	1. Committee Annual Report 2019/20 2. Draft Cycle of Business 2020/21 3. Terms of Reference						
Argymhelliad / Recommendation:							
The Committee is asked to <ul style="list-style-type: none"> • approve the Committee Annual Report for 2019/20 • approve Cycle of Business 2020/21 • review and approve the revised Terms of Reference as indicated below for submission to the Audit Committee 							
Please tick one as appropriate (note the Chair of the meeting will review and may determine the document should be viewed under a different category)							
Ar gyfer penderfyniad /cymeradwyaeth For Decision/ Approval	<input checked="" type="checkbox"/>	Ar gyfer Trafodaeth For Discussion	<input type="checkbox"/>	Ar gyfer sicrwydd For Assurance	<input type="checkbox"/>	Er gwybodaeth For Information	<input type="checkbox"/>
Sefyllfa / Situation:							
The Committee is asked to approve the Committee Annual Report 2019/20							
The Cycle of Business has been amended in line with discussions held at the previous meeting.							
The Terms of Reference has been amended in line with discussion at previous meetings as indicated below :							
<ul style="list-style-type: none"> • Additional paragraph : 3.1.2 receive regular assurance reports on health and care clusters and primary care development, recognising the central role played by primary care in the delivery of health and care. • Inclusion in attendance of : Finance Director – Strategy and Commissioning Executive Medical Director • Amend Chair of Stakeholder Reference Group as 'in attendance' 							

Cefndir / Background:

The Annual Report has been prepared on a BCU-wide template and will be submitted to the next meeting of the Audit Committee.

Asesiad / Assessment & Analysis**Strategy Implications**

Strategies discussed during the period are noted within the report

Options considered

N/A

Financial Implications

N/A

Risk Analysis

Risks assigned to the Committee were discussed twice annually per the Committee's Cycle of Business.

Legal and Compliance

All Committees are required to produce an annual report which forms part of a composite report to the full Health Board. Due to the Covid-19 pandemic submission was delayed.

Impact Assessment

N/A

Strategy, Partnerships and Population Health Committee Annual Report 2019/20

1. Title of Committee:

Strategy, Partnerships and Population Health Committee

2. Name and role of person submitting this report:

Mr Mark Wilkinson, Executive Director Planning and Performance

3. Dates covered by this report:

01/04/2019-31/03/2020

4. Number of times the Committee met during this period:

The Committee was routinely scheduled to meet 6 times and otherwise as the Chair deemed necessary. During the reporting period, it met on 6 occasions during Committee session and held workshop sessions on 3 occasions. Attendance at Committee meetings is detailed within the table below:

Members of the Committee	2.4.19	4.7.19	3.9.19	1.10.19	3.12.19	5.3.20		
Independent Members								
Mrs Marian Wyn Jones	P	P	P	P	◆	◆		
Mrs Lyn Meadows	◆	P © ◆	◆	◆	P	P		
Mrs Helen Wilkinson	A	P	P	P	A	P		
Cllr Medwyn Hughes	P	A++	P	P	P	◆		
Prof Nicky Callow	◆	◆	◆	◆	◆	P		
Mr John Cunliffe	◆	◆	◆	◆	◆	P		
Mrs Jackie Hughes	◆	◆	◆	◆	P © ◆	◆		

Formally In attendance (as per Terms of Reference)	2.4.19	4.7.19	3.9.19	1.10.19	3.12.19	5.3.20		
Directors								
Executive Director Planning and Performance Mr Mark Wilkinson (Lead Director)	P	P	P	P	P	P		
Executive Director Public Health Miss Teresa Owen	P	P	P	A	P	P		
Executive Director Workforce & OD Mrs Sue Green	A	P	A	A	A	A		
Executive Director Primary and Community Services Dr Chris Stockport	A	P*	P*	A	P	A		

Key:

P - Present

P* - Present for part meeting

P © - Present (co-opted for meeting)

A - Apologies submitted

X - Not present

A++ - Apologies submitted, however member was available to attend on the original scheduled date

◆ Not a member of the Committee at this time.

