1   10:00 - SP21/21 Declarations of Interest

2   10:00 - SP21/22 Chair's welcome and apologies for absence

3   10:05 - SP21/23 Draft minutes of the meeting held on 23.2.21 for accuracy, matters arising and summary action plan

        SP21.23a Minutes SPPHC 23.2.21 Public v0.02.docx

        SP21.23b Summary Action Log.docx

4   10:10 - SP21/24 Digital Strategy

Chris Stockport
Andrea Williams Head of Informatics Programmes Assurance and Improvement in attendance

        SP21.24a Digital Strategy template v3 .docx

        SP21.24b App1 Our Digital Future FINAL subject to Exec Approval.docx

        SP21.24c App1 Digital Strategy EmbeddedApps1_9 .pdf

        SP21.24d App2 Equality Impact Assessment Screening- Digital Strategy.docx

5   10:25 - SP21/25 Well North Wales annual report 2020/21

Teresa Owen
Glynne Roberts in attendance
Recommendation:
The Committee is asked to approve the report, and endorse the partnership approach taken to address the issue of health inequalities across North Wales

        SP21.25a WNW AR 2021 v2 approved.docx

        SP21.25b WNW Annual Report 202021approved.docx

6   10:40 - SP21/26 Quarter 3&4 delivery plan monitoring 2020/21 to February 2021

Mark Wilkinson
Recommendation:
The Committee is asked to note the report

        SP21.26a OPMR February 2021 Position_approved.docx

        SP21.26b Quarter 3-4 Plan Monitoring Report - February 2021 FINAL 31.3.21 approved.pptx

7   10:55 - SP21/27 Presentation: 2021/22 Plan update and Commencement of 2022/23

Mark Wilkinson
John Darlington in attendance

        SP21.27 Planning for 2021-24_v2_Final publication.pptx

8   11:15 - Comfort break

9   11:30 - SP21/28 All Wales Strategic Programme for Primary Care / Cluster developments & plans

Chris Stockport
Recommendation:
It is recommended that the Committee:
notes the work to date of the all Wales Strategic Programme for Primary Care, and the outputs delivered nationally and across BCUHB

        SP21.28 Primary Care Strategic Programme update- v2.0 approved.docx

10   11:45 - SP21/29 Development of a Pharmaceutical Needs Assessment-Update Report

Chris Stockport
Recommendation:
The Committee is asked to note the requirement for the Health Board to develop and publish a Pharmaceutical needs Assessment by 1st October 2021, and the process and progress to date to meet the deadline.

        SP21.29 Development of a Pharmaceutical Needs Assessment-Update Report approved.docx

11   11:45 - SP21/30 BCUHB Bilingual Skills Policy and Procedure - approval

Teresa Owen / Sue Green
Recommendation:
The Committee is asked to approve the updated draft of the BCUHB Bilingual Skills Policy & Procedure.

        SP21.30a Bilingual Skills Policy and Procedure approved.docx

        SP21.30b Polisi a Gweithdrefn Sgiliau Dwyieithog BIPBC (Terfynol - Ionawr 2021) approved.pdf

        SP21.30c BCUHB Bilingual Skills Policy & Procedure (Final - January 2021) approved.pdf

SP21.30d EqIA - Bilingual Skills Policy & Procedure (Completed 4th September 2020) approved.pdf

12	11:55 - SP21/31 Board Assurance Framework

Dawn Sharp in attendance
Recommendation that:
(1) the Committee review and note the progress on the Principal Risks as set out in the Board Assurance Framework (BAF);
(2) confirm whether the Workforce Optimisation risk (BAF 20-21) should in future report to Finance and Performance Committee; and
(3) Note the revised scoring in respect of the Annual Plan risk (BAF 20-26).

SP21.31a BAF approved.docx

SP21.31b SPPH BAF April 2021.pdf

SP21.31c Appendix 2 - Schedule of all BAF Risks.docx

13	12:10 - SP21/32 Draft Committee annual report 2020/21 incl TOR review / Approval COB 2021/2

Mark Wilkinson / Lyn Meadows
Recommendation:
The Committee is asked to
• review the Terms of Reference
• consider and approve the draft Cycle of Business 2021/22
• review the draft Committee annual report and agree the primary focus of the Committee over the next twelve months
approve the draft Committee annual report, subject to the above amendments, for submission to the Audit Committee on 25.5.21

SP21.32a Committee draft annual report 2020.1 template V2 approved.docx

SP21.32b Committee draft annual report 2020-21 v.05 draft approved.docx

SP21.32c App1a SPPH Committee TOR V5.0.pdf

SP21.32d App1b SPPH Committee TOR v6.0.pdf

SP21.32e App2 SPPHC COB 2021_22 v.03 draft for discussion.doc

14	12:20 - SP21/33 Mewn Undod mae Nerth (Stronger Together) – Organisational and System Development Route Map

Sue Green
Recommendation:
The Committee is asked to:
• note the Programme Business case
• note the first phase approved by Executive Team
• note the next steps and feedback comments in preparation for submission through governance structure

SP21.33a Strategic OD Route Map approved.docx

SP21.33b Appendix B Programme_Business_Case_ST_Discovery approved.docx

15	The following items were noted for information
16	12:40 - SP21/34 Test, Trace and Protect update

Teresa Owen
Recommendation
The Committee is asked to note the status of the multiagency response programme for the North Wales TTP programme.

SP21.34a TTP Report April 2021 final v2 approved.docx

SP21.34b TTP App1 4.0 track-trace-protect-Audit Wales March 2021 approved.pdf

17	12:40 - SP21/35 North Wales Transformation Funds

Chris Stockport
Recommendation:
The Committee is asked to:
note the information contained within the report by way of progress with the North Wales Transformation programme,
note the early evidence of benefits achieved

SP21.35a TransformationFund_BenefitsRealisation v2 approved.docx

SP21.35b NWTF APPENDIX 1_CST_Plan on a Page_27.01.21 approved.pdf

SP21.35c NWTF APPENDIX 2_Transformation_Benefits.Realisation.Infographic_v.01_22.01.21approved.pdf

SP21.35d NWTF APPENDIX 3_FINAL_NWRPB Business case v 0.6_16.11.20approved.pdf

18	12:40 - SP21/36 Presentation: Public Service Boards update - Wrexham and Flintshire

The Committee is asked to note the presentation

SP21.36 Presentation_Flintshire and Wrexham PSB - Community Resilience v3 approved.pptx

19	12:40 - SP21/37 Summary of business considered in private session to be reported in public

The Committee is asked to note the report

20   12:40 - SP21/38 Issues of significance to inform the Chair's assurance report

21   12:40 - SP21/39 Date of next meeting 17.6.21

Strategy, Partnerships and Population Health (SPPH) Committee
==Draft== **minutes of meeting held in public on 23.2.21**
via Zoom

Present:	
Lyn Meadows	Independent Member (Chair)
Nicky Callow	Independent Member (part meeting)
John Cunliffe	Independent Member
Jackie Hughes	Independent Member
Linda Tomos	Independent Member
In Attendance:	
Clare Darlington	Assistant Director Primary Care and Community Services (for item SP21/8)
Kate Dunn	Head of Corporate Affairs (for minutes)
Sue Green	Executive Director of Workforce and Organisational Development (OD)
Lynne Grundy	Associate Director Research & Innovation (for items SP21/9 and 21/10)
Arpan Guha	Acting Executive Medical Director
Wendy Hooson	Acting Head of Health Strategy and Planning (for item SP21/7)
Rob Nolan	Finance Director – Commissioning and Strategic Financial Planning
Teresa Owen	Executive Director of Public Health (part meeting)
David Poland	Audit Wales – observing
Dawn Sharp	Deputy Board Secretary (for item SP21/4)
Mark Wilkinson	Executive Director Planning and Performance

Agenda Item Discussed	**Action By**
SP21/1 Chairs opening remarks and apologies for absence **SP21/1.1** The Chair welcomed everyone to the meeting and indicated that as part of the prioritisation of the agenda a number of items had been listed 'for information' but she assured the Committee that members would have read the papers and acknowledged the importance of the matters set out within them. **SP21/1.2** Apologies were noted for Jo Whitehead, Ffrancon Williams, Chris Stockport, Dave Harries and Andy Burgen. It was noted that adverse weather was affecting the ability of some individuals to join the meeting as hoped.	
SP21/2 Declarations of Interest None declared.	
SP21/3 Draft minutes of the meeting held on 10.12.20 for accuracy, matters arising and summary action log	

SP21.3.1 The minutes were approved as an accurate record and updates were provided against the summary action log.

SP21/4 SPPHC Board Assurance Framework (BAF) Principal and Corporate Risk Report

SP21/4.1 Dawn Sharp (Deputy Board Secretary) attended to present the report. She reminded the Committee that a revised risk management process was now in place and that refreshed BAF template processes had been supported by the Board in January. She explained that Appendix 1 set out those BAF risks which had been assigned to the SPPH Committee and that these had also been considered with Executive leads at the Executive Team meeting the previous week. She highlighted that some of the risk scores were above defined risk appetite levels and it was likely this would need to be revisited. She also noted that the production of the reports was fairly labour intensive but she hoped this would get slicker as time went on.

SP21/4.2 A member requested that where BAF risks had been de-escalated (for example BAF20-22 and BAF20-23) it would be helpful to have this stated within the Appendix itself as well as the narrative report, as reading the Appendix alone it simply appeared that no update had been provided against those risks. Another member noted a point of accuracy that page 2 of the narrative report stated that the BAF had been approved by the Board in January, whereas it was more around the template reporting arrangements. A point was made that the target risk score should reflect the level of risk appetite and that the emphasis should be on what the organisation was willing to accept as a level of risk. The Committee agreed that further discussion at Board level on risk appetite, particularly in light of Covid, should be considered. | DS

DS

SP21/4.3 In terms of presentation of data it was noted that on BAF20-07 the same colour had been applied to the target risk score of 4 and the risk appetite of 8-10. The Deputy Board Secretary would look into this in terms of ensuring consistency of application of the risk matrix. In addition a key or reminder around the definition of levels of assurance and controls would be provided in future papers. | DS

SP21/4.4 The Committee Chair indicated she had some detailed comments on the narrative for BAF20-07 (mental health services / effective stakeholder relationships) and she would feed this back to the Executive Director of Public Health. She also sought assurance around the capacity to deliver the actions by 30th April against BAF20-21, and the Executive Director of Workforce & OD indicated she was confident in this regard. | LM

SP21/4.5 In general the Committee felt there remained gaps in some areas of assurance and that there was a need to understand exactly what contribution each action would make to reducing the risk. It was suggested that when reviewing the risks, leads should consider which of the actions would have the most material impact on the risk. There was also a general comment that some risks may be more appropriately allocated to another Committee – eg; workforce optimisation to Finance & Performance Committee.

SP21/4.6 It was resolved that the SPPH Committee:

1. Review and note the progress on the Principal Risks as set out in the Board Assurance Framework (BAF); and 2. Support a need for the Board to review the Risk Appetite Statement in the light of some of the existing target risk scores. *[Dawn Sharp left the meeting]*	
SP21/5 Quarter 3/4 2020/21 Operational Plan monitoring **SP21/5.1** The Executive Director of Planning and Performance presented the monitoring report, highlighting that monitoring of actions from the operational plan was allocated out to respective Committees. In terms of those allocated to SPPH Committee he wished to highlight the success of the requirement to deliver a mass vaccination programme. **SP21/5.2** A member noted that the report indicated that a revised business case for stroke should have been submitted by the 15th February. The Executive Director of Planning and Performance assured members that although this date had passed the business case was continuing to be developed through the organisation's governance processes. The Chair noted that more than half of the actions within the report were either red or amber and asked at what point during Q4 should this be of concern. The Executive Director of Planning and Performance reminded members that an amber rating did indicate that the Board expected to achieve what it had set out to do, albeit with a level of risk, and that this risk had been impacted upon by the further Covid waves. A member added that positives should be celebrated, and learning be taken when it had not been possible to deliver. **SP21/5.3 It was resolved that** the Committee note the report	
SP21/6 Development of 2021-22 plan **SP21/6.1** The Executive Director of Planning and Performance provided a verbal update in that the Committee had held a private workshop prior to the public session at which the draft plans had been considered. Members had provided significant useful feedback which would inform the next iteration of an annual plan for 2021-22 which would then be considered by the full Board at a Workshop on 8th March.	
SP21/7 North Wales Dementia Strategy *[Teresa Owen joined the meeting during this agenda item]* **SP21/7.1** Wendy Hooson (Acting Head of Health Strategy and Planning) was in attendance to present the paper to the Committee. She confirmed that the strategy had received support at the Regional Partnership Board, from the Medical Director within the Mental Health & Learning Disabilities Division and by the Executive Team. Comments that had been made, and continued to be received, would be taken on board and addressed as part of the implementation process. She indicated that the next meeting of the North Wales Dementia Strategy Steering Group was scheduled during April and that further progress updates would be provided to the SPPH Committee as required.	

SP21/7.2 A member enquired as to the clinical and workforce engagement in the development of the strategy, particularly for those staff groups other than medical staff. A note would be prepared and circulated in this regard. Another member suggested that the landscape for caring for people with dementia had been significantly altered due to Covid and this may impact on the implementation of the strategy. Another member raised the importance of supporting staff who were diagnosed with dementia and enabling them to stay in work as long as possible, if that was their wish. The Chair enquired as to the timescale for finalising the implementation plan and it was reported that it would be discussed further at the next Steering Group meeting. The Chair asked that following that meeting, it be circulated to Committee members and recorded as such within the action log.	WH WH
SP21/7.3 In considering the recommendation, members were keen to ensure that implementation of the strategy could go ahead but expressed a wish to ensure that assurances around clinical engagement could be strengthened in future iterations.	
It was resolved that the Committee approve the North Wales Dementia Strategy on behalf of the Board.	
[Wendy Hooson left the meeting]	
SP21/8 Primary Care : Cluster Development and Planning **SP21/8.1** Clare Darlington (Assistant Director Primary Care and Community Services) was in attendance to present the paper. She drew attention to the definition of cluster working and reiterated the focus on a whole range of services within a population group. She acknowledged there was more of a focus on general medical services and made reference to the nationally agreed template for primary care integrated medium term planning. It was reported that progress against delivery milestones had been delayed as a result of the Covid-19 pandemic but that there was now a firm commitment to refresh cluster plans and accelerate recovery of service planning and provision. The Executive Director of Planning and Performance agreed there needed to be greater visibility of cluster plans within the organisation's overall planning processes. **SP21/8.2** A member enquired as to what had changed in the current round of cluster planning and it was reported that this time there were improvements in terms of integration between practices, more proactivity, increased awareness of population need and lessons that had been learnt from Covid. **SP21/8.2 It was resolved that** the Committee: 1. Note the requirements for the development of the Cluster Annual Plans 2021/22, set by Welsh Government; 2. Note the progress made to date in the development of the cluster plans; **SP21/8.3** In terms of the third recommendation regarding future reporting requirements to monitor the ongoing progress and delivery of cluster plans, the Chair felt that the SPPH Committee was not in a position to agree this as some elements would need to be	

monitored by other Committees. The Executive Director of Planning and Performance would take this away as an action to agree with colleagues. *[Nicky Callow joined the meeting. Clare Darlington left the meeting]*	MW
SP21/9 Research update and North Wales Medical School progress *[Lynne Grundy joined the meeting]* **SP21/9.1** The Executive Medical Director presented the paper and acknowledged the involvement of a range of agencies and partners in the research agenda with whom he would wish to sustain engagement in a meaningful way. He went on to highlight three main points of which he wished the Committee to be aware. Firstly the desire to embed research as everyone's business and he gave the examples of the Community Fellows project and the Living Lab technique. He also indicated that joint appointments would be pursued. Secondly he referred to the impact of Covid-19 and that a positive outcome had been improvements in research metrics and elements of financial or economic benefits of being a high delivering research organisation. Finally he indicated that it had historically been difficult to visualise research-led successes and it was essential to appropriately monitor the research plan and to ensure the Board remained sighted on the research agenda. **SP21/9.2** Members felt the paper provided a tangible mechanism for unlocking potential within the organisation through research and that there was a palpable improvement in this area of work. They wished to extend their thanks to the teams involved. **SP21/9.3 It was resolved that** the Committee receive the report for information **SP21/9.4** The Executive Medical Director then went on to present the slides regarding the progress with a North Wales Medical School. He reminded members that a joint proposal had initially been presented in 2019 and he went on to highlight the benefits - most importantly those to patients and to the workforce. It was confirmed that a significant amount of preparatory work had been undertaken with stakeholders and that this would be further progressed with the establishment of a Steering Group. There were known challenges around capacity to deliver on this vision, particularly within the context of the pandemic, but the Executive Medical Director reiterated his commitment to moving forward. **SP21/9.5** A member reported that there were similar conversations within Bangor University around the next steps with a proposal to develop a business case going to the Minister soon. She acknowledged the work was exciting but had many challenges particularly around the timeframe. **SP21/9.6 It was resolved that** the Committee receive the report for information	

SP21/10 Innovation and University Health Board (UHB) Status Review Update

SP21/10.1 Lynne Grundy (Associate Director Research & Innovation) was in attendance and presented the innovation update. She drew attention to the number of people and partners that BCUHB was working with and to the examples of current projects as set out on page 4 of the paper. She commented that overall there was far more enthusiasm and people were stepping up to organise and take forward innovation projects.

SP21/10.2 The Chair enquired how these successes would be shared and celebrated and it was confirmed that evaluation took place through the Bevan Exemplar process and that a virtual showcase of projects was planned for later in the year.

SP21/10.3 It was resolved that the Committee receive the update for information

SP21/10.4 The Associate Director Research and Innovation then went on to present the University Health Board status review paper, confirming this latest review had been retrospective. She confirmed that new criteria would be applied from April 2021.

SP21/10.5 A member indicated she had seen an early draft of the review report which would be considered at the expert panel assessment on 29th March and she suggested it would be prudent for other Committee members to have sight of this draft. Another member noted reference to future university reviews being incorporated into the planning framework and IMTP process and he suggested that given IMTPs had been suspended there would be a need to consider how monitoring would take place.

SP21/10.6 It was resolved that the Committee receive the update for information

[Lynne Grundy left the meeting]

SP21/11 Update on the implementation of Smoke Free Premises and Vehicles (Wales) Regulation 2020

SP21/11.1 The Executive Director of Public Health presented the paper and was pleased to be able to report that smoke free legislation continued to be strengthened and moved forward. She indicated that this latest legislation would put more of an onus on the organisation in terms of responsibility of its actions. Due to the ongoing pandemic a 'soft' launch was planned and colleagues were working on key areas including signage and policy. She highlighted the recommendation around not providing designated smoking areas on hospital sites and confirmed that this was supported by Executive Team colleagues.

SP21/11.2 A member recalled the amount of work and negotiation it had taken to remove designated smoking areas and shelters over many years and felt that as policies were now geared towards ensuring smoke free sites including grounds a return to their provision

| MW NC |

would be counter intuitive. She and other members expressed concern that enforcement of the legislation would be a significant challenge. **SP21/11.3 It was resolved that** the Committee: 1. Note the actions being taken in support of introduction of the Smoke Free Regulations on 1.3.21 2. Endorse not providing designated smoking areas within hospital grounds to ensure all our hospital sites become smoke free through delivery of the Smoke Free Regulations to their fullest extent.	
SP21/12 Sport North Wales Business Case **SP21/12.1** The Executive Director of Public Health presented the paper and confirmed the matter had received Executive Team support. She felt there were a range of positive opportunities presented and confirmed that governance aspects had been reviewed. **SP21/12.2** A member enquired around the timeline and it was confirmed that Welsh Government were expecting the business case by the end of February. The Executive Director of Public Health also agreed to determine who was leading within Bangor University and to let Prof Nicky Callow know. A member commented that whilst she was supportive of the proposals she was concerned that implementation might be affected by leisure centres struggling financially post lockdown. The Executive Director of Public Health accepted the point but referred to monies that would be available through Building a Healthier Wales. Another member noticed that the Governance Board would be made up of six appointed Local Authority members only. The Executive Director of Public Health was comfortable with this as the project was very much Local Authority led but she was confident that health partners would still have influence. **SP21/12.3 It was resolved that** the Committee: 1. Endorse the establishment of the Sport North Wales (SNW) Partnership. 2. Agree that Betsi Cadwaladr University Health Board becomes a partner in the Sport North Wales (SNW) Partnership.	TO
SP21/13 Test Trace Protect (TTP) update **SP21/13.1 It was resolved that** the Committee note the status of the multiagency response programme for the North Wales TTP programme.	
SP21/14 North Wales COVID-19 Mass Vaccination Plan **SP21/14.1 It was resolved** that the Committee receive the North Wales COVID-19 Mass Vaccination Plan developed jointly with partners.	

SP21/15 North Wales Regional Partnership Board update **SP21/15.1 It was resolved that** the Committee note the updates received at the North Wales Partnership Board and receive the notes of the meeting held on 11th December 2020	
SP21/16 Population Needs Assessment Rapid Review **SP21/16.1** The Executive Director of Planning and Performance noted that the needs assessment would continue to inform the planning for 2020/21. **SP21/16.2 It was resolved that** the Committee receive the Population Needs Assessment Rapid Review Reports and note the work that had been undertaken which will inform future strategies and plans.	
SP21/17 Public Engagement update **SP21/17.1** The Chair wished to record her view that this was a very positive, good quality paper and that Communications and Engagement colleagues should be given the opportunity to present the next scheduled paper in person. **SP21/17.2 It was resolved** that the Committee note the progress detailed in the paper	
SP21/18 Socio-Economic Duty (SED) Procedure **SP21/18.1** Whilst it was acknowledged that a procedure did not require formal approval at Committee level, members felt that the implications of the SED would be far reaching. An amendment to the recommendation was therefore agreed and **it was resolved that** the Committee note and endorse the procedure.	
SP21/19 Issues of significance to inform the Chair's assurance report To be agreed outside of the meeting.	
SP21/20 Date of next meeting 9.30am 15.4.21	

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
5.3.20				
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 24.9.20 Work in progress which has been delayed due to the C19 response. Timescale to be advised in due course 23.2.21 The Committee were informed that a timeframe would be confirmed for this area of work. 12.3.21 Agenda setting meeting - agreed to provide position statement to June meeting and Estates Strategy item to September meeting	~~End of April 2021~~ 7.6.21 *(clarify meeting date)*
Mark Wilkinson	**SP20/10 Estates Strategy** **Provide** - 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 14.9.20 Agenda setting meeting agreed to defer to April 2021 1.10.20 The Committee questioned whether this might be considered earlier 23.2.21 The Committee were reassured that progress was being made with regards to implementation of estates matters. In terms of a refresh of the Strategy itself this was	~~1.4.21~~

			proposed for September which would also align better with a refresh of the workforce strategy. The Committee agreed to this timescale but requested an interim update in June.	June 2021
			12.3.21 Agenda setting meeting - agreed to provide position statement to June meeting and Environmental Sustainability item to September meeting	7.6.21 *Clarify meeting date*
13.8.20				
Chris Stockport	**SP20/49 Integrated Care Fund and Partnership Governance Section 33 agreements** **SP20/49.3** Arrange to provide a report to draw together the benefits realisation provided by WG's £19m	21.9.20	14.9.20 Agenda setting meeting agreed to be provided to December meeting 2.12.20 Deferred to February meeting due to large December agenda 8.2.21 Deferred to April Agenda following revised agenda setting 15.4.21 Agenda item	30.11.20 8.2.21 1.4.21 Action to be closed
10.12.20				
Mark Wilkinson / John Darlington	**SP20/76 Quarter 3&4 delivery plan monitoring 2020/21** **SP20/76.2** Provide further evidence in order to provide an effective audit trail of all priories agreed by the Board that had been stood down due to non-delivery, supported by improved narrative, within the report to the next meeting an also denote which Committees were delegated to monitor progress.	11.12.20	11.2.21 After discussion with the Chair, a brief note will be shared with committee members setting out whether those actions that are shown as being carried forward into the Q3/4 plan were included in the summary health board or master accountability plan. 23.2.21 The Committee were advised that work had been undertaken on identifying incomplete Q2 actions a number of which had been carried forward, and that a briefing note would be provided. 7.4.21 Briefing paper shared with members	Before end of March 2021

				Action to be closed
Mark Wilkinson Dave Harries	**SP20/76 Quarter 3&4 delivery plan monitoring 2020/21** **SP20/76.4** Discuss outside the meeting how reporting would capture undelivered Q1&2 priorities at year end.	31.12.20	11.2.21 Although this meeting has not taken place, written assurance will be provided as part of approving the 2021/22 plan that incomplete actions from Q2 and Q3/4 plans have been considered for prioritisation, and the outcome of that prioritisation. 1.4.21 Assurance provided to F&P and also via the briefing paper for the above action.	Action to be closed
Teresa Owen	**SP20/81 Test, Track and Protect (TTP) update** **SP20/81.3** Liaise with the IM University representative to share learning from testing activity which might be beneficial in respect of University sites.	23.2.21	15.2.21 Contact has been made with Bangor University. Meeting to be offered up for March 2021 23.2.21 Committee Chair requested this action stay open until the meeting had taken place. 7.4.21 Regular meetings are in place with the University of Bangor in relation to LFD testing of asymptomatic students	Action to be closed
Chris Stockport	**SP20/86 Children Young People/CAMHS Transformation Fund update** **SP20/86.3** Arrange that the next report to the Committee provides greater clarity on the size and scope of the services and the number of children and young people who required them and also reference impacts to CAMHS (Children & Adolescent Mental Health Services) as discussed	1.4.21	23.2.21 The Committee were advised that a paper would be available for the April meeting. 7.4.21 Revised COB – June meeting	7.6.21
23.2.21				
Dawn Sharp	**SP21/4.2 BAF/CRR** Ensure Appendices in future indicated where a BAF risk had been de-escalated, not just the narrative report.	From next report	Included within next iteration of BAF reports	Action to be closed

Dawn Sharp	**SP21/4.2 BAF/CRR** Consider further discussion around risk appetite at Board level	9.3.21	Board Workshop on 27th April to consider risk appetite.	Action to be closed
Dawn Sharp	**SP21/4.3 BAF/CRR** Improve consistency of application of the risk matrix in terms of colour coding target risk scores and risk appetite	From next report	Included within next iteration of BAF reports	Action to be closed
Dawn Sharp	**SP21/4.3 BAF/CRR** Ensure future papers included a key or reminder on the definitions of levels of assurance and controls	From next report	Included within next iteration of BAF reports	Action to be closed
Lyn Meadows	**SP21/4.4 BAF/CRR** Feedback detailed comments on BAF20-07 mental health to Teresa Owen	2.3.21	Feedback provided	Action to be closed
~~Wendy Hooson~~ Amanda Lonsdale	**SP21/7.2 Dementia Strategy** Provide briefing note on clinical and workforce engagement that has been undertaken	2.3.21	*7.4.21 emailed for response*	
~~Wendy Hooson~~ Amanda Lonsdale	**SP21/7.2 Dementia Strategy** Circulate copy of implementation plan once reviewed at April Steering Group.	30.4.21		
Mark Wilkinson	**SP21/8.3 Primary Care Clusters** Discuss with colleagues how best to ensure future monitoring and reporting arrangements relating to delivery of cluster plans	15.4.21		
Mark Wilkinson Nicky Callow	**SP21/10.5 University Status** Arrange for Committee members to receive the draft review report ahead of the panel assessment	29.3.21	1.4.21 Review report shared	Action to be closed
Teresa Owen	**SP21/12.2 Sport North Wales** Identify lead within Bangor University and inform Nicky Callow	2.3.21	7.4.21 Member has been provided with detail	Action to be closed

| Adrian Thomas | **University Status update**
(Stood down from 15.4.21 as agenda item) | 15.4.21 | The BCUHB University Health Board Designation Triennial Review with the WG expert panel took place on the 29th March. The panel complimented us on the high quality of the document provided prior to the meeting and our presentation on the day. The overall feedback was very positive and although there is always room to improve it was recognised we have clearly demonstrated a step change. We are awaiting the formal letter from the panel to determine our next steps. I would like to record thanks to all who contributed through their feedback and support all of which made this so successful. | Action to be closed |

8.4.21

Cyfarfod a dyddiad: **Meeting and date:**	**Strategy, Partnership and Population Health Committee** **15.4.21**
Cyhoeddus neu Breifat: **Public or Private:**	Public
Teitl yr Adroddiad **Report Title:**	**Digital Strategy - Our Digital Future**
Cyfarwyddwr Cyfrifol: **Responsible Director:**	Chris Stockport, Executive Director Primary and Community Care
Awdur yr Adroddiad **Report Author:**	Dylan Williams, Chief Information Officer, *et al.*
Craffu blaenorol: **Prior Scrutiny:**	Phase 2 Engagement Subject to Executive Team Approval (7/3/21) Stakeholder Reference Group (22/3/21) Digital and Information Governance Committee (26/3/21)
Atodiadau **Appendices:**	**Appendix 1 - Our Digital Future** *Digital Strategy Appendices*: *Appendix 1 - Digital Strategy Engagement Summary* *Appendix 2 - Delivery Plans* *Appendix 3 - Full list of National Strategies, Plans and Programmes and other Key Links* *Appendix 4 - Where are we now – Ambitions, Enablers and Current Systems* *Appendix 5 - Overview of our IT Infrastructure* *Appendix 6 - Our Response to Covid* *Appendix 7 - Good Practice – Audiology* *Appendix 8 - Good Practice – Macmillan* *Appendix 9 - Glossary* **Appendix 2 - Equalities Impact Assessment**

Argymhelliad / Recommendation:

The Strategy, Partnership and Population Health Committee is asked to endorse and support the submission of the Digital Strategy for approval at the May meeting of the Health Board.

Please tick one as appropriate (note the Chair of the meeting will review and may determine the document should be viewed under a different category)

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

If this report relates to a 'strategic decision', i.e. the outcome will affect how the Health Board fulfils its statutory purpose over a significant period of time and is not considered to be a 'day to day' decision, then you must include both a completed Equality Impact (EqIA) and a socio-economic (SED) impact assessment as an appendix.	**Y/N to indicate whether the Equality/SED duty is applicable**	**Y**

Sefyllfa / Situation:

The purpose of this report is to provide the Strategy, Partnership and Population Health Committee with an overview of the Digital Strategy which was presented to the Digital and Information Governance Committee (and supported) on 26th March 2021.

The Strategy has been developed through a 2 phased engagement approach.
Phase 1 – 19th October 20 – 18th December 20 (10 weeks)
- Targeted communication campaign
- Linking in with existing networks
- Focus Groups
- Q&A Session
- Surveys
  - Staff Survey – 315 responses
  - Patient/General Public Survey – over 321 responses
  - Partner Survey – 14 responses
Phase 2 – 25th February 21 – 11th March 21 (2 weeks)
- Check we got it right engagement – over 40 responses
Over 4,000 comments have been received and these have been used to shape the Strategy.

Cefndir / Background:

The Digital Strategy puts patients, carers and staff at the centre of what we do through changing the way we work, with digital being the key enabler.

The Vision is:
"Transforming the patient experience, safety and outcomes through digital ways of working"

With 2 Ambitions:
Ambition 1 – Enabled Patients and Carers
"As a Patient or Carer I can use digital technologies to actively manage my own care/care of others, to communicate and to have my say on services"

Ambition 2 – Connected Staff
"As a member of Staff I can access the right information, in the right place at the right time, with the right devices and I am supported to be confident to use technology and information to improve the services I provide"

A wide range of experiences have also been identified which we can check if we have delivered through future engagement.

There are 6 Key Enablers that underpin this Strategy, without actively improving them we will be unable to deliver the Vision, Ambitions and Experiences. The following are the 6 Key Enablers.

The 2 most significant risks that could impact on the delivery of this Strategy include sustainable investment and the reliance on national infrastructure and projects.

There are detailed delivery plans to ensure delivery.

The success of this Strategy will be measured by:
- **Improved Experiences** - patient, carer and staff experiences.
- **Improved Benefits** - The benefits that the strategy brings to the patients, carers, staff and the organisation, this will include financial and non-financial benefits and where appropriate the return on the digital investment.
- **Increased Compliance with Legislation –** Ensuring we meet the required legislation.
- **Prioritised Investment** - Prioritised sustainable investment in digital.
- **Increased Digital Maturity** – Meeting agreed maturity milestones.
- **Right Workforce to Deliver** - Having the right workforce with the right skills to deliver.
- **Time to Delivery** - Time from business case approval to implementation of the systems (Planned V Actual).

The key points from the engagement were:

- Staff felt that logging in once and being able to access patient information in one place were currently not being experienced within their roles.
- This was backed up throughout the comments with a strong message of their being too many 'disjointed systems' and a general lack of ICT resources available to allow staff to carry out their role effectively.
- Access to a single, digital patient record was the experience which staff would most like to have in the future.
- A lack of funding and lack of ICT resources was seen to be the number one reason why the organisation may not be able to deliver on the aims of the strategy according to staff.
- The feeling of staff was also backed up by patients/public, who stated that the aspirations of the strategy were likely to be held back due to a lack of funding/costs as well as current poor systems. Investing in digital was seen to be the number one solution to this.
- The top 2 experiences that patients wanted were to be listened to and to be communicated with.
- Throughout the patients/public survey, the theme of digital exclusion was evident with respondents concerned that the move to digital would exclude some patients across North Wales.
- Other themes which occurred were the concern regarding the security of their data and the request for there to be a cohesive view of digital patient record to avoid duplication/ create more joined up care.
- The Welsh Government Inclusion Unit also responded to the engagement and strengthened the strategy. The also highlighted that it is an example of good practice for social inclusion and digital skills.

This is the detailed Strategy and it will be developed into a shorter Public Version and a Strategy on a page. The Engagement Report will also be published.

Asesiad / Assessment & Analysis

Strategy Implications

This Strategy will support the delivery of Living Healthier, Staying Well, Workforce Development Strategy and the Estates Strategy.

Wellbeing and Future Generations – the 5 ways of working:
The Digital Strategy delivers on the following 5 ways of working
Long Term – Delivery plans in place to deliver for the longer term**.** We assess digital systems to ensure that they meet future needs and can work with other existing systems.
Integration – Some of our systems that we are working on support the delivery objectives of other partners i.e. WCCIS
Involvement – Patients, Carers, Staff and key stakeholders are involved in finding the best solutions. We ensure that we are involved when national solutions are being developed to ensure they meet the organisations/patients needs. The Strategy has been developed through engagement.
Collaboration – We work across the organisation using a collaborative approach, the systems have to meet the needs of the users.
Prevention – We will aim to put solutions in place that can prevent service failure i.e. text reminders to reduce the number of Did not Attends.

Revenue: The revenue that we have secured is identified within the Strategy. Not all revenue implications can be fully identified at this stage given that many will only be identified as the Strategic approach outlined is progressed. Where this is the case appropriate cases will be put forward through the prevailing Business Case and Prioritisation process in place at the time and will only proceed where funding is secured. In addition, some projects are being nationally led so we do not have the costings for these yet.

Capital: As with revenue costs, existing secured capital funding is identified within the Strategy. As with revenue costs, progression with subsequent work identified as part of this strategic approach will be subject to securing the necessary capital funding as the work matures.

Risk Analysis
There is a risk that the adoption of a Digital Strategy will result in the identification of pieces of work that have not been financially planned for or where funding resources are dependent upon or impacted by national programmes of work. This risk will be mitigated by engaging early and proactively with the Business Case/Prioritisation/Transformation/Planning processes in place at the time.

Legal and Compliance

Some aspects within this Strategy have been added in as they ensure we are compliant with regulations i.e. Cyber Security, Information Sharing etc.

Impact Assessment

Equality Impact Assessment can be found in Appendix 2.

Our Digital Future

"Transforming the patient experience, safety and outcomes through digital ways of working"

Digital Roadmap for Health in North Wales

2021-2024

Subject to Executive Approval

Contents

Appendices

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Appendix 1	Digital Strategy Engagement Summary (link to full engagement report once published)	Appendix 1 - Digital Strategy Engagemer
Appendix 2	Delivery Plans	Appendix 2 - Delivery Plans.pdf
Appendix 3	Full list of National Strategies, Plans and Programmes and other Key Links	Appendix 3 - Full list of National Strat
Appendix 4	Where are we now – Ambitions, Enablers and Current Systems	Appendix 4 - Where we are now.docx.pd
Appendix 5	Overview of our IT Infrastructure	Appendix 5 - Overview of our ICT
Appendix 6	Our Response to Covid	Appendix 6- Our Response to Covid.c
Appendix 7	Good Practice – Audiology	Appendix 7 - Good Practice Audiology.c
Appendix 8	Good Practice – Macmillan	Appendix 8 - Good Practice Macmillan.p
Appendix 9	Glossary	Appendix 9 - Glossary.docx.pdf

I am delighted to share our Digital Strategy with you, the last year has been a challenge for us all but it also brought us many opportunities and lessons from a digital perspective. We had to quickly accelerate digital ways of supporting our patients and staff. Some examples include introducing virtual consultations, the creation of new data systems to ensure we had access to the latest data, and supporting many staff to work from home.

Digital is the future and we know that we have to increase the pace of delivery, support people through this change, maximise the use of our budgets and additional funding with a clear plan for delivery today and for the future.

This is an ambitious strategy for us as we have previously focused on delivering technology, but our primary focus now is about how we can improve the experiences that our patients, carers and staff have on a day to day basis by working with them.

All our plans are becoming increasingly preventative, we need to provide access to patients and carers to the information they need that can support them to self-manage their care and our staff have to be able to access the right information, in the right place at the right time to be able to provide safe, positive patient experiences and improved outcomes.

Our approach is "Digital First – leaving no-one behind". This is crucial as some of our patients and their carers may be digitally excluded and we do not want this strategy to have a negative impact on people's health.

Thank you to everyone who engaged with us on this strategy, we had a great response with over 4,000 comments and you will see that your feedback has shaped this strategy. We will continue to engage, and I look forward to working with you and providing you with an annual update on progress.

Jo Whitehead

Chief Executive of BCUHB

2. Introduction

Our Vision is all about **"transforming the patient experience, safety and outcomes through digital ways of working".** This means putting the experiences of patient, carers and staff at the heart of what we do. Achieving this involves ensuring we get the basics right.

This strategy supports the delivery of our strategic priorities in Living Healthier, Staying Well and our Population and Organisational Outcomes and is informed by feedback from our engagement. It covers primary care, secondary care, community care and mental health.

Although we have made some investment over the last 3 years, the fact remains that we are still behind where we need to be. The current level of funding has not enabled us to keep up with the increasingly rapid pace of change and sustainable investment is one of our biggest challenges in the implementation of this Strategy which has been highlighted through our engagement.

As a result, we know that our staff feel frustrated by their daily digital experiences: how they access patient data, multiple logins, disjointed systems plus limited or out of date equipment and software. This strategy is aimed at reducing this frustration and providing more efficient ways of working.

Being able to access the right information in the right place at the right time, through a Digital Health Record (DHR) is key to helping our staff deliver the highest quality of service. This strategy details our plans to make this happen, this will also include how we share information across borders as some of our patients receive treatment outside of North Wales.

Our patients deserve the best experiences possible. This means choice in how they can communicate with us, together with providing reassurance they are listened to, they can receive specialist care easily and quickly and that their information is safe and secure. These key experiences and how we will deliver them have been included to ensure we meet the needs of our patients. The engagement has been positive and we will move to an approach that puts the user in the centre, be it a patient, carer or staff.

To finance this strategy we will review how we fund digital, prioritise what we deliver and identify other funding sources. There is a significant amount of service transformation that is happening now and needs to happen in the future and at the moment we don't have the capacity or capability to deliver all of this.

Cyber security is one of our biggest risks and therefore one of our key priorities. We have a duty to keep our patients, carers, staff and our organisation safe so that we are able to continue to deliver services in the unlikely event our systems are compromised.

Our approach of "Digital First - leaving no-one behind" has been developed to reflect the importance of inclusion and the high level of concern raised about this during the engagement. We know that 10% of our population are digitally excluded, (this figure does not include care homes or hospital settings) and this is even higher in some of our patient groups. It is important that we still have efficient systems and processes in place for those who cannot access services digitally, whilst also working collaboratively to support them to access digital services if they should choose to.

The Welsh language and culture are vitally important and we will work with others to meet the Welsh Language Standards.

We cannot deliver this Strategy on our own, a key enabler for this strategy is about working in partnership. Our key areas for working in partnership are through our community resource and mental health teams, digital inclusion, digital skills, research and developing our workforce for the future.

We know that digital transformation is not easy. It is not just about putting systems in place, it also involves changing our culture and providing a vision for change and supporting staff and all users through the change.

Our longer term vision is to work towards the development of a Digital Health and Social Care Strategy across North Wales, which ensures we are working collaboratively so together we can deliver more technology enabled care, supporting care closer to home and our prevention agenda.

The digital world changes at pace so we will need to review this Strategy annually, especially in line with our clinical strategy and the new Digital Strategy for Wales.

3. Our Digital Vision, Ambitions and Enablers – Overview

Our Digital Future
"Transforming the patient experience, safety and outcomes through digital ways of working"

Ambition 1
Enabled Patients and Carers

As a Patient or Carer I can use digital Technologies to actively manage my own care/care of others, to communicate and to have my say

Ambition 2
Connected Staff

As a member of Staff I can access the right information, in the right place at the right time, with the right devices and I am supported to be confident to use technology and services I provide

Patient Experiences

Strengthened Digital Foundations

Staff Experiences

Inclusion

Organisation

Strong Partnerships

Information for Improvement

Embracing Innovation

The 6 Key Enablers

Patients and Carers Experiences

We want our patients and carers to have the following experiences:

I am listened to

I can actively manage my care

I have a better patient experience and quality of care

I am communicated in a way that is best for me

IMAGE OF PATIENTS TO BE ADDED IN

I trust that my data is safe

I am communicated in a way that is best for me
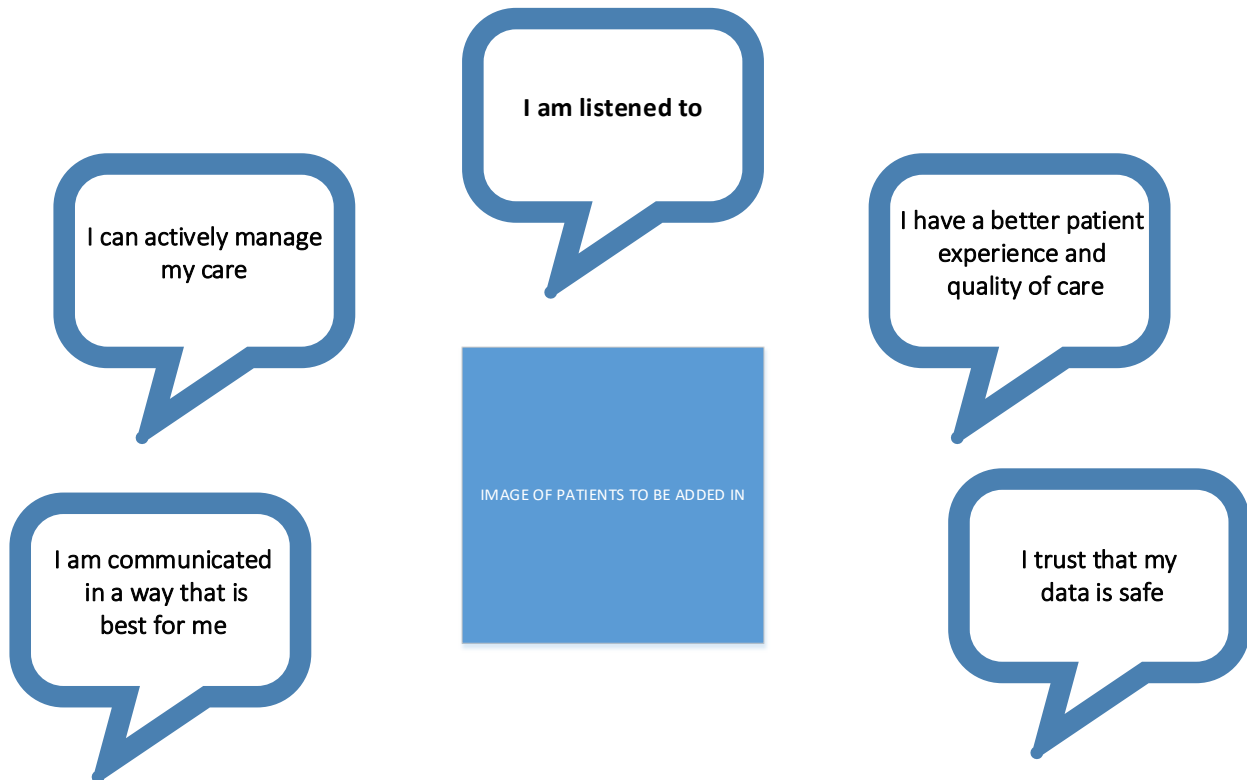
- ➢ I am kept informed about my care
- ➢ I have the choice of face to face or video consultations
- ➢ I can book some appointments/change my appointments online and receive reminders in a way that suits me
- ➢ I can receive my letters digitally and can have access to them more easily for future reference
- ➢ I am communicated with in my language/method/format of choice

I am listened to

- ➢ I can tell you about my care, experience and my health so I receive the best care for me, and it improves services
- ➢ I don't have to keep repeating my details to different individuals or organisations who provide my care
- ➢ My rights are taken into account

> - There is a single accurate source of information held about me and important information is available to all who treat/support me
> - When I am referred, I will get care easier and quicker
> - Services I receive are designed around patient needs
> - It is easier for me to move between services
> - I can receive some of my care closer to home
> - I am safe

I have a better patient experience and quality of care

> - I will be able to access my information more easily so I can be more informed about my care and options
> - I will be able to update parts of my own health record in the future so the person providing my care knows more about me
> - I am signposted to suitable self-help resources and apps
> - I know where and how to access information and services digitally

I can actively manage my care

> - When I provide my data, I know that it will only be used to provide my care and improve health care, and that it will be stored safely and kept confidential at all times

I trust that my data is safe

How these experiences will feel different for patients and carers

The patient focused stories below show how the experiences will feel different for our patients and carers.

Picture of Dewi	Dewi is a 73 year old who has diabetes and it has affected his vision, he is currently being treated as an outpatient at the diabetes and ophthalmology departments. Dewi had a fall and was taken into the Emergency Department late one evening. During his time within the Emergency Department, Dewi didn't have to repeat his details as his real-time patient progression and documents were all on one system. The staff that treated Dewi had access to his Digital Health Record and the real-time monitoring of his diabetes through his wearable device so they had access to vital information which supported their decision on the best treatment for Dewi whilst reducing any clinical risks. Dewi was safely discharged electronically with information sent to the GP electronically with details of the prescription that he has been given. On discharge the information was also shared electronically with the Community Resource Team, a multidisciplinary Health and Social Care Team who then provided his wrap around care in the community.
Lowri is a 27 year old and has a busy life, working full-time and is a single mum. Due to her kidney condition	

she needs to attend a large number of outpatient appointments, at some of these appointments she has to be physically seen by a clinician but other times does not. Lowri works with her clinician to develop a plan for using virtual consultations as this saves her 1 hour of travel time per appointment and £30 in child care fees.	**Picture of Lowri**
Picture of Elin	Elin is a 20 year old asthmatic and she wants to play an active role in her care as this helps her manage her condition better. She likes to see her recent test results and compare them with her last results and she has worked closely with her clinician to be able to do this. She can access this information and some other parts of her digital health record through the patient portal, where she can also find information on her next appointments and if they aren't suitable she can change them electronically.

Patients and carers – how you can support the delivery of this strategy

For this Strategy to be successful we all need to be actively involved. From the engagement, our patients and wider stakeholders thought the following were what they could do deliver the experiences:

✓ **Be positive about new technology** which is provided, be willing to test them out, learn how they work and feedback to us areas for improvement via various engagement methods.

✓ **Embrace the technology within your households,** ask for help when required, so you can get support to develop your digital skills

✓ **Share good experiences** with family, friends and networks to help promote the use of our digital solutions.

✓ **Take responsibility for your own health** by using other, trusted sources of information when required, providing us with the correct information about you, and keeping that information up to date.

✓ **Use our services responsibly**, use the right services, at the right time, for the right reasons.

✓ **Be supportive and patient** as sometimes new ways of working go wrong

Staff Experiences

We want our Staff to have the following experiences:

I am able to make better decisions, I have the right information at the point of care

I can use a range of digital communication methods to suit my patients needs

I am actively involved in improving my service

I have the digital skills, confidence and the right equipment to do my job

IMAGE OF STAFF TO BE ADDED

I can work effectively as part of an internal team or with key partners

I can work more efficiently through new ways of working
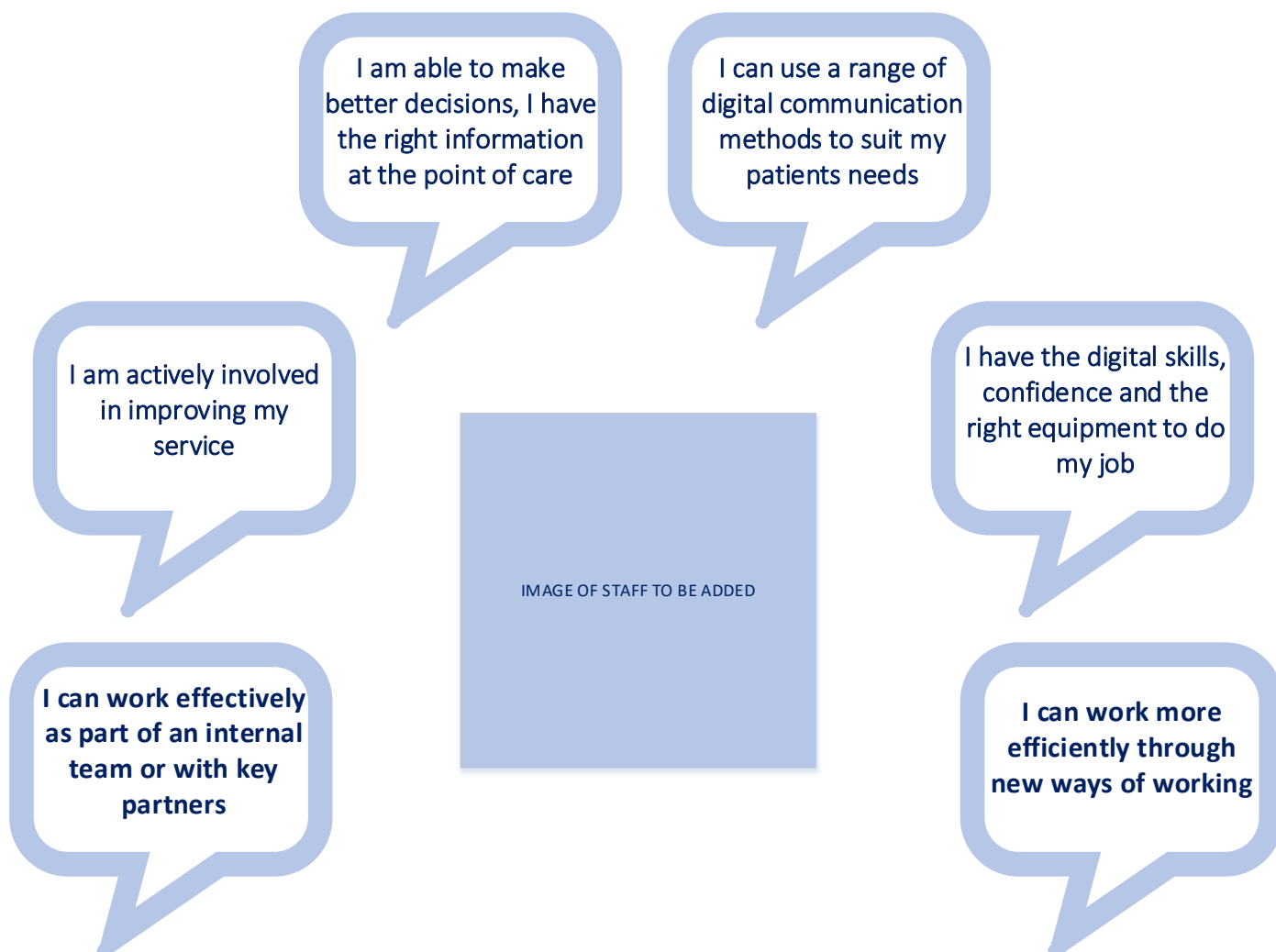
I am able to make better decisions, I have the right information at the point of care

- ➤ I know how to access all the information I need
- ➤ I know my patients better as I have listened to the information they have given during and after the care I have provided

I can use a range of digital communication methods to suit my patients needs

- ➤ I can use virtual consultations where they better suit my patients
- ➤ I can run group sessions and work collaboratively with other health care partners where it will benefit my patients

➢ I am supported to develop my digital skills and I know where to go to get support
➢ I have the right equipment to do my job

➢ I have easy access to the data and information I need to review performance and standards
➢ I am engaged and can influence improvements in my service and organisation
➢ I am able to identify when digital solutions can support me to deliver a better service to my patients

➢ I can share and receive information and media securely with key partners
➢ I can use digital solutions that help me to collaborate

➢ I can digitally dictate my letters
➢ I can make electronic test requests and sign them off electronically
➢ I can make and receive e-referrals
➢ I can log on once and have access to all the key systems that I need
➢ If my role allows, I can work from any location and meet my colleagues virtually which means I spend less time travelling
➢ I have confidence in the systems that I use, and the information held in them is up to date
➢ I can manage medicines and prescribe electronically
➢ I contribute to better communication between Primary and Secondary Care
➢ I know where my patients are, so that I can ensure their needs are promptly met to minimise time away from home

How these experiences will feel different for Staff

The staff focused stories below show how the experiences will feel different for our staff.

Kate is a Doctor that works across two of the three acute hospitals. Kate has access to a standard set of the systems that she uses on a daily basis and is able to sign in once for all of these, which saves her a lot of time. Kate also accesses the same systems across both hospitals so she doesn't have to learn to use two different systems.	**Picture of Kate**
Picture of Meinir, Rob and Lesley	Meinir, Rob and Lesley all work in the Community Resource Team in Bangor. Meinir is a district nurse, Rob is a Social Worker and Lesley is the local GP. They are able to share information safely with each other which allows them to see in one place the information about the person that they are caring for with a single care plan that they can all access and update. They don't have to

	keep asking the same questions and they have everything they need to do their jobs in one place

Staff – How you can support the delivery of this strategy

For this Strategy to be successful we all need to be actively involved:

- ✓ **Be positive about new technology** which you have access to, be willing to test them out, learn how they work and feedback to us areas for improvement via various engagement methods.
- ✓ **Promote digital ways of working to colleagues** and consider helping others who are less confident, maybe become a Digital Champion for your service.
- ✓ **Be proactive in developing your digital skills** to keep up to date with the latest technology, devices and systems

- ✓ **Use data** to make decisions and improve services
- ✓ **Promote changes to the way services are delivered** by having honest conversations with patients and being confident enough to assist patients where required
- ✓ **Actively engage with the wider organisation** when opportunities arise to ensure you are having your say on all things digital
- ✓ **Support in the identification and realisation of the benefits** that are achievable via the use of digital solutions.

6. The 6 Key Enablers

To enable us to deliver our Vision, Ambitions and Experiences we will focus on the following enablers, please also see the Delivery Plans in Appendix 2.
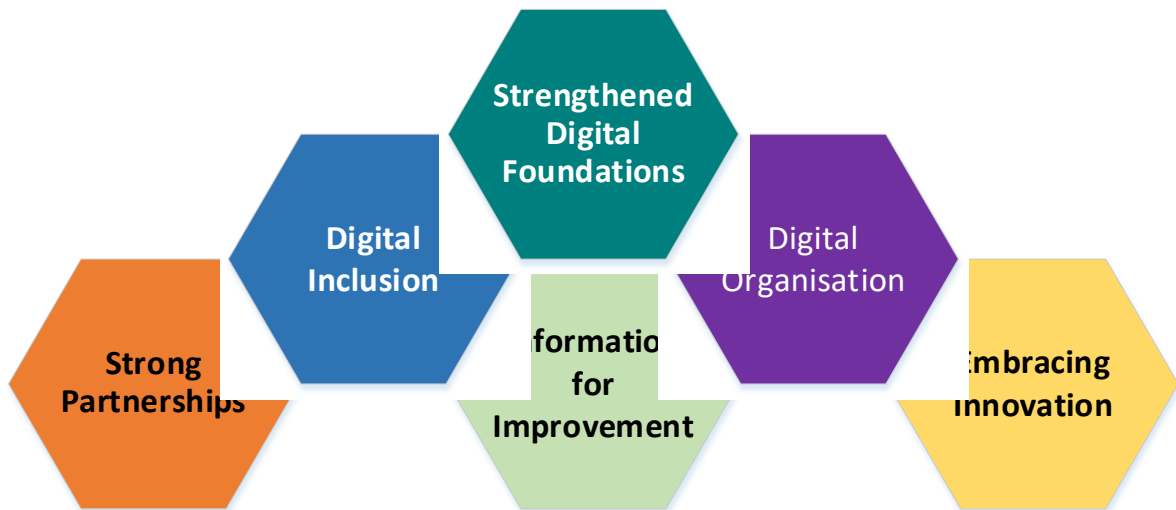
Enabler 1 – Strengthened Digital Foundations

"Our ICT infrastructure, systems, devices and support provided are suitable for today and the future, we have strong information security and governance, and we get the best out of our suppliers"

We have to **"Invest in and get the basics right"**, this is a key message from the engagement with our staff. Laying down strong digital foundations are crucial for us to be the digital organisation we want to be, to enable us to deliver the patient and staff experiences and the changes that are needed, safely at a faster pace.

These basics include our networks, devices, hardware, systems, storage, and telephones.

Cyber-security is one of our biggest risks, daily attacks have become the norm and we work with a large amount of the most sensitive personal data that we have to keep safe. We take this high risk seriously and we will do everything we can to prevent attacks, if we are attacked, we will be resilient in order to minimise the damage and achieve the recovery required.

We have a large number of suppliers and need to ensure we manage what we have well, buy exactly what we need, at the best price/value and develop positive relationships with our suppliers.

Enabler 2 – Information for improvement

**"We use quality data to create intelligence to make better decisions,
predict demand and improve services"**

Getting the basics right means that our data has to be correct, accessible, usable and robust to provide the most benefit to our staff and improve our services. The amount of data and information we have is growing at a rapid rate. We need to make maximum use of it to deliver quality services now and in the future.

Our business intelligence (BI) technology and skills are essential for operational delivery, enabling the organisation to make immediate and short to medium term decisions. We also need to develop our modelling capability, which will provide us with a pro-active way of understanding the longer-term impact of any changes that we make and predict the supply and demand of our services.

We will continue to increase the use of our BI dashboards across the organisation and we will move towards a self-service approach by equipping the services with the dashboards and interrogation tools, this will help release resources to focus on other important information areas.

A consistent approach to reports is important for staff confidence and uptake. We will review our existing reports and dashboards, ensuring a consistent look and feel.

Robotic Process Automation (RPA) is now a proven tool, with many uses across the NHS. RPA can automate repetitive tasks across applications and systems. We will use the ethnicity and preferred language from the COVID-19 vaccination programme as a pilot for RPA, importing the data into our patient Administration System.

In Clinical Coding SNOMED- CT would provide us with a structured clinical shared language that is readable by computers. It is made up of clinical terms that include procedures, symptoms, clinical measurement, diagnosis and medication. SNOMED will support the sharing of data between systems, and specifically our new Digital Health Record. We will start the automation of Clinical Coding as it allows for real time information about our patients to be available, saving time and resources.

Our work as part of the National Data Resource (NDR), will contribute to the establishment of a national data store making use of Cloud and 'Big Data' methodologies. We will establish a real-time messaging framework that enables improved frequency and timeliness of data feeds for reporting.

The NDR will facilitate access to key datasets to enable reporting and provide local insight for improvements to patient care. Advanced analytics will be enabled through access to modern data toolkits.

Enabler 3 – Digital Organisation "Think Digital"

""Think Digital" We actively develop our digital culture and maturity through committed and accountable leadership, being integrated throughout our business planning processes with the appropriate investment to improve. Delivering benefits to patients and staff: financial, non-financial, social and environmental."

To deliver transformational change we need to be a Digital Organisation which means more than just having systems and processes in place, it is also about people and a way of thinking and acting. We want our staff, patients and carers to "Think Digital." Thinking digitally across the organisation will be a big change for us but it is what we have to do to make sure we can deliver excellent care now and in the future.

Many transformation projects fail because of organisation culture challenges, we are prioritising and investing time in improving our digital readiness to ensure we will have more success in delivering the changes that are needed.

We have started our journey to become a digital organisation; we have identified that we need to improve our digital readiness and strengthen our governance, service standards, finance, planning and how we deliver our projects. This can only be achieved by continuing to actively develop our staff and learn and grow through meaningful engagement.

Identifying and delivering benefits to show the difference this Strategy makes is important and one of our key measures of success. As well as financial and non-financial (social) we will also assess the environmental benefits digital solutions bring.

From the engagement we know that most of our staff are not familiar with our current digital objectives, our staff have to know what we are aiming to achieve.

Enabler 4 – Strong Partnerships

"We can seamlessly share relevant information with our key partners and we work co-productively in developing new ways of working with our Patients, Staff, Key Partners and Suppliers"

One of the key areas of concern from the public and patients from the engagement is the safety of the information that they provide to us so we will ensure data protection and information security is at the forefront of our thinking when designing services. To provide the best services to our patients who receive care from a range of organisations, we want to be able to share and receive information seamlessly with our partners when we need to, so everyone has the right information and the person receiving care does not have to repeat their history.

To meet the needs of our patients and staff we have to work in a more co-productive way (doing things "with" rather than "to"), this is covered more in how we will deliver the experiences for patients and staff and our approach of User Centred Design.

This co-productive approach is what we want to use with our key partners to get the best out of working together for our patients and staff. We will embed this into our ways of working.

Our community resource and mental health teams work as part of integrated teams with our key partners. We have already identified that we need to provide a different digital service support model for all our services and this model for these two services will be different, due the level of integrated working as to make best use of resources and to develop their own longer term digital plans.

We recognise the importance of working in partnership and are committed to achieving a Joint Digital Health and Social Care Strategy across North Wales, to deliver better experiences for our patients/service users and our staff.

We will continue to work with partners on digital opportunities that benefit our patients and staff.

One of the key areas for working in partnership is the digital skills of our patients and staff. This is covered in more detail in Enabler 3 – Digital Organisation and Enabler 5 – Digital Inclusion.

Enabler 5 – Digital Inclusion

"We are fully aware of the impact of any new ways of working on our patients, carers and staff so we can put plans in place to ensure inclusion."

Concerns regarding digital exclusion was a common theme throughout our engagement. The public/patients thought that digital exclusion was one of the top 3 reasons to the question "what do you think might stop, or get in the way of the above experiences happening'

10% of the population of Wales are not online and 27% of those who do use the internet lack at least one of the five basic digital skills:

1. Handling information and content
2. Communicating
3. Transacting
4. Problem solving
5. Being safe and legal online

Older people, people with disabilities and people with a limiting long term health condition are less likely to be online, these are the people who are more likely to need health and social care support. Further information about digital inclusion and basic skills can be found here: Digital inclusion and basic skills.

87% of people who said they are in good general health said they are able to find the right information when they are ill, compared with 68% of those in poor health. People who displayed all five digital skills (3 month period in 2019) are more likely to have used the internet to access health information than those with fewer skills. Similar proportions of people said they can find the right information to help them lead a healthy lifestyle.

Our approach is "Digital First - leaving no-one behind." We will continue to provide and support people to access our services non-digitally e.g. through face to face appointments   If we don't it could impact on existing health inequalities.

This is an important area for us to continue to work in partnership as part of the Digital Communities Initiative, to embed Social Inclusion and form a stronger relationship with Digital Communities Wales and/or other Welsh Government programmes which aim to reduce digital exclusion as to gain additional expertise and experience in this area.

Enabler 6 – Embracing Innovation

"We keep up to date with new ideas and ways of working and be involved in and invest in innovative research and development. We learn from and are ready to adopt best practice"

We want to be one step ahead of new and existing technology is out there and how we can use it.

We will keep up to date and review new models of care to improve the care we provide, we will integrate these into our new developing clinical strategy.

Research is an important aspect to becoming more innovative in the digital world. This is particularly important for delivering digital clinical environments where patients and staff can both benefit.

This is an area where we can work in partnership with our own Research and Development Team and the Regional Research, Innovation and Improvement Co-ordination Hub (delivered by the North Wales Social Care and Well-being Services Improvement Collaborative) as well as Higher Education and Colleges locally and nationally.

To ensure we achieve this, we commit to agreeing a protected proportion of our Informatics staff time to do this annually.

We need to review how we manage research and development in Informatics so that services have a direct link in to review opportunities.

We also have some excellent examples of good practice across BCU, from our partners and other health boards, we will create a forum to learn from these.

We will also continue to lead on the Small Business Research Initiative (SBRI), which works with public sector bodies across Wales to develop innovations where no solution on the market exists. This is a co-creation and collaboration approach where we identify unmet needs with our colleagues within health and invite industry and academia to work closely with us to develop a solution together that meets our needs. We also want to advance this further by leading on a UK wide national SBRI working with all the home nations to have a wider impact for health of the UK population.

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7. National and Local Context

National Context

Our Legislative and Strategic Environment

As a Public Sector Organisation, we have a duty to adhere to a number of external acts and legislations. We have taken the following legislation into account when developing this Strategy and will ensure we continue to meet the requirements of them as we deliver:

Well-Being and Future Generations Act	Social Services and Well-Being Act	The Equalities Act	Welsh Language Standards	Socio Economic Duty	Data Protection Act
requires public bodies in Wales to think about the long-term impact of their decisions.	establishes the legislative framework for transforming the way people's needs for care and support are met.	provides a legal framework to protect the rights of individuals and advance equality of opportunity for all.	were created to ensure that the Welsh and English languages are treated equally in Wales.	The overall aim of the duty is to deliver better outcomes for those who experience socio-economic disadvantage.	The Data Protection Act is a set of rules that governs companies who process the personal data of data subjects

Legislation

National Strategies, Plans and Programmes

There are also a lot of national strategies, plans and programmes that we need to deliver on and take into account in this Strategy. A full list of these can be found in Appendix 2. The 2 key ones are:

A Healthier Wales: A Plan for Health and Social Care (2018) recognises digital healthcare technology as a key enabler of transformational change. It also acknowledges the challenges of driving digital change at pace and scale across health and care in Wales. The quadruple aims of this plan are as follows and have been used to develop our population outcomes.

- Improved population health and wellbeing
- Better quality and more accessible health and social care services
- Higher value health and social care
- Motivated and sustainable health and social care workforce

Informed Digital Health - A Digital Health and Social Care Strategy for Wales (2015) set out a vision that included supporting people and professionals to use information whilst being enabled by the NHS Wales Digital Architecture.

Informed Health and Care – A Digital Health and Social Care Strategy for Wales (December 2015):

This Strategy, a Healthier Wales and the Informatics Systems in NHS Wales (Public Accounts Committee, 2018) which identified the challenges in delivering digital transformation and at a pace have all set the

direction for digital change in Wales. This has resulted in a new body called the Digital Health and Care Wales being developed (Formally NWIS – NHS Wales Informatics Service) and the appointment of a Chief Digital Officer (CDO) for Health and Care who will define national standards and services.

National Delivery

Digital Health Care Wales (DHCW), which is a special health authority leads on the digital transformation of Health and Care in NHS Wales. They have a responsibility to deliver Informatics to Primary Care and some of the ICT Services and Projects nationally by providing us with a range of services and solutions. This Strategy includes some work in relation to Primary Care but a lot of the support and new ways of working is undertaken by DHCW who we will work closer with. DHCW is funded nationally from the Welsh Government to deliver the following on our behalf:
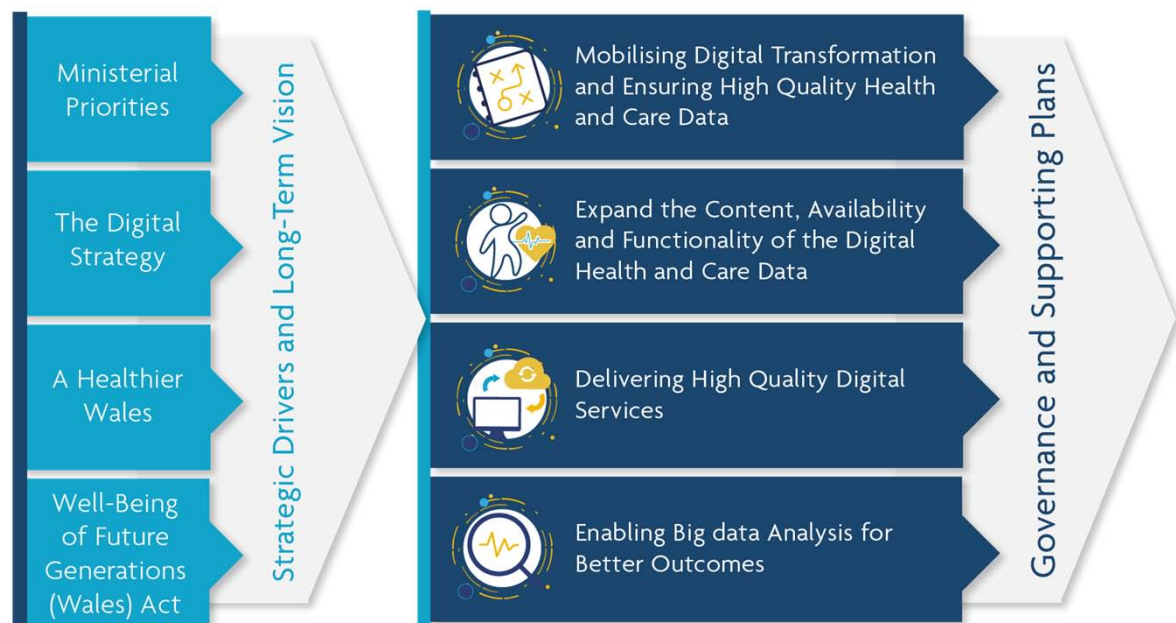
DHCW supports all Health Boards through a "Once for Wales" approach, recognising that Health Boards are at different stages of their digital journey means that sometimes national solutions don't meet our local needs and could introduce delays.

About North Wales

North Wales is a great place to live and work, the following are some key facts and figures about the population of North Wales that provides us with some service delivery challenges. We have taken these into account to develop this Strategy and we will continue to take into account the changing needs of our populations.

Young People

1 in **10** children between the ages of **5** and **16** has a mental health problem and many more have behavioural issues,

Approximately **50%** of people who go on to have serious mental health problems will have symptoms by the time they are **14**.

As of June 2019 there were **699,559** residents in North Wales. This is predicted to rise to **708,278** by **2030**

Mental Health

1 in **4** adults experiences mental health problems or illness at some point during their lifetime.

1 in **6** of us will be experiencing symptoms at any one time.

2 in **100** people will have a severe mental illness such as schizophrenia or bipolar disorder.

Between **1** in **10** and **1** in **15** new mothers experiences post-natal depression.

Older People

15% of households in North Wales are occupied by people over the age of 65, with Conwy having the highest rate at **17.1%**.
The Wales Average is **14%**.
1 in **16** people over **65** and **1** in **6** over the age of **80** will be affected by dementia.

Deprivation

12% of the BCUHB Population live in the fifth most deprived area of Wales. The Health Board has some of the most deprived areas in Wales in particular along the North Wales Coastline
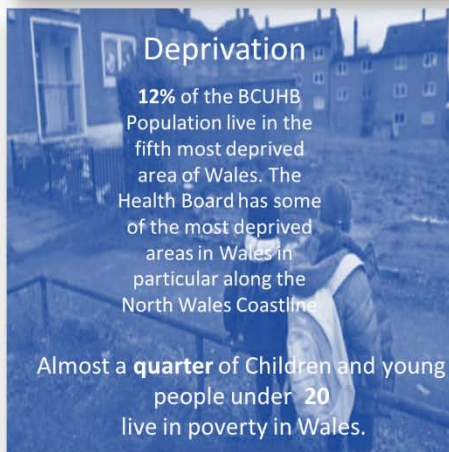
Almost a **quarter** of Children and young people under **20** live in poverty in Wales.

Life Expectancy

82.5 Years **78.8 Years**

But the difference in life expectancy between the most and least deprived areas is **8.8** Years for a Man and **6.2** years for a Woman.

Digital Exclusion

10% of adults in Wales are not online
21 % of over 65s are digitally excluded
21 % of people with a limiting long-standing illness, disability or infirmity do not use the Internet

Hospital Attendances

Over **115 Thousand** Hospital Admissions per year.

Over **235 Thousand** A&E attendances per year.

Burden of disease

Cancer 19%
Cardiovascular 18%
Other 52%
Musculoskeletal 11%
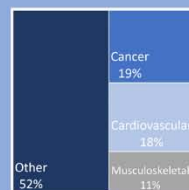
This shows the greatest causes of disease burden in Wales as measured by the Disability Adjusted Life Years (DALY).

Other Conditions include Mental Health problems

About BCUHB

This Strategy supports the delivery of our BCUHB Strategy, "Living Healthier, Staying Well - Working in Partnership to Improve Health and Deliver Excellent Care across North Wales" that defines our future models of care delivery. With respect to providing more care closer to home, services will be provided through local community resource teams, including local authority and the third sector partners, offering a range of advice,

assessment and treatment. The local teams will be supported by 14 primary care clusters that provide access to more specialist services without having to attend an acute hospital. The primary care clusters will include mental health services and each will be based upon a population of approximately 50,000.

Largest Health Board in Wales	**Budget: £1.5 Billion**	**Over 17,000 Staff**
3 Acute Hopitals	**22 Community Hospitals**	**Over 90 Health Centres** (Clinics, Community Health Bases, Mental Health Teams & 98 GP Practices, 80 Dental Practices, 152 Pharmacies & 74 Opticians)

The Strategy also supports the delivery of our 9 Population and Organisational Outcomes for 2021 – 2024:

Population Outcomes
- Outcome 1 - People in North Wales have improved health and well-being with better prevention and self-management.
- Outcome 2 - Better quality and accessible health and social care services enabled by digital and supported by engagement.
- Outcome 4 - The health and social care workforce is motivated and sustainable.
- Outcome 5 - Higher value health and social care system that has demonstrated rapid improvement and innovation.
- Outcome 6 - Improve health and reduce inequalities.

Organisation Outcomes
- Outcome 7 - Service transformation
- Outcome 8 - Progress against targeted intervention requirements
- Outcome 9 - Long-term quality service and financial sustainability

Informatics at BCUHB
Our Informatics Team supports the delivery across the Health Board and is made up of ICT, Patient Records & Digital Integration, Information and Clinical Coding and Programmes, Assurance and Improvement.
- **ICT**
  Information and Communication Technology (ICT) is the development, management and support of the core ICT infrastructure, including systems and servers, networks, telephony, personal computers, email and collaboration and mobile communications as well as the provision of Service Desk and Customer Support and Engagement
- **Patient Records and Digital Integration**
  The Patient Records and Digital Integration Department provides a sustainable range of services

that are renowned for ensuring the quality and standards of patient records, ensuring the timely availability of records to inform clinical decisions, and meeting our legislative requirements in relation to subject access requests; alongside leading projects to deliver the safe transformation from paper to digital.

- **Information and Clinical Coding**
  The Information Management Services Department is responsible for delivering a complex and diverse service to the Organisation comprising of WPAS Management, Information Development, Information Reporting, Information Standards, Information Analysis and Clinical Coding.

- **Programmes, Assurance and Improvement**
  The Programmes, Assurance and Improvement Service manage national and local digital programmes and projects working across the organisation. Undertaking Businesses Analysis to support services with their processes and systems; Provide business support, assurance and improvement for the Informatics Service and are the guardians for the national Small Business and Research and Innovation Centre.

8. Where are we now

Brief Overview

We are at the point where we know we need to change or we are at risk of being left behind in the digital world. We have also mapped out where we are now in relation to the delivery of the ambitions, enablers and existing systems. Please see Appendix 4.

What is good about where we are now	Where we need to improve
- We are **ranked No 1 in Wales** for our IT Infrastructure in the AWIIR Report March 2020 which shows our planning in this key area is progressive. Please see Appendix 5 for more detail. - Learnt lessons from Covid. - Invested in upgrading equipment as it has become outdated. - Telephone Services have been updated, including new switchboards. - Computer networks have been replaced. - Implemented Public Wi-Fi at most BCUHB premises - Improved our data centres with extra-protection from cyber-attacks. - Started the roll out of Symphony which will become the Welsh Emergency Department System. - Started the roll out of Virtual Consultations. - Implementation of better ways of recording care of patients and data is displayed in real-time to support consultants make decisions on a daily basis.	- We are not a digital organisation. - Informatics Service is just seen as the providers of computers and phone and support if things go wrong. - We don't have the core systems in place across the organisation which delays the implementation of other basic functionality (WPAS & online appointments). - A lot of staff are frustrated with their digital experience in work. - The public, patients and carers are concerned about digital exclusion. - We have invested but not at the scale that is needed to fully embed or lead the way in digital. - Due to funding arrangements, locally and nationally a lot projects start but are never completed so no benefits are gained. - We don't deliver at the pace of change needed as we don't prioritise and lack the staff to deliver.

- A range of BI Dashboards have been developed to help individuals, services make decisions and improve.
- Our Alert Texts notify key services when patients are in hospital to help with continuity of care in the community and allows GP's to track progress of their patients during a hospital stay.
- Our Account Management approach in Information is working well.
- Text Reminders to patients, with 12,000 appointments being re-used when patients have notified that they are unable to attend. This also captures language choice.
- We know what our patients, carers and staff want out of a Digital Strategy.
- Work with the Board on digital maturity has started
- We lead on Innovation nationally through the Small Business Research Initiative Centre of Excellence.
- We have started our improvement through engagement with our patients, carers and staff (Please also see what we delivered in 2019/20).

- Costs in our business cases generally do not include lifetime costs of projects through to business as usual.
- Our delivery of some projects are dependent on national funding and delivery – this sometimes slows us down, they are not at the right time for us and then funding is limited.
- Some staff do not have access to the right equipment to do their job.
- Some of our hardware is running on old technology.
- Investment in cyber-security is as at a crucial stage to keep our information safe.
- The focus previously has been solely on the implementation of technology and not the wider change required.
- The link between digital delivery and meeting our strategic objectives and supporting performance improvement has not been fully developed.
- A lot of our services are going through transformation, this transformation is not co-ordinated from a digital perspective resulting in ad-hoc support to services.
- We don't know the digital skill levels of our staff.
- We don't promote our digital achievements internally or externally.

Informatics –Key achievements

ICT Support

Window update compliance

94.9%

(Increase from 90% previous year)

90,716 Total Calls Logged

8,593 Live Chat Calls

% 87.9% Calls Resolved at First Contact

New Data Centres commissioned in Glan Clwyd and Wrexham Maelor.

1800 Cisco IP telephone handsets installed

3100 Cisco handsets

22 BCUHB sites migrated to new IP Telephony Systems

IPT Telephony Migration

894 New Laptops provided

720 New PCs provided

Clinical Systems.

12,109 Customers supported.

900,000 Text reminders sent to patients

We supported the organisation with

841,257 Face to Face Out Patient Appointments

3,188 Virtual Out Patient Appointments

27% of Patient Records are RFID tagged

In addition to this we have also responded to Covid, please see **Appendix 5- Our Response to Covid.**

We have quite a lot of challenges that could impact on our digital transformation, we have taken them into account in developing this Strategy and we will also review them as part of how we manage our risks. The following 4 challenges provides an overall summary:

Our Population

- **Increasing demand for services:** The population in North Wales will increase due to more babies being born and people living longer – an ageing population will need more care and we have an ageing workforce so there is a risk of a loss of knowledge and experience.
- **Increasing complexity:** There are an increasing number of people who have more than one health need, so health needs are becoming more complex.
- **Digital inclusion:** 10% of people in Wales are digitally excluded, they are likely to be older, less educated and in poorer health.
  Digitally excluded people do not have access to a range of health and care information so can impact on the amount of referrals.
- **Increasing awareness about Data Protection legislation**: and the greater need to keep their information safe and secure.

Pace of Change and Increasing Demand

- **The pace of change**: The pace of technological change and innovation moves so fast.
- **Increasing demand for digital services:** Demand for digital services and more flexible ways of working is increasing from both staff and patients.
- **Digital skill development**: Digital skills of staff and patients may not always keep up with the pace of change.
- **Large amount of legacy systems that are unconnected:** We have many unconnected systems and processes across BCU.
- **Reliance on paper based records:** Across BCUHB so difficulties when patients move between sites.
- **Low level of digital maturity:** Our culture has varying levels of digital readiness that will need to mature to achieve the required level of digital change.
- **National delivery**: There are competing national drivers that do not always align with what we want to deliver and sometimes slows down our delivery.

Reducing Finance and Short Term Funding

- **Savings:** Over the last 3 years we have had to make significant savings and we have to still make more.
- **Increasing costs for technology:** due to increase in demand and complexity.
- **Short term funding:** Increasing short term grant funding and decreasing budgets.
- **Lack of sustainable funding**: Increasing short-term grant funding with a local expectation to sustain and refresh longer-term putting increased pressure on future budgets.

Working Together

- **Different systems and agenda's:** We work together with a range of partners to deliver what is best for our patients and staff as it can bring better results. Working together can take more time and can be more difficult due to the use of different systems.
- **Once for Wales**: We work with other Health Boards facilitated by DHCW to develop solutions for Wales, these national solutions don't always meet our needs, and are sometimes not timely.

Our Risks

To support the successful delivery of this Strategy we have identified the following risks that we will need to manage. A risk is something that could happen which could have a negative impact on the delivery of the Strategy. We will manage these through our Risk Registers and regular review, monitoring and reporting.

These risks have been identified through current delivery, the challenges and engagement:

1. Competing priorities with lack of sustainable investment in digital
2. National infrastructure and projects may not deliver what is needed and/or at the required pace
3. Unable to keep up with the pace of digital change to meet the expectations of our patients, carers and staff
4. Information is not safe
5. Insufficient staff capability and capacity to deliver the Strategy
6. Organisational culture and service planning does not change
7. Lack of engagement from staff

9. Delivering the Ambitions and Enablers

To deliver our Vision we have developed detailed delivery plans for our Ambitions and Enablers, these can be found in Appendix 2 and we have provided some further details below.

Delivering Ambition 1 – Enabled Patients and Carers

The delivery of the Patient and Carer Experiences will be done through the following Programmes or Projects but some of the Patient Experiences will also be delivered through the Connected Staff Delivery Plan.
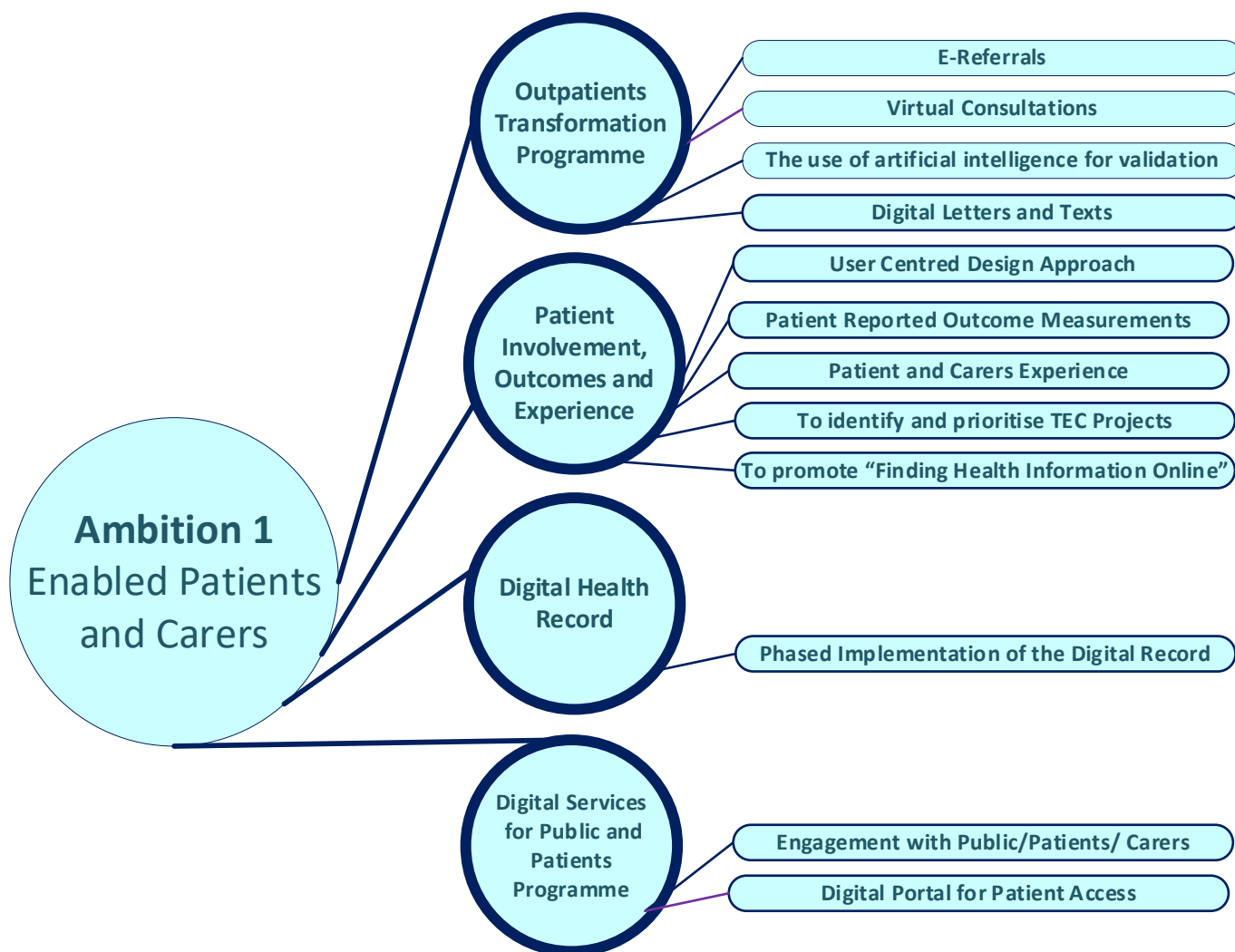
Outpatients Transformation Programme

We are just developing our Outpatients Transformation Programme aligned to the National Strategy "Transforming the way we deliver outpatients." This programme will deliver a lot more than what we have put into this Strategy as these are just the digital aspects. This Programme will include:

- Electronic referral management systems to make getting specialist care easier and quicker;
- Technology to reduce the need to go to hospital for an appointment if it is not needed;
- Alternative ways to support effective self- management of stable long term conditions;
- Alternative approaches to reduce the need for inappropriate outpatient appointments;

The digital priorities that will be delivered will be:

- E-referrals – to deliver this we have to have the same Welsh Patient Administration System (WPAS) in place across the organisation so we will see if there are any other ways to develop this whilst we are putting in the WPAS.
- Continue to roll out of Virtual Consultations
- We want to get the data right first time and we will use Artificial Intelligence to improve the validation of the data that we have
- Improved Communication methods

In the future we also want patients of carers to be able to book their appointments online, before we can progress with this we need to have WPAS in across the organisation.

Digital Appointment Letters and Text Reminders Project

A project has also been set up to deliver digital letters and text reminders under "My Appointment Letters Online"" this has been put in place due to WPAS not being fully implemented.

Patient Involvement, Outcomes and Experience

User Centred Designed Approach (UCD)
We want our patients to be at the centre of when we are changing or developing new digital services which means we will work with people who will be using them. UCD is a process in which the needs, wants and limitations of the end user are taken into account. Through this approach we expect to get an increased user experience plus make implementation more efficient.

Value Based Health Care & Patient Reported Outcome Measurements (PROMS)

We are currently implementing our Value Based Health Care Plan one of the key areas of this plan is the collection of PROMS as a key data set will as this will allow us to assess if we are delivering better outcomes with financial sustainability. We are currently piloting the collection of PROMS with our Orthopaedic Team.

Digital can also support Value Based Health Care through supporting any pathway re-design work and reducing the failure demand.

Patient and Carers Experience (PREMS)

As part of our Patient and Carer Experience Strategic Plan, we are working collaboratively at a national level to have one system that collects patient experience and turns it into real-time insights which will improve the services that our patients receive.

The new bi-lingual system will be able to collect data via multi-channels i.e. online, tablet, SMS, phone, E-mail (survey links), QR Codes and paper to ensure we do not digitally exclude our patients and accommodating sensory loss.

This system will collect that national Patient Reported Experiences Measures. (PREMS)

Finding Health Information Online

There is a lot of fake health information online, believing this information could cause harm to our Patients and their Carers, so we will promote the regionally developed "Finding Health Information Online"

Once the Digital Portal has been developed we can also introduce Chat Bots, so patients can self-care by gaining information and advice.

Digital Health Record (DHR) Project

The development of the Digital Health Record will allow a single view of the patient record, having this in place will support the integration with local and national systems and will provide greater access to systems and information that are safe and reducing the use of paper from the how we work. We will have one system that is capable of gathering patient information from scanned records, new content from e-forms and current and future systems. Part of this project is also to develop digital ways of sharing information across our borders. This project has started and is planned to deliver across the Health Board over 4 years.

A patient's ability to access this information in the future will be through the Digital Portal to be delivered by the Digital Services for Public and Patients Programme (DSPP). The DHR and the Digital Portal has to be in place, so access to information will grow over the next few years.

Digital Services for Public and Patients Programme

Digital Services for Public and Patients Programme (DSSP) is a national programme which will develop a Digital Portal that will provide access to parts of the digital health record to patients, including for example appointments, prescriptions, test booking and results. Patients will also be able to give their permission for other people to access the digital record such as their carers, people who provide their care and others who they choose.

This is a national project being led by DHCW and we are represented on some of the delivery groups.

Some Staff experiences mirror what we will deliver for Enabled Patients and Carers. These are:

- The implementation of the Digital Health Record to support better decision making
- Know more about the patients Outcomes an Experiences through PROMS and PREMS so that improvements can be made.
- Ability to undertake Virtual Consultations
- Ability to make e-Referrals

Delivering the Connected Staff Experiences will be done through the following key Programmes/Projects and Plans plus the delivery of the Enablers.
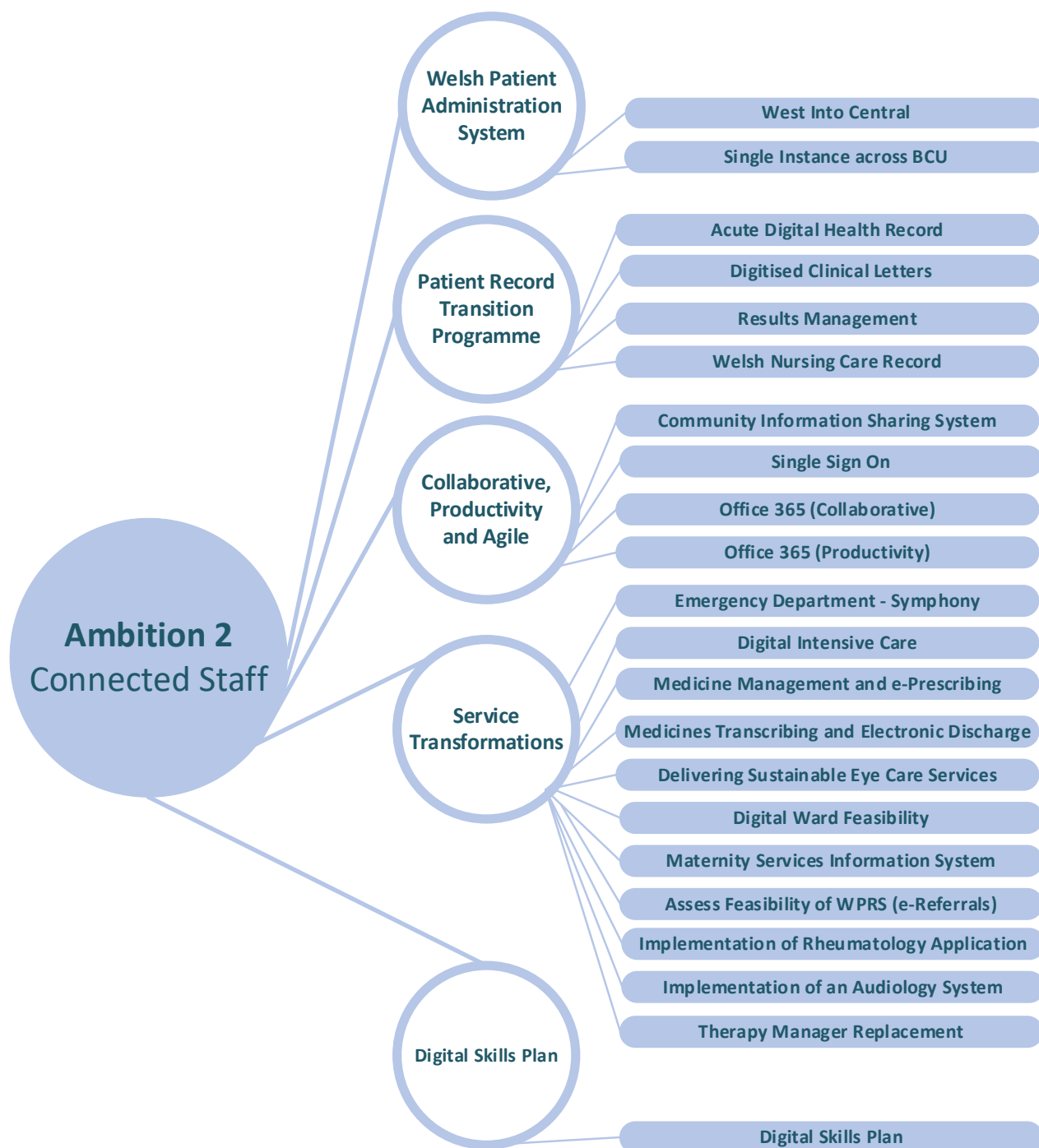
Welsh Patient Administration System (WPAS) Project

This is the basic core administration system in any hospital/community and we don't have this in place yet across the whole organisation. The PAS documents the patient events and provides support to the basic workflow for case note tracking, referrals, outpatient clinics and inpatient activity. Having a single PAS across all Acute Hospitals will also allow us to fully utilise the PAS and implement new systems that link in with WPAS – we won't have to implement systems multiple times so will save us time and money.

Patient Record Transition Programme (PRTP)

Our PRTP Programme is an established Programme will continue to work on deliver the following:

- Digital Health Record (DHR), creating a single digital place for the patient record, supporting integration with local and national systems in Wales and beyond.
- Digitised Clinic Letters (Digital Dictation & Speech Recognition), key to achieving the wider move from paper to digital patient records.
- Results Management – to deliver a fit for purpose solution that will be used across our clinical teams that will improve patient safety and support the transition from paper
- Welsh Nursing Care Record (WNCR) – this will transform the nursing documents through standardising the forms, so all our nurses will be using the same forms and they will be digital
- Centralised Teams – providing our staff with the right training and environments to ensure compliance with our legislative responsibilities for appropriately, safely and securely managing and sharing patient information

Collaborative, Productivity and Agile Working Programme

Our staff rated "I can work effectively as part of a multi-disciplinary team" as their highest current experience and "I can work from any location and meet my work colleagues virtually, spending less time travelling" as the 4th highest current experience – we have to continue to deliver and improve these experiences.

This Programme will be new but the projects within are existing projects and will link in with the Corporate Workforce Programme and approach to agile working, it will include:

- Implementation of a Community Information Sharing System
- Implementation of Single Sign on
- Full roll out of Office 365 (Collaborative)
- Roll out of the Office 365 Power Applications and Power Business Intelligence (Productivity)

Some of our teams such as our Community Resource Teams and Mental Health Teams work closely on a daily basis with our key partners such as Social Care and we need to be able to share patient information between partners safely – an Information Sharing Agreement is important and this is covered in Enabler 3 – Stronger Partnerships but we also need the technology to share this information so that they can work more as one team to provide the best care to the patient/service user.

We will implement a Community Information Sharing System, that meets all partner's needs, we have invested a lot of time and money already into the Welsh Community Care Information System so we will assess if this is the most appropriate solution moving forward.

Due to Covid working from home or any location has become the norm and we expect demand from our staff to continue to increase. Many of our staff have patient facing roles or provide support on site and work across sites, our staff need a seamless service regarding what site they are working from or if they are working from home.

Office 365 also provides us with opportunities for new ways of working and we will maximise our use of these so we work more efficiently.

Service Transformation Programmes and Projects

We have a significant amount of service transformations underway across the organisation and many more being planned, digital is an enabler for these transformations. How they are supported by Informatics varies depending on the project, this is why we have highlighted the need for a different approach to how we support services and that includes digital planning at a service level so the right support can be provided or prioritised. (Please see Strengthened Foundations and Digital Organisation). Through better service planning we will be able to fully view the full range of service transformations, the value and the benefits. Service Transformations have to be led by the Services and supported by Informatics.

The following Programmes and Projects have been identified from what we are currently delivering, through engagement and what external funding we know will be available nationally. They are at different stages of planning and require support. This is not an exhaustive list and many services are changing the way they work. Our Clinical, Estates and Environmental Sustainability Strategies also need to be included as digital will be crucial in supporting them so we know that we will need to add more in and prioritise

- **Emergency Department – Symphony**
  Our Emergency Departments have been under significant pressure due to Covid and staff who work under these conditions need real-time information about the people that are attending, why they are attending, and where they are in their treatment which can speed up discharge.

  This is provided by Symphony which we continue to roll out and upgrade in our Hospitals and Minor Injury Units, and then move onto the Welsh Emergency Department System.

  This will also support the reduction in waiting times and speed up discharge, so will also improve the patient experience.

- **Digital Intensive Care**
  This is in its early stages and is a National Programme that will transform critical care by automating the collection of data from the monitors and devices used to support patients with life-threatening illnesses.

- **Pharmacy - Medicine Management and e-Prescribing**
  Medicine Management and e-prescribing was a recommendation in the "Pharmacy: Delivering a Healthier Wales". This national investment will accelerate these plans for a 2021/22 delivery. This Project will result in a digital medicines management system and an e-Prescribing System and will also enable electronic transfer of prescriptions between GP's and Community Pharmacies.

- **Pharmacy - Medicines Transcribing and Electronic Discharge (MTeD)**

MTeD has been partially rolled out within 69 ward areas across BCU, we want this to be accessible to the remaining 55 locations through the Welsh Clinical Portal. This will enable pharmacists to transcribe patient medications electronically and clinicians to record a summary about a patient's hospital stay which can be electronically sent securely to GP surgeries.

- **Ophthalmology – Delivering Sustainable Eye Care Services**
This National Project will provide an ophthalmic digital system that will provide electronic referrals between community optometry practices and hospital eye departments and enable more people to be treated and cared for locally.

E-referral will enable the safe timely transfer of clinical information to support referrals for diagnosis and treatment and avoid the delays inherent in a traditional paper based system. Implementation of e-referral and introduction of an Electronic Patient Record (EPR) for eye care will enable community optometry practices and hospital eye departments to have joint access to patient records enabling shared care and monitoring.

- **Digital Ward Feasibility**
As our wards use a range of systems, we have piloted the implementation of STREAM which helps with patient flow and discharge as well as developing a new Welsh Nursing Care Record. This feasibility will assess the funding requirements for any required digital systems and to bring together the existing multiple systems whilst linking into the Digital Ward national funding.

- **Maternity Services Information System**
"Maternity Care in Wales – A Five Year Vision for the Future (2019-2024)" provides the strategic direction of our Maternity Services. Within this 5 year plan the digital priorities are a national information system, an All Wales electronic maternity record that will be accessible to individual mothers and which will be linked across Wales to they can be accessed by the professionals providing the care.

(Please Note: This is not an exhaustive list and changes rapidly)

Digital Skills Plan

Our staff scored "I have the skills to work digitally and access to the training I need for the future" as the second highest experience they currently have but there is a possibility that this is not fully representative of our staff as it is likely that those without the skills did not complete the survey. Staff also identified that further digital training and support was needed and that technology will not be used without the skills to use it. Our staff skills are essential to the successfully deliver this Strategy.

"Within 20 years, 90% of all jobs in the NHS will need some element of digital skills. Staff will need to be able to navigate a data rich healthcare environment. All staff will need digital and genomics literacy"
The Topol Review, 2019

Staff need to be confident working digitally, not all our staff are confident at the moment. Our Staff have wide ranging digital skills from staff who do not use a computer as part of their everyday work to staff who use multiple systems every day.

We will develop a Staff Digital Skill Plan where digital skills are classed as a basic skill, staff can self-assess their own skills and it becomes part of their Training and Development Plan. Digital skills training will be delivered working in partnership with Digital Communities Wales, Unions and any other key partners.

This allows us to assess and improve the digital skills of our staff so when we implement new digital ways of working we have an agreed way to assess skills and identify the level of change and what needs to be done to ensure success.

Part of this Digital Skill Plan will include using existing staff support structures and the development of Digital Champions to support and improve confidence.

Delivery of Enabler 1 – Strengthened Digital Foundations

Enabler 1 Strengthened Digital Foundations

Our ICT Infrastructure, Systems, Devices and Support
- Strong, Fast & Resilient Networks
- Devices to Use Anytime, Anywhere
- Core Systems in Place
- Systems can Talk to Each Other
- Modern Telephony Platform
- High Availability Server Infrastructure
- Business Continuity & Disaster Recovery
- Digital Service – Fit for the Future
- Maximising the use of Existing Systems

Strong Information Security and Governance
- Cyber Security, Resilience & Compliance

To get the best out of our Suppliers
- Value Based Procurement
- Contract Management

Our ICT infrastructure, systems, devices and support provided are suitable for today and the future

Building Strong, Fast and Resilient Networks

We will develop networks that provide safe and high speed connectivity with fully resilient design to ensure continuity of service supporting the organisation in ensuring that all services continue to work uninterrupted.

We will continuously increase the bandwidth to Community Hospitals and Health Care Centres and develop additional Wi-Fi capacity across the Health Board for improved corporate and patient access.

Devices to Use Anytime, Anywhere

The continued roll out of a series of modern, secure and fit for purpose PC's, Laptop, Tablets and Smartphones that meet the needs of services as their own demands change to meet patients requirements. Using software deployment methods to enable rapid roll out.