In addition to the above core membership, other Directors and Officers from the Health Board regularly attend meetings of the Committee. For a full list of attendance, please see the approved minutes which can be accessed on the Health Board's website via the following pages:- <https://bcuhb.nhs.wales/about-us/committees-and-advisory-groups/>

5. Assurances the Committee is designed to provide:

The Committee is designed to provide assurance to the Board on the following key areas as set out in its Terms of Reference as follows:-

The purpose of the Committee is to provide advice and assurance to the Board with regard to the development of the Health Board's strategies and plans for the delivery of high quality and safe services, consistent with the Board's overall strategic direction and any requirements and standards set for NHS bodies in Wales. The Committee will do this by ensuring that strategic collaboration and effective partnership arrangements are in place to improve population health and reduce health inequalities. In addition the committee will ensure that the Health Board meets its duties in relation to Welsh language, civil contingencies legislation and emergency preparedness

During the period that this Annual Report covers, the Committee operated in accordance with its terms of reference which were operative for the whole of the term this Annual Report covers. The terms of reference are appended at Appendix 1.

The work programmes, cycles of business and overall performance of each Committee/Group/Forum are reviewed by the Committee Business Management Group (CBMG) which meets quarterly. The CBMG oversees effective communication between Committees, avoiding duplication and ensuring all appropriate business is managed effectively and efficiently through the Health Board's Governance framework.

The Committee is required to publish its agenda and papers 7 days ahead of the meeting, and a breach log is maintained by the Office of the Board Secretary where there are exceptions to this requirement. During the reporting period there were 4 breaches of this nature in terms of individual papers not being available 7 days before the meeting.

6. Overall *RAG status against Committee's annual objectives / plan:
RED/AMBER/GREEN

The summary below reflects the Committee's assessment of the degree to which it has met these objectives. The supporting narrative included alongside the assessment below describes this in more detail.

Objective as set out in Terms of Reference	Assurance Status (RAG)*	Supporting narrative <i>(Please provide narrative against all red and amber including the rationale for the assurance status)</i>
ensure that current and emerging service strategies adhere to national policy and legislation, the priorities of the Health Board and are underpinned by robust population health needs assessment, workforce and financial plans and provide for sustainable futures;		Strategies effectively overseen by the Committee, including Services Strategy and Third Sector Strategy
advise and assure the Board in discharging its responsibilities with regard to the development of the Health Board's Medium and long term plans, together with the Annual Operating Plan;		Regular reports were provided as part of core cycle of business. Specific Workshop sessions also held, incorporating Health Economy Planning Progress and plans for Health and Care clusters.

ensure the Health Board's response to new and revised legislative requirements in relation to service planning and delivery, providing assurance that statutory duties will be appropriately discharged, ensuring strategic alignment between partnership plans developed with Local Authorities, Universities, third sector and other public sector organisations;		Regular reports were provided as part of core cycle of business relating to partnership work eg PSBs, Regional Partnership Board. Specific agenda items where Area Director updates were incorporated to fully address issues for each PSB area
Receive regular performance and assurance reports from the Public Service Boards and Regional Partnership (Social Services and Partnership part 9 Board and Mental Health Partnership Board).		In place at the end of the year - linked to the above where Area Directors gave full updates on a rolling basis.
Ensure that the Health Board meets its duties in relation to Welsh language, civil contingencies legislation and emergency preparedness;		Regular reports were provided as part of core cycle of business
Ensure the alignment of supporting strategies such as Workforce, Capital Planning, Estates infrastructure and Information, Communications and Technology (ICT) in the development of the Strategic Plans;		Details and alignment considered as part of the development of the Quarterly plans that are currently being requested by Welsh Government
Ensure that the partnership governance arrangements reflect the principles of good governance with the appropriate level of delegated authority and support to discharge their responsibilities; and monitor sources of assurances in respect of partnership matters ensuring these are sufficiently detailed to allow for specific evaluations of effectiveness.		Progress continued in year to align partnership working with Committee business.
Ensure appropriate arrangements for continuous engagement are in place; and review assurances on Consultation feedback.		Regular updates on the approach to engagement with staff and public, including feedback reports from engagement activity

***Key:**

Red	= the Committee did not receive assurance against the objective
Amber	= the Committee received assurance but it was not positive or the Committee were partly assured but further action is needed
Green	= the Committee received adequate assurance against the objective