Finalising the migration of the PC and Laptop estate over to Windows 10

Continued roll out of the O365 to support collaboration, improved communication and agile capacity as included in Ambition 2 – Connected Staff.

Core Systems Place

We will have the following systems in place, these are the systems that we need in place as our core systems:
- One Patient Administration System across the Health Board (WPAS)
- Welsh Clinical Portal (WCP)
- Welsh Laboratory Information Management System (WLIMS)
- Digital Health Record (DHR)
- Community Information Sharing System (Currently WCCIS)
- Welsh Emergency Department System (WEDS)
- Welsh Radiology Information System (WRIS)
- Welsh Immunisation System (WIS)
- Data Warehouse and National Data Resource (NDR)

Please note – these are our core systems and there are other critical clinical/departmental and corporate systems that will be needed to deliver this Strategy.

We have over 280 systems across the organisation that are managed in different ways. We want each of these systems to have Business Continuity Plans in place so if they fail, services can still be delivered.

Systems can Talk to Each Other

The safe portability of patient data using nationally agreed standards and Application Programming Interfaces (API's), will support the our 'once for Wales' and indeed more broadly 'once for the patient' approach; i.e. of our patients that are transferred for speciality care, 96% receive this over our closest boarder into England and as a result we have to work closely on this with our partners and services within and beyond Wales.

Across our organisation we have lots of systems that need to talk to each other to realise the patient experience of providing their information once. When we put new systems in place we will fully assess if they can share information.

Some of our Primary Care and Secondary Care systems don't talk to each other. Primary Care providers have two main systems. This is a big gap in sharing information and impacts the patient journey when they move between services we provide to patients. This is very challenging, but we want to see if it is possible, first on a small scale.

Modern Feature Rich Telephony Platform

We will finalise the IP Telephony to enable utilisation of wider functionality and the decommissioning of the legacy systems.

We will develop contact centre technology to deliver within the organisation including GP surgeries providing call menu options such as language choice, call queuing and the consolidation of patient contact into centres that can deal with multiple types of enquiries and bookings.

We will also further develop mobile application deployment and device management to support our mobile workforce

High Availability Server Infrastructure

We will become more demand responsive and we will be able to scale up and down instantly as to meet the needs and changing demands of our services, including our seasonal demands. Our private cloud will also integrate with other Public Cloud providers to develop a Hybrid Cloud Solution allowing us to increase our technology capacity and provide externally provided service seamlessly. This hybrid approach gives us the greatest benefit to where we are now this is our staged approach to being fully in the cloud.

Business Continuity and Disaster Recovery

We will continue to develop our disaster recovery plan and undertake regular exercises to provide the assurance that plans are in place and are ready to be invoked in the event of a critical incident.

A Digital Service that is Fit for the Future

Our ICT Support and Service will further develop customer engagement as to fully capture services requirements so we can meet our customers' expectations, whilst also working towards achieving the Service Desk Institute (SDI) accreditation so we provide industry best practice.

Across Informatics, we will review our current service support model that we provide so that it can best meet the needs and demands of the services, we will also include how we can best use new communication technology.

We know from our response to covid we need to have technology that is easily transferable or portable to be able to respond to business continuity incidents.

Maximising the use of Existing Systems

We have a number of systems that require upgrades and we include these in our business as usual but when we do upgrades we need to ensure we get maximum value out of the additionally that sometimes comes with upgrades.

We will also review the use of our key systems and provide staff with the support to use the systems better and ensure that all our systems have business continuity plans.

Our Diagnostic & Laboratory Systems provide a full digital system for test requesting, processing and reporting, this a national system near the end of its contract which requires a new agreement with upgraded functionality.

Strong information security and governance

Cyber Security, Resilience and Compliance

We will have the right resources, technology, skills and staff awareness in place to prevent the increasing number of cyber-attacks and if we are attacked, we will minimise the damage and recovery required.

We will meet all our statutory requirements (Network & Information Systems Regulations Directive (NIS-D) and gain best practice certifications including Cyber Essentials (CE), IASME and ISO 27001 Certification.

Testing is important to see if what we have put in place works, so we will undertake external Penetration testing to provide assurance.

We will also ensure that there is a balance between Cyber Security and the needs of our organisation to carry out its business whilst meeting the Data Protection legislation

To get the best out of our suppliers

Value Based Procurement and Contract Management

We will continue to improve our procurement practices to ensure we gain the right systems/services to deliver what we need and that they are fit for purpose for the end user. This is important as it is directly related to our approach to Once for Wales. We also will work better with our suppliers to get more financial and social value from them through improved relationships and supplier management.

At a national level one of our key suppliers is Digital Health and Care Wales, they have to prioritise and meet the needs of all the Health Boards in Wales. As Health Boards are at different levels of digital maturity DHCW has to ensure they know what our priorities are to deliver this Strategy and work with us to develop our joint plans for delivery on an annual basis, before their plans are approved by the Welsh Government. We also need to monitor the implementation of our joint plan.

Health
Analytics Unit

Business Case for the Unit

Business
Intelligence
and
Robotics

Increase the use of BI Dashboards

Development of a Self-Service Model

Review of Power BI and IRIS

Pilot Robotic Process Automation (RPA)

Enabler 2
Information for
Improvement

Clinical Coding
Standards and
Automation

Adoption of SNOMED

Increased Automation of Clinical Coding

National Data
Resource
Programme

Real-Time Messaging Framework

National Data Store

Modern data toolkits to support advanced analytics

Access additional datasets

Health Analytics Unit

Develop a Business Case for the Health Analytics Unit.

A Health Analytics Unit would enable us to create dedicated capacity and further develop skill within the team to undertake modelling and forecasting that proactively supports the organisation with longer term planning.

We will develop a Business Case to show the added value, costs and benefits that this Unit will bring.

Business Intelligence and Robotics

Increase the use of Business Intelligence (BI) Dashboards
Many of our services use business intelligence (BI) dashboards and more services can benefit from their use. We will do this by using and further developing our account management approach working with the services to ensure information gaps are addressed and that information is at the heart of service management and decision making.

Development of Self-Service Model

Working with the services to develop a Self-Service Model to meet basic information requirements. This will allow our team of analysts to spend time dealing with complex requests work closely with information customers and problem owners to interpret the vast amount of data available to us.

Review of Power BI and Iris

We will standardise our reporting templates and develop our brand to provide consistency and assurance to our information users.

Pilot Robotic Process Automation (RPA)

Identify and undertake a RPA Pilot to demonstrate the value it can bring to some repetitive key tasks.

Clinical Coding Standards and Automation

Adoption of SNOMED-CT (Systemized Nomenclature of Medicine Clinical Terms)

We will work nationally with DHCW to implement SNOMED-CT at BCU.

Increased Automation of Clinical Coding

Develop a project to increase the automation of clinical coding.

National Data Resource Programme (NDR)

We will continue our work with the NDR Team and we will:

- Establish a Real-Time Messaging Framework
- Establish National Data Store (Using Cloud & 'Big Data' Methodologies)
- Provide access to modern data toolkits to support advanced analytics
- Access additional datasets (i.e. WAST, 111,)

Enabler 3
Digital Organisation "Think Digital"

Increasing our Digital Maturity
- Digital Maturity Assessment
- Reviewing our Governance
- Sustainable Finance and Planning
- Re-brand Informatics
- Adopt the Digital Service Standards

Improving Delivery and Increasing Value
- Portfolio/Programme/Project Management Frameworks
- Benefits Realisation Framework
- Change Management Approach

Planning for Our Current and Future Workforce
- Staff Involvement
- Workforce Planning Strategy (Informatics)

Continued Engagement with the Public/ Patients/Carers & Staff
- Engagement with Public/Patients/ Carers
- Communication and Engagement with Staff

Increasing our Digital Maturity

Digital Maturity Assessment

Our digital maturity will improve through knowing where we are now and where we want to get to with a clear plan in place. We will focus on our ability to plan and roll out digital services, increase the amount we use digital to deliver services and our infrastructure we have to support our digital service delivery.

Reviewing our Governance

Our systems and processes that we use to lead, control and direct our digital work (our governance) will need to be reviewed and strengthened. This includes our digital expertise and leadership making sure we have the right people with the right skills to contribute across our organisation. Our Governance will also include all the frameworks that we need to make change happen i.e. Change, Benefits etc.

Sustainable Finance and Planning

We have limited finances, this is one of the key areas identified by our staff which they felt could impact on the delivery of this strategy. Finance is our biggest risk in the delivery of this Strategy, but we have to ensure that we provide the best experiences and outcomes that matter to people, whilst looking after our limited resources and finances.

We will make best use of our existing budget and ensure we deliver value. We will introduce new ways of working such as Portfolio Management that will help us prioritise what we do, delivering what contributes to what we need to deliver our strategic priorities and we will align this new way of working with our existing governance structures.

Where there is short term funding available for digital transformation, we need to maximise the use of this resource but whilst also ensuring what we do will last longer than the length of the funding as short term solutions can have a negative impact on patient and staff experiences.

As our funding is limited and sometimes short term we will also look for additional sustainable funding opportunities, having this Strategy and knowing our priorities will make this easier for us to take these types of opportunities.

Our business cases need strengthening for projects across the organisation so that all digital costs are fully identified as well as taking into account the lifetime costs of the systems and equipment we put in place. Again, making the best use of our resources.

Digital planning for the future at a service level needs to improve as it allows us to plan our resources and funding better and for us to be able to deliver the right projects or work that deliver our strategic priorities, provides value and benefits.

Re-brand Informatics

To modernise our thinking, we will re-brand our Informatics Department so the service are not seen to be just about lap tops and phones, but about the wider digital agenda and support with transformational change.

Adopt the Digital Service Standards

Part of becoming a Digital Organisation is that we have to keep the people who use our services at the centre of what we do and we will do this by adopting the Digital Service Standards Wales as an organisation and integrate them into our digital projects, this also supports our approach to Digital Inclusion.

Improving Delivery and Increasing Value

Portfolio, Programme and Project Management Frameworks

To ensure that we are delivering the right programmes and projects and value we will implement a Portfolio Management Framework, this will help us prioritise what we need to do.

Delivering new systems and ways of working at a pace relies on us having the right amount of staff with the right skills but also implementing new ways of working, breaking down what we need to deliver into shorter tasks, assess more often with users and change our plans as required. We will implement a more agile approach to how we manage our projects and programmes where it is appropriate and will incorporate it

into a review of our Project Management Framework and in the development of our Programme Management Framework

Benefits Realisation Framework

Having good plans in place won't deliver the change, the work we do has to make a difference and provide value and we need to be able to show this. Benefits will be identified at the very beginning of what we do and we will monitor their delivery. Benefits have to be owned by the services and our Clinical leads will play an important role in embedding this way of working.

Our focus on benefits will be on the patient i.e. safety, outcomes and experience, our staff as well as financial, non-financial, social and environmental. We need to strengthen our knowledge and experience in relation to systems and the impact on these areas; particularly patient safety, this is a key area for research for us.

Change Management Approach

This Strategy will transform how we provide services, how we work day to day and will impact on our patients and carers. Embedding these changes to realise the benefits will be challenging so we will adopt/develop appropriate change management approaches.

Planning For Our Current and Future Workforce

Staff Involvement

Increasing our clinical and non-clinical staff involvement in leading and being involved with our digital projects is crucial as they know what they need from systems and any new ways of working, this is part of our End User Design approach.

Our current Digital Clinical Leadership Team needs to be strengthened to also include a Nursing Clinical Lead, to ensure that nursing profession is fully represented and shaping Our Digital Future.

All clinical staff who take on these lead roles will all have appropriate and ongoing support to continue to develop into their roles, this support will be clinically led by our Chief Clinical Information Officer. One of the key roles that has been identified through this strategy is to be the champions for clinical benefits realisation.

This strategy will impact on all of our staff, the wider staff involvement in this change is covered in the Staff Experiences section.

Workforce Planning Strategy for Informatics

To be able to deliver this strategy we need to have the right digital workforce now and a plan for what workforce we will need over the next 5+ years, including our leadership and management. We already know that we have an increasing need for staff with cybersecurity skills and we also expect this key area to become even more complex and expensive.

Training is a key part for planning for our future skill needs, we expect that in 5 years' time our skills needs will be significantly different to today due to the pace of technological change.

Developing our Workforce Planning Strategy is a key area that we will need to work collaboratively on with our local Colleges, Universities and National Bodies such as Health Education Improvement Wales, Social Care Wales, Digital Health and Care Wales and the Centre for Digital Public Services.

Continued Engagement with the Public, Patients, Carers and Staff

Planned Engagement with the Public, Patients and Carers

The response to our Public/Patient Survey was great, and this strategy has been shaped based on the feedback and comments that we received.

Building on this engagement is important so see if this strategy is making a difference and we will work through our existing networks and also developing an informal Digital Patient Group who will be involved in testing digital solutions and providing views on approaches to digital solutions.

We will also need to continue to engage to assess if we have improved from the Public/Patient view as the engagement has provided us with a baseline to which we can assess our delivery of this Strategy.

Communication and Engagement with Staff

Continued Staff Engagement is also important, again so we can see if this strategy is making a difference.

All our Staff need to know about this strategy and their role to support its delivery, so we will develop a communication plan and continue to engage.

Delivering Enabler 4 – Strong Partnerships

Enabler 4 Strong Partnerships

Sharing Information
- Develop an Information Sharing Agreement

Delivering what is needed together
- Integrate User Centred Design
- Digital plans for CRT's and Mental Health

Joint Digital Health and Social Care Strategy
- Undertake and assessment with partners
- Partner lead from informatics
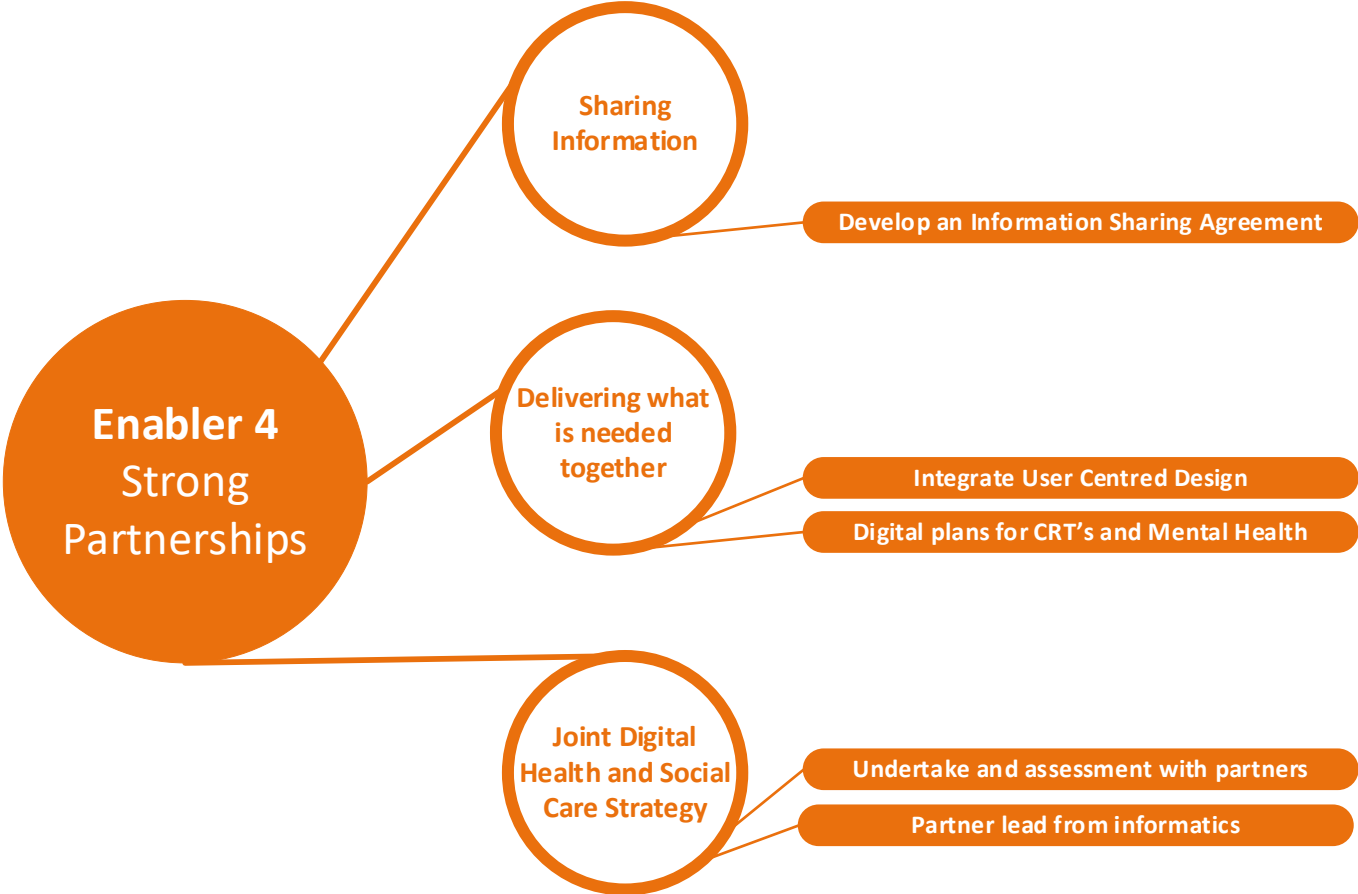
Sharing Information

We will work collaboratively with our Partners to develop an Information Sharing Agreement so that we keep information safe and we ensure that information is shared lawfully in line with Data Protection Legislation.

- **Delivering what is needed together**
  We will train our digital staff to work more co-productively and to integrate User Centred Design into how we work.
  We will work co-productively with our community resource and mental health team to develop service digital plans.
  Our key internal partner is our Information Governance Team, who we will continue to work closely with to ensure we meet the Data Protection legislation and ensure privacy by design.

- **Joint Digital Health and Social Care Strategy**
  We will work with our partners to assess if they would prioritise the development of a Joint Digital Health and Social Care Strategy.
  We will provide a partner lead from the Informatics Service to continue to work with partners on digital opportunities that benefit our patients and staff.

Enabler 5 – Digital Inclusion

Enabler 5 Digital Inclusion

Working Together
- Digital Communities Initiative
- Working with Digital Communities Wales

Embedding Digital Inclusion
- Signing up to the Digital Inclusion Charter
- Digital Inclusion Impact Assessments
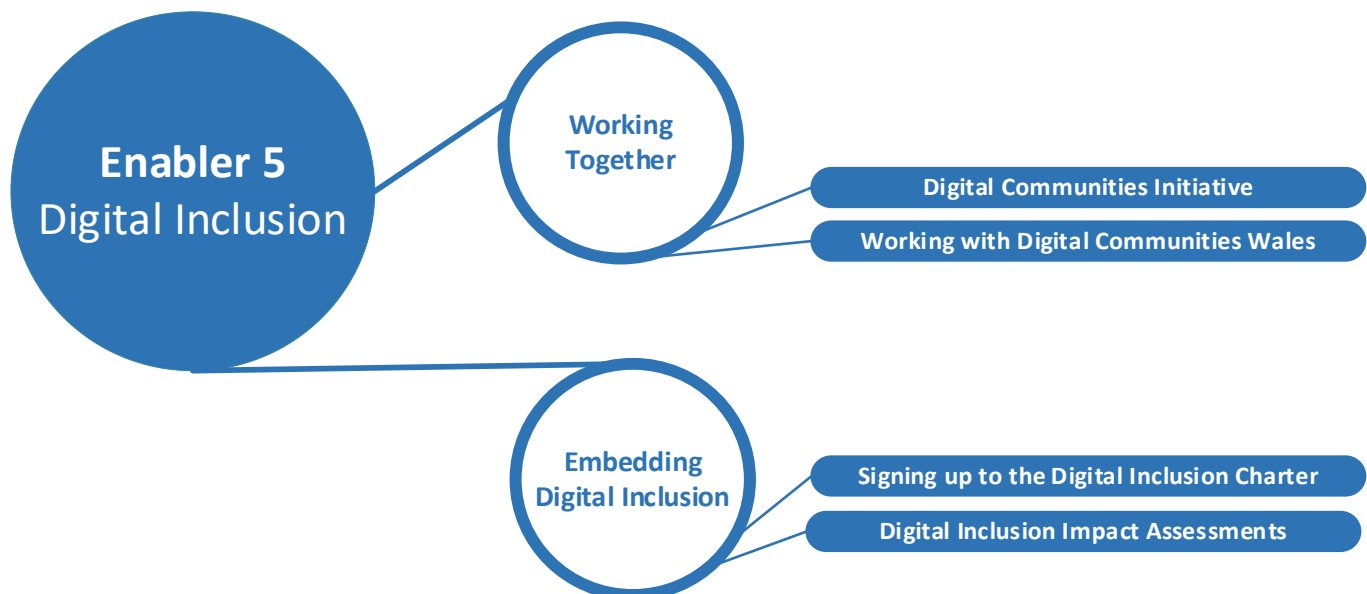
Working Together

Digital Communities Initiative

We are part of the Digital Communities Initiative and will continue to be a part of this group. We will focus on providing digital training to Health and Social Care Staff to support the most vulnerable to become digitally

included; support citizens to engage with virtual consultations and support people with new or existing chronic conditions to use digital technology.*

As we have stated we want to assess if our Local Authority Partners want to have a Joint Digital Health and Social Care Strategy. Due to the significant impact of digital exclusion on people who use our services we want to progress our work with our partners to develop a digital strategy for personalised care and support, which will form part of an overall Joint Digital Strategy.

*Note: this may not be Health Board wide as Local Authorities have to opt in to be involved.

Working with Digital Communities Wales (and/or other Welsh Government Programmes which aim to reduce digital exclusion)

Digital Communities Wales: Digital Confidence, Health and Well-being is a three-year Welsh Government funded programme which aims to reduce digital exclusion and help improve basic digital skills levels across Wales

Digital Communities Wales is one of our key partners to improve digital inclusion of both our patients and our staff. We want to continue to work with them and engage with them early when we have patient facing or staff service changes. They are the experts in developing volunteers and digital champions and can advise us on best practice. They are also a key partner in relation to our plans to support our staff in developing their digital skills. (See Ambition2: Connected Staff).

Embedding Digital Inclusion

Signing up to the Digital Inclusion Charter

For our Strategy to be successful Digital Inclusion is crucial so we will sign up to the Digital Inclusion Charter and embed it into our ways of working.

Digital Inclusion Impact Assessments

The impact that we have on our users could be significant, we will fully assess the impact of the digital services that we implement and undertake a Digital Inclusion Assessment (DIIA) utilising the national digital inclusion checklist and incorporating our Socio-economic Duty.

New Models of Care

Working Together & Using Best Practice

The Role of Digital in New Models of Care

Work with HE and FE Nationally and Locally

Work with BCU Research and Development

Work with the Regional Innovation Hub (RRIICH)

Learn from Best Practice

Enabler 6 Embracing Innovation

Small Business Research Initiative (SBRI)

Continue to lead on SBRI

Lead on a UK National SBRI
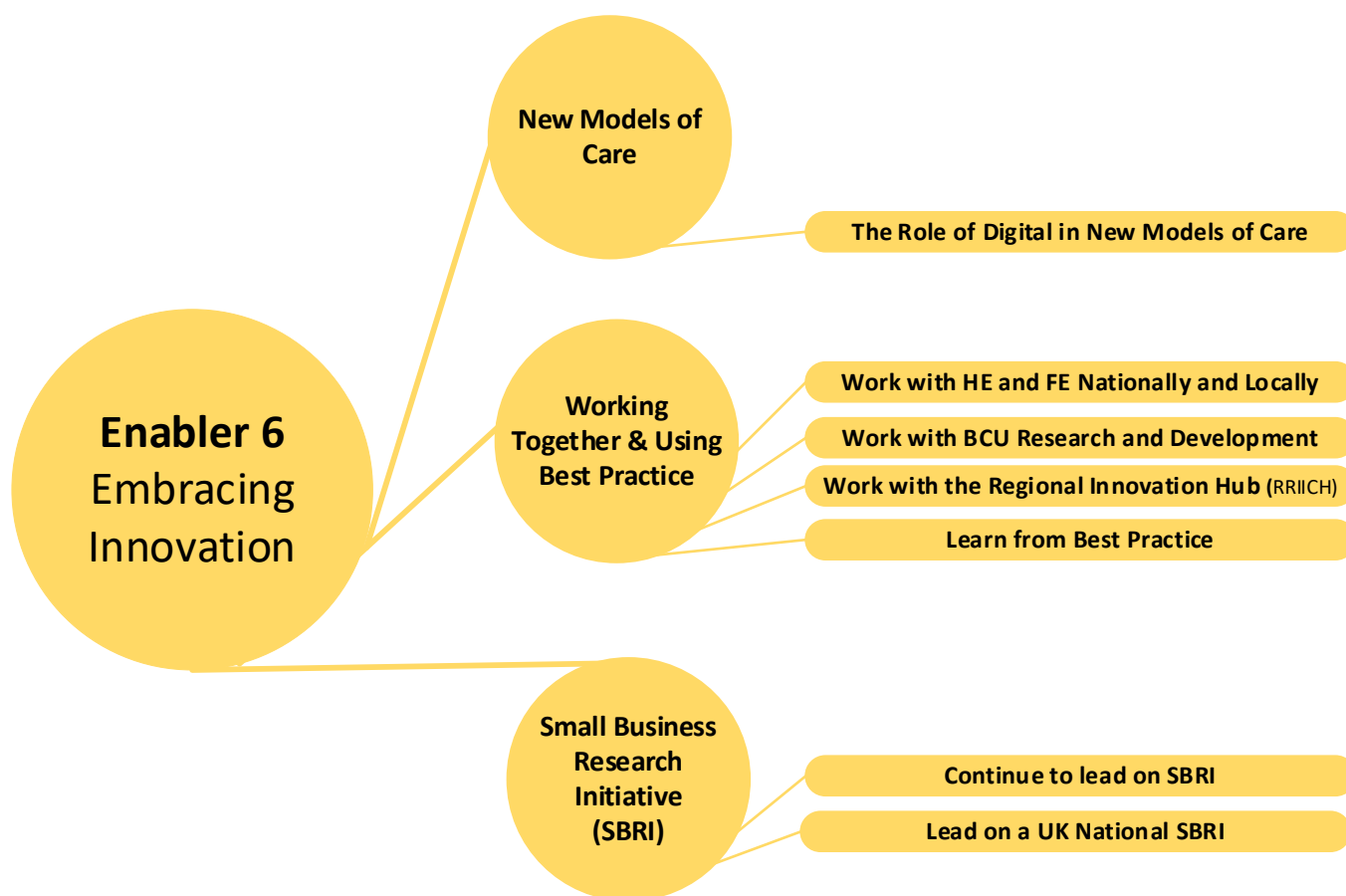
New Models of Care

The Role of Digital in New Models of Care.

We need to research new models of care to see which ones will work for us, most of these new models of care will need to be digitally enabled, and these will be identified through our Clinical Strategy.

The future will be very different as the digital technology and we as an organisation advance in this area, this Strategy focuses on getting the basics right but we have to be one step ahead and look at our longer term vision which is more virtual, more automated with an increase in the use of robotics.

We have started real-time monitoring of patients using wearables during covid. The Alaw Ward have been able to monitor some cancer patients who are on chemotherapy at home using a smart watch whose real-time data is being monitored by the clinicians who provide their care and who can pick up any early warning signs. We want to increase the use of this technology as it provides many opportunities to provide self-care and preventative care rather than re-active care.

Are virtual wards an option for us in the future? With the ability to remotely monitor it could support people who can and want to be at home.

Our GP Surgeries have adapted well to a more virtual approach through covid, with some using e-Consult which has alleviated some access issues for some patients. Can our GP surgeries become more digital and work together in clusters so patients have access to a wider range of surgeries?

Working Together and Best Practice

Work with Higher Education (HE) and Further Education (FE) Nationally and Locally

Innovation in Digital is happening, cross all the HE and FE Institutes and providers across Wales. We want to build stronger relationships with Bangor University and Grwp Llandrillo Menai for both innovation and workforce planning. At a national level we want to learn from the Wales Institute of Digital Information (WIDI) and their approach to developing students to be the workforce for the future.

We will also look for opportunities to work at a national level and learn from best practice.

Work with BCU Research and Development

We have our own Research and Development Team who are leading the way in innovation and we want to bring Digital and Research closer together.

Work with the Regional Research, Innovation and Improvement Co-ordination Hub (RRIICH)

The aim of the hub is to coordinate research, innovation and improvement activity in North Wales about how health and social care services can work together better. It is really important for us to link in more with the work of the hub, existing research and information that has been developed at a regional level already. An example of this is that work has already been done on "Finding Quality Health Information Online" which is important to the delivery of this Strategy.

Learn from Best Practice

We have lots of good practice within BCU, from our Partners and other Health and non-health organisations.

Reviewing this will be part of our approach.

There are many examples of good practice; Our Audiology Department have been using a patient management system so have been using a paperless system for more than 20 years. A case study of this can be found in in Appendix 7.

Strong Partnerships are crucial for our future, our Cancer Services Team work with Macmillan and have just delivered the Transforming Cancer Services Together Programme, and patients have access to the Electronic Holistic Needs Assessment (EHNA) that supports person centred care. More details can be found in Appendix 8 – Macmillan Case Study.

Small Business Research Initiative (SBRI)

Continue to lead on the SBRI

The work that we have done leading the SBRI nationally is award winning and to further drive innovation we are keen to continue with this. This is funded through the Welsh Government currently on an annual basis, with a view to making permanent.

Lead on a UK National SBRI

There are so many opportunities for innovation and one of these is to work at a UK level with key partners to develop a national challenge and response.

10.Roadmap For Delivery and Measuring Success

Please note The Projects that we have Funding Secured for are the delivery dates, not the start dates. For the Business Case Dependant Projects are the dates the Business Cases will be produced.

	Enabled Patients and Carers		Connected Staff	

	Funding Secured/Not Required	**Business Case Dependent**	**National Funding Dependent**
2021/22	Digital Letters and text reminders / Digital Dictation & Speech Recognition / Results Management / Symphony / WEDS / User Centred Systems Design	Virtual Consultations / Patient Experience System / Patient Reported Outcomes / WNCR / Community Information Sharing System / Pharmacy - MTeD / Eyecare Programme Implementation / WPRS (e-referrals secondary care) / Maternity Services Information System / Implementation of Rheumatology / Implementation of Audiology system / Single Sign on	Patient Portal (DSPP) / Digital Intensive Care project / Digital Ward / Medicine Management & e-Prescribing
2022/23	Office 365 (collaborative) / Office 365 (Productivity)	Artificial Intelligence for validation / WPAS (West into Central) / Therapy Manager Replacement	
2023/24	Acute Digital Health Record	WPAS (Single Instance)	
2024/25		E-Referrals / Online Appointments	Symphony / WEDS / Digital Skills Plan

Measuring Success

The success of this Strategy will be measured in the following ways:

- **Improved Experiences** - patient, carer and staff experiences.
- **Improved Benefits** - The benefits that the strategy brings to the patients, carers, staff and the organisation, this will include financial and non-financial benefits and where appropriate the return on the digital investment.
- **Increased Compliance with Legislation –** Ensuring we meet the required legislation.
- **Prioritised Investment** - Prioritised sustainable investment in digital.
- **Increased Digital Maturity** – Meeting agreed maturity milestones.
- **Right Workforce to Deliver** - Having the right workforce with the right skills to deliver.
- **Time to Delivery** - Time from business case approval to implementation of the systems (Planned V Actual).

11. Monitoring and Reviewing this Strategy

An annual update on progress of this strategy will be developed and will be monitored through the Digital Information Governance Committee (DIGC) and reported to the Health Board.

This is a 3 year strategy and will be reviewed in 3 years but due to the pace of change it will require an annual update.

Appendix 1

Digital Strategy Engagement Summary

The approach

We provided opportunities for stakeholders to engage to help develop the Digital strategy. The engagement aimed to capture stakeholder feedback on the contents of the draft Digital strategy as well as understanding stakeholder's views and experiences in relation to digital.

The engagement was underpinned by a communications campaign containing key messages and specifically targeted our key stakeholders. The engagement also provided opportunities for stakeholders and the public to comment or feedback on what they feel the Digital strategy should focus on.

A two phased approach to engagement is being undertaken.

Phase 1- Engagement with all stakeholders on the priorities within the draft strategy, including feedback on their current experiences in relation to digital and what the priorities are for each stakeholder group.

Phase 2- Further engagement on the final draft to ensure the views obtained from phase 1 are reflected within the final Strategy and it meets stakeholder needs.

Executive Summary

The Digital Strategy Engagement involved a range of engagement methods including survey, focus groups, Q&A session and Social Media posts. Across these methods, over 800 people were included in the engagement which resulted in over 4,000 comments.

When analysing the feedback, it was found that, in summary, staff felt that logging in once and being able to access patient information in one place were currently not being experienced within their roles. This was backed up throughout the comments with a strong message of their being too many 'disjointed systems' and a general lack of ICT resources available to allow staff to carry out their role effectively. Access to a single, digital patient record was the experience which staff would most like to have in the future. A lack of funding and lack of ICT resources was seen to be the number one reason why the organisation may not be able to deliver on the aims of the strategy according to staff.

The feeling of staff was also backed up by patients/public, who stated that the aspirations of the strategy were likely to be held back due to a lack of funding/costs as well as current poor systems. Investing in digital was seen to be the number one solution to this.

Throughout the patients/public survey, the theme of digital exclusion was evident with respondents concerned that the move to digital would exclude some patients across North Wales. Other themes which occurred were the concern regarding the security of their data and the request for there to be a single, digital patient record to avoid duplication/ create more joined up care.

A large number of respondents stated that they were happy to participate in consultation and engagement opportunities in the future to ensure systems are co-produced.

Although the responses from partners was low, a theme of partners wanting to work in partnership/collaboration was seen as well as partners wishing for more engagement opportunities to be available.

In summary, to be able to achieve the aims of the Digital Strategy and to provide better, patent focussed care, it was seen that it is important that the Health Board invest in digital solutions and ensure the right amount of resources are provided to allow digital solutions such as the Digital Health record to be achieved. Work should take place with service users to ensure that systems are co-produced and to avoid the prospect of digital exclusion.

Appendix 2 – Delivery Plans

Acronyms

Programmes and Projects	Programmes and Projects
OTP: Outpatients Transformation Programme	ACD – Acute Care Director
MDP – My Digital Portal	ADC – Area Director Central
DSPP – Digital Services for Public and Patients Programme	AD-CP – Assistant Director – Corporate Planning
PRPT – Patient Record Transition Programme	AD-S&BA - Assistant Director - Strategic And Business Analysis
OTP – Outpatients Transformation Programme	BCM – Business Continuity Manager
CPAWP - Collaborative, Productivity and Agile Working Programme	CCIO - Chief Clinical Informatics Officer
STP – Service Transformation Project	CDA – Clinical Director Audiology Services
	CDTS - Clinical Director Therapy Services
	CIO – Chief Information Officer
	CP – Chief Pharmacist
	CPRS – Consultant Physician Rheumatology Services
	DHO – Deputy Head of Information
	DWS – Director Women's Services
	EDPC – Executive Director for Primary and Community
	ED-WOD – Executive Director – Workforce and Organisational Development
	HICTS - Head of ICT Services
	HICTS – Head of ICT
	HIPAI – Head of Informatics Programmes, Assurance and Improvement
	HOI – Head of Information
	HOP&CE – Head of Patient & Carer Experience
	HPRDI – Head of Patient Records and Digital Integration
	PMOTP – Programme Manager – Outpatients Transformation Programme
	SBA – Senior Business Analyst
	SLNIS - Senior Lead Nursing Informatics Specialist

Please note: The dates below shaded in colour are the delivery dates.

Experience	Ref.	Action	Lead	2021/22	2022/23	2023/24
Ambition 1 - Enabled Patients and Carers						
I am communicated in a way that is best for me	1.1	OTP: To develop e-Referrals (Note: This cannot be delivered until WPAS is in place so an alternative will be assessed)	PMOTP/HIPAI	Business Case Dependant		2024/25
	1.2	OTP: Continue the Implementation of Virtual Consultations	PMOTP	Business Case Dependant		
	1.3	OTP: To develop and deliver a plan to improve patient communication	PMOTP	Business Case Dependant		
	1.4	OTP: The use of artificial intelligence for validation	PMOTP	Business Case Dependant		
	1.5	MDP: Development of digital letters and text reminders through NeoPost (Interim until WPAS is live)	HOI			
	1.6	Online appointments in Secondary Care is WPAS dependant			TBC	2024/25
	1.7	To plan any new patient digital systems so they take the language/method/format into account (Includes the Welsh Language)	HIPAI			
I am listened to	1.8	To embed a user-centred design approach into the implementation of patient focused systems.	HIPAI			
	1.9	To implement Patient Experience System	HOP&CE	Business Case Dependant		
I have a better patient experience and quality of care	1.10	Implementation of the Digital Health Record (for reporting purposes this will be covered in the Connected Staff Ambition)				
	1.11	To keep up to date with the Technology Enabled Care (TEC Cymru) Centre to identify and prioritise TEC projects for care closer to home.	HIPAI			
	1.12	To assess the impact on patient safety through our benefits realisation framework.	SBA			
I trust that my data is safe	1.13	Please see Enabler 1 Delivery Plan – Cyber Security and Resilience				

Experience	Ref.	Action	Lead	2021/22	2022/23	2023/24
I can actively manage my care	1.14	DSPP: To work support the national development of the Digital Services for Public and Patients Programme. (Patient Portal Gateway)	HOI/HIPAI/ HPRDI/CCIO			
	1.15	DSPP: To implement the Patient Portal (DSPP).	CIO	Early Stages National Project		2025/26
	1.16	Promote the "Finding Health Information Online" leaflet	HOI			

Ambition 2 – Connected Staff

Experience	Ref.	Action	Lead	2021/22	2022/23	2023/24
Ambition 2 - Connected Staff						
I am able to make better decisions. I have the right data at the point of care	2.1	PRTP: Implementation of the Digital Health Record	HPRDI			
	2.2	PRTP: Implementation of WNCR	SLNIS	Business Case Dependant		
	2.3	STP: Implementation of the Welsh Patient Administration System – West into Central	HIPAI	Business Case Dependant		
	2.4	STP: Implementation of the Welsh Patient Administration System – Single Instance	HIPAI	Business Case Dependent		
I can use a range of digital communication methods to suit my patients needs	2.5	OTP: Implementation of Virtual Consultations (Covered in Ambition 1)				

I have the digital skills, confidence and the right equipment to do my job	2.6	Develop a Digital Skills Plan working collaboratively with our key partners. (Right devices covered in Enabler 1 – Strengthened Digital Foundations)	ED - WOD	Business Case Dependant		
I am actively involved in improving my service	2.7	Implementation of user centred design in the development/implementation of new systems	HIPAI			
I can work effectively as part of an internal team or with key partners	2.8	CPAWP: Implementation of a Community Information Sharing System	HIPAI	Business Case Dependant		
	2.9	CPAWP: Full roll out of Office 365 (Collaborative)	HICTS			
	2.10	CPAWP: Roll out of the Office365 Power Applications and Power Business Intelligence (Productivity)	HICTS			
I can work more efficiently through new ways of working	2.11	CPAWP: Implementation of Single Sign on.	HICTS	Business Case Dependant		
	2.12	OTP: Implementation of e-Referrals (Covered in Ambition 1)				
	2.13	PRTP: Digitise Clinical Letters (Digital Dictation & Speech Recognition) Project	HPRDI			
	2.14	PRTP: Implementation of Results Management Project	HPRDI			
	2.15	STP: Implementation of Symphony/WEDs	HIPAI			
	2.16	STP: Intensive Care Unit – implementation of Digital Intensive Care Project	TBC	National Funding Dependant		
	2.17	STP: Feasibility of a Digital Ward	HIPAI	National Funding Dependent		

	2.18	STP: Pharmacy – Implementation of Medicine Transcribing and E-Discharge Project (MTeD)	CP	Business Case Dependant		
	2.19	STP: Implementation of Medicine Management and e-Prescribing	CP	National Funding Dependant		
	2.20	STP: Implementation of the EyeCare Programme	ACD	Business Case Dependant		
	2.21	STP: Assess the feasibility of the implementation of WPRS (e-Referrals internal Secondary Care)	HIPAI	Business Case Dependant		
	2.22	STP- Maternity Services Information System	DWS	Business Case Dependant		
	2.23	STP: Implementation of Rheumatology	CPRS	Business Case Dependant		
	2.24	PRTP: Implementation of an Audiology System Therapy	CDA	Business Case Dependant		
	2.25	CPAWP: Therapy Manager - Replacement - options appraisal to be undertaken 2021	CDTS		Business Case Dependant	

Enabler 1 - Strengthened Digital Foundations

Enabler	Ref.	Action	Lead	2021/22	2022/23	2023/24
Our ICT infrastructure, systems, devices and support provided are suitable for today and the future						
Building Strong, Fast and Resilient Networks	3.1	Using Optical Spectrum Access (OSA) technology over dedicated optical fibre circuits to increase bandwidth and resilience between Data Centres and District General Hospitals	HICTS			
	3.2	Increasing bandwidth to Community Hospitals and Health Centres utilising Welsh Government funding made available via the North Wales Economic Ambition Board	HICTS			
	3.3	Continuously building additional WiFi capacity and extended coverage for improved corporate and patient access	HICTS			
Devices to Use Anytime Anywhere	3.4	Finalise migration of PC and Laptop estate to Microsoft Windows 10 and reduce hardware lifecycle to enhance user experience and productivity	HICTS			
	3.5	Develop software deployment methods to enable rapid roll-out of PC's, Laptops, Tablets and Mobile Phones	HICTS			
	3.6	Continued roll-out of Microsoft Office 365 to further support collaboration, improved communication and agile capability to work anywhere	HICTS	Please see Ambition 2 – Connected Staff		
Core Systems in Place and Business Continuity	3.7	Implementation of WPAS – Single Instance	HIPAI	Please see Ambition 2 – Connected Staff		
	3.8	Implementation of a system that enables sharing patient data with our key partners	HIPAI	Please see Ambition 2 – Connected Staff		
	3.9	Business Continuity Plans in place for all systems across the organisation	BCM			
Systems can Talk to Each Other	3.10	Work at a National level to support the development standards for integration/interfacing				
	3.11	Undertake integration assessments when implementing any new systems	HPRDI /HIPAI			
	3.12	Develop a business case to develop a pilot for integration between Primary Care and Secondary Care systems	HIPAI			
High Availability Server Infrastructure	3.13	Completion of move to fully virtualised server architecture to support hybrid cloud infrastructure enabling the Health Board to consume services to meet changing service requirements	HICTS			
	3.14	Employ Storage Virtualisation technologies to create a demand responsive and resilient storage architecture	HICTS			

	3.16	Robust management maintaining high levels of availability and resilience delivering key clinical and business systems across geographically diverse Data Centres	HICTS			
Modern Feature Rich Telephony Platform	3.17	Finalise IP Telephony migration to enable utilisation of wider functionality and decommissioning of legacy telephony systems	HICTS			
	3.18	Development of contact centres for Health Board managed GP practices in-line with GMS standards	HICTS			
	3.19	Further develop mobile application deployment and device management to better support mobile workforce	HICTS			
A Digital Service that is Fit for the Future	3.20	Develop customer engagement to fully capture technology requirements in order to inform and align ICT service delivery and meet customer expectations	HICTS			
	3.21	Develop ICT support processes to achieve Service Desk Institute (SDI) accreditation in order to consistently deliver industry best practice ICT service management	HICTS			
	3.22	Review Informatics Support Model and pilot a new model in Mental Health and our Community Resource Teams, incorporating best practice in communication technology	HIPAI			
Maximising the use of Existing Systems	3.23	Upgrade WLIMS	HICTS			
	3.24	Undertake a review of the usage of our key systems and provide staff with the support to use the systems better.	HIPAI			

Strong information, security and governance

Cyber Security and Resilience	3.25	Achieve Cyber Essentials (CE), IASME and ISO 27001 Certification	HICTS	Dates to be confirmed		
	3.26	Put in place the necessary requirements to fulfil the statutory Network & Information Systems Regulations Directive (NIS-D)	HICTS	Dates to be confirmed		
	3.27	Regular internal vulnerability assessments and external Penetration Tests to provide assurance of the Health Boards security posture	HICTS			

Best Value out of Suppliers

Value Based Procurement and	3.28	Work collaboratively with NWSSP to strengthen procurement processes. use Value Based Procurement where appropriate and to gain maximum value from our contracts (Including Social Value)	HIPAI			

| Contract Management | 3.29 | Develop a whole lifecycle relationship management model (Includes contract management) | HIPAI | | | |
| | 3.30 | Annually develop a joint plan for the year ahead with DHCW | HIPAI | | | |

Enabler 2 – Information to Improve

Enabler	Ref.	Action	Lead	2021/22	2022/23	2023/24
Information To Improve						
Health Analytics Unit	4.1	Develop a Business Case for the Health Analytics Unit	DHI			
Business Intelligence and Robotics	4.2	Increase the use of BI Dashboards	DHI			
	4.3	Development of a Self-Service Model	DHI			
	4.4	Review of Power BI and IRIS	DHI			
	4.5	Pilot Robotic Process Automation	DHI			
Clinical Coding Standards and Automation	4.6	Adoption SNOMED	HOI			
	4.7	Increased Automation of Clinical Coding	HOI			
National Data Resource Programme	4.8	Establish a Real-Time Messaging Framework	HOI			
	4.9	Establish National Data Store (Using Cloud & 'Big Data' Methodologies)	HOI			
	4.10	Provide access to modern data toolkits to support advanced analytics	HOI			
	4.11	Access additional datasets (i.e. WAST, 111,)	HOI			

Enabler 3 - Digital Organisation

Enabler	Ref.	Action	Lead	2021/22	2022/23	2023/24
Think Digital						
	5.1	Baseline our Digital Maturity (Includes Leadership & Capabilities)	HIPAI			

Digital Maturity and Governance	5.2	Develop a Digital Maturity Action Plan	HIPAI			
	5.3	Undertake a review of Digital Governance as to incorporate the Digital Strategy	?			
	5.4	Chief Information Officer to sit on the Board (Or Board approved digital representative)	CEO			
	5.5	Develop a Communication Plan to raise awareness of the Strategy	HIPAI			
Re-branding	5.6	Re-brand the Informatics Service	HIPAI			
Digital Service Standards	5.7	To adopt the Digital Service Standards Wales	CIO			
	5.8	To integrate the Digital Standards Wales into the Programme/Project Documentation	HIPAI			
Finance and Planning	5.9	Corporate review of the Business Case so it fully captures digital requirements	AD-S&BA			
	5.10	Implement a Management of Portfolio approach which includes a full review of governance of Digital Programmes/Projects	HIPAI			
	5.11	Allocate a lead from Informatics to have overview of all external funding	CIO			
	5.12	Review the Corporate Planning process and templates to ensure that service digital requirements are fully captured	AD-CP			
Delivery and Making a Difference	5.13	Review of Project Management Framework to become more agile	HIPAI			
	5.14	Develop and implement a Programme Management Framework	HIPAI			
	5.15	Implementation of Management of Portfolio	HIPAI			
	5.16	Develop and fully implement a Benefits Realisation Framework (Including Training/Support)	HIPAI			
	5.17	Undertake research on the impact of systems on patient safety and outcomes and integrate the findings into the Benefits Realisation Framework	HIPAI			
Workforce Planning	5.18	Develop and Informatics 5 year Workforce Planning Strategy and Implement	HIPAI			
Staff Involvement	5.19	Fully assess the level of staff engagement in all project engagement and communication plans.	HIPAI			
	5.20	Appointment of a Clinical Digital Nurse Lead	CCIO			
	5.21	To use the Competency Framework for Clinical Informaticians to develop a training needs analysis for existing Clinicians and part of the induction process for new Clinicians taking on this role	CCIO			
Continued Engagement	5.22	Set up a virtual digital patient group	HIPAI			
		Do a follow up public/patient engagement to monitor changes in perception from the first engagement	HIPAI			

Enabler 4 – Strong Partnerships

Enabler	Ref.	Action	Lead	2021/22	2022/23	2023/24
Strong Partnerships*						
Information Sharing	6.1	To develop an Information Sharing Agreement and embed it into practice	ADC			
Delivering what is needed together	6.2	Project Staff to attend training and provided with support to work co-productively	HIPAI			
	6.3	Allocate a Partner Lead from Informatics	HIPAI			
Joint Health and Social Care Digital Strategy	6.4	To assess the feasibility with all 6 Local Authorities in North Wales for a Digital Strategy for Health and Social Care	HIPAI			

* Note: a lot of the partnership actions are covered in the ambitions and other enablers.

Enabler 5 – Digital Inclusion

Enabler	Ref.	Action	Lead	2021/22	2022/23	2023/24
Digital Inlcusion						
Digital Communities Initiative	7.1	To continue to be part of the Digital Communities Initiative				
	7.2	Develop and integrated Digital Strategy for the Personalisation of Health and Social Care		To be confirmed with Partners		

Enabler	Ref.	Action	Lead	2021/22	2022/23	2023/24
Embedding Digital Inclusion	7.3	Sign up to the Digital Inclusion Charter	CIO			
	7.4	Develop a Digital Inclusion Impact Assessment utilising the Digital Inclusion Checklist	HIPAI			
	7.5	Undertake a Digital Inclusion Impact Assessment for all digital service changes that we make	HIPAI			
Digital Communities Wales	7.6	Further develop the relationship with Digital Communities Wales and report on what work they are doing with the Health Board as a way of sharing good practice	HIPAI			

Enabler 6 – Embracing Innovation

Enabler	Ref.	Action	Lead	2021/22	2022/23	2023/24
Embracing Innovation						
Research and Development	8.1	Work with HE and FE nationally and locally	CIO			
	8.2	Work with BCU Research and Development	CIO			
	8.3	Work with the Regional Innovation Hub (RRIICH)	CIO			
	8.4	Have a Research and Development Lead for Informatics and share with all services				
	8.5	Learn from best practice	ALL			
Small Business Research Initiative	8.6	To continue to host the National Small Business Research Initiative Centre of Excellence.	LJ			
	8.7	To lead on work with the other 4 UK SBRI nations to develop and run a UK wide challenge.	LJ			
	8.8	To continue to collaborate with colleagues across public sector organisation within Wales to identify unmet needs and run challenges within industry.	LJ			
	8.9	To strengthen the Centre's innovation footprint and standing across Wales.	LJ			
	8.10	To work with procurement colleagues across Wales to ensure procurement and adoption of successful solutions.	LJ			

Appendix 3

Full List of National Strategies, Plans and Programmes

A Healthier Wales

Welsh Government wants everyone to have long, healthy, happy lives. For this to happen they need to help people look after themselves well and need to make sure we have the right health and social care services to help people stay well, to get better when they are ill, or to live the best life possible when they have problems that won't get better.

In 2020 they asked a group of experts to advise how they could ensure the health services and the services which look after people who need extra support (social care) are the best they can be. Those experts recommended a number of changes, in particular to make it easier for the NHS and social care to work together in a joined-up way. They should also work with other services like education and housing, to help people stay healthy and independent for as long as possible. When someone needs help because their health is poor, that help must be provided by the right people, in the right place, and at the right time. The Healthier Wales Plan explains how Welsh Government intend to make this happen.

Public Health Wales Strategic Plan 2019-2022

Sets out seven new priorities that PHW believe will add the most value and make the most contribution to improving health, well-being and sustainability in Wales.

Prudent Healthcare

Securing Health and wellbeing for future generations. Ensuring public and professionals are equal partners through Coproduction. Care those with the greatest health need first. Do only what is needed and do no harm. Reduce inappropriate variation through evidence-based approaches.

Value Based Healthcare

Value in Health is a national programme of work striving towards achieving a Value-Based Health Care approach across NHS Wales in support of Prudent Healthcare principles. The vision is to work collaboratively with organisations to improve the health outcomes that matter most to the people of Wales.

Seeks to improve the health outcomes that matter most to the people in Wales. By asking people about their outcomes and creating a data-driven system which seeks to provide timely information to citizens, clinical teams and organisations to inform decision-making that leads to outcomes that are financially sustainable.

Delivering Digital Inclusion: A Strategic Framework for Wales

Work is underway to formulate a strategy to achieve a smarter, better connected society and economy by making sure everybody in Wales has access to digital technologies and knows how to use them. The Strategy aims to support and help the public sector to provide excellent online digital services to people and businesses and an intention to provide leadership and action in all aspects of digital service development, and design.

Workforce Strategy for Health and Social Care

Sets out ambitious goals for a workforce that will match the requirements of a transformed health and social care system. It also addresses the need to tackle serious challenges with supply, recruitment and retention of staff.

It reflects a core element of the Parliamentary Review and A Healthier Wales' 'Quadruple Aim' to deliver an inclusive, engaged, sustainable, flexible and responsive workforce to deliver excellent health and social care services.

Informed Health and Care

Is a Digital Health and Social Care Strategy for Wales. This strategy outlines how we will use technology and greater access to information to help improve the health and well-being of the people of Wales. It describes a Wales where citizens have more control of their health and social care, can access their information and interact with services online, promoting equity between those that provide and those that use our services in line with prudent healthcare and sustainable social services.

Digital Strategy for Wales

Welsh Government are currently developing the new Digital Strategy for Wales, it is has identified 6 Missions.

National Programme for Unscheduled Care (NPUC)

One of three national programmes prioritised by the Welsh Government Minister for Health and Social Services.

This will include work to agree care standards, a uniform approach to measuring activity and a nationally agreed model of care for Emergency Departments to enable optimisation of clinical outcomes and patient and staff experience.

Strategic Programme for Primary Care (SPPC)

An All-Wales Health Board-led programme that works in collaboration with Welsh Government. The Programme aims to bring together and develop all previous primary care strategies and reviews at an accelerated pace and scale, whilst addressing emerging priorities highlighted within a Healthier Wales.

Transforming Outpatients Programme

To deliver improved and more efficient services for patients - with the specialist medical advice and access to the right information.

To enable patients to be seen in the right place, at the right time, and by the most appropriate healthcare professional.

To ensure that every interaction adds value and understanding for both the patient and the clinician.

Digital Transformation Programme

Looking at;
- Transforming digital services for patients and public
- Transforming digital services for professionals

- Investing in data and intelligent information
- Modernising devices and moving to cloud services
- Cyber-security and resilience

Digital Public and Patient Services Programme

Creating a Core Platform, the programme aims improve digital services for NHS Wales' patients. This programme will explore the opportunities and challenges within the system and how it will work to seek to improve the way NHS Wales uses digital for a multitude of patient interactions and activities.

Pharmacy - Delivering a Healthier Wales

Aligned to A Healthier Wales, the Welsh Government's long-term vision for health and social care, Pharmacy: Delivering a Healthier Wales sets out long term goals and principles, and short-term actions required to transform the role and contribution of pharmacists, pharmacy technicians, pharmacy teams and pharmacy premises. A transformation which is required to maximise the health gain the citizens of Wales derive from their interactions with the pharmacy profession.

Together for Mental Health in North Wales

Together for Mental Health in North Wales is Betsi Cadwaladr University Health Board's all-age plan to improve the mental health and wellbeing of people across North Wales.

This new approach aims to ensure that people of all ages receive the right support, in the right place, at the right time, throughout their lives. This involves moving away from a clinical, specialist model of bed-based care to one which is focused on community-based prevention and early intervention.

Maternity Care in Wales – A Five Year Vision for the Future (2019-2024)

Maternity Care in Wales provides the strategic vision for Maternity Services across Wales, its vision is. This vision will be delivered through the 5 principles of maternity care that have been identified.

In order to ensure that children in Wales have the best start in life Strategy will need to develop sustainable services that are able to prepare families for parenthood, as well as responding to their social, emotional and physical health needs. Pregnancy also represents an opportunity to support women to adopt healthy lifestyles and maximise her families' health and wellbeing across their life course.

Other key documents used to develop the Strategy (Right click and Open Hyperlink)

A Coherent and Trustworthy Health Network
A Digital Health and Social Care Informed Heath and Care; A Digital Health and Social Care Strategy for Wales (gov.wales)
A Healthier Wales: A Plan for Health and Social Care
A New Era of Digital Leadership
Betsi Cadwaladr Three Year Plan 2018 2021
Designing Digital Skills Interventions for Older People
Digital Communities Initiative

Digital Inclusion and Basic Skills.
Digital Inclusion Forward Look: towards a digitally confident Wales [HTML] | GOV.WALES
Digital Inclusion Guide for Health and care in Wales
Digital Inclusion Guide for Health and Social Care Wales
Digital Inclusion Guide Health and Social Care
Digital Inclusion Health and Care
Digital Inclusion Health and Care Lessons Learned NHS Widening Digital
Digital Inclusion in Health and Care in Wales
Digital Inclusion in Wales
Digital Inclusion NHS Wales and ABMU
Digital transformation in the NHS (nao.org.uk)
Digital Wales
Every Nurse is an E-nurse
Eye care wales
Finding Quality Health Information Online
HEE-Topol-Review-Mental-health-paper.pdf
HIMSS Analytics EMRAM Criteria Sheet
ICT Strategy for the Public Sector in Wales
Informatics Strategy 2017-2021
Informatics systems in NHS Wales (audit.wales)
Informed Health and Care – A Digital Health and Social Care Strategy for Wales
Informed Health and Care a Digital Health and Social Care Strategy for Wales
Living Healthier Staying Well
Maternity Care in Wales
Nuffield Trust Delivering the Benefits of Digital Technology
Oxford Health NHS Trust Operational Plan 2019-20
Parlimentary Review of Health and Social Care in Wales Final Report (gov.wales)
Primary Care Model for Wales written description   April 2019 (Eng).pdf
Public Health Wales Digital Technology Report 2019
securing-health-and-well-being-for-future-generations.pdf (gov.wales)
The benefits of adopting a user centred design approach (digitalhealth.net)
The Topol Review (hee.nhs.uk)
Transforming Care through Technology toolkit
Transforming the way we deliver Outpatients in Wales
VBHC Action Plan 2019-2022.pdf (wales.nhs.uk)
Wachter Review
Wanless Report

Appendix 4

Where are we now – Ambitions, Enablers and Current Systems

The following represents where we are now in relation to our Ambitions, Enablers and Current Systems, in the lifetime of this Strategy we want to move towards full delivery and embedding into ways of working and in some cases leading the way.

Our Ambitions

- Ambition 1 - Enabled Patient and Carer
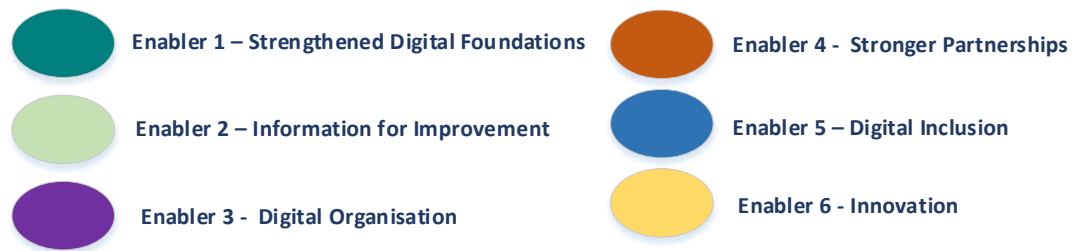- Ambition 2 – Connected Staff

New to BCUHB or work has not progressed	Business Case/Plan but work has not started	Business Case/Plan and work has started	Embedded into Ways of Working	Leading the Way
Therapy Manager Replacement				
Audiology System				
Rheumatology Application				
Feasibility of WPRS				
Maternity Services Information System				
Medicines Prescribing & Electronic Discharge				
Medicine Management and e-Prescribing				
Digital Ward		Symphony (ED)	Pathology TRAC	
ICU Project		Results Management	Primary Care Systems	
Single Sign On	Eye Care Project	Digitised Clinical Letters (DSSR)	Therapies System	
Online Appointments	MTeD	O365	PACS	
PROMS &PREMS	WNCR	WPAS	Welsh Clinical Portal	
Patient Portal	E-referrals	Digital Letters & Text Reminders	Welsh Clinical Communications Gateway	Audiology Systems
User Centred Design	Digital Health Record	Virtual Consultations	Telemedicine(West)	Text Reminders

The 6 Enablers

- Enabler 1 – Strengthened Digital Foundations
- Enabler 2 – Information for Improvement
- Enabler 3 - Digital Organisation
- Enabler 4 - Stronger Partnerships
- Enabler 5 – Digital Inclusion
- Enabler 6 - Innovation

New to BCUHB or work has not progressed

- Digital Research and Development
- Embedding Digital Inclusion
- Joint Digital Health and Social Care Strategy
- Digital Plans for CRT's and MH
- User Centred Design
- Continued Engagement
- Workforce Planning
- Staff Involvement
- Change Management Approach
- Benefits Realisation Framework
- Portfolio, Programme and Project Management Frameworks
- Digital Service Standards
- Re-brand Informatics
- Sustainable Finance and Planning
- Digital Maturity & Governance
- Clinical Coding Standards and Automation
- Pilot Robotic Process Automation
- Review of Power BI and IRIS
- Business Intelligence Self-Service
- Digital Analytics Unit
- Contract Management
- Value Based Procurement
- Maximising the use of Existing Systems
- Digital Service Fit for the Future

Business Case/Plan but work has not started

- Information Sharing Agreement
- Safe and Responsive Storage
- Business Continuity of all Systems

Business Case/Plan and work has started

- Digital Communities Wales Relationship
- Digital Communities Initiative
- Staff Involvement
- Cyber Security
- Modern Telephony
- Core Systems in Place
- The Right Devices
- Strong Resilient Networks

Embedded into Ways of Working

- Business Intelligence Dashboards

Leading the Way

- Small Business Research Initiative
- Response to Covid
- Account Managers Model
- Text Reminders
- Alert Texts
- IT Infrastructure
- Public Wifi

Appendix 6

Our Response to Covid

Informatics – COVID 19 Response

The rapid deployment of Attend Anywhere by Informatics Teams enabled Clinical Staff to hold safe and secure clinical appointments with Patients
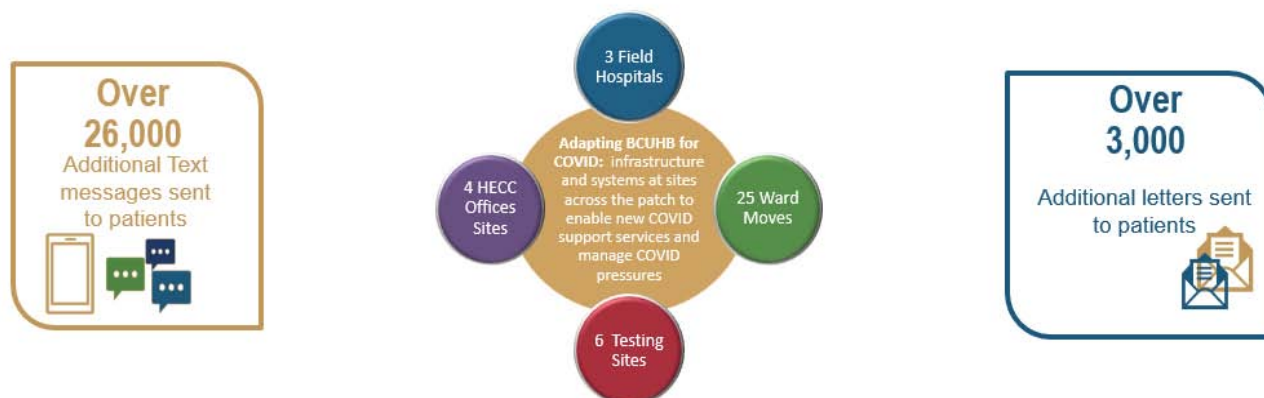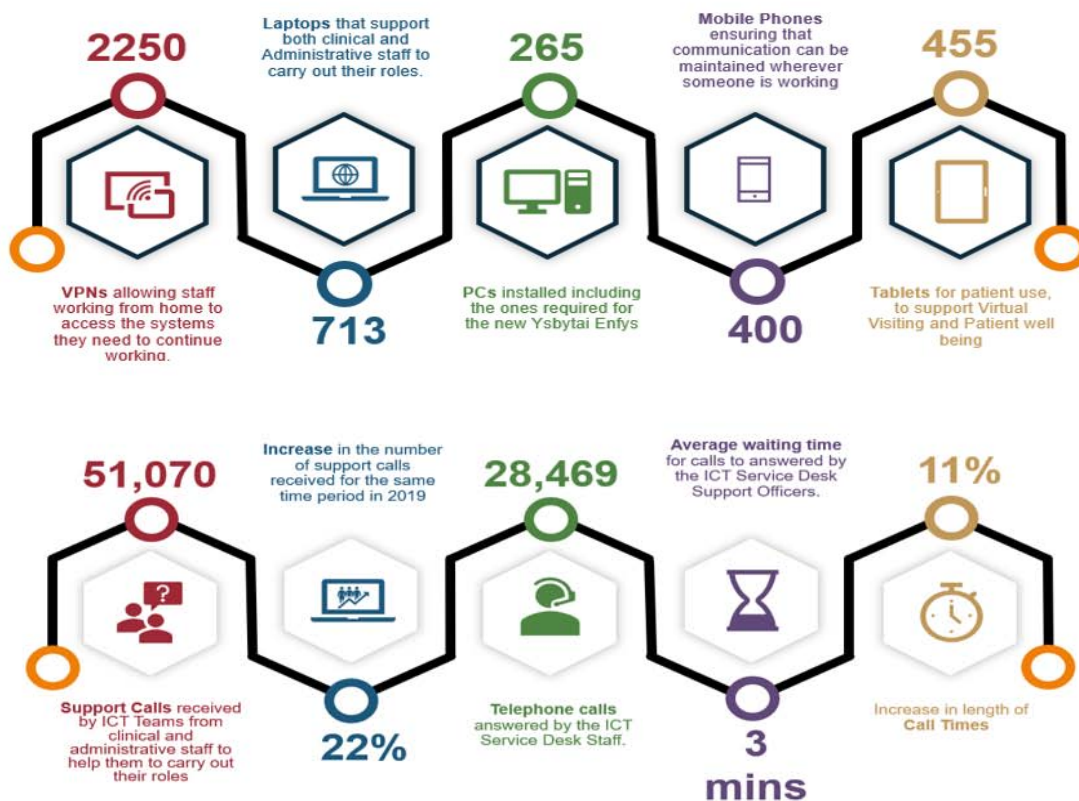
126 Clinicians participated in Consultations

224 Clinicians and **150** Super Users Trained

Rolled out to **22** Services. **658** Consultations taken place
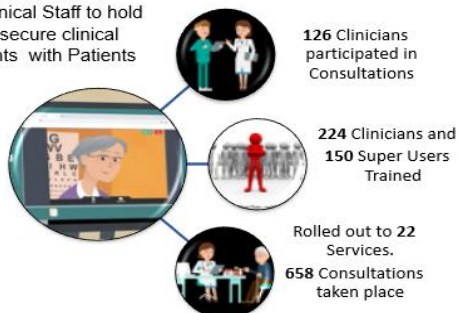
Virtual visiting introduced to enable video calls between Patients and families during suspended visiting arrangements

435 iPads deployed to 3 main acute and all Community hospital sites

Deployment of digital technologies into all Care Homes across North Wales in collaboration with Partners

Provision of mobile technology to the most vulnerable members of our community

Enabling Staff to Work Differently

The ICT team enabled staff to work from home or work flexibly from different locations by delivering the following technologies and support services.

2250 — **VPNs** allowing staff working from home to access the systems they need to continue working.

Laptops that support both clinical and Administrative staff to carry out their roles. **713**

265 — **PCs** installed including the ones required for the new Ysbytai Enfys

Mobile Phones ensuring that communication can be maintained wherever someone is working **400**

455 — **Tablets** for patient use, to support Virtual Visiting and Patient well being

51,070 — **Support Calls** received by ICT Teams from clinical and administrative staff to help them to carry out their roles

Increase in the number of support calls received for the same time period in 2019 **22%**

28,469 — **Telephone calls** answered by the ICT Service Desk Staff.

Average waiting time for calls to answered by the ICT Service Desk Support Officers. **3 mins**

11% — Increase in length of **Call Times**

Over 26,000 Additional Text messages sent to patients

Adapting BCUHB for COVID: infrastructure and systems at sites across the patch to enable new COVID support services and manage COVID pressures

- 3 Field Hospitals
- 4 HECC Offices Sites
- 25 Ward Moves
- 6 Testing Sites

Over 3,000 Additional letters sent to patients

Appendix 7
Good Practice - Audiology Case Study

Objective
To learn from best practice by testing the concept that implementing a technical solution that meets the requirements of, patients, staff, Betsi Cadwaladr University Health Board (BCUHB) and Welsh Government (WG) is a sustainable solution.

Context
The audiology patient management system, Auditbase (AB), has a wide yet integrated set of functionalities that enable the processes that serve patients and service delivery. This includes clinical appointments, diagnostic assessment, identification and development of individual needs, hearing instrument provision, fitting and verification, patient reported outcome measures (PROMs) medical device stock management, audiology appliance ordering and fitting, onward referral and individual patient record including communication with others. Underpinning this patient service is a robust scheduling and racking system and an extensive and accessible set of data that supports comprehensive demand and performance management.

The solution is an example of best practice within North Wales demonstrating effective use of digital technology, superior business performance and harmony between activity and the technology that support the department.

System Users
The audiology patient management system has been in use in North Wales for more than 20 years and therefore many of the audiology staff will have never known anything other than a fully integrated and paperless audiology system.
Administrative staff use the system for all their activities from timetabling and booking clinical and non-clinical diaries to accessing individual patient records as part of the triage of patient phone enquiries.
Similarly many clinicians will have always used AB, those who remember a time before AB will report a huge change in the way we record and use information across the service and along the patient pathway, from accepting and recording referrals in, to measuring and recording patient reported outcomes (PROMs).
Currently, service users have minimal interaction with the system apart from use of the appointment checking in screens within our main out-patient clinics and appointment text

reminders generated by AB. However, recent innovative Auditbase and technological developments will lead to a more patient facing element to the system this year.

Influences

Auditbase has continued to evolve locally and nationally and changes have been influenced by a number of factors.

The merge of the three NHS Trusts in North Wales provided a significant opportunity to merge the three Audiology databases previously used within the old organisations. This provided an opportunity to align the use of the systems and redesign much of the functionality to better meet the needs of the service and patients. This includes national requirements around referral to treatment times and the improved use of the referral module within AB to enable more meaningful tracking and monitoring of patients through their various clinical pathways and providing the audiology leadership team with more detailed and accurate performance data.

Similarly a strategic focus on value based healthcare and the need for patient reported outcomes (PROMs), as well as local clinical research and development activity and the development of a new audiology PROM at BCU, has led to ABs most recent development and the inclusion of the BCUHB Individual Management Plan Outcome Score (IMP-OS) within the latest AB IMP module. The need for this development was identified locally and supported by IM&T capital investment.

These changes continue and the development of a patient facing App to enable people to record their progress and outcomes against their individualised needs, that then feeds back into AB, is an example of what is on the horizon.

Staff have been, and continue to be, able to influence the direction of development both through input as members of a UK wide AB user group and AB user forum but also through direct communications and commissioning of AB to develop modules to meet the needs of the service in North Wales. More recently a Wales AB user group has been set up that will be able to consider and suggest changes and developments that will be relevant and useful to services and Health Boards throughout Wales.

Changes

Audiology is unrecognisable in many ways from the time before Auditbase. The department is essentially paperless with most information integrated and reportable within AB. We have changed to a complete paperless system and patient record that is fully integrated with diagnostic test equipment and intervention technologies where diagnostic results are automatically pulled through to the system rather than having to be input manually.
The system also interfaces with other patient management systems so that core demographics can be transferred and with reporting software so that the database and the majority of its variables can be queried and reported on.

More recent changes have seen access extended so that ENT colleagues can access diagnostic assessment results with AB viewer licences and without the need to print paper copies of test results or reports. This has been piloted within certain clinical areas and provides ENT surgical colleagues access patient's latest results whether in clinic or in theatre.

Additionally, changes to hearing instrument technologies and their integration with AB is leading to a number of patient facing changes providing opportunities for a more direct interface between patients and their audiology record.

Benefits

There are numerous and varied benefits provided by Auditbase these include:

To the clinician:
- easy and efficient access to patient records; integrated systems, all accessed through the patient record for diagnostic assessment, fitting and verification of hearing instruments, stock management, onward referral, outcome measures (clinical and pathway).
- Ability to have clear timetable view to see their own and other colleagues work load, and be able to filter this easily across whole of BCU to enable available/appropriate appointment slots for patients and meetings with colleagues.
- Ability to log not only clinical but non clinical work and to be able to search for that.

To the Service:
- Reliable and robust performance data easily accessible for demand, waiting times and activity across all pathways, locations, appointment types and other variables.
- Use of a bespoke PAS link allows quick, efficient and accurate patient demographics to be transferred to Auditbase.
- Ability to limit functionality of users dependent on their role and also restrict access to particular patient data if required.
- Fully auditable regards users operations conducted.
- Most recent developments will enable reporting of PROMs and evaluation comparing outcomes for different variables such as patient demographics (e.g. age, location), condition (e.g. level of hearing loss), intervention (e.g. uni v bil, hearing instruments; access volunteer support). This information will help the service to focus service development activities where needs are greatest, to address health inequalities and to inform value based healthcare for audiology.
- Reliable stock management system recording serial numbered devices against individual service users, their device history and stock levels held within the service. With the possibility of automatic re-ordering or notifications when stock reaches minimal levels that the service can set.
- Robust integrated patient record system where no records are misfiled or lost and all are accessible from any location including home visits where an off line data base can be created and systems can be synchronised following the visit.

To the service user:

- integrated record meaning the clinician has all of their audiological information to hand when required.
- Service user appointment self-check in module when attending appointments.
- Direct service user benefits are increasing imminently as we implement significant service development changes from March 2021. The latest hearing instruments being fitted have the facility for hearing aid users to request remote support (asynchronous) via a smart phone App and an audiologist will be able to reprogramme their devices and send new programmes back to them for upload, consideration and use. This will also include live (synchronous) remote programming of hearing instruments during remote consultations.
- Further patient facing facilities are under consideration for development including a smart phone App that would enable service users to record and upload PROMs to the AB module.

Critical Success Factors

The success of AB is due to a number of factors. Direct input into the initial design and vision of the system to ensure it was fit for purpose and useable. It has also been essential that this input and development is ongoing to ensure that AB continues to meet the needs of services and adapts to the changes both within and external to audiology.

It was critical that audiology service had some 'ownership' as to the use and local set up of AB and this has required the development of an Audiology IT team who have AB system administration rights and who understand the system well enough to exploit its functionality and influence local and national developments.

Support from and good relationships with HB IM&T and a commitment to support the system was and will continue to be essential to AB success both day to day and as part of its evolution and development.

Lessons Learnt

There have been many lessons learnt, some of which we were fortunately able to respond to when we merged database across North Wales some years back.

Having a clear vision as to how the system looks and is operated by the user is important if you want to see the system fully used and valued. Involvement of as many people as possible in design and set up is key to that. Equally, fully understanding what information you want to extract from the system is essential to its set up. The information we are able to pull out is only as good as the information going in.

Whilst local development and set up is needed to maximise local use and value, there is a potential additional value in aligning systems across regions and nationally. If key elements of the systems had been more aligned across Wales, for example, we may have been able to access bigger data sets to better inform service evaluation and development. However, it is noted that opportunities to innovate and develop the system locally is essential and it would be important to strike the right balance between core set up regionally/nationally and local flexibility to support innovation and change.

In the early days it was important that we committed to the change and made the leap, as the temptation to run duplicate systems whilst you get things right is very strong. Taking time to prepare well and set things up is important so everyone feels comfortable and confident in the change.

Again and finally, strong relationships with local IM&T teams and the system provider has proved vital throughout our journey with Auditbase, so that issues can be resolved in a timely manner and so as not to disrupt service delivery, so that changes and development can be supported when they are required and so that the system remains sustainable and viable 20 years on.

The strategic partnership between Macmillan Cancer Support and Betsi Cadwaladr University Health Board (BCUHB) is long standing and continues to develop in line with national strategy alongside local context and validated need as set out in both the Cancer Delivery and End of Life Delivery Plans. Our cancer partnership continues to grow, as does the understanding from both Macmillan Cancer Support and BCUHB regarding the strategic requirement in Wales to ensure a sustainable approach to improved quality and outcomes and best value in health and social care.

People are at the heart of all that Macmillan do and we will continue to focus our work on the times when people living with cancer need support most. From the time a person receives their cancer diagnosis, as they go through treatment and then for some onto recovery and for others onto living with cancer that is treatable but not curable, and when they transition to palliative care and enter the end of their life. These are the times when needs are severe, and where Macmillan have the capability and the potential to make the biggest difference working in partnership, putting people living with cancer at the heart of delivery.
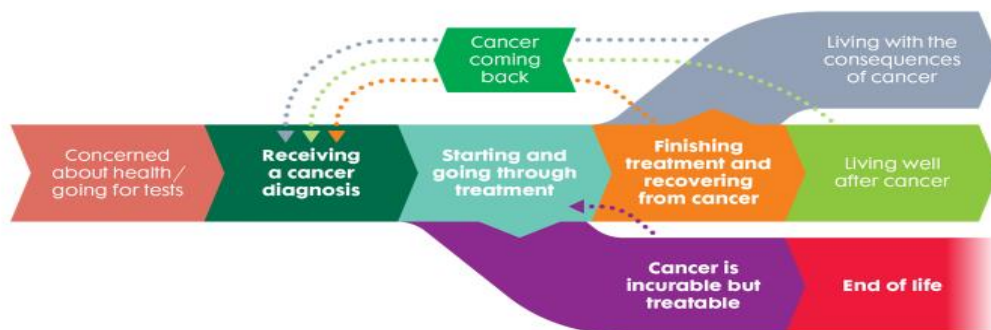
There is a history of high quality projects being delivered with BCUHB to achieve long term sustainable improvements to pathways and systems that improve efficiency, quality, safety and experience for patients diagnosed with cancer and staff. **Person centred care** is the focus and there are key paragraphs within the **'Meeting the needs of people with cancer'** section in the Welsh Government Cancer Delivery Plan which highlight key policy priorities for Macmillan. These are access to a key worker; the importance of an electronic holistic needs assessment and offer of a care plan; provision of timely and appropriate high quality information and support via digital solutions such as treatment summaries/cancercare reviews

Case Study 1: Co production	**Achieving personalised care and support for people affected by cancer:** *People's knowledge, views and experiences were actively sought. Personal experience was central to the <u>co production</u> principles underpinning the* **Transforming Cancer Services Together programme** *with patients, carers and staff contributing generously throughout*
Background	The strategic partnership between Macmillan Cancer Support and BCUHB is long standing. Between 2012 and 2015 Macmillan and BCUHB worked together on a Person Centred Care Programme, focusing on supporting patients physical, practical, emotional, family, spiritual/religious and information needs. Further to this work, a strategic partnership visioning event was held in May 2016 where a joint vision was developed with engagement from patients and carers, aiming to ensure: *"Individualised high quality clinical and holistic care is systematically delivered to every person diagnosed with cancer throughout their pathway, whatever their cancer type and wherever they live in North Wales".* This workshop led to the **Transforming Cancer Services Together Programme** being successfully implemented between 2108 and 2020, fully funded by Macmillan. One of the Programme's biggest achievements was to engage with service users and the broader cancer community including primary care. The Programme brought together a large group of dedicated, committed and enthusiastic service users who were willing to share their time, thoughts and experiences in order to improve services going forward. Their insight into existing systems and pathways was invaluable and ensured understanding of the current baseline and coproduction of new improved service models. The Programme also facilitated input from clinical teams in the redesign of pathways, gathering clinical expertise and encouraging clinicians to think radically about service design. In a complex multi sited healthcare environment the Programme brought together clinicians from different areas to share good practice and express ideas re pathway transformation. Engagement with primary care was also key in delivering new referral models and the close working with primary care, in particular in conjunction with the Macmillan cancer lead GPs in North Wales, ensured widespread engagement with new processes.
Scope	The Programme successfully delivered agreement on a range of new pathways: • Breast self-directed aftercare (model agreed) • Prostate self-managed follow-up (model agreed) • Colorectal straight to test facilitated by FIT (model implemented) • Lung reflex CT pathway (model implemented). All these pathways ensure a more streamlined efficient clinical pathway with the patient at the heart, receiving the right test or support at the right time, first time. In this respect the Programme built on the work undertaken previously in relation to person centred care which was a key theme throughout the Programme and respected as the golden thread through Macmillan's priorities for future strategic investments within the Health Board.
Partnership opportunities	With increased awareness of the needs and wishes of people diagnosed with cancer in North Wales by engaging regularly with patient and carer groups to hear about their experiences and by seeking their involvement on new ideas such as supported self-management tools and new ways of delivering co-ordinated care and support. Early findings suggest that new roles such as pathway co-ordinators can help enhance the delivery of person centred co-ordinated and integrated care for people who are newly diagnosed, receiving treatment, needing support with self-management or dealing with longer term consequences of their treatment or cancer.

Case study 2: Electronic Holistic Needs Assessment	Achieving personalised care and support for people affected by cancer *Delivering change on the ground: collaboration, new models of personalised assessment and care planning inconjuntion with developing a skilled workforce to improve the cancer patient's experience and outcomes*
Background	It is recognised and accepted that patient experience is as important an indicator of quality healthcare as clinical outcomes and patient safety. Combined with peer review assessment, this enables triangulation of results keeping the patient at the heart at all times of quality improvement. More people are living longer after a cancer diagnosis. But, unfortunately, that does not mean that those people are living well. Providing coordinated, person-centred care means not only delivering the best treatment at the right time, but also ensuring the workforce has the skills, time and capacity to meet someone's holistic needs. The important role of the specialist cancer and support workforce in meeting the needs of people with cancer is recognised in the Cancer Delivery Plan for Wales 2016–2020 which highlights that 'the cancer pathway is complex and a named key worker is fundamental to help the patient navigate the pathway and ensure a smooth patient journey'. The Welsh Government's Cancer Delivery Plan also recognises the importance of seeking people's views about their treatment and care. NHS Wales through the Cancer Implementation Group and Macmillan Cancer Support co-commissioned the Picker Institute to develop, implement and analyse the second Wales Cancer Patient Experience Survey (WCPES) published 2017 which provided a robust and comprehensive analysis of people's experiences of cancer care in Wales. These survey results provide evidence that patient experience is significantly enhanced when a patient has a named key worker, usually a clinical nurse specialist, allocated to them to provide care and support through the clinical pathway via **electronic holistic needs assessment (eHNA) and care planning discussions**.
Scope	The third WCPES is scheduled for launch in Spring 2021 with results available Autumn onwards with an important focus **on personalised care and support recognising in summary that the eHNA as a web app**: • Enables the individual to complete the assessment and identify the most significant concerns, for themselves. • Allows the care planning conversation to focus on what matters most to the individual and produce a personalised care and support plan. • Allows BCUHB to gain insight into the most common and most significant concerns, to monitor existing services and identify new service development opportunities - to shape and improve care which is integral within the BCU Cancer Patient Experience Plan and also transferable to include other long term conditions. • **Patient portal** - Once the patient has finished the assessment, the patient opt-in or opt-out of signing up patient portal. • The patient portal gives the patient the ability to login and view the finished care plan promoting self management as appropriate to the individual • **Docman -** can work as a document management system surfacing patient documents as part of the patient records within the GP IT systems (EMIS, SystemOne, or Vision)
Partnership opportunities	Macmillan's strategic priority continues to support partners to develop better skill-mix within specialist teams, including adopting new types of roles where appropriate to enable CNS' and AHP's to work at the top of their license. These results from the survey will identify opportunities for further strategic partnership working between Betsi Cadwaladr University Health Board and Macmillan Cancer Support where gaps in service provision or variations in **personalised care and support** are identified.

Macmillan values the long standing productive partnership it has with BCUHB and would like to enhance this strategic relationship further and explore other innovative programmes especially with a focus on delivering change on the ground improving skill mix and introducing new types of cost-efficient roles to support new models of care within a skilled digital workforce. This acknowledges the demand for access to virtual consultations and care will continue as the effects and wider impact of the COVID pandemic are yet to be fully realised.

Appendix 9 – Glossary

Term	Description
Artificial Intelligence	Enables computers and machines to mimic the perception, learning, problem-solving, and decision-making capabilities of the human mind.
Benefit	An outcome or deliverable considered important that should deliver an improvement
Business Continuity Plan	This plan includes how we deal with problems that impact on our services so we can have as little disruption as possible to the services that we deliver.
Capability	Having the ability to deliver i.e. skills
Capacity	The amount that we are able to deliver
Collaboratively	Two or more parties working together
Contract Management	This is our approach to how we manage contracts from when we give contracts through to when a contract ends. The contract lifecycle.
Co-production	An asset-based approach to public services that enables people providing and receiving services to share the power and responsibility, and to work together in an equal, reciprocal and caring relationship. (Do with people not to)
Culture	The ideas, customs and social behaviours of an organisation and the people within
Cyber Security	The technology, processes and practices that protect our systems, programmes, networks and devices from unauthorised access. It protects our information.
Digital Health	Digital health connects and empowers people and populations to manage health and wellness, augmented by accessible and supportive provider teams working within flexible, integrated, interoperable, and digitally-enabled care environments that strategically leverage digital tools, technologies and services to transform care delivery. (HIMMS)
Digital Inclusion	Having the motivation, skills and access to use digital technology and the internet
Digital Literacy	Being able to find, sort, evaluate, manage and create information in digital forms.
Digital Maturity	How well we use technology to achieve a health and care system paper free at the point of care.
Digitally Excluded	The inability to access or use online products or services.
Genomics Literacy	Explaining scientific findings in understandable terms
Governance	Our systems and processes that we use to lead, control and direct our digital work
Hybrid Cloud Solution	Sometimes called a cloud hybrid—is a computing environment that combines an on-premises data centre (also called a private cloud) with a public cloud, allowing data and applications to be shared between them.
Informatics	For the purpose of this Strategy this is the services that make up Informatics, ICT Services, Patient Records, Digital Integration, Information, Clinical Coding and Programmes, Assurance and Improvement.

Information Sharing Agreement	This is an agreement that sets out, under the law, the use of personal information that is shared between different organisations to deliver better services.
Innovation	The implementation by a public-sector organisation of new or significantly improved products, services or ways of doing things, either within the structure of the public sector itself or in the way in which public services are provided.
Legislative	The laws we have to abide to
Networks	A way of connecting computers and other devices so that they can share information.
Outcome	The result of any actions or changes
Partnerships	Working together with other organisations
Proactive	Creating or controlling a situation rather than just responding to it after it has happened.
Strategic	long-term or overall aims and interests
Strategy	A plan of action designed to achieve a long-term or overall aim
Sustainable	Can be maintained now and in the future
Transformation	Process of changing completely to improve.
User Centred Design	Is a design process by which we understand the needs of all users of a system or a process, and creates services to meet those needs. An understanding of users needs, the tasks and the environment. Users are involved in the design and development.
Value Based Procurement	Is how we buy services or systems so that we take into account the financial benefits and the outcomes that they will deliver. So, we won't take just the price into consideration.
Workforce Planning	Planning what we need from our workforce in the future i.e. numbers, skills etc

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

For:	BCUHB Digital Strategy
Date form completed:	1 March 2021

Introduction:

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

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

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

Assessing Impact

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

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

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

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

Part A   Form 1: Preparation

Please answer all questions

1.	What are you assessing i.e. what is the title of the document you are writing or the service review you are undertaking?	BCUHB Digital Strategy
2.	Provide a brief description, including the aims and objectives of what you are assessing.	The Digital strategy is a high-level strategy intended to set out our digital vision and define the high-level priorities for digital transformation for the way we work with our population, service users and carers, partner organisations, the third sector and community groups, and our staff. The strategy aims to provide Patients and their carers the ability to actively participate in their care, with the confidence that their information is safe; Staff are able to provide patient centred care by having access to the right information in the right place at the right time The strategy has been developed in conjunction with organisations, service users and carers, and community groups by means of an extensive engagement programme. This included engagement with individuals and groups representing people with protected characteristics.
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?	Dylan Williams, Chief Information Officer
4.	Is the Policy related to, or influenced by, other Policies or areas of work?	The Digital Strategy has been developed in the context of the following wider Health Board requirements, national policy, guidance and frameworks. • Wellbeing and Future Generations • Informed Health and Care – A Digital Health and Social Care Strategy for Wales • A Healthy Wales • Living Healthier, Living Well o Workforce Strategy

Part A
Form 1: Preparation

Please answer all questions

		○　　　　Estates Strategy ○　　　　Quality Improvement Strategy • BCUHB Clinical Strategy & National Clinical Plan (Draft) • Transforming the way we deliver outpatients in Wales
5.	Who are the key Stakeholders i.e. who will be affected by your document or proposals? Has a plan for engagement been agreed?	A stakeholder plan was developed as part of a wider engagement plan which has be delivered to ensure as many of the identified stakeholders had a chance to engage with us to provide their views on the draft strategy.
6.	What might help or hinder the success of whatever you are doing, for example communication, training etc.?	The Digital strategy is a far reaching and multifaceted approach to transform the way digital transformation supports the health and well-being of the population of North Wales. • Strong leadership, organisational, cultural and behavioural change will be required to deliver the digital transformation required. • The engagement of staff responding to the vision and changes required to achieve the objectives • Ongoing Communication engagement with stakeholders will be essential to ensure delivery of priorities. • Appropriate resources will be needed to deliver the changes envisaged under the strategy. Potential Barriers to delivery may include: • Funding resource constraints both revenue and capital. • Lack of capacity of Informatics staff. • Current pressures on services leading to inability to engage with the strategy. • Lack of engagement.

Part A

Form 1: Preparation

Please answer all questions

7.	Think about and capture the positive aspects of your policy that help to promote and advance equality by reducing inequality or disadvantage.	Strengthened digital foundations will provide ICT infrastructure, systems, devices and the service fit for the future. Will improve the usage and benefits of our existing systems, strengthen information security and governance and ensure we get the best out of our suppliers.
		
		The draft strategy includes the following ambitions and enablers.
		
		Patients and their carers can use digital technologies to actively manage their own care/care of others, to communicate and to have their say on services.
		
		We want our patients and Carers to have the following experiences
		
		    o I am kept informed about my care
		    o I have the choice of face to face or video consultations
		    o I can book some appointments online and receive reminders in a way that suits me
		    o I can receive my letters digitally and can have access to them more easily for future reference
		    o I am communicated with in my language/method/format of choice
		    o I can tell you about my care, experience and my health so I receive the best care for me, and it improves services
		    o I don't have to keep repeating my details to different individuals or organisations who provide my care
		    o My rights are taken into account
		    o There is a single accurate source of information held about me and important information is available to all who treat/support me
		    o When I am referred, I will get care quicker and easier
		    o Services I receive are designed around patient needs
		    o It is easier for me to move between services
		    o I can receive some of my care closer to home
		    o I am safe

Part A

Form 1: Preparation

Please answer all questions

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o I will be able to access my information more easily so I can be more informed about my care and options.
o I will be able to update parts of my own health record in the future so the person providing my care knows more about me
o I am signposted to suitable self-help resources and apps

Staff will have access to the right information, in the right place, at the right time with the right devices and be supported to be confident to use technology and information to improve the services they provide.

We want our Staff to have the following experiences:
o I know how to access all the information I need
o I know my patients better as I have listened to the information they have given during and after the care I have provided
o I can use virtual consultations where they better suit my patients
o I can run group sessions and work collaboratively with other health care partners where it will benefit my patients
o I am supported to develop my digital skills and I know where to go to get support
o I have the right equipment to do my job
o I have easy access to the data and information I need to review performance and standards
o I am engaged and can influence improvements in my service and organisation
o I am able to identify when digital solutions can support me to deliver a better service to my patients
o I can share and receive information and media securely with key partners
o I can use digital solutions that help me to collaborate
o I can digitally dictate my letters
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Part A

Form 1: Preparation

Please answer all questions

	- I can make electronic test requests and sign them off electronically - I can make and receive e-referrals - I can log on once and have access to all the key systems that I need - If my role allows, I can work from any location and meet my colleagues virtually which means I spend less time travelling - I have confidence in the systems that I use, and the information held in them is up to date - I can manage medicines and prescribe electronically - I contribute to better communication between Primary and Secondary Care - I know where my patients are, so that I can ensure their needs are promptly met to minimise time away from home

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

Please answer all questions

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

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

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

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

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

Part A

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

Please answer all questions

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

Part A

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

Please answer all questions

	Yes	No	(+ve)	(-ve)	NB: For all protected characteristics please ensure you consider issues around confidentiality, dignity and respect. For the definitions of each characteristic please click here	
Age	✓			✓	Research has shown that older people are more likely to be digitally excluded in terms of both access to the internet and digital skills.	The Stakeholder engagement plan has taken into consideration the requirement to understand the needs of our stakeholders. The analysis allowed for understanding of the impacts to all ranges of age groups.
Disability	✓		✓	✓	Negative- Some disabilities may have an impact on service users accessing our services digitally. Positive- Greater access to our services from a wider range of locations may have a positive impact on those with mobility issues.	The stakeholder engagement plan allowed us to understand the needs of all our stakeholders, the analysis allowed us to understand what affects are felt from those with a disability
Gender Reassignment		✓			The aims of the Digital Strategy will not have any impact on Gender Reassignment.	

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

Please answer all questions

Pregnancy and maternity		✓			The aims of the Digital Strategy will not have any impact on Pregnancy and Maternity.	
Race		✓			The aims of the Digital Strategy will not have any impact on Race.	
Religion, belief and non-belief		✓			The aims of the Digital Strategy will not have any impact on Religion, belief and non-belief.	
Sex		✓			The aims of the Digital Strategy will not have any impact on Sex.	
Sexual orientation		✓			The aims of the Digital Strategy will not have any impact on Sexual orientation.	
Marriage and civil Partnership (Marital status)		✓			The aims of the Digital Strategy will not have any impact on Marital status.	
Socio Economic Disadvantage	✓				Research has shown that poverty and low income can have an impact on digital exclusion. Those who live in more rural areas may also have less access to high speed broadband connections.	The engagement exercise allowed us to understand the needs and priorities of our stakeholders

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

Please answer all questions
Human Rights:

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

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

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

Please also consider these United Nations Conventions:

UN Convention on the Rights of the Child

UN Convention on the rights of people with disabilities.

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

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

Please answer all questions

Will people's Human Rights be impacted by what is being proposed? If so, is it positive or negative? (tick as appropriate below)				Which Human Rights do you think are potentially affected	Reasons for your decision (including evidence that has led you to decide this)	How will you reduce or remove any negative Impacts that you have identified?
Yes	No	(+ve)	(-ve)			
	✓				This strategy does not breach any Article under the European Convention of Human Rights.	

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

Please answer all questions

Welsh Language:

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

Welsh Language	Will people be impacted by what is being proposed? If so, is it positive or negative? (tick appropriate below)				Reasons for your decision (including evidence that has led you to decide this)	How will you reduce or remove any negative Impacts that you have identified?
	Yes	No	(+ve)	(-ve)		
Opportunities for persons to use the Welsh language		✓			BCUHB and the Informatics department are committed to promoting the use of Welsh language as well as supporting Welsh language requirements of individual staff. The Informatics department ensures that staff are offered communications via their chosen language and endeavour to provide documentation in the medium of welsh if required. All digital solutions will have to comply with the Welsh Language Act.	
Treating the Welsh language no less favourably than the English language		✓			BCUHB and the Informatics department is committed to promoting the use of Welsh language as well as supporting Welsh language requirements of individual staff. The Informatics department ensures that staff are offered communications via their chosen language and endeavour to provide documentation in the medium of welsh if required. All digital solutions will have to comply with the Welsh Language Act.	

Part A Form 4: Record of Engagement and Consultation

Please answer all questions

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

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

| What steps have you taken to engage and consult with people who share protected characteristics and how have you done this? Consider engagement and participatory methods.

for further direction on how to complete this section please click [here training vid p13-18)](#) | The Health Board provided opportunities for stakeholders to engage to help develop the Digital strategy. The engagement aimed to capture stakeholder feedback on the contents of the draft Digital strategy as well as understanding stakeholder's views and experiences in relation to digital.

The engagement was underpinned by a communications campaign containing key messages and specifically targeted our key stakeholders. The engagement also provided opportunities for stakeholders and the public to comment or feedback on what they felt the Digital strategy should focus on.

We worked closely with the BCUHB Engagement Team to link in with stakeholders that represent people from protected characteristics groups to ensure opportunities to engage were shared with them. These were identified through the Equal Opportunities screening which forms part of this Equalities impact assessment.

A two phased approach to engagement is being undertaken

Phase 1- Engage with all stakeholders on the priorities within the draft strategy, including feedback on their current experiences in relation to digital and what the priorities are for each stakeholder group.

Phase 2- The draft Strategy has been amended to reflect the output of phase 1, we are now carrying out further engagement on the final draft to ensure the views obtained from phase 1 are reflected within the final Strategy and it meets stakeholder needs. |

Part A Form 4: Record of Engagement and Consultation

Due to Covid-19, a number of different, and innovative engagement methods were used. Focus groups, surveys and one to one sessions were all still utilised using online platforms.

a. Online survey

To capture the views and experiences of the stakeholders, three online surveys were developed via the Smart Surveys platform. These surveys will be:

- ➢ Staff Survey
- ➢ Patient/General Public Survey
- ➢ Partner Survey

The surveys were live for a period of 7 weeks from October – December 2020. The surveys aimed to target different stakeholder groups with the aim of collecting feedback from external and internal stakeholders.

The links to the surveys was shared via the many communication channels identified. A paper-based version was also available on request for those stakeholders who did not have access to the internet.

b. Focus Groups

A series of engagement 'events' were held to compliment the survey, to gather more in-depth views on the strategy, as well as feedback from specific groups who were less likely to take part in an online survey.

Due to social distancing requirements, the focus groups were held virtually, via video conferencing facilities such as Teams. The events were facilitated by Informatics staff to aid discussions and gather feedback from participants.

Part A Form 4: Record of Engagement and Consultation

Please answer all questions

<table>
<tr><td></td><td>

c. Q&A Sessions

Another engagement method used was a series of Q&A sessions across the range of stakeholders. Sessions were held for both staff and public with the Chief Information Officer and the Chief Clinical Informatics Officer.

Even though a wide level of engagement was undertaken, due to Covid there was a limit to the face-to-face engagement that could be undertaken especially with those that are at risks of being digitally excluded.

</td></tr>
<tr><td>Have any themes emerged? Describe them here.</td><td>Throughout the patients/public survey, the theme of digital exclusion was evident with respondents concerned that the move to digital would exclude some patients across North Wales.</td></tr>
<tr><td>If yes to above, how have their views influenced your work/guided your policy/proposal, or changed your recommendations?</td><td>The theme of digital exclusion is now referenced throughout the revised Strategy and actions have been included to help address any negative impact.</td></tr>
</table>

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

Part B Form 5: Summary of Key Findings and Actions

Please answer all questions

1. What has been assessed? (Copy from Form 1) *for further direction on how to complete this section please click here training vid p13-18)*	BCUHB Digital Strategy

2. Brief Aims and Objectives: (Copy from Form 1)	The Digital strategy is a high-level strategy intended to set out our digital vision and define the high-level priorities for digital transformation for the way we work with our population, service users and carers, partner organisations, the third sector and community groups, and our staff. The strategy aims to provide Patients and their carers the ability to actively participate in their care, with the confidence that their information is safe; Staff are able to provide patient centred care by having access to the right information in the right place at the right time The strategy has been developed in conjunction with organisations, service users and carers, and community groups by means of an extensive engagement programme. This included engagement with individuals and groups representing people with protected characteristics.

From your assessment findings (Forms 2 and 3):

3a. Could any of the protected groups be negatively affected by your policy or proposal? Guidance: **This is as indicated on form 2 and 3**	Yes	✔	No	
3b. Could the impact of your policy or proposal be discriminatory under equality legislation? Guidance: If you have completed this form correctly and	Yes		No	✔

Part B Form 5: Summary of Key Findings and Actions

Please answer all questions

reduced or mitigated any obstacles, y**ou should be able to answer 'No' to this question.**				
3c. Is your policy or proposal of high significance? For example, does it mean changes across the whole population or Health Board, or only small numbers in one particular area? High significance may mean: - The policy requires approval by the Health Board or subcommittee of - The policy involves using additional resources or removing resources. - Is it about a new service or closing of a service? - Are jobs potentially affected? - Does the decision cover the whole of North Wales - Decisions of a strategic nature: In general, strategic decisions will be those which effect how the relevant public body fulfils its intended statutory purpose (its functions in regards to the set of powers and duties that it uses to perform its remit) over a significant period of time and will not include routine 'day to day' decisions. GUIDANCE: If you have identified that your policy is of high significance and you have not fully removed all identified negative impacts, you may wish to consider sending your EqIA to the Equality Impact Assessment Scrutiny Group via the Equalities Team/	Yes		No	✓

Part B Form 5: Summary of Key Findings and Actions

Please answer all questions

4. Did your assessment findings on Forms 2 & 3, coupled with your answers to the 3 questions above indicate that you need to proceed to a Full Impact Assessment?	Yes	No ✓	
	The revised Strategy sets out how we will mitigate against any potential impact to those groups who may be negatively impacted.		
5. If you answered 'no' above, are there any issues to be addressed e.g. reducing any identified minor negative impact?	Yes	✓	
	Digital Impact Assessments will be developed and undertaken for all patient facing digital solutions		
6. Are monitoring arrangements in place so that you can measure what actually happens after you implement your policy or proposal?	Yes ✓	No	
	How is it being monitored?	The actions within the action plans which will support the strategy will be monitored on an annual basis through the DIGC	
	Who is responsible?	Dylan Williams, Chief Information Officer	
	What information is being used?	Key Measures of success, delivery plans and the EQIA and the Digital Impact Assessments will be used to monitor.	

Part B Form 5: Summary of Key Findings and Actions

Please answer all questions

	When will the EqIA be reviewed?	2024

7. Where will your policy or proposal be forwarded for approval?	Digital and Information Governance Committee (DIGC) Strategy, Partnerships and Population Health Committee (SPPH) Health Board

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
	Andrea Williams	Head of Informatics Programmes, Assurance and Improvement
	David Powell	Senior Business Analyst / Project Manager
	Sharon Smith	Informatics Improvement Facilitator
Senior sign off prior to committee approval:	Dylan Williams	Chief Information Officer

Part B Form 5: Summary of Key Findings and Actions

Please answer all questions

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 **Please document all actions to be taken as a result of this impact assessment here. Be specific and use SMART actions. Please ensure these are built in to the policy, strategy, project or service change.**	Who is responsible for this action? i	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?	Digital Inclusion has been added as a key enabler within the Strategy with a delivery plan. A key action within this delivery plan is the development and implementation of a Digital Impact Assessment for all projects.	Andrea Williams	2021

Part B Form 5: Summary of Key Findings and Actions

Please answer all questions

	Proposed Actions **Please document all actions to be taken as a result of this impact assessment here. Be specific and use SMART actions. Please ensure these are built in to the policy, strategy, project or service change.**	Who is responsible for this action? i	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?	The potential negative impact identified is Digital Exclusion. Please see point 2 for the actions	Andrea Williams	Completed
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		

Part B Form 5: Summary of Key Findings and Actions

Please answer all questions

	Proposed Actions **Please document all actions to be taken as a result of this impact assessment here. Be specific and use SMART actions. Please ensure these are built in to the policy, strategy, project or service change.**	Who is responsible for this action? i	When will this be done by?
4. Provide details of any actions taken or planned to advance equality of opportunity as a result of this assessment.	As above	Andrea Williams	Completed

Cyfarfod a dyddiad: Meeting and date:	Strategy, Partnerships and Population Health Committee 15.4.21
Cyhoeddus neu Breifat: Public or Private:	Public
Teitl yr Adroddiad Report Title:	Well North Wales annual report 2020-21
Cyfarwyddwr Cyfrifol: Responsible Director:	Teresa Owen, Executive Director of Public Health
Awdur yr Adroddiad Report Author:	Glynne Roberts, Programme Director (Well North Wales)
Craffu blaenorol: Prior Scrutiny:	The report has come to SPPH, in line with previous reporting arrangements
Atodiadau Appendices:	Appendix 1: Well North Wales (WNW) Annual Report 2020-21

Argymhelliad / Recommendation:

The Committee is asked to approve the report, and endorse the partnership approach taken to address the issue of health inequalities across North Wales

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	√
If this report relates to a 'strategic decision', i.e. the outcome will affect how the Health Board fulfils its statutory purpose over a significant period of time and is not considered to be a 'day to day' decision, then you must include both a completed Equality Impact (EqIA) and a socio-economic (SED) impact assessment as an appendix.						Y/N to indicate whether the Equality/SED duty is applicable	N

Sefyllfa / Situation:

Well North Wales was initiated by the Health Board in 2016 to develop its role in supporting the health inequalities agenda in North Wales.

This annual report, covering the fourth full-year of the Well North Wales programme, aims to highlight the number of successful partnerships created, and how the Health Board's links with organisations from across the public sector, third sector and housing providers has underpinned the health inequalities agenda across the region.

The Well North Wales programme has developed to focus on specific areas where there was an identified need for:

    a) Better co-ordination of existing activities where the Health Board was a lead partner.

    b) Identification of the Health Board's specific role in contributing to existing partnerships.

Cefndir / Background:

Well North Wales has four key strands: Infrastructure and Networking; Housing and Homelessness; Social Prescribing, and Food Poverty. These are inter-linked, and provide the foundations from which the overall programme has developed. The focus remains on addressing the social determinants, and working to build the network of relevant organisations to work with the Health Board in a co-ordinated programme to tackle health inequalities

The Well North Wales programme:
- Supports the strategic aims of the Health Board, reporting to HIRIG (Improving Health and Reducing Inequalities Group).
- Aims to provide local multi-agency partnerships to foster a culture of collaboration, shared objectives, and improved service delivery.
- Works as a partnership from a local, neighbourhood level, as well as with larger communities, to foster health and well-being initiatives that are aimed at tackling health inequalities.
- Integrates with, strengthens, and adds value to what is already going on at a local level, and informs the development of services to better meet local needs.
- Engages with local priority initiatives aimed at addressing locally-identified priorities.
- Leads for the Health Board on specific programmes that require regional co-ordination, e.g. social prescribing; homelessness, food poverty.
- Provides a positive profile to the Health Board with regard to national partnership working

Asesiad / Assessment & Analysis

Strategy Implications

Well North Wales addresses a number of key strategic areas:

i. The *Well-Being of Future Generations Act* (2015) , in particular the focus on the Act's priority areas:

- Long-term
- Prevention
- Integration
- Collaboration
- Involvement

ii. The *Social Services and Wellbeing Act* (2014), specifically in relation to the development of social prescribing programmes.

iii. Welsh Government strategy:

- In *Prosperity for All[1]*, there is a commitment to tackle inequalities between communities and deliver more services closer to home, acknowledging the importance of communities and the wider environment for good health and well-being.

- *A Healthier Wales:* Aims to address the wider influences on health and wellbeing, tackling social and economic influences such as housing, parenting, education and employability.

- *Building a Healthier Wales:* contains five key priority areas that span the breadth of greatest impact to transform health and well-being in Wales through a focus on prevention and early intervention. These are:

1. Tackling the Wider Determinants
2. Ensuring the Best Start in Life: Optimising our Early Years
3. Enabling Healthy Behaviours
4. Minimising the impact of Clinical Risk Factors and the Burden of Disease
5. Enabling Transformational Change

Financial Implications

The core funding for the Well North Wales programme sits within the Public Health Directorate. Additionally, the programme has benefited from the Building a Healthier Wales monies, and some primary care pacesetter funding for social prescribing programmes.

There is an ongoing risk to the WNW work plan/programme given the fragile nature of the funding streams, which is often agreed on an annually recurring funding basis. The programme lead is monitoring the situation closely, given the fragility of the funding streams. Examples of funding routes are listed below:

- Ynys Môn Local Asset Co-ordinator (funded by the Integrated Care Fund [ICF] and local cluster)
- Mantell Gwynedd (Primary care funded).
- Gwynedd Community Connectors (ICF).
- Conwy West community navigators (cluster funded)
- Denbighshire Community navigators (ICF)
- Grŵp Cynefin Arts for Health (Denbigh) (Primary care funds)
- Flintshire Local Voluntary Council programme linked to the Single Point of Access (SPOA) (Primary care funds)
- Wrexham Rainbow Centre (Primary care funds)
- Wrexham Community Agents (ICF)

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[1] Welsh Government, *Prosperity for All: the national strategy, Taking Wales Forward,* (2017).

Impact Assessment
As the programmes included within the report are based on partnership arrangements (formal and informal) with external organisations, many of the impact assessments reside within those partnerships, and are not directly attributable to the Health Board.

Well North Wales

Annual Report 2020-21

Contents

> **There are unacceptable variations in the levels of good health between different groups and communities in Wales, which has an impact in all areas of people's lives. This is sometimes caused by the continuing shadow of post-industrial legacies, but also the stubborn impact of poor economic, social and environmental conditions. Too often, it is hardest to access services in the areas they are needed the most.**
>
> **Welsh Government, Prosperity for All: the national strategy, 2017**

1. Background

The concept of Well North Wales was initiated by the Health Board in 2016 to develop its role in supporting the health inequalities agenda in North Wales.

This Annual Report, covering the fourth full-year of the Well North Wales programme, aims to highlight the number of successful partnerships created, and how the Health Board's links with organisations from across the public sector, third sector and housing providers, has underpinned the health inequalities agenda across the region. This complex web of inter-agency working has brought together a number of fruitful partnership arrangements, demonstrating the power of collaboration, shared agendas, and putting into practice local strategic aims.

Since its' inception, Well North Wales has been integral to developing a range of initiatives aimed at tackling health inequalities and fostering partnerships, in recognition of the fact that health inequalities arise from a number of interrelated factors which largely fall outside the primary scope of the NHS.

Health inequalities are largely preventable, and are influenced by a wide range of factors including access to education, employment and good housing; equitable access to healthcare; individuals' circumstances and behaviours, such as their diet and how much they drink, smoke or exercise; and income levels.[1]

The gap in life expectancy between the most and least deprived parts of Wales has increased. Women in the most deprived parts of Wales can expect to live approximately six years less – with a life expectancy of 79 years – than those in the least deprived areas (85 years). For men, there was a seven-year gap between the most and least deprived areas (74 v 81 years).[2]

Tackling the problems most commonly associated with health inequalities can also help to reduce the direct costs to the NHS and wider societal costs. The work of Well North Wales, therefore, is to tackle the areas with poorest health in a way that harnesses the role of partner agencies, but which in turn allows those agencies to

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1   [1] *The Spirit Level*, R Wilkinson and K Pickett, Bloomsbury Press, 2009.

[2] J. Currie et al, Life expectancy inequalities in Wales before COVID-19: an exploration of current contributions by age and cause of death and changes between 2002 and 2018, Public Health , vol. 193, April 2021

benefit from working with the Health Board.

In addition to fostering local connections, Well North Wales has also successfully linked up with national organisations to ensure that the learning from these local initiatives can be brought back into North Wales, and also that the work being undertaken in North Wales is highlighted on a broader all-Wales and UK-wide platform.

The four key strands of the Well North Wales programme – Infrastructure and Networking; Housing and Homelessness; Social Prescribing, and Food Poverty – are inter-linked, and provide the solid foundations from which the overall programme has been able to flourish. The focus remains on addressing the social determinants, and working to build the network of relevant organisations to work with the Health Board in a co-ordinated programme to tackle health inequalities.

During the period under review, many of the on-going initiatives had to be put on hold, due to the Programme Director taking on a lead role with Covid Testing. A number of the key partners in other organisations were likewise re-deployed to support the Covid agenda. However, much progress has still been made, and a number of initiatives have come to fruition during the year.

In the Covid-recovery period, there will need to be an even greater focus on health inequalities, and a requirement to address the social, economic and health issues that have developed as a result of the pandemic.

In summary, Well North Wales:
- Supports the strategic aims of the Health Board, reporting to HIRIG (Improving Health and Reducing Inequalities Group).
- Aims to provide local multi-agency partnerships to foster a culture of collaboration, shared objectives, and improved service delivery.
- Works as a partnership from a local, neighbourhood level, as well as with larger communities, to foster health and well-being initiatives that are aimed at tackling health inequalities.
- Integrates with, strengthens, and adds value to what is already going on at a local level, and informs the development of services to better meet local needs.
- Engages with local priority initiatives aimed at addressing locally-identified priorities.
- Leads for the Health Board on specific programmes that require regional co-ordination, e.g. social prescribing; homelessness, food poverty.
- Provides a positive profile to the Health Board with regard to national partnership working

2. Strategic context

> **"There is still too big a gap between the health of the richest and poorest in our communities. These challenges require a range of responses from birth through to old age, maximising health and well-being throughout life"**
>
> Welsh Government Programme for Government

Over the past few decades, while overall population health indicators have improved, not all population groups have benefited equally, demonstrating that widespread health inequalities still exist between and within communities, as emphasised in the Marmot Review, *Fair Society, Healthy Lives*: "Inequalities in health arise because of inequalities on society – through differences in which individuals are born, grow, live, work and age."[3]

The *Well-Being of Future Generations Act* (2015) focuses on the need to map local well-being priorities and, in particular, drive towards a resilient and healthier Wales, working towards greater integration via Public Service Boards. The Well North Wales philosophy addresses all five sustainable development principles embodied within the *Well Being of Future Generations Act*:

- Long-term
- Prevention
- Integration
- Collaboration
- Involvement

The *Social Services and Wellbeing Act* (2014) ensures that local authorities focus on the population needs for well-being within the social services setting. Many of these needs can be addressed through the partnership agenda embodied within Well North Wales, especially with the social prescribing developments.

Welsh Government has reiterated its commitment to tackling health inequalities through a number of strategies. In *Prosperity for All*[4], there is a commitment to tackle inequalities between communities and deliver more services closer to home, acknowledging the importance of communities and the wider environment for good health and well-being. The strategy also reiterates that "there are unacceptable variations in the levels of good health between different groups and communities in Wales, which has an impact in all areas of people's lives."

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[3] Marmot, M. Fair society, healthy lives: the Marmot Review: strategic review of health inequalities in England post-2010. (2010)

[4] Welsh Government, *Prosperity for All: the national strategy, Taking Wales Forward,* (2017).

A Healthier Wales: Aims to address the wider influences on health and wellbeing, tackling social and economic influences such as housing, parenting, education and employability.

Building a Healthier Wales: contains five key priority areas that span the breadth of greatest impact to transform health and well-being in Wales through a focus on prevention and early intervention. These are:
1. Tackling the Wider Determinants
2. Ensuring the Best Start in Life: Optimising our Early Years
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4. Minimising the impact of Clinical Risk Factors and the Burden of Disease
5. Enabling Transformational Change

3. Infrastructure and Networking

Almost one in four people in Wales (700,000) lives in poverty, which means they get less than 60% of the average wage. That level of relative poverty has remained unchanged for a decade

Oxfam Wales

Well North Wales works effectively because of the enthusiasm and support of partner organisations, evidenced most ambitiously in the programme of work to develop health and wellbeing centres. These centres will be developed to address local requirements; build the necessary partnerships; develop realistic responses to the locally-identified needs, and also to ensure that the wellbeing offer is at the forefront of service delivery. This strategic intent is set out in the Health Board's Estates Strategy (February 2019): *"The Health Board is committed to working with partner organisations, including local authorities and the voluntary sector, to develop integrated solutions that make the best use of our collective property assets irrespective of ownership".*

As part of the commitment to introduce community-focused activities, Well North Wales has undertaken preliminary work with partners in local communities to identify needs, and is working with collaboratively to deliver on meeting local priorities.

3.1. Health and Wellbeing Centres

The development of the health and wellbeing centres in some of the most disadvantaged areas in North Wales will facilitate a process whereby a range of services are located within communities, allowing communities greater access to these services. The added value is that the centres, which will be embodied within the plans of the three Area Teams, and encompass a range of services drawn from across the community spectrum.

The work with housing associations, in particular, is an important facet of the programme, given that their housing stock is often in the most deprived areas of

North Wales, and that they have demonstrated a willingness to become actively involved in the health inequalities agenda.

<u>Bangor</u>
The proposals being developed in Bangor offer an opportunity to establish an innovative one-stop-shop facility in the city centre, which will encompass a number of health and wellbeing services.

The Bangor scheme is closely aligned to a number of Welsh Government priority areas: quality health and social care facilities; economic regeneration; synergy with the third sector; multi-agency integration and collaboration; a "town-centre first" approach, and a broad wellbeing offer.

Prioritised by the Welsh Government's Targeted Regeneration Initiative locally, and therefore anchored in the economic regeneration proposals for the city, the health services that are under consideration for the proposal include:
- GPs and other primary care services.
- Therapy services that would be better suited to a community setting rather than an acute site.
- Community dental service.
- Community mental health services.
- Community children's service.
- Community Resource Team
- A broad-based wellbeing service, offering advice, information and access to 3rd sector organisations.

An options appraisal is currently being carried out into the feasibility of developing various sites in the city centre to accommodate this development. This work will be carried forward in 2021-22 once the results of that study are published.

<u>Penygroes</u>
This scheme presents an opportunity to consolidate health and a range of wellbeing services onto one site in the village of Penygroes in Gwynedd. This hub would integrate at least four identified aspects:

i. A one-stop, integrated prevention service at primary care level, which would bring together a wide range of primary and secondary services. This would include GPs and community nurses, other health care providers, as well as a wider range of social prescribing, health literacy and rights-based services.
ii. Video/ tele connections to external advice and diagnostic services as part of the hub-and-spoke link to more regional services.
iii. Housing possibilities, to include extra-care models, within a broader mixed housing offer to suit the needs of an ageing population across the Nantlle Valley.
iv. A local cultural offer, with support and links to other community enterprises in the area.

The main capital element for this scheme will be generated via a housing association, building on the strategic support to link health and housing initiatives.

A site has been purchased, and work on the business case for the development will progress during 2021-22.

3.2. Community programmes

> **Poverty can be about living for years without work or hope, cut off from opportunities and change. And people in poor communities have worse health and shorter life expectancy.**
>
> **Oxfam Wales**

Rhyl: Under the auspices of Denbighshire County Council, a Community Development Board has been established to address the factors of deprivation that place seven of the 16 LSOAs (Lower Super Output Areas) in Rhyl in the top 10% of deprived LSOAs in Wales. The Board comprises of public sector services in Denbighshire, aiming to delivering initiatives that will contribute to the long-term vision of Rhyl having a strong community, and addressing the social determinants of health.

Plas Madoc: Initial work has commenced to support the community-owned leisure centre in Plas Madoc (Wrexham), and to identify opportunities for additional health and wellbeing services to link in with the centre. Serving one of the most deprived communities in North Wales, the centre has already played a leading role in food supply during the initial Covid lockdown. Working in partnership with the catering teams at Wrexham Maelor Hospital, over 200 meals a week were distributed to residents on the estate.

3.3. Regeneration programmes

Economic regeneration programmes have a massively significant role to play in tackling the social determinants of health, and in addressing the health inequalities agenda. Well North Wales is represented on various regeneration initiatives, as the first point of contact to bring the Health Board to the centre of these developments:

Bangor: The Bangor Regeneration Partnership has worked through a series of priority areas as part of the Welsh Government's Targeted Regeneration Investment, with the main priorities focusing on the development of the integrated health and wellbeing hub, and support programmes for the homeless. These initiatives sit alongside a range of more traditional regeneration developments, and represent a significant step forward for health and wellbeing programmes as part of the wider economic development agenda.

Bay Life: The Colwyn Bay regeneration group has developed a range of proposals aimed at regenerating the town centre.

3.5.   Higher Education

One of the key objectives of the Well North Wales programme is to foster close working relationships around the research and evaluation agenda, especially in relation to health inequalities.

The main links for the Well North Wales programme are:

Bangor University

- Representation on the steering groups for a number of research projects:
    - KESS PHD study – realist evaluation of community health programmes.
    - KESS application in developmental stage – social prescribing
    - KESS Theory of change model to support the Penygroes Health and Wellbeing Centre development
    - KESS Identifying community needs linked to social prescribing programmes.
- Food Poverty – collaboration with Geography and Social Sciences Departments, linking to the North Wales Food Poverty Alliance
- FoodWaste – links to international programmes run by Bangor University
- Social Value Hub: ongoing collaboration around the social return on investment.
- Working together as part of the Bangor Regeneration Partnership

Glyndwr University

- Collaboration around social prescribing "Community of Practice" and development of associated educational programmes, as well as the HEFCW funded social prescribing programme for students.

University of South Wales

USW are the lead agency for the Wales School for Social Prescribing Research, of which Well North Wales is a member. This collaboration also includes Bangor and Glyndwr universities. Current workstreams are:
    - Social prescribing quality indicators
    - WSSPR Steering Group
    - Social prescribing evaluation methodology.

Adult Learning

Presentation given to an Adult Learning and Health UK conference in September 2020

3.6.   2025

2025 is a voluntary group of individuals and organisations working together with a shared purpose of tackling avoidable health inequality in North Wales. Well North Wales and the 2025 movement are working closely on a number of initiatives to ensure that the relative strengths of both are maximized.

The 2025 movement has demonstrated the importance of partnership working, and how the health inequalities agenda is influenced mainly by organisations that sit outside the traditional NHS model.

4. Housing and homelessness

> **It is unacceptable that people are forced to sleep on the streets in a prosperous society.... Those living rough often have complex needs and we need to respond to all of them, providing a joined up service, and recognising that not having a home can severely impact the ability to get help.**
>
> **Welsh Government, Prosperity for All: the national strategy (2017)**

The Well North Wales Programme Director was a member of the ministerial Homelessness Task Group for Wales, which developed the Strategy for Preventing and Ending Homelessness in Wales. This robust, multi-agency strategy is an ambitious approach to tackling issues around homeless prevention.

Effective healthcare interventions for homeless people present a significant opportunity to contribute to a reduction in health inequalities and would respond to the specific needs of this vulnerable population.

Well North Wales has been actively supporting the homeless agenda at a local, regional and national level, aiming to facilitate a broader partnership approach, and to assist in enabling key services to access the necessary BCUHB services.

Operationally, two specific homelessness projects have been supported: the work of the Community Care Collaborative in Wrexham, and the multi-agency project in Bangor. Both offer opportunities to work towards a more networked approach.

The Bangor initiative, in particular, has developed rapidly, and will encompass a number of inter-related themes, under the auspices of the Bangor Regeneration Partnership. Although the scope of the scheme has been adapted from the original concepts, it will encompass employment opportunities and training for individuals in drug and alcohol recovery, and for those currently housed in homeless hostels. Linking in with housing associations, there will be clear pathways to employment and accommodation as a result of this multi-faceted initative.

Ultimately, both the Wrexham and Bangor projects will demonstrate an emphasis on the prevention of homelessness through early intervention and joint agency working involving various statutory bodies and voluntary sector partners. Both projects received grant funding from the Building a Healthier Wales allocation, which enabled them to meet their objectives.

5. Social prescribing

> **Social prescribing is…..An approach that sees us using our community and social assets collaboratively to respond to the growing demand for non-clinical help that can impact positively on our health and wellbeing.**

Over the last few years, a number of unrelated, largely un-coordinated social prescribing programmes have been established across North Wales. These have been largely funded through ICF or cluster funds, and have different characteristics, reporting frameworks and monitoring arrangements. All are reliant on short-term funding and lack the infrastructure to be stable and sustainable in the longer term.

The period under review has seen a significant increase in the level of interest in social prescribing, and in the broader agenda to link social prescribing to the wider health and wellbeing agenda.

The Well North Wales programme supports social prescribing in a number of ways:
- Facilitating practitioners: In conjunction with Glyndwr University, establishing and supporting a Community of Practice. Over the past year three years, seven events have been held, with an average of 100 attendees at each. The Community of Practice allows practitioners to network, share good practice, and identify their education and training needs.
- Building the evidence base: supporting programmes with research and evaluation, and linking with academic institutions to foster this relationship. In addition to local links, Well North Wales works with academics from across Wales as part of the Wales School for Social Prescribing Research, and has also forged links with successful programmes operating in Scotland and Northern Ireland. Prior to the Covid restrictions being in a place, a three nation conference was being planned, to enable practitioners from North Wales to share experiences with the other countries.
- Commissioning new programmes: In addition to existing programmes, additional funding was provided to address gaps and promote innovative approaches. As an example of this, funding was provided for the following:
  - Denbighshire: funding an arts in health programme in Denbigh.
  - Wrexham: promoting a social prescribing programme that would be closely aligned with the existing work of the community agents. This programme has linked up with all primary care teams, and is proving to be a valuable asset within the community.
  - Co-ordination: The Elemental software programme has been commissioned, which facilities easier referrals into social prescribing programmes; tracks individuals on their social prescribing journeys, and provides valuable data around common themes and trends. The seven programmes across the region who are signed up to Elemental are working collectively to identify common outcome measures that can be applied across all their respective programmes.
  - Presenting at a national conference organised by the Learning and Work Institute, *A wellbeing society: the role of adult learning in post pandemic Wales*, in February 2021.

The Well North Wales Programme Director has recently been asked to sit on the Ministerial task and finish group established to consider the development of social prescribing in Wales.

6. Food poverty

> **Food poverty is the inability to afford, or to have access to, food to make up a healthy diet. It is about the quality of food as well as quantity and affordability. It is not just about hunger, but also about being appropriately nourished to attain and maintain health and wellbeing.**
>
> **North Wales Food Poverty Alliance, Action Plan (December 2018)**

BCUHB is a partner organisation in the North Wales Food Poverty Alliance, which provides co-ordination to this agenda across the region. Within this, the Well North Wales programme supports a number of food poverty initiatives, aiming to have at least one programme running in each local authority area across North Wales.

As a significant provider of food to patients and staff, BCUHB has the scope, ability and economic power to extend its traditional role, and to maximise its position to support community-based food poverty initiatives across North Wales.

Partly-funded through the Building a Healthier Wales monies, the Bwyd Da Mon multi-agency[5] food initiative was established in Llangefni, going "live" on 1 March 2021. Based on a successful programme from Ellesmere Port, Bwyd Da Mon is a subscription-based scheme, where individuals pay a weekly sum of £5, for which they receive over £20 in return. Operating as a food waste scheme, it removes the stigma associated with food banks, and provides a good selection of fresh and dairy produce. Additionally, Bwyd Da Mon works with BCUHB dieticians and Coleg Menai to provide community-based cookery classes, and is able to provide cooking appliances such as slow cookers. The programme address food availability, increased cooking skills, and access to cooking appliances.

As a result of the success of Bwyd Da Mon, a similar initiative is planned for Plas Madoc in Wrexham, the progress of which has been stalled due to Covid restrictions. Plas Madoc will work on the proposals once restrictions are lifted, which will include operating a slow cooker programme, making food, appliances and cooking skills available to the whole community.

Building on Bwyd Da Mon, a new partnership has been formed in Bangor[6], harnessing the Bwyd Da Mon model in tandem with a training café for individuals coming out of a Bangor-based drug and alcohol rehab centre, as well as individuals from the local homeless hostels. NVQ training and apprenticeships will be provided by Coleg Menai, and linked to innovative food production schemes, including the walled garden scheme at Bryn y Neuadd Hospital. This is being developed in

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[5] Partnership includes: BCU; Anglesey CC; Coleg Menai; Medrwn Mon; Menter Mon; Anglesey Food Bank; Grwp Cynefin; Clwyd Alyn; Citizens Advice

[6] Partnership includes: North Wales Housing, Adra, Bangor University, BCU Mental Health, Ysbyty Gwynedd Green Group, Mantell Gwynedd, Coleg Menai, Gwynedd Council, Penrhyn House, Bangor Cathedral, Area Planning Board, Maes Ni Community Group.

support of the Bangor initiative, and will form part of the treatment and therapy for patients and residents on that site.

By the end of 2021, the Bangor example will be replicated in Denbigh, in a project being managed by Grwp Cynefin housing association, linking with a number of partner organisations, and enhancing the food offer locally.

The success of the various food poverty initiatives demonstrates the need for local catalysts to stimulate interest, enthusiasm and motivation. Of all the various strands of the Well North Wales programme, food poverty has seen the greatest increase in interest levels, which is positive given the likely need for a more enhanced food offer in the post-Covid period.

7. Next steps

> **The Covid-19 pandemic in Wales has highlighted significant historical inequalities in health between social groups. Many conditions contribute to the gap in life expectancy between the least and most disadvantaged communities. This shows that we must look beyond simple medical explanations to the root causes and to the wider conditions in which people live.[7]**
>
> **Life expectancy inequalities in Wales before Covid-19 (2021)**

Although the Well North Wales programme is well-established, the core themes are going to be even more prominent in the post-Covid world. The priorities for the next three years, therefore will have to focus on:

i. Enhancing and embedding partnership working at a regional, county and local level, so that the health inequalities agenda is understood, shared, and owned by a wide range of organisations.
ii. Increasing the focus on food poverty and supporting work around homelessness as key priorities.
iii. Building the social prescribing networks, so that there is an equitable offer for each part of North Wales, based on local priorities.
iv. Working with academic institutions to grow the evidence base around key programme areas, sharing best practice, and encouraging partners to adopt evidence-based programmes.
v. Working in partnership to improve the delivery of integrated health and wellbeing services.

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[7] J. Currie et al, Life expectancy inequalities in Wales before COVID-19: an exploration of current contributions by age and cause of death and changes between 2002 and 2018, Public Health , vol. 193, April 2021

vi. Supporting the adoption of the socio-economic duty, seeking to deliver better outcomes for those who experience socio-economic disadvantage.

8. Conclusion

2020-21 proved to be challenging in many ways. However, many of the planned Well North Wales initiatives developed rapidly, and are now fully-operational. In particular, the focus on food poverty – one of the emerging themes during the lockdown periods – enabled a number of initiatives that had been at the planning stage previously to come to fruition and thrive.

The Well North Wales programme is ideally placed to play a leading role in the post-Covid era, but will need the support of partner organisations to achieve the best results. A number of new partnership arrangements have evolved over the last 12 months, which will assist in the development and delivery of future health inequality programmes, and ensure that the region is able to respond confidently and coherently to the challenges that lie ahead.

Cyfarfod a dyddiad: Meeting and date:	Strategy, Partnerships and Population Health Committee 15.4.21
Cyhoeddus neu Breifat: Public or Private:	Public
Teitl yr Adroddiad Report Title:	Quarters 3 and 4 Operational Plan Monitoring Report to 28 February 2021
Cyfarwyddwr Cyfrifol: Responsible Director:	Mark Wilkinson Executive Director of Planning and Performance
Awdur yr Adroddiad Report Author:	Jonathan Lloyd, Interim Director of Performance Edward Williams, Head of Performance Assurance
Craffu blaenorol: Prior Scrutiny:	This paper has been scrutinised and approved by the Executive Director of Planning and Performance.
Atodiadau Appendices:	None

Argymhelliad / Recommendation:
The Strategy, Partnerships and Population Health 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 Quarters 3 & 4.

Cefndir / Background:
The operational plan has a number of key actions required to be delivered during Quarters 3 and 4 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. Amber and red ratings are used for actions where there are risks to manage to secure delivery or where delivery was not achieved. For red and amber rated actions a short narrative is provided. In addition, where an outcome was previously rated red, and then rated purple in the following month, a narrative is also provided.

Asesiad / Assessment & Analysis

Strategy Implications
Delivery of the operational plan actions is key to implementation of the Board's strategy

Options considered
N/A

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 report was made available to the public when published for the Finance & Performance Committee in January 2021

Impact Assessment
The operational plan has been Equality Impact Assessed.

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

Plan Monitoring Report Quarters 3 and 4 2020/21

Position as at 28 February 2021

Put patients first • Work together • Value and respect each other • Learn and innovate • Communicate openly and honestly

About this Report

- The Quarter 3 and 4 Plan has been agreed by the Health Board

- The Plan recognises that the disruptive nature of the pandemic has shortened planning horizons

- The Quarter 3 and 4 plan relates to the need to maintain essential non COVID-19 services to minimise risk of harm for life-saving or life-impacting treatments, whilst meeting the additional demands of winter pressures

- This report details the assessment by the Executive Director responsible for each of the work streams to have delivered the actions set out in the plan by the 31 March 2021, with supporting narrative where delivery has not been achieved. This report provides an update from each Executive Director for the position as at 28 February 2021.

- Work is underway in developing the plan for 2021/22 which will 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 reflects transition to sustainable service delivery phase of the plan.

RAG	Every month end	by expected delivery date	Actions depending on RAG rating given
Red	Off track, serious risk of, or will not be achieved	Not achieved	Where RAG given is Red: A concise narrative explaining what the issues are, what is being done to resolve them and the level of risk to successful delivery of the Action within the agreed timescale is provided.
Amber	Some risks being managed	Not Applicable	Where RAG given is Amber: A concise narrative explaining what the issues are, what is being done to resolve them and the level of risk to successful delivery of the Action within the agreed timescale is provided.
Green	On track, no real concerns	Not Applicable	Where RAG is Green: A concise narrative explaining the level of risk to successful delivery of the Action within the agreed timescale is provided.
Purple	Achieved	Achieved	Where RAG is Purple: Evidence that the Action has been achieved may be requested

Table of Contents

Chapter 1: Test, Trace and Protect

Test, Trace, Protect											
Plan Ref	Board Themes	Board Committee	Action	Lead Director	Target Date	Oct-20	Nov-20	Dec-20	Jan-21	Feb-21	Mar-21
1.00	safe, secure and healthy environment for our people	SPPH	Test, Trace, Protect (TTP) service established across North Wales to minimise the spread	Executive Director of Public Health	30/11/20	P					
1.20	safe, secure and healthy environment for our people	SPPH	Antigen Testing service established with ability to effectively respond to surges		31/10/20	P					
1.30	safe, secure and healthy environment for our people	SPPH	Tracing service established and key performance indicators achieved		30/11/20	P					
1.40	safe, secure and healthy environment for our people	SPPH	Protect plan established		20/12/20	A	G	P			

Chapter 2: Promoting Health & Wellbeing

Promoting Health & Well-being											
Plan Ref	Board Themes	Board Committee	Action	Lead Director	Target Date	Oct-20	Nov-20	Dec-20	Jan-21	Feb-21	Mar-21
1.60	safe, secure and healthy environment for our people	SPPH	Lead cross-sector North Wales COVID-19 Vaccination Tactical Delivery Group to plan and oversee the implementation of the COVID-19 vaccination programme for North Wales	Executive Director of Public Health	In line with national policy and guidance	P					

Continuation of Restart

Plan Ref	Board Themes	Board Committee	Action	Lead Director	Target Date	Oct-20	Nov-20	Dec-20	Jan-21	Feb-21	Mar-21
2.3	Essential services & safe planned care	F&P	Deliver monthly planned care re-start activity plan	Chief Operating Officer	30/11/20	G	P				

DEMAND AND CAPACITY

Plan Ref	Board Themes	Board Committee	Action	Lead Director	Target Date	Oct-20	Nov-20	Dec-20	Jan-21	Feb-21	Mar-21
2.4	Essential services & safe planned care	F&P	Develop and implement a 'Once for North Wales' solution to address specialties where local resource do not meet needs for P1 and P2 demand and where significant variance in waiting times between sites exits.	Chief Operating Officer	31/10/20	P					
2.5	Essential services & safe planned care	F&P	Identify specialities where the 'Once for North Wales' approach is not able to provide the required level of access to services.			P					
2.6	Essential services & safe planned care	F&P	Review of external capacity for key providers			R	R	P			
2.7	Essential services & safe planned care	F&P	Develop and implement plans to support patients to actively manage symptoms/ optimise their health whilst waiting for treatment.		31/12/20	A	A	R	R	R	

RISK STRATIFICATION

Plan Ref	Board Themes	Board Committee	Action	Lead Director	Target Date	Oct-20	Nov-20	Dec-20	Jan-21	Feb-21	Mar-21
2.8	Essential services & safe planned care	F&P	Introduce specialty specific risk stratification using P1- P4 categorisation as per Essential Services Framework.	Chief Operating Officer	19/10/20	P					
2.9	Essential services & safe planned care	F&P	Create specialty MDTs to review cases and ensure clinical handover if surgical team listing the patients is not able to operate.			R	R	P			

OUTPATIENTS

Plan Ref	Board Themes	Board Committee	Action	Lead Director	Target Date	Oct-20	Nov-20	Dec-20	Jan-21	Feb-21	Mar-21
3.00	Essential services & safe planned care	F&P	Provide virtual outpatient appointments wherever possible.		31/03/21	A	A	G	G	G	
3.10	Essential services & safe planned care	F&P	Identify community facilities where face to face consultations could be delivered and appointments and treatments offered to improve local/equity of access.	Chief Operating Officer	31/12/20	A	A	P			
3.20	Essential services & safe planned care	F&P	Develop and implement plans to address backlog of overdue follow up patients			G	G	P			

PROTECTING ELECTIVE CAPACITY - DIAGNOSTIC TREATMENT CENTRE

Plan Ref	Board Themes	Board Committee	Action	Lead Director	Target Date	Oct-20	Nov-20	Dec-20	Jan-21	Feb-21	Mar-21
3.40	Essential services & safe planned care	F&P	Undertake feasibility study into a Diagnostic and Treatment Centre to reduce long waiters in the health economy	Chief Operating Officer	31/10/20	G	P				

Cyfarwyddiaeth Cynllunio & Perfformiad
Planning & Performance Directorate

PATHWAY DEVELOPMENT

Plan Ref	Board Themes	Board Committee	Action	Lead Director	Target Date	Oct-20	Nov-20	Dec-20	Jan-21	Feb-21	Mar-21
4.10	Essential services & safe planned care	QSE	Clinical Advisory Group to co-ordinate a programme and timetable for pathway development and review in line with clinical strategy	Executive Medical Director	31/12/20	A	A	P			
4.20	Essential services & safe planned care	QSE	Ensure PREMs are included in the development of pathways where feasible and appropriate.		31/03/21	A	A	A	A	G	
4.30	Essential services & safe planned care	SPPH	Develop the process to arrive at a Digitally Enabled Clinical Services Strategy			A	A	A	A	A	

PLANNED CARE SPECIALTY SPECIFIC PLANS

Plan Ref	Board Themes	Board Committee	Action	Lead Director	Target Date	Oct-20	Nov-20	Dec-20	Jan-21	Feb-21	Mar-21
4.4	Essential services & safe planned care	F&P	Transform eye care pathway to deliver more care closer to home delivered in partnership with local optometrists	Chief Operating Officer	30/11/20	A	R	R	R	R	
4.5	Essential services & safe planned care	F&P	Undertake a total review of the orthopaedic case for North Wales, in light of the COVID-19 pandemic	Executive Director of Planning & Performance	30/11/20	A	P				
4.6	Essential services & safe planned care	F&P	Review of Orthopaedic business case in light of DTC feasibility work.	Chief Operating Officer	31/12/20	G	G	R	P		
4.9	Essential services & safe planned care	F&P	Insourcing Diagnostic Capacity. (Subject to market availability)		31/12/20	G	G	P			
5.10	Essential services & safe planned care	F&P	Implementation of insourcing solutions for CT, MRI and ultrasound to reduce backlog of routine referrals.		31/12/20	G	G	P			
5.20	Essential services & safe planned care	F&P	Implementation of insourcing solutions for neurophysiology to reduce backlog of routine referrals.		31/10/20	R	R	P			
5.30	Essential services & safe planned care	F&P	Review of phlebotomy service model in light of covid-19		31/10/20	P					
5.40	Essential services & safe planned care	F&P	Implement year one (2020/21) plans for Endoscopy		30/11/20	G	G	P			

SERVICE SUSTAINABILITY

Plan Ref	Board Themes	Board Committee	Action	Lead Director	Target Date	Oct-20	Nov-20	Dec-20	Jan-21	Feb-21	Mar-21
6.10	Essential services & safe planned care	F&P	Systematic review and development of plans to address service sustainability for planned care specialties, in order of highest risk.	Chief Operating Officer	30/11/20	A	R	R	P		
6.20	Essential services & safe planned care	F&P	Review and refresh priority business cases relating to service sustainability		31/03/21	G	G	G	G	G	

MANAGING CAPACITY – WINTER/COVID

Plan Ref	Board Themes	Board Committee	Action	Lead Director	Target Date	Oct-20	Nov-20	Dec-20	Jan-21	Feb-21	Mar-21
6.60	Essential services & safe planned care	F&P	Ensure surge and escalation plans are aligned to Planned Care activity needs	Chief Operating Officer	02/11/20	G	P				

Action 2.70: Develop and Implement plans to support patients to actively manage symptoms/optimise their health while waiting for treatment:
- Proposals for digital applications in (initially orthopaedics) are being delayed due to IT capacity, discussions are on-going on how this can be taken forward with IT and clinical leads are to agree and implement plans for their respective specialties
- Work with the IT department is ongoing to ensure that the review processes/flags are in place for patients on the waiting list
- This work aligns to the 6 point plan for planned care which focusses on effective clinical risk stratification, care pathway development and the interface with value based healthcare
- Work on the overall planning for planned care is progressing and it is expected that this specific action will be completed by 31 March 2021

Action 4.30: Develop the process to arrive at a Digitally Enabled Clinical Services Strategy:
- This is not being described as the digitally enabled clinical strategy any longer. The digital strategy is progressing to the May Board for approval. The Clinical Strategy implementation plan itself is to be discussed further with the Executive Team with the Chief Executive Officer's leadership. It will feature in the 2021/22 plan alongside the refresh of Living Healthier Staying Well.

Action 4.40:Transform eye care pathway to deliver more care closer to home delivered in partnership with local optometrists
- The business case to support the delivery of this action has been reviewed internally and feedback provided (engaging the relevant leads and clinical support)
- The case will be presented to the Executive Team in April 2021 subject to sufficient progress being made on the case.
- Progress to date has been delayed due to the pressures on the services
- Action to date was reviewed at the Planned Care Performance Review Meeting held on 23 February 2021

Unscheduled Care

Plan Ref	Board Themes	Board Committee	Action	Lead Director	Target Date	Oct-20	Nov-20	Dec-20	Jan-21	Feb-21	Mar-21
6.70	Safe unscheduled care	F&P	Develop Winter Resilience Plans for each local Health and Social Care Community as well as a pan BCUHB overarching Winter Resilience Plan for 2020-21	Chief Operating Officer	31/10/20	G	P				

Surge Plans

Plan Ref	Board Themes	Board Committee	Action	Lead Director	Target Date	Oct-20	Nov-20	Dec-20	Jan-21	Feb-21	Mar-21
7.40	Safe unscheduled care	F&P	Develop surge plans for secondary care, community and primary care services, including the development of specific schemes	Chief Operating Officer	31/10/20	G	P				
7.50	Safe unscheduled care	F&P	Surge plans are based on data, which describes COVID and non-COVID (USC) predicted demand for Q3&4.			G	P				
7.60	Safe unscheduled care	F&P	Site specific plans to include community based actions that will support Acute sites to maintain flow, avoid admissions wherever safe to do so and link community services designed to facilitate timely discharge e.g. Home First schemes.			G	P				
7.71	Safe unscheduled care	F&P	Temporary hospitals incorporated into the surge plans where triggers indicate the system is close to being overwhelmed.			G	P				

Phone First

Plan Ref	Board Themes	Board Committee	Action	Lead Director	Target Date	Oct-20	Nov-20	Dec-20	Jan-21	Feb-21	Mar-21
9.00	Safe unscheduled care	F&P	Develop and implement a 'Phone First' service building on the learning from the Cardiff & Vale pathfinder model – CAV 24/7. This will incorporate GP OOH call handling, SICAT, NHS Direct/ 111, primary care triage	Chief Operating Officer	31/12/20	A	A	P			
9.20	Safe unscheduled care	F&P	Phone First discussion paper drafted		01/10/20	G	P				

Emergency Department Quality Delivery Framework (EDQDF)

Plan Ref	Board Themes	Board Committee	Action	Lead Director	Target Date	Oct-20	Nov-20	Dec-20	Jan-21	Feb-21	Mar-21
9.70	Safe unscheduled care	F&P	Implementation of the Emergency Department Quality Delivery Framework (EDQDF) programme to agree care standards, a uniform approach to measuring activity and a nationally agreed model of care for Emergency Departments and which will be informed by the Welsh Access Model (WAM)	Chief Operating Officer	31/03/21	G	G	P			

Primary Care

Plan Ref	Board Themes	Board Committee	Action	Lead Director	Target Date	Oct-20	Nov-20	Dec-20	Jan-21	Feb-21	Mar-21
9.90	safe, secure and healthy environment for our people	SPPH	Review the requirements of the all Wales Primary Care Operating Framework (not yet published), including the delivery of the WHO framework for essential healthcare services.	Executive Director Primary & Community Care	31/03/21	G	G	G	G	G	

Capture and embed proven technologies in primary care

Plan Ref	Board Themes	Board Committee	Action	Lead Director	Target Date	Oct-20	Nov-20	Dec-20	Jan-21	Feb-21	Mar-21
10.40	safe, secure and healthy environment for our people	SPPH	Reflecting on the good practice and learning collated in Q2, support more primary care providers to implement e-Consult and video consultation platforms including the coordination of:	Executive Director Primary & Community Care	31/03/21	P					
10.50	safe, secure and healthy environment for our people	SPPH	Implementation of the on line platforms			P					
10.60	safe, secure and healthy environment for our people	SPPH	Roll out of New Technology Training /support			P					
10.70	safe, secure and healthy environment for our people	SPPH	Undertake patient satisfaction surveys			P					

Efficient and effective immunisation and screening activities

Plan Ref	Board Themes	Board Committee	Action	Lead Director	Target Date	Oct-20	Nov-20	Dec-20	Jan-21	Feb-21	Mar-21
11.10	Safe unscheduled care	F&P	Development and implementation of actions at a cluster level to deliver improved update in flu immunisation rates.	Executive Director Primary & Community Care	31/12/20	G	G	P			

Implement General Medical Services Recovery Plan

Plan Ref	Board Themes	Board Committee	Action	Lead Director	Target Date	Oct-20	Nov-20	Dec-20	Jan-21	Feb-21	Mar-21
11.70	Essential services & safe planned care	SPPH	Implement Welsh Government GMS Recovery Plan	Executive Director Primary & Community Care	31/10/20	P					

Implement Dental Services Recovery Plan

Plan Ref	Board Themes	Board Committee	Action	Lead Director	Target Date	Oct-20	Nov-20	Dec-20	Jan-21	Feb-21	Mar-21
12.30	Essential services & safe planned care	SPPH	Implement Welsh Government Dental Recovery Plan	Executive Director Primary & Community Care	31/03/21	G	G	G	G	G	

Implement Community Optometry Recovery Plan

Plan Ref	Board Themes	Board Committee	Action	Lead Director	Target Date	Oct-20	Nov-20	Dec-20	Jan-21	Feb-21	Mar-21
12.90	Essential services & safe planned care	SPPH	Implement Welsh Government Optometry Recovery Plan	Executive Director Primary & Community Care	31/10/20	G	P				

Community Health & Social Care

Plan Ref	Board Themes	Board Committee	Action	Lead Director	Target Date	Oct-20	Nov-20	Dec-20	Jan-21	Feb-21	Mar-21
13.70	Safe unscheduled care	F&P	Revisit the Stroke Business Case to prioritise early supported discharge and stroke rehabilitation	Executive Medical Director	31/01/21	A	A	A	R	R	

Support Care Homes and reintroduce CHC

Plan Ref	Board Themes	Board Committee	Action	Lead Director	Target Date	Oct-20	Nov-20	Dec-20	Jan-21	Feb-21	Mar-21
13.90	Safe unscheduled care	RPB/ SPPH	Regional Care Home Action Plan developed. (Building from good practice introduced in Q2 and legacy actions.)	Executive Director Primary & Community Care	31/12/20	G	G	P			
14.00	Safe unscheduled care	SPPH	BCU wide Continuing Health Care (CHC) Recovery Plan in operation			A	A	R	R	R	

Action 13.70: Revisit the Stroke Business Case to prioritise early supported discharge and stroke rehabilitation:
- The Business Case has received HBRT feedback and was reviewed and supported by the Executive Team on 10 March 2021 and will be considered at the March Finance and Performance Committee.

Action 14.00: BCU wide Continuing Health Care (CHC) Recovery Plan in operation:
- We are unable to fully implement plan due to ongoing pressures within care homes due to COVID-19. Due to the decrease in the number of care home outbreaks in February, the Area teams have re-based their recovery plans and agreed 'stretch' targets to achieve completion by end of March 2021
- The Care home resident and staff vaccination programme and enhanced testing programme, alongside wider public measures and lockdown effectiveness is anticipated to result in the realignment of wider care home plans in Quarter 2 2021

Deliver Safe & Effective CAMHS Services

Plan Ref	Board Themes	Board Committee	Action	Lead Director	Target Date	Oct-20	Nov-20	Dec-20	Jan-21	Feb-21	Mar-21
15.40	Improvement of Mental Health Services	QSE	CAMHS – Continue to deliver remote consultations via Attend Anywhere	Executive Director Primary & Community Care	31/12/20	G	G	P			
15.50	Improvement of Mental Health Services	QSE	Restart face to face planned care assessment and intervention work in CAMHS (once approved to start)			G	G	P			

Neuro-Development

Plan Ref	Board Themes	Board Committee	Action	Lead Director	Target Date	Oct-20	Nov-20	Dec-20	Jan-21	Feb-21	Mar-21
16.00	Improvement of Mental Health Services	QSE	Work towards providing Assessments and improve performance against the 26 week target	Executive Director Primary & Community Care	31/12/20	R	R	R	R	R	

Action 16.00: Work towards providing Assessments and improve performance against the 26 week target:

- An external provider commenced in January 2021 and the first review indicates delivery meets the activity levels commissioned. However, discussions have commenced to increase the level of activity delivered
- Internal capacity is below projected levels due to delays in delivery of training and equipment to support remote assessments; orders are being followed up but the delay is due to high demand. School closures also contribute to some operational issues. New projection plans assume that capacity should return to pre-COVID-19 levels in by 30 June 2021, with the need for additional activity to meet the approx. 100 assessments lost
- A tender for an additional provider has been submitted to procurement in Qtr4 2020/21, with a target commencement date of September 21. Costs to recover the backlog of activity have been submitted to finance as part of the BCUHB planning process for 2021/22; a decision is awaited as part of the 2021/22 planning process.

Mental Health & Learning Disabilities

Plan Ref	Board Themes	Board Committee	Action	Lead Director	Target Date	Oct-20	Nov-20	Dec-20	Jan-21	Feb-21	Mar-21
16.40	Improvement of Mental Health Services	QSE	Develop stronger and consistent divisional management and clinical governance arrangements which align with those of the Health Board.			G	G	G	G	G	
16.80	Improvement of Mental Health Services	QSE	The Mental Health Division in partnership with the Primary Care and Community work stream seeks to implement a number of support mechanisms including investing in the roll out of the Mental Health practitioner model and community connector role to Clusters in order to improve Primary care resilience.			A	A	G	G	G	
16.90	Improvement of Mental Health Services	QSE	The model is based on providing 14 mental health practitioners working within GP Clusters supported with 14 community connectors. The tier 0 model would provide additional support within the primary care setting releasing GP time.	Executive Director of Public Health	31/03/21	A	A	G	G	G	
17.00	Improvement of Mental Health Services	QSE	The Centre of Mental Health suggest there is an inherent risk of developing post-traumatic stress disorder (PTSD) after experiencing intensive care treatment for Covid-19 and therefore our plan will offer targeted; tailored mental health support to the families of people treated in ICU. Work is already underway to identify potential numbers affected.			A	A	A	A	G	
17.10	Improvement of Mental Health Services	QSE	Additional CPN support to care home sector to avoid admission to acute setting and support early discharge			A	A	A	A	A	

Cyfarwyddiaeth Cynllunio & Perfformiad
Planning & Performance Directorate

17.10: Improvement of Mental Health Services:

- Funding has been secured, recruitment is progressing but it has proven difficult to recruit Community Psychiatric Nurses (given the national demand for this role).   Options to redesign services are currently being explored including the alignment of home treatment services for older people and the potential close working with GP Clusters (learning from the pilot in the East). Links with Glyndwr University are also being explored to address recruitment issues in the medium and longer term.

Covid 19 Oversight

Plan Ref	Board Themes	Board Committee	Action	Lead Director	Target Date	Oct-20	Nov-20	Dec-20	Jan-21	Feb-21	Mar-21
17.20	Covid-19 prevention & readiness	QSE	Establish a Coronavirus Coordination Unit (CCU)		09/10/20	P					
17.30	Covid-19 prevention & readiness	QSE	Full operation of a Coronavirus Coordination Unit (CCU)		01/11/20	A	R	P			
17.40	Covid-19 prevention & readiness	QSE	Business Intelligence Unit phase 1 established with increased analytics capacity and focus to establish a framework	Executive Director Primary & Community Care	09/10/20	P					
17.50	Covid-19 prevention & readiness	QSE	Business Intelligence Unit phase 1 established with revised dashboard and reporting schedule for board and partners regarding covid-19 activity		01/11/20	A	R	P			

Digital Health

Plan Ref	Board Themes	Board Committee	Action	Lead Director	Target Date	Oct-20	Nov-20	Dec-20	Jan-21	Feb-21	Mar-21
17.70	Effective use of resources	D&IG	Phase 3 of Welsh Patient Administration System re-focus on West implementation	Executive Director Primary & Community Care	30/06/21	R	R	R	R	A	
17.80	Effective use of resources	D&IG	Pending approval of the business case – deploy WEDS		30/11/20	R	R	R	P		
17.90	Effective use of resources	D&IG	Development of the digital health record		31/03/21	G	G	G	G	G	
18.00	Effective use of resources	D&IG	Implementation of Baseline pan-BCU Health Records Project		31/12/20	G	G	R	P		
18.10	Effective use of resources	D&IG	Implementation of Digital dictation project		31/12/20	G	G	R	R	G	
18.20	Effective use of resources	D&IG	Development of priority business cases for sustainability of services		31/10/20	G	P				
18.30	Effective use of resources	D&IG	Produce a proposed implementation plan for the development of a strengthened business intelligence and analytics team.		31/12/20	G	G	P			

Action 17.70: Phase 3 of Welsh Patient Administration System (WPAS) re-focus on West implementation:
Agreed plan in place with NHS Wales Informatics Service (NWIS) and scoping of services is near completion (Phase 3). The expected 'go live' of West Area is May 2022, including adding this version to the Central Area, creating one unified WPAS across West and Central. This approach is subject to an integration assessment which will be undertaken to assess the likely impact of any issues with other systems that WPAS has to integrate with. An integration specialist is currently being recruited to undertake this work.

| Estates/ Capital | | | | | | | | | | | |
Plan Ref	Board Themes	Board Committee	Action	Lead Director	Target Date	Oct-20	Nov-20	Dec-20	Jan-21	Feb-21	Mar-21
18.40	Effective use of resources	SPPH	Ablett Mental Health Unit Outline Business Case	Executive Director of Public Health	31/01/21	A	A	A	R	R	
18.50	Effective use of resources	SPPH	Residencies: Outline Business Case	Executive Director of Planning & Performance	31/12/20	G	G	P			
18.60	Effective use of resources	SPPH	North Denbighshire Community Hospital		30/11/20	G	P				
18.70	Effective use of resources	SPPH	Ysbyty Gwynedd compliance		31/12/20	G	G	R	R	R	
18.80	Effective use of resources	SPPH	Wrexham Maelor Hospital		31/03/21	G	G	R	R	R	

18.40:Ablett Mental Health Unit Outline Business Case:
- The Executive Team have supported the Project Board's recommendation regarding another location on the YGC site and to seek Welsh Government support to submit a full planning application as part of the full business case. Discussions have been undertaken and will continue with Welsh Government who have offered additional support to progress.

18.70: Ysbyty Gwynedd compliance
- The final draft business case was presented and noted by the Capital Investment Group in January 2021 and now with Executive Team support, it will reach the Finance and Performance Committee in March 2021.

18.80: Wrexham Maelor Hospital
- The project team have reviewed timescales for an outline business case; the firm timescale is end of June 2021.
- Further delays have been encountered in appointing a supply chain partner, project manager and cost advisor; although all are now in place. COVID-19 has also created problems in undertaking the surveys due to access restrictions and operational imperatives; the surveys have now been completed.
- As progress has now been made means we remain confident in the delivery of the revised timescale (June 2021)

Workforce and Organisational Development - Part 1

Plan Ref	Board Themes	Board Committee	Action	Lead Director	Target Date	Oct-20	Nov-20	Dec-20	Jan-21	Feb-21	Mar-21
19.80	safe, secure and healthy environment for our people Effective Use of Resources	F&P	Ensure workforce optimisation plans are in place and ready to mobilise to support the delivery of safe care and mitigate the impact of COVID-19, the TTP programme and the Vaccination programme on staff and they support the Health Boards adjusted surge capacity plans for Q3 & Q4.	Executive Director of Workforce & Organisational Development	31/12/20	G	G	P			
19.90	safe, secure and healthy environment for our people Effective Use of Resources	F&P	Ensure all key workforce indicators are in place, utilised and embedded robustly to support all surge and essential services delivery		31/12/20	G	G	P			
20.00	safe, secure and healthy environment for our people Effective Use of Resources	F&P	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.		31/12/20	A	A	R	R	A	
20.20	safe, secure and healthy environment for our people	QSE	Implement Year 2 of the Health & Safety Improvement Plan is implemented to staff are proactively protected, supported and safe, including BAME, older people, co-morbidities and pregnant workers and that all environmental and social impacts are monitored and complied with		31/03/21	A	A	A	A	A	

Workforce and Organisational Development - Part 2											
Plan Ref	Board Themes	Board Committee	Action	Lead Director	Target Date	Oct-20	Nov-20	Dec-20	Jan-21	Feb-21	Mar-21
20.30	safe, secure and healthy environment for our people	QSE	Effective infrastructure in place to ensure wellbeing and psychological support is accessible to all staff	Executive Director of Workforce & Organisational Development	31/3/21	A	A	R	A	A	
20.50	safe, secure and healthy environment for our people	QSE	Strategic organisational development programme in place to support and enable the health board to build upon work undertaken to date to ensure our plans and people are aligned to our purpose	Executive Director of Workforce & Organisational Development	31/03/21	A	A	A	G	G	
20.70	safe, secure and healthy environment for our people	QSE	Review and improve mechanism for raising concerns to ensure concerns can be raised at all levels of the organisation with confidence they will be considered, acted upon and used to inform learning for improvement.		31/01/21	A	G	G	G	G	
20.80	Effective use of resources	SPPH	Subject to approval from Welsh government develop a full business case for submission in support of the creation of a medical school for North Wales in association with Bangor University.	Executive Medical Director	31/03/21	A	A	G	G	G	

20.00: 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.
- Original Action achieved. Further enhancement of guidance with learning from 3rd wave being incorporated. A wider piece of work on the infrastructure Estates/Facilities strategy is required longer term solutions to agile work practices being embedded across BCUHB

20.20: 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 groups (BAME), older people, co-morbidities and pregnant workers and that all environmental and social impacts are monitored and complied with.
- Key elements of the Health & Safety (H&S) Strategy have been undertaken in Year 2, specific risks being investigated include Water Safety through additional resources. The findings of the audit will be escalated through the governance structure, which includes the Water Safety Group, SOSH and Quality, Safety & Experience (QSE).
- Further pro-active work has been undertaken on COVID-19 safety which has included 76 social distancing reviews undertaken in the past 6 weeks. Internal audit have reviewed Security and Violence & Aggression, comprehensive action plans will be instigated to mitigate risks identified. Further work is required on the initial BAME RA and Fit Testing of night workers to comply with recent Health & Safety Executive (HSE) correspondents

20.30: Effective infrastructure in place to ensure wellbeing and psychological support is accessible to all staff
- Staff Wellbeing and Support model under development for which SBAR and business case for investment will be prepared by mid March. In the interim, contract with external company being developed to provide short term (3 month) remote and some face to face support on 3 acute sites (with potential to extend to community sites) - with the aim to have commenced this interim service by 29 March 2021.
- An option to provide some additional clinical psychology support for next 3 months across 3 acute sites also being explored pending wider service model, both will compliment and extend existing support that is available

Chapter 13: Performance & Accountability – Integrated Governance

Performance & Accountability: Integrated Governance											
Plan Ref	Board Themes	Board Committee	Action	Lead Director	Target Date	Oct-20	Nov-20	Dec-20	Jan-21	Feb-21	Mar-21
20.90	Integrated governance structure	F&P	To develop a performance and accountability framework for 2021/22, demonstrably strengthening accountability at all levels of the organisation and underpinned by improved performance reporting against agreed and quantified plans.	Executive Director of Nursing & Midwifery	31/12/20	G	G	P			

Chapter 14: Finance: Effective Use of Resources

Finance: Effective use of resources											
Plan Ref	Board Themes	Board Committee	Action	Lead Director	Target Date	Oct-20	Nov-20	Dec-20	Jan-21	Feb-21	Mar-21
22.01	Effective use of resources	F&P	Budget Setting Process 2021/2022	Executive Director of Finance	31/03/21	G	G	G	G	G	
22.02	Effective use of resources	F&P	Financial plan using sustainability funding to support IMTP		31/03/21	G	G	G	G	G	
22.03	Effective use of resources	F&P	Value Based Healthcare Commissioning (VBHC) implementation		31/03/21	G	A	A	R	R	

22.03: Effective Use Of Resource:

• Work on the Value Based Healthcare (VBHC) Plan has been delayed whilst arrangements for the Health Board's overall transformation and improvement programme are finalised. This is necessary to ensure that VBHC is fully aligned with this approach. Implementation will now progress in Quarter 1 of 2021/22.

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

Our Planning Goal

To develop an approvable Integrated Medium Term Plan covering the period 2022/25

2021/22 Plan Progress

- F&P Committee and Board approved draft plan -in line with NHS Wales Planning Framework / follow up guidance

- Plan is aligned to the focused priorities identified by the Board

- Plan underpinned by programme level action plans –refined and approved in April

- Capital and revenue business case tracker aligned with the plan

- Scoping documents before business case development are providing rigour/ benefits and return on investment / release of funding

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Planned Care Recovery

- Significant additional resources expected to support recovery –signalled within our plan

- Planned care 21/22 goal:

  - 2021/22 goal is no 52 week waits from March 20 backlog by March 22

  - 2022/23 onwards is for pandemic related backlog clearance

- Operational teams building short and medium term solutions e.g. weekend working, outpatient insourcing and procurement these plans – in addition to those already included in the 21/22 plan will be finalised in April and discussed with WG as part of the discussions on additional resources

- Plan refresh at Quarter 1 will take into account the above recovery planning work and planned care performance impacts alongside workforce and financial implications

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Outcomes for 2021/22 to 2023/24

Population outcomes	Organisational outcomes
❑ People in North Wales have **improved health and well-being with better prevention and self management.** ❑ **Better quality and accessible health and social care services** enabled by digital and supported by engagement. ❑ The health and social care **workforce is motivated and sustainable.** ❑ **Higher value health and social care system** that has demonstrated rapid improvement and innovation. ❑ **Improve health and reduce inequalities.**	❑ **Service transformation** ❑ Progress against **targeted intervention** requirements ❑ **Long-term quality service and financial sustainability**

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Commencement of 2022/23 Planning

- Requirement to complete plan by December 2021 (alongside work required to refresh 2021/22 plan)

- Immediate work to review lessons learnt and strengthen existing planning arrangements led by planning workstream

- Planning workstream to co-produce with divisions an agreed approach & timetable by end June 2021

- Alongside this:

    - External review of our planning arrangements

    - Measurement of current progress against the strategy planning and performance maturity matrix and implementation of improvement actions.

Review & refresh of our existing focused priorities for 2022/23

Achieving the highest standards of patient safety and public service delivery, improve health, reduce inequalities and achieve the best possible outcomes for our citizens.

Enabled by

- ❑ **COVID-19 response**
- ❑ Strengthen our **population health** focus
- ❑ **Primary** and **Community** Care
- ❑ Recovering access to timely **planned** care pathways
- ❑ Improved **unscheduled** care pathways
- ❑ Integration and improvement of **mental health** services

- ❑ **Transformation** for improvement
- ❑ Effective **alignment of our people**
- ❑ Stronger **governance**
- ❑ Making **effective and sustainable use of resources**

Agile integrated delivery plans

Applying learning

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Key considerations for future planning

- Draw upon the experiences of other organisations and invest in a transformation and quality improvement (QI) approach, embedding Kaizen principles into planning processes.

- DPH leading work to complete five year population need assessment this year

- Executive Team & Board review and refresh core priorities

- The degree to which work to develop our broader clinical strategy can shape and inform our 2022/23 plan?

- How do we ensure clusters are shaping and influencing plans ' bottom up' ?

- How do we ensure strong alignment with partnership priorities ?

- How can we ensure plans are pathway focused from prevention through to specialist services?

- Is the role of programme groups to identify commissioning intentions for health communities to respond?

- Consideration of having both programme level and health community (place based) plans?

Example 2022/23 Strategy & Planning Map

'A Healthier Wales' Regional Partnership Board				
BCU Strategy – Living Healthier Staying Well				
Equality and Diversity & new Socio-economic Duty in Wales				
Key Enabling Strategies				
Clinical Services Strategy	Workforce	Digital	Estates	Carers	Third Sector
Welsh language	Finance	Quality and Safety	Research and Innovation	Mental Health Strategy	Learning Disabilities Strategy
Programme Groups (BCU Wide Programme Group plans)				
(Reporting to Planning Workstream)				
Programme Groups **Pathway approach**	Primary Care	Mental health	Planned care (Including diagnostics and cancer services plan)	Unscheduled care including therapies e.g. Stroke services	Community services (including children's, & therapy services plans)
	Prevention and Health Improvement	Test, Trace & Protect	Commissioned Services	Vaccination	Continuing Healthcare / Women's Services
East, Centre, West Health Economy Delivery Plans for 2022/23 working with Integrated Service Boards				
(3 place based plans incorporating Area Teams, North Wales managed clinical services, Women's & Secondary Care services Plans)				
Underpinning Cluster Plans				

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Hierarchy of plans – blending 'top down' & 'bottom up' planning

Strategic Direction

Operational Engagement

Board Strategic Framework (refresh of LHSW)

Strategic Plans (examples Clinical Strategy, Digital Strategy , Engagement Strategy)

Programme Group set Commissioning Intentions

3 Health Implementation Plans East, Centre, West

and program specific plans for example, all age Mental Health, Planned Care Recovery

Cluster/Services/ Departments contribute to Health Community Plans

Staff Individual Plans / Job Plans (Objectives within PADR)

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Example planning products

1. Planning Priorities –programme groups set commissioning intentions (aligned to focused priorities identified by the Board) –adopting logic model approach

2. Health Implementation Plans: East; Centre; West; and program specific plans for example, all age Mental Health, Planned Care Recovery - shaped and informed by cluster and partnership plans.

3. Supporting capital and revenue scoping documents / business cases

4. Above shape BCU level plan

5. WG minimum dataset

Outline timetable under development (Draft example below: timetable and process to be co-produced with divisional leads).

Month	Actions
May/June	Co-produce detailed planning timetable for 2022/23 Review and refresh core priorities ensuring alignment with RPB partnership priorities
June / July	Identify clear commissioning intentions / planning templates issued
August /September	Business case scoping documents (schemes) and programme level/ health community Plans drafted.
September/ October	Prioritisation process- (following engagement with leaders in the development of prioritisation).
November	Draft plan to SPPH and F&P Committees
November /December	Welsh Government Planning Framework MDS finalised at Health Economy and BCU level? (performance, workforce, financial templates)
December	Integrated Three Year Plan submitted to Board
January	Plan submitted to WG

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University Health Board
NHS WALES

Risks

- **Programme level Planning**

  - Clarity of scope and any potential overlaps

  - Programme management strengthened e.g. Planned and USC

  - Need strong divisional engagement into each programme –carve out capacity

- **Recovery workforce constraints**

- **Service transformation**

- **Leadership capacity**

Cyfarfod a dyddiad: Meeting and date:	**Strategy, Partnerships and Population Health Committee 15.4.21**
Cyhoeddus neu Breifat: Public or Private:	Public
Teitl yr Adroddiad Report Title:	**All Wales Strategic Programme for Primary Care / Cluster developments & plans**
Cyfarwyddwr Cyfrifol: Responsible Director:	Dr Chris Stockport Executive Director Primary Care & Community Services
Awdur yr Adroddiad Report Author:	Clare Darlington Asst Director Primary Care & Community Services
Craffu blaenorol: Prior Scrutiny:	The responsible director and assistant directors of primary care lead and support the work associated with the Strategic Programme.
Atodiadau Appendices:	Refreshed workstream priorities 2020/21

Argymhelliad / Recommendation:

It is recommended that the Committee:

- Notes the work to date of the all Wales Strategic Programme for Primary Care, and the outputs delivered nationally and across BCUHB

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**	√
If this report relates to a 'strategic decision', i.e. the outcome will affect how the Health Board fulfils its statutory purpose over a significant period of time and is not considered to be a 'day to day' decision, then you must include both a completed Equality Impact (EqIA) and a socio-economic (SED) impact assessment as an appendix.						**Y/N to indicate whether the Equality/SED duty is applicable**	N (as national program-me update only)

Sefyllfa / Situation:

The national Strategic Programme for Primary Care was established in November 2018. The Programme coordinates the workstreams required to lead the delivery of the Primary Care Model for Wales.

The Committee received a paper on 1st October 2020 providing a high level summary of the work of the Strategic Programme to date, how the Heath Board contributes to the associated workstreams, and the Programme priorities going forward.

This paper provides a further update which includes key achievements since the last report, refreshed priorities and priorities for 2021/22.

Cefndir / Background:

In January 2018, the *'Parliamentary Review of Health and Social Care in Wales'* was published. In June 2018, Welsh Government provided a response: *'A Healthier Wales: our Plan for Health and Social Care'* which called for bold new models of seamless health and social care at the local and regional level.

To support the vision set out within *'A Healthier Wales',* a transformational Primary Care Model for Wales was developed and an all Wales Health Board led national programme of work was established in November 2018: the Strategic Programme for Primary Care.

The Programme brings together and develop all previous primary care strategies and reviews at an accelerated pace and scale, whilst addressing the priorities highlighted within *A Healthier Wales.*

It features six key workstreams, all designed to develop and deliver an increased pace and scale of previous work, and address new, emerging priorities. The workstreams are:

Each workstream is led by one of the Health Board Primary Care directors, supported by WG lead contacts and Health Board primary care leads. For more detailed information, a library of all programme resources & products, and regular programme updates, please visit the Strategic Programme web pages - hosted at https://primarycareone.nhs.wales/topics1/strategic-programme

The National Primary Care Board receives a programme level highlight reports which enables the Board to maintain oversight and to fulfil the agreed quality assurance function.

The programme-level highlight report comprises of key information taken from the monthly, individual project-level (workstream) reports. This paper uses the national highlight report that covers the period of 1 November 2020 to 31 January 2021.

Asesiad / Assessment & Analysis

During the pandemic, change has occurred in primary and community care at pace and through the application of both workforce and digital enablers, this has been consistent with the Primary Care Model

for Wales. All services (contractor services through to community and integrated care) have put in place measures to support business continuity and whilst these have been a necessity it has also brought innovation. Key areas to note include:

- Separation of COVID-19 (at practice or cluster level) and non COVID-19 patient flows
- Establishment of hubs for urgent and emergency care
- Community staff involved in test and trace
- COVID-19 vaccination programme
- Rehabilitation: A Framework for Continuity and Recovery 2020-21 (Welsh Government)
- Rapid roll-out of remote consultation working

The Strategic Programme for Primary Care produced a number of resources to action at a health board and local level, with national and BCUHB key achievements for the reporting period 1 November to 31 January 2021 as follows:

- Opening of urgent primary care pathfinder centres (UPCCs) across Wales, with BCUHB leading the development of UPCCs in Wrexham, Mold and Rhyl and feeding into the national learning and evaluation.

- A Primary & Community Planning Framework 2021-22 was developed and formally issued to all Health Boards across Wales. This informed an improved profile of primary care in the NHS Wales Annual Planning & Delivery Framework 2021/22. The requirements of this framework have been reflected in the BCUHB Annual Plan 2021/22.

- Cluster IMTP Annual Plan guidance was formally issued to all Health Boards. All 14 clusters across North Wales have developed and submitted their plan for 2021/22. A summary report has been presented previously to this committee and key cluster priorities are highlighted in the BCUHB Annual Plan 2021/22.

- Work to support cluster development and the implementation of the Primary Care Model for Wales has been propelled with receipt of more than 700 stakeholders providing their feedback on the challenges and opportunities. Whilst the health board awaits the outcome for this review, the Executive Director Primary Care & Community Services has discussed with the cluster leads proposals to develop a Cluster Transformation Board for north Wales as part of the further ongoing development of clusters.

- Production of a stakeholder endorsed national Bedded Community Toolkit (awaiting launch).

- A Primary Care Governance Framework has been developed and its principles have been endorsed by the Strategic Programme Board. The recommendations within this Framework will be reviewed by the health board's Primary Care Q&S group with an action plan to review and develop local quality and safety processes across primary care in north Wales.

- Production of stakeholder requirements to enhance GMS and Community Pharmacy Escalation Tools for 2021-22. The Area teams continue to review the escalation reports to support contractors who are identifying higher levels of escalation, noting that there is more to do nationally and locally to improve the reporting.

- COVID Vaccination Webinar held with approximately 400 participants from General Practice across Wales. This was actively promoted across north Wales with details shared in the regular covid-19 briefings shared with contractors.

- Positive stakeholder engagement with Mental Health colleagues. An opportunity to develop a national mental health toolkit for Tier 0 and Tier 1 services. Area teams and clusters will continue to develop plans and priorities locally with the Mental Health division, with some investment already made by clusters to support these services.

- Scoping and plans to address 'Clinical and behaviour risk factors: diabetes and obesity' undertaken, resulting in funding being secured (from Public Health Wales) to carry out insight work.

- Release of refreshed All Wales COVID toolkits: Community Pharmacy and Optometry, which were shared with contractors across north Wales.

- Primary care contribution into the Welsh Government COVID-19 communications campaigns, with local GPs and cluster leads supporting this campaign.

As the health system recovers, there are valuable lessons from the rapid transformation that has occurred that should shape the recovery. Many of these are aligned to the care closer to home principles as set out in *A Healthier Wales*, particularly the digital solutions and the enhanced multi professional working. It is therefore timely to adopt and embed these principles across the whole health and care system (and with partners). Without this as a stated direction of travel, there is a risk that we re-instate pre-COVID-19 ways of working whilst maintaining the aspiration of *A Healthier Wales.*

The Programme also highlights that primary and community care needs to continue to respond and keep a strong focus on the four harms:

- Harm from COVID itself
- Harms from an overwhelmed NHS and social care system
- Harm from a reduction in non COVID activity
- Harm from wider societal actions/ lockdown

It reiterates that the Primary Care Model for Wales and the cluster approach should continue to have a focus on health and wellbeing. Moving into 2021/22 the following principles therefore need to underpin service planning and delivery at cluster and health board level:

- Alignment of the whole system continuum of placed based seamless provision
- Be about the whole person encompassing mental well-being and physical health

Reconciling with the 2021/22 NHS Annual Planning Framework, the five Ministerial priorities are referenced include primary and community care, with the four other Ministerial priorities closely linked to the work of the Strategic Programme, namely:

- Prevention – of particular note, the Obesity Strategy. With the support of the Prevention and Wellbeing work stream of the Strategic Programme for Primary Care, Health Boards need to consider the contribution primary and community services can make to delivering this strategy.

- Reducing health inequalities – with the support of the Prevention and Wellbeing work stream, consideration of the learning from the inverse care law projects and the risk stratification work led by Aneurin Bevan and Cwm Taf Morgannwg Health Boards.

- Timely access to care – picked up through the previously identified priorities of 'essential services' and 'access to primary care' for Health Boards and nationally through joint work of the Strategic Programme for Primary Care with the Planned Care and Unscheduled Care Programmes.

- Mental Health – particularly noting the impact of the pandemic, Health Boards should ensure primary and community care services take a holistic approach encompassing the mental health and emotional wellbeing of the individual.

Bringing all this together, the following **four priorities** for 2021/22 have been identified specifically for the Strategic Programme Primary Care supported by the Health Board Directors of Primary Care:

I. *Management of COVID-19*

II. *Delivery of essential services*

III. *Development of integrated and community care, including:*

Discharge to Recover & Assess
Rehabilitation support (to include impact of COVID-19 and post COVID-19 syndrome)
Step-up and step down bedded community services
Provision for care homes

IV. *Improved access to primary care*

To include all primary care contractor services and the model for urgent primary care services

Given the continually evolving context, it is however recognised that these priorities need to be balanced based upon the demands on the service at any particular time and that reduction in harm remains paramount.

Key activities of the Strategic Programme that are being progressed in readiness for the next reporting period (February – April 2021) are summarised below:

- Cluster Development - engagement sessions on emerging findings and development of actions.
- Produce first draft '7 Day Rehabilitation Guidance'.
- Launch the Bedded Community Services Toolkit.
- Urgent Primary Care Pathfinders – continue to capture the learning, development of an evaluation model and shaping of end-product(s).
- To undertake initial review of completed Cluster annual plans (2021/22).
- To deliver further vaccinations webinars.
- To undertake evaluation of the All-Wales Care Home framework and Rehabilitation guidance.

- To improve alignment with Welsh Government project to deliver a minimum GMS Data Set.
- Launch the WG Delivery Milestones template (2021/22)
- To embed the GMS and Community Pharmacy and GMS Escalation Tool user defined requirements.
- To deliver automated, quarterly primary care workforce reports from the Wales National Workforce Reporting System (WNWRS).
- Provision of support to implement HomeWatch / Monitro yn y Cartref.
- To progress the reporting of pressure levels across primary and community care.
- Further engagement with HEIW to align work that will meet the Workforce Strategy and support the establishment of locality training hubs across Wales.
- Meet with Directors of Public Health and Welsh Government to discuss prevention and wellbeing priorities for 2021/22.
- Refresh the actions and timelines within the Primary Care Governance Framework.
- To engage in a peer review of the Strategic Programme Primary Care (as recommended by the Wales Audit Office).
- To review the Strategic Programme journey to date, including
  - A review of strengths, weaknesses, opportunities and threats
  - Changes since the original 2018 vision and the new landscape in 2021
  - The strategic priorities and shape for 2021 and beyond.

The key deliverables up to April 2021 are highlighted below:
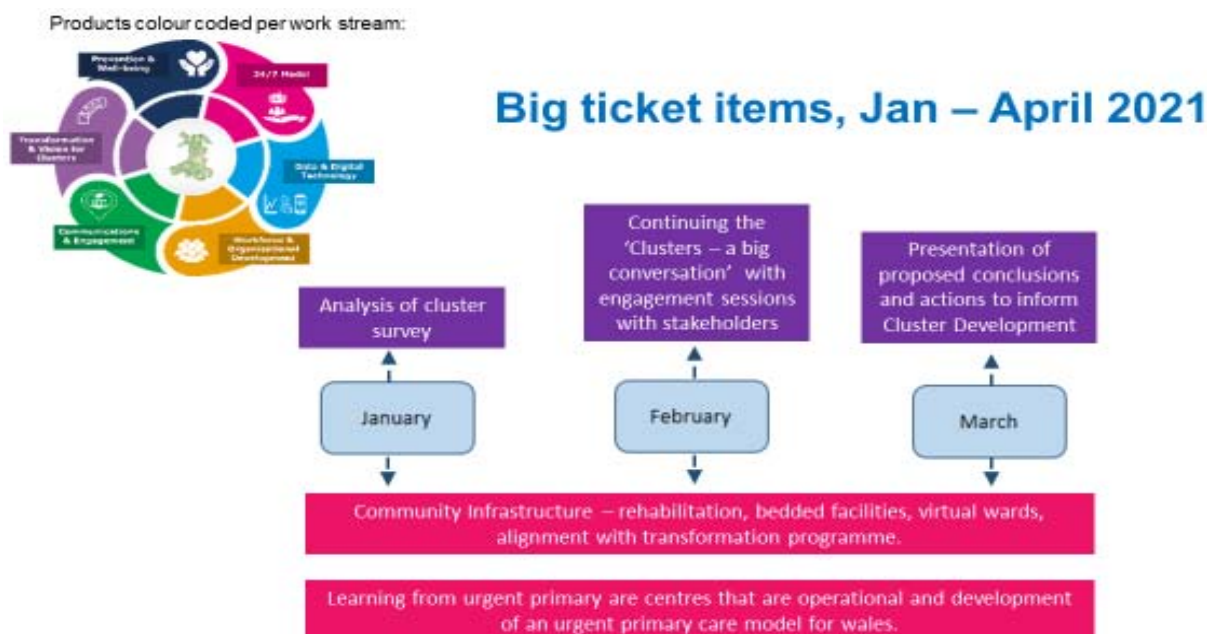
The Executive Director Primary Care & Community Services and Assistant Primary Care/Community Services directors will continue to engage with the work of the Strategic Programme, both to represent the Health Board nationally and also to ensure implementation of related recommendations and engagement at a regional, area and cluster level.

Strategy Implications

The Strategic Programme for Primary Care provides a robust direction to inform priorities for both strategic and operational plans across all primary care and community services within the Health Board; ultimately supporting the delivery of *'A Healthier Wales'.*

It provides a platform for the Health Board to engage and support all Wales strategy and related developments, whilst ensuring local delivery to best meet the needs of the people of North Wales.

Options considered

Not applicable to this paper

Financial Implications

The financial implications of the Strategic Programme for the Health Board are reviewed as part of the planning cycle of the organisation. In the main, the core allocation must be used to deliver local plans, with some initiatives supported by additional funding streams such as the Community Transformation Fund and Primary Care grant allocations.

Additional funding to support the ongoing development of UPCCs in 2021/22 has been confirmed, with the actual allocation detail to follow.

Risk Analysis

The Health Board has an identified risk relating to the sustainability of primary care contractor services, in particular GP practices. There are also concerns regarding Community Pharmacies.

The work undertaken alongside the Strategic Programme is a significant contribution in the sustainability of services.

In addition the priorities contribute to the over improvements required in the delivery of unscheduled care and planned care.

Legal and Compliance

The delivery of the National Operating Framework and associated delivery milestones will form part performance and accountability framework developed to review the delivery of the Health Board's Annual Plan.

Impact Assessment

Impact assessments are undertaken as necessary for individual priorities and associated actions, at a local and national level.

Cyfarfod a dyddiad: Meeting and date:	**Strategy, Partnerships and Population Health Committee 15.4.21**
Cyhoeddus neu Breifat: Public or Private:	Public
Teitl yr Adroddiad Report Title:	**Development of a Pharmaceutical Needs Assessment-Update Report**
Cyfarwyddwr Cyfrifol: Responsible Director:	Dr Chris Stockport Executive Director of Primary Care and Community Services
Awdur yr Adroddiad Report Author:	Wyn Thomas Assistant Area Director Primary Care Adam Mackridge, Strategic Lead for Community Pharmacy
Craffu blaenorol: Prior Scrutiny:	Executive Team
Atodiadau Appendices:	*0*

Argymhelliad / Recommendation:

The Committee is asked to note the requirement for the Health Board to develop and publish a Pharmaceutical needs Assessment by 1st October 2021, and the process and progress to date to meet the deadline.

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	√
If this report relates to a 'strategic decision', i.e. the outcome will affect how the Health Board fulfils its statutory purpose over a significant period of time and is not considered to be a 'day to day' decision, then you must include both a completed Equality Impact (EqIA) and a socio-economic (SED) impact assessment as an appendix.					Y/N to indicate whether the Equality/SED duty is applicable		No

Sefyllfa / Situation:

To inform the SPPH Committee of progress in developing the Pharmaceutical Needs Assessment (PNA) for the Health Board by October 1st 2021, as required, under the Public Health Wales Act 2017 and the NHS (Pharmaceutical Services) (Wales) Regulations 2020.

The PNA will assess the health needs of the population of North Wales and how these may change within the five-year lifetime of the document, and the current provision of pharmaceutical services in order to identify any current or future needs for a particular service or a range of services. The PNA will then be used by the health board to determine applications for new or additional premises from pharmacy contractors, dispensing appliance contractors and dispensing doctors – the system that is now known as 'market entry'.

Cefndir / Background:

The Public Health (Wales) Act 2017, given Royal Assent on 3 July 2017, places an obligation upon Health Boards (HBs) to undertake a Pharmaceutical Needs Assessment (PNA). The NHS (Pharmaceutical Services) (Wales) Regulations 2020, which came into force in October 2020, have made it a legal requirement for BCUHB to complete and publish a PNA by 1 October 2021.

The services that a pharmaceutical needs assessment must include are defined within both the National Health Service (Wales) Act 2006 and the NHS (Pharmaceutical Services) (Wales) Regulations 2020, namely the provision of essential, advanced and enhanced services by pharmacies and dispensing appliance contractors, and the dispensing service provided by some GP practices.

Under the previous regulations, applications to provide pharmaceutical services have been assessed by Health Boards, by means of the "control of entry" test. This process focused largely upon the traditional roles of dispensing of prescriptions by applicants and did not address the increasing number of pharmacy services including emergency contraception, influenza vaccination, common ailments scheme and stop smoking that are required within our communities. Nor did the system allow the health board the plan for the location of new pharmacies; instead, it was for applicants to decide where they wished to open.

Under the new regulations, the health board will, via the PNA, identify the current and future need (or needs) for a pharmaceutical service or a range of pharmaceutical services and contractors will then apply to meet those needs.

A PNA must therefore consider the full range of essential, advanced and enhanced services provided by pharmacies and dispensing appliance contractors and the dispensing service provided by some GP practices. It will allow the health board to consider the level and extent of services that are required to meet the needs of its population and to do so within the context of its strategic plans and priorities for primary care and community services.

As part of the process to develop the PNA, the health board is required to undertake a 60-day consultation on a draft of the document with a specified list of persons. Taking into account the responses to the consultation the health board will then finalise and publish its first PNA. It will then be required to publish a new PNA every five years, as a minimum.

Asesiad / Assessment & Analysis

The update on progress to date is as follows;

- A steering group was established to oversee the work, which included representation from Community Pharmacy Wales (CPW) and the Local Medical Committee (LMC). The Community Health Council was invited but has not attended.
- Views from pharmacies were sought via the pharmacy contractor questionnaire that was incorporated into the All Wales Pharmacy Database validation exercise, which was brought forward nationally in order to meet the PNA timescales. All the pharmacies responded. With thanks to CPW for facilitating that.

- The dispensing doctor questionnaire was run online and 22 of the 39 dispensing practices responded. With thanks to the LMC for promoting it.
- An online questionnaire that sought views of patients and the public on the provision of services by pharmacies and dispensing doctors was open for just under eight weeks. There were two responses to the Welsh version and 534 to the English version. The questionnaire was promoted via the Health Board's website and social media accounts, posters in pharmacies and practices, and flyers in bags of dispensed medication. Promotion was also supported by the Health Board engagement team – thanks to them for this support.
- NWIS has provided the maps showing which services are provided and where, based on data held by shared services and the Health Board.
- The GP clusters have been used as the basis for the localities within the PNA, and each locality has a chapter that sets out the provision of current services and changes that are expected to occur during the five-year lifetime of the PNA.
- Two meetings were held to go through the locality chapters to identify any gaps in the current provision of pharmaceutical services or which will arise in the next five years. The gaps have then been articulated as either a current or a future need for a service or a range of services.
- Drafts of each chapter (with the exception of the executive summary and the conclusions) have been shared with the steering group and others within the health board for review and sign-off.
- The Welsh Language Department are prepared for the significant translation activity required for the consultation process.

The full document for consultation will be presented to the May meeting of the Board. A 60-day consultation process will then take place with the final document being presented to Board in September to enable the agreed PNA to be published by 1st October 2021 in line with regulations.

Strategy Implications

The PNA will support the Health Board to commission services from pharmacy and dispensing appliance contractors and dispensing doctors to meet local needs and provide services and alternative providers in the community.

Options considered

N/A

Financial Implications

The published PNA will support the commissioning of new and additional pharmaceutical services from within the ring-fenced allocation for pharmacy services.

Risk Analysis

N/A

Legal and Compliance

The published PNA will evidence the Health Board has met its duties under The Public Health Wales (Act) 2017 and the NHS (Pharmaceutical Services) (Wales) Regulations 2020.

Impact Assessment

Equality and Socio Economic assessments will be undertaken of the draft PNA and any mitigation reflected in the final document to be published on 1st October 2021.

Cyfarfod a dyddiad: Meeting and date:	**Strategy, Partnerships and Population Health Committee** **15.4.21**
Cyhoeddus neu Breifat: Public or Private:	Public
Teitl yr Adroddiad Report Title:	**BCUHB Bilingual Skills Policy and Procedure**
Cyfarwyddwr Cyfrifol: Responsible Director:	Teresa Owen (Executive Director of Public Health) Sue Green (Executive Director of Workforce & Organisational Development)
Awdur yr Adroddiad Report Author:	Clair Tipton (Workforce Information Systems Manager) Eleri Hughes-Jones (Head of Welsh Language Services) Dr Meilyr Emrys (Welsh Language Officer)
Craffu blaenorol: Prior Scrutiny:	The previous version of the policy (known as the BCUHB Bilingual Skills Strategy) was approved by the Strategy, Partnership and Population Health Sub-Committee on 30th October 2017. The updated draft (attached) was scrutinised and provisionally approved by the Welsh Language Strategic Forum (on 25th February 2020) and following minor amendments (detailed below), was approved by the Workforce Policies Procedures Group (on 18th December 2020).
Atodiadau Appendices:	3: • Polisi a Gweithdrefn Sgiliau Dwyieithog BIPBC (Terfynol – Ionawr 2021); • BCUHB Bilingual Skills Policy & Procedure (Final – January 2021); • Bilingual Skills Policy & Procedure EqIA (Completed 4th September 2020).

Argymhelliad / Recommendation:
SPPH Committee is asked to approve the updated draft of the BCUHB Bilingual Skills Policy & Procedure.

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	
If this report relates to a 'strategic decision', i.e. the outcome will affect how the Health Board fulfils its statutory purpose over a significant period of time and is not considered to be a 'day to day' decision, then you must include both a completed Equality Impact (EqIA) and a socio-economic (SED) impact assessment as an appendix.				**Y/N to indicate whether the Equality/SED duty is applicable**		**EqIA:** **Y** **SED IA:** **N/A**	

Sefyllfa / Situation:

By providing pertinent guidance (primarily for managerial staff), the Bilingual Skills Policy & Procedure aims to promote and facilitate effective workforce planning and recruitment, in order to ensure the successful delivery of healthcare services through the medium of both Welsh and English within BCUHB.

A planned strategy review was initiated in 2019 (in accordance with the Health Board's policy review procedure) and this resulted in a number of minor amendments being made to the wording of certain passages / sections within the document.

Whilst these initial amendments haven't had any bearing upon the general substance of the guidance that is provided within the document, they were necessary in order to reflect the growth and development of the Health Board's Welsh language training provision for staff since the preceding version of the Bilingual Skills Strategy (as the document was previously known) was approved in 2017 (see section 6, 'Training').

At the same time, it was equally important to ensure that the updated draft of the Bilingual Skills Policy also reflects the procedural and organisational changes that have been put in place by W&OD following the conclusion of an internal audit, which was conducted to establish whether or not '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'.

This audit was conducted by NHS Wales Shared Services Partnership and focused primarily on the management and administration of vacant 'Welsh essential' posts within BCUHB (including vacancy justification; supporting policies and guidance notes; and accuracy and consistency of reporting).

A final internal audit report was published in November 2019 and its recommendations are reflected throughout the updated Bilingual Skills Policy draft (and especially so within sections 5, 7 and 8).

Furthermore, as the Health Board had recently become subject to the Welsh Language Standards (on 30th May 2019), some minor changes were also deemed necessary to ensure that the contents of the updated policy continues to reflect the relevant statutory requirements and best practice in relation to recruitment and Welsh-medium service provision.

In connection with this, a decision was taken to upgrade the strategy to a policy, primarily in order to reflect the new statutory requirements under the Welsh Language (Wales) Measure 2011.

As these initial minor amendments were numerous – and were often merely slight rewordings or the inclusion of an additional explanatory sentence – it was decided that it simply wouldn't be practical or prudent to record them all by using Microsoft Word's 'track changes' feature.

All the additional / larger scale amendments that were made to the draft following scrutiny by the Welsh Language Strategic Forum and the Workforce Policies Procedures Group (WPPG) are detailed below.

Whilst the initial minor amendments (along with the decision to upgrade the strategy to a policy) were approved by the Welsh Language Strategic Forum on 25th February 2020, the following two additions were also suggested at the same meeting:

- A short subsection (7.5.1, p. 20) should be added to the policy's 'Recruitment' section, in order to provide guidance about the potential benefits of 'Advertising BCUHB jobs on other recruitment websites' (alongside www.jobs.nhs.uk).

- The Welsh Language Skills Requirement Flowchart (p. 23) should be updated to reflect the revised guidelines in relation to recruiting for 'Welsh essential' roles (i.e. the flowchart should include an explanation that non-Welsh speakers can now be offered 'Welsh essential' roles, but with the caveat that they will be required to learn to speak Welsh to a satisfactory level of fluency within a reasonable agreed timescale).

Following a slight delay (which was caused by the onset of the COVID-19 pandemic), the Bilingual Skills Policy & Procedure was subsequently discussed at the WPPG's October and November 2020 meetings.

At the 19th November meeting, it was agreed that the wording of subsection 6.1, 'Health Board Training Priority' (p. 13) should be revised, in order to ensure greater clarity about the processes in relation to the delivery of Welsh language training for BCUHB staff.

The subsection in question was subsequently redrafted by a member of the BCUHB Welsh Language Team.

Cefndir / Background:

The Bilingual Skills Policy & Procedure aims to ensure the Health Board has sufficient staff with appropriate Welsh language skills to enable it to deliver a wide range of healthcare services for the public in both Welsh and English.

The policy strengthens the organisation's capacity to provide bilingual services through workforce planning, recruitment and organisational development.

At the same time, the Health Board is also required to provide information about its workforce's linguistic skills to the Welsh Language Commissioner's Office on an annual basis (in accordance with the Welsh Language (Wales) Measure 2011).

The policy provides guidance in relation to measuring and recording those skills.

More than just words…, the Welsh Government Strategic Framework for Welsh Language Services in Health, Social Services and Social Care, also includes specific objectives that relate to Workforce Planning and Recruitment: these targets inform aspects of the guidance provided within the Bilingual Skills Policy & Procedure (and are specifically referred to within the document).

Asesiad / Assessment & Analysis

Strategy Implications

The guidance included within the BCUHB Bilingual Skills Policy and Procedure aims to facilitate the delivery of bilingual services within the Health Board and this objective 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, the contents of the policy and procedure also 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 in relation 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

No additional expenditure will be required to ensure the successful implementation of the Bilingual Skills Policy & Procedure within BCUHB.

However, as the Health Board is subject to the Welsh Language Standards, a failure to provide adequate bilingual services could ultimately result in the receipt of financial penalties.

All complaints relating to noncompliance with the statutory Standards will be investigated by the Welsh Language Commissioner and civil penalties of up to £5000 can be imposed if an organisation fails to resolve any existing shortcomings.

As the Health Board already implements a number of mitigating actions in relation to the Standards, it's unlikely that BCUHB will face sanctions of this kind (and the successful implementation of the Bilingual Skills Policy & Procedure will further mitigate this risk).

However, the possibility of financial penalties for noncompliance with the statutory benchmarks should still be noted as a possible financial implication.

Risk Analysis
A failure to deliver services bilingually (and the resulting noncompliance with the Welsh Language Standards) would create inherent legislative risks.

Whilst BCUHB continues to lead the way in terms of the availability and development of bilingual healthcare provision, the advice and guidance provided within the updated Bilingual Skills Policy & Procedure will help to further mitigate the risk of statutory noncompliance.

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 the updated Bilingual Skills Policy & Procedure explains how the organisation can utilise astute workforce planning, recruitment and organisational development procedures in order to continue to adapt successfully to the new legislative framework and statutory requirements in relation to the Welsh language.

Workforce & Organisational Development will be primarily responsible for overseeing the implementation of the Bilingual Skills Policy & Procedure, but related issues will also be reported and discussed at BCUHB Welsh Language Strategic Forum (WLSF) meetings.

This will be facilitated by the fact that the BCUHB Workforce Information Systems Manager is a member of the WLSF.

Impact Assessment
An Equality Impact Assessment in relation to the updated draft of the Bilingual Skills Policy & Procedure was completed on 4th September 2020 (and is attached, for information).

This confirmed that the impact of the policy will not be discriminatory under equality legislation and that no protected groups will be negatively affected by its implementation.

Because of this, no further mitigating actions were necessary.

Bwrdd Iechyd Prifysgol
Betsi Cadwaladr
University Health Board

WP51

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

POLISI A GWEITHDREFN SGILIAU DWYIEITHOG

Dyddiad adolygu:	Medi 2023	Nifer y tudalennau:	37
Awdur(on):	Eleri Hughes-Jones / Clair Tipton / Dr Meilyr Emrys	Teitl yr awdur(on):	Pennaeth Gwasanaethau'r Gymraeg / Rheolwr Systemau Gwybodaeth Gweithlu / Swyddog Iaith Gymraeg
Adran / cyfarwyddwr cyfrifol:	Gweithlu a Datblygiad Sefydliadol / Cyfarwyddwr Gweithredol Gweithlu a Datblygiad Sefydliadol – Sue Green		
Cymeradwywyd gan:	Is-bwyllgor Strategaeth, Partneriaethau ac Iechyd y Boblogaeth		
Dyddiad cymeradwyo:	18 Rhagfyr 2020		
Dyddiad gweithredu (byw):			
Dyddiad cwblhau'r EQIA:	4 Medi 2020		
Dogfennau i'w darllen ochr yn ochr â'r polisi hwn:	Dogfen Safonau'r Gymraeg o dan Mesur y Gymraeg (Cymru) 2011. Polisi a Gweithdrefnau Ymarferion Recriwtio Mwy Diogel Gweithdrefn Absenoldeb Astudio		
Pwrpas Cyhoeddi/Disgrifiad o newidiadau cyfredol:			

Mae'r Strategaeth Sgiliau Dwyieithog wedi'i chynllunio er mwyn caniatáu cynllunio gweithlu a recriwtio staff yn effeithiol i sicrhau bod gwasanaethau dwyieithog yn cael eu darparu trwy'r Gymraeg a'r Saesneg, yn ôl dewis unigol ac anghenion y boblogaeth yn yr ardal. Yn ogystal â hyn, mae Mesur y Gymraeg (Cymru) 2011 yn ei gwneud yn ofynnol i'r Bwrdd Iechyd ddarparu gwybodaeth am sgiliau ieithyddol bob blwyddyn i Swyddfa Comisiynydd y Gymraeg. Mae *Mwy na Geiriau...*, sef Fframwaith Strategol Olynol Llywodraeth Cymru ar gyfer Gwasanaethau Cymraeg mewn Iechyd, Gwasanaethau Cymdeithasol a Gofal Cymdeithasol yn ymgorffori amcanion sy'n ymwneud â Chynllunio Gweithlu a Recriwtio.

Crynodeb					
Nod y Strategaeth Sgiliau Dwyieithog yw sicrhau bod gan y Bwrdd Iechyd ddigon o staff sydd â sgiliau Cymraeg addas i gynnal gwasanaethau gofal iechyd i'r cyhoedd yn ddwyieithog. Mae'n cryfhau capasiti'r sefydliadau i ddarparu gwasanaethau dwyieithog drwy Gynllunio Gweithlu, Recriwtio a Datblygiad Sefydliadol.					
Gweithredol yn gyntaf:	Dyddiad gweithredu'r polisi am y tro cyntaf				
Adolygwyd yn flaenorol:	16/07/15	30/10/17	17/06/19	26/11/19	31/01/20
Newidiadau wedi'u gwneud. Do/naddo	Do	Do	Do	Do	Do

Cynnwys

1.   Cyflwyniad

Ar ôl cael ei gymeradwyo'n flaenorol gan Gynulliad Cenedlaethol Cymru, cafodd Mesur y Gymraeg (Cymru) 2011 gydsyniad brenhinol ar 9 Chwefror 2011.

Rhoddodd y ddeddfwriaeth hon statws swyddogol i'r Gymraeg yng Nghymru ac mae'n atgyfnerthu'r egwyddor na ddylid trin y Gymraeg yn llai ffafriol na'r Saesneg yng Nghymru.

Fe wnaeth Mesur y Gymraeg (Cymru) hefyd:
- greu'r weithdrefn ar gyfer gosod dyletswyddau statudol ar sefydliadau ar ffurf Safonau'r Gymraeg;
- sefydlu rôl Comisiynydd y Gymraeg i graffu ar gydymffurfiaeth â'r Safonau hyn;
- rhoi grym i'r Comisiynydd ymchwilio i unrhyw honiadau o ymyrraeth â rhyddid rhywun i ddefnyddio'r Gymraeg.

Rhoddwyd rhybudd o gydymffurfiad rheolaethol ar Fwrdd Iechyd Prifysgol Betsi Cadwaladr (BIPBC) ar 30 Tachwedd 2018, sy'n golygu bod rheidrwydd statudol ar y sefydliad i gydymffurfio â 123 o Safonau penodol y Gymraeg.

Mae rhai Safonau (sef Safonau 96-105) yn ymwneud yn uniongyrchol â chynllunio'r gweithlu a datblygu sgiliau Cymraeg ein gweithwyr.

Ochr yn ochr â hyn, mae'r Bwrdd Iechyd hefyd yn parhau i fod yn ymrwymedig i wireddu'r nod ganlynol, a gafodd ei chynnwys yn wreiddiol yn Rhagair Cynllun Iaith y sefydliad (h.y. y ddogfen oedd yn diffinio rhwymedigaethau BIPBC o ran darparu gwasanaethau dwyieithog cyn i Safonau'r Gymraeg gael eu cyflwyno):

> 'Ein nod yw galluogi pawb sy'n derbyn neu'n defnyddio ein gwasanaethau i wneud hynny trwy gyfrwng y Gymraeg neu'r Saesneg yn ôl eu dewis personol ac annog defnyddwyr a darparwyr eraill i ddefnyddio a hybu'r iaith Gymraeg yn y sector iechyd. Mae gennym weledigaeth glir - dylai pawb sy'n dod i gysylltiad â'n gwasanaethau gael eu trin gydag urddas a pharch, gan dderbyn gwasanaeth diogel ac ymatebol sy'n hygyrch yn eu dewis iaith. Mae ein hymrwymiad i'r Gymraeg yn rhan glir o'n dogfen Cyfeiriad Strategol sy'n amlinellu ein gweledigaeth ar gyfer y dyfodol'.

> \-   Cynllun Iaith Gymraeg BIPBC (mis Ebrill 2010), t. 2.

Roedd Cynllun Iaith Gymraeg BIPBC hefyd yn cynnwys ymrwymiad i ddatblygu Strategaeth Sgiliau Dwyieithog, er mwyn darparu arweiniad perthnasol yn ymwneud â chynllunio'r gweithlu, y broses recriwtio a datblygu sefydliadol.

Yn amlwg, bydd cynnwys y ddogfen hon yn cynorthwyo'r Bwrdd Iechyd 'i ddarparu gwasanaeth o safon i'n poblogaeth ddwyieithog yn unol â'r ymrwymiadau yn y Cynllun' (t. 15).

> **Prif nod y strategaeth hon felly yw sicrhau bod gan BIPBC y nifer digonol o staff sydd â'r sgiliau Cymraeg priodol, i ddarparu gwasanaeth gofal iechyd i'r cyhoedd yn ddwyieithog, yn unol ag anghenion y gymuned leol.**

2.   Pwrpas y ddogfen

Pwrpas y ddogfen hon yw cynorthwyo gweithwyr a rheolwyr i gyflawni'r safonau uchel a ddisgwylir gan BIPBC.

Mae yma gamau ymarferol ar sut i sicrhau ein bod yn bodloni anghenion poblogaeth yr ardal, drwy ddarparu gwasanaeth dwyieithog.

Bydd cynnwys y ddogfen hon hefyd yn helpu i sicrhau bod targedau penodol yn cael eu cyflawni'n lleol (yn unol â'r gofynion sydd wedi eu nodi yn *Mwy na geiriau...*, sef Fframwaith Strategol Llywodraeth Cymru ar gyfer Gwasanaethau Cymraeg ym maes Iechyd, Gwasanaethau Cymdeithasol a Gofal Cymdeithasol) .