7. Main tasks completed / evidence considered by the Committee during this reporting period:

At each meeting the following are considered as regular reports:

- Monitoring progress of the annual operating plan 2018/19 and 2019/20 (including revisions to the 2019/20 programme)
- Monitoring of progress of the three year outlook
- Developing 2020/23 planning principles and timetable
- Review of the Committee's allocated corporate register risks (twice per annum)
- North Wales four Public Service Board updates delivered by Area Directors
- North Wales Regional Partnership Board meeting updates

The following agenda items were also considered:

2.4.19

- Development of Integrated Research and Innovation strategy (4.7.19 / 7.11.19)
- Mental Health transformation project progress
- Learning Disability transformation project progress
- Community services transformation project progress
- Civil Contingencies and Business Continuity draft work programme 2019/20
- Progress on development of BCU's Third Sector Strategy
- Wylfa redevelopment progress update
- Governance structure for Adverse Childhood Experiences (ACEs)
- Reducing smoking prevalence to improve population health
- Regular updates on North Wales Regional Partnership Board meetings
- Regular update by Area Directors on attendance at Public Service Boards : Anglesey & Gwynedd, Conwy and Denbighshire, Flintshire and Wrexham
- Draft Committee Annual report 2018/19, Terms of Reference and Cycle of Business

4.7.19

- Services strategy development – timeline progress
- Approval, on behalf of the Board of the Equalities annual report 2018/19
- Cycle of Business 2019/20 review
- Stroke services review position report
- Staff engagement – NHS Wales 2018 staff survey and monitoring progress against the organisational improvement plan
- University health board status triennial review progress
- Welsh Language annual monitoring report 2018/19
- Update on tobacco control within BCUHB
- International Health Group annual report

3.9.19

- Cycle of Business 2019/20 review
- Third Sector strategy update
- EU Exit – EU Exit task and finish group

- Civil Contingencies annual report 2018/19
- Public Health : Update on promoting healthy weight (adults) within BCUHB
- Gender Identity services progress
- Transformation Programme : Community services

7.11.19

- Update on public engagement
- Public Health : Well North Wales annual report 2018/19
- Enabling strategy : Quality Improvement strategy briefing
- Transformation programme : Children and Young People
- Substance Misuse planning board update
- Welsh Language standards update
- Draft strategic Equality plan and objectives 2020/24 (prior to consultation)
- InCommittee session : Clinical Services strategy development progress update underpinned by a new digital approach

3.12.19

- Update on development of BCU's Digitally Enabled Clinical Strategy
- Transformation programme : Community services update
- Public Health: Alcohol strategy and Adverse Childhood Experiences updates
- Recommended the Strategic Equality Plan to the Board for approval and publication

4.3.20

- Environmental sustainability and decarbonisation in BCUHB
- Civil contingency and business continuity progress
- Estates strategy ~ one year on
- Public engagement and monitoring impact update
- Integrated Care Fund (ICF) briefing
- Private session: Developing BCU annual plan 2020/21 and beyond

3 workshops were held in which the following was discussed:

- Cluster planning and development of Health Economy plans in East, West and Centre
- Updates on timetable for 2020/1 annual operating plan
- Environmental sustainability

Full details of the issues considered and discussed by the Committee are documented within the agenda and minutes which are available on the Health Board's website and can be accessed from the following pages

<https://bcuhb.nhs.wales/about-us/committees-and-advisory-groups/>

8. Key risks and concerns identified by this Committee in-year which have been highlighted and addressed as part of the Chair's reports to the Board:

Meeting Date	Key risks including mitigating actions and milestones
--------------	---

2.4.19	<ul style="list-style-type: none"> • The effects of Adverse Childhood Experiences are well documented. But the lifelong prevention approach is not currently fully reflected within BCUHB service plans and ownership of this agenda is required across all divisions. The new plan should help mitigate against the risk. • Failure to work effectively in partnership with the third sector could have a detrimental impact on the quality of care and failure to engage appropriately would breach current legislative expectations. • The BCUHB Corporate Risk Register highlights the risk if population health issues such as smoking are not fully addressed. • Service developments within the MHLTD Transformation projects could not be sustainable at project end. A project evaluation has been commissioned in mitigation so that lessons are learnt alongside.
4.7.19	<ul style="list-style-type: none"> • Agreed that the (Clinical) Services Strategy to be reported to the July Board required further detail on engagement and emphasising the purpose as an enabling strategy • Questioned financial expenditure plans to support stroke service development and sought further clarity within presentation to the Board in July. • It was noted that whilst WG guidance was awaited on BCUHB's 'University' designation review, work was underway to collate supportive evidence.
3.9.19	-
7.11.19	None
3.12.19	The Committee requested that CRR18 EU Exit be reviewed at each meeting given the political situation
5.3.20	<ul style="list-style-type: none"> • The annual plan 2020/21 was not yet in a cohesive draft document – executives were escalating focus to ensure provision by the March Board meeting following further discussion scheduled at 12.3.20 Board workshop. • CV19- risk being developed for inclusion to the corporate register • Concern regarding light capacity within the Board's emergency preparedness and resilience team – to be addressed within Executive Team • Lack of BCU Environmental Strategy to be developed by the Director Estates and Facilities • BCUHB's public engagement survey reflects a deteriorated perception of BCU in comparison to 2 years previously. The progress of University status work was questioned given the understanding that WG required an update shortly, which was being followed up by the Executive Director Planning and Performance with the Executive Director Therapies and Health Sciences.

9. Focus for the year ahead:

The primary focus of the Committee over the next twelve months will be

- *Overseeing the service strategy development work in accordance with the annual plan and stakeholder expectations*
- *Encouraging the development of health economy approaches to planning to inform the BCU wide plan for 2020/21.*
- *Developing our awareness of partnership working focusing on public service boards and the regional partnership board.*
- *Gaining assurance on our engagement with statutory partnership fora and that targeted investment (eg transformation funding) is delivering the anticipated benefits.*
- *Receiving updates on key enabling strategies including workforce / engagement, and estates.*

The Committee has established a Cycle of Business for the year ahead covering the breadth of its work, and primarily focussing on its key areas of risk, as defined in the Board's Corporate Risk and Assurance Framework. This is attached as Appendix 2.

V1.0

Agenda Item	Lead officer	Apr 16 CNX	June 9	Aug 13	Oct 13	Dec 10	Feb 18
NB Consent items to be determined on a meeting by meeting basis							
Opening Business (Standing Items)							
Apologies for Absence		x	x	x	x	x	x
Previous Minutes and Action Plan		x	x	x	x	x	x
Governance Matters							
Committee annual report (A) (inc annual review of ToR and Cycle of Business)	Mark Wilkinson	-A		A			
Cycle of Business review	Mark Wilkinson	x	x	x	x	x	x
Corporate Risk Register – Review of allocated risks	Mark Wilkinson / David Tita		x			x	
Public Health and Partnership Matters							
Partnership Arrangements Mid Wales Health Collaborative 111 <i>Public Health : To be scheduled following C19 response</i> 1. ACEs 2. Smoking cessation 3. Healthy Weight 4. Well North Wales (Inequalities) 5. Alcohol and APB. 6. Vulnerable groups	WNW- Glynne Roberts				x		
Public Service Boards – Area Director updates	Area Directors	FfJ BJ	RS Limited PSB meetings	BJ	FfJ	RS	TBA

Agenda Item		Apr 16 CNX	June 9	Aug 13	Oct 13	Dec 10	Feb 18
WAO Review of Public Service Boards	Sally Baxter – per Audit Committee recommendation						
Partnership Governance - Section 33 Agreements	Audit Committee recommendation						
NW Regional Partnership Board - Minutes as available – Including update on Transformation funding	Mark Wilkinson	X	X One brief meeting only	X	X	x	x
Mid Wales Collaborative meeting update - To be advised	Mark Wilkinson						
Transformation Fund Updates: Community Services Children Young People/ CAMHS Mental Health / Learning Disability	Chris Stockport Chris Stockport / BJ Andy Roach / LS			x x x	x	x	x
Planning Board – Substance Misuse	John Darlington						
Research, Innovation and University status update	Adrian Thomas			x			
Primary Care							
All Wales strategic programme for primary care	Chris Stockport			x	x	x	x
To be advised							
Strategic Matters							
3 year Plan – refresh	Mark Wilkinson	x	x	x	x	x	x