3.   Cwmpas

3.1   Gweithwyr
Bydd y Polisi a'r Weithdrefn hon yn berthnasol i holl weithwyr a gweithwyr banc y Bwrdd Iechyd.

3.2   Contractwyr Gofal Cychwynnol a Gweithwyr Asiantaeth
Mae Contractwyr Gofal Cychwynnol (h.y. Meddygon Teulu, Deintyddion, Fferyllwyr ac Optegwyr) yn gontractwyr hunangyflogedig ac nid yw Gweithwyr Asiantaeth fel arfer yn cael eu cyflogi'n uniongyrchol gan y Bwrdd Iechyd.

Fodd bynnag, mae gan Gontractwyr Gofal Cychwynnol a Gweithwyr Asiantaeth hefyd gyfrifoldeb i ddilyn egwyddorion Mesur y Gymraeg (Cymru) 2011 (a pholisïau cysylltiedig) ac i ddarparu gwasanaethau'n ddwyieithog.

Ffurfiwyd y cyfrifoldeb hwn yn ddiweddar gyda chyflwyniad chwe dyletswydd benodol - yn ymwneud â darpariaeth Gymraeg – y mae'n rhaid i bob contractwr annibynnol gofal cychwynnol yng Nghymru gadw atynt yn awr.

Mae rhai o'r dyletswyddau hyn yn gysylltiedig yn uniongyrchol â chynllunio'r gweithlu a datblygiad sefydliadol, e.e.

> *Rhaid i'r contractwr annog a chynorthwyo ei staff i ddefnyddio gwybodaeth a / neu fynychu cyrsiau hyfforddi neu ddigwyddiadau a ddarperir gan y Bwrdd Iechyd Lleol, fel y gall ddatblygu:*
>
> > *(a) ymwybyddiaeth o'r Gymraeg (gan gynnwys ymwybyddiaeth o'i hanes a'i rôl yn niwylliant Cymru); a*
> >
> > *(b) dealltwriaeth o sut y gellir defnyddio'r Gymraeg wrth ddarparu gwasanaethau, neu unrhyw ran o wasanaeth, o dan y contract.*

Gellir cael mwy o wybodaeth am y dyletswyddau hyn yma:
https://gov.wales/welsh-language-primary-care

Pan mae hynny'n bosibl, dylid ystyried yr egwyddorion hyn yn berthnasol i Weithwyr Asiantaeth hefyd.

Felly bydd y Bwrdd Iechyd yn parhau i ddarparu cefnogaeth, cyngor ac arweiniad i Gontractwyr Gofal Cychwynnol, er mwyn hwyluso'r broses o ddarparu gwasanaethau dwyieithog yn y sector hwnnw.

3.3 Arall

Bydd angen i weithwyr trydydd parti sydd wedi'u cytundebu (gan gynnwys staff asiantaeth), ynghyd â myfyrwyr, gwirfoddolwyr, hyfforddeion, lleoliadau gwaith, staff o sefydliadau eraill sy'n gweithio o bob safle ac unigolion sydd wedi'u cytundebu'n uniongyrchol gan BIPBC, gydymffurfio â'r gofynion sydd wedi eu nodir o fewn y strategaeth hon wrth weithio yn adeiladau'r Bwrdd Iechyd.

Bydd angen rhoi sicrwydd i reolwyr perthnasol bod pob grŵp o unigolion wedi'u hyfforddi'n ddigonol ac at safon foddhaol, yn dibynnu ar rôl ac asesiad risg.

4.   Nodau ac Amcanion

4.1   Nodau

Mae'r Polisi a'r weithdrefn Sgiliau Dwyieithog wedi cael ei llunio i gynorthwyo cynllunio gweithlu a recriwtio staff i sicrhau bod gwasanaethau dwyieithog yn cael eu darparu i boblogaeth gogledd Cymru.

Mae'n ymwneud â gallu bob gwasanaeth / tîm i ddarparu gwasanaeth dwyieithog ac i gydymffurfio â gofynion Safonau'r Gymraeg.

Bydd BIPBC yn gwneud y defnydd gorau o'r sgiliau ieithyddol presennol ac yn dynodi bylchau sgiliau mewn gwasanaethau i sicrhau eu bod yn gallu darparu gwasanaeth dwyieithog o ansawdd uchel.

4.2   Amcanion

Bydd y Polisi a'r Weithdrefn hon yn arwain at ddynodi sgiliau iaith gweithlu presennol BIPBC, a bydd yn cefnogi rheolwyr wrth ddarparu cefnogaeth a chyngor ymarferol i ddarparu gwasanaeth i gleifion yn eu dewis iaith.

Mae'r Polisi a'r Weithdrefn wedi'i strwythuro fel a ganlyn:

- **Sgiliau Dwyieithog a Chynllunio'r Gweithlu** – Dynodi sgiliau presennol, anghenion sgiliau a sut i gau'r bwlch drwy ffyrdd creadigol o weithio, hyfforddi a recriwtio.

- **Hyfforddiant** – Darpariaeth ar gyfer y gweithlu.

- **Recriwtio** - Pan fyddwch yn asesu'r gofynion ar gyfer swydd newydd neu swydd wag, mae'n rhaid i chi asesu'r angen am sgiliau Cymraeg a chategoreiddio'r swydd yn unol â hynny (gweler adran 5.2, isod).

- **Rhoi ar waith a Chyflwyno** – Sut bydd gweithredoedd yn digwydd a phryd.

5. Sgiliau Dwyieithog a Chynllunio'r Gweithlu

Mae pedwar cam allweddol y dylai bob gwasanaeth/tîm eu cynnal i sicrhau bod ansawdd a nifer y sgiliau iaith addas ar gael o fewn y gweithlu er mwyn darparu gwasanaeth dwyieithog.

5.1 Archwilio ac Asesu Sgiliau Cymraeg
Bydd disgwyl i bob aelod staff hunan asesu eu sgiliau iaith yn erbyn y fframwaith gallu.

Gellir cwblhau hyn yn uniongyrchol o fewn y Cofnod Electronig Staff (*ESR*) ac mae mwy o wybodaeth ar gael ar dudalen mewnrwyd Systemau'r Gweithlu / *ESR*.

Dylai Rheolwyr Llinell adolygu eich sgiliau ieithyddol a gofynion ieithyddol eich swydd fel rhan o'r broses Gwerthuso Perfformiad ac Adolygu Datblygiad (*PADR*).

Disgwylir y bydd y canlyniadau'n cael eu dadansoddi'n rheolaidd i bennu faint o siaradwyr Cymraeg sydd yn yr adran, yn enwedig cyn unrhyw weithgaredd recriwtio.

Bydd adroddiadau hefyd yn cael eu darparu i Fforwm Strategol y Gymraeg yn rheolaidd i lywio cydymffurfiaeth sefydliadol a darparu man cychwyn y lefelau sgiliau presennol ar gyfer BIPBC.

Bydd ansawdd data o amgylch sgiliau Cymraeg yn cael ei wella'n barhaus trwy gasglu data yn ystod y broses gyflogi a thrwy Reolwr / Gweinyddwr *ESR* a Hunanwasanaeth Gweithwyr.

Mae'r Tîm Systemau Gweithlu o fewn yr Adran Gweithlu a Datblygu Sefydliadol a'r Tîm Gwasanaethau Cyflogi o fewn Partneriaeth Cydwasanaethau GIG Cymru (*NWSSP*) wedi ymrwymo i wella ansawdd y data a gedwir o fewn *ESR* a byddant yn parhau i edrych ar ffyrdd i sicrhau bod data'n cael ei gasglu ac annog staff i gadw eu gwybodaeth eu hunain yn gyfredol.

Bydd y system e-restru hefyd yn cael ei defnyddio i gynorthwyo gyda rheolaeth gwasanaethau a sicrhau bod digon o siaradwyr Cymraeg ar gael ar bob shifft.

Gellir cael mwy o wybodaeth ar sut i gynnwys sgiliau Cymraeg ar e-restrau gan y Tîm E-restru.

5.2 Asesiad Anghenion Gwasanaethau Cymraeg
Mae'n hanfodol bod pob gwasanaeth / tîm yn ystyried anghenion gwasanaeth er mwyn sicrhau cynllunio gweithlu priodol.

Yn unol â Safon 106 y Gymraeg (isod), dylid felly cynnal asesiad gwasanaeth Cymraeg ar ddechrau'r broses recriwtio ar gyfer bob swydd BIPBC:

Pan fyddwch yn asesu'r gofynion ar gyfer swydd newydd neu swydd wag, mae'n rhaid i chi asesu'r angen am sgiliau Cymraeg, a'i gategoreiddio fel swydd lle mae un neu fwy o'r canlynol yn berthnasol -

 (a) Mae sgiliau Cymraeg yn hanfodol:
 (b) Mae'n rhaid dysgu sgiliau Cymraeg wrth gael eu penodi i'r swydd;
 (c) Mae sgiliau Cymraeg yn ddymunol.

Hefyd, dylid ystyried lefel y siaradwyr Cymraeg yn y boblogaeth leol fel rhan o'r broses asesu ieithyddol:

- Gwynedd (65.4%)
- Ynys Môn (57.2%)
- Conwy (27.4%)
- Sir Ddinbych (24.6%)
- Sir y Fflint (13.2%)
- Wrecsam (12.9%)

Felly mae unrhyw asesiad yn seiliedig ar yr hyn sy'n ofynnol i sicrhau y gellir darparu gwasanaeth dwyieithog, yn hytrach nag ar gyflenwad sgiliau'r staff cyfredol ar wahân.

Dylai gwasanaethau / timau adolygu'r canlynol:

- Sgiliau ieithyddol y boblogaeth leol;
- Nifer y staff sy'n gallu gweithio drwy gyfrwng y Gymraeg sydd eu hangen gan y maes gwasanaeth er mwyn ei alluogi i ddarparu gwasanaethau yn ddwyieithog;
- Dynodi dewis iaith cleifion / defnyddwyr gwasanaeth presennol.

Bydd yr asesiadau anghenion yn helpu i ddeall faint o siaradwyr Cymraeg sydd eu hangen ym mhob tîm.

Mae'n rhaid i wasanaethau / timau ddynodi swyddi ble mae sgiliau Cymraeg yn hanfodol neu'n ddymunol neu mae gofyn dysgu'r Gymraeg, **pan mae'r swydd yn dod yn wag.**

Mae'n rhaid llunio'r Ffurflen Rheoli Sefydliadol a Disgrifiadau Swyddi sydd wedi'u bandio BIPBC / Manylebau Person yn seiliedig ar yr asesiad hwn (a ddylai gael ei strwythuro'n unol â'r categorïau uchod).

5.3 Swyddi 'Cymraeg hanfodol'
Yn unol â Mesur y Gymraeg (Cymru) 2011 a *Mwy na geiriau...*, mae'r swyddi a restrir isod wedi'u hystyried yn rolau y mae sgiliau Cymraeg yn hanfodol ar eu cyfer o fewn BIPBC:

- Staff switsfwrdd,
- Staff Canolfannau trefnu apwyntiadau i gleifion / Canolfannau Galw,
- Clercod Wardiau,
- Derbynyddion.

Er mwyn sicrhau y gall y Bwrdd Iechyd ystyried swyddi o'r fath, bydd yr holl swyddi newydd a hysbysebir o fewn y Grŵp Staff hwn yn cael eu sefydlu'n awtomatig fel 'Sgiliau Cymraeg Hanfodol'. Mae hyn ar gyfer dibenion monitro ar *ESR*.

Yn ychwanegol at y swyddi uchod, dylid rhoi ystyriaeth bellach i hysbysebu swyddi Gweinyddol a Chlercyddol eraill (ac yn enwedig felly swyddi o fewn y meysydd a restrir yn adran 6.1, isod) fel swyddi y mae sgiliau Cymraeg yn hanfodol ar eu cyfer neu swyddi y mae angen dysgu Cymraeg ar ôl penodiad.

Dylai'r anghenion ieithyddol hyn gael eu hystyried fel rhan o'r adolygiad o'r Disgrifiad Swydd a'r Fanyleb Bersonol cyn hysbysebu.

Gweler Atodiad 2 (tudalen 27, isod) ar gyfer cwestiynau cyffredin.

Bydd opsiwn i gyflwyno cyfiawnhad, gan nodi pam na ellir hysbysebu swyddi fel rhai sydd angen sgiliau 'Cymraeg hanfodol': bydd yn rhaid i geisiadau o'r fath gael eu cymeradwyo gan y Rheolwr Systemau Gwybodaeth Gweithlu.

Bydd angen i'r cyfiawnhad ystyried yr effaith ar y sefyllfa; p'un a yw'r swydd wedi'i hysbysebu o'r blaen a hefyd a yw'r tîm dan sylw yn gallu darparu gwasanaeth dwyieithog cynhwysfawr.

Pan fydd rheolwyr recriwtio wedi hysbysebu swydd â sgiliau Cymraeg wedi'u nodi'n hanfodol, ond wedi methu â denu ymgeiswyr sydd â'r galluoedd ieithyddol gofynnol, dylai'r adolygiad dilynol ystyried a ddylid ail-hysbysebu'r swydd (h.y. ailgychwyn y broses recriwtio, heb wneud unrhyw newidiadau i ofyniad iaith y swydd), neu os dylid cyflwyno ffurflen Cyfiawnhau Swydd Wag (gweler Atodiad 3, isod) i Reolwr Systemau Gwybodaeth y Gweithlu, fel y gellid ystyried newid yr hysbyseb swydd.

Bydd penderfyniadau o'r fath yn cael eu cofnodi a'u tystio at ddibenion archwilio, er mwyn sicrhau bod y broses gywir wedi'i dilyn a bod tystiolaeth ddigonol i gyfiawnhau'r penderfyniad terfynol.

Noder na fydd 'gan fod brys' yn cael ei ystyried yn rheswm hyfyw dros benodi unigolyn di-Gymraeg i rôl sydd wedi cael ei dynodi'n 'Cymraeg Hanfodol'.

5.4   Adnabod y Bwlch Sgiliau

Mae'n rhaid i reolwyr recriwtio gymharu canlyniadau'r Archwiliad Sgiliau â chanlyniad yr Asesiad Anghenion, er mwyn asesu os oes bwlch sgiliau ai peidio (ac ymateb yn unol â chanlyniadau'r asesiad hwnnw).

Os nad yw canran y siaradwyr Cymraeg o fewn gwasanaethau / timau yn adlewyrchu canran y boblogaeth leol sy'n siarad Cymraeg, mae'n rhaid rhoi cynllun gweithredu ar waith i leihau'r bwlch.

5.5   Ymateb i'r Bwlch Sgiliau

Gellir gweithredu'r camau yr ymhelaethir arnynt yn 5.5.1 i 5.5.3 (isod) er mwyn mynd i'r afael â'r bwlch rhwng sgiliau cyfredol ac anghenion gwasanaeth o fewn gwasanaethau / timau penodol.

      5.5.1 Ffyrdd Creadigol o Weithio
      5.5.2 Datblygu Staff
      5.5.3 Recriwtio Strategol

5.5.1 Ffyrdd Creadigol o Weithio

Y nod yw i staff weithio'n ddwyieithog ac felly dylai gwasanaethau wneud y defnydd gorau o sgiliau presennol eu staff cyfredol.

Er mwyn hwyluso hyn, dylid ystyried sut mae gwaith yn cael ei ddyrannu.

Dylid rhoi ystyriaeth i amrywiol ffyrdd o weithio'n greadigol hefyd, gan ddilyn y pedair egwyddor ganlynol (y mae disgwyl i holl aelodau staff y Bwrdd Iechyd gadw atynt bob amser):

1. *Parch a derbyniad ymysg staff o'r Gymraeg a'i arwyddocâd i gleifion / defnyddwyr gwasanaeth / staff sy'n siarad yr iaith;*

2. *Cofnodi dewis iaith cyfathrebu'r unigolyn ar y pwynt cyswllt cyntaf i ganiatáu ar gyfer cyflwyno'r 'Cynnig Rhagweithiol' (Gweler Atodiad 1, isod).*

3. *Paru staff sy'n siarad Cymraeg â defnyddwyr gwasanaeth sydd hefyd yn siarad yr iaith.*

Er mwyn hwyluso'r broses hon, datblygwyd Cynllun Dewis Iaith BIPBC, sy'n defnyddio magnedau oren (wedi'u haddurno â logo adnabyddus 'Cymraeg Gwaith'), er mwyn adnabod staff a chleifion sy'n siarad Cymraeg.

Rhoddir y magnedau ar fyrddau gwyn uwchben / wrth ymyl gwelyau cleifion sy'n siarad Cymraeg ac wrth ymyl enwau gweithwyr sy'n siarad Cymraeg ar fyrddau staff, er mwyn hwyluso'r broses o baru unigolion sy'n gallu siarad yr iaith gyda'i gilydd.

Mae'r cynllun syml bellach yn weithredol ar wardiau o fewn pob un o brif ysbytai (ysbytai llym) y Bwrdd Iechyd ac yn y mwyafrif o'n ysbytai cymuned.

Ynghyd â chynorthwyo staff sy'n gweithio ar wardiau yn ddyddiol gyda'r broses o ddarparu gwasanaethau Cymraeg, mae'r cynllun magnedau hefyd yn hwyluso cynllunio ar raddfa ehangach o fewn y Bwrdd Iechyd.

Yn wir, gan fod y cynllun yn dynodi'n glir pa gleifion sy'n ffafrio defnyddio'r Gymraeg, gall aelodau o'r gweithlu clinigol ehangach (h.y. staff sy'n ymweld â wardiau o bryd i'w gilydd, megis ffisiotherapyddion neu fferyllwyr) hefyd fireinio eu darpariaethau gofal iechyd yn unol â hynny a gwneud trefniadau ymlaen llaw i sicrhau eu bod yn gallu ymateb yn gadarnhaol i anghenion ieithyddol eu cleifion.

4. *Ar adegau pan na fydd staff Cymraeg eu hiaith ar gael i ddelio'n uniongyrchol ag unigolion sy'n siarad Cymraeg, bydd angen i wasanaethau gael mynediad at siaradwyr Cymraeg eraill (h.y. o dimau / gwasanaethau / adrannau eraill) i'w cynorthwyo i ddarparu gwasanaeth dwyieithog.*

Er mwyn hwyluso hyn, awgrymir y dylid creu rhestrau lleol o staff sy'n siarad Cymraeg (h.y. nodi enwau a manylion cyswllt yr holl siaradwyr Cymraeg o fewn rhai adrannau / gwasanaethau, neu ar safleoedd penodol o fewn y Bwrdd Iechyd).

Gellir cadw'r rhestrau hyn ym mhrif dderbynfa adran / gwasanaeth / safle, fel y gellir galw ar aelod arall o staff i ddarparu gwasanaeth yn Gymraeg i glaf / aelod o'r cyhoedd, yn absenoldeb derbynnydd Cymraeg.

Yn yr un modd, gall rhai adrannau cyfagos (h.y. rhai sydd ar yr un safle) baru gyda'i gilydd, fel y gall y ddau ohonynt gael mynediad at gronfa fwy o staff dwyieithog.

Mae rhai gwasanaethau sy'n gweithredu ar nifer o safleoedd (e.e. yr Adrannau Awdioleg yn Ysbyty Gwynedd, Ysbyty Glan Clwyd ac Ysbyty Maelor Wrecsam) wedi rhoi trefniadau ar waith i sicrhau y gall aelod o staff o safle arall ddarparu gwasanaeth Cymraeg dros y ffôn, os na ellir darparu gwasanaeth Cymraeg mewn unrhyw ffordd arall.

5.5.2 Datblygu Staff

Nid bwriad y polisi a'r weithdrefn hon yw mynnu bod yn rhaid i staff siarad Cymraeg yn rhugl. Yn hytrach, y bwriad yw sicrhau bod canran o staff yn gallu darparu gwasanaeth i gleifion yn eu dewis iaith.

Cyflawnir hyn ar nifer o lefelau:

- Drwy ddeall pwysigrwydd darparu gofal yn newis iaith yr unigolyn;

- Drwy feddu ar yr hyder i gyfathrebu brawddegau sylfaenol i gleifion drwy gyfrwng y Gymraeg, e.e.
  o '*Bore da!*'; '*Ydych chi eisiau panad o de?*'; '*Sut ydych chi?*'.

- Drwy ddarparu asesiadau yn newis iaith yr unigolyn, fel y gallent gyfathrebu ac ymwneud yn llawn yn y sgwrs.

Penaethiaid Gwasanaeth sy'n gyfrifol am osod eu targedau ei hunain ar gyfer datblygu staff, a dylai hyn gael ei drafod fel rhan o'r Broses *PADR*.

Dylai rheolwyr ystyried a fyddai hyfforddiant iaith yn helpu i fodloni anghenion iaith eu hadran; lefel yr hyfforddiant sydd ei angen; a pha staff fyddai'n elwa fwyaf.

Er mwyn cydymffurfio â Safonau'r Gymraeg, dylai Penaethiaid Gwasanaeth roi blaenoriaeth i hyfforddiant iaith yn unol ag anghenion eu tîm i ddarparu gwasanaeth yn Gymraeg.

Gellir canfod mwy o wybodaeth ynglŷn â Pholisi Hyfforddiant y Bwrdd Iechyd yn Adran 6 (isod).

5.5.3 Recriwtio Strategol

Mae'r Bwrdd Iechyd angen denu mwy o staff gyda sgiliau Cymraeg / sy'n gallu gweithio'n ddwyieithog, er mwyn sicrhau cydymffurfiaeth â Safonau'r Gymraeg.

Mae Safonau'r Gymraeg 106-109 yn ymwneud yn uniongyrchol â phrosesau recriwtio ac felly'n unol â gofynion Safon 106, bydd holl swyddi BIPBC yn derbyn un o'r dynodiadau canlynol:

a) Mae sgiliau Cymraeg yn hanfodol;
b) Mae angen i'r ymgeisydd llwyddiannus ddysgu Cymraeg wedi iddo / iddi gael ei benodi / phenodi i'r swydd;
c) Mae sgiliau Cymraeg yn ddymunol; neu
ch) Nid yw sgiliau Cymraeg yn angenrheidiol.*

* Noder na ddylai unrhyw swyddi o fewn BIPBC gael eu dynodi yn (ch). Os dewisir y dynodiad hwn, bydd yn cael ei newid yn awtomatig i '(c) Mae sgiliau Cymraeg yn ddymunol'.

Mae BIPBC wedi cytuno y dylid dynodi rhai swyddi penodol yn 'Gymraeg hanfodol' bob amser: mae'r swyddi hyn wedi eu rhestru yn adran 5.3 (uchod).

Ar gyfer bob swydd arall, mae'r canllaw recriwtio a siart llif yn Adran 7: Recriwtio (isod) yn darparu arweiniad cam-wrth-gam i'r arferion safonol ar gyfer asesu gofynion ieithyddol (h.y. asesu os dylai swydd fod yn 'Gymraeg hanfodol', 'Gymraeg dymunol' neu fod angen i'r ymgeisydd llwyddiannus ddysgu Cymraeg ar ei chyfer).

Mae swyddi 'Cymraeg hanfodol' yn gofyn am allu ieithyddol ar lefel 3 neu uwch. Mae diffiniadau o'r lefelau wedi eu cynnwys o fewn Siart Llif y Gymraeg (Adran 7).

Cyfrifoldeb Penaethiaid Gwasanaeth yw cyfathrebu anghenion ieithyddol y gwasanaeth a sicrhau bod swyddi y mae sgiliau Cymraeg yn hanfodol neu'n ddymunol ar eu cyfer yn cael eu hadolygu'n gyson.

Dylai anghenion cynllunio gweithlu gael eu nodi yng Nghynlluniau Gweithredu'r Gymraeg a dylai'r anghenion hynny gael eu hasesu'n barhaus.

Os nad oes gan unrhyw un o'r darpar ymgeiswyr am swydd 'Cymraeg hanfodol' y sgiliau ieithyddol gofynnol, mae canllaw Comisiynydd y Gymraeg yn cynghori y gellir cynnig y rôl i'r ymgeisydd gorau, ar y ddealltwriaeth y bydd angen iddo ef / hi, fel amod cyflogaeth, ddysgu siarad Cymraeg i lefel foddhaol o ruglder o fewn cyfnod rhesymol y cytunir arno.

Dylai sefydliadau sy'n gweithredu ar y sail hon ddarparu'r amser a'r gefnogaeth angenrheidiol i alluogi'r aelod staff newydd i gyflawni'r amod ieithyddol uchod a dylent hefyd sicrhau nad yw'r aelod staff newydd o dan anfantais mewn ffyrdd eraill o ganlyniad i fodloni'r amod (h.y. ni ddylid amddifadu'r aelod newydd o gyfleoedd hyfforddi eraill sy'n berthnasol i'r swydd).

Gweler Adran 7: Recriwtio (isod) am arweiniad pellach ynglŷn ag asesu os dylai swydd fod yn 'Gymraeg hanfodol'; yn 'Gymraeg dymunol'; neu yn swydd y mae angen i'r ymgeisydd llwyddiannus ddysgu'r iaith ar ei chyfer.

Gellir canfod mwy o wybodaeth berthnasol yn *Recriwtio: Ystyried y Gymraeg* (gan Gomisiynydd y Gymraeg).

Er mwyn annog siaradwyr Cymraeg i ymgeisio am swyddi bydd y Bwrdd Iechyd yn cymryd y camau canlynol:

- Nodi gallu ieithyddol yn y ddwy iaith mewn hysbysebion swyddi.

- Mae'n rhaid hysbysebu holl swyddi'r Bwrdd Iechyd ar fersiynau Cymraeg a Saesneg Trac ac felly mae'n rhaid cwblhau'r meysydd / templed angenrheidiol ynghyd â'r Hysbyseb Swydd, Disgrifiad Swydd a'r Manyleb Person. Os bernir bod y swydd yn 'Gymraeg hanfodol', bydd angen sicrhau bod y Ffurflen Iechyd Galwedigaethol wedi ei chyfieithu hefyd. Gwneir hyn er mwyn galluogi ymgeiswyr i wneud cais yn eu dewis iaith (gweler Atodiad 4, isod, am fwy o fanylion).

- Hefyd, yn unol â Safon 108, mae'n rhaid i'r Bwrdd Iechyd 'gynnal unrhyw gyfweliad neu ddull arall o asesu yn Gymraeg', os bydd ymgeisydd yn dymuno hynny.

- Gellir hwyluso hyn trwy ddewis panel cyfweld sy'n siarad Cymraeg (pan fod hynny'n bosibl). Ond os na ellir cynnal y broses gyfweld yn llawn ac yn uniongyrchol drwy'r Gymraeg (h.y. oherwydd bod rhai aelodau o'r panel cyfweld yn ddi-Gymraeg), 'dylid defnyddio gwasanaeth cyfieithu ar y pryd o'r Gymraeg i'r Saesneg'.

Gwaith pellach i wella Darpariaeth Gymraeg (rhaglen 12 mis):

- Er mwyn cynyddu nifer y swyddi sy'n cael eu hysbysebu yn 'Gymraeg hanfodol', bydd BIPBC yn gweithio i sicrhau bod y sgiliau ieithyddol gofynnol bob amser yn cael eu hamlygu wrth hysbysebu swyddi gwag.

- Bydd angen gwaith parhaus gyda Rheolwyr Recriwtio i ddeall Fframwaith y Gymraeg.

- Bydd BIPBC yn hysbysebu pob swydd yn unol â'r lefelau a nodir yn Safon 106, yn hytrach na dim ond eu dynodi yn 'Gymraeg hanfodol' neu'n 'Gymraeg dymunol' (Atodiad 4, tudalen 31, isod).

6   Hyfforddiant

6.1   Blaenoriaeth Hyfforddiant Bwrdd Iechyd
Mae hyfforddiant iaith Gymraeg wedi cael ei ddynodi fel blaenoriaeth allweddol i sicrhau bod capasiti digonol i ddarparu gwasanaethau'n ddwyieithog o fewn y Bwrdd Iechyd.

Mae rhoi cyfle i staff ddatblygu eu sgiliau Cymraeg yn angen sefydliadol ac felly mae'r Bwrdd Iechyd wedi penodi Tiwtor y Gymraeg llawn amser, er mwyn ymateb i'r angen hwnnw a sicrhau bod darpariaeth ddigonol ar gael i gefnogi gofynion staff.

Yn gysylltiedig â hynny, mae'n rhaid caniatáu amser i staff fynychu Hyfforddiant Iaith Gymraeg yn unol ag adran 1.2 y Polisi Absenoldeb Astudio BIPBC (WP52), sy'n nodi:

> '*Hyfforddiant Iaith Gymraeg – Dylid nodi y bydd pob cais gan unigolion sy'n gofyn am absenoldeb astudio er mwyn gallu mynychu hyfforddiant iaith Gymraeg yn cael ei ystyried yn orfodol ac felly'n derbyn cefnogaeth lwyr gan y rheolwr llinell*'.

Cyn ymgymryd â hyfforddiant, mae'n rhaid i'r dysgwr a'r rheolwr gwblhau ffurflen absenoldeb astudio a chytundeb dysgu (WP54, Atodiadau 1 a 2).

Mae'n bwysig bod rheolwyr yn sicrhau bod staff yn cael digon o amser i fynychu cyrsiau.

Dylai rheolwyr llinell hefyd adolygu datblygiad staff yn rheolaidd, fel rhan o'r broses adolygu perfformiad.

Yn y pen draw, cyfrifoldeb rheolwr yr adran yw datblygiad a hyfforddiant staff.

Er mwyn sicrhau bod adrannau yn gallu darparu gwasanaethau drwy gyfrwng y Gymraeg i lefel ddigonol (h.y. bod canran y siaradwyr Cymraeg o fewn tîm yn adlewyrchu canran y

boblogaeth leol sy'n siarad yr iaith), dylai rheolwyr gynnal asesiad anghenion gwasanaeth Cymraeg, gan ddefnyddio data wedi ei gasglu drwy *ESR* ynglŷn â sgiliau Cymraeg staff.

Mae *Mwy na geiriau...* (sef Fframwait Strategol Llywodraeth Cymru ar gyfer y Gymraeg mewn Iechyd, Gwasanaethau Cymdeithasol a Gofal Cymdeithasol) yn cydnabod bod 'mwy o angen ar rai grwpiau [cleifion] i dderbyn eu gwasanaethau' drwy gyfrwng eu hiaith gyntaf ac felly'n adnabod y grwpiau blaenoriaeth canlynol y 'dylid ystyried y Gymraeg fel elfen fwy sylfaenol fyth o'r gwasanaeth a ddarperir' iddynt:

- Plant a phobl ifanc;
- Pobl hŷn;
- Pobl ag anableddau dysgu;
- Defnyddwyr gwasanaeth iechyd meddwl;
- Gwasanaethau dementia;
- Gwasanaethau strôc;
- Gwasanaethau therapi iaith a lleferydd.

O ran hynny, mae'r Bwrdd Iechyd yn cydnabod bod staff o holl adrannau a gwasanaethau'r sefydliad yn debygol o gael cyswllt gyda chleifion o'r grwpiau uchod ac 'rydym felly'n blaenoriaethu darpariaeth hyfforddiant iaith Gymraeg ar gyfer ein <u>holl</u> staff rheng flaen (ac yn enwedig felly staff sy'n bwynt cyswllt cyntaf i'r cyhoedd, defnyddwyr gwasanaeth a'r cyfryngau).

Ar yr un pryd, bydd staff sydd eisoes yn gallu siarad Cymraeg yn eithaf rhugl – ond sydd ddim yn meddu ar yr hyder i ddefnyddio'r iaith gyda chleifion neu ddefnyddwyr gwasanaeth ar hyn o bryd – hefyd yn cael eu blaenoriaethu.

Ond y tu hwnt i hyn, mae gan <u>holl</u> staff y Bwrdd Iechyd (clinigol a fel arall) hawl i fynychu hyfforddiant iaith Gymraeg a dylid trafod a chofnodi hynny yn ystod Gwerthusiad Perfformiad ac Adolygiad Datblygiad (*PADR*) blynyddol pob unigolyn.

Yn seiliedig ar eu gallu presennol a gofynion y gwasanaeth, bydd amcanion cadarn yn cael eu gosod ar gyfer pob aelod staff sy'n dymuno dysgu Cymraeg a bydd yr unigolion hynny yn derbyn cefnogaeth lawn gan eu hadran / gwasanaeth, er mwyn sicrhau eu bod yn gallu parhau eu datblygiad proffesiynol.

Cyn cofrestru ar gyfer unrhyw raglen hyfforddi bydd y dysgwr a'i reolwr / rheolwr llinell yn cwblhau cytundeb dysgu.

Bydd hwn yn amlinellu'r amcanion ar gyfer y dysgwr a'r rheolwr llinell ac yn esbonio sut fydd dysgu'r aelod staff yn cael ei ddefnyddio mewn ffordd gadarnhaol o fewn y gweithle.

Bydd faint o amser fydd yn cael ei glustnodi ar gyfer gwersi Cymraeg a hyd a lled y gefnogaeth y gall y dysgwr ei ddisgwyl hefyd yn cael eu nodi o fewn y cytundeb dysgu.

Bydd llwyddiant dysgwyr hefyd yn dibynnu ar eu hymroddiad i wneud y mwyaf o bob cyfle i feistroli'r iaith.

6.2   Cefnogaeth Hyfforddi Pellach

Er mwyn darparu cefnogaeth bellach i staff ddatblygu eu sgiliau Cymraeg, bydd gan staff fynediad at yr adnoddau canlynol hefyd:

- Cyrsiau 'Cymraeg yn y Gweithle' Lefel 1 a 2 ar CD (sydd wedi eu datblygu gan Dîm y Gymraeg y Bwrdd Iechyd).

- Cyrsiau hyfforddiant iaith Gymraeg wyneb-yn-wyneb (sy'n cael eu darparu gan Diwtor y Gymraeg ar nifer o safleoedd BIPBC).

- Mae Tiwtor y Gymraeg hefyd yn cynnig cyrsiau sydd wedi'u teilwra'n benodol ar gyfer unigolion sydd eisoes yn meddu ar rywfaint o sgiliau cyfrwng Cymraeg (ar nifer o wahanol lefelau), ynghyd ag ystod o gyrsiau sy'n cyd-fynd â'r gwahanol fathau o waith mae amrywiol adrannau o fewn y Bwrdd Iechyd yn ei gyflawni o ddydd-i-ddydd.

- Mae Tiwtor y Gymraeg hefyd yn cynnig cyrsiau dros *Skype* a *Microsoft Teams* ar gyfer staff sydd ddim yn gallu mynychu cyrsiau wyneb-yn-wyneb (e.e. oherwydd bod ganddynt amserlenni prysur iawn) neu sydd angen sesiynau dal i fyny.

- Cyrsiau blasu 10 awr ar-lein 'Cymraeg Gwaith' (gan gynnwys cwrs dau ran sydd wedi'i deilwra'n benodol ar gyfer gweithwyr sector iechyd):

  https://learnwelsh.cymru/work-welsh/work-welsh-courses/welcome-work-welsh-healthcare-sector/

  Gellir cael manylion ynglŷn â sut i gofrestru ar gyfer y cyrsiau hyn (sydd ar gael yn rhad ac am ddim i holl staff y Bwrdd Iechyd) gan Diwtor y Gymraeg.

- Mae'r Bwrdd Iechyd yn cynnig cyfleoedd i'w staff sefyll arholiadau Cymraeg Ail Iaith i Oedolion CBAC (ar bob lefel) a gall Tiwtor y Gymraeg BIPBC ddarparu hyfforddiant i gynorthwyo staff i baratoi'n ddigonol ar eu cyfer (heb gost ychwanegol).

- Gall Tîm y Gymraeg / Tiwtor y Gymraeg hefyd ddarparu ystod o adnoddau cefnogi syml eraill (yn rhad ac am ddim) ar gyfer staff (e.e. cardiau ymadroddion ar gyfer gweithwyr proffesiynol gofal iechyd).

6.3   Monitro a Dadansoddi

Bydd rheolwyr llinell yn adolygu hyfforddiant a chynnydd staff unigol yn rheolaidd, fel rhan o'r broses *PADR*, ac yn asesu os yw amcanion yn cael eu cyflawni ai peidio.

Gofynnir i unigolion sy'n mynychu rhaglenni hyfforddiant i gwblhau ffurflen ddadansoddi ar y cyd â'u rheolwyr llinell ar ddiwedd bob tymor, er mwyn cofnodi eu cynnydd a sut maent yn defnyddio'r Gymraeg.

Mae Penaethiaid Gwasanaeth yn gyfrifol am osod eu targedau eu hunain mewn perthynas â hyfforddiant iaith Gymraeg ar gyfer staff drwy'r broses *PADR*, yn unol â'r hyn sy'n angenrheidiol er mwyn sicrhau bod pob adran yn gallu darparu gwasanaethau yn ddwyieithog.

Bydd hyfforddiant iaith Gymraeg yn cael ei fonitro'n flynyddol drwy adroddiadau gan Diwtor y Gymraeg a bydd y wybodaeth berthnasol yn cael ei rannu gyda swyddfa Comisiynydd y Gymraeg drwy Adroddiad Blynyddol Gwasanaethau'r Gymraeg y Bwrdd Iechyd.

6.4   Ffyrdd Creadigol o Weithio

Yn y lle cyntaf, dylai rheolwyr fynd ati i gynllunio'r gweithlu mewn modd hyblyg a chreadigol, er mwyn gallu gwneud gwell defnydd o'r sgiliau iaith Gymraeg sydd eisoes yn bodoli o fewn eu hadrannau.

I gefnogi a hwyluso'r broses hon, dylai rheolwyr ystyried gweithio ar y cyd â thîm cynllunio gwasanaeth BIPBC, cyrff iechyd eraill yng Nghymru a darparwyr addysg.

Drwy wneud hyn, bydd y Bwrdd Iechyd mewn lle gwell i fodloni anghenion ieithyddol cleifion.

Bydd gwybodaeth am ddarpariaeth gwasanaethau a chapasiti cyfrwng Cymraeg yn cael eu rhannu'n ehangach, ochr yn ochr ag arweiniad ynglŷn ag anghenion ieithyddol cleifion, er mwyn llywio'r broses o gynllunio ein ymyriadau a phecynnau gofal iechyd, fel y bydd darpariaeth iaith gyntaf ar gael ar gyfer siaradwyr Cymraeg ar draws ein gwasanaethau.

Bydd hyn, yn ei dro, yn cyfrannu tuag at leihau risgiau clinigol.

6.5   Hyfforddiant Asesu

Dylai rheolwyr roi blaenoriaeth i hyfforddi staff presennol, yn unol ag anghenion eu hadran mewn perthynas â gallu darparu gwasanaeth drwy gyfrwng y Gymraeg.

1. Mae'n rhaid i reolwyr adnabod pa sgiliau Cymraeg (a hyd a lled y capasiti) sydd eu hangen, er mwyn gallu mynd ati i ddarparu gwasanaethau dwyieithog yn llwyddiannus o fewn eu hadran benodol hwy.

2. Mae'n rhaid i reolwyr adnabod ac asesu sgiliau cyfrwng Cymraeg eu staff presennol.

Drwy ystyried canlyniadau'r ddau gam gweithredu uchod, bydd modd i reolwyr benderfynu os oes diffyg sgiliau yn bodoli o fewn eu hadran ai peidio (a dechrau mynd ati i bontio'r diffyg hwnnw, os oes angen).

7.   Recriwtio

7.1   Arfarnu Swydd

Pan mae swydd yn dod yn wag, mae'n rhaid cynnal asesiad ieithyddol i benderfynu a ddylai'r swydd honno gael ei hysbysebu fel 'Cymraeg hanfodol' neu 'Cymraeg dymunol'.

Mae nifer o bwyntiau i Reolwyr eu hystyried mewn perthynas â hysbysebu swydd newydd neu swydd wag:

- Pam bod y swydd yn wag?
- A oes angen am y swydd o hyd?
- A all hwn gael ei ddefnyddio fel cyfle datblygu?
- A all y swydd gael ei moderneiddio mewn unrhyw ffordd?
- A all hwn gael ei ddefnyddio fel cyfle i weithio'n hyblyg?

Ymhellach, gall y broses o greu swydd newydd neu hysbysebu swydd wag hefyd fod yn gyfle i ail-werthuso gallu'r adran / tîm i ddarparu gwasanaeth dwyieithog ac i gadarnhau fod yr adran / tîm o dan sylw:

- wedi ymrwymo i sicrhau bod nifer digonol o staff sy'n siarad Cymraeg (a gyda'r sgiliau angenrheidiol i ddarparu gwasanaeth dwyieithog) ar gael ar draws y gwasanaethau sy'n cael eu darparu.

- yn sicrhau bod digon o staff sy'n gallu darparu gwasanaeth trwy gyfrwng y Gymraeg ar gael, drwy asesu pob swydd newydd / wag a hysbysebu gofynion iaith fel rhan o'r broses recriwtio.

- wedi ymrwymo i sicrhau bod gofynion ieithyddol yn cael eu dynodi a'u hamlinellu wrth fynd ati i recriwtio ar gyfer unrhyw swyddi sy'n cael eu hystyried yn 'Cymraeg hanfodol' neu'n 'Cymraeg dymunol'.

7.2 Asesu gofynion Iaith swyddi

Dylai gofynion iaith gael eu trafod fel mater o arfer pan mae swydd yn cael ei chreu neu pan mae swydd wag yn codi a bydd hyn yn cael ei gynnwys ar y Ffurflen Rheoli Sefydliadol.

Y gofyniad sylfaenol yw bod adrannau'n trin sgiliau Cymraeg yn yr un modd ag y buasent yn trin unrhyw sgiliau eraill sy'n gysylltiedig â swydd (megis sgiliau cyfrifiadur, sgiliau rhifedd, sgiliau rheoli, gwybodaeth arbenigol, cymhwyser proffesiynol, ayyb).

Bydd angen i Gyfarwyddwyr a Rheolwyr adolygu anghenion eu gwasanaeth fel rhan o'r Broses Rheoli Sefydliad, a fydd yn adnabod y sgiliau sydd eu hangen i gyflawni'r gofynion hynny (gan gynnwys y cyfrifoldeb i ddarparu gwasanaethau yn unol â Safonau'r Gymraeg).

Byddai gweithredu fel arall yn mynd yn groes i ofynion statudol a gallai hynny adael y Bwrdd Iechyd yn agored i her gyfreithiol dan Ddeddf Llywodraeth Cymru 1998 a / neu ymchwiliad ffurfiol gan Gomisiynydd y Gymraeg dan Fesur y Gymraeg (Cymru) 2011.

Ar yr un pryd, gallai peidio ystyried sgiliau iaith i'r un graddau â sgiliau eraill hefyd arwain at honiadau o wahaniaethu.

Wrth ystyried gofynion iaith, mae'n bwysig cofio y gall sgiliau cyfrwng Cymraeg fod yn 'benodol i'r swydd' neu 'yn benodol i'r tîm' (neu'r ddau).

Bydd rhai swyddi yn 'annibynnol' – gyda'r deilydd yn gweithredu ar sail unigol yn unig – tra bydd deiliaid swyddi eraill yn gweithredu fel 'rhan o dîm' (ochr yn ochr â staff eraill fydd hefyd yn gweithredu mewn rolau tebyg).

Mae'n rhaid ystyried os yw'r swydd o dan sylw wedi ei phennu yn un 'rheng flaen' neu beidio.

7.2.1 Swyddi y mae sgiliau Cymraeg yn hanfodol ar eu cyfer

Dylid ystyried y cwestiynau canlynol er mwyn penderfynu os yw sgiliau Cymraeg yn hanfodol ar gyfer swydd (yn unol â gofynion penodedig y Bwrdd Iechyd):

1. Ydi'r swydd yn rôl weinyddol / glercyddol (sydd ddim wedi ei lleoli o fewn ardal ble mae prinder staff)?
2. Ydi gofynion y swydd yn cynnwys delio'n uniongyrchol â'r cyhoedd / staff?
3. Ydi'r swydd yn rhan o dîm?
4. Faint o aelodau staff sydd o fewn y tîm hwnnw?
5. Faint ohonynt sy'n siaradwyr Cymraeg?

6. Beth yw strwythur y tîm o dan sylw?: sut mae'r aelodau sy'n siaradwyr Cymraeg wedi cael eu dosbarthu?
7. Faint o siaradwyr Cymraeg sydd eu hangen er mwyn sicrhau bod modd i'r tîm o dan sylw gynnig ei wasanaethau yn ddwyieithog?

Wrth benderfynu hyn, mae'n bwysig ystyried:

- Beth i'w wneud yn ystod absenoldeb gwyliau / salwch aelodau staff Cymraeg eu hiaith: a fyddai modd i'r tîm barhau i gynnig gwasanaethau yn unol â dewis iaith y claf, heb oedi gormodol, o dan amgylchiadau o'r fath?

- Llwyth gwaith aelodau staff sy'n siaradwr Cymraeg.

- Os yw'r swydd yn benodol i ardal ddynodedig, yw capasiti Cymraeg y tîm yn adlewyrchu proffil iaith yr ardal honno?

7.2.2 Swyddi y mae sgiliau dwyieithog yn ddymunol neu'n cael eu dysgu
Os nad yw sgiliau Cymraeg yn cael eu dynodi'n 'hanfodol' ar gyfer swydd, mae dal angen ystyried y gallu i weithredu yn Gymraeg a Saesneg, er mwyn prif ffrydio'r defnydd o'r Gymraeg yn y gweithle a chryfhau ethos neu amgylchedd dwyieithog o fewn tîm neu weithle.

Os yw hynny'n berthnasol, dylai prinder staff o fewn y maes gwaith / proffesiwn o dan sylw gael ei ystyried wrth fynd ati i benderfynu os dylai swydd fod yn 'Gymraeg hanfodol' ai peidio a gellir hysbysebu rhai swyddi fel swyddi 'y bydd angen dysgu sgiliau Cymraeg' ar eu cyfer, er mwyn ymdrin â chyfyngiadau / anawsterau o'r fath (gweler adran 6.2, uchod, am fanylion pellach ynglŷn â darpariaeth hyfforddiant iaith ar gyfer staff y Bwrdd Iechyd).

Hyd yn oed os yw tîm yn gallu cynnig gwasanaethau yn ddwyieithog yn barod, gellir cryfhau ac ehangu'r ddarpariaeth sydd eisoes ar gael drwy benodi mwy o siaradwyr Cymraeg: yn syml, bydd presenoldeb mwy o unigolion gyda sgiliau cyfrwng Cymraeg yn cynyddu gallu ieithyddol y tîm (ac felly'n hwyluso gwaith pob un o'r aelodau).

Bydd cryfhau'r ethos neu'r awyrgylch Gymraeg o fewn tîm / gweithle yn sicrhau mwy o empathi ac yn gwella'r berthynas ddiwylliannol rhwng BIPBC a'r cymunedau dwyieithog mae'r sefydliad yn eu gwasanaethu.

Felly, os yw dau ymgeisydd gyda chymwysterau tebyg yn cael eu hystyried ar gyfer yr un rôl a bod un ohonynt yn siaradwr Cymraeg, dylid rhoi blaenoriaeth i'r siaradwr Cymraeg.

Bydd hyn yn cael ei ystyried yn wahaniaethu cadarnhaol, sy'n gyfreithlon ac yn rhesymol.

7.3 Proffil Ieithyddol
Yr allwedd i reoli adnoddau sgiliau iaith tîm yw cynllunio ymlaen llaw, er mwyn sicrhau bod capasiti digonol ar gael i alluogi'r tîm o dan sylw i ymateb yn gadarnhaol i unrhyw sefyllfa sy'n ymwneud â'r cyhoedd, cyn belled â'i bod yn ymarferol bosibl.

Wrth ystyried gofynion sgiliau ieithyddol swyddi a thimau unigol, dylai rheolwyr anelu at ganfod cydbwysedd rhwng:

- strwythurau staffio lleol a chapasiti'r Bwrdd Iechyd;
- hyd a lled y cyswllt rhwng deiliaid swyddi penodol / timau unigol â'r cyhoedd; a'r
- proffil ieithyddol, diwylliannol a demograffig lleol.

Wrth ystyried proffil demograffig ac ieithyddol ardal, mae'n rhaid ystyried gofynion Safonau'r Gymraeg, sy'n cymell y Bwrdd Iechyd i sicrhau bod nifer ddigonol o staff gyda sgiliau cyfrwng Cymraeg ar gael i ddarparu gwasanaethau yn ddwyieithog.

Nod y Bwrdd Iechyd yw darparu gwasanaethau dwyieithog fel mater o drefn ac mewn modd sy'n adlewyrchu sgiliau Cymraeg y boblogaeth leol.

Awdurdod Lleol	Nifer o siaradwyr Cymraeg	Nifer sy'n siarad Cymraeg (fel % y boblogaeth leol)
Ynys Môn	38,568	57.2%
Gwynedd	77,000	65.4%
Conwy	30,600	27.4%
Sir Ddinbych	22,236	24.6%
Sir y Fflint	19,343	13.2%
Wrecsam	16,659	12.9%

Gellir canfod gwybodaeth fwy manwl (yn ôl cymuned) yng nghanlyniadau Cyfrifiad 2011.

Bydd angen i sgiliau iaith timau lleol adlewyrchu'r proffiliau demograffig (h.y. canrannau) sydd wedi eu nodi yn y tabl uchod, ond nid yw cyflawni hynny, o reidrwydd, yn gyfystyr a sicrhau llwyddiant terfynol mewn perthynas â darparu gwasanaethau yn ddwyieithog.

Y prawf litmws yw'r gallu i ddarparu gwasanaethau yn Gymraeg bob amser.

Yn hytrach na chynllunio ar sail eu hargraff bersonol o alw tybiedig felly, dylai penaethiaid gwasanaeth ganolbwyntio ar adeiladu capasiti, er mwyn sicrhau bod nifer ddigonol o staff gyda sgiliau priodol ar gael i gynnig dewisiadau ieithyddol gwirioneddol.

7.4   Lefel Rhuglder
Unwaith mae'r asesiad sgiliau iaith wedi cael ei gwblhau – er mwyn dynodi os yw sgiliau cyfrwng Cymraeg yn hanfodol neu'n ddymunol ar gyfer y swydd o dan sylw – bydd angen gwneud penderfyniad mwy manwl ynglŷn ag union hyd a lled y sgiliau sy'n ofynnol: gellir gwneud hyn drwy gyfeirio at y Matrics Sgiliau Iaith (gweler Atodiad 5, tudalen 37, isod).

Os oes gofyniad ieithyddol penodol – unai oherwydd natur y swydd neu oherwydd diffyg sgiliau cyfrwng Cymraeg ymysg aelodau presennol y tîm o dan sylw – dylai'r disgrifiad swydd adlewyrchu hynny, fel bod y gofyniad i gyfrannu'n uniongyrchol at ddarparu gwasanaethau yn ddwyieithog yn cael ei nodi fel elfen amlwg ac anhepgor o rôl deilydd y swydd.

Drwy wneud hyn, bydd modd mesur perfformiad deilydd y swydd yn erbyn meini prawf penodol yn ymwneud â sgiliau iaith ac ystyried dyletswyddau cysylltiedig wrth asesu llwyth gwaith.

Bydd y disgrifiad swydd hefyd yn darparu tystiolaeth ddogfennol, fydd yn esbonio a rhesymoli'r penderfyniad i gynnwys gofyniad ieithyddol yn ymwneud â sgiliau cyfrwng Gymraeg.

7.5 Hysbysebu Swyddi

Mae'n rhaid i hysbysebion, Disgrifiadau Swydd a Manylebau Person gael eu cyfieithu ar gyfer bob swydd, fel bod modd i unigolion ymgeisio ar eu cyfer (ar Trac / *NHS Jobs*) drwy gyfrwng y Gymraeg neu'r Saesneg, yn unol â dewis personol.

Dylid cynnwys cyfeiriadau at sgiliau iaith yn adran sgiliau'r Disgrifiad Swydd / Manyleb Person (ac os oes angen cymhwyster penodol, dylai hynny gael ei nodi ar wahân o fewn y Manyleb Person).

Os yw'r swydd yn cael ei dynodi'n 'Gymraeg hanfodol', neu os oes angen dysgu Cymraeg ar ei chyfer, mae'n rhaid diwygio'r wybodaeth berthnasol (ar lefel swydd) o fewn y system Cofnod Electronig Staff (*ESR*), er mwyn cynorthwyo gyda chydymffurfiad.

Bydd hyn yn cael ei nodi ar y Ffurflen Rheoli Sefydliadol.

Os nad yw'r swydd o dan sylw yn un newydd, cysylltwch â Thîm System y Gweithlu i ddiwygio manylion y swydd gyfredol.

7.5.1 Hysbysebu swyddi BIPBC ar wefanau eraill

Ochr yn ochr â darparu gwybodaeth drwy Trac / *NHS Jobs*, dylid hefyd ystyried buddion posibl hysbysebu rhai swyddi 'Cymraeg hanfodol' / 'Cymraeg dymunol' ar wefannau recriwtio eraill.

Mae Hysbysfwrdd Swyddi Cymru Lleol.cymru yn boblogaidd iawn ymysg siaradwyr Cymraeg, er enghraifft:

https://www.lleol.cymru/classified/search/empty/where/empty/orderby/datecreated

Mae'n debygol y bydd hysbysebion swyddi sy'n cael eu harddangos ar safleoedd gwe cyffredinol o'r math yma yn cael eu gweld gan lawer mwy o unigolion sydd gyda chymwysterau addas ac yn gallu siarad Cymraeg (gan gynnwys nifer o ddarpar ymgeiswyr na fyddai wedi ystyried mynd ati i chwilio am swyddi gweinyddol neu glerigol ar wefan *NHS Jobs*).

Tra mae gwefannau o'r math yma yn dueddol o godi tâl am arddangos hysbysebion (e.e. mae'n rhaid talu £150 + TAW i arddangos hysbyseb swydd ar hysbysfwrdd ar-lein Lleol.cymru), mae'r gost ariannol yma fel arfer yn cael ei mantoli gan y ffaith y bydd y swydd yn cael ei gweld gan lawer mwy o bobl (a bydd hynny, yn ei dro, yn sicr o hwyluso'r broses recriwtio ac yn gymorth i sicrhau bod ymgeisydd hollol addas yn cael ei benodi / phenodi i'r swydd, yn y pen draw).

Pan hysbysebwyd swydd o fewn Uned Gyfieithu BIPBC ar Lleol.cymru yn ystod Mehefin a Gorffennaf 2019, cafodd yr hysbyseb ei weld bron i 13,000 o weithiau ac edrychwyd ar y swydd ddisgrifiad manwl cysylltiedig (oedd i'w weld drwy glicio ar yr hysbyseb) ar 727 achlysur.

Cafodd unigolyn gyda chymwysterau addas ei phenodi i'r swydd (ac felly cafodd y broses recriwtio ei chwblhau yn llwyddiannus a heb unrhyw oedi).

Heb os felly, dylai rheolwyr ystyried buddion posibl hysbysebu ar safleoedd gwe fel Lleol.cymru, wrth iddynt fynd ati i recriwtio ar gyfer swyddi sy'n 'Gymraeg hanfodol' o fewn BIPBC (gan gynnwys staff switsfwrdd, staff canolfannau trefnu apwyntiadau / canolfannau

galw, clercod wardiau a derbynyddion. Gweler adran 5.3 – 'Swyddi Cymraeg hanfodol' ar dudalen 7, uchod).

7.6   Cyfweld ar gyfer swyddi 'Cymraeg hanfodol'
Os yw sgiliau Cymraeg yn hanfodol ar gyfer y swydd, mae'n rhaid profi'r sgiliau hynny yn ystod y broses gyfweld.

Yn sgil hynny, dylai bod y panel cyfweld yn cynnwys o leiaf un siaradwr Cymraeg a dylai ef / hi ofyn ei gwestiynau / chwestiynau yn Gymraeg, er mwyn profi sgiliau Cymraeg llafar yr ymgeisydd.

Er mwyn cydymffurfio gyda Safon y Gymraeg 108, dylai'r Bwrdd Iechyd gynnig i bob ymgeisydd swydd gael eu 'cyfweliad neu ddull arall o asesu' drwy gyfrwng y Gymraeg neu'r Saesneg, yn unol â'u dewis personol.

Os yw'r ymgeisydd yn dewis cael cyfweliad Cymraeg, gellir gofyn rhai cwestiynau yn Saesneg hefyd, er mwyn profi hyfedredd yr unigolyn yn y ddwy iaith.

Os nad oes unrhyw siaradwyr Cymraeg cymwys o fewn tîm / adran – ac nad oes modd felly i'r tîm / adran o dan sylw ddarparu unigolyn yn uniongyrchol i gynnal cyfweliadau drwy gyfrwng yr iaith honno – gellid mynd ati i ganfod aelodau panel addas o ran arall o'r Bwrdd Iechyd (h.y. o'r tu allan i'r tîm ei hun).

Os nad yw hynny'n bosibl, yna dylid darparu 'gwasanaeth cyfieithu ar y pryd neu wasanaeth cyfieithu olynol' yn ystod cyfweliad yr ymgeisydd Cymraeg ei (h)iaith, fel bod modd iddo / iddi glywed ac ymateb i gwestiynau drwy gyfrwng y Gymraeg.

7.7   Methu recriwtio
Os yw swydd yn cael ei hysbysebu yn 'Gymraeg hanfodol', ond nad yw'r tîm / adran / gwasanaeth yn gallu ei llenwi ar y sail honno, mae nifer o opsiynau ar gael:

- Os mai dim ond yn fewnol mae'r swydd wedi cael ei hysbysebu hyd yma, yna dylid mynd ati yn awr i'w hysbysebu i ymgeiswyr allanol (h.y. yn unol â gweithdrefnau arferol, pan nad yw'n bosibl i lenwi swyddi gwag gydag ymgeiswyr mewnol addas).

- Os na fydd modd canfod siaradwr Cymraeg i ymgymryd â swydd 'Cymraeg hanfodol' drwy recriwtio'n allanol, gellir ystyried penodi unigolyn sydd ddim yn siarad Cymraeg, ond ar yr amod bod yr ymgeisydd llwyddiannus yn rhoi ymrwymiad cadarn i 'ddysgu'r iaith i'r lefel ofynnol o fewn cyfnod rhesymol [a phenodedig] o amser'.

  Mewn sefyllfa o'r fath, byddai'n rhaid i'r sefydliad ddarparu cefnogaeth (h.y. hyfforddiant iaith), er mwyn cynorthwyo'r ymgeisydd llwyddiannus i gyflawni'r amod cyflogaeth yma.

  Mae arweiniad pellach ar gael yn nogfen *Recrwitio:Ystyried y Gymraeg*, Comisiynydd y Gymraeg

- Yn niffyg yr opsiynau uchod, efallai bydd angen ailasesu'r sefyllfa, er mwyn gweld os oes modd darparu'r gwasanaeth o dan sylw yn y Gymraeg drwy ddulliau eraill (e.e. drwy ad-drefnu'r modd y mae gwaith yn cael ei rannu).

- Os nad yw hynny'n bosibl, bydd gofyn i'r tîm / adran / gwasanaeth o dan sylw roi blaenoriaeth uchel i hyfforddiant Cymraeg ar gyfer staff presennol, wrth fynd ymlaen.
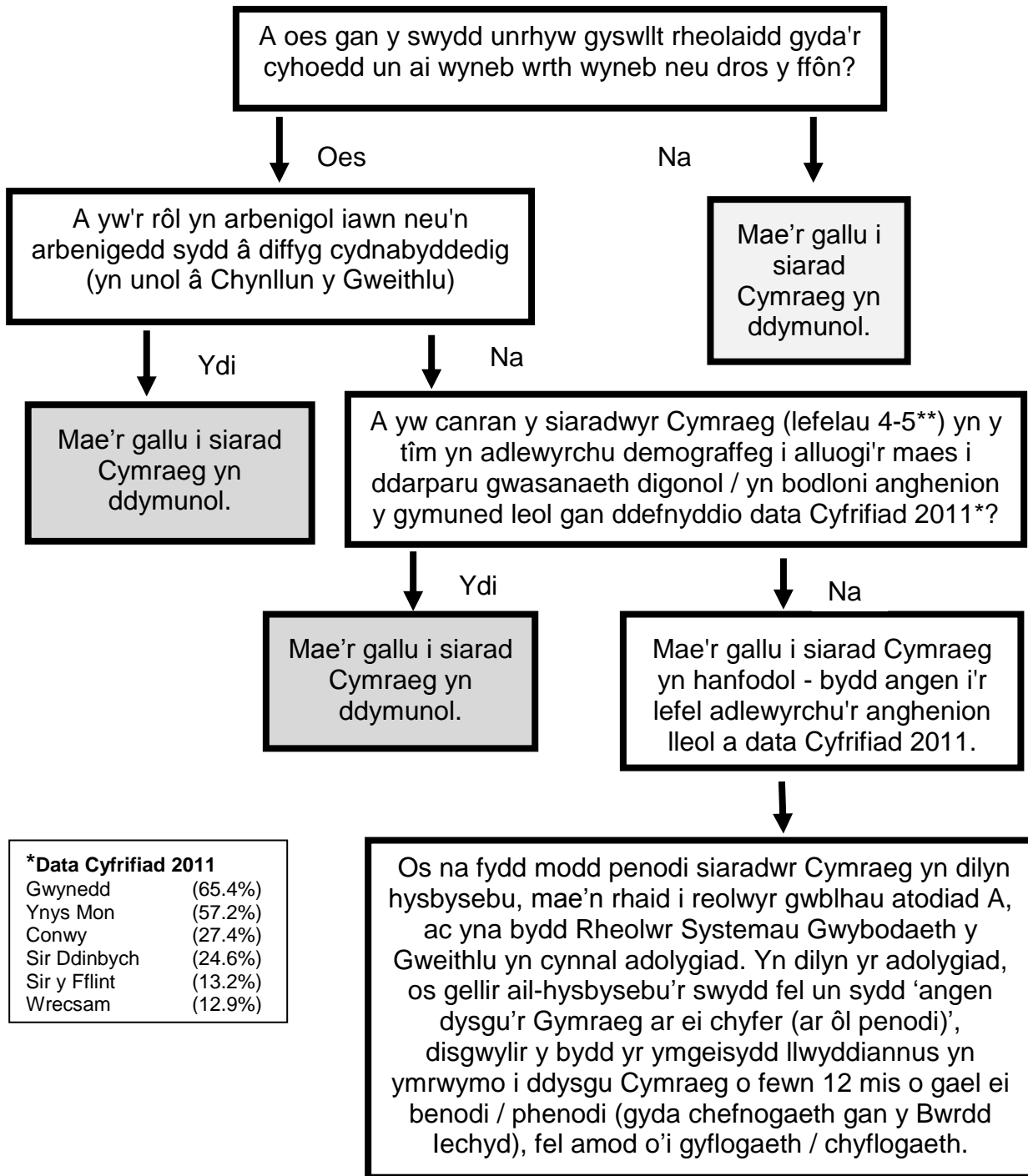
7.8 Dadansoddi Swyddi Gwag a Recriwtio Swyddi Cymraeg Hanfodol
Bydd y Bwrdd Iechyd yn:

- anelu i sicrhau bod digon o staff sy'n siaradwyr Cymraeg ar gael ym mhob sefyllfa gofal.

- sicrhau bod nifer ddigonol o siaradwyr Cymraeg gyda sgiliau ieithyddol cymwys wedi eu lleoli o fewn gweithleoedd sydd â chysylltiad â'r cyhoedd, er mwyn galluogi'r gweithleoedd hynny i ddarparu gwasanaeth llawn trwy gyfrwng y Gymraeg.

- ystyried gallu ieithyddol fel un o'r nifer o sgiliau perthnasol wrth benodi staff.

- dynodi'r gweithleoedd, timau a'r swyddi hynny ble mae'r gallu i siarad Cymraeg yn cael ei ystyried yn hanfodol neu'n ddymunol; asesu'r lefel angenrheidiol o sgiliau ieithyddol sydd eu hangen ym mhob achos; ac yn llunio disgrifiadau swydd yn unol â hynny.

Er mwyn sicrhau bod y gofynion hyn yn cael eu bodloni, dylai rheolwyr ddilyn y broses sydd wedi ei hamlinellu yn y Siart Llif Gofynion Sgiliau Iaith Gymraeg (ar dudalen 22, isod) wrth baratoi i hysbysebu swyddi newydd neu wag.

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**Bwrdd Iechyd Prifysgol Betsi Cadwaladr
Siart Llif Gofynion Sgiliau Iaith Gymraeg**

A oes gan y swydd unrhyw gyswllt rheolaidd gyda'r cyhoedd un ai wyneb wrth wyneb neu dros y ffôn?

Oes

Na

A yw'r rôl yn arbenigol iawn neu'n arbenigedd sydd â diffyg cydnabyddedig (yn unol â Chynllun y Gweithlu)

Mae'r gallu i siarad Cymraeg yn ddymunol.

Ydi

Na

Mae'r gallu i siarad Cymraeg yn ddymunol.

A yw canran y siaradwyr Cymraeg (lefelau 4-5**) yn y tîm yn adlewyrchu demograffeg i alluogi'r maes i ddarparu gwasanaeth digonol / yn bodloni anghenion y gymuned leol gan ddefnyddio data Cyfrifiad 2011*?

Ydi

Na

Mae'r gallu i siarad Cymraeg yn ddymunol.

Mae'r gallu i siarad Cymraeg yn hanfodol - bydd angen i'r lefel adlewyrchu'r anghenion lleol a data Cyfrifiad 2011.

*Data Cyfrifiad 2011
Gwynedd	(65.4%)
Ynys Mon	(57.2%)
Conwy	(27.4%)
Sir Ddinbych	(24.6%)
Sir y Fflint	(13.2%)
Wrecsam	(12.9%)

Os na fydd modd penodi siaradwr Cymraeg yn dilyn hysbysebu, mae'n rhaid i reolwyr gwblhau atodiad A, ac yna bydd Rheolwr Systemau Gwybodaeth y Gweithlu yn cynnal adolygiad. Yn dilyn yr adolygiad, os gellir ail-hysbysebu'r swydd fel un sydd 'angen dysgu'r Gymraeg ar ei chyfer (ar ôl penodi)', disgwylir y bydd yr ymgeisydd llwyddiannus yn ymrwymo i ddysgu Cymraeg o fewn 12 mis o gael ei benodi / phenodi (gyda chefnogaeth gan y Bwrdd Iechyd), fel amod o'i gyflogaeth / chyflogaeth.

** Ar gyfer lefelau'r Matrics Iaith Cymraeg, gweler Atodiad 5

8. Gweithredu, Cyflwyno a Chyfrifoldebau

Yn dilyn lansiad cyntaf Strategaeth Sgiliau Dwyieithog BIPBC (fel y gelwid y ddogfen hon yn wreiddiol), datblygwyd cynllun cyflwyno manwl ar gyfer y dadansoddiad sgiliau ac aethpwyd ati i roi'r strategaeth ar waith ym mhob maes gwasanaeth, tra 'roedd cynlluniau gweithredu pellach yn cael eu datblygu.

Mae'r Strategaeth bellach wedi cael ei diwygio a'i huwchraddio i fod yn Bolisi a Gweithdrefn, yn unol â Safonau'r Gymraeg a'r gorchymyn gorfodaeth.

Mae rhai o'r prif gyfranogwyr (a'u cyfrifoldebau) – o ran sicrhau gweithrediad llwyddiannus y polisi – wedi eu rhestru isod:

Bydd **Tîm y Gymraeg BIPBC** yn
- Parhau i weithio gyda meysydd eraill, er mwyn deall rôl y rheolwr a chyfeirio rheolwyr at yr adran gywir.
- Rhoi cyngor ar diwtora cyrsiau iaith Cymraeg.
- Rhoi cyngor ynglŷn â'r broses ddethol ar gyfer swyddi ble mae sgiliau Cymraeg yn hanfodol.

Bydd **Tîm Systemau a Gwybodaeth Gweithlu BIPBC** yn
- Cofnodi gofynion sgiliau iaith Gymraeg ar *ESR*, fel rhan o'r broses cais am swydd.
- Cwblhau gofynion ieithyddol ar y Ffurflen Rheoli Sefydliadol.
- Cydweithio'n agos gyda Thîm Recriwtio Phartneriaeth Cydwasanaethau GIG Cymru (*NWSSP*), er mwyn monitro cydymffurfiaeth gyda gofynion Cymraeg o fewn *Trac*.
- Ymgysylltu â rheolwyr, er mwyn eu galluogi i atodi gofynion Cymraeg ar lefel swydd.
- Ymgysylltu â staff a rheolwyr a'u hannog i ddiweddaru gwybodaeth o fewn *ESR* (drwy ddefnyddio'r cyfleuster Hunan Wasanaeth).
- Monitro cydymffurfiaeth o ddata'r Gymraeg ar *ESR*.
- Darparu gwybodaeth gweithlu Cymraeg i gefnogi datblygiad Cynllun Gweithredu'r Gymraeg.

Bydd **Adran Hyfforddiant a Datblygiad BIPBC** yn
- Monitro a gwerthuso bob cwrs Cymraeg i sicrhau eu bod yn cynrychioli gwerth am arian a bod staff yn derbyn cefnogaeth ddigonol.
- Cadw cofnod o staff sy'n mynychu sesiynau hyfforddiant iaith Gymraeg ar *ESR* ac ar gronfa ddata lleol Hyfforddiant Iaith Gymraeg BIPBC.
- Sicrhau bod profiadau / dyheadau personol unigolion o ran hyfforddiant iaith Gymraeg yn cael eu trafod fel rhan o'r broses *PADR* (a bod y manylion angenrheidiol yn cael eu nodi yn adran berthnasol y templed *PADR*).

Bydd **Tîm Recriwtio BIPBC** yn
- Monitro gweithgaredd recriwtio.
- Gweithio gyda Thîm Systemau a Gwybodaeth Gweithlu BIPBC i ddarparu Fforwm Strategol y Gymraeg BIPBC gyda rhestr o swyddi sy'n cael eu hysbysebu gyda'r Gymraeg wedi'i nodi fel elfen hanfodol o'r rôl. Bydd y Bwrdd Iechyd yn gyfrifol am graffu pellach, er mwyn sicrhau bod siaradwyr Cymraeg yn cael eu penodi i'r swyddi hynny yn y pen draw.

Bydd adran **Cynllunio Gweithlu BIPBC** yn
- Sicrhau bod y pedwar cam allweddol canlynol yn cael eu hystyried a'u cynnwys o fewn y broses Cynllunio Gweithlu:

    o Archwilio Sgiliau
    o Asesu Anghenion Gwasanaeth
    o Adnabod y Bwlch Sgiliau
    o Cynllun Gweithredu

9. Rolau a Chyfrifoldebau

Mae gan yr adran Gweithlu a Datblygiad Sefydliadol (*W&OD*) gyfrifoldeb dros fonitro gweithrediad y Polisi a'r Weithdrefn (ar y cyd gyda Thîm y Gymraeg).

Mae adroddiadau rheolaidd yn cael eu darparu i Fforwm Strategol y Gymraeg, fel y gellir gwneud argymhellion yn ôl yr angen.

Mae Cyfarwyddwyr a Rheolwyr Gwasanaeth yn gyfrifol am sicrhau bod y Polisi a'r Weithdrefn hon yn cael ei rhoi ar waith yn eu meysydd Gwasanaeth eu hunain.

10. Cadw Cofnod

Mae'n bwysig bod cofnodion llawn o'r holl benderfyniadau sy'n ymwneud â'r Gymraeg yn cael eu cadw am o leiaf 13 mis.

Mae hyn er mwyn sicrhau bod gwybodaeth ar gael os bydd her yn codi.

11. Mwy o wybodaeth

Cysylltiadau:

Tîm y Gymraeg BIPBC
http://howis.wales.nhs.uk/sitesplus/861/page/46733
Eleri.Hughes-Jones@wales.nhs.uk
Meilyr.Emrys@wales.nhs.uk
BCU.WelshLanguageTutor@wales.nhs.uk

Gweithlu a Datblygiad Sefydliadol (*ESR* a Hyfforddiant)
http://howis.wales.nhs.uk/sitesplus/861/page/41951
https://actionpoint.cymru.nhs.uk/ulite/login.cfm
Clair.Tipton@wales.nhs.uk

12. Adolygiad

Bydd y Polisi a'r Weithdrefn hon yn cael ei hadolygu ar ôl 3 mlynedd, neu ynghynt, os bydd angen.

13. Cyfeiriadau

- Hysbysiad Cydymffurfio Bwrdd Iechyd Prifysgol Betsi Cadwaladr mewn perthynas ag Adran 47 Mesur y Gymraeg (Cymru) 2011.

- Mesur y Gymraeg (Cymru) 2011

- Polisi a Gweithdrefn Arferion Recriwtio Mwy Diogel

- *Recriwtio: Ystyried y Gymraeg* – Comisiynydd y Gymraeg.

- Pecyn Urddas mewn Gofal Cymraeg – Rhoi Llais i Bobl Hŷn – Llywodraeth Cymru 2011.

- *Mwy na Geiriau*... Fframwaith Strategol Olynol ar gyfer Gwasanaethau Cymraeg mewn Iechyd, Gwasanaethau Cymdeithasol a Gofal Cymdeithasol, 2016-2019 – Llywodraeth Cymru.

- *Mwy na Geiriau*... Cynllun Gweithredu, 2019-20.

Atodiad 1

Y Cynnig Rhagweithiol – Beth yw hyn?

Gofynnwch i chi eich hun....a ydym yn gallu:

Darparu gwasanaeth i siaradwyr Cymraeg o'r adeg maent yn cofrestru?
Darparu gwybodaeth yn Gymraeg?
Darparu gwasanaeth gyda meddyg neu ofalwr sy'n siarad Cymraeg?
Nodi eu dewis iaith a rhoi'r anghenion hyn ar waith?
Trafod symptomau neu ofal yn Gymraeg?...

Nid yw NA yn opsiwn...

Ein cyfrifoldeb ni yw darparu'r 'Cynnig Rhagweithiol'.

- Beth sy'n rhaid i chi ei wneud os na allwch gyflawni hyn?
- Mae'n rhaid i chi...ddangos eich bod yn trio...byddwch yn onest am yr hyn y gallwch/neu na allwch ei ddarparu gan ddweud pam nad yw hyn yn bosibl.
- Mae'n rhaid i chi...nodi beth yw'r problemau a datblygu cynllun gweithredu er mwyn goresgyn y problemau hyn.
- Mae'n rhaid i chi...ddod i gytundeb â'ch sefydliad a'ch defnyddwyr gwasanaeth...rhoi dyddiad yn eich cynllun gweithredu er mwyn cadw golwg ar eich datblygiadau.
- Efallai eich bod yn meddwl nad oes gennych weithlu dwyieithog er mwyn cyflawni eich nodau? A ydych yn siŵr o hyn?

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Cynyddu swyddi Cymraeg hanfodol
Cwestiynau Cyffredin

> **Yn dilyn y papur a gylchredwyd yn ddiweddar ar y cynnig i hysbysebu pob swydd Switsfwrdd, Canolfannau Trefnu Apwyntiadau i Gleifion / Canolfannau Galw, Clercod Ward a Derbynyddion fel swyddi Cymraeg hanfodol, ysgrifennwyd y Cwestiynau Cyffredin canlynol i fynd i'r afael ag ymholiadau cyffredin sy'n codi. Byddai cydweithwyr Gweithlu/Tîm y Gymraeg yn hapus i drafod unrhyw fater unigol gyda rheolwyr recriwtio.**

Pam fod y cynnig hwn yn cael ei roi ar waith?

Mae gofyn i'r Bwrdd Iechyd adrodd i Gomisiynydd y Gymraeg yn flynyddol ar ein cydymffurfiaeth â Chynllun y Gymraeg. Dros y blynyddoedd diwethaf, mae nifer y swyddi a hysbysebwyd gyda'r gallu i siarad Cymraeg fel meini prawf hanfodol, wedi bod ar lefel isel iawn yn barhaus (oddeutu 2% o hysbysebion), ac felly'n cwestiynu ein gallu i ddarparu gwasanaeth dwyieithog i fodloni anghenion ein cleifion yn llawn.

Dros y blynyddoedd diwethaf rydym wedi datblygu asesiad sy'n caniatáu i reolwyr recriwtio asesu'r gofynion ieithyddol ar gyfer bob swydd wrth iddynt godi fel swydd gwag. Ond mae'r ystadegau'n awgrymu nad yw'r asesiad yn cael ei ddefnyddio, gyda rhagosodiad 'Cymraeg dymunol' yn cael ei roi ar bob swydd. Gyda'r newidiadau i ddeddfwriaeth y Gymraeg, a chyflwyno Safonau'r Gymraeg sy'n codi'r bar yn sylweddol o ran darparu gwasanaeth dwyieithog, mae'n **rhaid** ymdrin â'r broblem

[Cliciwch yma am fwy o wybodaeth am Safonau'r Gymraeg](#)

Pam y swyddi hyn?

Mae'r swyddi hyn wedi'u dynodi'n benodol gan mai nhw yw'r pwynt cyswllt cyntaf i lawer o gleifion a staff gyda'r Bwrdd Iechyd, rydym yn ymwybodol bod deilydd y swyddi fel arfer yn cael eu recriwtio'n lleol gyda chronfa fwy o ymgeiswyr i recriwtio ohonynt. Os gallwn recriwtio siaradwyr Cymraeg i'r swyddi hyn, bydd hyn yn lleihau'r pwysau yn sylweddol ar gyfer y swyddi yr ystyrir eu bod yn anodd recriwtio iddynt fel rhan o'n proses cynllunio gweithlu.

Ond beth os nad ydym yn gallu recriwtio?

Ar hyn o bryd nid oes tystiolaeth i gefnogi pryderon o beidio â gallu recriwtio i'r swyddi hyn. Hyd nes y byddwn yn ceisio recriwtio gweithwyr dwyieithog i'r swyddi hyn, nid oes gennym unrhyw dystiolaeth o anawsterau recriwtio i'w cyflwyno naill ai i Gomisiynydd y Gymraeg neu Lywodraeth Cymru.

Mae'r cynnig newydd hefyd yn caniatáu i reolwyr recriwtio gyflwyno cyfiawnhad swydd wag sy'n nodi pam **na** ddylid hysbysebu'r swyddi fel 'Cymraeg hanfodol'. Gellir cyflwyno cyfiawnhad swydd wag ar gyfer swyddi, ond mae'n rhaid bod tystiolaeth glir o anawsterau recriwtio diweddar yn y gorffennol.

Fel arall, mae'n bosibl y bydd cynnal asesiad Cymraeg llawn yn arddangos bod y tîm eisoes yn cynnwys nifer digonol o siaradwyr Cymraeg i allu darparu gwasanaeth dwyieithog. Ond mae'n rhaid i hyn fod yn unol â data cyfrifiad y Gymraeg ar gyfer yr ardal benodol sydd o dan sylw. Gellir cael mwy o wybodaeth ym Mholisi a Gweithdrefn Sgiliau Dwyieithog y Bwrdd Iechyd, sydd wedi'i ddatblygu i gefnogi staff gyda materion yn ymwneud â Chynllunio Gweithlu a'r Gymraeg.

Beth mae Cymraeg hanfodol yn ei olygu?

Mae 'Cymraeg hanfodol' yn golygu'r gallu i siarad yn Gymraeg â chleifion a'r cyhoedd. Mae pobl wedi mynegi pryderon yn y gorffennol ynghylch yr hyn a ddisgwylid ganddynt pe byddent yn gwneud cais am swyddi a ystyrir fel Cymraeg hanfodol, gan feddwl y byddai'n rhaid iddynt siarad bob gair yn Gymraeg a gofyn iddynt gyfieithu hyd yn oed, ond yn ei hanfod, mae Cymraeg hanfodol yn golygu gallu sgwrsio â chleifion yn eu hiaith gyntaf, gan wneud iddynt deimlo'n gartrefol mewn sefyllfa sy'n aml yn achosi straen mawr.

O fewn y Polisi a Gweithdrefn Sgiliau Dwyieithog rydym yn cydnabod bod defnyddio lefelau i ddynodi'r hyn y byddai angen i ymgeiswyr ei wneud yn Gymraeg yn fwy ystyrlon. Ar gyfer swyddi Cymraeg hanfodol, byddem fel arfer yn nodi'r angen i'r ymgeisydd allu siarad Cymraeg ar lefel 4/5 (Gweler yr eglurhad ar lefelau isod). Efallai y bydd modd hysbysebu ar lefel 3/4 am dderbynnydd, clerc ward neu swydd switsfwrdd, yn dibynnu ar ddemograffeg Cymraeg ar gyfer yr ardal benodol honno, ond ar gyfer staff y Ganolfan Trefnu Apwyntiadau i Gleifion, byddai angen lefel uwch o allu yn y Gymraeg er mwyn trafod clinigau / diwrnodau / amseroedd ac ati gyda chleifion dros y ffôn. Mae hyd yn oed yn bosibl hysbysebu swydd gan nodi beth fyddai gofyn iddynt ei wneud yn Gymraeg (e.e. cyfarch cleifion yn y dderbynfa), yn hytrach na defnyddio'r geiriau 'Cymraeg Hanfodol'. Byddai hyn yn ei wneud yn llawer mwy ystyrlon i'r ymgeisydd, ac o bosibl fe all annog siaradwyr Cymraeg llai hyderus i ymgeisio yn hytrach na pheidio â'u hannog.

Lefel 3 –

 ● Deall a chynnal sgwrs syml ar bwnc sy'n ymwneud â gwaith, ond efallai y bydd angen troi i'r Saesneg i drafod/adrodd ar wybodaeth gymhleth neu dechnegol.

 ● Ateb cwestiynau rhagweladwy neu ffeithiol.

 ● Cymryd y rhan fwyaf o negeseuon sy'n fwy tebygol o fod angen sylw a'u trosglwyddo.

 ● Cynnig cyngor ar faterion syml sy'n ymwneud â'r swydd.

Lefel 4 -

 ● Cynnal sgwrs estynedig sy'n ymwneud â gwaith neu roi cyflwyniad gyda rhuglder ac ystod mynegiant da ond efallai y bydd angen troi i'r Saesneg i ateb cwestiynau anrhagweladwy neu egluro pwyntiau cymhleth neu wybodaeth dechnegol.

 ● Cyfrannu'n effeithiol at gyfarfodydd a seminarau o fewn eich maes gwaith eich hun.

 ● Dadlau dros/yn erbyn achos.

Lefel 5 -

 ● Rhoi cyngor ar / siarad am faterion arferol, rhai nad ydynt yn arferol, materion cymhleth, cynhennus neu sensitif sy'n ymwneud â'ch profiadau eich hun.

 ● Rhoi cyflwyniad / arddangosiad.

 ● Delio â chwestiynau gelyniaethus neu anrhagweladwy.

 ● Cynnal trafodaethau gan ddefnyddio termau cymhleth / technegol.

Beth os wyf yn hysbysebu fel Cymraeg hanfodol ond yn methu â recriwtio?

Pan fydd rheolwyr recriwtio wedi hysbysebu i ddechrau fel Cymraeg hanfodol ond wedi bod yn aflwyddiannus wrth benodi ymgeiswyr sy'n siarad Cymraeg, gellir ail-hysbysebu'r swyddi fel Cymraeg yn ddymunol Nid yw hyn yn golygu nad yw'r swydd angen siaradwr Cymraeg mwyach. Yn y sefyllfa hon, dylid cael cefnogaeth ein Tiwtor y Gymraeg mewnol i hyfforddi staff hyd at y lefel briodol.

Gall Tiwtor y Gymraeg deilwra cyrsiau i weddu i anghenion yr unigolyn / gwasanaeth.
Gallwch gysylltu â Thiwtor y Gymraeg dros e-bost: BCU.WelshLanguageTutor@wales.nhs.uk

A fydd angen i mi gyfweld â'r unigolyn hwnnw yn Gymraeg?

Mae'n rhaid profi sgiliau Cymraeg mewn cyfweliad os ydynt yn hanfodol ar gyfer y swydd. Dylai fod o leiaf un aelod Cymraeg ar y panel cyfweld a dylai ofyn o leiaf un cwestiwn yn Gymraeg er mwyn profi sgiliau Cymraeg llafar yr ymgeisydd. Mae cyngor pellach ar gael ar hyn yn y Polisi a'r Weithdrefn Sgiliau Dwyieithog.

Sut allaf ddarganfod faint o siaradwyr Cymraeg sydd gennym eisoes yn ein tîm?

Efallai eich bod yn ymwybodol bod Tîm Systemau'r Gweithlu yn yr Adran Gweithlu a Datblygiad Sefydliadol wedi ymgymryd ag Ymarfer Glanhau Data dros y 2 flynedd ddiwethaf i ddiweddaru sgiliau Cymraeg staff ar *ESR*. Gellir defnyddio'r wybodaeth hon i asesu p'un a oes diffyg siaradwyr Cymraeg mewn adrannau/lleoliadau penodol er dibenion cynllunio Gweithlu. Mae dadansoddiad wedi'i gynnwys yn y cynnig newydd hwn. Os ydych angen dadansoddiad penodol ar gyfer eich tîm eich hun, byddwch yn gallu cael mynediad at hyn drwy Hunan Wasanaeth Rheolwr Busnes Deallusrwydd, am gyngor pellach, cysylltwch ag aelod o Dîm Systemau'r Gweithlu. Gellir rhedeg dadansoddiad manwl o siaradwyr Cymraeg y Bwrdd Iechyd a'u lefel cymhwysedd drwy *ESR* os oes angen. Gellir hefyd cadw'r wybodaeth yn lleol a gellir ei ddefnyddio i alw am gymorth siaradwr Cymraeg os nad oes un ar gael ar unwaith.

Beth yn union sydd angen i ni gyfieithu?

Mae angen i holl hysbysebion swyddi a Disgrifiadau Swydd a Manyleb Bersonol fod ar gael yn ddwyieithog.

Pam ei fod yn cymryd cymaint o amser i gael cyfieithiadau?

Mae Tîm y Gymraeg wedi cynyddu capasiti yn ddiweddar o fewn y Tîm Cyfieithu a fydd yn hwyluso'r broses cyfieithu yn y dyfodol.

Gall cyfieithwyr gyfieithu oddeutu 2500 gair bob diwrnod. Yn ddiweddar mae disgrifiadau swydd yn fwy, a gyda rheolwyr recriwtio'n gofyn am y cyfieithiad o fewn ychydig ddiwrnodau, nid yw bob amser yn bosibl cyflawni ar gyfer bob rheolwr recriwtio, yn ogystal â dogfennau eraill y Bwrdd Iechyd sy'n cael eu hanfon i'w cyfieithu. Mae'r Tîm Cyfieithu'n defnyddio meddalwedd cof cyfieithu, felly byddai defnyddio disgrifiad swydd sydd wedi'i gyfieithu o'r blaen yn ddefnyddiol gan fyddai'r meddalwedd yn codi unrhyw ymadroddion/brawddegau sydd wedi'u cyfieithu'n flaenorol. Byddai hefyd yn hwyluso ein gwaith pe byddai fersiynau Cymraeg a Saesneg yn cael eu cynnwys gyda'r cais gan amlygu unrhyw newidiadau yn y fersiwn Saesneg.   Mae angen rhybudd o bythefnos i gyfieithu disgrifiad swydd ond mae bob ymdrech yn cael ei wneud i ddychwelyd y gwaith cyn hynny.

Beth alla i wneud i gyflymu'r broses cyfieithu?

Yn aml iawn mae'n rhaid i'r cyfieithwyr gywiro neu ddehongli testun, felly i gynorthwyo'r cyfieithwyr, byddem yn gwerthfawrogi pe gallai rheolwyr recriwtio:

- Brawf ddarllen Disgrifiad Swydd cyn ei anfon i'w gyfieithu.
- Defnyddio Disgrifiadau Swydd safonedig os oes rhai ar gael.
- Gynnwys unrhyw fersiynau Cymraeg a Saesneg blaenorol gyda'r cais, ac amlygu unrhyw newidiadau yn y fersiwn Saesneg.
- Caniatáu pythefnos ar gyfer cyfieithiad.
- Edrych ar safoni eich Disgrifiad Swydd / Manyleb Bersonol a'u cyfieithu'n gynnar. Byddai hyn yn cyflymu'r broses Gwerthuso Swydd a'r broses Cyfieithu.

Atodiad 3

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

Cyfiawnhau Swydd Wag – Asesiad y Gymraeg

Cyflwynwch y ffurflen hon mewn fformat Word i BCU.WODSystems@wales.nhs.uk**, os gwelwch yn dda.**
(cc. BCU.EstablishmentControl@Wales.nhs.uk). Bydd ffurflenni anghyflawn yn cael eu dychwelyd.

Swydd:	Cyf: 050- - W
Adran / Cyfarwyddiaeth:	Maes y Gwaith:
Canolfan Gost:	Rhif ECR:
Ydi'r swydd hon wedi cael ei hysbysebu o'r blaen? Os do: sut gafodd y swydd ei hysbysebu (h.y. 'Cymraeg hanfodol' neu 'Cymraeg dymunol')?	
Pam ydych chi'n teimlo bod angen adolygu gofynion ieithyddol / lefel iaith y swydd hon?	
A wnaeth unrhyw ymgeiswyr Cymraeg eu hiaith ymateb i'r hysbyseb cyntaf? Os do: pam nad oedd modd eu penodi?	
A yw'r swydd wedi ei lleoli o fewn ardal ble mae prinder staff (yn unol â chynlluniau'r Gweithlu) Ydi ◯ Nac ydi ◯	Beth yw canran y siaradwyr Cymraeg yn eich tîm?
Sut mae hyn yn cymharu â gwybodaeth y Cyfrifiad ar gyfer eich Ward / Adran (yn unol â'r strategaeth sgiliau dwyieithog)?	
Ydi'r ganran hon o siaradwyr Cymraeg yn ddigonol i alluogi'r tîm / adran i gynnig gwasanaethau drwy gyfrwng yr iaith honno bob amser?	

Yn gyffredinol, ydych chi'n rhagweld y bydd recriwtio unigolyn di-Gymraeg yn arwain at broblemau? Os ydych chi: sut fyddwch chi'n goresgyn hynny? (e.e. drwy sicrhau bod yr aelod staff newydd yn cymryd rhan mewn hyfforddiant iaith Gymraeg ar ôl iddo / iddi gael ei benodi / phenodi i'r swydd).
Pe byddai rhywun yn dymuno siarad Cymraeg, a fyddai modd i chi ymateb yn gadarnhaol i hynny? Pa gynlluniau fyddech chi'n gallu eu gweithredu er mwyn sicrhau hynny? (e.e. trefnu bod aelod staff arall ar gael i ymateb / defnyddio cyfieithu ar y pryd).

Os bydd sgôr yr ymgeiswyr yn gyfartal, 'rwyf hefyd yn cadarnhau y byddaf yn sicrhau mai'r siaradwr Cymraeg fydd yn cael ei benodi / phenodi i'r swydd.

Enw   Swydd*   Dyddiad   /   / 2021
*(*rhaid bod yn rheolwr yn yr un maes gwaith)*

Penderfyniad: Cymraeg Dymunol   ◯
                              Dysgu Sgiliau Cymraeg ar ôl penodi   ◯ (swydd i barhau fel Cymraeg Hanfodol)*
                              (Rheolwr i gysylltu â BCU.WelshLanguageTutor@wales.nhs.uk **ar ôl penodi)**

Os ydych eisiau i'r swydd hon beidio cael ei hail-hysbysebu, bydd yn rhaid arddangos bod amgylchiadau eithriadol, a bydd yn rhaid i'r cais gael ei gymeradwyo gan y Pennaeth Adnoddau Dynol. Ymhellach, bydd yn rhaid i'r Pennaeth AD ddarparu cyfiawnhad i gyd-fynd â'i benderfyniad / phenderfyniad, er mwyn sicrhau na allai cymeradwyo'r eithriad arwain at honiadau o wahaniaethu. (Enw / Sylwadau)

Sylwadau Ychwanegol (yn cynnwys enw)

Cymeradwywyd gan: Rheolwr Systemau Gwybodaeth Gweithlu   **Dyddiad:**   / 2021

At ddefnydd swyddfa yn unig:				
Oes prinder staff o fewn y proffesiwn o dan sylw?	◯	Oes	◯	Nac oes
Ydi'r gyfran bresennol o siaradwr Cymraeg o fewn y tîm yn uwch na'r ganran sydd wedi ei nodi ar gyfer yr ardal leol yn y Cyfrifiad Iaith Gymraeg diweddaraf?	◯	Ydi	◯	Nac ydi
Ydi'r tîm presennol yn gallu darparu gwasanaeth drwy gyfrwng y Gymraeg bob amser?	◯	Ydi	◯	Nac ydi

Gwybodaeth ofynnol wedi ei wirio gan:
Dogfen i gael ei harbed gan Cyf Hysbyseb rhif 050- W:\Workforce Systems & Information Team\WORKSTREAMS - H2R\HR & Recruitment\Welsh\Re-advert submissions

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

Atodiad 4

System Recriwtio Trac Dwyieithog a Safonau'r Gymraeg

Mae swyddogaeth ddwyieithog y system Recriwtio Trac bellach yn fyw ar gyfer pob swydd yn BIPBC gan gynnwys Swyddi Meddygol a Deintyddol a Swyddi Mewnol -
Mae'r swyddogaeth hon yn cael ei rhoi ar waith i sicrhau bod GIG Cymru yn cydymffurfio â gofynion Safonau'r Gymraeg, sy'n cael eu gorfodi o 30 Tachwedd 2019

Bydd angen i bob rheolwr gyfieithu eu testun Saesneg yn unol â'r templed isod a chynnwys Disgrifiad Swydd, Manyleb Bersonol a Thestun Hysbyseb Saesneg ynghyd â Disgrifiad Swydd, Manyleb Bersonol a Thestun Hysbyseb Cymraeg. Felly rydym yn awgrymu eich bod yn safoni eich templedi cymaint â phosibl, ac yn cyfieithu'r rhain yn barod ar gyfer eich swyddi gwag. Fodd bynnag, os nad ydych yn gallu gwneud hyn ac rydych angen cyfieithu unrhyw un o'r uchod, gwnewch yn siŵr eich bod yn dilyn y camau yn unol â'r e-bost isod ac yn defnyddio'r ddolen Cyfieithu hon. **Gadewch hyd at 6 wythnos ar gyfer gwaith cyfieithu** - fe all fod yn ddefnyddiol i chi gyflwyno cais ar ôl i chi gwblhau'r Ffurflen Gais Rheoli Sefydliadol.

Bydd ymgeiswyr sy'n dewis Cymraeg fel eu dewis iaith yn gweld y wybodaeth yn Gymraeg - felly mae'n hanfodol bod yr holl feysydd yn cael eu cyfieithu mewn da bryd er mwyn osgoi oedi gyda'ch proses recriwtio; os nad yw hyn wedi'i wneud wrth i chi roi hysbyseb ar Trac, bydd eich swydd wag yn cael ei hail ddrafftio i ganiatáu i chi ei diweddaru fel bo angen.

Cysylltiadau defnyddiol:

Cefnogaeth Recriwtio Meddygol a Deintyddol	BCU.MedicalWorkforceWest@wales.nhs.uk BCU.MedicalWorkforceCentral@wales.nhs.uk BCU.MedicalWorkforceEast@wales.nhs.uk
Cefnogaeth Recriwtio Cyffredinol	NWSSP.Recruitment@wales.nhs.uk
I safoni swyddi A4C	BCU.JobEvaluation@wales.nhs.uk
Materion Cyfieithu	Einir.Ellis@wales.nhs.uk / 07966 516418
Safonau'r Gymraeg	Alaw.Griffith@wales.nhs.uk
Hyfforddiant Y Gymraeg	BCU.WelshLanguageTutor@wales.nhs.uk
Diwygio Rolau i ddim Cymraeg	Clair.Tipton@wales.nhs.uk
Cymeradwyaeth i ail hysbysebu fel swydd nad yw Cymraeg yn hanfodol yn dilyn hysbyseb aflwyddiannus	Clair.Tipton@wales.nhs.uk
Materion Rheoli Sefydliadol	BCU.EstablishmentControl@wales.nhs.uk

Rydym ar hyn o bryd yn y broses o ddiweddaru ein Llyfrgell Disgrifiadau Swyddi i gynnwys Cyfieithiadau Cymraeg http://howis.wales.nhs.uk/sitesplus/861/page/74467.