Agenda Item		Apr 16 CNX	June 9	Aug 13	Oct 13	Dec 10	Feb 18
Annual Plan Progress Monitoring Report (APPMR)	Mark Wilkinson	x	x	x	x	x	x
3 year Plan - Development	Mark Wilkinson	x	x	x	x	x	x
Digitally enabled Clinical Services strategy	Mark Wilkinson David Fearnley	x	x	x	x	x	x
Improvement Groups				x		x	x
Mental Health Strategy	David Fearnley						
Key enabler Strategy updates: Workforce [W] Digital [i] - Estates [E] Quality Improvement [Q]	Sue Green Chief Information Officer Neil Bradshaw Deborah Carter	W	Q	E	D	Q	E
A Healthier Wales update				x		x	x
Staff Survey _ (Quarterly Pulse results)	Sue Green				x	x	x
Engagement - updates	Katie Sargent		x		x	x	x
Civil contingency and business continuity progress and end of year update (E)	John Darlington	Plan	End of year Update		Mid Year monito r	x	
Winter Resilience Planning	Gavin MacDonald				x		
Strategic Equalities plan (each 4 years) and Equalities Annual Report (A)	Sally Thomas		A				
Third Sector Strategy	Mark Wilkinson / Sally Baxter -			x			

Agenda Item		Apr 16 CNX	June 9	Aug 13	Oct 13	Dec 10	Feb 18
Welsh Language Strategic Reports (A) Annual Monitoring report (M)Welsh Language Standards compliance monitoring report	Teresa Owen			A	M		
Major Strategic Projects (to be advised as required)							
Closing Business (Standing Items)							
Summary of In Committee business to be reported in public (as appropriate)		✖	X	X	X	X	X
Issues of Significance to Inform Chair's Report to Board		✖	X	X	X	X	X
Date of Next Meeting		✖	X	X	X	X	X
Exclusion of press and public (as appropriate)		✖	X	X	X	X	X
In Committee Items and Minutes (as appropriate)							
As appropriate		✖	X	X	X	X	X
Ad hoc items for consideration (as appropriate)							
Consultation responses (as appropriate)		✖	X	X	X	X	X
Legislation & National Policy (as required)		✖	X	X	X	X	X
Policy approval as appropriate		✖	X	X	X	X	X

Agenda Item		Apr 16 CNX	June 9	Aug 13	Oct 13	Dec 10	Feb 18
Social Services and Well-being Act (as appropriate)		x	x	x	x	x	x
Well-being of Future Generations Act (as appropriate)		x	x	x	x	x	x
Corporate Health at Work	Sue Green			x			x
Workforce Strategic Developments (as arise)	Sue Green						

Meeting date	Submission deadline
13.10.20	1.10.20
10.12.20	30.11.20
18.2.21	8.2.21

Betsi Cadwaladr University Health Board
Terms of Reference and Operating Arrangements

STRATEGY, PARTNERSHIPS AND POPULATION HEALTH COMMITTEE

1 INTRODUCTION

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

2 PURPOSE

2.1 The purpose of the Committee is to provide advice and assurance to the Board with regard to the development of the Health Board's strategies and plans for the delivery of high quality and safe services, consistent with the Board's overall strategic direction and any requirements and standards set for NHS bodies in Wales. The Committee will do this by ensuring that strategic collaboration and effective partnership arrangements are in place to improve population health and reduce health inequalities.

3 DELEGATED POWERS

3.1 The Committee, in respect of its provision of advice and assurance will and is authorised by the Board to:-

3.1.1 ensure that current and emerging service strategies adhere to national policy and legislation, the priorities of the Health Board and are underpinned by robust population health needs assessment, workforce and financial plans and provide for sustainable futures;

3.1.2 receive regular assurance reports on health and care clusters and primary care development, recognising the central role played by primary care in the delivery of health and care.