Ymadroddion Cymraeg Defnyddiol ar gyfer Recriwtio

Meysydd y bydd yn rhaid i'r rheolwr eu cwblhau ar Trac gyda thestun wedi'i gyfieithu

Creu Swydd / Creating a vacancy	English	Cymraeg
Teitl y swydd / Job title	*Free text field*	*Bydd angen i chi roi'r cyfieithiad Cymraeg yma*
Gradd / Grade	*Free text field*	*Bydd angen i chi roi'r cyfieithiad Cymraeg yma*
Testun hysbyseb (cynnwys) / Advert text	*Free text field*	*Bydd angen i chi roi'r cyfieithiad Cymraeg yma*
Manylion cyswllt Contact details	*Free text field*	*Bydd angen i chi roi'r cyfieithiad Cymraeg yma*
Cyflog Salary	£xx,xxx to £xx,xxx per annum £xx,xxx to £xx,xxx per annum, pro rata *Pro Rata is for part time posts*	xx,xxx i £xx,xxx y flwyddyn £xx,xxx i £xx,xxx y flwyddyn, pro rata Mae **'pro rata'** yn berthnasol i swyddi rhan amser yn unig
Prif Arbenigedd Primary Speciality	*Free text field*	*Bydd angen i chi roi'r cyfieithiad Cymraeg yma*
Grŵp Staff Staff group	Additional Clinical Services Additional Professional, Scientific and Technical Administrative and Clerical Allied Health Professionals Estates and Ancillary Healthcare Scientists Medical and Dental Nursing and Midwifery Registered Students	Gwasanaethau Clinigol Ychwanegol Gweithwyr Proffesiynol, Gwyddonol a Thechnegol Ychwanegol Gweinyddol a Chlercyddol Gweithwyr Proffesiynol Perthynol i Iechyd Ystadau a Chymorth Gwyddonwyr Gofal Iechyd Meddygol a Deintyddol Nyrsio a Bydwreigiaeth Cofrestredig Myfyrwyr
Oriau Hours	Full Time – 37.5 hours per week Part Time – xx.x hours per week Various full and part time hours available Bank As and when Required	Llawn amser – 37.5 awr yr wythnos Rhan amser – xx.x awr yr wythnos Oriau llawn amser a rhan amser amrywiol ar gael Banc yn ôl yr angen

| Disgrifiad o'r contract: Contract description | Permanent

Fixed Term for x months due to xx reason xx

Secondment for x months due to xx (reason) xx

Reason can be:

– Due to funding
– To cover other absence
– Project | Parhaol

Cyfnod penodol am x mis oherwydd xx rheswm xx

Secondiad am x mis oherwydd xx xx

Rheswm posibl:

– Cyllid
– Cyflenwi ar gyfer Absenoldeb
– Prosiect |
|---|---|---|
| Tref y Swydd Wag Vacancy town | *Free text field* | *Bydd angen i chi roi'r cyfieithiad Cymraeg yma* |
| Safle'r Swydd Wag Vacancy site | *Free text field* | *Bydd angen i chi roi'r cyfieithiad Cymraeg yma* |

Porth cyfweliad Interview gateway	English	Cymraeg
Cyfeiriad (gan gynnwys y cod post): Full address (inc post code)	*Free text field*	*Bydd angen i chi roi'r cyfieithiad Cymraeg yma*
Adrodd i: (Lleoliad Materol) Report to (physical location)	*Free text field*	*Bydd angen i chi roi'r cyfieithiad Cymraeg yma*
Teitl swydd **aelodau'r** panel cyfweld Interview panel members position titles	*Free text field*	*Bydd angen i chi roi'r cyfieithiad Cymraeg yma*
Cyfarwyddiadau arbennig h.y. prawf, cyflwyniad, briff ayb Special instructions i.e. test, presentation brief etc	*Free text field*	*Bydd angen i chi roi'r cyfieithiad Cymraeg yma*
Manylion ychwanegol Additional details	*Free text field*	*Bydd angen i chi roi'r cyfieithiad Cymraeg yma*
Cyfarwyddiadau ar gyfer dull canolfan asesu Instructions for assessment centre approach	*Free text field*	*Bydd angen i chi roi'r cyfieithiad Cymraeg yma*

Cynnig / Offer	English	Cymraeg
Teitl y swydd Job Title	*Free text field*	*Bydd angen i chi roi'r cyfieithiad Cymraeg yma*
Gradd Grade	*Free text field*	*Bydd angen i chi roi'r cyfieithiad Cymraeg yma*
Cyflog Salary	*Free text field*	*Bydd angen i chi roi'r cyfieithiad Cymraeg yma*
Gwybodaeth arall yn ymwneud â chyflog Other salary related information	*Free text field*	*Bydd angen i chi roi'r cyfieithiad Cymraeg yma*
Adran Department	*Free text field*	*Bydd angen i chi roi'r cyfieithiad Cymraeg yma*
Safle Site	*Free text field*	*Bydd angen i chi roi'r cyfieithiad Cymraeg yma*
Oriau Hours	*Free text field*	*Bydd angen i chi roi'r cyfieithiad Cymraeg yma*
Disgrifiad o'r contract: Contract details	*Free text field*	*Bydd angen i chi roi'r cyfieithiad Cymraeg yma*

Gwybodaeth ddefnyddiol arall / Other useful information		
Dyddiau'r wythnos Days of the week	Monday Tuesday Wednesday Thursday Friday Saturday Sunday	Dydd Llun Dydd Mawrth Dydd Mercher Dydd Iau Dydd Gwener Dydd Sadwrn Dydd Sul
Misoedd y Flwyddyn Months of the year	January	Mis Ionawr
	February	Mis Chwefror
	March	Mis Mawrth
	April	Mis Ebrill
	May	Mis Mai
	June	Mis Mehefin
	July	Mis Gorffennaf
	August	Mis Awst
	September	Mis Medi
	October	Mis Hydref
	November	Mis Tachwedd
	December	Mis Rhagfyr
Teitlau swyddi Job titles:	Staff Nurse	Nyrs Staff
	Apprentice	Prentis
Termau defnyddiol eraill Other useful terms	National Living Wage	Cyflog byw cenedlaethol
	Year (e.g. 1)	Blwyddyn (e.e. 1)
	Apprenticeship	Prentisiaeth
	£3.90 per hour (year 1) National Living Wage (year 2)	£3.90 yr awr (blwyddyn 1) Cyflog Byw Cenedlaethol (blwyddyn 2)
	2 YEARS APPRENTICESHIP	**PRENTISIAETH 2 FLYNEDD**

Safonau'r Gymraeg – Safonau Gweithredol

106	Safonau Gweithredol	Pan fyddwch yn asesu'r gofynion ar gyfer swydd newydd neu swydd wag, mae'n rhaid i chi asesu'r angen am sgiliau Cymraeg, a'i gategoreiddio fel swydd lle mae un neu fwy o'r canlynol yn berthnasol - a) Mae sgiliau Cymraeg yn hanfodol: b) Mae angen dysgu Cymraeg wrth benodi i'r swydd; c) Mae sgiliau Cymraeg yn ddymunol; neu ch) Nid yw sgiliau Cymraeg yn ofynnol.	30/05/2019
106A	Safonau Gweithredol	Os ydych wedi categoreiddio swydd fel un ble mae Cymraeg yn hanfodol, dymunol neu angen ei ddysgu, mae'n rhaid i chi - (a) nodi hynny wrth hysbysebu'r swydd, a (b) hysbysebu'r swydd yn Gymraeg.	30/11/2019
107	Safonau Gweithredol	Pan rydych yn hysbysebu swydd, mae'n rhaid i chi nodi y gellir cyflwyno cais yn Gymraeg ac na fydd ceisiadau Cymraeg yn cael eu trin yn llai ffafriol na chais Saesneg.	30/05/2019
107A	Safonau Gweithredol	Os ydych yn cyhoeddi - (a) ffurflenni cais ar gyfer swyddi; (b) deunyddiau sy'n egluro eich trefn ar gyfer gwneud cais am swyddi; (c) gwybodaeth am eich proses cyfweld, neu am ddulliau asesu eraill wrth ymgeisio am swydd neu ch) *Disgrifiadau Swydd; mae'n rhaid i chi eu cyhoeddi'n Gymraeg; ac mae'n rhaid i chi sicrhau nad yw fersiynau Cymraeg y dogfennau hyn yn cael eu trin yn llai ffafriol na fersiynau Saesneg y dogfennau hynny.	30/11/2019
107B	Safonau Gweithredol	Ni ddylech drin cais am swydd yn Gymraeg yn llai ffafriol na chais Saesneg (gan gynnwys, ymysg problemau eraill, o ran y dyddiad cau rydych yn ei bennu ar gyfer derbyn ceisiadau ac o ran rhoi gwybod i ymgeiswyr am benderfyniadau.	30/05/2019
108	Safonau Gweithredol	Mae'n rhaid i chi sicrhau fod ffurflenni cais ar gyfer swyddi yn darparu man i ymgeiswyr ddynodi eu bod yn dymuno cael cyfweliad neu ddull asesu arall yn Gymraeg, mae'n rhaid i chi gynnal cyfweliad neu ddull asesu arall yn Gymraeg, neu os oes angen, darparu gwasanaeth cyfieithu ar y pryd o Gymraeg i Saesneg er y diben hwnnw.	30/05/2019
109	Safonau Gweithredol	Pan rydych yn rhoi gwybod i ymgeisydd am eich penderfyniad yn ymwneud â chais am swydd, mae'n rhaid i chi wneud hynny yn Gymraeg os oedd y cais yn Gymraeg.	30/05/2019

Matrics Iaith Gymraeg / Welsh Language Matrix

Lefel 1 / Level 1	Lefel 2 / Level 2	Lefel 3 / Level 3	Lefel 4 / Level 4	Lefel 5 / Level 5
Gallaf ddangos cwrteisi ieithyddol trwy agor a chau sgwrs yn Gymraeg. Gallaf roi a derbyn manylion personol. Gallaf ddweud enwau lleoedd/enwau cyntaf neu arwyddion Cymraeg yn gywir	Gallaf ddeall hanfod cais gan y cyhoedd ac ymateb i geisiadau syml. Gallaf roi a derbyn cyfarwyddiadau	Yn gallu defnyddio brawddegau mwy cymhleth gan ddefnyddio cymalau. Mae ganddynt ddigon o eirfa i ddelio â sefyllfaoedd bob dydd annisgwyl, e.e. sgwrsio wrth gwrdd â dieithryn. Yn defnyddio acen a phwyslais gyda chywirdeb digonol i fod yn ddealladwy ac i egluro ystyron. Gallu sgwrsio yn bennaf yn Gymraeg ond troi at Saesneg mewn trafodaeth i roi gwybodaeth fanwl.	Yn gallu creu rhai brawddegau cymhleth ac mae ganddo eirfa ddigonol i allu trafod unrhyw faterion anarbenigol sy'n codi, a delio â sefyllfaoedd mwy ffurfiol o ystyried y cyfle i baratoi, e.e. asesiadau, cyfweliadau a chyfarfodydd.	Yn rhugl yn y Gymraeg ar lafar ac yn ysgrifenedig. Gallaf ddelio'n effeithiol gydag ymholiadau cymhleth gan y cyhoedd neu wrthdaro yn Gymraeg. Gallaf gyfweld neu gwestiynu yn Gymraeg yn ystod ymchwiliad
Yn gallu dangos parch ieithyddol drwy agor sgwrs neu gau sgwrs. Gallu rhoi manylion personol, a'u derbyn. Gallu dweud enwau llefydd/ enwau cyntaf neu arwyddion Cymraeg yn gywir	Gallu Deall hanfod cais gan y cyhoedd ac ymateb i geisiadau syml. Gallu rhoi cyfarwyddiadau a'u derbyn	Yn gallu defnyddio brawddegau mwy cymhleth gan ddefnyddio cymalau. Geirfa ddigonol i ddelio â sefyllfaoedd anrhagweledig bob dydd, e.e. siarad wrth gyfarfod â dieithryn. Defnyddio acen a phwyslais gyda chywirdeb digonol i fod yn ddealladwy ac egluro ystyron. Gallu sgwrsio'n bennaf yn Gymraeg ond yn troi i'r Saesneg mewn trafodaeth i roi gwybodaeth fanylach.	Gallu creu rhai brawddegau cymhleth a geirfa ddigonol i drafod unrhyw faterion sy'n codi nad yw'n faterion arbenigol, a delio â mwy o sefyllfaoedd ffurfiol wrth gael y cyfle i baratoi e.e asesiadau, cyfweliadau a chyfarfodydd.	- Yn rhugl mewn Cymraeg ysgrifenedig a llafar Gallu delio'n llwyddiannus ag ymholiadau cymhleth gan y cyhoedd neu wrthdaro yn Gymraeg. Gallaf gyfweld neu ofyn cwestiwn yn Gymraeg yn ystod ymchwiliad .

BILINGUAL SKILLS POLICY & PROCEDURE

Date to be reviewed:	September 2023	No of pages:	38
Author(s):	Eleri Hughes-Jones / Clair Tipton / Dr Meilyr Emrys	Author(s) title:	Head of Welsh Language Services / Workforce Information Systems Manager / Welsh Language Officer
Responsible dept / director:	Workforce & Organisational Development / Executive Director of Workforce & Organisational Development – Sue Green		
Approved by:	Strategy, Partnership and Population Health Sub-Committee		
Date approved:	18 December 2020		
Date activated (live):			
Date EQIA completed:	4 September 2020		
Documents to be read alongside this policy:	Welsh Language Standards Document under the Welsh Language (Wales) Measure 2011 Safer Recruitment Practices Policy & Procedures Study Leave Procedure		
Purpose of Issue/Description of current changes:			
The Bilingual Skills Policy & Procedure is designed to enable effective workforce planning and the recruitment of staff 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. In addition to this, the Welsh Language (Wales) Measure 2011 requires the Health Board to provide information about its workforce's linguistic skills annually to the Welsh Language Commissioner's Office. *More than just words…*, the Welsh Government's Strategic Framework for Welsh Language Services in Health, Social Services and Social Care, also incorporates objectives in relation to Workforce Planning and Recruitment.			

Summary					
The Bilingual Skills Policy & Procedure aims to ensure the Health Board has sufficient staff with appropriate Welsh language skills to conduct a healthcare service to the public bilingually. It strengthens the organisation's capacity to provide bilingual services through Workforce Planning, Recruitment and Organisational Development.					
First operational:	Date the policy was first operational				
Previously reviewed:	16/07/15	30/10/17	17/06/19	26/11/19	31/01/20
Changes made yes/no:	Yes	Yes	Yes	Yes	Yes

Contents

1. Introduction Statement

Having previously been approved by the National Assembly for Wales, the Welsh Language (Wales) Measure 2011 was given royal assent on 9 February 2011.

This legislation gave the Welsh language official status in Wales and reinforces the principle that the Welsh language should not be treated less favourably than the English language in Wales.

The Welsh Language (Wales) Measure also:
- created the procedure for placing statutory duties on organisations in the form of Welsh Language Standards;
- established the role of the Welsh Language Commissioner to scrutinise compliance with these Standards;
- gave the Commissioner power to investigate any allegations of interference with someone's freedom to use the Welsh language.

A notice of regulatory compliance was placed on Betsi Cadwaladr University Health Board (BCUHB) on 30th November 2018, meaning that the organisation is now statutorily obliged to conform to 123 specified Welsh Language Standards.

Certain Standards (namely Standards 96-105) pertain directly to workforce planning and the development of our employees' Welsh language skills.

Alongside this, the Health Board also remains committed to the realisation of the following goal, which was originally included within the preface to our organisational Welsh Language Scheme (i.e. the document that defined BCUHB's obligations in relation to the delivery of bilingual services before the introduction of the Welsh Language Standards):

> '*Our aim is to enable everyone who receives or uses our services to do so through the medium of Welsh or English, according to personal choice and to encourage other users and providers to use and promote the Welsh language in the health sector. We have a clear vision – everyone who comes into contact with our services should be treated with respect and dignity, [and] receive a safe and responsive service that is accessible in their language of choice. Our commitment to the Welsh language is a clear part of our Strategic Direction document which outlines our vision for the future*'.

<div align="right">- BCUHB Welsh Language Scheme (April 2010), p. 2.</div>

The BCUHB Welsh Language Scheme also included a commitment to develop a Bilingual Skills Policy & Procedure, in order to provide pertinent guidance in relation to workforce planning, the recruitment process and organisational development.

This document will naturally support the Health Board's efforts 'to provide a quality service to our bilingual population in line with commitments in the Scheme' (p. 15).

This Policy & Procedure's principal aim 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.

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2.   Purpose of the Document

The purpose of this document is to assist employees and managers in achieving the high standards expected by BCUHB.

There are practical steps on how to ensure that we meet the needs of the population of the area, by providing a bilingual service.

The contents of this document will also help to ensure the local delivery of specified targets (in line with the requirements set out in *More than just words...*, the Welsh Government's Strategic Framework for Welsh Language Services in Health, Social Services and Social Care).

3.   Scope

3.1   Employees
This Policy & Procedure will apply to all employees, students and bank workers of the Health Board.

3.2   Primary Care Contractors & Agency Workers / Staff
Primary Care Contractors (i.e. General Practitioners, Dentists, Pharmacists and Opticians) are independent, self-employed contactors and Agency Workers are not usually employed directly by the Health Board.

However, Primary Care Contractors & Agency Workers also have a responsibility to follow the principles of the Welsh Language (Wales) Measure 2011 (and related policies) and to provide services bilingually.

This responsibility has recently been formalized with the introduction of six specific duties – relating to Welsh language provision – which all independent primary care contractors in Wales must now adhere to.

Some of these duties are directly linked to workforce planning and organisational development, e.g.

> *The contractor must encourage and assist its staff to utilise information and / or attend training courses or events provided by the Local Health Board, so that it can develop:*
>
> *(a) an awareness of the Welsh language (including awareness of its history and its role in Welsh culture); and*
>
> *(b) an understanding of how the Welsh language can be used when delivering services, or any part of a service, under the contract.*

Further details about the specific duties of primary care can be found here:
https://gov.wales/welsh-language-primary-care

Where possible, these same principles should also be applied in relation to Agency Staff.

The Health Board will therefore continue to provide support, advice and guidance to Primary Care Contractors, in order to facilitate the delivery of bilingual services within that sector.

3.3   Other
Contracted third parties (including agency staff), along with students, volunteers, trainees, work placements, staff from other organisations who work from all sites and individuals contracted directly by BCUHB will need to comply with the requirements stated within this policy and procedure whilst working on Health Board premises.

Assurance will need to be provided to relevant managers that each group of individuals are adequately trained to a satisfactory standard, depending on role and risk assessment.

4.   Aims & Objectives

4.1   Aims
The Bilingual Skills Policy & Procedure is designed to assist workforce planning and recruitment of staff to ensure the delivery of services bilingually to the population of north Wales.

It relates to each service / team's capacity to provide a bilingual service and to comply with the requirements of the Welsh Language Standards.

BCUHB will make best use of existing linguistic skills and will identify skill gaps in services to ensure that it is able to provide a high-quality bilingual service.

4.2   Objectives
This Policy & Procedure will lead to the identification of existing language skills within BCUHB's current workforce and will support managers by providing practical support and advice to deliver a service to patients in their language of choice.

The Policy & Procedure is structured as follows:

- **Bilingual Skills & Workforce Planning** – Identifying current skills, skills needs and how to close the gap through creative ways of working, training and recruitment.

- **Training** – Provision for the workforce

- **Recruitment** – When you assess the requirements for a new or vacant post, you must assess the need for Welsh language skills and categorise the post accordingly (see section 5.2, below).

- **Implementation and Roll out** – How and when actions will be undertaken

5. Bilingual Skills and Workforce Planning

There are four key stages that each service / team should undertake to ensure that the appropriate quality and quantity of language skills are available within the workforce in order to deliver a bilingual service.

5.1 Audit of Welsh Language Skills and Assessment

All staff are required to self-assess their own Welsh language skills against the competency framework.

This can be completed directly in ESR (further information is available on the Workforce Systems / ESR intranet page here).

Line Managers should review your linguistic skills and the linguistic requirements of your role as part of the Performance Appraisal and Development Review (PADR) process.

It is expected that the results will be analysed regularly to determine how many Welsh speakers there are in the department, particularly prior to any recruitment activity.

Reports will also be provided to the Welsh Language Strategic Forum on a regular basis to inform on organisational compliance and provide the baseline of existing skills levels for BCUHB.

Data quality around Welsh language skills will be improved continually through the capturing of data during the employment process and through ESR Manager / Administrator and Employee Self-Service.

The Workforce Systems Team within Workforce & Organisational Development (W&OD) and the Employment Services Team within the NHS Wales Shared Services Partnership (NWSSP) are committed to improving the quality of the data held within the Electronic Staff Record (ESR) and will continually look at ways to ensure that the data is captured and encourage staff to keep their own information up to date.

The e-rostering system will also be used to assist the management of services and to ensure that adequate Welsh speakers are available on each shift.

Further information on how to include Welsh language skills on e-rostering can be obtained from the E-rostering Team.

5.2 Welsh Language Service Needs Assessments

It is vital that all services / teams consider service needs to ensure appropriate workforce planning.

In accordance with Welsh Language Standard 106 (below), a Welsh language service needs assessment should be conducted at the beginning of the recruitment process for all BCUHB posts:

> *When you assess the requirements for a new or vacant post, you must assess the need for Welsh language skills, and categorise it as a post where one or more of the following apply –*
>
> *(a) Welsh language skills are essential;*
> *(b) Welsh language skills need to be learnt when appointed to the post;*
> *(c) Welsh language skills are desirable;*

Furthermore, the level of Welsh speakers within the local population should also be considered as a part of the linguistic assessment process:

- Gwynedd   (65.4%)
- Anglesey   (57.2%)
- Conwy   (27.4%)
- Denbighshire   (24.6%)
- Flintshire   (13.2%)
- Wrexham   (12.9%)

Any assessment is therefore based on what is required to ensure that a bilingual service can be delivered, rather than on the skill complement of current staff in isolation.

Services / teams should review the following:

- The linguistic skills of the local population;
- The number of staff required by the service area that are able to work through the medium of Welsh to enable it to deliver services bilingually;
- Identify language choice of existing patients / service users.

The needs assessments will help to ascertain how many Welsh speakers are required within each team.

Services / teams must identify posts for which Welsh language skills are essential or desirable (or to be learnt), **when the post becomes vacant**.

The Establishment Control Form and the BCUHB Banded Job Descriptions and Person Specifications must be formulated based on this assessment (which should be structured in accordance with the above categories).

5.3   'Welsh Essential' Posts
In line with the Welsh Language (Wales) Measure 2011 and *More than just words...*, the posts listed below have been deemed roles for which Welsh language skills are essential within BCUHB:

- Switchboard Staff,
- Patient Booking / Call Centre Staff,
- Ward Clerks,
- Receptionists.

To ensure that the Health Board can take account of such posts, all new posts advertised within this staff group will be automatically set up as 'Welsh Language Skills Essential'. This will facilitate monitoring within ESR.

In addition to the above posts, further consideration should also be given to advertising other Administrative & Clerical posts (particularly those in areas listed in section 6.1, below) as either roles for which Welsh language skills are essential or for which Welsh language skills will need to be learnt upon appointment.

Specified linguistic requirements of this kind should be considered as part of the review of the Job Description and Person Specification prior to advertisement.

See Appendix 2 (page 28, below) for frequently asked questions.

There will be the option to submit a justification, indicating why the posts cannot be advertised as 'Welsh essential' skills required: this will require approval by the Workforce Information Systems Manager.

The justification will need to consider the impact on the position; whether the post has been advertised previously and also whether the team in question will be able to deliver a comprehensive bilingual service.

When recruiting, if a post has already been advertised with Welsh language skills noted as essential, but failed to attract applicants with the requisite linguistic abilities, the subsequent review should consider whether the role should simply be re-advertised (i.e. restart the recruitment process, without making any changes to the post's language skills requirement) or if a Vacancy Justification form (see Appendix 3, below) should be submitted to the Workforce Information Systems Manager for consideration to amend the job advert.

Such decisions will be documented and evidenced for audit purposes to ensure that the correct process has been followed and that there is adequate evidence to justify the final decision.

Please note that 'because the appointment is urgent' will not be considered a viable reason for appointing a non-Welsh speaker to a role that has been designated 'Welsh essential'.

Please note if Welsh Language Levels are amended to recruit to a post, the post will still be deemed 'Welsh essential' within ESR and the successful candidate will therefore be expected to learn Welsh.

This is done in order to recognise what skills the post in question requires and to identify what gaps exist in relation to training requirements within the Health Board.

5.4 Identifying the Skills Gap
Recruiting managers are required to compare the results of the Skills Audit and the outcome of the Needs Assessment, in order to assess whether or not there is a skills gap (and to respond accordingly).

If the percentage of Welsh speakers within services / teams does not reflect the percentage of the Welsh speaking local population, an action plan must be put in place to reduce the gap.

5.5 Addressing the Skills Gap

The actions detailed in 5.5.1 to 5.5.3 (below) can be implemented in order to address the gap between current skills and service needs within specific services / teams:

5.5.1   Creative Ways of Working
5.5.2   Staff Development
5.5.3   Strategic Recruitment

5.5.1 Creative Ways of Working

The aim is for staff to work bilingually and services should therefore make the best use of the existing skills of current staff.

To facilitate this, consideration should be given to how work is allocated.

Various creative ways of working should also be considered, in accordance with the following four principles (which all Health Board staff should always adhere to):

1. *Respect and acceptance amongst staff of the Welsh language and its significance to Welsh speaking patients / service users / staff.*

2. *Record the individual's preferred language of communication at first point of contact to allow for the delivery of the 'Active Offer' (See Appendix 1).*

3. *Pair Welsh speaking staff with Welsh speaking service users.*

The BCUHB Language Choice Scheme has been developed to facilitate this process.

The simple scheme – which is now active on wards within all three of the Health Board's main / acute sites and at most community hospitals – utilizes orange magnets (adorned with the instantly recognizable 'Working Welsh' logo) to identify Welsh speaking staff and patients.

The magnets are placed on white boards above / beside the beds of Welsh speaking patients and next to the names of Welsh speaking employees on staffing boards, in order to facilitate the process of pairing individuals who can speak the language.

Along with assisting staff who work on wards on a daily basis with the process of delivering bilingual services, the Language Choice Scheme also facilitates planning on a broader scale within the Health Board.

Indeed, as the scheme clearly identifies which patients prefer to use the Welsh language, members of the wider clinical workforce (i.e. staff who occasionally visit wards, such as physiotherapists or pharmacists) can also fine-tune their healthcare provisions accordingly and make prior arrangements to ensure that they can respond positively to the linguistic needs of their patients.

4. *On occasions where there may not be Welsh-speaking staff available to directly deal with Welsh speaking individuals, services will need to access other Welsh speakers (i.e. from other teams / services / departments) to adequately deal with the circumstances.*

To facilitate this, it's suggested that localised lists of Welsh speaking staff should be created (i.e. noting the names and contact details of all the Welsh speakers within certain Health Board departments / services, or on a specific BCUHB site).

These lists can then be stored at a department's / service's / site's main reception, so that another member of staff can easily be called upon to provide a service in Welsh for a patient / member of the public, in the absence of a Welsh speaking receptionist.

Similarly, certain neighbouring departments (i.e. departments that are located on the same BCUHB site) can pair-up with each other, so they can both have access to a larger pool of bilingual staff.

Some services that operate on a number of sites (e.g. the Audiology Departments at Ysbyty Gwynedd, Ysbyty Glan Clwyd and Wrexham Maelor Hospital) have put arrangements in place to ensure that a staff member from another site can provide a Welsh-medium service over the telephone, if such a Welsh language service cannot be provided in any other way.

5.5.2 Staff Development

This Policy & Procedure does not intend to stipulate that staff must be fluent Welsh speakers, but rather that a percentage of staff are able to provide a service to patients in their language of choice.

This is achieved on many levels:

- By understanding the importance of providing care in an individual's language of choice;

- By having the confidence to communicate basic phrases to patients in Welsh, e.g.
  - '*Bore da!*' ('Good morning!');
  - '*Ydych chi eisiau panad o de?*' ('Would you like a cup of tea?');
  - '*Sut ydych chi?*' ('How are you?').

- By providing assessments in the individual's language of need, so they can communicate and engage fully in the dialogue.

Heads of Service are responsible for setting their own targets for developing staff, and this should be discussed as a part of the PADR Process.

Managers should consider whether Welsh language training will help to meet the department's linguistic needs; the level at which training is required; and which staff would benefit the most.

To ensure compliance with the Welsh Language Standards, Heads of Service should attach priority to Welsh language learning, according to the needs of their teams to provide a service in Welsh.

Further information about the Health Board's Training Policy can be found in Section 6 (below).

5.5.3 Strategic Recruitment

The Health Board needs to attract greater numbers of staff with Welsh language skills / who are able to work bilingually, in order to ensure compliance with the Welsh Language Standards.

Welsh Language Standards 106-109 pertain directly to recruitment processes and in accordance with the requirements of Standard 106, all BCUHB posts will therefore be given one of the following designations:

a) Welsh language skills are essential;
b) Welsh language skills need to be learnt when appointed to the post;
c) Welsh language skills are desirable; or
d) Welsh language skills are not necessary.*

*** Please note that no post within BCUHB should ever be designated (d). If this designation is selected, it will automatically be amended to '(c) Welsh language skills are desirable'.**

BCUHB have agreed that some specific posts should always be designated as 'Welsh essential': these are listed under 5.3 (above).

For all other posts, the recruitment guidance and flowchart in Section 7: Recruitment (below) provides a step-by-step guide to the standard practices for assessing linguistic requirements (i.e. assessing whether a post should be 'Welsh essential', 'Welsh desirable', or if the successful candidate will be required to learn the language).

A Welsh essential post would require a linguistic ability at level 3 or above. A definition of each level is included within the Welsh Language Flowchart (Section 7, below).

It is the responsibility of the Heads of Service to communicate the linguistic needs of their services and to keep posts for which Welsh language skills are essential or desirable under review.

Workforce planning needs should be noted in Welsh Language Action Plans and determining the need should be assessed continuously.

If none of the prospective candidates for a Welsh essential post have the requisite Welsh language skills, the Welsh Language Commissioner's guidance advises that the best applicant can be offered the role, on the understanding that he / she will need, as a condition of employment, to learn to speak Welsh to a satisfactory level of fluency within a reasonable agreed timescale.

Organisations proceeding on this basis should provide the time and support necessary to enable the newly appointed member of staff to meet the aforementioned condition successfully and should also ensure that the individual in question is not disadvantaged in other ways as a result of meeting the condition (i.e. the newly appointed staff member shouldn't be deprived of other training opportunities which are relevant to the post).

For further guidance on assessing whether a post should be 'Welsh essential'; 'Welsh desirable'; or if the successful candidate should be required to learn Welsh, please refer to Section 7: Recruitment (below).

More relevant information can also be found within the Welsh Language Commissioner's *Recruitment: Welsh Language Considerations* document.

In order to encourage Welsh speakers to apply for posts, the Health Board will take the following actions:

- Specify linguistic ability in both languages in job advertisements.

- All Health Board posts must be advertised on both Welsh and English versions of Trac: the necessary fields / template must therefore be completed along with the Job Advert, Job Description and Personal Specification. If the post is deemed Welsh Essential, please also ensure that the Occupational Health Form is translated. This is so that candidates can apply in their preferred language (see appendix 4 for more details).

- Furthermore, in accordance with Welsh Language Standard 108, 'if an applicant so wishes', the Health Board 'must conduct any interview or other method of assessment in Welsh'.

- This can be facilitated by selecting a Welsh speaking interview panel (when possible). However, if the interview process cannot be conducted fully and directly though the medium of Welsh (i.e. because some members of the interview panel cannot speak Welsh), 'a simultaneous or consecutive translation service from Welsh to English' should be utilised.

Further work to enhance Welsh Language Provision (12 month programme):

- To increase the number of posts advertised as Welsh essential, BCUHB will work on ensuring that requisite language skills are always highlighted when advertising vacancies.

- There will need to be ongoing work with Recruiting Managers to understand the Welsh Language Framework.

- BCUHB will advertise all posts in accordance with the levels noted in Welsh Language Standard 106, rather than simply as 'Welsh essential' or 'Welsh desirable' (Appendix 4, page 33, below).

6 Training

6.1 Health Board Training Priority

Welsh language training has been identified as a key priority to ensure sufficient capacity within the Health Board to deliver services bilingually.

Providing staff with the opportunity to develop their Welsh language skills is an organisational need and the Health Board has appointed a full time Welsh Language Tutor to meet the demands and to ensure adequate provision to support staff.

Staff must therefore be allocated time to attend Welsh Language Training in accordance with section 1.2 of the BCUHB Study Leave Policy (WP52), which states:

'*Welsh Language Training – It should be noted that all requests from individuals who request study leave to attend Welsh language training will be considered as compulsory and as such will be fully supported by the line manager*'.

Before undertaking training, the learner and manager must complete the necessary study leave form and a learning agreement (WP54, Appendices 1 and 2).

It is important that managers ensure that staff are given adequate time to attend courses.

Line managers should also review the progress of staff regularly as part of the performance review process.

Ultimate responsibility for staff training and development lies with the manager of the department.

In order to ensure that departments have adequate capacity to deliver services in Welsh (i.e. that the percentage of Welsh-speaking staff within a team reflects the percentage of the local population that speak the language), managers should undertake a Welsh language service needs assessment utilising data captured in ESR in relation to the Welsh language skills of staff.

More than just words… (the Welsh Government's Strategic Framework for Welsh Language Services in Health, Social Services and Social Care) recognises that 'some [patient] groups have a greater need to receive their services' in their first language and consequently identifies the following priority groups for whom 'the Welsh language should be viewed as an even more fundamental element of service provision':

- Children and young people;
- Older people;
- People with learning disabilities;
- Mental health service users;
- Dementia services;
- Stroke services;
- Speech and language therapy services.

In relation to this, the Health Board recognises that staff from all BCUHB services and departments are likely to come into contact with patients from the above groups and we will therefore prioritise the delivery of Welsh language training for all our front line staff (and especially for staff who are the first point of contact with service users, the public and the media).

At the same time, staff whose Welsh language skills are already at a high level – but who currently lack the confidence to use the language with patients or service users – will also be prioritised.

All Health Board staff (both clinical and otherwise) therefore have the right to attend Welsh language training and this should be discussed and recorded in their annual Performance Appraisal Development Review (PADR).

Firm objectives will be set for all BCUHB staff who wish to learn Welsh (based on their current linguistic abilities and the particular requirements of the service) and full departmental / service support will subsequently be given to ensure that the staff members in question can continue their professional development.

Before registering for any training programme the learner and their line manager will complete a learning contract.

This will set out the objectives for the learner and the line manager and outline how the learning will subsequently be utilised to positive effect within the workplace.

The level of time to be devoted to Welsh classes and the level of support that the learner can expect will also be noted within the learning contract.

The rate of success for learners will also depend on their commitment to make the most of every opportunity to master the language.

6.2   Further Training Support

In order to provide further support to staff to develop their Welsh language skills, staff will also have access to the following resources:

- Level 1 and Level 2 'Welsh in the Workplace' courses on CD (which have been developed by the Health Board's Welsh Language Team).

- BCUHB Welsh language face-to-face training courses (provided by the BCUHB Welsh Language Tutor across various Health Board sites).

- The Welsh Language Tutor also offers a range of courses that have been specifically tailored to existing skill levels and to the different types of day-to-day work undertaken by various Health Board departments.

- The Welsh Language Tutor also offers courses via Skype and Microsoft Teams for staff members that are unable to attend face-to-face courses (e.g. because they have very busy schedules) or simply require catch-up sessions.

- Free Online 10 hour taster 'Work Welsh' courses (including a two-part course that has been tailored specifically for health sector workers):

  https://learnwelsh.cymru/work-welsh/work-welsh-courses/welcome-work-welsh-healthcare-sector/

  Further details about how to enrol for these online courses can be accessed via the Welsh Language Tutor.

- BCUHB offers opportunities for its staff to sit WJEC Welsh Second Language for Adults examinations (on all levels) and adequate training for these examinations is also provided (at no extra cost) by the Health Board's Welsh Language Tutor.

- BCUHB staff also have access to a range of free supporting resources – such as bilingual phrase cards for healthcare professionals – which are available from the Welsh Language Team / Welsh Language Tutor.

6.3 Monitoring and Evaluation

Line managers must review training and progress of individual staff regularly, as part of the PADR process, and assess whether or not objectives have been met.

Individuals who attend training programmes will be asked to complete an evaluation form in conjunction with their line manager at the end of every term to record their progress and how they are using the Welsh language.

Heads of Service are responsible for setting their own targets in relation to Welsh language training for staff through the PADR process, in accordance with what is needed to ensure that their department can provide a bilingual service.

Welsh language training will be monitored annually through reports created by the Welsh Language Tutor and the relevant information will subsequently be shared with the Welsh Language Commissioner's office via the Health Board's Welsh Language Services Annual Report.

6.4 Creative Ways of Working

In the first instance, managers should utilise flexible and creative workforce planning in order to make better use of their departments' existing Welsh language skills.

To support and facilitate this process, managers should consider working in conjunction with the Health Board's service planning team, other Welsh health bodies and education providers.

If this is done, the Health Board will be better placed to meet the linguistic needs of patients.

Information about Welsh language service provision and capacity will be more widely shared, alongside guidance about the language needs of patients, in order to inform the process of planning our healthcare interventions and packages, so that there will be first language provision for Welsh-speakers across services.

In turn, this will contribute to the reduction of clinical risks.

6.5   Assessment Training
Managers should attach priority to training existing staff, in accordance with the needs of their department in relation to the provision Welsh-medium services.

1. Managers must identify what Welsh language skills (and level of capacity) are required, in order to successfully deliver bilingual services within their particular department.

2. Managers must identify and assess the Welsh Language skills of their current staff.

The results of steps 1 and 2 (above) should then be considered, so managers can determine whether or not there is a skills deficit within their department (and start the process of bridging that deficit, if necessary).

7.   Recruitment

7.1   Evaluation of a Post
When a post become vacant, a linguistic assessments must be undertaken to determine whether that post should be advertised as 'Welsh essential' or 'Welsh desirable'.

There are a number of points for managers to consider when deciding whether to advertise a new post / vacancy:

- Why has the vacancy occurred?
- Is there still a need for the post?
- Could this be used as a development opportunity?
- Can the post be modernised in any way?
- Could this be used as a flexible working opportunity?

In addition, the creation of a new post or vacancy can also be used as an opportunity to re-evaluate the department / team's ability to provide a bilingual service and confirm that the department / team in question:

- is committed to ensuring that sufficient numbers of Welsh-speaking staff (with the necessary skills to provide a bilingual service) are available across the services it provides.

- will ensure that an adequate number of staff who can provide a Welsh-medium service are available, by assessing each new vacant post and advertising language requirements as part of the recruitment process.

- is committed to ensuring that where linguistic ability is considered to be essential or desirable for any post, this will be specified when recruiting to that post.

7.2   Assessing Language requirements of posts

Language should be discussed as a matter of routine when a post is created or when a vacancy arises and will be included on the Establishment Control Request.

The basic requirement is that departments treat Welsh language skills in the same way as they would treat any other job-related skills, such as computer skills, numeracy skills, management skills, specialist knowledge, professional qualifications, etc.

Directors and Managers will need to review their service's needs as part of the Establishment Control Process, which will identify what skills are needed to achieve those requirements (including the responsibility to provide services in line with the Welsh Language Standards).

To act otherwise would be in breach of statutory obligations, which could leave the Health Board open to legal challenge under the Government of Wales Act 1998 and / or a formal investigation by the Welsh Language Commissioner under the Welsh Language (Wales) Measure 2011.

It would also potentially be discriminatory, because due weight would not have been given to Welsh language skills in comparison with other skills.

When considering linguistic requirements, it's important to remember that Welsh language skills may be 'post-specific', 'team-specific' or both.

Some roles will be 'standalone' – with post holders operating on an individual basis only – whilst other posts will operate as 'part of a team' (alongside other staff members who will also be performing similar or broadly similar roles).

Consideration also needs to be given as to whether or not the post in question is deemed as 'front line'.

7.2.1   Posts for which Welsh language skills will be essential

In order to determine whether Welsh language skills are essential for a post (in accordance with the Health Board's specified requirements), the following questions should be considered:

1. Is the post an administrative / clerical role (that isn't located within an area of staff shortage)?
2. Does the post involve dealing directly with the public / staff?
3. Does the post make up part of a team?
4. How many members of staff are there in that team?
5. How many of them are Welsh speakers?
6. How is the team in question structured?: how are its Welsh speaking members distributed?
7. How many Welsh speakers are required within the team in order to ensure that its services can be offered bilingually?

When determining this, it's important to consider:

- Cover for the Welsh speaking staff members' annual and sick leave: is there sufficient cover immediately available within the team to enable it to continue delivering services in the patient's language of choice, without undue delay?

- The Welsh speaking staff members' workload.

- If the post is specific to a particular locality, does the team's Welsh language capacity adequately reflect the language profile of the area in question?

7.2.2 Posts for which bilingual skills will be learnt or desirable
If Welsh language skills are not designated as 'essential' for a post, the ability to operate in both Welsh and English still needs to be considered, in order to mainstream the use of Welsh in the workplace and strengthen the bilingual ethos or environment within a team or workplace.

If applicable, staff shortages within the area of work / profession in question should be taken into consideration when determining whether or not a post should be deemed 'Welsh essential' and certain roles may be advertised as 'Welsh language skills to be learnt' in order to tackle such limitations (see section 6.2, above, for further information about the Health Board's language training provision for staff).

Even if a team can already offer its services bilingually, appointing an additional staff member who has the ability to speak Welsh will only strengthen its provision, as his / her presence will increase the team's linguistic capacity (and therefore facilitate the work of the other team members).

Strengthening the Welsh language ethos or environment within a team or workplace will ensure better empathy and enhance the cultural affinity between BCUHB and the bilingual communities which it serves.

Thus, if two comparable / similarly qualified candidates are being considered for a role and one of them is a Welsh speaker, priority should be given to the Welsh speaker.

This will be deemed to be positive discrimination and is both legitimate and reasonable.

7.3 Linguistic Profile
The key to managing a team's language skills resources is to forward plan, in order to ensure adequate capacity, which will allow a team to respond positively to all public interface eventualities, as far as is practicably possible.

When considering the linguistic skills requirements of individual posts and teams, managers should aim to achieve a balance between:

- the Health Board's local staffing structures and capacity;
- the volume of public contact involved; and
- the local linguistic, cultural and demographic profile.

When considering an area's demographic and linguistic profile, consideration must be given to the Welsh Language Standards, which require the Health Board to ensure that there are

adequate numbers of Welsh-speaking staff with the necessary skills available to provide a bilingual service.

The Health Board's aim is to provide bilingual services as a matter of course and in a manner that is reflective of the local population's Welsh language skills.

Local Authority	Number of Welsh speakers	Number of Welsh speakers (as a % of the local population)
Anglesey	38,568	57.2%
Gwynedd	77,000	65.4%
Conwy	30,600	27.4%
Denbighshire	22,236	24.6%
Flintshire	19,343	13.2%
Wrexham	16,659	12.9%

More detailed information (by community) can be found in the 2011 Census results.

The language skills of local teams will need to reflect the demographic profiles (i.e. percentages) noted in the table above, but accomplishing this should not automatically be regarded as the achievement of conclusive success in relation to bilingual service delivery.

The litmus test is the ability to deliver a service in Welsh at all times.

Rather than plan on the basis of their own impression of perceived demand, heads of services should therefore concentrate on building capacity to ensure that there are adequate numbers of staff with the necessary skills available to offer real language choices.

7.4 Level of Fluency

Once the assessment has been made as to whether Welsh language skills are essential or desirable for a post, a more detailed decision will need to be made in relation to the exact level of skills required: this can be determined by referring to the Language Skills Matrix (see Appendix 5, page 38, below).

If there is a Welsh language requirement – either due to the nature of the post or the skill mix of the team – the job description should reflect this, so that the requirement to contribute directly to the delivery a bilingual service becomes an explicit and integral part of the post-holder's role.

By doing this, the post-holder's performance can then be measured against specific criteria relating to language skills and related duties can be taken into account when assessing workload.

The job description will also provide documentary evidence, which will explain and rationalise the inclusion of a Welsh language requirement.

7.5 Advertising of posts

Adverts, Job Descriptions and Person Specifications must be translated for all posts, so that potential applicants can choose to apply for positions on Trac / NHS Jobs in Welsh or English, according to personal choice.

References to language skills should be included in the skills section of the Job Description / Person Specification (and if a specific qualification is needed, this should be entered separately on the Person Specification).

If the post is deemed to be 'Welsh essential', or if language skills are to be learnt, the relevant information must be amended on the Electronic Staff Record (ESR) system at position level, to assist with compliance.

This will be noted on the Establishment Control Form.

If the position in question is not a new role, please contact the Workforce System Team to amend the existing position.

7.5.1 Advertising BCUHB jobs on other websites

Alongside posting information on Trac / NHS Jobs, the potential benefits of advertising certain 'Welsh essential' / 'Welsh desirable posts' on other recruitment / job advertising websites should also be considered.

Lleol.cymru's *Hysbysfwrdd Swyddi Cymru* ('Wales Jobs Notice Board') is especially popular amongst Welsh speakers, for example:

https://www.lleol.cymru/classified/search/empty/where/empty/orderby/datecreated

Job adverts that are posted on general sites of this kind are likely to be seen by a much larger pool of suitably qualified Welsh-speaking individuals (many of whom may not even have considered searching for administrative or clerical posts on the NHS Jobs website).

Whilst such websites usually charge a fee for hosting adverts (e.g. Lleol.cymru currently charges £150 + VAT for each advertisement that is placed on its online jobs notice board), this financial cost is usually offset by the increased exposure that the post will receive, which will naturally facilitate the subsequent recruitment process and help to ensure that a fully-suitable candidate can be found.

An advert for a post within the BCUHB Welsh Translation Unit was viewed nearly 13,000 times on Lleol.cymru during June and July 2019, with the accompanying detailed job description (which could be accessed by clicking on the advert) being viewed on 727 occasions.

A suitably qualified individual was subsequently appointed to the role (and the recruitment process was therefore successfully completed, without delay).

Managers should therefore undoubtedly consider the potential benefits of advertising on sites such as Lleol.cymru when recruiting for posts that should always be deemed as 'Welsh essential' within BCUHB, namely switchboard staff, patient booking / call centre staff, ward clerks and receptionists (see section 5.3 – 'Welsh Essential Posts' on page 7, above).

7.6   Interviewing for 'Welsh essential' roles

If Welsh language skills are essential for the role in question, they must be tested during the interview process.

At least one member of the interview panel should therefore be a Welsh speaker and that individual should ask his / her questions in Welsh, in order to test the applicant's Welsh-medium verbal skills.

In order to comply with Welsh Language Standard 108, the Health Board should offer all applicants the opportunity to have their 'interview or other method of assessment' conducted in either Welsh or English, in accordance with their own personal preference.

If the applicant elects to have a Welsh-medium interview, some questions may also be asked in English, in order to test the individual's proficiency in both languages.

If a team / department has no Welsh-speaking staff – and cannot therefore directly provide an individual to conduct interviews through the medium of Welsh – suitable panel member(s) can be sourced from other areas of the Health Board (i.e. from outside the immediate team / department).

If this isn't possible, another option would be to 'provide a simultaneous or consecutive translation service' during the Welsh-speaking candidate's interview, so he / she can listen to / respond to questions in Welsh.

7.7   Failing to recruit

If a post is advertised as being 'Welsh essential' and the team / department / service is unable to fill it on that basis then there are several options available:

- If the post has only previously been advertised as an internal post, you would now need to advertise to external candidates (i.e. in line with the usual procedures that are followed when it is not possible to fill vacancies with suitable internal candidates).

- If external recruitment fails to secure a Welsh speaker for a 'Welsh essential' position, the appointment of a non-Welsh speaker may be considered, but with the proviso that the successful applicant gives a firm commitment to 'learn the language to the required level within a reasonable [and specified] period of time'.

   The organisation must then provide support (i.e. language training), in order to help the successful applicant to accomplish this condition of employment.

   Further guidance can be found within the Welsh Language Commissioner's *Recruitment: Welsh Language Considerations* document.

- Failing this, the situation may have to be reassessed to see if the service in question can be provided in Welsh by other means (e.g. by restructuring the division of work).

- If this proves impossible, then the team / department / service in question would have to subsequently place a high priority on Welsh language training for existing staff.
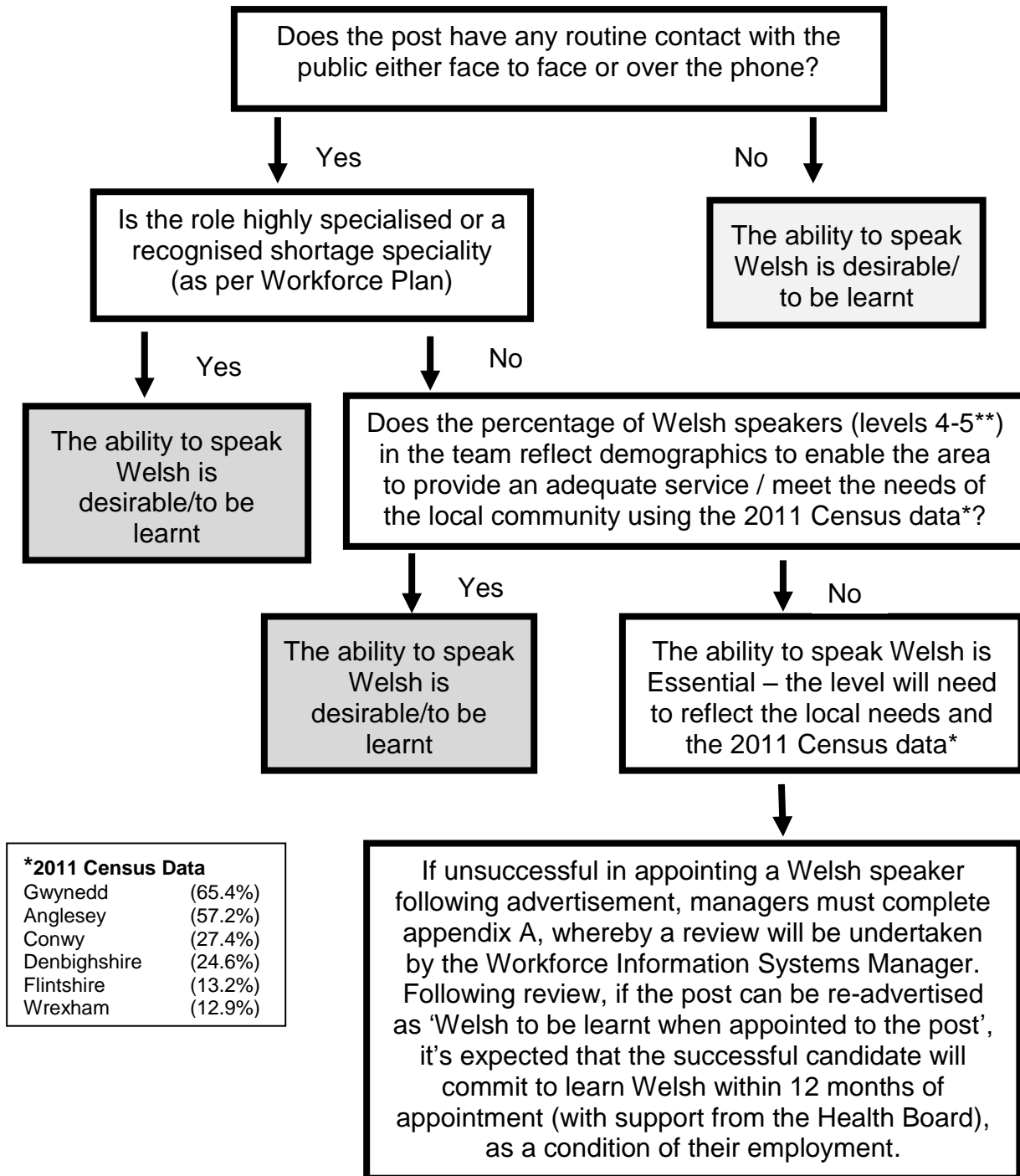
7.8   Vacancy Analysis and Recruitment of 'Welsh essential' Posts
The Health Board will:

- aim to ensure there is sufficient Welsh speaking staff available in all care settings.

- ensure that sufficient numbers of appropriately skilled Welsh speakers will be located within workplaces that have contact with the public, so those workplaces can deliver a full service through the medium of Welsh.

- consider language ability as one of the many relevant skills when appointing staff.

- identify those workplaces, teams and posts where the ability to speak Welsh is essential or desirable; assess the level of proficiency required in each case; and formulate job descriptions accordingly.

In order to ensure these requirements are met, managers should follow the process that is outlined in the Welsh Language Skills Requirement Flowchart (on page 23, below) when preparing to advertise a new post or vacancy.

Betsi Cadwaladr University Health Board
Welsh Language Skills Requirement Flowchart

Does the post have any routine contact with the public either face to face or over the phone?

Yes → Is the role highly specialised or a recognised shortage speciality (as per Workforce Plan)

No → The ability to speak Welsh is desirable/ to be learnt

Yes → The ability to speak Welsh is desirable/to be learnt

No → Does the percentage of Welsh speakers (levels 4-5**) in the team reflect demographics to enable the area to provide an adequate service / meet the needs of the local community using the 2011 Census data*?

Yes → The ability to speak Welsh is desirable/to be learnt

No → The ability to speak Welsh is Essential – the level will need to reflect the local needs and the 2011 Census data*

If unsuccessful in appointing a Welsh speaker following advertisement, managers must complete appendix A, whereby a review will be undertaken by the Workforce Information Systems Manager. Following review, if the post can be re-advertised as 'Welsh to be learnt when appointed to the post', it's expected that the successful candidate will commit to learn Welsh within 12 months of appointment (with support from the Health Board), as a condition of their employment.

*2011 Census Data	
Gwynedd	(65.4%)
Anglesey	(57.2%)
Conwy	(27.4%)
Denbighshire	(24.6%)
Flintshire	(13.2%)
Wrexham	(12.9%)

**For the Welsh Language Matrix levels see Appendix 5

8. Implementation, Roll Out and Responsibilities

Following the initial launch the BCUHB Bilingual Skills Strategy (as this document was originally known), a detailed rollout plan for the skills analysis was developed and the strategy was subsequently implemented within each service area, whilst further action plans were also developed.

The Strategy has now been amended and upgraded to a Policy & Procedure, in line with the Welsh Language Standards and enforcement order.

Some of the key participants in ensuring the policy's implementation (and their respective responsibilities) are listed below:

BCUHB Welsh Language Team will
- Continue to work with other areas on understanding the role of the manager, along with signposting managers to the right department.
- Provide advice on Welsh language tutoring.
- Provide advice regarding the selection process for posts where Welsh language skills are essential.

BCUHB Workforce Systems & Information Team will
- Record Welsh language skills requirements against posts in ESR, as part of the position request process.
- Complete linguistic requirements on the Establishment Control Form.
- Work closely with the NWSSP Recruitment Team to monitor compliance of Welsh language requirements within Trac.
- Engage with managers to enable the team to attach Welsh language requirements at position level.
- Engage with staff and managers and encourage them to update information within ESR (via the Self Service facility).
- Monitor compliance of Welsh language data within ESR.
- Provide Welsh language workforce information to support the development of the Welsh Language Action Plan.

BCUHB's Training & Development Department will
- Monitor and evaluate all Welsh language courses to ensure that they represent value for money and that staff receive the required support.
- Keep a record of staff who attend Welsh language training sessions on ESR and in the BCUHB Welsh Language Training local database.
- Ensure that an individual's personal experiences / aspirations in relation to Welsh language training are discussed as a part of the PADR process (and that the pertinent details are subsequently captured within the applicable section of the PADR template).

BCUHB Recruitment Team will
- Monitor recruitment activity.
- Work with the Workforce Systems and Information Team to provide the BCUHB Welsh Language Strategic Forum with a list of jobs that have been advertised with

Welsh Language noted as an essential requirement for the role. Further scrutiny will be undertaken by the Health Board to ensure that Welsh speakers are ultimately appointed to those posts.

BCUHB Workforce Planning will
- Ensure that the following four key steps are considered and included within the Workforce Planning process:

    o Skills Audit
    o Service Needs Assessment
    o Identifying the Skills Gap
    o Action Plan

9. Roles & Responsibilities

Workforce & Organisational Development (W&OD) has responsibility for monitoring the implementation of the Policy & Procedure (in conjunction with the Welsh Language Team).

Regular reports are provided to the Welsh Language Strategic Forum, so recommendations can be made as required.

Directors and Service Managers are responsible for ensuring that this Policy & Procedure is implemented within their own departments / service areas.

10. Record Keeping

It is important that full records of all decisions regarding the Welsh language are kept for a minimum of 13 months.

This is to ensure that there is information available should a challenge arise.

11. Further Information

Contacts:

BCUHB Welsh Language Team
http://howis.wales.nhs.uk/sitesplus/861/page/46733
Eleri.Hughes-Jones@wales.nhs.uk
Meilyr.Emrys@wales.nhs.uk
BCU.WelshLanguageTutor@wales.nhs.uk

Workforce & Organisational Development (ESR & Training)
http://howis.wales.nhs.uk/sitesplus/861/page/41951
https://actionpoint.cymru.nhs.uk/ulite/login.cfm
BCU.WODSystems@Wales.nhs.uk

12. Review

This Policy & Procedure will be reviewed after 3 years, or sooner, if required.

13. References

- Betsi Cadwaladr University Health Board's Compliance Notice in relation to Section 47 of the Welsh Language (Wales) Measure 2011

- Welsh Language (Wales) Measure 2011

- Safer Recruitment Practices Policy & Procedure

- *Recruitment: Welsh Language Considerations* – Welsh Language Commissioner

- Dignity in Care Welsh Language Toolkit – Giving Voice to Older People – Welsh Government 2011

- *More than just words*... Follow-on Strategic Framework for Welsh Language Services in Health, Social Services and Social Care, 2016-2019 – Welsh Government

- *More than just words*... Action Plan, 2019-20.

Appendix 1

The Active Offer – What is this?

Ask yourself… are we able to:

Provide a service to Welsh language speakers from the moment they register?
Provide information in Welsh?
Provide a service with a Welsh speaking doctor or carer?
Take note of their language choice and implement these needs?
Discuss symptoms or care in Welsh?...

NO isn't an option...

It is our responsibility to provide the 'Active Offer'

- What must you do if you can't achieve this?
- You must… demonstrate that you are trying… Be honest about what you can / or cannot currently provide and say why this isn't possible.
- You must… note what the problems are and develop an action plan in order to overcome these problems.
- You must… make an agreement with your organisation and your service users… put a date in your action plan in order to keep an eye on your developments.
- You may think that you don't have a bilingual workforce in order to achieve your aims? Are you sure of this?

Increasing Welsh speaking essential posts
FAQs

Following the paper circulated recently on the proposal to advertise all Switchboard, Patient Booking Centres / Call centres, Ward Clerks and Receptionists as Welsh essential posts, the following FAQs has been written to address common queries that arise.
Workforce / Welsh Language colleagues would be happy to discuss any individual issues with recruiting managers.

Why has this new proposal been implemented?

The Health Board is required to report to the Welsh Language Commissioner annually on our compliance with the Welsh Language Scheme. Over the past few years the number of posts advertised with the ability to speak Welsh as an essential criteria, has continually been at an extremely low level (approx 2% of adverts), thus questioning our ability to provide a bilingual service to fully meet our patients' needs.

Over recent years we have developed an assessment which allows recruiting managers to assess the linguistic requirements for each post as they become vacant. But the statistics suggest that the assessment isn't being utilised, with a default of 'Welsh desirable' being placed on each post. With the changes in Welsh language legislation, and the introduction of the forthcoming Welsh Language Standards which raises the bar significantly in terms of bilingual service delivery, this issue **must** be addressed.

[Click here for further information on the Welsh Language Standards](#)

Why these posts?

These posts have specifically been identified as they are the first point of contact for many patients and staff with the Health Board, we are aware that the post holders are usually recruited locally with a larger pool of applicants to recruit from. If we are able to recruit Welsh speakers to these positions, this will significantly reduce the pressure for the positions which are deemed hard to recruit to as part of our workforce planning process.

But what if we are unable to recruit?

Currently there is no evidence to support concerns of being unable to recruit to these posts. Until we attempt to recruit bilingual workers to these posts, we have no evidence of recruitment difficulties to present to either the Welsh Language Commissioner or Welsh Government.
The new proposal also allows recruiting managers to submit a vacancy justification indicating why the posts should **not** be advertised as 'Welsh essential'. A vacancy justification may be submitted for posts. However, there must be clear evidence of recent past recruitment difficulties.

Alternatively, it could be that a full Welsh language assessment has been undertaken and it is found that there are already sufficient numbers of Welsh speakers within the team to be able to provide a bilingual service. But this must be in accordance with the Welsh language census data for that particular area. More details can be found in the Health Board's Bilingual Skills Policy & Procedure, which has been developed to support staff with matters relating to Workforce Planning and the Welsh language.

What does 'Welsh essential' mean?

'Welsh essential' means, the ability to speak conversational Welsh with patients and the public. People have expressed concerns in the past regarding what would be expected of them if they applied for posts deemed as Welsh essential, thinking that they would have to speak every word in Welsh and even asked to translate, but in essence, Welsh essential means being able to chat to patients in their first language, making them feel at ease in what is quite often a very stressful situation.

Within the Bilingual Skills Policy & Procedure we recognise that using levels to identify what applicants would need to do through the medium of Welsh is more meaningful. For Welsh essential posts we would usually stipulate the need for the applicant to be able to speak Welsh at level 4 / 5 (See explanation on levels below). It may be possible to advertise at level 3 / 4 for a receptionist, ward clerk or switchboard post, dependent on the Welsh language demographics for that particular area, but for Patient Booking Centre staff, a higher level of ability in Welsh would be needed to discuss clinics/days/times etc. with patients over the phone. It is possible to even advertise a post stating what would be required for them to do in Welsh (e.g. greet patients in a reception area), rather than using the words 'Welsh essential'. This would make it much more meaningful for the applicant, and could potentially encourage rather than discourage less confident Welsh speakers to apply.

Level 3 –

● Understand and keep up a simple conversation on a work related topic, but may need to revert to English to discuss / report on complex or technical information.

● Answer predictable or factual questions.

● Take and pass on most messages that are likely to require attention.

● Offer advice on simple job-related matters.

Level 4 –

● Keep up an extended casual work related conversation or give a presentation with a good degree of fluency and range of expression but may need to revert to English to answer unpredictable questions or explain complex points or technical information.

● Contribute effectively to meetings and seminars within own area of work.

● Argue for/against a case.

Level 5 –

● Advise on / talk about routine, non-routine, complex, contentious or sensitive issues related to own experiences.

● Give a presentation/demonstration.

● Deal confidently with hostile or unpredictable questions.

● Carry out negotiations using complex / technical terms.

What if I do advertise as Welsh essential but I am unable to recruit?

When recruiting managers have initially advertised as Welsh essential but have been unsuccessful at appointing Welsh speaking candidates, the posts may be re-advertised as Welsh Language to be learnt, a justification can be made to the Workforce Information Systems Manager by the completion of Appendix 3. This does not mean that the post no longer requires a Welsh speaker in post. In this situation, the support of our in-house Welsh Language Tutor should be sought to train staff members to an appropriate level.

The Welsh Language Tutor can tailor courses to suit the needs of the individual / service.
You can contact the Welsh Language Tutor by e-mail: BCU.WelshLanguageTutor@wales.nhs.uk

Would I then need to interview that person in Welsh?

Welsh language skills must be tested at interview if they are essential for the post. There should be at least one Welsh-speaking member of the interview panel who should ask at least one question in Welsh in order to test the candidate's spoken Welsh skills. Further advice on this is available in the Bilingual Skills Policy & Procedure.

How can I find out how many Welsh speakers we currently have within our team?

You may be aware that the Workforce Systems Team (ESR) team within Workforce & OD have undertaken a Data Cleanse Exercise to update staff's Welsh language skills on ESR. This information may be utilised to assess where there is a shortfall of Welsh speakers within specific departments / locations for Workforce planning purposes. A breakdown is included within this new proposal. If you require a specific breakdown for your own team, you will be able to access this via Business Intelligence (BI) Manager Self Service (MSS), for further advice, please contact a member of the Workforce Systems Team. A detailed breakdown of Health Board's Welsh Language speakers and their level of competency can be run from ESR if required. This information could also be held locally and could be utilised to call for the assistance of a Welsh speaker if one wasn't immediately available.

What exactly do we need to translate?

All job adverts and Job Descriptions (JDs) and Person Specifications (PS) need to be available bilingually.

Why does it take so long for translations?

The Welsh Language Team has recently increased its capacity within the Translation Team which will expedite the translation process in the future.

The translators can translate approximately 2500 words each day. Job descriptions have become larger recently, and with recruiting managers requesting a turnaround of a few days, it is not possible to achieve this for every recruiting manager, as well as all other Health Board documents sent in for translation. The Translation Team use a translation memory software, therefore using a previously translated JDs would help as the software would pick up any phrases/sentences translated previously. It would also expedite our work if any previous Welsh and English versions were included with the request with any changes highlighted in the English version.   Two weeks' notice is required to translate JDs although every effort is be made to return the work before then.

What can I do to help speed up the translation process?

Quite often the translators have to correct or decipher text, therefore to aid the translators, it would be appreciated if recruiting managers could:

- Proof read JDs before sending for translating.
- Use standardized JDs.
- Include any previous English and Welsh versions with the request, with any changes highlighted in the English version.
- Allow 2 weeks for translating.
- Look at standardizing your JD/PS and having these translated early. This would speed up the Job Evaluation and Translation Process.

Appendix 3

GIG CYMRU NHS WALES — Bwrdd Iechyd Prifysgol Betsi Cadwaladr University Health Board	**Vacancy Justification – Welsh Language Assessment**

Post	Ref: 050- - W
Division/Directorate & Area of Work	
Cost Centre	ECR Number
Has this post been advertised previously if so what was it advertised as?	
Why do you feel you need to review the language level of this post?	
Did you have applicants that could speak Welsh for the first advert? If so, why can they not be appointed?	
Is this post classed as shortage profession (as per Workforce plans) ◯ yes ◯ no	What is the percentage of Welsh Speakers in your team?
How does this compare to the Census information for your Ward/Area (as per bilingual skills strategy)?	
Is this percentage of welsh speakers able to cover all operational hours?	
Overall do you envisage there being a problem following the recruitment of a non-Welsh speaker if so how do you plan to overcome this (e.g. ensure that the member of staff engages in Welsh language Training upon appointment into post).	
If someone wished to speak Welsh would you have a plan in place, if yes, what (eg another member of staff to respond/simultaneous translation)	

I also confirm that should my candidates be of equal scoring, I will ensure that I appoint the Welsh Speaker.
Name   Position*   Dated   /   /2020
(*must be a manager in same area of work)
Decision   :   Welsh Language Desirable
◯   Welsh Language Skills to be learnt upon appointment ◯ (post to remain as Welsh Essential)* (**Manager to liaise with** BCU.WelshLanguageTutor@wales.nhs.uk **upon appointment) If you need this post not to be re-advertised this has to be exceptional circumstances and must be approved by Head of HR with a justification of approval to ensure that there is no case for discrimination.   (Name/Comments)**

Additional Comments (inc. Name)

Approved by: Workforce Information Systems	Dated: /2020

Office Use only:

Is there a profession shortage?	☐	Yes	☐	No
Are the current team above the current Welsh Language Census?	☐	Yes	☐	No
Is the team able to cover all their operational service hours?	☐	Yes	☐	No

Request information checked by:
File to be saved by Advert Ref number 050- W:\Workforce Systems & Information Team\WORKSTREAMS - H2R\HR & Recruitment\Welsh\Re-advert submissions

Appendix 4

Bilingual Trac Recruitment System and the Welsh Language Standards

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The bilingual functionality of the Trac Recruitment system is now live for all posts within BCUHB including Medical & Dental and Internal Vacancies –
This functionality is being implemented to ensure NHS Wales complies with the requirements of the Welsh Language Standards, which are enforced from 30th November 2019

Each manager will need to translate their English text as per the template below and include English Job Description, Person Specification and Advert Text along with Welsh Job Description, Person Specification and Advert Text. We therefore recommend that you standardise your templates as much as possible, and translate these in readiness for your vacancies. If however you are unable to do so and need any of the above translated, please ensure you follow the steps as per the email below and use this link Translation. **Please allow upto 6 weeks for translation** – it may be useful to submit at the point of completing your EC Request Form.

Applicants who select their preference as Welsh will see all the information in Welsh – it is therefore essential that all fields are translated in good time to avoid delays with your recruitment; if this has not been done when placing your advert on Trac, your vacancy will be redrafted to allow you to update as necessary.

Useful contacts:

M&D Recruitment Support	BCU.MedicalWorkforceWest@wales.nhs.uk
	BCU.MedicalWorkforceCentral@wales.nhs.uk
	BCU.MedicalWorkforceEast@wales.nhs.uk
General Recruitment Support	NWSSP.Recruitment@wales.nhs.uk
To standardise A4C Jobs	BCU.JobEvaluation@wales.nhs.uk
Translation Issues	Einir.Ellis@wales.nhs.uk / 07966 516418
Welsh Language Standards	Alaw.Griffith@wales.nhs.uk
Welsh Language Training	BCU.WelshLanguageTutor@wales.nhs.uk
Amending Roles to non-Welsh	Clair.Tipton@wales.nhs.uk
Approval to Re-advertise as non-Welsh essential post following unsuccessful advert	Clair.Tipton@wales.nhs.uk
Establishment Control Issues	BCU.EstablishmentControl@wales.nhs.uk

We are currently in the process of updating our Job Description Library to include Welsh Translations http://howis.wales.nhs.uk/sitesplus/861/page/74467.

Helpful Welsh Phrases for Recruitment

Fields manager will need to complete on Trac with translated text

Creating a vacancy	English	Cymraeg
Job title	*Free text field*	*You will need to enter the Welsh Translation here*
Grade	*Free text field*	*You will need to enter the Welsh Translation here*
Advert text (content)	*Free text field*	*You will need to enter the Welsh Translation here*
Contact details	*Free text field*	*You will need to enter the Welsh Translation here*
Salary	£xx,xxx to £xx,xxx per annum £xx,xxx to £xx,xxx per annum, pro rata *Pro Rata is for part time posts*	xx,xxx i £xx,xxx y flwyddyn £xx,xxx i £xx,xxx y flwyddyn, pro rata **Mae 'pro rata' yn berthnasol i swyddi rhan** amser yn unig
Primary speciality	*Free text field*	*You will need to enter the Welsh Translation here*
Staff Group	Additional Clinical Services Additional Professional, Scientific and Technical Administrative and Clerical Allied Health Professionals Estates and Ancillary Healthcare Scientists Medical and Dental Nursing and Midwifery Registered Students	Gwasanaethau Clinigol Ychwanegol Proffesiynol, Gwyddonol a Thechnegol Ychwanegol Gweinyddol a Chlerigol Gweithwyr Proffesiynol Perthynol i Iechyd Ystadau a Chymorth Gwyddonwyr Gofal Iechyd Meddygol a Deintyddol Nyrsio a Bydwreigiaeth Cofrestredig Myfyrwyr
Hours	Full Time – 37.5 hours per week Part Time – xx.x hours per week Various full and part time hours available Bank As and when Required	Llawn amser – 37.5 awr yr wythnos Rhan amser – xx.x awr yr wythnos Oriau llawn amser a rhan amser amrywiol ar gael Bancio yn ôl yr angen

Contract description	Permanent	Parhaol
	Fixed Term for x months due to xx reason xx	Cyfnod penodol am x mis oherwydd xx rheswm xx
	Secondment for x months due to xx (reason) xx	Secondiad am x mis oherwydd xx xx
	Reason can be:	Rheswm posibl:
	– Due to funding – To cover other absence – Project	– Cyllid – Cyflenwi ar gyfer Absenoldeb – Prosiect
Vacancy Town	*Free text field*	*You will need to enter the Welsh Translation here*
Vacancy site	*Free text field*	*You will need to enter the Welsh Translation here*

Interview gateway	English	Cymraeg
Full address inc post code	*Free text field*	*You will need to enter the Welsh Translation here*
Report to: (physical location)	*Free text field*	*You will need to enter the Welsh Translation here*
Interview panel members position titles	*Free text field*	*You will need to enter the Welsh Translation here*
Special instructions i.e. test, presentation brief etc	*Free text field*	*You will need to enter the Welsh Translation here*
Additional details	*Free text field*	*You will need to enter the Welsh Translation here*
Instructions for assessment centre approach	*Free text field*	*You will need to enter the Welsh Translation here*

Offer	English	Cymraeg
Job title	*Free text field*	*You will need to enter the Welsh Translation here*
Grade	*Free text field*	*You will need to enter the Welsh Translation here*
Salary	*Free text field*	*You will need to enter the Welsh Translation here*
Other salary related information	*Free text field*	*You will need to enter the Welsh Translation here*
Department	*Free text field*	*You will need to enter the Welsh Translation here*
Site	*Free text field*	*You will need to enter the Welsh Translation here*
Hours	*Free text field*	*You will need to enter the Welsh Translation here*
Contract description	*Free text field*	*You will need to enter the Welsh Translation here*

Other useful information		
Days of the week	Monday Tuesday Wednesday Thursday Friday Saturday Sunday	Dydd Llun Dydd Mawrth Dydd Mercher Dydd Iau Dydd Gwener Dydd Sadwrn Dydd Sul
Months of the Year	January	Ionawr
	February	Chwefror
	March	Mawrth
	April	Ebrill
	May	Mai
	June	Mehefin
	July	Gorffennaf
	August	Awst
	September	Medi
	October	Hydref
	November	Tachwedd
	December	Rhagfyr
Job Titles:	Staff Nurse	Nyrs Staf
	Apprentice	Prentis
Other useful terms	National Living Wage	Cyflog byw cenedlaethol
	Year (e.g. 1)	Blwyddyn (e.e. 1)
	Apprenticeship	Prentisiaeth
	£3.90 per hour (year 1) National Living Wage (year 2)	£3.90 yr awr (blwyddyn 1) Cyflog Byw Cenedlaethol (blwyddyn 2)
	2 YEARS APPRENTICESHIP	**PRENTISIAETH 2 FLYNEDD**

Welsh Language Standards – Operational Standards

106	Operational standards	When you assess the requirements for a new or vacant post, you must assess the need for Welsh language skills, and categorise it as a poste where one or more of the following apply: a) Welsh Language Skills are essential; b) Welsh language Skills need to be learnt when appointed to the post; c) Welsh language Skills are desirable; or ch) Welsh language Skills are not necessary.	30/05/2019
106A	Operational standards	If you have categorised a post as one where Welsh language skills are essential, desirable or need to be learnt you must - (a) specify that when advertising the post, and (b) advertise the post in Welsh.	30/11/2019
107	Operational standards	When you advertise a post, you must state that applications may be submitted in Welsh, and that an application submitted in Welsh will not be treated less favourably than an application submitted in English.	30/05/2019
107A	Operational standards	If you publish - (a) application forms for posts; (b) material that explains your procedure for applying for posts; (c) information about your interview process, or about other Assessment methods when applying for posts; or ch) *Job Descriptions; you must publish them in Welsh; and you must ensure that the Welsh language versions of the documents are treated no less favourably than any English language versions of those documents.	30/11/2019
107B	Operational standards	You must not treat an application for a post made in Welsh less favourably than you treat an application made in English (including, amongst other matters, in relation to the closing date you set for receiving applications and in relation to any timescale for informing applicants of decisions).	30/05/2019
108	Operational standards	You must ensure that your application forms for posts provide a space for applicants to indicate that they wish an interview or other method of assessment in Welsh and if an applicant so wishes, you must conduct any interview or other method of assessment in Welsh, or, if necessary, provide a simultaneous or consecutive translation service from Welsh to English for that purpose.	30/05/2019
109	Operational standards	When you inform an applicant of your decision in relation to an application for a post, you must do so in Welsh if the application was made in Welsh.	30/05/2019

Matrics Iaith Gymraeg / Welsh Language Matrix

Lefel 1 / Level 1	Lefel 2 / Level 2	Lefel 3 / Level 3	Lefel 4 / Level 4	Lefel 5 / Level 5
Gallaf ddangos cwrteisi ieithyddol trwy agor a chau sgwrs yn Gymraeg. Gallaf roi a derbyn manylion personol. Gallaf ddweud enwau lleoedd/enwau cyntaf neu arwyddion Cymraeg yn gywir	Gallaf ddeall hanfod cais gan y cyhoedd ac ymateb i geisiadau syml. Gallaf roi a derbyn cyfarwyddiadau	Yn gallu defnyddio brawddegau mwy cymhleth gan ddefnyddio cymalau. Mae ganddynt ddigon o eirfa i ddelio â sefyllfaoedd bob dydd annisgwyl, e.e. sgwrsio wrth gwrdd â dieithryn. Yn defnyddio acen a phwyslais gyda chywirdeb digonol i fod yn ddealladwy ac i egluro ystyron. Gallu sgwrsio yn bennaf yn Gymraeg ond troi at Saesneg mewn trafodaeth i roi gwybodaeth fanwl.	Yn gallu creu rhai brawddegau cymhleth ac mae ganddo eirfa ddigonol i allu trafod unrhyw faterion anarbenigol sy'n codi, a delio â sefyllfaoedd mwy ffurfiol o ystyried y cyfle i baratoi, e.e. asesiadau, cyfweliadau a chyfarfodydd.	Yn rhugl yn y Gymraeg ar lafar ac yn ysgrifenedig. Gallaf ddelio'n effeithiol gydag ymholiadau cymhleth gan y cyhoedd neu wrthdaro yn Gymraeg. Gallaf gyfweld neu gwestiynu yn Gymraeg yn ystod ymchwiliad
Can show linguistic courtesy by opening and closing a conversation. Can give, and receive personal details. Can say place names/ first names or Welsh signs correctly	Can Understand the essence of a request from the public and respond to simple requests. Can give and receive instructions and directions	Is able to use more complex sentences using clauses. Has sufficient vocabulary to deal with unforeseen everyday situations, e.g. chatting when meeting a stranger. Uses accent and emphasis with sufficient accuracy to be intelligible and to clarify meanings. Being able to converse mainly in Welsh but turning to English in discussion to give detailed information.	Is able to create some complex sentences and has sufficient vocabulary to be able to discuss any non-specialist matters arising, and deal with more formal situations given the opportunity to prepare e.g. assessments, interviews and meetings.	Fluent in spoken and written Welsh. I can deal effectively with complex inquiries from the public or conflicts in Welsh. I can interview or question in Welsh during an investigation.

EQUALITY IMPACT ASSESSMENT FORMS

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

For:	Bilingual Skills Policy & Procedure
Date form completed:	4th September 2020

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?	Bilingual Skills Policy & Procedure
2.	Provide a brief description, including the aims and objectives of what you are assessing.	The purpose of the document is to assist employees and managers in achieving the high standards expected by BCUHB. There are practical steps on how to ensure that we meet the needs of the population of the area, by providing a bilingual service. It will also help to ensure the local delivery of specified targets (in line with the requirements set out in *More than just words...*, the Welsh Government's Strategic Framework for Welsh Language Services in Health, Social Services and Social Care).
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?	Welsh Language Standards Document under the Welsh Language (Wales) Measure 2011
4.	Is the Policy related to, or influenced by, other Policies or areas of work?	Welsh Language Standards Document under the Welsh Language (Wales) Measure 2011 Safer Recruitment Practices Policy & Procedures Study Leave Procedure
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 employees, students, agency workers, independent contractors, managers
6.	What might help or hinder the success of whatever you are doing, for example communication, training etc.?	Communication will help in the implementation of the policy. Communication would be via existing management structures and the internal bulletin.

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.	The Policy & Procedure will support managers in providing practical support and advice to help deliver a service to patients in their language of choice and allow employees to access courses etc along with allowing prospective candidates the ability to apply for vacancies through the language of their choice.

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)		√			The procedure would be applicable regardless of staff age groups	N/A
Disability (think about different types of impairment and health conditions:- i.e. physical, mental health, sensory loss, Cancer, HIV)		√			The procedure would be applicable regardless of a disability, however if additional support is required, this will be provided	N/A
Gender Reassignment (sometimes referred to as 'Gender Identity' or transgender)		√			No anticipated impact, procedure would apply regardless of gender	N/A
Pregnancy and maternity		√			The procedure would apply to pregnant staff and those on maternity.	N/A

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

		√					
Race (include different ethnic minorities, Gypsies and Travellers) Consider how refugees and asylum-seekers may be affected.		√			No anticipated impact, procedure would apply regardless of race	N/A
Religion, belief and non-belief		√			No anticipated impact, procedure would apply regardless of religion, belief and no belief	N/A
Sex (men and women)		√			No anticipated impact, procedure would apply regardless of sex	N/A
Sexual orientation (Lesbian, Gay and Bisexual)		√			Not anticipated would impact on sexual orientation.	N/A
Marriage and civil Partnership (Marital status)		√			Not anticipated would impact on marriage or civil partnership.	N/A
Low-income households		√			The procedure would apply to all staff regardless of income.	N/A

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

Human Rights:

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

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

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

Will people's Human Rights be impacted by what is being proposed? If so is it positive or negative? (tick as appropriate below)				Which Human Rights do you think are potentially affected	Reasons for your decision (including evidence that has led you to decide this)	How will you reduce or remove any negative Impacts that you have identified?
Yes	No	(+ve)	(-ve)			
√			√	**Article 3** **Article 8**	Management of the police notification may result in working restrictions following risk assessment.	Managed in line with health board disciplinary policy or safeguarding procedures

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			√		Positive impact on Welsh Language	N/A
Treating the Welsh language no less favourably than the English language		√			Improves the Use of Welsh Language	N/A

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.	Welsh Language Forum, Workforce Policy Group
Have any themes emerged? Describe them here.	No
If yes to above, how have their views influenced your work/guided your policy/proposal, or changed your recommendations?	N/A

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)	Bilingual Skills Policy & Procedure

2. Brief Aims and Objectives: (Copy from Form 1)	The purpose of the document is to assist employees and managers in achieving the high standards expected by BCUHB. There are practical steps on how to ensure that we meet the needs of the population of the area, by providing a bilingual service. It will also help to ensure the local delivery of specified targets (in line with the requirements set out in *More than just words...*, the Welsh Government's Strategic Framework for Welsh Language Services in Health, Social Services and Social Care).

From your assessment findings (Forms 2 and 3):

3a. Could any of the protected groups be negatively affected by your policy or proposal?	Yes		No	√
3b. Could the impact of your policy or proposal be discriminatory under equality legislation?	Yes		No	√
3c. Is your policy or proposal of high significance? For example, does it mean changes across the whole population or Health Board, or only small numbers in one particular area?	Yes		No	√
	Yes		No	√

Part B Form 5: Summary of Key Findings and Actions

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?	Record here the reason(s) for your decision i.e. what did Forms 2 & 3 indicate in terms of positive and negative impact for each characteristic, Human Rights and Welsh Language? The process provides a governance framework for management of risks relating to police notifications and would be applicable regardless of the characteristics listed

5. If you answered 'no' above, are there any issues to be addressed e.g. reducing any identified minor negative impact?	Yes	√
	Record Details: No anticipated negative impact, the policy provides definition of responsibilities, process, monitoring and reporting requirements.	

6. Are monitoring arrangements in place so that you can measure what actually happens after you implement your policy or proposal?	Yes √	No
	How is it being monitored?	Monitoring is undertaken regularly by the Workforce Information Systems Team, NWSSP Recruitment, BCU Recruitment Team and the Welsh Language Team engaging with Managers and Heads of HR as appropriate.
	Who is responsible?	Line Managers
	What information is being used?	Information from Trac and ESR
	When will the EqIA be reviewed? (Usually the same date the policy is reviewed)	3 years

Part B Form 5: Summary of Key Findings and Actions

7. Where will your policy or proposal be forwarded for approval?	Workforce Policies Group

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
	Clair Tipton	Workforce Information Systems Manager
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	N/A	N/A
2. What changes are you proposing to make to your policy or proposal as a result of the EqIA?	N/A	N/A	N/A
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?	N/A	N/A	N/A
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	N/A	N/A
4. Provide details of any actions taken or planned to advance equality of opportunity as a result of this assessment.	N/A	N/A	N/A

Cyfarfod a dyddiad: Meeting and date:	Strategy, Partnerships and Population Health Committee Report 15.4.21
Cyhoeddus neu Breifat: Public or Private:	Public
Teitl yr Adroddiad Report Title:	**Board Assurance Framework**
Cyfarwyddwr Cyfrifol: Responsible Director:	Louise Brereton, Board Secretary
Awdur yr Adroddiad Report Author:	Dawn Sharp, Assistant Director: Deputy Board Secretary
Craffu blaenorol: Prior Scrutiny:	Risk Management Group on the 15th March 2021 Executive Team meeting on the 7th April 2021
Atodiadau Appendices:	Appendix 1 – BAF Report Appendix 2 – Overview of all BAF risks

Argymhelliad / Recommendation:

Recommendation: That:-

(1) the Committee review and note the progress on the Principal Risks as set out in the Board Assurance Framework (BAF);
(2) confirm whether the Workforce Optimisation risk (BAF 20-21) should in future report to Finance and Performance Committee; and
(3) Note the revised scoring in respect of the Annual Plan risk (BAF 20-26).

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**	

If this report relates to a 'strategic decision', i.e. the outcome will affect how the Health Board fulfils its statutory purpose over a significant period of time and is not considered to be a 'day to day' decision, then you must include both a completed Equality Impact (EqIA) and a socio-economic (SED) impact assessment as an appendix.	Y/N to indicate whether the Equality/SED duty is applicable	N

Sefyllfa / Situation:

The revised Risk Management Strategy and Policy was implemented on the 1st October 2020, and on the 21st January 2021, the Board approved the implementation of the revised Board Assurance Framework (BAF) template reporting arrangements.

This new design captures the work undertaken by the Board on the identification of its Priority Areas to support the effective management of the agreed Principal Risks that could affect the achievement of its agreed Priorities. This has led to streamlining and re-design of the Corporate Risk Register (CRR),

which more effectively demonstrates how the Health Board is robustly mitigating and managing high rated risks to the achievement of its operational objectives.

Each BAF risk has since been reviewed and updated.

Appendix 1 highlights the Board Assurance Framework Risk assigned to this Committee and also includes details of the definitions of the assurance levels.

Appendix 2 provides an overview of all the current BAF risks. This also includes details of the definitions of the assurance levels as requested at the last meeting.

Cefndir / Background:

The design of both the new BAF and CRR emphasises their distinctive roles in underpinning the effective management of both strategic and operational risks respectively, as well as underlining their symbiotic relationship as both mechanisms have been designed to inform and feed-off each other. This includes the evaluation, monitoring and review of progress, accountability and oversight of the Principal Risks and also the high level operational risks which could affect the achievement of the Health Board's agreed Priorities. These are being monitored by regular review with respective leads and oversight by the Risk Management Group, and Executive Team

Board Assurance Framework

Oversight and management of the BAF has transferred to the Office of the Board Secretary from the Corporate Risk Management Team, with the risk management system and process continuing to be managed by the Corporate Risk Team.   Engagement with risk leads continues to progress well and work continues to refine and further develop the BAF to ensure it becomes a tool to ensure strategic risks are visible to the Board and Committees. Appendix 2 provides an overview of all the current BAF risks. This also includes details of the definitions of the assurance levels as requested at the last meeting.

It is recognised there are a number of risks where the target risk score is above the current risk appetite and discussions with risk leads have explored this concluding that the operating environment and challenges due to the pandemic mean that for some risks there is a need to reconsider risk appetite and subsequently target risk scores. Taking this into account it has been agreed that a review of the risk appetite will be undertaken by the Board at the workshop arranged for 27th April.

Key progress on the BAF risks assigned to this Committee are detailed below (this information is also reflected within the relevant BAF risk sheet):-

- **BAF20-03 – Sustainable Key Health Services**
  Action timelines to achieve target risk score updated. All actions were reviewed in light of the request to consider which would have the most material impact on the risk but it is considered that all of the actions collectively will mitigate and therefore reduce the risk.

- **BAF20-04 – Primary Care Sustainable Health Services**
  Business Case drafted for further development of the Primary and Community Care Academy (PACCA) and identified as an investment priority in the draft Annual Plan, which will support the

establishment of an additional training hub; Dental Training Unit (DTU) delivery programme is on track with commencement of procurement approved by Finance and Performance Committee and forwarded to Welsh Government; The continuation and roll out of Urgent Primary Care Centres (UPCCs) is prioritised for funding in draft Annual Plan and the Physician Associate submission was awarded best poster at the Royal College of General Practitioners (RCGP) UK event. The actions have been reviewed in terms of which would have the most material impact on the risk - it is considered that it is the collective impact of the actions that will mitigate the risk.

- **BAF20-07 – Effective Mental Health Stakeholder Relationships**

  Key actions have been updated to include timeframes to reflect the overall progress being made in the Division in relation to partnerships. In terms of which actions will have the most material impact on the risk it is considered that the Together for Mental Health Partnership Board actions and the action relating to closer working with the Community Health Council will have the greatest impact.

- **BAF20-21 – Workforce Optimisation**
  Reviewed and suggest aligning future reporting to Finance and Performance Committee. Actions reviewed in terms of which would have the most material impact on the risk. At this stage, it is considered that it is the collective impact of the actions that will mitigate the risk. This will be reviewed and updated by end of April 2021.

- **BAF20-26 – Development of Annual Operating Plan**
  Actions, timelines and scoring have been updated to reflect that the Plan was supported by Finance and Performance Committee and was approved by the Health Board for submission to Welsh Government (WG) on 30 March 2021. Correspondence from WG on 11 March 2021 acknowledges the considerable uncertainty hindering firm planning commitments across NHS Wales and the draft Plan will be refreshed throughout the year. On the basis of the revised scoring and given that this BAF risk was specifically in respect of the 2021-22 Plan, it is proposed that this risk remains on the BAF for this cycle however with a view to consider this BAF risk for archive at the June 2021 meeting at which time, the remaining actions will largely be complete.

Corporate Risk Register:

There are no approved escalated Tier 1 Corporate Risk Register risks for the SPPH Committee. Below is a heat map representation of the BAF current risk scores for this Committee:

Current Risk Level		Impact				
		Very Low - 1	Low - 2	Moderate - 3	High - 4	Very high - 5
Likelihood	Very Likely - 5					
	Likely - 4				BAF 20-21	BAF 20-04
	Possible - 3			BAF 20-07	BAF 20-03	
	Unlikely - 2					
	Rare - 1			BAF 20-26		

Asesiad / Assessment & Analysis

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

Options considered
Not applicable.

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

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

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

Legal and Compliance
There are no legal and compliance issues associated with the delivery of the Board Assurance Framework or the Risk Management Strategy and Policy.

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

Board Assurance Framework 2020/21

Strategic Priority 2: Essential Services and Planned Care

Risk Reference: BAF20-03			Risk Rating		Impact		Likelihood		Score		Appetite	
Sustainable Key Health Services												
There is a risk that the Health Board may not be able to deliver sustainable key population health services to the wider population of North Wales due to diminishing capacity to meet an ever-growing demand.			Inherent Risk		4		4		16		**Low** **1 - 6**	
			Current Risk		4	↔	3	↔	12	↔		
			Target Risk		4		2		8			

Key Controls	Assurance level *	Key mitigations	Assurance level *	Gaps *(actions to achieve target risk score)*	Date
Health Improvement & Reducing Inequalities Group (HIRIG) provide strategic direction and monitors delivery of the Population Health Services. HIRIG reports to Executive Team.	2	Health Board commitment to establishing priority services including: Programme management and recruitment to posts.	2	1) Fully integrated the Smoking Cessation service. 2) Implement a Tier 3 Childrens Obesity service. 3) Implement a Healthy Weight pathway T1-3. 4) Implement and delivery the Immunisation Strategy. 5) Implement and deliver the Infant feeding strategy. 6) Implement and deliver a suite of Building a Healthier Wales projects.	30 June 2021 31 August 2021 31 March 2022 31 March 2023 31 March 2023 31 December 2022
Strategy, Partnership and Population Health Committee have oversight via standard reports by exception on progress.	2	Contribution to national delivery programmes and the Public Health Outcomes Framework with monitoring of key indicators in place.	2	Embed BCUHB North Wales population health priorities within its operational and strategic plans.	1 April 2022
Welsh Government have oversight of Smoking Cessation, Building a Healthier Wales, Infant Feeding, Healthy Weight Healthy Wales, Immunisation programmes and provide an element of funding.	3	HIRIG provide reports nationally regarding expenditure and performance.	3	Standardised reporting and meet submission requirements once national reporting requirements determined.	30 September 2021
The Executive Director of Public Health provides consistency to the regional strategic approach for North Wales in the form of expertise and prioritisation and through leadership of the Local Public Health Team.	2	Regional evidence based priorities are developed to meet the needs of the population in North Wales and deliver the greatest impact.	3	Embed Public Health Outcomes Framework into local planning through Local partners and Health Board.	31 March 2022

Review comments since last report: Action timelines to achieve target risk score updated. All actions were reviewed in light of the request to consider which would have the most material impact on the risk but it is considered that all of the actions collectively will mitigate and therefore reduce the risk.		
Executive Lead: Teresa Owen, Executive Director of Public Health	**Board / Committee:** Strategy, Partnership and Population Health Committee	**Review Date:** **16 March 2021**
Linked to Operational Corporate Risks:		

Strategic Priority 2: Essential Services and Planned Care

Risk Reference: BAF20-04			Risk Rating	Impact		Likelihood		Score		Appetite	
Primary Care Sustainable Health Services											
There is a risk that the Health Board will be unable to ensure timely access to Primary Care (GMS) Services for the population due to growing demand and complexity, an ageing workforce and a shift of more services out of hospital. As a gateway to health care, this could result in an deterioration in the population health, impacting on other health & care services and the wellbeing of the primary care workforce.			Inherent Risk	5		5		25		Low	
			Current Risk	5	↔	4	↔	20	↔	1 - 6	
			Target Risk	4		3		12			

Key Controls	Assurance level *	Key mitigations	Assurance level *	Gaps (actions to achieve target risk score)	Date
Each Area Team reviews GP practice sustainability and provides bespoke support to individual practices.	1	Regular review of 5 domains matrix. Escalation tool implemented and monitored by the Primary Care Panel, chaired by the Executive Director of Primary and Community Care, with reports provided to Quality, Safety and Experience Committee.	2	Delivery of Quality Assurance Visiting Programme across all contractors, in-depth review/visits which will be supportive for practices where concerns are identified.	31 March 2023
Delivery of All Wales Primary Care Model in place (including innovation and new ways of working), which is monitored by the Strategic Programme for Primary Care.	3	Review of current workforce profiles. Delivery of milestones set by the national strategic programme. Contribution and leadership in the national priorities.	2	1) Primary Care Strategy for north wales embedded in the clinical strategy of BCUHB. 2) Further development of primary care workforce plans, with a further consideration of the impact of the pandemic on assumed GP retirements. 3) Increase in the number of GP Trainees in north Wales. (WG Statement in December 2020 stated that GP places would remain at current levels with the ability to over recruit if needed).	31 March 2022 30 June 2021 31 March 2021
Provision of alternative services to increase capacity in GP practices in place.	1	Development of Urgent Primary Care Centre (UPCCs) pathfinders. Delivery of digital solutions (accelerated in response to C-19) Commissioning of community pharmacy enhanced services.	1	Full roll out of UPCCs (subject to national evaluation & pathways).	31 March 2022
Primary & Community Care Academy (PACCA) in place with further development and roll out planned.	2	Academy work plan 2019/22 in place, monitored by the Strategic Leadership Group for the Academy and as part of the performance monitoring of the Health Board's Operational Plan which feeds through to the Strategy, Partnership and Population Health Committee.	2	1) Increase in Academy outputs to have a greater impact on primary care workforce modernisation & capacity. Business case to be presented for consideration. 2) Strengthen coordination and implementation of work placements for training, mentorship and formal internship.	30 June 2021 31 March 2022
The Health Board has committed to work in partnership to develop proposal for a Medical School at the Univeristy of Bangor	1	Review progress in the development of a Medical School with Bangor University with the first commitment being delivery of medical degrees in partnership with Cardiff University (see below).	1	1) Development of a business case	TBC
Delivery of Medical Degrees at Bangor University in partnership with Cardiff University	1	Cardiff University in partnership with Bangor University have 21 students undertaking their medical degree in north Wales. Students spend 12 months in Primary Care as part of their 4 year course	1	1) Ensure sufficient capacity with Primary Care for medical students	01 September 2021
The Health Board continues to work in partnership with local HE providers to secure funding for and delivery of courses and programmes of education to attract and retain the workforce in north Wales	1	The development of the North Wales Dental Academy in partnership with HEIW, WG and Bangor University will provide an essential resource and training environment for the dental practitioners include Dental Hygienists and Dentists.	1	1) Establish Dental Training Unit in Bangor	01 April 2022
Cluster working/Health & Social care Localities in place with further development planned, with oversight by Area Teams, Regional Partnership Board Leadership Group and Integrated Care Boards (partnerships).	2	GP clusters have increased maturity throughout Covid-19 with practices working closely together with oversight by the Area Directors.	1	1) Development of broader cluster membership with the further integration with locality services. 2) Establish Cluster Transformation Board to lead the further development of clusters and promote/facilitate innovation and transformation.	30 September 2021

Review comments since last report: Update since the last submission - Business Case drafted for further development of PACCA and identified as an investment priority in the draft Annual Plan, which will support the establishment of an additional training hub; DTU delivery programme on track with commencement of procurement approved by F&P Committee & forwarded to WG. Continuation & roll out of UPCCs prioritised for funding in draft Annual Plan. Physician Associate submission awarded best poster at the RCGP UK event . Actions reviewed in terms of which would have the most material impact on the risk - it is considered that it is the collective impact of the actions that will mitigate the risk.

Executive Lead: Chris Stockport, Executive Director of Primary and Community Services	**Board / Committee:** Strategy, Partnership and Population Health Committee	**Review Date:** 24 March 2021
Linked to Operational Corporate Risks: CRR20-05 Timely Access to Care Homes		

Board Assurance Framework 2020/21

Strategic Priority 3: Mental Health Services

Risk Reference: BAF20-07		Risk Rating	Impact	Likelihood	Score	Appetite
Effective Stakeholder Relationships						
There is a risk that our relationships (internal and external) are ineffective. This could be caused by a lack of engagement, poorer communication, a lack of a co-productive approach, lack of direction, shared purpose and culture or insufficient service and organisational development. This could lead to a lack of trust, poor morale, high staff turnover, reduced stakeholder credibility plus reduced staff and public confidence, and an impact on services.		Inherent Risk	3	4	12	Moderate
		Current Risk	3 ⟷	3 ⟷	9 ⟷	8 - 10
		Target Risk	2	2	4	

Key Controls	Assurance level *	Key mitigations	Assurance level *	Gaps (actions to achieve target risk score)	Date
Together for Mental Health (T4MH) Strategy implemented with key stakeholders which sets out the direction of travel for Mental Health and Learning Disabilities services.	2	T4MH Partnership Board which oversees implementation of the strategy and includes key partners.	2	1) First meeting held on 22nd January where a number of actions were agreed which consist of a review of the TOR of the T4MHPB, and a refresh of the MH Strategy. To deliver this a number of task and finish groups are being established. 2) Population needs assessment to be undertaken across North Wales which will influence the MH Strategy.	31 May 2021 30 September 2021
Deputy Director attendance at Regional Leadership group with regular feedback into the MHLD Division to ensure two-way communication and engagement.	2	Consistent and regular communication with senior Local Authority partners in relation to service redesign. Feedback to Senior Leadership Team on key issues	2	Ensuring appropriate cover to ensure relevant and appropriate attendance at Regional Leadership Group.	30 April 2021
Divisional CAG meetings whereby senior clinicians and managers discuss and agree service model across the division.	2	Recommendations from meetings presented to BCU Clinical Advisory Group and presented for sign off via Divisional Finance and Performance meeting.	2	To present update of service model to BCU CAG and then to Regional Leadership Group.	30 September 2021
In line with Divisional Wellness, Work and Us Strategy, oversight of all vacancies and sickness overseen by Divisional Workforce Group to ensure any identified demand and capacity pressures.	1	The MHLD division has introduced a workforce group which oversees key actions and identifies and escalates risks to Divisional Directors.	1		
Regular and concise communication with all staff groups across the division.	1	Fortnightly divisional staff engagement newsletter which highlights significant issues/service changes and celebrates staff achievements which reduces the risk of breakdown in communication. This is now embedded practice within the Division.	1	Ensure newly formed meeting with Staff Side to discuss key operational and strategic staffing issues continues.	30 September 2021
Service users, carers and the public to have the opportunity to be involved in the development, planning, design and delivery of the services.	2	Divisional Patient and Carer Engagement Group re-introduced in order to listen better and use feedback from consultation and engagement to make mental health and learning disability services more relevant to service users and carers' needs. We are reviewing the CANIAD contract to ensure integrated working.	2	1) To ensure the review of the CANIAD contract is discussed with the North Wales Leadership group for the joint review. Currently out to procurement for independent review of the CANIAD contract. 2) Address potential gap in advocacy contract arrangements.	31 October 2021 31 May 2021
Closer and regular working with North Wales CHC to ensure the population of North Wales have the opportunity to feedback on their experiences of local services and to contribute to the future design.	3	Safe space events started in December 2020 have been set up with CHC to engage with North Wales population to seek views/experiences of MHLD services. Deputy Director & Director of Nursing are attending the CHC AGM.	3	MHLD Division to agree process for sharing feedback from events with staff groups. An action plan is being developed following the Safe Space events facilitated by the CHC.	30 June 2021

Review comments since last report: Key actions updated including timeframes to reflect the overall progress being made in the Division in relation to Partnerships. In terms of which actions will hae the most material impact on the risk it is considered that the T4MH Partnership Board actions and the action relating to closer working with the CHC will have the greatest impact.

Executive Lead: Teresa Owen, Executive Director of Public Health	Board / Committee: Strategy, Partnership and Population Health Committee	Review Date: 31 March 2021
Linked to Operational Corporate Risks:		

Board Assurance Framework 2020/21

Strategic Priority 5: Effective Use of Resources

Risk Reference: BAF20-21		Risk Rating	Impact		Likelihood		Score		Appetite	
Workforce Optimisation										
There is a risk that the Health Board cannot attract or retain sufficient staff (core and flexible) to resource delivery of the strategic priorities due to a lack of integrated workforce planning, safe deployment systems and insufficient support for recruitment and on boarding. This could impact on the Board's ability to deliver safe and sustainable services.		Inherent Risk	4		5		20		Low	
		Current Risk	4	↔	4	↔	16	↔	1 - 6	
		Target Risk	4		3		12			

Key Controls	Assurance level *	Key mitigations	Assurance level *	Gaps *(actions to achieve target risk score)*	Date
Establishment Control Policy and system in place. Pipeline reports produced monthly for review and action by managers across the organisation. Roster management Policy. Recruitment Policy. Safe Employment Policy.	2	1. Review of Vacancy control process underway to establish a system for proleptic/proactive recruitment against key staff groups/roles. 2. Review of delivery group structure underway to ensure regional over view and leadership of planning, recruitment and retention.	2	G. Workforce planning undertaken at a local/team level and requires a once for North Wales approach. G. Workforce planning skills, capacity and guidance insufficient for step change in approach and effectiveness. A. Development of a clear Wokforce Planning Process and Policy underway. A. Workforce Service Review programme commissioned. G. Previous structure for planning and recruitment dispersed across secondary care sites, area teams, MHLD. Once for North Wales approach required. A. Revised delivery group structure developed subject to further refinement and approval. G.Use of technology requires review and improvement A.Scope for review of systems and usage to be drafted.	30 April 2021
Workforce plans for each of the core priority programmes: 1. Existing USC delivery. 2. Existing Planned Care Delivery. 3. Existing TTP delivery. 4. USC Surge Plan. 5. Planned Care Recivery Plan. 6. TTP reslience plan. 7. COVID Vaccination Plan.	1	1. Review and development of a clear Workforce planning process. 2. Workforce Service Review programme commissioned.	1	G. Workforce planning undertaken at a local/team level and requires a once for North Wales approach. G. Workforce planning skills, capacity and guidance insufficient for step change in approach and effectiveness. A. Development of a clear Wokforce Planning Process and Policy underway. A. Workforce Service Review programme commissioned.	30 April 2021
Temporary Staffing Policy. Medical Bank Protocol.	1	1. Temporary Staffing Solutions Plan under development.	1	G. Temporary bank primarily established to support Nursing and Health Care Support. A. Medical Bank established with contract with MEDACs in place for 2020/22. A. Plan to establish BCU Temporary Staffing Solutions under development. Service to cover all staff groups and include "ready to work" pipeline.	30 June 2021

Review comments since last report: Reviewed and suggest aligning future reporting to Finance and Performance Committee. Actions reviewed in terms of which would have the most material impact on the risk.   At this stage, it is considered that it is the collective impact of the actions that will mitigate the risk. This will be reviewed and updated by end of April.

Executive Lead: Sue Green, Executive Director of Workforce and Organisational Development	Board / Committee: Finance and Performance Committee	Review Date: **23 March 2021**
Linked to Operational Corporate Risks:		

Board Assurance Framework 2020/21

Strategic Priority 5: Effective Use of Resources

Risk Reference: BAF20-26			Risk Rating	Impact		Likelihood		Score		Appetite	
Development of Annual Operational Plan 2021/22											
There is a risk the Health Board fails to deliver a plan to Welsh Government and remains in breach of its statutory duties whether due to inability to deliver financial balance or to present a plan that delivers key performance targets. This impacts on reputation, and reduces freedom to act.			Inherent Risk	3		3		9		**Low**	
			Current Risk	3	↔	1	↓	3	↓	**1 - 6**	
			Target Risk	3		1		3			

Key Controls	Assurance level *	Key mitigations	Assurance level *	Gaps *(actions to achieve target risk score)*	Date
Executive led planning process in place responsible for meeting the Welsh Government requirements for the development / implementation of an operatonal plan for 2021/22	2	1) Strong corporate, clinical, managerial and partnership engagement / collaboration with established and coordinated communication links including Welsh Government, Public Health Wales, and key internal and external stakeholders, e.g.: Executive led Planning Workstream, Stakeholder Reference Group, Regional Partnership Board. 2) Clear accountability across the organisation - agreed programmes with designated Executive lead, programme lead	2	1) Review of 2021-22 Planning Process to ensure robust arrangements are in place going forward. 2) Development of a 2022-23 plan by December 2021 3) In view of the draft nature of the plan it is expected that the plan will be refreshed during the year.	30 June 2021 31 December 2021 30 June 2021
Planning cycle established with outline BCUHB Planning schedule/overall approach for 2021/2022 plan led by Assistant Director, Corporate Planning and reporting into the Executive Team and the Strategy, Partnership and Population Health Committee.	2	1) Developed Cluster Plans to influence the Primary Care Recovery Plans. 2) Planning arrangements established to support development of a high level plan with identified support from Corporate Teams. 3) Programme Groups led by designated programme lead with input from Divisional Teams with direct reporting to the Planning Workstream. 3) Planning and Performance, workforce, financial and informatics functions supporting oversight of plan development 4) Plan supported by F&P on 25.3.21 for submission to Board on 30.3.21	2		
BCUHB Annual Planning cycle in place that responds to national NHS Wales annual planning timetable and requirements.	2	Welsh Government annual planning framework issued. Communications Team support to the plan to improve the engagement.	2		

Review comments since last report: Actions, timelines and scoring have been updated to reflect that the Plan was supported by Finance and Performance Committee and was approved by the Health Board for submission to Welsh Government (WG) on 30 March 2021. Correspondence from WG on 11 March 2021 acknowledges the considerable uncertainty hindering firm planning commitments across NHS Wales and the draft Plan will be refreshed throughout the year. On the basis of the revised scoring and given that this BAF risk was specifically in respect of the 2021-22 Plan, it is proposed that this risk remains on the BAF for this cycle however with a view to consider this BAF risk for archive at the June 2021 meeting at which time, the remaining actions will largely be complete.

Executive Lead: Mark Wilkinson, Executive Director of Planning and Performance	**Board / Committee:** Strategy Partnerships and Population Health Committee	**Review Date: 25 March 2021**

Linked to Operational Corporate Risks:

BAF Ref.	Title	Risk	Cttee	Exec	Lead	Curr-ent Score	Target Score	Risk App-etite
20-01	Surge/ Winter Plan	There is a risk that the Health Board may not be able to deliver the winter plan due to the appropriate availability of capacity and capability of its resources and external collaboration. This could negatively impact on the quality of planned patient care services and the reputation of the organisation.	F&P	Mark Wilkinson	Meinir Williams	12	12	1-6
20-02	Emergency Care Review Recomm-endations	There is a risk that the Health Board may not be able to deliver safe and effective care due to being unable to commit support processes. This could negatively impact on the quality of patient care provided.	QSE	Gill Harris	Meinir Williams	16	12	1-6
20-03	Sustainable Key Health Services	There is a risk that the Health Board may not be able to deliver sustainable key population health services to the wider population of North Wales due to diminishing capacity to meet an ever-growing demand.	SPPH	Teresa Owen	Gwyneth Page	12	8	1-6
20-04	Primary Care Sustainable Health Services	There is a risk that the Health Board will be unable to ensure timely access to Primary Care (GMS) Services for the population due to growing demand and complexity, an ageing workforce and a shift of more services out of hospital. As a gateway to health care, this could result in a deterioration in the population health, impacting on other health & care services and the wellbeing of the primary care workforce.	SPPH	Chris Stockport	Clare Darlington	20	12	1-6
20-05	Timely Access to Planned Care	There is a risk that the Health Board may be unable to deliver timely access to Planned Care due a mismatch between demand and capacity and Covid-19, which could result in a significant backlog and potential clinical deterioration in some patient conditions.	F&P and QSE	Mark Wilkinson	Andrew Kent	25	15	1-6

BAF Ref.	Title	Risk	Cttee	Exec	Lead	Current Score	Target Score	Risk Appetite
20-07	Effective Stakeholder Relationships	There is a risk that our relationships (internal and external) are ineffective. This could be caused by a lack of engagement, poorer communication, a lack of a co-productive approach, lack of direction, shared purpose and culture or insufficient service and organisational development. This could lead to a lack of trust, poor morale, high staff turnover, reduced stakeholder credibility plus reduced staff and public confidence, and an impact on services.	SPPH	Teresa Owen	Amanda Lonsdale	9	4	8-10
20-08	Safe and Effective Mental Health Delivery	There is a risk to the safe and effective delivery of MHLD services. This could be due to unwarranted variation and inefficiencies. This could lead to poorer and inconsistent outcomes, poorer use of resources, failure to learn from events or inequity of access.	QSE	Teresa Owen	Mike Smith	20	9	1-6
20-09	Mental Health Leadership Model	There is a risk that the leadership model is ineffective and unstable. This may be caused by temporary staffing, unattractive recruitment and high turnover of staff. This could lead to an unstable team structure, poor performance, a lack of assurance and governance, and ineffective service delivery.	QSE	Teresa Owen	Keeley Twigg	15	8	1-6
20-10	Mental Health Service Delivery During Pandemic Management	There is a risk to the safe and effective delivery of MHLD services. This could be due to the consequences of the COVID-19 pandemic. This could lead to changing type and level of demand across the region, a lack of appropriate staff and resources, poorer outcomes for our population.	QSE	Teresa Owen	Carole Evanson	9	6	1-6

BAF Ref.	Title	Risk	Cttee	Exec	Lead	Curr-ent Score	Target Score	Risk App-etite
20-11	Infection Prevention and Control	There is a risk that Health Board may not be able to deliver appropriate care to patients and they may suffer harm due to healthcare associated infection. This may be caused by a failure to put in place systems, processes and practices that would prevent avoidable infection. The impact of this may increase morbidity and mortality, increase admissions and longer length of stay, increase treatment costs, reputational damage and loss of public confidence.	QSE	Gill Harris	Sally Batley	20	15	1-6
20-12	Listening and Learning	There is a risk that adverse events occur, or re-occur, in the organisation due to: 1) Lack of a clear and easy mechanism for patients or staff to raise incidents or complaints, 2) lack of a clear, effective and transparent mechanism for reviewing, addressing, sharing learning and feedback from reviews/investigations, 3) lack of trust and confidence in the systems and process. These adverse events could result in avoidable harm to patients or staff, disruption to clinical and support services, avoidable costs and loss of public and stakeholder confidence.	QSE	Gill Harris	Matt Joyes	20	10	1-6
20-13	Culture – Staff Engagement	There is a risk that the Health Board loses the engagement and empowerment of its workforce as a result of staff not feeling that it is safe and/or worthwhile highlighting concerns due to: Lack of clear mechanisms for raising concerns at any and every level, lack of a clear, effective and transparent mechanism for listening, reviewing, addressing, sharing learning and feedback, lack of trust and confidence regarding the reception of and impact of raising concerns, lack of support and guidance for all parties involved.	QSE	Sue Green	Nick Graham	16	12	1-6

BAF Ref.	Title	Risk	Cttee	Exec	Lead	Current Score	Target Score	Risk Appetite
		This could lead to an impact on the organisation being able to learn from experience or improve services, which could result in poor staff morale, leading to poor outcomes impacting on the delivery of safe and sustainable services and the reputation of the Health Board.						
20-14	Security Services	There is a risk that the Health Board does not provide effective security services across the organisation. This is due to lack of formal arrangements in place to protect premises and people in relation to CCTV, Security Contract issues (personnel), lone working, lock down systems, access control and training that provides assurance that Security is effectively managed. This could lead to a breach in the Health Board's statutory security duties.	QSE	Sue Green	Peter Bohan	15	10	1-6
20-15	Health and Safety	There is a risk that the Health Board fails in its statutory duty to provide safe systems of delivery and work in accordance with the Health and Safety at Work Act 1974 and associated legislation that could result in avoidable harm or loss.	QSE	Sue Green	Peter Bohan	20	10	1-6
20-16	Pandemic Exposure	There is risk that patients, staff or visitors are exposed to COVID-19 due to inadequate/inappropriate resources, lack of compliance with prevention/protection measures across all settings, lack of understanding, skills, ownership of responsibilities, lack of systems and/or capacity and/or capability to identify, analyse, adapt, address immediate themes arising from intelligence both internal and external in a dynamic way. This could impact or effect avoidable harm caused to our patients, staff, visitors, increase in demand/length of stay/risk to other	QSE	Gill Harris	Sally Batley	20	15	1-6

BAF Ref.	Title	Risk	Cttee	Exec	Lead	Curr-ent Score	Target Score	Risk App-etite
		patients, reduction in availability of staff to support the delivery of safe care and services. This could led to prosecution for breach of statutory/legal duty and reputational damage to trust and confidence.						
20-17	Value Based Improvement Programme	There is a risk that the Health Board does not understand or use its resources effectively and efficiently due to a lack of implementing an appropriately resourced value based improvement programme. This could impact on the quality of outcomes for the services it delivers.	F&P	Sue Hill	Geoff Lang	12	8	8-10
20-18	Digital Estate and Assets	There is a risk that Informatics cannot implement digital solutions due to available resource not keeping step with an organisational wish to become more digitally focused. This could impact on the safety of our patients, service efficiency and the reputation of the Health Board, the ability to recruit and retain staff or impact on compliance with legislation resulting in significant financial penalties.	DIG	Chris Stockport	Dylan Williams	20	12	8-15
20-20	Estates and Assets Development	There is a risk that the Health Board does not systematically review and capitalise on the opportunity to develop its estates and assets due to changes in working practices (for example agile working) which could impact on recruitment, financial balance and the reputation of the Health Board.	SPPH	Mark Wilkinson	Rod Taylor	9	6	8-10
20-21	Workforce Optimisation	There is a risk that the Health Board cannot attract or retain sufficient staff (core and flexible) to resource delivery of the strategic priorities due to a lack of integrated workforce planning, safe deployment systems and insufficient support for recruitment and on boarding. This could impact on the Board's ability to deliver safe and sustainable services.	SPPH but may be re-aligned to F&P	Sue Green	Nick Graham	16	12	1-6

BAF Ref.	Title	Risk	Cttee	Exec	Lead	Curr-ent Score	Target Score	Risk App-etite
20-25	Impact of COVID-19	There is a risk that the ongoing Covid-19 pandemic will lead to the HB being overwhelmed and unable to respond to Covid healthcare needs and/or carry out its core functions due to the spread and impact of Covid-19 in North Wales. This could lead to reduced staff numbers available for work, increased demand on services (including acute, community, mental health and primary care), and suspension of planned services. This could negatively affect patient safety and quality of care, patient outcomes; delivery of the mass vaccination programme and TTP; and the Health Board's ability to deliver its plans and corporate priorities.	QSE	Chris Stockport	Sally Baxter	15	8	1-6
20-26	Development of Annual Operational Plan 2021-22	There is a risk the Health Board fails to deliver a plan to Welsh Government and remains in breach of its statutory duties whether due to inability to deliver financial balance or to present a plan that delivers key performance targets. This impacts on reputation, and reduces freedom to act.	F&P	Mark Wilkinson	John Darlington	3	3	1-6
20-27	Delivery of a Planned Annual Budget	There is a risk the Health Board spends in excess of its planned annual budget. Any financial deterioration against the financial plan may result in the Health Board breaching its statutory duties. This could affect the provision of healthcare across North Wales, potentially leading to Welsh Government intervention and reputational damage, impacting on the Health Board's ability to remain sustainable.	F&P	Sue Hill	Rob Nolan	15	10	8-10
20-28	Estates and Assets	There is a risk that the Health Board fails to provide a safe and compliant built environment, equipment and digital landscape due to limitations in capital funding.	F&P	Mark Wilkinson	Neil Bradshaw	15	10	8-10

BAF Ref.	Title	Risk	Cttee	Exec	Lead	Current Score	Target Score	Risk Appetite
		This could impact on the Health Board's ability to implement safe and sustainable services through an appropriate refresh programme, could result in avoidable harm to patient, staff, public, reputational damage and litigation.						

KEY	DIG	Digital and Information Governance Committee
	F&P	Finance and Performance Committee
	QSE	Quality, Safety and Experience Committee
	SPPH	Strategy, Partnerships and Population Health Committee

Key Field Guidance

BAF Template Item		Please refer to the Risk Management Strategy and Policy for further detailed explanations
Risk Reference		Board Assurance Framework reference number, allocated by the Board Secretary
Risk Description		An uncertainty that something could or may happen that will have an impact on the achievement of the Health Board's Priority. There are 3 main components to include when articulating the risk description (cause, event and effect):
		- There is a risk of / if ….
		- This may be caused by ….
		- Which could lead to an impact / effect on ……
Risk Ratings	Inherent	Without taking into consideration any controls which may be in place to manage this risk, what is the likelihood that this risk will be realised, and if it did, what would be the consequence
	Current	Having considered the key controls and key mitigation measures in place, indicate what the current risk grading is. Note – this should reduce as action is taken to address the risk.
	Target	This is the level of risk one would expect to reach once all controls and key mitigation measures are in place.
Risk Impact		The consequence (or how bad) if the risk were to be realised, in line with the NPSA Grading Matrix an impact of 1 is a Negligible (very low), with a 5 as Catastrophic (very high)
Risk Likelihood		The probability (frequency or how often) would this happen if the risk were to be realised. In line with the NPSA Grading Matrix a likelihood of 1 is this will probably never happen / recur, with a 5 being that it will undoubtedly happen, recur, possibly frequently
Score		Impact x Likelihood of the risk happening
Appetite	*Definition*	Is defined as the amount and type of risk the Health Board is willing to take on, pursue or retain in order to achieve its priorities.
	Low	Cautious with a preference for safe delivery options (Score 1 to 6)
	Moderate	Prepared to take on, pursue or retain some risks as a result of the Health Board taking opportunities to improve quality and safety of services (Score 8 to 10)
	High	Open or willing to take on, pursue or retain risks associated with innovation, research and development consistent with the Health Board's Priorities (Score 12-15)

Control	*Definition*	A collection of strategies, policies, procedures and systems - to control the risks that would otherwise arise and ensure that care and services are delivered by competent staff who are aware of how to raise concerns [NHS WALES Governance e-manual - http://www.wales.nhs.uk/governance-emanual/risk-management] A measure that maintains and/or modifies risk (ISO 31000:2018(en))
	Examples include, but are not limited to:	- People, for example, a person who may have a specific role in delivery of an objective - Strategy, policies, procedures, SOP, checklist in place and being implemented which ensures the delivery of an objective - Training in place, monitored and assurance reported - Compliance audits - Business Continuity plans in place, up to date, tested and effectively monitored - Contract Management in place, up to date and regularly monitored
Mitigation	*Definition*	To reduce the extent of risk exposure, and the adverse effects of risk
	Examples include, but are not limited to:	- Service or Pathway Redesign - Business Case Development - Staff Training - Risk Assessment - Evidential data sets
Assurance Levels	1	The first level of assurance comes from the department that performs the day to day activity, for example the data is available
	2	The second level of assurance comes from other functions in the Health Board who have internally verified the data, for example quality, finance and H/R assurance
	3	The third level of assurance comes from assurance provided from outside the Health Board, for example WG, HIW, HSE etc.

Cyfarfod a dyddiad: Meeting and date:	Strategy, Partnerships and Population Health Committee 15.4.21
Cyhoeddus neu Breifat: Public or Private:	Public
Teitl yr Adroddiad Report Title:	Draft Committee annual report 2020/21
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:	Executive Director Planning and Performance
Atodiadau Appendices:	Appendix 1a Terms of Reference Appendix 1b Terms of Reference wef 17.9.20 Appendix 2 Draft Cycle of Business 2021/22

Argymhelliad / Recommendation:
The Committee is asked to • review the Terms of Reference • consider and approve the draft Cycle of Business 2021/22 • review the draft Committee annual report and agree the primary focus of the Committee over the next twelve months • approve the draft Committee annual report, subject to the above amendments, for submission to the Audit Committee on 25.5.21

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	
If this report relates to a 'strategic decision', i.e. the outcome will affect how the Health Board fulfils its statutory purpose over a significant period of time and is not considered to be a 'day to day' decision, then you must include both a completed Equality Impact (EqIA) and a socio-economic (SED) impact assessment as an appendix.				**Y/N to indicate whether the Equality/SED duty is applicable**		**N**	

Sefyllfa / Situation:
The Committee is asked to approve the Committee annual report 2020/21 The Cycle of Business (COB) has been amended to reflect business allocated within the organisation's route planner. It is acknowledged that following the present governance review content may require amendment in year. The Terms of Reference were amended in year as a result of the approval of the delayed 2019/20 annual report in August 2020 and ratified by the Audit Committee

Cefndir / Background:

The annual report has been prepared on a BCU-wide template and will be submitted to the Audit Committee.

Asesiad / Assessment & Analysis

Strategy Implications

Strategies of the Board have been considered by the Committee in year.

Options considered

Not applicable

Financial Implications

Not applicable

Risk Analysis

The Committee has reviewed risks allocated on the corporate risk register in year.

Legal and Compliance

All Committees are required to produce an annual report which forms part of a composite report to the full Health Board.

Impact Assessment

Not applicable

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Strategy, Partnerships and Population Health Committee
Annual Report 2020-21

1. Title of Committee:

Strategy, Partnerships and Population Health

2. Name and role of person submitting this report:

Mark Wilkinson Executive Director Planning and Performance

3. Dates covered by this report:

1 April 20 to 31 March 21

4. Number of times the Committee met during this period:

The Committee was routinely scheduled to meet six times and otherwise as the Chair deemed necessary. During the reporting period, it met on five occasions. A workshop was held on one date. Attendance at meetings is detailed within the table below:

Independent Members					
Members of the Committee	9.6.20	13.8.20	1.10.20	10.12.20	23.2.21
Lyn Meadows (Chair)	✓	✓	✓	✓	✓
Nicky Callow	✓	P*	✓	P*	P*
John Cunliffe	✓	✓	✓	A	✓
Helen Wilkinson	✓	✓	A	◆	◆
Linda Tomos	◆	◆	◆	✓	✓
Independent Members by invitation					
Lucy Reid			✓		
Jackie Hughes			✓	✓	✓
Cheryl Carlisle			P*		

Formally in attendance (as per Terms of Reference)	9.6.20	13.8.20	1.10.20	10.12.20	23.2.21
Directors					
Mark Wilkinson Executive Director Planning and Performance (Lead Director)	✓	A (SB)	✓	✓	✓
Teresa Owen Executive Director of Public Health	A	P*	P*	P*	P*
Sue Green Executive Director of Workforce and Organisational	A	P*	✓	P*	✓
Chris Stockport Executive Director Primary and Community Services	A (CD)	✓	✓	P*	A
Arpan Guha Acting Executive Medical Director	◆	◆	P*	✓	✓
Rob Nolan Finance Director – Strategy and Commissioning	◆	◆	✓	x	✓

Key:
P - Present   P* **-** Present for part meeting
A - Apologies submitted   X - Not present
◆ 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/Group/Forum. 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.

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 Appendices 1a and 1b (with effect from 17.9.20)

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.

Furthermore a fundamental review of the Governance Structures has been undertaken by the Interim Director and Governance. This work is being finalised at the point of producing this Annual Report.

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 3 breaches of this nature in terms of either individual papers or the whole agenda not being available 7 days before the meeting.

6. Overall *RAG status against Committee's annual objectives / plan: AMBER

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 (Please provide narrative against all red and amber including the rationale for the assurance status)	Committee assessment of the quality of the assurance provided (please provide in narrative format)
• 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;	Green	Results of the rapid review of post Covid19 health needs were received. Agenda items with papers across the year on a wide range of plans and strategies including dementia.	
receive regular assurance reports on health and care clusters and primary care	Green	Every meeting has included primary care	

development, recognising the central role played by primary care in the delivery of health and care		content, and cluster priorities have been referenced in work on 2021/22 planning	4
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;	Green	Particularly in the run up to Q34 planning the Committee received supporting plans for care homes, mass vaccination, prevention and response plan, and our winter / surge plan. The SPPH in workshop mode and more formally has shaped the 2021/22 plan.	
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;	Green	Agenda items have included the new socio-economic duty, and smoke free legislation.	
Receive regular performance and assurance reports from the Public Service Boards and Regional Partnership Board and Mental Health Partnership Board.	Green	The pandemic has led to the suspension of a number of public service boards. Nevertheless such updates as are available have been received.	

		The Regional Partnership Board has continued to meet. Reporting on mental health performance and assurance has been less frequent.	
Ensure that the Health Board meets its duties in relation to Welsh language, civil contingencies legislation and emergency preparedness;	Green	There has been a strong focus throughout the year on emergency preparedness, and our Welsh language duties.	
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;	Green	The digital strategy has featured in 2020/21 alongside updates and agreed timescales to refresh key enabling strategies for eg workforce and estates	
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.	Red	Although reports of partnership activity are received, this does not fully cover assurance of the principles of good governance.	
Ensure appropriate arrangements for continuous engagement are in place; and review	Amber	Regular reporting and assurance of engagement activity takes	

assurances on Consultation feedback.		place. Assurance on consultation feedback could be strengthened.	

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:

- Phase 2 transition to sustainable service delivery
- Annual Plan 2019/20 progress monitoring report
- 2019/20 annual plan reconciliation
- 2020/21 operational plan monitoring
- Quarter 2 plan and development of Quarter 3 2020/21
- Plans to support Quarters 3/4
  - Draft Winter Resilience Plan 2020/21
  - North Wales local Covid19 prevention and response plan
  - Care Homes action plan
  - Covid19 vaccination programme
- Q3/4 BCU Sustainable Services Delivery Plan
- Development of 2021/2 Delivery Plan
- Q3/4 Monitoring report against Operational Plan
- Verbal update on private workshop to consider and inform draft plan for 2021-22

- Update on Covid19 communications and engagement activity
- Current agreed Covid19 forecast position
- Covid19 prevention and response plan
- Covid19 Research and Innovation report
- Joint update on Covid19 Research and Innovation 13.8.20 – 21.9.20
- Update on Covid19 mass vaccination plan

- Regional Partnership Board updates and received the RPB annual report
- Public Service Board update : Conwy & Denbighshire annual report
- Community Services Transformation Fund update
- Mental Health Transformation Fund update
- Learning Disabilities Transformation Fund update
- Children Young People/CAMHS Transformation Fund update
- Children's rights approach
- Area Planning Board (APB) Substance Misuse service (SMS) update

- Test, Trace and Protect (TTP) update reports

- Business continuity planning and emergency preparedness
- Business continuity lessons learned in response to Covid19 to date
- Business Continuity and Emergency Preparedness update

- Development of Diagnostic Treatment Centres (DTC) in strategic support of Planned Care
- Strategic programme for Primary Care
- National Operating Framework for Primary and Community Care and delivery milestones
- Progress report on Primary Care Cluster Development and Planning
- Progress on Digital Strategy
- Stroke Services update
- Approval of North Wales Dementia Strategy on behalf of the Board
- Endorsement of the establishment of Sport North Wales Partnership and update on business case development

- Welsh Language 2019/20 annual monitoring report
- Annual Equality report 2019/20
- International Health Group (IHG) 2019/20 annual report

- Update paper on research
- Update paper on progress with development of North Wales Medical School
- Update paper on innovation
- University Health Board status review updates

- Draft Committee annual report 2019/20
- Committee Cycle of Business
- Corporate Risk Register – risks assigned to the Committee
- EU transition risk update
- Board Assurance Framework principal and Corporate Risk report
- Integrated Care Fund and Partnership Governance Section 33 agreements

- North Wales population needs assessment rapid review
- Public engagement update
- Engagement update
- Pulse Survey
- Update on Staff Health and Wellbeing & the Corporate Health Standard.
- Covid19 the Impact on people with protected characteristics: the Equality context and framework
- Black, Asian and Minority Ethnic (BAME) Covid19 Socio-economic subgroup: Report into the factors influencing negative Covid19 outcomes for individuals from BAME backgrounds and Welsh Government's Response.
- Equalities and Human Rights - Socio Economic duty
- Endorsement of Socio-economic Duty procedure
- Approval of Workforce policies WP7 and 8 (Equality, Diversity & Human Rights policy Procedure for Equality Impact Assessment)
- Paper on the implementation of Smoke Free Premises legislation

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/strategy-partnerships-and-population-health-committee/

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
9.6.20	Concern was raised on • Research and Innovation activity especially in relation to Covid 19 and also the need to provide an update on the Health Board's University status, a paper was requested to be prepared. • Emergency preparedness to meet the C19 pandemic major incident response, a paper was requested to be prepared • Not all corporate risks were able to be scrutinised due to the unavailability of necessary executives and issues around the new format were also raised. It was understood that these would be raised at a Board workshop – date to be agreed. • Preparedness and involvement with development of the Quarter 2 operational plan. It was understood that Board members would be provided with an opportunity to contribute, acknowledging that C19 had impeded involvement with Quarter 1. • In respect of monitoring the end of year 2019/20 annual plan a paper was requested to address the objectives which had not been achieved, including consequent impacts and how benefits realisation would be demonstrated to provide confidence on the delivery stated.
13.8.20	Concern was raised on • Business continuity planning - testing, capacity and capability concerns especially given the current extended Covid 19 response. A report addressing these issues would be provided to the next meeting • Capacity within the Intelligence cell to effectively manage the critical work apportioned to it. • Winter planning work, which was acknowledged to be a more complex area given that Covid19 remained in circulation, was understood to be in hand by the newly appointed Interim Chief Operating Officer and would be addressed at the next meeting. • The need for 'weighted' outcomes within planning was stressed by the Committee – as previously incorporated

	within BCU's logic based modelling. This would be taken forward in Q3/4 plans.
	• The Committee emphasised the need for Equality Impact Assessments to be undertaken, given the increasing inequalities emerging through the Covid 19 pandemic response.
	• A verbal report was provided on the draft Covid19 prevention and response plan. Given the 2 week turnaround, it had not been possible to schedule the written report by the necessary Committee publication date.
	• The Committee questioned the timing of governance process of regional strategies being considered at Regional Partnership Board and at individual partner organisations. Clarity was sought to be provided at the next meeting.
	• There was potential financing uncertainty regarding transformation funds, including the risk of funding cessation, however the Executive Director Primary and Community Services confirmed work to be underway to ensure staffing costs would be met by existing budgets.
1.10.20	Concern was raised on
	• Whether there was adequate time to address accurate financial costings, especially in respect of financial assumptions. The Finance Division were heavily focussed on achieving this challenging target
	• The Committee questioned whether all objectives set out within the plan were achievable and sought greater clarity from the Executive Team on core priorities. Members reflected on the need for 'SMART' objectives and deliverable actions.
	• The Committee agreed in principal that capacity required strengthening within Emergency Planning Resilience and Response and this would be an operational planning matter to move forward.
10.12.20	• Quarter 3&4 delivery plan monitoring 2020/21
	The Committee Chair requested that further evidence, supported by improved narrative, be provided within the report to the next meeting in order to provide an effective audit trail of all priorities agreed by the Board that had been stood down due to non-delivery. Arrangements were also agreed to ensure the capture of undelivered Q1&2 priorities at year end.
	• Development of 2021/2 Delivery Plan
	The Committee discussed how risk factors were articulated within the plan following which it was agreed this would be included within the presentation to the next Audit Committee on 17.12.20. The Interim Director of Governance endorsed the use of risk as a driver for change. It was agreed that the timetable provided be updated to include dates for presentation to the SPPH & Finance and Performance Committees and the Board,

following which this was to be circulated to all Independent Members of the Board.

- Development of Diagnostic Treatment Centres in strategic support of planned care

The Committee was advised of the growing number of patients waiting beyond 36 weeks and it was noted that a 6 point plan had been established to address the situation which was outlined in the report.

- Business Continuity and Emergency Preparedness update

The Head of IA noted there was support for increasing capacity however there was also risk around engagement within divisions and that operational ownership was required. It was noted that completion of business continuity plans had ramped up and there was an expectation that these would be completed by next year.

- Test, Track and Protect (TTP) update

Further developments since the report had been published were provided, including the introduction of a pathfinder approach with a small number of staff testing twice weekly, commencing in January as a pilot - initially in the East where the prevalence currently existed.

- North Wales Regional Partnership Board

In respect of the RPB's £12m allocation for transformation funds it was advised that this would be discussed at the RPB meeting taking place on 11.12.20.

- National Operating Framework for Primary and Community Care and delivery milestones

Attention was drawn to the 6 priorities agreed nationally for quarters 3 and 4, highlighting areas of challenge within each

Delivery of essential services
Covid19 local outbreaks or second
Care Homes
Rehabilitation
Step-up and step down bedded community services
Urgent primary care

- Children Young People/CAMHS Transformation Fund update

In discussion of services provided by transformation funding, it was confirmed that WG funding had been reduced however, priorities on continuance would be agreed at the RPB meeting on 11.12.20. The Committee questioned to what degree services provided were sustainable when the additional WG funding came to an end. It was agreed that the impacts to CAMHS (Children & Adolescent Mental Health Services) be referenced within the next report to the Committee.

- Stroke Services

Noted the re-start of the business case development, with focus on Early Supported Discharge and Rehabilitation business cases in phase 1 and would include new clinical evidence and learning from Covid19. It was reported that the conclusion of this work

	was anticipated by 31.1.21. The Committee supported the need to progress improvements in the service • EU transition risk update The mitigation work being undertaken in preparation for EU exit was highlighted in the report which was currently being monitored at weekly meetings.
23.2.21	• The Committee was keen to ensure that appropriate arrangements were developed for reporting on and monitoring of cluster plans. An action was agreed for this to be raised by the Executive Director of Planning and Performance with colleagues. • Whilst the Committee was pleased to endorse not providing smoking areas within hospital grounds as part of ensuring sites become smoke free, it was felt that enforcement of this aspect would be challenging.

9. Committee Chair's review of effectiveness

At the start of the financial year the Committee was rightly stood down because of the Covid19 pandemic. Consequently the meetings subsequently held have prioritised the essential items to be discussed and agreed, and therefore some items were postponed for later meetings as time and priorities allowed.

Virtual meetings have worked extremely well in the circumstances allowing us to be concise yet robust on discussion and constructive challenge. Members and attendees have adapted their style accordingly.

The focus of our meetings have remained diverse with a mind to prepare for the present, yet also plan for the future. This report details the challenges we have faced and the achievements made. On the whole I believe the SPPH Committee has worked effectively adhering to its Terms of Reference. However, the planning process needs to be more streamlined and robust, commencing earlier in the year and with a clear timetable set out and adhered to. The agenda has incorporated more Primary Care items however, more focus on Mental Health reporting is required going forward, including reconvened Mental Health Partnership work and ensuring a greater focus on partnership work in general.

I look forward to the outputs of the recent governance review, especially in providing greater clarity on strategies to be addressed by this Committee and the avoidance of duplication.

10. Focus for the year ahead:

The primary focus of the Committee over the next twelve months will be

To be addressed within the meeting to be held on 15.4.21

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 Assurance Framework. This is attached as Appendix 2.

v.05

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   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;

3.1.3   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;

3.1.4   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).

3.1.5   Ensure that the Health Board meets its duties in relation to Welsh language, civil contingencies legislation and emergency preparedness;

3.1.6   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;

3.1.7   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.

3.1.8   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
Chair of Stakeholder Reference Group

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.

Amendments proposed by Audit committee 30.5.19
Ratified by Board 25.7.19
V5.0

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.

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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;

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10. APPLICABILITY OF STANDING ORDERS TO COMMITTEE BUSINESS

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-                         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.

V6.0 Audit Committee 17.9.20

Agenda Item	Lead officer	15.4.21	17.6.21	12.8.21	14.10.21	9.12.21	10.2.22
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					
Cycle of Business review	Mark Wilkinson	x	x	x	x	x	x
BAF and Corporate Risk Register – Review of allocated risks	Mark Wilkinson / Dawn Sharp	x	x	x	x	x	x
Public Health and Partnership matters							
Public Health : 1. ACEs 2. Smoking cessation 3. Healthy Weight 4. Well North Wales (Inequalities) 5. Alcohol and APB. 6. Vulnerable groups 7. General Public Health (given pandemic response)	WNW- Glynne Roberts	x		x			
Public Health Annual report	Teresa Owen				x		
Test, Trace and Protect report	Teresa Owen	x	x	x	x	x	x
Vaccination Programme report	Gill Harris Graham Rustom	x	x	x	x	x	x
Public Service Boards – Area Director updates	Area Directors	F/W	A/G	C/D	F/W	A/G	C/D
WAO Review of Public Service Boards	Sally Baxter	x					

Cycle of Business Strategy Partnerships & Population Health Committee 2021/2 v.03draft

Agenda Item		15.4.21	17.6.21	12.8.21	14.10.21	9.12.21	10.2.22
NW Regional Partnership Board - Minutes as available	Mark Wilkinson	x	x	x	x	x	x
Mid Wales Collaborative meeting update	Mark Wilkinson Wendy Hooson		x		x		
Transformation Fund Updates: Community Services Children Young People/ CAMHS Mental Health Learning Disability	 Chris Stockport Chris Stockport/ BJ Teresa Owen / IW " "	All	X x	 x x		X x	 X x
Mental Health Partnership Board (T4MHPB)	Teresa Owen		x				
Planning Board – Substance Misuse	John Darlington/ Ben Carter			x			
Partnership Governance – Section 33 Agreements As arise	Audit Committee recommendation						
Innovation update	Adrian Thomas		x		x		x
University status update	Adrian Thomas	x		x		x	
Research update	Arpan Guha		x		x		x
North Wales Medical School progress	Arpan Guha		x	x	x	x	x

Agenda Item		15.4.21	17.6.21	12.8.21	14.10.21	9.12.21	10.2.22
Primary Care							
All Wales strategic programme for primary care 6 streams	Chris Stockport	x		x		x	
Area Integrated Service Boards – *bi annual*			x			x	
Cluster Development – *bi annual*				x			x
Cluster IMTPs – *Annual*						x	
National Operating Framework for Primary and Community Care & Delivery Milestones -*annual*					x		
Primary Care Contracts national negotiations (annual summary of contract changes across the 4 contractor services) – *annual around June/*			x				
Strategic Matters							
Annual/Quarterly Plan Progress Monitoring Report	Mark Wilkinson	x	x	x	x	x	x
3 year Plan - Development	Mark Wilkinson	x	x	x	x	x	x
Clinical Services Strategy	Arpan Guha	∗	x	x	x	x	x
Mental Health Strategy	Teresa Owen		x			x	
Dementia Strategy	Teresa Owen /Amanda Lonsdale				x		
Learning Disabilities Strategy	Teresa Owen			x			

Cycle of Business Strategy Partnerships & Population Health Committee 2021/2 v.03draft

Agenda Item		15.4.21	17.6.21	12.8.21	14.10.21	9.12.21	10.2.22
Third Sector Strategy	Mark Wilkinson			x			x
Carer's Strategy	To be advised		x				
Workforce Strategic Developments (as arise) Recruitment and Retention Strategy (on route planner)	Sue Green						
BCU strategies in development / for review as arise							
Key enabler Strategy updates: Workforce [W] Digital [D] - Estates [E] Quality Improvement [Q] / Query if QSE	Sue Green Chief Information Off'r Neil Bradshaw Gill Harris		D	W E	Q		W E
A Healthier Wales update	Mark Wilkinson		x			x	x
Living Healthier Staying Well refresh – to be decided	Mark Wilkinson						
Corporate Health at Work	Sue Green			x			x
Staff Survey _ (including Pulse results)	Sue Green	x		x		x	
Engagement - updates	Katie Sargent / Rob Callow	x	x	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 monitor		
Winter Resilience Planning	Gavin MacDonald				x		
Equalities Annual Report (A)	Sally Thomas		A				

Agenda Item		15.4.21	17.6.21	12.8.21	14.10.21	9.12.21	10.2.22
International Health Annual report	Liz Jones		x				

Welsh Language Strategic Reports
   (A) Annual Monitoring report
   (M)Welsh Language Standards compliance
     monitoring report
	Teresa Owen
	Eleri Hughes-Jones
				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	x
Audit reports circulated to members between meetings – as arise		x	x	x	x	x	x
Issues of Significance to Inform Chair's Report to Board		x	x	x	x	x	x
Date of next meeting		x	x	x	x	x	x
Exclusion of press and public (as appropriate)		x	x	x	x	x	x
In Committee Items and Minutes (as appropriate)							
As appropriate		x	x	x	x	x	x
Ad hoc items for consideration (as appropriate)							
Consultation responses (as appropriate)		x	x	x	x	x	x
Legislation & National Policy (as required)		x	x	x	x	x	x

Cycle of Business Strategy Partnerships & Population Health Committee 2021/2 v.03draft

Policy approval as appropriate		x	x	x	x	x	x
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

Meeting date	15.4.21	17.6.21	12.8.21	14.10.21	9.12.21	10.2.22
Submission deadline	*1.4.21*	*7.6.21*	*2.8.21*	*4.10.12*	*29.11.21*	*31.1.22*

Cyfarfod a dyddiad: Meeting and date:	**Strategy, Partnerships and Population Health Committee** **15.4.21**
Cyhoeddus neu Breifat: Public or Private:	Public
Teitl yr Adroddiad Report Title:	**Mewn Undod mae Nerth - Stronger Together – Organisational** **Development Route Map**
Cyfarwyddwr Cyfrifol: Responsible Director:	Sue Green, Executive Director Workforce & Organisational Development (OD)
Awdur yr Adroddiad Report Author:	Michael Shaw, Strategic OD Route Map lead Lea Marsden, Strategic OD Route Map lead Nia Thomas, Head of OD Joy Lloyd, Senior OD Manager
Craffu blaenorol: Prior Scrutiny:	Board Workshop 8th March 2021 Executive Team 24th March 2021 Executive Management Group 7th April 2021
Atodiadau Appendices:	NHS Staff Short survey 2020 update Organisation and System Development Route Map Business Case

Argymhelliad / Recommendation:

The Committee is asked to:
- note the Programme Business case
- note the first phase approved by Executive Team
- note the next steps and feedback comments in preparation for submission through governance structure

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**	☞

If this report relates to a 'strategic decision', i.e. the outcome will affect how the Health Board fulfils its statutory purpose over a significant period of time and is not considered to be a 'day to day' decision, then you must include both a completed Equality Impact (EqIA) and a socio-economic (SED) impact assessment as an appendix.	Y/N to indicate whether the Equality/SED duty is applicable	N

Sefyllfa / Situation:

The Health Board has committed to embark on a "reset" strategic organisational and system development programme as part of its Annual Plan and longer-term transformation and improvement and supported by sustainability funding secured from Welsh Government.

Over the last 3 months, a considerable amount of work has been undertaken to develop a route map for the development of Organisational, System and Leadership Strategy.

This report sets out the progress made to date and the plan moving forward.

Cefndir / Background:

The formation of BCUHB happened in stages, bringing separate sovereign entities together into one organisation. Over time there have been a number of significant changes to the structure of the organisation resulting in roles and structures becoming more complicated and difficult to understand, much less navigate. These structural and/or policy changes have been the primary task with insufficient focus upon the people within the structure.

These changes, led by numerous Chief Executives and a high number of senior interim posts, have created instability and ambiguity of strategy and people have lost sight of the organisation's purpose and goals. This has created a compound affect which has meant that the organisation has been unable to consistently deliver its quality, performance and productivity goals for many years.

The proposition for the Route Map is that BCUHB commissions and leads an organisation and system development initiative in three phases over the course of the medium term (3+ years).

The approach to this ambitious work will be framed by evidence-based research which identifies the interdependent determinants which create the conditions for, and are associated with, organisation and system performance and health through an engaged and motivated workforce committed to goal delivery.

The Route Map in its entirety is a plan informed by previous commissioned reviews and by "A Healthier Wales our Plan for Health and Social Care" (2019) and driven by quadruple aims of:

- Improved population health and wellbeing;
- Better quality and more accessible health and social care services
- Higher value health and social care; and
- A motivated and sustainable health and social care workforce

Following the step-down from Special Measures BCUHB now needs to respond to the Targeted Intervention Improvement Framework (TIIF) required by Welsh Government. The Route Map is supportive of the successful delivery of Domain 3 – Leadership (Governance, Transformation and Culture) and elements from Domain 1 (Mental Health) Domain 2 (Strategy & Planning) and Domain 4 – Engagement

The Route Map, titled Mewn Undod mae Nerth - Stronger Together, will seek out the views of the workforce in an inclusive, representative way so that the organisation can gain insight to the issues currently preventing the achievement of purpose and goals. Its ambition is to create a paradigm shift in culture and ways of working within the organisation so that there is improvement in quality, outcomes, performance and productivity.

The Route Map aims to align each and every member of the organisation behind the goal of "one NHS organisation" working with our partners and citizens to deliver coordinated seamless care for and around the individual patient. Our approach to this ambitious work will be framed by evidence-based research which identifies the interdependent determinants which create the conditions for,

and are associated with, organisation and system performance and health through an engaged and motivated workforce committed to goal delivery.

The overarching architecture and methodology of the Route Map will enable the organisation to discover its current capability and answer the question: *"What do we need to do as an organisation and system of care to succeed in the achievement of our purpose and goals?"* Its design aims to integrate all existing quality, performance and productivity change and development activities currently taking place within the organisation.

It is proposed that the oversight mechanism is CEO sponsored and Executive led. The undertaking of the Route Map will be in partnership with our workforce so that the problems and solutions are co-produced with people who work in the organisation and understand the challenges we face. Our approach will also be inclusive to ensure that those who contribute are truly representative of our workforce and wider cultural aspects are taken into account.

Investment into capacity and capability will be required to establish our baseline and deliver the Route Map. This approach will ensure that improvement is sustainable into the medium and long term.

The three phases of the Route Map are:

- **Discovery -** listening to and hearing the views of our people and understanding current change initiatives;
- **Design** – co-creation of the improvement plan at and with all levels (not a one size fits all and owned by the all those involved);
- **Delivery** – co-delivery of the improvement plan at and with all levels;

The Discovery Phase is expected to take 3 months and will deliver the evidence base for Design and Delivery Phases. It is fundamentally about engaging with the workforce to identify the issues which need to be addressed in order for the organisation to become high-performing through changes and/or improvements to its behaviours, processes and structures. To ensure that our approach is representative of the workforce we will engage inclusively with approximately 1800 people (10% of the

organisation). This figure has an evidence base in organisational change and social movement research.

The Darganfod or Discover phase will take into account feedback received as part of the NHS Short Staff survey undertaken in 2020 (attached at Appendix A) as well as previous surveys/pulse checks etc.

All three phases will build internal capacity and capability to retain and sustain the improvement. The Design Phase is dependent upon the outputs and outcomes of the Discovery Phase therefore this business case seeks approval for the Discovery Phase and agreement in principle that the work will also include Design and Delivery Phases. The Design and Delivery Phases will be subject to further specific business cases through the appropriate approval routes depending on their size and complexity.

It should be emphasised that the Discovery Phase is a critical step in developing the evidence base for the Design and Delivery Phases. It is not possible, nor would it be right, to proceed to the Design Phase without undertaking the Discovery Phase.

The learning from the Discovery phase will be iterative and ongoing and whilst it is best to assume linear progression through the different phases, further Discovery interviews and workshops may be needed in the Design Phase. The Strategic Case describes the Route Map as a whole with options to deliver the Discovery Phase presented under the options appraisal.

The business case (attached at Appendix B) has been developed by Michael Shaw, independent Organisational Development Consultant, and Lea Marsden, Director of Transformation MHLD in conjunction with Sue Green, Executive Director of Workforce and Organisational Development, Ellen Greer, Acting Associate Director of Organisational Development, and Nia Thomas, Head of Organisational Development.

The investment for the Darganfod or Discover phase was approved by the Executive Team on 24th March and as such work has commenced to launch the process in the coming weeks.

Asesiad / Assessment & Analysis

The Discovery phase, which we are to call 'Lets Talk' is a combination of both qualitative and quantitative analysis encompassing the following approaches
  1. **Interviews**
     - It is proposed that all staff identified on the leadership organisational chart are interviewed on a 2:1 ratio twice across three rounds. This equates to approximately 70 people and 210 interviews. The interviews will be structured using a combination of high level generic standardised and technical specific questions.
  2. **Virtual Workshops**
     - The workshops aim to reach approximately 1000 people in a series of events with 2 facilitators and 12 participants. Staff Engagement Ambassadors will also be invited to participate but as well as being participants they will take away the learning from the workshop to discuss with their teams. The workshops will be structured using a combination of standardised questions.
  3. **Staff Engagement Ambassadors Workshops**

- These workshops will bring together the Ambassadors to review their learning form work within their teams and will generate further data for the Discovery Phase.

4. **Staff & Professional Networks**
    - To utilise existing staff & professional networks in order access specific groups (e.g. Protected characteristics) and host facilitated conversations. Where a network does not exist Stronger Together may seek to create one.

5. **On-line – Be Proud Pulse Surveys**
    - To utilise on-line methods to capture insight.

6. **Document Review**
    - Review existing documentation including HASCAS, Governance review, Annual plans, Quality strategy, etc
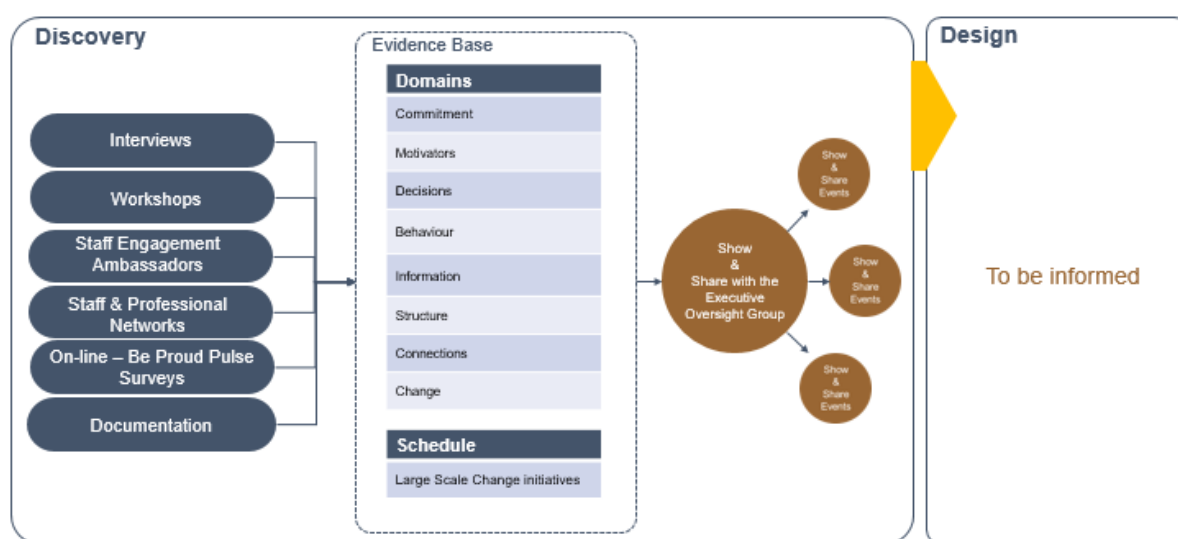
The timeline for this phase is over the next 3 – 6 months, with a report out to inform the design phase at the end of June 2021.
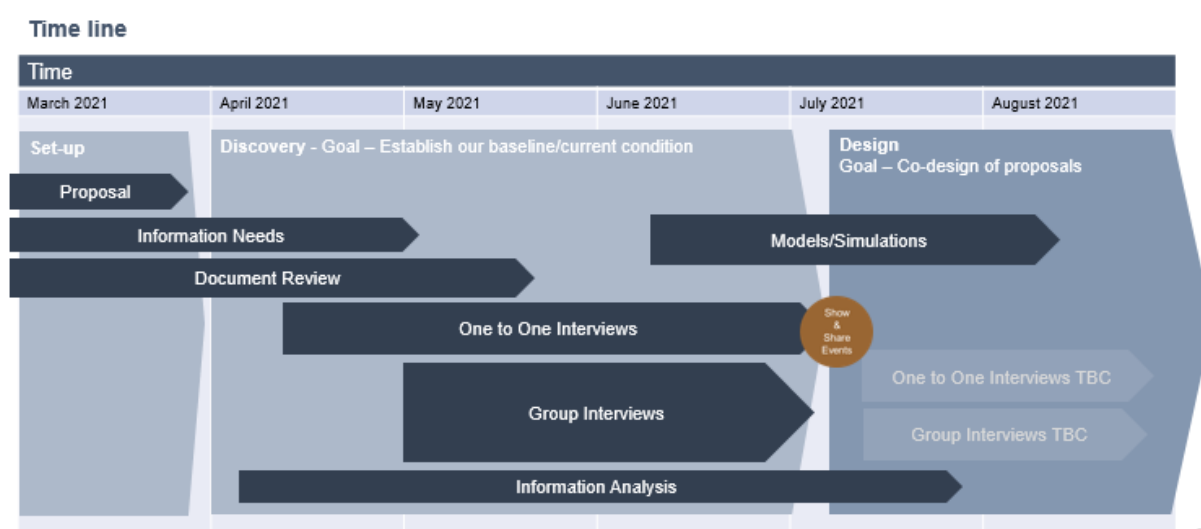
The oversight structure for this work is set out below. As we move forward, connecting the separate but interlinked work relating to staff survey improvement, strategy refresh, structural review, and targeted intervention will inform any changes that need to be made to ensure alignment.
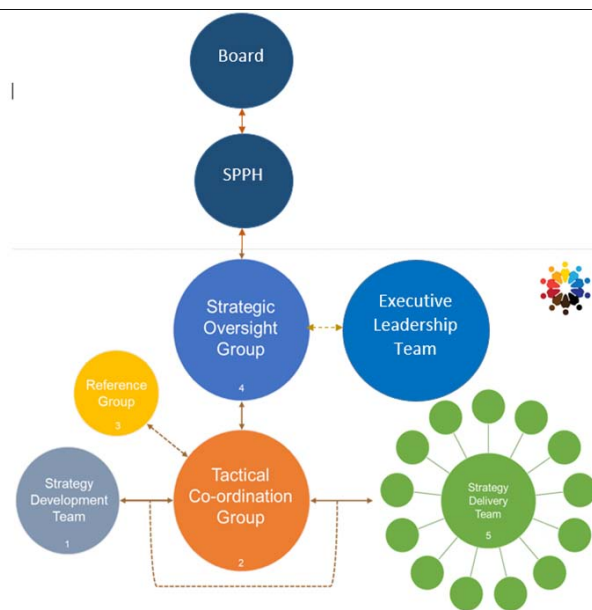
Next Steps

As described through this report and associated documentation, the emphasis upon this work is on ensuring that this work is not seen as a "workforce and OD" piece of work in isolation. As such, bringing the tactical and strategic oversight mechanism is a key priority.
In addition, mobilising the communications and launch plan is underway to enable us to "Launch" the discovery work in April.

The programme case is being further developed in order to be in a position to submit through this Committee and then through Finance and Performance Committee and Board. This is anticipated to be in place in July 2021.

NHS Wales Staff Survey 2020

Introduction

National perspective

NHS Wales has historically facilitated pan-organisational surveys for colleagues with broadly comparable questions approximately every 2 years (2013, 2016 and 2018). These have been overseen by the Welsh Partnership Forum (WPF), funded by the Welsh Government and provided by externally commissioned organisations.

Significant work has been undertaken since then to reflect on how future approaches to surveying and feedback can help meet the ethos and details of A Healthier Wales. Clear recommendations for 2020 and from 2021 gained the support of the WPF, CEOs, EDWODs and the Minister.

HEIW hosted the new approach to 'staff survey' during the latter half of 2020, becoming the host and facilitator for NHS Wales. The approach for 2020, focused on participation, feedback, reflection, discussion and decision making at a more local/team level.

BCUHB Perspective

The most important measures going forward are to increase participation in:

•   Taking part in giving feedback (18% for BCUHB in 2020)

•   Getting teams involved in discussing the results and deciding what happens next

 Full access to the results has been provided to all senior directors and leaders across the health board. Any member of staff can gain access to the interactive (quantitative) dashboard by contacting support@qlearsite.com. The second dashboard (qualitative free text comments) was made available on the 8th December 2020. Directors and Heads of Workforce were asked to identify staff survey leads from within their division/departments who required access to this dashboard by the 1st December, this was submitted to Qlearsite to enable access to their reporting system in order for local managers to access the feedback relevant to their teams. Managers, trade union colleagues, Workforce & OD teams and local leads/links all have access to this part of the dashboard.

The prompt for local conversations to review the feedback and decide on any improvements that need to be made at a local team level has been shared widely.

Results and Feedback

Emerging key themes for BCUHB

Theme	Question	BCU 2020	BCU 2018	NHS Wales
Engagement Score		73%	75%	75%
Friends and Family	If a friend or relative needed treatment, I would be happy with the standard or care provided by my organisation	59.7%	67%	67.8%
We're Doing Great At				
Engagement	I am enthusiastic about my job	76.8%	73%	76.5%
Engagement	I am happy to go the extra mile when required	89.3%	94%	89.6%
Experience of Work	The people I work with treat me with respect	77.6%	81%	79.5%
Experience of Work	My line manager makes clear what is expected of me	68.7%	75%	70.8%
Bullying, Harassment, Abuse	In the last 12 months have you experienced b/h/a by another manager – (% said No)	88.1%	81%	90.4%
Bullying, Harassment, Abuse	In the last 12 months have you experienced b/h/a by another colleague – (% said No)	79.4%	Combined with above	83.4%
Bullying, Harassment, Abuse	In the last 12 months have you experienced b/h/a by a member of the public – (% said No)	84%	78%	84.8%
Key focus Areas for Impactful Change				
Bullying, Harassment, Abuse	My organisation takes effective action if staff are bullied, harassed, abused by other members	37.9%	48.5%	42.3%
Engagement	I am involved in discussions/decisions on changes in my work/department/team	53.2%	54%	54.9%
Immediate experience of work	Team members take time out to reflect and learn	51.8%	60%	52.1%

NOTE: A direct comparison of results cannot be made between the 2018 survey and the 2020 survey as the participation rate, method of completion was different i.e. online survey only available in 2020 and the survey was open for 3 weeks as opposed to 8 weeks.

Personal Reflections (Free-Text Comments)

What do we do well?
better?

Collaboration

Communication

Service Mindset

What things could we do

Management

Communication

Service Mindset
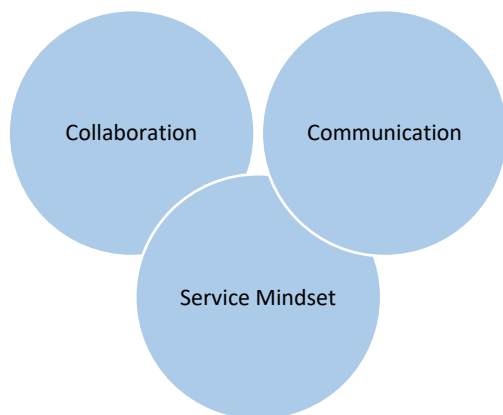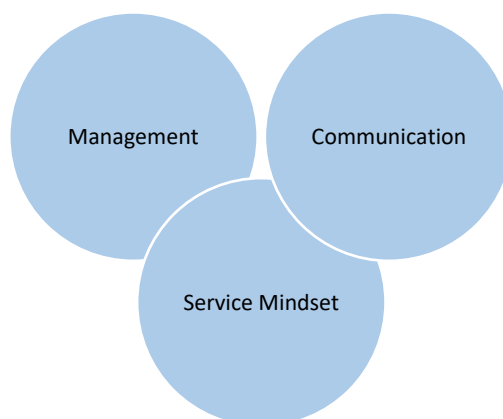
If I could do one thing to improve my work it would be:

Training

Knowledge

Listening

Stress/Pressure

Tools/Eqipment

Health/Wellbeing

Recruitment
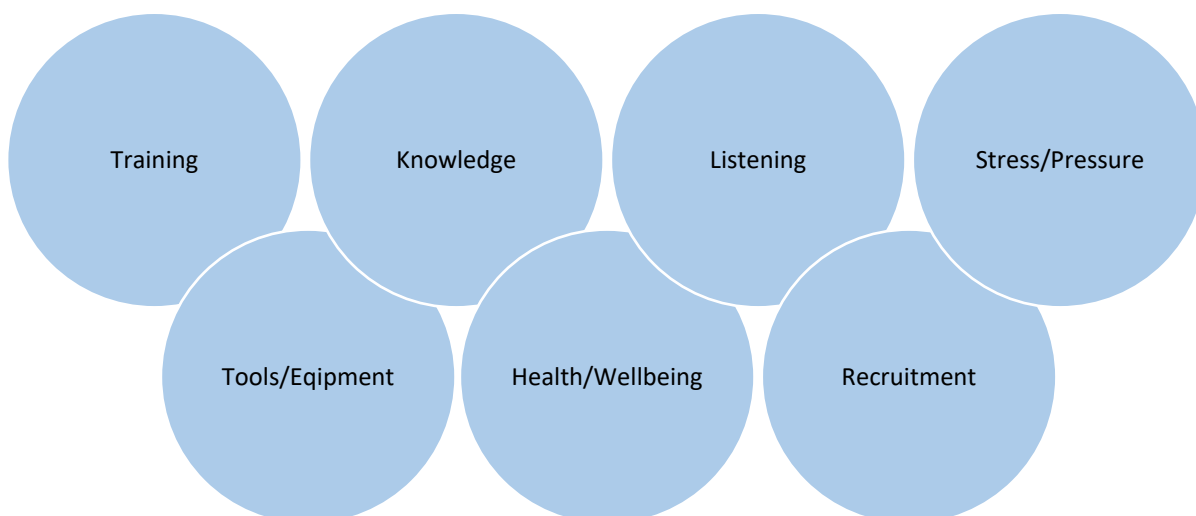
As highlighted in the SPPH report of 10th December 2020 the national approach is as follows:

1. Continue to build stakeholder understanding and ownership

2. Work closely with the Office 365 Implementation Board to help maximise the benefits of the NHS Wales contract

3. Build NHS Wales capacity/capability to deliver ongoing approach

4. Create a timetable of regular short simple quarterly surveys; start to facilitate these

5. Support NHS Wales and it's component organisations to develop and use people/workforce metrics which are based on colleagues' experiences

Approach for 2021 onwards - BCUHB

1. During 2021, there will be more regular opportunities to get involved in giving feedback and having conversations, this will be through shorter and more adaptable pulse surveys. The expectation is that all health boards will undertake an annual staff survey as a minimum, but with further flexibility to run more regular quarterly pulse surveys. Pulse surveys can be flexed to suit the needs of the organisation, to include additional or new questions as required. The schedule for pulse surveys can also be flexed according to organisational priorities at the time, with the annual survey taking place in September/October.

2. There is a need to reflect on the implementation of the 2020 survey and make amendments/learning in readiness for 2021 surveys

3. Continue to develop communication plans to encourage local ownership of feedback. Divisions have staff survey as a standing agenda item on the Operational Integrated Workforce Improvement Groups.

4. Develop a plan to encourage increased participation in regular surveys

5. Support Divisional management teams to reflect, encourage participation and develop mechanisms to encourage teams to discuss the feedback and make decisions around any improvements that may be required.

Business Case

Division / Area / Department	Workforce and Organisational Development
Development or Scheme Title	Organisation and System Development Route Map – Discovery Phase
Author/s	Lea Marsden & Michael Shaw
Executive Sponsor	Jo Whitehead & Sue Green
Version	1.3
Date	11/03/21

1.	Executive Summary

Following on from the support of the Strategic Organisational Development Programme Proposal, this business case seeks approval for the Discovery Phase as the first step of what we envisage will be a 3+ year Strategic Organisation and System Development Route Map (Route Map). The Route Map will be designed to create the conditions which will enable Betsi Cadwaladr University Health Board (BCUHB) to be successful in delivering its purpose and goals.

The Route Map will seek out the views of the workforce in an inclusive, representative way so that the organisation can gain insight to the issues currently preventing the achievement of purpose and goals. Its ambition is to create a paradigm shift in culture and ways of working within the organisation so that there is improvement in quality, outcomes, performance and productivity.

The three phases of the Route Map are:

- **Discovery -** listening to and hearing the views of our people and understanding current change initiatives
- **Design** – co-creation of the improvement plan at and with all levels (not a one size fits all and owned by the all those involved
- **Delivery** – co-delivery of the improvement plan at and with all levels

The Discovery Phase is expected to take 3 months and will deliver the evidence base for Design and Delivery Phases. It is fundamentally about engaging with the workforce to identify the issues which need to be addressed in order for the organisation to become high-performing through changes and/or improvements to its behaviours, processes and structures. To ensure that our approach is representative of the workforce we will engage inclusively with approximately 1800 people (10% of the organisation). This figure has an evidence base in organisational change and social movement research.

It is envisaged, subject to the approval of the business case, that the Discovery Phase will require £377k investment to provide the required capacity and expertise to complete the phase in 3 months. The financial estimates assume that some of the current resources for transformation, change and communications can be released to support the necessary engagement events that will take place.

The design of the Route Map aims to integrate all existing quality, performance and productivity change and development activities currently taking place within the organisation. Analysis of these current activities will be undertaken during the Discovery Phase so that linkages, accountabilities and responsibilities are clear.

The timing of an endeavour such the Route Map is crucial and it is acknowledged that the workforce are still responding to the COVID pandemic. However, much learning has taken place during this time and the Route Map will be designed to develop that learning further so it is not lost. This will support the organisation to recover and renew.

The conclusions of this business case recommended that:

1. The proposal and investment of £377k for the Discovery Phase is approved.
2. The need for Design and Delivery Phases are agreed in principle.
3. Further investment business cases will follow for Design and Delivery Phases.

2.	The Strategic Case
2.1	Introduction

The formation of BCUHB happened in stages, bringing separate sovereign entities together into one organisation. Over time there have been a number of significant changes to the structure of the organisation resulting in roles and structures becoming more complicated and difficult to understand, much less navigate. These structural and/or policy changes have been the primary task with insufficient focus upon the people within the structure.

These changes, led by numerous Chief Executives and a high number of senior interim posts, have created instability and ambiguity of strategy and people have lost sight of the organisation's purpose and goals. This has created a compound affect which has meant that the organisation has been unable to consistently deliver its quality, performance and productivity goals for many years.

The proposition for the Route Map is that BCUHB commissions and leads an organisation and system development initiative in three phases over the course of the medium term (3+ years).

The approach to this ambitious work will be framed by evidence-based research which identifies the interdependent determinants which create the conditions for, and are associated with, organisation and system performance and health through an engaged and motivated workforce committed to goal delivery.

The three phases of the Route Map are:

- **Discovery -** listening to and hearing the views of our people and understanding current change initiatives;

	• **Design** – co-creation of the improvement plan at and with all levels (not a one size fits all and owned by the all those involved); • **Delivery** – co-delivery of the improvement plan at and with all levels; All three phases will build internal capacity and capability to retain and sustain the improvement. The Design Phase is dependent upon the outputs and outcomes of the Discovery Phase therefore this business case seeks approval for the Discovery Phase and agreement in principle that the work will also include Design and Delivery Phases. The Design and Delivery Phases will be subject to further specific business cases through the appropriate approval routes depending on their size and complexity. It should be emphasised that the Discovery Phase is a critical step in developing the evidence base for the Design and Delivery Phases. It is not possible, nor would it be right, to proceed to the Design Phase without undertaking the Discovery Phase. The learning from the Discovery phase will be iterative and ongoing and whilst it is best to assume linear progression through the different phases, further Discovery interviews and workshops may be needed in the Design Phase. The Strategic Case describes the Route Map as a whole with options to deliver the Discovery Phase presented under the options appraisal. The business case has been developed by Michael Shaw, independent Organisational Development Consultant, and Lea Marsden, Director of Transformation MHLD in conjunction with Sue Green, Executive Director of Workforce and Organisational Development, Ellen Greer, Acting Associate Director of Organisational Development, and Nia Thomas, Head of Organisational Development.
2.2	**Strategic Context** The Route Map in its entirety is a plan informed by previous commissioned reviews and by "A Healthier Wales our Plan for Health and Social Care" (2019) and driven by quadruple aims of: • Improved population health and wellbeing; • Better quality and more accessible health and social care services • Higher value health and social care; and • A motivated and sustainable health and social care workforce Following the step-down from Special Measures BCUHB now needs to respond to the Targeted Intervention Improvement Framework (TIIF) required by Welsh Government. The Route Map is supportive of the successful delivery of Domain 3 – Leadership (Governance, Transformation and Culture) and elements from Domain 1 (Mental Health) Domain 2 (Strategy & Planning) and Domain 4 – Engagement

2.2.1	**Organisational Overview**
	The Route Map aims to align each and every member of the organisation behind the goal of "one NHS organisation" working with our partners and citizens to deliver coordinated seamless care for and around the individual patient. Our approach to this ambitious work will be framed by evidence-based research which identifies the interdependent determinants which create the conditions for, and are associated with, organisation and system performance and health through an engaged and motivated workforce committed to goal delivery.
	The overarching architecture and methodology of the Route Map will enable the organisation to discover its current capability and answer the question: *"What do we need to do as an organisation and system of care to succeed in the achievement of our purpose and goals?"* Its design aims to integrate all existing quality, performance and productivity change and development activities currently taking place within the organisation.
	It is proposed that the oversight mechanism is CEO sponsored and Executive led. The undertaking of the Route Map will be in partnership with our workforce so that the problems and solutions are co-produced with people who work in the organisation and understand the challenges we face. Our approach will also be inclusive to ensure that those who contribute are truly representative of our workforce and wider cultural aspects are taken into account.
	Investment into capacity and capability will be required to establish our baseline and deliver the Route Map. This approach will ensure that improvement is sustainable into the medium and long term.
2.2.2	**Relevant National and Local Strategies**
	The development of the Route Map supports the requirements of:
	A Healthier Wales our Plan for Health and Social Care (2019) and the corresponding Health Education and Improvement Wales Workforce Strategy (October 2020).
	The Route Map is also aligned to the requirements of BCUHB's clinical strategy Living Healthier, Staying Well, BCUHB's Workforce Strategy and is consistent with the requirements outlined in the Strategic Organisational Development Programme Proposal which was supported by the Board and Welsh Government.
	The Route Map is also connected to the Staff Well Being and Support Services, TIIF and the Quality Strategy. The Discovery and Design Phases will explore and develop further our understanding of where there are interdependencies to avoid duplication and ensure that approaches are consistent in terms of purpose and goals. It is expected that synergistic

	opportunities such as engagement approaches will arise and therefore the connectedness to other initiatives is essential.
2.3	**The Case for Change** Numerous external reviews have been undertaken each providing recommendations which have been repeated time and time again, recommendations which included, but not exhaustive of; • Strategic clarity – integrated, strategic thinking and planning. • Strategic deployment – a clear line of sight from the board to ward and back • Operating framework - integration of the structures and processes underpinning financial, corporate and clinical governance with clear accountability and decision rights • Leadership capability build across all professional groups • End to end, integrated pathway design The lived experience since the inception of BCUHB tells us that we need to make it easier for our people to help us to deliver our organisational purpose and goals. This includes the way we describe who is accountable for what; where authority for decision making rests within and out with the organisation; and how we measure and recognise performance and improvement. Key to this is developing our leadership practice at all levels, exhibiting expected behaviours consistently and authentically. It is important that we provide an opportunity for our people to reflect on what they see, feel and experience now, through different lenses across the organisation. The Route Map is how we intend to do just that. As described in the Strategic Context, the Route Map will be designed to support the TIIF and seek to explore synergies. The overarching expectations of the TIIF is to ensure that: • The health board builds on relationships and existing partnership structures and fully engages and involves the public, staff, trade unions and partners on the transformation and reshaping of services. • A sustainable vision for the future is agreed and communicated to the public, staff, trade unions and partners. • The development of a medium term plan, incorporating a robust three-year financial plan to meet its financial duties. • The development and implementation of a long term integrated clinical services strategy • Strengthen leadership capacity and enhanced governance supports organisational development, decision making and resilience • A revised accountability and performance framework delivers improvements in performance

- Ongoing transformation and innovation leads to improved trajectory of outcomes, patient experience and financial performance year-on-year.
- Improvements will be celebrated, leading to de-escalation, as assessed by the maturity matrix approach.

The TIIF provides specific areas of improvement and the Route Map will expand this further through the Discovery Phase to provide an insight into the organisation through the eyes of those who work in it at all levels.

Alongside of this, learning from HASCAS and Ockenden reports together with the requirements of A Healthier Wales and Living Healthier, Staying Well will provide a framework for the enquiry which will take place. This will provide an evidence base together with other data such as the staff survey.

The Discovery Phase will identify the behaviours, processes and structures which support the organisation's purpose and those that need to change. Importantly we will seek to understand how they need to change in order to ensure organisational effectiveness, health and performance.

Another fundamental element of ensuring people are aligned to our purpose is to ensure that they are and feel engaged and involved in moving the organisation forward. Getting it right delivers significant improvements, including:

- Improved quality and outcomes and less avoidable harm - through a more skilled and innovative workforce; who share their knowledge not just as a way to foster innovation, but, paradoxically, also as the primary way to drive standardisation.

- Improved performance - through workforce alignment to the common purpose and system operating framework, resulting in higher quality and timeliness of customer delivery, greater staff engagement, retention and lower levels of stress; and

- Improved productivity – through a workforce which recognises that increased expenditure does not equate to higher quality and knows that cost reduction is a legitimate quality goal. As well as fundamentally having the capability through a systematic continuous approach to self-generate and self-organise planned incremental actions.

- Assurance that the organisational goals can be delivered

To achieve this our workforce will need to be:

Understanding of and aligned to our purpose and strategic goals – our staff must be very clear about the direction of the organisation and understand how they can contribute to achieving our goals;

Outcome focussed and high performing – whatever we do, we need to have identifiable outcomes and meet the needs of our population.

Delivering productive high quality based healthcare – seeking to reduce unwarranted and unnecessary variation, reduce failure demand and avoidable/unnecessary waste. We need to ensure we can demonstrate value for money and responsible use of public funds

Engaged, motivated and resilient – our staff need to feel well informed, involved and have the resilience to meet the challenges ahead;

Agents of change – finding innovative ways to deliver services in a changing environment. Acting in a more flexible way, using technology to deliver services differently and reducing reliance on traditional ways of working;

Personally accountable – operating in a way that we would if this was our business, home or family and loved ones;

Customer focussed – ensuring patients, partners, contractors and colleagues receive the best service at all times and are treated with respect and inclusivity;

Demonstrating leadership – managers demonstrate visible, fair and compassionate leadership ensuring staff are supported and empowered to give their best and where poor performance or conduct is identified it is managed effectively; and

Working in a safe, healthy and supportive environment – ensuring our staff are safe at all times and work in a healthy supportive environment enabling them to be at their best.

2.3.1	**Existing Arrangements**
	
	The arrangements for Organisational Development currently consist of a small team (10.60 WTE) under the Head of Organisational Development. This team currently:
	
	• Administrates the NHS Staff Survey
	• Delivers the Be Proud Pioneer Programme
	• Delivers Leadership Development
	    o A Step Into Management
	    o Ward Manager Programme
	    o Senior Leadership Network
	    o Gwella Portal

- o ILM
- o Clinical Leadership Programme
- o Matron Leadership Programme
- Supports Talent Management & Development connected to national work
- Supports the Healthy Working Relationships connected to national work
- Manages staff recognition
  - o Seren Betsi Cadwaladr University Health Board
  - o Long Service Awards
  - o Staff Achievement Awards
- Develops the PADR process
- Manages the CEO/Executive Engagement Programme
  - o Ask The CEO
  - o CEO Walkabouts
  - o Tea with Jo
  - o Voices from the Floor
  - o Walk in my shoes
- Delivers Coaching
- Undertakes Diagnostic Work
- Undertakes Facet 5 & NHS Leadership Framework activities
- Organises the organisation's Orientation Programme
- Organises Senior Leadership Masterclasses
- Delivers OD Interventions
- Supports NHS Graduate Trainee Management Programme
- Supports Public Service Trainee Programme
- Undertakes work on retention

In addition to the above OD related work the team also has responsibility for the management of volunteers

Other change expertise sits within the Programme Management Office, Transformation Team and Quality Improvement Team. However, these teams operate separately and there is no single coordination mechanism with the systemic mind-set needed for an organisational development programme of the scale and complexity required.

Over recent years a number of external reviews and organisational development interventions have been externally commissioned. These have been necessary to respond to the requirements of Special Measures and other areas of development, performance or risk.

Utilising external consultancies has addressed gaps in existing capacity within the organisation but has not developed a sustainable solution. This has meant that, when and where needs arise, external solutions are still necessary.

2.3.2	**Issues and Risks with the Existing Arrangements – What is Wrong with the Status Quo**
	Whilst the organisation has endeavoured to address recommendations from external reviews and has undoubtedly made progress, this has not translated into sustainable change in capabilities to create a compassionate culture and the organisation's ability to transform.
	The Route Map is an ambitious 3+ year plan which will take the organisation through a complete cycle of Discovery, Design and Delivery. Through this cycle BCUHB will be able to learn and develop a methodology and establish structures through which it can diagnose its own problems and provide solutions. Currently there is insufficient capacity to complete this undertaking successfully and within the timeframe required.
	Experience of commissioning interventions on a piecemeal basis has shown to leave a gap in expertise and delivery meaning that change is not as embedded or as sustainable as needed. The reasons for this are multi-faceted but our experience tells us that there is sometimes:
	• A lack of involvement for the OD team at the start of the work. • A lack of co-design and co-delivery which means there is a lack of capability building to maintain the work going forward. • A lack of scoping / discovery work leads to a lack of understanding of the challenges which need to be addressed. • A fragmented approach to internal resource coordination between change functions. • A lack of true engagement • A lack of change management sustainability
	As a consequence, the workforce suffer from change fatigue and lowered expectations as previous programmes have not embedded or become sustainable. A feeling of being 'done to' also exists.
2.3.3	**Scope of the Case**
	The scope of the Route Map is pan-organisation and will encompass all existing quality, performance and productivity change and development activities currently taking place within the organisation, including but not exhaustive of:
	• Organisational Development • Health & Safety • Strategy Deployment & Business planning • Leadership Development • Governance • Information & Performance • Quality & Service Improvement

- Transformation & Change
- Communication & Engagement
- Education & Training
- Career & Talent Management
- Health & Safety
- Equalities

Organisational change and social movement research tells us that successful change needs to reach 10% of the workforce. Therefore our ambition is to reach 1800 staff members directly or through the organisation's Staff Engagement Ambassadors over the course of 3 months for the Discovery Phase. The Design and Delivery phases are expected to last for 2.5 + years with a review and evaluation phase to establish ongoing transformation activities as business as usual.

We are using the definition of an organisational system as that which includes behaviour, process, and structure. Our approach consists of the co-design of the development route map: informing a delivery plan alongside the realisation of benefits.

2.3.4	**Objectives and Benefits** The aspiration is that the Route Map will enable our people: - To be patient centric - To better understand and be aligned to our purpose and strategic goals - To be outcome focussed and high performing - To be engaged, motivated and resilient - To be Agents of Change - To be personally accountable - To be inclusive Our structures will be: - Aligned to the delivery of the organisation's strategy Living Healthier, Staying Well - Aligned to the delivery of the organisation's purpose and goals - Supportive of the development of a compassionate, learning culture Our processes will: - enable operational proficiency. - enable transparent simple governance and rapid evidence based decision making - support a standardised approach to the discovery, design, delivery and management of large scale change Thus getting it right will deliver: - Improved quality and outcomes and less avoidable harm through a more skilled an innovative workforce; who share their knowledge

not just as a way to foster innovation, but, paradoxically, also as the primary way to drive standardisation.

- Improved performance - through workforce alignment to the common purpose and system operating framework, Resulting in higher quality and timeliness of customer delivery, greater staff engagement, retention and lower levels of stress; and

- Improved productivity – through a workforce which recognises that increased expenditure does not equate to higher quality and knows that; cost reduction is a legitimate quality goal. But fundamentally has the capability through a systematic continuous approach to self-generate and self-organise planned incremental actions.

- greater staff engagement, retention and lower levels of stress;

- consistent delivery of the organisation's purpose and goals.

| 2.3.5 | **Constraints**

The potential identified constraints are:

- Inability to gain access or a delay in accessing key stakeholder for interviews
- Inability for stakeholders to attend or a delay in attending co-design sessions
- Inability to gain access or a delay in accessing to key qualitative information & insight (including the publishers)
- Inability to gain access or a delay in accessing to key quantitative information & insight (including the publishers)
- Access to performance information and insight capacity and capability
- Access to financial information & insight capacity and capability
- Access to workforce information & insight capacity and capability
- Change of scope of as directed by national & local government, NHS Wales regulators, BCUHB Board & Executive Team
- Workforce change fatigue - duplication of recent organisation development initiatives – "We have listened to leaders, staff, Trade Union colleagues and our stakeholders and have heard their views on the challenges facing the organisation over the next three years, and how the workforce might need to adapt to meet these challenges". (BCUHB Workforce Strategy 2019/20) |
| 2.2.6 | **Dependencies**

The Route Map will have dependencies with many areas of work within BCUHB in addition to the work to deliver the response to TIIF. The most relevant areas will be those of change in Quality, Governance, Improvement and Performance. It is therefore essential that these areas are aligned and do not happen in isolation. |

		The approach through the Discovery Phase will ensure that alignment takes place and that there is clarity on where work sits in terms of accountabilities and responsibilities. It is likely that there will be synergies which can be exploited in achieving a step-change where possible.
3.		**Options**
3.1		**Criteria for Option Appraisal** **Requirement** 1. Commences within first 100 days of the new CEO starting 2. Informs structural change conversations 3. Soft start which flexes to the evolving COVID19 situation 4. Use internal expertise (supplemented where needed) 5. Self-generated, evidenced based methodology/approach 6. Discovery capability 7. Extensive external benchmarking 8. Design (co-design) capability 9. Delivery capability (bespoke to BCUHB) 10. Knowledge transfer & retention 11. Internally owned & self-directed 12. Provides required capacity & sustainability
3.2		**Longlist of Options** Options available for the delivery of the Discovery Phase are as follows: **Option 1 - Externally Directed – Management consultancy:** This would involve the commissioning of an external partner to deliver the Discovery Phase. It is likely that any such partner will have pre-determined, generic approach which does not fully reflect the requirements of BCUHB. A tender process would be required in addition to the approval of the business case. **Option 2 - Internal & Self Directed Discovery Phase.** This option would see the whole of the Discovery Phase being delivered by internal resources with additions where capability and capacity are required. Whilst interim resources will be required to deliver the phase in the required time scales this will be managed in a way which allows the work to progress in a way that is bespoke to BCUHB. Business case approval would be required but no tendering process. **Option 3 - Do Nothing**: This would redirect current resources for Organisational Development away from duties as outlined in 2.2.1 and will impact significantly on business as usual activities and the time required to undertake the Discovery Phase. No tender process would be required.

3.3 | **Appraisal of Longlist and Creation of Shortlist of Options**

Options Criteria

The options available have been reviewed against the defined criteria the outcome of which is summarised in the table below:

No.	Requirement	Option 1	Option 2	Option 3
1	Commences within first 100 days of the new CEO starting	❌	✅	❌
2	Informs structural change conversations	❌	✅	❌
3	Soft start which flexes to the evolving COVID19 situation	❌	✅	❌
4	Use internal expertise (supplement where needed)	❌	✅	✅
5	Self-generated evidenced based methodology/approach	❌	✅	❌
6	Discovery capability	✅	✅	❌
7	Extensive external benchmarking	✅	❌	❌
8	Design (co-design) capability	✅	✅	❌
9	Delivery capability (bespoke to BCUHB)	✅	✅	❌
10	Knowledge transfer & retention	❌	✅	❌
11	Internally owned & self-directed	❌	✅	✅
12	Provides required capacity	✅	✅	❌

External Partner Experience

With reference to Option 1, the experience of using external partners has been reviewed with the following advantages and disadvantages being identified:

Perceived Benefits Realised	Perceived Benefits not Realised
• Short-term lift in performance • Collective focus • Objectivity • Extensive benchmarking • Collaborative (contractor dependent) • Uplift skills internal teams (contractor dependent)	• Influence is limited – off the shelf generic methodologies • Discovery leads to predetermined outcomes and provider solutions (contractor dependent) • No ownership for the challenges identified • Sustainability of solutions • Sense of 'done to' (contractor dependent) • Told the what, not the how • Burden of delivery falls on those within the organsiation • Disconnect between external and internal change support (contractor dependent) • Limited capability building – handover (contractor dependent) • Insight of local context is limited

Overall this review by Sue Green, Ellen Greer, Nia Thomas, Lea Marsden and Michael Shaw has concluded that Option 1 and Option 3 are deemed not to meet the criteria sufficiently to be shortlisted.

Option 1 is entirely delivered by an external partner and so attracts all the disadvantages of this approach. If this option was selected then there is a risk that the process and solutions would not be consistent with those required by the Route Map and may not be sufficiently owned by the organisation for them to become embedded and sustainable into the long term. The progress from the Discovery Phase to Design Phase may also be affected as the external partner's involvement comes to an end.

Option 3, Do Nothing, would not provide sufficient capacity to undertake the Discovery Phase in the required timeframe therefore leaving the organisation with all of the issues driving the need for change unaddressed. If this option was selected then this would impact significantly on the business as usual work of the OD Team meaning that some, if not all, day-to-day duties would need to be stopped. Therefore there is a significant risk from this option that either the Discovery Phase does not progress as needed or there is too great an impact on day-to-day business.

No.	Requirement	Option 3
1	Commences within first 100 days of the new CEO starting	✅
2	Informs structural change conversations	✅
3	Soft start which flexes to the evolving COVID19 situation	✅
4	Use internal expertise (supplement where needed)	✅
5	Self-generated evidenced based methodology/approach	✅
6	Discovery capability	✅
7	Extensive external benchmarking	❌
8	Design (co-design) capability	✅
9	Delivery capability (bespoke to BCUHB)	✅
10	Knowledge transfer & retention	✅
11	Internally owned & self-directed	✅
12	Provides required capacity	✅

3.4 Appraisal of Shortlisted Options

Following the appraisal of the longlist of options by Sue Green, Ellen Greer, Nia Thomas, Lea Marsden and Michael Shaw, Option 2 has been shortlisted.

3.4.1 Appraisal against Non-Financial Criteria

Option 2 - Internal & Self Directed Discovery, Design and Delivery Phases

Option 2 meets 11 out of the 12 criteria specified. Benefits will be gained through supplementing internal capacity and capability for the medium to

long term. It therefore offers the most sustainable way in which to approach the Discovery Phase.

The internally delivered approach also allows for far more alignment to other initiatives ongoing in the organisation, TIIF, Quality Strategy and Living Together, Staying Well etc. Importantly it will aid the recovery needed post-COVID.

3.4.2	Comparative Costs

Detailed costings for the preferred option can be found in Section 4, The Financial Case.

3.4.3	Risk Appraisal

#	Risk	Option 2
1	Time Scales	Time scales can be achieved earlier with an option that is internally delivered. Time scales can be flexed between Discovery and Design to account for capacity and availability.
2	Resources	Requires internal resources to be aligned to the Route Map. Other programmes and priorities may be impacted. Internal capabilities exist to undertake the Discovery Phase.
3	Handover	Internal capacity can be utilised for the delivery of the Discovery Phase. Transition from Discovery to Design phases is seamless and opportunities to accelerate Design aspects can be taken.

3.4.4	**Conclusion – Preferred Option**

The conclusion of the Options Appraisal is that Option 2, Internal & Self-Directed Discovery Phase, is the preferred option having met 11 out of 12 criteria.

Selecting this option will allow the Discovery Phase to proceed in the most flexible way possible to allow for COVID priorities and link to other areas of work such as TIIF and revised Quality Strategy.

Option 2 also gives the most opportunities for the organisation to develop internal capacity and capability into the medium and long term.

3.5	**Preferred Option Detailed Analysis**	
3.5.1	**Full Description of the Proposed Change**	

It is proposed that the Route Map will be developed and implemented in three distinct phases, Discovery, Design and Delivery. However, this business case refers to the Discovery Phase only. As stated in the introduction, a further business case will be developed for the Design Phase once the outputs of the Discovery Phase are understood sufficiently. Additionally, it is anticipated that Delivery Phase will require multiple business cases dependent upon the size and complexity of the interventions and developments required.

Discovery Phase

This phase is where the diagnostic activities will be undertaken through structured interviews, virtual workshops and enquiry into existing programmes of change and improvement. The aim is to reach out to 1800 people through this approach,

To do this we will arrange to interview of the most senior staff in the organisation directly. We also hold approximately 80 virtual workshops with a cross-section of staff across the organisation. This will reach approximately 1000 staff.

We will ensure that there is an inclusive approach to the Discovery Phase which provides opportunities for those with protected characteristics to contribute. To do this we will utilise existing networks such as BCUnity BME and Overseas Staff Network and BCUnity Disabled Staff Support Network. In doing so we will aspire to take account of wider cultural issues and ensure that the evidence base developed is representative of our workforce.

In order to reach out to 1800 we will involve our Staff Engagement Ambassadors (Ambassadors) in the virtual workshops and ask them to reach out into their teams. The Ambassadors have received training and therefore have the requisite skills to undertake this work. A further 10 workshops will be held with the Ambassadors to generate further data and understanding.

Further details of the Discovery Phase are included at **Appendix 1**.

| 3.5.2 | **Impact on Activity and Performance** | |

The Discovery Phase is unlikely to impact on activity and performance directly. However, it is envisaged that a number of projects, programmes and plans will arise from the Design Phase. Where required, these will be subject to further business cases which will identify the specific benefits and impact they will have which will the part of the approval process.

3.5.3	Other Areas affected by the Proposal / Interdependencies / Assumptions
	As outlined in section 2.2.6, the Discovery Phase will have dependencies with many areas of work within BCUHB but the most relevant areas will be those of change in Quality, Governance, Improvement and Performance. It is therefore essential that these areas are aligned and do not happen in isolation.
	The approach through the Discovery Phase will ensure that alignment takes place and that there is clarity on where work sits in terms of accountabilities and responsibilities. It is likely that there will be synergies which we can capitalise on to achieve a step-change in some areas, for example engagement and its alignment between the Route Map and TIFF.
3.5.4	**EqIA of the Preferred Option**
	The Discovery Phase is a combination of qualitative and quantitative analysis—achieved by virtual one-to-one conversations and group sessions, on-line surveys as well as document, and data review.
	The goal is to listen to the voice of your people as an introspection of what is like to be part of BCUHB. To understand how our people feel about the work they do and how it contributes to our collective success. We will seek to understand if our people feel their contribution is valued and if they are confident in their ability to succeed in their role.
	As stated above, our ambition is to engage with 1800 staff members. Representation and inclusivity of all staff groups is critical in building a holistic evidence base of where we are now. Our introspection will look through many lenses; role, profession, band, division and crucially those staff groups with protected characteristics.
	We will ensure that there is an inclusive approach to the Discovery Phase which provides opportunities for those with protected characteristics to contribute. To do this we will utilise existing networks such as BCUnity BME and Overseas Staff Network and BCUnity Disabled Staff Support Network. In doing so we will aspire to take account of wider cultural issues and ensure that the evidence base developed is representative of our workforce.
	The Head of Equality has been invited to join the the Route Map Tactical Oversight Group, its purpose is to share insight and knowledge, provide expertise and co-ordinate interdependent development activities as well as act as key interface with the Strategic Oversight Group. This will give us specialist insight and guidance as the work evolves. We have also included a dedicated Equality post within the staffing proposals to ensure that equality and diversity aspects are considered as the Discovery Phase progresses. We will ensure that have reached all groups through the monitoring of our actions.

	The Discovery Phase will inform our understanding of where we now (our baseline) and where we need to be and what we need, it is at this design stage that equalities insight will be even more critical, we would envisage a number of equality impact assessments will be created.

It is also expected that some of the outcomes from the Delivery Phase will require an EqIA which be completed at the relevant point of any proposals going forward. |
| **4.** | **The Financial Case** |
| 4.1 | **Revenue Cost**

The costs for Discovery Phase have been outlined in the table below. Resources are a combination of short term interim support, administration and specific expertise in Psychology and Equality.

Assumptions have been made that Senior Transformation, Change Practitioner and Communications resources can be made available from existing resources and are not an additional cost to be funded via the business case. It is important to note the requirement for 4.00 WTE Change Practitioners and that it is assumed they can be made available from existing resources for the period of Discovery.

Backfill has been estimated to free up Staff Well Being Ambassadors from their day to day duties to participate in the events during Discovery Phase.

We are seeking additional external capability and capacity (company or companies) using a non-pay contract for service model, where we can call off the number of required days. As described in the introduction further Discovery interviews and workshops may be needed in the Design phase, it is for this reason that we aim to procure an additional 40 days which if not needed in Discovery will be utilised supporting Design. |

Discovery Phase							
	Band	WTE	New Cost	Existing Cost	Total	Period	Notes
Pay							
External OD Consultant		1.00	39,600		39,600	3 Month	New
Senior Transformation		1.00		27,818	27,818	3 Month	Already Funded
Administration & Programme Coordination	Band 5	1.00	9,508		9,508	3 Month	New
Pioneers Backfill	Band 5	4.00	46,777		46,777	3 Month	New
Consultant Clinical Psychologist	Band 8c	0.50	46,605		46,605	1 Year	New
Equality	Band 7	1.00	55,831		55,831	1 Year	New
Change Practitioner	Band 7	4.00		55,831	55,831	3 Month	Already Funded
Communications	Band 7	0.20		2,792	2,792	3 Month	Already Funded
Non-Pay							
Contracted services		4.00	160,000		160,000	8 Week	New
Comms materials			2,000		2,000		New
Travel & general non-pay			16,700		16,700		
		16.70	377,020	86,440	463,460		

As stated in the Strategic Case the Discovery Phase is the first in a three step process which is envisaged to last for 3+ years. Design and Delivery Phases will attract costs currently estimated at £1.1m for Design and potentially £2.7m for Delivery. However, these costs are entirely dependent upon the outcomes and outputs from the Discovery Phase.

This business case does not seek approval for these costs at this stage but does ask that the requirement for further phases is acknowledged and agreed in principle.

4.2	**Capital Cost (If Any)**
	Seven of the posts will require laptops unless there are existing resources that can be used. Costs from discretionary capital are estimated at £750 per laptop, £5250 in total.
4.3	**Affordability and Source of Funding**
	Budget is available from the national Sustainability Funding.
5.	**Governance and Project Management**
5.1	**Approval Route**
	This business case will be presented to the Executive Leadership Team in March 2021 with formal approval being from the Chief Executive Officer and Executive Director of Finance.
5.2	**Project Management**
	This oversight and delivery architecture proposal has been produced in response to the emergent thinking with regards to the Route Map and

associated resource deployment proposition. As well as the requirement by the Welsh Government to provide assurance under the Targeted Intervention Improvement Framework (TIIF). It assumes that the Board and Executive Directors accepted the recommendation within the proposition and supported option 2 – an internally owned & self-directed strategic organisation & system development route map encompassing the discovery, design and delivery phases.

The design of the proposed architecture is based on the principle that the appropriate structure and decision making mechanisms should reflect the challenge faced and in line with large scale organisation and system change best practice, which may cut across the traditional structure and operational responsibilities of the organisation as it exists today.

Three examples of those principles are as follows:

- Chief Executive Sponsorship
- Collective Executive ownership
- Minimal hierarchy and decision points to facilitate quicker information flow and decision making.

Multi-team collaboration amongst different change teams, and specialist subject matter experts/post holders will be critical in the delivery of the work, facilitating the cross fertilisation of learning and build links so together they act as one - the organisations change engine.

Programme governance for the Route Map and its initial Discovery Phase will be structured as follows:
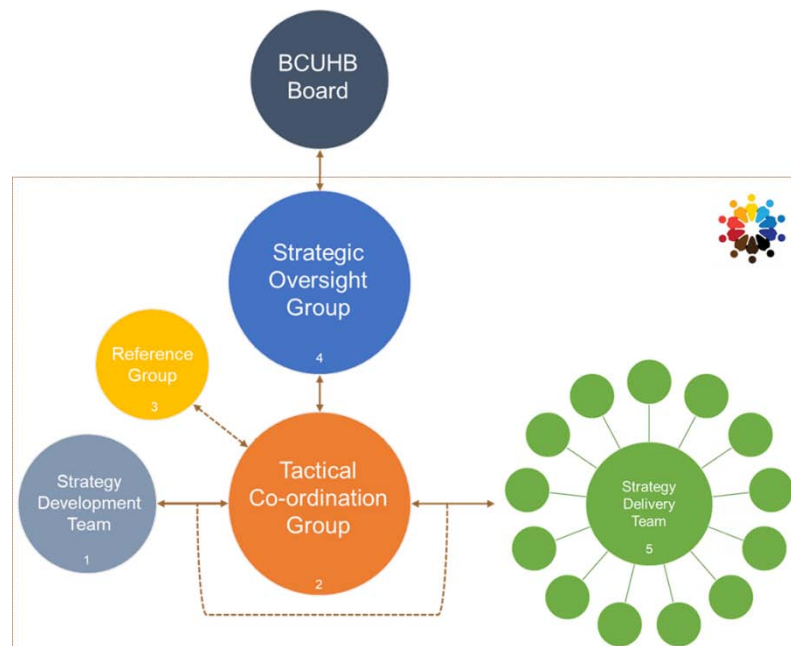
Further details of the oversight and delivery architecture are included at **Appendix 2**

5.3	**Project Plan – Implementation Timeline**
	The timeline assumes that approval will be given for the business case on 17th March 2021 and that activities the Discovery Phase will commence from 5th April 2021. It is anticipated that the Discovery Phase take 3 months which will last until the end of June 2021. A timeline of activities is attached at **Appendix 3.**
5.4	**Post Implementation Review**
	The post implementation review will in effect be the findings from the Discovery Phase which is anticipated to be finalised in June. An end of phase report with thematic review will be produced for consideration by the Strategic Oversight Group and will underpin the rationale and approach for the Design Phase and further Discovery activities should they be required.
6.	**Conclusions and Recommendations**

This business case has set out the strategic context and case for change for the Route Map and asks for approval of resources for the Discovery Phase so that it can commence. The evidence base created by the data throughout the Discovery Phase will underpin further work for Design and Delivery Phases which will be subject of further business cases.

It is recommended that:

1. The proposal and investment of £377k for the Discovery Phase is approved.
2. The need for Design and Delivery Phases are agreed in principle.
3. Further investment business cases will follow for Design and Delivery Phases.

7.	**Declarations**

☐ The above information has been reviewed to ensure it is accurate and represents a true and fair view of the service to be provided, the benefits and the costs

☐ Where third parties have provided information this is in writing/e-mail format and they have confirmed it is correct to the best of their knowledge

☐ Where the business case has an impact on another Area/Division/Department the impact has been agreed with that Area/Division/Department in writing and the relevant Mangers have signed below to confirm

Signed by:

…………………………..
Area/Corporate/Secondary Care Director

…………………………
Area/Secondary Care Nurse Director

…………………………
Area/Secondary Care Medical Director

…………………………..
Chief Finance Officer

…………………………
Director / Asst. Director (Other Area/Corporate if required)

…………………………
Director / Asst. Director (Other Area/Corporate if required)
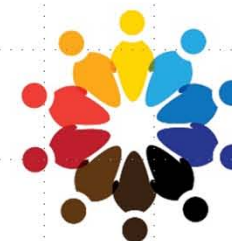
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A Strategic Organisation & System Development Route Map for the Betsi Cadwaladr University Health Board

Discovery Phase

BOARD MEMBERS & EXECUTIVE DIRECTORS ONLY
NOT FOR ONWARD DISTRIBUTION

Sponsor: Jo Whitehead, Chief Executive.
Commissioner: Sue Green, Executive Director of Workforce & Organisational Development.
Authors: Michael Shaw, Strategic Organisation & System Development Consultant, & Lea Marsden, Director of Transformation, MHLD.

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< Add Name >

Discovery

The purpose of the document is to describe the first phase in the development of the < Add Name > route map: **Discovery**. It assumes that he readers has read the < Add Name > arc document/presentation entitled; "< Add Name > - A Strategic Organisation & System Development Route Map for the Betsi Cadwaladr University Health Board v1.7".

The development of the route map has three distinct phases:

- **Discovery** phase (including listening to and hearing the views of the workforce, partners & patients)

- **Design** phase - including co-creation of the development plan at and with all levels.

- **Delivery** phase – including co-delivery of the improvement plan at and with all levels.

The ambition is to engage with 1800 staff members (10% of the workforce – a value informed by organisational change & social movement research) directly or through the organisation's Staff Engagement Ambassadors over the course of 9 - 12 months for the Discovery and Design phases. The Delivery phase is expected to last for 2+ years with a review and evaluation phase to establish ongoing activities as business as usual.

The **Discovery** phase, which we are to call '**< Add Name >**' is a combination of both qualitative and quantitative analysis—achieved by virtual one to one conversations and group sessions, on-line surveys, document, and data review.

It should be emphasised that Let's Talk is a critical step in developing the evidence base for the Design and Delivery Phases. It is not possible, nor would it be right, to proceed to the Design Phase without undertaking **Let's Talk**.

It will also seek to build a schedule of all of the existing large scale change initiatives which are currently active or proposed.

2

< Add Name >

Discovery

Scope

- The voice of our People
  - The goal, to listen to the voice of your people, an introspection of what it's like to be part of the Betsi Cadwaladr University Health Board family. To understand how our people feel about the work they do and how it contributes to our collective success. Do our people feel their contribution is valued and are they confident in thier your ability to succeed in thier role. We need not only to **listen** to our people but we also need to **talk.** To truly engage so that we can understand cause and effect.

- The voice of our Patients
  - Working with our existing patients groups will be a critical endeavour if we are to evolve our system of care to meet their needs not only for today, but over the decade to come. (The work of the Targetted Intervention Improvement Framework – Engagement Group will act as that voice)

- The voice of our Partners
  - To work together in place-based systems of care: to discover, design and deliver new models of care, using the collective local resources currently available means that we need to break down barriers between partner organisations to accelerate the flow of understanding and transference across service boundaries. (The work of the Targetted Intervention Improvement Framework – Engagement Group will act as that voice).

Voice of our People
(Introspection)

Voice of our Patients
(External Perspective)

Voice of our Partners
(External Perspective)

3
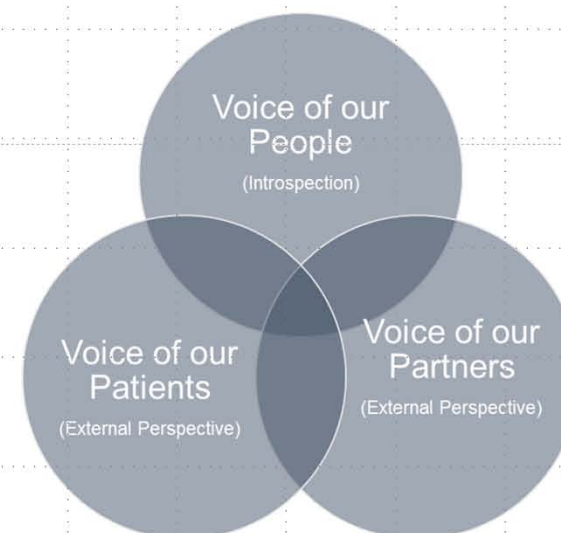
< Add Name >

Discovery

- What do we need to know from **our people**, what evidence do we have to inform our understanding of where we now (our baseline) & where we need to be in order to create a unifying organisation and system development strategy which will enable us to succeed in the achievement of our purpose and goals?"

Domains	Key lines of enquiry*	
Commitment	What is the purpose of our organisation? What goals are we striving to achieve? How are we inspired to contribute? Do we understand how the work we do contributes to our collective success?	
Motivators	How are we compelled to perform? How are we compelled to improve? Do I have meaningful choice in how I execute my job? Do I consider myself both effective and skilful at my job?	
Decisions	How are decisions made? How are individuals involved in problem solving? How do we learn from our previous decisions?	
Behaviour	How do we instinctively act or take action? What unwritten rules, implicit standards and expectations exist which influence how we behave? How do our collective values and beliefs direct how we lead and manage those around us?	
Information	How do we make sense of our work? How do we know how we are doing as an individual, team and organisation?	
Structure	How does work and responsibility get divided? Are the structures in place ones that we understand in terms of achieving our goals, endorse and value? Does our hierarchy & reporting relationships enable or disable our ability to deliver our goals?	
Connections	How do we connect beyond the lines, boxes & boundaries? How do we work together to overcome the challenges we face to be successful?	
Change	How do we build on what we have achieved because of COVID19? How do we solve our BIG problems or realise our BIG opportunities? (Top down or/and bottom up) How do we help each and every individual and team to improve each and everyday? How do we plan our work?	

*A note to the reader – the table is for illustration purposes only - any question used as part of an inquiry would be tailored to suit the audience.

Adapted from various sources including Edward Deci and Richard Ryan, Self-Determination and Intrinsic Motivation in Human Behaviour.

6

< Add Name >

Discovery

- ## The How

7

< Add Name >

Discovery

Betsi Cadwaladr University Health Board
< Add Name >

The Discovery phase, which we are to call '< Add Name >' is a combination of both qualitative and quantitative analysis encompassing the following approaches;

1. **Interviews**
   - It is proposed that all staff identified on the leadership organisational chart are interviewed on a 2:1 ratio twice across three rounds. This equates to approximately 70 people and 210 interviews. The interviews will be structured using a combination of high level generic standardised and technical specific questions.

2. **Virtual Workshops**
   - The workshops aim to reach approximately 1000 people in a series of events with 2 facilitators and 12 participants. Staff Engagement Ambassadors will also be invited to participate but as well as being participants they will take away the learning from the workshop to discuss with their teams. The workshops will be structured using a combination of standardised questions.

3. **Staff Engagement Ambassadors Workshops**
   - These workshops will bring together the Ambassadors to review their learning form work within their teams and will generate further data for the Discovery Phase.

4. **Staff & Professional Networks**
   - To utilise existing staff & professional networks in order access specific groups (e.g. Protected characteristics) and host facilitated conversations. Where a network does not exist < Add Name > may seek to create one.

5. **On-line – Be Proud Pulse Surveys**
   - To utilise on-line methods to capture insight.

6. **Document Review**
   - Review existing documentation including HASCAS, Ockenden, Annual plans, Quality strategy, etc

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< Add Name >

Discovery Phase

Resources deployment

Discovery Element	No. of Interviews / Workshops	Per Day	No. of Facilitators Required	Total Facilitation Days	Days Per Week	Days Per Week (Other Activities)	No. Per Week	Resource Assumptions
2:1 Interview (90 minutes) – 1st (Generic)	70	3	6	140.0	3	2	27	Michael & Lea + 4 Interims = 3 pairs of interviewers
2:1 Interview Follow Ups – 2nd (Generic/Technical)	70	3	6	140.0	3	2	27	Michael & Lea + 4 Interims = 3 pairs of interviewers
2:12 Workshops (500 participants) Wave 1 (3 hours)	42	2	4	83.3	4	1	16	2 Change Practitioners + 2 Ambassadors = 2 pairs of workshop facilitators
2:12 Workshops (500 participants) Wave 2 (3 hours)	42	2	4	83.3	4	1	16	2 Change Practitioners + 2 Ambassadors = 2 pairs of workshop facilitators
2:15 Ambassador Workshops (3 hours)	10	1	2	20.0	5	0	5	2 Change Practitioners + Ambassadors

Timeline	05/04	12/04	19/04	26/04	03/05	10/05	17/05	24/05	31/05	07/06	14/06	21/06	28/06	
2:1 Interview (90 minutes) – 1st (Generic)	27	27	16											70
2:1 Interview Follow Ups – 2nd (Generic/Technical)			11	27	27	5								70
2:12 Workshops (500 participants) Wave 1 (3 hours)			Lead time for clinicians					16	16	10				42
2:12 Workshops (500 participants) Wave 1 (3 hours)			Lead time for clinicians					16	16	10				42
2:15 Ambassador Workshops (3 hours)											5	5		10
Thematic Review as an output														

Assumptions

1. Interviews undertaken by Michael Shaw, Lea Marsden plus external contractors
2. Internal change functions will participate in provide capacity & capability to deliver the workshops
3. Workshops need to reach 1000 with capacity for 12 participants at each workshop facilitated 2:12
4. Workshops will be run by 2 facilitators and in two groups, more facilitators can reduce timeline
5. Assume one workshop per day per pair of facilitators including write-up and analysis
6. 2.00 wte internal Change Practitioners out of the pool are need to set-up, manage & deliver the workshops
7. Estimated duration of the phase is 6 months.
8. 1800 target for whole of discovery and design
9. Admin support will be needed

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< Add Name >

Discovery

Discovery

Together as One
Betsi Cadwaladr University Health Board
Let's Talk.