3.1.3 advise and assure the Board in discharging its responsibilities with regard to the development of the Health Board's Medium and long term plans, together with the Annual Operating Plan;

3.1.4 ensure the Health Board's response to new and revised legislative requirements in relation to service planning and delivery, providing assurance that statutory duties will be appropriately discharged, ensuring strategic alignment between partnership plans developed with Local Authorities, Universities, third sector and other public sector organisations;

- 3.1.5 Receive regular performance and assurance reports from the Public Service Boards and Regional Partnership (Social Services and Partnership part 9 Board and Mental Health Partnership Board).
- 3.1.6 Ensure that the Health Board meets its duties in relation to Welsh language, civil contingencies legislation and emergency preparedness;
- 3.1.7 Ensure the alignment of supporting strategies such as Workforce, Capital Planning, Estates infrastructure and Information, Communications and Technology (ICT) in the development of the Strategic Plans;
- 3.1.8 Ensure that the partnership governance arrangements reflect the principles of good governance with the appropriate level of delegated authority and support to discharge their responsibilities; and monitor sources of assurances in respect of partnership matters ensuring these are sufficiently detailed to allow for specific evaluations of effectiveness.
- 3.1.9 Ensure appropriate arrangements for continuous engagement are in place; and review assurances on Consultation feedback.

4 AUTHORITY

4.1 The Committee may investigate or have investigated any activity (clinical and non-clinical) within its terms of reference. It may seek relevant information from any:

- employee (and all employees are directed to cooperate with any legitimate request made by the Committee); and
- other committees, sub-committee or group set up by the Board to assist it in the delivery of its functions.

4.2 It may obtain outside legal or other independent professional advice and to secure the attendance of outsiders with relevant experience and expertise if it considers it necessary, in accordance with the Board's procurement, budgetary and other requirements;

4.3 It may consider and where appropriate, approve on behalf of the Board any policy within the remit of the Committee's business concerning Strategy, Partnerships and Population Health matters.

4.4 It will review risks from the Corporate Risk Register that are assigned to the Committee by the Board and advise the Board on the appropriateness of the scoring and mitigating actions in place.

5 SUB-COMMITTEES

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

6 MEMBERSHIP

6.1 Members

Four independent members of the Board

6.2 In attendance

Executive Director of Planning and Performance (Lead Director)
Executive Director of Public Health
Executive Director of Workforce and Organisational
Development
Executive Director Primary and Community Services
Executive Medical Director
Finance Director – Strategy and Commissioning
Chair of Stakeholder Reference Group (by invitation)

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

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

6.3 Member Appointments

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

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

6.4 Secretariat

6.4.1 Secretary: as determined by the Board Secretary.

6.5 Support to Committee Members

6.5.1 The Board Secretary, on behalf of the Committee Chair, shall:

- Arrange the provision of advice and support to Committee members on any aspect related to the conduct of their role; and
- Ensure the provision of a programme of development for Committee members as part of the overall Board Development programme.

7. COMMITTEE MEETINGS

7.1 Quorum

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

7.2 Frequency of Meetings

7.2.1 Meetings shall be routinely be held on a bi-monthly basis.

7.3 Withdrawal of individuals in attendance

6.3.1 The Committee may ask any or all of those who normally attend but who are not members to withdraw to facilitate open and frank discussion of particular matters.

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

8.1 Although the Board has delegated authority to the Committee for the exercise of certain functions as set out within these terms of reference, it retains overall responsibility and accountability for ensuring the quality and safety of healthcare for its citizens through the effective governance of the organisation.

8.2 The Committee is directly accountable to the Board for its performance in exercising the functions set out in these Terms of Reference,

- 8.3** The Committee, through its Chair and members, shall work closely with the Board's other Committees including joint committees/Advisory Groups to provide advice and assurance to the Board through the:

8.3.1 joint planning and co-ordination of Board and Committee business; and

8.3.2 sharing of information

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

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

9. REPORTING AND ASSURANCE ARRANGEMENTS

- 9.1** The Committee Chair shall:

9.1.1 report formally, regularly and on a timely basis to the Board on the Committee's activities via the Chair's assurance report as well as the presentation of an annual report;

9.1.2 ensure appropriate escalation arrangements are in place to alert the Health Board Chair, Chief Executive or Chairs of other relevant committees of any urgent/critical matters that may affect the operation and/or reputation of the Health Board.

- 9.2** The Board Secretary, on behalf of the Board, shall oversee a process of regular and rigorous self-assessment and evaluation of the Committee's performance and operation.

10. APPLICABILITY OF STANDING ORDERS TO COMMITTEE BUSINESS

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

- Quorum

11. REVIEW

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

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