- Interviews
- Workshops
- Staff Engagement Ambassadors
- Staff & Professional Networks
- On-line – Be Proud Pulse Surveys
- Documentation

Evidence Base

Domains

- Commitment
- Motivators
- Decisions
- Behaviour
- Information
- Structure
- Connections
- Change

Schedule

Large Scale Change initiatives

Show & Share with the Executive Oversight Group

Show & Share Events

Show & Share Events

Show & Share Events

Design

To be informed

25

< Add Name >

Oversight & Delivery Architecture

Architecture

Design Principles

The following design principles have be used to inform and develop the oversight & delivery architecture:

- Chief Executive Sponsorship.
- Collective Executive ownership.
- Executive Directors are as close to work as possible.
- Connecting & coordinating interdependant teams & individuals.
- Connecting, coordinating & collective ownership of interdependant activities.
- Simple to navigate and understand from those outside of the this work.
- Minimal hierarchy and decision points to facilitate quicker information flow and decision making.
- Close alignment to TIIF outcomes framework
- Supports the model of a single corporate plan (master schedule)
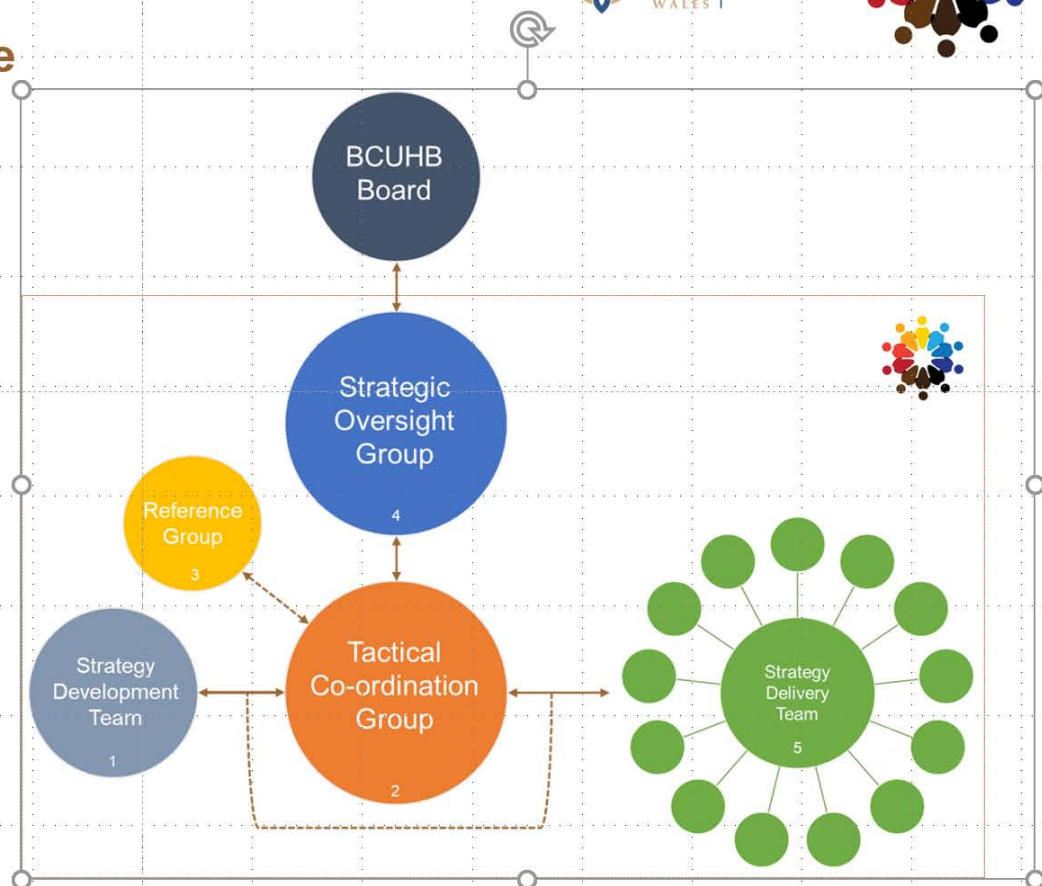
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Oversight & Delivery Architecture

Goal Setting and Assurance

Strategic Oversight Group

- Purpose
  - Sets direction & scope
  - Activity oversight
  - Assures the BCUHB board on the development & delivery of the route map
  - Manages the critical key issues and risks
  - Seek assurance with regards to organisational co-design development proposals, ensuring all material change, investment & benefits realisation is aligned, understood and captured in modelling (where appropriate).
  - Agrees and supports delivery of organisational co-design development proposals.

- Frequency
  - Monthly

- Format
  - Formal facilitated conversation
  - Actions & Decisions recorded

Strategic Oversight Group

4

Jo Whitehead
Sue Green
Prof Arpan Guha
Gill Harris
Dr Chris Stockport
Teresa Owen
Tactical Group Member
Mark Wilkinson
TBC Independent Member
Adrian Thomas
Sue Hill

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< Add Name >

Oversight & Delivery Architecture

Connections, Development & Co-ordination

Tactical Co-ordination Group

- Purpose
  - Provides the interface between the Strategy Development Team, interdependant development strategies including clinical, quality, financial & assurance mechanisms (e.g. TIIF) and the Strategic Oversight Group.
  - Assures the Strategic Oversight Group on the development & delivery of the route map and it contribution to a single corporate plan (Master schedule).
  - Manages the collective deployment on internal resource
  - Manges key strategic interdependencies, risks & issues and seeks to put appropriate mitigating actions in place in.
  - Shares insight & knowledge, provide expertise and co-ordinate interdependant development activities.
- Frequency
  - Every 2 weeks
- Format
  - Facilitated conversation
  - Actions & Decisions recorded
- Membership
  - Flexible - dependant on 'other' initiatives currently on-going in the orgnisation which would benefit being connected to and under the umbrella of < Add Name >.

Tactical Co-ordination Group diagram with members: Michael Shaw, Dr Michael Rees/ Dr Emma Hosking, Jonathan Lloyd, Ellen Greer, Head of QI, Head of Transformation, Head of Q Hub, Matthew Joyce, Sally Thomas, Head of Planning, Lead Nurse, Simon Evans-Evans, Lea Marsden

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< Add Name >

Oversight & Delivery Architecture

Development & Delivery

Strategy Development Team

- Purpose
  - To develop, evolve and manage the methodology and assurance mechanism needed to facilitate the development and delivery of the route map.
  - To forward think – iterating an emergent plan.
  - To understand and propose the capability and capacity needed for each of the three phases. Co-designing with the Tactical Oversight Group the response to that need.
  - Procure specialist subject matter experts as required.
  - Support the Tactical Oversight Group in the coordination of activities associated with the three phases.
  - Provide specialist expertise, leadership, guidance and direction to the development and delivery of route map.
  - To lead on the development of the engagement strategy and deliver massive and active communication on progress across the organsiation.
  - To lead the research and collation of the evidence base to inform the cases for change and realisation of aligned benefits.
  - To manage the < Add Name > budget.

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< Add Name >

Oversight & Delivery Architecture

Delivery

Strategy Delivery Team

- Purpose
  - A temporary central pool of the most highly-skilled change practitioners and subject matter experts, from within the organsiation who will work together to facilitate each phase of the route maps development and realisation.

- It is proposed that the following teams contribute and support this work:
  - Communications & Engagement Team
  - Equalities Team
  - Governance
  - Performance
  - Organisation Development Team
  - Quality Team
  - Q Hub (Medical Directorate)
  - Strategy Development Team (< Add Name >)
  - Tactical Oversight Group
  - Transformation Team
  - Staff Engagement Ambassadors
  - Wellbeing Champions/coaches
  - Independent external capability and capacity – as required

- Discovery phase – 2.0 wte Change Practitioners remain as a constant

Strategy Delivery Team

5

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< Add Name >

Oversight & Delivery Architecture

Insight, challenge & assurance

Organisation Reference Group

- Purpose
  - An independent review group formed from a broad and diverse range of staff members who represent the different professional groups, functions and service domains. Providing insight, challenge and assurance to the development of the route map.

  - It is proposed that the following functions and/or staff groups are represented from the range of service domains; acute, community, primary care & mental health:
    - Allied Health Professionals
    - Digital
    - Doctors
    - Estates & Facilities
    - Finance
    - HR
    - Mental Health
    - Nursing
    - Operational Management
    - Procurement
    - Staff Side

Organisation Reference Group

3

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< Add Name >

Discovery

Time line

Time					
March 2021	April 2021	May 2021	June 2021	July 2021	August 2021

Set-up

Discovery - Goal – Establish our baseline/current condition

Design
Goal – Co-design of proposals

Information Needs

Document Review

One to One Interviews

Group Interviews

Information Analysis

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Cyfarfod a dyddiad: Meeting and date:	Strategy, Partnerships and Population Health Committee 15.4.21
Cyhoeddus neu Breifat: Public or Private:	Public
Teitl yr Adroddiad Report Title:	**Test, Trace and Protect (TTP)**
Cyfarwyddwr Cyfrifol: Responsible Director:	Teresa Owen, Executive Director of Public Health
Awdur yr Adroddiad Report Author:	Jane Paice, Test, Trace, Protect Programme Advisor
Craffu blaenorol: Prior Scrutiny:	No prior scrutiny. (Regular updates on TTP are provided to the North Wales Strategic Co-ordinating Group – SCG).
Atodiadau Appendices:	Appendix 1 Audit Wales Test, Trace and Protect in Wales – an overview to date

Argymhelliad / Recommendation:

The Committee is asked to note the status of the multiagency response programme for the North Wales TTP programme.

Please tick as appropriate

Ar gyfer penderfyniad /cymeradwyaeth For Decision/ Approval		Ar gyfer Trafodaeth For Discussion		Ar gyfer sicrwydd For Assurance		Er gwybodaeth For Information	X
If this report relates to a 'strategic decision', i.e. the outcome will affect how the Health Board fulfils its statutory purpose over a significant period of time and is not considered to be a 'day to day' decision, then you must include both a completed Equality Impact (EqIA) and a socio-economic (SED) impact assessment as an appendix.						**Y/N to indicate whether the Equality/SED duty is applicable**	**N**

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.

Since the last report there have continued to be significant activity in the TTP service for North Wales:
- Audit Wales has published a report on the national service, highlighting the positive impact the service has had in response to the pandemic
- National modelling to the end of June has been circulated
- The funding envelope for the Tracing service in north Wales has been agreed
- Securing roles for test, trace and protect remains a priority for 2021/22 to ensure continuity of service.
- The role out of a comprehensive testing regime continues across the region.

- A multi partner approach has been taken in Holyhead to mobilise a range of testing options to support a rise in cases in the town.

Whilst the vaccination programme is a positive development in the response to reducing the impact of Covid-19, TTP will remain an important service alongside the vaccination programme for the foreseeable future.

Cefndir / Background:

The TTP Programme in North Wales is being managed on a regional footprint under the leadership of the Executive Director of Public Health. A multi-agency response comprising members of the Health Board, the BCU public health team and the six Local Authorities has been established to operationalise the response plan within the region.

Testing people to identify those who have Covid-19 is one part of our overall programme to control the spread of Covid-19. Tracing those people who have been in close contact with a person who has tested positive, and providing advice and guidance is critical to stopping the virus spreading through our communities.
The NHS Covid-19 app, alongside traditional contact tracing staff, is used to notify people if they come into contact with someone who later tests positive for coronavirus.
It is important that there is a seamless link between testing and tracing.

1. **Testing** people with coronavirus symptoms, asking them to isolate from wider family, friends and their community whist waiting for a result. Testing has now been extended to incorporate testing asymptomatic individuals to identify those who are positive but do not show symptoms.

2. **Tracing** people who have been in close contact with anyone who tests positive, requiring them to take precautions through self-isolation for 10 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.

Asesiad / Assessment & Analysis

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 quarterly plans.

Options considered
N/A

Financial Implications
None.

Risk Analysis
The TTP work programme maintains an overarching risk register.

Legal and Compliance
A data protection agreement has been reached (across Wales).

Impact Assessment
Supporting the most vulnerable in our society is a key element of the TTP process (PROTECT).

ANALYSIS

TTP AUDIT

The audit report (see Appendix 1) sets out the main findings from the Auditor General's review of how public services are responding to the challenges of delivering TTP services in Wales. It is a high-level overview of what has been, and continues to be, a rapidly evolving programme. Key messages:

1. The TTP programme has seen different parts of the Welsh public and third sector work together well, in strong and effective partnerships, to rapidly build a programme of activities that is making an important contribution to the management of Covid-19 in Wales.

2. The configuration of the TTP system in Wales has a number of strengths, blending national oversight and technical expertise with local and regional ownership of the programme, and the ability to use local intelligence and knowledge to shape responses.

3. Arrangements for testing and contact tracing have evolved as the pandemic has progressed. But maintaining the required performance in these areas has proved challenging in the face of increasing demand.

4. TTP is a crucial part of the Welsh Government's approach but has not been the only way it is trying to prevent the virus spreading. Despite increased testing and tracing activity, the virus has continued to spread. In Wales, as in other parts of the UK and internationally, testing and tracing has needed to be supplemented with increasingly stringent local and national lockdown restrictions in an attempt to reduce transmission rates.

5. Lockdowns have only provided temporary solutions to controlling transmission and regardless of progress with vaccines, the TTP programme will remain a key tool in Wales's battle with the virus for some time to come.

6. Testing volumes increased significantly in response to increasing incidence of Covid-19, and results have generally been turned around quickly. The tracing workforce has expanded rapidly. But when demand has risen across regions at the same time, there has been insufficient contact tracing capacity to meet the increased demand.

7. Most importantly of all, the public has a huge role to stop the virus spreading by following guidance and self-isolating when necessary. There is now good information to show the breadth and range of services and support adopted across Wales during the pandemic. But it remains difficult to know how well the 'protect' element of TTP has been working in supporting people to self-isolate. This will become increasingly important as 'lockdown fatigue' sets in with its associated challenges for emotional, physical and economic well-being.

The report is complementary about the partnership working and how partners rapidly responded to establish a significant service in a matter of days. The report also recognises that the service continues to evolve and needs to adapt to new innovations and the virus as new Variants of Concern are identified.

The report makes a number of recommendations which are already in train across the region.

NATIONAL MODELLING

National modelling has been shared based on a Realistic Worse Case (RWC) and Most Likely Scenario (MLS) to end of June 2021. These are scenarios based on a number of factors, including:
- Effectiveness of the vaccination
- Return to face-to-face teaching in schools gradual or rapid step
- Adherence to of the public to guidelines such as social distancing, limiting contact

The tier 4 restrictions in place since 20 December have gradually begun to loosen and this will see increasing mobility across the population.
- Schools started a gradual return to face-to-face teaching, are currently on holiday and will return 12 April.
- Hairdressers and salons opened 15 March and outdoor sports such as golf and basketball have been allowed. Households have been able to meet outside; rule of four adults or two households.
- From 29 March, travel is no longer restricted across Wales for Welsh residents.
- From 12 April, non-essential retail can open and cross border travel will be allowed.

Whilst this is positive, testing and tracing will be closely monitored as there is a real risk of an increase in cases leading to a third wave. Currently we predict that cases will exceed the MLS but be lower than the RWC.
Communications to encourage appropriate behaviours are in progress, activity and trends are being monitored and the workforce is on standby to respond.

TESTING

Since the surge of positive cases through December and January, the levels of PCR testing and the number of positive cases has continued to fall to levels experienced last September. Circa 20% of PCR testing capacity is being utilised.

The reduction in PCR tests is offset by a significant increase in the roll out of lateral flow devices (LFDs) – see Table below. North Wales continues to have adequate supply of testing sites across the region with mobile units serving areas of need and more remote locations.

Laboratory turnaround times continue to achieve excellent results. All swabs in North Wales are now diverted to IP5 in South Wales to enable genomic sequencing to take place for the detection of Variants of Concern (VoC). The turnaround times have been closely monitored and have not been adversely affected to date.

Lateral flow test kits continue to be rolled out at pace;
- 8,917 kits issued to NHS staff to date
- Staff in education, social care and care homes test twice per week
- Employers with more than 50 employees are encouraged to have kits
- Various other key workers have kits such as North Wales police, fire and rescue

Community Enhanced Testing is being progressed from a Protect perspective to establish accessible testing for small businesses and local community alongside services such as Citizen's Advice, food banks, isolation payments etc.

An outline plan for the Rapid Deployment of Testing in the event of a Variant of Concern has been submitted to Welsh Government and will be developed in more detail. There has been an early opportunity to test this approach recently, with the expended testing in Holyhead.

The testing offer was significantly expanded in Holyhead during the last two weeks of March. This was in response to an increased incidence of positive cases in the town. Four testing approaches were rapidly stood up:
1. Mobile Testing Unit (MTU) in the town centre offering PCR tests 08:00 to 20:00; for anyone with symptoms
2. MTU in town centre offering a collect LFD kit service for the first week; aimed at family and carers with school age children
3. A door-to-door drop and collect PCR test kit operation
4. A testing centre to provide LFD tests for a four week period.

A multi partner approach has been adopted to achieve this across the local authority, health board, PHW, WAST, Welsh Government and volunteer organisations.

Securing the core workforce until March 2022 is now a priority. The whole team is temporary with contracts to the end of June 2021. Urgent confirmation to retain staff and their knowledge until March 2022 is required to support service continuity.

TRACING

Since the peak of cases through December to February, positive cases and associated contacts have significantly reduced – see table below. However, there has been a trend of an increase in the average number of contacts associated with positive case. This is being monitored.
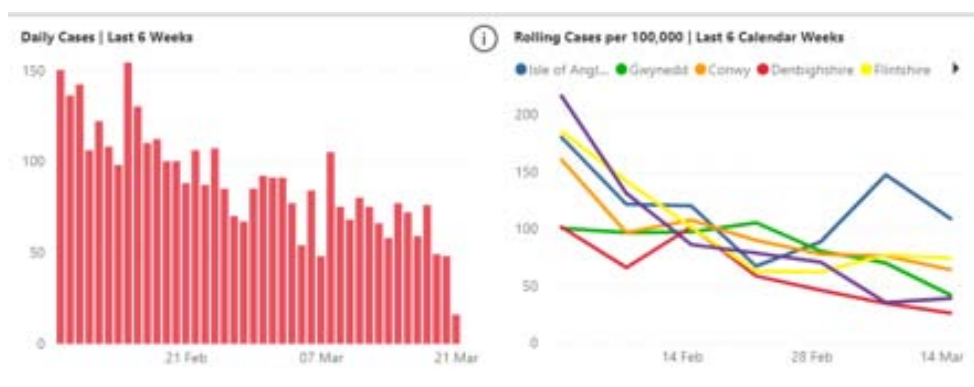
Backward contact tracing has been introduced to all positive cases. Previously, contacts have been identified positive cases up to two days before the onset of symptoms. Backward contact tracing involves identifying contacts up to 14 days before the onset of symptoms. The contacts identified during Day -3 to -14 are not asked to isolate unless they have symptoms. However, they are offered and encouraged to take a test. The aim is to identify where transmission is taking place and break the cycle.

Contacts (forward contacts) are now offered a test during their isolation at Day 0 and Day 8. Whilst a negative test does not allow isolation to stop, a positive test provides an earlier confirmation and therefore enables household contacts to be asked to isolate. Again, this is an attempt to stop transmission of the virus as early as possible.

Tracer roles are also being reviewed to develop skills to enable them to support enhanced tracing activity in the instance of a Variant of Concern being identified. This involves more specialised tracing.

Funding for the tracing service has been agreed until 30 September 2021. It is essential that funding and staff are secured to 31 March 2022 to ensure continuity of the service.

PROTECT

As members of the community are asked to isolate due to a positive test, as a contact of a positive test or as part of shielding, the Protect work across the region seeks to provide support. The role of

the Health Board is one of co-ordination and facilitation across the many organisations and services involved across the six Local Authorities and Third Sector.

Community Enhanced Testing centres are being developed through the protect space. Developing test centres to support small businesses and the local population with wraparound services such as Citizen's Advice, isolation payments, food banks etc will support local economies whilst keeping the communities safe.

NEXT STEPS

1. Continue to monitor the transmission of the virus and flex mobile testing units across the region.
2. Continue the roll out of the Testing strategy
3. Finalise the implementation of lateral flow testing to frontline and public facing staff across the BCU Health Board
4. Secure core resources for test and trace to March 2022

Test, Trace, Protect in Wales:
An Overview of Progress to Date

Report of the Auditor General for Wales

March 2021
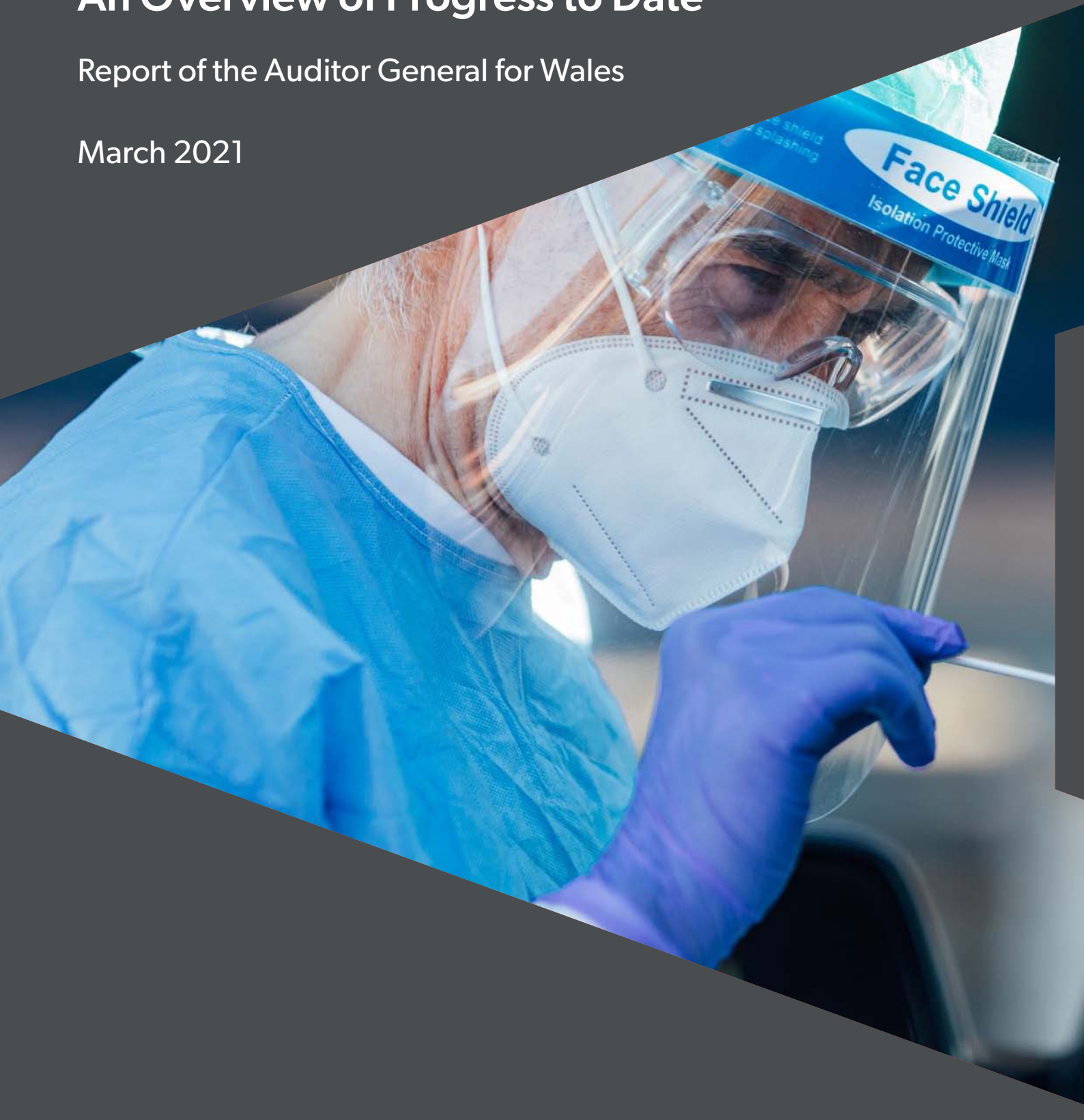
This report has been prepared for presentation to the Senedd under the Public Audit (Wales) Act 2004 and the Government of Wales Act 1998

The Auditor General is independent of the Senedd and government. He examines and certifies the accounts of the Welsh Government and its sponsored and related public bodies, including NHS bodies. He also has the power to report to the Senedd on the economy, efficiency and effectiveness with which those organisations have used, and may improve the use of, their resources in discharging their functions.

The Auditor General also audits local government bodies in Wales, conducts local government value for money studies and inspects for compliance with the requirements of the Local Government (Wales) Measure 2009.

The Auditor General undertakes his work using staff and other resources provided by the Wales Audit Office, which is a statutory board established for that purpose and to monitor and advise the Auditor General.

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Mae'r ddogfen hon hefyd ar gael yn Gymraeg.

Contents

◀ **Summary report**

Introduction

1   Test, Trace, Protect (TTP) is a crucial part of the Welsh Government's approach to limiting the spread of COVID-19 and reducing the need for restrictions on people's lives. The TTP programme was developed rapidly from scratch through the partnership arrangements put in place when the pandemic first hit in March 2020 and forms part of the wider response to the virus, set out in the Welsh Government's **Coronavirus Control Plan for Wales**.

2   The Welsh Government's **Test, Trace, Protect** strategy sets out the key elements of the programme which comprise:

- identifying and testing people who may have COVID-19;

- tracing people who have been in close contact with someone who has tested positive for COVID-19; and

- providing advice and guidance to protect the public and supporting people to self-isolate where necessary.

3   **Exhibit 1** provides further information on how TTP works in Wales.

Exhibit 1 – how TTP works in Wales

The Welsh Government sets the priorities and provides funding and oversight of TTP with advice from Public Health Wales NHS Trust (PHW)

Test

- Health boards and local authorities work with partners to provide testing facilities where swabs are taken and then sent for analysis.
- Welsh NHS (PHW) labs analyse some of the tests. Some are analysed by private labs known collectively as the UK Lighthouse Labs. The Lighthouse Labs are managed by a partnership led by the UK Government[1].

Trace
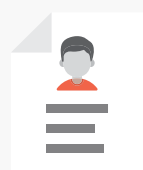
- Where relevant[2], the details of people who tested positive for COVID-19 are sent to local contact tracing teams in the area where they live. Teams are coordinated regionally by health boards and local authorities.
- Contact tracing teams speak to people who tested positive to identify anyone they may have infected.
- Contact tracing teams try to reach anyone who came into contact with the person who tested positive. They advise people who have symptoms to get tested and self-isolate. They send regular text messages to contacts without symptoms to see if they have developed symptoms.

Protect

- Contact tracing teams ask people whether they need help to self-isolate and pass their details onto local authority teams.
- Local authority teams and the third sector support people who need help to self-isolate.

Source: Audit Wales

1 The partnership includes Medicines Discovery Catapult (a UK Government funded organisation), the UK Biocentre, the University of Glasgow, the University of Cambridge, and private companies: AstraZeneca, GSK, and PerkinElmer.

2 There are people whose details do not go to contact tracing teams, for instance people in care homes, prisons, or hospitals.

About this report

4   This report sets out the main findings from the Auditor General's review of how public services are responding to the challenges of delivering TTP services in Wales. It is a high-level overview of what has been, and continues to be, a rapidly evolving programme. The evidence base for our commentary comes from document reviews, interviews with staff in health boards, local authorities, NHS Wales Informatics Service (NWIS), Public Health Wales (PHW) and the Welsh Government between September and December 2020, and analysis of key metrics that show how well the TTP programme has been performing. As well as commenting on the delivery of TTP up to and including December 2020, the report sets out some key challenges and opportunities that will present themselves as part of the ongoing battle to control COVID-19.

Key messages

5   The TTP programme has seen different parts of the Welsh public and third sector work together well, in strong and effective partnerships, to rapidly build a programme of activities that is making an important contribution to the management of COVID-19 in Wales.

6   The configuration of the TTP system in Wales has a number of strengths, blending national oversight and technical expertise with local and regional ownership of the programme, and the ability to use local intelligence and knowledge to shape responses.

7   Arrangements for testing and contact tracing have evolved as the pandemic has progressed. But maintaining the required performance in these areas has proved challenging in the face of increasing demand.

8   TTP is a crucial part of the Welsh Government's approach but has not been the only way it is trying to prevent the virus spreading. Despite increased testing and tracing activity, the virus has continued to spread. In Wales, as in other parts of the UK and internationally, testing and tracing has needed to be supplemented with increasingly stringent local and national lockdown restrictions in an attempt to reduce transmission rates.

9   Lockdowns have only provided temporary solutions to controlling transmission and regardless of progress with vaccines, the TTP programme will remain a key tool in Wales's battle with the virus for some time to come.

10   Testing volumes increased significantly in response to increasing incidence of COVID-19, and results have generally been turned around quickly. The tracing workforce has expanded rapidly. But when demand has risen across regions at the same time, there has been insufficient contact tracing capacity to meet the increased demand.

11   Most importantly of all, the public has a huge role to stop the virus spreading by following guidance and self-isolating when necessary. There is now good information to show the breadth and range of services and support adopted across Wales during the pandemic. But it remains difficult to know how well the 'protect' element of TTP has been working in supporting people to self-isolate. This will become increasingly important as 'lockdown fatigue' sets in with its associated challenges for emotional, physical and economic well-being.

12   These key messages are explored further in the following sections.

" Wales has developed a Test, Trace, Protect service largely from scratch and at unprecedented scale and pace.

It has been particularly encouraging to see how well public sector partners have worked together at a national, regional, and local level to combine specialist expertise with local knowledge, and an ability to rapidly learn and adjust the programme as we've gone through the pandemic. It's important that the positive learning is captured and applied more widely.

There have been times when the Test, Trace, Protect service has been stretched to the limit, but it has responded well to these challenges. The programme needs to continue to evolve, alongside the rollout of vaccines, to ensure it remains focused on reaching positive cases and their contacts, and supporting people to self-isolate to keep the virus in check. "

Adrian Crompton
Auditor General for Wales

Main findings

01

How well are various agencies working together to deliver TTP in Wales?

1.1   The various organisations involved in delivering TTP in Wales have worked incredibly hard, in strong and effective partnerships, at a rapid pace and together have established a range of activities that have been making important contributions to the management of COVID-19 in Wales.

1.2   The scale of the challenge has been significant. With the exception of localised arrangements that have been previously enacted to respond to public health outbreaks, TTP arrangements were non-existent prior to the pandemic. The following exhibit provides an indication of the scale of the TTP programme during the second peak in COVID-19 cases.

Exhibit 2 – comparison of TTP activity at the week ending 2 January

40 testing sites in place, carrying out **96,000** tests per week

Equivalent to the average number of outpatients seen by Cardiff & Vale University Health Board every two months

2,400 staff appointed, trained, and onboarded to provide contact tracing

Equivalent to just under half of the total workforce employed by the Welsh Government

8 regional teams in place, tracing, providing advice to, and following up on **14,000** positive (index) cases and **31,200** close contacts per week

Equivalent to the average number of 999 calls made to the Welsh Ambulance service each month

Source: Welsh Government and Public Health Wales

1.3   Whilst roles and responsibilities within the system were not fully
        understood by all in the early stages of the pandemic, they became clearer
        as the programme evolved and responded to the challenges of incidents,
        outbreaks, and rising transmission rates.

1.4   The configuration of the TTP system in Wales has a number of strengths,
        blending national oversight from Welsh Government, with the technical
        expertise and experience that sits within PHW, health boards, local
        authorities, third sector and NWIS. Crucially, the TTP model in Wales has
        given PHW, health boards and local authorities' ownership of the process,
        and the ability to use local intelligence and knowledge to shape responses
        to the pandemic.

1.5   The programme has demonstrated that it can adapt and evolve quickly,
        learning lessons from the management of early outbreaks and trying to
        effectively marry Wales specific and UK-wide arrangements. However, this
        has, and continues to be, a challenge and officials we spoke to described
        it as trying to 'design, build and fly an aircraft all at the same time'. The
        new variants of the virus also present a significant challenge and are
        increasing the pressure on the TTP programme to remain agile.

1.6   The fact that Wales has not had sole control over all the elements of the
        TTP programme has caused some operational challenges in respect of
        access to tests. Wales relies heavily on the UK Lighthouse Laboratories
        (Lighthouse Labs) and in September, the UK Government unilaterally
        announced that it was capping daily testing capacity in Lighthouse
        Labs in response to high demand for tests. Whilst the UK Government
        quickly released more tests for Wales, the episode highlighted some of
        the challenges associated with the hybrid testing system. This issue is
        explored further in **paragraph 1.21**.

How much is TTP costing?

1.7   The Welsh Government element of the TTP programme is expected to cost over £120 million during 2020-21, of which almost three-quarters is on testing (**Exhibit 3**). The actual costs to the taxpayer are considerably higher because Wales does not pay directly for its share of testing sites or laboratory facilities which are commissioned by the UK government (**see section on testing**). Health boards, local authorities, PHW and the Welsh Government have also redeployed staff to deliver TTP which is not included in the all-Wales spending figures. The exact expenditure relating to the 'protect' element of the programme is also not included as associated costs are part of wider service provision costs for local authority and third sector organisations.

Exhibit 3 – all-Wales TTP expenditure for 2020-21 (£ million) based on actual expenditure to month 10 and forecast to year end. This chart does not include all TTP expenditure

Testing (including Sampling) Antibody **£7.2m**

All Wales Surge Capacity team **£1.3m**

Contact Tracing Health Board Costs **£11.2m**

Testing (including Sampling) Antigen **£66.4m**

Contact Tracing Local Authority Costs **£34.4m**
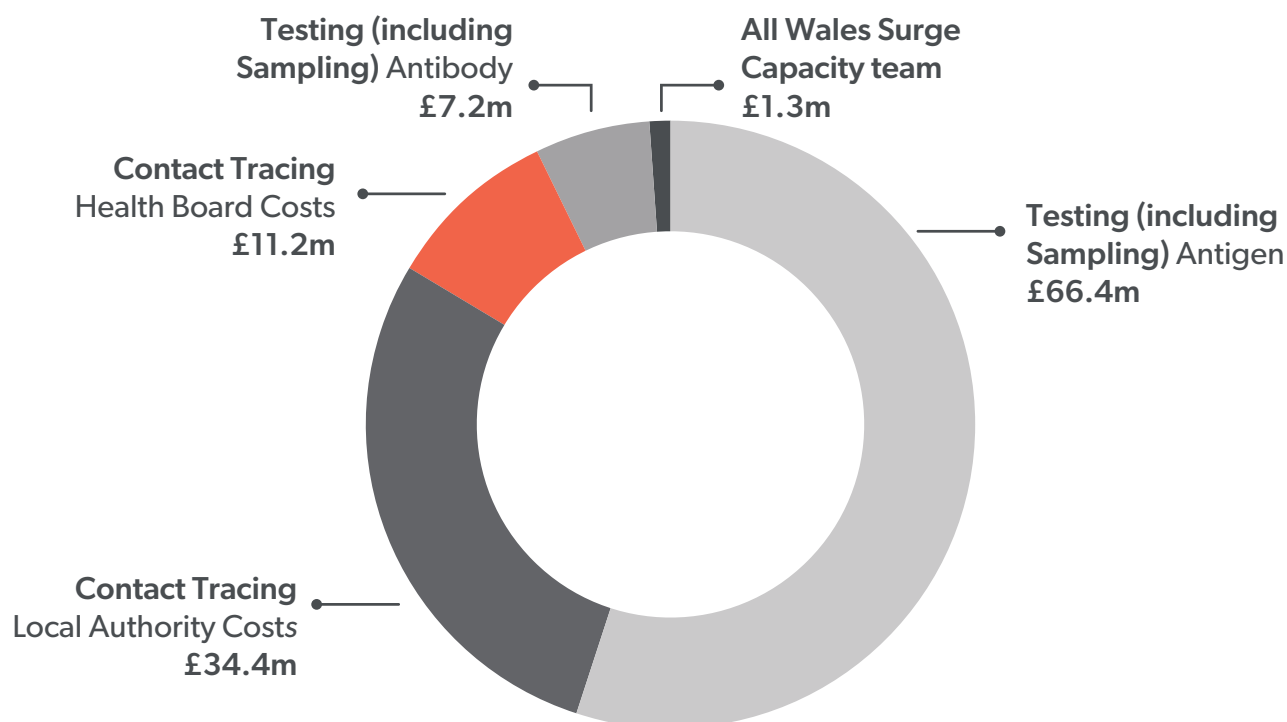
Source: TTP Monthly monitoring returns[1] – based on 'Month 10' submission

1   Health boards and trusts submit the monitoring returns to Welsh Government for review.

How well is testing for COVID-19 working in Wales?

1.8   At the start of the pandemic, the level of available lab capacity across Wales was below that required to meet expected demand from its TTP programme. The UK-wide network of Lighthouse Labs has provided significant additional capacity since May which the Welsh public sector would not have been able to secure on its own. Plans to further increase Welsh public sector provided lab capacity were announced in August supported by additional Welsh Government funding of £32 million.

1.9   When compared to other countries, the UK and Wales has had some of the highest population testing rates in the world[2]. The extra investment helped to support an additional 6 'hot labs' to enable rapid test analysis, and to support 24-hour provision of Welsh NHS laboratories. This required the recruitment of additional laboratory staff.

1.10   Significant sampling capacity has also been put in place since May. This continues to expand, including local testing sites and mobile testing units which can be moved to areas of need. A number of sampling facilities are run by private contractors as part of the UK testing programme. But health boards, and the Welsh Ambulance Services NHS Trust have increasingly been providing additional sampling capacity.

1.11   The pathway for sampling and analysis of tests has varied depending on who is having the test and includes a level of complexity (**Appendix 1**). The Lighthouse Labs provide basic positive or negative results but have been able to respond to high demand and analyse large volumes. Welsh NHS laboratories provide tests which provide greater detailed analysis, but they have been unable to respond to high demand. These arrangements have and will continue to change when new swabbing and lab services are introduced, and new tests are developed and introduced.

1.12   **Exhibit 4** shows a significant growth in the level of testing done between mid-March and February 2021. It also shows that a significant proportion of the demand for tests across Wales has been met by the Lighthouse Labs.

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2   At the time of our fieldwork we looked at the top 30 countries with the most cases. Since the start of the pandemic, the UK had the second highest rate and Wales had the sixth highest rate of testing (antigen and antibody).

Exhibit 4 – total processed tests for Welsh residents split by NHS Wales and Lighthouse Labs provision up to 25 February 2021

Number of processed tests in NHS Wales laboratories

Number of processed tests in non-NHS Wales laboratories (Lighthouse Labs)
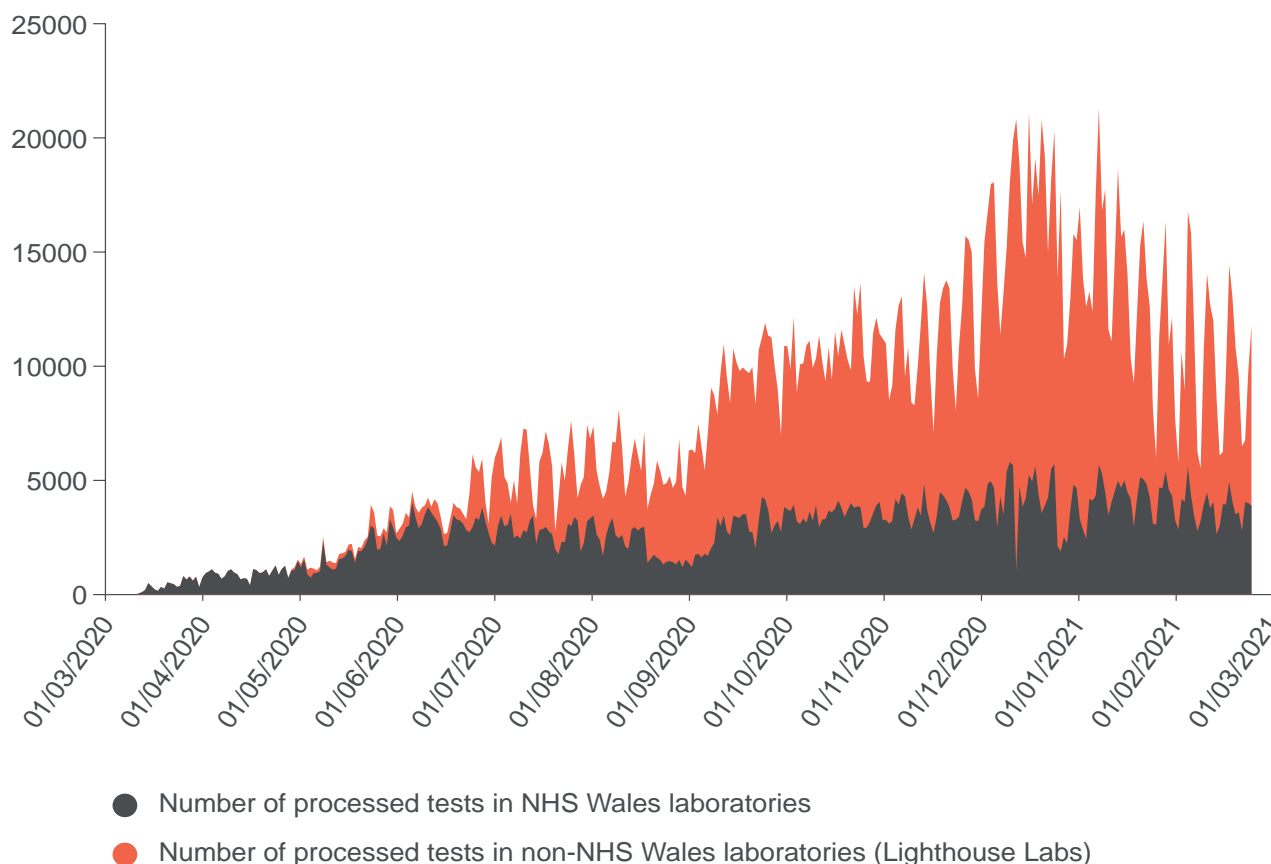
Source: Public Health Wales

1.13 Timeliness is crucial to containing the spread of the virus. A quick turnaround for a positive test result allows contact tracing teams to reach that person's contacts sooner and tell them to self-isolate to prevent further spread. A quick turn-around on a negative result also reduces the impact on individuals and on the wider economy, for example, by allowing them to return to work.

1.14 **Exhibit 4** indicates that by late September, laboratories were processing over 10,000 tests a day for Welsh residents. At that time, there were increasing rates of COVID-19 across a number of county areas, significant increases in demand for tests as a result of schools reopening, and the onset of seasonal illnesses with similar symptoms. The effect of the above factors contributed to a reduction in the proportion of tests that were turned around within the 'gold' standard of one calendar day, although turnaround within three calendar days has largely been maintained. The additional testing capacity across Wales has helped improve the performance over recent months (**Exhibit 5**).

Exhibit 5 – percentage of tests reported within one calendar day and within three calendar days (both Welsh and Lighthouse Labs) up to 1 March 2021

● Percentage within 3 calendar days   ● Percentage within 1 calendar day
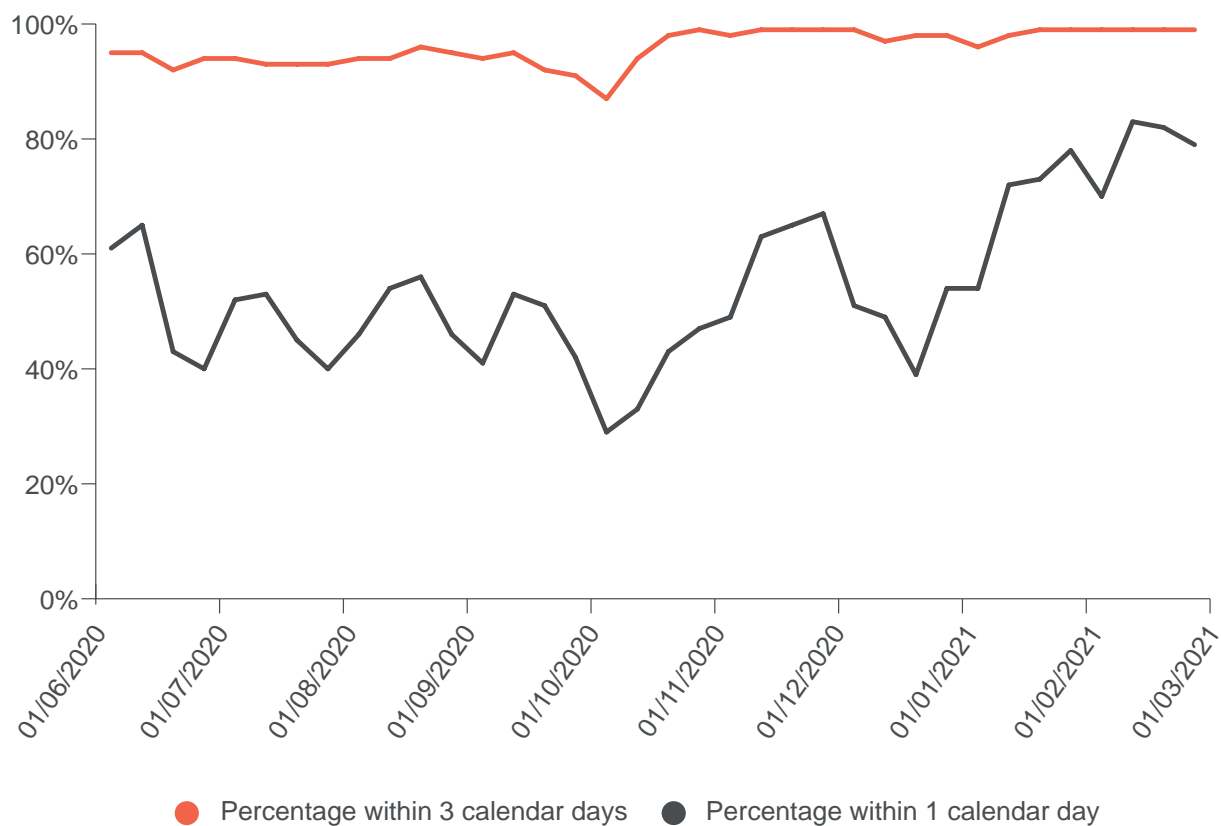
Source: Public Health Wales

1.15 The time between people giving a sample and the results being reported by the lab (turnaround times), however, has varied quite significantly depending on the location of the test and where it has been analysed. We found that:

- Welsh NHS lab turnaround times for hospital tests, and more latterly community and mass tests[3], have generally performed well with over 80% of hospital tests, and over 70% of community tests turned around within one calendar day.

- Welsh NHS lab turnaround times for asymptomatic key workers (including care home staff) and care home residents within one calendar day has been as low as 25%. But more recently increased to around 50%, although it is important to note that the expected turnaround times for this cohort is three calendar days. Although performance dipped during the September period, almost all results have been turned around with three calendar days.

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3 This includes regional drive-through, mobile, and local walk-in test centres supported by Welsh NHS labs, as well as community testing sites for outpatients and symptomatic key workers.

- Lighthouse Lab turnaround times for community testing[4] performed well until September. But then timeliness sharply declined when demand increased (as set out in **paragraph 1.14**), with an average of just 30% of tests turned around within one calendar day at the end of October. Performance has since improved and was running at 98%.

- Lighthouse Lab turnaround times for tests kits, either via the organisation portal for care homes, or for home-testing, within one calendar day has been low at around 30% and has been consistently since August albeit a slight improvement for portal tests during November. Note that the expected turnaround time for this cohort is also three calendar days. Although performance was around 50% during the summer period, almost all results are now being turned around within three calendar days.

1.16 When considering the points above, it is worth recognising the logistical challenges associated with transporting swabs from some geographically isolated sampling locations to labs in Wales and in England can contribute to longer turnaround times. The timeliness of home test kits is also reliant on swabs being posted back to the labs in a timely manner. The volume of testing in the UK and in Wales is also high in comparison with other countries with similar case numbers. However, these challenges need to be overcome as success of the TTP programme is critically dependent on timeliness of test results. As a result, a Lighthouse Lab was opened in Newport in October, and a consolidation centre opened in Cardiff in January to enable faster transportation.

1.17 The frequency of in-hospital testing has improved since the start of the pandemic but needs to be strengthened further. Hospital outbreaks of COVID-19 have clearly been a risk which could have been reduced through effective testing regimes, both before and on admission, as well as more frequent testing during a patient's hospital stay.

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4   This includes regional drive-through, mobile, and local walk-in test centres supported by Lighthouse Labs.

1.18   PHW figures show that compared to the first wave of the pandemic, hospitals have been testing proportionately more patients on admission[5], increasing from 24% in the first wave to 54% in October, but there remains considerable room for improvement. Data on the **PHW website** provides further detail and indicates that levels of testing has varied significantly across Wales, with Hywel Dda University Health Board testing approximately 24% of patients in October compared to 64% in Betsi Cadwaladr University Health Board. Variation between health boards narrowed during November, with all health boards more recently testing between 50-60% of all admissions, with the exception of Cardiff and Vale which has been at a lower rate of around 40%. Once tested on admission however there has been no regular testing during a patient's hospital stay unless patients have developed symptoms. This has been with the exception of patients discharged to care homes, which has required patients to have had two negative test results before being discharged.

1.19   The levels of risk have varied in different areas of Wales because of different prevalence of disease in the communities, However, it has been clear that once an in-hospital outbreak occurs, spread of COVID-19 as a result of hospital transmission has placed a significant burden on hospital capacity and resulted in very poor outcomes for patients.

1.20   The number of people who have got COVID-19 in hospital has been relatively low across Wales (approximately 8% of all cases during the week commencing 8 February) but there had been an increasing number of outbreaks over recent months. It is important that testing regimes within hospital settings are designed to meet this challenge and reduce the risk of hospital acquired coronavirus infections.

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5   PHW figures exclude confirmed positive cases and elective patients who are tested prior to admission.

What factors are affecting testing?

1.21   The Lighthouse Lab arrangements have created some challenges for
       Wales given that the UK Government make the decisions about the use
       of lab capacity. Up until October, regions in Wales were not sighted on the
       Lighthouse Lab capacity available to them in their retrospective areas.
       During that time, increased demand in other parts of the UK as well as
       decisions made by the UK Government impacted on the availability of
       testing across Wales. This included:

   •   the decision to cap the number of tests available during September to
       manage demand through the Lighthouse Labs, resulted in reduced slots
       available and underuse of test centres which meant not everyone who
       needed a test could get one.

   •   the decision by the Lighthouse Labs to hold back on analysing swabs
       from the regular programme of asymptomatic care home testing which
       resulted in those swabs no longer being valid for analysis.

   •   the setting up of the UK Government's portal for booking tests which
       directed residents to the geographically nearest testing site with
       available capacity. This resulted in English residents travelling into
       Wales for tests, sometimes into areas that were in local lockdown,
       reducing the number of tests available for Welsh residents. It also
       resulted in Welsh residents being offered tests in other parts of the UK.

1.22   All regions now have access to the Lighthouse Lab capacity available
       to them on a daily basis, and for the week ahead to enable capacity to
       be deployed to the right areas. Mileage restrictions have also now been
       placed on tests booked through the UK Government portal to minimise
       the flow across countries, as well as the flagging-up of local restrictions
       to stop travel into lockdown areas. Where there have been community
       outbreaks, regions have also been able to take some control of the
       booking arrangements to ring-fence privately run sampling capacity to
       local communities where appropriate, although this has been reliant on
       health board's having alternative booking systems in place.

1.23   Current service performance management data focuses on the time
       from which a sample is taken to the time when the result is reported.
       Information on the testing capacity is also available, as is the extent that
       the capacity has been utilised. This operational information is useful
       to manage what are a complex set of services that are provided by
       distributed test site and lab units. However, there has been no information
       on the number of people that try to get a test but are unable to get one.
       This, if available, would give a picture on unmet demand.

1.24   Similarly, no information is reported on the time taken from when people identify the symptoms to the time when they have a test. This would be important to establish delays in accessing tests, particularly at times of high demand, as well as understanding population behaviours and potentially 'soft' barriers that are delaying people going for tests. This could include for example a person showing a symptom of the disease but not going for a test until their symptoms exacerbate. This information is captured as part of the contact tracing process but has not been reported.

1.25   Since the early part of December the Welsh Government, with the regional partners, have been utilising rapid testing. This includes the Lateral Flow Device, which gives results within 30-40 minutes. This was used in the recent pilot in Merthyr Tydfil and Lower Cynon, to understand the rate of infection. Rapid testing is now providing some significant benefits, for example, testing care home visitors, emergency department patients and key workers to enable rapid decisions and action to be taken. It is also providing benefits by reducing the elapsed time for contacts to be traced and told to isolate, as the rapid results enable the positive cases to inform their contacts immediately.

1.26   However, the rapid tests have come with some challenges, as they are not as accurate as the swab tests analysed through the labs. Until recently, people who returned a positive lateral flow test were advised to have an additional swab test to confirm the positive result and for their details to then be added to the contact tracing system. This had the potential to create additional demand on the testing system when applied to asymptomatic populations. The level of 'false positives' to date, however, has been very low and the decision has since been taken to directly record the rapid test result on the contact tracing system to enable tracing. There remains a risk, however, that some people who have the virus get a 'false negative' result and inadvertently infect more people. It should be noted that the risk of 'false negative' results also applies to lab-based tests as well as rapid lateral flow tests.

How good is contact tracing?

1.27 It is internationally recognised that contact tracing is a well-established mechanism to control the spread of infectious disease. It involves contacting and providing advice to people who have tested positive, finding out who their close contacts have been, and reaching those close contacts to advise them on what they need to do. Contact tracers try to build trust to find out who people have been in contact with, especially where they may be reluctant to admit they have broken the rules. Tracers also play a key role in advising people of the importance of self-isolating, and to flag up with wider public and third sector services where additional support may be needed.

1.28 While some small-scale public health control and outbreak tracing arrangements were in place prior to the pandemic, the pace at which new tracing services have been introduced, as well as the scale of them, has been significant. This has included:

- development of all-Wales processes, guidance and scripts;

- the procurement, development and rollout of an IT system within a six-week period; and

- the local recruitment and training of a workforce which, by December 2020, was 2,400 strong.

1.29 The scale of these contact tracing arrangements has never been seen in Wales before. This was enabled by strong and effective partnership working within and across local authorities and health board regions.

1.30 Irrespective of the scale of the tracing service introduced, the challenge presented by the pandemic has been immense. Contact tracing services in Wales have generally performed well but the timeliness of tracing activity has seen some deterioration at periods of high demand, when services have needed to respond to increasing infection rates during the autumn and winter. **Exhibit 6** shows the significant weekly growth in the numbers of eligible[6] cases and their contacts that need to be traced by the service.

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6   An eligible index (positive) case is one that requires contact. There may be instances where the case is not eligible, for example they are an inpatient in a hospital (and therefore all contacts are known and informed through internal processes), or it may be a repeat or duplicated test.

Exhibit 6 – all-Wales number of eligible cases needing to be contacted up to 21 February 2021

Number of eligible contacts identified ● ● Number of index cases eligible for follow up
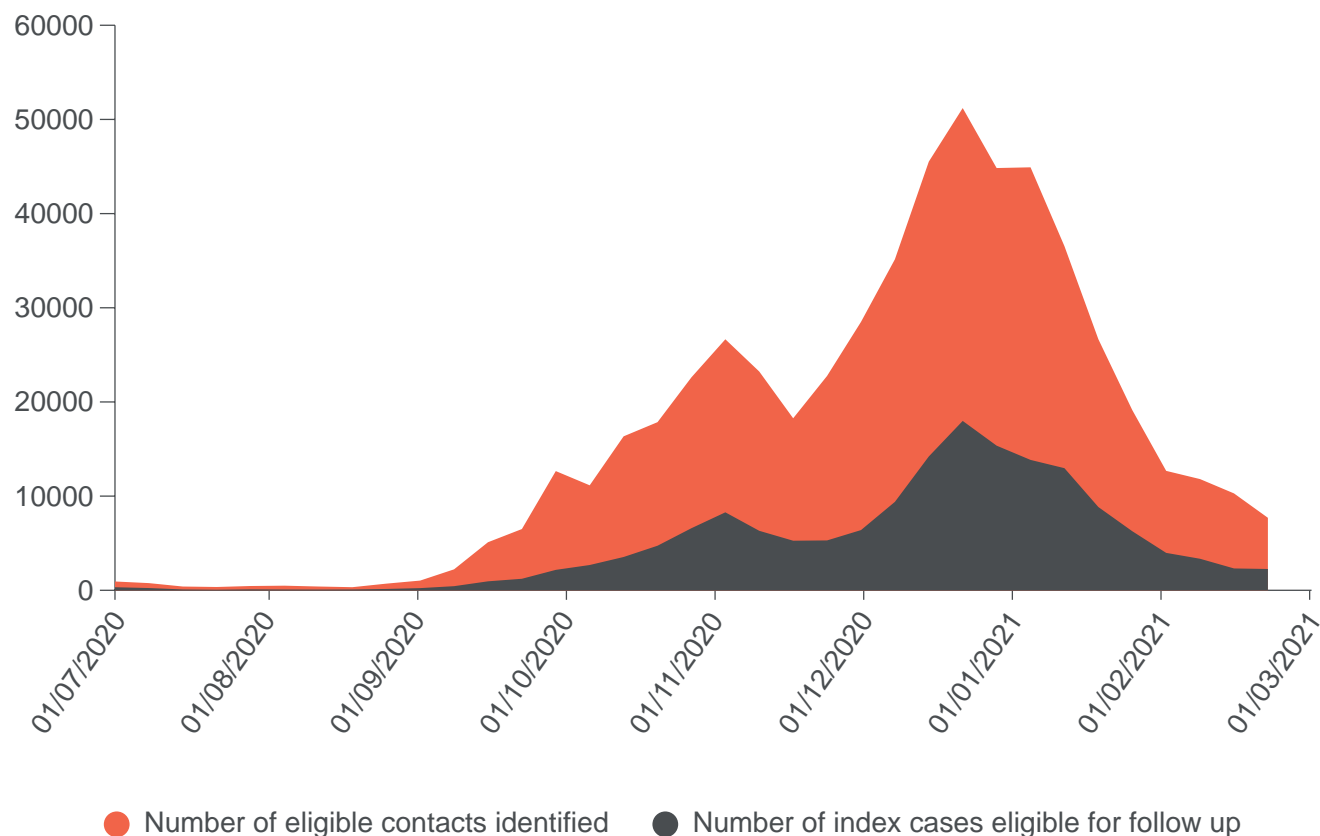
Source: Welsh Government

1.31 At the beginning of September tracing teams were reaching most positive 'index' cases in 24 hours. The time taken to reach index cases is measured from when their details are uploaded into the digital tracing system to the time tracers successfully make contact. For close contacts, the clock starts both when a close contact is identified by a positive case, and also from the point when the related index case was referred onto the contact tracing system. The clock stops when successful contact has been made. Whilst index cases know they have tested positive and should self-isolate, their close contacts may have the virus and be unaware of it. Therefore, the longer it takes to reach contacts, the more likely they are to unwittingly spread the virus. **Exhibit 7** shows how the timeliness of tracing activity can deteriorate when demand on contact tracing teams increases. At 19 December, 24% of all eligible index cases were reached within 24 hours, compared with 93% at 20 February. Also, at 19 December, only 23% of all eligible contact cases were reached within 48 hours of the index case being reported to the tracing teams, compared with 75% at 20 February.

**Exhibit 7 – all-Wales timeliness of contact tracing (within 24 and 48 hours)
up to 21 February 2021**

● Percentage of all eligible index cases reached within 24 hours

● Percentage of all eligible contacts reached within 48 hours of
parent index case being referred to contact tracing teams
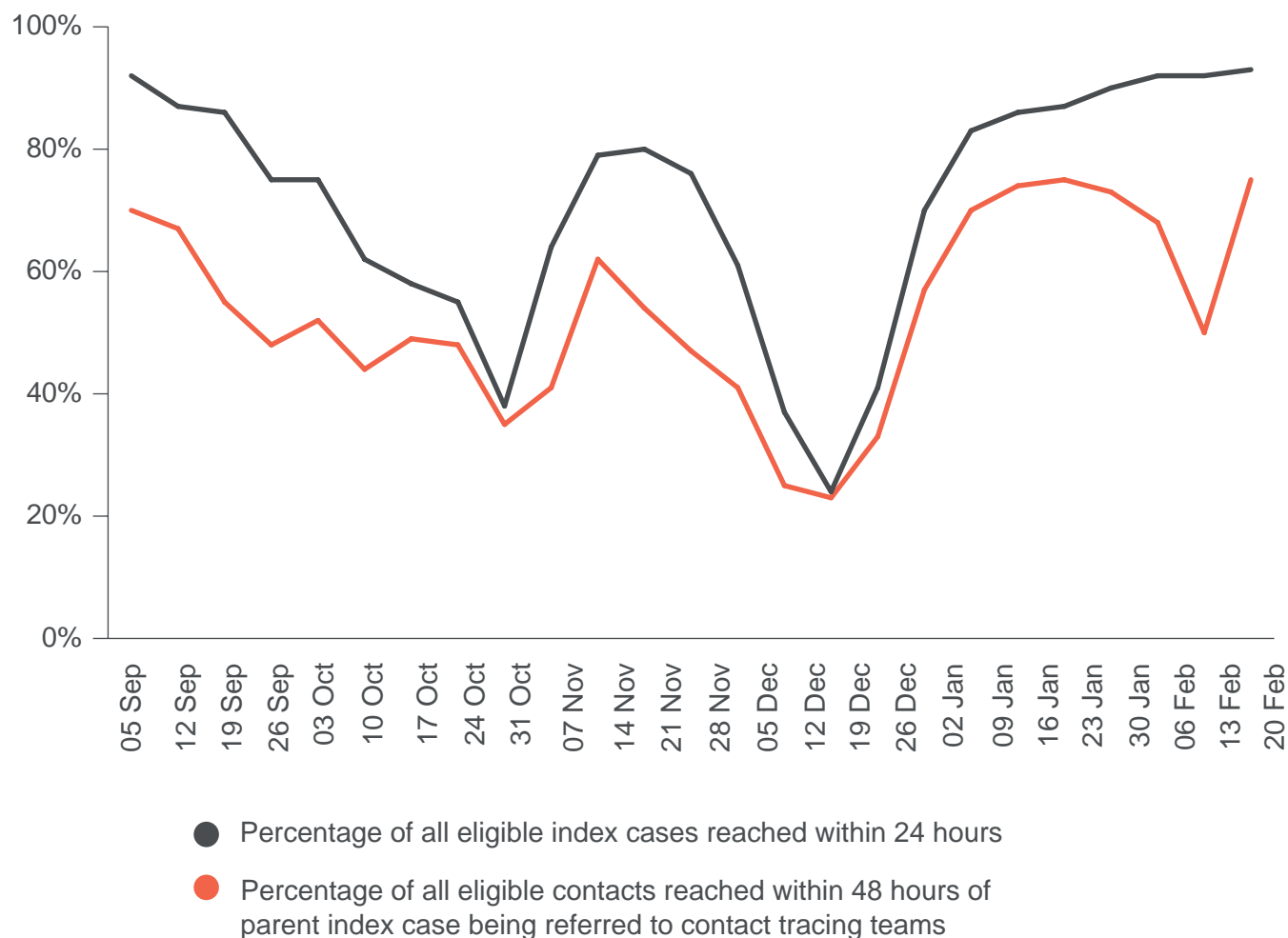
Source: Welsh Government

1.32 Even though the TTP system has been contacting a high proportion of
both positive index cases and their close contacts, a small proportion
of people have not been reached at all. This has been for a number of
reasons which includes incorrect contact details or a reluctance of contacts
to respond to the call. At 20 February, 625 index cases (0.4%) and 21,482
close contacts (5%) had not been reached at all. It is important to note
that only people going through the TTP system will have been traced,
Members of the public who have reported symptoms through other means,
such as the **ZOE symptom app** or tested positive by undertaking a private
test will not have been traced.

What factors are affecting contact tracing?

1.33 The capacity within tracing teams has been a key determinant of their ability to reach positive cases and their close contacts. At the start of the TTP programme in June, the Welsh Government made £45 million available for health boards and local authorities to set up contact tracing teams across Wales. Plans were developed to manage peaks and troughs in demand for contact tracing with a flexible workforce that included staff redeployed from other services which had closed down because of the pandemic.

1.34 Over the summer, some staff returned to their main job when services started operating again, and health boards and local authorities started recruiting new staff to boost their tracing capacity. In November, the Welsh Government provided an additional £15.7 million to nearly double the tracing workforce in Wales from 1,800 to 3,100. By December 2020, there were 2,400 people[7] working in tracing teams.

1.35 Recruiting new staff, including bilingual staff, into local tracing teams at the same time as redeployed staff were returning to their normal job resulted in a greater degree of churn than expected for some teams and created some gaps in tracing skills and experience. New staff can take longer to process tracing cases. We are also aware that introducing new staff in some regions created problems such as data entry errors by inexperienced staff. There was also a heavy reliance on the existing expertise of public health protection and environmental health specialists who needed to deal with the more complex outbreaks, alongside their wider work supporting the application of social distancing measures in various settings.

1.36 Effective training has therefore been an important part of the work to build the capacity of contact tracing teams. In the Cardiff and Vale region there has been a dedicated tracing trainer whilst in other regions training has been provided by an existing member of the contact tracing team alongside their existing tracing duties.

1.37 It is important to note that whilst training of new contact tracing staff is clearly important, each local and regional team will have been working within an operating framework that was developed by PHW, who also wrote the 'scripts' for contact tracing teams.

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7   Full time equivalents.

1.38 A positive feature of the way contact tracing has operated in Wales is the concept of 'mutual aid' where caseload work has been shared between regions if one region has been experiencing particular pressures due to rapid rises in positive cases. This mutual aid played a part in the management of the early outbreak in Anglesey and more latterly when case numbers rose sharply in the Cwm Taf Morgannwg area. The Welsh Government has also set up a new all-Wales 'surge' team which, along with mutual aid arrangements, has been used to manage peaks and troughs in demand for tracing activity. It is also been conducting an efficiency review of tracing across Wales to ensure best performance.

1.39 Within each region there has also been a central contact tracing team which includes specialist staff drawn from NHS and local authority partners to help deal with the more complex issues such as contact tracing within care homes and hospital settings. More detailed contact tracing to understand the exact source of the transmission has also taken place as capacity has allowed. This has required the reshaping of the work of public protection, the wider cohort of environmental health officers and local authority health and safety teams to work with businesses and communities found to be at the source of the outbreak, and apply enforcement notices where relevant.

1.40 The tracing workforce in Wales has increased rapidly, but during December, tracing teams struggled to meet demand from the surge in infection rates. To meet the demand, some teams temporarily prioritised cases to be traced and asked people who had tested positive to speak to close contacts themselves.

1.41 Since 9 June, all tracing teams have used the same digital Customer Relationship Management (CRM) information system. NWIS procured the CRM system and negotiated a software licensing contract where the number of users could be scaled up or down, which helped to control costs. The CRM system links to the Welsh laboratory information system and updates every 30 minutes with new positive cases. The system allocates positive cases to the tracing team where they live. Tracing teams then record information about positive cases and their contacts in the CRM system. Information can be extracted from the CRM system to gauge how well contact tracing is performing and to understand the spread of the virus.

1.42   Contact tracing teams have encountered some practical challenges since the launch of the CRM system. For example, one region reported that system functionality resulted in 'shadow lists' on the system where some positive cases were recorded but were not visible in the tracing queue. These types of issues are, however, quickly resolved. Concerns, however, have remained with the unreliability of the telephony system, which supports calls from the CRM system. This is resulting in contact tracers, for example, not being able to make calls when they need to because of connectivity issues.

1.43   Some tracing teams have also reported that the batch processing of lab results and the subsequent upload of positive cases onto the CRM created a peak of cases to follow up. Whilst this was to be expected, the uploads particularly at the end of the day made it difficult for tracing teams to meet timeliness targets, as many cases would not have been followed up until the next working day.

1.44   The quality of the information coming from the system has depended on the accuracy of information entered by contact tracing teams. It has also relied on having skilled data analysts to extract the information and use it in meaningful ways, but at the time of our review some regions lacked data analyst capacity.

1.45   There have been other practical challenges that contact tracing teams have encountered as the pandemic has progressed. There have been outbreaks in commercial work settings where many employees did not speak English. There have also been incidences of contact details being incorrectly recorded either deliberately or because the systems for recording information were rudimentary (ie handwritten details with associated problems with legibility).

1.46   All of these challenges have been worked through with lessons learnt and shared as part of the ongoing evolution of the TTP programme. These challenges have also been worked through quickly, reflecting the ability of the service to respond to issues and where relevant make changes to working processes or policies, at pace.

What is being done to support people who need to self-isolate?

1.47 Despite the positive recent news about vaccine development and roll out, Wales still finds itself in a position where cases of COVID-19 are circulating widely. It is therefore absolutely vital for people to self-isolate if they have tested positive for the virus, or if they are a contact of somebody who has tested positive.

1.48 However, for many people self-isolation has brought numerous practical, financial and well-being challenges. The 'protect' element of TTP has been about providing the necessary support and information to those who need to self-isolate.

1.49 Whilst the initial Prevention and Response Plans[8] at a regional level lacked detail on what would be done to support people to self-isolate, our work has found that numerous initiatives have been in place to provide such support. Typically, these have been collaborative initiatives at a regional and local level involving public sector bodies and various agencies from the voluntary sector, often supported by community volunteers. These services have looked to provide practical help such as food shopping, medicines collection and wider support for those at risk of loneliness and social isolation. Work has also been undertaken to provide support to specific population groups such as university students and tourists travelling into Wales during periods when lockdown restrictions are lifted so they are aware of local measures that are in place and where to go to for support.

1.50 In response to the financial challenge associated with self-isolation, from 1 November, people on low incomes in Wales have been able to apply for a £500 payment if they have tested positive for COVID-19 or told to self-isolate. A similar scheme has been available to social care workers as a top-up payment to their statutory sick pay. Self-isolation payments have recently been extended to some parents and carers on low incomes who have had to look after children who are self-isolating. Local authorities received just under 20,000 applications between November and January 2021 with around 50% of those eligible for payment. The scheme was being reviewed at the end of January, but there was clear recognition that there remained a need to financially support those in most financial need to allow them to comply with self-isolation requirements.

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8   The Welsh Government required health boards, local authorities, and their partners to submit the plans setting out how they would limit the spread of the virus in their region.

1.51   The peaks in community virus transmission which have followed periods of lockdown raise questions about the extent to which the public have been willing to observe the necessary social distancing. PHW's weekly '**How are we doing in Wales**' provides a good summary of how people in the community are feeling, their opinion on policy, and the extent they understand and follow COVID-19 guidance and legislation. This survey showed compliance with the Welsh Government's restrictions was falling amongst respondents. It is not clear to what extent a failure to comply with self-isolation requirements associated with contact tracing has contributed to rises in community transmission. So far, limited information exists to understand the scale of any non-compliance with self-isolation requirements or indeed the reasons for it. PHW has been conducting two pieces of research to understand whether people are self-isolating after being contacted by tracers.

1.52   Clearer information on the level of need for 'protect' services and how well existing services have been meeting that need, would help with the identification and targeting of resources at both a regional and national level. Nevertheless, there is now good information on the range of support services that have been introduced across Wales, often through partnership working. On 16 December, Welsh Government published a review of the **support arrangements for non-shielding vulnerable groups**. As well as identifying support activity, the report also identified lessons learnt, including early engagement with local authorities on shielding guidance, mental health support, more support for digital inclusion, and the long-term benefits of maintaining the momentum that has built up around volunteering. Welsh Government is undertaking an additional survey of local authority protect teams and has established a 'Protect Leads' group. These are focused on understanding the nature of protect requests arising, improving the range of support provided and sharing practice and learning.

1.53   As the TTP programme developed in response to the pandemic, national oversight arrangements have tended to focus much more strongly on the testing and tracing components of the programme. There has been less national oversight of what is needed by way of support for people to self-isolate and an absence of information to know whether those services are effectively influencing public behaviour.

1.54   Self-isolation for people who test positive, and their close contacts, will continue to be a key part of the approach to keeping the spread of the virus in check whilst vaccination programmes are rolled out during 2021. Ensuring that the 'protect' element of TTP gets the focus it needs will therefore be crucial if the programme is going to eventually help us get on top of the virus.

1.55   There is good practice to build upon and adopt more widely, such as the self-isolation helpline that was launched in the Cwm Taf Morgannwg region in November 2020. The helpline is a partnership venture between the Health Board, local authorities in the area, PHW, the Regional Partnership Board and the voluntary sector. It provides help and advice for people who are asked to self-isolate and was set up following analysis of intelligence from the regional TTP programme that showed there was considerable confusion about self-isolation and what support was available, leading to non-compliance with measures to control the spread of COVID-19.

1.56   Other important activities are also underway such as work the Welsh Government is undertaking with the Welsh Local Government Association (WLGA) to develop a monitoring framework that maintains a clearer overview of support needs of people who are required to self-isolate. Welsh Government officials have also been working with NWIS to improve the information captured in the CRM system about people who need help to self-isolate.

Looking ahead: key challenges and opportunities

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Having better information to improve efficiency and evaluate the impact of TTP

2.1 The performance in one part of the TTP system will determine how effective other parts of the system are. For instance, quick turnaround times for testing are necessary for contact tracing to be effective. Similarly, the ability of contact tracing teams to reach the right people quickly will help identify those who need to self-isolate before they spread the virus further. While there is information about how well different parts of the TTP programme have been working, there has been no performance information that looks at the whole programme, from the moment someone requests a test to the point their contacts are traced, to demonstrate how quickly it is identifying and isolating infected people. Such information could be a powerful tool to help know what is needed to enhance the efficiency and effectiveness of the overall programme.

Ensuring testing activities are fit for purpose and meet increasing demand

2.2 Notwithstanding some of the challenges set out earlier in the report, testing and tracing arrangements have responded reasonably well to the challenges posed by the virus. However, testing and tracing capacity will need to continue to respond to demand in 2021. Tests need to be easy to access and results must be returned quickly to help control the spread of the virus. There is also a considerable risk that if people think it is hard to get a test, or fast results, they may not bother to get tested.

2.3 As highlighted in **paragraph 1.25**, at the time of our review, the Welsh Government had started using new testing technologies such as lateral flow devices and the Lumira DX test. The tests provide quick results and can support large scale testing of asymptomatic populations or screening for health and social care staff. As the demand for these rapid tests increase across both the public and private sectors, the Welsh Government will need to think clearly about which sectors have priority as part of the roll-out, taking into account the known limitations with the accuracy of these tests,

2.4   Testing arrangements within hospital settings is also an area that needs some consideration. Although testing in hospitals has improved since the first peak, hospital patients typically only get tested at the point of admission unless they develop symptoms. To minimise the spread of the virus from patients who may have tested negative at the point of admission but then go on to develop symptoms, there are opportunities to expand the frequency of testing within hospitals as well as ensuring that infection control regimes are as effective as they can be.

Creating a skilled, resilient workforce to deliver TTP

2.5   As with other parts of the public sector, many staff involved in overseeing and delivering TTP have been under considerable pressure for several months. We heard that many staff have been working long hours with limited opportunities to take leave. Organisations have put some measures in place to ensure resilience including recruiting or redeploying additional staff, reallocating work, and putting weekend rotas in place. But there is still considerable pressure on many staff, including those in leadership and specialist roles. Public bodies are also managing competing demands on their workforce associated with the wider impact of the pandemic, the COVID-19 vaccination programme, and the ongoing consequences of Brexit[9]. Irrespective of how quickly the general public can be vaccinated against COVID-19 it is a reasonable assumption that TTP services will be needed at least until the middle of this year and most probably longer. Many new staff have only been recruited until 31 March to align with the current funding availability. It is important that a commitment to fund services into 2021-22 is made as soon as possible to enable staff to be retained and the workforce to remain stable.

2.6   Some staff, including officials leading TTP, have been redeployed and adapted quickly and successfully to new roles outside their previous area of expertise. There may be opportunities to move more staff from other areas to support TTP. There are a number of difficult to recruit to roles and specialists in PHW and some regional teams are looking at how they can increase colleagues' skills to deliver non-specialist work. There are opportunities to look more broadly at which tasks can only be done by public health protection and environmental health specialists, and which can be done by other officials. There could also be opportunities to reduce specialist attendance at meetings by providing guidance outside meetings or identifying areas where non-specialist support is 'good enough'.

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9   **Our letter on preparations for the end of Brexit** describes some of the workforce pressures associated with Brexit.

Influencing the public to follow public health protection guidance and requirements

2.7   It is crucial that people who test positive or are told to self-isolate by TTP services follow the rules to avoid infecting anyone else. We found local, regional, and national examples of approaches to influence public behaviour. But without information on whether people are self-isolating it has been difficult to judge the success of this aspect of TTP. Even if effective, TTP is only part of the response to limiting the spread of COVID-19. Since April, the Office for National Statistics has worked with partners to test and survey a sample[10] of people living in the UK to understand more about COVID-19. In October, **the survey** showed that only 34% of people who tested positive for COVID-19 reported any symptoms. These results would suggest that a significant number of people with the virus would not go through TTP at all. It is therefore essential that the population understand and comply with wider measures to prevent infection.

2.8   Many of the professionals we spoke to told us influencing public behaviour has been a huge challenge, particularly as the public grow weary of the pandemic and restrictions on their everyday lives. We also heard that the public have been confused by changing rules, especially when the rules differ across the UK nations. Local intelligence shows that people who do not follow the rules fall into various age groups and are from various backgrounds, in different parts of Wales. Health boards, local authorities, PHW and the Welsh Government have been trying to influence public behaviour in various ways, but getting people to do the right thing remains a considerable challenge. There is a further risk that once people receive their vaccination against COVID-19, they will think there is less need to comply with social distancing and other measures to control the spread of the virus.

10 From October the sample was 150,000 people.

Applying the learning from the TTP programme to other programmes and future ways of working

2.9 Although COVID-19 has presented unprecedented challenges, the pandemic has also provoked significant positivity in the way in which public and third sector organisations have responded. These are evident throughout the TTP programme.

2.10 The scale and challenge of the pandemic has brought organisations together with a common goal of limiting the spread of the virus and protecting the population of Wales. True partnership has been displayed with organisations sharing skills and resources to put teams in place to deliver the TTP agenda, and staff redeployed across a whole spectrum of activities regardless of the organisation in which they may normally work. The concept of mutual aid between different organisations and across different parts of Wales has provided much needed support to parts of the system that may be under increased pressure and sharing the load across Wales as a whole, regardless of organisational and geographical boundaries.

2.11 Processes have been put in place in a matter of days, which in normal times, would have taken months or years. New roles have also been created, with new staff recruited, onboarded, and trained within weeks. A single once-for-Wales IT solution was procured, developed, and implemented within six weeks, enabling organisations to connect to each other and provide a single source of information. It is worth contrasting this with what has typically happened in the past with IT solutions taking years to develop and then implement, with public sector bodies frequently using different versions of the system which struggle to connect to each other.

2.12 The TTP programme has clearly demonstrated that the public service has the ability to work well across organisational and professional boundaries, and to work at pace to get things done. As the attention moves on to different responses to the pandemic, such as the current vaccination rollout programme, and then ultimately, the recovery and resetting of services once the significant peaks in the pandemic start to reside, it is important that the positive learning from the TTP programme is captured and used to shape the way that public sector organisations work together and tackle challenges in the future.

Appendices

1   Sampling and testing analysis pathway for Wales (as at December 2020)

1 Sampling and testing analysis pathway for Wales (as at December 2020)

Who can have the test?	Where are the samples taken?	Where are the samples analysed?	
		Lighthouse Labs	Welsh NHS labs
Symptomatic residents in the community	Regional drive-through testing unit	Most samples	Some samples
Symptomatic residents in hotspot or outbreak areas (including care homes)	Mobile testing unit	Most samples	Some samples
Symptomatic residents in the community	Local walk-in unit	Most samples	Some samples
Symptomatic residents in the community	Home testing kits	All samples	
Symptomatic care home residents and staff	Care home test from the UK government portal	All samples	
Asymptomatic care home staff tested on a weekly basis	Satellite units	Most samples	Some samples
Hospital inpatients	Hospitals		All samples
Hospital outpatients	Community testing unit		All samples
Key workers[11]	Community testing unit		All samples

11 A list of key workers are set out at **gov.wales/coronavirus-critical-key-workers-test-eligibility**. Some key workers may access the testing pathway by presenting as a symptomatic resident in the community.

Archwilio Cymru
Audit Wales

Cyfarfod a dyddiad: Meeting and date:	**Strategy, Partnerships and Population Health Committee** **15.4.21**
Cyhoeddus neu Breifat: Public or Private:	Public
Teitl yr Adroddiad Report Title:	**North Wales Transformation Programme**
Cyfarwyddwr Cyfrifol: Responsible Director:	Chris Stockport, Executive Director Primary Care & Community Services
Awdur yr Adroddiad Report Author:	Jo Flannery, Regional Programme Manager Community Services Transformation Sharon Hinchcliffe, Regional Programme Manager Children's Transformation Llinos Edwards, Together for Mental Health Programme Manager Kathryn Whitfield, Regional Programme Manager Learning Disabilities Transformation
Craffu blaenorol: Prior Scrutiny:	Clare Darlington, Assistant Director Primary Care & Community Services
Atodiadau Appendices:	**Appendix 1:** Community Transformation – Plan on a Page **Appendix 2:** Benefits Realisation Map **Appendix 3:** Programme Business Case

Argymhelliad / Recommendation:

The Committee is asked to:
- note the information contained within the report by way of progress with the North Wales Transformation programme,
- note the early evidence of benefits achieved

Please tick as appropriate

Ar gyfer penderfyniad /cymeradwyaeth For Decision/ Approval		Ar gyfer Trafodaeth For Discussion		Ar gyfer sicrwydd For Assurance		Er gwybodaeth For Information	X
If this report relates to a 'strategic decision', i.e. the outcome will affect how the Health Board fulfils its statutory purpose over a significant period of time and is not considered to be a 'day to day' decision, then you must include both a completed Equality Impact (EqIA) and a socio-economic (SED) impact assessment as an appendix.						Y/N to indicate whether the Equality/SED duty is applicable	N

Sefyllfa / Situation:

The purpose of this report is to provide Committee members with information on the anticipated benefits for health and social care in North Wales, from the Regional Transformation programme. As such, the report covers the 4 interdependent transformation projects:

- Community Services Transformation
- Children and Young People's Transformation
- Together for Mental Health Transformation
- Learning Disabilities Transformation

What links these projects is a commitment to work towards the greater integration of services, in order to better meet the needs of our citizens. This report provides information on the range of benefits (for partners, for citizens and for our workforce) anticipated to result from programme activity, and provides an early assessment of achievement to date. The report concludes by providing an overview of how benefits will be evidenced as the programme matures, including information on the work to be taken forward in 2021/22, together with early plans for how the programme may be sustained through mainstream service delivery, once Transformation funding ceases.

Cefndir / Background:

The Programme
The Transformation Programme in North Wales responds to *'A Healthier Wales'* (2018), and sets out an ambitious programme for transformational change across a number of strategically important areas, underpinned by the following 5 guiding principles:
- Whole system change and **reinvestment of resources to a preventative model** that promotes good health and well-being and draws effectively on evidence of what works best.
- Care is delivered in **joined-up** ways, centered around the needs, preferences and social assets of people (service users/ patients, carers and communities)
- People are enabled to use their confidence and skills to live independently, supported by a range of **high quality, community-based options**
- Embedding **co-production in decision-making** so that citizens and their communities shape services
- Recognition of the **broad-range of factors that influence health and well-being** and the importance of the links to these areas (including education, housing, welfare, reduced homelessness, economic growth, regeneration, leisure and the environment).

(a) Community Services Transformation: Here, the vision is that community-based services (across all sectors) are transformed in order to enable early help and support for people, provided within their own homes and communities. Through this approach, outcomes for individuals will be improved and demand for acute services and statutory care provision, reduced, as the locus of care shifts from acute to community. Fundamental to this vision is the development of **integrated health and social care localities** and **strengthened Community Resource Teams** (CRTs), working seamlessly to provide information, advice, care and support, based on 'what matters' to individuals.

Through the development of a **place-based model of care and support**, the programme seeks to ensure that individuals and carers:
- Have **well-coordinated services** designed around 'what matters', ensuring quality of access and services provided in the language of need
- Have help to navigate the health and social care system, as well as accessing a range of other services that would **improve their well-being**
- Have access to a range of **preventative services**, community support, advice and information
- Have access to a range of **community support**, care and therapeutic interventions
- Have assistance in **dealing with crisis**, end of life and on-going health conditions
- Have access to intermediate care, ambulance and other **rapid response services** to prevent the need for hospital admission
- Have access to **intensive support** where they have complex needs
- Have matters relating to **equality and human rights** respected and addressed

In order to deliver these principles, close links are being established between localities and hospitals, domiciliary care services and care homes; thereby enabling specialist advice and input to be provided by phone or video so that citizens can remain at home. **(See Appendix 1 – Community Transformation, Plan on a Page).**

(b) Integrated early intervention and intensive support for Children and Young People: This programme of work seeks to respond to the growing number of children and young people entering the care system by developing a range of specific solutions that offer community-focused health, social care and well-being services. In particular, the programme is developing existing services in order to provide integrated seamless approaches to early help, and more timely and responsive assessment and support, in order to bring about better outcomes for children and young people.

The model being developed as part of the programme, transforms how partners currently provide integrated early intervention and support to families that are having difficulties, through a whole-systems approach that focuses on the family and how, in an integrated manner, we provide the right support and approach to build family resilience. This model is comprised of 3 interconnected elements that ensure continuity in delivering timely, integrated support across the continuum of need:

- **Early help:** helping prevent problems from escalating through timely integrated support, including new approaches to early help and accessing therapeutic support
- **Edge of care:** establishing multi-functional 'assessment and support' teams that provide responsive and intensive support that seeks to build individual and family resilience and facilitate effective de-escalation of complex/ escalating/ crisis situations
- **Assessment and support teams:** achieve better outcomes for children and young people whilst reducing the need for costly, long-term statutory intervention

(c) Together for Mental Health in North Wales (ICAN): This programme of work seeks to resolve the fragmented approach to managing people in mental health crisis, in order to provide a seamless integrated urgent care service for those individuals who require immediate support, to prevent a crisis in the community, and therefore avoid unnecessary admissions to hospital. This approach to prevention and early intervention supports people to maintain their independence and enables care and support to be provided on the basis of 'what matters' to the individual. The model being developed seeks to integrated community mental health services within the locality/ Community Resource Team model being developed through the community services transformation programme, as well as:

- **Promoting emotional health and wellbeing and preventing mental health crises** including through community hubs and the ICAN Pathway and other more specific innovations such as social prescribing, volunteer support and resilience promoting projects.
- **Providing a holistic, timely response to individual needs aiming to support people to remain safely in the community** including through the development of multi-agency pathways
- **Workforce Development** to underpin the multi-agency approach to crisis care by training front line staff from all organisations on their respective roles and how to provide the right help at the right time in a creative, flexible, and non-stigmatising way with people who have lived experience.
- **The development of more accessible and appropriate (including supported) housing for people at risk of a mental health crisis** through the provision of step-up step-down accommodation

(d) North Wales Together: Seamless services for people with learning disabilities: Work within this programme supports the delivery of the Regional Partnership Board's (RPB) Partnership Strategy, as well as the development of a seamless model for learning disability services based on 'what matters' to the individual and building on family support, informal networks and Community Resource Team models. The model of care being developed works in conjunction with the Community Services Transformation programme, through the development of joint health and social care localities/ Community Resource Teams (CRTs). The programme, seeks to bring together the range of (at times) disparate models for care and support across the region, into a cohesive approach, underpinned by regional design principles, and delivered through locality models.

Prevention and early intervention is at the heart of the model being developed. Here, models of care and support are being developed whereby people with a learning disability are supported to build relationships and to have support structures in place within their local community, in order to reduce demand on specialist services. Central to the work being undertaken is the development of assistive technology to support individuals with a learning disability.

Benefits Realisation

Underpinning this programme of transformation is the integration of health and social care services at a locality footprint, designed and delivered in order to respond to local need in a joined up, whole systems way. This person-centered approach to integration is being delivered alongside system-focused integration, in order to support the achievement of improved outcomes for individuals (keeping people in their homes longer, maintaining independence, reducing unnecessary admissions, improving health outcomes, and quality of life), whilst actively coordinating and bringing services together to provide 'joined-up' or 'seamless' care.

With regards to the Community Services, Mental Health and Learning Disabilities transformation projects, the benefits exist largely at the interface between health and care systems – a reduction in wasted effort, better transfer of information from one professional to another, less overall transactions, and a more joined-up leadership, which recognizes, and can out into place, the right care arrangements at a local and regional level for their populations. It is important to note, that in developing these projects, the decision was to embark upon a programme of systems and cultural change, rather than the recruitment of additional operational/ service capacity. Here then, programme managers and change agents have worked alongside operational colleagues to affect longer-term, sustainable change from within. Therefore, the realisation of any associated benefits from these new ways of working and models of care and support are not something which can be evidenced in the short-term, but rather, they form part of an ongoing programme of transformation.

With regards the Children's Transformation project, the intention is to build Assessment Centres within the region. These centres will become the base for the multi-disciplinary teams that have been developed and who are already working with families. Whilst a local bed-based facility would be more cost-effective, cost is only one factor. Assessment centres will enable the provision of short-term placements within the region. This has benefits in terms of:

- Being able to accommodate siblings together until a suitable foster placement can be found and avoid separation
- Children, including siblings, being accommodated for a short period of time whilst further work is being undertaken to establish whether the home environment can be made safe even during care proceedings
- Improved quality and better outcomes for children and young people

Whilst Covid-19 has had a significant impact on progress, with projects largely halting for a short period of time, there are nonetheless, some 'green shoots' of progress, which suggest positive changes are beginning to be realised (see **Appendix 2 Benefits Realisation Map'**).

Delivering Transformation in 2021/ 22

The underlying priority for investment in 2021/22 is to ensure Areas are ready and able to implement a well-researched and considered programme of transformational change.

A Programme Business Case was submitted to Welsh Government in December 2020 (see **Appendix 4)** in order to secure additional funding across the programme in 2021/ 22. The initial indicative allocation suggested by Welsh Government fell short of the amount of funding requested by partners. However, following a series of conversations between Programme Sponsors, the RPB and WG, partners were able to successfully negotiate an increased allocation in 2021/22, from £4.6m to £6.7m. Individual project areas shall receive the following:

Programme Area	Allocation (£)
Community Services Transformation	£1,280,000
Children and Young People's Transformation	£3,800,000

Together for Mental Health Transformation	£750,000
Learning Disabilities Transformation	£750,000

Whilst the revised financial envelope is less than what we would have hoped for, partners are confident that the programme can continue to have the required impact. This additional 1-year funding in 2021/ 22 provides the programme with an opportunity to ensure that the 4 programmes are integrated closely together under umbrella programme – North Wales Transformation Programme 21/ 22.

Evaluation

In line with Welsh Government requirements, the programme is required to undergo independent evaluation; the purpose of which is:

- To evaluate the extent to which the Transformation Fund has accelerated the wider adoption and scaling up of new ways of working to replace or reconfigure existing services in order to improve outcomes for people, and;
- To evaluate the component parts of new models which have successfully (and unsuccessfully) enabled the adoption and scaling up of new ways of working.

Following a successful procurement exercise, the Institute for Public Care (IPC) were commissioned to work with the programme sponsors and programme managers, in order to undertake this work. The scope of the WG evaluation is fairly narrow, and focuses largely on the impact of COVID-19. Therefore, in addition to the formal requirements necessary for the WG evaluation, IPC have also been asked to provide an evaluation of the programmes, in order to assist partners in assessing the benefits of the different approaches to change being taken forward.

The following timescales should be noted with regards formal evaluation:

November 2020 Programme Business Case/ Exit Strategy submitted to Welsh Government
30th April 2021 Interim Evaluation Report to be submitted to Welsh Government
30th April 2022 Comprehensive Evaluation Report to be submitted to Welsh Government

It should also be noted that an aligned National and Regional evaluation of the Integrated Care Fund (ICF) programme is also taking place, and which draws on a sample of funded initiatives. Nationally, the evaluation is being undertaken by the same independent consultancy commissioned to lead on the National evaluation of Transformation Fund projects (OB3). The regional evaluation has been designed to complement and support the wider National evaluation. Projects were identified by area leads, who were asked to submit ICF projects for evaluation. Seven projects were identified with a total investment value of £1,386,186. The Research, Innovation and Improvement Hub is working with project leads to evaluate projects locally, aligned with performance measures set out in the Project Initiation Documentation. The process will support:

1. The Integrated Care Fund panel to make funding decisions. The findings will inform spending in 2021/22
2. Testing the suitability of internationally recognised peer reviewed methodologies to identify the most effective tools to inform spending decisions.
3. To strengthen the evidence base available for performance measures, using data, information and research from the health, social care and delivery

Further work is planned within the Area Teams to further analyse and evaluate all grant funded initiatives (ICF, Continuing Health Care (CHC) and Transformation) in order to determine benefits and strategic alignment. It has been agreed that this work be undertaken alongside a review of third sector contracts.

Sustainability

Given the short-term nature of the Transformation Fund, and the pressure on BCUHB and Local Authority Budgets, the need to sustain change in the longer-term has been a key factor influencing programme design and delivery.

- **Community Services Transformation:** The investment in CRTs will influence the shift of care closer to home, away from the acute hospital sector and helping prevent unnecessary admissions to care homes. A conservative assessment of impact on Community Hospital beds would deliver reductions of 5% in bed occupancy which could equate to £2.7 million per annum cost avoidance. Effective integrated community services could also reduce the requirement for escalation capacity across the whole system.
  Work is underway in order to develop a regional Transformation and Integration Strategy, which will set out the ongoing vision for change for the next 2-5 years. This strategy will be underpinned by local//area investment plans, which shall outline how investment will be used to increase community capacity and reduce demand on acute and statutory services.
- **Children and Young People's Transformation:** The expected outcomes of this programme of activity include: a reduction in the number of children coming permanently into full time care; a reduction in time spent in care; a reduction in family/ placement breakdowns; a reduction in the use of independent residential units for long-term care, and; a reduction in care proceedings. This programme is our opportunity to unlock a substantial amount of the money, currently used to expensive out of county and 'off-framework' residential placements, and meet the needs of children within the region and to improve their outcomes. This is how the programme will be sustained post March 2022.
- **Together for Mental Health Transformation:** The expected outcome of this project is that mental health services are transformed; creating a shift to prevention and community-based interventions, which will reduce the need for individuals to access costlier specialist services. Funding can then be re-directed post the Transformation funding period in order to sustain the developments which have been established.
- **Learning Disabilities Transformation:** The aim of this project is to develop a model using existing resources so that it is sustainable after the project is completed. The project team are working closely with existing regional structures including the North Wales Disability Partnership, participation group and the provider forum so that these groups are able to continue to lead the work on an ongoing

Asesiad / Assessment & Analysis

Strategy Implications

The Transformation programme sets out how the North Wales Regional Programme Board (RPB) will deliver on *'A Healthier Wales'* and delivers against each of the 4 Design Principles:

- Population Health & Well-being *(better prevention and self-management)*
- Health & Social Care Services *(better quality & experience, enabled by digital, supported by engagement)*
- Higher Value Health & Social Care *(rapid improvement & innovation, enabled by data, outcomes focus)*
- Health & Social Care Workforce *(improved well-being, capability, engagement, leadership)*

Locally, the programme is aligned to the BCUHB **'Care Closer to Home'** workstream, and provides a mechanism for increasing the skill mix and capacity within the community, as well as for individuals to better and more safely self-manage their own health and well-being. The initiative also aligns well to the Unscheduled Care agenda, with an anticipated outcome of the project being a reduction in demand for acute services.

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

- **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
- **Collaboration:** Collaborative working is achieved between across health, social care, the third and independent sectors.
- **Integration:** The initiative supports the integration of health and social care services on a locality footprint

Options considered

N/A

Financial Implications

The Transformation programme is funded via the Welsh Government Transformation Fund, which ceases from 31st March 2022. Whilst the requirement to deliver long-term sustainability has been a guiding principle through the programme, there are nonetheless a number of financial considerations which must be worked through over the course of this next financial year.

1. Local/ area investment plans will need to developed in order to outline how transformational change will be achieved in the longer-term, and how the rhetoric of shift resources away from the acute into the community, will be achieved in practice, through mainstream budgets.

2. Any decisions about the longer-term sustainability of transformation activity will need to be considered alongside a review of those programmes of work funded via the Integrated Care Fund (ICF). This will be important in order to minimise the impact of the cessation of both funding streams, post 2021/22.

Risk Analysis

Risk Registers are completed for each programme and are reported into the respective programme boards, as well as the Regional Partnership Board.

Legal and Compliance

From Quarter 4 2020/ 21, all programmes are required to submit detailed performance reports to Welsh Government as part of the Quarterly Grant reporting. These reports are taken through and approved by the North Wales Regional Partnership Board, and can be made available to other relevant Boards within the partnership upon request.

All independent evaluation reports prepared by IPC as part of this evaluation shall be shared with Project Sponsors, who shall be responsible for disseminating across the relevant organisational governance structures.

Impact Assessment

Equality, Welsh Language, quality and governance issues have been considered throughout the programme. Information Sharing Agreements, Data Processing Impact Assessments, and Data Processing Contracts have been completed where required, in order to ensure robust Information Governance. Full impact assessments shall be completed as the programme/ projects move towards operational delivery.

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NORTH WALES SOCIAL CARE AND WELL-BEING
SERVICES IMPROVEMENT COLLABORATIVE

North Wales Community Services Transformation: Plan on a Page 2019 - 2022

What integration will look like for the people of North Wales

"I can plan my care with people who work together to understand me and my carer(s), allow me control, and bring services together to achieve the outcomes important to me"

Outcomes & Benefits

Improved patient/ service user **outcomes**

Increased **capacity** within community services

More people **supported at home**

Reduction in **demand** for statutory services

Improved **recruitment & retention** rates

Increased **job satisfaction**

Improved coordination leading to reduced **Av. LoS**

Reduced systems **waste and duplication**

The outcomes we'll achieve

- People are helped to remain healthy and independent
- People are empowered to take an active role in managing their own care and the care they receive
- People get the right service at the right time and in the right place

Hospital based care and treatment
Local health and social care services
Home based care and self- management

Health, wellbeing and prevention

2028

2018

Hospital based care and treatment
Local health and social care services
Home based care and self management
Health, wellbeing and prevention

What integration means for our services

- **Health and social care services brought together within localities**
- **Robust leadership and governance to manage change**
- **CRTs delivering care & support from cradle to grave**
- **MDT working to support integration**
- **Total population approach to managing need**
- **Services designed according to population need and delivering what matters to individuals**
- **Increased capacity within the community to deliver care and support**
- **Seamless pathways between services, and between community and acute**
- **Scale up services that are achieving good outcomes**
- **A shift in the locus of care, from acute to community – with resources and investment following suit**
- **Pooled and/ or aligned budgets in order To make best use of financial resources**

What integration means for our workforce

- **An integrated workforce re-imagined according to the needs of the local population**
- **Improved job satisfaction**
- **Improved recruitment and retention**
- **Roles and competencies developed in order to deliver new models of care**
- **Digital skills and competencies to enable new, ways of working**
- **Increased opportunities for learning and development**

Key Enablers of Transformation Change:

Developing Community Networks

- **Contribution of the 3rd sector in supporting well-being services, promoting inclusion and participation, and co-ordinating social prescription.**
- **Develop a 'Once for North Wales' model for social prescribing**
- **Localities to develop own approach based on community assets.**

Workforce

Development of a sustainable workforce model to meet the community transformation agenda, to include work around:

- **Reviewing competencies / skill mixes and new roles required to deliver our community-based model**
- **Joint training frameworks and carer structure/ progression opportunities**
- **Joint workforce planning, asset mapping, recruitment and promotional activity**
- **Opportunities for further roles hosted by 3rd and independent sectors**
- **Programme of culture change and risk management**

Digital

- **Technology recognised as a critical enabler of both good communication and information sharing across health and social care**
- **Requirement to promote bilingual solutions.**
- **Need to increase the pace of work to create a comprehensive standard corpus of terminology to support technology**
- **Increase use of other digital solutions to enable people to remain at home, and ensure specialist advice can be provided without the need for a visit to an acute hospital site.**
- **Development of a model of digitally enabled personalised care**

Combined health and social care locality

North Wales Transformation Programme – Benefits Realisation Map

Programme outcome	Projects of work	Summary of activity	Anticipated benefits	What success looks like & how we'll know when we get there	Early indicators of success/ benefits realisation	Next steps for 2021/22
Community-based services are transformed to enable early help and support for people, and provided within their own homes. Through this approach the outcomes for individuals will improve and demand for hospital admissions and care provision would reduce over time.	**Community Services Transformation**	▪ Oversee development of **integrated health & social care localities**, based on the geography of GP clusters. Through the development of a place-based model of care and support, the workstream aims to put into place the necessary conditions and infrastructure to support effective leadership and governance on a locality basis. ▪ Further develop and strengthen **Community Resource Teams**, whose workstream it is to deliver care closer to home. Work undertaken locally; informed by Locality Needs Assessments to determine the nature and scope of CRT 'membership'. Systems and processes being reviewed to ensure seamless integrated community-based care and support that meets the needs of individuals. Shift from 'co-location' to 'integration'. Asset-based training/ systems leadership training for CRTs to develop new ways of working and support culture change ▪ Review of **workforce skills and core competencies** required to deliver integrated health and social care in the community, in order to support the development of a future-focused, needs-led strategic workforce strategy. ▪ Increase skills and capacity within the community to deliver **care closer to home**. ▪ **Analysis of data, systems and pathways**, including the implementation of the Seamless Integrated Services for People (SIPP) framework and participation in the 'Right Sizing Community Services for Discharge' and 'Right Sizing Community Services for Step-up care' - whole systems view of service availability and capacity. ▪ **Digital transformation** to support health and social care systems and internal processes, as well as delivery personalised care and support is being developed ▪ **Develop sound information governance,** including the development of a regional Information Sharing Agreement for CRTs, as well as a range of policies and procedures to support best practice. ▪ Support growth of **community and third sector**, including the development of a model for social prescribing for the region. Work is being undertaken to develop micro-enterprises for care within 2 LA areas in order to increase the availability of community-based enterprises to deliver domiciliary care, and community-based well-being support.	**Business Benefits** ▪ Reduced demand on statutory services ▪ An integrated health and social care workforce with the skills to meet current and future need ▪ Alignment of resources in order to achieve maximum effect ▪ Increase service provision within communities/ localities ▪ Reduce the number of avoidable hospital admissions ▪ Reduce the number of admissions to long-term care ▪ Reduced service duplication ▪ The right service, at the right time, in the right place, by the right person **Citizen Benefits** ▪ 'I' will experience a seamless journey through health and social care ▪ 'I' will not have to repeat my story multiple times to multiple professionals ▪ 'I' will be able to access a wider range of health and social care support within my community. ▪ 'My' care and support is designed and delivered according to what matters to me ▪ 'I' am able to confidently use digital technology to support my health, well-being and emotional resilience **Workforce Benefits** ▪ 'I' am more satisfied in my job ▪ Improved rates of recruitment and retention ▪ Digitally enabled workforce (including independent sector workforce) ▪ Skill and competencies developed to meet the needs of the new integrated health and social care economy **Financial Benefits** ▪ Reduced spend across partnership ▪ Redistribution of costs from acute to community	Success will be when there are integrated health and social care localities actively operating across the region that respond to local need, and with systems in place that enable seamless care. ▪ For **citizens**, success will be health and social care delivered within their communities, in a way that is seamless and less fragmented. Citizens will not have to repeat their 'story'. ▪ For our **workforce**, success will be improvement rates of recruitment & retention, as well as increased job satisfaction. ▪ For **organisations**, success will be increased skills and capacity within community services, with investment shifted from secondary into primary and community care. Range of KPIs being collated as part of quarterly reporting to WG. Work is underway within Areas through the implementation of the Seamless Integrated Services for People (SIPPs) Framework, and the Central Area's Whole-system's analysis / data dashboard development to develop revised set of joint metrics for integration. These revised metrics are likely to include measures of: ▪ Increase in community capacity ▪ Improved self-management ▪ Greater use of technology by professionals and citizens ▪ Range of skills and competencies within the community	Funding facilitating 'cultural change' and development of conditions necessary for integrated health & social care to flourish, Benefits to be realised in longer-term However, early shoots of progress being made: ▪ **Locality Leadership Teams** operating in Central Area, with maturity matrix in place to support development across the region. Leadership in the West being developed at the CRT level, with significant investment in training to support necessary culture change ▪ **Information/ system sharing between GPs and DNs (South Wrexham):** improving communication, facilitating joined-up care and reducing duplication ▪ **Training to leaders and operational staff within CRTs:** facilitating integrated working, leadership and local decision ▪ **iPad and digital device loan scheme:** improving rates of digital inclusion, reducing hospital traffic and supporting well-being of hospital patients and care home residents ▪ **Review of skills & competencies required to deliver integrated care:** will ensure a community workforce with the skills and competencies required to meet local need ▪ **Legal review of framework for integration:** will help shape locality governance and leadership ▪ **Locality Needs Assessments:** will begin to be used to support alignment of resources and ensure local needs met ▪ **Homecare observations for GPs:** in order to reduce demand within primary care/ improved resource allocation ▪ **Regional Information Sharing Agreement:** to underpin integrated working	**15th February 2021:** Workshop to determine and agree 'projects' for wider adoption and scale-up. Consideration of delivering framework for integration. Meeting outputs to help inform activity in 2021/22. The focus of work in 2021/22 shall be on those systems and processes developed during the past 12 months, using the learning from this foundational work to help guide mainstreaming integrated ways of working across the region. **We will:** ▪ Continue to mature systems aligned to locality working ▪ Continue activities to mature integrated working, including implementation of operating models & preferred ways of CRT/ MDT management ▪ Develop and Implement sustainable workforce based on revised competencies framework ▪ Develop Trusted Assessor roles ▪ Ongoing delivery of regional and local communications strategy ▪ Review findings of Right-Sizing work and implement SIPPs Framework, utilising findings to support development of longer-term strategy for change.
	Children & Young People	▪ Research and develop evidence-based **'rapid response' (crisis outreach) interventions for children and families at the edge of care**, in particular where the	**Business Benefits** ▪ Reduced demand on statutory services	Success will be when there is: ▪ Better child and family engagement with statutory	**Workstream 1: early intervention & Prevention** ▪ Undertaking groundwork to build a collaborative approach across partners. This involved consulting with key	The programme has three workstreams:

- child has EBD, including more robust multi-disciplinary and therapeutic pathways and interventions
- Develop **short-term residential services** incorporating multi-disciplinary team/s to promote both effective returns home for children and young people on the edge of care and, for children and young people with complex needs who cannot return home to parents, a form of care and multi-disciplinary assessment of their needs to inform the most appropriate move-on placement and support package
- Support cultural and **workforce change** to deliver all of the above in a sustainable way
- Embed a **comprehensive multi agency assessment** identifying appropriate support services, using a family-based approach to meet the needs of the young person in the most appropriate environment.
- A **whole systems approach** working with the child and family together to deliver effective outcomes. Recognising that the work is only effective if the entire needs of that family are included.
- **Staff encouraged to work to their skills base** and what they can offer a young person rather than to a job role/discipline and what this might restrict people to. Establishing pathways is part of the early stages of the work, therefore, the purpose and vision comes before job role or discipline
- Explore **different ways of working** by moving away from the traditional reliance of diagnosis and responding to presenting symptoms/behaviours which result from trauma or negligence of need.

- Reduced admissions to residential care
- Improved multi-disciplinary, integrated working

Citizen Benefits
- More children and families receive effective, targeted help to address their ACEs and promote their individual and family resilience at an early stage (before a crisis)
- Timely, accessible and effective responses to the emotional health and wellbeing needs of children and young people, including those on the edge of care and in crisis
- Children and young people receiving interventions (including but not exclusively therapeutic supports) have improved emotional health and wellbeing
- Parents are better equipped to safely support and meet the needs of their children
- Resilience of families is strengthened

Workforce Benefits
- Children's workforce feels more confident about responding to children & families complex (EBD) needs and about managing risk effectively together to avoid the need for care and support

Financial Benefits
- Financial savings will be achieved through a reduction in costly residential placements

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- services resulting in fewer missed appointments/re-referrals to CAMHS for example
- Improved pathways into adult mental health services for parents that need support
- Fewer children need to become looked after for a significant period of time
- More children are reunified successfully with their parent(s) after a short period of being looked after
- Fewer placements for looked after children break down
- Fewer children require an independent residential placement for their long-term care
- Fewer children are placed in residential care out of area
- Fewer unplanned/inappropriate placements
- A sustainable service in place
- An embedded model of therapeutic support
- Reductions in inappropriate admissions to inpatient psychiatric care
- Reductions in s136 under the Mental Health Act 1983
- Reductions in delayed transfers of care / quicker and safer, timely discharges from paediatric wards and transfers into and out of are smoother and more effective.

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stakeholders from services to share the plan and hear views. The exercise was well received and **set out a clear commitment to co-production**
- **Building a mature, transparent and collegiate understanding** of why the system to support children's emotional health and well-being is not working effectively now and why this project is needed
- Steering Group with **attendance from senior leaders across the partnership** including all local authorities, the Health Board and the Community and Voluntary sector
- Establishing the **right level of leadership on the Steering Group**, with the right mind-set
- Gaining commitment to adopting **one coherent approach** across organisations to help support children, young people and families improve their emotional health, well-being and resilience across the partnership

Workstream 2: Edge of care interventions
- Detailed **research and development** to inform the choice of models of care.
- Detailed **operational plans** drawn up by each area to outline service model including staffing requirements and cost breakdown.
- An **intense period of partnership working** to develop mutual understanding, a shared vision and a common language as the basis for establishing new ways of working that will facilitate system change and assure families of the best possible support to enable behaviour changes and improved outcomes
- **Implementation of new services delivered by multi-disciplinary teams**; this includes a Multi-Systemic Therapy model of service in one of the sub regional areas which is up and running, the first to embed MST in Wales.

Workstream 3: Effective Child Protection
- Creation of a bespoke practice mentor role to deliver individual and group mentoring to staff
- Development and delivery of new models for individual and group mentoring interventions to staff, and their evaluation.
- Establishment of two websites, for Effective Child Protection and the Gwynedd Risk Model, and intranet site for staff.
- Delivery of multi-agency briefing events
- Reconfiguration of individual and group mentoring into virtual platform

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- Early intervention and prevention to improve the emotional health, wellbeing and resilience of children and young people
- Edge of Care interventions incorporating Multi-Disciplinary Teams
- Effective Child Protection Project

The emergence of Covid has resulted in a re-defining of the project to make sure it is resilient to be delivered, and effective under the new constraints.

This programme is a significant partnership programme across North Wales. It is an ambitious programme and its success depends very much on an appropriate level of both revenue and capital funding, which have now been secured. This programme enables the region not only to improve services for children and young people in North Wales but also enables us to meet the requirements within No Wrong Door and to reduce Looked After Children numbers. Welsh Government has also strengthened the need for Regional Partnership Boards to ensure that matters relating to children are given more attention, which is now required within Part 9 Statutory Guidance. By investing in Children and Young People we will be improving the future for them and therefore their reliance on services into adulthood is lessened.

| **Mental Health** | The overall aim of this programme is to implement a more integrated, innovative care system and culture which prevents, but where necessary, responds effectively to episodes of acute mental health need and crisis. This | The benefits for the programme are that people whose mental health is vulnerable will experience: | Success will be in the establishment of a sector-leading integrated urgent care system. An integrated ICAN pathway that improves collaborative | **ICAN Community Hubs** The development of ICAN Community Hubs across the Region aims to improve availability, awareness of and connection to universal, third sector and other community based holistic | Year 3 of the programme will focus on the further development of the project elements to create an integrated ICAN Pathway. |

funded programme seeks to scale up what works and increase the pace of transformation across North Wales to create a sector-leading integrated urgent care system. Creating an integrated ICAN pathway that improves collaborative working, within and between health and social care, statutory partners and third sector organisations.

- Knowing where to access help to self-care.
- The right (accessible) help at the right time including in a crisis (possibly 24/7).
- No wrong door.
- Ownership of their own care.
- Support that is less fragmented (more coordinated and multi-disciplinary).
- Their overall wellbeing needs being recognised, including physical health, housing and participation in family life/work/the community.
- As much care and support as possible in their own home, or their own communities.
- Timely step downs from hospital into supported community care.
- Less stigma/more ability to talk openly.

Furthermore, people and organisations working with people whose mental health is compromised (including volunteers) will be:

- Clearer about their role(s) and what they can and should do in different scenarios.
- Have more confidence in the whole system that they can rely on for people who may need to use services, including to prevent escalation to crisis.
- Less likely to feel pressurised or leave their role, and to have better morale/feel valued and to be more likely to feel that they want to work in this field.
- Better supported to work flexibly and creatively in meeting demand in the community where possible.
- Better able to understand what keeps people well over time.

Longer-term benefits are that people (adults, young people and children) whose mental health is vulnerable will:

- Be happier where they are.
- Experience more sustained positive emotional health and wellbeing and quality of life.
- Experience fewer episodes of mental health crisis.
- Have reduced need to access hospital-based care.

working, within and between health and social care, statutory partners and third sector organisations.

The ICAN Pathway will:

- Provide support at a level that is proportionate to the need of the individual, and which seeks to prevent further escalation;
- Promote wellbeing and preventing ill health, through addressing the determinants of health and ensuring earlier low level support and intervention when needed;
- Maximise opportunities for collaborative working within the community setting;
- Encourage a whole person approach in terms of service redesign;
- Improve availability, awareness of and links to universal third sector and other community based services to support individuals with a lower level mental health issues;
- Build greater capacity within communities through targeting resources at an earlier stage;
- Greater emphasis on self help and support provided at a universal level within communities.

support and well-being services, and how ICAN Community Hubs can support people particularly with lower level mental health issues or to help sustain recovery.

ICAN Primary Care
As well as improving access to universal services, we will embed mental health practitioners in primary care clusters, who can address lower level mental health issues without the need for a GP appointment or onward referral to LPMHSS. Reduced referrals will increase capacity within LPMHSS, enabling more timely assessment of need and appropriate intervention and also freeing GP time.

ICAN Unscheduled Care Service Out of Hours
ICAN Community based crisis drop in centres where people can access **out of hours** emotional and mental health support in a non-institutional place of safety, at times when other services are not available with clear pathways between LA's OOH, WAST, Crisis Teams and A&E – connecting to the ICAN Portfolio of Services to create an integrated urgent care system that is rooted in communities.

ICAN Housing Support
in partnership with the housing association Clwyd Alyn in Holywell, we have secured a property to develop a pilot 'ICAN Intensive support house'. The ICAN House will be a safe place where someone can be referred for a stay of up to 72 hours to gain intensive support with a range of professionals, which will aim to reconnect that individual with sustainable support to get them back on track.

ICAN Work
An expanded I CAN Work service will provide a key resource within BCUHB and its wider health and social care partners at a crucial time. The service will expand its reach into a greater range of primary and community health settings, offering rapid access to intensive specialist employment support to help people with mental health needs access and sustain work opportunities in a heavily reduced labour market, and promoting employment as a key component of maintaining and enhancing wellbeing and recovery.

ICAN Talk
We will undertake a review of current 'Talking Therapies' commissioned services, to ensure there is appropriate and equitable access to services at this level across North Wales, and that the services provided are of good quality and can evidence good outcomes.

Digital Support
Increased access to digitally enabled solutions in order to support a wider cohort of participants in a much more complex landscape but also to support people differently through the use of on-

Key components of the programme in year 3 will be the:

- Dovetail and transition the programme of work closer to the Community Transformation work programme, in particular the GP Cluster/locality work streams so that ICAN is seen as a 'community resource'.
- Support in the roll out of the Community Connector role and Mental Health Practitioner Model through the Community Transformation work stream to improve connectivity between ICAN Hubs, GPs, Local authority's and third sector partners and increase timely access to Mental Health Support.
- Scope and develop agreed governance and ownership of ICAN.
- Enhance and expand digitally enabled support, connection and assessment.
- Improve access to psychosocially informed interventions to ensure individuals no not fall through threshold and eligibility gaps.
- Continue to develop and expand to support available through ICAN Community Hubs
- Develop the ICAN Academy of support and training for volunteers in partnership with our third sector partners.
- Agree a joint sustainability plan across the Community and Mental Health work streams over the coming months. This will demonstrate how stronger and more resilient care systems and communities are better able to respond to future demands and crisis.

| | | | | Feel more confident about their ability to look after themselves. Be able to leave hospital-based care when they are ready. Experience fewer evictions. Have access to sustainable housing and support arrangements that meet their needs in the community. Not be homeless. Experience better physical health. Experience stable relationships with their families, friends and neighbours. Be able to participate in their community including through work, hobbies, and community life more broadly. | | line CBT courses, 1:1 virtual counselling, webinars and group work. It is proposed to support the use of 'Attend Anywhere' with our Third Sector Partnerships in order to increase 'connectivity' across organisational silos that still exist.

The work stream will enable understanding of the effectiveness of online mental health tools, and to share the learning from the evaluation.

ICAN Academi
Increased opportunities for ICAN volunteers in a safe and sustainable way that is meaningful for citizens, Patients and communities, services and professionals as well as the volunteers themselves. It also explores how the training and workforce development in wellbeing services can be expanded and enhanced to improve community resilience. | |

Learning Disabilities row:

Learning Disabilities

5 workstreams based on the areas identified within the North Wales LD strategy:
- Community & culture change
- Workforce development
- Integration
- Technology
- Commissioning & procurement

Business Benefits
- Development of pathways that enable more seamless approaches to issues such as Direct Payments, transitions, IAA, etc.
- More efficient access to and use of technological approached to the support of physical and mental health and well-being

Citizen Benefits
- Accessible member-led community activities not restricted to county boundaries or reliant on eligibility criteria

Workforce Benefits
- Good quality co-produced information on health and well-being for the LD and wider workforce
- Values-based resources to help recruitment and training for the workforce
- Embedding of specialist approaches and training opportunities to the health and social care workforce to enable support of those with more complex needs

Financial Benefits
- Streamlined financial processes in relation to joint funding being piloted in Ynys Mon. Training to be made available to those interested in adopting pooled budgets
- Better reliance on community activities provided through the third sector

The programme will know it has been successful when there is:
- Robust sub-regional member-led models for the delivery of community activities
- Systematic adoption and promotion of technological approaches to the support of physical and mental well-being
- Universal use of programme resources to promote knowledge, skills and value bases across the region and sector
- Adoption of processes that support pooled budgets/ partnership agreements in the development and roll-out of supported living on a regional or sub-regional footprint, thereby reducing the number of out of area placements for people with LD and complex needs

There are a number of areas of progress, which point towards the early success of the programme:
- **Increased use of technology** and online platforms amongst people with LD and their carers
- Meet the buyer event has taken place and work is beginning to **group individuals and secure supported living** for people with complex needs using a provider-led model
- Legal advice secured underpinning the potential for the use of partnership agreements to progress **joint sub-regional planning** in supported living
- **Alternative models of accommodation** underway in Denbighshire and Conwy

Year 3 of the Transformation programme will involve the refined focus on 4 areas that need to be progressed regionally:
- Accommodation
- Employability
- Community activities
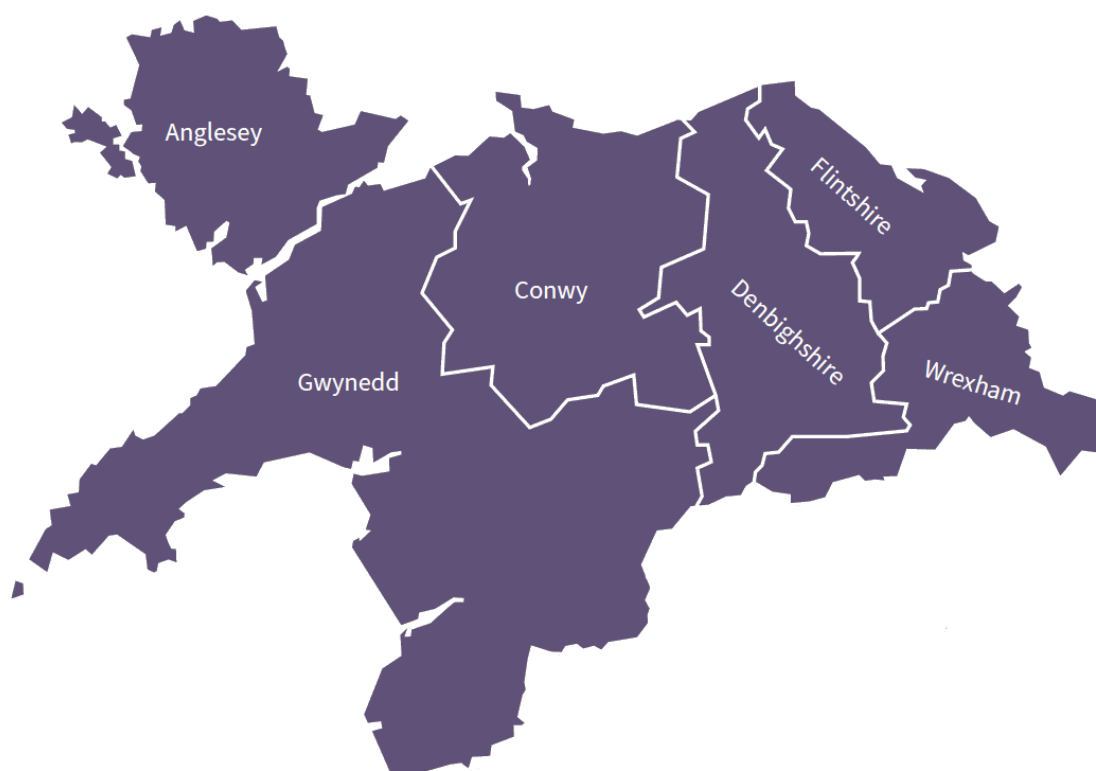- Technology, health and well-being
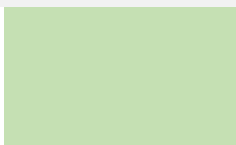
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NORTH WALES SOCIAL CARE AND WELL-BEING
SERVICES IMPROVEMENT COLLABORATIVE

North Wales Regional Partnership Board

North Wales Transformation Programme 2021-22
Business case

November 2020

Contents

1   Summary

The North Wales Regional Partnership Board (NWRPB) vision, approach and plan for the delivery of A Healthier Wales was agreed in 2018 "*The North Wales Response to 'A Healthier Wales'.* Through creating integrated locality community services, we believed that citizens would receive services in a seamless way based on what matters to them and thereby improve their outcomes.

Our approach to deliver on this vision has been to have our 4 transformation programmes; Community Services Transformation, Integrated Early Intervention and Intense support for Children and Young People; Together for Mental Health in North Wales and North Wales Together: seamless services for people with Learning Disabilities. Whilst our 4 programmes have worked closely together throughout their progression, it was always the intention that by the end of the transformation programmes the services would be working closely together, across the range of service areas.

The additional 1-year funding in 2021/22 provides us with an opportunity to ensure that our 4 programmes are integrated closely together under this umbrella programme - **North Wales Transformation Programme 21/22**.

Within this umbrella programme we will be able to realise our initial intention that our design principles would enable individuals and carers to:

- Have well co-ordinated services designed around 'what matters', ensuring equality of access and services provided in the language of need
- Have help to navigate the health and social care system, as well as accessing a range of services that would improve their well-being
- Have access to a range of preventative services, advice and information
- Have access to a range of community support, care and therapeutic interventions
- Have assistance in dealing with crisis, end of life and on-going health conditions
- Have access to intermediate care, ambulance and other rapid response services to prevent the need for admission to hospital
- Have access to intensive support when they have complex needs
- Have matters relating to equality and human rights respected and addressed.

The funding that we require to deliver on this programme is **£6.7m** and within this business case we have provided information in relation to our 4 elements, as they currently stand.

We have commenced dialogue in relation to sustainability and exit planning and we will be refining these to bring them in line with the confirmed funding allocation once received. Similarly at this time we will be able to confirm precise outcomes, delivery milestone and financial plans for 2021/22. We anticipate being able to confirm our precise programme by end of the calendar year.

2   Introduction

The North Wales Regional Partnership Board (NWRPB) set out its response to A Healthier Wales in "*The North Wales Response to 'A Healthier Wales'*" August 2018.

The NWRPB's vision was and continues to be that community-based services are transformed to enable early help and support for people to be provided within their own homes. Through this approach the outcomes for individuals will improve and demand for hospital admissions and care provision would reduce over time. The NWRPB expects, over the next few years to shift from providing hospital based care and treatment to health, well-being and prevention within the community.
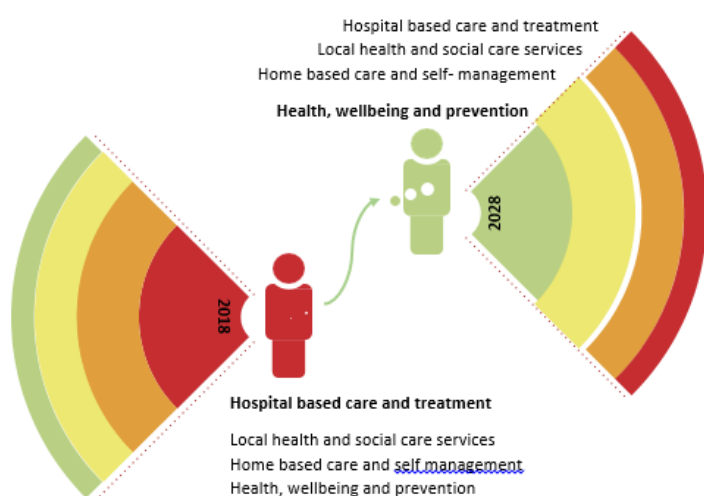
The delivery of this vision would be undertaken through 4 transformation programmes:

- Community Services Transformation
- Integrated Early Intervention and intensive support for Children and Young People
- Together for Mental Health in North Wales
- North Wales Together: seamless services for people with Learning Disabilities

The NWRPB was awarded the following funding to each of the programmes:

Programme	Funding Allocation	Funding term
Community Services Transformation	£6,004,000	22 February 2019 – 31 March 2021
Integrated Early Intervention and intensive support for Children and Young People	£3,000,000	22 February 2019 – 31 March 2021
Together for Mental Health in North Wales	£2,320,000	19 November 2018 – 31 March 2021
North Wales Together: seamless services for people with Learning Disabilities	£1,690,000	17 October 2018 – 31 March 2021

Robust governance arrangements are in place in relation to these 4 Programmes and it is these are the 4 priority programmes for the NWRPB in the short term.

North Wales Regional Partnership Board (NWRPB): Delivering Transformation Regional Structure
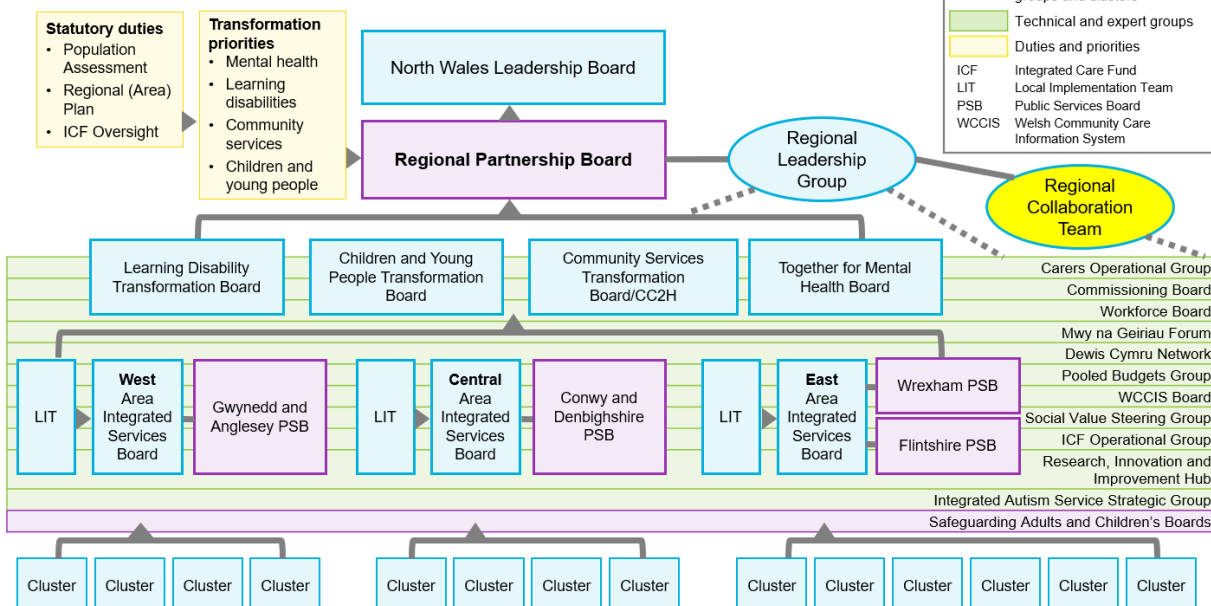
Welsh Government has announced a 1 year extension of funding for 2021/22 and each of the 4 Transformation Programmes have developed a Business case for continued funding.

The funding requested within the Business cases is greater than the funding envelope available to the region. The NWRPB has received a tentative allocation of £4.6m against the total of £11,194,000 within the business cases. The breakdown of funding requested in the Business cases are as follows:

Funding requested in Business Cases	
Programme	**Funding**
Community Services Transformation	£4,200,000
Integrated Early Intervention and intensive support for Children and Young People	£4,298,500 (plus capital funding)
Together for Mental Health in North Wales	£1,854,000
North Wales Together: seamless services for people with Learning Disabilities	£850,000
Total	£11,194,000

This business case has been written with the purpose of:

1) To bring together our 4 current programmes into 1 regional programme for 2021/22 as the region will receive 1 grant allocation from WG.
2) Responding to the questions/queries raised by WG in relation to our 4 programmes
3) Providing detailed information in relation to how each programme will be delivered to include
- Detailed projected financial information
- Delivery milestones
- Outcomes and measurements.

It would be our intention that from now through to mid 2020/21 to be developing robust exit plans for each element of the programme. This will entail working closely with partners to identify alternative funding to maintain the services in place. Depending on the final programme which is taken forward, based on the final allocation that we will receive, this will be a mix of the following: embedding services into business as usual of the partners; re-investing funding from reduced numbers of high cost placements being made; alternative funding from partner organisations through stopping services that are no longer required once the transformed services are fully embedded.

The vision within the NWRP's plan for the delivery of A Healthier Wales was, that whilst our plan was initially broken down to 4 delivery programmes for the purposes of the transformation grant. It was envisaged that by the end of the transformation programmes the result would bring about transformed community services for the whole population and community services that would be able to meet the needs of individuals (adults and children) in a seamless way, within the community and as far as possible out of acute hospital care and specialist placements, thus providing care closer to home.   We believe that this vision is still achievable and will become a reality within 2022.

3   Programme Details

3.1   Community Services Transformation

Overview

Taking a place-based approach to health and social care, the Community Transformation Programme aims to create sustainable improvements in outcomes for individuals, by increasing capacity within the community to deliver not only prevention and early intervention, but a host of health and social care functions in order to deliver care closer to home.

By working seamlessly together, health, social care, third and independent sector organisations will contribute to the shifting of resources from the acute into the community, meaning that over the next few years, the programme will successfully achieve a reduction in demand for statutory services, with care and support shifting to health, well-being and prevention.

The programme has 5 workstreams:

- Locality Development

- Workforce & Operational Delivery
- Digital Transformation
- Community Development
- Sustainability Planning

In order to support delivery, the six local authority areas have been configured into three programme areas – East, Central and West. There was an impact from Covid on the programme however, the programme has moved forward and important lessons have been learnt that are helping to inform how the programme moves forward, and that the positive progress made to date is maintained.

Responses to WG Questions/Queries

Overall, there was little evidence provided in relation to quantifiable outcomes; to support ongoing investment we would like assurance that this will be rectified as a priority

Given the nature of the programme and the type of work taken forward over the past 18 months, it has not been possible to collect service activity, performance and/ or KPI data, which reflect the long-term aspirations of the programme, in the majority of cases, This is because Transformation funding, in the main, is being used to allow partners to consider, research and plan, in a whole systems way, for the implementation of new ways of working, and to affect the required cultural change across our acute and community services. As a consequence, partners have been able to collect a plethora of information on milestones and outputs achieved, In the small number of cases where it has been possible to provide activity data, this is starting to been done (e.g., Digital Communities; Low-level CHC team).

It should also be noted that considerable work is being undertaken as part of the Central Area's work programme, in relation to the development of Performance Measures and Business Intelligence systems that will support an integrated approach to performance management, including the development of an integrated performance/ data dashboard that will be used to support continuous service improvement. Once development and evaluated, a business case will be prepared to support roll-out across the region.

The development of robust outcome measures and performance indicators that track organisational and citizen-level impact our time, are therefore starting to be developed and collected, and will be further developed and refined as we progress with the implementation of the Integrated Pathway for Older People (IPOPs) Framework across North Wales. To support this implementation of the IPOPs Framework, Results Based Accountability (RBA) training will be provided, as the principle methodology underpinning IPOPs. The value in utilising RBA as an evaluation methodology extends beyond its practical application to IPOPs, and rests with the fact that it supports partners and perhaps more importantly, budget holders and key decision-makers to understand where accountability for change sits. Thus better informing service development and improvement.

In anticipation of the commencement of IPOPs across the region, work has commenced, both through the development of the Regional Theory of Change, as well

as Area level-programmes, to identify and collect existing key performance data, in order to provide a baseline upon which to judge the future success of the programme.

Prioritisation of the programmes/ elements

The Programme Board identified two main areas to prioritise for 2021/22:

- Workforce
- Digital

Digital: Digital is a key factor within the delivery of care, particularly so since COVID. There has been significant work undertaken by all partners to enable services to be delivered in this way. This is an area of priority for our programme and our intention is to build on the success of what has developed and proved to be successful over the last few months. We will ensure consistency of approach across service areas on the use of digital technology and work with external partners to achieve this.

Workforce: The developments planned with regards to workforce in 2021/22 are transferrable across service areas and will need to be applied across the totality of the community health and social care workforce. This area of work will be linked closely to the work of our Regional Workforce Board within the region and will benefit the whole workforce within the region.

Use of the Digital Priorities Investment Fund in North Wales

The funding awarded to North Wales to the Health Board is being used in line with the terms of the funding. The Health Board submitted a bid to the DPIF as below.

2019/20 Bid

	Capital	Revenue	Total
Modern User Devices	435,000	78,971	513,971
Modern Mobile Information - WiFi Everywhere	603,000	161,739	764,739
Modern Network Infrastructure - More Bandwidth	162,000	48,000	210,000
Modern Datacentre Infrastructure	550,000	71,485	621,485
Cyber Security Team	0	187,881	187,881
O365 National Rollout	0	206,916	0
Total	1,750,000	754,992	2,298,076

Confirmed offer is **£1,750,000 capital** and **£407,000 revenue**
This includes £47,000 towards cyber
Office 365 revenue to be released via the National Programme Board

The categories are set by Welsh Government and the Health Board has not received all the funding within this bid. In addition, nominated Health Boards had to submit proposals on behalf of others and Cwm Taf led on a number of the submissions. Some of the funding was also subject to a 'cap' and some of the funding was allocated to central and national schemes with Health Boards only being able to access any balance of funding. The criteria for this funding also favours All Wales initiatives or initiatives that have potential to be rolled out wider.

Due to the criteria of this funding and the constraints on its use, it has not been possible to specifically support our transformation programme with this money.

In addition, within our transformation programmes the focus is on looking at Digital Technology and digital inclusion to assist citizens in accessing services in a digital way to be able to promote their independence as well as support to people to better manage their health and well-being and/or chronic conditions. This is about looking to the future. We are also linking in with the Small Business Research Initiative (SBRI) which is funded by WG and forms part of BCUHB's Informatics Department, in order to engage with industry experts to identify and resolve unmet needs within health; actively seek funding opportunities and provide expert guidance. Our intention with the digital workstream within this programme was to have dedicated capacity to lead on this work to maximise the possibilities and scalability for the region. Recruitment to this post would be commence once funding has been confirmed. This will reduce the risks associated with recruitment, and will enable the successful candidate to take up post as close to the 1st April 2021 as possible, thus enabling the programme to maximise the delivery period.

What staff employed by the partners are working on this programme that are not funded from the transformation grant?

The programme has been fortunate to have support from ICT and Information Management Systems within this programme. Apart from this the staff working on the programme are those who are funded through this grant and the staff are working in our 3 sub-regional transformation teams. The only exception is that the Local Authority leads for the Digital Communities programme. These are operational staff working in CRT's and who are likely to be being funded from ICF funding.

What conversations have been held with partners to identify alternative funding to date, and in the future to support this programme?

Partners will continue to endeavour to identify alternative funding sources to take forward key elements of the programme. If the optimum funding allocation is not awarded there may be some opportunities to release current spend tied up within other contracts for example third sector contracts, but in reality it is probably too early in the programme to be able to release this funding. This will be a focus in the robust sustainability model that will be produced for the programme.

RBA Training – is this an essential?

This training is required to underpin the roll out of the IPOPs framework. Efforts will be made to secure the training free of charge however, it is a key requirement to be able to successfully implement the IPOPs framework.

Fit between training, IPOPs and evaluation?

See outcomes section above.

Why was it necessary to hold the workshop referenced?

Given the pause in the community transformation programme due to Covid, the workshop provided partners with an opportunity to reflect on what had been achieved to date, as well as the lessons learnt through delivering integrated health and social

care during the pandemic. Importantly, it provided partners with the opportunity to reflect on whether the vision for change was the right one moving forward, or whether the experience of Covid meant that a change of course was required. With the vision confirmed as continuing to be the right one, priorities for the next 8-9 months were agreed, given the reduced timescales and budget available.

Within the business case there is reference to pooled budgets, what is the intention?

The natural progression following integration of services within localities is to progress into pooled budget arrangements. Partners will be required to agree which budgets to pool and on what basis, and ensure the appropriate governance mechanisms are in place to enable their effective use. It is hoped that as the integrated locality arrangements mature we will be able to take the next step in progressing into pooling of budgets.

Pacesetters programme is due to end, what is the progress and when will a report be available on this work?

The pacesetters programme will come to an end early in 2021 and progress will be reported to the programme board in the New Year. This information will be made available to WG within the Q4 report. Learning from these pacesetters will be reflected upon and will be used to inform the regions next steps with regards the development of integrated health and social care localities. The intention, having taken this learning on board that a phased approach to implementing new models of delivery for localities is implemented across the region over the coming 1-3 years. If awarded, funding in 2021/22 will be provided to support the first-round of implementation within 1-2 localities (see below).

Breakdown of the £300k – what will this be used for?

Within the Business Case submitted to Welsh Government at the end of September, a request was submitted for £300,000 to support Locality, Workforce and Community Development within the programme. Examples of how this funding will be used include:

- **New pacesetter funding to 1-2 localities to support the implementation of a new locality delivery model:** Work is currently underway to scope and review the different locality delivery models (e.g., GP federated; accountable care organisation; alliance contract, etc.). Once complete, a detailed report and options appraisal will be presented to the Programme Board to review, and agree which model(s) should be taken forward. A proportion of the monies identified above will be provided to enable 1-2 new integrated health and social care localities to start the detailed and complex process of re-structuring themselves and aligning their operating model accordingly. By taking a phased approach to the implementation of new integrated delivery models, we hope to be able to reduce risk and better manage and learn from the complexities of implementation, before scaling up across the region.
- **Training and development for new integrated health and social care staff and leaders:** Workforce, leadership and operational delivery are central to the community transformation programme, which in essence is about system-wide culture change. Having scoped and researched, and considered the legislative

context for new workforce roles through the previous 18 months, work will be undertaken in 2021/22 to embed this change of culture within operational practice. However, and to affect the required behavioural change, partners have agreed it is necessary to develop a range of supportive mechanisms to enable staff to embrace these new ways of working, in a way that delivers sustainable change.

- **Community Development:** As with digital and workforce, community capacity has been identified as a key enabler for the development of an integrated, place-based model of care and support. The continued development and enhancement of social prescribing stands central to the regions' approach to shifting focus towards a preventative model. Work is currently being undertaken in order to review the various social prescribing models and practices across the region, with a view to developing a 'Once for North Wales' model for social prescribing. A proportion of the funding identified above will enable this model to be developed and will support the transition towards core funding for key posts.

Breakdown of the £3.1m – what exactly will this be used for (in current business case it is too vague and is vulnerable)

In addition to the funding outlined above, £3.1 million was requested in order to support the continued employment/ secondment of Area level programme managers and chance agents, within CRTs, who are instrumental in working with core services and integrated teams to affect systems change, as well as in ensuring that change is embedded within core practice. These Change Agents are critical to driving change in their areas.

Outcomes/Outputs to be achieved

Success will be when there are integrated health and social care localities actively operating across the region, which reflect the regional vision for community transformation, whilst being faithful to local systems, and which respond to local need and what matters to citizens.

- For the **people within our communities**, success will be health and social care and support delivered within their own communities, in a way that feels less fragmented, and which means they no longer have to repeat their 'story' to multiple professionals.

- For our **workforce**, success will be increase job satisfaction and improved rates of recruitment and retention, brought about by new ways of working.

- For **organisations**, success will be increased skills and capacity within community services, with investment shifted from secondary into primary and community care.

Short-term Measures *(as identified within the Q2 Update Report)*:

(a) How Much Did You Do?

- No. of integrated health and social care localities at Point 1 of the 'Locality Maturity Matrix'
  Baseline = 0

- No. Integrated CRTs (physical and/ or virtual)
  Baseline = 0
- No. of Care Homes provided with a Digital device to support virtual communication / enrichment
  Baseline = 179
- No. of Individuals in their own homes who are provided with a Digital device to support virtual communication / enrichment / engagement
  Baseline = 16
- No. health & social care teams / CRTs undertaking Digital Companion training
  Baseline = 0

(b) How Well Did You Do It?

- % of integrated health & social care localities at Point 1 of the 'Locality Maturity Matrix'
  Baseline = 0%
- % of Integrated CRTs (physical and/ or virtual)
  Baseline = 0%
- % of care homes provided with a digital device who make active use of it for a variety of purposes (consultations, communication, enrichment, etc.)
  Baseline = 53%
- % of Individuals in their own homes who purchased their own device once the loaned device was returned
  Baseline = 0%
- % health and social care teams / CRTs undertaking Digital Companion Training

  Baseline = 0%

(c) Is Anyone Better Off?

- Feedback from professionals and citizens who have used one of the digital devices
- No. health and social care / CRT staff who have used the learning from their Digital Companion Training to support an individual to make (better) use of digital technology
- No. and % of citizens who have reported that having access to an IPad has made a positive difference to their lives

In addition to the measures outlined above, there are a series of other, more impactful measures and outcomes that will be achieved in the **medium to long-term**, as a result of the changes in systems and culture brought about by the transformational change achieved. Partners will work together, through the IPOPs framework, to develop a suite of indicators that speak to the level of transformational change being brought about by this programme of work. This will include the development of new indicators and measures that demonstrate success with regards integration and place-based care and support.

Medium-long-term Measures *(that will begin to be evidenced within the next 2-5 years)*

(a) How Much Did You Do?

- Number of people being supported by a CRT
- Number of joint assessments/ visits
- Number of people signposted to support within the community/ third sector

- Number of referrals to prevention services
- Number of GP attendances
- Number of citizens making use of digital technology to manage their health and well-being
- Number of independent sector staff engaging on on-line training/ learning

(b) How Well Did You Do It?

- % of CRTs using single case management and single referral systems
- % of people in receipt of statutory services and a proportion of the population
- Average age at admission to care home
- % of citizens who have to travel significant distance to gain access to services/ % of citizens who are able to access services within or close to their community
- DToC
- % staff turnover within community teams
- % staff sickness within community teams
- % of staff independent sector staff achieving required qualifications

(c) Is Anyone Better Off?

- Number/ % of citizens who reported not having to repeat their stories to multiple professionals
- % of citizens who feel confident about taking steps to maintain and improve their own health and well-being
- % of people reporting improvements in the quality of their lives
- % of health and social care professionals reporting improved job satisfaction

These measures will be refined and further developed over the course of the next 12 months, through the implementation of the IPOPs framework. The hope is that having spent considerable time and effort developing a bespoke set of indicators that accurately measure integration and success within North Wales, that partners will be in a position to truly measure impact and change. Moreover, the outcome indicators and performance measures developed will be reported on within the newly developed regional performance dashboard, which will be pivotal in ensuring the continuous improvement and development of health and social care services.

Finance breakdown

Community Services
Transformation_Costs

Delivery milestones

CST_Project
Milestones.docx

3.2 Integrated Early Intervention and Intensive support for Children and Young People

Overview

With an overall objective to achieve better outcomes for children and young people without recourse to costly, long-term statutory intervention and care, the Integrated Early Intervention and Intensive Support for Children and Young People Programme aims to:

- Improve the emotional health, wellbeing and resilience of children and young people through integrated early intervention and prevention and early help services
- Research and develop evidence-based 'rapid response' (crisis outreach) interventions for children and families on the edge of care, in particular where the child has Emotional and Behavioural Difficulties (EBD), including more robust multi-disciplinary and therapeutic pathways and interventions
- Develop short term residential services incorporating up to three multi-disciplinary teams across the region to promote both effective returns home for children and young people on the edge of care (through the provision of respite-style care alongside broader edge of care support); and, for children and young people with complex needs who cannot return home to parents, offering a form of care and multi-disciplinary assessment of their needs to inform the most appropriate move-on placement and support package.

The programme has three workstreams:

- Early intervention and prevention to improve the emotional health, wellbeing and resilience of children and young people
- Edge of Care interventions incorporating Multi-Disciplinary Teams
- Effective Child Protection Project

The emergence of Covid has resulted in a re-defining of the project to make sure it is resilient to be delivered, and effective under the new constraints.

This programme is a significant partnership programme across North Wales. It is an ambitious programme and its success depends very much on securing an appropriate level of both revenue and capital funding. This programme enables the region not only to improve services for children and young people in North Wales but also enables us to meet the requirements within No Wrong Door and to reduce Looked After Children numbers. Welsh Government has also strengthened the need for Regional Partnership Boards to ensure that matters relating to children are given more attention, which is now required within Part 9 Statutory Guidance. By investing in Children and Young People we will be improving the future for them and therefore their reliance on services into adulthood is lessened.

Responses to WG Questions/Queries
Minimum/Optimum/Maximum funding required by the programme

The optimum funding required to support this programme is £4m (see detailed breakdown in Finance section) which is the level of funding within the original business case. The programme has not presented a maximum funding requirement, this programme of transformation has the potential to be expanded further and lessons learnt strongly suggests that there should be a multi-disciplinary team set up in line with the 6 Local Authorities in the region. At present, the scale of the programme in setting up a transformed service in 3 sub-regions is ambitious enough and partners are keen to succeed at this level of programme in the first instance.

Whilst we are including in the finance section a minimum funding illustration, the reality of the situation is that we would not be able to proceed further than what we have to date. This would pose a significant risk to achieving the ambition of this programme.

At present partners within the region are having to make placements out of North Wales and the costs of these placements are very high. Standard placements are described as those placements where standard rates apply. Current guidance states where the price of a placement is outside the range of £2,000 to £4,500 per week. Standard placements do not typically include those placements where Education or Health contribute to the price or where extra support has been commissioned to meet the needs of the child.

Due to the complexity of cases we are unable to secure these placements via the 4C's framework and at the prices noted above. We are buying placements off framework which means significantly higher costs. The intention around the sustainability of this programme is that through its approach and localised bed based assessment centres along with dedicated multi-disciplinary teams, we will not need to make as many of these high cost placements, and we will become less reliant on them enabling us to re-direct the funding that we are using to make these placements to fund localised transformed services which we are developing within this programme.

The following table demonstrates the money that is being spent on out of county residential placements and out of county fostering placements for the period 2017 to date:

	2017-18	2018-19	2019-20	2020- to October
Out of County residential placements	£15,798,571	£19,355,394	£20,205,692	£22,153,406
Out of County fostering placements	£4,678,198	£7,464,196	£9,292,589	£7,791,817
Total	£20,476,769	£26,819,590	£56,317,871	£29,945,223
Grand total spend 2017 – to date				**£133,559,453**

This programme is our opportunity to unlock a substantial amount of this investment to be able us to meet the needs of these children within the region and to improve the outcomes for them. This is how we will be able to sustain this programme post March 2022.

What other funding streams or work streams within the region could be utilised to take forward different elements e.g. ICF; digital funding; core funding.

Until the opportunity to bid for this transformation funding, there has been very little funding streams available to support transformation of this nature within the whole children services system; the total amount of ICF funding to the region available for children services is £5m however, this funding is provided for specific activity and does not allow for us to use it to transform the whole health and care system.

There are capital elements which cannot be supported through the Transformation Fund – what other funding can be secured for the capital elements

During the current financial year 2020/21 £200k ICF capital funding was made available to support the development of the Central Assessment centre, this funding was for planning and demolition. This programme will be a priority for the region for 2021/22 ICF capital funding and requires circa £3.5m. Planning consent for this Centre (Meadow Lodge) was received on 11th November 2020 and this is a significant milestone in the delivery of this programme.

Whilst the Central Assessment centre is a new build, the intention for East is to purchase a building and renovate this. We are currently working across the partners to identify any possible underspend within our current 2020/21 ICF capital programme to release £500k to enable the East to purchase an identified building. A further £1.7m is then required in 2021/22.   If we are unable to identify the slippage in 2020/21 the total funding will be prioritised for 2021/22.

Whilst we have demonstrated the costs of placements above, and how a local bed-based facility would be more cost effective, costs is only one factor. Our assessment centres will enables us to provide short term placements within the region. It has benefits in terms of
- Being able to accommodate siblings together until suitable foster placements can be found and avoid separation, which sadly is the current position
- Children, including siblings, being accommodated for a short period of time whist further work is being undertaken to establish whether the home environments can be made safe even during care proceedings
- Improved quality and better outcomes for children and young people.

Specific timelines (especially where revenue from Transformation Funding might support capital projects).

It remains our plan to have purpose built assessment centres within the region. These centres will also become a base for the multi disciplinary teams that have already been developed and who are already working with families. The transformation programme and the learning to date has further affirmed the need to have assessment centres within the programme and as these are priorities, are within the region's ICF capital programme pipeline. See section on milestones also.

Recruitment of staff

There are still some recruitment that needs to be undertaken to achieve the full benefit of this transformation programme. It is appreciated that this is a risk to the programme however, we have job descriptions prepared and can proceed with the required

recruitment as soon as the funding allocation for this element of the programme is agreed. These posts will be crucial to the delivery of this programme and are directly front line staff who are needed to work within our multi-disciplinary approach. We believe that whilst recruitment is a risk, that we will be able to attract candidates for these exciting new positions. We are also confident that in terms of financial stability of these posts post this transformation programme that the funding that we are currently investing in high cost placements can be re-directed to fund the staff within the region. We have our programme and project managers in post and it is envisaged that at the end of the programme, in 2022, these posts will no longer be required to support this programme to the same level as currently.

Data, Monitoring and Outcomes to be achieved

The programme has agreed to collect the following management data to support the delivery of the programme. The collection of data has already commenced in some of the areas.

Management Data (quantitative) about service users to be collected by Area Teams

Measure	Data
Children with complex emotional or behavioural difficulties / on the edge of care / in crisis receive timely, and accessible responses	**Across a relevant period to be agreed for each stage of the evaluation:** ▪ Number of service referrals – including from what source(s) ▪ Number and proportion (of referrals) of children and families who actually access the service ▪ Time between referral and getting going (i.e. first visit or assessment) ▪ Time between referral and intervention starting ▪ Age, gender, geographical (LA) location of the key child ▪ Level of need (number and proportion) – Care and Support Plan, Team Around the Family, Early Help, Child Protection Register, Looked After (for referrals and those children receiving an intervention) ▪ Where living at time of referral (family home / residential care / foster care / other substitute care and whether in or out of area) (for referrals and those children receiving an intervention) ▪ Other child and family characteristics of families accessing the service e.g. (parental) mental health, disabilities, (parental) substance misuse, domestic abuse ▪ Number of children/families receiving an assessment ▪ Number of children/families offered / starting an edge of care intervention ▪ Number of children/families completing an intervention

Outcomes for children accessing the service	- Number and proportion of children involved in the service who continue to live in the family home or return home during or post intervention (avoiding coming into care) - Number and proportion of children whose level of need reduces during or as a result of the intervention (e.g. CPR to CASP) - Number and proportion of children who receive an intervention with one or more subsequent referrals into children's social care services - Number of children who receive an intervention who are not subject to care proceedings at the start who subsequently become subject to care proceedings during or immediately after the intervention - Number and proportion of children with an edge of care intervention who weren't looked after at the start but who subsequently become looked after during or immediately after the intervention

The following data about children and families will also be collected from the Local Authorities to serve as a comparison.

Data
- Number of care proceedings started   - Number and proportion of repeat Child Protection Plans / other statutory plans for the same child   - Number of children who start to be looked after including by age group   - Number of children becoming looked after for more than 6 months   - Number and proportion of children looked after in residential settings   - Number of children looked after in placements outside their local authority in Wales   - Number of children looked after in placements outside Wales   - Number of children in placements outside North Wales who are repatriated where appropriate over time   - Number and proportion of placements that breakdown (placement moves data and actual breakdowns)   - Number of reunifications attempted   - Number of successful reunifications   **Health data** (data collection by whom?)   - Number of missed appointments for CAMHS   - Number of inappropriate admissions to inpatient psychiatric care (for children and young people)   - Number of S136s (relating to children and young people)   - Number of transfers into and out of psychiatric and paediatric care for children and young people that are smooth and effective.

Our multi-disciplinary MST team is up and running in the East of the region. Activity data in relation to that team from May to November 2020 is attached. This service is making a significant difference already in bring about positive outcomes for children and young people and their families. The collation of qualitative information and case studies is also important to us within this programme, the voice of people accessing services, their families and other practitioners is important to us and enables us to learn and refine our approach. Attached is a range of case studies which have been collated to date.

DATA REPORT FOR WG MAY TO NOV 20

Case Studies for WG NOV 20.pptx

Finance breakdown

The optimum funding required to deliver on this programme in 2021-22 is £4,298,500 (including evaluation costs) as presented in the original business case. An overview of the funding is below and a detailed breakdown is attached attached.

Overview:

Activity	Business Case £
Programme Management Includes Finance capacity; Programme and Project Management	290,000
East spend plan	1,200,000
Central spend plan	1,550,000
West spend plan	920,000
EHWR	308,500
Total	**£4,268,500 *excluding evaluation costs**

Detailed breakdown of the funding is attached.

Business Case Financial Breakdown

Delivery milestones

Delivery Plan Childrens Services Tra

3.3   Together for Mental Health in North Wales

Overview

The overall aim of this programme is to implement a more integrated, innovative care system and culture which prevents, but where necessary, responds effectively to episodes of acute mental health need and crisis. This funded programme seeks to scale up what works and increase the pace of transformation across North Wales to create a sector-leading integrated urgent care system.

It has been developed through a process of co-production, drawing on contributions from staff from across all sectors, people with lived experience and family members. It is a system-wide strategy setting out goals for improving mental health and mental health services across the Region. It covers all ages; children and young people, adults of working age and older people. As the strategy is put into action, new approaches have been piloted to support people in mental health crisis and provide early support to help prevent mental health crisis.

The Programme had four strands:

- Promoting emotional health and wellbeing and preventing mental health crises
- Providing a holistic, timely response to individual needs aiming to support people to remain safely in the community
- Workforce Development
- The development of more accessible and appropriate (including supported) housing for people at risk of a mental health crisis

The programme and its emphasis and structure has adjusted and been reprioritised during the period of its implementation to date in response to local and regional factors and not least the lockdown restrictions and surge in demand as a result of Covid-19.

Responses to WG Questions/Queries

Minimum/Optimum/Maximum funding required by the programme

Step up Step Down – where is this up to?

The ICAN Step up Step Down Plan is to develop Mental Health Step up/Step-Down Services that aligns to both national and health board plans and specifically delivers services for adults who may require support to prevent admission to inpatient care or for those already receiving inpatient care that require interventions to restore independence. The ICAN Step up Step Down offer aims to deliver the outcomes laid out in 'Together for Mental Health in North Wales'.

In particular the proposal seeks to address the issue of lack of alternatives to inpatient care and patients remaining in inpatient beds for longer than is necessary. The ICAN Step up Step down Plan will address issues identified with Crisis and Home Treatment Teams and the lack of short-term alternative to inpatient admission. It supports the fundamental requirement to deliver an acute and urgent care mental health system which:

- Once assessed, people are placed immediately in accommodation suitable for their needs. For most people, this should be their own home, with sufficiently

intensive home treatment support. For some, it could mean a short-stay crisis house or unit. For a minority, it will mean acute inpatient care

- All admissions to hospital will be 'purposeful'
- No-one stays longer than they need to in acute inpatient care. There are no "delayed transfers of care" due to lack of step-down support

Progress to date

The East Area Local Implementation Team had responsibility for the delivery of this proposal and although considerable amount of work had been achieved prior to the COVID-19 lockdown to develop the model specification of the Step up Step Down service, no agreement had been reached on the final model at this time. The working group consisted of amongst other Clwyd Alyn Housing Association and Housing lead for the Mental Health Division. Since the Lockdown restrictions the East Local Implementation Team have not met and the proposal has not been progressed further. However, Clwyd Alyn have indicated that they will continue to support this project and help source suitable accommodation for a pilot project therefore the working group will be re-established to drive forward the proposal.

In the meantime, the need to increase MH awareness training for housing association staff has been developed into a training specification with Clwyd Alyn staff and the housing lead for the health board. The training will be commissioned with the aim of increasing the knowledge and skill set of housing staff across the region to know how to deal with certain behaviours and situations, advice on pathways into appropriate support, and signposting.

Point 6.2 within the official business case - Figure Primary Care staffing where is this funded from?
This being funded from core Mental Health Budget.

Where there is reference to IA assessment how many needed further support after assessment – can we quantify?
The information relating to numbers of assessments and conversations that have led to interventions is below. The information has been extracted from SharePoint as at 12/11/2020.

For assessment information: data includes all those with an assessment date and assessment outcome only.

For intervention information: data includes where the outcome from assessment is identified as 'intervention'.

Up until March 2020 there were more discharges compared to intervention conversion.

The SharePoint system is our performance management tool and those patients that do not meet the threshold for inclusion will not be recorded. We estimate this as an additional 9.1%.

	Assessment Date																				
	Jan-19	Feb-19	Mar-19	Apr-19	May-19	Jun-19	Jul-19	Aug-19	Sep-19	Oct-19	Nov-19	Dec-19	Jan-20	Feb-20	Mar-20	Apr-20	May-20	Jun-20	Jul-20	Aug-20	Sep-20	Oct-20
Discharge	667	601	578	652	644	577	687	599	734	770	770	540	624	643	552	146	163	411	321	301	411	353
Intervention	395	384	401	443	457	387	420	356	406	462	459	391	514	482	355	73	221	537	433	403	532	496

Are there elements of this programme that can be funded from other funding to MH?

The 2021/22 this programme of work focuses on the roll out of Mental Health Practitioner posts that are 'Cluster' based. It is not the intention to utilise Healthier Wales transformation funds to fund these posts – funding has been sought through the East Area Cluster to fund a pilot project across all Clusters in the East over the next 12 months. Further discussions with Cluster across the region is continuing. This proposal seeks to drive forward changes that will address **Demand exceeding capacity** in **Local Primary Mental Health Support Services (LPMHSS)**, leading to long waiting times for assessment and intervention /treatment. This proposal also seeks to drive forward improvements in Tier 0/1 services that provides real alternatives to referral into LPMHSS through the development of ICAN Community hubs and the roll out of ICAN Connectors.

We plan to focus the next phase of the programme (March 2021-22) to support the already established ICAN Community Hubs to develop and enhance their offer so that they offer a wider range of support and are able to connect with people digitally and virtually. It is the intention during this programme of work to review our commissioned third sector partnership and enter into sustainable contract arrangements with the ICAN Community Hubs going forward.

The ultimate goal is that we reduce spending in Secondary Care where the greatest cost is attached within the system and transferring the spend to third sector and community services. However, we understand that this will take further work beyond the scope of this programme.

Action	By Whom	By When	Resource Impact
Undertake a **review of current 3rd sector commissioned services** in partnership with LA's and other stakeholders, to ensure there is appropriate and equitable access to services at this level across North Wales, and that the services provided are of good quality and can evidence good outcomes.	Healthier Wales project team	Phased approach 2020-22	MH Third Sector Grant
Continue to develop **ICAN Community Hubs**	Healthier Wales project team	Ongoing to September 2021	Healthier Wales Funding

Action	By Whom	By When	Resource Impact
		Enter new commissioning arrangements September 21-March 22	Mental Health Third Sector Grants
Development of **cluster based Mental Health Practitioners and ICAN Connectors,** to work in GP practices offering timely access to mental health assessment and support. (Key to unlocking shift in demand)	Healthier Wales project team	To commence April 2020	Cluster funding identified for initial pilot area. Evidence of impact to be presented to Cluster September 2021 to secure future re-current funding.
Continue with and enhance the **ICAN WORK** pilot	BCUHB, Cais, RCS and Bangor University	To Commence April 2020 for 3 years	Business Case submitted to WG and DWP for future 3 year funding.
Undertake an options appraisal for the commissioning of a **ICAN Community based crisis drop** in centre where people can access **out of hours** support emotional and mental health support in a non-institutional place of safety, at times when other services are not available with clear pathways between LA's OOH, WAST, Crisis Teams and A&E.		Options Appraisal by March 2021	Business case for future funding

As individuals can access ICAN directly, has this reduced the workload for GP's?

Due the Pandemic Lock down restrictions – all community Hubs ceased to offer open access and therefore we have been unable to capture this data. Hubs are now starting to open their doors again after the second lockdown and therefore we will be able to start to capture this over the next period of the transformation programme.

We anticipate that the roll out of the Cluster based MH Practitioner role with drive further improvements in GP workload.

Our vision for Tier 0/1 services:

Who are these services for?	Any adult living in the North Wales Region who needs help to improve their emotional health and wellbeing, eg due to stress, anxiety, low mood
What will these services aim to achieve?	• Quick and easy access to information, advice and support that helps people to manage and improve their

	mental health and wellbeing, avoid deterioration and stay well. This will be through ICAN Community Hubs, ICAN Website, ICAN Connectors and Volunteers. • Will encourage and enable people to take control of managing and improving their mental health and wellbeing. • Will encourage open conversations on Mental Health that will reduce the stigma that currently exists. • Provide volunteering opportunities through the ICAN Academi. Give a voice to people with lived experience • Provide training to increase the knowledge and skill set of the wider workforce • Will reduce the number of referrals to Primary and Secondary Mental Health Services where people's needs are able to be met without the need for further escalation. • Will improve GP workload
What services will be provided?	• Signposting to self-help resources online and via the Community Hubs. • Open access to ICAN Community Hubs and third sector support services such as counselling, Mindfulness or Stress Control courses, peer support groups etc • Access to time unlimited employment support through the ICAN Work programme • Usual access to GPs, supported by: • Access to mental health practitioners within their GP practice/cluster who can offer timely and tailored support to help the individual address their mental and emotional wellbeing. Patients will be able to access appointments directly with these Practitioners, or be signposted via the GP, for assessment, advice and information as well as signposting and connecting to an ICAN Connector or ICAN Community Hub for further 'stay well' support'. • An ICAN Connector can connect people to other statutory or third sector services that can help address the underlying cause or associated issues, eg housing, benefits, employment and training, carers support, domestic abuse, bereavement, substance misuse, loneliness and isolation • Referral to primary or secondary mental health services if needed. • Out-of-hours community based crisis centres where people can drop-in or contact for emotional and mental health support and advice.

Is it possible to have a smaller number of core indicators and track/mat these against outcomes?

See outcomes section.

In the Business case notes 'an adjusted programme budget' – what has it been adjusted form? Is it from the 20/21 budget or other?
There has been no adjustment to the budget, this was an error/poor use of language.

Volunteers – If for any reason the programme lost a large number of volunteers does this mean the programme just collapses or not? Is there a minimum required to sustain the programme?

Within the ICAN programme of work we have tested the role of volunteers throughout, and although ICAN recognises the importance of giving a voice to people with lived experience and the role of volunteers in delivering support intervention - ICAN is not a volunteer led service. Valuable learning has been captured to date on the impact of volunteer led conversations are having on those who have accessed services, but in addition – evidence of the appetite within our population in North Wales that people want to volunteer within the mental health arena. We have developed to date a portfolio of ICAN Services in partnership with third sector organisations that include ICAN Hubs, ICAN Work, ICAN Unscheduled Care etc.. and all of these services provide ICAN volunteer opportunities.

All of our ICAN Hubs have paid staff as well as volunteers. ICAN Work employee employment specialists and counsellors but can also access a bank of volunteers to offer some additional support.

Healthier Wales has provided us with an opportunity to test volunteering and the role of volunteering in supporting people with their well-being needs. Following this testing period we are now moving to develop a more sustainable model in relation to volunteering and training. As part of the ICAN Volunteer offer going forward– we are currently working on a business case for the delivery of an 'ICAN Academi' that will be commissioned out to a Third Sector provider to deliver on our behalf. Our Vision for the ICAN Academi is that it will be responsible for the recruitment, training and supervision of all volunteers. Volunteers Access to trauma informed and primary care minded training, reflective practice sessions and supervision and opportunities to develop and step into paid roles within the wider ICAN Offer – such as ICAN Work or ICAN Connector roles. We are eager to explore access to apprenticeships for our ICAN volunteers. The plan is that the Mental Health division will commission the new model from April 1st 2021.

It is worth noting that the vision for ICAN going forward is that is truly becomes a resources of the community- a resources that is owned by the community. Shifting ownership and leadership away from the Health Board so that ICAN is an entity that is owned by everyone – the community. As we know, Mental Health is everybody's business and the Health Board only forms part of the solution. This may be through the establishment of Community Interest Company for example where the Health Board is a partner. This is an area that we will be exploring with our third sector partners over the coming months.

Outcomes to be achieved

Defining the problem we are trying to address	What are we doing to address this (OUTPUTS)	What will this mean to patients and citizens for North Wales (OUTCOMES)
Lack of awareness for both service users, primary care and wider stakeholders of the range of services provided in the community, particularly by **third sector services,** to address lower level, common mental health issues such as anxiety and stress, or help with issues that impact on mental wellbeing such as bereavement support, debt advice, employment support	Improve availability, awareness of and connection to universal third sector and other community based services, and how they can support people particularly with lower level mental health issues or to help sustain recovery through the development of ICAN Community Hubs across the region and the role out of ICAN Connector roles.	• Easier and timelier access to self-help, peer support and other community based support services within their own community.. • *"It is easy to find information on support available, if I need to speak to someone who understands, or if I need advice on how to address issues that are affecting my mental health".*
Demand exceeding capacity in **Local Primary Mental Health Support Services (LPMHSS),** leading to long waiting times for assessment and intervention /treatment	As well as improving access to support services within people's communities, we will embed mental health practitioners in primary care clusters, who can address lower level mental health issues without the need for onward referral to LPMHSS. Reduced referrals will increase capacity within LPMHSS, enabling more timely assessment of need and appropriate intervention	• Quicker response by direct access or via GP to a cluster based mental health practitioner. • Shorter waiting time for assessment and intervention if needed from LPMHSS (MHM Performance) • Improved Patient Experience • *"I am able to book an appointment same or next day with the mental health practitioner at my local GP practice who can give me support and advice when I need it and connect me to support in my local area".*
Disjointed, silo working– *which compromises ability to provide holistic, person-centred care*	Create and integrated ICAN pathway that improves collaborative working, within and	• More holistic, patient centred care meeting the individual's needs in a more seamless way. • *"The team understand and help me to address and come to solutions on*

	between health, social care and third sector organisations	aspects of my health and social care needs, they treat me as a whole person".
Internal referral and eligibility criteria – *which can create barriers to seamless care where people are excluded and no-one is taking responsibility for the client's holistic needs*	Make pathways more person focussed – connecting people to the right support at first contact	• Continuity of care in a service which owns responsibility for meeting the individual's needs • *" I am not pushed from pillar to post, the team arrange access to the services I need without me feeling I'm caught in the middle or fall between stools".*
Lack of systemic approach to the commissioning of Mental Health Support Services and recognition of the role third sector organisations play	Revitalised purpose and identity for community based mental health support services.	• Establishment of a Community Interest Company to manage the portfolio of ICAN Services.

Finance breakdown

Finance summary:

	Maximum funding required as per the business plan submitted	Optimum funding to be able to deliver the programme	Minimum funding before it becomes unviable
Together for Mental Health in North Wales	£1,854,000	£1,506,500 *excluding evaluation costs	£1,291,500 *excluding evaluation costs

21.22 proposed budget.xlsx

Delivery milestones

Copy of T4MH Plan 2021.22.xlsx

3.4   North Wales Together: seamless services for people with Learning Disabilities

Overview

This programme was established to implement the North Wales Learning Disability Strategy 2018 - 2023. The aim is that people with learning disabilities will have a better quality of life, living locally where they feel safe and well, where they are valued and included in their communities and have access to effective personal support that promotes independence, choice and control.

To achieve the vision and develop approaches based on what matters to people there have been five workstreams:

- Integrated structures
- Workforce development
- Commissioning and procurement
- Community and culture change
- Assistive technology

Each workstream is taking an asset-based approach to build on the skills, networks and community resources that people with learning disabilities already have. The intention is to co-produce the new approaches and service models with people with learning disabilities and their parents/carers so that power and responsibility for making the changes is shared.

Since the emergence of Covid we are aware that people with Learning Disabilities have had significantly higher **mortality rates**, and a withdrawal of support for this programme shows a lack of understanding of the enormous impact of health inequalities on an extremely vulnerable group. English figures suggest that during this period there has been an increased mortality rate of 137%. https://www.ldw.org.uk/report-into-deaths-of-people-with-a-learning-disability-in-wales-from-covid-19/.   The figures for Wales are yet to be made available however, the England figure alone is a sobering fact and demonstrates that this is a service area which is often overlooked.

Response to WG Questions/Queries

Minimum/Optimum/Maximum funding required by the programme

This programme had already been pared down in readiness for 2021/22 in the original business case, this was the optimum level to deliver the remainder of the programme. The delivery of the programme and milestones have already been refined with the areas being pursued in 2021/22 focusing on only those that will be delivered on a regional basis.

Further potential reductions have been identified as noted in the finance section, this is the minimum funding required to successfully deliver the remainder of the programme.

The only way of further reducing the finances required to deliver on this programme would be by separating out the four elements of the programme and making arrangements for these to be led and managed by some of the partners. There is a risk to this approach as it means losing all project management support currently within the programme and puts the responsibilities on partners at a time when they are already facing additional pressures in relation to their capacities. This approach also

risks losing the continuity and cohesion across the whole of North Wales on the delivery of these four elements and will fragment the messages particularly in relation to community activities and accommodation. As this is the only Learning Disabilities transformation programme in Wales there is much learning from this programme for the whole of Wales and beyond and the programme is already linking with national programmes and organisations to share the findings and learning from the programme. The programme is already working closely with national programmes and policy and has significantly inputted into covid related policy work via All Wales People First and LD Wales. This would be lost if the work were to be split.

The sustainability of this programme post March 2022 will be achieved through a combination of having embedded these activities in local practices by the end of the programme thus meaning that there will be no need for programme or project management support. Activities will then become business as usual and costs associated with these will be managed within the existing transformed services. There will only be a need to fund the post within the Health Board that will require funding to continue post March 2022. Partners are confident that this funding will be available by the end of the programme.

What other funding streams or work streams within the region could be utilised to take forward different elements e.g. ICF; digital funding; core funding.

Throughout the programme a number of elements of this programme have worked alongside ICF funded activities, enhancing activities already being tested via ICF funding. The ICF allocation for Learning Disabilities services is circa £4m per annum and this programme has predominantly focussed on different areas – accommodation solutions, work opportunities and community activities. During COVID a small amount of funding was also re-directed to support digital however, the focus within this programme has been different.

Within the costs evaluation seems to be referenced in two lines as part of the £250k and another line, is this duplication or error?

There was partial separation of the evaluation with the community element to support the support that would be needed by people with a Learning Disability to be involved with evaluation. In essence what we are striving to achieve is a monitoring role that oversees and drives the development of the community sector for people with Learning Disabilities which is driven by people with LD and their families. People with cognitive issues would require additional support to contribute to meaningful evaluation and this would also produce better connectivity with citizens, families and grass roots activities. The remaining three work streams will need to be formally evaluated, and we would identify support days to enable this.

What will the actual posts do – what activity; are they back office type roles; are they front line;

The accommodation posts will coordinate the development of better accommodation planning for individuals with LD and complex needs across the region who cannot be planned for within any one local geographical area. This includes three elements with a post focusing on each.

- Accommodation planning for all with complex needs collating operational information around individuals and encouraging matching and progression of accommodation plans for those people.
- Scoping and planning around the enhancement of residential crisis management services across the region,
- Co-ordination of a "whole service approach" towards non pharmacological interventions for people with complex needs, embedding this approach across the health and social care workforce with a view to skilling up that workforce to better support people with LD and behaviours that challenge.

The employability post will involve taking forward a robust framework of employability across a range of sectors taking the best from already available schemes and adapting them to be more suited for people with LD.

Through our accommodation work we will be working closely with the housing and care sectors through sourcing support and housing for people with Learning Disabilities and complex needs within North Wales, this also contributes to the economy of North Wales as current placements of this nature are being made outside of North Wales. This also ensures that people are receiving appropriate care within the region, close to families and ties. We are aware that in 2019, there were 194 people known to services at a cost of £21.5m being supported in accommodation based services outside of North Wales. We are also aware that there are a further 268 people requiring less complex support but who will also require accommodation over the next few years. This work will enable us to put transform the way that we will support these individuals in the future within the region.

The two technical support posts are operational posts working directly with citizens and professionals to enable them to access and use technological solutions for people with LD. Both posts will be based with teams, one in the East of North Wales and one in the West.

The health post is an operational nursing post that will support the promotion of health checks and screening but also cross over into supporting better health and wellbeing outcomes using technology. This post will support the above two posts in rolling out health and wellbeing activities and approaches for groups and individuals.

There is one planning and development officer post attached to the communities element. The rest of that fund will support the activities themselves. These activities are providing front line support for people with Learning disabilities and all have adapted to enable virtual delivery of the outcomes. These activities have been described as providing lifelines to people with LD and their families during lockdown and at a time where many statutory services have been closed.

How have you rolled out the pilots and work done to date?

The attached update provides information on the pilots undertaken and the measures collected in relation to these.

Insert pilot reports

Are the posts referred to new or do you have them in the team already?

Both the employability and accommodation posts will be taken up by an existing team members, no recruitment required.

The PBS and Step down posts will be hosted within the Health Board and the service managers feel confident they will be able to employ. There is interest from specialists who have retired but work in the field.

There are two options in relation to the post to support the community development work – commission this work or for it to be taken forward from existing staff within the programme. The preferred option would be to commission via third sector organisations.

The two technology posts will be taken forward within the existing team members. The nursing post will be advertised by the Health Board. Given its focus on health inequalities, the post is a priority for the BCUHB and there is commitment from the Health Board to undertake the recruitment.

The total number of staff that will be funded is 8. 1 will be employed within the third sector, 3 within the Health Board and 4 employed within the programme team, 2 of whom will work within Local Authority Learning Disability teams (east and West). 1 Programme Manage and administration support

What are the most significant changes that have happened to services for people with LD and their families/carers since the programme has been in existence.

Please refer to the LDTP Transformation fund pilots update embedded above for specific detail but the significant changes are noted below also.

Increased use of technology both specialist (see Wrexham pilots) and generic.

Increased use of zoom, facebook, wattsapp, etc to maintain activities, relationships and routines through attending activities.

Greater virtual access to community activities that are member led and community based not service led. The team provides a coordinated list of such activities allowing them to be accessed by people across the area.

Better understanding of the benefits of technology in maintaining health and wellbeing during lockdown.

Increased access to and use of equipment such as ipads and phones, QR codes, etc.

Centrally located, locally reviewed and accessible health check and health screening information available on the GCO website.

Central source of information for families and citizens in relation to opportunities for people with Learning disabilities (sharing of good practice across and outside the area).

Better recognition and support of the rights of people with Learning Disabilities to have friendships and relationships.

Progress made in relation to the coordinated planning of accommodation on a regional basis for people with complex needs.

The pooled budget arrangement between Anglesey Council and the Health Board is progressing through the agreement stage at present. The Section 33 agreement covers current joint funded packages of care and the total of this pool will be £3.1m. Anglesey Council will be the host for the pooled budget and this arrangement will bring out positive outcomes to individuals, streamline processes currently in place and will being about one point of contact for providers. This pooled budget will underpin the joint commissioning arrangements that are in place between the partners. This is a significant first phase in true integration of services for people with a Learning Disabilities and is a blueprint for the region in relation to an integrated commissioning approach, pooled budget and section 33 agreement.

There is agreement to pursuing alternative types of delivery of accommodation for people with Complex needs, delivery of direct payment support and community activities.

Data, Monitoring and Outcomes to be achieved

The following data will be collected:

Increase in number of forum partners and agreed quorum for steering groups

Number of forum partners employing persons with LD

Number of ADM set up, policies and procedures in place

£'s of additional funding brought in via the ADM

Increase in number of micro care and PA co-ops

Increase in number of people with LD progressing towards and into paid employment with fair rate of pay

Increase in number of employers who are more confident in employing citizens with an LD

Number of online assessments and evidence of increase in quality and quantity

Training budget allocations across LA's and included in commissioning SLA's

Number of families accessing support to get on line and/or use technology equipment

Increased stock holding

Data collection in place and partnership agreements in place

Reduction in the number of people with an LD being admitted to hospital

Increased number of trainers and mentors with an ability to train others.

Finance breakdown

Activity	Optimum £	Minimum £
Management, Evaluation and Business Support	240,000	156,000
Communities	250,000	198,000
Employability	52,500	102,500

Technology Health and well-being	156,000	165,000
Accommodation	152,500	162,500
Total	**851,000**	**784,000** ***excluding evaluation costs**

Delivery milestones

Milestones.xlsx

3.5 Evaluation

Following a tender exercise IPC was commissioned to undertake the evaluation of all four programmes in the middle of 2019. The grant from Welsh Government for our 4 transformation programmes totalled just over £13m over the two year period of the original programme. Our commission for evaluation also included 'critical friend' as well as mentoring where this was required. During the course of the evaluation the commission has been supplemented by various in-kind contributions to the work on projects by staff from partners across North Wales. The total contract for the IPC evaluation was, at £316k, just over 2.4% of the overall programme grant.

The impact of the Covid-19 pandemic on the programmes and on the evaluation was significant. Progress was slowed or halted on the projects across the country, or in some instances, new or developing initiatives were revised or re-focused on urgent Covid-19 responses. This impact has been recognised by Welsh Government and has resulted in:

- £50m additional transformation funding being made available for an additional 12 month period to end of March 2022.
- Revised guidance on the evaluation of the programmes released by the Welsh Government in August 2020. This included revised evaluation questions, a revised requirement on the evaluation to report finally in 2021, and an instruction that RPBs could use evaluation capacity to prepare short term business case/exit strategy support. The revised evaluation questions differ significantly from the original evaluation framework.

The purpose of the evaluation in the region is to not only evaluate against Welsh Government's framework, but to provide the NWRPB with robust evaluation and to look beyond the current Covid position.

A significant amount of the combined resources have now been used on a combination of the original plan and the response to Covid-19:

- Original baseline evaluation and report.
- Development of original Theories of Change, Evaluation Plans and Data collection protocols.
- Initial collection of data.
- Individual and team mentoring and support

- Covid-19 initial response – close down of evaluation and report on progress to date and areas to pick up again subsequently.
- Business case or exit plan exercises and reports for all programmes.
- Upon recommencement of projects, redesign of theory of change, evaluation plans and data collection protocols to meet new evaluation questions and requirements from Welsh Govt.

Discussions are taking place between the region and IPC in relation to the proposed way forward. Until we have our final funding allocation from Welsh Government and are able to confirm our final programme the options available to us are as follows:

- The evaluation resources remain the same for the rest of the period to March 2022, and the distribution of these resources remain the same. The impact of this will be that IPC would not be able themselves to collect sufficient evidence from surveys, interviews, case studies and data analysis to produce a comprehensive evaluation to the standard originally proposed. There will be a need to agree reduced quality and depth, or arrange for some of the data collection activities to be undertaken by the projects themselves.

- To complete the evaluations and support the programme to the extent and quality that was agreed in the original specification and to meet the new requirements from Welsh Government an additional amount of funding would be required. This would need to equate to around 2% of the final allocation to the region for example if the region was awarded £6m it is estimated that the evaluation funding required would be between £90,000 and £120,000. This will specifically be used to:

  - Ensure that all of the finally agreed programmes have sufficient resources for surveys, interviews, case studies and data analysis to be completed by all of them.
  - Ensure the planned mentoring and learning support activities take place.
  - Enable the ToC, evaluation plans, data sets and collection arrangements to be planned and delivered
  - For the requirements of Welsh Government light-touch evaluation (2021) and final in-depth evaluation (2022) to be delivered.

4   Funding allocation required to deliver the programme

Our current programmes within the region have provided detailed financial breakdown information relating to spend as was requested. As our intention in 2021/22 is to bring our current 4 programmes into an umbrella programme '***North Wales Transformation Programme 21/22'*** there are a number of actions which we are pursuing at pace:

- identifying alternative funding streams including core funding to be able to embed the current programmes into service delivery from April 2021 onwards
- amending delivery timescales to bring an earlier exit to some of our current elements from being solely reliant on this grant funding as soon as this is practically possible, this includes mainstreaming, being able to re-direct funding from alternative service models that will no longer be required as the services transform etc. We will plan this carefully by end of the calendar year ensuing

appropriate planning of exit timescales, this means some aspects will finish or transfer to other sources of funding by end of March 2021 or within 3-6 months in 2021/22 financial year

- Further prioritisation of the elements of our now one regional transformation programme to meet the funding envelope that we will have for delivery.

To this end the minimum funding that we would require to deliver our **North Wales Transformation Programme 2021/22** will be

£6.7m

Of this funding we estimate, as referenced in 3.5 above, that the costs for evaluation will be between £90-120k.

5   Next steps

By the end of the calendar year we will confirm our precise programme along with our consolidated milestones, outcomes/outputs, plan for evaluation and an exit/sustainability plan. We will also review our current governance arrangements to ensure it remains appropriate to deliver this umbrella programme.

Purpose

◆ To provide a brief background of how we were formed and our first steps to setting priorities

◆ Describe how we are working differently

◆ To outline our current draft priorities under each of the four themes

◆ To describe progress to date

◆ To identify early challenges and opportunities

◆ To describe next steps and reality checking

Background

◆ North Wales local authorities and partners established a Regional Recovery Co-ordinating Group in May 2020 to follow on from the first response phase and the stepping down of the Strategic Co-ordinating Group (SCG).

   ◆ 4 themes were established to support Regional Recovery:

      ◆ Community Resilience/Recovery – led by PSB's and Local Authorities but with Flintshire and Wrexham forming a joint PSB for this work and developing an approach that enabled sharing of best practice regionally by the lead Chief Executive (Wrexham) for this recovery theme

      ◆ Economy – led by the Regional Economic Ambition Board

      ◆ Social Care and Health – led by Social Services (Denbighshire)

      ◆ Public Health (Test, Trace and Protect) led by BCUHB

   ◆ The Group met fortnightly until early October when the recovery phase reverted back to the Response phase (and the re-introduction of the SCG)

   ◆ Work however, continued across all four themes

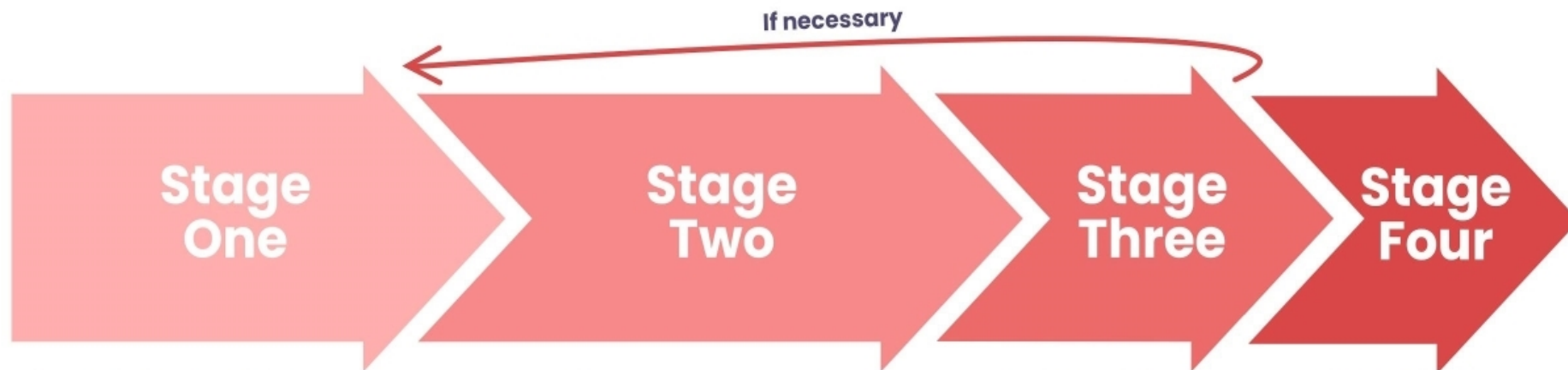   ◆ The rest of this presentation focuses on the Community Recovery theme

The Context
North Wales Regional Structure (Recovery)
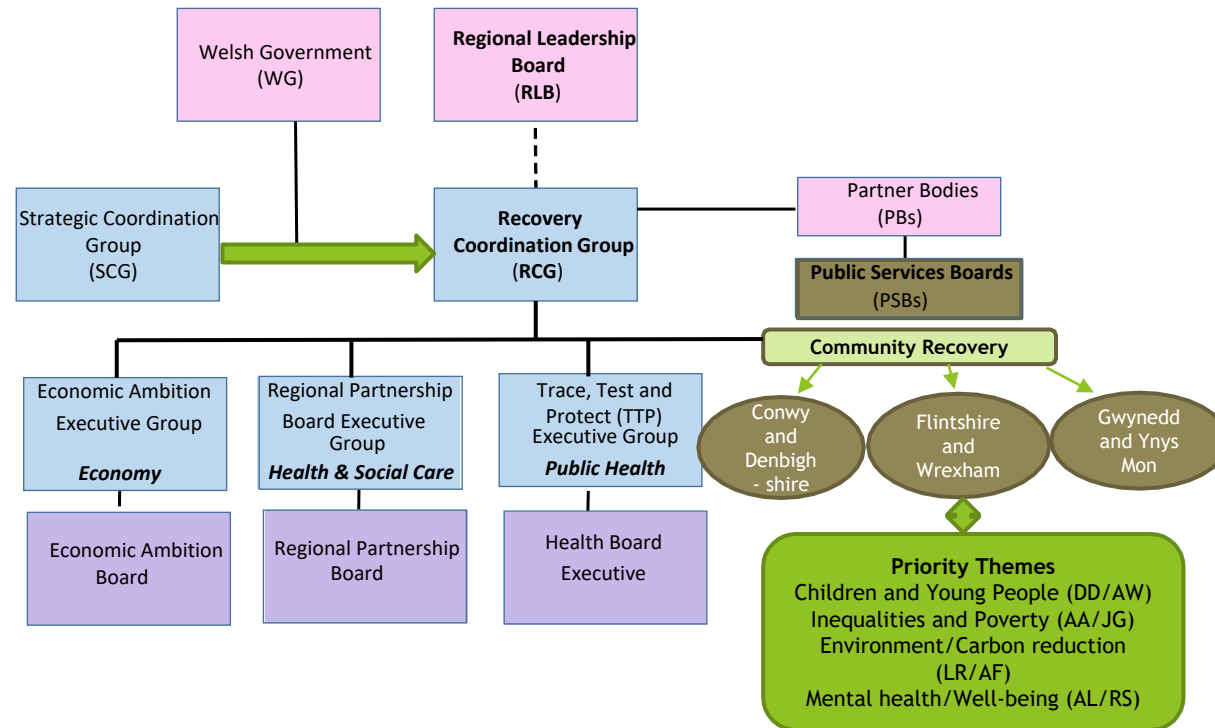
First steps

- The joint PSB met for the first time in July 2020

  - The joint Board consisted of the PSB members from both Flintshire and Wrexham

  - New relationships were made quickly along with an urgent and critical role established for Community Recovery – that of understanding our collective role to support communities out of the pandemic and longer-term to address some of the 'wicked' societal issues in our communities

  - A 'situational analysis' workshop of insight, experience, local knowledge and collective challenge helped us derive four themes to focus our attention:

    - Children and Young People

    - Inequalities and Poverty

    - Environment and Carbon Reduction

    - Mental Health and Well-being

  - Leads from across the sectors have established working groups from across the sectors to exchange knowledge and learning and also to establish some longer term systemic change

  - A Programme Management Group was set up to guide, challenge and co-ordinate

  - Each of the four theme groups established their challenges from the situational analysis and determined some initial 'first steps' and will follow a model approach that has been co-created using system leadership and will form part of a newly evolving Public Service Lab being co-created across the region as part of Wrexham Glyndwr University civic mission focus

  - These are described in the following slides:

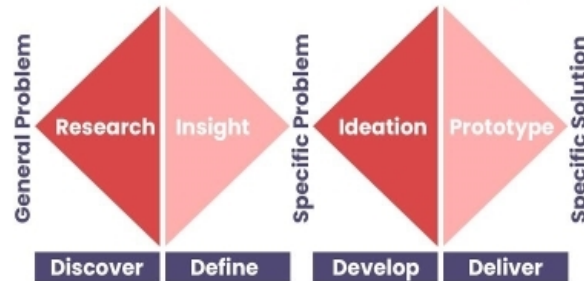Stage One → Stage Two → Stage Three → Stage Four

If necessary (arrow returning from Stage Three to before Stage Two)

Stage One

(This is slow stage)
Here we:
> Challenge
> Frame   Lead enables
> Talk   gathering to
> Debate   decide if it
                 needs to enter
                 the 'lab'

Key Questions
1. Why is this/was neccessary?
2. Who/what is it for?
3. What do we: know?
                feel?
                do already?
4. What are the boundries
   to this?   place?
              service?
              community?

5. Who is not involved?
   > Who needs to be?
6. Initial problem description
7. Assumption surfacing
8. Quick wins
9. Problem Definition
10. clear brief to lab

Stage Two

General Problem — Research | Insight — Specific Problem — Ideation | Prototype — Specific Solution

Discover | Define   Develop | Deliver

Design Council Double D model, basis for WGU North Wales Public Services Lab

Consider
1. JDT control/Engagement here
2. Success measures
3. Keeping it real

Stage Three

JDT role in:
> Agreeing specific solutions
> Ensuring solutions mobilised
> Extracting learning trends
> Talking - Policy
           - Campaigning issues
           - Blockages
           - Trends
   to PMG
> Keeping activity focussed on problem defined
> Deciding if needs to enter lab at any point

Stage Four

System change

The Model

Ways of working

➢ Reconnecting across systems as professionals and developing a clear understanding of the challenges across communities

➢ Delivered to over 100 colleagues systems leadership masterclass to work in new ways

➢ Recognising the need to work at pace and also creating space to connect across systems on collective purpose and understand evidence and insight

➢ Connected to a wider group of colleagues and partners to engage in sub groups, open to all working with private sector input

➢ Working as part of new evolving Public Service Lab (part of Wrexham Glyndwr University civic mission focus) ensuring we maximise out impact and engage across communities and partners to drive positive change for the communities we serve.

Theme: Children and Young People

The situational analysis identified challenges as:

Leads: Donna Dickenson (WCBC) and Ann Woods (FLVC)
Theme support: Michael Cantwell (WCBC)

◆ Mental health concerns; isolation, anxiety, employment opportunities, loss of or risk to social networks and opportunities to play, socialise and access services

◆ Child poverty arising from redundancies, change in jobs, at risk economy

◆ Medical health and dental health referral pathways

◆ Educational attainment gap; "missed" education

◆ Hidden carers

◆ Inequalities in digital access, equipment and training

◆ Child poverty due to redundancies, change in jobs etc.

◆ Support and response to distance/blended learning

◆ Youth services model: local availability of well-being and support services

◆ Under-reporting / reduced referral numbers to Children's Social Care and third sector support services for families with more complex needs

◆ Increased numbers reporting into the Early Help Hub

◆ Increase in online abuse

◆ Reviewing opportunities for children and young people to learn about abuse, sexual health, consent etc due to focus on core curriculum and restrictions on professional visitors/organisations

Theme: Children and Young People

Vulnerable children and young people, especially at points of transition: To begin to fill the void left for children and young people during lockdown and subsequent restrictions

Actions:

- Providing support for service providers to adapt services in the light of Covid-19 restrictions (with support from Commissioners/Lead Officers) – ensuring support for staff and volunteers supporting families with complex needs in extremely challenging circumstances

- Regularly sharing and adapting the situational analysis with Multi-Agency Children and Young People's Networks to ensure priorities are in line with current community need

- Working with Poverty / Inequality theme to focus on child poverty

Theme: Children and Young People

Reporting and referrals:

To prepare for increases in reporting rates and referrals as children return to school and other 'safe' spaces and to plan how we enable support services to directly respond to any increased demand whilst still subject to local restrictions

To prepare for increases in mental and physical health related issues due to limited access to youth support services

Actions:

- Liaising with Youth Services' Leads, Children's Service leads and Early Help Hub (Flintshire) and Wrexham equivalent

- Analysing referrals to Early Help Hub and Safeguarding thresholds – balance of preventative early help support v Safeguarding 'earlier help'

- Scoping additional support for Social Prescribing Services – Social Prescribers in Single Points of Access (support for Young People, Parents, Carers, Grandparents) and Third Sector Co-ordinator within Early Help Hub to ensure families, young people and practitioners have established pathways for referral/support – maximising impact and involvement of Third Sector

Theme: Poverty and Inequality

Leads: Amanda Aldridge (DWP) and John Gallanders (AVOW)
Theme support: Nina Ruddle (Glyndwr University)

The situational analysis identified challenges as:

◆ Health inequalities; likely that impact of Covid is worse in areas of deprivation

◆ Under-reporting of ethnic minority groups (ACEs)

◆ Access to social care – the hidden carers

◆ Poverty: key issue of warm, safe homes; impact of redundancies on those who have no savings; food and hygiene products

◆ Economic repercussions falling more heavily on young workers, low income families and women

◆ Unemployment; hard to reach communities – affected disproportionately

◆ Education; potentially greater impacts on those with least access to learning opportunities and more difficult home circumstances (carers, cramped housing etc)

◆ Diversity: BAME, women, young people – all disproportionately affected

Theme: Poverty & Inequalities

Support those in poverty: Support the people that need it in the right way and at the right time with a person centred approach – 'meet people where they are at'

Actions:

◆ We are developing a holistic person centred approach actively listening with our communities and people of Wrexham and Flintshire (i.e focus on housing, food, income support, trauma and keeping well, connecting to communities, fuel poverty, child poverty, jobs, training, education, connectivity); focus on the deepening inequalities on young people, young workers, women, low income families, carers, hidden carers, BAME communities being disproportionately impacted by COVID

◆ We are maximising public service tools effectively across whole systems- new Socio Economic duty powers (March 2021)

◆ We continue to ensure that Procurement and public spending maximises support for job, training, education and priority projects such as food poverty/fuel poverty, particularly with the Growth Deal bid for North Wales

Theme: Poverty & Inequalities

Protect from poverty: Focus on understanding and the prevention of poverty and inequality in our communities

Actions:

- We are creating an understanding of our roles in civic society and exploring new ways of engaging with citizens in partnership (i.e Flintshire/Wrexham Deal – an informal agreement with public services and citizens co-created to work together to create a better borough/county) ensuring basic needs are supported, food, homes, income support (living wage), equal access to services and connections/ connectivity

- We are developing our approach to becoming Trauma Informed Community (ACE's National Hub partnership) understanding trauma, its impact and growing the kindness and resilience in communities

- We are exploring the foundational economy and in-work poverty and links with the Regional Skills plan/ Growth sectors to ensure we focus on education and training for future needs

- We are establishing a Children's University for North Wales- to support aspiration for young learners and enable parents/carers to engage in learning / access to education and training through their children

Theme: Environment

Leads: Lyndsey Rawlinson (NRW) and Andrew Farrow (FCC)
Theme support: Karen Armstrong (FCC)

The situational analysis identified:

- Sustaining the reduction in carbon footprint:
  - Positive impacts on environment during pandemic
  - Improved local air quality
  - Less congestion
  - Increased biodiversity
  - More agile working
  - More home grown food
  - Build back Green: Re-wild the natural environment
- Well-being and mental health
  - More cycling, walking and exercising for physical and mental health benefits
  - Importance and appreciation of environment during lockdown for physical and mental well-being
  - Reconnection with nature and the green environment
  - Lockdown has allowed communities to individually and more latterly jointly make connections with their local environment
- Renewable technologies
  - Record use of renewable energy
  - Opportunity for growth in Green economy

Theme: Environment

◆ **Green spaces**

Actions:

◆ Improvements to biodiversity e.g. planting for pollinators, reduction in grass monocultures

◆ Promotion of active and affordable travel e.g. barriers to using space

◆ Enhancement of our spaces to meet community need e.g. local food supply, exercise and access points

◆ Promotion of responsible countryside usage e.g. parking, anti-littering etc

◆ Addressing the negative consequences of Covid on our environment e.g. forest fires, illegal waste disposal, wild camping and consequencies

Theme: Environment

◆ **Carbon reduction**

Actions:

- ◆ Promotion and use of renewable technologies

- ◆ Procurement strategies which support the local economy; keep it local

- ◆ Promotion of woodland planting to assist with the absorption of carbon and to address surface water flooding

- ◆ Future use and design of our buildings

- ◆ Promotion and use of sustainable transport

- ◆ Review of land use planning policies to support carbon reduction

Theme: Well-being and Mental Health

Leads: Rob Smith and Amanda Lonsdale(BCUHB)
Theme support: Ken Perry (Do-Well Ltd)

The situational analysis identified:

- Key issue of housing (warm, safe homes)

- Bigger impact of Covid on those with lower incomes

- Impact of redundancies on families who have no savings

- Economic repercussions of the crisis falling disproportionately on young workers, low-income families and women

- Potentially greater impacts on those with least access to learning opportunities

- Greater number of calls to third sector support agencies re. mental health

- Inequality of home-schooling, cramped housing, impromptu caring responsibilities etc

- Covid death rates higher in areas of deprivation

- People who live in more deprived areas die 13 years younger than those that live in more affluent areas

- Under-reporting – ethnic minorities / ACEs

- Workplace mental health; isolation; unsuitable home environment

Theme: Well-being and Mental Health

Community well-being: To further develop community frameworks to support mental health which are accessible and sustainable

Actions:

- Community frameworks to support good mental health are being enabled by using the systems leadership and public narrative Local Implementations Teams (LIT) commissioned community resilience programme that is in place for Flint, Holywell and Gwersyllt. It is early days in the programme, but in line with the completed comprehensive situational analysis the following areas are being explored:

  - Raising awareness of help/support – individual's 'fear' that seen as 'not coping'

  - Further development of the social prescribing model

  - Recognition of the increase in calls to mental health charities

- Using the ICAN programme to inform the PSB Recovery programme

Theme: Well-being and Mental Health

Workforce well-being: To continue to develop and share workplace practices that support good mental health which are both accessible and sustainable

Actions:

◆ This programme is now active with learning and challenge and support to the other areas emerging during the year with final reporting scheduled for July 2021. Flintshire areas having close oversight and scrutiny from Leader of Council and in Wrexham via local elected members and Head of Prevention and Support

◆ This work is asset based and will highlight positive stories as well as bringing together offers and asks that will improve mental health and well-being for our communities and for members of the workforce. Learning and developing ideas together is central to the programme's work. The trust built here will also make the work of the other three themes sustainable.

Summary and progress (1)

Children and Young People
Challenges

- **Vulnerable children and young people, especially at points of transition**
We are beginning to fill the void left for children and young people during lockdown and subsequent restrictions
- **Reporting and referrals**
 We are preparing for increases in reporting rates and referrals as children return to school and other 'safe' spaces and planning how we enable support services to directly respond to any increased demand whilst still subject to local restrictions
We are preparing for increases in mental and physical health related issues due to limited access to youth support services

Poverty and Inequality
Challenges

- **Support those in poverty**
Supporting the people that need it in the right way and at the right time with a person centred approach – 'meeting people where they are at'

- **Protect from poverty**
Focusing on understanding and the prevention of poverty and inequality in our communities

Summary and progress(2)

Environment
Challenges

- **Green spaces**
Improving the quality, provision, usage, accessibility to and promotion of our green spaces

- **Carbon reduction**
Addressing the challenges of climate change at a local level

Well-being and Mental Health
Challenges

- **Community well-being**
Further developing community frameworks to support mental health which are accessible and sustainable

- **Workforce well-being**
Continuing to develop and share workplace practices that support good mental health which are both accessible and sustainable

Common Issues for all 4 themes

The situational analysis identified the following as relevant to all themes:

◆ Sustaining our local communities and local networks

◆ Sustaining volunteering and value/ role of third sector

◆ Engagement – How are we listening to the 'silent' voices

◆ Community perceptions – being aware of trust levels

◆ Recognising community needs – to inform longer term impact change

Early challenges and opportunities

- Opportunities/ Lessons so far? Connecting all to a whole system approach to change
  - Working across new partnerships with a renewed sense of trust and collaborative working to find solutions – to the right problem
  - Enable and facilitate Ways of working led by systems leadership, collective thinking and new input/resources (Glyndwr University and Do-Well Ltd)
  - Enthusiasm across the working groups to work in a different way
  - Reduction in hierarchical approaches – all working to the same end point- dispersed leadership
  - Realisation that not 'jumping' to find solutions quickly doesn't address the root causes of the problems
  - A 'community' approach – supportive and understanding
  - A desire to 'get things right' and that not one organisation can address these issues alone
- Challenges
  - Short term funding hampering sustainability of projects
  - Identifying the 'big' wicked issues for focus
  - Resorting back to 'business as usual'
  - Capacity and 'burn-out'

Next Steps and Reality Checking

◆ Next Steps

  ◆ Defining the nub of the problems; setting targets to achieve; identifying the 'early wins'

  ◆ Identifying where we are already making progress by mapping current activities and identifying the gaps

  ◆ Continuing to build our teams of systems leaders to bring about change

  ◆ Developing our support programmes to enable and facilitate systemic change

  ◆ Sharing our knowledge and insight with others to enable more fluid delivery of services to those that need them most

  ◆ Translating sub-regional programmes into local strategy and delivery

◆ Reality Checking

  ◆ Reacting to a constantly changing situation between 'Response' and 'Recovery' has meant that some areas of progress have been delayed as attention is shifted.

Cyfarfod a dyddiad: Meeting and date:	**Strategy, Partnerships and Population Health Committee 15.4.21**
Cyhoeddus neu Breifat: Public or Private:	Public
Teitl yr Adroddiad Report Title:	**Summary of business considered in private session to be reported in public**
Cyfarwyddwr Cyfrifol: Responsible Director:	Mark Wilkinson Executive Director Planning and Performance
Awdur yr Adroddiad Report Author:	Diane Davies, Corporate Governance Manager
Craffu blaenorol: Prior Scrutiny:	None
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	X
If this report relates to a 'strategic decision', i.e. the outcome will affect how the Health Board fulfils its statutory purpose over a significant period of time and is not considered to be a 'day to day' decision, then you must include both a completed Equality Impact (EqIA) and a socio-economic (SED) impact assessment as an appendix.					Y/N to indicate whether the Equality/SED duty is applicable		N

Sefyllfa / Situation:
To report in public session on matters previously considered in private session

Cefndir / Background:
Standing Order 6.5.3 requires the Board to formally report any decisions taken in private session to the next meeting of the Board in public session. This principle is also applied to Committee meetings.

Asesiad / Assessment
The Strategy, Partnerships and Population Health Committee considered the following matter in a private workshop session on 23.2.21 • 2021-24 Plan